

# Board of Directors - Public

## SUMMARY

Meeting Date: 26 January 2022  
 Agenda Item: 06

<b>Report Title:</b>	Chief Executive Briefing		
<b>Author(s):</b>	Jan Ditheridge, Chief Executive		
<b>Accountable Director:</b>	Jan Ditheridge, Chief Executive		
<b>Other meetings this paper has been presented to or previously agreed at:</b>	<b>Committee/Tier 2 Group/Tier 3 Group</b>	N/A	
	<b>Date:</b>	N/A	
<b>Key points/recommendations from those meetings</b>	-		

### Summary of key points in report

For the Board to consider issues in relation to our strategic priorities and Board Assurance Framework risks.

The Board are asked to consider the risks and assurances of the declared national incident on the ability to achieve our objectives in a timely way and how we will mitigate the risks where there are unavoidable delays.

The Board are asked to consider the implications of the 2022/23 Operational Planning Guidance for the delivery of our strategic objectives.

The Board are asked to consider anything they would particularly want to influence at the next Alliance Board Meeting on 11 February 2022 through the Chief Executive/Chair representation.

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

Consider for Action	X	Approval		Assurance		Information	X
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### Please identify which strategic priorities will be impacted by this report:

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

Is this report relevant to compliance with any key standards?				State specific standard	
Care Quality Commission Fundamental Standards	Yes	X	No		In relation to delivery of the Back to Good Programme
Data Security and Protection Toolkit	Yes		No	X	
Any other specific standard?					
<b>Have these areas been considered? YES/NO</b>					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	Yes	X	No		Planning guidance focus on pressures/ experience post CoVid.
Financial (revenue & capital)	Yes	X	No		Spending review will impact on funding streams.
Organisational Development /Workforce	Yes	X	No		Vaccination legislation.
Equality, Diversity & Inclusion	Yes	X	No		Planning guidance focus on inequalities should influence our service plans.
Legal	Yes		No	X	

<b>Title</b>	<b>Chief Executive Briefing</b>
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### Purpose

The purpose of this report is to inform the Board of current national, regional and local policy and issues that require consideration in relation to our strategic priorities and Board Assurance Framework risks, and to stimulate Board strategic discussion.

## **1. CoVid-19: Recovering Effectively**

There have been significant developments since our last formal Board meeting in relation to the pandemic.

### 1.1 Level 4 – National Incident

On 13 December NHS England/Improvement declared a Level 4 national incident in response to the emergence of the Omicron variant, the launch of an accelerated booster programme and the impact of both on NHS staff and resources.

The letter setting out the focus and requirements can be found through this link: [Level 4 Omicron operational letter 131221 .pdf](#)

At the time of writing this report, the NHS remains at Level 4 – National Incident.

The CoVid-19 report later in this meeting agenda will explore further our response, focus and challenges.

The key impacts/risks for our organisation relate directly to the availability and continuity of staff and pressures in our urgent care pathway due to capacity issues relating mostly to availability of beds and skilled professionals such as Approved Mental Health Practitioners.

This is creating both immediate challenges and threatens our ability to progress our service changes and improvements. There is a focused effort to assess and reassess this risk as our change programme is critical to improve the experience of our service users and prepare for any consequences of the phases of the pandemic as they emerge and resolve.

**The Board are asked to consider the risks and assurances of the declared national incident on the ability to achieve our objectives in a timely way and how we will mitigate the risks where there are unavoidable delays.**

### 1.2 Vaccination as a condition of deployment (VCOD) for all healthcare workers

The Board are aware that the Department of Health & Social Care (DHSC) had stated that individuals undertaking Care Quality Commission regulated activities in England must be fully vaccinated against CoVid-19 no later than 1 April 2022. The regulations apply equally across the public and independent health sector.

Sheffield Health & Social Care NHS FT has been working hard to ensure all our staff are supported with facts, information and opportunities to discuss with experts, line managers, peer groups and individually to ensure they are able to make an informed choice regarding the vaccine uptake.

Significant effort has also been deployed to ensure it is as easy as possible to get both the CoVid-19 and Flu vaccines.

This programme has the full engagement and involvement of our Staff Side representatives and Staff Network Groups, led by our People Directorate, implemented and managed by leaders and managers.

Progress is being monitored operationally through our command structures, through our People Committee for direction and assurance through to Board.

## **2. Transformation: Changing things that will make a difference**

On Christmas Eve 2021 NHS England/Improvement published the 2022/23 Operational Planning Guidance.

The Board will be able to consider the content in more detail in our Transformation Report and contribute to plan development through our committee activities, however, the key headlines of the guidance are:

- Immediate operational focus on the priorities of the Level 4 National Incident as laid out in the letter referenced in section 1 of this report.
- Invest in the workforce and strengthen a compassionate and inclusive culture.
- Deliver the NHS CoVid-19 vaccination programme.
- Tackle the elective backlog (mainly Acute focused) but Mental Health, Learning Disability & Autism have their version.
- Improve responsiveness of urgent and emergency care and community care.
- Move back to and beyond pre-pandemic levels of productivity.
- Develop the approach to population health management, preventing ill-health and addressing health inequalities.

The Board to note at the time of writing this report, the detail on revenue and capital allocations had not been published.

The Finance & Performance Committee and Board will be briefed as the detail emerges.

The Director of Strategy, Pat Keeling, is leading a piece of work to map the guidance against our objectives, risks, priorities and plans to ensure synergy.

**The Board are asked to consider the implications of the guidance for the delivery of our strategic objectives.**

## **3. Partnerships: Working together to have a bigger impact**

### **3.1 Moving to Integrated Care Systems – Progress/Developments**

The 2022/23 Operational Planning Guidance noted the delay to place integrated care systems on a statutory footing from April 2022 to 1 July 2022.

The naming convention for Integrated Care Boards (ICBs) was confirmed in December 2021.

Gavin Boyle has been appointed as the new Chief Executive designate of the South Yorkshire Integrated Care Board. Gavin is presently Chief Executive at University Hospitals Derby & Burton and has over 30 years NHS experience working at a very senior level across a range of NHS organisations.

Executive and Non-Executive Director roles for the ICB are presently being recruited to.

Work continues in South Yorkshire to transition to the new model, which includes the transition of functions, people, liabilities and assets into the new organisation.

### 3.2 Mental Health, Learning Disability & Autism Alliance – Progress/Key Developments

The Alliance, identified as a collaborative in the nomenclature of the new Integrated Care Systems legislation, will play an increasingly important role to drive improvements and provide services for people in South Yorkshire with challenging or life disrupting mental health, learning disability or autism problems.

The Board are aware of the emerging Alliance model and governance arrangements to support it. Recent developments include progression of job descriptions for a lead Director and Clinical Director to support and drive the partnership agenda. Sarah Jones has taken up the Chair role and some emerging work to develop a set of next step priorities for the Alliance to work on.

The next meeting of the Alliance will take place on 11 February, attended by Chief Executives/Chairs of all partner organisations.

**The Board are asked to consider anything they would particularly want to influence at the Alliance Board through the Chief Executive/Chair representation.**

## 4. Getting Back to Good

### 4.1 Care Quality Commission Activity during Level 4 – National Incident

On 10 December 2021, the Care Quality Commission announced they had reviewed their regulatory approach, in response to the Level 4 National Incident declaration and more pointedly the roll out of the CoVid-19 booster programme.

They announced that they had postponed *“inspections of services that are delivering or supporting delivery of the booster programme, except where there is evidence of risk to life, or the immediate risk of serious harm to people”*.

This mainly applies to Acute and Primary Care Services.

They recognised *“that services across health and social care are experiencing considerable pressure from the spread of Omicron variant and winter. While our priority always remains to keep people safe, we will continue to ensure that our approach remains appropriate and proportionate”*.

Sheffield Health & Social Care NHS FT continue to welcome CQC into our services for routine Mental Health Act visits and await the outcome and report of the planned formal inspection of our Acute Inpatient Services that took place early December 2021.

### 4.2 Government Response to the Paterson Inquiry

The Board will remember the independent Inquiry investigation of the factors surrounding the malpractice by surgeon Ian Paterson. While this individual practiced in a very different clinical environment to our service portfolio, the learning from the investigation is worthy of consideration by all NHS Boards and organisations and includes recommendations that we should consider broadly relating to:

- Clinical leadership at Board level
- Raising concerns and Freedom to Speak Up
- Effective multi-disciplinary team working
- Openness and transparency with service users
- Giving service users time when considering consent to treatment
- Service users and clinicians having access to Boards

The Government accepted nine recommendations in full and five in principle, and sets out an implementation plan centred around four broad themes:

- Provide person centred information
- “Making challenge heard” including strengthening the complaints process
- Multi-Disciplinary Team working is a key feature of care, and data collection is more robust
- Ensuring accountability across the system.

Relevant Executive Directors will review learning and recommendations and map against our arrangements for assurance and improvement.

The Board can read the full Government response here: [Government Response to the Paterson Inquiry](#)

#### 4.3 Staff Survey Results 2021

SHSC have received the first iteration of the Staff Survey. This is embargoed until final results are published but aim to give organisations the opportunity to start working through what our staff are saying and how to respond.

This is a key feature of both Executive Team and Board development time through January and February.

The People Committee are also sighted on the initial headlines and will ensure the survey is considered a key component of our People priorities for 2022 onwards.

The Staff Survey is expected to be published in March 2022.

JD/jch  
January 2022