

Board of Directors – Public

SUMMARY

Meeting Date: 27 November 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

Since our last Board meeting, there have been many significant developments in the wider context within which we operate and deliver care and services.

In late October, Parliament passed the first budget of the new Government. It was notable that in the context of fiscal constraints, investment into the NHS was still prioritised, underlining the importance of delivery and reform. An analysis of the specific measures related to health and care can be found [here](#). The Government is allocating an extra £22.6bn in resource spending for DHSC in 2025-26, which will help to meet the costs of implementing the pay agreements reached with many groups of NHS staff and will support the drive to reduce waits for elective treatment. There is also an additional £3.1bn investment in capital, with initial commitments made to tackle RAAC in hospitals and to support the development of new surgical hubs and diagnostic scanners.

This investment in the health service is welcome. The focus on addressing elective treatment waits is in line with electoral commitments. At the same time, we will continue to advocate for the needs of people related to their mental health, learning disabilities and neurodiversity. For example, it is important to recognise that the cost base of the mental health sector comprises a higher proportion of staffing costs than other parts of the NHS and as such the way in which funds are allocated to meet the cost of pay awards should reflect this equitably.

Parliament has commenced the process of reforming the [Mental Health Act](#). This is welcome as it will seek to provide greater individual rights and liberties and ensure service users can have a more active role in their care planning with a focus on recovery. We will engage with the process as it develops and we note that in due course implementation of the reformed Act will be a significant undertaking for all involved, which we will factor into our forward plans.

The Government has also introduced a [Data Use and Access Bill](#) to unlock the secure and effective use of data for the public interest. This may prove to be a key enabler of improvement in the NHS and other public services and we will watch closely as it develops.

Since our last Board meeting, there have been many announcements regarding the development of the Ten Year Plan for Health and clarity of the operating framework and immediate priorities for the NHS.

The engagement process to inform the Ten Year Plan is underway. People are invited to contribute via [Change NHS](#). NHS organisations are also invited to contribute. At SHSC, we have invited our colleagues and governors to take part in engagement workshops this month so that together we can be heard in the process. This will also be a great opportunity for colleagues to contribute to our own strategy refresh. The work to create the Ten Year Plan is being structured around [11 working groups](#) - four will focus on aspects of the vision for the future, with the remaining 7 addressing how the change can be achieved. I am heartened to see that the vision groups emphasise similar critical success factors to our own strategy refresh conversation:

- I can stay healthy and manage my health in a way that works for me
- I can access the high-quality and effective care I need, when and where I need it
- My care is integrated around my needs and I am listened to
- I am treated in a fair and inclusive way, irrespective of who I am

Alongside the longer term vision setting, there have been a number of recent important announcements regarding how the system is expected to work to deliver today and to drive reform for tomorrow. The NHS Chief Executive, Amanda Pritchard, has set out the following immediate priorities in her recent [speech to the NHS Providers Conference](#):

- Living within the money
- Embedding improvement
- Maintaining quality and safety
- Working better with primary care and laying the foundations to move to a neighbourhood health service
- Making the most of the opportunities we have – fully exploiting tools we've already invested in - like the Federated Data Platform and the NHS App

We recognise much of this as being the daily work of our colleagues at SHSC and we welcome the clarity of focus. Allied to this focus, it is clear that there is a renewed emphasis on performance and accountability. Helpful resources have been published including [NHS England » The insightful provider board](#), which seeks to provide us with best practice on how to most effectively use the wealth of data and guidance we have to lead and oversee our organisation. We will of course be making full use of this and will bring specific discussions back through our Board development sessions.

The NHS England Chief Delivery Officer, Steve Russell, has also recently written a letter to set out the direction of travel in the [evolution of the NHS operating model](#), which is to simplify and clarify the roles and responsibilities of each part of the system. This will be set out in an updated NHS Oversight and Assessment Framework and underpinned by a new NHS Performance, Improvement and Regulation Framework. We will update Board as details become available. Initial headlines indicate that NHS England will retain the performance management responsibility, freeing Integrated Care Boards (ICBs) to focus on strategic commissioning, including convening partners to create the 'neighbourhood health service.' Providers must work together to deliver transformation, integration and improvement. Most critically, providers are required to deliver for service users within the resources available.

The Secretary of State for Health and Social Care emphasised the focus on accountability for delivery in his recent [speech to the NHS Providers conference](#). All of us in public life accept the responsibilities of our roles and are proud to be judged on our delivery and on the way in which we lead. We are pleased to see amongst the recent announcements a new [Management and Leadership Programme](#) which aims to ensure good leadership throughout the NHS, with clear standards and expectations, access to development and support opportunities and a focus on talent support and career development. We will share further details with Board as they become available.

Linked to this important theme of leaders continually developing themselves and nurturing others, I am proud to share with you my recent blog for [Inside Leadership](#) which is a publication for participants in the [National Leadership Forum](#), which is a learning network for CEOs across the public sector that I find an insightful source of support and challenge in my leadership role. Together with Dr Sam Parrett CBE, I had the privilege of co-hosting the November National Leadership Forum for the Leadership College for Government, which was attended by over 100 public sector CEOs and civil service leaders - the focus was on working together to deliver public services, Building Trust with the public and putting people and communities at the centre. The keynote speech was given by Minister, Georgia Gould OBE MP, who shared her vision and the developing approach to a mission led Government.

Whilst focusing relentlessly on our role in delivering high quality care for all within the financial resources available to us, it is important to recognise the continuing pressure on the wider system beyond the NHS. We know people rely on health and care working well together and so we note the continued pressures on the social care sector, which are clearly and uncomfortably set out by the CQC in their [State of Care](#) report and by Skills for Care in their [state of the adult social care sector and workforce](#) report. These are annual reports which we will consider carefully in our strategy development work and we continue to advocate for care in our system partnerships.

Further details on local partnership working are provided in our Systems and Partnerships report.

Key context that we should note in connection with the national level developments set out above is that delivery of financial plans is increasingly challenging at a system and organisational level. South Yorkshire continues to be one of thirteen ICSs nationally that are formally part of NHS England's Investigation and Intervention regime. As we work together to find and deliver rapid savings, we will be guided by our values and equity for people.

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. In response to mitigating the Trust position to ensure delivery of plan and in accordance with the system processes, we have implemented revised 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, including looking at the productivity of some services detailed below. This may impact on our ability to deliver on our strategic objectives as originally planned.

Further details are provided in the Finance Report.

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. Demand for liaison mental health services has now shifted to a trend of higher mental health presentations at Sheffield Teaching Hospitals. The positive position we reported at the beginning of Quarter 1 2024/25 has deteriorated. We continue to work in addressing out of area acute inpatient use, however, we are currently facing challenges in our bed use, which is compounded by a significant increase in the number of people clinically ready for discharge, especially for working age adults and people cared for in our rehabilitation beds. In addition, we have seen a spike in the number of people cared for on our wards who are subject to Ministry of Justice restrictions. We have implemented a short and medium-term plan to respond to this challenge. We are working closely with Sheffield City Council and Sheffield Place to take urgent action with these delays.

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 addition, we continue to see positive change in the number of people waiting for our core community services, psychological therapy services. Both perinatal mental health services and Sheffield Talking Therapies are meeting national expectations in relation to access and outcomes.

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

Following the implementation of the CQC action plan and subsequent additional oversight from South Yorkshire ICB, the **Trust has now received formal notification that oversight will be stepped down as from this month**. The notification is testament to the hard work of our people and the significant collective response to improvement. The key message from this is that our efforts are making a difference. Whilst this is great news, we must not be complacent. We will continue to maintain pace and focus so we stay on our journey of continuous improvement.

3.2 Industrial Action

Consultants, trainees and SAS doctors have now accepted pay deals made respectively to them. Most recently, junior doctors (now called 'Residents') have accepted a pay deal of an uplift for 2023-24 of 4.05%, on top of the 8.8% previously awarded, a further 6% for 2024-25, together with a £1000 one off payment - 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 September, we received an update that good progress was being made and the programme had progressed through the gateway review for phase 2 ("Discover"), where all criteria had been met and the programme has progressed to phase 3 ("Design"). Engagement with services is progressing well to understand current and future processes and data migration requirements. A training approach has been written as part of the phase 2 work with an industry standard learning platform being purchased. Improvements for Tranche one services are proceeding at pace with improved engagement and involvement of staff and Tranche one enhancements were implemented as planned in November and have landed well with teams.

3.4 Financial Position at 31 August 2024

The financial position as at 31st August 2024 is a deficit of £4.1m - we planned to deliver a deficit of £3.9m and are therefore £0.2m off plan. We continue to experience higher Out of Area bed usage than planned with an overspend of £1.9m at month 6. Work is ongoing to strengthen and implement mitigation plans and identify further opportunities to ensure we deliver the £7.3m required savings and 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:

NHS England visits the Decisions Unit

In early November, our Decisions Unit (DU) received visitors from NHS England and South Yorkshire Integrated Care Board. The visit was one of a series our national colleagues are undertaking to see a successful crisis service in action and the fact our DU was chosen is testament to the team's commitment to quality and work to improve lives for some of the most vulnerable people in our communities.

Sheffield Youth Awards

On 4 November, Bilan Omer, one of our mental health nurses, and Sharon Mays, our Chair,

attended the Sheffield Youth Awards. The awards celebrated outstanding young people in Sheffield who are making a real difference in our communities - we were sponsors for the mental health and wellbeing award.

South Yorkshire Peer Support Worker Event

On 7 November, our peer support workers were represented at a special regional celebration and learning event, where three of the team were nominated for the NHS peer worker of the year award. Well done and congratulations to the three peer support workers who were nominated: Laura Frost, Naomi Rice and Trevor Wright. Laura Frost won the award for NHS peer worker of the year. Zoe Dodd, peer support lead, showed leadership of our peer support workers and played a key role in organising the event with ICB colleagues and hosted the afternoon.

Better Connected – Art Exhibition in Sheffield

Our art exhibition in partnership with Sheffield Flourish launched on 5 November. The exhibition was held at The Circle in the city centre and displays artwork by people with lived experience of mental health. We are working in partnership with Flourish to support our service users and staff to express their experience of mental health and using arts in recovery. There was an excellent celebration event held on 7 November, attended by our Lord Mayor, Jayne Dunn.

Black History Month

October was Black History Month and a number of staff shared blogs about their background and culture. Everyone counts at SHSC and the blogs were a fantastic way to understand the different perspectives that we each bring to work. We also held our ninth annual Working Together Conference in October. Thank you to our Equality and Diversity team, our ethnically diverse staff network group and committee for organising the event.

World Menopause Day

On World Menopause Day in October, we held a pop up café at the Longley Centre. This was an opportunity to talk to trained menopause advocates about all things menopause. Almost 80% of our workforce is women and in our recent staff surveys, we have said that we need more support to help colleagues with menopause at work, so I'm pleased to see a lot of work has gone into offering better support for colleagues that are impacted.

South Yorkshire Reciprocal Mentoring Scheme – Cohort 3

I was delighted to join the launch of the South Yorkshire cohort 3 of the reciprocal mentoring group in early October. The third cohort follows two groups who have had huge success in developing a more diverse and inclusive leadership culture across our region. I'm really looking forward to seeing how cohort 3 develops and flourishes over the coming months.

Annual Members Meeting – 26 September 2024

At the end of September, we held our Annual Members Meeting where we celebrated our many successes over the last year, reflected on the challenges we have faced and looked ahead at how we will improve the mental, physical and social wellbeing of the people in our communities. We produced this moving video of how we put people at the heart of everything we do. It was played at our AMM. It's made by SHSC staff and exemplifies the work we are doing to improve the lives of people we care for [SHSC - Putting people at the heart of everything we do](#)

SY/rci/November 2024