

Trust Board

Title:	Chief Executive report
Action:	FOR APPROVAL
Meeting:	8th July 2020

Purpose:

The report details the issues facing the organisation from external and local issues. It celebrates the Trust being the highest ranked trust overall on the freedom to Speak Up Index, based on our staff views within the national NHS annual staff survey. Section three and four detail the major risks facing the organisation; updates on the communications and best practice examples across the Trust and issues impacting us from a local, regional and national basis.

Section 2 details a high level description of the main activities undertaken over the past month to respond to the level four pandemic.

Staff across the organisation have been magnificent in their response to the crisis and continue to battle with the pressures of the pandemic, whilst much of the country returns to some level of normality. The Board is asked to re-affirm our absolute support to operate within the instructions from NHS England, as the lead agency during the pandemic and provide COVID safe environments and professional practice for the foreseeable future. .

Recommendation:

The Board is asked to:

- (i) Support the approach the Trust is undertaking to provide safe environments and safe working practice to protect our staff and patients
- (ii) Accept and agree to the Board Assurance Framework as an accurate reflection of the strategic risks facing the organisation.

	Name	Title
Author & Executive sponsor	Matthew Winn	Chief Executive
	Karen Mason	Head of Communications
	Rachel Hawkins	Director of Governance

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 has become a higher priority and the report details actions we are taking to protect them specifically
Be a sustainable organisation	

Objective	How the report supports achievement of objectives:							
Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require	Not covered in this report							
To introduce people participation in our diversity and inclusion initiatives to capture the experience of hard to reach/seldom heard/varied community groups.	Not covered in this report							
Introduce Disability Passport Scheme to record agreed reasonable adjustments.	Not covered in this report							
To utilise the diverse experience and backgrounds of our Trust Board members in promoting an inclusive culture.	Implicit in our approach to support BAME members of staff during the COVID19 pandemic. Explicit in the approach of recruiting a new Chief Nurse.							
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. ISSUES IMPACTING THE TRUST

1.1 The Trust was delighted to be named the best NHS Trust in England for the second year running for our 'Speaking up Culture'. The national ratings are based on the views of our staff, from four key questions in the NHS Staff Survey. Dr Henrietta Hughes, National Guardian of the NHS, published the freedom to speak up index in her annual report on Thursday 9th July.

Dr Henrietta Hughes commented on the news, "Cambridgeshire Community Services NHS Trust deserves enormous credit for being the highest ranked trust overall on the freedom to Speak Up Index for the second year running. Looking at the figures in more detail reveals that the trust also attained the highest percentage in relation to staff agreeing that they would feel secure raising concerns about clinical practice, with 82.1 per cent, compared to the national average of 71.7 per cent. I very much hope other trusts are able to look to what they are doing in order to achieve similar results and that Cambridgeshire Community Services NHS trust continues to strive to make speaking out business as usual."

1.2 The Trust has published examples of how the organisation has used digital approaches to support our patients across adult and children services. I have shared these great examples with the national leads in NHS England, NHS X and Public Health England and our examples and experiences will be used to develop future models in the relevant services.

1.3 The Trust continues the process to appoint a new Chief Nurse to replace Julia Curtis when she steps down from the role at the end of September 2020. After two unsuccessful rounds of recruitment, the Trust, with the support and agreement of Catherine Morgan (regional Chief Nurse in NHS England) has sought applicants who are willing to undertake an acting Chief Nurse role for 12 months, whilst we support them with their experience and development. The aim is that this person is then in the strongest position to become the Trust's permanent Chief Nurse in a years' time. The approach has attracted wide spread attention, media attention from the Nursing Times and praise for supporting the development of a future board level role. Applications close on Thursday 9th July and we will be interviewing with panel sessions comprising of our staff and patients/service users the following week.

1.4 The COVID -19 Pandemic continue to deeply affect everything the Trust does. Our staff are increasingly balancing providing safe services (to protect themselves and our patients), whilst public expectations are increasingly changing as many aspects of life are beginning to return to some level of normality. The urgent message received this week from the national Incident Centre underlines the seriousness of keeping exemplary infection control and practices in place to avoid transmission of the virus between staff and to our patients. The support of the Board in keeping this approach in place has been and remains vital to ensure we can provide COVID safe premises and COVID safe clinical practice across the entire Trust.

"In line with national guidance, we wish to remind all trusts that wherever possible staff should be working from home, and unnecessary face-to-face contacts should be reduced as far as practicable.

This includes face-to-face staff training; training and other events should only be taking place if considered essential.

If these take place, national guidance must be adhered to:

- *Social distancing must be applied at all times, including in breaks (2m, or 1m with further risk mitigations where 2m is not viable)*
- *Face coverings should be considered, and must be worn on hospital sites*

Mitigating actions to consider could also include:

- *further increasing the frequency of hand washing and surface cleaning*
- *keeping the activity time involved as short as possible*
- *using screens or barriers to separate people from each other*
- *using back-to-back or side-to-side working (rather than face-to-face) whenever possible*

1.5 The Community Network (of which we are a member) has written a letter to Secretary of State for Health and Social Care and Secretary of State for Housing, Communities and Local Government concerning the continued tendering of community services during the COVID19 pandemic. The letter (see Annex 1) rightly draws out the issues of public health services not being recurrently financed to provide vital services and the fact that some services are being tendered in the open market during the pandemic. No response or direction has been received yet from either Department and I will inform the Board when a response is received.

2. RESPONSE TO COVID19 PANDEMIC

2.1 The Trust continues to respond in the following ways:

- The incident control centre 24/7 including direct email and telephone contact details for staff and external partners and agencies.
- The incident management team continues to meet regularly and is chaired by the Trust's accountable emergency officer and including key senior staff and subject matter experts;
- Daily situation reporting;
- The live COVID-19 risk register is reviewed weekly by the incident management team and reported through the Trust's governance arrangements;
- The weekly meetings of the ethics consideration panel to support the clinical staff in delivering high quality patient care during the pandemic period,
- Engagement in senior briefings from Bedfordshire, Luton and Milton Keynes and Cambridgeshire & Peterborough systems as well as NHS Regional briefings.

2.2 The Trust continues to operate the nationally identified list of essential services, has stood back up some services where this has been safe to do so and in conjunction with health and social care partners is developing recovery plans, including winter arrangements to cover the period to March 2021 and response to outbreaks should they occur.

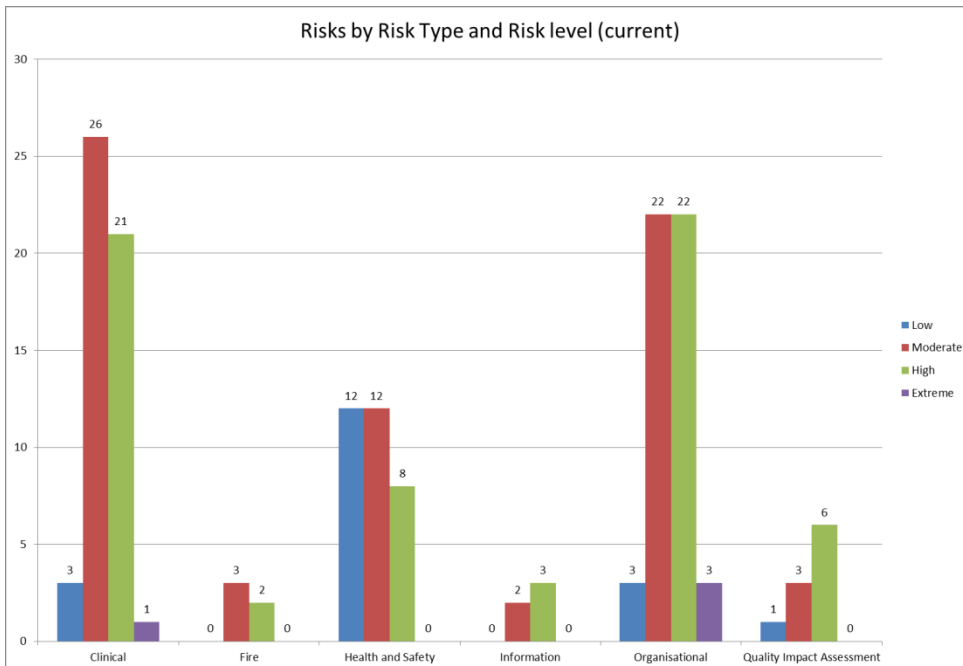
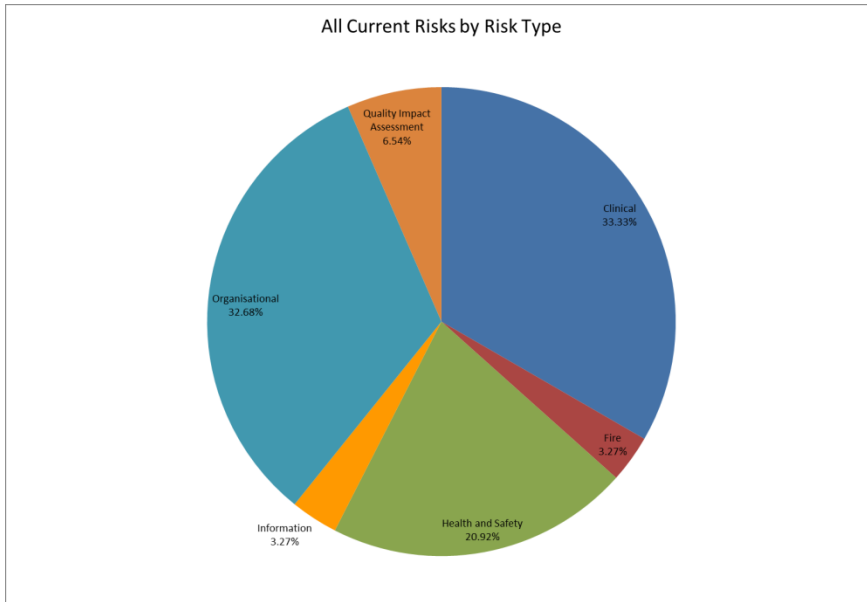
2.3 Risk assessments are being reviewed and updated for all vulnerable staff and Black, Asian and Minority Ethnic (BAME) staff and individual adjustment plans agreed as required. The Trust continues to support staff who are shielded.

2.4 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.

- 2.5 Personal Protective Equipment (PPE) continues to be available for all staff that need it since pandemic started and more recently all staff have been offered antibody testing.
- 2.6 The recent letter from Amanda Pritchard, Chief Operating Officer, NHS England and NHS Improvement, 'Stepping back up of key reporting and management functions' has been reviewed and the Trust will continue to follow the guidance to:
- Avoid face-to-face meetings, holding virtual meetings including public board and committee meetings and where virtual meetings are deemed not possible, such as the Annual General Meeting, to defer them to until later in the year;
 - Produce the quality accounts by the revised deadline of 15th December;
 - Collect key data items for reporting and assurance, that are relevant to the Trust:
 - identified from national clinical audits and outcome review programmes as required by the Healthcare Quality Improvement Partnership (HQIP)
 - Return referral to treatment patient tracking list data;
 - Ensure all vulnerable staff risk assessments are undertaken (see above) and that staff that are shielded continue to be supported by the Trust,
 - Ensure all staff are encouraged to take annual leave spread throughout the year.

3 BOARD ASSURANCE FRAMEWORK

- 3.1 The Trust's Board Assurance Framework (BAF) incorporates a 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
- 3.2 On 6th July 2020 there were 7 strategic risks on the Board Assurance Framework, 1 of which scores 16 and the remaining 6 score 12 or below. There is one strategic risk and 3 operational risks scoring 15 and above. Detailed information on strategic risks and operational risks scoring 15 and above is provided in Appendix 3 of the Integrated Governance Report (agenda item 5).
- 3.3 There are a total of 153 risks (see current risk graphs below) on the risk register, 24 of which score 12 plus.



3.4 All operational risks scoring 12 and above are reviewed and discussed at sub committees of the Trust Board and 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.

3.5 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.

- 3.6 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.
- 3.7 The risks relating to COVID-19 are reviewed weekly at the Incident Management Team and at the Clinical Operational Boards on 7th and 8th July. The risk register is a live document; and risks are updated on a regular basis.
- 3.8 The Trust's Board Assurance framework is regularly reviewed and updated as a key part of the Well Led Improvement priorities.

4. COMMUNICATION AND PROMOTIONAL ACTIVITY IN THE PAST MONTH

Awards

- 4.1 Our Luton Enhanced Collaborative Models of Care was a finalist in the Leading Healthcare Awards in the Best Use of Data category and has been shortlisted for a Health Service Journal Patient Safety award in the 'Improving Care For Older People' category. Winners will be announced in November 2020.
- 4.2 Norfolk Just One Number has been submitted to the Norfolk Health and Wellbeing Awards. Winners will be announced in due course (date postponed due to covid-19)
- 4.3 Opportunities to submit nominations for the Parliamentary Awards 2020 are currently being considered

Media Interest

- 4.4 Notable highlights include:
- A press release and social media messages shared the news that the Trust was the highest ranked trust overall on the national Freedom to Speak Up Index for the second year running.
 - The Trust's innovative approach to appointing its next Chief Nurse was covered in the Nursing Times
 - Look East filmed with Dr Lynne Gilbert from our iCaSH service to promote the ways the regional service continues to deliver support during Covid-19
 - Norfolk HCP colleagues undertook two radio interview to promote ChatHealth and, separately, to raise awareness of the benefits of breastfeeding
 - Hunts Post covered a press release issued to promote the fund raising activities of two sisters raising money for our Dreamdrops charity
 - Promotion of the FreeToFeed breastfeeding initiative was covered in the Bedfordshire media, and the aligned film was seen by potentially 10,000 people on social media, with 189 reactions (likes, loves, etc), 57 comments, 39 shares and 629 clicks on the post.

National engagement/recognition

- 4.5 Our dynamicHealth MSK team has submitted two case studies on accelerated/positive change as a result of COVID-19 for consideration for inclusion in an NHS People Plan publication.
- 4.6 The Luton care home ipad project, which is enabling rapid access to virtual consultations, was disseminated as a good practice case study in a regional digital update.
- 4.7 The Royal College of Occupational Therapy is using our renewed Cambridgeshire OT service website as a showcase on their own website, and OT colleagues in Stockport have requested (and we have agreed) to use our Occupational Therapy site as an information resource for their families.
- 4.8 Our Norfolk HCP Deputy Clinical Lead has submitted a case study to Public Health England sharing a good practice example on the transfer of care between midwifery and health visiting services in Norfolk.

Covid-19 communication activity since the last Board report

Internal

- 4.9 Extensive staff communications including:
- regularly updated Staff Information Pack/FAQs and division-specific updates;
 - filmed messages from Executive Directors;
 - briefings and FAQs for key issues e.g. use of PPE, face masks/coverings and antibody testing
 - communications to support risk assessments for BAME staff and pregnant staff
 - Fortnightly live Q&As with members of the Executive Team across all divisions
 - Short films to promote and thank staff for introducing different ways of working (which were also shared across our social media channels)

External

- Messages to promote 'we're still here' and the delivery of 'essential services' including updating of all websites, and for service recovery plans across all divisions
- Extensive social media activity to support local, regional and national campaigns
- Communication materials and promotion of the Luton Parentline service to enable an earlier 'go live' to provide additional support for parents during the pandemic
- Promotion of ChatHealth across all localities to encourage this channel as an additional source of support during Covid-19.
- Collaborative working with partners across Norfolk enabled coordination and sharing of communication campaigns #WeAreStillHere including the County Council sending out 10,000 postcards to families promoting Just One Norfolk

- A film starring Trust staff was produced for the NHS 72nd anniversary, thanking staff, families, partners and communities for their help during recent months and shared across all social media channels

