

Public Board of Directors

Item number: 18

Date: 28 May 2025

Private/ public paper:	Public
Report Title:	Operational Plan and Priorities for 2025-26 – draft plan for approval
Author(s)	Jason Rowlands, deputy director of strategy and planning
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Presented by:	James Drury, director of strategy
Vision and values:	<p>The Trust vision is to improve the mental, physical and social wellbeing of the people in our communities.</p> <p>Our operational plan and agreed priorities for the year reflect the key development and improvement actions that we will progress through 2025-26 to ensure we keep improving.</p>
Purpose and key actions:	<ol style="list-style-type: none"> 1. To report to the Board on the development of the Operational plan for 2025-26. 2. To confirm that feedback from the Board review in March has been reflected in the final documents. 3. For the Board to approve the Operational Plan and priorities for 2025-26.
Executive summary:	<ol style="list-style-type: none"> 1. The operational plan describes our priorities and plans to deliver our strategic aims through 2025-26. These are the final recommended priorities following review at Board in January, February and March 2025. 2. The priorities have been developed through engagement with the Executive Management Team and the Board through November – February 2025. Service led changes have been scoped and developed through the business planning process and teams have developed their local objectives aligned to our strategic aims. 3. Our priorities align well to NHS England's priorities and priorities across Sheffield and South Yorkshire. Our existing work programmes address the key areas. 4. Our workforce plan is mainly driven by planned expansions across the Specialist Community Learning Disability Service and our plans for Maple and Dovedale 2 wards. As we develop our 3-year service led workforce plans we will support the development and shaping of our workforce to ensure we meet the needs of our communities, maximise the benefits of new roles, meet future service needs and deliver our priorities. 5. Our financial plan is to deliver a deficit of £4.9m with a value improvement requirement of £8m. The key risk to delivering the financial plan will be containing out of area placement expenditure to the 2024-25 level and the delivery of the value improvement plan. 6. The financial context for 2025-26 remain significantly challenging, with limited growth for new service developments. Development plans outlined in the Operational Plan are reflective of the financial position. With mental health investment standard (MHIS) funding supporting the deficit position our options to increase capacity to support improved access or improvement priorities is limited. 7. The capital plan is focussed on ensuring Rio optimisation, Maple Ward refurbishment, the establishment of a dedicated research facility, upgrades across our estate and digital services,

	<p>environment improvements and developing our decarbonisation plans. In total the programme will commit £16.3 million to support the range of improvements and upgrades.</p> <p>8. Planning guidance from NHS England was issued on 30 January 2025. There are no additional new service requirements that would impact on our priorities, or the service plans being developed. There is a clear focus in the guidance on improved productivity, and we will finalise our plans for this. An overview of requirements from the guidance and how we are responding is provided at Appendix 1.</p> <p>9. The South Yorkshire integrated care system (ICS) submitted its plan to NHS England on 28 March 2025. Our final submissions to inform the ICS March plan were reviewed by the Board in February. Core submissions relate to our financial plan, workforce plan and our planned performance trajectories. These were reviewed by the Board in February.</p> <p>Appendices: Appendix 1: Our priorities 2025-26 Appendix 2: Capital Plan for 2025-26 Appendix 3: Overview of requirements from NHS England planning guidance.</p> <p>See item 18(ii) for the Operational Plan and Priorities 25-26 – Draft Plan V3.</p>
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Which strategic objective does the item primarily contribute to:				
Deliver outstanding care	Yes	X	No	The Operational Plan and Priorities for next year will define the key delivery actions to progress improvements across each of our strategic aims. It describes our planned actions in respect of SHSC wide priorities, service led changes and team level objectives.
Great place to work	Yes	X	No	
Reduce inequalities	Yes	X	No	
Effective use of resources	Yes	X	No	
What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.				
Delivery of standards: our plan describes the actions we will take to ensure compliance with regulatory requirements and ensure we continue to improve our services in line with relevant care standards. System and partnership working: our approach to developing our Plan ensures our priorities are aligned to the plans and priorities of the South Yorkshire ICS and the Sheffield Health Care Partnership. Well Led: An effective operational plan supports us to be well led, mainly in respect of ‘We have clear responsibilities, roles, systems of accountability and good governance.’				
BAF and corporate risk/s:	The proposed priorities and service led changes respond to the full range of risks reflected in the BAF and risk registers. The BAF for 2025-26 will be reviewed and updated in line with the strategy refresh.			
Any background papers/ items previously considered:	<ul style="list-style-type: none">Operational Plan development reports (December – February 2025)Financial Plan development reports (December – February 2025)Draft Operational Plan and Priorities (March 2025)			
Recommendation:	The Board of directors are asked to: <ul style="list-style-type: none">be assured that the Operational Plan has been developed with appropriate engagement across the organisation, with the Council of Governors and through previous sessions with the Board.be assured that the requirements from NHS England planning guidance have been reviewed and incorporated within our plan.approve the Operational Plan and Priorities for 2025-26, confirming it reflects the required focus to continue to deliver our vision, values and strategic aims.			

Operational Plan and our Priorities for 2025-26

1.1 Background, context and development of the plan and priorities

a) Development of the plan and priorities for 2025-26

Engagement and development through the business planning process has been good. This has resulted in clarity about our priorities and improvement focus and better triangulation of cross-cutting themes and actions to support delivery. Moving into next year our change framework will ensure we support the right improvement work with the right support and governance arrangements.

The draft Operational Plan has been developed and informed by the following

- The Board's review of our priorities and the developing focus of the plan, through October 2024 to February 2025, which provided clarity on the priorities to support the delivery of our strategic aims. The Board reviewed the draft Operational Plan in March.
- Review with the Executive Management Team through November 2024 to February 2025 which explored the likely focus going into next year to continue to progress the delivery of our priorities and recommendations for Board review.
- The progress made in delivering the 2024-25 Operational Plan and the agreed delivery actions across our priority programmes.
- The business planning process which has co-ordinated work across SHSC to develop service plans for each service and clarity regarding recommended key deliverables to progress our priorities and service plans.
 - All services have developed objectives aligned to our strategic aims, and core areas of focus have been continued embedding of our clinical and social care strategy, staff survey action planning, ensuring benefits from Rio, team level actions in support of the Green Plan, contributing to the VIP programme.
 - This has supported engagement, ownership and clarity regarding the range of service development agendas and plans. The focus has been on defining the development stages of the different projects and understanding impacts in respect of resources, contracting, procurement, workforce planning.
 - Engagement with Place and System leads has ensured alignment of our priorities with the priorities of the Sheffield Health Care Partnership and the South Yorkshire Integrated Care System Mental Health, Learning Disability, Dementia and Autism Provider Collaborative.
- The financial context for SHSC in respect of its underlying deficit, and the expected financial position across Sheffield Place, South Yorkshire Integrated Care System and the NHS which remains significantly challenging. Limited to no new growth funding has been assumed and our development plans outlined for next year are reflective of the financial position.
- The operational planning guidance and the NHS 2025-26 priorities were confirmed on the 30 January 2025. The national priorities are summarised in section 1.2 (f), and overall, regarding our Operational Plan for 2025-26 there are no new priorities that would present significant challenges to our current programme of work.
- Engagement with the Council of Governors on the 25 February 2025, where there was support for the proposed priorities overall.

1.2 Draft Operational Plan 2025-26

a) The Operational Plan provides

- An overview of our strategic aims and the drivers that shape our plan for 2025-26.
- An outline of our priorities for 2025-26 aligned to our strategic aims and national priorities. This describes how we will align our collective effort through 2025-26 to deliver improvements for our service users, their carers and our staff.
- An overview of our financial plans covering investments, our capital plan and efficiency programme and our workforce plan.

b) The final Operational Plan will consist of three documents

- Our priorities: priorities on a page visual (see below)
- Operational Plan: a short narrative document defining the priorities for 2025-26 and supporting plans for workforce, activity and finance (Appendix 3).
- Operational Plan reporting framework: summary of the governance framework that will support delivery of the Plan (this was reviewed and approved by the Finance and Performance Committee in April 2025)

c) Our Priorities and proposed key delivery actions

Our priorities for 2025-26, are outlined below and at Appendix 1. These form the core focus of our Plan along with a broader set of development and improvement plans to support delivery of our strategy, local and national priorities.

- The priorities have been progressed through development with the Executive Management Team, the Council of Governors and through the Board sessions in January – March 2025.



d) Board Assurance Framework: update and alignment

The Board has regularly reviewed progress against the 2024-25 Board Assurance Framework, and the year-end position is reported separately to the Board. This provides an overview of the progress made through the year and the issues that will continue to be progressed into next year. The Board Assurance Framework for 2025-26 will be finalised alongside the re-refresh of our strategy.

e) Alignment with priorities for Sheffield, South Yorkshire Integrated Care System and South Yorkshire Mental Health, Learning Disability, Dementia and Autism Provider Collaborative.

The vision of the developing NHS 10 Year Health Plan is:

- An NHS and social care that is there when people need it including access to high quality health and care
- Fewer lives lost to the big killers including early deaths from major conditions
- Fairer Britain where everyone lives well for longer including the number of years spent in ill health

The vision is to be enabled through the delivery of three key shifts:

- Hospital to home - so that more people get care in the community closer to home
- Analogue to digital - so that we have the workforce we need with technology to deliver best care
- Treatment to prevention - so that we focus on prevention

Working collaboratively in partnership is a key feature of the South Yorkshire Integrated Care Partnership Strategy. Our focus is to work together to build a healthier South Yorkshire and deliver the goals of a healthier and longer life, fairer outcomes for all and ensuring access to quality health and wellbeing support and care.

Our priorities and supporting objectives align well to the priorities across Sheffield and South Yorkshire. This is reflected in our Home First programme, the piloting of a neighbourhood mental health centre in Heeley and Gleadless, our therapeutic environment programme, and our priority programmes to reduce inequalities.

This ensures that our efforts are directly supporting and delivering the improvement priorities across Sheffield and South Yorkshire, which are summarised below.

South Yorkshire ICS Four core purposes	South Yorkshire ICS Mental Health, Learning Disabilities, Dementia and Autism Provider Collaborative	Sheffield HCP Mental Health, Learning Disabilities, Dementia and Autism
Improving outcomes in population health and health care	Improved support for people with autism and ADHD	Support for people in crisis through improved community-based support
Enhancing productivity and value for money	Stopping the over medication of people with a learning disability (STOMP)	Provision and access to accommodation support in the community
Tackling inequalities in outcomes, experience and access	Improved eating disorders services	Improving mental health discharges and reducing inappropriate out of area placements
Helping the NHS to support broader social and economic development	Reducing out of area placements	Improving Neurodiverse Pathways with reduced waiting times and improved support
	Joining up the way we work with data and information	Reducing avoidable admissions of autistic
	Older people's inpatient and community service	

	productivity CAMHs productivity Community Mental Health Team productivity	people into mental health inpatient settings Implementing the dementia strategy
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f) NHS England priorities and planning guidance for 2025-26

Planning Guidance was confirmed on the 30 January 2025. There is a reduced number of national priorities. This reflects the government's commitment to streamline objectives and the aim to give local systems greater flexibility about how funding is deployed and focus on outcomes for patients and communities, recognising that NHS finances continue to be very challenging.

i. The guidance sets out a streamlined set of priorities, including:

- reducing the time people wait for planned elective care,
- improving A&E waiting times and ambulance response times,
- improving patient access to general practice and
- improving access to mental health services by
 - improving flow in mental health crisis and acute pathways by reducing average length of stay in adult acute beds.
 - improving access to services for children and young people

ii. To ensure delivery there is a recognition of the need for Integrated Care Boards, providers and partners to collaborate to:

- Support the immediate priorities and prepare NHS for the future
 - Reduce demand by developing neighbourhood health services
 - Fully leverage digital tools to transition from analogue to digital
 - Tackle inequalities and focus on secondary prevention.
- Operate within budget, reducing waste, improving productivity.
- Continue to prioritise the quality and safety of services, with focus on improving challenged and fragile services, such as maternity and neonatal care.

iii. Mental health priorities

- Deliver the 10 high impact actions for mental health discharges and ensure that system discharge plans include mental health acute pathways to reduce average lengths of stay in the adult acute mental health pathway, improve local bed availability and reduce the need for inappropriate out of area placements
- Reduce waits longer than 12 hours in A&E through:
 - maximising the use of crisis alternatives, including 111 mental health option, crisis resolution and home treatment teams, and community mental health services to keep people well at home
 - robust system oversight, implementation of the mental health OPEL framework and use of the mental health UEC action cards
- Expand CYP mental health support teams consistent with the government's aim of reaching 100% coverage by 2029-30
- To continue to reform and improve mental health services and improve value for money in the NHS, all mental health providers will be asked to submit, implement and report against a plan to improve productivity during 2025-26.

iv. People with a learning disability and autistic people

- In line with the proposed Mental Health Act reform, ICBs should work with local system colleagues to ensure that there is high quality and accessible community infrastructure in place for people with a learning disability and autistic people.
- They should also ensure that admissions to a mental health hospital are for assessment and treatment that can only be delivered in an inpatient setting. How we are responding to the national priorities

v. National targets and key performance indicators

In line with the proposed Mental Health Act reform, ICBs should work with local system colleagues to ensure that there is high quality and accessible

Metrics	Our plans
Reduce average lengths of stay	Reduce average lengths of stay from the baseline of 64 days (Dec23-Nov24) to 57.8 days by the end of next year, March 2026.
Talking Therapies	To achieve 48% reliable recovery and 67% reliable improvement for people receiving treatment.
Perinatal Mental Health services	490 people will access care and treatment by March 2026.

vi. How is our plan aligned to the national priorities

Appendix 2 provides an overview of the requirements from the planning guidance, and how our plans respond to the requirements. Key points to note are

Priority	Our plans
Improving flow in mental health crisis and acute pathways	<ul style="list-style-type: none"> • Our Home First programme will provide clear co-ordinated improvements across SHSC and the Sheffield system. The focus through 2025-26 is on improved operational flow, ensuring sustainable pathways from hospital to home and strengthening arrangements across the system re S117 and S75 governance and responsibilities. • We are strengthening our capacity and resilience across A&E and crisis alternatives. • We continue to embed the OPEL framework to ensure it remains effective and provides for clear system oversight.
Improving access for children and young people	<ul style="list-style-type: none"> • While the core priorities don't directly relate to our services, we are supporting improvements in this area through the development of new approaches to support young people transition from children's to adult services.
Reduce demand by developing neighbourhood health services	Our priorities for next year are focussed on <ul style="list-style-type: none"> • The Heeley and Gleadless 24/7 pilot, testing new models for community support and integrated approaches to how support is provided.
Tackle inequalities and focus on secondary prevention	<ul style="list-style-type: none"> • Implementing our Patient and Carer Race Equality Framework. • Improving pathways to employment into SHSC. • Improving access to Housing and Housing support.
Operate within budget, reducing waste,	<ul style="list-style-type: none"> • Deliver an agreed deficit of -£5.5million. • Our priorities through 2025-26 focus on becoming more

improving productivity	productive in all parts of our Trust, including undertaking a corporate support services review.
Continue to prioritise the overall quality and safety of services	<p>Our priorities for next year are focussed on</p> <ul style="list-style-type: none"> • Delivering our quality and safety objectives including Culture of Care, risk assessments, care planning and restrictive practice. • Improving the safety of our staff by reducing violence and aggression and sexual safety incidents. • Continuing our journey to become an anti-racist organisation – achieving Bronze accreditation this year.

g) Workforce Plan

Our priorities to continue to deliver our strategic aim of being a great place to work are outlined above in section 1.2 (c).

As we continue to develop our 3-year service led workforce plans we will support the development and shaping of our workforce to ensure we meet the needs of our communities, maximise the benefits of new roles, meet future service needs and deliver our priorities.

New workforce expansion is expected through 2025-26 in two main service areas. The continued mobilisation of the new specialist community learning disability service will be supported by c30 wte extra staff. The establishment of a new inpatient ward to provide care locally in Sheffield will be supported by c56 wte extra staff.

Across SHSC the workforce plan requirements from the financial plan indicate that a reduction in the planned establishment of c200 wte substantive positions and c25 wte bank and agency positions will be required.

h) Financial Plan and Value Improvement Plan (VIP) development

Detailed updates to the Board on the development of the financial plan and VIP plan for 2025-26 have been provided through December - March 2025 alongside the development of the Operational Plan. The financial plan is reported separately to the Board in March.

Our Financial Plan is to reduce our forecast deficit of £6 million to breakeven over two years. Savings of £8m (4.7%) per annum will be required. Our VIP for 2024-25 was £7.3m, with 20% achieved non-recurrently. The summary of the Financial Plan is provided below.

Headlines	2025-26
Income from patient care	143,743,000
Other operating income	23,838,000
Total income	167,581,000
Pay	- 129,297,000
Non-Pay	- 43,284,000
Net Surplus/ (Deficit)	- 5,000,000
Technical adjustments	101,000
Adjusted Surplus/ (Deficit)	- 4,900,000

Value improvement plan	2025-26
Value improvement plan	£8,000,000

i) Investments in 2025-26

As noted in the summary and Financial Plan section above the financial context for 2025-26 is highly challenging with 2025-26 plan deficit of £4.9 million and a value improvement requirement of £8 million. This significantly limits the choices available to invest in the range of improvement plans across quality, people, digital to support the delivery of our

priorities.

Noting this, the following increased investments are planned.

Investments to support our transformation priorities	2025-26
Continued mobilisation of the new specialist community learning disability services: to provide enhanced community	£0.65m (£1.3m Full year)
Establishment of a new inpatient ward: to provide more care locally in Sheffield, reducing the need for out of area care	£1.26m (£3.03m Full Year)
NHS 111 mental health crisis help line: increased investment to support resilience and ensure people have access to help 24/7	£0.75m
Sub-totals	£2.66m

Planned investments to be finalised and confirmed through 2025-26 (amounts are indicative and subject to agreement)	2025-26
Expanded Eating Disorders services: to support the service to deliver care locally across South Yorkshire	£0.44m
Transition services for young people: new support to help people transition from children's to adult services	£0.25m
Homeless mental health services: increased investment to ensure accessible services	£0.10m
Sub-totals	£0.79m

j) Capital Plan

The revised capital plan has been developed and is attached at Appendix 1 and progress in the development of the capital plan has been updated through the briefings on the developing Operational Plan. The plan for 2025-26 was further reviewed by the Finance and Performance Committee in May 2025.

The capital plan is based on our forecast CDEL, capital receipts over the first two years based on Fulwood and St Georges disposal plans and additional NHS England capital funding to support reduced out of are placements and improved estate safety.

The capital plan outlines the priority order for projects over the next year and the proposed planning assumptions and allocations over the broader five-year period.

The drivers behind our capital plan are

- Improved experience, dignity and respect: for our service users and our staff
- Safety and business continuity: safety and essential backlog maintenance
- New service needs: service accommodation requirements to support new ways of working and service delivery
- Hospital upgrades: ensuring our hospital sites provide therapeutic environments
- Digital: system upgrades and maximising the benefits of new technologies
- Green Plan: decarbonisation of our estates

Through 2025-26 the priorities for progression through the capital programme will be supported by an overall investment of £16.3 million and the following improvements are planned

- Completion of Rio mobilisation and optimisation
- Completion of Maple Ward refurbishment
- Safety: replacement fire doors and improved fire compartmentation, replacement seclusion room door and Endcliffe.
- Digital: desktop upgrade programme, telephony system upgrades, firewall upgrades.
- Safety and infrastructure: switchgear, generator and lift upgrades, lift and energy centre upgrades
- Improved accommodation: to meet developing service needs and a dedicated research facility
- Green Plan: decarbonisation planning and scheme initiation

k) Delivery arrangements

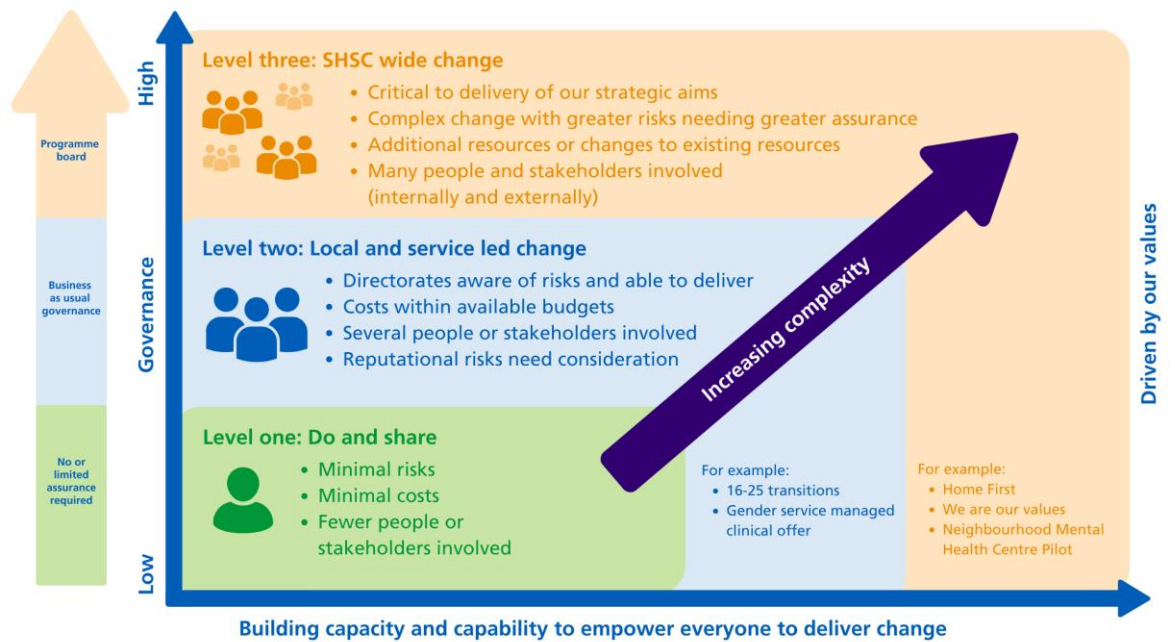
Our Improvement and Change approach, which incorporates the Integrated Change Framework, was launched in January 2025 and will provide for the appropriate delivery arrangements to support delivery of the operational plan.

The aim of the approach is to support and empower colleagues to improve, and to make our improvement work more aligned and focussed. In doing so, it will help to create a culture of inclusivity and continuous quality improvement. It will also accelerate the adoption and integration of evidence-based practices to improve patient outcomes, and to use resources efficiently and innovatively.

The framework will provide for the necessary governance arrangements to support and ensure delivery of the priorities and objectives within the Operational Plan. This will ensure our programme of change and improvement is supported by

- Appropriate delivery structures
- Clear accountabilities
- Aligned support and expertise from across SHSC
- Clarity on delivery actions and intended outcomes and benefits
- Clear oversight and reporting arrangements that ensure appropriate operational, executive team and committee review and escalations

Reporting progress against the delivery of plans, from our service level plans to our trust wide priorities will be co-ordinated through the IPQR framework and transformation board into the Executive Management Team and the Board Committee structures.



Our priorities 2025-26

Deliver outstanding care



- Deliver our quality and safety objectives including culture of care, risk assessments, care planning and restrictive practice
- Home first - reducing out of area placements, improving productivity and flow
- Implement neighbourhood mental health centre pilot
- Therapeutic environments - refurbish Maple ward

Great place to work



- Develop our culture through the 'we are our values' programme
- Develop University Trust strategy and partnerships with our universities
- Improve the safety of our staff by reducing violence and aggression and sexual safety incidents
- Continue our journey to become an anti-racist organisation - achieving bronze accreditation this year

Reduce inequalities



- Implement our inequalities and population health plan, starting by increasing the recording of personal data
- Improve pathways to work and access to housing through local partnerships
- Implement our Patient and Carer Race Equality Framework
- Deliver our equality objectives
- Deliver the SY MHLDDA partnership priorities

Effective use of resources



- Realise the benefits of implementing Rio
- Become a digitally enabled organisation, including patient engagement portals and access to shared care records
- Deliver our financial plan of a £4.9m deficit, including achievement of £8m efficiencies
- Become more productive in all parts of our Trust, including undertaking a corporate support services review

Our approach to delivering our priorities

- We provide care that is trauma-informed, strengths-based, person-centred, and evidence-led
- We think and act home first
- We coproduce with people and work in partnership for our population
- We focus on outcomes and prevention for individuals and communities
- We work sustainably for future generations and deliver our green plan
- We are digitally enabled

Our values



Appendix 2: Capital Plan 2025-26

Plan requirement	Quality & experience	Digital	Safety and business continuity	Green Plan	New service needs	Full site upgrade
Plan allocations						
930,000	4,976,000	1,968,000	3,997,500	1,300,000	2,732,500	400,000
Headlines						
Capital team	Maple	Rio and optimisation	Fire doors	Feasibility and design studies	Newfield Green	Plan development re Older adult inpatient, Forest Lodge
Essential maintenance	Redecoration	Laptops	Telephony	Boiler replacement	Plan development re CLDT, Wellbeing, Research	
Lease valuations	Woodland View	Firewall and security upgrades	Switchgears			
	DDA access		Doors and clinic rooms			
	Lighting		Lift upgrade			
			Energy centre			

Year 1: 2025-26 - updated following increased capital allocations

Name	Priority	Cost allocation	Drivers	Cummulative cost
Standing allocation: Lease revaluations		150,000	Planning requirements	150,000
Standing allocation: Capital Programme Team		530,000	Planning requirements	680,000
Standing allocation: Desktop & laptop upgrades		300,000	Digital	980,000
Standing allocation: Redecoration Programme		100,000	Quality & Experience	1,080,000
Standing allocation: Unforeseen essential maintenance		250,000	Planning requirements	1,330,000
Completion of Rio mobilisation	1	624,000	Digital	1,954,000
Maple Ward - ward refurbishment and LAP removal	2	4,426,000	Quality & Experience	6,380,000
Fire doors replacement and works (Year 1 of 2)	3	600,000	Safety & Bus.Continuity	6,980,000
Fire compartation and works (Year 1 of 2)	4	600,000	Safety & Bus.Continuity	7,580,000
Endcliffe courtyard door replacement	5	40,000	Safety & Bus.Continuity	7,620,000
Emergency phone upgrade	6	40,000	Safety & Bus.Continuity	7,660,000
Telephony Replacement (Skype for business)	7	110,000	Safety & Bus.Continuity	7,770,000
Rio optimisation	8	500,000	Digital	8,270,000
Newfield Green Clinic (Gleadless Pilot)	9	160,222	New service needs	8,430,222
Firewall Hardware Replacement	10	132,000	Digital	8,562,222
Windows 11 Project (dependent on implementation and testing)	11	50,000	Digital	8,612,222
Forest Lodge clinic room upgrade	12	80,000	Safety & Bus.Continuity	8,692,222
Endcliffe Ward - Seclusion room door replacement	13	99,500	Safety & Bus.Continuity	8,791,722
Switchgear & Generator - MCC (7 Facet #1) (Year 1 of 2)	14	1,214,000	Safety & Bus.Continuity	10,005,722
Switchgear replacement - Grenoside (7 Facet #2)	15	330,000	Safety & Bus.Continuity	10,335,722
DDA compliance (Centre Court, Pharmacy)	16	60,000	Quality & Experience	10,395,722
Woodland View environment upgrades (Kitchen, SAS, staff room)	17	300,000	Quality & Experience	10,695,722
Longley Centre - improved external lighting	18	40,000	Quality & Experience	10,735,722
Longley Car Park Barrier	19	50,000	Quality & Experience	10,785,722
SAN upgrade	20	352,000	Digital	11,137,722
Wired IOT implementation	21	10,000	Digital	11,147,722
Decarbonisation planning: Professional fees for design for sites	22	300,000	Green Plan	11,447,722
Forest Lodge: Design fees	23	200,000	Full site upgrade	11,647,722
Grenoside Grange: Design fees	24	200,000	Full site upgrade	11,847,722
Community Learning Disability Services: accommodation upgrade	25	300,000	New service needs	12,147,722
Wellbeing Hub: accommodation upgrade	26	250,000	New service needs	12,397,722
Research Unit: accommodation upgrade	27	300,000	New service needs	12,697,722
Boiler replacement (Eastglade + Limbrick)	bring forward from 26-27?	1,000,000	Green Plan	13,697,722
Essential maintenance (Longley lift)		384,000	Safety & Bus.Continuity	14,081,722
Longley: Energy centre		500,000	Safety & Bus.Continuity	14,581,722
Research Development Suite		1,722,278	New service needs	16,304,000
TOTAL PLAN COST ALLOCATIONS		16,304,000		

Appendix 3: Overview of requirements from NHS England planning guidance.

Planning guidance priorities	Applies	Our plans
reduce the time people wait for elective care	N	n/a
improve A&E waiting times and ambulance response times	N	n/a
improve patients' access to general practice	N	n/a
improve access to urgent dental care	N	n/a
improve patient flow through mental health crisis and acute pathways	Y	<p>Our Home First programme will provide clear co-ordinated improvements across SHSC and the Sheffield system. The focus through 2025-26 is on improved operational flow, ensuring sustainable pathways from hospital to home and strengthening arrangements across the system re S117 and S75 governance and responsibilities.</p> <p>We are strengthening our capacity and resilience across A&E and crisis alternatives</p> <p>We continue to embed the OPEL framework to ensure it remains effective and provides for clear system oversight.</p>
and improve access to children and young people's (CYP) mental health services	N	While the core priorities don't directly relate to our services, we are supporting improvements in this area through the development of new approaches to support young people transition from children's to adult services.
reducing demand through developing Neighbourhood Health Service models	Y	Our priorities for next year are focussed on the Heeley and Gleadless 24/7 pilot, testing new models for community support and integrated approaches to how support is provided.
addressing inequalities and shift towards secondary prevention	Y	<p>The Heeley and Gleadless 24/7 pilot, testing new models for community support and integrated approaches to how support is provided.</p> <p>Implementing our Patient and Carer Race Equality Framework.</p> <p>Improving pathways to employment into SHSC.</p> <p>Improving access to Housing and Housing support.</p>
live within the budget allocated, reducing waste and improving productivity.	Y	<p>Deliver an agreed deficit of -£5.5million.</p> <p>Our priorities through 2025-26 focus on becoming more productive in all parts of our Trust, including undertaking a corporate support services review.</p>
maintain our collective focus on the overall quality and safety of our services	Y	<p>Delivering our quality and safety objectives including Culture of Care, risk assessments, care planning and restrictive practice.</p> <p>Improving the safety of our staff by reducing violence and aggression and sexual safety incidents.</p> <p>Continuing our journey to become an anti-racist organisation</p>

		– achieving Bronze accreditation this year.
deliver the 10 high impact actions for mental health discharges and ensure that system discharge plans include mental health acute pathways to reduce average lengths of stay in the adult acute mental health pathway, improve local bed availability and reduce the need for inappropriate out of area placements	Y	<p>Our Home First programme will provide clear co-ordinated improvements across SHSC and the Sheffield system. The main focus through 2025-26 is on improved operational flow, ensuring sustainable pathways from hospital to home and strengthening arrangements across the system re S117 and S75 governance and responsibilities.</p> <p>Specific improvement focus for the 10 High Impact Actions will be on the following areas</p> <ul style="list-style-type: none"> • Standardising approaches across all wards in respect of PIPA, care formulations, early discharge planning, daily reviews and partnership working • Information management: Design and implement a single patient tracking list • Bed management governance: implement strengthened operational meeting structures to enable timely decision making, support flow and management of patients awaiting hospital admission <p>The improvement actions will support the delivery of reduced lengths of stay by the year end, reduced numbers of stranded patients and patients who are clinically ready for discharge, and reduced need for inappropriate out of area placements through 2025-26 and 2026-27.</p>
<p>reduce waits longer than 12 hours in A&E through:</p> <p>maximising the use of crisis alternatives, including 111 mental health option, crisis resolution and home treatment teams, and community mental health services to keep people well at home robust system oversight, implementation of the mental health OPEL framework and use of the mental health UEC action Card</p>	Y	<p>We are strengthening our capacity and resilience across A&E and crisis alternatives. Through the Sheffield BCF plan we will continue to deliver effective mental health liaison service in-reach to A&E, supported by £500k investment. The Sheffield 111 for mental health service was launched in April 2024, and from April 2025 we are investing in more capacity to ensure the service remains accessible and responsive. We have increased our Place of Safety capacity by one bed from January 2025 onwards, which will reduce the need for Police to use A&E due to the lack of a mental health alternative.</p> <p>We continue to embed the OPEL framework to ensure it remains effective and provides for clear system oversight. Our OPEL framework is in place, and our improvement focus is on embedding action cards to support effective escalation and actions in response to challenges to flow and access across SHSC and the broader mental health system pathway across Sheffield.</p> <p>The improvement actions will support delivery of reduced 12 hour breaches, improved access rates to the 111 service and reduced use of A&E for Place of Safety.</p>
improve productivity by reducing unwarranted variation in the numbers of CYP accessing services and the number of contacts per whole time equivalent hours worked	N	
Ring-fenced funding is available to support the	Y	Our focus is on sustaining the increased performance delivered through 2024-25. We will deliver effective courses

delivery of effective courses of treatment within NHS Talking Therapies and reduce ill-health related inactivity, through access to individual placement support (IPS).		<p>of treatment through maintaining recovery rates at 52%, reliable improvement at 67% and reliable recovery at 48%.</p> <p>Sheffield Talking Therapies Services do not provide IPS, as services are delivered separately across SY ICS. Access to IPS is facilitated through embedded employment advisers, with c6 wte within the Sheffield TT service. There are risks to this going forward as DWP funding is not confirmed for the full year. This is under review, however without the continuation of existing funding or arrangements we will be unable to continue supporting access to IPS in the same way.</p>
<p>Shift from analogue to digital to improve outcomes, reduce costs, more staff time for patient care</p> <ul style="list-style-type: none"> NHS App-first communications and NHS Notify Federated Data Platform First policy Move to national collaboration service NHS.Net Connect Complete EPR system procurements and upgrades electronic prescription service wherever possible integrate systems with the NHS e-Referral Service comply with the NHS Multi-Factor Authentication Policy mitigate against digital exclusion by implementing the Framework for NHS Action and Digital Inclusion. 	Y	<ul style="list-style-type: none"> Patient engagement portal plans In Digital business plan for 2025-26 In Digital business plan for 2025-26 Rio N/A. Applies to primary care No plans in 2025-26 Plans in place now Development plans in place but need to align better with framework
<p>Reduce spend on temporary staffing and support functions by: As a minimum all systems are</p> <ul style="list-style-type: none"> expected to deliver a 30% reduction based on current spending, with further reductions over the Parliament reducing bank use, with all systems expected to deliver a minimum 10% reduction . Bank rates should be optimised as far as possible with collaborative arrangements in place 	Y	<p>Vacancy control: in place to assess all recruitment and contractual changes. Clinical establishment reviews take place on an annual basis.</p> <p>Job planning: reviewed annually for Medical staff. 95%+ of all job plans agreed.</p> <p>All rosters are triangulated: with the finance ledger and ESR so we can effectively manage vacancies using our workforce system.</p> <p>Benefits realisation of rostering: will continue into next year and we will continue to maintain a triangulation between the rostering system, finance and ESR to ensure we have effective reporting and management of vacancy control through the vacancy control panel.</p> <p>Self-service: We are moving to a self-service model for recruitment and contractual changes in preparation for moving to the new ESR.</p>

<p>across and between</p> <ul style="list-style-type: none"> Systems conducting a robust review of establishment growth and reduce spend on support functions to April 2022 levels 		<p>We are already reducing costs: this year we have reduced temporary staffing costs by £2.2m. Our FOT costs are £10.1m. In 2023-24 our costs were £12.3m.</p> <p>We are a low user of temporary staffing: Comparatively we are one of the lowest users of temporary staffing, in the best (lowest) quartile for agency and bank use combined. 8th of 48 MH Trusts.</p> <p>Majority of agency use is for Medical staffing (£1.8m), most of our bank use is for Nursing (£1.7m) and HCAs (£5.3m).</p> <p>Sickness remains high: average YTD to August = 6.1% 11th worse out of 48 MH Trusts, upper quartile (worse).</p> <p>Our plan is to reduce temporary staffing use by £1.5m, with £775,000 cash releasing in line with VIP planning.</p> <p>For support functions we are currently in the upper quartile for most areas, with Digital and Corporate Governance in lower/ below average corporate gov between medium and upper</p> <p>Most of the other MH Trusts with an expenditure below £250m are all in or around the upper quartile highlighting challenges of small trusts.</p> <p>Current VIP plan is to deliver £1.3m savings 2025-26, with plan to review corporate services.</p>
<p>Improve procurement, contract management and prescribing by:</p> <ul style="list-style-type: none"> working to accepted operating models and commercial standards, making full use of the consolidated supplier frameworks agreed through NHS Supply Chain optimising medicines value and improving the adoption of and compliance with best value frameworks in medicine and procurement reducing unwarranted variation in prescribing, implementing the guidance on 'Low value prescribing and ensure that patients are prescribed the best value biological medicine where a biosimilar medicine is available. reducing unwarranted variation in all age continuing care spend and placement pricing through standardised complex care specification(s), improved sharing of placement data 	<p>Y</p> <p>N</p> <p>N</p> <p>Y</p>	<p>Most NHS Supply Chain frameworks are for Acute Trusts. Generally, we use frameworks when we can.</p> <p>Our energy procurement is delivering value for money, however it is not done via Crown Commercial Services. Current contract is until 2027.</p> <p>Within prescribing frameworks are in use for community teams and improvement work is focussed on generic medicines and stock management.</p>

<p>and integrated 'at scale' commissioning practices</p> <ul style="list-style-type: none"> • Trusts are expected to procure energy through the new national contract developed with Crown Commercial Services (CCS) and use green plans to identify and achieve savings from sustainable energy funding 		
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