

Board of Directors

SUMMARY REPORT

Meeting Date: 23 November 2022

Agenda Item: 16

Report Title:	Operational Plan Report: Quarter 1 2022/23	
Author(s):	Jason Rowlands: Deputy Director of Strategy and Planning	
Accountable Director:	Pat Keeling: Director of Strategy	
Other Meetings presented to or previously agreed at:	Committee/Group:	Finance and Performance Committee
	Date:	11 August 2022
Key Points recommendations to or previously agreed at:	<p>The committee discussed</p> <ul style="list-style-type: none"> management of capacity and capability to ensure negative impact on progress is limited risks to delivery of the Therapeutic Environment and Community Facilities programmes and related issues. It was confirmed work on the strategic outline case (SOC) was underway and the committee asked that this be shared with them at the earliest opportunity areas which had been subject of discussion at Quality Assurance Committee with regard to waiting lists and service changes the committee asked for a key to be included in Appendix 3 in future reports. 	

Summary of key points in report

- Covid recovery is now well embedded:** Our full focus is now directed to the delivery of our improvement priorities.
- Access and waiting:** Challenges continue across several services in respect of numbers waiting or length of waits. Recovery plans are in place however the expected rate of improvement is not being delivered. Progress is reported to the Quality Assurance Committee.
- Plans to implementing our workforce plan and recruit to all vacancies continue.** Workforce expansion plans are progressing well with 81% of the additional staff funded through new investment recruited to. However underlying challenges remain across recruitment and retention which continue to create risks at service level.
- We are implementing our Leadership Programmes.** This is key to the delivery of the Back to Good – continuing to improve strategic priority.
- Our Estates Programme is delivering on improvements** and creating safer and more dignified

facilities. As we continue to progress risks relating to revenue and capital funding will need to be addressed and are being managed through the Transformation Programmes and Transformation Board.

6. **Our Transformation programmes continue to progress:** We are moving into our new HQ. The new leadership development programme activities have evaluated well and are being extended. We are making good progress across our Learning Disability and Primary and Community Mental Health programmes in defining future models underpinned by positive engagement.
7. **Areas of uncertainty are being appraised and planned for within key transformation areas:** The development of the Therapeutic Environment strategic outline case will provide an appraisal of the funding options for the programme. Capacity requirements and programme and project support needs remain under review and will respond to identified risks to delivery in respect of business case development, stakeholder engagement and project delivery.
8. **Partnership work is well connected and aligned to the delivery of our strategy priorities.**
9. **Financial plan pressures:** Significant pressures are being managed within the financial plan with a deficit of (£837,000) at Q1 against the plan of (£299,000), driven by higher agency costs and lower CIP delivery. This creates risks to the delivery of several development priorities were investment in capacity and capabilities may be required as programmes progress. This is being managed through the Transformation Programme Board and the CIP Programme Board.

The Therapeutic Environment Programme and the Community Facilities Programme are appraising and managing risks regarding the capital availability and revenue affordability of the options to meet service needs in the short, medium and long term. The development of the strategic outline cases will appraise and define the options and choices available.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval	X	Assurance	X	Information	
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Recommendation 1: For the Board of Directors to take assurance that the operational plan deliverables are being progressed and risks to delivery are being managed appropriately.

BAF0026: There is a risk of slippage or failure in projects comprising our transformation plans

Recommendation 2: To consider the level of assurance that our approach to partnerships will support the delivery of our priorities.

BAF0027: There is a risk of failure to engage effectively with system partners as new system arrangements are developed

Recommendation 3: To consider the level of assurance that risks to our capital and revenue plans associated with our transformation priorities have been identified and that appropriate plans are in place to appraise the options and recommend solutions to the Committee and the Board through the Transformation Programme Board.

BAF0025: There is a risk of failure to effectively deliver the therapeutics environment programme at the required pace

BAF0029: NEW There is a risk of a delay in people accessing the right care at the right time caused by staff vacancies, issues with models of care and contractual issues resulting in poor experience of care and potential harm to service users

Please identify which strategic priorities will be impacted by this report:

Covid-19 Recovering effectively	Yes	X	No	
CQC Getting Back to Good – Continuing to improve	Yes	X	No	
Transformation – Changing things that will make a difference	Yes	X	No	
Partnerships – working together to make a bigger impact	Yes	X	No	

The key deliverables within the Operational Plan describe the range of actions being taken to deliver the strategic priorities. No recommendations in this report have any additional impact on the strategic priorities.

Is this report relevant to compliance with any key standards ?				State specific standard	
Care Quality Commission Fundamental Standards	<i>Yes</i>		<i>No</i>	X	Compliance considerations are reported to the QAC
Data Security and Protection Toolkit	<i>Yes</i>		<i>No</i>	X	
Any other specific standard?	<i>Yes</i>		<i>No</i>	X	

Have these areas been considered? YES/NO				If Yes, what are the implications or the impact? If no, please explain why	
Patient Safety and Experience	Yes	X	No	<ul style="list-style-type: none"> Meeting the requirements of the Back to Good programme supports good patient experience and safety in our care. Mental health Investment Standard funded growth will improve access across key service lines LAP programme delivering improved safety and recent approved national funding will deliver improvements to the Health Based Place of Safety 	
Financial (revenue & capital)	Yes	X	No	<ul style="list-style-type: none"> High underlying costs remain re OATs with renewed and refreshed improvement plans in place through Recovery Plans and the CIP Programme Board Challenging financial plan context in respect of OATs (above), high agency spend, under delivery of CIP requirements places significant limitations on in year investment options to support improvement priorities. Increased in year pressures on the capital plan arising from increased work on the inpatient estate and accommodation of clinical services from Leaving Fulwood. System pressures across ACP health and social care re resources, funding, capacity. 	
OD/Workforce	Yes	X	No	<ul style="list-style-type: none"> Agreed MHIS growth funding has resulted in workforce expansion in key service lines. Underlying vacancy rates and on-going turnover may undermine the impact of the workforce growth in some areas. 	
Equality, Diversity & Inclusion	Yes		No	X	<i>Please complete section 4.2 in the content of your report.</i>
Legal	Yes	X	No	<ul style="list-style-type: none"> Failure to achieve CQC compliance is a breach of the requirements of the Health and Social Care Act. Contractual and legal frameworks are in place to govern relevant aspects within the Leaving Fulwood and EPR programmes. 	
Environmental Sustainability	Yes	X	No	see section 2.4	

Title	Operational Plan: Progress update for period ending Quarter 1
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Section 1: Analysis and supporting detail

1.1 Current position against plan: key points to note

1.2 Covid 19: recovering effectively

- **Covid recovery is now well embedded:** allowing our full focus to be directed to the delivery of our improvement priorities. Agile working plans are being introduced to all teams
- **Service activity levels have recovered:** Activity levels have generally recovered. Demand levels across most services are in line with pre-covid levels.
- **Access and waiting:** Challenges continue across several services in respect of numbers waiting or length of waits and not all delays are due to Covid recovery. Recovery plans are in place however the expected rate of improvement is not being delivered. Progress is reported to the Quality Assurance Committee.
- **Working as part of the Sheffield Urgent and Emergency Care Pathway:** Planning for winter 2022/23 has started within the Trust and plans are expected to be in place by October with SHSC and PLACE planning already underway.
- **Workforce expansion plans are progressing well:** 81% of the additional staff funded through the Mental Health Investment Standard investments for 2022/23 and other growth allocations have been recruited to.

Refer to

Appendix 1: Demand and activity overview (ending June 2022)

Appendix 2: Mental Health Investment Standard workforce expansion trajectory at end of Quarter 1

1.3 Getting Back to Good: continuing to improve

We are implementing our Leadership Programmes. This is key to the delivery of the strategic priority and significant progress is being made by

- The successful launch and completion of Cohort 1 of our multi-disciplinary *Team SHSHC: Developing as leaders* programme.
- The *Agile Mindset & Behaviours* programme for senior leaders, which provides practical skills and tools for effective leadership in the challenging times that we operate in.
- Enabling more direct support for team leads/managers in using their staff survey data to support quality staff engagement and action to improve staff experience. This is central to our partnership working with Staff side and the organisation-wide '*Big conversation*' on our culture and identifying how to improve staff experience.

Plans to implement our workforce plan and recruit to all vacancies continue.

Progress has been made in recruiting to funded additional posts, however underlying challenges remain across recruitment and retention which continue to create risks at

service level.

- 81% of the additional staff funded through the Mental Health Investment Standard investments for 2022/23 and other growth allocations have been recruited to.
- Recruitment to registered Nursing and Health Care Support Worker (HCSW) roles continues to be a challenge and we have introduced additional strategies to reduce vacancy rates in these groups.
- A range of plans are in place to support progress across the workforce plan. Our first internationally recruited nurses will arrive later this year, we are increasing opportunities for apprenticeships, improving the effectiveness of our bank to fill temporary vacancies, ensuring sufficient clinical placement capacity to enable students to qualify and register. We continue to extend the range of new roles working in services.
- Workforce planning for all services will be a key feature in the development of our five-year business plan.

Our Estates Programme is delivering on improvements and creating safer and more dignified facilities.

- The Ligature Anchor Point Removal programme is at 84.7% completion. Burbage ward re-opens in September 2022 providing en-suite accommodation for all bedrooms for the first time across our inpatient estate. Our Step-Down service relocated from Wainwright Crescent to modern refurbished facilities with en-suite accommodation at Lightwood House.
- Our headquarters moves to Distington House from 27 July 2022.
- Development plans focussed on improved governance, capacity and capability are making good progress and delivering clear outputs that will support the continued strengthening of the services provided.
- As the Therapeutic Environment and Community Facilities Programmes progress risks will need to be carefully appraised and planned for in respect of capital availability, revenue affordability and political uncertainty that may impact on national funding programmes.

CQC Report at Year 2, August 2021 & December 2021 inspections: The Back to Good Programme is broadly on track. Where there are areas of delay, plans are in place to ensure completion of delayed actions by revised and approved timescales. As we move into Year 2 there are 75 requirements in total that must be met in connection with the CQC inspection reports from August and December 2021.

- Of the 75 requirements 52, of a target of 56, have been completed, or have a status of complete awaiting approval by the Quality Directorate. 16 actions remain open.
- 7 are in exception as not complete by June 2022 and are detailed below.
- Firshill Requirements 2021. We continue to submit returns to the CQC in relation to the conditions on registration at Firshill Conditions, confirming that the unit remains paused.

Regulation	Regulation ID	Service
The trust must ensure that compliance with training achieves the trust target in all mandatory training courses including intermediate life support and restraint interventions.	23	Acute Wards and Psychiatric Intensive Care Units
The trust should ensure that all staff receive supervision in line with the trust target.	42	Acute Wards and Psychiatric Intensive Care Units
The trust must ensure that there are not blanket restrictions in place which restrict patient's freedoms that are not individually risk assessed including for patients residing in the health based place of safety	59	Acute Wards and Psychiatric Intensive Care Units
The trust must ensure that there are sufficient numbers of suitably trained staff on duty at any one time to care for patients, provide de-escalation, and if necessary physical interventions	64	Acute Wards and Psychiatric Intensive Care Units
The trust should ensure all staff are up to date with mandatory training	68	Acute Wards and Psychiatric Intensive Care Units
The trust should ensure that carers and family members are involved in patient care and that access to carers assessments is facilitated by staff	71	Acute Wards and Psychiatric Intensive Care Units

1.4 **Transformation: changing things that will make a difference**

The Transformation Programmes continue to progress broadly in line with plan or revised plan agreed by the Transformation Board. There are challenges in respect of financial impact and capacity to support delivery effectively and at pace. Risks are highlighted and are being managed by the programmes.

Key areas of progress have been delivered in respect of;

- **Therapeutic Environment:** £2 million additional capital funding has been secured to enable the relocation and expansion of the Health Based Place of Safety. This will directly improve the standards of care provided and be a key enabler to the final stage of the Phase 3 ligature anchor point removal project.
- **Leaving Fulwood:** Teams and Departments commence their moves to Distington House in stages through August.
- **The Leadership Development project:** Our first cohort of 27 multidisciplinary leaders across the hierarchy completed *Team SHSC: developing as leaders* a new six day programme on the 11th July 2022. Scheduling is underway for the next cohort, mindful of balancing COVID/winter pressures and maintaining momentum.
- **Developing future care models:** The Primary and Community Mental Health Programme and the Learning Disabilities Programme have engaged well and have developed their visions/ clinical models for the future direction of the services.

4 Programmes and Projects are reporting key risks in the following areas

- **Leaving Fulwood - increased costs to accommodate clinical teams.** Capital costs have increased due to the new location requirements at Wainwright Crescent for the Assertive Outreach Team and Community Forensic Team. Business cases are being finalised and confirmed through governance.
- **Therapeutic Environment – uncertainty remains regarding the outcomes of the NHS New Hospital Programme Fund.** Our full programme is reliant on additional external capital funds. The Strategic Outline Case is being developed during quarter two of 2022 and will consider the contingency approaches available to resource this programme. This may require the support of external expertise.
- **Health Roster Project – further resources are required to support implementation.** Delivery remains on plan, but some existing members are now supporting the CIP Agency workstream, putting further pressure on delivery timescales. Recruitment is being progressed.
- **Community Mental Health Teams – we need to be confident that effective engagement is in place and shaping our future design plans.** Engagement is taking place but it is limited and there is a risk that the new services are being designed without sufficient involvement of services users, their families and carers. Resources are being deployed to support this and the Programme Board will be closely monitoring the delivery and effectiveness of its engagement strategy

ensuring full utilisation of experience and expertise across within the Engagement Team and our broader networks across the VSCE.

Across the transformation programmes there is a need to

- Review and confirm dependencies, impacts and decisions for our capital plan
- Review and prioritise available project and programme capacity to ensure critical areas of work and deliverables are clearly supported, ensuring the right expertise is utilised where required.

Related reports for the Committee

Paper 8, FPC Agenda: Transformation Portfolio Report

1.5 Partnerships: working together to have a bigger impact

We continue to work collaboratively across the system, particularly within the Sheffield ACP. This will be a key area for the Trust as the Sheffield Health and Social Care system continues to develop city wide plans that respond to the needs of local people, the shared transformation agendas and the developing financial environment.

Key developments over Q1 are noted below

- **Addressing access challenges:** Partnerships with the VCSE, co-ordinated with SACMHA and the South Yorkshire Community Foundation, were established in Q4 of 2021/22 focussed on providing alternative options for support and improving access across the SPA/ EWS pathway. The impact of this is being evaluated and will inform ongoing developments and partnership approaches.
- **Building our partnerships with the VCSE:** Effective partnership working across the VCSE is essential and, as highlighted above, joint working initiatives support the delivery of key service pathways. The Sheffield Place Mental Health and Learning Disability Delivery Board brings together stakeholders from across the city and provides a way for the Trust to work collaboratively with the VCSE to enable better links with the community and to ensure that people have the most meaningful and least restrictive care.
- **Working as part of the Sheffield Urgent and Emergency Care Pathway:** The Trust is fully engaged as part of the UEC network in Sheffield. Our plans are focussed on ensuring effective delivery of the crisis care pathway and maintaining flow to ensure that people within the broader UEC pathway who need mental health support can access it. Planning for winter 2022/23 has started within the Trust and plans are expected to be in place by October with SHSC and PLACE planning already underway.
- **Supporting integrated approaches:** Close work with Sheffield CCG, Sheffield Council and the private landlord sector continues to inform the scope and opportunities for accommodation solutions. This supports several Transformation Programme priorities (Leaving Fulwood, Community Facilities, CMHT) and our growth plans in line with Long Term Plan projections (IAPT) and our Estate Strategy.
- **Social Care developments:** A clear change and governance structures are in place between the Trust and the Council to ensure the required changes for the future access to and provision of social care assessment and care management.
- **Supporting service development across the South Yorkshire ICS and Mental Health Alliance:** We continue to work collaboratively across the system, particularly with the SY Mental Health Alliance. This will be a key area for the Trust as Place based systems collaborate as a system and Alliance and continue to develop plans that respond to the needs of local people, the shared transformation agendas and the developing financial environment as we recover from Covid. Focus recently has been on how to strengthen the perinatal mental health pathway from Mother and Baby Units to Specialist Community Perinatal Mental Health

Services and maternity based mental health support. This is a key area of focus for the Trust as we work to address the recent under-investment in local perinatal services.

Our Director for Psychological Services has recently been appointed as a Clinical Director on a part time basis to the MH Alliance. This will support the Trust to stay aligned and connected and shape and influence ongoing transformation work across South Yorkshire.

1.7 **Summary of progress against key deliverables at Q1**

Appendix 3 provides a concise overview of the current position with our strategic priorities and key deliverables at Quarter 1. Progress is reported across the deliverables in either establishing the required plan of work (scope) or delivering against the plan (status).

Additional comments on our position at Q1 in addition to the summary provided through the earlier sections is noted below

- **Our strategies are being progressed:** Final strategy documents, plans of a page, plans for annual reviews at Board are in place/ being confirmed. Implementation plans are being developed for the end of Q2 and a collaborative approach is being taken by the strategy leads in defining key areas for shared focus.
- **The Digital Strategy is progressing well in respect of the EPR Programme.** Meaningful progress across other areas of the strategy have not been progressed in a meaningful way due to the limitations on leadership and programme capacity to support the work.
- **Service level plans to address access challenges, or to expand in line with national Long Term Plan responses are in place and are progressing.** However, the expected and required additional investment for Community Perinatal Mental Health Services was not available and this service has not been able to mobilise additional plans to expand its offer in line with national trajectories and requirements. Investment in Community Perinatal Services has been a challenge across the other Place areas in the South Yorkshire ICS and the need to address this has been emphasised as part of the developing Alliance discussions for future models for Perinatal Services.

Section 2: Risks

- 2.1 **Delay to improvements in service access:** There is a risk that access to services in key service lines does not improve in line with the existing recovery plans and investments made to related services. Additional staff are either in place or being mobilised for most services and this should help address challenges alongside existing improvement plans. Recovery plans remain in place and are managed through Recovery Task Groups/ IPQR governance and report to the Quality Assurance Committee.

BAF0029: There is a risk of a delay in people accessing the right care at the right time caused by staff vacancies, issues with models of care and contractual issues resulting in poor experience of care and potential harm to service users

- 2.2 **Workforce plan and expansion:** There is a risk that increased recruitment is not sustained and is undermined by general recruitment, retention and workforce plan challenges. A range of improvement plans, and actions are in place reporting to the People Committee.

BAF0014: There is a risk of failure to undertake effective workforce planning to support recruiting, attracting and retaining staff to meet current and future needs

BAF0029: There is a risk of a delay in people accessing the right care at the right time caused by staff vacancies, issues with models of care and contractual issues resulting in poor experience of care and potential harm to service users

2.3 **Community Services Accommodation:** There is a risk that the range of solutions across the city may not accommodate the different and competing priorities. The capital availability and revenue affordability of the options to meet service needs in the short, medium and long term needs to be appraised and will create additional pressures and adjustments to our financial plan.

BAF0022: There is a risk that we fail to deliver the break-even position agreed for 2022/23 caused by factors including non-delivery of the financial plan or CIP targets and increased cost pressures resulting in a threat to both our financial sustainability and delivery of our statutory financial duties.

BAF0026: There is a risk of slippage or failure in projects comprising our transformation plans

2.4 **Therapeutic Environment:** There are risks arising from the uncertainty regarding the outcomes of the NHS New Hospital Programme Fund. Our full programme is reliant on additional external capital funds and there is a level of political uncertainty that may impact on national funding programmes. The Strategic Outline Case is being developed during quarter two of 2022 and will consider the contingency approaches available to resource this programme. This may require the support of external expertise alongside additional capacity required to ensure the delivery of improvements in 2022/23 for the Health Based Place of Safety following the allocation of £2 million nationally.

BAF0025: There is a risk of failure to effectively deliver the therapeutics environment programme at the required pace.

BAF0022: There is a risk that we fail to deliver the break-even position agreed for 2022/23 caused by factors including non-delivery of the financial plan or CIP targets and increased cost pressures resulting in a threat to both our financial sustainability and delivery of our statutory financial duties.

BAF0029: There is a risk of a delay in people accessing the right care at the right time caused by staff vacancies, issues with models of care and contractual issues resulting in poor experience of care and potential harm to service users

BAF0026: There is a risk of slippage or failure in projects comprising our transformation plans

2.5 **Leaving Fulwood:** There are risks to the capital plan from the increased costs to accommodate clinical teams. Capital costs have increased due to the new location requirements at Wainwright Crescent for the Assertive Outreach Team and Community Forensic Team.

BAF0022: There is a risk that we fail to deliver the break-even position agreed for 2022/23 caused by factors including non-delivery of the financial plan or CIP targets and increased cost pressures resulting in a threat to both our financial sustainability and delivery of our statutory financial duties.

BAF0026: There is a risk of slippage or failure in projects comprising our transformation plans

- 2.6 **Community Mental Health Teams:** There is a risk that the new services are being designed without sufficient involvement of services users, their families and carers. Resources are being deployed to support this and the Programme Board will be closely monitoring the delivery and effectiveness of its engagement strategy ensuring full utilisation of experience and expertise across within the Engagement Team and our broader networks across the VSCE.

BAF0029: There is a risk of a delay in people accessing the right care at the right time caused by staff vacancies, issues with models of care and contractual issues resulting in poor experience of care and potential harm to service users

BAF0026: There is a risk of slippage or failure in projects comprising our transformation plans

- 2.7 **Financial pressures:** There is a risk that the highly challenging financial context for our plans in 2022/23 limit the options to support key priority areas and deliverables with additional development capacity and capabilities. This may impact on capacity to progress areas of Trust Strategy, support existing programmes of work or to respond to and accommodate additional requirements within existing programmes of work.

2.8

BAF0025: There is a risk of failure to effectively deliver the therapeutics environment programme at the required pace

BAF0029: There is a risk of a delay in people accessing the right care at the right time caused by staff vacancies, issues with models of care and contractual issues resulting in poor experience of care and potential harm to service users

BAF0022: There is a risk that we fail to deliver the break-even position agreed for 2022/23 caused by factors including non-delivery of the financial plan or CIP targets and increased cost pressures resulting in a threat to both our financial sustainability and delivery of our statutory financial duties.

BAF 0021: There is a risk of failure to ensure digital systems are in place to meet current and future business needs by failing to effectively address inadequate legacy systems and technology

BAF0026: There is a risk of slippage or failure in projects comprising our transformation plans

Section 3: Assurance

Monitoring Framework

- 3.1 The monitoring framework remains in place for each of the deliverables in the Operational plan. Review by the Committee in January 2022 confirmed that the Committee is assured by the monitoring arrangements. The framework has been updated to reflect the Operational Plan for 2022/23 and is referenced at Appendix 3.

Updates to the strategic priorities and key deliverables for 2022/23

- 3.2 No changes made since Plan approval.

Triangulation

- 3.3 The summary of the current position, outlined at Appendix 3, is supported by the following reports and information reviewed and presented to the Board and its Committees.

- a) Covid Recovery progress report to each meeting of the Board of Directors
- b) Back to Good Board progress reports to the Quality Assurance Committee
- c) Quality improvement reports to the Quality Assurance Committee, for example Recovery Plans, OAP Plan, Physical Health Plan.
- d) Transformation Board reports to the Finance and Performance Committee
- e) Workforce Plan and People Plan reports to the People Committee
- f) Finance reports to the Finance and Performance Committee in respect of financial position, capital plan, CIP Planning, negotiations with commissioners and investment plans and allocations.
- g) IPQR in respect of activity and performance reports to the Committees of the Board.
- h) Range of enabling strategies developed through Committee and approved by the Board of Directors during Q4.

Section 4: Implications

There are no additional implications arising from this report

Section 5: List of Appendices

Appendix 1: Demand and activity overview (ending June 2022)

Appendix 2: Mental Health Investment Standard workforce expansion trajectory at end of Quarter 1

Appendix 3: Operational Plan delivery framework and summary position at Quarter 1

APPENDIX 1: Demand and activity overview (ending June 2022)

A) Referrals

Key messages: Referral numbers generally haven't increased, are in line with or below pre-covid levels and below what we expected and planned for. More recently STEP, SAANs and Homeless services have experienced higher rates of referral.

Responsive Access & Demand Referrals				
Referrals	Jun-22			
Acute & Community Directorate Service	n	mean	SPC variation	Note
SPA/EWS	595	716	•••	The baseline has been re-calculated twice. Once for Covid and once for Safeguarding referrals being moved to the Safeguarding team.
AMHP	137	155	• L •	Central AMHP team baseline was re-calculated May 2020 due to the sustained increase in referrals. The AMHP team were significantly impacted by the availability of other services due to Covid as well as increased Police availability. Referrals look to be returning to pre-Covid levels and we will consider the need to re-calculate the baseline again.
Crisis Resolution and Home Treatment	966	The implementation of the new Crisis Resolution & Home Treatment Team has resulted in a merge of 3 existing teams in Insight (Out of Hours Team and 4 Adult Home Treatment Teams). This happened mid February 2022. We are considering how we present the information in relation to this new team and its functions (i.e. Crisis Resolution >72hrs and longer term Home Treatment).		
Liaison Psychiatry	496	517	• L •	
Decisions Unit	54	57	•••	The baseline has been re-calculated twice. Once for partial re-opening during Covid and once for full re-opening.
S136 HBPOS	28	33	•••	
Recovery Service North	29	28	•••	
Recovery Service South	21	27	•••	
Early Intervention in Psychosis	39	43	•••	
Memory Service	133	132	•••	The baseline has been re-calculated twice. Once for Covid and once for sustained increase in referrals.
OA CMHT	261	241	•••	
OA Home Treatment	22	29	•••	

Referrals	Jun-22			
Rehab & Specialist Service	n	mean	SPC variation	Note
CERT	1	3	•••	
SCFT	1	2	•••	
CLDT	38	49	•••	CLDT figures represent distinct individuals so does not include multiple referrals per service user.
CISS	3	4	•••	
Psychotherapy Screening (SPS)	48	63	• L •	
Gender ID	41	58	• L •	
STEP	92	71	• H •	
Eating Disorders Service	25	28	•••	
SAANS	429	174	• H •	There has been exponential demand over the last two years, for a more accurate picture, recalculating the mean at Apr '20 would be a better reflection of referrals.
R&S	19	26	•••	
Perinatal Service (Sheffield)	41	54	•••	
HAST	16	10	• H •	
Health Inclusion Team	179	Insufficient data points to create SPC charts.		
LTNC - NES	29			
LTNC - Case Management	9			
SCBIRT	6			

B) Referrals, waiting times and caseloads

Key messages: While demand (new referrals) has remained settled, some services are experiencing access challenges (high numbers waiting + long

June 2022	Per month			Number on wait list at month end			Average wait time referral to assessment for those assessed in month			Average wait time referral to first treatment contact for those 'treated' in month			Total number open to Service		
	Referrals			Waiting List			Average Waiting Time (RTA) in weeks			Average Waiting Time (RTT) in weeks			Caseload		
	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation
Acute & Community Services															
SPA/EWS	595	716	●●●	1113	1026	● H ●	38.7	24.4	●●●	24.5	28.4	●●●	889	924	●●●
MH Recovery North	29	28	●●●	107	38	● H ●	7	4.7	●●●	18	10.2	●●●	959	977	● L ●
MH Recovery South	21	27	●●●	96	47	● H ●	9.5	7.0	●●●	13.6	12.2	●●●	1080	1074	● H ●
Early Intervention in Psychosis	39	43	●●●	14	21	●●●	N/A			81.0%			308	367	● L ●
Memory Service	133	132	●●●	865	424	● H ●	29.6	17.2	●●●	33.3	25.9	● H ●	4654	4105	● H ●
OA CMHT	261	241	●●●	181	118	● H ●	4	6.1	●●●	6	10.4	●●●	1272	1214	● H ●
OA Home Treatment	22	29	●●●	N/A			N/A			N/A			75	61	● H ●
Rehab & Specialist Services															
SPS - MAPPS	N/A			73	62	● H ●	17.6	21.7	●●●	73.1	73.5	●●●	322	306	● H ●
SPS - PD	N/A			31	59	● L ●	22.3	17.1	● L ●	100.9	68.7	● H ●	181	206	● L ●
Gender ID	41	58	● L ●	1681	1388	● H ●	78.8	112.3	● H ●	N/A			2525	2170	● H ●
STEP	92	71	● H ●	120	81	●●●	N/A			2.4	3.7	● L ●	388	361	● H ●
Eating Disorders	25	28	●●●	28	28	●●●	3.2	4.6	●●●	N/A			229	199	● H ●
SAANS	429	174	● H ●	5457	3680	● H ●	121.2	89.4	● H ●	N/A			5425	4444	● H ●
R&S	19	26	●●●	114	194	● L ●	N/A			N/A			222	223	●●●
Perinatal MH Service (Sheffield)	41	54	●●●	16	21	●●●	2.5	2.6	●●●	N/A			160	135	● H ●
HAST	16	10	● H ●	39	31	●●●	5.7	9.3	●●●	N/A			98	84	● H ●
Health Inclusion Team	179			109			1.1			N/A			1210		
LTNC - NES	29			25			13.9			N/A			448		
LTNC - Case Management	9			10			2.4			N/A			127		
SCBIRT	6			10			9.3			N/A			134		
CLDT	38	49	●●●	173	196	● L ●	10.7	20.8	●●●	25.0	24.2	●●●	905	861	● H ●
CISS	3	4	●●●	N/A			N/A			N/A			32	31	●●●
CERT	1	3	●●●	0			0.0			N/A			47	46	●●●
SCFT	1	2	●●●	0			0.0			N/A			24	23	● H ●

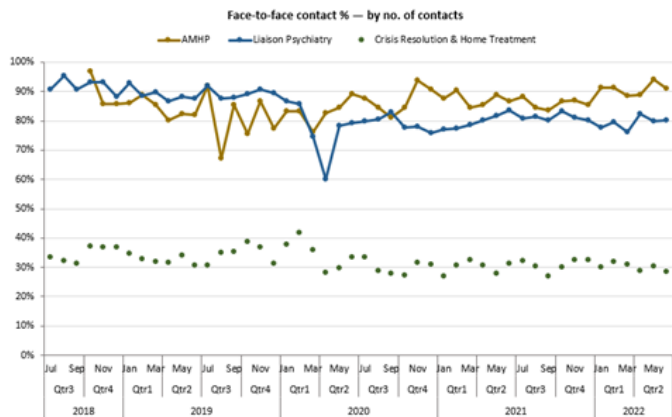
Narrative

Whilst demand in community services has settled to expected levels for most services, there are still increasing waits and high numbers of service users on service caseloads (the number of open episodes of care to our community teams). Demand is monitored regularly in the weekly produced Demand Monitoring dashboard, as well as being discussed in detail in Clinical Directorate performance and leadership meetings. Recovery Plans are in place for the services experiencing the biggest issues.

C) Face to face activity levels – increasing return to pre-pandemic levels

Key messages: No significant changes in the latest 2-3 months activity data (April- June 2022). The percentage of contacts with service users held face-to-face is recovering and is now around 10-15% lower than pre-pandemic levels. The increased use of remote and virtual means of supporting service users has had benefits and bought more choice and flexibility for service users. Services are putting in place agile working plans to ensure that choice is offered positively and where face-to-face contact is requested or deemed necessary then this is provided.

Crisis Services



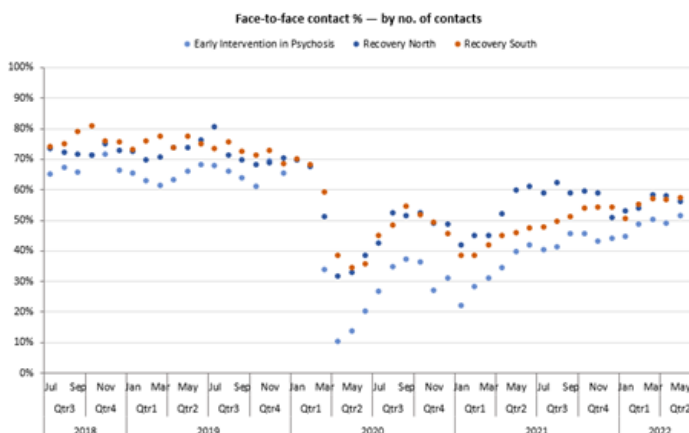
The graph shows the percentage of all contacts with service users that were held face-to-face.

The levels of face-to-face activity for the core crisis services has remained stable throughout the pandemic periods.

For the blue line above (Liaison services), through 2021-22 and Q1 of this year around 80-85% of contacts with service users were held face-to-face. Conversely around 15-20% of contacts with service users were held remotely by phone or video conferencing.

The total amount of time spent in face-to-face contacts is higher, suggesting remote contact is often for shorter periods of time.

Recovery Teams (N&S) & Early Intervention

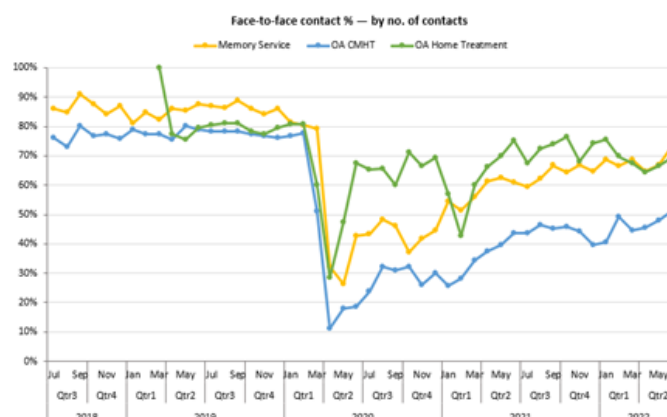


The graph shows the percentage of all contacts with service users that were held face-to-face.

Pre-pandemic contacts with service users was face-to-face c65-75% of the time. It has recovered to around c50-60% for Recovery Teams for last 6 mths and 55% for Early Intervention in Psychosis Service in March

The total amount of time spent in face-to-face contacts is higher. Pre-pandemic data suggests 90% of time in contact with a service user was spent face-to-face. This has recovered to 70-80% of time. This suggests remote contact is often for shorter periods of time.

Older Adult Services



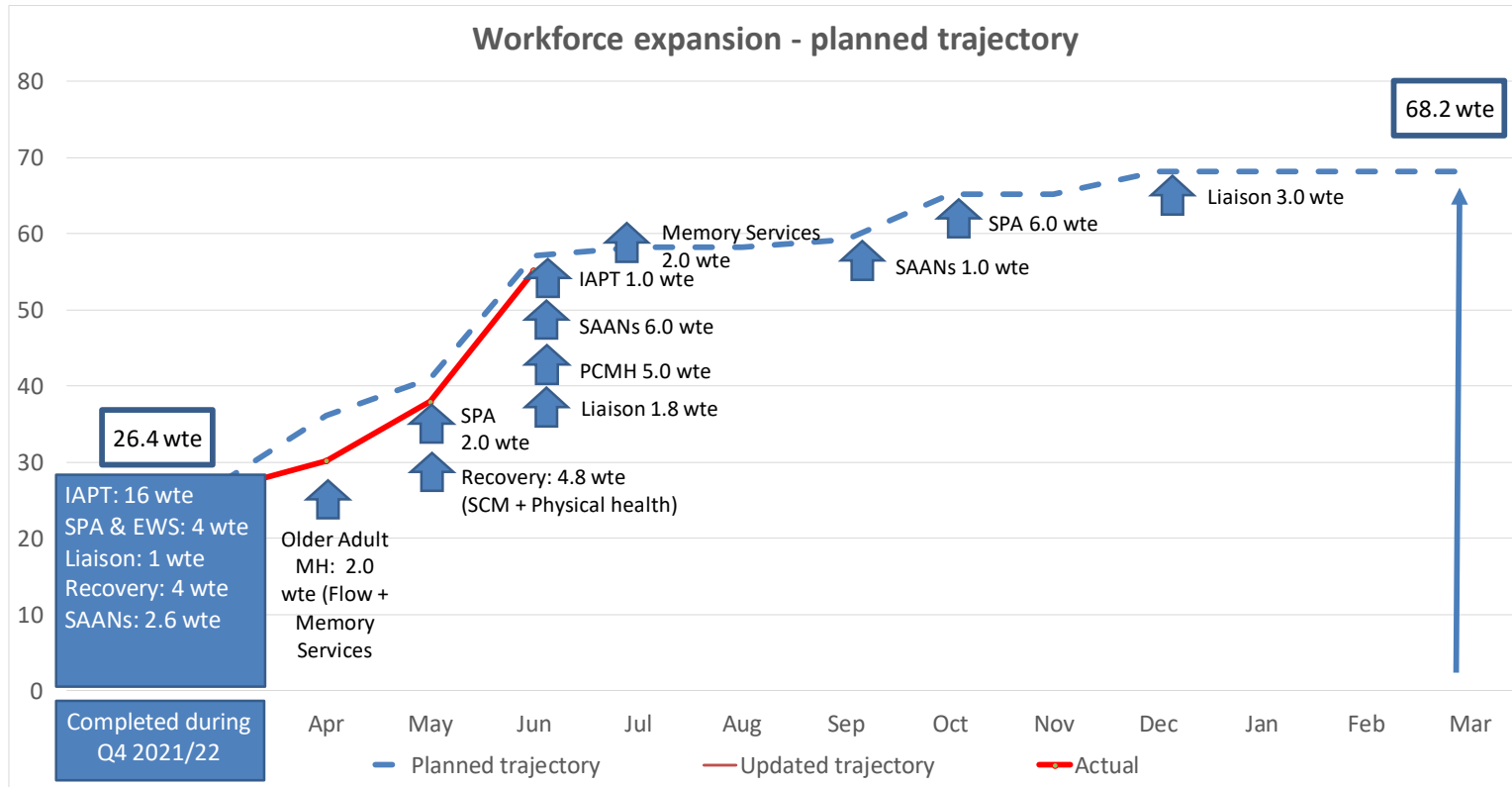
The graph shows the percentage of all contacts with service users that were held face-to-face.

Pre-pandemic contacts with service users was face-to-face c80-90% of the time. It has recovered to around c70-80% for Home Treatment, 70% for Memory Services and 50% for OA CMHT Services.

The total amount of time spent in face-to-face contacts is higher. Pre-pandemic data suggests 95% time in contact with a service user was spend face-to-face. This has recovered to 80-90% of time for Home Treatment and Memory Services, and 65% for OA CMHT Services. This suggests remote contact is often for shorter periods of time.

APPENDIX 2: Mental Health Investment Standard workforce expansion trajectory at end of Quarter 1

Annual Operational Plan 2022/23: Workforce planned trajectory



Key message:

- (1) 81% of planned workforce expansion has been recruited to at the end of Q1.
- (2) Planned recruitment towards the end of 2021/22 resulted in c38% of recruitment being completed before the end of the 2021/22 increasing to 81% by June 2022.
- (3) Memory Service expansion has not been as successful to date, with further interviews scheduled for July. This is impacting on service capacity to address access challenges.
- (4) PCMH expansion in 2021/22 was deferred to this year. This has been successfully completed during Q1 with leads for psychological therapies for the 5th and 6th PCN's appointed along with several Clinical Associate Psychologists.

APPENDIX 3: Operational Plan delivery framework and summary position at Quarter 1

Annual Operational Plan 2022/23: Delivery assurance framework

STRATEGIC PRIORITIES AND DELIVERABLES 2022/23				DELIVERY ACCOUNTABILITIES & ASSURANCE				PROGRESS
No	Objective/ action	Board Committee	Strategic priority	Exec Director	Senior lead	Operational oversight Group	Plan in place	Q1
Operational Plan: Service Delivery plan								
1	Strategic Priority: Transformation - Roll out primary care mental health services to 15 Primary Care Networks by 2023	FPC	Y	Mike Hunter	Toni Wilkinson	Primary and Community Mental Health Transformation Programme		
2	Strategic Priority: Transformation - Implement Community Mental Health New Models of Care in 2022, re-designing our Single Point of Access and Recovery Services	QAC	Y	Beverley Murphy	Neil Robertson	Community Mental Health Transformation Programme Board		
3	Strategic Priority: Transformation - Improve our services for people who have a learning disability or autism by implementing 'Building the Right Support'.	FPC	Y	Mike Hunter	Richard Bulmer	Learning Disability Programme Board		
4	Strategic Priority: Covid - Improve capacity and reduce waiting times in services affected by demand	QAC	Y	Beverley Murphy	Greg Hackney	Integrated Performance & Quality Review Group	see below	see below
4a	✓ Single Point of Access and Emotional Wellbeing Services	QAC		Beverley Murphy	Greg Hackney	SPA/ EWS Recovery Plan Task Group		
4b	✓ Memory services and older people's mental health services	QAC		Beverley Murphy	Greg Hackney	Integrated Performance & Quality Review Group		
4c	✓ Autism	QAC		Beverley Murphy	Greg Hackney	SAANs Recovery Plan Task Group		
4d	✓ SPS/ Complex trauma	QAC		Beverley Murphy	Greg Hackney	Complex Trauma Recovery Plan Task Group		
5	Reduce out of area placements and delayed transfers of care by improving flow	QAC		Beverley Murphy	Greg Hackney	Integrated Performance & Quality Review Group		
6	Deliver Early Intervention in Psychosis services in line with best practice guidelines	QAC		Beverley Murphy	Laura Wiltshire	Integrated Performance & Quality Review Group		
7	Expand Perinatal Mental Health services so that (tbc) people access support during 2022/23	QAC		Beverley Murphy	Richard Bulmer	Integrated Performance & Quality Review Group		
8	Expand Homeless services so that 80 people access MDT support during 2022/23	QAC		Beverley Murphy	Richard Bulmer	Integrated Performance & Quality Review Group		
9	Expand IAPT services so that (tbc) people access support during 2022/23	QAC		Beverley Murphy	Richard Bulmer	Integrated Performance & Quality Review Group		
10	Expand Substance Misuse services so that (tbc) people access support during 2022/23	QAC		Beverley Murphy	Richard Bulmer	Integrated Performance & Quality Review Group		
11	Develop ASERT, the new integrated Eating Disorders Service	QAC		Beverley Murphy	Richard Bulmer	ASERT Deep Dive Group		
12	Strategic Priority: Covid - Ensure staff are vaccinated and service users are protected	QAC	Y	Beverley Murphy	Neil Robertson	Silver Command		
13	Strategic Priority: Covid - Implement new agile ways of working	QAC	Y	Beverley Murphy	Neil Robertson	Integrated Performance & Quality Review Group		
Operational Plan: Quality plan								
14	Strategic Priority: Back to Good - Implement our Quality Strategy and Improvement Plan to support the delivery of our Clinical and Social Care Strategy	QAC	Y	Beverley Murphy	Salli Midgely	Quality	Strategy Delivery Plan by Sept	
15	Strategic Priority: Back to Good - Deliver our CQC Action Plan including Well-Led	QAC	Y	Beverley Murphy	Salli Midgely	Back to Good Programme Board		
16	Reduce restrictive practices	QAC		Beverley Murphy	Salli Midgely	Reducing Restrictive Practices Group		
17	Improve access, experience and outcomes for people from socially and ethnically diverse communities	QAC		Beverley Murphy	Salli Midgely	Lived Experience and Coproduction Assurance Group		
18	Ensure robust Safeguarding pathways are in place aligned to changing social care responsibilities	QAC		Beverley Murphy	Salli Midgely	Safeguarding Assurance Committee		
19	Deliver our Physical Health improvement plan with a clear focus on improved physical health checks	QAC		Beverley Murphy	Salli Midgely	IPC and PH Committee		
Operational Plan: Service user engagement and experience plan								
20	Implement our Service User Engagement and Experience Strategy to support our Clinical and Social Care Strategy	QAC		Beverley Murphy	Salli Midgely	LECAG	Strategy Delivery Plan by Sept	
21	Increased the number and diversity of Experts by Experience working in the Trust	QAC		Beverley Murphy	Salli Midgely	LECAG		
22	Reach and communicate with groups who are currently underrepresented.	QAC		Beverley Murphy	Salli Midgely	LECAG		
23	Relaunch our Patient Advice and Liaison Service and improve our responsiveness to patient feedback and complaints	QAC		Beverley Murphy	Salli Midgely	LECAG		
Operational plan: Research, Innovation & Effectiveness plan								
24	Implement our Research Innovation and Effectiveness Strategy to support the delivery of our Clinical and Social Care Strategy	QAC		Mike Hunter	Nicholas Bell	Research, Innovation and Effectiveness group	Strategy Delivery Plan by Sept	

Operational plan: People plan							
25	Strategic Priority: Back to Good - Implement our Leadership Programmes	People	Y	Caroline Parry	Charlotte Turnbull	Organisational Design and Development Group	
26	Strategic Priority: Back to Good - Implement our Workforce Plan and recruit to all vacancies	People	Y	Caroline Parry	Sarah Bawden	Workforce Planning and Transformation Group & Recruitment and Retention Assurance Group	
27	Strategic Priority: Back to Good - Develop our staff to deliver fundamental standards of care	People	Y	Caroline Parry	Sarah Bawden	Workforce Planning and Transformation Group	
28	Implement our Just and Learning Programme	People		Caroline Parry	Charlotte Turnbull	Organisational Design and Development Group	
29	Improve our wellbeing culture and reduce non-covid absence	People		Caroline Parry	Sarah bawden	Staff Health and Wellbeing Group	
Operational plan: Digital plan							
30	Strategic Priority: Transformation - Implement and deliver our new electronic patient record in 2022/23	FPC	Y	Phillip Easthope	Andrew Male	Electronic Patient Record Programme Board	
31	Develop and mobilise programmes to improve	FPC		Phillip Easthope	Andrew Male	Digital Strategy Group	Strategy Delivery Plan
32	✓ Digital skills	FPC		Phillip Easthope	Andrew Male	Digital Strategy Group	
33	✓ Cyber Security	FPC		Phillip Easthope	Andrew Male	Digital Strategy Group	
34	✓ Data driven healthcare	FPC		Phillip Easthope	Andrew Male	Digital Strategy Group	
35	✓ Modern and flexible working	FPC		Phillip Easthope	Andrew Male	Digital Strategy Group	
36	✓ Therapeutic environments	FPC		Phillip Easthope	Andrew Male	Digital Strategy Group	
Operational plan: Estates plan							
37	Strategic Priority: Back to Good - Deliver our Strategic Estate Plan to create safe, dignified facilities, and improve Burbage, Stanage and Maple Wards.		Y	Pat Keeling		Back to Good Programme Board	
38	Strategic Priority: Transformation - Relocate our headquarters and corporate services during 2022	FPC	Y	Phillip Easthope	Pat Keeling	Leaving Fulwood Programme Board	
39	Strategic Priority: Transformation - Develop the strategic case for our future inpatient facility		Y	Beverley Murphy	Adele Sabin	Therapeutic Environments Programme Board	
40	Strategic Priority: Transformation - Improve our community facilities for Eating Disorders, Specialist Psychotherapy, IAPT, Community Enhanced Recovery, Specialist Community Forensic and Assertive Outreach Services	FPC	Y	Pat Keeling	Greg Boyd	Community Facilities Programme Board	
41	Implement the recommendations from the Capacity and Capability Review of estate and hotel services and deliver the NHS Cleaning and Catering Plans.	FPC		Pat Keeling	Helen Payne		
Operational plan: Sustainability & Green Plan							
42	Implement our Green Plan to embed sustainable developments across the Trust.	FPC		Phillip Easthope	Sarah Ellison		Strategy Delivery Plan
Operational plan: Finance plan							
43	Deliver agreed Mental Health Investment Standard investments in line with our plan	FPC		Phillip Easthope	Matt White	Business Planning Group	
44	Deliver our Capital programme in line with our plan	FPC		Phillip Easthope	Matt White	Capital Project Group	
45	Deliver our efficiency programme	FPC		Pat Keeling	Matt White	CIP Working Group	
46	Implement our procurement strategy	FPC		Phillip Easthope	Matt White	Business Planning Group	

