

Board of Directors - Public

Date: 26 May 2021

Item Ref:

06

TITLE OF PAPER	Chief Executive's Report
TO BE PRESENTED BY	Jan Ditheridge
ACTION REQUIRED	<p>Preventing Suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives" is recommended reading for the Board.</p> <p>The Board are asked to consider the contents of this report and identify anything that impacts on our strategic priorities or risks or require further discussion.</p>

OUTCOME	To update the Board on key policies, issues and events and to stimulate debate regarding potential impact on our strategy, risks and levels of assurance.
TIMETABLE FOR DECISION	May 2021 Board of Directors meeting.
LINKS TO OTHER KEY REPORTS / DECISIONS	Strategic Priorities 2020/21
STRATEGIC AIM STRATEGIC OBJECTIVE	<p>CQC - Getting Back to Good</p> <p>CoVid19 – Getting through safely</p> <p>Transformation Priorities – Changing things that will make a difference</p>

LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	
CONSIDERATION OF LEGAL ISSUES	

Author of Report	Jan Ditheridge
Designation	Chief Executive
Date of Report	19 May 2021

Chief Executive's Report

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
			X		X	See below
<p>The purpose of this report is to inform the Board of current national, regional and local (system) policy and relevant issues that require consideration in relation to our strategic priorities and Board Assurance Framework risks. Also, to stimulate Board strategic discussion. There have been a significant number of national legislation policies and guidance published since our last meeting. The Executive Team will be assimilating all of this through the relevant portfolios and committees or where appropriate to Board.</p> <p>I have indicated where I think Board members might want to read the full documents rather than my summary.</p>						

2. National Issues

There have been a number of publications since we last met as a Board that are of importance and relevance to our organisation.

2.1 Queen's Speech 11 May 2021

a. The Health & Care Bill

Health and care were at the centre of the Queen's speech delivered this month. The contents of the new Health & Care bill, based on the White Paper proposals we discussed in February, was introduced. The wide-ranging Bill's proposals include:

- Making integrated care systems statutory, formally merging NHS England and NHS Improvement.
- Giving greater powers to the Secretary of State for Health & Social Care, which includes some of NHS England's work and functions, and service reconfigurations.
- Provision for the Department of Health & Social Care to limit Foundation Trusts capital expenditure.
- Removing the NHS from current procurement regulations to reduce competition rules to improve efficiency and making sufficient provision for the new financial regime and new provider selection regime.
- The Healthcare Safety Branch will become a statutory body.

The Board have had a number of discussions about the White Paper, now a Bill, in different contexts, and considered its potential impacts on our strategic priorities and risks.

Changes to the way in which capital may be managed being an example, given our important capital programme in the context of our quality improvement journey.

In the private session today, we will consider and comment further on the system (Integrated Care System) and Place (Sheffield) work that we are involved in, in preparation for proposals in the Bill, with regard to the proposed architecture changes to the NHS. How we engage at ICS, at Place and as part of the Mental Health Collaborative (Alliance) will become more and more important to achieving our goals for people who use our services.

b. New Measures on Prevention and Improving Mental Health (Covid19 Mental Health & Wellbeing Recovery Action Plan)

The Government restated its intention to “support the health and wellbeing of the nation including mental health”. This supports the Covid19 mental health and wellbeing recovery action plan, published on 27 March 2021, which sets out the full allocation of the £500m for mental health announced Autumn 2020 and responds to the mental health impacts of the pandemic.

The key areas in the plan for our Board to consider are:

- While the full scale of Covid19 impact on mental health is not yet known, it is expected that more people may need further specialist support in the coming months and years.
- The delivery of the long-term plan has never been more critical.
- The plan acknowledges that individuals and communities have a part to play in our mental health recovery.
- This should be an opportunity to address inequalities for people with mental health, learning disability and autism challenges.

The plan also sets out where the £500m should be focussed, to include:

- Accelerate delivery of the long-term plan, particularly services for children and young people, expansion of adult community support, and sustaining and enhancing crisis support.
- Invest in training and development of the mental health workforce.
- Implement the Mental Health Act Reforms.
- Tackle critical care “backlogs” created by the pandemic, focussing on people with a learning disability or autism, memory assessment and dementia diagnosis.
- Physical outreach for those with serious mental illness.

c. Other Areas of the Queen's Speech of interest to Sheffield Health & Social Care NHS FT

i. Prevention

The newly formed Office for Health Promotion “will work across Government to improve health”, to include:

- Action on obesity.
- New air quality targets.
- More funding to help stop smoking.

Obesity and smoking are two common physical features of someone presenting in our services and are a key prevention focus for our staff.

Our recent campaigns on our inpatient wards to reduce and stop smoking are a good example of this work.

ii. Commission on Race & Ethnic Disparities

The Government will bring forward measures “to address racial and ethnic disparities”.

The Independent Commission on Race & Ethnic Disparities established in 2020 and reported on 31 March 2021. The Government are now considering the Commission's findings and recommendations.

Sheffield Health & Social Care NHS FT have recently presented evidence to the Sheffield Race Equality Commission in relation to our measures to address racial and ethnic disparities.

iii. **National Quality Board**

The NQB has published its updated shared commitment to quality and a position statement (Managing Risks & Improving Quality through Integrated Care Systems) which supports ICS's to embed quality in design, planning and decision making.

The position statement sets out some key requirements that ICS's are expected to put in place during 2021/22, including:

- A designated executive clinical lead for quality and safety.
- A system quality group to engage and share intelligence on quality.
- An agreed way to measure quality.

Initial discussions and draft proposals have been shared at a range of South Yorkshire & Bassetlaw system meetings along the lines described above. Sheffield Health & Social Care NHS FT will continue to contribute and influence the local model.

The full Queen's speech can be found at: <https://www.gov.uk/government/speeches/queens-speech-2021>

2.2 Review into Quality Accounts

The NQB are expected to review the present arrangements for the Quality Account especially as we move to a system approach.

Beverley Murphy, Executive Director of Nursing, Professions & Operations, will work with the Quality Assurance Committee to consider and contribute to the review.

2.3 NHS Complaints Standards

The Parliamentary & Health Service Ombudsman (PHSO) has published the NHS Complaints Standards, a framework to set out how to handle complaints. This applies to all NHS organisations in England.

The standards aim to streamline the complaints service, with greater emphasis on early resolution by empowered, well trained staff.

The framework places a significant focus on senior leaders taking the learning from complaints and using it to improve services. The standards are presently being tested in pilot sites, with roll out expected in 2022.

The Board are aware that there has been significant work to improve our responsiveness, to create a person-centred response in a timely way, and of course use the feedback to learn and understand more about our services.

We have also changed the way we consider complaints to ensure where appropriate they are dealt with by the service at the earliest opportunity, and where a formal response is required, the service is more involved, supported by investigation expertise.

The Quality Assurance Committee have seen improvements in responsiveness, and there is good evidence in our responses that we can demonstrate learning and action, as well as a much more person-centred approach where an apology is visible and meaningful.

There is more to do to close the learning loops and extract it for themes and sharing, especially at Board level.

These standards are timely, and we will ensure they are integrated into our improvements.

David Walsh, Director of Corporate Governance (Board Secretary), is leading this work and will report through the Quality Assurance Committee and Board.

This report can be found at the following link:

<https://www.ombudsman.org.uk/organisations-we-investigate/nhs-complaint-standards/nhs-complaint-standards-summary-expectations>

2.4 New NHS System Oversight Framework 2021/22

This document describes NHS England and NHS Improvement's proposed approach to oversight. While this has been in place for some time now, there are some significant changes proposed mainly to support the Health & Care Bill.

The framework will:

- Set out how NHSE/I will monitor performance, set expectations on how systems will work together to maintain and improve quality of care and describe how identified support needs to improve standards and how outcomes will be supported and delivered.
- Be used by NHSE/I regional teams to guide oversight of ICS's at System, Place and organisation level, as well as decisions about level and nature of support that may be required.
- The new framework introduces a new support programme to replace "the special measures" regime, focussing on the future in a single integrated Recovery Support Programme.

This approach will be very different for all organisations and systems, and particularly potentially for Sheffield Health & Social Care NHS FT given our present Special Measures status.

We will work with Place and System colleagues to influence and understand how this might impact to ensure the transition does not disrupt our improvement journey, and to share our learning of enhanced support with the system.

I have been asked to join a working group nationally, to explore this further, to extract the learning of becoming an organisation in Special Measures, the support that attracts, locally and nationally.

2.5 Freedom to Speak Up Annual Report 2020

The National Guardian Office (NGO) published the Freedom to Speak Up Annual Report highlighting freedom to speak up activity and progress.

The report focuses on the shift to a "learn not blame" culture. The report includes early insights from guardians on the impact of CoVid19.

There are considerations about the future of the guardian role, potential models and subsequent training requirements.

The Board have just completed our Freedom to Speak Up self-assessment, identifying areas of strength and required development.

The team will use the self-assessment with this Annual Report to design actions for the year to take our approach to the next level. David Walsh, Director of Corporate Governance (Board Secretary), will lead this, involving Sandie Keene, our Freedom to Speak Up Non-Executive Director.

The full report can be found at this link:

https://nationalguardian.org.uk/wp-content/uploads/2021/04/NGO_AR_2020_Digital.pdf

2.6 Preventing Suicide in England: Fifth Progress Report of the Cross Government Outcomes Strategy to Save Lives (March 2021)

Nadine Dorries, MP and Minister for Patient Safety, Suicide Prevention & Mental Health, presented this report, which I recommend to the Board in its entirety.

The novel element of the report on this occasion is the focus on CoVid19, its impact and related actions.

Dr. Mike Hunter, Executive Medical Director, is considering the report in relation to present clinical practice, development of the clinical strategy, and through our Mortality Reviews.

Pat Keeling, Director of Special Projects, and Phillip Easthope, Executive Director of Finance, will consider how it supports our modelling work post CoVid19.

Preventing Suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives” is recommended reading for the Board.

The full report can be found at this link: [Fifth Suicide Prevention Strategy Progress Report](#)

3. Local Issues

3.1 Care Quality Commission Reviews

At the time of the Board meeting, Sheffield Health & Social Care NHS FT will be in the midst of our CQC Well Led inspection. This follows the Inspection of Core Services, that has been conducted over the last few weeks, and focussed in our Acute Inpatients and Community areas.

This has been our opportunity to demonstrate the significant progress we have made since our last inspection, to improve the safety and experience for our service users and their families and carers, which has been our absolute focus over the past year. This has required a unique approach to stay focussed on our goal given the context of the pandemic and the changes in the leadership team.

The Board are also fully briefed on the CQC focussed review of Firshill Rise, our Assessment & Treatment Unit for people with learning disabilities and/or autism and mental health challenges. We continue to work with CQC colleagues to work through that review and its emerging findings.

CQC are also conducting collaborative reviews, these are intended to review system working rather than individual organisations. South Yorkshire & Bassetlaw are included in this round of reviews which are looking at children and young people pathways. Our Mental Health Alliance are leading this, and we are involved and expect to contribute recognising we are not a core provider. The Alliance welcome the opportunity to be part of this pilot.

3.2 Finance Review

The Board will know that we asked our Improvement Team to support a review of our finance governance arrangements, to support our understanding of our approach, and explore if any of our arrangements could have adversely affected quality.

This review was conducted by NHSI finance improvement colleagues in partnership with our teams and has been considered by the Finance & Performance and Quality Assurance Committees.

These considerations and proposed actions will be discussed in detail in the private session today. However, I can report that the review made two main recommendations which were:

- i. Development of a finance strategy – to underpin and enable our strategic objectives.
- ii. To develop a more sophisticated approach to cost improvement to avoid short term solutions, include benefits realisation from larger projects and allowing quality and equality impact assessments to support the programme more effectively.

The Board will recognise the recommendations as we had self-assessed as areas for improvement and are in our plan and objectives for this year.

3.3 Mental Health Act Reform Consultation

The Board delegated responsibility to the Mental Health Act Committee following Board consideration at our last meeting.

The committee will report back to the Board via their normal reporting cycle but the headlines of our submission and considerations are:

- Broadly welcome the review and changes.
- Potential impacts on our service delivery and workforce competencies.
- The impact for system colleagues and system pathways, for example the potential impact and changes required with the proposed removal of learning disability as a primary criteria for detention (which we welcome) and the greater proposed scrutiny of the care of all detained people, already a key concern for our leadership teams.

The Board are asked to consider the contents of this report and identify anything that impacts on our strategic priorities or risks or require further discussion.

JD/jch/May 2021