

## Board of Directors - Public

### SUMMARY

Meeting Date: 25 January 2023  
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>	-	

### Recommendations

To consider the items discussed in this report in relation to impact and opportunity on our strategic priorities and risks.

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

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

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

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

<b>Care Quality Commission Fundamental Standards</b>	<b>Yes</b>		<b>No</b>	<b>X</b>	
<b>Data Security and Protection Toolkit</b>	<b>Yes</b>		<b>No</b>	<b>X</b>	
<b>Any other specific standard?</b>	<b>Yes</b>		<b>No</b>	<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 and Experience	Yes	X	No		PCREF
Financial (revenue & capital)	Yes	X	No		Operational Plan Executive Focus Strategic Priorities
Organisational Development /Workforce	Yes	X	No		Operational Plan
Equality, Diversity & Inclusion	Yes	X	No		PCREF
Legal	Yes		No	X	-
Environmental Sustainability	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.

**NATIONAL**

**1. Operational Planning Guidance 2023/24**

Published on 23<sup>rd</sup> December 2022, NHS England sets out the annual priorities for the NHS and guidance to NHS organisations to respond and plan for the coming year.

The guidance sets out three core priorities, underpinned by three underlying principles:

Underpinning Principles

- Small number of national objectives which matter most to the public and patients.
- More empowered and accountable local systems.
- NHS England guidance to focus on “why” and “what” not “how”.

Priorities

- Recovery of core services and improve productivity.
- Make progress against the NHS Long-Term Plan deliverables.
- Continue to transform the NHS for the future.

1.1 Recovery of Core Services – Improving Productivity

Improve ambulance response times and Accident & Emergency waiting times.

Reduce elective long waits including cancer waits.

Make it easier to access primary care services, particularly general practice.

1.2 Make Progress Against the NHS Long-Term Plan Ambitions & Transformation

Improve mental health services and services for people with a learning disability and autistic people as described in the Long-Term Plan and National Strategies.

Focus on delivery of primary and secondary prevention priorities and effective long term conditions management.

Develop an NHS long-term workforce plan.

Level up digital infrastructure and drive greater connectivity.

1.3 Local Empowerment & Accountability

Integrated Care Systems (ICS) will be central to the delivery of local objectives that address the need of the population they serve.

## Funding & Planning Assumptions

NHS England has issued two-year revenue allocations for 2023/24 and 2024/25.

The Integrated Care Board (ICB) are expected to work with NHS primary and secondary care providers to develop and deliver a balanced system financial position in partnership with other ICS partners.

The South Yorkshire Integrated Care Partnership has been developing a strategy in line with these priorities and principles, which will be formally launched in February, and be discussed at our Public Board Meeting in March 2023.

Sheffield Health & Social Care NHS FT and the Mental Health Learning Disability & Autism Board have had the opportunity to contribute to and comment on iterations of the strategy. Board members have had the opportunity read and consider the final draft before its launch in February.

The Director of Strategy and Director of Finance are presently working through the guidance, aligning it to our plans and transformation projects.

The Director of People is focusing on the development of a workforce plan which will inform the ICB and national long-term workforce plan.

**The Board are asked to consider the guidance, its priorities and principles in relation to our strategy and priorities development and potential for new or different risks to their achievement.**

## **2. Urgent & Emergency Care Recovery Plan**

The Autumn Statement 2022 set out the commitment that the NHS will publish full recovery plans for Urgent & Emergency Care (UEC) by early 2023. This has been reinforced as a key priority in the Operational Planning Guidance.

The two key performance deliverables will be:

- Category 2 ambulance response times to improve to an average of 30 minutes in 2023/24 with further improvements expected in 2023/24.
- Year on year improvements in Accident & Emergency waiting times including 76% seen in four hours by 2023/24.

Mental health, learning disability and autism services have a significant role to play to contribute to and support the UEC recovery plan and actions and expectations include:

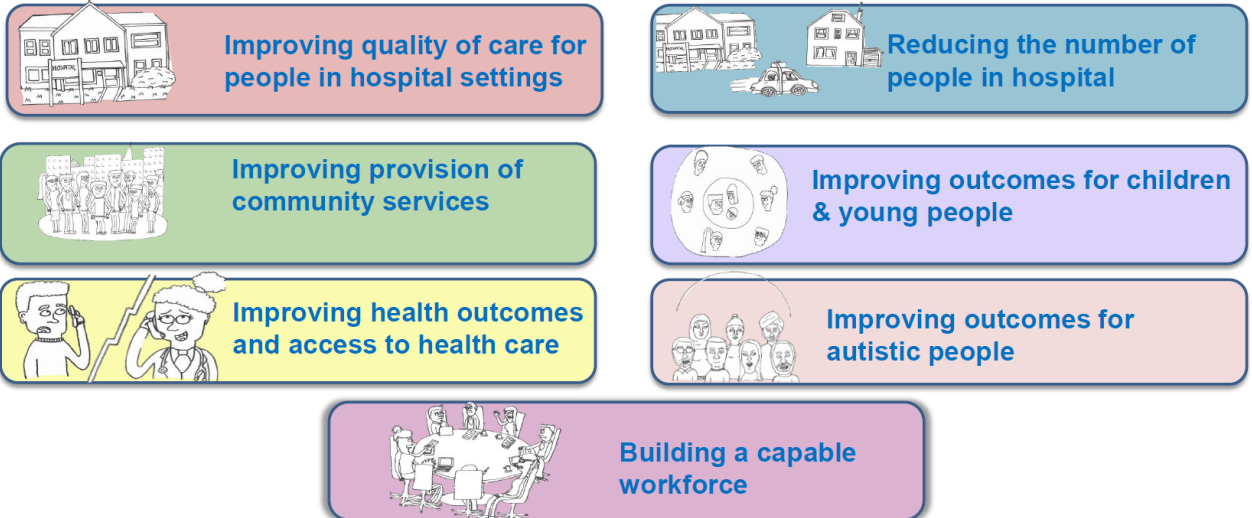
- Deliver the key LTP commitments including community transformation and 100% coverage of 24/7 age-appropriate crisis care via 111.
- Ensure the wider UEC system can access support for people with mental health needs (for example ambulance, A&E, acute hospital).
- A focus on crisis prevention so that fewer people need to access UEC services in the long term.
- Reducing inappropriate police involvement.
- Embedding lived experience in the coproduction and delivery of services, with an increasing focus on quality, experience and outcomes from care.
- Addressing inequalities and embedding the Patient & Carer Race Equality Framework (PCREF) across the UEC mental health pathway.
- Improving data and use of analytics to better understand local need and plan services accordingly.
- Improving hospital flow – reducing length of hospital stays and bed occupancy will have the biggest impact on long Emergency Department waits for people with mental health needs.

The Board can follow progress against the actions in the Operational Recovery & Winter Planning Report and the Integrated Performance & Quality Report, under the urgent care dashboard.

### 3. The National Learning Disability & Autism Programme

The Board will be familiar with this programme which sets out seven key deliverables:

## Learning Disability and Autism Programme



The Board will recognise that our ambitions for our Learning Disability & Autism Services are underpinned by these key priorities.

The Planning Guidance further reinforces focus with a number of specifications and commitments, which are:

- To ensure at least 75% of people over the age of 14 on GP learning disability registers receive an annual health check and health action plan by March 2024.
- To reduce reliance on inpatient care, while improving inpatient care for those who need it, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults are care for in an inpatient unit.
- To develop integrated workforce plans that will support delivery of the objectives.
- To test and implement improvement in autism diagnostic assessment pathways, including actions to reduce waiting times.

Transformation of our crisis and inpatient pathway is developing and the Board will consider progress later today in the confidential section of the Board agenda.

The Mental Health Learning Disability and Autism (MHLDA) Collaborative have identified neurodevelopment and specifically autism assessment and waiting times as a priority transformation project.

**The Board are asked to consider if they are assured that our priorities and focus align to the National Programme for Learning Disability & Autism and Operational Planning Guidance.**

#### **4. Implementing the Patient & Carer Race Equality Framework (PCREF)**

Appendix 1 helpfully sets out the background of the development of the approach to address inequalities in access, experience and outcomes in mental health care.

The Board will know that Sheffield Health & Social Care NHS FT are a pilot/early adopter site for the framework.

The Board are aware of this important work and that we have a further workshop in February 2023.

Appendix 2 although detailed, sets out the expectations for national and local organisations in relation to its leadership responsibilities.

This will be useful for the Board to consider before our session at the February Board workshop, where we will explore our responsibilities in detail.

Salli Midgley is our Executive Director of Nursing & Professions leading on this important programme.

Our Quality Assurance Committee will sponsor and support the programme, but the Board will have overall ownership of its implementation.

#### **5. Mental Health Inpatient Quality & Safety Review**

The National Team, prompted by several high-profile examples of very poor-quality inpatient provision, most recently Edenfield (Greater Manchester Mental Health NHS Foundation Trust) and Essex Partnership University Trust but also a deteriorating picture across the country as facilities and care is reviewed by the Care Quality Commission.

Chief Executives, Directors of Nursing and Boards are identifying Inpatients as a particular area of risk citing environments, staffing levels, lack of alternatives to hospital admission and lack of social care to facilitate safe discharge as key reasons.

The Board are clearly sighted on our focused actions to significantly improve our inpatient provision and progress made against them through our Back to Good programme.

We are involved in the national work as it develops, sharing our journey, successes and learning, while also considering where we have gaps, concerns and more to learn.

Dr Mike Hunter, Medical Director, and Salli Midgley, Executive Director of Nursing & Professions, are leading on this work.

### **THE MENTAL HEALTH, LEARNING DISABILITY & AUTISM COLLABORATIVE**

The Collaborative continue to develop its agreed priorities, governance arrangements and relationships.

Since our Board last met the Collaborative have focused on ensuring our priorities are resourced, have project management support and involve all relevant partners.

To remind the Board, our first set of priorities are:

- **Urgent Care** – Health Based Place of Safety (HBPoS) provision.
- **Learning Disabilities & Autism** – Crisis Care and Inpatient provision.
- **Neurodiversity** - focus on assessments and waiting times for people with autism.

There are separate but connected pieces of work in relation to **Perinatal** and **Eating Disorder Services** also being progressed.

One of the Collaborative Chief Executives, Mark Brookes, is leading a piece of work to understand the financial model required for the success of the Collaborative in line with the Health & Care Act ambitions.

Our Human Resource Directors are working together to support the workforce elements of the priorities and more broadly developing a Workforce Plan for the future.

## **SHEFFIELD HEALTH & SOCIAL CARE NHS FT**

### **1. Executive Focus**

Firstly, to formally extend a warm welcome to Salli Midgley and Neil Robertson to the Executive team, following the departure of Beverley Murphy, Executive Director of Nursing, Professions & Operations.

Salli and Neil have eloquently stepped into the Executive space and will be supported by an induction and development programme to meet their learning needs.

The process to appoint a substantive Executive Nurse and Operations Director has commenced but will not “go live” without the involvement of the new Chief Executive, presently being recruited to.

For governance purposes, Salli Midgley will be a voting Director as the Executive Nurse and Neil Robertson will be non-voting as the number of Non-Executive Directors on the Board cannot presently support this.

The specific areas of focus for Executive Directors over the next few months are:

- Continue to progress transformation projects.
- PCREF implementation.
- Operational Plan imperatives.
- Cost Improvement Programme and financial sustainability 2022/23 and 2023/24.
- Urgent Care, industrial action and vaccinations.

JD/jch  
January 2023

(Source: Mental Health Trusts CEO Meeting with National Director for MH – 10 January 2023)

## Background: Advancing Mental Health Equalities

- NHS England (NHSE) published its first [Advancing Mental Health Equalities Strategy](#) in October 2020, laying out plans for addressing inequalities in access, experience and outcomes in mental health care.
- The strategy includes the commitment to develop the [Patient and Carer Race Equality Framework \(PCREF\)](#), which was a key recommendation of the [Independent Review of the Mental Health Act 2018](#), supported by the set up of the MHA [African and Caribbean group](#) in order to support with the aims of the independent review, focusing on the inequalities faced by racialised and ethnic minority communities, and NHSE agreed to take forward the PCREF soon after the review was published.
- The Delivery of the Strategy and the development of the PCREF is being overseen by the Advancing Mental Health Equalities Taskforce, and the PCREF Steering Group, established in February 2020, and chaired by Dr Jacqui Dyer, NHSE’s national Mental health Equalities Advisor.
- The PCREF is currently a **draft framework** and being tested throughout 2022/23 by four PCREF pilot trusts, along with a number of self-selecting early adopter sites (please refer to below), and being co-produced with experts by experience, communities, patients and carers.
- In November 2022, NHSE led a targeted discussion on the draft PCREF with experts by experience (EbE’s) to continue embedding our learning. Overall EbE’s welcomed the draft PCREF in terms of the expectation for Trusts to work in equal partnership with racialised and ethnically and culturally diverse communities on a co-produced plan, and on the evidence for each part of the PCREF, the intended outcomes and measurable actions and the local PCREF plan to be published.
- Drawing on the advice and experiences of the PCREF Steering Group, from the African and Caribbean sub-group of the Mental Health Act Review, all learning to date will be embedded in the updated version of the PCREF framework due for publication in 2023/24.



### PCREF Pilot sites and early adopter sites

<ul style="list-style-type: none"> <li>South London and Maudsley Foundation Trust (<b>SLAM</b>)</li> </ul>	<ul style="list-style-type: none"> <li>Greater Manchester Mental Health Foundation Trust (<b>GMMHT</b>)</li> </ul>	<ul style="list-style-type: none"> <li>Oxleas Foundation Trust (<b>OFT</b>)</li> <li>Pennine Care Foundation Trust (<b>PCFT</b>)</li> </ul>
<ul style="list-style-type: none"> <li>East London NHS Foundation Trust (<b>ELFT</b>)</li> </ul>	<ul style="list-style-type: none"> <li>North East London Foundation Trust (<b>NELFT</b>)</li> </ul>	<ul style="list-style-type: none"> <li>Gloucestershire Health and Care Foundation Trust (<b>GHC</b>)</li> </ul>
<ul style="list-style-type: none"> <li>Birmingham and Solihull Mental Health Foundation Trust (<b>BSMHFT</b>)</li> </ul>	<ul style="list-style-type: none"> <li>Sheffield Health and Social Care Foundation Trust (<b>SHSC</b>)</li> </ul>	<ul style="list-style-type: none"> <li>Essex Partnership University Trust (<b>EPUT</b>)</li> </ul>



## PCREF Part 1: Leadership and Governance



In developing PCREF Part 1 together with our partners and our experts by experience, NHS England implemented the learning and the feedback with the following approach:

- ✓ Identified the six core legislative Acts and the relevant statutory duties and supplementary guidance documents
- ✓ The themes focussed on:
  - Review of governance structures and board level accountability,
  - Evidence and data monitoring - specifically evidence related to racialised and ethnically and culturally diverse communities, complying with each legislative Act
  - Review of policy and practice – i.e. equality impact assessment on protected characteristics, especially race, and mitigating actions are clearly identified and regular review of actual monitoring impact
  - And alleviating the voices of racialised and ethnically and culturally diverse communities at trust board level
- ✓ Agreed, as a minimum on the routine data monitoring at a governance level to be:
  - Detentions under the MHA by ethnicity,
  - Restraint including the type of restraint and by ethnicity,
  - Physical Health Checks for those with Severe Mental Illness (SMI) by ethnicity and improve access to Children and Young People (0-17) as aligned in the [Core20Plus5](#)
  - Inequalities metrics, where its most relevant in the trust (and to be locally agreed) on access, experience and outcomes, ie; out of area placements or after care provision
- ✓ In addition trusts to routinely review and implement a local PCREF plan which should include:
  - Evidence of routinely monitoring patient safety (incidents and near misses) by ethnicity and involving experts by experience
  - Action appropriately complaints received by racialised and ethnically and culturally diverse communities
  - Evidence of routinely reviewing treatment plans
  - Action appropriately evidence feedback from cultural appropriate advocacy and or other services supporting racialised and ethnic minority communities this includes actions to improve the cultural competency of the Trust (PCREF Part 2)
  - Evidence of providing accessible information on patients and carers rights, complaints procedures, and advocacy services available to them



**Evidence in reducing race inequalities must be relevant to what the legislative acts specific duties are for trusts to comply with**