



Front sheet: Public Board
Directors Item number: 8
Date: 26 March 2025

Private/Public paper:	Public
Report Title:	Chief Executive Briefing
Author(s) Accountable Director:	Salma Yasmeen, Chief Executive
Presented by:	Salma Yasmeen, Chief Executive
Vision and values:	<p>The paper sets the context within which we are operating and delivering care and services. Consideration of the wider context enables the Board to ensure the organisation can respond to this and deliver services in line with the Trust’s vision and values.</p> <p>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 we maintain safe services through a continued commitment to quality so that we are equipped to ensure we improve lives.</p>
Purpose and key actions:	<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"> • 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>In changes to the leadership team, Neil Robertson, Director of Operations, has now left the Trust and we have welcomed Helen Smart who joined as Interim Director of Operations. Gulnaz Akhtar, Interim Director of Delivery and Performance, will continue her secondment from NHSE until March 2026.</p> <p>A rapidly changing national context has resulted in significant NHS leadership changes and NHS England announcements. The changes include Amanda Pritchard stepping down at the end of March as CEO of NHSE. On behalf of the Board, we would like to extend our thanks to Amanda for her leadership of NHSE during a challenging time within which we have continued to see progress and improvements post Covid-19. Sir James Mackey will take up the role as NHS England Chief Executive (interim) and Fiona Edwards being appointed as the NHSE Regional Director for Northeast Yorkshire. There have also been other significant changes to the national leadership team, with a new transition team being appointed that will bring NHSE together with the team at DHSC.</p> <p>The recent publication of the planning guidance and welcome news that it retained the mental health investment standard will support parity of esteem and has allowed for a Provider Collaborative submission to access additional capital funds.</p> <p>In the context of a rapidly changing environment, we have continued to focus on what matters most to us at SHSC, which is to focus on improving care and delivering safe</p>

services to our local communities. This has included a focus on the Home First Programme which has been refreshed and strengthens immediate operational grip and accelerates medium- and long-term sustainable changes to service delivery across hospital, crisis and community services. This is already having a positive impact with an improving out-of-area position. We have also in partnership with the Mental Health Learning Disabilities and Autism Provider Collaborative opened the 6th 136 South Yorkshire wide Health Based Place of Safety suite at SHSC.

Our financial position as of 31 January 2025 is a deficit of £6.3m and therefore £0.6m off plan. Significant work is underway to ensure that we continue to drive value for every public pound that we spend and to deliver our plan. The system will continue to operate with increased financial control whilst in deficit. Initial financial plans for 2025/26 have been developed and following draft submission to NHSE.

Finally we saw over 200 of our colleagues come together to celebrate the nominees, finalists and winners at our Shine Awards Ceremony in February. This was a night to celebrate the progress and achievement of our staff and teams across the Trust.

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 of Directors. The last report was presented at Trust Board in January 2025.
Recommendation:	<p>The Board of Directors 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 national, local and regional position is subject to many rapid changes. This will form part of a verbal update with the current position at the time of presenting the paper set out below.

1.1 Leadership Changes in National NHS Roles

Firstly, there have been some significant announcements regarding leadership changes in national NHS roles. Personally and professionally, I would like to record thanks to Amanda Pritchard, whose leadership has ensured the NHS is in a better place as she departs from her role as NHS England Chief Executive. Several members of Amanda's senior team have subsequently announced their intention to leave too. The team includes Julian Kelly (Finance), Emily Lawson (Operations) and Steve Russell (Delivery).

The NHS welcomes Sir James Mackey, currently Chief Executive of Newcastle Hospitals NHS FT, who will take on the role of NHS England Chief Executive on an interim basis. Sir James has previously fulfilled national leadership roles and will be focused on ensuring delivery of the Government's priorities for the NHS while supporting the transition of national NHS leadership arrangements.

He will be supported by a transition team comprising:

- Deputy Chief Executive, David Probert, who will also remain CEO of University College Hospitals
- Chief Finance Officer, Elizabeth O'Mahoney, currently South West Regional Director
- Co-Medical Director (secondary care), Meghana Pandit, currently CEO Oxford University Hospitals
- Finance Reset and Accountability Director, Glen Burley, who will also remain CEO of South Warwickshire University FT
- Elective Care, Cancer and Diagnostics Director, Mark Cubbon, who will also remain CEO of Manchester University Hospitals FT
- Co-Medical Director (primary care), Claire Fuller (current role)
- Chief Nursing Officer, Duncan Barton (current role)
- Clinical Transformation Director, Vin Diwaker (current role),
- Urgent and Emergency Care Director, Sarah-Jane Marsh (current role)
- National Director of Primary Care and Community Services, Amanda Doyle (current role)

In addition, Fiona Edwards will be welcomed as the new NHSE Regional Director for Northeast Yorkshire, taking on the role previously held by Richard Barker. Fiona joins following her time at Frimley ICB where she has previously been the Chief Executive. As always, our continued support will be offered to both as they settle into their new roles.

On 13 March, the Prime Minister announced far reaching reforms of the civil service. Specifically, the announcement that NHS England would be abolished, along with many of its responsibilities. The plan is to move to an aligned department of 'Health and Social Care' where plans to achieve significant savings in operating costs through a reduction in roles at both NHSE and DHSC are expected. Following the announcement work will begin immediately, moving many of NHSE's current functions to DHSC. A longer-term programme of work to deliver the changes in full will come later.

Subsequent announcements confirmed that ICBs would also be expected to deliver significant savings in operating costs, understood to be circa 50%. This is in addition to the previous significant efficiencies delivered by ICBs. Clearly this will require a comprehensive re-evaluation of the ICB operating model and may involve changes to the functions undertaken. However, it is recognised that the four purposes of ICBs are set out in statute and offer a consistent guide through these changes. The four purposes are to improve population health and healthcare outcomes, tackle inequalities, enhance productivity and value for money, and support broader social and economic development.

As these changes impact and affect colleagues, it is important that we lead with compassion whilst retaining our focus on the important tasks at hand. Our priority is to ensure we continue to deliver safe, effective, high-quality services and to engage in reforming the NHS through the 'NHS Ten Year Plan' as part of the Trust strategy refresh.

1.2 Critical Operational Planning

On the same day that this announcement was made, all NHS Trust Chairs and Chief Executives were part of a critical operational planning meeting in London, intended to identify the steps to ensuring greater efficiencies whilst driving operational delivery for the year ahead.

As these changes have been at pace, much has happened since my last report to the Board, with the publication of Planning Guidance and initial Trust responses having been submitted and the welcome news is that guidance retained the Mental Health Investment Standard, which is an important marker for parity of esteem in NHS planning. Notably the guidance requires us to focus on flow through mental health acute and crisis pathways, which very much fits with our emphasis on the Home First programme.

Locally, I am also pleased to report that as a Trust and in conjunction with our Provider Collaborative partners, we have made submissions to access additional capital funds, which were announced as part of the planning guidance. These bids reflect our agreed capital plans and are focused on reducing out of areas placements and the safety of in-patient environments. We will report the outcome of these bids in due course.

1.3 Health Services Safety Investigation Body (HSSIB)

The [Health Services Safety Investigation Body](#) (HSSIB) has published its [latest investigation](#) report into deaths occurring within 30 days of discharge from a mental health ward. We know this is a crucial time for continuity of care and this safety and quality guidance will be carefully considered by our teams working on the Home First and Culture of Care programmes.

The Parliamentary process to update the Mental Health Act continues in the House of Lords where it has now completed the Committee stage and will move into the Report stage at the end of March. This means it is still on track.

1.4 GP contract

The BMA's GP Committee has agreed in principle to accept proposed amendments to the [2025/26 GP contract](#), following months of negotiations. This is positive news and will be particularly welcomed by our services that rely on shared care agreements with GPs. Within the detail are proposals to remove the requirement for practices to hold dedicated registers of patients with dementia, learning disabilities or schizophrenia. Along with system partners, we will seek to understand what it may mean for key measures such as health checks. Our strategy is to support holistic care and to reduce inequalities.

1.5 Institute for Fiscal Studies- Role of Changing Health in Rising Health Related Benefits

This month the Institute for Fiscal Studies reported on [The Role of Changing Health in Rising Health Related Benefit Claims](#). The analysis found that since the pandemic there has been significant growth in health-related benefits claims much of which relates to increasing mental health need. This underlines the important role our sector has to play in Pathways to Work and how investment in mental health care is an investment in inclusive economic growth.

2. Local and Regional System and Partnership Context and Developments

In February, our executive team met with their counterparts from Sheffield City Council for an executive team-to-team session. Discussions focused on alignment of our respective work in the Gleadless Valley. We will support the Council in its work to co-create a 'Neighborhood Plan' where physical improvements are complemented by health, social and economic interventions to build thriving communities.

In March, I took part in a visit to Sheffield by Government ministers, Georgia Gould and Jim McMahon.

In a positive discussion, we reviewed the progress made through the Changing Futures pilot and the work of our Homeless and Assessment Team (HAST) and considered how people who face multiple disadvantages can be better supported by joining up local services and incorporating a focus on prevention in our approach. I spoke of complex lives experienced by some of the people we serve and the importance of establishing trusted relationships, mainstreaming outreach and person centered approach that ensure there is a team wrapped around the person. This approach will be at the heart of the new 24/7 community mental health hub model that we are developing.

At our South Yorkshire Provider Collaborative meeting in March, we heard about the opening of the sixth Health Based Place of Safety suite, which is operated by this Trust on behalf of the System. This is a demonstrable success of working together as a Provider Collaborative. It is critical that we operate the suite effectively so that it is available for those who need it.

One of the ways we can contribute to the health and employment agenda, and to the Sheffield City Goals, is to inspire the next generation to have hope and connect with local opportunities for learning and careers. I was thrilled to see our colleague, Vin Lewin, volunteering with [See It Be It](#) in Sheffield. Vin visited local primary school children to explain his job as a mental health nurse and challenge gender stereotypes. Soon our People team will explain how more of us can contribute by volunteering.

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. The system will continue to operate with increased financial controls whilst in deficit. Initial financial plans for 2025/26 have been developed and following draft submission to NHSE, further work is required to reduce the level of planned deficit across the system.

Further details are provided in the Finance Report.

3. Operational Focus

Despite the changing and challenging context, we have continued to focus on delivering safe care and services and focus on our transformation and improvement priorities.

3.1 Flow and Capacity

Patient flow through our hospital, crisis and community services is a key area of operational focus. High demand and a high number of social care delayed discharges present challenges. Too many patients are receiving out of area hospital care which poses risks to the quality and experience of patient care and to the financial position of the Trust. Our Home First Programme has been established which has strengthened operational grip and accelerated medium and long-term sustainable changes to service delivery across hospital, crisis and community services.

We are continuing to engage with Sheffield City Council both to address the social care related delay for patients who are clinically ready for discharge (which are mainly due to lack of social worker capacity and social care provision) and via the Better Care Fund which will expand our capacity on flow and in community teams.

3.2 Learning from Nottinghamshire Homicides

NHS England has published an Independent Mental Health Homicide Investigation following the tragedies in Nottingham in June 2023. We have taken action to gain immediate assurance of the quality and safety of care provided to our patients and we are working in partnership with service users, families and our workforce to develop improvement plans. These plans have specific focus upon:

- Personalised assessment of risk across community and inpatient teams
- Joint discharge planning arrangements between the person, their family, the inpatient and community team (alongside other involved agencies)

- Multi-agency working and information sharing
- Working closely with families
- Eliminating Out of Area Placements in line with ICB 3-year plans

Our plans will be received by our Board of directors and the SYICB Board before 30 June 2025.

3.3 NHS England Emergency Preparedness Resilience and Resource (EPRR)

NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework 2022 requires all NHS Funded organisations (including SHSC) to meet its obligations under the Civil Contingencies Act 2004 (and other regulations and guidance such as NHS Act 2006 and NHS E EPRR Framework 2022) to ensure effective arrangements are in place to deliver appropriate care to patients affected by an emergency or incident.

SHSC have made a significant improvement by meeting a few more NHS E EPRR core standards this year. We have moved from 10% compliance last year to 65% this year and we are working towards 80% for 25/26. We are currently working towards 100% compliance by 2026/27.

3.4 Leadership Changes

The Trust welcomed Helen Smart who is joining us as Interim Director of Operations.

In other changes, Gulnaz Akhtar, who is on secondment from NHSE, will remain with us until the end of March 2026 as Interim Director of Performance and Delivery.

3.5 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 January, we received an update that good progress was being made. Assurance was received from the Programme Board including approval for arrangements around early life support, configuration management and data migration services. Purchase of new monitors to ensure benefits can be realised across services. The paper highlighted some areas of risk including levels of training and delays to some lower priority system integrations.

The paper set out timescales and governance for go live decision expected in March.

Therapeutic Environments

The Maple wards refurbishment is underway and the initial phase is due to be complete by the end of March in line with the system capital funding received.

New Models of Community Care 24/7 Neighbourhood model

The Neighbourhood Mental Health Centre Programme continues on track and is included in the transformation portfolio report to Board.

3.6 Financial Position at 31 January 2025

The financial position as at 31st January 2025 is a deficit of £6.3m - we planned to deliver a deficit of £5.7m and are therefore £0.6m off plan. We continue to experience higher Out of Area bed usage than planned with an overspend of £6.4m at month 10. 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.

3.7 Staff Survey

A strong collective effort by leaders, managers, staff side and staff network groups led to high profile, proactive engagement across all teams, encouraging colleagues to complete the survey and be part of developing the future of SHSC and the NHS. This resulted in our highest response rate since the introduction of the survey in 2003 rising from 52% (2023) to 63% (2024).

Whilst our results remain in the lower quartile, we have made good improvements from last year.

We will continue to build on areas of improved staff engagement, empowering staff to make improvement happen in their area of work, along with more people feeling trusted to do their jobs. We have also identified priority areas for accelerated action at organisational and team level:

- Improving advocacy of SHSC as a place to work, a place for care and recognising that we prioritise care as an organisation.
- Tackling discrimination and building relationships resulting in a workforce who feel respected and valued for the part they play in their team, service and in our communities. The launch of our new Trust values in April 2025, following Trust-wide engagement on values in 2024, will be central to our cultural change action by setting our values and how we live them in all we do.
- Improving the skillset of our leaders and managers by continuing to provide the opportunity to learn and develop, building on strengths and supporting personal development that results in effective and efficient team working across SHSC.

3.8 Notable Improvements and Awards

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

Shine Awards 2025

The winners of the SHSC Shine Awards were announced in February at a fabulous ceremony at the OEC in Sheffield. More than 200 of us came together to celebrate the incredible work we do every day to improve lives of people in Sheffield. The awards were hosted by Xanthe Palmer, BBC Radio Sheffield presenter, journalist and producer. Councillor Jayne Dunn, Lord Mayor of Sheffield, was a guest of honour. 15 Shine Awards were presented from 264 nominations.

Northern PoWER Women Awards 2025

Congratulations to Zoe Dodd and Melissa Simmonds who were finalists in Northern PoWER Women Awards in March. The annual awards are a celebration of gender equality through recognising change makers, trailblazers and advocates. There were more than 1,600 nominations in total across all of the award categories.

Zoe, our peer support lead, was a finalist for the Person with a Purpose award and Melissa, our community network leader for health equity (patients and carers), was a finalist in the Agent of Change category. On this occasion, neither took home the top prize but it was a fantastic achievement to be nominated for an award.

International Women's Day 2025

International Women's Day (IWD) was Saturday 8 March this year. It was a day to celebrate the achievements of women all over the world and closer to home at SHSC. This year's theme was 'Accelerate Action,' which called on us all to act now to make sure women have equal rights and opportunities.

At SHSC, we are proud of the amazing work women do. Women are a big part of the NHS and their hard work and care are hugely important for our healthcare system. To celebrate IWD, our amazing Women's Network Group held events from coffee mornings to online webinars.

LGBT+ History Month 2025

LGBT+ History Month ran throughout February. It highlighted the community's contribution to society and raised awareness of LGBTQIA+ history. Each year it focuses on a different theme - this year's theme is activism and social change. We ran a series of blogs to mark the month. In this particular blog, a member of our [Sheffield Talking Therapies](#) team discusses how there are working groups within the team who are looking to improve referrals and clinical outcomes for underserved communities.

4. Recommendations

The Trust Board are asked to:

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