

Board of Directors – Public

SUMMARY

Meeting Date: 22 March 2023
Agenda Item: 06

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

Recommendations

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

- The Board are asked to consider the findings of “Listening to Workers – A Speak Up Review of Ambulance Trusts in England” in relation to what we know about our FTSU arrangements, the FTSU Strategy for approval today and our recent staff survey feedback.
- The Board are asked to consider the “NHS Workforce Race Equality Standard Report 2022” and identify any immediate thoughts or reflections prior to seeing the SHSC analysis.
- The Board are asked to consider the “National Audit Office Report on Progress in Improving Mental Health Services in England” and advise on further action required.
- The Board are asked to consider the “Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme” and what it needs to support its delivery and monitoring.
- The Board are asked to share any initial thoughts or reflections on the Staff Survey results.

Recommendation for the Board/Committee to consider:

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|---------------------|---|----------|--|-----------|---|-------------|---|
| Consider for Action | X | Approval | | Assurance | X | Information | X |
|---------------------|---|----------|--|-----------|---|-------------|---|

| 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 | |
| Data Security and Protection Toolkit | Yes | | No | X |
| Any other specific standard? | Yes | | No | X |

| 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 | | |
| Financial (revenue & capital) | Yes | X | No | | |
| Organisational Development /Workforce | Yes | X | No | | |
| Equality, Diversity & Inclusion | Yes | X | No | | |
| Legal | Yes | | No | X | |
| Environmental Sustainability | Yes | | No | X | - |

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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. Delivery Plan for Urgent and Emergency Care Services (UEC) Department of Health and Social Care 30th January 2023

This document sets out how organisations and systems should work to deliver targeted improvements in UEC performance. The headline targets are to reduce average category two ambulance response times to 30 minutes and improve A&E waiting times over the next two years.

Improving patient flow, including delays in leaving hospitals, and reducing bed occupancy to 92% are key enablers to meet these ambitions.

The report recognises that to achieve this all areas of the health and care sector need to work collaboratively to find solutions.

There are a number of expectations of mental health, which are mainly named in the Long-Term Plan, including:

- Embedding mental health practitioners in ambulance call centres.
- Ensuring everyone has access to a crisis helpline 24/7.
- Mental health urgent care flow is optimised.

Locally there are a number of improvements in development that will enhance service user experience and support the UEC ambition, including:

- The development of the 136 suite capability, capacity and facilities, which attracted national funding and is a Mental Health Learning Disability and Autism (MHLDA) Collaborative priority.
- Focus on out of area placements.
- Improving patient flow.
- Maintaining and improving the response times of our Liaison Service in our Acute hospital settings.

The full report can be found here: [Delivery Plan for UEC DHSC January 2023](#)

2. Listening to Workers – A Speak Up Review of Ambulance Trusts in England February 2023

The National Guardian Office produced this report following an investigation into the implementation of Freedom to Speak Up (FTSU) Guardians in Ambulance Trusts.

While this report was focused on Ambulance Services, there is learning in the findings and recommendations relevant to our services and pertinent given our FTSU Strategy is on our Board agenda today.

The report identified several barriers to a healthy Speaking Up culture, including:

- The existence of cliques often related to long service of some staff, resulting in perceptions of favouritism and preferential treatment and a fear of appearing disloyal for speaking up. There are parallels here with the Closed Cultures work we have been exploring.
- Leadership cultures in Ambulance Trusts often described as “command and control” and a hierarchical uniform culture. This can work across teams where staff believe they wait for commands and feel disempowered to make their own decisions.

While Sheffield Health & Social Care NHS FT does not have a uniform culture, there is evidence of staff perceiving hierarchy disempowers their ability to make decisions or innovate.

- Bullying, harassment and inappropriate behaviour, including serious issues with sexual harassment, creating a culture of fear and undermining psychological sexual safety.

Our staff survey tells us that while bullying and harassment claims are decreasing, it is still present especially for ethnically diverse staff and bank staff.

Our FTSU Guardian has raised issues of bullying and harassment but the Board can take reassurance from the fact that our staff are coming forward on a more regular basis.

The report also found:

- Poor understanding of FTSU by leaders and poor FTSU Board assurance.
- Poor line management practices and poor engagement by line managers with FTSU practices.
- Lack of training and other wider assurance of FTSU, including poor communication with staff about the role of FTSU.

Those who did speak up reported:

- *Poor handling of cases with timeliness, confidentiality and conflicts of interest during investigations.* The Board will know that investigations have had a significant focus with time to complete significantly improving and a Just and Learning approach reducing the number of issues that escalate to a formal process.
- *Lack of feedback reinforcing the impression people are ignored or not listened to.* The FTSU Guardian has ensured that all staff who speak up know what action has or is being taken and will not close an issue until action and learning is evidenced.
- *Detriment being suffered by people who speak up.* At the heart of the FTSU strategy is making sure that this is not the case, supported by our leadership and management development underpinned by our Just and Learning approach.

The Board are asked to consider these findings, in relation to what we know about our FTSU arrangements, the FTSU Strategy for approval today and our recent staff survey feedback.

The full report can be found here: [Listening to Workers - A Speak up Review of Ambulance Trusts February 2023](#)

3. **NHS Workforce Race Equality Standard Report 2022**

Published on 22nd February 2023, this report continues to provide data to support the development of local and national developments that will tackle race equality. For the first time, it also makes the case for linking improved staff experience to better patient outcomes as well as the moral case for race equality.

The report highlights that there is still much to do for equality, diversity and inclusion to be embedded at all levels of the organisation.

The key findings are:

- The overall percentage of ethnic diverse staff in the NHS has been increasing year on year – increasing by 1.8% in the last year.
- Very senior manager diversity has also increased by 1.1% while ethnically diverse Board members has increased by 0.6%.

However, an increasingly diverse overall workforce means that the diversity gap between the Board and whole workforce is widening, with the biggest gap at Executive level.

- There has been a drop of 21% in the number of black staff who believe that their employers offer equal opportunities.
- The number of staff reporting discrimination by a manager or another member of staff has increased in the last two years.
- Reports of bullying and harassment from patients, their carers and the public have increased for all staff but ethnically diverse staff reporting 2.2% more likely than their white peers.

SHSC has received our data and our team are presently making sense of this, what it is telling us and triangulating with other intelligence such as our staff surveys.

This will be reported to the People Committee, with key issues, progress and suggestions for improvement being escalated to the Board and our full WRES report presented to Board in September.

The Board are asked to consider this important report and identify any immediate thoughts or reflections prior to seeing the SHSC analysis.

4. **National Audit Office Report on Progress in Improving Mental Health Services in England February 2023**

This report focuses on the implementation of the commitments set out in the Five Year Forward View July 2016 Stepping Forward to 2020/21: The Mental Health Workforce for England and the NHS Long Term Plan January 2019, all aimed at improving the support and services for people with mental health problems achieve “parity of esteem” with physical health services.

The report identified a number of key findings which include:

- *Introducing access and waiting time standards for mental health services was an important step towards parity of esteem* although there is still significantly more published waiting time data available for physical health.
- *Overall the number of people treated by NHS mental health services has increased but some access targets are not being met.* The number of people in contact with services has increased by 1 million in the last six years. Talking therapies and Children & Young People's Services are below target, both impacted by the pandemic.
- *The NHS has achieved its waiting time standards for talking therapies and early intervention in psychosis but not in eating disorders for children and young people.* The Board will be acutely aware we have many more waiting times challenges that are not measured and presented publicly and speak to the fact that there is limited published data for mental health access issues.
- *The NHS ambitious plan for community-based health services is still at an early stage.*

The ambition is to provide more integrated services for people with mental health problems in the community, involving new care models, with better co-ordination between services and organisations, including secondary, primary and social care. Although NHS England tracks progress there are no indicators to support development.

The report highlights that the NHS will face challenges with such large-scale changes given the workforce and financial constraints of primary care and local authorities.

The Board are aware of our community services change programme which is in line with the national ambitions and reflects NAO findings in that it has been slow to progress.

- *The impact of initiatives to reduce inequalities in mental health is not yet clear.* In a survey conducted by the NAO they found that only 2 of the 29 Integrated Care Boards (ICBs) said they had most or all of the data they needed to assess variation in access experience and outcomes.

They concluded that it is not yet clear what impact NHSE's plans have had on inequalities.

The MH/LDA Collaborative are focused on improving the availability and quality of the data and information available for mental health. It is recognised by the ICB as an area for improvement.

- *Staff shortages remain the major constraint to improving and expanding services* even though the mental health workforce has increased – in the last five years the workforce has increased by 22% - 9% for nursing against an estimated 16% and therapist roles have grown by 41% against an estimated 25%.

Workforce in key areas of our organisation remain a challenge and have been a constraint when implementing the long-term plan ambitions.

- *The share of funding for mental health service has increased slowly reflecting the pace set by NHSE's targets.*

While NHSE has achieved its commitment to spend an additional £1.3b on Children & Young People's Services and is on track to deliver to increase its mental health spend to £3.4b by 2023/24 the NAO found funding and commissioning issues that national and local bodies will need to address. This includes the lack of information on actual costs in services provided, making it difficult to quantify historic underfunding and the use of overly complex and fragmented commissioning arrangements.

- The NAO found that the Department of Health & Social Care and NHSE have not defined what achieving parity of esteem would mean, making it impossible to judge how the present improvement programmes are impacting on parity of esteem. They have recommended that they should describe the estimated proportion of people in need that different mental health services should cover, desired staffing profiles, and the share of funding between mental and physical health services.
- Plans up to 2022/23 still leave a sizeable gap between the number of people with mental health conditions and how many people the NHS can treat.
- While the national programme has maintained a consistent focus on expansion, increased demand and disruption because of the pandemic mean it may take longer to close the treatment gaps.

The report concluded that the NHS has taken some important steps to close the known gap between physical and mental health services. However, they have not clearly defined what parity of esteem for mental health services means making it hard to understand what is required to reach the end goal.

Staff shortages and lack of meaningful data will continue to limit what can be achieved if not addressed, and while many more people are being treated in mental health services, there are still long waits in many service areas.

This report will be considered by the MH/LDA Collaborative, and I have asked the Director of Finance to lead a piece of work to map our position against this to share with the Board and share with Place and Collaborative partners.

This is an important document and can support our advocacy role if we use it effectively.

The Board are asked to consider the report and advise on further action required.

The full report can be found here: [NAO Progress in Improving Mental Health Services in England](#)

5. Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme – February 2023

Following a number of serious quality issues relating to Inpatient settings exposed through the media last year NHSE accelerated the launch of this programme.

The programme includes those people presenting with mental health, learning disabilities and autism of all ages. The programme is underpinned by a £36 million investment over three years and is focussed on four themes.

The four key themes of the programme are:

Theme 1 - Localising and realigning inpatient services:

Ensuring that ICBs have oversight of and report on the use of Inpatient settings for their population and understand the inequalities within this.

Theme 2 - Improving culture and supporting staff:

Including the development of a co-produced model of therapeutic care and standards to support a trauma informed, autism informed equitable approach.

This will be supported by a programme of support which includes a focus on leadership and ward to Board considerations to facilitate cultural change alongside broader workforce development and learning networks.

Theme 3 - Support to systems and providers facing immediate challenges:

Establish a mental health and learning disability and autism quality recovery oversight group bringing together existing support offers and addressing identified gaps.

Theme 4 – Develop oversight and support arrangements for the sector:

- Resetting the roles and responsibilities of commissioning.
- Developing a new oversight and early warning signs framework.
- Review existing data burden on Inpatient services and change metrics to create more effective information and reduce repetition.
- Measuring success.

We can expect to be asked to demonstrate:

- A greater proportion of people with mental health needs, including those with a learning disability, or autism will be supported in their community.
- A greater proportion of people who need inpatient care can access that close to home, carers and families.
- Improved patient experience.
- Improved staff experience for those working in Inpatient facilities.
- More timely, expert and co-ordinated support for services when they need it, with greater engagement with carers, families and advocates resulting in early identification of quality and experience concerns.

SHSC have been involved in the development of this programme with a number of the Executives providing learning from our own journey. We have participated in relevant workshops and events.

Transformation projects and improvement programmes are well established and speak to the areas in the programme, including the Inpatient Therapeutic Environments programme, Community Transformation and the Learning Disability and Autism Change programme.

The Director of Nursing and Medical Director are presently mapping our programmes to ensure we will be in line with the national programme, but early assessment suggests we are at least in line and in some areas ahead.

Areas for further development include articulation of the clinical or therapeutic offer for Inpatients to compliment the environmental changes, acceleration of the Community transformation and improvement in our data, outcome measures and metrics to demonstrate improvement. All are in progress.

The MH/LDA have this item on their next Board agenda to consider the opportunity for any partnership opportunities in relation to this programme.

The Board are asked to consider the Programme and what it needs to support its delivery and monitoring.

LOCAL

1. Integrated Care System

System strategy and plans are being finalised for submission at the end of March.

There are significant challenges for all ICBs to submit a financially balanced plan which is attracting significant focus presently with all teams, Chairs and Chief Executives.

The ICBs have been told that they are required to reduce their headcount by 30% by 2025, 20% in 2023/24 and the rest in the following year.

This will clearly have an impact on the individuals concerned and may impact on developing relationships and delivery. It may also give an opportunity to accelerate partnership working and move away from the traditional commissioner provider models in line with the Health and Care Act 2022 ambition.

2. MH/LDA Collaborative

A substantive appointment has been made to the Managing Director post following a recruitment process. At the time of writing the appointment offer is not public as still subject to relevant checks but the Board will be informed of the successful candidate as soon as possible.

This is instrumental to support the leadership of the MH/LDA and should accelerate its development.

3. Place

The Executive Team have met with the Place MH/LDA Strategy Director to discuss the development of the Place MH/LDA strategy and priorities to ensure we are optimising available expertise and knowledge to influence development at Place as the structures and architecture of commissioning evolves.

4. Sheffield Health & Social Care NHS FT

4.1 Staff Survey

The staff survey results were published on the 9th March 2023.

Our results do not compare favourably with “family group” organisations, with limited change from last year. There are green shoots of improvement in a number of important areas of the People Promise, including:

- *We are compassionate and inclusive*
- *We each have a voice that counts*
- *We are always learning*
- *We are a team*

It is worthy of note that those with the most challenging staff survey results, ourselves included, have or have had significant quality issues. There is no doubt that quality of care is directly linked to staff wellbeing and how they experience their workplace.

It is our leadership challenge to continue on our quality improvement journey ensuring our staff are central to that improvement and can feel proud of the organisation they work for.

The Director of People will set out next steps later in the agenda, and the Board will get further opportunity to agree the actions that are likely to have the biggest impact on staff experience.

The Board are asked to share any initial thoughts or reflections.

4.2 Executive Activity Since the Last Board Meeting

- Recruitment to the substantive Director of Nursing, Quality & Professions and Director of Service Delivery
- Development of Annual Plans
- Year-end: Annual Report and Final Accounts
- Staff Survey results – discussion with leaders about next steps
- Strategy and priority development with Place and Mental Health Learning Disability and Autism Provider Collaborative.

JD/jch (March 2023)