

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 22 May 2024

Agenda Item: 20

Report Title:	Annual Operational Plan and Priorities for 2024-25 – for approval.	
Author(s):	Jason Rowlands: Deputy Director of Strategy and Planning	
Accountable Director:	James Drury: Director of Strategy	
Other Meetings presented to or previously agreed at:	Committee/ Group:	Executive Management Team (EMT) Business Planning Group (BPG) Board of Directors Development (BoD) Finance and Performance Committee (FPC) Council of Governors (CoG)
	Date:	EMT - 18 January 2024, 1 February 2024, 7 March 2024 and 21 March 2024. BPG – 5 th and 19 th December 2023, 6 th and 20 th February 2024. BoD – 28 February 2024, 27 March 2024 FPC – 14 March 2024 CoG- 22 nd February 2024, 29 th April 2024
Key Points recommendations to or previously agreed at:	<p>The Board reviewed in February and March 2024 the proposed direction in respect of priorities, key deliverables, expected position against national targets and the triangulation across workforce and financial plans. The key features of the Plan were supported by the Board.</p> <p>Version 1.4 of the Plan and Priorities has incorporated feedback to ensure the document reflects that:</p> <ul style="list-style-type: none"> • service users and carers our core to our purpose and at the centre of everything we do. • is clearer in the description of the equalities objectives so the impact we are seeking to achieve would be readily understood by our teams and our communities. • is clear about how our planned investments will support new developments through the year. • reflects the Financial Plan as agreed by the Board of Directors in April 2024. <p>As we move into the delivery stage of the Operational Plan the Finance and Performance Committee received a report on the delivery and governance arrangements to oversee delivery of the Plan. The Committee were assured by the arrangements in place.</p>	

Summary of key points in report

Note to the Board: This report remains largely unchanged from the report in April 2024. The main differences referenced in this report are:

- National targets – our final projections are that we are not expecting to achieve the ambition of zero out of area placements by the end of 2024-25 (section 1.1. f)
- Financial Plan – the content in this report has been finalised following the approval of the Financial Plan by the Board in April 2024. (section 1.1.i – j)

To **Alert** the Board that

1. **Growth is significantly less this year compared to previous years:** Our plan is based on c£1.79 million growth funding which largely meets recurrent costs of growth through 2023-24. These planned investments are supported across Sheffield Place. There is limited scope for additional service development supported by additional growth funding through 2024-25.
2. **NHS Long-term plan ambitions and delivery risks:** Our Plan will not achieve the ambition for zero out of area placements by the end of 2024-25. Our flow improvement programme has achieved a significant reduction in out of area hospital care in 2023-24. Throughout 2024-25 we will continue to need to access a small number of out of area hospital beds to meet levels of patient demand and mitigate the reduction of our beds during the final stages of essential ward refurbishment work to ensure patient safety and the provision of therapeutic environments. We are continuing to work in partnership with Sheffield City Council to reduce delayed discharges from hospital which are a critical enabler to eliminating out of area hospital care. We remain committed to eliminating out of area hospital care upon completion of our refurbishment programme. Our current activity plan is based on no further expansion in activity. We are confident that the remaining performance indicators can be delivered by the end of 2024-25.
3. **Financial constraints:** The financial context for 2024-25 is highly challenging. This significantly limits the choices and options available to invest in the range of improvement plans across quality, people, digital to support the delivery of our priorities. The Operational Plan has been finalised following the review by of the Financial Plan by the Board of Directors in the public and private session in April 2024.

To **Advise** the Board that

4. **Version 1.4 of the Operational Plan and Priorities for 2024-25 is submitted for approval in May:** The attached draft reflects the intentions and direction for SHSC and our priorities and deliverables for 2024-25 across operational services and our quality and equality objectives. The final version will be confirmed and published following the agreement of the South Yorkshire Integrated Care System Plan at the end of April, which confirmed the final performance targets.
5. **The Five-Year Capital Plan has been updated and is attached to reflect final allocations to support the implementation of RIO through 2024-25:** It defines the key projects to be progressed over the next 2 years as part of the five-year period. The capital plan assumes progress on the Fulwood sale and Maple refurbishment programme through 2024-25, noting that final decisions by the Board will be confirmed following review of the business cases. The Finance and Performance Committee has requested that further work is progressed to consider how we can further develop plans for capital investment in digital and this is being progressed and will inform future plans.

To **Assure** the Board that

6. **Strategy alignment:** The draft Operational Plan is aligned with our strategic aims. The key actions deliver our priorities and strategies and have been developed through effective engagement.
7. **Our plans are aligned with priorities across Sheffield and South Yorkshire Integrated Care System.** This ensures a shared focus on key pathway developments, supporting the vulnerable, reducing waiting lists and tackling inequalities. These are summarised in section 1.2 (e) and in Appendix 1 and 2 of the Operational Plan.
8. **Our plans are aligned with the national priorities, recognising that the final NHS England guidance is still awaited.** This is reviewed in section 1.2 (f) of this report and the national key

performance indicators are described in Appendix 3 of the Operational Plan.

Appendix

Appendix 1: Draft operational plan 2024-25 (version 1.4)

Appendix 2: Draft five-year capital plan (version 8)

Recommendation for the Board/Committee to consider:

Consider for Action	X	Approval	X	Assurance	X	Information
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Recommendation 1: That the Board of Directors accepts and approves the Draft Operational Plan and that the priorities and key deliverables reflect our intended direction of travel and our priorities for 2024-25.

Recommendation 2: That the Board of Directors notes that the Finance and Performance Committee has reviewed and is assured of the delivery and governance arrangements in place to oversee delivery of the Operational Plan.

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

Deliver Outstanding Care	Yes	X	No
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Great Place to Work	Yes	X	No
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Effective Use of Resources	Yes	X	No
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Ensuring our services are inclusive	Yes	X	No
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The Operational Plan describes the range of actions being taken to deliver the strategic priorities.

Is this report relevant to compliance with any key standards ? State specific standard

Care Quality Commission Fundamental Standards	Yes		No	X
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Data Security Protection Toolkit	Yes		No	X
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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, Engagement and Experience	Yes	X	No		<ul style="list-style-type: none"> This is reflected in our priorities, our broader strategy implementation plans and our capital programme
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Financial (revenue & capital)	Yes	X	No		<ul style="list-style-type: none"> The Plan reflects the significant financial challenges in respect of investment plans, capital programme and the underpinning financial plan which aims to deliver financial balance by the end of 2025-26.
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OD/Workforce	Yes	X	No		<ul style="list-style-type: none"> The refreshed priorities provide clear improvement actions to deliver of strategic aim of creating a great place to work. Our workforce plan is based on limited further growth and expansion.
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Equality, Diversity & Inclusion	Yes	X	No		<ul style="list-style-type: none"> The programme to support delivery of the strategic aim to ensure our services are inclusive has been updated along with the updated equality objectives.
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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.
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Environmental Sustainability	Yes		No		<ul style="list-style-type: none"> Green Plan implementation programme is delivering our sustainability goals
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Title	Annual Operational Plan and Priorities for 2024-25 – for approval
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Section 1: Analysis and supporting detail

1.1 Background, context and development of the Plan and priorities

a) Development of the Plan and priorities for 2024-25

Engagement and development through the business planning process has been good. This has resulted in growing clarity about our improvement focus and better triangulation of cross-cutting themes and actions to support delivery. The change framework will ensure we support the right improvement work with the right support and governance arrangements.

The draft Operational Plan has been developed and informed by the following:

- The Board’s review of our priorities, completed in September-October 2023, which provided clarity on the priorities to support the delivery of our strategic aims.
- Review with the Executive Management Team in December, which explored the likely focus going into next year to continue to progress the delivery of our priorities.
- The progress made in delivering the 2023-24 Operational Plan and the agreed delivery actions across our priority programmes and strategy delivery plans.
- The business planning process which has co-ordinated work across SHSC to develop service plans for each service and clarity regarding recommended key deliverables to progress our priorities, strategies and service plans.
 - All services have developed objectives aligned to our Clinical and Social Care Strategy, quality improvement, service user engagement, the experience of our staff, reducing waste and things that do not add value.
 - We have ensured strategy delivery plans remain connected and are triangulated and we continue to collaborate around shared work to deliver the most benefit in support of the delivery of the Clinical and Social Care Strategy.
 - This has supported engagement, ownership and clarity regarding the range of service development agendas and plans. The focus has been on defining the development stages of the different projects and understanding impacts in respect of resources, contracting, procurement, workforce planning.
 - Engagement with Place leads has ensured alignment of our priorities and investment cases.
- The financial context for SHSC in respect of its underlying deficit, and the expected financial position across Sheffield Place, South Yorkshire Integrated Care System and the NHS which remains highly challenging. Current appraisals highlight that there will be very limited options for new investments outside of national growth allocations which are less than in previous planning rounds.
- The operational planning guidance and the NHS 2024-25 priorities from NHS England were issued on the 28 February 2024, and are expanded on below in section 1.2.f. The guidance generally sees a continuation of existing priorities. In the context of the Operational Plan for 2024-25 the guidance does not present

significant new or unforeseen challenges to our current programme of work.

- The exception to this would be the potential for additional activity targets for Talking Therapies and Perinatal Services which would need additional investment to support delivery. The current draft Plan assumes a continuation of current activity levels and that further investment through 2024-25 for service expansion is not required.
- Engagement with the Council of Governors in December 2023 and again in further detail on the 22nd February 2024. There was support for the proposed priorities and the set of key deliverables to deliver them. There was discussion on the extent to which our priorities appropriately recognised the roll of carers, while acknowledging the Carers and Young Carers strategy and the focus within the Patient and Carer Race Equality Framework. This has been considered by the Board.
- The Board reviewed the context and drivers behind the developing Operational Plan in February, at its Board Development session, and reviewed the proposed direction in respect of priorities, key deliverables, expected position against national targets and the triangulation across workforce and financial plans.

1.2 Draft Annual Operational Plan 2024-25

a) The Operational Plan provides

- An overview of our strategic aims, the progress made through 2023-24 and the drivers that shape our plan for 2024-25.
- An outline of the priorities for 2024-25 aligned to our strategic aims and national priorities. This describes how we will align our collective effort through 2024-25 to deliver improvements for our service users, their carers and our staff.
- An overview of the investment plans covering areas for new investments, workforce plan, capital plan and efficiency programme.

b) The final Operational Plan will consist of three documents

- Our priorities: priorities on a page visual along with a summary of the key deliverables behind each priority (see below)
- Annual Operational Plan: a short narrative document defining the priorities for 2024-25 and supporting plans for workforce, activity and finance (Appendix 1).
- Annual Operational Plan reporting framework: summary of the governance framework that will support delivery of the Plan (for review by the Finance and Performance Committee in April 2024)

c) Our Priorities and proposed key delivery actions

Our priorities for 2024-25, aligned to our strategic aims, are outlined below. These form the core focus of our Plan along with the broader set of development and improvement plans to support delivery of our strategies, service plans and national targets.

- The updated priorities and supporting delivery actions have been progressed through development with the Executive Management Team, relevant Committees, the Council of Governors and through the Board development session in February.
- The proposed Quality Objectives have been developed through the Quality Assurance Group and supporting governance forums.
- The proposed Equality Objectives have been developed through Executive Management Team and several relevant supporting governance forums.

Our priorities 2024-25



d) Board Assurance Framework (BAF) – update and alignment

The Board reviewed progress against its current 2023-24 Board Assurance Framework in March. The outcomes from this review along with the priorities defined through the draft Operational Plan informs the Board Assurance Framework for 2024-25. The draft 2024-25 Board Assurance Framework is scheduled for review by the Board in May 2024.

e) Alignment with priorities across the Sheffield Place, South Yorkshire Integrated Care System and the South Yorkshire Mental Health, Learning Disability, Dementia and Autism Provider Collaborative.

Our priorities across improving access to crisis care, improving access so people wait less, delivering our patient and carer equality framework and working in partnership to address health inequalities all align directly to our drive to improve the care we provide and the priorities across Sheffield and South Yorkshire. These are summarised in the table below.

Working collaboratively in partnership is a key feature of the South Yorkshire Integrated Care Partnership Strategy – to work together to build a healthier South Yorkshire and the goals of a healthier and longer life, fairer outcomes for all and ensuring access to quality health and wellbeing support and care.

Sheffield Health Care Partnership	Sheffield Mental Health, Learning Disabilities, Dementia and Autism	South Yorkshire Mental Health, Learning Disabilities, Dementia and Autism Provider Collaborative
<ul style="list-style-type: none"> Discharge and Home First Same Day Urgent Care Mental Health Crisis Neurodiversity Model Neighbourhood Consideration of an added focus on collaborative community estate work 	<ul style="list-style-type: none"> 0-25 Pathways Supporting the vulnerable Reducing waiting lists Support in and after a crisis Tackling inequalities 	<ul style="list-style-type: none"> Eating Disorders Health based Place of Safety Neurodiversity Assessments Out of Area Placements Learning Disabilities Development of the Collaborative

f) NHS England priorities and planning guidance for 2024-25

Planning Guidance was confirmed on the 28 February 2024. This builds on the guidance issued by Amanda Pritchard, NHS Chief Executive on the 22 December 2023. Nationally the priorities and objectives from 2023-24 and the published recovery plans on urgent and emergency care, primary care access, and elective and cancer care have not fundamentally change.

The key requirements are for systems to maintain the increase in core Urgent and Emergency Care capacity established in 2023-24, complete the investment plans to increase diagnostic and elective activity and reduce waiting times for patients, and maximise the gain from the investment in primary care in improving access for patients. The final position and performance expectations will be confirmed in Planning Guidance. The main planning assumptions are summarised below:

Mental health

- Continue to improve access and quality in line with the priorities set out for 2023-24 and increase delivery of full annual physical health checks. This is progressed through our physical health strategy.
- Further expand access to NHS talking therapies and Individual Placement and Support services in line with the additional funding being made available, as announced in the 2023 Spring Budget and Autumn Statement. These are progressed through current plans and the c£600,000 invested in 2023-24.
- Improve patient flow to reduce pressure in crisis and acute care and continue to improve the quality of care for patients, as set out in the Inpatient Quality Transformation Programme. This is progressed through our priorities for improving crisis care services and the inpatient culture of care improvement programme.
- Meet the Mental Health Investment Standard. This forms part of our financial plan and will support the investments made through 2024-25.

People with a learning disability and autistic people

- Continue to ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check and health action plan.
- Reduce the number of autistic people in a mental health inpatient setting compared to 2023-24 and continue to reduce the number of inpatients with a learning disability. This is progressed through our priority to transform our community learning disability services and the implementation of the new service through 2024-25.

National targets and key performance indicators

- The proposed and expected performance targets have been communicated, and the specific performance thresholds have been confirmed.
- Our Plan will not achieve the ambition for zero out of area placements by the end of 2024-25. We have made significant improvement in reducing levels of out of area placements through 2023-24, and improvement work will continue in this area over the next year with the aim of achieving the ambition in the following year. Our current activity plan is based on no further expansion in activity.
- We are confident that the remaining performance indicators can be delivered by the end of 2024-25 in respect of Talking Therapies recovery and improvement outcomes, and the numbers of people accessing Perinatal mental Health Services and our Community Mental health Services.
- The key performance indicators are included within the draft Operational Plan (see

Appendix 3 within the Plan).

g) Investment growth for SHSC

Areas for planned investment have been developed through the business planning process and finalised following review of the planning guidance and the final development of the Financial Plan. Key points to note are:

- We have carefully balanced growth allocations against service development needs and the underlying financial challenges we face as indicated by the forecast deficit and our plan to achieve financial balance by the end of 2026-27. Growth funding is supporting a range of established cost pressures alongside service development plans.
- Growth commitments have already been made through the full year effect of the 2023-24 plan and in year decisions made in respect of community facilities accommodation upgrades, increased capacity for eating disorders and health inclusion team in response to high levels of clinical and safety risk, and the establishment of the new NHS 111 crisis helpline. These have all been agreed with Place leads and total c£1.79 m. This is summarised in section (j) below.

h) Workforce Plan

Minimal new workforce growth is expected through 2024-25. Most of the recruitment associated with the £1,934,584 above has already been completed. Additional workforce growth of c40 wte staff is planned as part of the implementation of the new community learning disability service.

The workforce plan will define expected changes through the year in response to final service level workforce plans, planned skill mix and new role development changes and financial plan recovery trajectories.

Across SHSC planning assumptions at this stage from the financial plan indicate that a reduction in the planned establishment of c48 wte substantive positions and c20 wte bank and agency positions will be required.

i) Financial Plan and Cost Improvement Plan (CIP) development

A detailed update to the Board on the development of the financial plan and CIP plan for 2024-25 was reviewed in April 2024 as part of the approval of the Financial Plan.

The Financial Plan is to reduce our deficit of £14.1 million to breakeven over three years. Savings of c£7.3m (5%) per annum will be required. Our CIP for 2023-24 was £5.7m. The summary of the Financial Plan is provided below.

Headlines (based on Finance Plan report in April and updates to Finance and Performance Committee in May 2024)	2024-25
2023-24 out-turn	-£4,900,000
Deficit commencing 2024-25	-£14,100,000
Three-year financial plan savings requirement for 2024-25	£7,300,000
Cost improvement requirement 2024-25	£9,745,000
Cost improvement programme	2024-25
Reduced out of area placements	£3,765,000
Service level recovery plans	£4,632,000
Corporate services efficiencies	£1,348,000
Sub-total	£9,745,000

j) Investments in 2024-25

As noted in the summary and Financial Plan section above the financial context for 2024-25 is highly challenging with 2023-24 deficit of £4.9 million and cost improvement requirement of £9.7 million in 2024-25. This significantly limits the choices available to invest in the range of improvement plans across quality, people, digital to support the delivery of our priorities.

Noting this, the following increased investments are planned.

Investments in the full-year effect of plans initiated in 2023-24	2024-25
Perinatal Mental Health Services: Deliver the 7.5% Access Standard for Perinatal services and provide support to partners.	0.32 m
Liaison Mental Health Services: Deliver the 1 hr (A&E) and 24hr (general wards) access standard. Reduced 12-hour breaches.	0.22 m
Recovery CMHTeams: Deliver transformed models of care, 4-week access standard and 5% increased activity.	0.14 m
Primary Care Mental Health Services: Extending the service model across all primary care networks, 4-week access standard and 5% increased activity.	0.23 m
Sheffield Autism and Neurodevelopment Service: Peer support worker and Support worker capacity.	0.06 m
Sub-totals	0.97 m
New investments to sustain and expand existing services	2024-25
Community facilities: Improved facilities for Assertive Outreach, Community Forensic, Homeless Assessment, Eating Disorders, Specialist Psychotherapy	0.38 m
Eating Disorders Service: Increased capacity to enable support for people at high risk due to physical health needs and deterioration.	0.17 m
Health Inclusion Team: Increased capacity to address high increased demand and high levels of complex patient risk.	0.20 m
Sub-totals	0.83 m
New investments to support new service developments	2024-25
NHS 111 for Mental Health: Commissioning of new dedicated 24/7 telephone crisis line and service.	0.90 m
Sub-totals	0.90 m
Internal investments	2024-25
Equalities, inclusion and transformation capacity	0.28 m
Sub-totals	0.28 m
Grand totals	2.07 million

k) Capital Plan

The revised Five-Year Capital Plan is attached at Appendix 2. The capital plan has been approved previously by Business Planning Group, Executive Management Team, the Finance and Performance Committee and Board. A final review has been completed to accommodate projected funds required for RIO and Maple.

The capital plan is based on assumed additional capital receipts over the first two years based on Fulwood and St Georges disposal plans, and that the Maple refurbishment programme will progress over two years commencing 2024-25. In making these assumptions it is recognised that work is being finalised to:

- Ensure the right arrangements, assurances and mitigations are in place relating to the sale of Fulwood House so we can plan and commit the expected capital receipts with confidence, and
- Progress the business case for Maple Ward refurbishment. This has been agreed in principle by the Board. However, progressing the work to the next stage is delayed as we await the required clarity about the Fulwood sale and planning decisions for the future of the site. The Maple Ward business case is dependent on the Fulwood sale in terms of capital receipts and the final timeframe.
- Allocation of capital funds have been made over the first two years to progress.
 - Repayment of the £1 million brokerage received in 2023-24.
 - Continued support for the mobilisation of RIO through in 2024-25 and early 2025-26.
 - Maple Ward refurbishment over two financial years.
 - Several critical safety improvements relating to ligature anchor point removals, improved patient security and safety, safe clinical environments.
 - Critical estate infrastructure upgrades to progress the recommendations of the 7 Facet Survey
 - Development of decarbonisation plans to support the Green Plan improvement programme.

Beyond the first two years the plan allocated funding across programmes covering inpatient therapeutic environments, community estate improvements, estate infrastructure upgrades, green plan improvements, digital strategy implementation. This is summarised below.

	Total plan over 5 years	2024-25	2025-26	2026-27	2027-28	2028-29
Therapeutic environments (inpatient focussed)	14,820,298	3,100,000	3,200,000	1,000,000	3,500,000	4,020,298
Community Facilities	3,900,808	600,808	700,000	800,000	1,200,000	600,000
Patient Safety	2,280,000	1,280,000	1,000,000	-	-	-
Estates infrastructure	6,486,041	2,139,041	1,797,000	800,000	1,250,000	500,000
Green Plan	4,140,000	100,000	1,250,000	940,000	1,250,000	600,000
Digital Strategy	6,043,428	3,383,975	959,453	400,000	1,000,000	300,000
IFRS 16 asset changes	1,050,000	250,000	200,000	200,000	200,000	200,000
Reserve & contingency	5,459,425	392,176	1,539,547	556,000	396,000	2,575,702
Total planned expenditure	44,180,000	11,246,000	10,646,000	4,696,000	8,796,000	8,796,000

Notes: This Plan summary assumes Fulwood House and St. Georges disposals in year one, and further asset disposals in years 4 and 5 (yet to be scoped and approved)

l) Delivery arrangements

The Board reviewed plans from the Director of Strategy to strengthen our delivery governance structures at its Development Session in February. Following this the Finance and Performance Committee received a report in May which outlined the delivery and monitoring framework for the delivery of the Plan.

The framework provides for the necessary governance arrangements to support and ensure delivery of the objectives within the Operational Plan. The framework is focussed on:

- Strengthening our delivery structures
- Ensuring clear accountability
- Supporting delivery by aligning support and expertise from across SHSC
- Ensuring clarity around each delivery action
- Providing clear oversight and reporting arrangements

Development work continues and is focussed on strengthening the support we provide to leaders of our improvement priorities. This will be progressed by better alignment of our central and corporate teams to our change priorities to ensure effective 'wrap around' support is in place.

Section 2: Risks

Note: the Board Assurance Framework (BAF) risks referenced below refer to the 2023-24 Board Assurance Framework. This will be mapped onto the 2024-25 BAF once approved.

- 2.1 NHS Long Term Plan deliverables:** There will be challenges to deliver a further stepped expansion in Talking Therapies and Perinatal Services activity without further investment. This challenge will be compounded by the broader financial challenges and underlying deficit position and the commitments already made against 2024-25 growth allocations. This position will be reviewed as part of the finalisation of the South Yorkshire ICS Plan and review with NHS England.

BAF.0029: There is a risk of a delay in people accessing the right community care at the right time caused by issues with models of care, contractual issues and the impact of practice changes during Covid resulting in poor experience of care and potential harm to service users

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.

- 2.2 Service demand:** While generally demand levels remain stable over the medium to longer term there is a risk that safety and quality of care is compromised across key services such as crisis care services, eating disorders services and health inclusion team services which continue to operate under pressure which may compromise the effectiveness of care provided. A review of the urgent and crisis care service pathway and model has been initiated as a key transformation programme for 2024-25 and investments have been made in year to support resilience and improved capacity within the eating disorders and health inclusion team services.

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

BAF.0029: There is a risk of a delay in people accessing the right community care at the right time caused by issues with models of care, contractual issues and the impact of practice changes during Covid resulting in poor experience of care and potential harm to service users

2.3 **Access:** There is a risk that long waiting times across several services continue. The Reducing Waiting and Waiting Well QI Collaborative has made good progress through the second half of 2023-24 and will continue to support improvements and improvement opportunities going into 2024-25.

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

BAF.0029: There is a risk of a delay in people accessing the right community care at the right time caused by issues with models of care, contractual issues and the impact of practice changes during Covid resulting in poor experience of care and potential harm to service users

2.4 **Financial position and improvement focus:** There is a risk that the challenging financial position impacts on our future capacity to support improvement actions and programmes in line with our strategies and our future improvement priorities. 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 2024-25.

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 caused by factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity to deliver within the timeframes agreed or availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects

2.5 **Our available capital funds will limit the pace at which we can deliver essential improvements:** Without an injection of additional capital funds from the developing Fulwood sale or from across the ICS we will not be able to progress the necessary essential improvement projects through 2024-25. All projects have been prioritised clearly as part of the final capital plan development and agreement, however difficult choices will be necessary regarding which projects are progressed over the next 12-month period.

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 caused by factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity to deliver within the timeframes agreed or availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects

2.6 **Reliance on capital funding to deliver digital transformation:** There is a risk current reliance on capital funding to support the delivery of digital transformation programmes is high cost and does not support a sustainable approach to deliver our digital transformation needs and ambitions. We will need to review our current approach.

BAF 0021: there is a risk of failure to ensure digital systems are in place to meet current and future business needs

BAF0026: there is a risk of slippage or failure in projects comprising our transformation plans caused by factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity to deliver within the timeframes agreed or availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects

Section 3: Assurance

3.1 Triangulation and engagement

Section 1.1 a of this report describes how the operational Plan and the proposed priorities for 2024-25 have been developed.

- There has been effective engagement across the SHSC leadership through the business planning process which has provided space for teams and services to review and consider areas of focus for next year. This has shaped local team plans and informed the development of the Operational plan and our priorities.
- Workshops for service leads along with the Annual Integrated Planning Group and the Business Planning Group has supported the triangulation of plans and the consideration of developing themes and impacts and dependencies from proposed plans.
- The work of the Boards Committees has shaped the development of key aspects of our priorities across quality, people and finance and performance.
- The developing priorities, quality objectives and equality objectives have been reviewed with the Council of Governors and Place leads.

Section 4: Implications

4.1 Strategic Aims and Board Assurance Framework

The key deliverables within the draft Annual Operational Plan are aligned to our Strategic Aims and strategy framework.

A range of risks are identified across service capacity, improving access, achieving break even. These risks cover critical areas of focus in the Board Assurance Framework.

4.2 Equalities, diversity, and inclusion

Supporting performance related information in respect of access and waiting times and protective characteristics is being produced to ensure access is understood in respect of equalities, diversity, and inclusion.

Many mental health services are struggling to address the issues faced by our Black Asian Minority Ethnic service users (BAME), who in some cases are subject to a racialised experience of care. Young black men are more likely to access services through the criminal justice system and find themselves in the most restrictive part of the mental health care system. In addition, there is an increasing understanding of the disparity experienced by our Lesbian Gay Bisexual Transgender and Queer (LGBTQ) communities in receiving the right care at the right time.

The Global Pandemic has further worsened the inequalities experienced by some communities, making some services more difficult to access due to digital poverty and worsening social determinants that can impact on mental health.

As part of wider Trust developments, is the design and implementation of the Patient and Carer Race Equalities Framework (PCREF), which is in train. As part of the redesign, transformation, and evaluation phases, is examining what we change through an anti-discriminatory lens and ensure check and challenge is embed in the process to prevent racialised and discriminatory practice. Our Equality Objectives provide a clear framework for improvement in delivering better experiences and outcomes for our service users and our staff.

Investments through the Mental Health Investment Standard and Spending Review Funding are focussed on key service areas across homeless, drugs and alcohol, community mental health and crisis care services. This brings significant opportunity to ensure we design our services in line with the NHS Advancing Mental Health Equalities Strategy

Our improvement and transformation journey is guided by our enabling strategies aligned to our Clinical and Social Care Strategy, which is committed to addressing inequality. Our developing partnerships, especially with the community organisations, will be critical to ensuring we get our service offer right for the communities we serve.

Our plans will have a clear focus on addressing inequalities for our service users and our staff: We will ensure all our plans take the necessary actions to improve access, experience and outcomes and contribute directly to reducing inequalities.

4.3 Culture and People

The change and transformation programme is challenging. This comes after the sustained impact upon staff of working through the pandemic, managing new needs, working through winter pressures and the impact of restricted workforce numbers. While some improvements are evident in the 2023 NHS Staff Survey it remains clear that we need to continue our improvement efforts to deliver of strategic aim to create a great place of work. Our priorities provide clear plans to continue to improve the culture across SHSC and improve the experience of our staff.

Create a great place to work: priorities

Priority	Lead	Delivery actions
Live our values, improving staff engagement and involvement	Caroline Parry	Launch our Values into Behaviours programme to create a shared understanding of how we live our values day to day
		Strengthen involvement across SHSC through refreshed communication and engagement approach
Improve the experience and wellbeing of our staff	Caroline Parry	Deliver our workforce equality objectives to achieve equality and inclusion for our staff
		Develop our workforce plan so that all our services have the right staff in place to work well and deliver the care they need to deliver
		Improve the wellbeing of staff with a clear focus on preventing ill-health including the impact of discrimination and abuse

4.4 Integration and system thinking

The strategic priorities define the key areas of focus for the Trust in respect of partnership development and partnership working. Key areas of the Operational Plan will be dependent on effective joint approaches with a range of partners.

The trust has commissioned Good Governance Improvement to conduct a stakeholder review looking at the trust's work and engagement with partners. The review will support SHSC to review and strengthen our approaches to

- relationships with key partners and other stakeholders
- areas of collaboration and shared work and what is working well and what isn't
- the effectiveness of our approach to partnership work
- the approach to and impact of the trust's stakeholder engagement

4.5 Financial

The Plan defines the financial plan for SHSC through 2024-25 in respect of out-turn, efficiency programme, investments and our capital plan.

4.6 Compliance - Legal/Regulatory

Continuing to follow the guidance will ensure compliance with our constitutional rules and regulatory requirements.

4.7 Environmental sustainability

The Green Plan implementation programme continues into 2024-25 with a clear set of improvement actions and is supported by allocations from the capital programme.

Section 5: List of Appendices

Appendix 1: Draft operational plan 2024-25 (version 1.4)

Appendix 2: Five-year capital plan (version 8)



NHS

Sheffield Health
and Social Care
NHS Foundation Trust

Our plans for 2024-25

Appendix 1

Draft operational plan 2024-25 (version 1.4) for approval by the Board of Directors.

This version was approved by the Board in March and has been updated to reflect final performance trajectories and the financial plan which was approved by the Board in April

Final draft for approval May 2024



[Click to open](#)

Introduction

Our vision is to improve the mental, physical and social wellbeing of the people in our communities. Our strategy sets out what we need to do to get there, in an increasingly changing world and a financially challenged environment.

Our Operational Plan for 2024-25 describes our collective efforts to ensure that the needs of our service users and carers are at the centre of everything we do. We will prioritise recovering core services and productivity, deliver the key ambitions of the NHS Long Term Plan with improved access to services and continue to transform services for the future as we deliver our Clinical and Social Care Strategy.

We are optimistic about our future and the part we will continue to play in reducing health inequalities and improving the health and wellbeing of the population we serve. Key to our success will be our partnerships, working together with our health and social care partners and community groups in Sheffield and the Integrated Care System in South Yorkshire to have a bigger impact.

Our approach is underpinned by a strong focus on living our values to support our cultural development and truly inclusive behaviours. As we deliver this plan, we will do so together with the combined efforts of the people who use our services and their carers, our staff, our governors, and our partners.

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1. Review of last year
2. Context: what's shaping our plan?
3. Our strategic priorities
4. Service plan
5. Quality plan
6. People plan
7. Support plans
8. Finance plan
9. Oversight and governance
10. Appendices
 - I. South Yorkshire Integrated Care Board Mental Health, Learning Disability, Dementia and Autism Priorities
 - II. Sheffield Health Care Partnership Mental Health, Learning Disability, Dementia and Autism Strategy priorities for 2024/25.
 - III. National key performance indicators
 - IV. Glossary

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1. Review of last year

We have made good progress delivering our strategic aims last year. Our Plan for 2024-25 has been shaped by our review the progress we have made.

Deliver outstanding care: We improved the therapeutic environment for our inpatient services with the re-opening of Stanage Ward, and the opening of a new Health Based Place of Safety. We started to implement new service models for our community mental health and community learning disability teams focussed on improved access to community-based care. We have focussed on increasing access and reducing waiting times across ten key services. We expanded our liaison mental health service, commissioned a new NHS 111 Crisis Line for mental health and reduced the numbers of people experiencing a delayed discharge from inpatient care or who had to receive acute inpatient care away from Sheffield. We have made good progress in implementing our quality objectives and have agreed where our focus needs to turn to next.

Create a great place to work: We have focussed on how we live our values on a day-to-day basis, and this will form a key area of our work through 2024-25. We have focussed on improving how we support our staff with their wellbeing to improve wellbeing generally and reduce staff ill-health and sickness. While positive developments have been implemented absence rates remain high and we will continue to focus on this important area. We have strengthened involvement through a refreshed communication approach, and better connectivity with our Staff Network Groups. Our efforts are making a positive difference and feedback through the national NHS Staff Survey shows staff reporting better experiences of working in SHSC.

Make effective use of our resources: This has been an area of significant challenge. We had planned to implement our new electronic patient record through the autumn, but this has taken longer than planned while we have rightly ensured the new system is stabilised and working safely. This will continue into 2024-25. The expected sale of Fulwood House has been delayed into 2024-25 and this has impacted on our capital plan, and we have had to defer some projects into 2024-25. Challenges were experienced in delivering our planned deficit of £3.267 million and our efficiency plan of £5.7 million and a range of mitigations plans were necessary.

Ensure our services are inclusive: We have made good progress in developing our Patient and Care Race Equality Framework which is helping us on our journey to becoming an actively anti-racist organisation by ensuring we are co-producing and implementing concrete actions to reduce racial inequalities within our services. This work is supported by our active engagement and partnership working with our health and social care partners and community groups in Sheffield and the Integrated Care System in South Yorkshire. This helps us to reach a richer understanding of how care and services need to improve and how solutions can be delivered with the support, experience and expertise across our partnership networks.

Continuing our improvement journey and areas to improve. We remain clear on the improvements that we need to continue to deliver

- People from our ethnically diverse communities are over-represented in our inpatient services and under-represented in our community services
- We need to provide therapeutic environments, care and safe wards
- Improved patient flow, less delayed transfers of care and out of area placements
- Waiting times for access to services and therapy
- Safe staffing levels, clinical and workforce productivity, clear workforce plans
- Our culture and staff satisfaction
- Financially sustainable services and delivering best value

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2. Context: what's shaping our plan?

Our values and strategic aims

Our values guide us as we work to deliver our aims and realise our vision to improve the mental, physical and social wellbeing of the people in our communities.

▶ Our vision	▶ Our values	▶ Our aims
<p>Improve the mental, physical and social wellbeing of the people in our communities.</p> 	<ul style="list-style-type: none">  Working together for service users  Respect and kindness  Everyone counts  Commitment to quality  Improving lives 	<ul style="list-style-type: none"> • Deliver outstanding care • Create a great place to work • Effective use of resources • Ensure our services are inclusive 

Our current position

We have made positive progress in our improvement journey in key areas, addressing improvement priorities, transforming services, and improving our estate. We have strengthened our approach to partnership working and are seeing clear signs of progress with better engagement with our staff and teams, better co-production with local community groups and positive collaboration with our partners across Sheffield and the South Yorkshire Integrated Care System. This equips us well to continue our improvement journey.

Significant challenges remain. Much of our estate is not fit for purpose. We have access, demand and capacity challenges across some services. The implementation of our new electronic patient record is taking longer than planned. Our financial context is highlight challenged, we end 2023-24 in deficit, have a challenging efficiency plan and the NHS Capital Departmental Expenditure Limit limits our capacity to use our capital funds to support needed improvements.

What's impacting on the services we deliver

- Deprivation in our local communities and widening gap in inequalities.
- Changing demand from longevity, comorbidities and societal expectations.
- Economic climate impacting the health of the nation and public finances.
- Our financial context which limits opportunities to invest in new developments.
- Rising inflation impacting on national and SHSC capital programmes.
- Risk of reduced focus on parity of esteem.

Sheffield and South Yorkshire

Collaborative working across the South Yorkshire Integrated Care System and the Mental Health, Learning Disability and Autism (SY MHLDDA) Provider Collaborative, and within the Sheffield Health Care Partnership (SHCP) provide clear opportunities to support the delivery of our strategic aims and our priorities.

The SY MHLDDA Provider Collaborative Priorities, attached at [Appendix 1](#), focus on working together to improve Neurodiversity, Eating Disorders, Health Based Place of Safety services, reducing out of area placements and Stopping Over Medication of People with a Learning Disability. Sheffield priorities are attached at [Appendix 2](#). and focus on co-delivery of all-age pathways, enabling prevention, recovery and staying well and ensuring an inclusive and enabling approach

3. Our priorities

Drafting note; Final design graphic to be inserted prior to publication

Our priorities are the things we want to achieve during this year to support the implementation of our strategic aims.

Our strategic aims are to

- Deliver outstanding care
- Create a great place to work
- Effective use of resources
- Ensure our services are inclusive



4. Service Plan

We will deliver our priorities and plans for 2024-25 through the implementation of our change framework (see Oversight section) which engage staff with a clear reporting framework, with the right leadership, executive and Board oversight.

Deliver outstanding care: priorities



Priority	Lead	Delivery actions
Transform our community mental health and learning disability services	Helen Crimlisk	Primary Care Mental Health Teams implemented for all Sheffield PCNs
		Learning disability service plan implemented and embedded
	Neil Robertson	Develop our plans for our older adult community mental health services
Improve access to crisis care	Neil Robertson	Launch the new Mental Health 111 response
		Deliver effective urgent and crisis care services and pathways ensuring the right alternatives to hospital admission are in place
		Minimise delayed hospital care and reduce lengths of stay
		Eliminate Out of Area placements by 2024/25
Improve access so people wait less, and wait well	Neil Robertson	Quality Improvement Collaborative supporting improvements across 10 services focussed on reducing waiting and 'waiting well'

Ensure inclusive services: priorities



Priority	Lead	Delivery actions
Deliver our equality objectives	Neil Robertson	Improve Service User information (data) on Disability, Sexual Orientation, Ethnicity, The Accessible Information Standard, Reasonable Adjustments, and Interpreting.

Alongside the above priorities we also plan to deliver the following improvements

Service development plans

- Embed the Community Mental Health transformation plans, sustaining the 4-week access standard and improved outcomes for service users.
- Develop and launch new pathways and support for people aged 18-25 years
- Procurement of the existing Crisis House service
- Eating Disorders pathway development as part of the South Yorkshire plans
- ADHD pathway development
- Community Forensic pathway developments in line with South Yorkshire plans
- Strategic reviews to inform future improvement planning across key services (Homeless Services, Gender Identity, Specialist Psychotherapy, Long-term neurological conditions, ECT, Relationship and Sexual Health Services)

Performance

Perinatal mental health services	<ul style="list-style-type: none"> • Provide care for 490 mums during 2024-25 • Provide support for partners
Talking Therapies	<ul style="list-style-type: none"> • 75% of people will start treatment in six weeks • Achieve 48% reliable recovery rate by end of 24-25 • Achieve 67% reliable improvement rate by end of 24-25
Community mental health services	<ul style="list-style-type: none"> • Provide care for 4,032 people during 2024-25
Liaison mental health	<ul style="list-style-type: none"> • Achieve the target for people in A&E who need a mental health assessment to receive one within 4 hours
Out of area placements	<ul style="list-style-type: none"> • Work towards the ambition for zero out of area placements by reducing to no more than five people receiving inpatient care out of area by March 2025

5. Quality Plan

We continue to strengthen our approach to improvement and development with clear patient centred and co-produced approaches.

Deliver outstanding care: priorities (cont'd)



Priority	Lead	Delivery actions
Deliver our quality and safety objectives	Salli Midgley	Sexual safety – Understanding and Improving sexual safety for service users, particularly in inpatient areas
		Neurodiversity - Ensuring individual needs are identified and person-centred care is delivered for service users
		Dementia – Developing an organisational approach to person centred Dementia care
		Developing a range of tools that support patient level reporting to improve understanding of patient experience
Inpatient Culture of Care Improvement Programme	Salli Midgley	Inpatient Culture of Care Improvement Programme enabling improvements across acute inpatient services

Ensure inclusive services: priorities



Priority	Lead	Delivery actions
Develop our Patient and Carer Race Equality Framework	Salli Midgley	Develop and coproduce our full implementation plan for our Patient Carer Race Equality Framework
Work in partnership to address health inequalities	James Drury	Work with our partners across Sheffield Place, the South Yorkshire MHLDA Provider Collaborative and Integrated Care System to improve and transform services and reduce health inequalities

Alongside the above priorities we also plan to deliver the following improvements

Quality strategy implementation

The aim of our Quality Strategy is to improve the experience, safety and quality of care through understanding what matters to people and co-producing systems and models of care. Our plan during 2024-25 is focussed on

- Continued implementation of the SHSC Quality Management System Approach
- Development of the Patient Safety Incident Response Framework

Service user engagement and experience strategy implementation

The aim of our Service User Engagement and Experience Strategy is to embrace coproduction and diversity to help us make the right improvements to deliver outstanding care. Our plan during 2024-25 is focussed on

- Triangle of Care standards adopted across community services
- Strengthen patient feedback through Safe to Share and Friends and Family Test
- Refreshed communication and engagement plan to promote and expand the opportunities for involvement

Research, innovation and effectiveness strategy implementation

The aim of our Research, Innovation and Effectiveness Strategy is to create a vibrant, engaged improvement culture, using the best, and most up-to-date evidence to achieve the best outcomes for people who use our services. Our plan during 2024-25 is focussed on

- Implementation of the Research and Evidence Hub
- Build our approach to supporting and developing innovation across SHSC
- Continue to build our partnerships to broaden our research portfolio and scope for service user led research

6. People Plan

Our People Strategy

The focus of our people plan is to support our commitment to the NHS people promise, to ensure that we hear everyone's experience of working at SHSC and that action supports our collective efforts to deliver high quality care.

Create a great place to work: priorities



Priority	Lead	Delivery actions
Live our values, improving staff engagement and involvement	Caroline Parry	Launch our Values into Behaviours programme to create a shared understanding of how we live our values day to day
		Strengthen involvement across SHSC through refreshed communication and engagement approach
Improve the experience and wellbeing of our staff	Caroline Parry	Deliver our workforce equality objectives to achieve equality and inclusion for our staff
		Develop our workforce plan so that all our services have the right staff in place to work well and deliver the care they need to deliver
		Improve the wellbeing of staff with a clear focus on preventing ill-health including the impact of discrimination and abuse

Ensure inclusive services: priorities



Priority	Lead	Delivery actions
Deliver our equality objectives	Caroline Parry	Increase the number of Ethnically Diverse Staff in Agenda for Change Pay Bands 8a upward in Clinical areas of SHSC.
	Caroline Parry	Improve our Knowledge, Understanding and Attitude in the areas of: Neurodiversity, Reasonable Adjustments, Cultural Humility, Allyship, Microaggression
	Caroline Parry	Improve the experience of Disabled staff and increase access to Reasonable Adjustments
	Caroline Parry	Improve the experience of LGBTQ+ staff and service users (Achieve Gold Level Rainbow Badge Phase II or similar programme)
	Caroline Parry	Achieve Gold Level in our aim to be an Anti-Racist organisation (Accreditation Under The North-West Assembly Anti-racist Framework)

People strategy implementation

Alongside the above priorities we also plan to deliver the following improvements

- Optimise the use of all our People systems (e.g. Electronic Staff Record, E-Roster) to ensure good and effective use

7. Support plans

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Digital strategy implementation

Effective use of resources: priorities



Priority	Lead	Delivery actions
Implement RIO safely and bring benefits to the way we work	Phillip Easthope	RIO implemented safely and ensure we are clear about our plans to optimise the benefits from the new system

The aim of our Digital Strategy is to provide staff with more time to be with the people who use our services so they can deliver outstanding care, working in an environment where technology 'just works'. Alongside the priority to implement RIO safely our plan during 2024-25 will also progress

- Renewed Target Operating Model to support delivery of the digital strategy
- Improved departmental operations and information governance systems
- Strengthen our infrastructure with a shift to Windows 11, effective asset management and network storage and a new telephony system.

Estate strategy implementation

Deliver outstanding care: priorities



Priority	Lead	Delivery actions
Deliver therapeutic environments	Neil Robertson	Refurbish Maple Ward
		Agree our plans to improve the environment for our older adult wards
	James Drury	Plans developed and way forward agreed for new facilities

The aim of our Estate Strategy is to fit for purpose buildings that provide a healing environment. Alongside the priority to deliver therapeutic environments our plan during 2024-25 is focussed on

- Ensuring safety of our environments: Final programme of ligature anchor point removals, improved clinical room facilities, ward perimeter security.
- Improving our community facilities: Upgrades for Sidney Street, Fitzwilliam Street, Netherthorpe House, Woodland View.
- Maintenance programme and plans to address 7 Facet survey priorities: Switch gears, generators, fire safety improvements
- Green Plan: Decarbonisation feasibility studies for Michael Carlisle Centre and Grenoside Grange, Green Plan upgrades across community sites.

Procurement Plan

Estates	Maple Ward renovation, range of work projects from essential maintenance programme
Patient service related	Interpretation services, Crisis House and Crisis Line services
Continuity and resilience	Cyber security, telecommunications, audit services

8. Financial plan

Context

Our full financial plan is available separately. It supports our Operational plan and ensures investments are aligned to our Strategic Aims, our Clinical and Social Care Strategy and local and national priorities. Our financial context is challenging, and our plan aims to deliver a deficit of £6.52 million by March 2025.

Effective use of resources: priorities



Priority	Lead	Delivery actions
Deliver our financial plan and efficiency programme	Phillip Easthope	Deliver a deficit of £6.52 million by March 2025 and our cost improvement plan of £9.745 million, supported by clear recovery plans in key areas
		Develop our ways of working to deliver our financial plan through our values and focus on ensuring the best use of every pound spent

1. Growth	Improvement plans	£1.79 million
23-24 investments	Full year effect of plans implemented in 2023-24 into Primary Care Mental Health Services, Community Recovery Teams, Perinatal Mental Health Services, Liaison Mental Health Service and Autism and Neurodevelopmental Services.	£0.97 m
Community facilities	Improved facilities for Assertive Outreach, Community Forensic, Homeless Assessment, Eating Disorders, Specialist Psychotherapy	£0.38 m
Eating Disorders	Increased capacity to enable support for people at high risk due to physical health needs and deterioration.	£0.17 m
Health Inclusion Team	Increased capacity to address high increased demand and high levels of complex patient risk	£0.20 m
NHS 111 for Mental Health	Commissioning of new dedicated 24/7 telephone crisis line and service.	£0.10 m
2. Capital	Improvement plans	£11.24 million
Digital Strategy	Implementation and development of RIO	£3.38 m
Therapeutic environments	Maple Ward environment improvements and Ligature Anchor Point removal	£3.10 m
Community Facilities	Fitzwilliam Street & Sidney Street	£0.60 m
Patient Safety	LAP removals, clinic rooms, fire safety	£1.28 m
Estate infrastructure	Essential maintenance and upgrades	£2.13 m
Green Plan	Decarbonisation Plan developments	£0.10 m
Reserves & IFRS 16	Reserves and contingencies	£0.39 m
3. Efficiency Plan: Our programme is focussed on improving how we deliver care and reducing waste and unnecessary costs.		£9.745 million
Reduced out of area placements		£3.76 m
Service level recovery plans		£4.63 m
Corporate services efficiencies		£1.34 m

10. Oversight and governance

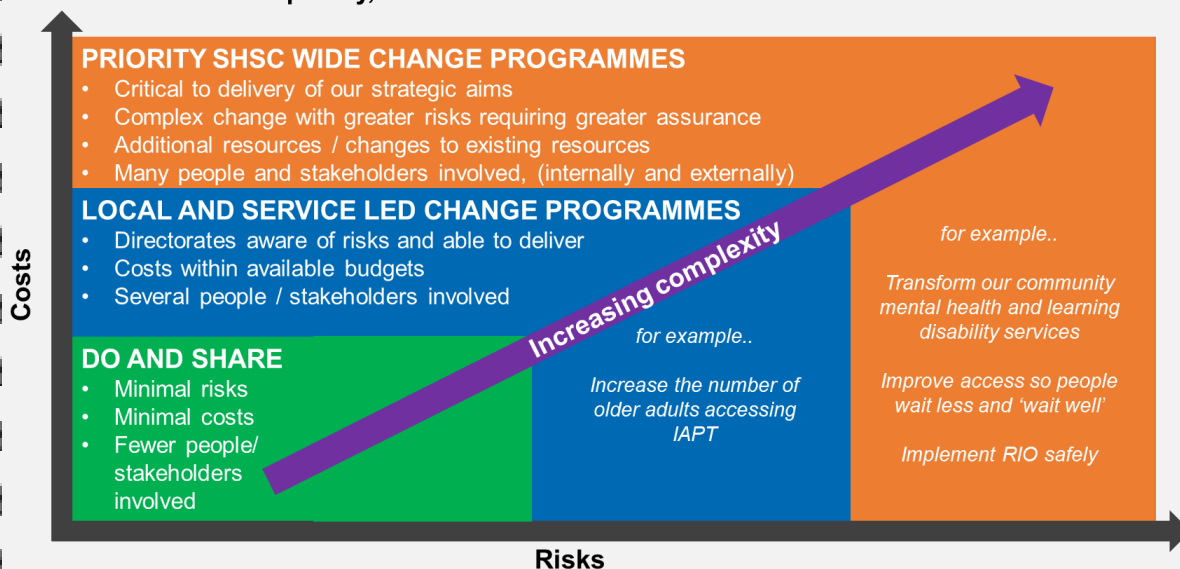
Overview of our governance arrangements to ensure delivery

We continue to build on the progress we have made and an essential part of this is our on-going review and strengthening of our governance arrangements to ensure change is delivered well. As we move into 2024-25 we will

- View delivery of our plan in a more unified way, with all change projects accountable for their share of our cost improvement plan requirement.
- Use our Integrated Change Model to categorise how change is managed with complex organisation-wide programme governed by a combined Strategic Change Delivery Board and Departmental level change, overseen by a single Executive-led Operational Management Group.
- Strengthen the processes for agreeing and monitoring plans including gateways for agreement of plan and progress.

Integrated change model

- **three levels of change**
- **based on complexity, risks and costs**



Ensuring effective support for change

We will ensure that each change and improvement programme has the right support, tailored to what is needed. We will draw upon the improvement skills and expertise available across SHSC and put in place a 'wrap around' offer that draws upon what is needed from across the following areas

- Quality improvement team
- Research and innovation hub
- Co-production and engagement
- Organisational development
- Digital innovations
- Performance and business intelligence
- Strategic planning
- Programme Management Office

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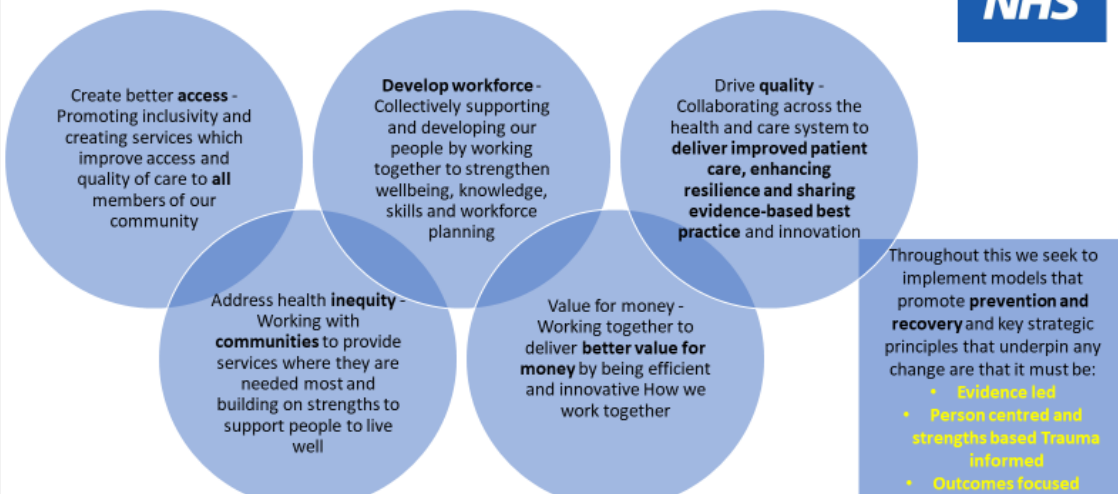
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Appendix 1: South Yorkshire Integrated Care System Mental Health, Learning Disability and Autism Provider Collaborative Priorities

Collaborative Objectives



Throughout this we seek to implement models that promote **prevention and recovery** and key strategic principles that underpin any change are that it must be:

- Evidence led
- Person centred and strengths based
- Trauma informed
- Outcomes focused

- Improve access, experience and outcomes of the neurodiversity assessment process and to provide a seamless transition to aftercare – whether provided by NHS or other partners

- Address the increase in referrals for AED (and impact of increases in CYP ED seen in covid) and to co-design pathways to provide the least restrictive effective options.

- Reduce delays in accessing HBPOS (s136) and delays in transfer to the appropriate place post-assessment to improve experience for people using the service (all age) and those working in HBPOS services.

Neurodiversity Assessment (ASD/ADHD)



Eating Disorders



Health Based Place of Safety



- Reduce the number of people (of all ages) in placements for mental health care outside South Yorkshire. Do this by ensuring best use of existing capacity and, where demand/skills make it feasible, develop new services to generate quality and financial benefit in the medium term

Out of Area Placements



- Collectively implement a South Yorkshire (SY) MHLDA Provider Collaborative approach to a high quality and consistent standard of care across SY in relation to Stopping Over Medication of People with a Learning Disability, autism or both with psychotropic medicines (STOMP) and implementing the STOMP healthcare pledge.

Learning Disabilities – STOMP



- Support the development of the Collaborative to enable capacity and capability to achieve our objectives and remain consistent with our principles

Development of the Collaborative



Programme Updates



Focus Area	Rationale	Outputs and Measures
Neurodiversity Assessment (ASD/ADHD)	Increase in demand and long waiting times	<ul style="list-style-type: none"> Neurodiversity Assessment (ASD/ADHD) Reduction of waiting times for ADHD assessment (from referral to treatment starting) from current time (in weeks) to 52 weeks end March 2025 Reduction of waiting times for Autism assessment from current time to 52 weeks by end March 2025 alongside initial signposting at referral to commence access to support for presenting needs Reduction in costs related to patient choice in independent sector
Eating Disorders	Increase in referrals for AED (and impact of increases in CYP ED seen in covid) and to co-design pathways to provide the least restrictive effective options.	<ul style="list-style-type: none"> Increase in use of alternatives to admission and therapeutic admissions when required QOL scores, achievement of goals and self-reported confidence measures Earlier identification of ARFID to avoid more restrictive environments – access to service and then much longer term reduction in inpatient admissions
Health Based Place of Safety	Delays in accessing HBPOS (s136), ED admission and delays in transfer to the appropriate place post-assessment to improve experience for people using the service (all age) and those working in HBPOS services	<ul style="list-style-type: none"> Reduce HBOS suite closure/lack of availability as a result of suite being used as an inpatient bed/sourcing awaiting a suitable bed or patient being nursed in the suite (numbers being collated but in excess of 225 in March 23 report) –10% reduction Reduction in inpatient admissions following access to S136 suite (numbers available by suite not by place of residence therefore SY data being reviewed to ascertain this)
STOMP (Stopping Over Medication of People with a Learning Disability, autism or both with psychotropic medicines)	Ensure an embedded high quality and consistent standard of care across SY in relation to (STOMP) and implement the STOMP healthcare pledge	<ul style="list-style-type: none"> Triangulation of medication data (reduction), patient and carer feedback and staff feedback Evaluation of digital technology Community of practice – focus on STOMP and culturally competent STOMP
Out of Area placements	To reduce the number of people in placements outside the South Yorkshire (SY) boundary by ensuring best use of existing capacity and developing new services where this provides quality and financial benefit	<ul style="list-style-type: none"> More care provided appropriately in area – percentage to be provided following analysis Improved quality and reduced seclusion as close to home Reduced cost – quantum to be established

Appendix 2: Sheffield Health Care Partnership

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Sheffield HCP Priorities

1. Discharge and Home First
2. Same Day Urgent Care
3. Mental Health Crisis
4. Neurodiversity
5. Model Neighbourhood
6. Consideration of an added focus on collaborative community estate work

Mental Health, Learning Disabilities, Dementia and Autism Priorities 24/25

Our Outcomes: Our all-age pathways are co-delivered between statutory and VCSE partners

1. New 0-25 pathways:

- CYP services redesign
- 18-25 mental health service
- Eating disorders

2. Supporting the vulnerable:

- For those experiencing multiple disadvantage, or seeking sanctuary

Our Outcomes: Our approaches enable prevention, recovery and staying well

3. Reducing waiting lists:

- CYP and adults' mental health and neurodiversity
- Dementia diagnosis

4. Support in & after a crisis:

- Crisis services
- Discharge from local or out of area hospitals, inc. LD
- Refresh of suicide prevention plan

Our Outcomes: Our leadership is inclusive and collaborative, impacting our local communities directly

5. Tackling inequalities:

- North-East Model Neighbourhood Project
- Using the 'I statements'
- Supporting the Mental Health Collaborative, Chilypep and Learning Disability and Autism Partnership Boards
- Identifying how people with dementia can be best given a voice to design services

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Appendix 3: National key performance indicators for 2024/25.

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Women Accessing Specialist Community Perinatal Mental Health Services		Place Target	Provider data	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
E.H.15	Number of women accessing specialist community Perinatal MH and Maternal MH services in the reporting period (rolling 12 month average)	670	SHSC Monthly trajectory	Apr: 355 May: 367 Jun: 379	Jul: 391 Aug: 403 Sep:415	Oct: 427 Nov: 439 Dec: 451	Jan: 463 Feb: 475 Mar: 490	March: 490
			STH MMH	213 each mth	213 each mth	213 each mth	213 each mth	213
			Sheffield	592	628	664	703	703

Investment into SHSC services during 2023/24 aimed to increase activity to the 7.5% access rates by Q4 23/24. Based on Sheffield 2016 birth rate of 6,532 this equals 490 new people entering services through the year. Our plan is to sustain this level of activity through 2024-25.

NHS Talking Therapies for anxiety and depression		Place Target	Provider data	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year end
E.A.4a	Reliable recovery rate for those completing a course of treatment and meeting caseness	48% by end of 2024/24	SHSC Monthly trajectory	Apr: 46.5% May: 46.75% Jun: 46.75%	Jul: 47% Aug: 47% Sep:47.25%	Oct: 47.5% Nov: 47.5% Dec: 47.75%	Jan: 47.75% Feb: 48% Mar: 48%	48%
E.A.4b	Reliable improvement rate for those completing a course of treatment	67% by end of 2024/25	SHSC Monthly trajectory	Apr: 65.5% May: 65.75% Jun: 65.75%	Jul: 66% Aug: 66% Sep: 66.25%	Oct: 66.25% Nov: 66.5% Dec: 66.5%	Jan: 66.75% Feb: 66.75% Mar: 67%	67%

The focus is now on the number of people receiving effective courses of treatment. That will be based on the number of people who have a course of treatment (2+ contacts) and of those the number achieving reliable recovery and reliable improvement. Systems should ensure that by the end of 2024/25 they are achieving reliable improvement for 67% of patients, and reliable recovery for 48% of patients meeting caseness. This is viewed as an ambitious target. Acknowledging this we aim to deliver the target by the year end, but this will vary through the year.

Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses		Place Target	Provider data	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
E.H.27	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services (in transformed and non-transformed PCNs) for adults and older adults with severe mental illnesses	4,282	SHSC Monthly trajectory	4032 each month	4032 each month	4032 each month	4032 each month	4,032
			PCMH	3500 each month	3500 each month	3500 each month	3500 each month	3,500
			TOTAL	7,532	7,532	7,532	7,532	7,532

Performance through 2023-24 has been consistent. Following review of current activity our plan for 2024-25 is to see 4,032 people on a rolling 12 month average basis.

Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs)		Place Target	Provider data	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average Apr 24-Mar 25
E.A.5 (NEW)	Numerator: Number of active inappropriate adult acute OAPs that are either 'internal' or 'external' to the sending provider.	Ambition is for zero	SHSC Monthly trajectory	Apr: 6 May: 6 Jun: 6	Jul: 6 Aug: 6 Sep:6	Oct: 5 Nov: 5 Dec: 5	Jan: 5 Feb: 5 Mar: 5	6

Good progress has been made to reduce numbers of OAPs through 2023-24. Current plans and trajectory expect continue to reduce levels of OAPs down to 6 over the first six months and then 5 for the second six months through 2024-25.

Appendix 4: Glossary

Integrated Care System (ICS): Integrated care systems are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

Integrated Care Board (ICB): A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. The establishment of ICBs resulted in clinical commissioning groups (CCGs) being closed down.

Provider collaboratives: Provider collaboratives bring providers together to achieve the benefits of working at scale across multiple places and one or more ICSs, to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across different providers.

Sheffield Health and Care Partnership: an alliance of health and social care organisations that work together to deliver care in Sheffield.

Mental Health, Learning Disability and Autism Board (MHLDA): Board of partner organisations focussed on the delivery of the improvement agenda for mental health, learning disability and autism services. There is one for South Yorkshire ICB and Sheffield.

The voluntary, community and social enterprise (VCSE) sector is an important partner for statutory health and social care agencies and plays a key role in improving health, well-being and care outcomes.

Primary Care Network (PCN): Primary care networks are groups of GP practices. Each primary care network covers a population of between 30,000 and 50,000 patients. On average there are around 3-7 GP practices in each primary care network. Sheffield has 15 primary care networks across Sheffield.

Care Quality Commission (CQC): the independent regulator of health and social care in England

Capital departmental expenditure limit (CDEL): The amount of capital expenditure an NHS organisation can not exceed. This is set by the NHS.

Out of Area Placement: An 'out of area placement' occurs when a person with acute mental health needs who requires inpatient care is admitted to a unit that does not form part of the usual local network of services.

Access standard: Access standards are a means of measuring NHS performance. Each standard will define the type of treatment to be provided and the time within which the treatment should be provided.

S136 of the Mental Health Act: allows the police to take someone to (or keep someone at) a place of safety.

Ligature Anchor Point: a ligature anchor point is anything that could be used to attach a cord or other material for the purpose of hanging or strangulation.

IAPT: NHS Talking Therapy services for anxiety and depression.

QEIA: Quality and equality impact assessment – a formal assessment of a proposed decision to consider its impact on the quality of care provided and equality of access and outcomes.

CAPITAL PROGRAMME - FORWARD FIVE YEAR PLAN 2024-25 TO 2028-29 (VERSION 8)

STATUS: This draft of the forward five-year capital plan has been developed and updated following

- 1) Review through Business Planning Group during January-February to scope the main scenarios and projects and develop clarity on the issues and risks
- 2) Executive Management Team on 1st February and 15th February 2024 to review and confirm the scenarios, risks and potential impacts
- 3) Initial review by the Finance and Performance Committee in February
- 4) Review at the Board Development session on 28th February 2024 which reviewed the scenarios and choices
- 5) Final review and re-appraisal following updated cost projections for RIO and Maple Ward programmes through the Finance and Performance Committee and Board of Directors in March-April.

CAVEATS: This final draft has been produced for approval in April. At this stage it is recognised that

- 1) We need to ensure that right arrangements, assurances and mitigations are in place relating to the sale of Fulwood House so we can commit the expected capital receipts with confidence, and
- 2) The business case for Maple has yet to be approved for progression subject to final appraisal of the above dependency with the timings of the sale of Fulwood House.

1 The key assumptions are

- a) Fulwood receipt income during 2024-25 will be £5.95m, followed by £5.95m in 25-26
- b) Following brokerage in Q4 2023-24 of £1m, the plan requirements for 2024-25 require i) £446 repayment of RIO, ii) £554k repayment of other projects and iii) further investment of £453k RIO
- c) Core CDEL allocations have seen a small reduction of £35,000 for next year onwards and the plan forecast does not assume any additional performance CDEL allocations.
- d) St. Georges disposal brings in capital receipts in 2024-25, with a planning estimate of c£600,000 (may be more)
- e) In both scenarios going forward we will be working in a constrained financial environment and it will be essential that we are ready to exploit all opportunities to access additional capital funds made available nationally, and respond agily when such opportunities arise. Such opportunities are expected to focus on
 - (i) digital
 - (ii) sustainability and reducing carbon footprint
 - (iii) inpatient environment upgrades below the scale of new hospital agenda... potential for a generic MH programme (helps with Grenoside/ Forest Close) and a 'SpecComm' programme (helps with Forest Lodge)
- f) We will do this by ensuring a suite of 'ready on the shelf' projects that have been business case approved and can be bought forward agily and prioritised based on cost, time to procure, time to deliver, capacity to deliver based on other projects underway in different area.
- g) In the absence of national capital funds further asset disposal will be necessary to enable us to balance further inpatient therapeutic environment upgrades alongside estate and digital infrastructure and green plan upgrades. Increased capital receipts will be required by year 3 or 4 of this five year plan. These are modelled in the plan re assumed capital receipts, however plans are not in place to deliver this at this stage.

2 Years 4-5 of the five year plan are indicative

Future significant schemes around Grenoside, Forest Lodge, Forest Close are indicative at this stage and are included to reflect that work is required to modernise and upgrade these services. For planning purposes at this stage an indicative increased capital receipt is modelled in the plan forecast for years 4-5 based on an assumed disposal of excess estate. Current work through the Community Facilities programme indicates that there is no meaningful need for SHSC to continue with some of our current premises. Some disposal options would have an impact on partners in Sheffield (eg Sheffield Teaching Hospitals Trust). Disposal options will need to be reviewed formally as part of a re-fresh of the Estate Strategy and subsequent business case development.

3 Drivers behind the Capital Plan

The profile below provides a high level overview, it does not look to capture every project on that category.

INPATIENT THERAPEUTIC	COMMUNITY ESTATE	SAFETY: FACILITIES	SAFETY: ESTATE	GREEN PLAN	DIGITAL
Safety, quality and environment, eg <ul style="list-style-type: none"> • Maple Ward • Older Adult wards and Grenoside campus • Forest Lodge en-suite and multi-faith • Forest Close upgrade 	More capacity and general refurbishment programme re environment <ul style="list-style-type: none"> • Talking Therapies • Community Learning Disabilities • Smaller modifications • Refurb programme 	Define set of requirements to address ligature anchor points (LAP), safety of care delivery, eg <ul style="list-style-type: none"> • Forest Lodge LAP • Fire doors • Clinic room facilities 	Survey of current estate provides clarity regarding programme of work <ul style="list-style-type: none"> • Critical improvements (Swithgear, generators, lifts) • Urgent improvements • Required improvements 	Survey of estate provides clarity regarding programme of work	Digital strategy requirements post RIO implementation <ul style="list-style-type: none"> • Resilience, upgrades, infrastructure • Improved ways of working • Transformation technologies

4 Capital funds available

ASSUMED CAPITAL FUNDS	Notes	2024-25	2025-26	2026-27	2027-28	2028-29
Core CDEL	This has reduced slightly	4,696,000	4,696,000	4,696,000	4,696,000	4,696,000
Performance CDEL	Assumption this will not be available	-	-	-	-	-
Fulwood disposal	Current plan assumption of £11.9 over two years	5,950,000	5,950,000	-	-	-
Other asset disposal		600,000			4,100,000	4,100,000
		(St. Georges)			(Assumed)	(Assumed)
TOTAL		11,246,000	10,646,000	4,696,000	8,796,000	8,796,000

5 Scenarios

There where two main scenarios in terms of choices over the first 1-2 years of the five year plan. These have been reviewed and the capital plan has been finalised to deliver scenario two as summarised below.

<p>SCENARIO 1 - FULL DELIVERY OF MAPLE WITHIN 2024-25 IS THE PRIORITY: DUE TO SAFETY, THERAPEUTIC ENVIRONMENT AND HIGH LEVELS OF OAPs IMPACTING PATIENT EXPERIENCE AND COSTS.</p> <p>This is driven by the need to progress at pace the refurbishment of Maple Ward to provide safe and therapeutic ward environments and enable the establishment of a fourth ward (post Maple refurbishment) to eradicate OAPs to improve experience, outcomes, deliver national requirements and impact on our CIP programme.</p> <p>As a consequence of delivering this we would be highly restricted in our ability to progress a range of other critical safety and infrastructure improvements.</p>	<p>SCENARIO 2 - OTHER CRITICAL SAFETY AND ESTATE INFRASTRUCTURE IMPROVEMENTS NEED TO BE PROGRESSED: AND WE WILL DELIVER MAPLES WARD IMPROVEMENTS OVER TWO FINANCIAL YEARS TO ALLOW FOR THIS.</p> <p>This is driven by the need to equally ensure a range of critical safety improvements. It would enable a number of projects to be progressed over the first 6 mths of 2024-25, however Maple will need to be staggered over two financial years.</p> <p>This delays the pace at which we can step up a 4th ward and it will prolong our reliance on contracted OAP beds with an impact on patients regarding care away from Sheffield and family and social networks.</p>
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6 Plan

PLAN FORECAST	summary	2024-25	2025-26	2026-27	2027-28	2028-29
Capital funds (Ref: Section 4 above)	44,180,000	11,246,000	10,646,000	4,696,000	8,796,000	8,796,000
Planned allocations	38,720,575	10,853,824	9,106,453	4,140,000	8,400,000	6,220,298
Contingencies and reserves	5,459,425	392,176	1,539,547	556,000	396,000	2,575,702
Total planned expenditure	Total allocations	11,246,000	10,646,000	4,696,000	8,796,000	8,796,000
Plan summary	44,180,000			Forest Lodge		
		Maple		Grenoside		
Therapeutic environments (inpatient focussed)	14,820,298	3,100,000	3,200,000	1,000,000	3,500,000	4,020,298
Community Facilities	3,900,808	600,808	700,000	800,000	1,200,000	600,000
Patient Safety	2,280,000	1,280,000	1,000,000	-	-	-
Estates infrastructure	6,486,041	2,139,041	1,797,000	800,000	1,250,000	500,000
Green Plan	4,140,000	100,000	1,250,000	940,000	1,250,000	600,000
Digital Strategy	6,043,428	3,383,975	959,453	400,000	1,000,000	300,000
IFRS 16 asset changes	1,050,000	250,000	200,000	200,000	200,000	200,000
Reserve & contingency	5,459,425	392,176	1,539,547	556,000	396,000	2,575,702

SCHEMES BY PRIORITY	Priority #	Focus	Full capital allocation	Planning status	2024-25	2025-26	2026-27	2027-28	2028-29
Year 1: 2024-25					10,853,824 planned allocations				
2023-24 £1m brokerage pay-back									
RIO extended programme (brokerage)		Digital Strategy	-	Delivered	446,000				
Fitzwilliam & Sidney		Community Facilities	250,000	Delivered	391,808				
Talking Therapies - Wainwright		Community Facilities	109,000	Delivered	109,000				
Reconcile 2023-24 o/s		#REF!	53,192	Delivered	53,192				
RIO extended programme	1	Digital Strategy	3,199,975	Delivery	2,753,975				Programme to continue over two financial years.
Maple Ward	2	Therapeutic environment & patient safety	6,300,000	Business case stage	3,100,000				Programme to run over two financial years.
Lease revaluation IFRS 16 costs	3	IFRS 16 asset changes	250,000	Provisional allocation	250,000				
LAP removal at Forest Lodge - bedrooms	4	Patient safety	250,000	Approved	250,000				
Remaining LAP Phase 2 & 3 - FL radiators and G1 doors	5	Patient safety	200,000	Provisional allocation	200,000				
Endcliffe Ward - Seclusion and bedroom doors	6	Patient safety	300,000	Provisional allocation	300,000				
Maple relocation and seclusion access	7	Patient safety	30,000	Provisional allocation	30,000				
Wainwright Crescent fitting out	8	Community Facilities	100,000	Provisional allocation	100,000				
Woodland View Clinic Rooms	9	Patient safety	100,000	Business case stage	100,000				
Northlands & Eastglade Clinic Rooms	10	Patient safety	100,000	Provisional allocation	100,000				
Emergency phones upgrade	11	Digital Strategy	40,000	Provisional allocation	40,000				
Fire Doors: Priority 1 re inpatient areas	12	Patient safety	300,000	Provisional allocation	300,000				
MCC Switchgear & Generator (7 Facet #1)	13	Estate infrastructure	2,358,000	Business case stage	1,955,849				
Grenoside Switchgear (7 Facet #2)	14	Estate infrastructure	93,000	Business case stage	93,000				
Storage Area Network hardware	15	Digital Strategy	144,000	Provisional allocation	144,000				
Limbrick Switchgear (7 Facet #4)	16	Estate infrastructure	37,000	Business case stage	37,000				
Green plan -decarbonisation plan studies	17	Green Plan	100,000	Provisional allocation	100,000				
Year 2: 2025-26					9,106,453 planned allocations				
RIO extended programme	-	Digital Strategy	3,199,975	Delivery		159,453			Continuation of 2024-25 programme.
Maple Ward	-	Therapeutic environment & patient safety	6,300,000	Business case stage		3,200,000			
Lease revaluation IFRS 16 costs	-	IFRS 16 asset changes	200,000	Provisional allocation		200,000			
Longley Centre Lifts (7 Facet #3)	18	Estate infrastructure	297,000	Business case stage		297,000			
Fire Doors: Inpatient areas	19	Patient safety	1,000,000	Provisional allocation		1,000,000			
Perinatal Mental Health expanded accommodation	20	Community Facilities	200,000	Provisional allocation		200,000			
Community Learning Disability Services expanded accommodation	21	Community Facilities	250,000	Provisional allocation		500,000			
Green Plan - Allocation pending finalisation of the Decarbonisation Plan that will confirm priorities and scheduling over next 3 years.	22	Green Plan	1,250,000	Provisional allocation		1,250,000			
Digital: Essential upgrades and resilience	23	Digital Strategy	300,000	Provisional allocation		300,000			
Estate infrastructure priorities from 7 Facet Survey	24	Estate infrastructure	Programme allocation over several years	Provisional allocation		1,500,000			
Digital Plan - Allocation pending finalisation of modernisation plan re priorities post RIO implementation	25	Digital Strategy	Programme allocation over several years	Provisional allocation		500,000			
Year 3: 2026-27					4,140,000 planned allocations				
Lease revaluation IFRS 16 costs	-	IFRS 16 asset changes	200,000			200,000			
Grenoside older adult inpatient modernisation (G1 & Dovedale)	26	Therapeutic environment & patient safety	7,000,000			1,000,000			Scheme over 3 years
Estate infrastructure priorities from 7 Facet Survey	27	Estate infrastructure	Programme allocation over several years			800,000			
Vehicles Replacement Programme #2	28	Green Plan	154,000			140,000			
Green Plan - Allocation pending finalisation of the Decarbonisation Plan that will confirm priorities and scheduling over next 3 years.	29	Green Plan	Programme allocation over several years			800,000			
Digital Plan - Allocation pending finalisation of modernisation plan re priorities post RIO implementation	30	Digital Strategy	Programme allocation over several years			400,000			
Community Facilities upgrades and refurbishments	31	Community Facilities	Programme allocation over several years			800,000			
Year 4: 2027-28					planned allocations 8,400,000				
Lease revaluation IFRS 16 costs	-	IFRS 16 asset changes	200,000				200,000		
Grenoside older adult inpatient modernisation (G1 & Dovedale)	32	Therapeutic environment & patient safety	7,000,000	All allocations are provisional and subject to project initiation and business case development through 24-25			3,500,000		(Year 2 of a 3 year scheme)
Estate infrastructure priorities from 7 Facet Survey	33	Estate infrastructure	Programme allocation over several years				1,250,000		
Green Plan - Allocation pending finalisation of the Decarbonisation Plan that will confirm priorities and scheduling over next 3 years.	34	Green Plan	Programme allocation over several years				1,250,000		
Digital Plan - Allocation pending finalisation of modernisation plan re priorities post RIO implementation	35	Digital Strategy	Programme allocation over several years				1,000,000		

Community Facilities upgrades and refurbishments	36	Community Facilities	Programme allocation over several years		1,200,000
Year 5: 2029-30					planned allocations 6,220,298
Lease revaluation IFRS 16 costs	-	IFRS 16 asset changes	200,000	All allocations are provisional and subject to project	200,000
Forest Lodge en-suite and multi-faith room	37	Therapeutic environment & patient safety	4,020,298	initiation and business case development through 24-25	4,020,298
Community Facilities upgrades and refurbishments	38	Community Facilities	Programme allocation over several years		600,000
Estate infrastructure priorities from 7 Facet Survey	39	Estate infrastructure	Programme allocation over several years		500,000
Green Plan - Allocation pending finalisation of the Decarbonisation Plan that will confirm priorities and scheduling over next 3 years.	40	Green Plan	Programme allocation over several years		600,000
Digital Plan - Allocation pending finalisation of modernisation plan re priorities post RIO implementation	41	Digital Strategy	Programme allocation over several years		300,000

Forest Lodge en-suite can only progress with asset disposal to increase capital receipt