

Board of Directors – Public

SUMMARY REPORT

Meeting Date: 22 March 2023

Agenda Item: 18

Report Title:	Q3 Annual Operating Plan	
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:	February 2023
Key Points recommendations to or previously agreed at:	The position was noted.	

Summary of key points in report

- Service demand:** Demand levels across most services are in line with pre-covid levels over the medium to longer term. Increased demand is being managed within Memory Services and Sheffield Autism and Neurodevelopmental Services. Recovery Plans are in place..
- We have mobilised our winter plan.** The Plan is focussed on key risk areas and increased community support and addressing long lengths of stay and delayed discharges. The Plan is supported by a £85,000 allocation from SY ICS and £138,000 from the Adult Social Care Discharge Fund.
- Services have been resilient through Quarter 3:** Winter demands and the potential impacts from industrial action have been managed well and
- Plans to implementing our workforce plan and recruit to all vacancies continue and the position remains challenging.** We have made good progress in the services that have expanded due to increased commissioning investment, with 97% of the planned additional staff recruited to. Across the rest of our services challenges remain, specifically in inpatient services. Overall improvements are gradually being made across the recruitment and retention plans. SHSC will be welcoming the first arrivals of internationally recruited nurses over the next 3-4 months and beyond.
- Quality:** The Back to Good programme continues to manage and deliver the required improvement actions in response to the CQC Inspections
- Our Estates Programme is delivering improvements and creating safer and more dignified facilities.** Burbage Ward opened in November, work on new accommodation for Liaison and Health Based Place of Safety services is progressing and plans for Stanage and Maple Ward for next year have been agreed.
- Our Transformation programmes continue to progress.** Positive engagement and co-production remains a key feature of our work across the Learning Disability, Primary and Community Mental Health and Community Mental Health Team programmes. Formal consultations are underway about the new service models across Learning Disability and Community Mental Health Team services.

8. **There continues to be uncertainty with key transformation priorities linked to the arrangements for national capital allocations and limitations on the use of our capital funds.** Further work has been initiated on the Therapeutic Environment strategic outline case following review with the Board in December. The Committee and the Board have reviewed and approved plans for 2023-24 in respect of Stange and Health Based Place of Safety and essential estates maintenance and infrastructure requirements. It has been agreed that the Maple Ward business case needs to be developed at pace and should reflect the alignment with the Out of Area CIP delivery plan. These commitments impact on the capital plan for 2023/24 including the Community Facilities programme.
9. **Partnership work is well connected and aligned to the delivery of our strategy priorities.** We are proactively engaged with partner organisations across the South Yorkshire Integrated Care Board, the South Yorkshire MHLDA Provider Collaborative and Sheffield Health Care Partnership. Recent engagement has focussed on the delivery of the winter plan.
10. **The financial pressures are challenging.** Significant pressures are being managed with a forecast FYE deficit of £3.9m at the end of Q3, driven by higher agency costs and lower CIP delivery. Looking ahead this is compounded by uncertainty across some service lines in response to local authority intentions and national NHS funding methodologies that disadvantage mental health providers. The development of the enabling strategies implementation plans, Five-Year Operational Plans, and a three-year CIP Plan will need to ensure our plans remain sustainable going forward.
11. **The improvement and change programme across the Trust is wide ranging and challenging.** Our strategic priorities are clear. However, the work is complex and wide ranging. Through the development of our Operational Plan for 2023-24 we are ensuring we develop a clear, shared and aligned plan going into next year that prioritises our work based on the available resources and the leadership and change capacity we have 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.

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

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 Finance and Performance Committee and the Board through the Transformation Programme Board.

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

Covid-19 Recovering effectively	Yes	X	No	
CQC Getting Back to Good – Continuous Improvement	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	Yes		No	X	Compliance considerations are reported to the QAC
Data Security and Protection Toolkit	Yes		No	X	

Have these areas been considered? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer 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 Therapeutic Environment and LAP programmes delivering improved safety with reduced LAPs, new Burbage Ward and work commencing on new Liaison and HBPOs accommodation.
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 the CIP Programme Board Challenging financial plan context in respect of OATs high agency spend, under delivery of CIP requirements and forecast out-turn deficit of £3.8m 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. Challenging financial environment going forward
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	A QEIA will be undertaken to assess the impact of the plan on communities we serve
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.
Sustainability	Yes	X	No		<ul style="list-style-type: none"> Service level agile working plans will support reduced travel and the winter vaccination programme will focus on waste reduction. Green Plan implementation programme being finalised. The purchase of additional electric vehicles has been approved as part of the 2022-23 capital programme in support of the Trusts Sustainability Strategy

Title	Q3 Annual Operating Plan – progress update
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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

- a) **Service demand:** Demand levels across most services are in line with pre-covid levels over the medium to longer term. Increased demand is being managed within Memory Services and Sheffield Autism and Neurodevelopmental Services. Recovery Plans are in place.

APPENDIX 1: Demand and activity overview

- b) **We have mobilised our winter plan.** The Plan is focussed on key risk areas and increased community support and addressing long lengths of stay and delayed discharges.

- Our Plan responds to the national guidance issued by NHS England on the 18 October, and the identified risks to inpatient capacity and workforce capacity. Our Plan is supported by an allocation of £85,500 from SY ICS.
- Our Winter Plan has been strengthened through the Adult Social Care Discharge Fund, With Sheffield Social Care Services, we are testing the development of Mental Health interim discharge beds with local residential care providers. This aims to provide up to six beds, providing interim accommodation and support for inpatients who are experiencing delays in accessing a social care support package. The scheme is supported by £138,000 to the end of March with the potential to extend it over the next two years.

- c) **Our vaccination programme began well, but performance has plateaued over the Christmas period.** The programme continues to deliver planned improvements through to the end of February.

- d) **Services have been resilient through Quarter 3:** Changes in demand through winter have not been significant and have not impacted upon service continuity. There has been a strong focus on ensuring flow across the urgent care pathway and the position is better this year than last winter, however rates of out of area placements and lengths of stay remain high. This is evident by

- Less 12-hour breaches in A&E for people needing a mental health assessment: there have been 7 breaches between Oct-December, a significant reduction on last winter
- The Health Based Place of Safety has been more accessible: Beds were repurposed for inpatient care needs on 18% of December 2022, compared to 80% in January 2022.
- Flow through inpatient services has been maintained with discharge rates generally above average for the Quarter 3 period compared to below average rates over Quarter 3 of 2021/22.
- Delayed Transfer of Care (DToC) rates have reduced recently from c30% in November to c15% through December.
- However, rates of Out of Area Placements and Lengths of Stay have remained high through December.

- e) **Potential impacts from industrial action have been managed well. To date there has not been any impact on service provision and continuity.** Plans are in place to ensure SHSC, alongside the Sheffield and SY ICS system, is prepared for any industrial action to ensure there is minimal disruption to patient care and emergency services can operate as normal. Strong team and partnership working has been key to achieving this.

1.3 **Getting Back to Good: continuing to improve**

- a) **We are implementing our Leadership Programmes.** This is key to the delivery of the strategic priority and significant progress is being made. The multi-disciplinary *Team SHSC: Developing as leaders* programme and the *Agile Mindset & Behaviours* programme for senior leaders continue to support leaders at all levels across SHSC. This is complemented by the newly developed *SHSC Management* support offer which is due to launch in February.

- b) **Plans to implementing our workforce plan and recruit to all vacancies continue.** Challenges in delivering sustained improvements remain.

With 66 extra staff recruited, 97% of the planned workforce expansion for 2022-23 has been recruited to at the end of Q3. The additional posts were funded through the Mental Health Investment Standard and other growth allocations. While progress in delivering the expanded staffing numbers is clearly positive, it will be the case that in some cases recruitment may have drawn on staff working in other teams, and subsequent staff turnover will mean that vacancies will still exist across the expanded services.

Across SHSC improvements are being made in recruitment and retention. IPQR reports show that the total workforce across SHSC increased by 88 from c2250 wte in April 2022 to 2,338 wte in December 2022. Turnover has reduced slightly from c15.5%-16.5% during 2021-22 to c14.5%-15.5% through 2022-23. Vacancy rates have reduced slightly each quarter of 2022-23. (Information from IPQR Report for December 2022)

Progress with internationally recruited nurses is moving forward. It has taken longer than initially planned due to additional support required for potential applicants to meet minimum entry requirements for language skills and the computer-based tests at degree level. Once this is completed the nurses undertake a short programme (2-4 weeks) leading to the Objective Structured Clinical Examination (OSCE) with the NMC.

2 nurses from our cohort started on 1 December and are due to take the OSCE by the 2 February. Following this we have 1 scheduled to start their OSCE programme in February 5 in March, 2 in April and 3 in May. The remaining 11 nurses in our cohort need to finalise their language and computer-based tests.

- c) **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 against the Section 29a requirement, and 74.3% for all clinical environments. Burbage ward successfully re-opened in November 2022 providing single room accommodation for all bedrooms for the first time across our acute inpatient estate. A benefits realisation report is scheduled for the Committee in March.
- Re-location of Liaison Mental Health Service is nearing completion and will be available to the service mid-February. This will address our accommodation with highest the environment risk.
- Enabling projects for the Health Based Place of Safety (HBPoS) within the Longley Centre are scheduled for completion by mid-March 2023 and the new HBPoS by August 2023.

- 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.

d) CQC Report at Year 2, August 2021 & December 2021 inspections: The Back to Good Programme is broadly on track. Excellent progress has been made to review the evidence provided to close actions and to ensure the requirements specified by the CQC have been met. Where there are areas of delay, plans are in place to ensure completion of delayed actions by revised and approved timescales. 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 63 (up from 58 at the end of Q2), of a target of 71, have been completed, or have a status of complete awaiting approval by the Quality Directorate. 8 actions remain open.
- 10 are in exception as not complete by December 2022 and are detailed below.
- 2 are open
- 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	Ref	Service	End Date	Exception
The trust must ensure that the statutory and delegated safeguarding functions are carried out effectively and robust reporting, governance processes and oversight is in place.	2	Trust-wide	31/12/2022	
The trust must ensure that care is provided in estates and accommodation which are suitable, safe, clean, private and dignified.	5	Trust-wide	31/12/2022	
The trust must ensure that engagement with patients and carers and involvement in their care is strengthened.	9	Trust-wide	31/12/2022	
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	30/06/2022	
The trust should ensure that all staff receive supervision in line with the trust target.	42	Acute Wards and Psychiatric Intensive Care Units	28/02/2022	
The trust must ensure that staff assess and monitor patient's physical health throughout admission as required and following the use of intra-muscular medication	56	Acute Wards and Psychiatric Intensive Care Units	31/12/2022	
The trust must ensure that staff carry out and document capacity assessments and subsequent best interests decisions in line with the principles of the Mental Capacity Act 2005	57	Acute Wards and Psychiatric Intensive Care Units	31/03/2023	
The trust must ensure that leaders have oversight of, and act upon issues relating to risk and performance	60	Acute Wards and Psychiatric Intensive Care Units	30/11/2022	
The trust should ensure all staff are up to date with mandatory training	68	Acute Wards and Psychiatric Intensive Care Units	30/06/2022	
The trust should ensure staff use and clearly document the use of de-escalation prior to physical restraint	69	Acute Wards and Psychiatric Intensive Care Units	30/03/2023	

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 impacts, our capital programme 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:** Enabling projects for the Health Based Place of Safety (HBPoS) within the Longley Centre and Stanage Ward refurbishment are progressing. Business case approvals were reviewed by the Board in January and approved. 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. There are financial risks associated with the final projected costs.

- **Community Mental Health Teams:** Significant progress continues to be made. The case for change for the new service model was agreed by the Joint Consultative Staff Forum and the Programme Board in December. Consultation with staff on the proposed changes commenced in early January.
- **Leaving Fulwood:** The purchaser of Fulwood House submitted their reserve matters planning application in December 2022 as scheduled. We anticipate the first capital receipt in April 2023.
- **Learning Disability Model:** ICB led engagement commenced in January regarding proposed future models for inpatient and community care with an increased focus on a more intensive community offer. This will support the delivery of our strategy and we have been supporting the ICB led work through running 'You said, we did' events and continuing to co-produce plans for our future community model of service.

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

- **Therapeutic Environment – complexity of the programme and uncertainty remaining regarding the outcomes of the NHS New Hospital Programme Fund.** The Strategic Outline Case development was reviewed at the end of December and further work has been initiated to review alternative models of development that would not be dependent on national capital allocations. There are clear financial risks linked to the lack of progress with the national programme. Capital allocations made to support HBPOS, LAP Phase 3 improvement for Stanage, the agreement to develop the case for Maple Ward at pace and other key infrastructure priorities significantly limit the remaining capital funds for other SHSC priorities and needs.
- **Community Facilities – need to confirm and finalise solutions for Assertive Outreach, Community Forensic Team and St Georges accommodation.** Mitigation plans remain in place for the current arrangements for services at St. Georges and at Fulwood House. Risks relating to the availability of capital funds are compounded by the allocations made following the HBPOS, LAP Phase 3 improvements and essential infrastructure plans committed for 2023/24. Business cases for the recommended way forward are scheduled for review by the Committee and will need to be appraised in light of the overall capital position.
- **Electronic Patient Record** - Delays with one of our contracted vendors setting up their test server have prevented us doing our end-to-end testing. This has now been resolved, but time to test and resolve any issues found is very tight. There are also several procurement projects that have risks against them which combined, become an issue. Updates on latest impacts and risks that are likely to impact of progress in line with current timescales will be reported separately to the Committee.

1.5 **Partnerships: working together to have a bigger impact**

We continue to work collaboratively across our system, the South Yorkshire ICB, South Yorkshire MHLDA Provider Collaborative, and within the Sheffield Health Care Partnership. This supports the delivery of our strategic priorities and our responsibilities on the Health and Social Care Bill.

- a) **Supporting service development across the South Yorkshire ICS MHLDA Provider Collaborative:** We continue to work collaboratively across the system, particularly with the SY MHLDA Provider Collaborative. This is a key area for the Trust as Place based systems collaborate 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.

The SY MHLDA Provider Collaborative continues to progress development work across jointly agreed key priority areas.

- Section 136 and Place of Safety
- Neurodiversity diagnosis and support
- Learning Disability, crisis and complex placements

SHSC is leading the work to develop improvements for Section 136 and Place of Safety across the Collaborative, and we continue to actively engage with the SY ICS Provider Collaborative development and work programme providing clear leadership support and input.

- b) Building our partnerships with the VCSE:** Effective partnership working across the VCSE is essential and joint working initiatives support the delivery of key service pathways. SHSC, led by the Director of Operations and Transformation, is building our approach with the Sheffield Mental Health Alliance to explore areas that would benefit from closer joint working. 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.
- c) Addressing access challenges and winter pressures:** Our partnerships with the VCSE, co-ordinated with SACMHA and the South Yorkshire Community Foundation, is supporting the delivery of our Winter Plan, building on the successful pilot during Q4 of 2021-22. They bring expertise, community connections and capacity to support our services and improvement work.
- d) Working as part of the Sheffield Urgent and Emergency Care Pathway:** SHSC 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.

The UEC system is currently working under considerable pressure. If we are to provide effective support and help across the system then there needs to be access to mental health care and treatment, across the UEC pathways, when needed. To achieve this our key areas of focus and action have been avoiding 12 hour breaches, increasing the reach of Liaison services, effective gatekeeping and improving flow through our inpatient services.

- e) Working with Social Care Services to support improved patient discharge:** Following the launch of the £500 million Adult Social Care Discharge Fund we have worked with social care partners to develop and implement local solutions that respond to the needs of our inpatient group. The purpose of the fund is
- To be used flexibly on the interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care.
 - Funding should prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days lost within the funding available, including from mental health inpatient settings.
 - Discharge to Assess (D2A) and provision of homecare is recognised as an effective option for discharging more people in a safe and timely manner.

£138,000 has been allocated for this financial year to support SHSC plans to improve patient flow. This is being used to test the benefits of interim discharge beds with local residential care providers. This aims to provide up to six beds, providing interim accommodation and support for inpatients who are experiencing delays in accessing a social care support package.

- f) Supporting integrated approaches:** Close work with Sheffield CCG, Sheffield Council and the private landlord sector continues to inform the 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.

- g) **Social Care developments and challenges:** 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.

1.6 **Summary of progress against key deliverables at Q3**

Appendix 3 provides a concise overview of the current position with our strategic priorities and key deliverables at Quarter 3. Progress is reported across the deliverables in either establishing the required plan of work or delivering against the plan. Additional comments on our position at Q3 in addition to the summary provided through the earlier sections is noted below

- **Plans to expand Substance Misuse Services this year are not progressing due to the change in commissioning approach.** The Committee has received initial appraisal and intentions from the service regarding the tender of services by the Local Authority. The service is finalising its proposed service model and offer in response to the tender and recommendations for the way forward will be reviewed by BPG prior to review by the Committee.
- **Our enabling strategies are being progressed:** Implementation plans are being finalised. A collaborative approach is being taken by the strategy leads in defining key areas for shared focus and to ensure the range of plans are aligned to the delivery of the Clinical and Social Care Strategy.
- **The Digital Strategy is progressing well in respect of the EPR Programme.** As previously reported 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. The leadership team has put in place a road map for the further development of a delivery programme to support the strategy.

Section 2: Risks

- 2.1 **Impact of winter:** There is a risk that general winter illnesses, while mitigated by our vaccination programme, may impact on staff attendance and reduce the general number of contacts with patients reducing flow through community and crisis care pathways. The Winter Plan is focussed on managing and mitigating these risks through deploying increased capacity and ensuring contingency and escalation plans are in place.

BAF.0029: *There is a risk of a delay in people accessing the right community care at the right time*

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

- 2.2 **Service demand:** There is a risk that challenges across the crisis care pathway continue for sustained periods of time impacting on access to our services and the broader UEC Pathway. Crisis care services continue to operate under pressure. A range of plans are in place to improve the pathway for service users, address blockages within the pathway and increase capacity and resilience at key access points. However sustained pressure on services is expected to remain until the plans have the desired and intended impact.

BAF.0024: *There is a risk that we will be unable to deliver essential improvements in the quality of care in all services within the agreed time frame to comply with the fundamental standards of care*

- 2.3 **Workforce expansion:** There is a risk that successful recruitment may not be sustained due to on-going staff turnover reducing the required workforce increases to support service expansions over the medium to longer term. Recruitment against the 2022/23 workforce expansion goals has largely been successful to date, however teams may continue to experience new vacancies arising from ongoing staff turnover.

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

BAF0020: There is a risk of failure to enable a paradigm shift in our culture through delivery of the overarching cultural change programme

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

- 2.4 **Workforce wellbeing:** There is a risk to staff wellbeing from the sustained impact upon staff of working through the pandemic, managing new needs, working through winter pressures and the impact of restricted workforce numbers. We need to ensure that our plans to support staff wellbeing are reflective of the sustained challenges that we can expect to continue.

BAF0020: There is a risk of failure to enable a paradigm shift in our culture through delivery of the overarching cultural change programme

BAF0013: There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing and delivery of services,

- 2.5 **Delay to improvements in access to services:** 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.

BAF.0029: There is a risk of a delay in people accessing the right community care at the right time

- 2.6 **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

BAF.0025: There is a risk of failure to effectively deliver essential environmental improvements

- 2.7 **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. Further development of the Strategic Outline Case will consider the contingency approaches available to resource this programme. There are significant risks relating to resources with an extended scope and the need to enable critical path projects.

BAF.0025: There is a risk of failure to effectively deliver essential environmental improvements

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

- 2.8 **Prioritising across our capital programmes:** 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 and allocations.

BAF.0025: *There is a risk of failure to effectively deliver essential environmental improvements*

BAF0022: *There is a risk that we fail to deliver the break-even position agreed for 2022/2023 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*

- 2.9 **Financial pressures, challenges and our financial position:** There is a risk that the highly challenging financial context for our plans and the current financial position 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. Prioritisation of available resources will be a key consideration as strategy implementation plans are finalised alongside our five-year operational plans and investment plans for 2023-24.

BAF0022: *There is a risk that we fail to deliver the break-even position agreed for 2022/2023 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*

- 2.10 **Financial pressures, challenges and the local authority position:** There is a risk that the financial position of the Local Authority will impact upon the sustainability of services commissioned from and provided by the Trust impacting on patient care, our workforce and corporate infrastructures. An appraisal of the cumulative impact is being completed.

BAF0022: *There is a risk that we fail to deliver the break-even position agreed for 2022/2023 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.*

- 2.11 **Financial pressures, challenges and funding methodologies:** There is a risk that national funding methodologies continue to adversely impact on mental health providers reducing the available growth funding to support service growth and development in line with NHS Long Term priorities. This will be a key area to influence through our partnership work at Place, System and National levels.

BAF0022: *there is a risk that we fail to deliver the break-even position agreed for 2022/2023 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.*

BAF0027: *there is a risk of failure to engage effectively with system partners as new system arrangements are developed caused by non-participation in partnership forums, capacity issues (focus on Trust), difficulty in meeting increased requirements to provide evidence/data potentially at pace and volume, lack of clarity around*

governance and decision-making arrangements resulting in poorer quality of services, missed opportunities to participate or lead on elements of system change and potential increase in costs.

Section 3: Assurance

Monitoring Framework

- 3.1 The monitoring framework remains in place for each of the deliverables in the Operational plan. 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 content of this report and 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) Operational Resilience 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

No implications in addition to the issues highlighted through Section 1 & Section 2

Section 5: List of Appendices

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

Appendix 2: Mental Health Investment Standard workforce expansion trajectory at end of Quarter 3

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

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

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.

A) Referrals

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Responsive | Access & Demand | Referrals

Referrals	Dec-22			Note
	n	mean	SPC variation	
Acute & Community Directorate Service				
SPA/EWS	592	696	...	
AMHP	142	145	...	
Crisis Resolution and Home Treatment	916	In February 2022, 5 teams merged to create the Crisis Resolution & Home Treatment Team (4 Adult Home Treatment Teams & Out of Hours). Due to the limitations of reporting from Insight, we require the RfO implementation to get accurate data.		
Liaison Psychiatry	420	483	...	
Decisions Unit	49	56	...	
S136 HBPOS	33	35	...	
Recovery Service North	21	22	...	
Recovery Service South	20	23	...	
Early Intervention in Psychosis	44	39	...	
Memory Service	99	129	...	
OA CMHT	219	251	...	
OA Home Treatment	30	25	...	

Referrals	Dec-22			Note
	n	mean	SPC variation	
Rehab & Specialist Service				
CERT	2	3	...	
SCFT	1	2	...	
CLDT	64	58	...	CLDT figures represent distinct individuals so does not include multiple referrals per service user.
CISS	1	4	...	
Psychotherapy Screening (SPS)	38	46	...	
Gender ID	34	43	...	
STEP	112	96	...	
Eating Disorders Service	42	33	...	
SAANS	311	368	...	
R&S	7	19	...	
Perinatal MH Service (Sheffield)	43	48	...	
HAST	12	16	...	
HAST - Changing Futures	0			
Health Inclusion Team	156	148	• H •	
LTNC	174	105	• H •	
ME/CFS Long Covid	5	22	...	
ME/CFS	48	37	• H •	

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

B) Referrals, waiting times and caseloads

[Back to Contents](#) **Responsive | Access & Demand | Community Services**

December 2022	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		
	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
Acute & Community Services												
SPA/EWS	675	802	•L•	42.9	27.7	•H•	6.1	10.0	•••	685	1107	•L•
MH Recovery North	87	68	•H•	12.5	8.0	•H•	5.2	10.6	•••	923	962	•L•
MH Recovery South	91	66	•H•	16.5	9.7	•••	11.9	11.0	•••	1057	1079	•L•
Recovery Service TOTAL	178	134	•H•	N/A			N/A			1980	2041	•L•
Early Intervention in Psychosis	43	23	•H•	N/A						296	343	•L•
Memory Service	1030	611	•H•	42.6	21.3	•H•	39.7	29.7	•H•	4525	4261	•H•
OA CMHT	201	150	•H•	7.3	6.8	•••	8.7	10.3	•••	1343	1253	•H•
OA Home Treatment	N/A			N/A			N/A			60	63	•L•
Rehab & Specialist Services	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation
SPS - MAPPS	65	67	•••	13.5	21.3	•••	80.0	73.3	•••	333	313	•H•
SPS - PD	36	41	•••	16.8	22.2	•L•	26.7	68.2	•L•	191	192	•••
Gender ID	1937	1572	•H•	80.1	116.9	•••	N/A			2742	2364	•H•
STEP	179	103	•H•	N/A			5.7	3.1	•H•	378	399	•••
Eating Disorders	40	32	•••	3.7	4.9	•L•	N/A			220	218	•••
SAANS	6184	4578	•H•	79.6	96.2	•L•				6506	5230	•H•
R&S	106	180	•H•	68.0	86.7	•••				181	228	•L•
Perinatal MH Service (Sheffield)	20	24	•••	4.1	3.2	•••				131	140	•••
HAST	25	29	•••	6.7	11.4	•••				69	80	•L•
Health Inclusion Team	132	194	•••	3.3	4.8	•••				1667		•••
LTNC	533	549	•••	N/A						N/A		
CFS/ME	N/A			25.5	15.1	•H•	N/A					•••
CLDT	185	185	•L•	10.6	13.2	•L•	17.0	21.5	•L•	737	759	•L•
CISS	N/A			N/A			N/A			12	29	•L•
CERT	3		•••	N/A			N/A			41	45	•L•
SCFT	2	1	•••	N/A			N/A			23	24	•••

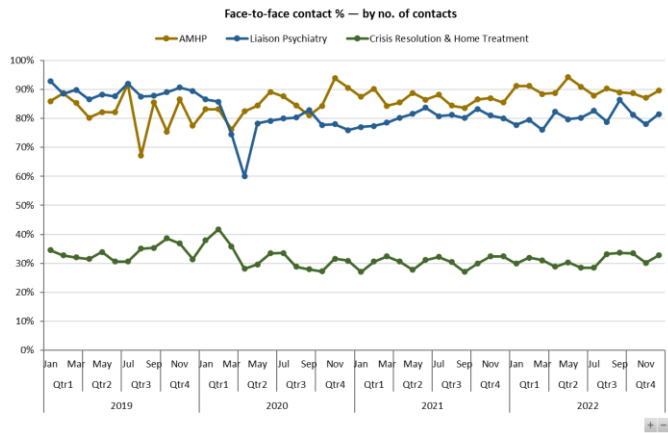
Narrative

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). Recovery Plans are in place for the services experiencing the biggest issues although these aren't currently leading to improvement.

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

Key messages: No significant changes in the latest period (up to November 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.

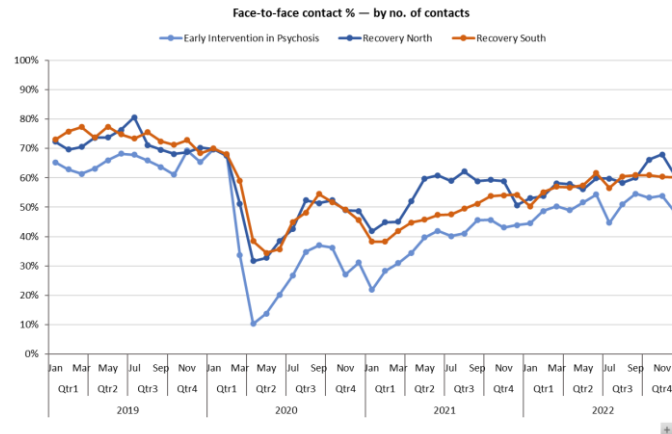
Crisis Services



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.

Recovery Teams (N&S) & Early Intervention

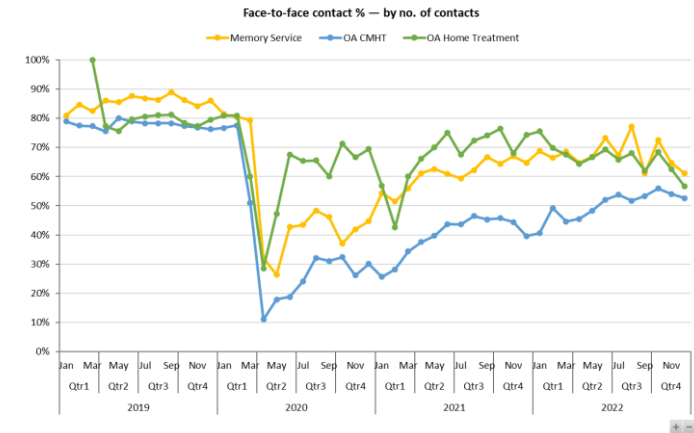


The graph shows the percentage of all contacts with service users that were held face-to-face.

Pre-pandemic contacts with service users was face-to-face c65-75% of the time. It has recovered to around c50-60%.

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



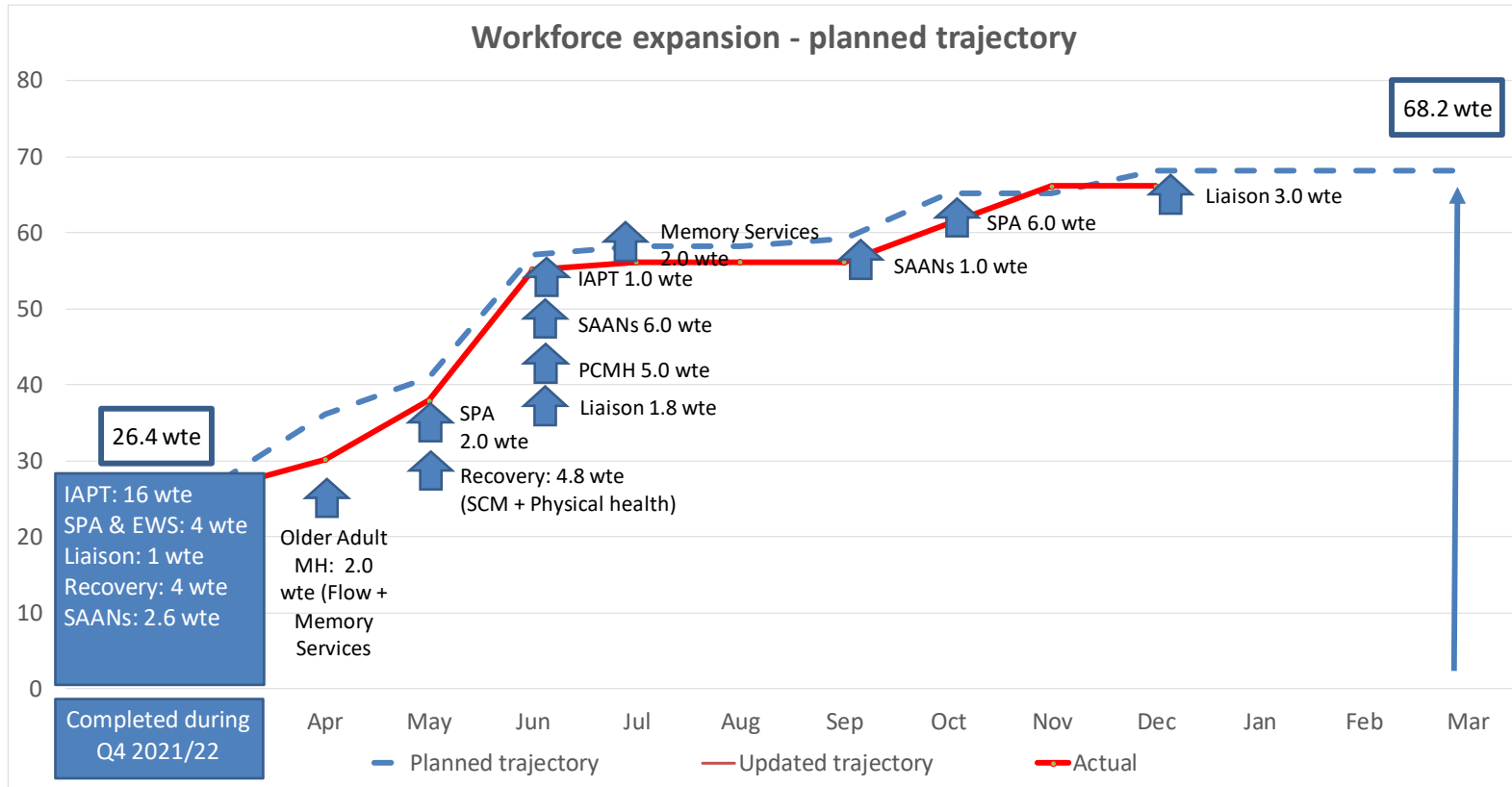
The graph shows the percentage of all contacts with service users that were held face-to-face.

Pre-pandemic contacts with service users was face-to-face c80-90% of the time. It has recovered to around c60-70% 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 spent 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 3

Annual Operational Plan 2022/23: Workforce planned trajectory



Key messages:

- (1) 97% of planned workforce expansion for 2022-23 has been recruited to at the end of Q3.
- (2) Planned recruitment towards the end of 2021/22 resulted in c38% of recruitment being completed before the end of the 2021/22
- (3) Memory Service expansion has now been completed after several recruitment rounds .
- (4) The gaps against plan remain in SPA (1.00), SAANs (1.00)
- (5) NOTE: The above tracker does not track underlying retention issues across each of the services. A service may have been successful in making its initial planned appointments, however subsequent/ ongoing turnover may then still result in vacancies for the service.

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

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	Q2	Q3			
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	Neil Robertson	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	Neil Robertson	Greg Hackney	Integrated Performance & Quality Review Group	see below	see below	see below	see below			
4a	✓ Single Point of Access and Emotional Wellbeing Services	QAC		Neil Robertson	Greg Hackney	SPA/ EWS Recovery Plan Task Group							
4b	✓ Memory services and older people's mental health services	QAC		Neil Robertson	Greg Hackney	Integrated Performance & Quality Review Group							
4c	✓ Autism	QAC		Neil Robertson	Greg Hackney	SAANs Recovery Plan Task Group							
4d	✓ SPS/ Complex trauma	QAC		Neil Robertson	Greg Hackney	Complex Trauma Recovery Plan Task Group							
5	Reduce out of area placements and delayed transfers of care by improving flow	QAC		Neil Robertson	Greg Hackney	Integrated Performance & Quality Review Group							
6	Deliver Early Intervention in Psychosis services in line with best practice guidelines	QAC		Neil Robertson	Laura Wiltshire	Integrated Performance & Quality Review Group							
7	Expand Perinatal Mental Health services so that (tbc) people access support during 2022/23	QAC		Neil Robertson	Richard Bulmer	Integrated Performance & Quality Review Group							
8	Expand Homeless services so that 80 people access MDT support during 2022/23	QAC		Neil Robertson	Richard Bulmer	Integrated Performance & Quality Review Group							
9	Expand IAPT services so that (tbc) people access support during 2022/23	QAC		Neil Robertson	Richard Bulmer	Integrated Performance & Quality Review Group							
10	Expand Substance Misuse services so that (tbc) people access support during 2022/23	QAC		Neil Robertson	Richard Bulmer	Integrated Performance & Quality Review Group							
11	Develop ASERT, the new integrated Eating Disorders Service	QAC		Neil Robertson	Richard Bulmer	ASERT Deep Dive Group							
12	Strategic Priority: Covid - Ensure staff are vaccinated and service users are protected	QAC	Y	Neil Robertson	Neil Robertson	Silver Command							
13	Strategic Priority: Covid - Implement new agile ways of working	QAC	Y	Neil Robertson	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	Salli Midgely	Salli Midgely	Quality	Strategy Delivery Plan by Sept		Strategy Delivery Plan by December	Strategy Delivery Plan by December			
15	Strategic Priority: Back to Good - Deliver our CQC Action Plan including Well-Led	QAC	Y	Salli Midgely	Salli Midgely	Back to Good Programme Board							
16	Reduce restrictive practices	QAC		Salli Midgely	Salli Midgely	Reducing Restrictive Practices Group							
17	Improve access, experience and outcomes for people from socially and ethnically diverse communities	QAC		Salli Midgely	Salli Midgely	Lived Experience and Coproduction Assurance Group							
18	Ensure robust Safeguarding pathways are in place aligned to changing social care responsibilities	QAC		Salli Midgely	Salli Midgely	Safeguarding Assurance Committee							
19	Deliver our Physical Health improvement plan with a clear focus on improved physical health checks	QAC		Salli Midgely	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		Salli Midgely	Salli Midgely	LECAG	Strategy Delivery Plan by Sept		Strategy Delivery Plan by December	Strategy Delivery Plan by December			
21	Increased the number and diversity of Experts by Experience working in the Trust	QAC		Salli Midgely	Salli Midgely	LECAG							
22	Reach and communicate with groups who are currently underrepresented.	QAC		Salli Midgely	Salli Midgely	LECAG							
23	Relaunch our Patient Advice and Liaison Service and improve our responsiveness to patient feedback and complaints	QAC		Salli Midgely	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		Strategy Delivery Plan by December	Strategy Delivery Plan by December			
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	Pete Kendall	Electronic Patient Record Programme Board			
31	Develop and mobilise programmes to improve	FPC		Phillip Easthope	Pete Kendall	Digital Strategy Group	Strategy Delivery Plan by Sept	Strategy Delivery Plan by December	Strategy Delivery Plan by December
32	✓ Digital skills	FPC		Phillip Easthope	Pete Kendall	Digital Strategy Group			
33	✓ Cyber Security	FPC		Phillip Easthope	Pete Kendall	Digital Strategy Group			
34	✓ Data driven healthcare	FPC		Phillip Easthope	Pete Kendall	Digital Strategy Group			
35	✓ Modern and flexible working	FPC		Phillip Easthope	Pete Kendall	Digital Strategy Group			
36	✓ Therapeutic environments	FPC		Phillip Easthope	Pete Kendall	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, Stange and Maple Wards.		Y	Pat Keeling	Derek Bolton	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	Neil Robertson	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	Phillip Easthope	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	Samantha Crosby				
Operational plan: Sustainability & Green Plan									
42	Implement our Green Plan to embed sustainable developments across the Trust.	FPC		Phillip Easthope	James Clarke		Strategy Delivery Plan by Sept	Strategy Delivery Plan by Sept	Strategy Delivery Plan by Sept
Operational plan: Finance plan									
43	Deliver agreed Mental Health Investment Standard investments in line with our plan	FPC		Phillip Easthope	James Sabin	Business Planning Group			
44	Deliver our Capital programme in line with our plan	FPC		Phillip Easthope	James Sabin	Capital Project Group			
45	Deliver our efficiency programme	FPC		Pat Keeling	James Sabin	CIP Working Group			
46	Implement our procurement strategy	FPC		Phillip Easthope	James Sabin	Business Planning Group			

RAG Dimension	Red	Amber	Green
Progress	Timelines not clear Original programme completion date unachievable unless there is intervention (funding, resources, etc.)	Timelines are somewhat clear Tasks/deliverables slipping against planned date but not expected to impact the overall planned programme completion date. Plans in place to mitigate the above.	Timelines are clear On track to deliver to milestones
Scope	Requirements are unclear Significant uncertainty in scope and deliverables Scope creep and lack of a formal change request process Programme not expected to deliver fundamental elements of the scope Significant concerns about the quality of the solution without acceptable workarounds	Requirements are somewhat clear Only key deliverables are identified Scope is still moving / lacking clarity Significant change requests not yet approved Programme will not deliver all items in scope but items not being delivered are not fundamental Concerns about quality but some workarounds are acceptable Plans in place to address the above	Requirements are clear All deliverables are identified It is clear what is in and out of scope Formal change request process is in place Programme is expected to deliver all items in scope Solution delivered by the programme is of the expected quality
Budget	Costs are not understood Budget not available Programme has overspent or is expected to overspend by more than 5%	Remaining uncertainty about costs Budget identified but not yet signed off Programme forecast to overspend by no more than 5%	Costs are clearly defined Budget allocated to the programme Programme forecast to be on track/under budget
Resources	Programme team not in place Unclear roles and responsibilities Team not motivated and underperforming Resources unavailable	Team not motivated but performing Some gaps in resourcing Plans in place to address these	Programme team in place Clear roles and responsibilities Team motivated No significant gaps in resourcing
Risks	The programme has ageing risks with no evidence of action being taken Risks do not have mitigation in place or mitigation is proving ineffective. The impact of the risks on Benefits realisation is not understood.	Risks are being managed but confidence is low within the programme team that mitigation will have the required impact. Mitigations may need to change or risks may require escalation. The impact of the risk on Benefits realisation is not understood or is incomplete.	The programmes risk register is up to date with no ageing risks. Risks have mitigation in place. Assurance is provided that the risk is being managed well Mitigations are proving effective. The impact of the risk on Benefits realisation is understood, articulated and mitigations are appropriate.