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Confidential/public paper:	Public			
Report Title:	Chief Executive Briefing			
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Vision and values:	This paper sets out the broader context in which we are operating and delivering care. Understanding this wider landscape enables the Board to ensure the organisation remains responsive whilst continuing to deliver services that reflect the Trust's vision and values. It reinforces our commitment to continuous improvement, with a sustained focus on inclusion, respect and kindness as we work together to improve lives.			
Purpose:	 The purpose of the report is to provide updates to Trust Board on 3 areas of focus: 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:	This report provides the Board with an overview of key developments across three core areas: national and local policy context, system and partnership working and operational performance within the Trust. National and regional developments: The political environment continues to be volatile domestically and internationally. Claire Murdoch, the NHS England National Mental Health Director, recently resigned. The latest annual LeDeR report has been published and shows steady progress but highlights why continued focus on outstanding care and tackling inequalities remains of paramount importance. The publication of the initial set of scores for Trusts under the National Oversight Framework (NOF) has given a clear focus. The NHS Planning Framework has been published which positively provides for medium-term plans refreshed annually. The Trust was placed in NOF segmentation 4 and positioned at 48/61 mental health providers. An improvement plan is in place and will form part of the Trust's wider improvement plan. Local system and partnership focus: Gavin Boyle has announced that he will retire from his role as the Chief Executive of South Yorkshire Integrated Care Board. The Eating Disorders Joint Committee continues to demonstrate the potential for provider organisations to collaborate and roll out community eating disorder services. The South Yorkshire Integrated Care System financial recovery programme continues to remain a challenge, but partners continue to drive their own financial plans while also accelerating progress on system-			

wide delivery.

Operational performance:

Operationally the Trust effectively managed doctor strike action in July. Significant work has continued to address patient flow through our hospital, crisis and community services including daily grip of operational flow, improvements to how we work across our services and with partners including social related care to reduce our reliance on out-of- area hospital care. Our 2025/2026 Winter Plan seeks to strengthen whole system working to achieve improvement. A continued to focus on driving our ambitious improvement and change agenda, making progress across most key transformation programmes with some notable progress in service transformations such as university status, Home First, Maple ward and 24/7 neighbourhood models of care.

Improvement and recognition:

SHSC colleagues have been shortlisted for three prestigious APNA Awards. Jenni Riley, service manager for the South Community Mental Health Team, has been shortlisted for Manager of the Year (Non-Clinical) at the Nursing Times Workforce Awards 2025. We have been selected as finalists at the UK IT Awards, recognising the successful rollout of Rio, our new electronic patient record.

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	
Reduce inequalities	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.

Board assurance framework (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 July 2025.
Recommendation:	The Trust Board are asked to: Note the updates. Discuss report content. Consider implications in relation to Board agenda items.





Public Board of Directors Chief Executive Briefing 24 September 2025

Purpose of the report

The purpose of the report is to provide updates to Trust Board on 3 areas of focus:

- 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.

Background

The CEO report is presented at every Trust Board. The last report was presented at Public Trust Board in July 2025.

1. National, regional and local context and developments

The national, regional and local landscape continues to evolve rapidly, with ongoing shifts in policy, legislation and operational priorities. This paper summarises key developments since the last Board meeting and outlines potential implications for the Trust, Sheffield and the wider region. A verbal update will be provided to ensure the Board has the most up-to-date position.

National political landscape and policy environment: Since the last Board meeting, the political environment continues to be volatile domestically and internationally. The NHS reform agenda continues at pace and is generating a significant number of processes that all Trusts must now respond to. In this context, it is critical that we remain focused on our mission to improve lives in Sheffield while engaging proactively to the changing policy landscape.

I would like to pay tribute to **Claire Murdoch**, the NHS England National Mental Health Director, who recently resigned after many years of steadfastly championing parity of esteem for mental health, learning disabilities and neurodiversity within the health system. Claire led on many key policy developments including the neighbourhood mental health centre pilot programme and will leave a significant legacy of improvement.

The latest annual **LeDeR** report has been published and shows steady progress but highlights why continued focus on outstanding care and tackling inequalities remains of paramount importance.

Chief Executive Briefing Public Board of Directors September 2025





The latest <u>LeDeR report (2023)</u>, "<u>Learning from Lives and Deaths – people with a learning disability and autistic people</u>", was presented to Parliament earlier this month. The report confirmed that avoidable deaths have declined since 2021, however, the rate for adults with a learning disability who died in 2023 is still nearly double the rate compared to the general population. It also reported that in 2023, adults with a learning disability on average die 19.5 years younger than the general population. This unfair and unjustifiable inequality must remain a focus for us all. The Trust continues its focus on developing a community model of care as well as leading the STOMP programme across the region as part of the South Yorkshire Mental Health Learning Disability and Autism Provider Collaborative.

The direction signalled in the Ten-Year Plan in relation to a rules-based system of accountability is evident in several recent announcements. The publication of the initial set of scores for Trusts under the National Oversight Framework (NOF) has given a clear focus. The Trust was placed in NOF segmentation 4 and positioned at 48/61 mental health providers. This will soon be supplemented by an assessment of Board capability, informed by self-assessments and third party input. It is expected that there will continue to be movement in the league tables throughout the year as Trusts strive to improve and as the range of metrics used continues to evolve.

It is critical to our ability to deliver on our strategy that we continue to demonstrate improvements. It is equally important that we achieve improvements sustainably and in accordance with our values. These developments in accountability are being rolled out while key elements of the NHS Operating Model are being revised. We previously reported to Board the publication of The Model ICB, which has now been added to the publication of a blueprint for The Model Region. This model will directly impact on our colleagues in the North East and Yorkshire region. It will result in changed roles and responsibilities in relation to Trusts, ICBs and the centre.

The NHS Planning Framework has been published which positively provides for medium-term plans refreshed annually. The timescale for development of plans has been brought forward, and this will be a significant focus for Board over the coming months leading up to a final planning submission in December 2025. This is covered in more detail on the agenda, but our recent strategy refresh work stands us in good stead to undertake this planning work quickly. Submission by December will also mean that we have time to embed the plans within teams and services ready for delivery from the beginning of 2026/27.

As we head into the annual staff survey season, with much to be proud of at SHSC in the way we are putting our values into action to make the Trust a Great Place to Work, we also recognise the very real challenges around us. The backdrop of national industrial relations remains difficult, with many trade unions and staff groups across the health and care sector balloting their members on possible industrial action. At the same time, we are entering the winter period where pressures on demand and capacity are already being felt across services.

We are also **acutely aware of the wider societal context**, with rising community tensions linked to racism, Islamophobia and antisemitism. These have a visible impact on our diverse staff and communities, and we must continue to work together to ensure SHSC remains a place of safety, inclusion and respect for everyone.





Our 'we stand together' campaign to tackle violence, hate, abuse and sexual misconduct is an important part of this, reinforcing our collective responsibility to challenge unacceptable behaviour and to protect and support one another. To reinforce these commitments, the Chief Executive and staff side chairs have issued a joint statement to all colleagues affirming that SHSC will stand united in support of staff and service users and in creating a culture where dignity, respect and compassion are non-negotiable.

Local and regional system and partnership context and developments

I would like to pay tribute to **Gavin Boyle** who has announced that he will retire from his role as the Chief Executive of South Yorkshire Integrated Care Board. Gavin has led the ICB as it has sought to focus on tackling inequalities and partnering with local authorities and with the Mayoral Combined Authority to achieve greater impact on the causes of ill health including through the nationally recognised 'Pathways to Employment' pilot.

The **Eating Disorders** Joint Committee continues to demonstrate the potential for provider organisations to collaborate, re-shape pathways of care and to deliver better outcomes and value. Work continues to roll out community eating disorder services and to reform in-patient care. More details are provided in the systems and partnerships paper.

System Financial Control: The South Yorkshire Integrated Care System and System Efficiency Board oversees the financial recovery programme required as part of the NHSE oversight process. This remains a challenge, but partners continue to drive their own financial plans while also accelerating progress on system-wide delivery. One of the key areas where reform is planned is in relation to ADHD pathways, where we aim to improve timeliness of access and control the growth of costs to the system. Further details will be provided on the system and Trust financial position in the finance update at Trust Board.

2. Operational Focus

Our operational focus is to provide safe and high-quality care, to meet our transformation and improvement priorities and to achieve productivity and efficiency targets.

Industrial Action: Strike action of resident doctors between 25 July and 30 July was managed well and with the support of additional senior medical cover at the weekend. There was no impact on patient safety or flow. Foundation doctors are being balloted about strike action soon. In response to negotiations with residents during August and an agreement not to strike during August, NHS England has required Trusts to do an assessment based on a 10-point plan for resident doctors to address their concerns and a plan to address deficiencies. This went to EMT in early September and will be coming to Board for assurance. We do not anticipate any major difficulties in addressing the plan.

Flow & Capacity: Significant work has continued on patient flow through our hospital, crisis and community services and we continue to experience increased need and demand for services through the Urgent and Crisis pathways. The focus of our Home First Programme over the last month has been on the interventions associated with our critical path to preparedness at the end of September which is a key milestone. This includes daily grip of operational flow, improvements to how we work across our services and with partners. This is reducing our reliance on out of area hospital care.





We are continuing to engage with Sheffield City Council to address the social care-related delays for patients who are clinically ready for discharge and to mobilise additional capacity through the Better Care Fund. The ICB is also now engaged to ensure we collectively focus on social work capacity and recruitment to key roles in advance of winter.

Winter Preparedness: We have worked in close partnership with the Integrated Care Board, Sheffield Teaching Hospital, Sheffield Children's Trust and Sheffield City Council to develop and test our Winter Plan, through scenario-based exercises. Our plan aims to meet the expectations of the Urgent and Emergency Care Plan 2025/26 and to significantly increase urgent care services provided outside of hospital compared to last winter.

Our 2025/2026 Winter Plan applies learning from 2024/2025 and seeks to strengthen whole system working to achieve improvement. It is being developed in partnership with Voluntary and Community Sector organisations and with contribution and feedback from our service users, carers and families. It contributes to the Sheffield Place Winter Plan. The Executive Management Team have received assurance that workstreams within the Winter Plan are progressing as intended. A review of all business continuity plans has been requested, which includes scenario-based exercises in September and October to test resilience.

Learning from Nottinghamshire Homicides: Immediate action was taken to gain assurance of patient safety following the publication of the Independent Mental Health Homicide Review in Nottinghamshire. We have also worked closely with service users and clinical colleagues, through a series of large workshops, to develop an improvement plan. This plan encompasses learning from Nottinghamshire, internal learning and benchmarking against the NHSE Maturity Index for Intensive and Assertive Community Treatment. Our plans have been received by the Quality Committee and have been received by our Board of Directors and the SYICB Board. We are governing progress against these actions, which have been further developed with our workforce, service users and carers. A self-assessment was conducted in August which demonstrated progress towards achieving full maturing against the NHSE Maturity Index for Intensive and Assertive Community Treatment.

Improvement & change programmes: We have continued to focus on driving our ambitious Improvement and Change 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)*:

- University Trust development: We recently marked a key milestone in the Trust's
 journey of reform with the launch of our formal partnership with the University of
 Sheffield. This partnership strengthens our University Trust status and underscores
 our commitment to research, innovation and education. It will expand opportunities
 for our staff, drive improvements in care through research-led practice and raise the
 profile of mental health, learning disability and autism services in Sheffield and
 beyond, reflecting our vision for modern, integrated and forward-looking services.
- Home First Programme: We are improving patient flow by ensuring purposeful
 admissions, strengthening joint working between Home Treatment, Flow and
 Community Mental Health Teams and partnering with the Council, ICB and providers
 to reduce long stays through regular Multi-Agency Discharge Events.
- **Therapeutic Environments:** The Maple wards refurbishments are progressing, and the refurbished ward is on track to open in Autumn.

Chief Executive Briefing Public Board of Directors September 2025





• New Models of Community Care 24/7 Neighbourhood model: The Neighbourhood Mental Health Centre Programme continues to progress, with strong community engagement helping to co-produce the model of care. As with any innovative approach, there has been ongoing intense work to shape and agree the final clinical and operational models, which are being worked through constructively with partners through a series of meetings and workshops. Concerns around estates and finance have been resolved and local engagement is positive. Several SHSC clinicians are now based at Newfield Green, where there is already encouraging evidence of service users benefiting from the new approach.

3. Notable Improvements and Awards

APNA award nominations

Three SHSC colleagues have been shortlisted for prestigious **APNA Awards**, which celebrate the contributions of South Asian professionals and allies across the NHS.

- **Dr Raihan Talukdar**, consultant psychiatrist and chief clinical information officer, is nominated for the *Digital Leader Driving ED&I Using Technologies Award* for his work using digital innovation to reduce inequalities, including leading the rollout of our new electronic patient record system and promoting digital inclusion.
- Yasir Muneer, interim head of equality, diversity and inclusion, is shortlisted for the National Award for Mentoring and Coaching for his inspiring leadership of the ICB reciprocal mentoring programme, supporting ethnically diverse emerging leaders across South Yorkshire.
- **Dr Ashritha Roy**, consultant in rehabilitation psychiatry, is nominated for the *Outstanding Contribution in the Voluntary or Charity Sector Award*, recognising her dedicated work with marginalised groups facing complex trauma and disadvantage.

The winners will be announced at the APNA Awards in Liverpool on Thursday 16 October

Nursing Times Workforce Awards 2025

Jenni Riley, service manager for the South Community Mental Health Team, has been shortlisted for *Manager of the Year (Non-Clinical)* at the Nursing Times Workforce Awards 2025. Colleagues who nominated Jenni described her leadership as *inspiring*, *visionary*, *resilient and adaptable*. She has guided the team through change in a way that empowers staff, keeps service users at the heart of care and strengthens morale, purpose and performance across the team.

UK IT awards

We have been selected as finalists at the UK IT Awards, recognising the successful rollout of Rio, our new electronic patient record. This nomination is a testament to the incredible collaboration between clinical, technical and operational colleagues who worked tirelessly to deliver a system that enhances service user safety, streamlines workflows and supports smarter decision-making across our services.

Recommendations

The Trust Board are asked to:

- Note the updates.
- Discuss report content.
- Consider implications in relation to Board agenda items.

Chief Executive Briefing Public Board of Directors September 2025