

Trust Board

Title:	Chief Executive report
Action:	FOR APPROVAL
Meeting:	16th September 2020

Purpose:

The report details the issues impacting on our Trust during the continued COVID pandemic and the latest NHS England priorities for the NHS, as set out in the 'Phase three' letter from Simon Stephens and Amanda Pritchard (see section 1.4 and 2).

The Trust has progressed to appoint a new Chief Nurse and the detail is with section 1.1 – 1.2.

Section 4 summarises some of the great work happening across the Trust that has been recognised in publications by NHS England; professional colleges; Eastern Academic Health Science Network and NHS Providers. This amount of publications and case studies is truly remarkable, given the strains of delivering services during the current pandemic and a testament to the attitude and dedication of our staff and the support of the communications team.

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.

	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:
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. Explicit in the approach of recruiting a new Chief Nurse.
To introduce reverse mentoring into all our in house management and leadership development programmes, to promote diverse leadership through lived experiences.	Explicit in the inequalities work referenced in section 1.4
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	Explicit in the inequalities work referenced in section 1.4

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
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. ISSUES IMPACTING THE TRUST

- 1.1 Sadly this is the last Board meeting for Julia Curtis, our Chief Nurse, who is off to start a new, exciting chapter in her life at the end of September. Julia has been an amazing nursing leader in the Trust since it was formed and someone who has served local residents over the past 30 years, right back to her health visiting days. We will have further opportunities to thank Julia for her amazing work, but on behalf of the Board I would like to put on the public record our heartfelt thanks and admiration for her work, humble leadership style and contagious love of the job.
- 1.2 As reported in July to the Board, we have progressed the recruitment process to appoint a Chief Nurse. I am delighted that Kate Howard will be joining us as our new Chief Nurse on 19th October on a one year secondment. Kate is currently the Deputy Director of Nursing, Allied Healthcare Professionals and Quality at Northamptonshire Healthcare NHS Foundation Trust.
- 1.3 Luton Borough Council is facing a large reduction in income from Luton airport (which it owns) due to the cancelling of services during the COVID lockdown. The Council has had to make a wide range of service reductions to balance its budget in year. Therefore it has started a consultation of the reduction in the 'Flying start' service for young children. The Trust is fully involved in discussing the impact in relation to the 0-19 service and how the partnerships links can be strengthened to avoid any negative impacts on local children.
- 1.4 Linked to the national planning approach until the end of the financial year (see below in the phase three letter), the Trust (as a community services provider) is being asked to ensure it prioritise the following areas: restoring all services back to levels pre COVID; embedding the discharge to assess processes out of hospital and supporting acute units on relevant pathways linked to cancer and elective work. Additionally all NHS organisations are being asked to pay specific attention to inequalities – both ensuring the COVID lockdown has not exacerbated existing issues for local populations and ensuring that as we restore services that we do not create new inequalities.

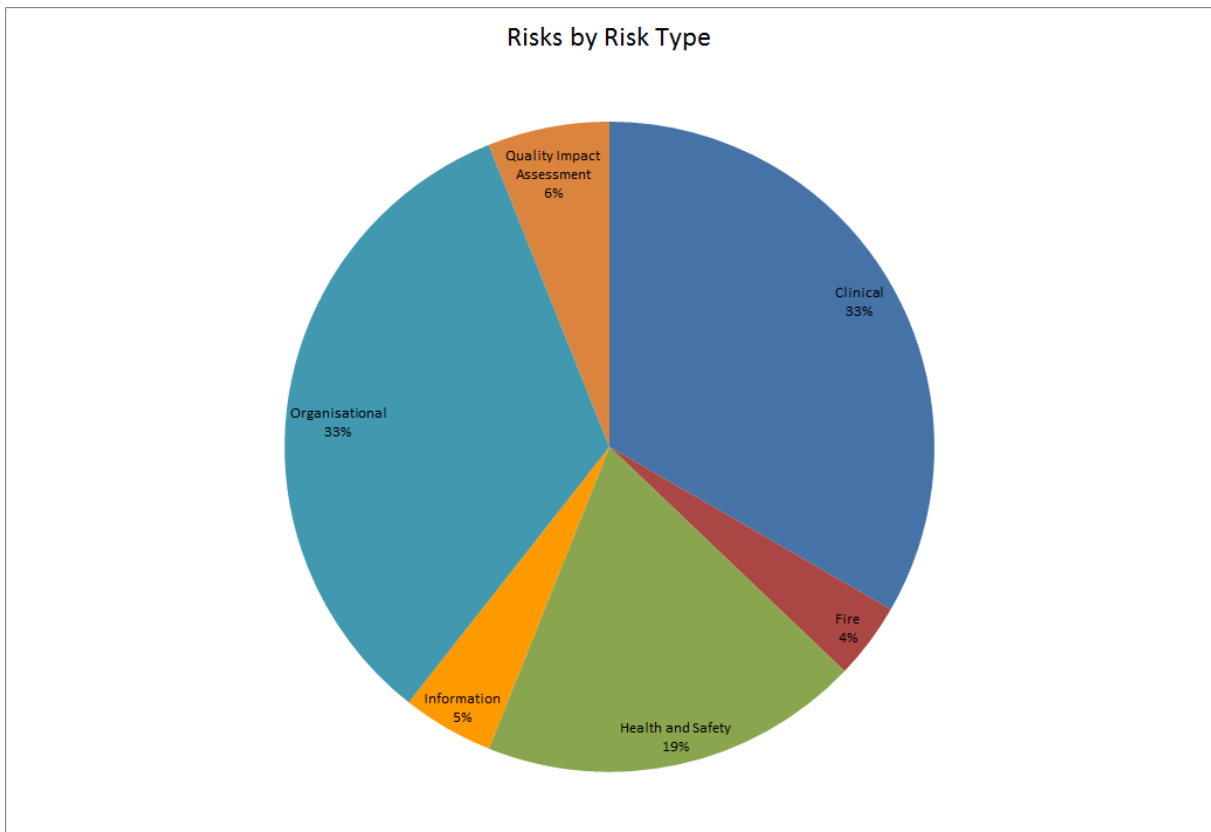
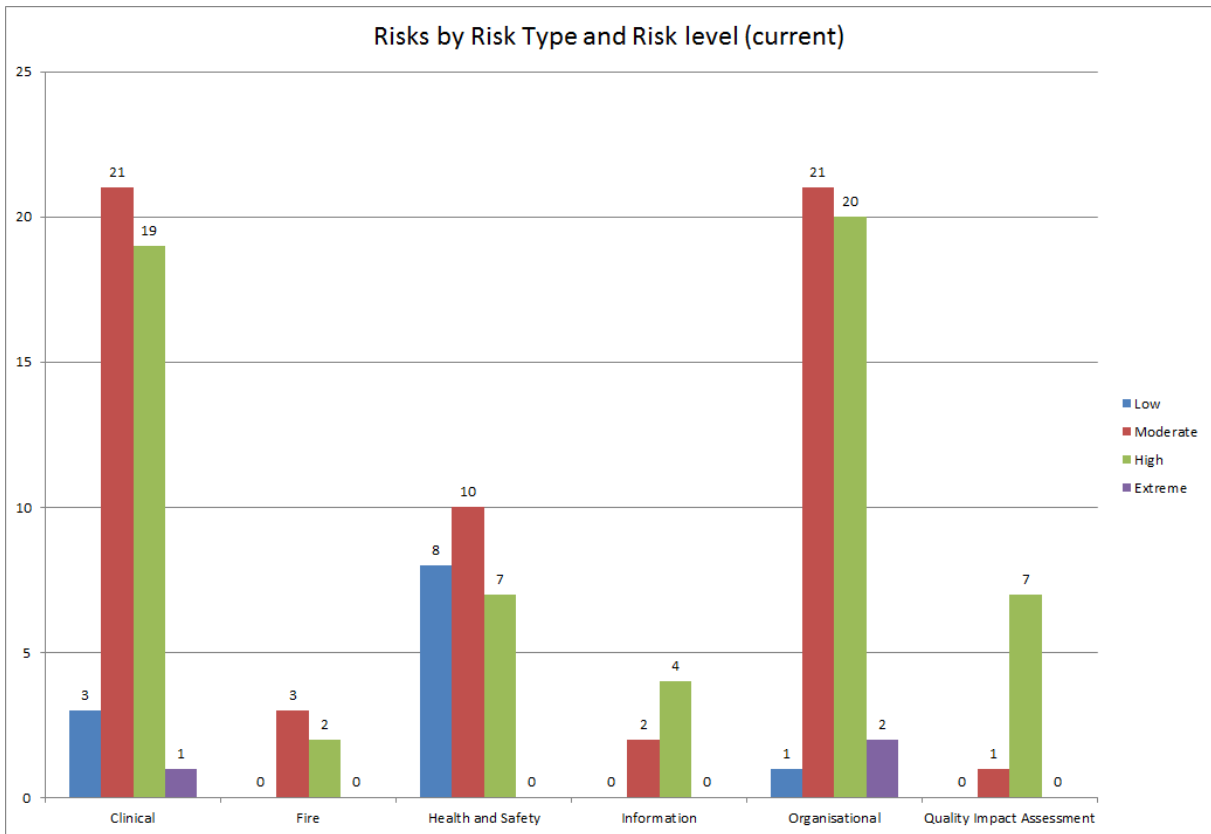
2. RESPONSE TO COVID19 PANDEMIC

- 2.1 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.
- 2.2 The Trust continues to operate the nationally identified list of essential services, is standing back up services when this 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 In response to the letter from Simon Stevens, NHS Chief Executive and Amanda Pritchard, NHS Chief Operating Officer of 31st July regarding the third phase of response to COVID-19, the Trust has been working on building the recovery plans for services and in conjunction with local health system partners to support system wide plans. The initial system plans were submitted on 1st September and final plans are due to be submitted at the end of the September.

- 2.4 In addition, David Vickers, Medical Director is the Trust's named Board member responsible for tackling inequalities and is leading the development of the five year action plan which will be published by the Board at a future public meeting.
- 2.5 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 agreed as required.
- 2.6 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.
- 2.7 Personal Protective Equipment (PPE) continues to be available for all staff that need it since pandemic started.

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 For the period to 2nd September 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 5).
- 3.3 There are a total of 131 risks on the risk register, 28 of which score 12 plus. Of these 28 risks, 3 score 15 plus and are related to the COVID-19 pandemic along with a further 14 risks scoring between 12 and 15.



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 2nd and 3rd September. 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

- Initiatives from the following services have been submitted to local MPs as part of the national Parliamentary Awards programme:
 - Cambridgeshire occupational therapy services
 - Bedfordshire breastfeeding team
 - Luton children's rapid response team
 - Luton TB nursing service
 - Norfolk Pathway to Parenting antenatal education programme
 - DynamicHealth South Asian Female Class
 - Cambridgeshire Speech and Language Therapy team
- The Bedfordshire continence team has been shortlisted in the Nursing Times continence promotion and care category
- Multiple submissions have been made to the BBC Three Counties 'Making a Difference' Awards
- An entry has been submitted to The Queen's Nursing Institute promoting best practice from the Bedfordshire children's community nursing service for improving accessibility by extending the service to 7 days a week during Covid.

National engagement/recognition

- We have submitted two case studies to NHS England from our Luton integrated discharge team for consideration as part of national coverage of innovative services which are enabling needs-led earlier discharge from hospital with community based packages of care.
- The regional East of England team has created a COVID journey film. The visuals we submitted have been incorporated in to the film. We look forward to seeing the result when the film is launched on 11 September.

- NHS Providers published a case study covering our successful 2019 'flu campaign and contribution to the UNICEF 'get a job; give a job' campaign.
- Our Cambridgeshire and Peterborough HCP collaborative approach between midwifery and health visiting services will be included as a 'good practice' case study in a planned Public Health England national guidance document.
- A blog by a Cambridgeshire Family Nurse has been published by the Family Nurse Partnership National Unit describing the 'new mums stars' outcome framework, which is part of a national pilot the Trust is engaged in.
- A case study written by a Cambridgeshire Health Visitor will be published by the Institute of Health Visiting's 'Making History: Health Visiting during Covid19' publication, describing a family's journey of becoming a parent during lockdown.
- Dynamic Health representatives have been invited to Brunel University to present a webinar on "Holistic Exercise Classes to address health disparity in patient care- the South Asian Female Class in Urdu/Hindi".
- An article has been submitted to 'Frontline' (the Chartered Society of Physiotherapy publication) about the Dynamic Health South Asian Female Exercise Class, and an abstract on the project has been accepted for the Physiotherapy UK 2020 November 2020 conference.
- NHS England requested case studies on our DynamicHealth digital first/video consultation approach, with a further article written in conjunction with the Musculoskeletal Association of Chartered Physiotherapists and University of Birmingham entitled 'Advanced physiotherapy placement using telehealth during Covid-19.'
- JustOneNorfolk.nhs.uk featured on the Eastern Academic Health Sciences Network website as a spotlight case study.
- A case study on our Luton adult services collaborative models of care was published by NHS Providers as part of their Neighbourhood Integration Project initiative.

		Increasing Assurance																				Assurance Level		
		First Line of Assurance: Management control and reporting							Second Line of Assurance: Internal governance processes						Third Line of Assurance: Independent review, reporting and collaboration									
✓	Assurance Provided	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
Red	Red rating (No Assurance)																							
Amber	Amber/Red rating (Partial Assurance)																							
Green	Green/Amber rating (Reasonable Assurance)																							
Green	Green rating (Substantial Assurance)																							
Risk ID	Description																							
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.	12	SO4	✓		✓	✓	✓				✓	✓		✓									Partial Assurance
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	✓		✓	✓	✓				✓	✓		✓									Partial Assurance
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.	8	SO1/SO2/SO3	✓		✓	✓	✓		✓		✓	✓		✓									Partial Assurance
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	✓		✓	✓	✓		✓		✓	✓		✓									Partial Assurance
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	✓		✓	✓	✓		✓		✓	✓		✓									Partial Assurance
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	✓		✓	✓	✓		✓		✓	✓		✓									Partial Assurance
3190	There is a risk that health outcomes for service users, patients, children and young people might be negatively impacted by the national requirement to reprioritise our service offer for a number of services identified as 'non essential' There are a number of related risks identified at service level that underpin this trust wide risk.	16	SO1	✓		✓	✓			✓		✓			✓									Partial Assurance

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.