

# Board of Directors - Public

## SUMMARY REPORT

Meeting Date: 27 November 2024

Agenda Item: 18

<b>Report Title:</b>	<b>Operational Plan 2024/25 Progress Update</b>	
<b>Author(s):</b>	Jason Rowlands: Deputy Director of Strategy and Planning	
<b>Accountable Director:</b>	James Drury: Director of Strategy	
<b>Other Meetings presented to or previously agreed at:</b>	<b>Committee/Group:</b>	Executive Management Team
	<b>Date:</b>	7 November 2024
<b>Key Points recommendations to or previously agreed at:</b>	The Executive Management Team reviewed and approved the report, and wanted to ensure there was alignment with key messages in the Chief Executive Report to the Board of Directors in November.	

### Summary of key points in report

#### To alert the Committee that

- **Strong and positive progress continues to be made to deliver quality improvements across key development areas:** The 'Waiting Well' programme is supporting teams to deliver improvements. Good progress has been made in establishing plans to deliver on our quality and safety objectives and practical improvements are being made. The Inpatient Culture of Care programme has engaged well with teams will start focussed improvement work in November supported by improvement coaching.
- **We are achieving the NHS England targets for 2024-25 for improving access to community services.** Access to our perinatal mental health and community mental health teams is in line with the national targets and outcomes in the Talking Therapies are on plan, however there are challenges in increasing the numbers of people accessing services without an agreed growth plan in place. This is being reviewed with the South Yorkshire Integrated Care System.
- **Good progress has been made in ensuring our services are inclusive.** Our Patient Carer and Race Equality Access development plan is being implemented, and we have increased investment in Community Development Workers. We are clear about how we will support the delivery of the Fair and Health Sheffield Plan and we are making good progress in delivering our Equality Objectives, although further work is required to improve our reporting of protected characteristics.
- **Our Transformation programmes for community mental health and learning disability services are progressing.** The Recovery Service model is being embedded. Levels of demand have been higher than planned for and the services are reviewing options to mitigate this. Recruitment for the new Specialist Community Learning Disability Service is underway and the plan will then move to mobilisation of the new service. Good engagement has underpinned the initial development stages for the older adult community services and the Gleadless and Heeley Mental Health Hub developments.

- **The new NHS 111 Crisis Line was launched in April and plans for the recommissioning of our Crisis House have been agreed.** These are important services within our Crisis Care pathway and provide valued support for people when in need of support or experiencing a crisis in their mental health. The re-procurement of the Crisis House will be undertaken through the rest of this year.
- **Good progress continues to be made across a number of areas focussed on ensuring we are providing a great place to work.** The Values into Behavior's programme has engaged with c1,000 people and will really help us set our improvement focus through the rest of the year. We have strengthened the support provided to our leaders, refreshed our communications and engagement strategy and are implementing a range of approaches to support staff wellbeing and are strengthening these further through the development of a clear 'wellbeing hub' offer.
- **The Rio programme is progressing well and is on track for rollout by March 2025.** The refresh within our older adult services takes place in November and teams are being supported for the full roll out by the end of the year. This will help us realise real improvements in our approach to delivering care with improved outcomes for service users and better experiences for our staff.
- **Our Crisis and Inpatient Services have been managing significant challenges through the first six months of this year and levels of delayed discharges, lengths of stay and out of area admission have remained higher than planned.** This has continued to impact on patient experience and outcomes and our financial pressures. The Home First programme has been mobilised to bring together an effective programme of work to ensure people are admitted when needed, are receiving therapeutic care and are discharged when ready.
- **Our financial deficit position is worse than planned and the underlying position remains highly challenged.** This is due to higher forecast spend in out of area and reduced non-recurrent underspends forecast over the second half of the year. Mitigation plans continue to be developed to ensure we recover against plan for the rest of the year.
- **The uncertain position with the sale of Fulwood House is impacting on the Maple refurbishment programme and the broader capital plan.** This will impact on patient experience through the extended dependency on the current out of area arrangements and extended use of Dovedale 2 and our financial plan in 2025-26 and 2026-27 in respect of forecast reductions in out of area expenditure. The deferred capital receipts also impact on our capital programme.
- **Managing the remainder of our capital programme within our CDEL of £4,696m will result in a deferral to 2025-26 of priority improvement projects that aimed to address patient safety concerns.** These relate to further LAP removal, fire safety upgrades and seclusion facilities. Options to progress critical projects through the expected disposal of St Georges by February are being progressed and will provide opportunities to progress some of the deferred projects.

#### **To advise the Committee that**

- **Following the review of progress over the first six month in delivering the 2024-25 Operational Plan our focus for the rest of the year will be centred on the following priority areas**
  - 1) Implement Rio: ensure local plans are actively supporting engagement, training and preparation for the arrival of Rio and a shift to more standardised way of delivering care.
  - 2) Home First and improved access to crisis care: ensuring people are admitted when needed, are receiving therapeutic care and are discharged when ready.
  - 3) Mobilise the new Specialist Community Learning Disability service: moving forward with recruitment and then starting to mobilise the new model.
  - 4) Develop the Gleadless & Heeley Mental Health Hub: designing and developing our delivery model and the contribution of existing teams and our VCSE partners.
  - 5) Deliver our financial plan: ensuring a collective responsibility to manage all non-essential expenditure and increase in year plans for VIPs and recovery plan savings.
  - 6) Ensuring the safety for our service users and our staff through winter: ensuring effective arrangements are in place to manage demand, ensure safety and service resilience through the winter period.

**To assure the Committee that**

- **The oversight of the delivery of the Operational Plan continues to be governed in line with the delivery framework agreed in May 2024.** All development plans continue to report in detail through the appropriate operational groups, Executive Management Team and relevant Board Committee. This broader suite of reporting continues to provide assurance and triangulation of information against the content of this report.

**Appendices**

Appendix 1: SHSC Priorities

Appendix 2: NHS England 2024-25 key performance indicators

Appendix 3: Operational plan delivery framework and summary position at the end of September

**Recommendation for the Board/Committee to consider:**

<b>Consider for Action</b>		<b>Approval</b>		<b>Assurance</b>	<b>X</b>	<b>Information</b>	
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For the Board to take assurance that the operational plan deliverables are being progressed and risks to delivery are being managed appropriately.

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

Effective Use of Resources	Yes	<b>X</b>	No	
Deliver Outstanding Care	Yes	<b>X</b>	No	
Great Place to Work	Yes	<b>X</b>	No	
Ensuring our services are inclusive	Yes	<b>X</b>	No	

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

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

<b>Care Quality Commission Fundamental Standards</b>	Yes		No	<b>X</b>	Compliance considerations are reported to the QAC
<b>Data Security and Protection Toolkit</b>	Yes		No	<b>X</b>	
<b>Any other specific standard?</b>	Yes		No	<b>X</b>	

**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	<b>X</b>	No		<ul style="list-style-type: none"> <li>• Higher the planned use of out of area placements and delayed discharge rates will continue to impact on service user and carer experience and outcomes.</li> <li>• The delay in progressing the Fulwood sale have impacted on the capital programme and projects to improve safety are now delayed into the following year.</li> <li>• Progress against key priority areas in the Operational Plan will make a positive difference on service user and carer experiences and outcomes.</li> </ul>
Financial (revenue & capital)	Yes	<b>X</b>	No		<ul style="list-style-type: none"> <li>• The forecast out-turn is challenging and further in year value improvement plans are required to ensure we achieve our financial plan.</li> <li>• The capital programme has been reviewed and adjusted to ensure expenditure remains within our CDEL limits.</li> </ul>

Organisational Development /Workforce	Yes	X	No	<ul style="list-style-type: none"> <li>Planned workforce growth has been minimal through the year with workforce expansion completed in 2023-24 to support the 2024-25 plan.</li> <li>A range of organisational development activities are supporting improvement work across the 'Create a Great Place to Work' priorities.</li> </ul>
Equality, Diversity & Inclusion	Yes	X	No	<ul style="list-style-type: none"> <li>Improvement work across the PCREF, Equality objectives and inequality programmes will deliver a range of improvements.</li> </ul>
Legal	Yes	X	No	<ul style="list-style-type: none"> <li>Failure to achieve Care Quality Commission compliance is a breach of the requirements of the Health and Social Care Act.</li> <li>Following the move of Maple Ward to Dovedale 2 we have now implemented all the CQC improvement actions for our adult acute inpatient services.</li> <li>Contractual and legal frameworks are in place to govern relevant aspects within the Leaving Fulwood and RIO programme.</li> </ul>
Sustainability	Yes	X	No	<ul style="list-style-type: none"> <li>Green Plan implementation is progressing, and the plan is being re-set following reviews of progress to date.</li> </ul>

## Section 1: Analysis and supporting detail

### 1.1 Background and context

The operational plan for 2024-25 was formally approved by the Board of Directors in May 2024. Our plan describes the agreed priorities that 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

The operational plan is captured in three core documents

- Our priorities on a page visual (see appendix 1)
- Operational plan full documents
- A reporting framework that defines the leads, operational groups and relevant Board Committee that oversees each priority, reviewed and approved by the Finance and Performance Committee in May 2024.

Purpose of this report

Through the year progress against the delivery of our priorities is reported to the relevant Committees of the Board of Directors. This allows for detailed reviews of progress and the review and agreement of any additional actions to manage risks and support continued delivery. This report does not seek to duplicate the more in-depth reports already made through the Committees.

This report provides a high level bi-annual review of our collective performance in delivering our operational plan and the agreed priorities. For each strategic aim a high-level review is provided of the

- Progress in delivering the agreed priorities
- Our current performance related to the priority area
- Additional progress highlights relevant to the priority area

### 1.2 Current position against plan: key points to note

**a) Strategic aim: Deliver outstanding care**

An overview of progress in delivering our priorities, national and local targets is provided. Refer to Appendix 3 for information on the RAG status in respect of development plan status.

Priority: Deliver therapeutic environments		
Development plan	Focus	Status
Refurbish Maple Ward	Delivery	
Agree our plans to improve the environment for our older adult wards	Planning	
Plans developed and way forward agreed for new facilities	Planning	
Commentary		
<ul style="list-style-type: none"> <li>• <b>Plans to refurbish Maple Ward have been delayed and will not be completed by June 2025 as planned.</b> There is increased uncertainty of when the Fulwood receipts will be received due to delays by the contractor in obtaining planning. This has</li> </ul>		

impacted on our capital programme for the year and will delay our plan to reduce the use of Out of Area Placements during 2025-26 with clear impacts on quality of care and our financial plan.

- **Following delays in the development of plans to improve the environment for our older adult wards, engagement work has now started.** A stakeholder group meeting took place on the 14th of October to begin discussions about how our inpatient older adult wards should look like, feel like, discuss dependencies and possible options for location.
- **Work to develop a strategic outline case for new hospital facilities has started, and an outline case is planned for January 2045.** Project leads have visited Mental Health Trusts who have successfully commissioned new hospital facilities to learn from their experience and approach.

Additional related developments to note

- **Maple Ward moved to Dovedale 2 in June, enabling care to be provided a more therapeutic ward environment.** We have now delivered all the required Care Quality Commission improvements on our adult acute wards.
- **Forest Lodge development plans have been delayed due to the position with our capital programme.** The plan this year was to finalise the design, survey and tender work to enable the work to remove ligature anchor points and redecoration to start in 2025-26. This will be taken forward through next years capital plan.

Priority: Transform our community mental health and learning disability services		
Development plan	Focus	Status
Primary Care Mental Health Teams implemented for all Sheffield Primary Care Networks	Delivery	
Learning disability service plan implemented and embedded	Delivery	
Develop our plans for our older adult community mental health services	Planning	
Gleadless & Heeley Neighbourhood Mental Health Hub	Planning	
Commentary		
<ul style="list-style-type: none"> <li>• <b>Primary Care Mental Health Teams are now in place for all Primary Care Networks in Sheffield, however there is a delay in implementing arrangements for medical support across the services.</b> Phase 1 of the Medical Support Offer was presented to Primary Care Sheffield’s Clinical Governance Committee in September and approved. Arrangements for implementing the Medical Support Offer are being finalised with the aim of implementation in Quarter 4. Once this has been completed the programme will close and move into the post implementation review which will focus on embedding the change and benefits realisation.</li> <li>• <b>The staff consultation on the new model to offer timely support closer to people’s homes through our learning disability services was completed in September.</b> Following the consultation work is now progressing to recruit to new posts. This will be a critical development that will ensure the right services are in place within Sheffield delivering positive outcomes for people with a learning disability. The Learning Disability communication campaign is underway to all stakeholders and a presentation was provided to the Council of Governors in October. Several pathways have been signed off through ongoing pathway development sessions with the staff teams and the focus going forward is to finalise the operationalisation of the model with implementation starting from January 2025.</li> </ul>		

- **Development work is progressing well with our staff, service users, carers and partners to shape our future older adult community services.** The overall aim of the Older Adults Community Mental Health Transformation Programme is to meet the expectations of the Community Mental Health Framework. The Programme will improve the quality and experience of the Older Adult Community Mental Health Service and will ensure that the new service model aligns to the 15 primary care networks across Sheffield.
- **We are launching the new ambitious national pilot project in the Gleadless and Heeley area of Sheffield, offering 24/7 support with additional £5 million funding over 2 years.** Following confirmation that we have been selected to be part of the national pilot we are putting in place the required governance structures and have undertaken engagement sessions with people with lived experience, our staff and community leaders. The aim of the transformation is to provide a 24/7 mental health hub for adults with serious mental illness within the Heeley Plus Primary Care Network catchment area. This will include the integration of all community and specialist mental health teams, urgent and crisis support and integration with physical health services, social care and Voluntary, Community & Social Enterprise (VCSE) support.

Additional related developments to note

- **Positive progress continues to embed the new service model from the Community Mental Health Transformation Programme.** We confirmed plans to embed the model in April 2024. The model aligns to Primary Care Networks and related VCSE services and aims to deliver care through five clear clinical pathways. Following the implementation of the expanded Primary Care Mental Health Team offer across Sheffield (see above) and the disbanding of the Single Point of Access referrals into the Community Mental Health Team service has increased and is higher than expected, which has increased the time required for triage and assessment. Options to effectively respond and address this are being developed by the services and leadership. The introduction of Rio in 2025-26 will significantly improve services ability to effectively track the patient journey through their pathway and will support and strengthen the team's capacity to ensure the intended care and standards is being delivered.
- **Engagement work has progressed to inform and shape the new 18-25 Pathway service due to launch next year.** This has been informed by strong service user engagement, led by Chilli Pep, and key stakeholders from Child and Adolescent Mental Health Services, Sheffield Teaching Hospitals, Primary Care Networks and related Social Care Services.
- **A Committee in Commons was formally established by the South Yorkshire Mental Health, Learning Disability, Dementia and Autism Provider Collaborative (MHLDDA PC) to support the effective development of eating disorders pathways and services across South Yorkshire.** Sheffield services are actively engaged and supporting the development of plans to increase and improve access to community and inpatient services for people with eating disorders.
- **We are improving pathways within our ADHD service, although significant challenges remain due to the scale of increased demand on services.** We have established a robust clinic structure for completing assessments and commencing treatments. We continue to be part of the South Yorkshire MHLDDA PC development work, and at Sheffield Place opportunities for non-recurrent investment next year are being explored.
- **We facilitated partnership discussions across South Yorkshire to enable the expansion of Community Forensic services to the rest of South Yorkshire and**

**Bassetlaw.** This brought partners from the local mental health trusts and VCSE together to explore options to expand services for people in Barnsley, Rotherham, Doncaster and Bassetlaw. Options for the way forward are now being reviewed by the lead commissioner.

Priority: Improve access to crisis care				
Development plan		Focus	Status	
Launch the new Mental Health 111 response		Delivery	Green	
Deliver effective urgent and crisis care services and pathways ensuring the right alternatives to hospital admission are in place		Delivery	Red	
Minimise delayed hospital care and reduce lengths of stay		Delivery	Red	
Eliminate Out of Area placements by 2024/25		Delivery	Red	
Performance position	Focus	Target Month 6	Actual Month 6	Status
Eliminate Out of Area Placements (adult acute spot beds) ( <i>National KPI</i> ) (1) <i>Target at Plan submission to NHSE</i>	Delivery	6 people end of September	15 people end of September	Red
	(2) <i>Revised target agreed</i>	9 people end of September	15 people end of September	Red
Minimise delayed hospital care (Clinically Ready for Discharge patient numbers – adult acute services)	Delivery	Less than 10% of beds	18.5%	Red
Commentary				
<ul style="list-style-type: none"> <li><b>The new NHS111 mental health crisis helpline services for Sheffield was launched in April.</b> The service is being provided by Nottingham Community Housing Association. Development work continues to ensure the effective integration of the helpline service within our planned Urgent and Emergency Care service.</li> <li><b>The Home First programme has been mobilised to bring together an effective programme of work to ensure people are admitted when needed, are receiving therapeutic care and are discharged when ready.</b> Significant challenges have continued through the first six months of this year and levels of delayed discharges, lengths of stay and out of area admission have remained higher than planned. This has continued to impact on patient experience and outcomes and our financial pressures.</li> </ul> <p>Our improvement plans were reviewed and re-set in August, coming together under the 'Home First' programme. The programme brings together crisis resolution and home treatment services, recovery community teams, inpatient teams and related social care services and additional expertise from Real World Health who bring an evidence-based approach to understanding our data, working alongside our teams to understand their experiences and triangulate that information to identify improvement projects and areas of focus.</p> <p>The programme has identified three clear objectives based on Home Treatment services gatekeeping all admissions and support discharge, to reduce lengths of stay to 40 days or less and to reduce the levels of delayed discharges to 10% or less.</p> <p><u>Additional related developments to note</u></p> <ul style="list-style-type: none"> <li><b>Plans for the provision of Crisis House services have been reviewed and the recommendation to continue with a six bedded service was approved by the</b></li> </ul>				



**Executive Management Team.** The service will be re-tendered, and the new arrangements will be in place by March 2025.

<b>Priority: Improve access so people wait less and wait well</b>				
<b>Development plan</b>		<b>Focus</b>	<b>Status</b>	
Quality Improvement Collaborative supporting improvements across 10 services focussed on reducing waiting and 'waiting well'		Delivery		
<b>Performance position (national key performance indicators, see App 2)</b>	<b>Focus</b>	<b>Target Month 6</b>	<b>Actual Month 6</b>	<b>Status</b>
Number of women accessing specialist community Perinatal Mental Health and Maternal Mental Health services in the reporting period.	Delivery	415 (rolling 12-month average)	415 (rolling 12-month average)	
Talking Therapies outcomes: Reliable recovery rate for those completing a course of treatment and meeting caseness.	Delivery	47% (at month 6)	48.2% (at month 6)	
Talking Therapies outcomes: Reliable improvement rate for those completing a course of treatment.	Delivery	66%	67.5%	
Talking Therapies: % of people accessing treatment within 6 weeks	Delivery	75%	99%	
Talking Therapies: % of people accessing treatment within 18 weeks	Delivery	95%	100%	
Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services.  (Note: due to the Rio rollout into our older adult services this data only relates to our adult community mental health services, with an adjusted target)	Delivery	3,007 (rolling 12-month average)	3,359 (rolling 12-month average)	
<b>Commentary</b>				
<ul style="list-style-type: none"> <li> <p><b>The waiting lists and waiting well Quality Improvement (QI) collaborative is progressing well.</b> All teams are progressing through the Waiting Less and Waiting Well QI Collaborative, receiving support from a designated QI coach and attending triannual Learning Sessions.</p> <p>Some teams are seeing significant progress, for example, the Specialist Psychotherapy Service have reduced the average time from referral to triage decision from 4.5 weeks to 3.8 weeks (16% reduction) between July 2023 to July 2024 and the number of service users on their waiting list has reduced by 42%.</p> <p>Another team seeing significant progress is the Neurological Enablement Service, who have worked to amend the 'first contact' process within their service to enable clients to speak directly to a clinician earlier in the pathway. The time between speaking to a clinician has reduced from a median average of 50 days to 7 days.</p> <p>The next Learning Session is scheduled for Wednesday 6<sup>th</sup> November focussed on sharing progress and learning, and the final Learning Session will take place in March 2025 before a celebration event in the summer of 2025.</p> </li> <li> <p><b>Performance against national activity targets has been good over the first six months of this year, either in line with or exceeding our planned trajectories:</b> Combined activity for all community mental health services is above target for our adult services with 3,359 people receiving 2+ contacts over the 12-month period up to</p> </li> </ul>				

September 2024 from across all our community mental health services. Perinatal Mental Health Service activity is in line with plan following recruitment completed towards the end of the previous year and the service continues to increase the numbers of people accessing its support. Sheffield Talking Therapies (previously IAPT) services are performing well in respect recovery and improvement outcomes following treatment, however the service is behind plan in respect of the numbers of people accessing treatment and further service expansion will be required to support increased activity.

Additional related developments to note

- **Significant challenges remain ongoing within our ADHD service, however improvements have been made:** We have introduced and embedded effective clinical structures, have re-commenced providing new diagnostic assessments and have initiated plans to recruit and train extra staff which will increase capacity. Over the medium to longer term the challenge is one of being unable to manage significantly high levels of demand that far exceed the available capacity – a challenge replicated nationally. Development work continues across Sheffield Place to explore future models and approaches as note above under the Priority 2 update.

Priority: Deliver our quality and safety objectives				
Development plan		Focus	Status	
Deliver our quality and safety objectives:				
• Sexual safety: Understanding and Improving sexual safety for service users, particularly in inpatient areas.		Planning	Green	
• Neurodivergence: Ensuring individual needs are identified and person-centred care is delivered for service users.		Planning	Green	
• Dementia: Developing an organisational approach to person centred Dementia care.		Planning	Green	
• Patient level reporting: Developing a range of tools that support reporting to improve understanding of patient experience.		Planning	Green	
Inpatient Culture of Care Improvement Programme		Planning	Green	
Performance position	Focus	2023-24 baseline	April-Sept actual	Status
Overall total number of sexual safety related incidents reported	Planning	222	143	No RAG rating at this stage
Note: a full set of data and future trajectories will form part of the development work for each of the quality and safety objectives.				
Commentary				
<ul style="list-style-type: none"> <li>• <b>Good progress continues to be made in the delivery of our Quality Objectives, and the full report is provided to the Quality Committee and Board of Directors.</b> Much of the work is in the planning and development stages following the agreement of the new objectives. <ul style="list-style-type: none"> <li>▪ Working Groups are in place for each objective with an appropriate clinical lead identified and in place.</li> <li>▪ We have been ensuring experts by experience and service user voices are underpinning our work across the four areas. Each programme of work has identified experts by experience in place.</li> <li>▪ We our developing our data to support each project. Examples of this are the development and use of a sexual safety dashboard which is being shared monthly with services, and the development of audit tools that have been</li> </ul> </li> </ul>				

piloted and exploring population data relating to dementia, including forecasting and using SHSC data support a combined dashboard that triangulates data.

- We are building broader engagement forums to support teams to make progress over the longer term. An example of this is the Autism Community of Practice that aims to support clinical staff to enhance their understanding of working with neurodivergent people.
- Launched the ‘Safe to Share’ app pilot to make it easier for patients to provide live feedback to staff in their service.
- **The Inpatient Culture of Care improvement programme is progressing well, with four wards participating on the two-year programme.** The focus has been on building engagement with experts by experience and staff across each of the ward teams. The programme has a lived experience lead in place and further work is required to establish an inpatient reference panel that will support the programme going forward. All teams have identified improvement ideas and are ready for the launch of the improvement phase starting in November. The programme will support teams with their improvement ideas, have a six month focus on safety and support ward managers with reflective practice and provide coaching support for our teams that support inpatient services such as estates and digital.

**b) Strategic aim: Create a great place to work**

An overview of progress in delivering our priorities, national and local targets is provided below.

<b>Priority: Live our values, improving staff engagement and involvement</b>				
<b>Development plan</b>		<b>Focus</b>	<b>Status</b>	
Launch our Values into Behaviours programme to create a shared understanding of how we live our values day to day.		Delivery		
Strengthen involvement across SHSC through refreshed communication and engagement approach.		Delivery		
<b>Performance position</b>	<b>Focus</b>	<b>2022</b>	<b>2023</b>	<b>Status</b>
NHS staff survey response rate	Delivery	50%	52%	
Advocacy questions				
Care of patients/ service users is my organisations top priority	Delivery	68.3%	72.0%	
I would recommend my organisation as a place to work	Delivery	43.9%	52.0%	
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	Delivery	44.3%	48.0%	
Note: ‘Green’ rating to reflect improvement has been made.				
The 2024 Staff Survey is currently underway, and results will be available towards the end of Q4				
<b>Commentary</b>				
<ul style="list-style-type: none"> <li>• <b>The development of the Values into Behaviour programme is progressing well, underpinned by high levels of staff engagement.</b> Over 40 sessions have been held with c1,000 people involved and taking the opportunity to have their say in our ‘Summer of Values into Behaviours’ conversations to improve how we live our values every day. This was complemented by opportunities to contribute on-line. Overall, we</li> </ul>				

received rich feedback, with over 3,000 pieces of information being provided. A development plan is in place to continue to deliver the programme informed by the insights and feedback received supported by clear actions, and a behaviours framework. Leadership for the programme going forward will be through a Values Delivery Group which will be instrumental in taking the work forward.

- **We are extending the range of development support in place for leaders across SHSC.** The Developing as Leaders programme continues and the next cohort is planned, this is complemented by a new SHSC Manager programme being introduced from October 2024, new line manager supervision training and a Community of Practice that will shape our focus going forward.
- **We have refreshed and updated our communications and engagement strategy.** The aim behind the refresh has been to make sure how we communicate with people in our communities, people who use our services, and those who work in them, is clear, open, honest and accessible. We will listen and adapt the way we communicate to meet people’s needs. This will increase understanding of, and trust in, the vital services we provide, helping people to feel safe and reassured. The refreshed strategy has defined objectives, a clear approach and a way of working that promotes good communications as everyone’s business. The refreshed strategy has a phased three-year plan and the focus through the rest of 2024-25 will be on building trust. The strategy has an agreed set of metrics to help us evaluate impact.

<b>Priority: Improve the experience and wellbeing of our staff</b>				
<b>Development plan</b>		<b>Focus</b>	<b>Status</b>	
Deliver our workforce equality objectives to achieve equality and inclusion for our staff		Delivery	Green	
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		Delivery	Orange	
Improve the wellbeing of staff with a clear focus on preventing ill-health including the impact of discrimination and abuse		Planning	Orange	
<b>Performance position</b>	<b>Focus</b>	<b>2022</b>	<b>2023</b>	<b>Status</b>
NHS staff survey response rate	Delivery	50%	52%	Green
<b>Advocacy questions</b>				
Care of patients/ service users is my organisations top priority	Delivery	68.3%	72.0%	Green
I would recommend my organisation as a place to work	Delivery	43.9%	52.0%	Green
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	Delivery	44.3%	48.0%	Green
Note: ‘Green’ rating to reflect improvement has been made. The 2024 Staff Survey is currently underway, and results will be available towards the end of Q4				
<b>Performance position</b>	<b>Focus</b>	<b>Target Month 6</b>	<b>Actual Month 6</b>	<b>Status</b>
Staff sickness absence	Delivery	5.1%	6.32%	Orange
Staff supervision	Delivery	80%	67.12%	Red
Annual appraisals completed	Delivery	90%	70.01%	Orange
<b>Commentary</b>				

- **Overall good progress is being made in progressing the refreshed Equality Objectives priorities for 2024-25.** This is outlined below in section (d)
- **We are integrating our workforce planning within the annual business planning process and the development of the operational plan.** This will strengthen the connectivity and triangulation across operational delivery, workforce and financial planning. Through the Workforce Recruitment and Transformation Group focus has been on retention initiatives, embedding new roles across services and strengthening the alignment of our professional workforce plans to our overall SHSC wide plan.
- **We continue to deliver improvements in our approach to supporting staff wellbeing.** We have improved our partnership with our occupational health service to ensure it compliments other support that is available to our staff. We have signed up to the sexual safety charter and the delivery of ten commitments to create sexually safe environments for staff and we have enhanced the support provided to staff through workplace wellbeing with a particular focus on post incident support. We have launched a Wellbeing Network and have c50 wellbeing champions who work across our services to raise awareness about the support and services available.

c) **Strategic aim: Effective use of resources**

An overview of progress in delivering our priorities, is provided below.

<b>Priority: Implement RIO safely and bring benefits to the way we work.</b>				
<b>Development plan</b>		<b>Focus</b>	<b>Status</b>	
Implement RIO safely and bring benefits to the way we work.		Delivery		
<b>Commentary</b>				
<ul style="list-style-type: none"> <li>• <b>We are on track to implement Rio by March 2025.</b> The programme has successfully progressed through the two planned gateways and the relaunch within Older Adult Services will take place in November. Following this a cycle of 'Build, Test and Train' development work is scheduled on a service-by-service basis in the run up to the full launch across all remaining services in March 2025. The Development and improvement work supported by over 80 'Rio Champions' who are staff within each of our teams.</li> </ul>				
<b>Priority: Deliver our financial plan and efficiency programme by ensuring we deliver best value with every pound we spend.</b>				
<b>Development plan</b>		<b>Focus</b>	<b>Status</b>	
Deliver our financial plan and efficiency programme to deliver a £6.5m deficit including a £7.3m savings plan by March 2025.		Delivery		
<b>Performance position</b>	<b>Focus</b>	<b>Target in September</b>	<b>Actual in September</b>	<b>Status</b>
Surplus/(Deficit)	Delivery	(3,871)	(4,107)	
Out of Area spend *	Delivery	(3,313)	(5,164)	
Agency spend	Delivery	(2,428)	(1,546)	
Cash	Delivery	40,346	35,654	
Efficiency Savings	Delivery	3,177	3,199	
Capital	Delivery	(2,521)	(1,008)	
* Includes Purchase of Healthcare only, excludes travel costs.				
<b>Commentary</b>				
<ul style="list-style-type: none"> <li>• <b>At month six the year-to-date deficit position of £4.107m is £0.236m worse than planned and the underlying position remains highly challenged due to higher</b></li> </ul>				

**forecast spend in out of area and reduced non-recurrent underspends forecast over the second half of the year.** To achieve the planned deficit of £6.514m, the forecast includes additional mitigation/savings required of £1.1m. With the additional risks in the financial position, plans are being developed for £2m worth of mitigations so that the current forecast can be achieved. Out of Area spend is the main driver for the deterioration of the financial position, most of the year to date overspend is offset by non-recurrent underspends from vacancies and reductions in non-pay spend.

Additional related developments to note

- **The delay in the sale of Fulwood has impacted on the delivery of the Capital Plan due to the uncertainty of planned capital receipts.** The main impact is on the Maple Ward refurbishment programme which will delay the scheme start date and completion into the later part of 2025-26. This will impact on patient experience and our financial plan through the extended dependency on the current out of area arrangements and extended use of Dovedale 2.

Without the receipts from the Fulwood sale our available capital funds for 2024-25 is the Capital Departmental Expenditure Limit (CDEL) budget of £4.696m. To ensure our forecast expenditure for the rest of this year remains within our CDEL, several safety improvement projects have been deferred into the following financial year. There are risks associated with this and these have been reviewed by the Executive Management Team and the Finance and Performance Committee in September.

- **Green Plan implementation continues to move forward, and a refresh of the Plan has been drafted by the Sustainable Development Group.** The refresh proposes new emerging priorities and supporting measures and metrics and has been informed by a literature review of evidence, guidance on sustainable development in mental healthcare, Greener NHS and NHS England guidance and on-going consultation with SHSC stakeholders.

Progress on delivering the current Green Plan Action Plan and our latest Greener NHS Green Plan Support Tool Self-Assessment results were reviewed by the Sustainable Development Group and Finance and Performance Committee in September. We are still making progress (20% of Green Plan Action achieved and 46% in progress) albeit slower than would be anticipated at the stage of Green Plan delivery. Benchmarking against other organisations that have completed the support tool self-assessment suggest we fall below the national average for most areas of focus except for adaptation, assurance and governance.

**d) Strategic aim: Ensure our services are inclusive**

An overview of progress in delivering our priorities, national and local targets is provided below.

<b>Priority: Deliver our patient and carer race equality framework</b>		
<b>Development plan</b>	<b>Focus</b>	<b>Status</b>
Deliver our Patient and Carer Race Equality Framework	Development	
<b>Commentary</b>		
<ul style="list-style-type: none"> <li>• <b>The delivery our Patient Carer Race Equality Framework (PCREF) continues to progress well, and our delivery plan is now in place.</b> The plan was developed through a 'stocktake review' with our key partners and staff to ensure feedback continues to shape our focus and the Board development session in June 2024.</li> <li>• The delivery plan will direct ongoing improvements in key areas               <ul style="list-style-type: none"> <li>▪ PCREF Dashboard development finalised through 2024 providing information at service and Board level.</li> <li>▪ Integrating advance choice directives into our practices to ensure we provide care that is respectful, inclusive and protective of the human rights of all</li> </ul> </li> </ul>		

service users and carers.

- Expand the provision of community development workers to not only bridge existing gaps in mental health services but also cultivate a culture of inclusivity and support within Sheffield’s diverse communities, ultimately promoting holistic mental wellbeing and resilience
  - Co-designed governance structures focussed on engagement
  - Development of ‘how to’ toolkits to support the delivery of the PCREF organisational competencies focussed on engagement tools, examples of ‘what good looks like’, positive case studies, embedding cultural humility and self-assessment checklists to enable reflection on progress.
- As part of the plan to expand the provision of community development workers we have agreed and funded 3 Community Development Workers to work within the Yemen and Arab, Page Hall and Roma, Somali and Sharrow community hubs.

Priority: Work in partnership to address health inequalities		
Development plan	Focus	Status
Work with our partners across Sheffield Place, the South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative and Integrated Care System to improve and transform services and reduce health inequalities	Delivery	
Commentary		
<ul style="list-style-type: none"> <li>• <b>The Board has completed a health inequalities self-assessment to inform our health inequalities action plan.</b> Following the self-assessment, a set of objectives have been produced and supporting smart targets are being finalised.</li> <li>• <b>We have shaped the Health &amp; Wellbeing Board’s ‘Fair &amp; Healthy Sheffield Plan’, ensuring our service users’ needs are met in the Plan.</b> We will support the delivery of the Fair and Health Sheffield Plan through a clear focus on building strong relationships in communities, particularly in the Gleadless and Heeley PCN and Northeast neighbourhoods, providing good working conditions for everyone in SHSC, and improving access for people who experience the most difficulty in accessing NHS and Social Care services.</li> <li>• <b>Launched a Population Health Forum to support engagement across SHSC.</b> The Forum brings together a wide range of leaders and practitioners across SHSC and supports engagement and awareness raising in key areas that impact on people’s health. For example, the last Forum focussed on practice related to smoking cessation across SHSC.</li> </ul>		

Priority: Deliver our equality objectives.		
Development plan	Focus	Status
Improve Service User information (data) on Disability, Sexual Orientation, Ethnicity, The Accessible Information Standard, Reasonable Adjustments, and Interpreting.	Delivery	
Increase the number of Ethnically Diverse Staff in Agenda for Change Pay Bands 8a upward in Clinical areas of SHSC.	Delivery	
Improve our Knowledge, Understanding and Attitude in the areas of: Neurodiversity, Reasonable Adjustments, Cultural Humility, Allyship, Microaggression	Planning	
Improve the experience of Disabled staff and increase access to	Delivery	

Reasonable Adjustments		
Improve the experience of LGBTQ+ staff and service users (Achieve Gold Level Rainbow Badge Phase II or similar programme)	Planning	
Achieve Gold Level in our aim to be an Anti-Racist organisation (Accreditation Under The North-West Assembly Anti-racist Framework)	Delivery	
<b>Commentary</b>		
<p><b>Overall good progress is being made in progressing the refreshed Equality Objectives priorities for 2024-25.</b> Progress against the Workforce Race Equality Standard and Workforce Disability Equality Standard was reviewed by the Executive Management Team in August and improvement work was also prioritised for the following three areas for the remainder of the year:</p> <ul style="list-style-type: none"> <li>• Discrimination</li> <li>• Why Disabled staff report that the organisation does not value their work</li> <li>• Focus on areas relevant to the diversity of the organisation.</li> </ul> <p>The position against each of the Equality Objectives is summarised below:</p> <ul style="list-style-type: none"> <li>• <b>A working group is in place to progress action to improve recording of service user information around protected characteristics.</b> Progress has been made on requirements to identify and record Reasonable Adjustments in System One and requirements for Rio are part of the roll out programme.</li> <li>• <b>The main focus of our work to improve the clinical disparity ration is on career progression for nurses.</b> As part of the improvement work an ethnically diverse nurses' group has been established, development workshops are planned and there has been positive up take from our ethnically diverse staff in the South Yorkshire ICS reciprocal mentoring programme. As the development work progresses there has been limited movement in the disparity ratio over the first quarter compared to the previous year.</li> <li>• <b>The SHSC Manger Development programme will include sessions on Disability, Reasonable Adjustments, microaggressions and a version of the Rainbow Badge training.</b> The broader development plan is progressing actions to support awareness raising, the development of support toolkits, broader training and building learning and sharing forums.</li> <li>• <b>Work to improve the experience of our disabled staff has focussed on improving knowledge through manager training and updating of manager guidance that applies the learning from work undertaken in the last 12 months.</b> Training support for managers is being progressed through the SHSC Manager Development programme (above). Work has started to improve data quality and reduce the high proportion of 'not knowns' in respect of staff who have a disability. New systems and processes are still being refined for the ordering of equipment and software.</li> <li>• <b>Our Rainbow Badge phase II action plan continues to progress actions to improve the experience of our LGBTQ+ staff and service users.</b> Improvements have included plans to move to gender-neutral single cubicle toilets in service areas and the development of our statement on conversion practice which is due to be published within SHSC. We are working with National LGBT Health Team to look at how mental health trusts can be graded in the Rainbow Badge scheme.</li> <li>• <b>We are preparing to apply for bronze accreditation under the North-West Assembly Anti-Racist Framework.</b> Through our Ethnically diverse staff network group and the Inclusion and Equality Group we are reviewing the evidence to support our accreditation and ensuring the right engagement is in place to support progress.</li> </ul>		



## Section 2: Risks

- 2.1 **Improving flow within inpatient services:** There is a risk that failure to reduce delayed transfer of care rates and lengths of stay will continue to impact on our ability to deliver good, safe care and reduce levels of out of area placements. This would prolong poor experiences and outcomes for our service users and impact on our cost improvement plan through 2023/24 and into 2024/25. Section 1.2, page 8, describes the actions in place to mitigate this and deliver on the required improvements.

**BAF Risk 0024:** *Risk of failing to meet fundamental standards of care with the regulatory body resulting in avoidable harm and negative impact on service user outcomes and experience staff wellbeing, reputation, future sustainability of particular services which could result in regulatory action.*

**BAF Risk 0026:** *There is a risk that we fail to take an evidence led approach to change and improvement caused by a failure to implement our integrated change framework effectively resulting in failure to deliver our strategy, improve outcomes, address inequalities and deliver value, growth and sustainability.*

- 2.2 **Delays to the delivery of our capital programmes:** There is a risk that uncertainty regarding the available funds will delay the timely delivery of our capital projects, resulting in unnecessary delays, poor use of our capital funds, further deferral of essential schemes and undermining effective governance and decision making. Mitigation plans are being put in place to ensure we can respond quickly to defined scenarios. The expected impact of this on future projects will be closely monitored.

**BAF Risk 0025B:** *There is a risk of failure to deliver the therapeutic environments programme at the required pace caused by difficulty in accessing capital funds required, the revenue requirements of the programme, supply chain issues (people and materials), and capacity of skills staff to deliver works to timeframe required resulting in impact on service user safety, more restrictive care and a poor staff and service user experience.*

- 2.3 **Therapeutic Environment:** There are risks arising from the uncertainty regarding the availability of external capital funds. Further development of the Strategic Outline Case will consider the contingency approaches available to resource this programme. There are significant risks relating to resources with an extended scope and the need to enable critical path projects.

**BAF Risk 0025B:** *There is a risk of failure to deliver the therapeutics environment programme at the required pace caused by difficulty in accessing capital funds required, the revenue requirements of the programme, supply chain issues (people and materials), and capacity of skills staff to deliver works to timeframe required resulting in more restrictive care and a poor staff and service user experience and unacceptable service user safety risks*

- 2.4 **Financial pressures, challenges and our financial position:** There is a risk that the highly challenging financial context for our plans and the current financial position in 2024-25 limit the options to support key priority areas and deliverables and deliver our agreed financial plan. This may impact on capacity to progress areas of Trust Strategy, support existing programmes of work or to respond to and accommodate additional requirements within existing programmes of work. Prioritisation of available resources will be a key consideration as implementation plans progressed.

**BAF Risk 0022:** *There is a risk we fail to deliver the break-even position in the medium term caused by factors including failure to develop and deliver robust*

*financial plans based on delivery of operational, transformation and efficiency plans resulting in a reduction in our financial sustainability and delivery of our statutory duties.*

## Section 3: Assurance

### Monitoring Framework

- 3.1 The monitoring framework remains in place for each of the deliverables in the Operational plan. The framework has been updated to reflect the Operational Plan for 2024-25 and is referenced at Appendix 3.

### Updates to the strategic priorities and key deliverables for 2024-25

- 3.2 No changes made since Plan approval.

### Triangulation

- 3.3 The content of this report and the summary of the current position, outlined at Appendix 3, is supported by the following reports and information reviewed and presented to the Board and its Committees.
- a) Transformation Board reports to the Finance and Performance Committee and Board of Directors
  - b) Quality Accounts report to the Quality Assurance Committee
  - c) Workforce Plan and People Plan reports to the People Committee
  - d) Finance reports to the Finance and Performance Committee in respect of financial position, capital plan, CIP Planning, negotiations with commissioners and investment plans and allocations.
  - e) IPQR in respect of activity and performance reports to the Committees of the Board.
  - f) Range of strategy progress provided to relevant Committee and Board of Directors.

## Section 4: Implications

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

## Section 5: Recommendations

Trust Board is asked to:

- note the update and to take assurance that the operational plan deliverables are being progressed and the risks to delivery are being managed appropriately.

## Section 6: List of Appendices

Appendix 1: SHSC Priorities

Appendix 2: NHS England 2024-25 key performance indicators

Appendix 3: Operational plan delivery framework and summary position at September 2024



**Sheffield Health and Social Care**  
NHS Foundation Trust

# Our priorities 2024-25

Strategic priorities

- Deliver therapeutic environments
- Transform our community mental health and learning disability services
- Improve access to crisis care
- Improve access so people wait less and wait well
- Deliver our quality and safety objectives

- Implement RIO safely and begin to bring benefits to the way we work
- Deliver our financial plan and efficiency programme by ensuring we deliver best value with every pound we spend

- Deliver our patient and carer race equality framework
- Work in partnership to address health inequalities
- Deliver our equality objectives

- Live our values, improving experience and wellbeing
- Improve staff engagement and involvement

Strategic aims

Deliver outstanding care



Effective use of resources



Ensure our services are inclusive



Create a great place to work



## Our approach to delivering our priorities

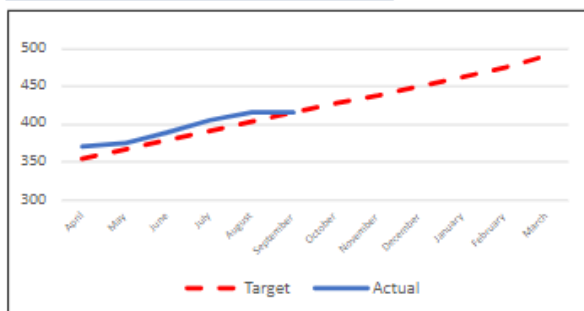
- We will ensure the care we deliver is trauma-informed, strengths-based, person-centred, and evidence-led
- We will deliver change through coproduction and quality improvement approaches
- We will focus on equality, inclusion and addressing health inequalities in all we do
- We will deliver our Green Plan commitments

## APPENDIX 2: NHS England 2024-25 key performance indicators

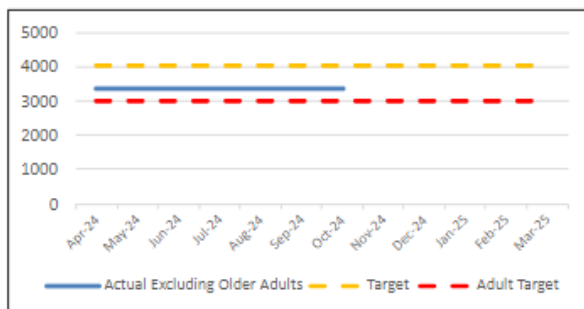
### NHS Long Term Plan – national metrics for 2024/25

**Perinatal:** Number of women accessing specialist community Perinatal MH services in the reporting period (cumulative, rolling 12 month)

Our target = 490 by March

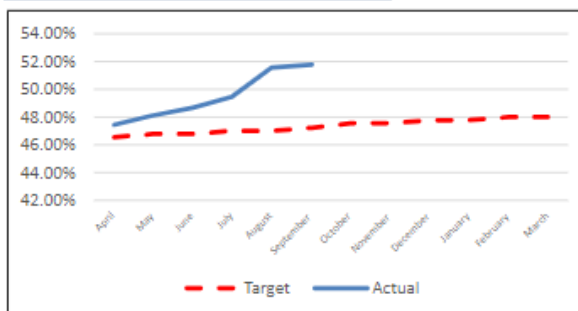


**Community:** Number of people who receive two or more contacts from NHS commissioned mental health services for adults and older adults with severe mental health illnesses



**Talking Therapies:** Reliable recovery rate for those completing a course of treatment and meeting caseness

Our target = 48% by March

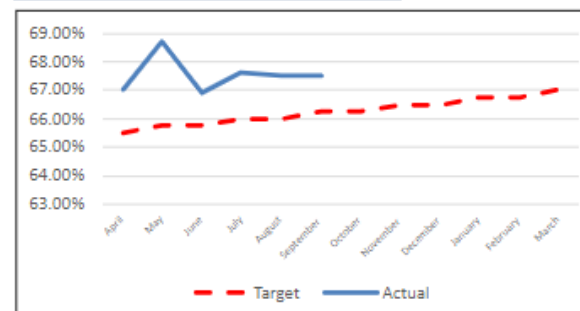


**Out of Area:** Number of active adult acute OAPs that are either 'internal' or 'external' to the sending provider



**Talking Therapies:** Reliable improvement rate for those completing a course of treatment

Our target = 67% by March



#### Narrative

**Community** – figures provided for Adult services only due to Older adult data from Rio not yet being available and will be added in line with the Rio implementation plan. Achieving Adult target.

**Sheffield Talking Therapies** continue to meet and exceed targets.

**Out of area placements** saw a significant increase over the first four months of the year. Work is ongoing across a number of services to improve flow to reduce the number of out of area placements, the position improved in August but has deteriorated slightly again in September and is still not meeting the target. The target originally agreed with the ICB (6 between Apr-Sep 2024 then 5 for Oct 2024-Mar 2025) relates to inappropriate placements only but we have set a more challenging internal target for all OOA placements as shown in the chart.

**APPENDIX 3: Operational Plan delivery framework and summary position at September 2024.**

***Operational plan delivery framework***

Schedule agreed in May 2024. Updated in July to map the reporting flows.

Position at September 2024. Information relating to leads and delivery groups updated to reflect changes.

Priorities	Board Committee	Executive Director	Senior Lead	Delivery Group	STATUS
<b>Deliver therapeutic environments</b>					
Refurbish Maple Ward	FPC	Neil Robertson	Adele Sabin	Therapeutic environments Programme Board	Red
Agree our plans to improve the environment for our older adult wards	FPC	Neil Robertson	Adele Sabin	Therapeutic environments Programme Board	Orange
Plans developed and way forward agreed for new facilities	FPC	James Drury	Jason Rowlands	Therapeutic environments Programme Board	Green
<b>Transform our community mental health and learning disability services</b>					
Primary Care Mental Health Teams implemented for all Sheffield PCNs	QAC	Neil Robertson	Melanie Hall	Primary and Community Mental Health Programme Board	Orange
Learning disability service plan implemented and embedded	QAC	Helen Crimlisk	Adele Rowett	Learning Disabilities Programme Board	Orange
Develop our plans for our older adult community mental health services	QAC	Neil Robertson	Adele Rowett	Older Adults Community Programme Board	Green
Gleadless & Heeley Neighbourhood Mental Health Hub	QAC	Helen Crimlisk	Greg Hackney	Gleadless and Heeley Programme Board	Green
<b>Improve access to crisis care</b>					
Launch the new Mental Health 111 response	QAC	Neil Robertson	Greg Hackney	Home First Programme Board	Green
Deliver effective urgent and crisis care services and pathways ensuring the right alternatives to hospital admission are in place	QAC	Neil Robertson	Greg Hackney	Home First Programme Board	Red
Minimise delayed hospital care and reduce lengths of stay	QAC	Neil Robertson	Greg Hackney	Home First Programme Board	Red
Eliminate Out of Area placements by 2024/25	QAC	Neil Robertson	Greg Hackney	Home First Programme Board	Red
<b>Improve access so people wait less, and wait well</b>					
Quality Improvement Collaborative supporting improvements across 10 services focussed on reducing waiting and 'waiting well'	QAC	Neil Robertson	Parya Rostami	Operational Management Gp	Green
<b>Deliver our quality and safety objectives</b>					
Sexual safety: Understanding and Improving sexual safety for service users, particularly in inpatient areas.	QAC	Caroline Johnson	Vanessa Garrity	Sexual Safety Working Group	Green
Neurodivergence: Ensuring individual needs are identified and person-centred care is delivered for service users.	QAC	Caroline Johnson	Jemma Babiker & David Newman	Neurodivergence Working Group	Green
Dementia: Developing an organisational approach to person centred Dementia care.	QAC	Caroline Johnson	Shona Scott	Dementia Working Group	Green
Patient level reporting: Developing a range of tools that support reporting to improve understanding of patient experience.	QAC	Caroline Johnson	Teresa Clayton	Patient Level Reporting Review Group	Green
<b>Inpatient Culture of Care Improvement Programme</b>					
Inpatient Culture of Care Improvement Programme enabling improvements across acute inpatient services	QAC	Caroline Johnson	Kim Parker	Clinical Quality and Safety group	Green
<b>Live our values, improving staff engagement and involvement</b>					
Launch our Values into Behaviours programme to create a shared understanding of how we live our values day to day	People	Caroline Parry	Charlotte Turnball	Wellbeing and Organisational Development Group	Green
Strengthen involvement across SHSC through refreshed communication and engagement approach	People	James Drury	Dawn Pearson	Wellbeing and Organisational Development Group	Green
<b>Improve the experience and wellbeing of our staff</b>					
Deliver our workforce equality objectives to achieve equality and inclusion for our staff	People	Neil Robertson	Liz Johnson	Equality & Inclusion Group	Green
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	People	Caroline Parry	Sarah Bawden	Workforce, Recruitment and Transformation Group	Orange
Improve the wellbeing of staff with a clear focus on preventing ill-health including the impact of discrimination	People	Caroline Parry	Sarah Bawden	Wellbeing and Organisational Development Group	Orange
<b>Implement RIO safely and bring benefits to the way we work</b>	FPC	Phillip Easthope	Chris Reynolds	EPR Programme Board	Green
<b>Deliver our financial plan and efficiency programme - £4.4m deficit &amp; £8.3m CIP</b>	FPC	Phillip Easthope	Chris Cotton	Executive Management Team	Red
<b>Develop our Patient and Carer Race Equality Framework</b>	QAC	Caroline Johnson	Teresa Clayton	Race Equity Committee	Green
<b>Work in partnership to address health inequalities</b>	QAC	James Drury	Jo Hardwick	Equality & Inclusion Group	Green

<b>Deliver our equality objectives</b>				
Improve Service User information (data) on Disability, Sexual Orientation, Ethnicity, The Accessible Information Standard, Reasonable Adjustments, and Interpreting.	QAC	Neil Robertson	Greg Hackney	Equality & Inclusion Group
Increase the number of Ethnically Diverse Staff in Agenda for Change Pay Bands 8a upward in Clinical areas of SHSC.	People	Caroline Parry	Liz Johnson	Equality & Inclusion Group
Improve our Knowledge, Understanding and Attitude in the areas of: Neurodiversity, Reasonable Adjustments, Cultural Humility, Allyship, Microaggression	People	Caroline Parry	Liz Johnson	Equality & Inclusion Group
Improve the experience of Disabled staff and increase access to Reasonable Adjustments	People	Caroline Parry	Liz Johnson	Equality & Inclusion Group
Improve the experience of LGBTQ+ staff and service users (Achieve Gold Level Rainbow Badge Phase II or similar)	People	Caroline Parry	Liz Johnson	Equality & Inclusion Group
Achieve Gold Level in our aim to be an Anti-Racist organisation (Accreditation Under The North-West Assembly Anti-racist Framework)	People	Caroline Parry	Liz Johnson	Equality & Inclusion Group
<b>Other deliverables</b>	<b>Board Committee</b>	<b>Executive Director</b>	<b>Senior Lead</b>	<b>Delivery Group</b>
Embed CMH transformation	QAC	Neil Robertson	Jessica Green	CMHT Programme Board
18-25 Pathway development	QAC	Neil Robertson	Jessica Green	Operational Management Gp
Performance delivery (Talking Therapies, Perinatal, CMHT, OAPs)	QAC	Neil Robertson	Greg Hackney	Operational Management Gp
Crisis House procurement	FPC	Neil Robertson	Greg Hackney	Business Planning Gp
Eating Disorders pathway development	FPC	Neil Robertson	Adele Rowett	Operational Management Gp
ADHD pathway development	FPC	Neil Robertson	Adele Rowett	Operational Management Gp
Community Forensic pathway development	FPC	Neil Robertson	Adele Rowett	Operational Management Gp
Research, Effectiveness & Innovation plan	QAC	Helen Crimlisk	Michelle Horspool	REVIEW Steering Group
Service User Engagement plan	QAC	Sali Midgley	Teresa Clayton	LECAG
Quality plan	QAC	Caroline Johnson	Vin Lewin	Clinical Quality & Safety Group
IPQR, data quality, demand and capacity	FPC	Phillip Easthope	Rob Nottingham	Digital Assurance Group
Knowledge services development plan	QAC	Helen Crimlisk	Nick Bell	REVIEW Steering Group
Demand and capacity programme	FPC	Neil Robertson	Adele Rowett	Business Planning Gp
Green Plan implementation	FPC	Phillip Easthope	Sarah Ellison	Sustainable Development Gp
Effective service specifications	QAC	Phillip Easthope	Liz Caterer	Business Planning Gp
Optimise the use of all our People systems (e.g. Electronic Staff Record, E-Roster) to ensure good and effective use	QAC	Caroline Parry	Sarah Bawden	Workforce, Recruitment and Transformation Group
Improve space utilisation	FPC	James Drury	Liam Casey	Space Utilisation Gp
Digital strategy and digitisation plan	FPC	Phillip Easthope	Chris Reynolds	Digital Assurance Gp
<b>Capital programme</b>	<b>Board Committee</b>	<b>Executive Director</b>	<b>Senior Lead</b>	<b>Delivery Group</b>
RIO extended programme	FPC	Phillip Easthope	Chris Reynolds	EPR Programme Board
Maple Ward	FPC	Neil Robertson	Adele Sabin	Therapeutic environments Programme Board
LAP removal at Forest Lodge - bedrooms	FPC	James Drury	Adele Sabin	Business Planning Gp
Remaining LAP Phase 2 & 3 - FL radiators and G1 doors	FPC	James Drury	Adele Sabin	Business Planning Gp
Endcliffe Ward - Seclusion and bedroom doors	FPC	James Drury	Adele Sabin	Business Planning Gp
Maple relocation and seclusion access	FPC	James Drury	Adele Sabin	Business Planning Gp
Wainwright Crescent fitting out	FPC	James Drury	Adele Sabin	Business Planning Gp
Woodland View Clinic Rooms	FPC	James Drury	Adele Sabin	Business Planning Gp
Northlands & Eastglade Clinic Rooms	FPC	James Drury	Adele Sabin	Business Planning Gp
Emergency phones upgrade	FPC	Phillip Easthope	Chris Reynolds	Business Planning Gp
Fire Doors: Priority 1 re inpatient areas	FPC	James Drury	Adele Sabin	Business Planning Gp
MCC Switchgear & Generator (7 Facet #1)	FPC	James Drury	Adele Sabin	Business Planning Gp
<b>Procurement programme</b>	<b>Board Committee</b>	<b>Executive Director</b>	<b>Senior Lead</b>	<b>Delivery Group</b>
Procurement plan	FPC	Phillip Easthope	Julie Rice	Business Planning Gp
Programme of repeat procurements	FPC	Phillip Easthope	Julie Rice	Business Planning Gp

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