Our plans and priorities for 2025-26

Draft operational plan and priorities for 2025-26 (version 3) for review and approval by the Board of Directors.

This is the final draft of the plan following the briefings provided to the Board through January-February 2025, and the review at Board in March 2025.

Draft for approval May 2025

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Introduction

Our vision is to improve the mental, physical and social wellbeing of the people in our communities. Our strategy sets out what we need to do to get there, in an increasingly changing world and a financially challenged environment.

Our Operational Plan and our priorities for 2025-26 describes our collective efforts to ensure that the needs of our service users and carers are at the centre of everything we do.

We are optimistic about our future and the part we will continue to play in reducing health inequalities and improving the health and wellbeing of the population we serve. Key to our success will be our partnerships, working together with our health and social care partners and community groups in Sheffield and the Integrated Care System in South Yorkshire to have a bigger impact.

Our approach is underpinned by a strong focus on living our values to support our cultural development and truly inclusive behaviours. As we deliver this plan, we will do so together with the combined efforts of the people who use our services and their carers, our staff, our governors, and our partners.

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1. Context: what's shaping our plan?

Our values and strategic aims

Our values guide us as we work to deliver our aims and realise our vision to improve the mental, physical and social wellbeing of the people in our communities.

▶ **Our vision**

Improve the mental, physical and social wellbeing of the people in our communities.

▶ **Our values**

- We work together
- We are respectful and kind
- We are inclusive
- We keep improving

▶ **Our aims**

- Deliver outstanding care
- Great place to work
- Reduce inequalities
- Effective use of resources

Our current position

We have made positive progress in our improvement journey in key areas, addressing improvement priorities, transforming services, implementing our new electronic patient record and improving our estate. We have strengthened our approach to delivering change and improvements and to partnership working and are seeing clear signs of progress with better engagement with our staff and teams, better co-production with local community groups and positive collaboration with our partners across Sheffield and the South Yorkshire Integrated Care System (SY ICS). This equips us well to continue our improvement journey.

Significant challenges remain. Much of our estate is not fit for purpose. We have high levels of out of area inpatient care and access, demand and capacity challenges across some services. Our financial context remains challenged, we end 2024-25 in deficit, have a challenging efficiency plan over the next two years.

What's impacting on the services we deliver

- Deprivation in our local communities and widening gap in inequalities.
- Changing demand from longevity, comorbidities and societal expectations.
- Economic climate impacting the health of the nation and public finances.
- Our financial context which limits opportunities to invest in new developments.
- Risk of reduced focus nationally on parity of esteem

Sheffield and South Yorkshire

Collaborative working across the SY ICS, the Mental Health, Learning Disability, Dementia and Autism Provider Collaborative, and the Sheffield Health Care Partnership is important. It supports the delivery of our aims and priorities and ensure our plans align to the needs across Sheffield and South Yorkshire.

Nationally, the developing NHS ten-year plan will focus on shifting care from hospital to community, from treatment to prevention and from analogue to digitally enabled ways of working. Local priorities within the ICS are focussed on reducing out of area placements, improving quality, productivity and care pathways.

Our plan takes forward the national and local priorities. Our Neighbourhood Mental Health Centre pilot is testing new models for community support. Our Home First programme will ensure people are admitted when needed, are receiving therapeutic care and are discharged when ready. We have clear plans to reduce inequalities and improve access to care and support across Sheffield and South Yorkshire.

2. Our priorities 2025-26

Our priorities are the things we want to achieve during the year to support the implementation of our strategy and strategic aims.

Our strategic aims are

- Deliver outstanding care
- Create a great place to work
- Reduce inequalities
- Effective use of resources

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

We keep improving

We are respectful and kind

We are inclusive

We work together

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3. Service Plan

We will deliver our priorities and plans for 2025-26 through the implementation of our change framework (see Oversight section) which engages staff within a clear reporting framework, with the right leadership, executive and Board oversight.

Our priorities for 2025-26 are

- Home First programme and reducing out of area placements, improving productivity and flow

- Neighbourhood Mental Health Centre Pilot and partnerships for prevention, inclusion, and effective community risk management

- Implement our Inequalities and Population Health Plan, starting by increasing the recording of personal data

- Improve access to housing, through local partnerships

- Deliver the SY MHLDDA Partnership priorities

- Become more productive in all parts of our Trust, including undertaking a corporate support services review.

Alongside the above priorities we also plan to deliver the following improvements

Service plans

1. Community learning disability services: Complete the mobilisation of the new specialist community learning disability service

2. Older Adult community: develop and implement our plans for the provision of community services

3. Intensive community care: embed learning to ensure we continue to provide intensive and assertive community mental health care

4. Adult Recovery Services: continue to deliver the new service model ensuring benefits realisation and access targets are achieved

5. Transitions pathways: Implement the new service for young people moving from CAMHs to adult services

6. Homeless mental health support: Ensure effective mental health support for people who are homeless.

7. Eating Disorders Services: Establishing new pathways to support service provision across South Yorkshire

8. Gender services: Develop the Yorkshire and Humber managed clinical network

9. Access and waiting times: Deliver all national KPIs relevant to service areas

Performance and national priorities (see Appendix 1)

Perinatal services	• Provide care for 490 people during 2025-26.
Talking Therapies	• To achieve 48% reliable recovery and 67% reliable improvement for people receiving treatment.
Improving flow in mental health crisis and acute pathways	• Reduce average lengths of staff across working aged, older adult and PICU services from a baseline of 64 days to 57.8 days by March 2026. • Reduce the number of people receiving out of area inpatient care to 5 by March 2026

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4. Quality Plan

We continue to strengthen our approach to improvement and development with clear patient centred and co-produced approaches.

Our priorities for 2025-26 are

- Deliver our quality and safety objectives including

    - Culture of Care and inpatient quality improvement programme

    - Improve community risk management through intensive and assertive review,

    - Embed a person-centred approach to care planning and restrictive practices

    - Continue to embed least restrictive practices and ensure patients from racialised communities are not overrepresented in the use of restrictive practices such as restrain and seclusion

- Ensure the Patient and Carer Race Equality Framework is embedded in practice by the end of 2025/26

- Become more productive in all parts of our Trust, including undertaking a corporate support services review.

Alongside the above priorities we also plan to deliver the following improvements

Quality

The aim of our Quality plan is to improve the experience, safety and quality of care through understanding what matters to people and co-producing systems and models of care. Alongside our priorities our plan during 2025-26 will also progress

- Undertake a full review of our quality governance structures

- Identify and embed robust structure and tools required for receiving and collating feedback

- Continue to embed human rights into day-to-day practice and introduce an ethics panel

- Triangle of care roll out to community services

- Introduce a programme of local audit to ensure continuous quality improvement at team level

Research, innovation and effectiveness plan implementation

Our priorities for 2025-26 are

- Partner with our Universities to improve care through research, innovation and education excellence

The aim of our Research, Innovation and Effectiveness plan is to create a vibrant, engaged improvement culture, using the best, and most up-to-date evidence to achieve the best outcomes for people who use our services. Alongside our priorities our plan during 2025-26 will also progress

- Implement the Research and Evidence hub to support evidence led objectives

- Embed routine use of PROMs (clinical outcome measures) in all services

5. People Plan

Our People

Our priorities for 2025-26 are

- Develop our culture through the We Are Our Values programme
- 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
- Improve pathways to work through local partnerships
- Deliver our equality objectives
- Become more productive in all parts of our Trust, including undertaking a corporate support services review and ensure workforce optimisation

Alongside our priorities, our People Plan continues to support our commitment to the NHS people promise and our collective efforts to deliver high quality care.

Plan aims	Plan goals, in addition to the above priority areas We will
Looking after our People	• Create spaces for staff wellbeing bringing together access to support and equip our managers to support wellbeing at work • Equip our leaders with the skills to deliver a great place to work • Develop the skills of our wellbeing champion networks • Support being well at work and address sickness absence
Belonging	• Deliver our WRES and WDES action plans • Address ethnicity, disability and gender pay gaps in our workforce • Improve the identification of need and support for disabled trainees.
Growing for the future	• Enhance the maturity of our strategic service led workforce plans using the data insights to drive workforce development • Support and develop our workforce to enable evidence based care • Review and refresh our approaches to workforce change • Improve the quality and completion rates for supervision and PDRs • Ensure that performance, capability and conduct are addressed in a timely way in lines with our values and just and learning culture
New Ways of Working	• Maximise the benefits of our People systems to add value • Implement Medical E roster and Job planning • Develop sustainable and adaptable temporary staffing options • Undertake a training needs analysis to inform the development of plans to maximise the potential of our staff • Build the capability of our workforce to lead improvement.

Workforce plan (headlines)

3 year service led workforce plans 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 strategic priorities.

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.

6. Support plans

Digital

Our priorities for 2025-26 are

- Realise the benefits of implementing Rio

- Become a digitally enabled organisation, including Patient Engagement Portals and access to shared care records.

- Become more productive in all parts of our Trust, including undertaking a corporate support services review.

The aim of our digital plan is to provide staff with more time to be with the people who use our services so they can deliver outstanding care, working in an environment where technology 'just works'. Alongside our priorities our plan during 2025-26 will also progress

- Improved and standardise use of Office 365 across the trust

- Integrated Performance and Quality Report (IPQR) Enhancements supported by the data warehouse

- Implement new telephony system for all desk phones, switchboard, lifts

- Replacement programme for staff computers

- Maintain and upgrade essential digital systems and technologies ensuring data security and resilience

Estates

Our priorities for 2025-26 are

- Therapeutic Environments including Maple Ward and ongoing plans for Dovedale 2 Ward

- Become more productive in all parts of our Trust, including undertaking a corporate support services review.

The aim of our estate plan is to ensure fit for purpose buildings that provide a healing environment. Alongside our priority to deliver therapeutic environments our plan during 2025-26 will also progress

- Replacement fire doors and improved fire compartmentation

- Replacement seclusion room and courtyard doors at Endcliffe

- Essential maintenance and infrastructure upgrades for switchgear and generator at Michael Carlisle Centre, switchgear at Grenoside Grange and lifts at Longley Centre

- Improved disability access, external lighting and car park barriers

- Decarbonisation planning to deliver Green Plan improvement in the future

- Planning for future improvements to our Forest Lodge and Grenoside Grange sites

- Improved accommodation to support new service needs

7. Financial plan

Context

Our priorities for 2025-26 are

- 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 full financial plan is available separately. Our financial context for 2025-26 is highly challenging with a planned deficit of £4.9 million and a value improvement requirement of £8.65 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.

1. Investment plans	£3.45 million
Learning disability services: Continued mobilisation of the new specialist community learning disability services to provide enhanced community support	£0.65m (£1.3m Full year)
Inpatient services: 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)
Crisis services: Increased investment to the NHS 111 mental health crisis help line to support resilience and ensure people have access to help 24/7	£0.75m
New service development plans are expected to be finalised early in 2025-26 which will see additional investment made to support an expansion of our eating disorders service, the mobilisation of new support for young adults and ensure ongoing mental health support for people who are homeless.	Final funding amounts to be determined c£0.79m
2. Capital plan (headlines summarised below)	**£16.3 million**
Digital: Implementation and development of RIO, desktop upgrade programme, telephony system upgrades, firewall upgrades	£1.968m
Therapeutic environments: Maple Ward environment improvements and other small schemes	£4.967m
Safety and infrastructure: Replacement fire doors and improved fire compartmentation, replacement seclusion room door and Endcliffe, switchgear, generator and lift upgrades. Capital programme.	£4.928 m
Accommodation new service needs and site upgrades: Improvements and feasibility studies to meet developing service needs	£3.132 m
Green Plan: decarbonisation planning and projects	£1.300.m
3. Efficiency and Value improvement	**£8 million**

8. Oversight and governance

Overview of our governance arrangements to ensure delivery

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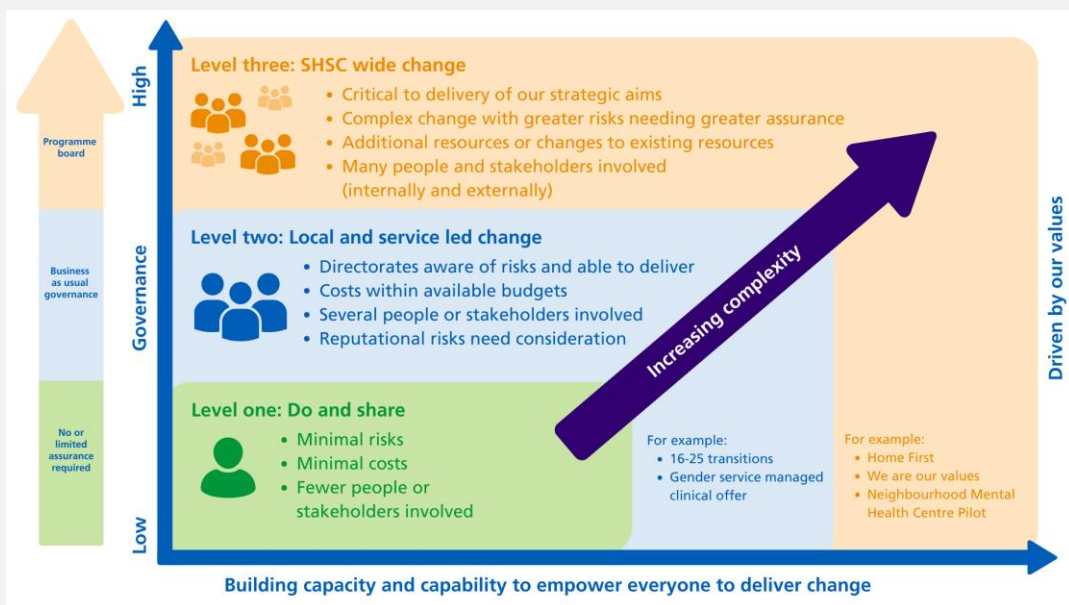
Reporting progress against the delivery of plans, from our service level plans to our trust wide priorities will be co-ordinated through the IPQR framework and transformation board into the Executive Management Team and the Board Committee structures.

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Appendix 1: National key performance indicators for 2025-26.

Active inappropriate adult acute mental health out of areas placements (OAPs)

Target: reduce the number of people receiving out of area care to zero by 2027

What is counted: the number of people receiving out of area care at the end of each period

	Apr 2025-Mar 2026 Average	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nv-2025	Dec-25	Jan-26	Feb-26	Mar-26
Active inappropriate adult acute mental health out of areas placements (OAPs)		30	30	27	24	23	22	20	18	17	15	9	5

Average length of stay for adult acute beds

Target: reduce average length of stay to below the current baseline by March 2026. The SHSC baseline for the period Dec23-Nov24 is 64 days.

What is counted: rolling three month average length of stay for discharges across working aged, older adult, PICU inpatient wards.

	Apr 2025-Mar 2026 Average	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nv-2025	Dec-25	Jan-26	Feb-26	Mar-26
Total number of bed days for spells ending in the period	7083	6,933	7,033	7,233	7,433	7,433	7,233	7,033	6,933	6,933	6,933	6,933	6,933
Count of spells ending in the period	103.79	97	97	97	97	97	98	100	103	108	114	118	120
Average length of stay for adult acute beds	68.2	71.5	72.5	74.6	76.6	76.6	73.9	70.7	67.2	64.2	60.8	58.8	57.8

Access to NHS talking therapies for anxiety and depression - reliable recovery

Target: achieve 48% rate of reliable recovery by March 2026

What is counted: activity in the reporting period

	Apr 2025-Mar 2026	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nv-2025	Dec-25	Jan-26	Feb-26	Mar-26
Number of patients that achieved reliable recovery	3036	253	253	253	253	253	253	253	253	253	253	253	253
Number of patients discharged having received at least 2 treatment appointments in the reporting period, that meet caseness at the start of treatment.	6324	527	527	527	527	527	527	527	527	527	527	527	527
% reliable recovery rate	48	48	48	48	48	48	48	48	48	48	48	48	48

Access to NHS talking therapies for anxiety and depression - reliable improvement

Target: achieve 67% rate of reliable improvement by March 2026

What is counted: activity in the reporting period

	Apr 2025-Mar 2026	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nv-2025	Dec-25	Jan-26	Feb-26	Mar-26
Number of patients that achieved reliable improvement	4440	370	370	370	370	370	370	370	370	370	370	370	370
Number of people who are discharged having received at least 2 treatment appointments in the reporting period.	6624	552	552	552	552	552	552	552	552	552	552	552	552
% reliable improvement rate	67	67	67	67	67	67	67	67	67	67	67	67	67

People Accessing Specialist Community Perinatal Mental Health Services

Target: 703 people to access services in Sheffield. SHSC share of the target is 490

What is counted: count of people accessing services over the previous 12 months (rolling 12 month)

	Apr 2025-Mar 2026 Average	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nv-2025	Dec-25	Jan-26	Feb-26	Mar-26
Number of people accessing specialist community PMH and MMHS services in the reporting period	490	490	490	490	490	490	490	490	490	490	490	490	490

Appendix 2: Glossary

Integrated Care System (ICS): Integrated care systems are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

Integrated Care Board (ICB): A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. The establishment of ICBs resulted in clinical commissioning groups (CCGs) being closed down.

Provider collaboratives: Provider collaboratives bring providers together to achieve the benefits of working at scale across multiple places and one or more ICSs, to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across different providers.

Sheffield Health and Care Partnership: an alliance of health and social care organisations that work together to deliver care in Sheffield.

Mental Health , Learning Disability and Autism Board (MHLDA): Board of partner organisations focussed on the delivery of the improvement agenda for mental health, learning disability and autism services. There is one for South Yorkshire ICB and Sheffield.

The voluntary, community and social enterprise (VCSE) sector is an important partner for statutory health and social care agencies and plays a key role in improving health, well-being and care outcomes.

Primary Care Network (PCN): Primary care networks are groups of GP practices. . Each primary care network covers a population of between 30,000 and 50,000 patients. On average there are around 3-7 GP practices in each primary care network. Sheffield has 15 primary care networks across Sheffield.

Care Quality Commission (CQC): the independent regulator of health and social care in England

Capital departmental expenditure limit (CDEL): The amount of capital expenditure an NHS organisation can not exceed. This is set by the NHS.

Out of Area Placement: An 'out of area placement' occurs when a person with acute mental health needs who requires inpatient care is admitted to a unit that does not form part of the usual local network of services.

Access standard: Access standards are a means of measuring NHS performance. Each standard will define the type of treatment to be provided and the time within with the treatment should be provided.

S136 of the Mental Health Act: allows the police to take someone to (or keep someone at) a place of safety.

Ligature Anchor Point: a ligature anchor point is anything that could be used to attach a cord or other material for the purpose of hanging or strangulation.

QEIA: Quality and equality impact assessment – a formal assessment of a proposed decision to consider its impact on the quality of care provided and equality of access and outcomes.