

## Board of Directors – Public

### SUMMARY

Meeting Date: 24 January 2024  
Agenda Item: 8

<b>Report Title:</b>	Chief Executive Briefing	
<b>Author(s):</b>	Salma Yasmeen, Chief Executive	
<b>Accountable Director:</b>	Salma Yasmeen, 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>	N/A	

### Recommendations

The Board are asked to consider the items discussed in this report in relation to the context within which we continue to operate and deliver care and services; and impact on our strategic and operational priorities and risks.

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

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

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

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

<b>Care Quality Commission Fundamental Standards</b>	Yes	X	No		
<b>Data Security and Protection Toolkit</b>	Yes		No	X	
<b>Any other specific standard?</b>	Yes		No	X	

Have these areas been considered? YES/NO				If Yes, what are the implications or the impact? If
Service User and Carer Safety, Engagement and Experience	Yes	X	No	As appropriate
Financial (revenue & capital)	Yes	X	No	
Organisational Development /Workforce	Yes	X	No	
Equality, Diversity & Inclusion	Yes	X	No	
Legal	Yes	X	No	
Environmental Sustainability	Yes	X	No	

## 1. **National Context and Developments**

### 1.1 **Update on NHS Planning Guidance for 2024/25**

On 22 December 2023, NHS England wrote to all Trusts to advise that discussions with government remain ongoing regarding expectations for 2024/25. This means that at the current time, we await the 2024/25 planning guidance. Nevertheless, we know that the fundamental expectations of the NHS Long Term Plan will remain as the underpinning guide for the Planning Guidance and our work on operational planning is underway on that basis.

Across the South Yorkshire Integrated Care System, work is underway to align planning assumptions and to collectively ensure that the NHS works towards financial sustainability as part of the medium term financial plan. This will require challenging levels of efficiency to be delivered over a multi-year planning time. Further details of the options being explored will be discussed by the SHSC Board in the coming weeks.

### 1.2 **Reconfiguring NHS Services – Ministerial Intervention Powers**

On 9th January, the Department for Health and Social Care published [new statutory guidance](#) clarifying the implementation of the new 'call in' powers of the Secretary of State (SoS) for Health which were granted by the 2022 Health and Social Care Act.

This change has been anticipated by local Overview and Scrutiny Committees, which previously held the responsibility for making referrals to the SoS in the case of contested NHS reconfigurations. Under the revised arrangements, a much wider range of parties are able to refer matters to the SoS. The guidance clarifies that this route is intended to be used in exceptional circumstances and every effort should be made to engage thoroughly with stakeholders and to seek to build consensus locally. As SHSC continues to pursue its comprehensive transformation agenda, this guidance will be of importance to us. As ever, we will continue to value coproduction and engagement, including with local Overview and Scrutiny Committees, and a collaborative approach will be at the heart of our work.

### 1.3 **NHS England's Statement on Information on Health Inequalities**

In November 2023, NHS England published its first [Statement on Information on Health Inequalities](#). This sets out the information on health inequalities that in NHS England's view relevant NHS bodies should collect, analyse and publish as part of addressing health inequalities. NHS England encourages Trusts to link this to their Annual Report publication, explaining the inequalities it reveals and how the information guides our actions. The data recommended for mental health trusts includes; inequalities in access to physical health checks, access to Talking Therapies and the use of restrictive interventions.

As an organisation committed to tackling inequalities, this is a welcome development and we will ensure the particular data sets recommended for mental health trusts are used to inform our future plans and transformation activity.

### 1.4 **Improving the physical health of people living with severe mental illness**

In January 2024, NHS England published [new guidance](#) for Integrated Care Systems detailing ten key actions to support good physical health amongst people who experience severe mental illness. Linked to the use of data to tackle inequalities in this area mentioned above, this is an important agenda for SHSC and for population health outcomes in Sheffield.

Alongside this guidance, NHS England has published [8 case studies of good practice](#) including one which highlights the partnership working in Sheffield between SHSC and Primary Care Sheffield to improve access to physical health checks in community settings. Well done to all our colleagues involved in making a difference for our communities through this work.

## 1.5 Learning Disabilities Mortality Review

The LeDeR programme was established in 2017 to review the deaths of people with a learning disability and autistic people to find areas of learning, opportunities to improve and examples of good practice. This year is the first time reports of deaths of autistic adults without a learning disability are included.

Key findings from this year's report include:

- The median age at death for people with a learning disability in 2022 was 62.9 years. This is an increase from 2018 (61.8) showing a continuous improvement since 2018, however, it remains far lower than for the general population (82.6 for males and 86.1 for females).
- The median age at death for autistic adults with a learning disability was 55 years. People with a learning disability from all ethnic minority groups died at a younger age in comparison to people of white ethnicity.
- 42% of deaths were deemed "avoidable" for people with a learning disability. This is a reduction from 2021 (50% of adult deaths), however, it remains significantly higher compared to 22% for the general population. Concerns with care were expressed in 25% of deaths in 2022, compared to 39% of deaths in 2021. Organisations' systems and processes were the most common area of problems with care reported by reviewers.
- Nine out of 10 reviews included evidence of good practice with themes including: an awareness of autism and efforts to make reasonable adjustments; timely communication between agencies providing care; and plans in place for crisis and escalation support where appropriate, including assessments of suicide risk.
- The report suggests several areas for future consideration for health systems and providers to reduce causes of death for people with a learning disability and autistic people. This includes improving Do Not Attempt CPR (DNCPR) completion and adherence and adapting health screening to ensure earlier detection of cardiovascular disease and cancers.
- The report also highlighted the importance of the continued prioritisation for and awareness of vaccinations, the provision of annual health checks and improving care pathways of specific conditions such as cardiovascular and osteoporosis.

NHS England (NHSE) have also published their [action from learning report 2022-23](#) which gives examples of local and national work to reduce health inequalities for people with a learning disability and autistic people as well as updates on the commitments NHSE made in last year's [Action from Learning](#).

Included in NHSE's report is a new online [LeDeR Resource Bank](#) for health and care staff. The report also re-highlights the LeDeR data tool, which was launched in April 2023 to enable NHSE and ICBs to access latest LeDeR review data to help inform their plans to improve the health of their local population.

## 1.6 Five key elements for discharge – supporting people with a learning disability and autistic people to leave hospital

NHS England, Association of Directors of Adult Social Services (ADASS) and the Local Government Association have recently written to all Integrated Care Systems (ICS) asking that we work together to ensure safe, timely discharge for people with a learning disability and autistic people. The letter sets out [five key elements](#) which we will be exploring with our partners in the Sheffield place and across the South Yorkshire ICS to ensure we make best use of all available resources to improve outcomes and reduce inequalities.

## 2. Local and Regional System and Partnership Context and Developments

We continue to work with partners in place, through the Mental Health Learning Disabilities and Autism Provider Collaborative and the South Yorkshire Integrated Care System - the

system and partnerships paper will provide more detail of the work and areas of focus.

Of particular note is the work across the South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative to progress plans to develop specialist eating disorders services across South Yorkshire and align better with the Specialist Commissioning Provider Collaboratives around the continued development of the new models of care.

The ICB has established a regular Chairs and CEO's meeting to enable us to work together on planning for 2024/25 and develop more transformational plans to ensure the system deficit can be delivered through a multiyear plan.

### **2.1 SHSC Learning Disability Service Redesign**

Following the approval of the transformation proposals reported at the last Board, work is now progressing to finalise the details of the proposed model, specification and risk share arrangements. The mobilisation and evaluation plan is now in place to embark on this exciting new phase for the service and most importantly to improve the lives of people with a learning disability and their carers. A separate report is available on this to the Board.

### **2.2 Establishment of an NHS South Yorkshire Integrated Care System Equality, Diversity & Inclusion Board**

Good progress has been made bringing partners together across the ICS following the inaugural meeting in October. Consensus and agreement has been reached to work towards accreditation with the North West Black, Asian and Minority Ethnic Assembly (the Assembly) Anti Racist Framework. The Framework has been developed with the Assembly and NHS England North West and defines clear positive action to eliminate racism in our organisations, stand with our colleagues when they experience racism and eradicate the inequalities in access, outcomes and experience of healthcare that some of our communities face. SHSC's CEO has continued to act as the senior responsible officer (SRO) for the system Inclusive Leadership Development Programme and a number of staff from the Trust are participants in the programme.

## **3. Operational Focus**

### **3.1 Leadership Changes**

I would like to extend a warm welcome to James Drury who joined SHSC at the beginning of January 2024 as our new Director of Strategy and Estates. We are also in the process of recruiting to our Director of Operations post substantively with interviews planned for the end of January 2024. Our Medical Director, Mike Hunter, will be taking up a secondment at Greater Manchester Mental Health NHS Foundation Trust as Director of Quality from March 2024. Mike has been with us at SHSC for 28 years and has worked as Medical Director since 2016. During that time, he's made a huge contribution to the work we do and the quality of our services, not least our superb medical directorate. On behalf of the Board, I would like to thank Mike for his leadership and significant contribution to the Trust's improvement journey.

I am delighted to confirm that Helen Crimlisk, our Deputy Medical Director, will be acting Medical Director while Mike is on secondment. I know you will all join me in congratulating Helen, who is no stranger to the Trust. Helen has worked at SHSC for 22 years and as Deputy Medical Director since 2016. She has a role as Associate Director of Teaching within the School of Medicine at the University of Sheffield and national roles with the Royal College of Psychiatrists as Associate Registrar Leadership and Management and Specialist Workforce Advisor. I look forward to working with Mike and Helen over the next couple of months and during this transitional period.

### **3.2 Vaccination Programme – Flu and Covid**

Earlier this month, the UK Health Security Agency published the latest monitoring information regarding the prevalence of seasonal respiratory illnesses. It predicted the peak to be in mid-January. It is important that we fully embrace the opportunity for vaccinations so that we remain fit to care for our service users and help the most vulnerable in our communities to

remain well.

At SHSC, our vaccination take up campaign continues and our staff vaccination hub at the Michael Carlisle Centre remains open, offering flu vaccines throughout the week. The number of colleagues taking up the offer is encouraging but not yet at the level required to offer maximum benefit. The Executive Team will continue to encourage and enable all colleagues to take up the offer to protect themselves and those they care for.

Covid vaccines are no longer being delivered by the SHSC vaccination team but remain available through identified community pharmacies across Sheffield. Flu vaccinations will be available until the end of February 2024.

### **3.3 Industrial Action**

Industrial action by trainee doctors continued in December 2023 and January 2024, including the longest period of action during the current dispute between 3<sup>rd</sup> and 9<sup>th</sup> January 2024. As previously, cover was planned across our services, including 24/7 cover where necessary, drawing upon multidisciplinary team working and cover from doctors not involved in industrial action. Our command structure convened daily to oversee and manage operational impact. We did not experience significant operational disruption or identify related patient safety issues. As before, we are gathering information to estimate the impact of elective work not carried out, in order to inform planning for mitigation.

Whilst the trainee doctors' action continues, the British Medical Association (BMA) has put to its consultant members the Department of Health and Social Care (DHSC's) offer. Consultants are currently voting on whether to accept the offer, with the outcome expected by the end of January 2024.

### **3.4 Operational Performance and Winter Resilience**

The operational performance of our clinical directorates is governed through our Integrated Performance and Quality Framework. Board Committees continue to receive monthly assurance about our plans to reduce community-based waiting lists and to improve the experience and outcomes of our patients while waiting.

We are delivering our winter plan to ensure operational resilience across Urgent and Emergency Care. This includes improving the timeliness of hospital discharge. We continue to work on reducing our out of area bed usage, recognising that we have been off trajectory for the last few months while maintaining an overall improved position since last year. We expect to be back on track by the end of January 2024. During August, the number of people waiting for hospital care increased due to the increase in the number of people clinically fit for discharge increasing. We are working in partnership with Sheffield City Council to address this issue. We have established a joint governance system with the Council to improve transparency about the challenge and be responsive to needs. We have made significant improvement in the number of delayed discharges on our inpatient units and this remains a key focus for the place partnership. Further details on operational issues will be covered in a separate Board paper.

A critical development for our crisis services is the launching of the NHS 111 initiative, where people using the 111 service will be able to directly access mental health support in their local area. We are in the process of recruiting a voluntary sector partner, which will conclude later in January 2024. The offer will provide tiered support to people accessing the line and will go live in April 2024. We continue to work with Sheffield Children's Hospital and the ICB to explore future options for an all age line.

### **3.5 Transformation**

We have continued to focus on driving our ambitious Transformation and Improvement agenda, making progress across most key transformation programmes with some notable delays in the therapeutic environments programme and electronic patient record programme

- these will be covered in more detail in the Transformation report and related reports.

### **3.6 RiO Electronic Patient Record**

Following implementation of Tranche 1 of our new electronic patient record system across our Older Adult Services on 30th October 2023, we have paused further implementation to focus on stabilisation of Tranche 1. During December, we successfully implemented NEWS 2 (National Early Warning Score) in RiO as part of this stabilisation work. We are issuing temporary smart cards to help mitigate access issues and continue to undertake thoughtful planning to ensure we understand the issues and can effectively develop a plan for Tranche 2 implementation - this includes commissioning an external review and a technical review that has now concluded. There is a more detailed paper in the Private Board for Board members to consider the next phase of development.

### **3.7 Financial Position at 30 November 2023**

The national, regional and local context and financial landscape is increasingly challenging with increasing pay pressures, capacity challenges because of on-going industrial action and winter pressures. SHSC reported an overspend at November of £3.20m (off plan), with a forecast/planned deficit of £3.262m at year-end. The planned deficit requires the delivery of a £3.2m financial recovery plan. Our commitment to deliver a £3.3m deficit as part of the system reforecast work with the South Yorkshire and Bassetlaw (SY&B) system outturn of £54.5m deficit. Additional governance and support has been in place since December to enable us to meet our plans.

### **3.8 Notable Improvements and Awards**

In ending this report, I would like to share some positive news:

#### **SHSC Shine Awards**

We are delighted that we had over 170 nominations submitted to our new 'Shine' staff awards. The awards are open to all staff and are key to our work on recognition and achievement. The award nominations closed on 13 December.

The nominations in the 13 categories are being considered by peer panels. We aim to have a shortlist for each category published in mid-January. We will reveal a winner and two highly commended nominations for each category at an awards ceremony on 22 February at the OEC in Sheffield. The Communications Team has coordinated sponsorship from our largest suppliers to fund the awards ceremony.

#### **Christmas Cleethorpes Charity Case**

I would like to extend my thanks to all staff who took part in our Christmas Cleethorpes charity chase on Friday 15 December. The sponsored 'pedalathon' raised money for welcome packs for ethnically diverse service users at Forest Close. A total of £700 was raised which will be used to fund welcome packs for people with African or Caribbean heritage at Forest Close, smashing our £500 target. Juliet Miller is senior practitioner and carer lead at Forest Close. She said packs will include afro hair and skin care products which are not readily available on our wards.

#### **Eric Roberts Award for young campaigners in Unison**

It's been a great start to the year for Helena Fletcher in our Engagement and Experience Team. She's been awarded the Eric Roberts Award for young campaigners in Unison. The award celebrates effective and innovative campaigning by young members on workplace issues or wider political campaigns. I know Helena has been doing fantastic work to celebrate diversity in our Trust and ensure we are an organisation where everybody counts. On behalf of the Board and our Staff Side Chair, Sue Highton, I would like to congratulate Helena for this recognition.