

Board of Directors – Public

SUMMARY

Meeting Date: 22 May 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 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**

The Trust continues to operate within a challenging context locally, regionally and nationally in the build up to a general election. Health and care as well as the NHS remain central to political debates and has had widespread focus through social media. What remains critical during this period is to continue to focus on delivering care, our people and their wellbeing and our partnerships that will enable us to improve health and care in our communities.

1.1 **NHS investment and focus on value**

In my previous CEO report to Board, I noted that the Spring budget had provided for additional investment in the NHS, which compares favorably with many areas of public service. This included a £2.5bn revenue funding increase for the NHS in 2024/25 and a £3.4bn increase in capital funding for NHS digital transformation over three years from 2025/26. In return for this investment, the focus of DHSC and NHSE is very much on driving productivity and value within health and care services. The commitment to capital funding for digital and technology in the NHS is met with the NHS commitment to 1.9% average productivity growth from 2025/26 to 2029/30, rising to 2% over the final two years.

NHS Providers has commented on the package of funding and productivity:

“After a year of high inflation, disruptive industrial action and rising demand for care, the extra £2.5bn for day-to-day NHS spending offers much needed, but temporary, respite from these financial pressures. High-quality patient care and improved services need long-term, multi-year investment in the health service which allows health leaders to plan. Staff are working incredibly hard to treat patients with complex conditions in the face of relentless demand. Funding focused on productivity is welcome and needs to work alongside a boost in capital investment to fix a record-high maintenance backlog and the deteriorating NHS estate.”

While the funding settlement is welcome by the sector, the year ahead will remain challenging financially and NHSE met with CEOs from Trusts and ICBs in May as part of its efforts to develop a Collective Leadership approach across the NHS and to facilitate sharing and learning as well as an opportunity to have frank, open conversations about the challenges and priorities for the year ahead. This included the value of using improvement approaches to drive value and productivity as well as digital transformation being key to transforming services and support over the next couple of years. Shifting to a much stronger focus on outcomes will also be key.

1.2 **NHS England focus on ADHD**

At a recent NHS England Board meeting (28th March), [a paper was received setting out the findings of an initial review into growing demand for diagnosis, treatment and support with ADHD](#). The paper proposes priorities for a national taskforce:

- ADHD service provision and interrelated policies need a joined-up approach across health, care, education and the justice system.
- There is a lack of evidence explaining what is driving recent increases in demand for ADHD services.
- As our services have not kept pace with demand and need, there has been a rapid growth of independent sector provision in the market for ADHD services. There is a need to work with systems and providers (including non-NHS providers) to better understand the different service models being used.
- Service models need to do more to keep pace with the needs of the people seeking support. ADHD service models should consider a range of therapeutic and non-clinical interventions, in addition to prescribing options.

The next steps will be:

- To establish a taskforce which will engage widely with stakeholders.

- To develop a national ADHD data improvement plan.
- Understand the provider and commissioning landscape.
- Ensure best practice is captured and shared across the system.

We recognise the importance of this issue for our communities and we will engage fully with the taskforce. This national focus will support the work we are already setting out to do in relation to neurodiversity pathways with our partners in the South Yorkshire MHLDA Provider Collaborative and locally in the Sheffield Health and Care Partnership.

1.3 NHSE Culture of Care Standards published in May

NHS England has published 12 standards it expects providers to meet to create ‘the culture of care within inpatient settings everyone wants to experience.’ [Culture of care standards for mental health inpatient services including those for people with a learning disability and autistic people](#) covers lived experience, safety, relationships, staff support, equality, avoiding harm, the importance of being needs led, choice, environment, things to do on the ward, therapeutic support and transparency. The standards are aligned to three ‘key approaches’: trauma-informed, autism-informed and culturally competent care.

NHS England acknowledges that the standards are ambitious ‘particularly in the context of current workforce pressures’ but states they are critical to improving patient outcomes by tackling barriers, boosting employee engagement and performance and improving staff retention. We are already reviewing our current inpatient work programme against the standards and plans are being put in place.

1.4 All Party Parliamentary Group of Birth Trauma

The All Party Parliamentary Group of Birth Trauma has recently published its report following an inquiry that has heard more than 1,300 submissions from people who had experienced traumatic birth as well as nearly 100 submissions from maternity professionals. It sets out a harrowing but familiar set of experiences of birth and maternity care and urges politicians and the health service to respond to 28 recommendations.

A chapter is included on perinatal mental health, which recommends improved universal access to specialist maternal mental health services, supported by additional trained staff working within a standard, evidence-based model that can be applied throughout the country.

The report highlights the widespread and long lasting impacts on women, their children and families and on wider society and calls for a broad coalition to use this report as a call to action.

There is much in the report that speaks to our values as a Trust and we will encourage partners in Sheffield and South Yorkshire to come together to rise to the challenge.

1.5 Local and Mayoral elections

National coverage of the local and Mayoral elections has demonstrated that the NHS and particularly access to care remains a key issue for voters. In South Yorkshire, the Mayor, Oliver Coppard, has been returned for another term. We anticipate that his focus on building a healthy region, inclusive growth and good work will continue, which connects with the targeted development of employment support within NHS Talking Therapies. We also note that the conflict in Gaza has been a significant factor for many people in our communities, which has been reflected in local elections. This serves to highlight the need for us to continually demonstrate that we are an inclusive organisation that is here for everyone who needs our support.

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. Focused work on addressing significant waits for people with Autism and ADHD across the region and transforming inpatient environments. The Provider Collaborative are also in discussion with the ICB about the investment plans for mental health services across our places and region for 24/25.

We have continued to work as a member of the Sheffield Health and Care Partnership on key priorities including improving urgent and crisis pathways including timely and responsive support to people in A&E, developing a model neighbourhood building capability and capacity in communities and addressing health inequalities and addressing neurodiversity through a needs led approach. Key enablers such as estates, digital and workforce are also being developed with a system view.

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.

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.

I would like to take the opportunity to extend our thanks to all our colleagues across the Trust who have continued to provide care and services during what continues to be a challenging period with ongoing pressures across some clinical pathways and services. We continue to ensure operational resilience across Urgent and Emergency Care. We have continued to focus on improving the timeliness of hospital discharge, where we continue to see significant improvement in the number of delays when compared to this time last year.

We continue to work on reducing our out of area bed usage and have seen improvement in the number of people admitted to a spot purchase independent provider. Also, in March and April 2024, we have seen a reduction in the number of people waiting in the local Emergency Department over 12 hours for a mental health admission. We do however continue to see increasing demand for people requiring support from our Mental Health Hospital Liaison Team at Sheffield Teaching Hospitals (STH). We have continued to work with Sheffield Teaching Hospitals to support the Emergency Department targets and responsiveness to meeting the needs of mental health patients in A&E and at STH. Our Director of Operations is now co-leading a Sheffield Place crisis delivery group with our partners to build on the crisis pathways in place in the city.

Emergency Preparedness Resilience and Response (EPRR) - We continue to make progress with the NHSE core standards and have moved from 10% compliance to 40% compliance. We are awaiting signing off key documents that will bring overall compliance to 57%. We are working towards an NHSE core standards compliance of 65% by September 2024 and in line with the rest of South Yorkshire, we will work towards 100% compliance by Q3 of September 2025. We await to hear about any changes to the core standard in 2024-25, though we have had reassurance from South Yorkshire that they do not expect any changes to allow us to work on the standards set last year over two years. There were no critical or major incidents declared internally or externally in this period.

3.2 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)

- **The Primary and Community Care Mental Health Programme and NHS 111 crisis line**, the integrated Primary Care Mental Health Team and the new Crisis and Urgent Care Team went live in April 2024. This is a critical step in working with our partners to deliver services together, specifically Primary Care Sheffield, Mind, Rethink and Nottingham Housing Association. The transformation will significantly improve the responsiveness of services to meet need by providing a clear pathway into services by meeting need close to home through the Primary Care Networks. The Crisis and Urgent Care Team is integrated with the NHS 111-crisis line, which also went live in April 2024. A key achievement is the eradication of the waiting list for the Single Point of Access before integrating services, which stood at approximately 1000 people waiting 2 years ago.
- **RiO Electronic Patient Record**
At our Board meeting in April, we received and approved the EPR tranche 2 programme plan, including timelines and detailed finances. We also received assurance regarding the incorporation of any learning since the tranche 1 roll out, including improvements to governance.

Since our meeting, work has continued to stabilise tranche 1 while working on the programme plan roll out for tranche 2. The Board will receive a separate update on the EPR programme in the Confidential section of the May Board meeting.

- **Culture Programme - Shaping our Values and Behaviour**
We have been working in partnership with the Desire Code Team to engage staff in the first phase of our culture programme, shaping our values and behaviour. This phase has involved listening to staff from across the organisation over the Spring. We engaged with colleagues about how they want to feel part of SHSC via a survey, 1:1 interviews and a round of focus groups, in person and online. A series of recommendations have been shared that will inform the next phase of our work to develop our culture, values and behaviour framework and our communication strategy that will put people at the heart of all we do.

3.3 Financial Position at 31 April 2024

As anticipated, the financial challenges experienced across all NHS organisations throughout the year continued into month 12. SHSC ended the financial year with a deficit of £4.932m, which was £1.67m worse than plan. The ICB's financial position improved further at month 12 allowing SHSC to report this deficit position without an adverse impact on the system financial reporting.

Additional governance and oversight arrangements remain in place from members of the Executive Team regarding delivery of recovery plans and into the new financial year arrangements have been put in place to support delivery of the Value Improvement Programme with EMT weekly meetings until such time as the assurance is in place regarding delivery.

Further discussion will take place regarding the month 12 out-turn in the Confidential section of the May Board meeting.

3.4 Notable Improvements and Awards

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

Design in Mental Health Award

We have been nominated for a national award for our work to transform our spaces to better support people in crisis. Our Trust has been shortlisted for a Design in Mental Health Award for its new and improved [Health Based Place of Safety](#), which opened to service users in January.

The new space is modern, safe and comfortable for those using it. It's a place where people are treated with respect and kindness as SHSC works with them to support their mental health.

Restrictive Practice Conference

People from across the Trust came together to learn, share ideas and talk about ways to reduce restrictive practice to deliver outstanding care at a conference on Tuesday 30 April. Delegates heard from a range of keynote speakers from SHSC and other organisations, who delivered moving and powerful speeches. Speakers shared their own stories and experiences and the conference heard about SHSC improvements and plans going forward to continue to build on the positive work to date.

SHSC participation in the International BMJ/IHI Quality and Safety Forum

SHSC colleagues and partners from SACHMA presented two sessions at the International BMJ/IHI Quality and Safety Forum. There were more than 740 session submissions globally and only 20% were accepted for inclusion in the final agenda. This is great recognition of the work our QI team has been leading across the Trust to develop and embed a culture of continuous Improvement.

Allied health professionals celebration event

A celebration and networking event was held on Wednesday 13 March for our allied health professionals community. The event at Whirlowbrook Hall was open to all AHPs, AHP support staff and peer support workers. The event was attended by over 60 people. It was a great opportunity for AHPs to get together and connect with fellow colleagues. The afternoon included the launch of the [SHSC AHP Strategic Plan 2024-2027](#), which outlines our strategic approach to attracting, retaining, developing and leading AHPs in SHSC. The plan is important because it outlines the approaches and developments that will bring about improvements in patient care and fulfilment at work for AHPs.

World Admin Day celebrations

We celebrated World Admin Day on Wednesday 24 April 2024. There were a range of celebratory activities across the Trust including food huddles and a workplace wellbeing session on Vicarious Trauma and Self-Care delivered by workplace wellbeing colleagues. This was also an opportunity to recognise and value the significant contribution our administrative colleagues make across the Trust.

International Nurses Day 2024

We celebrated International Nurses Day on 11 and 12 May with a Parkrun takeover at Endcliffe Park in Sheffield attended by SHSC staff and nurses. On 12 May, we shared a series of videos, blogs and posts across social media celebrating our nurses and recognising their enormous contribution to delivering care at our Trust.

SY/rci/May 2024