

Board of Directors – Public

SUMMARY

Meeting Date: 27 March 2024
Agenda Item: 8

Report Title:	Chief Executive Briefing		
Author(s):	Salma Yasmeen, Chief Executive		
Accountable Director:	Salma Yasmeen, 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	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:

Consider for Action		Approval		Assurance	X	Information	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

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
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

The Trust Continues to operate within a challenging context locally, regionally and nationally. It is widely anticipated that we are likely to have a general election in the Autumn and during this pre-election period, the NHS remains a central focus for all political parties.

1.1 **Planning 24/25**

NHSE negotiations continue with government around planning for 24/25. Significant discussions and expectations regarding productivity are anticipated and the national team will be supporting Mental Health and Learning Disability Trusts as a sector to quantify and articulate productivity. In the absence of the planning guidance, we have continued to plan for 24/25 building on 23/24 plans.

We also anticipate that the planning guidance for 2024/25 will include a continued focus on physical health checks, expanding Talking Therapies and Individual Placement Support, improving flow and urgent and crisis pathways. We anticipate a continued emphasis on reducing out of area placements and improving dementia diagnosis.

In South Yorkshire, ICS planning is coordinated across various footprints and collaborations (e.g. MHLDA, Sheffield Place), as well as with individual providers. Tentative information gathering regarding finance, activity and workforce continues, but is subject to change in response to planning guidance once issued. At SHSC, we are engaged with these processes at Place, provider collaborative and system levels. Internally at team and directorate level, plans are in development, including for the delivery of our strategic objectives and CIP requirements. There is a separate paper on the development of the Trust operational plan and Trust financial position for Board to consider.

1.2 **Spring Budget 2024**

On 6 March 2024, the Chancellor delivered the Spring Budget for 2024. This includes a £3.4 billion fully funded NHS productivity plan focused on digital transformation, to help fund productivity growth by 2030, including:

- expanding the use of AI
- improvements to the NHS app to allow patients to confirm and modify appointments
- a new app for NHS staff to allow for easier e-rostering; and
- a plan for all Trusts to use the electronic patient record.

Also, £2.5 billion in additional funding to support reducing waiting times for elective physical healthcare and £45 million of new investment in life sciences, including funding for research into dementia and epilepsy.

While investment in the NHS and digital and technology is welcome, the omission of funding for the adult social care sector raises serious concerns amid a bleak financial outlook for local government. This remains a concern as adequately resourced social care is integral to supporting people as close to home as possible and ensuring that people can be cared for in the most optimal environment with the right care team wrapped around them.

1.3 **Industrial action**

Industrial Action becomes more complex and costly on a national level impacting staff morale, waiting times and finances. The British Medical Association (BMA) Junior Doctors

Committee coordinated industrial action in the NHS between 24 February 2024 and 28 February 2024. As in previous periods of industrial action, colleagues at SHSC worked well together to keep people safe.

Whilst the trainee doctors' action continues, the British Medical Association (BMA) is encouraging consultants in England to endorse a new offer which will further improve terms on pay as well as institute significant improvements towards renewing the independence of the Review Body on Doctors' and Dentists' Remuneration.

The new offer retains many elements of the previous terms including a 3.45% new investment in the consultant pay bill, alongside the permanent redeployment of the new local clinical excellence award funding (a further 1.5%). A referendum on this offer is planned between 14 March and 3 April.

1.4 National MHLDA priorities and strategy development

The Chief Executives of Mental Health Trusts met with the NHSE National Directors for Mental Health and Learning Disability and Autism on 12 March. The national team shared an indication of longer-term strategic direction for mental health, learning disabilities and autism, building upon the existing NHS Long Term Plan. It is anticipated that a renewed focus on parity of esteem is the guiding principle, with priorities emphasising improved access and timeliness, therapeutic outcomes and experience of care, and a reduction in inequalities.

Alongside this, we expect the national team to continue its focus on safety and quality in mental health services, with particular emphasis on suicide prevention, homicides, treatment gaps and unwarranted variation in access. We anticipate heightened scrutiny in relation to these topics, along with the welcome opportunity this gives us for benchmarking and quality improvement work. Across the South Yorkshire Integrated Care System, a three-year plan will

be developed detailing the trajectory of improvement in relation to key performance indicators. These are all areas that we as a Trust continue to focus on and prioritise.

1.5 Focus on Equality and Inclusion

Race Equality Week took place between 5 and 11 February 2024. This coincided with the publication of a sobering report by BRAP and Roger Kline [Too Hot to Handle](#), focused on why

so often in NHS organisations concerns about racism are not heard or acted on. We all have a role to play in tackling racism and all forms of inequality. This includes listening to people's experiences, acting on them and making a positive change. At SHSC, we have a vibrant set of staff networks that help make sure everyone feels they belong and feels safe to speak up where things are not right. Recently they have helped us celebrate [International Women's Day](#) and [LGBTQ+ History Month as well as the Inaugural Network of Networks conference](#). This is all part of building an inclusive culture.

1.6 NHS Staff Survey

The results of the 2023 NHS Staff Survey were published earlier this month. SHSC was the most improved Trust in terms of staff advocacy, and the level of participation also increased, crucially in some areas where engagement had previously been low, however, the results also show that we still have much to do. We aim to be an open and inclusive organisation and so, we thank all our colleagues who shared their views. Now it's time for us to come together to make change so that we continue the positive trajectory of improvement, making SHSC a place where we all feel proud to belong. One crucial part of this is our work to develop tangible shared behaviours that bring our values to life. We are currently inviting all our colleagues to take part and [Sign Up to Shape our Culture](#). The Trust Staff Survey results are set out in a separate paper for Board to consider more fully.

1.7 WRES/WRES

On 18 March 2024, NHS England published the annual [Workforce Race Equality Standard \(WRES\)](#) and [Workforce Disability Equality Standard \(WDES\)](#)

data reports. We welcome both as key insights that will help SHSC achieve our equality, diversity and inclusion goals.

Both reports indicate that progress is being made in many aspects of workforce equality, diversity and inclusion across the NHS as a whole, however, they also indicate that there is variance between organisations. As a Trust, we will take stock of our own data and the comparative national information and using this to inform our actions and plans.

1.8 **King's Fund Report Poverty and Health**

The King's Fund published a report **illustrating the relationship between poverty and NHS services** which reveals that people living in poverty find it harder to live healthy lives, harder to access services, live with greater illness and die earlier than the rest of the population. We continue to develop our approach to better understanding access to services using a population health approach and using the health inequalities framework. Our work on the Patient and Carer Race Equality Framework (PCREF) is also contributing to developing a targeted approach to build relationships with communities living in the most underserved neighbourhoods. We are also proud of the long-standing relationship we have with the Sheffield Citizen's Advice Service that provide in reach services to support service users to address financial insecurity as well as support people with debt management and wider support as needed.

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 continued to meet regularly with Chairs and CEO's as part of a revised approach to planning for 2024/25 and develop more transformational plans to ensure the system deficit can be delivered.

2.1 **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 congratulate Neil Robertson who has been appointed as the substantive Director of Operations following a competitive and values based recruitment process. Neil was previously acting Interim Director of Operations for a period of just over 12 months.

I would also like to formally welcome to the Board Helen Crimlisk who has taken up the role of Interim Medical Director in March following Mike Hunter taking up a secondment at Greater Manchester Mental Health NHS Foundation Trust as Director of Improvement.

3.2 Vaccination Programme – Flu and Covid

The SHSC flu vaccination campaign came to an end on 28 February 2024. Covid vaccinations have not been offered from the end of December 2023 onwards though remain available to staff through identified community pharmacies until the end of March.

During the campaign,

- 52% of our frontline staff and 60% of staff not classed as frontline received a flu vaccine.
- 40% of our frontline staff and 51% of staff not classed as frontline received a covid vaccine.

Regionally we have performed well and were ranked 14th out of 33 Trusts; the top performing Mental Health Trust achieved 60% uptake for flu.

Unfortunately, we have recently experienced an Influenza Type A outbreak on one of our wards; the first for a number of years. The outbreak was managed very well by the team and as we are still classed as being in Winter Flu season, we were able to step up a flu vaccination clinic for unvaccinated staff and service users.

Work is currently underway to deliver the Spring 2024 flu vaccination programme. This will be offered to service users over the age of 75 and service users who are immunosuppressed. Given that the majority of eligible service users reside in our care homes where vaccination programmes are delivered by Primary Care, it is likely that a small number of vaccinations will be administered across SHSC.

3.3 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 remained slightly off target for January 2024. We have continued to work with Sheffield Teaching Hospitals to support the A&E targets and responsiveness to meeting the needs of mental health patients in A&E and at STH. We have continued to see increased demand on some services and the details are set out in a separate operational report for Board to consider.

3.4 Transformation

We have continued to focus on driving our ambitious Transformation and Improvement agenda, making progress across most key transformation programmes with some notable progress in service transformations and the therapeutic environments program with some delays in the electronic patient record programme - these will be covered in more detail in the Transformation report and related reports.

3.5 RiO Electronic Patient Record

A new Interim Chief Digital & Information Officer (Chris Reynolds) has been engaged and, in conjunction with the Digital & EPR Teams, is now actively building up team resilience and reviewing and revising existing plans to ensure the recommendations from the recent external review are adequately reflected and to ensure a successful Tranche 2 EPR roll out. An update on progress to date will be received by the Board during the March Confidential session and it is intended that the final revised plan will be presented to Board at their April meeting.

In the meantime, listening events have been taking place with Older Adult Teams to learn from their experience and inform Tranche 2 and we are putting processes in place where we can prioritise and fix Tranche 1 issues through engagement with the teams.

3.6 Financial Position at 31 December 2023

It is very clear that all NHS organisations in the system are facing a challenging time financially.

At month 10, we are reporting a year-to-date deficit of £1.8m worse than plan at £4.553m; and a forecast year-end deficit of £3.322m, which is £0.06m worse than plan.

Recovery plans and efficiency schemes continue to be progressed. Additional governance and oversight arrangements remain in place from members of the Executive Team.

Further discussion will take place regarding the month 11 out-turn in the Confidential section of the March Board meeting.

3.7 Notable Improvements and Awards

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

Two aspects of our culture are continuous improvement and being evidence led and we have enjoyed successful showcases of both these vital capabilities this month. The second annual [Research and Evidence Showcase](#) event highlighted some of the exciting innovation and partnership working that our colleagues are engaged in to deliver outstanding care for local communities. Dr Amar Shah, national clinical director for NHS IMPACT, joined us for our first [Quality Improvement Conference](#) where colleagues shared their learning and developed their improvement skills. There is a real sense of momentum around this work which gives hope and shows we are creating a dynamic, attractive place to work.

NHS Finance Leadership Council

The NHS Finance Leadership Council agreed that Sheffield Health and Social Care NHS FT should be awarded One NHS Finance Towards Excellence Accreditation, at level 1, with effect from 31 January 2024. The accreditation lasts for three years and will expire on 31 January 2027. Now working towards level 2.

Procurement received accreditation in the Commercial Continuous Improvement Assessment Framework in December 2023. The first Trust in the region to receive this accreditation.

Both successes were announced on Jarvis and the teams congratulated.

SHSC Shine Awards

We had a brilliant evening at our Shine staff awards on 22 February at the OEC. Our shine awards programme recognises the very best care and compassion that our Trust gives to our service users in Sheffield. We had 14 winners on the night across a range of categories and 22 highly commended teams or individuals. It was a special evening to celebrate our housekeepers, transport teams, clinicians and experts by experience to name a few. On behalf of the Board, I would like to thank everyone who nominated a team or individual and our peer panels who reviewed the nominations. Congratulations to all the winners and highly commended award winners. I would also like to extend my thanks to the Communications Team for planning the event and Procurement Team for securing sponsorship to fund the awards ceremony.

NHS Communicate Awards

Our communications team was nominated and shortlisted for two accolades at the national [NHS Communicate Awards](#) on 6 March 2024. The team was nominated for 'best NHS charity campaign' for its work to organise and promote our 10 hour danceathon in 2022, which raised more than £1,000 to build a music studio for service users. Mat Drew,

Communications Officer, was also nominated in the 'great young communicator' category. This award celebrates outstanding performance within the organisation and celebrates people aged 30 and below with growing talent and potential in NHS communications and engagement.

Bill Ronksley Award for Young Trade Union Representative of the Year 2024

Helena Fletcher in our Engagement and Experience Team has been selected as joint winner of the Bill Ronksley Award for Young Trade Union Representative of the Year 2024. Helena continues on her journey to **celebrate diversity in our Trust** and ensure **we are an organisation where everybody counts**.

SY/rci/Mar 2024