Board of Directors - Public

SUMMARY	Meeting Date:	28 September 2002
	Agenda Item:	06

Report Title:	**Chief Executive Briefing**	
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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	-	

Recommendations							
To consider the items discussed in this report in relation to impact and opportunity on our strategic priorities and risks.							
Recommendation for the Board/Committee to consider:							
Consider for Action	**X**	**Approval**		**Assurance**	**X**	**Information**	**X**

Please identify which strategic priorities will be impacted by this report:				
Covid-19 - Recovering effectively	***Yes***	***X***	***No***	
CQC Getting Back to Good – Continuous improvement	***Yes***	***X***	***No***	
Transformation – Changing things that will make a difference	***Yes***	***X***	***No***	
Partnerships – working together to make a bigger impact	***Yes***	***X***	***No***	

Is this report relevant to compliance with any key standards?					State specific standard
Care Quality Commission Fundamental Standards	***Yes***		***No***	***X***	
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 no, please explain why
Service User and Carer Safety and Experience	***Yes***	***X***	***No***		• Health & Care Act • Urgent & Emergency Care Plan • Winter Plan • Patient Safety Incident Response Framework
Financial (revenue &capital)	***Yes***	***X***	***No***		• Health & Care Act
Organisational Development /Workforce	***Yes***	***X***	***No***		• SYMHLDA Collaborative • Leaving Fulwood • NHS Staff Survey
Equality, Diversity & Inclusion	***Yes***	***X***	***No***		• Queer Futures 2 Project
Legal	***Yes***	***X***	***No***		• Health & Safety Executive Inspection
Sustainability	***Yes***	***X***	***No***		Not relevant to reported items.

Title	Chief Executive Briefing

Purpose

The purpose of this report is to inform the Board of current national, regional and local policy and issues that require consideration in relation to our strategic priorities and Board Assurance Framework risks, and to stimulate Board strategic discussion.

The September 2022 Chief Executive Briefing is written by the Executive Director of Nursing, Professions & Operations as the Chief Executive was on leave during the reporting period.

1.1 Death of Her Majesty Queen Elizabeth II

Her Majesty Queen Elizabeth II, Britain's longest-reigning monarch died at her home on the 8th September 2022. Amanda Pritchard, Chief Executive of NHS England issued a statement:

"I know I speak on behalf of the whole NHS when I say how incredibly saddened, we are by the news Her Majesty the Queen has passed away. The Queen dedicated her life to public service, and it was our proudest moment when she awarded NHS staff the George Cross earlier this year, for their compassion and courage over the last 74 years but particularly during the pandemic.

My heartfelt condolences are with the Royal Family at this time."

The death of the Queen was a matter of international importance and for the NHS, while staff and services responded, the responsibility was to maintain services.

NHS services received clear guidance about the activation of arrangements relating to the lying-in state, the subsequent funeral, the period of mourning and the declared bank holiday. Sheffield Health & Social Care NHS FT complied with all guidance.

Our command structures were activated to ensure business continuity across the bank holiday period, this included ensuring that all inpatient service users had an opportunity to pay their respects in a way that met their needs. On the day of the funeral Executive Directors visited a number of services to support staff and service users.

Whatever individual beliefs may be held, much has been said about Her Majesty Queen Elizabeth having a constant presence in our lives, built over the last 70 years. We have been careful to look for appropriate ways to support our staff and the people who use services during the period of mourning.

1.2 Cabinet Changes

Elizabeth (Liz) Truss was appointed Prime Minister on 6 September 2022 following the widely reported leadership challenge activated following the resignation of Boris Johnson.

Prime Minister Liz Truss made a series of appointments to her cabinet on her first day in Downing Street, including removing Steve Barclay as Secretary of State for Health and Social Care and appointing Thérèse Coffey into the position. Ms. Coffey is also the country's new

Deputy Prime Minister which is being reported by some as a reinforcement of the importance of the Secretary of State for Health.

Thérèse Coffey has said: “I am honoured to be asked to serve as Secretary of State for Health and Social Care. Patients are my top priority, as we focus on ABCD - ambulances, backlogs, care, doctors and dentists.”

The priorities are broadly consistent with the previously identified priorities of urgent and emergency care recovery and the recovery of elective care and backlogs.

NHS Providers interim Chief Executive Officer has responded to the election of Liz Truss. The full statement can be read here: NHS Providers Interim CEO Statement re Liz Truss

The Board is asked to consider the impacts and opportunities to our strategic priorities and risks given the changes in the Government and in particular the Health and Social Care portfolio.

1.3 Increasing Capacity & Operational Resilience in Urgent & Emergency Care Ahead of Winter

NHS England remain focused on the urgent and emergency care pressures being felt across the NHS. While meeting the first ambition of addressing waits of more than 104 weeks in acute care, urgent and emergency care remains under significant pressure. NHSE report that despite their best efforts, these pressures have meant that there have been too many occasions when staff have not been able to provide timely access for our patients in the way they would have wanted.

The full communication can be read here:
https://www.england.nhs.uk/2022/08/nhs-sets-out-package-of-measures-to-boost-capacity-ahead-of-winter/

Our collective core objectives and actions in summary are to:

- Prepare for variants of COVID-19 and respiratory challenges
- Increase capacity outside acute trusts
- Increase resilience in NHS 111 and 999 services
- Target Category 2 response times and ambulance handover delays
- Reduce crowding in A&E departments and target the longest waits in ED
- Reduce hospital occupancy
- Ensure timely discharge
- Provide better support for people at home

Locally, along with all NHS Providers we have submitted our winter plans to the ICS for assurance and “stress testing”. We will each be held to account for our own performance and for working together across our system. Key to SHSC supporting the urgent and emergency care recovery and contributing to the core objectives at PLACE is managing flow across our crisis and acute care pathway and ensuring we can respond in a timely way in A&E.

Our performance is reported monthly in the Integrated Performance & Quality Report on the UEC dashboard. While we started to plan early for winter and saw some improvement, the full impact of the improvement has been challenging to maintain. We are considering further plans to bring about improvement and will continue with full engagement at PLACE and the ICS.

Related to this in the media, NHS Confederation Chair, Lord Victor Adebowale has said the efforts to eliminate elective waits are incredibly important and colleagues across the NHS are working hard to make it happen, but there is a risk that the 6.6 million elective backlog casts a long shadow over the demand gap in other services. He highlights the lack of dedicated funding to restore backlogs of care in mental health or community services, and complexity of need. This is relevant to the waits for core and specialist mental health services in Sheffield and is relevant to the agenda today.

The full article is attached at appendix 1.

The Board is asked to continue to consider the level of assurance that we are supporting the Urgent & Emergency Care improvements at PLACE.

1.4 Young People's Mental Health

The Board may be interested to read a report from the **Commission on Young Lives and Centre for Mental Health** on improving mental health support for young people. The full report is available here COYL-Heads-Up-Report-July-2022.pdf (thecommissiononyounglives.co.uk).

Although SHSC does not provide Child & Adolescent Mental Health Services, improving the offer for young people is of strategic importance to us given our overall aim of improving the mental, physical and social wellbeing of the people in our communities, working as an effective partner and managing the demand on adult mental health services. We should be ambitious for the young citizens of Sheffield and challenge any assumption that transition to adult mental health services is unavoidable.

It is broadly accepted that for mental health care to be optimized it should be culturally sensitive and we therefore welcome the feedback from the **Queer Futures 2 Project**. Webinars are planned to share learning from the Queer Futures 2 project which aims to produce research that will improve the provision of mental health support for LGBTQ+ young people.

The webinar is an opportunity to hear from Place2Be chief executive Catherine Roche on modelling effective early intervention, as well as learning from Place2Be's Shout service. The webinar will have a practical element explaining how to use the tools developed by the research team.

The webinar booking information can be found here:
Improving mental health support for young LGBTQ+ people: Findings from Queer Futures 2 research | NHS Confederation

1.5 The Cost of Living

The current and escalating cost of living has been a matter of national interest. The Mental Network NHS Confederation has been active in approaching the Prime Minister to call for action recognizing the impact it has on mental health.

More can be found An open letter to the Prime Minister - Association of Mental Health Providers (amhp.org.uk).

At the ICS System Leaders Executive Meeting on the 13th September, Chris Edwards, Executive Place Director/Deputy Chief Executive, was asked to present a range of opportunities

and initiatives to leaders for consideration. The SHSC Executive Directors have been asked to consider how we might use the initiatives to improve the lives of service users and staff. An example being wage streaming for staff working additional hours to reduce the period between hours being worked and payments being made and the provision of warm spaces across our city. This is already in place at SHSC.

1.6 Regulators Updates

- NHS England

The Chief Executive updated the Board in July regarding the bringing together NHS England and Improvement into a single organisation and the subsequent publication of the refreshed system oversight framework. NHSE are now developing the new operating model which aims to focus on its ways of working including culture and behaviours. We are now waiting receipt of a draft for consideration. It will be important to us as it will provide further clarity regarding the roles and accountabilities at a National, ICB, provider and partnership level and is timely given the focus on developing our SY Mental Health, Learning Disability and Autism Collaborative.

- Care Quality Committee (CQC)

The Health and Social Care Act brought about a change to how the CQC can assess and oversee Integrated Care Systems and Local Authorities in relation to their duties under the Care Act by introducing new powers. This new way of inspecting is expected to bring about a clearer understanding of the quality of care across pathways for local citizens. We have experienced this at PLACE in the recent inspection of the mental health response for 16 – 17 year olds which was a review across SHSC, Sheffield Teaching Hospital NHS FT and Sheffield Children's Hospital NHS FT. The preparation for this review undoubtedly brought providers together and created a greater understanding across services.

Further information about the new approach can be found here: How we will regulate - Care Quality Commission (cqc.org.uk)

- Health & Safety Executive (HSE)

The NHS Confederation has reported a variable experience by trusts of Health & Safety Executive (HSE) inspections recently. The HSE has announced they are conducting an inspection programme to assess how NHS organisations are identifying and managing the risks of exposure to employees from blood borne viruses as a consequence of sharps injuries. SHSC will participate in the inspection programme which will lead to an onsite visit to meet key individuals on 22 September 2022 followed by an inspection at the Michael Carlisle Centre.

Policies and a range of documents have been submitted prior to the inspection. The HSE will meet with a range of SHSC staff including the Chief Executive and the Executive Director of Nursing, Professions and Operations.

Feedback from the visit will be shared and the report will be presented at the Quality Assurance Committee following presentation at the Infection Prevention and Control Committee to ensure that any necessary improvement actions are implemented and tracked to conclusion.

1.7 Amanda Pritchard, NHS Chief Executive

On 1st August Amanda Pritchard shared her reflections following one year as NHS Chief Executive. The reflections included our management of services during Omicron, our 'turbo charged' NHS Covid vaccination booster programme, the NHS's renewed ability to support patients remotely and the growth of mental health services. All of which SHSC teams have been

a part of, the reflections are an important reminder to look back at what we have all achieved in the twelve months that have passed.

Amanda's reflections also consider the opportunity that the Health & Care Act 2022 has brought for us as we work towards improved integration of services to deliver better health and services for every community. The impact of research features strongly and we recognise at SHSC we have an opportunity with a thriving research programme to bring about change.

Finally, the message rests on the importance of our workforce and an understanding of the impact of the vacant posts. We recognize this at SHSC, and we are continuing to work with our strategic partners and our own workforce to build sustainable solutions, this is a risk to the quality of care at SHSC.

The full message can be found here: A message from Amanda Pritchard Aug 2022

1.8 NHS staff survey 2022

The 2022 NHS Staff Survey has now been launched. We are motivated to build on the success of the 2021 response which improved from 41% to 52%, we are asking Team SHSC to tell us what we should change and what we should keep doing, and this time for the first time, Bank Staff are also included.

We will receive the outcome in Spring 2023.

Board members are asked to promote the Staff Survey to all SHSC staff.

1.9 National Director for Emergency Planning and Incident Response

Dr Mike Prentice has been appointed National Director for Emergency Planning and Incident Response. He will lead the Resilience team, which includes EPRR, Potential Incident Investigation Preparation and Recovery, and the National Operations Centre.

The NHS approach to EPRR has been thoroughly tested during the pandemic, the Board are asked to consider the annual review of compliance with the EPRR standards following regional review on the 21st September 2022. While we recognise that the standards become have become more challenging the global pandemic has served as a reminder about why having a clear approach and dedicated and skilled resources is essential to protect business continuity.

1.10 Patient Safety Incident Response Framework

In August 2022, the Patient Safety Incident Response Framework (PSIRF) was published. The revised approach represents a significant shift in the way the NHS responds to patient safety incidents. The PSIRF is a component of the NHS Patient Safety Strategy that sits alongside the wider NHS Long Term Plan. The PSIRF will replace the Serious Incident Framework (SIF) that has been in place since 2015.

The hope is that the PSIRF will greatly support the NHS to embed the key principles of a patient safety culture. The PSIRF was tested in 17 early adopter organisations, alongside CCGs and NHSE regional patient safety leads. An independent evaluation of the early adopter programme found that it is a better way forward being more proportionate and considered in response to patient safety incidents. The PSIRF focusses on how they happen, rather than apportioning blame on individuals which is consistent with the 'just and learning' approach we are adopting at

SHSC.

Our approach to PSIRF has been reported into the Quality Assurance Committee and our Patient Safety Specialist will lead the implementation.

The Board is asked to be curious about learning from incidents and promote an open and transparent culture.

1.11 South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative

September has been an active month for the further development of our SY MHLDA Provider Collaborative. On the 2nd September a governance workshop was held involving all partners to explore how we effectively and efficiently govern our work as partners.

The Executive Team reviewed the outcomes of this workshop on the 20th September in readiness for a further workshop. The outcomes will be shared with the Board in due course.

A further workshop to agree the priorities for the collaborative initially planned for the 19th September is scheduled for the 10th October. It will be important to name a number of priorities that are shared by partners, and a small enough number so that the governance and way of working can be tested, and confidence built in the positive impact we can have through partnership. The further development of the collaborative is an important opportunity to improve the standards and consistency of care across South Yorkshire.

Kathryn Singh has been the Chair Chief Executive Officer of the collaborative but with Kathryn's impending retirement it has been agreed that Jan Ditheridge, SHSC Chief Executive, will assume the role.

1.12 NHS Provider Annual Conference

With the focus and importance of addressing health inequalities the focus of the forthcoming NHS Provider Annual Conference is shared for interest.

NHS Providers Annual Conference – Expanding Trusts' Spheres of Influence – Reducing Health Inequalities as Providers, System Partners and Anchor Institutions – Liverpool (15 - 17 November 2022.

The focus will look at how trusts can work with their system partners to support progress towards the aim of reducing health inequalities for the populations they serve.

You can view the programme and book your space at the conference here: Annual Conference and Exhibition event - NHS Providers

1.13 Leaving Fulwood

The first relocation from Fulwood House to our new premises at Centre Court and Distington House began on 27 July and completed on 30 August 2022. Following months of planning and hard work the moves happened with apparent ease.

On behalf of the Executive Team I would like to express our thanks to Pat Keeling, Director of Strategy, who led the programme of work and to the many people, across a number of teams who made this move happen.

The feedback has been overwhelmingly positive from staff who are enjoying being in workspaces that are professional, fit for purpose and that promote staff well-being.

There are two clinical teams remaining in Fulwood House for whom a solution must be found. Estates and operational leaders are working closely with the two teams to deliver the right outcome.

The Board is asked to acknowledge the delivery of a transformation priority in line with our Strategic Priorities.

BM/jch/Sept 2022

Appendix 1

The Elective Backlog Casts a Long Shadow (Victor Adebowale 1 August 2022)

Lord Victor Adebowale emphasises the significance of upgrading mental health services within the NHS, pointing out that increasing living costs have simply widened the gap for mental health facilities.

While all eyes are on reducing the 6.6 million people awaiting elective procedures, which is plainly vital, we need to ensure that out of (acute) hospital does not mean out of mind.

National efforts to eliminate elective waits are incredibly important and colleagues across the NHS are working hard to make it happen. But there is a risk that the 6.6 million elective backlog casts a long shadow over the demand gap in other services.

The most recent NHS data suggests more than 900,000 people are awaiting community treatments or therapies while there are 1.6 million people waiting for mental health services. We have seen an 80 per cent rise in children and young people referred to mental health services since the pandemic began and heard stories such as the woman who had to wait for eight days in accident and emergency because there were no mental health beds for her.

Unlike for the elective recovery, there is no dedicated funding to restore backlogs of care in mental health or community services, or to deal with the spike in demand. Mental health has not been part of the dialogue in the ongoing contest for our new prime minister.

It is scarcely believable that 70 per cent of under 18s needing specialist physical healthcare would be unable to access it, yet that's exactly what's happening with children and young people who need mental health support.

The cost of living crisis will only exacerbate the demand gap for mental health services, and our members in the mental health sector tell us it is unhelpful to just talk about rising demand. We also need to talk about rising complexity. They tell us patients are needing a higher intensity of support, requiring more resource.

There is a real risk that mental health will not be seen as priority and resources will be quietly reallocated

There have been modest but valuable funding increases for mental health services over the past few years, and the sector is treating more and more people each year, but

inflation is eating away at budgets, we have a workforce crisis, and the assumptions of the NHS long-term plan are not fit for the world we now live in.

There is hope on the latter, with the refresh of the NHS long-term plan, and we need to see the update pay attention to the circumstances in the mental health sector. There is a real risk that mental health will not be seen as priority and resources will be quietly reallocated.

While staffing shortages, increased demand and constrained funding are unlikely to be solved in the snap of the new prime minister's fingers (though we will keep lobbying for a fully funded workforce plan and investment in services), there are policy changes that NHS England, including through the long-term plan refresh, can do.

We know what the solutions are: there are brilliant people doing brilliant things all over the country and the benefits of treating people with mental illness are spread far and wide. National plans need to take account of them and enable them to happen all over the country.

Around 40 per cent of GP appointments are related to mental health. Mental health practitioners in primary care increase capacity in GP practices and free up staff to support those with less complex needs.

Psychiatric liaison teams in acute hospitals have a return on investment of £3 saved for every £1 invested by improving patient flow and speeding up discharge.

Around 45 per cent of all GP appointments and half of all new visits to hospital clinics in the UK are due to medically unexplained symptoms, and the most effective treatment is psychological support.

About two-thirds of people with a physical health long-term condition also have a mental health problem. Psychological support needs to be embedded into diabetes and other long-term condition pathways.

People with mental health issues are three times more likely to attend A&E. Better mental health crisis care reduces demand for emergency departments which are seeing unprecedented levels of demand.

I am reassured when I have conversations with integrated care system leaders about their commitment to increasing access to good quality mental health support, but they need to be given the tools, expertise and resources to allow improvements to flourish. They need the latitude to do what's best for their communities, too, and work across sectors.

The voluntary sector is undoubtably part of the solution. It supports the social determinates of health and is better at supporting people from groups that are too often failed by statutory services, including people from ethnic minorities and children and young people.

Expanding the provision of supported housing and the availability of high-quality digital support within mental health pathways will also help reduce demand for more expensive secondary services.

There is no doubt that, given the pressures the NHS faces from all angles, that driving forward these kinds of ideas, including the NHS long-term plan refresh, will be challenging but allowing this level of need to go unmet cannot continue.

It is true too that, without major investment there is a ceiling on services' ability to provide for more people, even with changes in policy. Despite political myth and rhetoric, major investment is needed across the NHS from the government. In a survey of NHS Confederation members recently, nine in 10 said their ability to address the size of the waiting list is being hindered by a lack of investment in buildings and estate.

The NHS Confederation has been calling for a realism reset and for politicians to level with the public and the NHS about what the challenges are and to fund the service they say theywant.