



Council of Governors Item number: 9 Date: 19 June 2025

Confidential/ public paper:	Public
Report Title:	Governance report
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Vision and values:	Governance reporting supports a commitment to quality, ensuring we work together, and we keep improving .
Purpose and key actions:	This report provides key updates on governance matters for reporting to the Council of Governors
Executive summary:	 Declarations of interests, gifts and hospitality. The outcome of the governor elections for 2024-2025. Plans for the governor development workshop taking place on 1 July 2025. An update on the timeline for the lead governor role. The final annual operational plan and strategic priorities for 2025-2026 An update on the annual members meeting planned to take place on 25 September 2025. An update on the well-led review undertaken with the Board of Directors and supported by governors. Appendices included are: Appendix 1 – Council of Governors register of interests as of June 2025. Appendix 2 – lead governor role description Appendix 3 – operational plan and strategic priorities 2025-2026

Which strategic objective de	oes the iter	n pr	imarily	conti	ribute to:
Effective Use of Resources	Yes		No	X	
Deliver Outstanding Care	Yes	X	No		
Great Place to Work	Yes		No	X	
Reduce inequalities	Yes	X	No		

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.

The Health and Social Care Act 2022 enhances and amends the Health and Social Care Act 2012 Act, setting out the legal framework within which a Foundation Trust operates, which includes the following:

 Constitution (including Standing Orders for practice and procedures of the Board of Directors and the Council of Governors)

The Codes of Conduct.			
These documents together pr	ovide a regulatory framework for the business conduct of the Foundation Trust		
BAE and composets rickles	None appoificably to this report		
BAF and corporate risk/s:	None specifically to this report.		
Any background papers/	This report provides key updates on governance matters for reporting to		
items previously	the Council of Governors and is received at every meeting, with the last		
considered:	report received in February 2025.		
Recommendation:	The Council of Governors is asked to:		
	Note the updates and discuss content.		
	Note for information the declaration of interests, gifts and hospitality		
	register.		
	Note the governor election updates provided for assurance and		
	information.		
	Note the lead governor update.		
	Note the update on the annual members meeting.		
	Note the update on the well-led review.		





Council of Governors Governance report 19 June 2025

1. Purpose of the report

The purpose of the report is to provide key updates on governance matters for the Council of Governors. The paper sets out:

- The background to the report
- An update on the declarations of interests, gifts and hospitality.
- An update on the governor development workshop taking place on 1 July 2025.
- An update on the lead governor role
- The final annual operational plan and strategic priorities for 2025-2026.
- An update on the annual members meeting taking place in September 2025.
- An update on the well-led review undertaken with the Board of Directors

2. Background

The Governance report forms part of the annual work programme and provides a report at every meeting on all governance related matters that have taken place this quarter, as well as updates on key areas of focus. The report also provides assurance that arrangements are in place to support appropriate and timely governance and monitoring arrangements.

3. Declaration of Interests 2024-2025 and Fit and Proper Persons Test (FPPT)

The final declarations for the 2024/25 register for the Council of Governors have been received for governors currently serving on the Council of Governors and the current completed register was received at the public Board of Directors in May 2025 is attached at **appendix 1**. At the time of writing no declaration forms were pending. There were no declarations of gifts and hospitality from any Governors during the financial year.

4. Council of Governor elections 2025

Governor elections opened for nominations on 28 March 2025. There were 20 vacant seats in the 2025 election process and 14 seats have been filled. This will bring the total number of governors on the Council to 34. This means 27 elected governors and eight appointed governors.

Two seats are contested (psychology and social worker) and voting is currently underway and due to conclude on 18 June 2025. The process of undertaking due diligence on newly appointed governors such as declarations of interest, disqualification registers and to ensure compliance with the Fit and Proper person Test (FPPT) is underway and must be fully completed before Governors can take up the roles. The aim is to complete the process in time for Governors to be confirmed at the Annual Members Meeting in September 2025.

The details on filled seats are provided in the table below:

Constituencies	Filled seats
Public northwest	One seat
Public northwest	No seats
Service user	Six seats
Carer	Two seats





Young carer/ service user	One seat
Staff - medical and clinical	One seat
Staff – social worker	One seat
Staff - psychology	One seat
Staff – clinical support worker	One seat

The remaining six seats not filled during elections are:

Constituencies	Vacant seats that were not filled
Public northwest	One seat
Public northwest	One seat
Service user	One seat
Carer	Two seats
Young carer/ service user	One seat

A verbal update on the outcome of the election will be reported at the Council of Governors meeting on 19 June, when the results will have been published.

Regarding appointed Governors, at the time of writing it can be confirmed that the Pakistani Muslim centre have confirmed Irfan Khan for a second term of office from 1 July 2025.

There are three longstanding Governors who will sadly be leaving the Council of Governors. It must be noted that all these governors have added a huge amount of value to the Trust and have always been generous with both time, skills and experience. It is noted that each governor has supported the Chair and other governors over some of the most challenging Trust journeys and have played a critical role towards improvement. Heartfelt thanks and appreciation are given to:

- **Terry Proudfoot**, service user governor: serving nine years on the Council of Governors, four and a half of those as lead governor.
- Billie Critchlow, carer governor: who has served nine years on the Council of Governors.
- **Jonathan Hall**, service user Governor: who has served six years on the Council of Governors.

Alistair Brash, young carer governor has stepped down from his role on the on the Council of Governors and is thanked for his time and contribution.

5. Governor development workshop

The July governor development session will take place on 1 July 2025. The agenda for the session will include:

 Values and behaviour framework – this is the framework developed with staff and Governors during the summer of 2024 which will help guide us to live our new values in





all that we do. The new values are we are respectful and kind, we are inclusive, we work together, we keep improving.

- Attention deficit hyperactivity (ADHD) and autism waiting list an update on the waiting lists will be discussed with the chief operating officer and head of service following a request from the Council of Governors at the meeting in April 2025.
- The communications and involvement strategy following feedback on the development of the strategy from Governors at the development workshop in March 2025.

6. Lead governor

At the Council of Governors meeting in April 2024, it was agreed to change the term of office for the lead governor to one year, and for the lead governor process to run annually. It was agreed to remove the requirement for a governor to have two years remaining of their term of office to be able to open the election fully to more governors. This was a policy decision rather than a constitutional change, which does not include a clear directive on process. This means there is a level of flexibility to adapt the process.

Ben Duke was appointed as lead governor effective from 27 September 2024 for one year. The proposal is to run a nomination process with all governors (who have gone through due diligence) over the summer for formal confirmation at the Annual Members Meeting (AMM) in September 2025.

Governors are asked to agree to the recommendation to continue with a one-year term of office (renewable) to ensure more governors can participate in lead governor elections.

A description of the role of lead governor is provided in **Appendix 2**.

7. Annual operational plan 2025-2026

The operational plan describes our priorities and plans to deliver our strategic aims through 2025-26. These are the final priorities following approval at the Board of Directors in May 2025 and are attached at **appendix 3**. The Council of Governors are reminded that the operational plan has been developed with appropriate engagement across the organisation. This includes input from Council of Governors, and support for the proposed priorities at the meeting in February 2025.

8. Annual members meeting 2025

A public meeting must be held each year as an annual members meeting. This meeting must be held before 30 September. This is because the meeting follows the end of the financial year where all NHS foundation Trusts present the final annual report and accounts.

The proposed date, subject to final confirmation of times and venues is 25 September 2025. Governors are asked to note this date. Consideration is still being given to the time and location of the event. This year we are considering changing the time and venue to a late afternoon to early evening, providing light refreshments and buffet (subject to costs not exceeding the previous year's budget). The hope is that the meeting will encourage staff and public attendance.

A marketplace is planned to take place prior to the formal meeting and stall holders will comprise of invited teams, services and partners.





9. Well-led review

Every Trust is required to periodically carry out an independent assessment of their approach to governance leadership to assess we are doing all we need to do to maintain high quality governed services and that we are well led.

The good governance institute (GGI) was appointed by the Trust to carry out a developmental well-led governance review and this took place from December 2024 to April 2025, including fieldwork from November 2024 to February 2025. Governors were invited to participate in a focus group discussion on the 27 January 2025 to support the approach. Thank you to all governors who took part in the review.

The insight from the report of findings has provided assurance as well as evidence of areas of improvement. The Trust need to strengthen some areas despite progressing well. The focused areas of improvement are:

- Cultural improvement and values work
- Improvements to governance arrangements and reducing meetings and duplication
- Revisit the reporting lines of tier 2 groups
- A review of the cycle of business, using the board assurance framework
- To develop report writing skills so they focus on assurance
- Review the membership of Board committee meetings
- Continue to embed freedom to speak up in all that we do
- Focus on equality, inequality, equity and sustainability
- Ember a learning culture for incidents, complaints and claims
- Continue to support staff networks so they can thrive

The corporate governance team will use a quality improvement approach driven by the Trust values and behaviours work to drive these changes. The work has already started and should be felt by mid-year, with a real shift in the forthcoming year 2026-2027.

Recommendations

- Note the updates and discuss content.
- Note for information the declaration of interests, gifts and hospitality register.
- Note the governor election updates provided for assurance and information.
- Note the lead governor update.
- Note the update on the annual members meeting.
- Note the update on the well-led review.

10. Appendices

Appendix 1 – Council of Governors register of interests as of June 2025.

Appendix 2 – lead governor role description

Appendix 3 – operational plan and strategic priorities 2025-2026

Register of Interests 2025-2026 Council of Governors June 2025



Name of Governor and Constituency	DOI Date Notified/ Registered	Declaration of Interests	Identified potential for conflict of Interest and action taken by Trust	Date From	Date To
Dr. Alistair Brash (Young Carer) Stepped down May 2025	21/05/25	N/A	N/A	N/A	N/A
James Barlow (Carers Centre Sheffield)	14/03/2025	Sheffield Carers Centre, Data and Information Officer	N/A	2012	Present
Alick Bush (Public SW)	15/04/2025	Employed by SHSC in a variety of roles including clinical psychologist, director of disabilities, clinical director, head of division (PHS). Part time paid consultancy support to the Mid-Atlantic Wellness Institute, Bermuda Hospitals Board	professional	Jan 1987 ongoing	June 2012 Present
Billie Critchlow (Carer)	12/03/2025	Nothing to declare	N/A	N/A	N/A
Chris Digman (Public SE)	15/04/2025	Nothing to declare	N/A	N/A	N/A
Linda Duckenfield (Service User)	13/03/2025	Green Party member	N/A	N/A	N/A
Ben Duke (Public SW)	23/03/2025	Volunteer and/or work for the following organisations: (1) Sheffield MENCAP (2) Re-engage (3) Young Lives vs Cancer (4) Rethink – Expert by Experience sessional worker (5)SACMHA - Sheffield African Caribbean Mental Health Association – Community Research worker (6) Sheffield City Council – Sheffield Directory Adult Social Care	professional	Nov 2018 (1) July 2020 (2) Nov 2018 (3) May 2023 (4) Jan 2024 (5) May 2023(6) April 2023(7) Oct 2024 (8) July 2024 (9) Sep 2023 (10)	Present Present 31 Mar 25 Present Present 31 Aug 24 Present Present Present Sep 2024 31 Mar 24 Present

Name of Governor and Constituency	DOI Date Notified/ Registered	Declaration of Interests	Identified potential for conflict of Interest and action taken by Trust	Date From	Date To
		Coproduction Group - sessional worker (7)Sheffield Health and Social Care (SHSC) NHS Foundation Trust Expert by Experience sessional worker (8)Community Attachment Scheme (CAS) tutor in the School of Health and Related Research (university of Sheffield) (9)University of Sheffield, as a Research Assistant (10) Research Assistant at University of Nottingham on a COVID19 Vaccination Programme Research Project (11) Research assistant Sheffield University		July 2024	
Chinyere Ehosiem (Staff – AHP)	12/03/2025	Nothing to declare	N/A	N/A	N/A
Angelito Esquerra (Support Worker)	10/04/2025	Nothing to declare for purposes of this public record	N/A	N/A	N/A
Andrea Fox (Spence) (Appointed – Sheffield University)	17/03/2025	University of Sheffield Allied Health Professions, Nursing & Midwifery Professional Lead for Nursing at the above organisation, with a strategic role in business development	professional	2012(at Sheffield University) Sept 23 (current role)	present
Jonathan Hall (Service User)	12/03/2025	LERP – Lived Experience Research Panel Peer researcher	professional	June 2024	N/A
Celia Jackson-Chambers (SACMHA)	16/05/2025	Sheffield African Caribbean Mental Health Association (SACMHA) Chairperson	N/A	2020	present

Name of Governor and Constituency	DOI Date Notified/ Registered	Declaration of Interests	Identified potential for conflict of Interest and action taken by Trust	Date From	Date To
Irfan Khan VCFS (PMC)	18/03/2025	Chair, Pakistani Muslim Centre . Nothing else to declare for purposes of this public record.	professional	N/A	present
Rebecca Lawlor (Service User)	14/04/2025	Nothing to declare	N/A	N/A	N/A
John Malcomson (Service User)	21/04/2025	Nothing to declare	N/A	N/A	N/A
Chin Maguire (Staff - Central Support)	28/04/2025	Nothing to declare	N/A	N/A	N/A
Kathleen Myrie (Staff- Nursing)	12/03/2025	Nothing to Declare	N/A	N/A	N/A
Julie Marsland (Staff-side)	22/04/2025	Mencap Sheffield	N/A	2017	present
Ross Mallett (Sheffield Hallam University)	16/04/2025	Deputy Head of School: Health & Social Care, Sheffield Hallam University	professional	2015	present
Dave Palfreyman (Public RoE)	12/03/2025	Thinking Through Academy (Leadership Training Programmes) Associate Development Solutions (Bespoke solutions for service and professional development). Spouse volunteers for Chilypep (the Children and Young People's Empowerment Project)	N/A		present
Terry Proudfoot (Service User)	01/05/2025	Member of Labour Party 1992	N/A	1992	present
Dave Swindlehurst (Sheffield MENCAP and Gateway)	13/03/2025	Sheffield Mencap and Gateway Chief Executive officer	N/A	Sept 2016	present
Sophie Thornton (Sheffield City Council)	24/04/2025	City Councillor Deputy Chair Adult Health & Social Care Policy Committee Sheffield Mencap & Gateway – support worker (Activity & Learning Hub service), night lead support	professional	May 2021 May 2023 Nov 2019	present

Name of Governor and Constituency	DOI Date Notified/ Registered	Declaration of Interests	Identified potential for conflict of Interest and action taken by Trust	Date From	Date To
		worker (Gateway service), group leader (Children's services)			
Laura Wiltshire (Public SE)	12/03/2025	RDaSH – Care Group Director Trustee for charity SAYiT	Professional	May 2024 Oct 2023	Present
Mohammed Khawja Ziauddin (Public North East)	29/04/2025	Nothing to Declare	N/A	N/A	N/A





Appendix 2

Lead Governor role description

Background

In accordance with the NHS Foundation Trust Code of Governance (2023) the lead governor has a role in facilitating direct communication between NHS England and the NHS foundation trust's council of governors. This will be in a limited number of circumstances and, in particular, where it may not be appropriate to communicate through the normal channels, which in most cases will be via the Chair or the Trust secretary.

It is not anticipated that there will be regular direct contact between NHS England and the council of governors in the ordinary course of business unless there is a real risk of the Foundation Trust significantly breaching its licence or constitution and the Council's concerns cannot be satisfactorily resolved. Where this is necessary, it is important that it happens quickly and in an effective manner. To this end, a lead governor should be nominated and contact details provided to NHS England and then updated as required.

A full description of the role of the nominated lead Governor as stated in the NHS Foundation Trust Code of Governance is available via https://www.england.nhs.uk/long-read/code-of-governance-for-nhs-provider-trusts/#appendix-b-council-of-governors-and-role-of-the-nominated-lead-governor

However, lead Governors can have an understanding of the role of the Council beyond its statutory responsibilities and at Sheffield Health and Social Care (SHSC) NHS Trust there is a commitment to agreeing broader local arrangements for the role that support the work of the Council. This will allow for the appointment of a lead Governor.

In addition to this, the lead Governor will also:

- Be a member of the Nominations and Remuneration Committee (NRC) that oversees the
 arrangements for appointing (and removing if necessary) the Chair and other non-executive
 directors, and considers the remuneration, allowances and other terms and conditions of office of
 non- executive directors.
- Support and facilitate opportunities for Governors to communicate and share feedback in-between formal meetings;
- Present the annual Governor's Report to members at the Annual Members meeting. The Chair, associate director of communications and corporate governance, and the corporate assurance manager will provide support to the lead Governor.

Our plans and priorities for 2025-26

Approved by the Board May 2025



Click to open

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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- 2. Our priorities
- 3. Service plan
- 4. Quality plan
- 5. People plan
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- 7. Finance plan
- 8. Oversight and governance

Appendices

- I. National key performance indicators
- II. Glossary

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
- 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



Effective use of resources



- · 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

- 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





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

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 goals, in addition to the above priority areas

aims	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
- 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	£0.65m (£1.3m Full year)
provide enhanced community support	£1.26m
Inpatient services: Establishment of a new inpatient ward to provide more care locally in Sheffield, reducing the need for out of area care	(£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	Final funding amounts to be determined
mobilisation of new support for young adults and ensure ongoing mental health support for people who are homeless.	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.

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

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

 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

 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	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

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	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 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.