

Board of Directors – Public

SUMMARY

Meeting Date: 25 September 2024
Agenda Item: 08

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 Trust 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 Regional and Local Context and Developments**

Across the summer, the nation experienced disturbing civil unrest and racially motivated violence that shocked us all. As a Trust, we took a firm stance and paid particular attention to ensuring all our colleagues feel safe, heard and included at work. This situation underlines the importance of building a strong sense of belonging and common purpose. That's exactly what our work on Values into Behaviors is doing at SHSC. I personally wrote to staff following the worst weekend of unrest and members of the executive team, supported by our staff networks, played a key role in creating spaces and support for staff across the organisation. I would like to thank the Chairs of our networks for their visible leadership during a challenging time. We also worked with partners in Sheffield to ensure that our response and approach was co-ordinated. We will need to continue to invest in building an Anti-Racist culture and to work with our partners to ensure that we are playing our part in building social cohesion in communities and an inclusive culture at SHSC.

1.1 **Mission-Led Government**

Following the recent general election, the new Government has begun to set out its intentions, including reform of the health and care sector. At the heart of this is a cross-cutting 'mission-led' approach. Five missions have been set out: 1) kickstart economic growth, 2) make Britain a clean energy superpower, 3) make our streets safe, 4) break down barriers to opportunity and 5) build an NHS fit for the future.

In relation to health and care, the Secretary of State has instructed his team at DHSC and the leadership at NHS England to work as 'one team.' This alignment can only help the service and will also support the NHS to play its full role in contributing to all five missions. Notable in this regard is the appointment of Tom Riordan as second permanent secretary to the department. Until recently, Tom was the Chief Executive of Leeds City Council. As such, we anticipate he will be a strong advocate for the needs of northern cities like Sheffield and an experienced proponent of place-based and ICS partnership working.

This offers hope for the future while acknowledging that the current operational pressures faced by public services and the Government's fiscally constrained circumstances mean that the budget to be announced on 30th October is unlikely to offer any immediate relief. The unambiguous message received by all NHS leaders is that delivery of our challenging financial plans in 2024/25 is of critical importance in advance of an anticipated Comprehensive Spending Review in Spring 2025.

1.2 **Lord Darzi's Independent Investigation of the NHS in England**

This month has seen the publication of a key review commissioned by the Secretary of State and led by Lord Darzi. The document can be read [here](#). Over nine weeks, the review has sought to undertake a rapid investigation of the state of the NHS, assessing patient access, quality of care and the overall performance of the health system. The key function of this review is to establish the scale of the challenge to be addressed in a forthcoming Ten Year Plan for Health, to be developed by a team led by Sally Warren.

Lord Darzi concludes that the NHS is in serious trouble, with low public satisfaction and poor staff morale. He notes challenges to access, productivity and variable quality. He acknowledges the wider factors impacting on the effectiveness of the NHS, both systemic such as social care and capital funding, and societal including declining health of the population. The report highlights that the balance of investment has not supported mental health and care delivered in communities in the way it needs to.

The report describes the challenges and their causes but does not seek to offer solutions, however, it does set out seven themes to guide the forthcoming Ten Year Plan for Health:

1) Re-engage staff and re-empower patients, 2) Lock in the shift of care closer to home by hardwiring financial flows, 3) Simplify and innovate care delivery for a neighbourhood NHS, 4) Drive productivity in hospitals, 5) Tilt towards technology, 6) Contribute to the nation's prosperity, 7) Reform to make the structure deliver. We will ensure that Board have the opportunity to reflect on the review as part of our strategy refresh conversations in October strategy and development Board.

1.3 Ten Year Plan for Health

Building on the Darzi Review, the Secretary of State has asked Sally Warren, formerly of the Kings Fund, to lead a team to develop a Ten Year Plan for Health to be published in spring 2025. This plan will largely focus on the health system rather than including proposals for the reform of social care, except for the direct interface issues. Similarly, it is not expected to focus on wider societal drivers of health and wellbeing, except in relation to the development of the direct role of the NHS in prevention. The terms of reference are expected to be published shortly.

We anticipate opportunities to contribute to the Plan through networks such as NHS Providers and NHS Confederation. We are actively engaged in relevant networks and will share more with Board as details become available. The emerging national policy will be a key input for our own Trust strategy refresh over the next quarter.

1.4 Covid Inquiry – Module 3 ‘Healthcare’

The national Covid Inquiry includes several focused ‘modules’ including one that is investigating the impact on and response of the health system. This autumn, the healthcare module commenced its public hearings which are set to run from September to the end of November. In coming weeks, this may generate news headlines and will trigger strong emotions in many people who used and worked in the health service during the Covid pandemic. We stand ready to support our staff and service users.

1.5 Care Quality Commission

The CQC has been subject to a review of its operational effectiveness led by Dr Penny Dash, which has highlighted significant challenges to processes and staff and stakeholder confidence. In response, interim CEO, Kate Terroni, is leading work to restore confidence. This includes appointing Sir Mike Richards to review the CQC's approach to assessment. This includes the Single Assessment Framework. While there is uncertainty over timescales, indications have been given of the intention to step up the regularity of provider reviews. Safety and quality are always our priority as a Trust and we will continue to focus on delivering safe care and embedding a learning culture that supports a culture of continuous improvement.

1.6 Special Review of Mental Health Services at Nottinghamshire Healthcare NHS FT – Part 2

In August, the CQC published the [second part](#) of its review into the care of Valdo Calocane and the wider application of learning arising from the tragic events. As a Trust, we have reviewed the findings and considered how the learning can help us further enhance quality and safety. We will use this as an opportunity to reflect on and discuss the learning in more detail in private Board as we reflect on internal learning from serious incidents.

1.7 Review of Intensive and Assertive Community Mental Health Care

On 29th August, NHS England wrote a [letter](#) to ICBs asking that they work with providers to review intensive and assertive community mental health care by 30 September. The reviews should be conducted in line with the national [guidance](#) and should be presented and discussed at public ICB Board meetings alongside an action plan for how the national guidance will be implemented. NHS England will collate national trends and use it to inform future policy and understanding of resource requirements in this area.

1.8 World Suicide Prevention Day 10th September

This month we are particularly encouraging all our staff and stakeholders to learn what they can do to help reduce the risk of death by suicide. We can all make time (just 20 minutes) to do the

[Zero Suicide Alliance awareness training](#). I would also encourage everyone to read this powerful [blog](#) by our colleague, Vin Lewin, that has been shared across the Trust.

1.9 Learning from Grenfell Inquiry

The learning from the Grenfell inquiry was incorporated into the updated Health Technical Memoranda issued in April 2024. Our first audit against those standards takes place in late September 2024, which will deliver assurance regarding our current level of compliance with the HTMs.

2. Local and Regional System and Partnership Context and Developments

We continue to work with partners in place and across the South Yorkshire Integrated Care System and provider collaborative on a number of shared priorities. *Further details will be provided in the Systems and Partnerships papers on the Trust Board Agenda.*

2.1 System Financial Control

The South Yorkshire Integrated Care System is one of ten systems nationally that have been asked by NHS England to take additional action to de-risk the delivery of our 2024/25 financial plans. What this means for the Trust is that we are asked to consider where we can strengthen controls to de-risk the delivery of our own plan, and with partners in the Provider Collaborative to explore opportunities to increase our contribution to the system position. This potentially impacts on the availability of investment from the ICB in improvements to services, where funds have not already been committed. This may impact on our ability to deliver on our strategic objectives as originally planned. *Further details are provided in the Finance Report.*

2.2 SY MHLDA Provider Collaborative Operational Productivity

In support of enhanced system financial delivery, each of the provider alliances have engaged external consultancy support. The Mental Health, Learning Disability and Autism Provider Collaborative is working with Akeso. The work is focused on:

- The potential scale of **productivity** gain within clinical services and
- Organisations' **latent capability** to access improvements in productivity and
- Any recommendations to consider about the **sequence** of improvements to be made.

Within the Trust, EMT will retain an overview of the work as a key element of Provider Collaboration.

2.3 Eating Disorders Joint Committee

Earlier in 2024, the Board confirmed its agreement to the development of a Joint Committee between Trusts involved in the Provider Collaborative for purposes of making improvements to pathways of care related to eating disorders in South Yorkshire. I am pleased to note that this month the first shadow committee meeting took place. There remains a significant amount of work to do in order to refine the arrangements before the intended go-live date in 2025. *The Partnerships Report provides further details.*

3. Operational Focus

3.1 Operational Performance

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

We continue to experience demand for urgent emergency and crisis services including liaison services. We continue to work in addressing out of area acute inpatient use, however, we are currently facing challenges in our bed use. The positive position we reported at the beginning of Quarter 1 2024/25 has deteriorated. We have implemented a short and medium-term plan to respond to this challenge.

We continue to implement the waiting well initiative and have additional focus on areas with the longest waits including ADHD. We have made progress with treating service users that already have an assessment and are now working to increase the number of new assessments carried out by the team. We continue to work with primary care through a shared care protocol and are working with our wider mental health teams to ensure those that are trained to carry out assessments are able to do this, ensuring every contact counts. We are also working with our partners through the ICB to develop a more sustainable approach to address waits in ADHD services across the region and develop a more joined up integrated approach.

In October 2024, we will be submitting our self-assessment against the NHSE Emergency Preparedness Resilience and Response (EPRR) core standards. This will be assessed by the South Yorkshire ICB and will include a peer review. The annual national EPRR deep dive will focus on cyber security and digital incidents.

3.2 Industrial Action

Consultants, trainees and SAS doctors have now accepted pay deals made respectively to them. Most recently, junior doctors (soon to be called 'Residents') have accepted a pay deal of 22% over 2 years. General Practitioners are currently engaged in collective action over changes to the GP contract. A range of options are available to them which may impact on our relationship with primary care. We are liaising with colleagues in primary care in Sheffield closely and monitoring the situation.

3.3 Transformation and Improvement Programmes

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 including (*further details will be covered in the Transformation report*):

- **RiO Electronic Patient Record**

At the Board meeting in July, we received an update that good progress was being made on phase 2 ("Discover"). A comprehensive comms and engagement plan has been developed to support a clinically led and digitally supported approach to change. Engagement with services has started to understand current and future processes and data migration requirements. Improvements for Tranche one services are proceeding at pace with improved engagement and involvement of staff.

- **Therapeutic Environments**

Maple ward successfully moved into Dovedale 2 ward on 27th June. This means that we have addressed the last element of the changes required under the section 29a formal notice imposed by the CQC. They asked us to address risks in our adult acute inpatient environment related to fixed ligature anchor points. We now plan to refurbish and redesign Maple ward to improve the environment, including by removing fixed ligature anchor points, upgrading the outdoor space and offering modern therapeutic better de-escalation spaces. We are beginning to scope the improvement needed on our older adult acute wards in the coming months, which will be underpinned by co-design.

3.4 Financial Position at 31 July 2024

The financial position as at 31st July 2024 is a deficit of £2.7m - we planned to deliver a deficit of £2.7m and are therefore on plan. We continue to experience higher Out of Area bed usage than planned. Work is ongoing to strengthen and implement mitigation plans and identify further opportunities to ensure we deliver the £7.3m required savings to achieve plan (*full details are provided in the separate Finance Report*).

3.5 Notable Improvements and Awards

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

24/7 Community Mental Health

I am delighted that SHSC has been selected by NHS England to deliver one of six national pilot sites developing neighbourhood mental health services. This programme will emphasise open

access and trusted relationships with communities. It will put the maintenance of citizenship at the heart of care for people with severe and enduring mental health needs.

The Sheffield pilot will be centered on the Heeley Plus Primary Care Network and we will work with partners in the local voluntary and community sector.

Engagement with local communities to shape the service offer will commence this autumn and, as with all our transformation work, it will make use of our integrated change approach in which co-production is key. The pilot will run for two years and is supported by additional revenue funding from NHS England.

Black Healthcare Awards

Abiola Allinson, our Chief Pharmacist, was shortlisted for Pharmacist of the Year at the Black Healthcare Awards.

The nomination recognised Abiola's work to foster a culture of learning, where he regularly mentors and supports colleagues who are early in their careers. His efforts to promote vaccine uptake in ethnically diverse communities were also highlighted, as was his dedication to engagement and inclusivity.

NHS Parliamentary Awards 2024

The South Yorkshire Integrated Care System – ICB & QUIT Teams (which includes members of staff at Sheffield Health and Social Care NHS FT) have been shortlisted for an NHS Parliamentary Award in 2024.

The QUIT programme is tackling health inequalities across hospitals in South Yorkshire. We are re-framing tobacco addiction into a treatable condition. This involves embedding screening at the point of admission and ward initiation of Nicotine Replacement Therapy, followed by behavioural support from QUIT teams and further support in the community.

I have signed the NHS Smokefree Pledge alongside our Chair on behalf of SHSC, which has also been signed by all NHS CEOs across South Yorkshire. It is a visible way of showing our commitment to helping smokers to quit and providing smoke free environments which support quitting. It is important because smoking remains the major cause of death, disease and disability in our communities and is amplified by its association with deprivation. The SHSC QUIT Team is consistently the highest performing Trust within the SY ICB system and delivers tobacco treatment interventions to all staff and service users but needs help to do more. They are currently working to support clinicians to undertake screening for smoking in all inpatient teams, to improve the adherence to nicotine replacement therapies and ensure that alternatives are found to support inpatients on leave which do not encourage smoking. Work is also ongoing to ensure that there is no complacency about the need to have smoke-free environments across all our estates. Meeting the goal of our pledge will require ongoing support across the whole organisation but will reap significant health benefits for staff and service users.

Q Exchange

We have also secured funding for two quality improvement projects to improve mental health care in Sheffield.

The first of these aims to improve how our Psychiatric Decisions Unit (PDU) is used, both by our own services but also our partners to help make sure people needing mental health care are seen by the right person, in the right place, at the right time. Being only one of six designated PDUs across the country, we are proud to be working on improvements in this service and using the Q Exchange platform to be able to share our learning nationally.

The second project will increase accessibility to QI by setting up a QI Academy (Qi4All) that will support our partners from Voluntary, Community and Social Enterprises and other healthcare organisations to work together to improve mental health across Sheffield. The teams involved in the academy will also include individuals with lived experience and protected characteristics,

ensuring a diverse and equitable group of participants receive this training.

The funding has been awarded through Q Exchange after a rigorous national selection process that saw 127 bids submitted. Q Exchange is one of the Q Community's funding programmes and is jointly funded by the Health Foundation and NHS England.

Archer Project

Our peer support workers organised a donation morning on Monday 2 September at Distington House and the Porterbrook Clinic in support of the Archer Project which aims to support homeless people in Sheffield to have a better life. We work closely with the project through the [Homeless Action and Support Team](#) (HAST). Warm clothes ready for the winter and food supplies were donated and the peer support workers will now take them to take to the Archer Project.

HSJ Patient Safety Awards

We were delighted to be shortlisted for three national patient safety awards in the following categories: Improving medicines safety, Mental health safety improvement, Positive safety culture. This recognition supports our continued focus on embedding a culture of continued improvement.