

**Public Board of Directors**  
**Item number: 8**  
**Date: 30 July 2025**

<b>Confidential/public paper:</b>	Public
<b>Report Title:</b>	Chief Executive Briefing
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<b>Presented by:</b>	Salma Yasmeen, Chief Executive
<b>Vision and values:</b>	This paper sets out the broader context in which we are operating and delivering care. Understanding this wider landscape enables the Board to ensure the organisation remains responsive whilst continuing to deliver services that reflect the Trust's vision and values. It reinforces our commitment to continuous <b>improvement</b> , with a sustained focus on <b>inclusion, respect and kindness as we work together</b> to improve lives.
<b>Purpose:</b>	<p>The purpose of the report is to provide updates to Trust Board on 3 areas of focus:</p> <ul style="list-style-type: none"> <li>• National, regional, local context and developments: This includes national context, policy and legislation updates.</li> <li>• Local, regional, system and partnership context and developments: Bringing a more local system focus, including partnership updates and collective areas of focus and improvement.</li> <li>• Operational focus: A focus on the Trust including operational and financial updates, progress on transformation and improvement work.</li> </ul>
<b>Executive summary:</b>	<p>This report provides the Board with an overview of key developments across three core areas: national and local policy context, system and partnership working and operational performance within the Trust.</p> <p><b>National and Regional Developments</b></p> <p>The NHS landscape continues to evolve significantly, with key announcements including the <b>Fit for the Future: 10-Year Health Plan</b>, the <b>Penny Dash Review of Patient Safety</b>, the updated <b>Urgent and Emergency Care Plan</b> and the latest <b>NHS Oversight Framework</b>. The <b>Mental Health Bill</b> is also progressing through Parliament, with anticipated changes to legislation this year. Alongside this, a strengthened approach to the regulation and professional standards for NHS managers is underway, with legislation expected in 2026. These developments will have significant implications for SHSC's strategic and operational direction, including increased focus on neighbourhood mental health care, digital transformation and quality governance.</p> <p><b>Local System and Partnership Focus</b></p> <p>Regionally, positive progress continues on the expansion of eating disorder services and wider transformation programmes across South Yorkshire.</p>

	<p>Financial recovery and transparency remain a high priority for the Integrated Care System, with oversight from national partners. SHSC is actively engaged in these efforts and continues to align its work with system-wide priorities.</p> <p><b>Operational Performance</b></p> <p>Operationally, the Trust is focused on improving flow and capacity, reducing out-of-area placements and preparing for winter pressures. Engagement with social care partners to reduce discharge delays continues. Plans are in place to manage upcoming industrial action and winter preparedness is progressing in collaboration with local partners. Work continues to ensure we maintain a focus on delivering our value improvement programmes to de-risk and manage our financial plan.</p> <p><b>Improvement and Recognition</b></p> <p>The Trust has made significant progress on transformation initiatives, including the <b>Home First programme, community care redesign</b> and improvements in <b>therapeutic environments</b>. SHSC has been shortlisted for three <b>HSJ Patient Safety Awards</b>, recognising innovation and partnership working. The successful implementation of the new Rio electronic patient record system was also recently celebrated.</p>
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Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	Yes	X	No		
Deliver Outstanding Care	Yes	X	No		
Great Place to Work	Yes	X	No		
Reduce inequalities	Yes	X	No		

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.	
The paper enables Trust Board to consider the wider context within which we operate and consider the strategic risks and opportunities as well as performance and delivery of our strategic and operational plans.	
<b>Board assurance framework (BAF) and corporate risk(s):</b>	The report sets the context and considerations in the delivery of strategic objectives against all BAF risks.
<b>Any background papers/items previously considered:</b>	The CEO report is presented at every Trust Board. The last report was presented at Trust Board in May 2025.
<b>Recommendation:</b>	<p>The Trust Board are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the updates.</li> <li>• <b>Discuss</b> report content.</li> <li>• <b>Consider</b> implications in relation to Board agenda items.</li> </ul>



## **Public Board of Directors**

### **Report title: Chief Executive Briefing**

**Date of meeting: 30 July 2025**

#### **1. Purpose of the report**

The purpose of the report is to provide updates to Trust Board on 3 areas of focus:

- National, regional, local context and developments: This includes national context, policy and legislation updates.
- Local, regional, system and partnership context and developments: Bringing a more local system focus, including partnership updates and collective areas of focus and improvement.
- Operational focus: A focus on the Trust including operational and financial updates, progress on transformation and improvement work.

#### **2. Background**

The CEO report is presented at every Trust Board. The last report was presented at Public Trust Board in May 2025.

#### **3. National, regional and local context and developments**

The national, regional and local landscape continues to evolve rapidly, with ongoing shifts in policy, legislation and operational priorities. This paper summarises key developments since the last Board meeting and outlines their potential implications for the Trust, Sheffield and the wider region. A verbal update will be provided at the meeting to ensure the Board has the most up-to-date position.

**National Political Landscape and Policy Environment:** Since the last Board meeting, there have been important announcements on:

**Fit For The Future: 10 Year Health Plan For England:** [10 Year Health Plan for England: fit for the future - GOV.UK](#). The Ten Year Plan was published in July. Publication had been preceded by a comprehensive process of engagement in which the emerging direction for travel had been well signalled, so much of the content has been well trailed and incorporated into our own strategy refresh process and shared as part of recent Trust Strategy Board discussions.

Notable policy developments in Mental Health include the roll-out of the 24/7 neighbourhood mental health service model, which builds upon the national programme of which our Gleadless and Heeley Centre is part. The Plan also announced the development of Mental Health Emergency Departments, to better meet the needs of people accessing urgent care and the continued expansion of employment support for people who use mental health services. The Trust provides a Clinical Decision Support Unit that operates in partnership



with Yorkshire Ambulance Service (YAS) and has successfully supported a significant number of diversions from ED - we will need to work with system partners to continue to build on this partnership model. We are also building in crisis support into the neighbourhood pilot.

As anticipated, the Plan focuses on local partnerships creating a joined up Neighbourhood Health Service. This is an area where Sheffield partners are rapidly mobilising with a bid to join the [National Neighbourhood Health Implementation Programme](#), in recognition of the strong foundations we have already established.

Supporting neighbourhood delivery and a growing focus on prevention and early intervention, the Plan signals a digitally enabled and data informed future, with bold ambitions to establish a genomics population health service. Digital and the NHS App is also at the heart of the Plan's drive to give patients greater agency over their health and greater choice and control over their care.

As anticipated, the Plan articulates the significant changes in health service architecture that we have previously reported to Board and goes further, with clarification of an 'earned autonomy' approach to Foundation Trusts, with those that deliver financial balance and meet key performance indicators having the possibility to play a greater role in the management of local health systems, becoming Integrated Health Organisations with the goal of improving population health outcomes.

**Dr Penny Dash's Review of Patient Safety Across the Health And Care Landscape:** [Review of patient safety across the health and care landscape](#) was published shortly after the Ten Year Plan and is referenced in the Plan. This review was commissioned by the Secretary of State to look at 6 organisations that were established to assure or improve the safety of care. They are; CQC, Health Services Safety Investigations Body (HSSIB), Patient Safety Commissioner, National Guardian's Office, Healthwatch England and Local Healthwatch, the patient safety learning aspects of NHS Resolution.

The report contains a clear analysis and series of recommendations. Most notably for provider trusts, it concludes that there needs to be a far greater focus on building skills and capabilities, effective governance structures, clearer accountability for quality (including safety) of care.

Key changes for the six bodies listed above include; The National Quality Board should be responsible for developing a comprehensive strategy to improve quality of care that is in line with the aims of DHSC and the NHS in England. Continue to rebuild the Care Quality Commission (CQC) with a clear remit and responsibility as the independent regulator and oversight body across the health and care system. HSSIB should operate as a dedicated, expertise-led investigation facility but its functions should be transferred to CQC where it will operate as a discrete branch within CQC. The statutory functions of Local Healthwatch relating to healthcare should be combined with the involvement and engagement functions of ICBs to listen to and promote the needs of service users. This should incorporate patient participation groups (PPGs) and patient or user engagement teams in provider organisations. The strategic functions of Healthwatch England should be transferred to a new directorate for patient experience at DHSC. The responsibilities of the National Guardian for Freedom to Speak Up in the NHS and the National Guardian's Office should be incorporated into providers. This means the distinct role of National Guardian is no longer required. Ensuring that these functions are happening in all providers should be a core



function of CQC as the independent regulator. We will bring a more detailed analysis of the implications for SHSC of these changes through Quality Assurance Committee and Board.

**Urgent and Emergency Care Plan:** [NHS England » Urgent and emergency care plan 2025/26](#). Provides a call to action on a focused set of improvements to be delivered collaboratively by local systems now to ensure patients receive a better service this coming winter. The Plan recognises that mental health provision is critical to improving Urgent and Emergency Care and mental health trusts need to play a full and active role in the development of their system winter plan.

The priorities of greatest note for SHSC include reducing the number of patients who remain in A&E for longer than 24 hours while awaiting a mental health admission. The Plan promises £26 million of capital investment to support systems to develop mental health crisis assessment centres ahead of this winter. They should offer rapid assessment and short-term support in a therapeutic environment to ensure people in mental health crisis have timely access to specialist support and are directed to the right care pathway. All areas will have an opportunity to apply for this funding. We will consider this when details become available.

**NHS Oversight Framework 2025/26:** [NHS England » NHS Oversight Framework 2025/26](#). As noted in previous reports to Board, the 10 Year Plan brings together a number of developments in respect of clearer and stronger accountability in the NHS. Significant amongst these is the NHS Oversight Framework, which we have briefed the Board on recently. We expect this to be a key driver of our actions going forward and our IPQR refresh will ensure the Board is able to understand our performance, trajectories and focused improvement work.

**Mental Health Bill:** [Mental Health Bill \[HL\] - Parliamentary Bills - UK Parliament](#). The revision of the Mental Health Act is intended to protect the rights of people subject to restrictions and to support steps to maintain public safety. The legislation is currently in the Report Stage in the House of Commons. It is anticipated that some Government sponsored amendments may be incorporated prior to a final vote. It is expected that the new Act will be passed this year.

Beyond these significant developments in the NHS, there have been a number of broader national policy announcements that are of relevance for SHSC and our partners, which will impact on the way in which we implement our strategy. Specifically;

**UK Infrastructure Strategy:** [CP 1344 – UK Infrastructure: A 10 Year Strategy](#) includes the following specific announcements on Health: £70 billion from 2025-26 to 2029-30 for targeted infrastructure replacement, maintenance, critical safety and the wider DHSC portfolio, and allocating up to an additional £49 billion from 2030-31 to 2034-35 for the New Hospital Programme, wider repair of hospital infrastructure and the eradication of reinforced autoclaved aerated concrete (RAAC) from the NHS estate by 2035.

**Spending Review 2025:** [Spending Review 2025 \(HTML\) - GOV.UK](#) sets Government department's spending budgets until 2028-29. In relation to Health, it provides for a real terms increase in annual NHS spending which will take spending to £226 billion by 2028-29, equivalent to a 3.0% average annual real terms growth rate over the period. This investment will support the NHS to deliver the Government's commitments including the elective care 18 weeks target. The Spending Review also announces a £2.3 billion real terms increase in



DHSC's annual capital budgets, equivalent to a 20% real terms increase by the end of the period.

**English Devolution and Community Empowerment Bill:** [English Devolution and Community Empowerment Bill: Guidance - GOV.UK](#). This guidance was issued in July 2025 to support the Bill which was introduced to Parliament in December 2024. Key developments for SHSC to note include a focus on Mayoral Combined Authorities, with these 'Strategic Authorities' also featuring in the new health system architecture outlined in the Ten Year Plan. South Yorkshire MCA is announced as one of 7 areas receiving Integrated Settlements from 2026-27, giving greater freedom in choosing how best to spend money for their population. Other notable changes include abolition of the Local Authority committee system, with councils that currently operate a committee system moving to a leader and cabinet model.

These changes will come in along with those set out in the Ten Year Plan and the Dash Review. We will bring a more detailed analysis of the implications for SHSC of these changes through Board.

**In November 2024, the DHSC launched a public consultation seeking views on the regulation of NHS managers**, including the potential introduction of a professional duty of candour. In response, NHS England is proposing legislation to be introduced next year to establish professional standards and a regulatory framework for NHS managers.

This strengthened approach will include the development of a national leadership and management framework, comprising a code of practice, core professional standards and a structured development curriculum. These measures aim to support managers and leaders in enhancing their effectiveness and progressing in their careers.

A new system to bar NHS managers will apply to board-level directors and their direct reports. In addition, new statutory powers will be granted to the Health and Care Professions Council to disbar senior NHS leaders found to have committed serious misconduct.

Professional standards specific to NHS managers will also be introduced to ensure a consistent, national set of expectations around leadership competence, behaviour and conduct. The Trust has invested in programmes to develop leadership capability and manager competence in recent years and has also continued to ensure the Executive and Board Development is an integral part of the Board owning continuous development. Many of our managers and leaders are already regulated through a professional body and any new measures will be in addition to this.

#### **4. Local and regional system and partnership context and developments**

**In July, the South Yorkshire Eating Disorders Joint Committee** noted the positive progress made on the expansion of community eating disorders services. We expect this to be ready for implementation later this year. The Joint Committee also noted the acceleration of work designed to maximise the value and quality of specialist in-patient care for Eating Disorders. Further details of both work streams are included in the Systems and Partnership's briefing.

**System Financial Control:** The South Yorkshire Integrated Care System and System Efficiency Board oversees the Financial Recovery Programme required as part of the NHSE





Investigation and Intervention process. An external review of the system's financial arrangements concluded that progress had been made in governance, planning and cultural readiness since 2024/25, however, success in 2025/26 depends on accelerating delivery, enhancing integration and strengthening transparency. Further details will be provided in the finance update at Trust Board of the system and Trust financial position.

## 5. Operational Focus

Our operational focus is to provide safe and high-quality care, to meet our transformation and improvement priorities and to achieve productivity and efficiency targets.

**Industrial Action:** The BMA resident doctor committee has announced industrial action from 0700 on Friday 25 July to 0700 on Wednesday 30 July 2025.

In line with the NHSE directive, we have engaged in testing our business continuity plans and working together to minimise the impact upon patient care and will be moving staff and resources to focus on maintaining crisis care and flow, maintaining elective care to the fullest extent possible and to ensure we continue to deliver safe care and services.

**Flow & Capacity:** Significant work has continued on patient flow through our hospital, crisis and community services and we continue to experience increased need and demand for services through the Urgent and Crisis pathways. Our Home First Programme is delivering changes to operational services which is gradually reducing our reliance upon out of area hospital care.

We are continuing to engage with Sheffield City Council to address the social care related delays for patients who are clinically ready for discharge and to mobilise additional capacity through the Better Care Fund. This will require continued focus and is dependent on social work capacity and recruitment to key roles in advance of winter.

**Winter Preparedness:** We are working in close partnership with the Integrated Care Board, Sheffield Teaching Hospital, Sheffield Children's Trust and Sheffield City Council to develop and test our Winter Plan. These plans aim to meet the expectations of the Urgent and Emergency Care Plan 2025/26 and to significantly increase urgent care services provided outside hospital compared to last winter.

Our 2025/2026 Winter Plan applies learning from 2024/2025 and seeks to strengthen whole system working to achieve improvement. It is being developed in partnership with Voluntary and Community Sector organisations and with contribution and feedback from our service users, carers and families. It will contribute to the Sheffield Place Winter Plan. There will be more detailed discussion on winter planning at Trust Board to provide assurance of plans being put in place.

**Learning from Nottinghamshire Homicides:** Immediate action was taken to gain assurance of patient safety following the publication of the Independent Mental Health Homicide Review in Nottinghamshire. We have also worked closely with service users and clinical colleagues, through a series of large workshops, to develop an improvement plan. This plan encompasses learning from Nottinghamshire, internal learning and benchmarking against the NHSE Maturity Index for Intensive and Assertive Community Treatment. Our plans have been received by the Quality Committee and have been received by our Board of Directors and the SYICB Board. We are governing progress against these actions, which have been further developed with our workforce, service users and carers.



**Improvement & Change Programmes:** We have continued to focus on driving our ambitious Improvement and Change 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)*:

- **Home First Programme:** We continue to focus on efforts to drive sustainable change and embed ways of working to improve flow and capacity that support patients to move in and out of our services, whether that is on our wards or in the community. We have made good progress in a number of areas including our community services clinical model. This will enable us to improve service delivery in the community, as well as with the Home Treatment and Patient Flow teams, all of which are critical to enable patients being managed in and out of our wards.
- **Therapeutic Environments:** The Maple wards refurbishments are progressing.
- **New Models of Community Care 24/7 Neighbourhood model:** The Neighbourhood Mental Health Centre Programme continues to progress with significant engagement with communities to co-produce the model of care.

## **6. Notable Improvements and Awards**

### **HSJ Patient Safety Award Nominations**

We are incredibly proud to share that we have been shortlisted for three categories in the HSJ Patient Safety Awards 2025! This recognition highlights the outstanding work happening across our services to improve care and outcomes for the people we support. Our Decisions Unit team, working in close partnership with Yorkshire Ambulance Service (YAS), have been recognised in two award categories for their innovative work in reducing unnecessary A&E attendances for people in a mental health crisis.

The categories they have been shortlisted for are:

- Urgent and emergency care safety initiative of the year
- Best use of integrated care and partnership working in patient safety

By improving referral pathways and streamlining how people are assessed and supported, the team has ensured individuals are seen more quickly and receive the right care, first time. This collaboration has not only improved patient experiences but has also helped ease pressure on emergency services.

As part of the Waiting Less and Waiting Well programme, our Specialist Psychotherapy Service has used quality improvement methods to transform how care is delivered. Their work has freed up more than 40 clinical hours every month and introduced therapy agreements that help reduce waiting times and improve access to support for service users. Their work has been shortlisted for the Mental Health Safety Improvement Award.

### **Rio Celebration Event**

We held our Rio celebration event in May to recognise the incredible work behind the launch of our new electronic patient record. This was an opportunity to celebrate our Rio champions, digital team, clinical staff and everyone else who supported the launch of Rio. It was also a chance to reflect on our shared achievements, but also to recognise that this is just one milestone on our digital improvement journey.





## 7. Recommendations

The Trust Board are asked to:

- **Note** the updates.
- **Discuss** report content.
- **Consider** implications in relation to Board agenda items.