

Trust Board

Title:	Chief Executive report
Action:	FOR APPROVAL
Meeting:	18th November 2020

Purpose:

The report details the major issues impacting on the organisation. Included in this month's report are the issues currently impacting on our Trust during the continued COVID pandemic; planning for winter pressures and EU exit and our involvement in the plans for mobilising mass vaccinations against COVID-19.

The report also details the work across the Trust supporting our staff to speak out; raise their concerns and support them. The details of the concerns raised and the professional groups of staff speaking up are included in the body of the report.

Finally the report details the current Board Assurance Framework and Trust's principal risks.

Recommendation:

The Board is asked to:

- (i) Accept and agree to the Board Assurance Framework as an accurate reflection of the strategic risks facing the organisation.
- (ii) Note the details within section 6 concerning staff experience; raising concerns and the freedom to Speak Up work.

	Name	Title
Author & Executive sponsor	Matthew Winn	Chief Executive
	Karen Mason	Head of Communications
	Rachel Hawkins	Director of Governance
	Mercy Kusotera	Assistant Director of Corporate Governance and FTSU Guardian

Trust Objectives

Objective	How the report supports achievement of the Trust objectives:
Provide outstanding care	Providing outstanding care during COVID19 pandemic is a priority and the risks represent how the Trust is reacting and mitigating against any potential harm to staff and patients
Collaborate with others	The report shows the huge amount of inter-organizational cooperation during the pandemic
Be an excellent employer	Supporting our BAME staff during the pandemic is a high priority
Be a sustainable organisation	

Objective	How the report supports achievement of objectives:							
To re-launch the Trust Staff Diversity Network and, where staff indicate a desire, to establish protected characteristics specific sub networks. The Networks to be a forum for staff to share experiences, review the Trust Diversity and Inclusion Policy and practices and to give feedback and suggestions on how the Trust can support its diverse workforce and seek to eliminate any bias.	Implicit in our approach to support BAME members of staff during the COVID19 pandemic.							
To introduce reverse mentoring into all our in house management and leadership development programmes, to promote diverse leadership through lived experiences.	Not covered in this report							
We will measure the impact of our virtual clinical platforms, ensuring that they are fully accessible to the diverse communities we serve.	Not covered in this report							
We will ensure that the recruitment of our volunteers are from the diverse communities they serve	Will be clear in the recruitment of volunteers to help the COVID vaccine roll out.							
Are any of the following protected characteristics impacted by items covered in the paper Yes								
Age	Disability	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
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1 RESPONSE TO COVID19 PANDEMIC,

- 1.1 As England has moved into lockdown, the NHS has moved back to a level 4 status. This means that NHS England resumes direct control and determination over the NHS through the emergency planning framework.
- 1.2 The Trust continues to respond to the COVID-19 pandemic as previously reported through the incident centre arrangements including daily sit rep reporting and risk review as well as oversight for the recovery implementation. The Trust maintains a 7 days a week oversight of the incident and fulfils our duties in reporting to NHS England.
- 1.3 The Trust has already stood back up or is in the process of standing back up services in line with the agreed phase three recovery plans and in conjunction with health and social care partners.
- 1.4 Staff risk assessments continue to be regularly reviewed and updated for all vulnerable staff and Black, Asian and Minority Ethnic (BAME) staff and individual adjustment plans as required. This approach has been updated following the recent publication of shielding guidance during the current lock down.
- 1.5 Regular Frequently Asked Questions and communications update staff on the latest developments, plans and actions for COVID-19 and question and answer sessions continue with Executives and Non Executives to directly answer questions that staff may have.
- 1.6 Personal Protective Equipment (PPE) continues to be available for all staff that need it and any support to partner organisations and families supporting children with complex needs, are given, as they are needed.

2 WINTER PLANNING ASSURANCE 2020/2021

- 2.1 The Trust has reviewed and update the service winter plans to reflect the key pressures that arise during the winter period and take account of further surges in COVID-19 and the EU exit end of transition. This is in addition to reviewing and updating business continuity plans, critical and major incident plan and has been significant work for services during the pandemic period.
- 2.2 The robustness of the individual business continuity plans are currently being tested through desktop resilience exercises at a service level to enable identification of any remaining uncertainties and mitigations.
- 2.3 The plans have been developed in conjunction with system partners across Bedfordshire, Luton and Milton Keynes and Cambridgeshire & Peterborough and Norfolk & Waveney. The information in 'system' winter plans and the Trust's winter plans are the same.

3 EU EXIT

- 3.1 The Trust is currently revisiting and updating the work undertaken earlier in the year in relation to EU exit and in line with national guidance. This work includes:
 - Testing business continuity plans as identified in 3.2 above

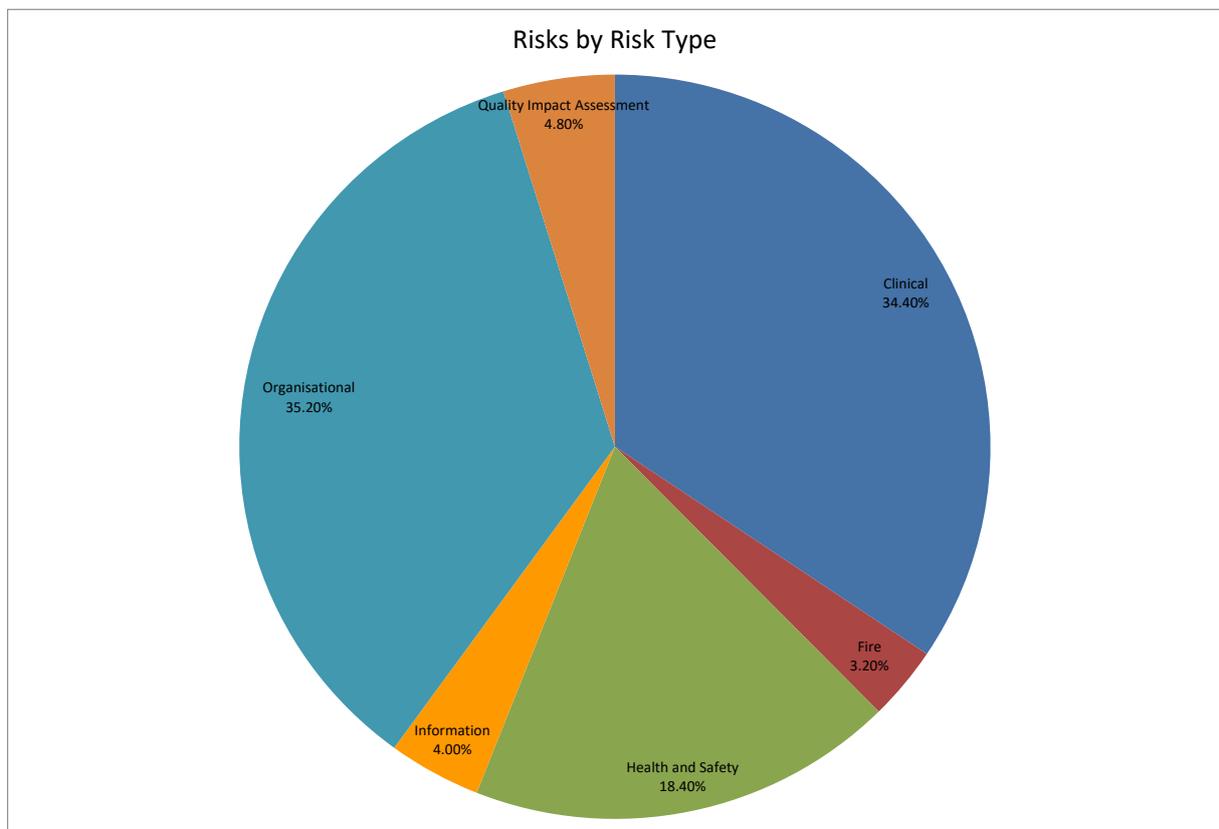
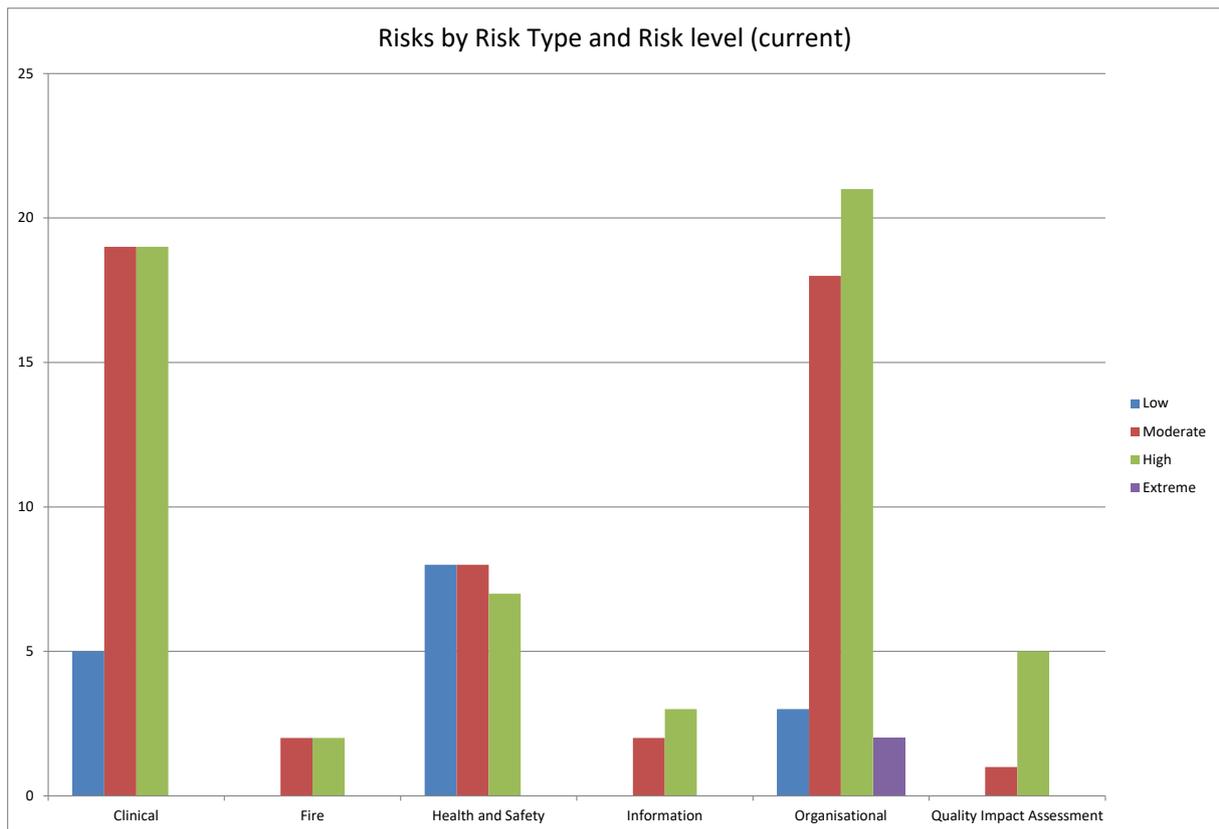
- The Director of Governance is the EU Exit SRO and a task and finish group of SMEs is now in operation.
- The task and finish group have revisited the operational guidance and current information for all of the workstreams to ensure that plans are up to date and all outstanding actions have been addressed
- Local risks assessments are being reviewed and updated.
- All workstreams are advised to follow business as usual, to not stockpile and manage any shortages through business as usual routes.
- It is anticipated that daily situation reports on EU exit matters will be required from December will use the existing channels and escalation routes as the COVID 19 pandemic and winter pressures.

4 COVID-19 MASS VACCINATIONS

- 4.1 The Trust is currently planning for covid-19 mass vaccinations in three ways:
- As lead provider to vaccinate eligible cohorts that are not NHS staff, care home residents or care home staff or over 80s (housebound and ambulatory) across Cambridgeshire & Peterborough and Norfolk & Waveney.
 - To support of the lead provider, in Bedfordshire, Luton and Milton Keynes.
 - To vaccinate all CCS Trust staff.
- 4.2 Mobilisation plans are being developed across all areas and with system partners and in line with national guidance. These include consideration of the number of facilities, operating hours, staffing, clinic bookings, supplies and logistics.
- 4.3 NHS England has set out plans for vaccinations to be provided by primary care networks in a letter (dated 9th November 2020). The Trust will work in partnership with primary care networks across the areas we are responsible for and share all implementation, logistics and operational challenges together.

5 BOARD ASSURANCE FRAMEWORK

- 5.1 The Trust's Board Assurance Framework (BAF) incorporates a live register of the principal risks faced by the Trust in meeting its strategic objectives. It provides the Trust with a clear and comprehensive method of:
- ❖ describing the main risks to achieving the organisation's strategic objectives,
 - ❖ describing the controls, assurance and oversight of these risks and
 - ❖ identifying any gaps in controls and assurance
- 5.2 For the period to 5th November there were 7 strategic risks on the Board Assurance Framework, 1 of which scores 16 and the remaining 6 score 12 or below. Detailed information on strategic risks and operational risks scoring 15 and above is provided in Appendix 3 of the Integrated Governance Report (agenda item 4).
- 5.3 There are a total of 127 risks on the risk register, 24 of which score above 12. Of these 24 risks, three score above 15 and are related to the COVID-19 pandemic along with a further 11 risks scoring between 12 and 15.



5.4 All operational risks scoring 12 and above are reviewed and discussed at sub-committees of the Trust Board and issues with the mitigation, controls and actions are escalated as appropriate to the Board. Sub-committees also undertake a bi-annual review of all risks assigned to the relevant sub-committee ensuring scrutiny of all risks on a regular basis.

- 5.5 All new risks are reviewed by senior leaders monthly at the Wider Executive Team together with high scoring and high impact risks. The monthly meetings also take a thematic review of all risks within a particular division. This has led to greater scrutiny of risks and greater consistency in articulation of risks throughout the Trust.
- 5.6 The assurance on how risks are identified, managed and impact mitigated is integral to the Trust Board's approach to performance through the Integrated Governance Report.
- 5.7 The risks relating to COVID-19 are reviewed weekly at the Incident Management Team and at the Clinical Operational Boards on 3rd and 4th November. The risk register is a live document; and risks are updated on a regular basis.
- 5.8 The Trust's Board Assurance framework is regularly reviewed and updated as a key part of the Well Led Improvement priorities.

6. FREEDOM TO SPEAK UP GUARDIAN SIX MONTHLY BOARD REPORT

- 6.1 This report provides a six monthly update of the Trust's speaking up issues raised through the Freedom to Speak Up Guardian, Freedom to Speak Up Champions and other speaking up channels across the Trust. The report includes all concerns raised during 2020/21 Quarter 1 and Quarter 2 and also provides a summary of national Freedom to Speak Up concerns reported to the National Guardian's Office during 2019/20.
- 6.2 The global Covid-19 pandemic brought some changes to speaking up channels. Staff continued to raise concerns during the pandemic; however speaking up arrangements had been adapted in response to the pandemic. The majority of these concerns were raised directly with Executive team members during live question and answer sessions with staff or via a dedicated Incident Management Team (IMT) email address that the Trust had set up to support its Incident Control Centre.
- 6.3 Most of these concerns/queries were then discussed during IMT meetings as appropriate or addressed directly during the live sessions. Feedback was regularly shared across the whole Trust via our frequently asked questions document. Staff were also openly encouraged to raise concerns about anything through the usual Freedom to speak function.
- 6.4 The Trust established a BAME network in July 2020; the network has BAME locality champions and provides an opportunity for BAME staff to raise and discuss concerns relating them. The Deputy Chief Executive is an ally to the network and attends network meetings to support the network.

Benchmarking: Freedom to Speak Up Summary 2019-20

- 6.5 The National Guardian's Office collected data from Freedom to Speak Up Guardians in all Trusts and Foundation Trusts on cases raised with them in 2019/20. The full report for 2019/20 was published in October 2020.
- 6.6 Key headlines from the report included the following:

- The number of concerns raised with FTSU Guardians increased by 32% nationally. 16,199 were reported during 2019/20 cases compared 12,244 raised in the previous year.
- Freedom to Speak Up Guardians continued to support workers from all professional groups to speak up.
- Nurses continued to account for the biggest portion (28 per cent) of cases raised with Freedom to Speak Up Guardians.
- Detriment for speaking up was indicated in three per cent of cases raised with Freedom to Speak Up Guardians. This is lower compared to the previous year where detriment was indicated in five per cent of cases.
- Thirteen per cent (13%) of cases raised with Freedom to Speak Up Guardians were raised anonymously.
- Eighty-five per cent (85%) of workers who gave feedback said they would speak up again.

6.7 The table below compares the Trust FTSU data and the national data for 2019/20:

Theme or professional group	National data	CCS data
Number of cases recorded	16,199 speaking up cases were recorded compared to 12,244 in the previous year	34 cases were recorded compared to 12 in the previous year
Bullying and harassment	Thirty-six per cent (36%) included an element of bullying and harassment.	29 out of 34 cases raised had an element of 'attitude and behaviours' of staff.
Raised anonymous	13% of the cases were raised anonymously	2.9% (only one case) was reported anonymously
Suffered detriment	3% of the cases identified that staff suffered detriment	No indicator of detriment was reported during 2019/20
Professional background of those speaking up	Nurses continued to account for the biggest portion (28%) of cases. Administrative and clerical workers accounted for the next biggest portion of cases raised with Freedom to Speak Up Guardians	Most cases were raised by nurses (38%). Second biggest portion of cases recorded were raised by administrative and clerical workers;
An element of patient safety/quality	23% of the cases raised with Freedom to Speak Up Guardians included an element of patient safety/quality	Only 1 out of 34 cases had an element of patient safety/quality

6.8 I would like to remind the Board that when recording data, each individual speaking up is counted as a **separate case** even if they are speaking about the same issue together or separately. Therefore the Trust number of cases with an element of bullying and harassment mentioned above, were ideally **two** but reported by groups of staff.

Summary of FTSU cases reported between 1st April 2020 and 30th September 2020

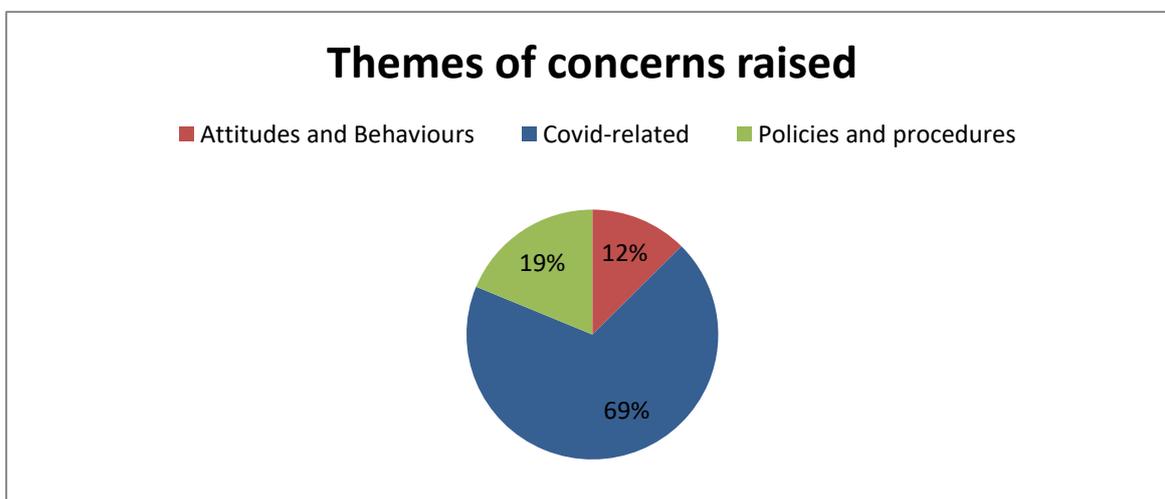
6.9 The tables below provide a summary of the number of cases raised from April to September 2020:

Quarter 1 (April-June 2020)			Quarter 2 (July – September 2020)		
Total Number of cases		12	Total Number of cases		4
Theme	<i>Attitude and Behaviours</i>	1	Theme	<i>Attitude and Behaviours</i>	1
	<i>Covid-19 related</i>	9		<i>Covid-19 related</i>	2
	<i>Policies and procedures</i>	2		<i>Policies and procedures</i>	1
Professional background of those speaking up	<i>Administrative/Clerical staff</i>	4	Professional background of those speaking up	<i>Nurses</i>	1
	<i>Nurses</i>	6		<i>Anonymous</i>	3
	<i>Anonymous</i>	2			

6.10 During Quarters 1 and 2, five cases were reported anonymously; this could be due to the pandemic; with staff working remotely. With no face-face discussion some staff found it easier to raise their concerns anonymously. Although it is generally challenging to address concerns raised anonymously, it is however pleasing to report that all the five concerns reported anonymously were reviewed by an independent Reviewer as outlined in the Trust Speaking Up Policy. A number of recommendations were made to the services linked with the alleged concerns and specific actions were taken to address them.

6.11 Quarter 1 and 2 data (above) have been submitted to the National Guardian's Office on 28th October 2020. Most of the concerns received during this period related to COVID-19 worker safety concerns; these included personal protective equipment (PPE), social distancing and the impact of COVID-19 on black, Asian and minority ethnic workers.

6.12 The chart below summarises concerns raised during 2020/21 Quarters 1 and 2. The most prevalent theme occurring was 'worker safety due to Covid-19' – out of sixteen cases raised, eleven related to worker safety.



- 6.13 The Trust is committed to continuing to learn and improve its systems and processes for raising concerns. Key messages and awareness are raised to all staff through the intranet, weekly communications cascade and other internal communications for example screensavers.
- 6.14 Extending access to speaking up support has been enhanced across the Trust through the Trust's FTSU Champions role created in 2018. Currently the Trust has **19** FTSU Champions across our various services. The previous FTSU Report to the Board indicated that the Trust had 18 champions. Of the 18 champions two stepped down in September 2020. Three new champions were appointed in October 2020 through an open invitation for expressions of interest from staff.
- 6.15 Feedback is an important part of the speaking up process. Apart from anonymous concerns; all workers who raised concerns during Quarter 1 and Quarter 2 have been provided with feedback on the outcome of the matters they raised. Similarly, feedback has been sought from workers about their speaking up experience; seven out of seven of the workers who gave feedback confirmed that they were pleased with the way their concerns were addressed; they would speak out again in future.

7. COMMUNICATION AND PROMOTIONAL ACTIVITY IN THE PAST MONTH

Awards

- Out Luton adult services won the Health Service Journal improving care for older people patient safety award for its population health management tool in November 2020.
- Complex Care Nurse Becky Bedford was awarded a Cavell Star by the national Cavell Nurses Trust to recognise her work in raising the profile of children with aerosol generating procedures and getting them back to school.
- Emily Martin and Georgia McNamara, Bedfordshire community nurses were also awarded Cavell Stars after setting up a mental health clinic to help their colleagues during Covid.
- Dr Tamsin Holland-Brown was 'highly commended' in the NICE Shared Learning Awards for the Hear Glue Ear app which is supporting delivery of the NICE ear care pathway.
- Two of our Luton children teams were announced as winners at the BBC Three Counties Radio Awards:
 - Linda Masterson, UNICEF baby friendly co-ordinator - silver in the Social Care Category
 - Luton Children Rapid Response Team - silver in the Health Care Category.

National engagement/recognition

- Dr David Vickers, Medical Director featured in a Times Educational Supplement feature on 'Long Covid: what teachers and pupils need to know'.

- A poster on 'Referrals to a sexual health clinic - are they appropriate?' was presented by Dr Sarah Edwards and Dr Asawari Gupta at the British Association of Sexual Health and HIV conference held on 19 - 21 October.
- Donna Malley, OT Clinical Specialist gave a presentation on Fatigue at the European Resuscitation Council 2020 virtual conference in October 2020
- A case study entitled 'Fast-tracking Digital Innovation' was published in NHS Provider's 'Spotlight on digital innovation during Covid-19' publication
- Two posters were presented by our DynamicHealth Team at Physio 2020 in Birmingham:
 - Functional Rehabilitation Class for South Asian Females (SAF) in Hindi/Urdu: A Service Evaluation Project - P. Jesrani¹, T. Saboo¹, M. Pearson
 - Neurosurgery virtual clinic presentation - J Van Maurik
- An article featuring epilepsy specialist nurses, Liz Stevens and Mary Hunt describing using video link virtual clinics for their children and families was published in Epilepsy Today.
- The Cambridgeshire occupational therapy team has been featured on the College of Occupational Therapists website for the work they have done with the communications team to develop digital support for families and children.
- Hayley Walker, Leadership Development lead with Just One Norfolk, presented at the Institute of Health Visiting national conference recently on '*A Digital Healthy Child Programme*'.

Board Assurance Framework - Assurance Matrix



✓	Assurance Provided	Current Risk Rating	Strategic Objective	First Line of Assurance:										Second Line of Assurance:					Third Line of Assurance:					Assurance Level	
Red	Red rating (No Assurance)			SMT Meetings	Clinical Audit	Compliance with policies, procedures and processes	Operational Plans	Management Reports	Working Groups for implementation of change	Annual self assessments, Peer Reviews and Mock CQC visits	Back to the Floors, patient and staff stories	Other Board Subcommittee	Board Reports, Review and Approval, and development sessions	Staff and Patients Surveys and Feedback	Internal Trust-wide Reports	NHS-led Review (e.g. CQC/NHS)	Audit Committee	National Staff Survey	Local Counter Fraud Service	Internal Audit	External Audit	External Reporting	Other Independent External Review/Interaction		
Amber	Amber/Red rating (Partial Assurance)																								
Green	Green/Amber rating (Reasonable Assurance)																								
Green	Green rating (Substantial Assurance)																								

Risk ID	Description	Current Risk Rating	Strategic Objective	SMT Meetings	Clinical Audit	Compliance with policies, procedures and processes	Operational Plans	Management Reports	Working Groups for implementation of change	Annual self assessments, Peer Reviews and Mock CQC visits	Back to the Floors, patient and staff stories	Other Board Subcommittee	Board Reports, Review and Approval, and development sessions	Staff and Patients Surveys and Feedback	Internal Trust-wide Reports	NHS-led Review (e.g. CQC/NHS)	Audit Committee	National Staff Survey	Local Counter Fraud Service	Internal Audit	External Audit	External Reporting	Other Independent External Review/Interaction	Assurance Level
3156	There is a risk that if there is no additional funding for the staffing costs resulting from the Agenda for Change uplifts, there will be an adverse impact to the quality of the services the Trust provides and therefore its reputation could be affected.	8	SO4	✓		✓	✓	✓				✓	✓		✓	-	-		✓	-	-	✓	-	Reasonable
3163	There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce.	12	SO1/SO2	✓	-	✓	✓	✓	-	x	-	✓	✓	✓	✓	-				-	-	✓	✓	Reasonable
3164	There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges.	12	SO1/SO2/SO3	✓	-	✓	✓	✓	-	x	-	✓	✓	✓	✓	-		✓		-	-	✓	✓	Reasonable
3165	There is a risk that the Trust does not have sufficient capacity and capability to manage and meet commissioner and patients expectations, due to the complexity of system working.	8	SO1/SO3	✓	-	✓	✓	✓	-	x	-	✓	✓	✓	✓	-		✓		-	-	✓		Reasonable
3166	There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care standards	8	SO1/SO2	✓	-	✓	✓	✓	-	x	-	✓	✓	✓	✓	-		✓		-	-	✓	✓	Reasonable
3167	As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital, revenue support and discretionary national transformation monies are not available to the organisation	12	SO3/SO4	✓		✓	✓	✓				✓	✓		✓	-	-		✓	-	-	✓		Reasonable
3260	There is a risk that health outcomes for people who use our services are negatively impacted by Covid 19 restrictions due to a second wave of Covid 19.	16	SO1	✓		✓	✓	✓		x	-	✓	✓	✓	✓	-		✓		-	-	✓		Reasonable

Assurance Level Key:

Inadequate Assurance	New Risk with controls, but minimal assurance.
Partial Assurance	First line of assurance and at least one second line of assurance.
Reasonable Assurance	More than one second line of assurance and at least one third line of assurance.
✓	BAU assurance in place
-	Partially restored /in place
x	Assurance paused/stood down