

Front sheet: Public Board of Directors
Item number: 08
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Private/Public paper:	Public
Report Title:	Chief Executive Briefing
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Presented by:	Salma Yasmeen, Chief Executive
Vision and values:	The paper sets the context within which we are operating and delivering care and services. Consideration of the wider context enables Board to ensure the organisation is able to respond to this and deliver services in line with the Trust's vision and values. Updates reflect priorities that ensure we are all working together for our service users , demonstrating a culture of respect and kindness through the awareness and application of equity so that everyone counts and maintaining safe services through a continued commitment to quality so that we are equipped to ensure we improve lives .
Purpose and key actions:	The purpose of the report is to provide updates to Trust Board on 3 areas of focus: <ul style="list-style-type: none"> • 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.
Executive summary:	<p>This report sets out the national, regional and local context within which we continue to deliver care and services.</p> <p>Nationally we have seen an increase in need and demand for urgent, emergency and crisis services and this is reflected locally and in the Trust position. Notable national policy direction and developments continue to focus on devolution and greater autonomy for mayoral combined authorities and deepening relationships through Integrated care partnerships and a continued focus on reform of public services, including mental health and the NHS role in supporting recovery of our economy and supporting people to stay well in work and/or secure employment.</p> <p>Our colleagues across the Trust have continued to deliver care and services, with increased pressure on our inpatient services and a significant increase and deterioration in our Out of Area bed position. There is a significant amount of work both internally and in partnership with partners in place to improve flow and discharge, this will need continued focus in the coming months. We have also continued to address waits and deliver our strategic priorities and work with partners across the region through the Integrated care system.</p> <p>The paper also highlights notable improvements and Trust activities that support our strategic aims.</p>

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		
Ensuring our services are inclusive	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.

BAF and corporate risk/s:	The report sets the context and considerations in the delivery of strategic objectives against all BAF risks.
Any background papers/ items previously considered:	The CEO report is presented at every Trust Board. The last report was presented at Trust Board in November 2024.
Recommendation:	<p>The Trust Board are asked to:</p> <ul style="list-style-type: none"> • Accept the updates. • Provide comment on report content. • Consider implications in relation to Board agenda items.

1. National Regional and Local Context and Developments

The context within which we deliver care and services remains challenging, with the NHS experiencing rising demand for services and care, resulting in significant pressure across urgent emergency and crisis services nationally, regionally and locally this winter. There has been significant public and media attention on the NHS in recent weeks as a result of the pressures being experienced. In addition to the focus on performance and delivery nationally, there continues to be a focus on the NHS and wider public service reform and sustainability with work continuing on the development of the 10 Year Plan for the NHS.

In December 2024, the Government announced the [English Devolution White Paper](#). This signals the Government's support for regional strategic authorities, such as the South Yorkshire Mayoral Combined Authority, and sets the direction for every region of England to be covered by similar arrangements. The White Paper describes the range of policy areas in which Strategic Authorities will have a role. These include health and wellbeing. Related powers are set to include an Integrated Funding Settlement that will enable established strategic authorities to use budgets flexibly to support cross cutting missions such as Health and Employment.

The South Yorkshire Mayoral Combined Authority is cited as an example of good practice where the mayor plays an active role in the Integrated Care System and chairs the Integrated Care Partnership and has sought to connect strategies for inclusive economic growth and reducing health inequalities through 'Working Win.' This will be taken further through the Pathways to Work initiative in which South Yorkshire is a trailblazer for the Get Britain Working White Paper.

The White Paper, [Get Britain Working](#), is backed by £240m investment with the goal of eventually reaching an 80 per cent employment rate. Reforms are intended to tackle rising economic inactivity levels, support people into good work and create an inclusive labour market in which everybody can participate and progress. This includes tackling ill health as the biggest driver of inactivity. As part of this, the Government is investing £125 million in eight areas across England and Wales (including South Yorkshire Combined Authority) to integrate and improve local work, health and skills support. This will include £45 million of funding in three of the trailblazer areas (including South Yorkshire) for integrated care system (ICS) accelerators to improve population health outcomes and reduce health-related economic inactivity.

The NHS role includes expansion of Talking Therapies and inclusion of employment support in more mental health pathways. This is alongside a planned expansion of access to Individual Placement and Support (IPS) for severe mental illness. Locally we are engaged through the South Yorkshire ICS in readiness for implementation. The work across South Yorkshire builds on the Barnsley Pathway to work commission led by the Rt Hon Alan Milburn and several co-design workshops are taking place over the coming weeks that we are involved in.

[The Mental Health Bill](#) continues to progress through Parliament. In January, it is going through Committee stage where amendments are considered. In the course of the debate, parliamentarians have shown strong support for sustainable funding of mental health to enable the Act to be implemented effectively. This includes the expansion of community-based specialist mental health, learning disability and autism care which is key to reducing the need to detain under the Mental Health Act and providing high quality care in the least restrictive way as well as ensure that the rights of people with mental health are better safeguarded through less restrictive approaches and better control and choice in planning care proactively through advanced care plans and safety plans. The Act is anticipated to become law in 2025 and to be implemented over several years.

[Leading the NHS: proposals to regulate NHS managers](#) is a consultation by the Department of Health and Social Care which seeks views on the most effective way to strengthen oversight and accountability of NHS managers. It was signalled in the Darzi Review and aims to respond to the findings of several inquiries including the ongoing Thirlwall Inquiry which have highlighted the impact

of leadership on the quality of care received. These proposals for additional regulation should be seen alongside the development of enhanced support for leadership development in the NHS as described in the Messenger Review. NHS England is developing a leadership and management framework, which will introduce a code of practice, a set of core standards and a development curriculum for managers. This will support delivery of the Ten-Year Plan. SHSC will contribute to the consultation prior to the deadline of 18th February. Sam Allen, CEO of North East and North Cumbria Integrated Care Board, is leading the development of the NHSE approach to supporting and developing clinical and executive leaders across the NHS. She has established a CEO level Advisory Board that includes the CEO of our Trust.

Earlier this month, NHS England published [Reforming Elective Care For Patients](#). This plan sets out how the NHS will meet the 18-week referral to treatment standard by March 2029. It describes how elective care will be increasingly personalised and digital, with a focus on improving experience and convenience and empowering people.

Several measures are identified to support this including expanding the number of surgical hubs, extending access to community diagnostic centres and reforming the NHS app. The guidance provides an emphasis on empowering patients which includes promotion of patients right to choose when and where they receive care. It is unclear what impact this might have on autism and ADHD waits and a briefing from NHS Providers notes that: “While this plan focuses on planned hospital ‘elective’ treatment, we know there are also very worrying delays for mental health treatment and for community services. We continue to call for the NHS to be supported and resourced to address these backlogs too.”

Government has appointed Baroness Casey to lead a [Commission on Social Care Reform](#). At the same time, it has announced immediate investment into the sector. The need for a comprehensive plan for social care has been a strong message in the engagement on the Ten-Year Plan for Health and is to be welcomed. Key short term support measures include an uplift to the Disabled Facilities Grant, an increase in the funding received by all adult social care authorities and increased freedoms in the Better Care Fund. Announcements also include plans to support care workers to deliver more delegated healthcare activities such as blood pressure checks and enabling health and care staff to access real-time data by joining up digital systems. We are in discussion with local partners to ensure investment in Sheffield benefits the communities we serve.

The [operational planning guidance](#) has not yet been released by NHSE at the time of writing this report. The NHSE website hosts the newly released elective guidance notes that NHSE is continuing to work with the Department of Health and Social Care to publish the broader Operational and Financial Priorities and Planning Guidance for 2025/26, as well as allocations and supporting information, as soon as possible, however, locally and regionally the approach to planning has commenced and more detailed information on the approach will be covered under the planning and finance agenda items on the agenda.

Becoming an Anti-Racist Organisation - The Trust is **working towards becoming an anti-racist organisation** and recognises that racism and racial inequality exists. The Trust has set becoming anti-racist as one of the Trust’s objectives and work is ongoing to progress this. As a public sector organisation, it is worth reminding ourselves that we are responsible for tackling unacceptable behaviour that results in racism and discrimination including all forms of microaggression. We are working with partner Trusts across the Integrated Care System to develop an Anti-Racist system.

In support of this, the [NHS Race and Health Observatory has developed resources to help tackle racial and ethnic inequalities in health](#). The resources are based on insights, practical recommendations and evidence-based best practice, which includes a new resource on the ‘7 Anti-Racism Principles’, due to be launched this month. The principles start with leadership, understanding and acknowledging, involving people and ensuring the collection and use of data as well as understanding bias, adopting a race critical lens to all we do and finally reflection and analysis. These resources will be shared with operational groups responsible for delivering against the Trust’s objective as an alternative measure of our progress and to provide framework for others. The resources can be found here, which includes a video and infographic.

Infographic: <https://www.nhsrho.org/our-resources/>

Video: <https://www.youtube.com/@nhsraceandhealthobservator2245/featured>

LGBTQ+ Workforce - The NHS Confederation's [Health and Care LGBTQ+ Leaders Network](#) has published [new survey findings](#) which shows that **LGBTQ+ staff across health and care are continuing to experience greater levels of discrimination in the workplace**. LGBTQ+ staff were interviewed representing one in twenty of the NHS workforce. The key message is that healthcare leaders **create working environments where all staff feel safe, included and able to thrive** meaning this translates directly to better care and outcomes for patients. People reported higher levels of homophobia and transphobia compared to the NHS Staff Survey results. Diversity in leadership continues to be a challenge, with leaders not reflecting the workforce they represent. The Trust will share this report with our staff network to reflect on the findings and to identify any specific actions we should take as a Trust; this will feed into the Trust's equalities action plan and priorities for 25/26.

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 several shared priorities including the opening of the sixth Health Based Place of Safety in Sheffield hosted by the Trust on behalf of the region. This will ensure that there is increased capacity to support people with acute mental health issues that need a place of safety and support to access care in a crisis. We also continue to work with partners in improving eating disorder services and support across the region through a joint committee.

We have also been working with partners to improve the quality of care delivered in inpatient environments across all mental health and learning disability provider Trusts that are part of the South Yorkshire Mental Health and Learning Disabilities Provider Collaborative.

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 and System Efficiency Board oversees the Financial Recovery Programme required as part of the NHSE Investigation and Intervention process. The programme is required to de-risk the delivery of our 2024/25 and future years financial plans. In response to mitigating the Trust's 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 community services. 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.

SHSC is enacting the winter plan and continues to work closely with our partners to support Sheffield Place response. Demand for physical health acute care is very high and we are still seeing a continued increase in flu presentations. Business continuity plans are in place for the winter and whilst we have seen an increase in short-term sickness, we are maintaining service delivery effectively to accommodate seasonal variation.

Over the winter, we have continued 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, however, our new Urgent and

Crisis Team continue to meet demand in our communities in conjunction with the 111 mental health crisis line. The positive position regarding out of area acute care at the start of Q1 2024/25 has significantly worsened. Despite efforts to address this, challenges in bed use persist, exacerbated by a rise in patients clinically ready for discharge, though some improvement has been noted. Additionally, the number of patients under the Ministry of Justice restrictions remains high but stable. Short and medium-term plans have been implemented to tackle these issues, in collaboration with Sheffield City Council and Sheffield Place yielding some benefits. Planning for 2025/26 is underway to expand capacity and improve mental health pathways. Progress continues the Home First Programme to create sustainable pathways in and out of acute care.

Efforts to implement the “Waiting Well” initiative continue, with a focus on reducing the longest waits, including for ADHD services. Progress has been made in treating existing service users and work is underway to increase new assessments. Collaboration with primary care through a shared care protocol and engagement with mental health teams is ensuring efficient use of resources. Work with the ICB aims to develop a sustainable, integrated approach to addressing ADHD service waits across the region. Positive changes are also evident in wait times for core community and psychological therapy services, with perinatal mental health services and Sheffield Talking Therapies meeting national standards. Additionally, the Gender Service received positive feedback from the [Levy Review](#) with formal feedback pending.

In October 2024, we submitted our self-assessment against the NHSE Emergency Preparedness Resilience and Response (EPRR) core standards which are assessed by the South Yorkshire ICB and include a peer review. The annual national EPRR deep dive focused on cyber security and digital incidents. It has been confirmed that SHSC achieved 65% overall compliance against the NHSE core standards, which is a significant improvement on last year’s assessment.

3.2 Leadership Changes

The Trust welcomed Gulnaz Akhtar, who is on secondment from NHSE for 3 months as Interim Director of Performance and Delivery. Gulnaz will be with us until the end of April 2025.

In other changes, Neil Robertson will be leaving the Trust following a 4 year period as our Director of Operations. As CEO, I would like to formally thank Neil for his contribution to Trust operations and to formally note his Board contribution and wish him well. Neil will continue his notice period on secondment at NHSE regional office with the regional mental health team, who will benefit greatly from his knowledge and experience, whilst offering Neil a further opportunity for growth and development. We will be proceeding with recruiting a new Director of Operations imminently.

3.3 Industrial Action

There is no current or planned industrial action amongst psychiatrists. Deals have been accepted by consultants, trainees and SAS doctors. 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. In December, details were released about the new GP contract which is being discussed with the BMA. We continue to liaise with colleagues in primary care in Sheffield closely and are monitoring the impact on our services.

Earlier this month, the Government revealed [the first details about the new GP contract](#). It includes an extra £889m ‘[on top of the existing budget](#)’ for general practice as well as adding practice nurses to the ARRS, reducing QOF targets and ‘bringing back the family doctor.’

3.4 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 November, we received an update that good progress was being made. Enhancement to RiO in Older Adults services took place in November successfully. Work continues to implement RiO across the rest of the Trust later this Spring including

planning for migration, testing, training and change support. We have successfully held several roadshows and champions are being trained in advance to ensure that there is strong clinical and operational engagement and readiness for RiO Go Live.

- **Therapeutic Environments**

We are pleased to report that we can now proceed with the refurbishment of Maple Ward in Quarter 4 of 24/25. This is the last planned refurbishment of our adult acute estate within the scope of the Therapeutic Environments Programme. The completion of this ward upgrade will have a positive impact in the care pathway for Sheffield residents.

- **New Models of Community Care 24/7 Neighbourhood model**

The Gleadless and Heeley Neighbourhood Mental Health Centre Pilot continues to progress towards a planned service launch in 25/26. Recent progress has included securing capital for the necessary improvement works to the community centre and successfully recruiting to key roles in the programme and proposed service.

3.4 Financial Position at 30 November 2024

The financial position as at 30th November 2024 is a deficit of £5.3m - we planned to deliver a deficit of £4.8m and are therefore £0.5m off plan. We continue to experience higher Out of Area bed usage than planned with an overspend of £5.4m at month 8. We are forecasting to deliver the planned £7.3m savings but work is ongoing to strengthen and implement mitigation plans to ensure additional delivery to mitigate Out of Area cost increases to achieve plan.

3.5 Notable Improvements and Awards

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

Charity – Collective Marathon or Charathon

Thank you to everyone who took part in our charathon on 20 December – we have raised over £400 so far for Sheffield Hospitals Charity! 70 dedicated colleagues walked or ran the equivalent of two marathons. Together the team took on a one kilometre loop, starting and finishing at the Michael Carlisle Centre. I would like to extend my sincere thanks to all our colleagues that took part in the charity event and our Communications team for planning and leading the event.

Shine Awards 2025

We received over 260 nominations in December, surpassing previous records for award nominations at SHSC. The Shine Awards are about celebrating colleagues across SHSC and the work we do every day to improve lives for people in Sheffield and South Yorkshire. It is brilliant to see so many nominations highlighting the people, teams, projects and improvements that shine bright at SHSC. The event will take place in February, and we are delighted that our keynote speaker will be Cllr Jayne Dunn, Lord Mayor of Sheffield.

SHSC Manager

In December, we launched SHSC Manager, a new programme designed by SHSC staff for our managers. It has been developed to equip our managers with the skills, understanding and knowledge to support teams to thrive and deliver our priorities.

Disability History Month 2024

To support Disability History Month 2024, our Equality, Diversity and Inclusion Team put together a list of resources and information around the theme of disability livelihood and employment.

Strengthening Partnership with Sheffield University Honorary Title Award

Our Interim Medical Director, Helen Crimlisk, has been awarded the title of Honorary Professor, linked to the Division of Clinical Medicine in the School of Medicine & Population Health at the University of Sheffield. I would like to take this opportunity to congratulate Helen for this award and being recognised for her significant contribution to the department and partnership work.

Human Rights Watch Visit

In November, two delegates from Human Rights Watch visited our services to learn from the

innovative approaches we are taking. [Human Rights Watch](#) is an international organisation which conducts research and advocacy on human rights. Karolina Kozik, Assistant Researcher in Disability Rights, and Kriti Sharma, Associate Director for Disability Rights, spent a packed day full of learning from several teams and projects across SHSC. They carried out a second visit this month with a particular focus on visiting our inpatient acute wards.

4. Recommendation

The Trust Board are asked to:

- Accept the updates.
- Provide comment on report content.
- Consider implications in relation to Board agenda items

SY/rci/January 2025