Sheffield Health and Social Care NHS
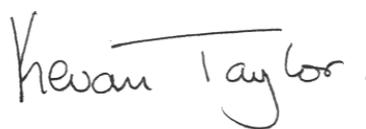NHS Foundation Trust

Annual Plan

2012-13 to 2014-15

April 2012

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The Trust's Annual Plan was approved by the Board of Directors in April 2012.

Professor Alan Walker   Kevan Taylor

Chairman   **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 it's 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.

Our services have performed well across a wide range of indicators.

more talking treatments	10,661 people accessed psychological treatments, 23% above our targets. 18.6% of people on benefits or not at work were able to return to work following treatment.
shorter waiting times	77% of people referred to our services received treatment within 8 weeks.
early access to care	136 people accessed early intervention services for the first time – more than we planned.
better care in crisis	92% of people experiencing a mental health crisis received an assessment within 4 hours. 1,443 people experiencing a mental health crisis avoided going to hospital and received care at home. 99.4% of people admitted to hospital were considered for home treatment first.
improved care processes	We met our targets for the numbers of people experiencing delays in discharge. We followed up 96.8% of people within 7 days of being discharged from hospital. 98.7% of people who receive enhanced care under the Care Programme Approach has a review with their care co-ordinator in the past year, and on average 89.5% had a full review with their care team.
equipment when it's needed	95.3% of people who needed aids and adaptations to live at home received them within 7 days of their assessment.
effective substance misuse treatment	94% of people with substance misuse problems and complex needs remained in treatment after the initial 12 week period. More people left treatment 'drug free' compared to the previous year
better access to employment	85 people with enduring mental health problems were supported to find work or kept their jobs with the help of our employment support services.
people choosing their own care	466 people have been supported to have their own budget to purchase and arrange their own care and support, an increase of around 190 on the previous year.

Future plans: Strategic overview, Vision & key priorities
Section 2

Our Current Position

We provide mental health, learning disability, substance misuse, community rehabilitation and primary care services to the people of Sheffield. We also provide some of our specialist services to the wider region. We are a provider of integrated services that meet peoples mental, physical, psychological and social care needs.

We are a public benefit corporation accountable to our members through a Council of Governors. We actively engage with our 12,000 members, who have a key role in promoting understanding of the needs of people who use our services. Our Council of Governors includes people who use our services, their carers, staff and representatives of the public of Sheffield and partner organisations. The constructive challenge provided by the Council of Governors is welcomed by the Trust Board and ensures our services are influenced and informed by our stakeholders.

We work in partnership with the organisations that commission our services: NHS Sheffield, the emerging Clinical Commissioning Group and Sheffield City Council. This allows us to understand the health and social care needs in the wider population, to influence the commissioning approach taken and to develop new services for the benefit of the system as a whole.

Our services perform well and are valued by people who use them and their carers. We are in the top 20% of mental health trusts for listening to our patients, treating them with respect and dignity and providing helpful talking therapies. We are in the top 20% of mental health trusts for staff who would recommend the trust as a place to work, staff who would recommend us as a place to receive care and treatment and for staff feeling able to contribute towards improvements at work. The Care Quality Commission has reviewed a number of our services and reached positive conclusions overall.

When we became a foundation trust in 2008, we set a clear vision for the trust to provide services that meet the needs of a whole person – mental health, physical health and social care. We have succeeded in retaining and expanding our historic service provision in mental health, learning disability and substance misuse services and have expanded into primary care and integrated physical and psychological health services. We have built on our strength as a provider of integrated health and social care so that we are now positioned in the city as a provider of integrated services across a broader range of need, playing a key role in developing a sustainable health and social care system. We will continue to build upon this reputation to grow our business. In managing our organisation we will continue to focus on four priorities:

- Ensure we deliver high quality and safe services
- Improve what we do by transforming our services
- Deliver efficiency and effectiveness
- Ensure we have a sustainable and secure future

Strategic Review

Our Trust Board regularly considers the implication of changes happening around us and how they will impact on our services and plans.

Commissioning is changing

Liberating the NHS will bring about radical changes. It aims to bring about shared decision making between people who use services and professionals, deliver clinically led commissioning and encourage a wider range of providers to deliver services. The National Commissioning Board will provide clear frameworks for outcomes based services and national quality standards. Locally, the Clinical Commissioning Group and the Health and Wellbeing Boards will develop new strategy based on the Joint Strategic Needs Assessment.

Mental health policy is expanding its reach

No Health without Mental Health sets out a vision for mental wellbeing promoted across the whole lifespan and has identified outcome targets to be achieved over successive years by services.

Finances are challenging

The financial situation is challenging. The overall impact on the Trust is a cost pressure of £13 million on our finances over the following two years. This includes our efficiency requirements and expected disinvestments.

Sheffield is seeking system improvements

The overall objective in Sheffield is to develop a sustainable system of care. Efficient services will result from ensuring care delivery is effective, increasing preventative work, promoting independence and choice and reducing the reliance on hospital based and long term residential care. Through the Right First Time programme, providers in Sheffield are committed to working together to improve care across organisational boundaries and so ensure people receive the appropriate physical, psychological and social care to meet their needs and prevent them from going into hospital unnecessarily.

Public health focus on prevention and inequality

Sheffield has a clear focus on prevention, early intervention, developing community resilience and tackling the causes of inequality. Priorities include providing community based support to people with long term conditions and promoting mental wellbeing at all stages of prevention and treatment.

The reform of the NHS has created a period of uncertainty. In Sheffield, new commissioning arrangements have been established in shadow form and current commissioning arrangements are well supported. The financial pressures will continue for some years ahead. Competition will increase for service contracts and from people who purchase their own care and support. This will be particularly challenging in the social care market. The polices for mental and public health present opportunities for us, as does the drive to create a more efficient and sustainable health and social care system through integrated pathways of care. The push for provision away from hospital and nursing home care towards a community and recovery orientation will have an impact on some of the services we provide.

It also presents us with opportunities to provide new services that lead to better outcomes for people who currently receive their care out of city and efficiencies for the overall health and social care economy.

Our vision and strategy

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

We will deliver our vision by providing services that are world class in terms of quality, safety, efficiency and choice. Our services will deliver outcomes for individuals that are world class in terms of effectiveness of treatment, experience of care, recovery, independence and social inclusion.

To do this we must continue to develop as a high performing organisation. We will address our internal operational challenges and at the same time ensure our long term viability by responding to the external environment and maintaining and growing our business. We will play our part in developing a sustainable health and social care economy that delivers improved health outcomes and social justice for the city.

We will deliver our programme of transformation to maintain and improve quality and reduce costs. We will redesign our services around improved pathways of care that aim to prevent hospital admission and provide alternatives to hospital based care.   We will ensure that we can compete in the environment of any willing provider and self-directed support by providing competitively priced services that people want.

We will also deliver a programme of service improvement at team and service level, so that all staff are involved in seeking improvements in quality and efficiency as a routine part of what they do.

We will increase our income base by expanding our service provision in two key areas. We will develop local alternatives to the hospital care provided for people with mental health problems and learning disabilities outside the city. This will improve outcomes for patients and reduce the costs for the city. We will also use our experience of providing integrated services in primary, secondary and tertiary levels of care to develop new services to meet the needs of people with long term conditions. We will focus on providing innovative solutions at the primary care level to meet peoples physical, psychological and social care needs.

None of this is achievable without our staff. We will engage with and support our staff during the process of change to maintain their wellbeing. In partnership with the Trades Unions, we will develop robust and fair HR processes to manage staff movement and reductions in a way that maintains our relationship of trust with our staff. We will design new roles that are rewarding and ensure that staff have the appropriate skills to deliver evidence based interventions to meet people's needs. We will continue to support the development of leadership and team working at all levels in the organisation to support continued improvement, positive working relationships and a culture that promotes recovery, dignity and respect.

Our key priorities

Deliver our transformation programme

We have a clear plan to deliver improvements through service changes and modernisation programmes.

Programme aims

Improve access	Ensure care and support is delivered as locally and quickly as possible
Improve quality and experience	Reduce the complexity of navigating across services ensuring people get to the right service as quickly as possible
Improve outcomes and reduce inefficiency	Make the best use of staff skills and experience, so they spend more time doing the things they are best able to do

Specific Programmes

New community services for people with learning disabilities and complex needs	Develop improved services for people with challenging and complex needs by providing intensive support to people in the community and so reducing the need for hospital care and out of town placements
Redesign community mental health teams	Develop locality based services with enhanced triage and liaison capacity, supported by clear pathways so that people access the right support and treatment
Reconfigure and improve acute care services	Redesign our acute services, including developing alternatives to hospital care so that people receive care as close to home as possible and are no longer referred out of Sheffield.
Emergency respite services for people with dementia	Develop a more specialist emergency respite service to better respond to people's needs when their existing support can not cope and prevent their admission to hospital and nursing homes.
Responsive and flexible community support	Provide personalised social care support that people want to buy using their resources under self-directed support.

Develop new services and grow our business

The new service developments will lead to improved care and cost effective outcomes for the health and social care economy in Sheffield.

Specific Programmes

Provide alternatives to out of town care	Develop services and deliver new service models that increase the provision of community based care, return people to Sheffield and reduce the future need for care out of town.
Improve Liaison services for older people	Deliver a pilot service for people receiving medical hospital care who are at risk of unnecessary or prolonged admissions and support earlier discharge.
Provide services to meet long term conditions	Deliver and pilot a new service to deliver psychological therapies for people with long term conditions and unexplained symptoms.
Improve access to alcohol support and treatment	Increase awareness and access to services and develop new approaches to providing for people's needs for screening, assessment and support.

Deliver our service improvement programme

There is significant potential to deliver improvements in quality, safety, experience and cost effectiveness in how our services are organised and delivered at team level. We have in place a number of initiatives to support this.

Programme aims

Promote recovery, respect and choice	Patients are partners in and not passive recipients of care
Improve outcomes and reduce inefficiency	Reduce the burden of bureaucracy and release time to care

Specific Programmes

Developing care pathways	Improve use, adoption and adherence to care pathways across services to deliver improved outcomes
Energise for Excellence	To support our quality improvement plans Energise for Excellence will provide a quality improvement framework ensuring we focus on the experience and safety of the care we provide

Information to support clinical decisions	Extend the use of IT to support our staff taking informed decisions when and where they need to through access to up to date information systems
Reduce bureaucracy	Improve and simplify administrative processes to reduce bureaucracy, improve responsiveness to front line service needs and deliver cost reductions.

Develop our workforce

We will support, develop and engage our workforce to improve the delivery of high quality care.

Supporting our staff through change	We will support staff with adapting to new methods of service delivery and ways of working. This will include maximising redeployment opportunities. It will also include providing support for the management of our workforce more generally in terms of planning, recruitment, retention, leaving employment and sickness absence.
Developing our staff	We will continue to support and develop the roll-out of our new Training Programmes, and improve our approaches to appraisals. We will use technology to support this through e-learning programmes and online learning communities.
Engaging our staff	We will continue to engage with staff and their representatives about the changes across our services. We will enhance the scope for using technology as part of our communications plans. We will take forward actions arising from the results of the 2011 Staff Survey and continue with our "12 for 12" health and wellbeing initiative.

Modernise our Estate

We will continue to review our estate to ensure it remains aligned to our service and financial strategies.

Make the best use of our estate	We will improve our utilisation rates, reducing under occupancy where it exists and we will reduce our estate where viable in line with our service plans.
Deliver improved environments	Our aim is to have facilities and an estate that convey respect for the individual and promote privacy, dignity and safety.

Equality Diversity and Human Rights

We will ensure that our decisions and plans support the aims of the Public Sector Equality Duty and do not directly or indirectly discriminate and that, where relevant, they advance equality of opportunity.

Improve relations	The Trust will also ensure that in implementing and delivering our plans we seek to support the principle of fostering good relations between groups protected by the Equality Act 2010 and others.
Consider the implications and take the right action	All of the proposals in this plan have been reviewed to establish what action is appropriate for each proposal, taking account of the potential impact each proposal may have in relation to the Public Sector Equality Duty.
	We will not be publishing the results of this 'equality impact analysis' separately but details will be included in proposal plans and reports on an on-going basis.
Deliver our equality objectives	The Trust has recently published six Equality Objectives; these support the strategic aims of the Trust. The Trust Equality Objectives can be found on the Trust web site via the following link http://www.shsc.nhs.uk/about-us/Equality-Diversity-Human-Rights/Our-Equality-Objectives

The main external factors that are considered to have an impact on the Trust plans, services and business are as follows:

The way our services are commissioned is changing	Clinical Commissioning Groups, Health & Wellbeing Boards and city wide reconfiguration programmes may impact on stability of Trust and delivery of its strategies
We are reviewing our Partnership with the Council	We are reviewing the current Section 75 arrangements that govern the services we provide for the Council. This will impact on the future responsibilities and profile of Trust services
The financial environment is challenging	We will experience significant challenges delivering our services in the current financial environment. The Council is planning £170m savings over 3 years and the 2012-13 and the Operating Framework for the NHS provides a headline inflation adjustment for non-tariff services of -1.8%
Competition may increase	Competition from other providers is likely to increase due to any qualified provider models and commissioner market testing programmes. There may be increased efforts to stimulate the local market and introduce contestability for a range of services.
The way we get paid will change	The development of Payment by Results (PbR) for Mental Health services linked to care clusters is expected to see new contracting models from 2013-14
Some of the people who use our services will be given the money to make their own arrangements for support	Individual Budgets will support the choice and personalisation agenda, shifting purchasing and budgets for care to the individual. A proportion of the service income we currently received will be effected by individual budgets and self-directed support.
More of our income will be linked to how we improve our services	2.5% of our health service income will depend on our services meeting agreed quality improvement targets and development milestones. This has increased from the previous year when the value was 1.5% of our income
The arrangements for education provision may change	The way that NHS education is commissioned and provided is changing and this may have an impact on the available resources and our workforce plans

The Trust has a range of supporting plans and strategies in place to reduce the potential for the identified issues to have an impact. Alongside this 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.

Section 4.1. Quality

Strategic priority	Development plan(s)	Objectives and outcomes
Improve quality, safety and experience of our services for people who use our services and their carers • *Promote recovery, respect and choice* • *Improve outcomes and reduce inefficiency*	**To reduce the harm experienced by service users from falls** Implement standardised screening tool for falls for all older people admitted to inpatient areas Monitor the use of the screening tools Carry out environmental falls risk assessments in all inpatient and residential areas Identify appropriate training packages for staff and deliver to priority groups	To reduce the number of falls resulting in serious harm to service users by 3% by the end of the year and by 15% in the following year To reduce the level of harm experienced by service users from falls as measured by reduction in number of falls resulting in A&E or hospital admission 100% of older people admitted to inpatient areas will be screened for falls using a standardised screening tool, the MFRA, by the end of the year Environmental falls risk assessments will be completed for all inpatient and residential areas
	To improve the identification and assessment of physical health problems in at risk groups Continue to implement development programmes focussing on improved assessment, monitoring and access to appropriate services.	Improved Staff training outcomes e.g staff trained in early warning signs scoring tool and use of oxygen, staff trained on Every Contact Counts Increased number of people with physical health checks in all relevant service areas Diabetes link nurses in all inpatient areas Measure of better communication between Trust and primary care on physical health key information e.g. blood pressure Increased numbers of people with mental health problems or with learning disabilities with health checks within our primary care services

Strategic priority	Development plan(s)	Objectives and outcomes
	To reduce the incidence of violence and aggression and the subsequent use of restraint and seclusion Continue to deliver the Respect training to all inpatient staff Continue to monitor the incidents of violence and aggression at ward and team level, and analyse trends over time and between teams Set local targets and agree actions for the reduction of the use of restraint and seclusion in all inpatient targets Establish reliable and consistent reporting on the use of restraint in our community settings with vulnerable adults Set local targets and agree actions for the reduction of the use of restraint in our community settings with vulnerable adults	To train all inpatient nursing and support worker staff in the Respect Approach by the end of the year To reduce the number of incidents of violence and aggression after staff on ward areas have completed the Respect training, and sustain the reduction over the next 2 years To reduce the use of seclusion and restraint over the next 2 years To increase the percentage of service users and staff in acute wards who report experiencing a safe environment in local surveys To reduce the number of staff reporting that they have experienced physical violence, harassment, bullying or abuse from service users, relatives or the public in the CQC Staff Survey over the next 2 years
	To improve the experience of first contact with the Trust Pilot an out of hours telephone helpline Deliver customer care training to key staff groups Implement 15 Steps programme with non-executive directors, staff and service users	Reduction in complaints about staff attitudes Review and revisions where needed, in partnership with service users, to standard communications e.g. initial appointment letters and information leaflets New standards to be agreed and implemented for the provision of information leaflets for new service users/ new referrals Increased and improved use of ward welcome packs To remain in top 20% of mental health trusts in CQC Annual Community Mental Health Survey for being treated with dignity and respect, with improved score in CQC survey on 24 hour phone line

Strategic priority	Development plan(s)	Objectives and outcomes
	To positively respond to the NHS Mobilisation Campaign 'A Call to Action: Energise 4 Excellence' (E4E) To use local intelligence and the available approaches / tools under the E4E umbrella to assess / benchmark, Improve & demonstrate evidence of improvement in agreed areas of quality: • Service User / Patient Safety • Clinical Effectiveness of Interventions & • Service User / Patient Experience of Care Align the E4E work with: • National & local CQUINs: • Trust wide Quality Objectives • Trust wide Quality Framework / Nursing Strategy - to be revised in 2012/13 • Work on Outcomes • Applicable National Quality Standards • Applicable NICE Guidance	Board level Endorsement of E4E supported with frontline service awareness of & engagement with applicable aspects of E4E Clear focus on safety, effectiveness of interventions and experience Meaningful assessment / benchmarking data to underpin priorities & plans for quality improvement Use of appropriate improvement approaches, tools & techniques Demonstrable evidence of improvement (experience, safety, effectiveness, productivity, staffing, environment, financial) Development of Ward / Team level quality of care metrics. Clear programme of quality improvement with supporting leadership Regular monitoring / evaluation and sharing of progress / good practice.
	Continue to develop Recovery as an underlying philosophy within the organisation Develop options to support the establishment of a Recovery College Promote and develop business opportunities in partnership with Recovery Enterprises Develop and implement Recovery as part of our approach to organisational change	Recovery strategy with supporting implementation plans approved by the Board Engagement, development and transformation programme in place for the following four key areas • Culture • Services • Practice • Workforce

Strategic priority	Development plan(s)	Objectives and outcomes
Develop pathways and service models to deliver improved choice, and better outcomes • *Promote recovery, respect and choice* • *Improve outcomes and reduce inefficiency* • *Improved information to support decisions*	**Mental Health Clustering (MHC) Payment by Results (PbR)**: Continue to prioritise / deliver on national & local MHC / PbR requirements.	100% staff in services subject to MHC to be trained in use of the MHC Tool 100% of Service Users where MHC is applicable to be assessed using the MHC Tool 95% of Service Users allocated to a Care Cluster Attain a high degree of 'confidence' in the Data Quality Clustering Data used to inform required: resources / skill mix / clinical / service interventions in preparation for costing care clusters Work to the agreed Memorandum of Understanding with Commissioners on local costing and currency/ tariff development

Section 4.2. Service development

Strategic priority	Development plan(s)	Objectives and outcomes
DEVELOPMENT		
Improve the quality, safety and experience of our services for people who use our services and their carers • *Ensure care and support is delivered as locally as possible* • *Reduce the complexity of navigating across services* **Implement our transformation programme to deliver improved quality and efficiencies** • *Improve outcomes and reduce inefficiencies*	**Introduce new Intensive Support Service for people with learning disabilities and challenging behavior** Integrate a range of current teams to provide a single comprehensive service providing high quality, high intensive and flexible packages of support for people with learning disabilities and challenging behavior who are experiencing difficulties with their existing support package.	Integrated team and service models in place from April, better equipped to provide for the needs of people with challenging behaviour and severe mental health problems. New referral processes, care pathways and ways of working in place by September 2012. Reduction in levels of breakdown of clients existing provider packages maintaining people in their existing support packages, complemented by return to Sheffield of clients currently cared for out of town. Opening of new specialist facility providing inpatient care and a community resource to support new service model from the end of 2012-13. Supported by £3.1m capital programme
	Community learning disability services Implement planned service model to support the delivery of effective care in line with care pathway developments	Care and support pathways implemented based on clusters of needs in line with national best practice Increased provision of front line clinical roles in support of client care delivered through appropriate skill mixes. Reduced costs of £92,800 over next 2 year planning period. Reduced waiting times for people to access services and the support they need.
	Acute Care reconfiguration Agree and implement a new service model that will reduce use of out of town care, increase the provision of care in more community based settings and provide inpatient care that is safer, more therapeutic and of higher quality	Undertake formal consultation regarding proposals and finalise plans. Implement admission avoidance services for older people, crisis house and step down services and improved skill mix across the inpatient services. Over the two year period expected reduction in admissions by 20-25%, occupancy down to 95%, no out of town admissions and efficiencies of £836,000 realised. Reduced workforce requirements of c. 24wte

Strategic priority	Development plan(s)	Objectives and outcomes
	Community mental health team services Introduce a stronger locality based model of service that improves and increases the ability of the CMHT to provide for the community care needs of their locality, increasing the provision of support and liaison to referrers and reducing the complexity of services for service users.	Introduce an enhanced triage/ liaison function so that decisions can be taken quicker about what needs people have, alternative support is provided where appropriate and less demands are placed on the community mental health team enabling them to provide better recovery orientated support for people with more complex needs. Reduce the number of separate teams we have to deliver our services integrating capacity and expertise to provide early interventions and home treatment within the CMHT. Provide better and more intensive interventions and support earlier as part of a person relapse rather than at the point of 'crisis' Extend the hours in which our services will be available into the early evening in relation to crisis and home treatment services Reduced headcount, revised skill mix and planned £1.1m efficiencies following completion of programme
	Community support for people with dementia Develop and expand the provision of individual support packages for people with dementia, providing better and more flexible care in community based settings	Service model proposed, market tested and consulted upon to inform on-going development and alignment with city strategies. Publicise, promote and market new services to existing client group retaining current volumes during 2012-13. Reconfigure and redesign supporting accommodation requirements in line with new service model and cost reduction plans.
	Respite services for people with dementia Develop emergency respite services for people experiencing difficulties with their usual care/ support package and are vulnerable to being admitted to hospital or transferred to a care home	Agree service model and consult on proposed changes to inform on-going development and alignment with city strategies and joint commissioning plans. Implement workforce development programme, reconfigure and redesign supporting accommodation to support new model and its implementation. Evaluate during 2013-14 impact and benefit in maintaining people in the community and avoiding hospital admissions or accommodation within care settings.

Strategic priority	Development plan(s)	Objectives and outcomes
GROWTH		
Manage developments and new service developments to increase the Trust's business • *Ensure care and support is delivered as locally as possible* • *Improve outcomes and reduce inefficiencies*	**Improved liaison services for older people receiving general medical treatment in hospital** Develop and expand the range of specialist liaison services for older people focussing on care and treatment while an inpatient and improved discharge support and after care	Introduce pilot model to develop and deliver new pathways to increase early discharge to targeting up to 400 people from hospital care and reduce the time people with dementia need to stay in hospital Improve the care provided to older people in the acute sector setting through access to specialist mental health advice and support. Deliver safer care with improved outcomes and significant savings to health economy
	Reducing need for Out of Town care Expand current services and develop new models to reduce current high levels of out of town care improving quality, experience and cost effectiveness to local health economy	Extend provision of PICU services, introduce Crisis House services and improved admission avoidance services for older people Explore commission of Locked Rehabilitation Services Develop services for people with learning disabilities and complex needs Increased income of £3.6m to the Trust to support new service models for mental health care.
	Services for people with long term conditions and medically unexplained symptoms Develop and pilot new service models under the national Pathfinder programme to deliver improved access to psychological treatments for people with long term conditions and medically unexplained symptoms	Pilot new service model through IAPT to evaluate impact, benefit and outcomes for client group Review and adjust service model and develop business case to support sustained investment and growth, subject to outcomes of evaluation. Service development and rollout programme into 2013-14 that delivers real and demonstrable positive client benefit and health improvement alongside efficiencies and cost reductions to health and social care economy.

Strategic priority	Development plan(s)	Objectives and outcomes
	Advice and assessment services for alcohol Actively promote and develop city wide awareness and promotion of signposting, adopting 'every contact counts' principles from across all agencies to support improved screening through better education of partner agencies and access to assessment, advice and support for people with alcohol problems	Develop, promote and market screening and referral packages following local innovations within services. Complete extensive programme of marketing and awareness raising targeting the public and key referrers Increase referrals to services during 2012-13, and provision of first line advice and treatment interventions. Evaluate cost benefit analysis to support further service development and growth.

Section 4.3. Workforce

Strategic priority	Development plan(s)	Objectives and outcomes
Support the delivery of high quality care by improving the experiences of our staff.	**Supporting Staff Through Change - Workforce** Ensure the Business Partner structure supports staff and Trust services through developments and reconfigurations Review departmental structure is best placed to support the future organisation configuration and achieve departmental QIPPS Fully 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 through organisation change	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 on-going basis Proactively manage staff on Redeployment & Redundancy registers through Vacancy Control Panel and HR Business Partners in line with Trust developments to maximise redeployment and minimise compulsory redundancies
	Staff Engagement Analysis of Staff Survey to identify and address improvement areas Implement communications plan and department function Complete the '2012 in 2012' initiative	Communicate outcomes of Staff survey to staff and develop improvement plans in 3 key areas by end Quarter 2 Enhance communications plan including Web 2 technologies and systems by end Quarter 1 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 and identify legacy plans following completion of the programme

Strategic priority	Development plan(s)	Objectives and outcomes
	Sickness Absence & Staff Turnover Develop Occupational Health and Wellbeing review to improve service delivery including Mental Health work stream Carry out monthly review of individual absence levels to identify and target improvement To manage staff turnover on a voluntary / involuntary basis and identify issues regarding staff turnover Continue benchmarking NHS and external organisations Implement systematic process for Recruitment activity - automation	Analyse short-term / long-term absence levels to identify trends and reduce % absence year on year and measure the number of referrals to occupational health/ workplace wellbeing services To achieve target absence level or less (5.1%) over rolling 12 month period and on-going Confirm plans for future Occupational Health (Mental Health) and Workforce Wellbeing service provision (to include training modules) by end of Quarter 1 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 on-going for trend analysis On-going analysis of number of vacancies, number filled internally/externally to Trust, and introduce KPI of 'time taken from closing date to offer' Introduction of HR & Workforce report and plan to Board to supplement HR performance reporting

Strategic priority	Development plan(s)	Objectives and outcomes
	Employee Relations To manage any Employment Tribunals in order to reduce Trust exposure Analyse reasons by location / service / department for Disciplinary and Grievance To review Trust policies and ensure relevance to future provision Review payroll contract and completion of move to monthly pay for all staff	Maintain systematic processes through HR Business Partner structure for line management in order to minimise Employment Tribunal claims and reduce year on year On on-going basis, proactively analyse reasons on monthly basis to identify location / service / departmental issues Achieve reduction in cost of payroll services and all staff on monthly pay by end Quarter 1
	Education, Training , & Development Make the best use of available resources and explore different models of education delivery and commissioning which generate income. Provide Board assurance and risks related to compliance with mandatory training and performance review to meet our regulatory requirements Increase the use of electronic technology (e.g. e learning, discussion forums, intranet) and systems to make administration and recording more efficient and accessible Implement the Quality framework for planning, delivering and evaluating education, training and development – ensuring we have effective systems to measure outcomes and training *standards.*	Generate 5% of the overall Education and Training budget as income related to the delivery of education programmes. Reach the 80% mandatory training target for fire, hand hygiene, and Level 3 Respect and agreed target compliance for other mandatory NHSLA training To introduce electronic data capture for collation of Appraisal completion by line managers and achieve target compliance by end Quarter 3 Increase the total Number of e Learning Completions from 70 to 500 by Quarter 4 Implement a 'whole workforce' led planning cycle with outcomes and cost measures for major programmes of learning and ensure organisational priorities drive the commissioning and delivery of training Continue the recruitment and development of Apprentices and build on existing successes on an on-going basis

Section 4.4. Capital programmes (including estates strategy)

The Trust's service strategy is characterised by a clear emphasis on a locality model to support and direct the delivery of care. This will see growth in the size of a range of community based teams as a number of separate services and teams are integrated. This direction will require adjustments to the Trust's estate characterised by reduced use in some areas and altered demand in others.

There will be a continued growth in the delivery of care through community alternatives to inpatient care where the need and opportunity is highlighted. This will see further reduced need for some existing inpatient services. This will be complemented by opportunities to develop new services within Sheffield to reduce the levels of out of town care currently required. Such developments will require a combination of additional community based services alongside new inpatient services providing for different needs the Trust does not currently cater for.

The Trust will continue its capital and general estates improvement programmes to support the delivery of care within environments that convey respect for the individual and provide for their privacy and dignity. The programmes will review and enable care facilities and environments that can be well maintained and support the way we want to deliver care and services.

Overall our estates strategy and plans will ensure progress is made against the following key objectives

- Ensuring our service plans are supported and can be delivered
- Delivery of improved environments that provide for respect, privacy and dignity, are fit for purpose and meet modern standards
- Improved utilisation of our estate, reducing under occupancy where it exists
- Improved efficiency and effectiveness in respect of cost and carbon footprint
- Reduction of our estate where viable and in line with service plans

Key capital expenditure priorities	Amounts and timing	Contribution to the plan (including service delivery)	Key actions and delivery risk
Development:			
Intensive Support Service Commission of community facility to support the Intensive Support Service	Business case approval during 2011-12 2011/12 - £0.170m 2012/13 - £2.918m	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.	Key actions • Planning permissions secured • Site to be acquired via long lease • Scheme build and development (April12-Feb13) • Commission the new facility (Feb13-March13) Risks • Capacity to manage the change processes; • Unforeseen construction problems • Ensure service model is designed to have future flexibility in order to satisfy changing demand
CMHT Reconfiguration Estate reconfiguration of locality CMHT bases	Programme commenced 2011-12 2012/13 - £265,000	We are adopting a stronger locality based model for our CMHT's which will see closer integration of existing CMHT's, Early Intervention Teams and Crisis/Home Treatment Teams into one Locality based CMHT. The estate plan will support the accommodation of larger teams on a locality basis, and free up some smaller team bases.	Key actions • Programme commissioned via tender process • Planning permissions and regulations confirmed • Scheme build and development (April12-July12) Risks • Maintaining service provision during work programme
Acute Care Reconfiguration of Services Modernising and reconfiguration of acute care services.	The following provisional allocations have been identified in support of the outline business case. Full capital business case to be finalised. 2012/13 - £1.075m 2013/14 - £4.335m	We need to ensure that we deliver rational services through simple and accessible pathways. Service strategy provides for expanded/ improved PICU service, reduced dependency on acute admission beds	Key actions • Design and construct new PICU facilities • Redesign of Inpatient sites in line with service business case and design feasibility • Confirm implementation programme Risks • Capacity to manage change processes; • Align estates plans with service model options and deliver the building strategy within capital envelope. • Ensure financial plans support delivery programme

Key capital expenditure priorities	Amounts and timing	Contribution to the plan (including service delivery)	Key actions and delivery risk
Disposal programme	[DN: to finalise]	Support the reduction in our estate were viable and in line with service plans resulting in improved effectiveness and cost reductions	[DN: to finalise]
Maintenance:			
Maintenance programme The Trusts on-going programme is resourced through an annual revenue maintenance allocation. No additional programmes are planned in respect of capital expenditure	Nil	Nil	Nil
Other capital expenditure:			
IT Programme The IM&T strategy requires a significant and continuous investment to deliver and has been supported by Regional Funding from the NPfIT money. The Trust has its own major clinical systems as these have a functionality far in excess of the national programme	The following allocations have been identified pending the completion of Business Case and Board approval 2012/13 - £0.265m 2013/14 - £0.273m 2014/15 - £0.281m	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. 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.	Key actions • 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 Risks • 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

Key capital expenditure priorities	Amounts and timing	Contribution to the plan (including service delivery)	Key actions and delivery risk
Transport Vehicles Purchase of additional vehicles as on-going part of Trust vehicle maintenance and replacement programme	The following provision allocations have been identified pending the completion of Business Case and Board approval 2012/13 - £63,000 2013/14 - £64,000 2014/15 - £66,000	Ensure safe and modern vehicles are used for transporting clients and other items such as plant, stock etc.	<u>Key actions</u> • Implement vehicle replacement programme • Ensure that the vehicle stock is up to date . <u>Risks</u> • 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.
Plant & Equipment Plant and equipment replacement as part of on-going programme	The following provision allocations have been identified pending the completion of Business Case and Board approval 2012/13 - £90,000 2013/14 - £93,000 2014/15 - £96,000	Allows continuous replacement on a cyclical basis for small items of equipment such as specialised baths, ECT equipment, or hoists.	<u>Key actions</u> • Implement replacement programme <u>Risks</u> • The risk are that we ensure that these specialised pieces of equipment are maintained and replaced at the appropriate time.

Section 4.5. Financial plans and effectiveness

The Trust's financial strategy is shaped by the environment within which we are delivering our services and the direction of travel we have outlined for our service developments and quality improvement. The overarching principles and goals that shape the Trust's financial strategy are

- To maintain a financial risk rating of 3 and to increase our EBITDA margin steadily from 5.6 to 6.4 over the 3 year period.

- To effectively and robustly manage our financial ratios over the medium term to deliver an increased EBIDTA as we expect to diminish the net return from our financial and liquidity ratios as we start to expend our cash holdings in support of our capital expenditure programme.

- Realistic assumptions underpin our strategy in respect of growth, adopting a measured approach to the future

- Service improvements will be delivered through efficiency and change as opposed to additional investment to the Trust. Our CIP programme provides for an additional resource and fund to support internal investment plans and our capacity to develop and expand our business in response to developing commissioning strategies.

- Maintaining a sound awareness of our cost base across our service and business units as to support our understanding of the services and products we deliver and identify future improvement opportunities. The associated development programmes to progress the implementation of service line reporting and payment by results within mental health services will complement this approach.

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 transformation programme to deliver £8.7m savings by 2013/14	We will deliver this through the following development and modernisation programmes: Service redesign and development £3.186m Procurement and supplies efficiency programme £0.800m Corporate efficiencies and savings £1.749m A range of other schemes will also be progressed	**To achieve our strategic vision we need to ensure that we:** Deliver rational services through simple and accessible pathways Develop services based on local needs, based on evidence of effectiveness Provide localised service models that are geared to the needs of the local team Make the best use of resources through more efficient and cost-effective models.	<u>Key actions</u> • Key actions are outlined through our service development strategy and cover service design, approvals and implementation <u>Risks</u> • Capacity to deliver complex service change programmes • Managing vulnerability to changing commissioning strategies/priorities at local level re financial impacts • Trust efficiency programme vulnerable to commissioning cost reduction savings/ disinvestments	QIPP Project resource in place to ensure management capacity to deliver Programme Board established with supporting plans Supporting Estate strategy to ensure alignment with clinical models Commissioning of new service models highlighted Agreed joint QIPP plan in place with NHS Sheffield and Council	<u>2012/2013</u> implementation plans commenced. New models implementation stage and savings commence

The Board has an established programme of self-evaluation and appraisal, complemented by an annual review of its progress and performance with our Governors. Over the last year this has been strengthened in several ways.

The Board benefited from an external review of its governance structures, undertaken on our behalf by PricewaterhouseCoopers. This review examined the arrangements within the Trust to support the delivery of our quality, development and financial plans alongside our processes for performance and risk management. Alongside this an external review of our operational delivery structures has also been undertaken.

The on-going appraisal processes complemented by the in-depth reviews undertaken over the last year have supported the Trust to strengthen its existing plans for leadership and management structures and processes.

The Trust has made further improvements to its governance structures and leadership capacity. This is characterised by new management structures, new Director portfolios and agreed plans to further strengthen the existing capacity to support medical leadership at this time of significant change.

The Trust's approach to leadership is characterised by shared clinical and managerial partnerships at all levels of our organisation. This is supported by on-going plans to continue to build the capacity and capabilities across the whole of our organisation and not just at the top. Recognising the challenging change programme before us our development programme is aligned to support the leadership needs of the services delivering our key service change and improvement programmes

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 plan, the priorities for leadership and governance development within the Board and the Trust are;

- Building on effective stakeholder engagement and feedback to the Board
- Building leadership capabilities and capacity to lead across organisational boundaries in support of Trust direction
- Appropriate capacity to support and direct the delivery of change programmes
- Ensuring robust decision making during periods of complex change

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	Board or Directors not benefiting from effective external challenges and input regarding quality and effectiveness of services and on-going development strategies Failure to support further Governor development limiting robustness of Council of Governor challenge and contributions to Board awareness, thinking and planning	Councillor of Governor development programme to support challenge Continuation of open Board meetings Executive to Executive forums between Trust and key commissioners On-going development of Board appraisal processes Development of Board level Quality Assurance Committee and Quality Check process	2012/13 Review of effectiveness of Governor engagement and representation of Membership
Building leadership capabilities and capacity to lead across organisational boundaries in support of Trust direction	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	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 Review completed of the Trust's strategic management capabilities with a development in place	2012/13 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
Appropriate capacity to support and direct the delivery of change programmes	Change requirements not progressed due to lack of capacity Leadership capacity within Trust is distracted and unfocussed on achieving change through innovations and improvement methods	Board level responsibility for change programmes Robust change processes to support projects re planning, engagement, support and delivery Revised Directorate structures will enhance capacity to support change delivery Shared leadership model extended to team level with enhanced clinical leadership in place, complemented by further OD support to improve delivery of change and engagement within community/primary care services.	<u>2012/13</u> No critical incidents highlighted due to poorly implemented change Business case outcomes realised
Ensuring robust decision making during periods of complex change	Under developed analytical approaches/ use of available information risks flawed decision making around key change priorities	Review of information functions across the Trust Development of management information reporting to provide accessible information Requirements re clear '*case for change*' at the core of business case developments Programme to build organisational capacity re use of information and supporting analysis as part of QIPP programmes	<u>2012/13</u> No critical incidents highlighted due to poorly implemented change Business case outcomes realised

The table below outlines the current risks that may have an impact on the delivery of our regulatory requirements.

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures 2012/13 & 2013/14
1. Service performance	**Compliance with governance/ performance standards** The Trust is fully compliant with all targets and fully registered with the Care Quality Commission without any conditions for both health and social care services. Positive progress during 2011-12 following CQC Planned review in 2010-11. There may be a future risk to compliance should unforeseen changes arise. Planned reconfiguration within key service areas. **CONSEQUENCE –** MAJOR **LIKELIHOOD –** UNLIKELY **RISK RATING - MODERATE**	System capabilities in place, supported by a range of protocols and pathway guidance and requirements. Service level communications plan Service level performance monitoring and management complemented by Board level reporting Internal assessments of compliance against CQC standards. (Dir. of Ops and Dir. of Finance) **CONTROL –** SATISFACTORY **RESIDUAL RISK RATING - LOW**	2012/13 Compliance with all governance and performance standards during year Compliance with terms of Authorisation

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures 2012/13 & 2013/14
2. **Clinical quality - safe care**	**Inpatient care provision may not meet expected standards** Previous concerns highlighted through CQC Review have been successfully addressed though the challenge remains to address service pressures and to continue to improve standards and experiences in line with service pathways and standards. **IMPACT –** MAJOR **LIKELIHOOD –** POSSIBLE **RISK RATING - MAJOR**	Acute Care Pathway fully implemented complemented by CQC compliance monitoring and team governance reporting and on-going PEAT assessments. Full range of clinical and management policies in place to guide provision. Service user monitoring in place to co-ordinate feedback supported by exit interviews and service level questionnaires Service reconfiguration plans agreed for development and implementation (Dir. of Ops and Dir. of Nursing) **CONTROL –** SATISFACTORY **RESIDUAL RISK RATING - MODERATE**	2012/13 Full compliance maintained 'Excellent' PEAT assessments Reduction in numbers of SUI's and Complaints, increased compliments. Positive feedback from service users 2013/14 As above New service model fully implemented
3. **Clinical quality – safe care**	**Access to care in a crisis** Service pressures can create risks to accessing the right care at times of crisis. **IMPACT –** MAJOR **LIKELIHOOD –** POSSIBLE **RISK RATING - MAJOR**	Established care pathways are in place supported by duty systems to ensure effective prioritisation in response to crisis referrals. Initial responsiveness to referrals is good. Broader 'crisis response' models being introduced across broader Trust services for older people and learning disability services. Service reconfiguration plans agreed for development and implementation that will have positive impact on service pressures. **CONTROL –** SATISFACTORY **RESIDUAL RISK RATING - MODERATE**	2012/13 Reduction in waiting times and out of town use Improved bed occupancy rates Reduction in inappropriate admissions and improved use of home treatment

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures 2012/13 & 2013/14
4. Clinical quality – care standards	**Registration - learning disabilities inpatient / respite services** Current environment not fully fit for purpose and creates risk to environment and standards of care. Existing management plans reviewed with CQC and service has received a positive evaluation by the CQC regarding the quality and ethos of care and support provided – acknowledging the environmental issues. New services under development with Board approval for new facilities. Future adverse incidents may risk on-going registration, risking provision of service **IMPACT –** MAJOR **LIKELIHOOD –** UNLIKELY **RISK RATING - MODERATE**	Development plan agreed with CQC for on-going service provision (no new/ increased concerns following recent planned review) Review processes in place to review on-going quality and safety. New service facilities to commence during year. (Dir. of Ops) **CONTROL –** SATISFACTORY **RESIDUAL RISK RATING - LOW**	<u>2012/13</u> Continued compliance with care standards Continued and positive service evaluations New facilities operational

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures 2012/13 & 2013/14
5. Maintaining financial stability	The increase in the level of Trust income from direct payments and self- directed support, from the current block contracting arrangements for social care services and provision, will increase the risk of maintaining stability of income for some service areas. Alongside this the development of the mental health PbR regime will create a range of uncertainties, risks and opportunities for the Trust. **IMPACT –** MAJOR **LIKELIHOOD –** POSSIBLE **RISK RATING - MAJOR**	Development programmes/ structures in place re self-directed support and care packages and pathways Defined services have completed market assessment and customer care reviews and have 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 re-ablement or provision of high quality care and support for people with complex needs. Trust has strong Care Pathway culture and compares well on national cost indices which will support future performance under the PbR regime. **CONTROL –** SATISFACTORY **RESIDUAL RISK RATING - MODERATE**	2012/13 Self-directed support and Care packages incorporated within single service pathways Retention of current service share and income

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures 2012/13 & 2013/14
6. Mandatory services and obligations	**Continued compliance with delivery of mandatory services** Cost efficiency and reconfiguration programmes may create an increased risk that the Trust is not able to sustain delivery of its mandatory services. Commissioners have been fully engaged in our QIPP processes re revised service specifications and requirements re future commissioned activities and this should ensure we have joint agreement about future service provision **IMPACT –** MAJOR **LIKELIHOOD –** UNLIKELY **RISK RATING -** MODERATE	Existing performance monitoring and contract management processes to continue – building and sustaining positive progress over recent years Joint QIPP approach with commissioners ensures future service plans have joint ownership and support (Dir. of Ops and Dir. of Finance) **CONTROL –** SATISFACTORY **RESIDUAL RISK RATING - LOW**	<u>2012/13</u> Full compliance and delivery of mandatory services requirements
Membership engagement and development	**Failure to secure an engaged and representative membership base.** The Trust has developed its membership base positively over the recent years however sustaining an increase in membership has proved difficult over the last year. We need to ensure this momentum is sustained otherwise it may compromise the effectiveness of Trust governance and accountability processes **IMPACT –** MODERATE **LIKELIHOOD –** POSSIBLE **RISK RATING -** MODERATE	Council of Governors to continue positive work on Membership engagement and development strategy Board to continue to fully support strategic approaches Alignment during year with related / supporting initiatives re volunteers, community interest and social enterprise models (Chair & Governors) **CONTROL –** SATISFACTORY **RESIDUAL RISK RATING - LOW**	<u>2012/13</u> Membership base sustained re representation Active Governor body Increased membership by 5%