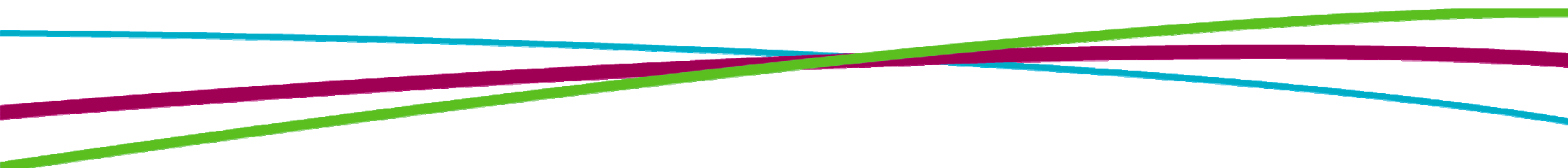




Annual Plan

2011-12



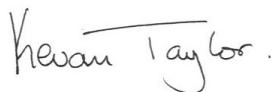
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The Trust's Annual Plan was approved by the Board of Directors in April 2011.



Professor Alan Walker
Chairman



Kevan Taylor
Chief Executive

Formal submission of Trust plans to Monitor the Independent Regulator of NHS Foundation Trust's

The Trust is required under its Terms of Authorisation to formally submit its Annual Plan and supporting Financial projections for the following three year period to Monitor on an Annual basis. Monitor issues specific guidance on the structure and content of the information they require to aid their evaluation and assessment of the Trust's plans. These documents are public documents and are available separate to this version – although there is no significant additional material information contained in the version produced for Monitor.

This summarised version provides the main content and detail regarding the Trust's plans that should meet the needs of most readers.

1. Vision and key priorities

1a. Current position

Our vision, **that people who use our services will achieve their full potential, living fulfilled lives in their community**, provides us with a clear direction of travel. As we continue to provide services in response to the fast changing strategic environment, along with the ongoing operational challenges of service delivery, we continue to challenge and review our performance against our strategic priorities to ensure we are best placed to deliver on our ambition of **providing services that are world class**.

Our Vision

Our vision is that **people who use our services will achieve their full potential, living fulfilled lives in their community**.

To achieve this we will support and enable our staff to **provide services that are world-class** in terms of:

- Empowerment
- Safety
- Effective outcomes
- User experience
- Efficient use of our resources
- Social inclusion

We will collaborate with others to combat stigma and promote social justice.

To ensure we provide services that enable people to **achieve their full potential**, we have identified seven strategic priorities in our 3 Year Plan for the period 2010-11 to 2012-13.

Over the last year we have made good progress in taking forward all of the strategic priorities and the aims we set ourselves. We are well placed to deliver our plans for the next year and beyond. We will maintain a strong focus on essential goals regarding continued service improvement along with flexible and creative responses with partners to the emerging opportunities to contribute to the broader health and social care needs of the people of Sheffield. We have considerable experience and expertise as a health and social care provider of delivering services across primary, secondary and tertiary settings. This will be a key asset as we explore developments beyond our immediate core business for the benefit of people already using our services, the broader population of Sheffield and the longer term sustainability of the Trust and its business.

The following summary provides an over view of the key achievements made over the last year in delivering our identified priorities:

Priority 1. Improve quality, safety and experience of our services for people who use our services and their carers

We have made considerable progress to improve access and reduce waiting. Over the year our clinical and managerial teams have reviewed and introduced new care pathways within mental health, learning disability and dementia services. We have seen real improvements, with 83.1% of people experiencing a crisis assessed within 4 hours by the end of last year (up from 59% last year) and for routine referrals to mental health services, 67.8% of people started some form of treatment within 8 weeks (up from 42% last year).

We have made good progress in ensuring the principles of Recovery underpin all our services so that people who use our services are able to live a satisfying, hopeful and contributing life, even with the limitations caused by illness. We have developed and introduced a new training programme to ensure recovery principles underpin the contributions of our staff.

We have prioritised improving our approaches to gaining feedback from people who use our services. This is fundamental to our knowing and understanding about the experience of receiving care and services from us. We have made positive progress in supporting teams to approach service users for feedback. 95% of all our teams have undertaken feedback exercises with people who use their services, with 82% of them using information from the feedback to inform and shape their local improvement plans and actions.

Important work has developed positively over the last year to help us improve the experience and satisfaction of people from BME communities who use our services. We have introduced new training programmes about diversity that have been well received by our staff. We have completed a fundamental review into how we respond to and manage disturbed behaviour within our inpatient services, and have developed new training programmes. We have considerable work still to do to further improve the experience that people have, and the positive progress we have made over the last 12 months puts us in a strong position to make continued and real progress.

Priority 2. Implement our QIPP programme to deliver £2.16M savings by 2012/13

The last year has been an important developmental year for the Trust. We have completed a fundamental review of our main services, challenging how we deliver them in terms of experience, outcomes and cost effectiveness. Reducing complexity and barriers to people getting to where they need to be has defined our approach. Through this process we have engaged with all our key stakeholders and have been able to finalise plans that will support our modernisation strategies in respect of local services, reduced complexity, integrated care pathways and applying a sound evidence base. This has put us in a strong position as we go into the current year, where we can focus on implementing change for the benefit of the people who use our services.

Priority 3. Manage developments and new service developments to increase the Trust's income

Through agreeing new arrangements with our commissioners, and introducing new service developments we are very pleased to report success in reducing the levels of care that take place outside of Sheffield. Out of town use over the last year reduced by 63% for PICU services (from 1,910 bed days), and 61% for eating disorders (from 2,900 bed days) following an additional investment of £1.1 million in the Trust's services.. We have plans in place to reduce this further over the next year. We have a number of challenges still to address in relation to reducing the levels of out of town care for acute mental health and secure rehabilitation services and our plans for this year should address them.

Building on our experience and expertise of providing integrated health and social care services, delivered through a range of partnerships, we have been successful in shaping the models of local services in response to the opportunities from *Transforming Community Services*. More directly, the Trust will be expanding its range of services that will complement and enhance our provision of psychological, therapeutic and wellbeing services. Alongside this we are excited about the opportunities to develop complementary models of service for primary care and general practice to explore how real improvements in physical and psychological health can be delivered.

Priority 4. Support the delivery of high quality care by improving the experiences of our staff.

We deliver our services through our staff. Improving their experiences and capacity to deliver quality services is a key objective underpinning our quality improvement strategies.

Last year saw improvements in the experiences of our staff as reported through absences and staff surveys. Hours lost due to ill-health reduced from 5.84% in 2009-10 to 5.76% in 2010-11. We had planned to make further improvements in this area, and work will continue next year to deliver on this. Alongside this we have invested in the support we provide staff for their personal development and training. We have improved our approaches to Personal Development Reviews (PDR's) and provided development programmes to our line managers. We have made good progress over the last year, with 77% of our staff reporting in the national survey that they have had an appraisal and development review in the previous year (up from 62% the year before) and this will continue to be a priority for further improvement this year. Last year we were in the best 20% of mental health trusts for staff having received job relevant training in the previous 12 months. This is clearly a positive position and a reflection of the priority given by the Trust to workforce development. However we have areas that we still need to improve, such as access to diversity training and other key issues. We have established and introduced a new core training module for all our staff addressing key issues of importance relating to quality and safety of care. Our priority this year is to ensure all staff access and benefit from this development opportunity.

We have continued to prioritise and invest in the development of our leadership teams within our services. We are proud of the continued high levels of success of our approach, genuinely described as transformational and grounded in our core principles of developing jointly the clinical and managerial partners in our leadership structures.

Overall an area of strength for the Trust is its level of engagement with our workforce, which are higher than the national average. We are in the highest 20% of mental health trusts for staff recommending the Trust as a place to work or receive care and treatment, and for staff feeling satisfied with the quality of their work and the level of care they are able to provide. This positive level of engagement will benefit us as we continue with our service modernisation programmes.

Priority 5. Improve social inclusion and the opportunities available to our service users

As part of a strategic review of our approaches to improving inclusion we have reviewed and introduced new strategies to ensure our services are actively promoting opportunities to improve inclusion, along with working with partners to reduce the barriers people who use our services all too often experience. Our approaches to spiritual care and support, and arts in health, have been strengthened over the last year which will support more tangible benefits and outcomes in the coming years.

We are proud of the positive and considerable success we have made in relation to improving employment opportunities and broader vocational rehabilitation goals for people with enduring mental health problems. We have introduced successful approaches to improve access employment (Busters Cafe , User employment service) and developed new resources and tools to support people through vocational activities supporting them to move towards paid employment (WORKS). Supporting these approaches we have integrated vocational work within community teams supported by coherent pathways to support interventions.

Priority 6. Develop pathways and service models to deliver improved choice, and better outcomes

We have made positive progress in our development plans to maximise the choices and control that people have over their lives through improved personalisation of services. The delivery of personalised packages of care have been at the heart of much of our service redesign. . Our IAPT services provide a wide range of evidence based interventions that are chosen by the client at the very beginning of their treatment ensuring the best option is chosen for the client by the client. Our substance misuse services use modern communications to reach out to key at risk groups using web based technology to encourage easy contact and the provision of simple health promotion and self assessment advice. We have agreed and implemented new service models for people with dementia that increase our capacity to provide flexible responses delivered in more appropriate community settings and resources. We continue to receive very positive praise and feedback for our SPACES service, that provides flexible and tailored packages to support service user vocational rehabilitation and recovery.

We continue to develop our pathways of care to promote personalisation, choice and improved outcomes. Promoting access to Direct Payments has resulted in over 260 people with enduring mental health problems accessing or beginning to access their own budgets to pay for their own individual support plans and packages of care. We have made good progress in our plans to incorporate 'clustering' within our care pathways as part of the national programme to have assessed and identified everyone's needs in line with standardised definitions.

Priority 7. Continued high performance against best practice and regulatory standards

Our services were successfully registered with the Care Quality Commission with no conditions, and during last year our social care services gained full registration under new integrated regulatory framework across health and social care services.

We have improved our approaches to how we review the Quality of our care and services. We have introduced a programme of Quality Checks where Governors, Members, people who use our services and our staff come together and review how our teams are doing. This provides direct feedback to the Board of Directors that will complement and enhance our existing processes for reviewing how we are doing.

As a final summary of our progress over the last year we are pleased to report the conclusions and findings of the Care Quality Commission (CQC), following their Review in January 2011. Assessors from the CQC reviewed all our service for which we are registered to provide care and treatment under the NHS. They reviewed our systems, policies and processes for the delivery of the care we provide and visited our main hospital sites meeting with front line staff, people who use our services and service user representative forums.

Overall, the reports are positive with many positive comments from the reviewers themselves and, even more importantly, from service users and carers who they interviewed. However we don't always get it right. The Board's approach to when we don't get things right is that we honestly reflect on that and learn. The CQC identified 'moderate' concerns against two standards, these are detailed in the Section 9. We have reviewed the issues and agreed a way forward. We are confident as are the CQC, that when our plans have been fully implemented, we will be compliant.

Overall, the reviewers stated that they would be happy for themselves or their loved ones to be treated in our service. That is a very significant endorsement of the overall quality of service that we provide and a fitting tribute to all of our efforts.

1b. Performance summary

The following table provides a high level summary of how our services have performed across a range of key indicators

	How did we do last year	
Improving Access to Psychological Therapies	✓	9,036 people in Sheffield have accessed treatment, significantly above our expected targets 419 people were able to return to work following our input and support last year
Routine referrals	✓	By the end of last year 67% of new referrals were able to commence treatment/ support within 8 weeks. Of being referred.
Early intervention services	✓	129 new clients were able to access services, more than we planned to support
Access to assessments when in crises	✓	By the end of last year 83.1% of people experiencing a mental health crisis received an assessment within 4 hours, significantly reducing times of distress for clients and their carers
Access to home treatment	✓	1,361 packages of home treatment were provided to people experiencing a crisis as an alternative to hospital admission
'Gate keeping'	✓	The vast majority of people admitted for hospital care (97.3%) benefited from an assessment and consideration for home treatment before decisions to admit were taken

		How did we do last year
Reducing out of town care	✓	We have significantly reduced the need for people to leave Sheffield to get inpatient care by developing new services locally. Out of town care for people with an eating disorder has reduced by 61%, and for people requiring acute intensive care by 63%.
Delayed transfers of care	✓	Levels of delays in being discharged from inpatient care were within required levels – although we have prioritised reducing this further and will be introducing new service models to support this
7 day follow up	✓	Required targets for providing safe care following discharge were achieved, with 96.4% of clients followed up within 7 days.
Annual care reviews	✓	99% of clients on CPA had a review with their Care Co-ordinator within the last year, and 92% had a full review with their care team
Access to equipment to support community living	✓	95.7% of people in need of aids and adaptations to support community living received their equipment within 7 days of their assessment
Substance misuse treatment	✓	89% of problematic substance misuser's remained in treatment after the initial 12 week period, improving the chances of longer term support and recovery
Employment	✓	Our developing and innovative approaches to supporting people with enduring mental health problems begin their journey to access work and employment have resulted in over 30 clients accessing work opportunities over the last year.
Choice and control	✓	115 people have been supported to access individual budgets to purchase and arrange their own care and support, with a further 149 people actively exploring these important opportunities to improve individual choice and control over the services they receive.

1c. Strategic review

The Board of Directors continues to review the evolving strategic context within which we deliver and operate our services, In doing so the Trust is well placed to identify issues that will have a potential or expected impact on our capacity to achieve our vision and priorities. The following provides a brief summary of the main factors that continue to influence the Trust's plans and identified priorities:

External environment – system reforms

The landscape within which we operate is undertaking dynamic and extensive change and reform. *Liberating the NHS* has clearly defined aims to ensure shared decision making between people who use our services and professionals; deliver clinically led commissioning and provide greater freedom for a wider group of providers to innovate and respond. The National Commissioning Board will provide clear frameworks and expectation for the delivery of outcome based services and national quality standards within a market driven system. At the local level Health and Wellbeing Boards will be tasked with redefining strategy and expected outcomes. *No Health without Mental Health* has set a vision for the promotion of mental wellbeing across the lifespan and has identified outcome targets to be achieved over successive years by services. We are well placed to develop well being and recovery with partners in the city. Compliance with Regulatory requirements will remain a clear expectation and the Trust remains strong in its support of improving quality and safety and continues to refine and enhance its own governance processes following the *Francis Report*.

Financial environment

Clear and significant challenges for providers and commissioners of services are evident from the economic downturn and the impact on public sector finances. The overall impact on the Trust is a cost pressure of -4.83% on our finances, including efficiency requirements and expected disinvestments. The challenge remains to continue to deliver quality services across complex partnerships while mitigating the risk and vulnerability that arises from financial uncertainty across Commissioners and partner providers. The clear link between the economic downturn, recession, increased unemployment and associated reductions in a range of public and social care services will create significant hardships for the local population and particularly for many of our client groups.

Local Environment

Transforming Community Services provides and has created a good opportunity to radically rethink how services are provided within Sheffield. There is a commitment within Sheffield to build on the current strong partnerships to work together across organisational boundaries or processes to deliver the right pathways of care that work best for the people who use them. This creates an excellent opportunity for the Trust to inform and influence services that can deliver an integrated approach to physical, psychological and social needs, across primary and secondary boundaries for people of all ages and abilities.

Governors and Members

We meet with our Governors and members throughout the year as part of an ongoing discussion about issues that are important to them. We have naturally sought their views and opinions about how we should refine our focus and priorities for next year and which issues we need to continue to

give attention to. This dialogue and engagement is valued by the Board. The constructive challenge we receive ensures that we maintain our focus on the issues of importance as defined by our governors, members and service users. Our role in supporting clients' improved physical health, the experience of people from BME communities who use our services, achieving the national standards for dementia services, continued improvements in access and reduced waiting times and continued support for workforce development are issues that have been prioritised through the last six months dialogue with our key stakeholders.

Workforce

The current environment challenges and demands that our organisation operates in a leaner and more efficient way whilst balancing the needs of service users and carers, and that staff continue to feel valued and supported. Our ongoing workforce strategy and development plans will need to ensure that we maintain excellent workforce relations through ongoing engagement and support through significant change and improved efficiency programmes that will need to be delivered.

Service Quality

As outlined above in our review of our performance, we have been fortunate to benefit from a review of all our services by the Care Quality Commission. We have reviewed the areas of moderate concern identified by the Commission and the impact these important issues may have on our priorities for next year and beyond. The Board is confident that existing plans will address the issues identified and that our plans and future priorities will not restrict our capacity to deliver on the improvement plans we have in place.

1d. Our priorities

Over the last year we have reviewed our performance and the strategic context in which we operate. The Board is confident that we are continuing to make good progress on our overall vision **that people who use our services achieve their full potential, living fulfilled lives in their community.**

When we became a Foundation Trust in 2008 we set a clear vision for the Trust. This was to work closely with partners to provide integrated services that met peoples social, psychological and physical health and wellbeing needs. We have continued to provide strong support to existing services. In addition we will continue to extend our provision – particularly to provide more integrated physical and psychological health and well being, within both primary and secondary care. With the new services that we have been commissioned to provide our development towards a more broader provider of community based services, beyond a ‘core’ of mental health provision continues.

Our priorities remain focussed on ensuring that we continue to develop to deliver high quality and safe services, transform our services as a key means to deliver improvement, deliver efficiency and effectiveness, and ensure we have a sustainable and secure future.

Our priorities remain as follows:

Priority 1. Improve the quality, safety and experience of our services for people who use our services and their carers

Priority 2. Implement our QIPP programme to deliver £2.23M savings by 2013/14

Priority 3. Manage developments and new service developments to increase the Trust’s income

Priority 4. Support the delivery of high quality care by improving the experiences of our staff.

Priority 5. Improve social inclusion and the opportunities available to our service users

Priority 6. Develop pathways and service models to deliver improved choice, and better outcomes

Priority 7. Continued high performance against best practice and regulatory standards

Our plans to deliver

Section 3: Our plans for Quality &
Section 8: Leadership and Governance

Section 4: Our service development plans

Section 4: Our service development plans

Section 5: Our workforce development strategy

Section 3: Our plans for Quality

Section 3: Our plans for Quality

Section 8: Leadership and Governance & **Section 9:** Regulatory risks

2. Key external impacts

The Board has reviewed and assessed the main impacts on its Strategy and priority development plans arising from external factors. These issues relate to key developments that are outside of the Trust's immediate control. The main areas identified are as follows:

Policy direction - System reform, General Practice Commissioning and city wide reconfiguration creating significant area of uncertainty

Financial environment - Challenges for providers and commissioners re economic downturn and impact on public sector finances

Contestability/ market stimulation – impacting on stability of services

Individual Budgets - Key choice and personalisation agenda shifting purchasing and budgets for care to the individual

Demand management - Poorly defined client groups and capacity to manage / control levels of demand impacting on ability of Trust to manage demands in line with planned capacity for services

Service reconfiguration and new business opportunities - presenting in complex market and political environment

Quality incentives – impacting on stability of Trust income

The following table provides a high level summary of each of the issues and the Trust's overall plans to reduce the potential for the identified issues to have an impact. Alongside this review a range of risk assessments and risk registers are in place relating to the Trust's day to day operations. The Boards Assurance Framework provides the overall framework for the key issues and a structure for the Board to re-assess levels of concern on a periodical basis.

Issue	Impact on and risk to Trust plans	Mitigation & residual risk	Overall expected outcome	Measures of progress and accountability
Policy direction System reform, General Practice Commissioning and city wide reconfiguration creating significant area of uncertainty	Impact on capacity to develop and implement strategic plans within changing environment Risk to financial stability of plans	<u>Mitigating actions</u> <ul style="list-style-type: none"> • Build on current position within LHE re strong provider of health and social care to support current plans • Join Board level engagement of executive officers with main commissioners re shared strategic directions and principles • Active engagement in city wide structures re partnerships • Continue to build on good relations with General Practice Commissioning and primary care leaders • Growing and well established clinical <u>Residual risk</u> <ul style="list-style-type: none"> • Plans in place to support and direct ongoing progress 	Trust and commissioners plans continue to support shared direction	Joint development plans maintained (CEO)

Issue	Impact on and risk to Trust plans	Mitigation & residual risk	Overall expected outcome	Measures of progress and accountability
<p>Financial environment</p> <p>Challenges for providers and commissioners re economic downturn and impact on public sector finances</p>	<p>Risk to overall service quality and safety and financial stability</p> <p>Efficiency assumptions for planning period creates clear risks to service stability and effectiveness</p> <p>£4.8million</p> <p>3.72% efficiency requirements</p> <p>0.54% disinvestments</p>	<p><u>Mitigating actions</u></p> <ul style="list-style-type: none"> • Clear efficiency and QIPP plans established over the 3 year period with targeting modernisation plans and high cost areas • Reduction in forecast surplus of £0.40million • Assurance processes in place to support Board review, reporting and accountability. • While income growth and new developments remain feasible, no assumptions made re income growth within base financial plan. <p><u>Residual risk</u></p> <ul style="list-style-type: none"> • Financial environment, requirements and assessments have underlying risks re deliverability of plans on time 	<p>Financial plans re CIPs delivered in line with forecasts</p> <p>Trust and Commissioner plans supportive of each other</p> <p>Risk rating of 3 as a minimum with 3.85 expected via 2011-12</p>	<p>Financial plans delivered by quarter (DoFinance, DoOps)</p> <p>Joint development plans agreed (DoOps, CEO)</p> <p>Risk ratings maintained (DoFinance)</p>
<p>Contestability/ market stimulation</p>	<p>Potential risk associated with loss of income through commissioning strategies and contestability re secure care</p>	<p><u>Mitigating actions</u></p> <ul style="list-style-type: none"> • Regular dialogue with commissioning partners to ensure well placed to deliver on requirements • Growing and successful experience of tendering processes • Quality and good reputation of existing services to be maintained/ improved • Ongoing market and competitor analysis to ensure Trust is aware of and able to anticipate developments <p><u>Residual risk</u></p> <p>Risk to reputation and portfolio if un-successful</p>	<p>Successful retention of current service profile</p>	<p>Successful development plans (DoFinance, DoOps)</p>
<p>Individual Budgets</p> <p>Key choice and personalisation agenda shifting purchasing and budgets for care to the individual</p>	<p>Loss of income through clients choosing more localised/ personalised support packages</p> <p>Impacting on stability of service provision for other key client groups</p>	<p><u>Mitigating actions</u></p> <ul style="list-style-type: none"> • Development programmes/ structures in place re self directed support and care packages and pathways • Defined services have completed market assessment and customer care reviews • Plans in place to support service functioning in developing market re direct payments • Service redesign plans in place re focussing on core business, alternatives and specialist care re reablement <p><u>Residual risk</u></p> <ul style="list-style-type: none"> • Potential for loss of income remains 	<p>Self directed support and Care packages incorporated within single service pathways</p> <p>Retention of current service share and income</p>	<p>Care pathways provide for SDS and CPP (DoFinance, DoNursing)</p>

Issue	Impact on and risk to Trust plans	Mitigation & residual risk	Overall expected outcome	Measures of progress and accountability
<p>Demand management</p> <p>Poorly defined client groups and capacity to manage / control levels of demand impacting on ability of Trust to manage demands in line with planned capacity for services</p>	<p>Successful implementation and delivery of QIPP and modernisation plans which are based on planned capacity and levels of demand. Increases in service demands will risk viability of future service models</p> <p>Risk to overall service quality and safety arising from ability to determine and provide quality services with existing capacity, provide timely access for those who need services, and deliver plans to reduce waiting</p>	<p><u>Mitigating actions</u></p> <ul style="list-style-type: none"> Planned pathway developments to define fair access criteria and access standards Development of new service specifications to determine levels of manageable demand Contractual frameworks to be agreed accordingly Care packages and pathways developments to provide for clearer identification of capacity and demand needs Engagement with GPC's to secure shared ownership <p><u>Residual risk</u></p> <ul style="list-style-type: none"> Increased demands under current arrangements will increase pressure on service capacity and compromise quality and safety 	<p>Clear frameworks in place to manage changes in levels of demand ensuring levels of quality are not compromised</p>	<p>New service specifications agreed with planned service activities under QIPP (DoOps)</p> <p>Successful adoption of Care Packages and Pathways (DoNursing)</p>
<p>Service reconfiguration and new business opportunities presenting in complex market and political environment</p>	<p>Poor analysis of new business opportunities may result in negative impact on financial ratios and unforeseen liabilities</p> <p>Uncoordinated plans from Trust in response to strategic opportunities may detract from Trust business, success and reputation</p>	<p><u>Mitigating actions</u></p> <ul style="list-style-type: none"> Clear Board processes in place re business decision making Options to increase planning/ commercial capacity for bespoke opportunities Building leadership and organisational capacity re business processes and robust analysis to inform decision making Board level principles to shape future decision making re best interest of Trust Joint Board level engagement of executive officers with main commissioners re shared strategic directions and principles <p><u>Residual risk</u></p> <ul style="list-style-type: none"> FIC provides assurance and Board manages and determines the decisions of the Trust 	<p>All business decisions undertaken on basis of full impact assessments and analysis</p> <p>All business decisions show advantageous outcomes for the Trust</p>	<p>Established business processes adhered to re business case developments (DoFinance and DoOps)</p> <p>Board level scrutiny with exception reporting from Finance & Investment Committee (NED)</p>

Issue	Impact on and risk to Trust plans	Mitigation & residual risk	Overall expected outcome	Measures of progress and accountability
<p>Quality incentives – impacting on stability of Trust income</p>	<p>Risk that externally driven priority areas will distort Trust priorities, capacity and energies and scope within Trust to target service improvement initiatives to secure payments can be challenging</p> <p>Security of 1.5% of income variable</p> <p>Reputational risk of underperformance against 'high profile' agendas</p>	<p><u>Mitigating actions</u></p> <ul style="list-style-type: none"> • Capacity assessments undertaken of CQUIN agendas and priorities and alignment with shared agendas reached with commissioners • Plans in place to reasonably secure 70% of the 1.5% contract value • Trust financial plans not dependent on CQUIN payments, with income uncommitted in reserves <p><u>Residual risk</u></p> <ul style="list-style-type: none"> • £300,000 of £1M CQUIN income assessed as at risk, but financial plan non-CQUIN reliant 	<p>Achievement of planned CQUIN targets</p> <p>70% of income secured</p> <p>No impact/ risk to financial plans</p> <p>Risks from future developments/ expansions managed</p>	<p>Performance reporting through year (DoFinance)</p> <p>Planned delivery of targets and plans (DoFinance, DoOps, DoNursing)</p>

3. Quality

Priority 1. Improve the quality, safety and experience of our services for people who use our services and their carers

Priority 5. Improve social inclusion and the opportunities available to our service users

Priority 6. Develop pathways and service models to deliver improved choice, and better outcomes

Strategic priority	Development plan(s)	Objectives and outcomes
<p>Priority 1 Improve quality, safety and experience of our services for people who use our services and their carers</p>	<p>To improve nutritional support for service users, reducing the risk of malnutrition and obesity and improving the quality and experience of meals provided by the Trust</p> <ul style="list-style-type: none"> • Continued rollout of assessment packages and workforce training • Establish improvement programme to cover nutrition, screening, quality of meals and service user experience • Develop and introduce care pathways for obesity 	<ul style="list-style-type: none"> • 100% of all patients will be assessed for nutritional needs upon admission and discharge • Improved monitoring of weight, height, BMI etc against baselines • 80% of patients will report positive mealtime experiences
	<p>To improve the quality of care for people with dementia and their families, by delivering the standards set out in the NICE Quality standard for dementia and reducing waiting times for assessment</p> <ul style="list-style-type: none"> • Implement fully new pathways developed for memory assessment and diagnosis • Establish baseline for current performance re national standards • Approve improvement plans within Trust • Evaluate effectiveness of new pathways for memory assessment and diagnosis 	<ul style="list-style-type: none"> • Current performance defined and analysed across Standards • Improvements achieved in year for <ul style="list-style-type: none"> ○ staff training – with 100% of defined staff receiving training relating to the care of someone with dementia ○ access to memory assessment services – with a 25% increase in the number of people accessing an assessment compared to previous years ○ advance statements – with 100% of clients having the opportunity to discuss future care and treatment • Waiting times for access to memory assessment reduced to 12 weeks by Q3 onwards

Strategic priority	Development plan(s)	Objectives and outcomes
	<p>To assess the needs of carers (in their own right) through surveys and interviews, and to develop and implement a carers' action plan to improve the quality of support they receive</p> <ul style="list-style-type: none"> • Undertake review of current carers needs and views • Approve development plan to ensure improvements • Ensure appropriate review and oversight under Trust governance structures 	<ul style="list-style-type: none"> • Review completed and reported to QAC by September 2011 • Improvement and action plan approved and implemented by December 2011 • Continued review and monitoring of current carer assessment rates for people on CPA • Baseline established for monitoring against agreed improvement plan in place by Jan-March 2012
	<p>To continue work on improving the experience of people from Black and minority ethnic groups who receive care and treatment from the Trust</p> <ul style="list-style-type: none"> • Implement revised training programme for managing violence and aggression • Extend and deliver planned diversity training for targeted staff • Review circumstances of people experiencing repeat admissions and introduce improvement plan 	<ul style="list-style-type: none"> • New training programme implemented with plans in place for all staff to benefit by the end of 2012-13 from revised training. • All targeted staff to have accessed diversity training over the next 2 years • Improvement plan approved and monitored relating to repeat admission groups
	<p>Clinical risk assessment and management, involving service users in safety</p> <ul style="list-style-type: none"> • Implement the agreed clinical risk training programme • Undertake a review of the implementation and use of the Trust's new clinical risk assessment tool • Evaluate the involvement of service users and carers in the assessment of risks 	<ul style="list-style-type: none"> • 90% of all clinical staff will receive training in clinical risk management during 2011-12 • All inpatient staff will receive training in clinical risk management by the end of September 2011-12 • An evaluation report of the introduction of the new tool will be received by the Quality & Assurance Committee monitoring progress on a quarterly basis

Strategic priority	Development plan(s)	Objectives and outcomes
	<p>Improved access and waiting times</p> <ul style="list-style-type: none"> • Maintain and sustain progress in improving access to an assessment when experiencing a mental health crisis • Maintain and sustain progress in improving access to general/ routine mental health support • Maintain timely access to substance misuse services 	<ul style="list-style-type: none"> • During Q3-Q4 of 2011-12, 90% of all crisis referrals will be assessed within 4 hours. • 95% of clients referred to CMHT services will receive treatment/ support within 8 weeks of referral during 2011-12 • 70% of referrals to IAPT services will receive an assessment within 4 weeks of referral by Q3-Q4 of 2011-12. • 95% of clients referred to IAPT services will commence treatment/ support within 8 weeks of referral during 2011-12 • Clients accessing Drug services will commence treatment within 3 weeks • People involved in the criminal justice system will receive an assessment within 2 days of referral
	<p>Extending approaches to deliver clear recovery service models</p> <ul style="list-style-type: none"> • Deliver orientation programme and training through induction • Establish leadership capacity across services to support development • Implement benchmarking programme and tool across services 	<ul style="list-style-type: none"> • 100% of new staff will have awareness of recovery approaches and principles • Evaluation of levels of recovery in practice completed and reviewed by Quality and Assurance Committee • Development and improvement plan approved
<p>Priority 5 Improve social inclusion and the opportunities available to our service users</p>	<p>Improved access to employment support for our service users including increased volunteer opportunities</p> <ul style="list-style-type: none"> • Roles of our staff in relation to employment support is clearly identified • Develop good working links with a range of mainstream employment support providers • Maintain focus on people on CPA to increase numbers in employment 	<ul style="list-style-type: none"> • 95% services users accepted into on going secondary care have their employment status recorded • Increased numbers of those accepted into ongoing secondary care have an basic assessment of their vocational needs • Staff have knowledge of how to access or signpost to specialist employment support for those on their caseload both internally and externally provided as appropriate • Increased use of mainstream external employment support providers as appropriate • Increased numbers of those on CPA in employment or 'on their journey'

Strategic priority	Development plan(s)	Objectives and outcomes
	<p>Raise awareness of the spiritual strengths and needs of service users within the Trust's services</p> <ul style="list-style-type: none"> • Liaise with Trust Board on Trust's Quality Assurance Framework. • Complete research on spiritual assessment tool • Spirituality champions role development. 	<ul style="list-style-type: none"> • Incorporation of spiritual care into the Trust's Quality Assurance Framework achieved • Spiritual assessment tool that is informed by service users, carers' and staff perceptions of spiritual care is researched and pilot completed. • Spiritual care is effectively audited and the work of the Spirituality Champions supported through work with Clinical Audit
	<p>Increase access to services and support that promote financial inclusion</p> <ul style="list-style-type: none"> • Roles of our staff in relation to financial inclusion is clearly identified • Identify resources available for people to support financial inclusion 	<ul style="list-style-type: none"> • Increased numbers of service users accepted into on going secondary care have financial inclusion needs identified • Resource packs on financial issues available to people who use our services • Increasing numbers of service users aware of support services available to them
	<p>Develop increased access to city wide arts resources for our service users</p> <ul style="list-style-type: none"> • Roll out awareness and understanding of SHSC arts and health strategy and stepped approach to arts and health across the organisation • Identify a menu of arts opportunities for service users within the stepped model framework • Set up a city wide network around art and mental health/learning disabilities/substance misuse 	<ul style="list-style-type: none"> • Staff have knowledge of how to access or signpost to a range of arts opportunities for those on their caseload that meets the service user's level of need • Service users have information to make informed choices on arts opportunities available to them both internally and externally • Increased access to 'the arts' within the city with reduction in barriers to inclusion • Partnership opportunities across public, private and voluntary, community and faith sectors for arts developments identified
	<p>Improve opportunities for volunteer related activity for the benefit of the Trust's services</p> <ul style="list-style-type: none"> • On going support and development needs for volunteers identified • Clear process for volunteers established in the trust 	<ul style="list-style-type: none"> • Volunteer opportunities identified to enhance service delivery • Increased numbers of volunteers within trust services • Volunteers able to access support and development

Strategic priority	Development plan(s)	Objectives and outcomes
	<p>Support people to have successful lives by reducing the impact of drugs</p> <ul style="list-style-type: none"> • Introduce new care pathways and service models to better support recovery and abstinence outcomes 	<ul style="list-style-type: none"> • Increase the numbers of people who successfully leave treatment drug free by 20% over the next year.
<p>Priority 6 Develop pathways and service models to deliver improved choice, and better outcomes</p>	<p>Streamlined care pathways for current services</p> <ul style="list-style-type: none"> • Commence pilot of new mental health pathway and evaluate outcomes • Finalise IT requirements • Launch new pathway with supporting workforce development programme • Implement key new pathways for people with a learning disability • Monitor, audit and evaluate outcomes 	<ul style="list-style-type: none"> • Scheduled care pathway for mental health in use across all sectors of mental health services • New Guidelines in place across a 6 defined pathways for people with learning disabilities • Evaluation completed on new pathways for people with learning disabilities regarding benefits, outcomes and resource allocation
	<p>Introduction of self directed support to support improved personalisation and choice</p> <ul style="list-style-type: none"> • Integrate SDS within Schedule care Pathway and Insight re-development • Monitor and identify options/ resources to improve access to Support Planning within statutory and voluntary sector 	<ul style="list-style-type: none"> • 40-50% of people accessing funded social care will be accessing individual budgets by Q4 of 2011-12.
	<p>Remodel our care pathways through the Care Packages and Pathways programme</p> <ul style="list-style-type: none"> • Implement workforce development and training programme • Finalise and confirm Clinical Information system specifications and introduce required functionality • Commence programme of client review and assessment 	<ul style="list-style-type: none"> • 100% of mental health services users accessing mainstream secondary care services have been assessed and allocated to a care cluster by Q4 of 2011-12.

Strategic priority	Development plan(s)	Objectives and outcomes
	<p>Continue to develop our Integrated Multidisciplinary Electronic Care Records programme</p> <ul style="list-style-type: none"> • Confirm required leadership to deliver change programme • Develop and confirm requirements re electronic documentation • Implement new system/ process across services 	<ul style="list-style-type: none"> • Standardised Electronic Multidisciplinary care record documentation approved • Protocols to support and require use of agreed processes approved and implemented • Revised e-documentation commenced roll out during Q4

4. Service development strategy

Priority 2. Implement our QIPP programme to deliver £2.23M savings by 2013/14

Priority 3. Manage developments and new service developments to increase the Trust's income

Strategic priority	Development plan(s)	Objectives and outcomes
Priority 2 Implement our QIPP programme to deliver £2.23M savings by 2013/14	CMHTeam reconfiguration <ul style="list-style-type: none"> Complete formal consultation Review consultation outcomes and confirm plans Implement new service model 	<ul style="list-style-type: none"> Home Treatment function established within locality CMHTs during Q3-Q4 of 2011-12 Access and Recovery function of CMHTs established and in place during Q4 of 2011-12. Efficiencies of £0.48m realised over 2011-12
	Acute Care reconfiguration <ul style="list-style-type: none"> Business case approvals for service reconfiguration that delivers increased community care options and alternatives to admission approved Consultation programme completed and business case confirmed New service model implemented Supporting estates strategy confirmed 	<ul style="list-style-type: none"> Acute inpatient bed days and numbers of admissions will reduce during 2011-12 110 older people in a crisis will receive care outside of hospital as an alternative to hospital admission Additional packages of care will be provided through crisis house, step down and new home treatment services for older people By Q4 of 2011-12 no-one will be sent out of town for acute inpatient care <p><i>[Note: above outcomes to be specified via business case development and approval process]</i></p>
	Community Learning Disabilities <ul style="list-style-type: none"> Implement new service model re single CLDTeam delivering pathway based interventions Integrated model of service in place for Intensive Support Service Commission of new ATU facilities 	<ul style="list-style-type: none"> New model implemented and efficiencies of £68,000 realised over 2011-12 By Q3-Q4 all new referrals requiring an urgent review will be assessed within 2 weeks of referral By April 2012 all clients suitable for the new Pathways will have been assessed and allocated and receiving care under them Current ATU, IMWT and CAISS teams integrated into single ISS delivery care under single pathways and operational policies. New ATU premises will be under construction

Strategic priority	Development plan(s)	Objectives and outcomes
	<p>Dementia Services</p> <ul style="list-style-type: none"> Introduce new community based day care provision for people with dementia New pathways for Memory management services introduced and rolled out 	<ul style="list-style-type: none"> Reduce the need for residential respite by 25 % during 2011-12 120 additional/ new packages per week of community based outreach support provided during 2011-12 Trust efficiencies of £0.21m realised over 2011-12, with additional savings to Council achieved. Increase the number of people receiving an Memory assessment/ diagnosis by 15% during 2011-12 compared to baseline year (2009-10)
<p>Priority 3</p> <p>Manage developments and new service developments to increase the Trust's income</p> <p>The following plans reflect the development intentions that the Trust is actively pursuing. The Trust's financial plans are not dependent on the potential levels of new investments specified.</p>	<p>Reducing Out of Town needs</p> <ul style="list-style-type: none"> Introduce new/ expanded eating disorders services providing new options for intensive day care support, monitoring and treatment Assess feasibility of new service models to reduce need for acute care out of Sheffield Complete market analysis and business case assessment for new secure rehabilitation services, securing new commission if viable Introduce new services to be able to provide more support and access to care in Sheffield for people with a learning disability and complex and challenging behaviours 	<ul style="list-style-type: none"> We will further reduce the level of out of town care for eating disorders by 50% over the next year, with increased service income of £0.59m We will provide up to 14 day hospital places for people with a eating disorder By the end of Q1 a business case will be available for Board review and approval for new secure rehabilitation services By the end of 2011-12 the Trust will be registered to provide secure rehabilitation services (subject to business case viability) During 2011-12 9 people will with learning disability and complex needs will return to Sheffield The Trust will secure additional investment of c.£3m, to support the development of new local services to avoid the need for out of town care
	<p>Dementia in Acute Hospitals</p> <ul style="list-style-type: none"> Pilot proposed new service model for diversion of acute (general) hospital admissions for people with dementia 	<ul style="list-style-type: none"> 210 people will be diverted from hospital admission via medical assessment units during Q3-Q4 (420 full year assumption) 223 people will receive H.T. following a general hospital admission during Q3-Q4 (446 full year assumption) The Trust will secure additional investment of c. £800k to support new service models to reduce need for acute hospital care
	<p>New recovery and abstinence services in line with national policy</p> <ul style="list-style-type: none"> Complete market assessment and business case analysis for new service development opportunities relating to Drug Intervention Programmes and Community Rehabilitation 	<ul style="list-style-type: none"> Enhanced services provided Broader portfolio of services provided across specialist intervention field Additional investment secured of c.£1.5m to support new service developments

Strategic priority	Development plan(s)	Objectives and outcomes
	<p>Implementing the National Dementia Strategy</p> <ul style="list-style-type: none"> Market test new service opportunities arising from local review and plans to implement dementia strategy 	<ul style="list-style-type: none"> At least 2 new services will be introduced during 2011-12, supported by new investment/ service reconfiguration, to support the Trust's contribution to implementation of the national dementia strategy within Sheffield
	<p>Transforming Community Services</p> <ul style="list-style-type: none"> Successfully manage new services through transition to the Trust Contribute to new pathway developments across Sheffield partnership 	<ul style="list-style-type: none"> All agreed performance and quality standards will be implemented successfully Develop the case management service, within the Long term Neurological Conditions Services, in line with agreed plans

5. Workforce strategy

Priority 4. Support the delivery of high quality care by improving the experiences of our staff.

Strategic priority	Development plan(s)	Objectives and outcomes
<p>Priority 4.</p> <p>Support the delivery of high quality care by improving the experiences of our staff.</p>	<p>Supporting Staff Through Change - Workforce</p> <ul style="list-style-type: none"> • Further develop Business Partner structure to support staff and Trust services through developments and reconfigurations • Implement E-Rostering process and introduce new Flexi staff usage and cost management system • Fully utilise Inform package with systematic trend analysis • Maintain register of Redeployments & Redundancies • Successful transition of TCS staff into Trust (including ESR record transfer) 	<ul style="list-style-type: none"> • Implement and support e-Rostering roll-out in line with project plan timeline • KPI – Redeployment Register – number of people on it, additions, redeployees, average length of time on the register on an ongoing basis • Proactively manage staff on Redeployment & Redundancy registers through Vacancy Control Panel and HR Business Partners in line with Trust developments to minimise compulsory redundancies • Integrate new services into the Trust following induction by end of Q2
	<p>Staff Engagement</p> <ul style="list-style-type: none"> • Analysis of Staff Survey to identify and address improvement areas • Develop communications plan and department function • Implement the ‘2012 in 2012’ initiative 	<ul style="list-style-type: none"> • Communicate outcomes of Staff survey to staff and develop improvement plans in 3 key areas by end Q2 • Introduce robust communications plan including Web 2 technologies and systems by end Q3 • Improve the health & well-being of staff through the various programmes and groups, such as the ‘2012’ project in conjunction with charity support in line with regional timeline

Strategic priority	Development plan(s)	Objectives and outcomes
	<p>Sickness Absence & Staff Turnover</p> <ul style="list-style-type: none"> • Complete Occupational Health and Wellbeing review to improve service delivery • Carry out monthly review of individual absence levels to identify and target improvement • To manage staff turnover on a voluntary / involuntary basis and identify a target level of staff turnover • Continue benchmarking NHS and external organisations • Implement systematic process for Recruitment activity 	<ul style="list-style-type: none"> • Analyse short-term / long-term absence levels to identify trends and reduce % absence year on year and measure the number of referrals to OH/Workforce Wellbeing • To achieve target absence level or less (5.4%) over rolling 12 month period and ongoing • Confirm and approve plans for future Occupational Health and Workforce Wellbeing service provision by end of Q4 • Pro-actively manage Trust worst staff attenders monthly by individual review (approx 30 staff per month) • Identify any 'hotspots' regarding location / service / department / reason for absence • Achieve target 'voluntary' staff turnover of 8% (+/- 5%) over 12 month rolling period • Maintain key metrics of – retirements, starters/leavers, salary bands, roles, voluntary/involuntary leavers ongoing for trend analysis • Analysis no of vacancies, no filled internally/externally to Trust, and introduce KPI of 'time taken from closing date to offer'
	<p>Employee Relations</p> <ul style="list-style-type: none"> • To manage any Employment Tribunals in order to reduce Trust exposure • Analyse reasons by location / service / department for Disciplinary and Grievance 	<ul style="list-style-type: none"> • Maintain systematic processes through HR Business Partner structure for line management in order to minimise Employment Tribunal claims and reduce year on year • On ongoing basis, proactively analyse reasons on monthly basis to identify location / service / departmental issues
	<p>Training & Development</p> <ul style="list-style-type: none"> • Ensure Mandatory Training programme & compliance is attained • To introduce online Appraisal completion process to better capture actual levels of collation • To recruit and support Apprentices on ongoing basis 	<ul style="list-style-type: none"> • Introduce Training programme to fully support the roll-out of new Mandatory Training programme and achieve target compliance by end Q4 • To introduce electronic data capture for collation of Appraisal completion by line managers and achieve target compliance by end Q3 • To further enhance recruitment and development of Apprentices and build on existing successes on an ongoing basis

6. Capital programme (including estates strategy)

Priority 2. Implement our QIPP programme to deliver £2.23M savings by 2013/14

Key capital expenditure priorities	Amounts and timing	Contribution to the plan (including service delivery)	Key actions and delivery risk
Development:			
<p>Assessment and Treatment Unit (ATU)</p> <p>This is a facility which will replace the existing service which provides for the assessment and treatment for people with complex and challenging behaviours.</p>	<p>Business case approval, with initial scoping of work commenced during 2010-11</p> <p>2011/12 - £0.96m From Q2 2012/13 - £2.17m</p>	<p>We need to ensure that we have facilities that support models of community based care and provide a quality modern facility that supports wellbeing, dignity and respect for people with a learning disability. A key service development strategy of the Trust relates to Learning Disability Inpatient Services for people with complex and challenging behaviours</p>	<p><u>Key actions</u></p> <ul style="list-style-type: none"> Finalise design plans in line with preferred site and location Commission the new facility. <p><u>Risks</u></p> <ul style="list-style-type: none"> Capacity to manage the change processes; Ensure service model is designed to have future flexibility in order to satisfy changing demand
<p>Acute Care Reconfiguration of Services</p> <p>Modernising and reconfiguration of acute care services.</p>	<p>The following provisional allocations have been identified pending the completion of Business Case and Board approval</p> <p>2011/12 - £0.12m 2012/13 - £4.80m 2013/14 - £2.05m</p>	<p>We need to ensure that we deliver rational services through simple and accessible pathways.</p> <p>A key QIPP and service development strategy of the Trust relates the modernising and reconfiguring of our acute care services</p>	<p><u>Key actions</u></p> <ul style="list-style-type: none"> Review and confirm the Estate Strategy and plans to support the clinical model. Agree service specifications with Commissioners. Develop and design buildings and business cases which will deliver modern mental health services. <p><u>Risks</u></p> <ul style="list-style-type: none"> Capacity to manage change processes; Ensuring commissioner support for new models and planned efficiencies; Align estates plans with service model options and deliver the building strategy within capital envelope.
Maintenance:			
<p>Fulwood site – Training Facilities</p> <p>As part of the estates strategy and disposal of Lightwood House, alternative training facilities have been commissioned making better use of Fulwood site capacity.</p>	<p>Business case approval, with scheme commencing in 2010-11</p> <p>2011/12 - £75,000 over Q1-Q2</p>	<p>To enhance the training facilities and ensure the Trust has an internal venue which is capable of handling larger numbers rather than rent outside facilities and supporting the delivery of existing estates strategy and rationalisation plans.</p>	<p><u>Key actions</u></p> <ul style="list-style-type: none"> Complete scheme in line with plan <p><u>Risks</u></p> <ul style="list-style-type: none"> Capacity to manage the change processes; Ensure it is designed to have future flexibility in order to satisfy changing demand; Ensure robust capital costs and income and expenditure projections are fully reviewed and understood.

Key capital expenditure priorities	Amounts and timing	Contribution to the plan (including service delivery)	Key actions and delivery risk
Other capital expenditure:			
<p>IT Programme</p> <p>The IM&T strategy requires a significant and continuous investment to deliver and has been supported by Regional Funding from the NPfIT money.</p> <p>The Trust has its own major clinical systems as these have a functionality far in excess of the national programme</p>	<p>The following provision allocations have been identified pending the completion of Business Case and Board approval</p> <p>2011/12 - £0.30m 2012/13 - £0.26m 2013/14 - £0.27m</p>	<p>The IM&T strategy supports the organisation to develop and maintain functional clinical and business systems to support the delivery of high quality and safe care.</p> <p>From this capacity has been developed to inform the Board of Directors and the Clinical and support Directorates with regard to clinical, performance and activity measures that are vital to ensure that the Trust is providing quality care, is well governed and in a financially stable position.</p>	<p><u>Key actions</u></p> <ul style="list-style-type: none"> • Confirm IT development plans and programme • Develop required business cases that deliver on key components of the strategy • Evaluate and assess outcomes re impact and benefits <p><u>Risks</u></p> <ul style="list-style-type: none"> • Individual system components require additionality on a regular basis undermining the integrity of overall management information system • New requirements identified in the future are developed in isolation from original functionality specifications
<p>Transport Vehicles</p> <p>Purchase of additional vehicles as ongoing part of Trust vehicle maintenance and replacement programme</p>	<p>The following provision allocations have been identified pending the completion of Business Case and Board approval</p> <p>2011/12 - £67,000 2012/13 - £63,000 2013/14 - £64,000</p>	<p>Ensure safe and modern vehicles are used for transporting clients and other items such as plant, stock etc.</p>	<p><u>Key actions</u></p> <ul style="list-style-type: none"> • Implement vehicle replacement programme • Ensure that the vehicle stock is up to date . <p><u>Risks</u></p> <ul style="list-style-type: none"> • That we are expensive through purchasing and running our own fleet. • Ensure that the requirement to consider leasing and transfer of fleet to merge with other public services or private companies is a requirement to consider each year.
<p>Plant & Equipment</p> <p>Plant and equipment replacement as part of ongoing programme</p>	<p>The following provision allocations have been identified pending the completion of Business Case and Board approval</p> <p>2011/12 - £93,000 2012/13 - £90,000 2013/14 - £93,000</p>	<p>Allows continuous replacement on a cyclical basis for small items of equipment such as specialised baths, ECT equipment, or hoists etc</p>	<p><u>Key actions</u></p> <ul style="list-style-type: none"> • Implement replacement programme <p><u>Risks</u></p> <ul style="list-style-type: none"> • The risk are that we ensure that these specialised pieces of equipment are maintained and replaced at the appropriate time.

7. Operational & financial effectiveness

The following tables summarise the Trusts efficiency priorities. These consist of the high level impact changes as outlined through our QIPP objectives, along with additional programmes and plans to deliver cost improvements and reductions.

Key operating efficiency programmes	Amounts and timing	Contribution to the plan	Key actions and delivery risk	Resource requirements	Milestones 2010/11,2011/12 2012/13
Implement our QIPP programme to deliver £2.23M savings by 2013/14	<p>We will deliver this through the following development and modernisation programmes:</p> <p>Adult Community Mental Health Teams £1.10m over 2011/2012 and 2012/2013</p> <p>Acute Care Services £0.99m over 2012/2013 and 2013/2014</p> <p>Community Learning Disability Services £0.14m over 2011/2012 and 2012/2013</p>	<p>To achieve our strategic vision we need to ensure that we:</p> <p>Deliver rational services through simple and accessible pathways</p> <p>Develop services based on local needs, based on evidence of effectiveness</p> <p>Provide localised service models that are geared to the needs of the local team</p> <p>Make the best use of resources through more efficient and cost-effective models.</p>	<p><u>Key actions</u></p> <ul style="list-style-type: none"> Key actions are outlined through our service development strategy and cover service design, approvals and implementation <p><u>Risks</u></p> <ul style="list-style-type: none"> Capacity to deliver complex service change programmes Managing vulnerability to changing commissioning strategies/priorities at national and local level re financial impacts Trust efficiency programme vulnerable to commissioning cost reduction savings/ disinvestments 	<p>QIPP Project resource in place to ensure management capacity to deliver</p> <p>Programme Board established with supporting plans</p> <p>Supporting Estate strategy to ensure alignment with clinical models</p> <p>Commissioning of new service models highlighted</p>	<p><u>2011/2012</u> implementation plans commenced. New models implementation stage and savings commence</p> <p>Efficiencies of £0.54m realised</p> <p><u>2012/2013</u> Improved services and estates reconfigured. Reduced waiting and increased client activity</p> <p>Efficiencies of £0.91m realised</p>

Key operating efficiency programmes	Amounts and timing	Contribution to the plan	Key actions and delivery risk	Resource requirements	Milestones 2010/11,2011/12 2012/13
Deliver on cost reduction and efficiency programmes across clinical and corporate functions	<p>2011/2012 - Total CIP £3.81m delivered via QIPP - £0.54m Clinical services - £1.59m Other services - £1.04m Restructure - £0.64m</p> <p>2012/2013 - Total CIP £4.80m QIPP - £0.91m Clinical/ other services - £2.19m Non Sheffield PCT Services - £1.70m</p> <p>2013/2014 - Total CIP £5.14m QIPP - £0.79m Clinical/ other services - £2.30m Non Sheffield PCT Services - £2.10m</p>	<p>To achieve our strategic vision we need to ensure that we:</p> <p>Deliver rational services through simple and accessible pathways Make the best use of resources through more efficient and cost-effective models</p>	<p><u>Key actions</u></p> <ul style="list-style-type: none"> • Ensure robust plans are in place re delivery and performance delivery • Deliver associated work plans re workforce development and organisational development (See workforce strategy) • Need to monitor and ensure that there is no double counting and overlap between normal efficiency and QIP programmes. • Where there is overlap ensure this is fully understood. <p><u>Risks</u></p> <ul style="list-style-type: none"> • Efficiency assumptions for planning period creates clear risks to service stability and effectiveness • Capacity to deliver complex service change programmes • Trust efficiency programme vulnerable to commissioning cost reduction savings/ disinvestments 	<p>Reduced CIP requirement (reduction in forecast Surplus) in 1112 of £400K has enabled additional time and capacity to establish plans to delivery on the challenging future CIP targets.</p> <p>Programme management capacity established</p> <p>HR/OD Development programmes re supporting organisational change and changes</p>	<p>Implementation plans commenced</p> <p>Review and confirmation of 12/13 plans – Sept 11</p> <p>Confirmed disinvestment plans – Sept 11</p> <p>Outline of proposed 13/14 plans – Nov 11</p> <p>Review and confirmation of 13/14 plans – Sept 12</p> <p>Cost reductions 2010/11 – £3.08m pay £0.73m non pay</p>

8. Leadership and governance

Priority 1. Improve the quality, safety and experience of our services for people who use our services and their carers

Priority 7. Continued high performance against best practice and regulatory standards

In the context of the Board assessment of the Trust's current leadership and governance arrangements, and the needs in the future to deliver the three year vision, the following summarised the priorities for leadership and governance development within the Board and the Trust

Key leadership and governance priorities	Key risks (and gaps)	Actions to rectify / mitigate	Milestones
Building on effective stakeholder engagement and feedback to the Board	<ul style="list-style-type: none"> Board or Directors not benefiting from effective external challenges and input regarding quality and effectiveness of services and ongoing development strategies Failure to support further Governor development limiting robustness of Council of Governor challenge and contributions to Board awareness, thinking and planning 	<ul style="list-style-type: none"> Councillor of Governor development programme to support challenge Continuation of open Board meetings Executive to Executive forums between Trust and key commissioners Ongoing development of Board appraisal processes Development of Board level Quality Assurance Committee and Quality Check process 	<u>2011/12</u> Review of effectiveness of Governor engagement and representation of Membership
Building leadership capabilities and capacity to lead across organisational boundaries	<ul style="list-style-type: none"> Effective Board and senior team leadership across organisational boundaries is a key factor to achieving change and shared benefits in support of health and social care gains and improvements for local populations Risks that financial environment, system reform and reconfiguration and organisational interests undermine effective delivery of improvement strategies 	<ul style="list-style-type: none"> Board to Board equivalent development sessions in place with key partners (NHS Sheffield, City Council, Sheffield Teaching Hospitals) Building and sustaining organisational relationships key focus of Board development time 	<u>2011/12</u> Alignment of leadership priorities across health and social care communities Trust vision and strategies remain coherent and relevant to broader leadership community

Key leadership and governance priorities	Key risks (and gaps)	Actions to rectify / mitigate	Milestones
<p>Building new skill sets for new services Growth through transforming community services agendas and opportunities</p>	<ul style="list-style-type: none"> Trust has clinical knowledge and expertise relating to key service areas, to ensure this supports the Trust's work Limited recent direct/ specialist knowledge based amongst Directors re potential new services 	<ul style="list-style-type: none"> Ongoing development need to be incorporated within Board development programme Developing service models to provide for equivalent professional and managerial leadership, capacity and knowledge base to support Trust's longer term developments 	<p><u>2011/12</u> Senior professional and managerial capacity fit for purpose re expertise, knowledge and leadership</p>
<p>Appropriate capacity to support and direct the delivery of change programmes</p>	<ul style="list-style-type: none"> Change requirements not progressed due to lack of capacity Underdeveloped leadership capacity within Trust focussed on achieving change through innovations and improvement methods 	<ul style="list-style-type: none"> Board level responsibility for change programmes Robust change processes to support projects re planning, engagement, support and delivery Continued rollout of Service Improvement Through Collaborative Leadership programme (<i>SITCL</i>) Revised Directorate structures will enhance capacity to support change delivery 	<p><u>2011/12</u> No critical incidents highlighted due to poorly implemented change Business case outcomes realised</p>
<p>Ensuring robust decision making during periods of complex change</p>	<ul style="list-style-type: none"> Under developed analytical approaches/ use of available information risks flawed decision making around key change priorities 	<ul style="list-style-type: none"> Review of information functions across the Trust Development of management information reporting to provide accessible information Requirements re clear '<i>case for change</i>' at the core of business case developments Programme to build organisational capacity re use of information and supporting analysis as part of QIPP programmes 	<p><u>2011/12</u> No critical incidents highlighted due to poorly implemented change Business case outcomes realised</p>

9. Regulatory risks

Priority 1. Improve the quality, safety and experience of our services for people who use our services and their carers

Priority 7. Continued high performance against best practice and regulatory standards

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures 2011/12 & 2012/13
<p>Clinical quality - safe care</p> <p>IMPACT – MAJOR LIKELIHOOD – POSSIBLE RISK RATING - MODERATE</p>	<p>Need to build on existing progress to ensure further improvements in the delivery of risk assessment for all clients in support of the delivery of safe and effective care</p> <p>Unable to provide Assurance to regulator (CQC) required to maintain compliance with essential standards</p>	<p>Implement the agreed clinical risk training programme (Dir.Ops & Dir.HR)</p> <p>Undertake a review of the implementation and use of the Trust's new clinical risk assessment tool (Dir. N & MD)</p> <p>Evaluate the involvement of service users and carers in the assessment of risks (Dir.N & MD)</p> <p>CONTROL – SATISFACTORY RESIDUAL RISK RATING - LOW</p>	<p><u>2011/12</u> 90% of all clinical staff will receive training in clinical risk management during 2011-12</p> <p>All inpatient staff will receive training in clinical risk management by the end of September 2011-12</p> <p>An evaluation report of the introduction of the new tool will be received by the Quality & Assurance Committee monitoring progress on a quarterly basis</p> <p><u>2012/13</u> Improved use of assessment tool monitored</p>
<p>Clinical quality – capacity and consent</p> <p>IMPACT – MAJOR LIKELIHOOD – POSSIBLE RISK RATING - MODERATE</p>	<p>Appropriate considerations not given to client capacity and consent, risking delivery of informed and safe care</p> <p>Underdeveloped use of patients information resources and robust approach to recording capacity</p> <p>Unable to provide Assurance to regulator (CQC) required to maintain compliance with essential standards</p>	<p>Instigate revised guidelines and policy frameworks in support of improvements to consent to treatment (Dir. N & MD)</p> <p>Instigate programme of audit and feedback (Dir. N & MD)</p> <p>CONTROL – SOME WEAKNESS RESIDUAL RISK RATING - MODERATE</p>	<p><u>2011/12</u> New policy introduced</p> <p>Audit programme concluded with formal review via Board's Quality & Assurance Committee</p>

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures 2011/12 & 2012/13
<p>Clinical quality - infection control</p> <p>IMPACT – MAJOR LIKELIHOOD – UNLIKELY RISK RATING - MODERATE</p>	<p>Failure to sustain and build on good progress made during 2010-11.</p> <p>Risk to safety and compliance with hygiene code and service registration</p>	<p>Monitoring programme supported by Board review and reporting to continue</p> <p>Continuation of workforce development and training programme</p> <p>Targeted service level reviews to be introduced where indicated</p> <p>(Dir. of Nursing)</p> <p>CONTROL – SATISFACTORY RESIDUAL RISK RATING - LOW</p>	<p><u>2011/12</u> Compliance maintained Ongoing monitoring to continue</p> <p><u>2012/13</u> Compliance maintained Ongoing monitoring to continue</p>
<p>Clinical quality - hospital cleanliness and quality/ safety of environment</p> <p>IMPACT – MAJOR LIKELIHOOD – POSSIBLE RISK RATING - MODERATE</p>	<p>Growing demands for regulatory based monitoring to ensure required safety standards</p> <p>Maintenance programmes not fully focussed on ongoing requirements and service needs</p>	<p>PEAT development programme in place. Revision of estates strategy in line with Trust objectives and service development plans/ strategies. (Dir. Ops)</p> <p>Annual priority programmes agreed under financial plan, with plans agreed as part of financial planning. (Dir. of Finance)</p> <p>CONTROL – SATISFACTORY RESIDUAL RISK RATING - LOW</p>	<p><u>2011/12</u> Full compliance with monitoring/ testing requirements Maintain Good PEAT ratings Agreed priorities implemented during</p> <p><u>2012/13</u> Agreed priorities implemented during</p>
<p>Clinical quality - workforce development and training</p> <p>IMPACT – MODERATE LIKELIHOOD – POSSIBLE RISK RATING - MODERATE</p>	<p>Required key training not delivered to key staff groups, risking quality and safety of care and staff morale and motivation</p> <p>Areas of focus highlighted via national Staff Survey</p>	<p>Development programme to improve staff PDRs in place, building on good progress made last year</p> <p>Diversity training programme to be rolled out following successful pilot</p> <p>Core/ mandatory training programme extended during year</p> <p>(Dir. of HR)</p> <p>CONTROL – SOME WEAKNESSES RESIDUAL RISK RATING - MODERATE</p>	<p><u>2011/12</u> 90% of staff benefited from PDRs 80% of targeted staff received diversity training 50% of defined staff groups undertake core training programme</p> <p><u>2012/13</u> 80% of defined staff groups undertake core training programme</p>

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures 2011/12 & 2012/13
<p>Registration - learning disabilities inpatient / respite services</p> <p>IMPACT – MAJOR LIKELIHOOD – POSSIBLE RISK RATING - MODERATE</p>	<p>Current environment not fully fit for purpose</p> <p>New services under development</p> <p>Future adverse incidents may risk ongoing registration, risking provision of service</p>	<p>Development plan agreed with CQC for ongoing service provision (no new/ increased concerns following recent planned review)</p> <p>Review processes in place to review ongoing quality and safety.</p> <p>New service build to commence during year.</p> <p>(Dir. of Ops)</p> <p>CONTROL – SATISFACTORY RESIDUAL RISK RATING - LOW</p>	<p><u>2011/12</u> New facilities commissioned</p> <p><u>2012/13</u> New facilities operational</p>
<p>Compliance with governance/ performance standards</p> <p>IMPACT – MAJOR LIKELIHOOD – UNLIKLEY RISK RATING - MODERATE</p>	<p>Failure to deliver on required governance standards impacting on governance risk ratings and compliance with terms of authorisation</p> <p>Breaches experienced on some measures during 2010-11</p> <p>Detailed assessments based on performance trends and revised governance standards conclude no undue risk to required performance</p>	<p>System capabilities in place, supported by a range of protocols and pathway guidance and requirements.</p> <p>Service level communications plan</p> <p>Service level performance monitoring and management</p> <p>(Dir. of Ops and Dir. of Finance)</p> <p>CONTROL – SATISFACTORY RESIDUAL RISK RATING - LOW</p>	<p><u>2012/13</u> Compliance with all governance performance standards during year</p>

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures 2011/12 & 2012/13
<p>Compliance with mandatory services and obligations</p> <p>IMPACT – MAJOR LIKELIHOOD – UNLIKELY RISK RATING - MODERATE</p>	<p>Failure to maintain services to deliver on mandatory requirements as agreed with commissioners in respect of clinical services and training</p> <p>No areas of concern highlighted from review of past performance</p> <p>Commissioners fully engaged in QIPP processes re revised service specifications and requirements re future commissioned activities.</p>	<p>Existing performance monitoring and contract management processes to continue</p> <p>Joint consultation programmes to be implemented for key QIPP activities (Dir. of Ops and Dir. of Finance)</p> <p>CONTROL – SATISFACTORY RESIDUAL RISK RATING - LOW</p>	<p><u>2011/12</u> Full compliance and delivery of mandatory services requirements</p> <p><u>2012/13</u> Full compliance and delivery of mandatory services requirements</p>
<p>Membership engagement and development</p> <p>IMPACT – MODERATE LIKELIHOOD – POSSIBLE RISK RATING - MODERATE</p>	<p>Failure to secure an engaged and representative membership base compromises effectiveness of Trust governance and accountability processes</p>	<p>Council of Governors to continue positive work on Membership engagement and development strategy</p> <p>Board to continue to fully support strategic approaches</p> <p>Alignment during year with related / supporting initiatives re volunteers, community interest and social enterprise models</p> <p>(Chair & Governors)</p> <p>CONTROL – SATISFACTORY RESIDUAL RISK RATING - LOW</p>	<p><u>2011/12</u> Membership base sustained re representation Active Governor body Increased membership by 5%</p>

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures 2011/12 & 2012/13
<p>Compliance with Information Governance standards</p> <p>IMPACT – MODERATE LIKELIHOOD – LIKELY RISK RATING - MODERATE</p>	<p>Failure to comply with standards to achieve level 2 against the key requirements of the Information Governance Toolkit</p> <p>Impacting on overall Governance assessment</p>	<p>Existing plans for Information Governance to be maintained</p> <p>Balanced approach to requirements and overall prioritisation of development and training resources in respect of Trust's agreed Information Strategy. (Dir. of Finance)</p> <p>CONTROL – SOME WEAKNESSES RESIDUAL RISK RATING - MODERATE</p>	<p><u>2011/12</u> Progress towards achievement of toolkit standards to be monitored</p> <p>Implementation of Trust Information Strategy to be monitored</p>

