

Trust Board

Title:	Chief Executive report
Action:	FOR APPROVAL
Meeting:	20th January 2021

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; EU exit and our involvement in the plans for mobilising mass vaccinations against COVID-19.

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.

	Name	Title
Author & Executive sponsor	Anita Pisani Rachel Hawkins Mercy Kusotera	Chief Executive Deputy Chief Executive/Director of Governance and Service Redesign 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-organisational cooperation during the pandemic
Be an excellent employer	Supporting our staff during the pandemic is a high priority
Be a sustainable organisation	Not covered in this report

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 <input type="checkbox"/>	Disability <input checked="" type="checkbox"/>	Gender Reassignment <input type="checkbox"/>	Marriage and Civil Partnership	Pregnancy and Maternity <input type="checkbox"/>	Race <input checked="" type="checkbox"/>	Religion and Belief <input type="checkbox"/>	Sex <input type="checkbox"/>	Sexual Orientation <input type="checkbox"/>

1 RESPONSE TO COVID19 PANDEMIC

- 1.1 On 4th January, the NHS moved to Level 5 status for the Covid 19 pandemic meaning that there is 'a material risk of healthcare services being overwhelmed – extremely strict social distancing' due to very high rates of community transmission of the virus. This also means that NHS England continues direct control and determination over the NHS through the emergency planning framework and the introduction of strict lockdown measures to try and reduce the transmission of the virus.
- 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 continues to maintain services wherever and in conjunction with health and social care partners. In support of this and in light of the Tier 5 status and impacts on all frontline healthcare services, the Trust continues to assess the impacts that these pressures are having on maintaining services and is undertaking quality impact assessments to ensure that safe services can be maintained.
- 1.4 At the beginning of December the Trust introduced twice weekly lateral flow testing for patient facing clinical and non-clinical staff to identify asymptomatic staff and reduce the risks to patients and staff of transmitting the virus. Should a member of staff test positive from the lateral flow test, they are required to arrange a PCR test to confirm the result and isolate until the PCR results are available. The Trust has issued more than 1,700 lateral flow tests to staff to date.
- 1.5 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 as required.
- 1.6 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.
- 1.7 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 EU EXIT

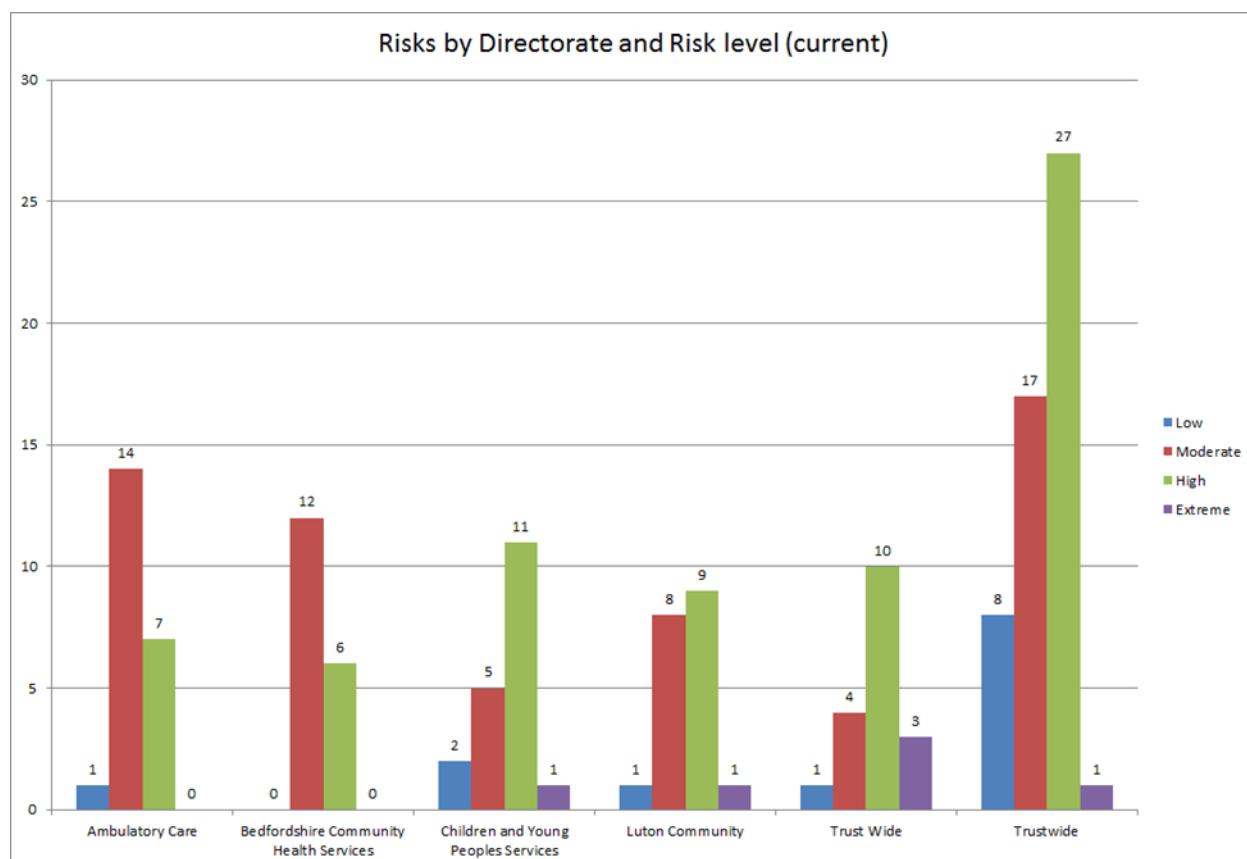
- 2.1 Following the trade agreement that was reached at the end of December, the EU task and finish group continues to monitor the business as usual routes to ensure that no disruption to services or shortages of supplies have emerged since leaving the EU. The Trust submits a daily situation report via the Incident Control Centre through the regional and national teams. To date no issues have been identified.

3 COVID-19 MASS VACCINATIONS

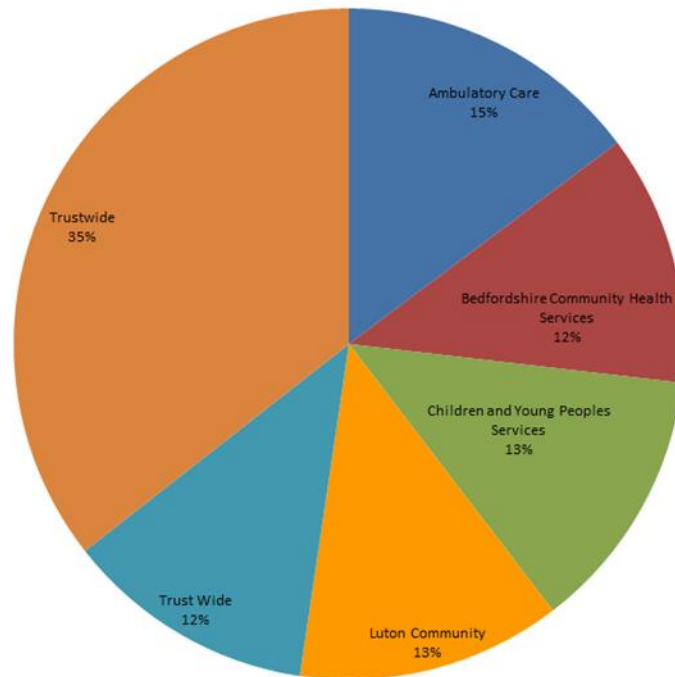
- 3.1 The Trust has been appointed the 'Lead Provider' for Cambridgeshire & Peterborough and Norfolk & Waveney for the roll out of the mass vaccination programme for these systems. We are working alongside 2 other Lead Providers across the East of England.
- 3.2 Lead Providers will operate a number of Large Scale Vaccination Sites operating in parallel with hospital vaccination centres, primary care and community pharmacies to deliver the national vaccination programme.
- 3.3 The public will be invited to book a vaccination by letter issued by the National Booking Service which will sequence invitations following the national cohort prioritisation determined by the Joint Committee on Vaccination and Immunisation.
- 3.4 The Vaccination Sites will operate to a national model and specification and will operate over 7 days per week.
- 3.5 The programme team, in conjunction with the regional and national teams, are planning to open one site in each system in January 2021 with additional sites within Cambridgeshire coming on stream early February 2021; following this other centres will start to open in line with the national rollout requirements.
- 3.6 Mass vaccination programme governance has been established and embedded with weekly internal meetings; twice weekly sitrep reports continue to be in place alongside the regional and national assurance panels as part of site readiness.
- 3.7 All operational and clinical policies, procedures and national protocols have been reviewed and adopted via the Programme Board. Good working relationships also established and embedded across both health systems, with excellent collaborative working demonstrated. Additionally the programme team meet 3 times each week to provide updates and to identify any new needs or challenges, with further discussions being undertaken at the Executive meeting.
- 3.8 Programme risks are reviewed in line with Trust processes, and a new overarching board level risk has been added to the Board Assurance Framework for mass vaccination.
- 3.9 Ongoing challenges with workforce remain the largest risk to the programme. Recruitment remains active, with good numbers coming through the system, however the numbers are lower than needed. This continues to be monitored and escalated accordingly via the regional workforce bureau. Training of bank and new staff has taken place, both virtually and face to face, placing the available workforce in a good position for 'Go Live' of our first sites.
- 3.10 January 2021 has seen the launch of AstraZeneca / Oxford vaccine which is now being rolled out across the various vaccine delivery models including the Primary Care Networks and Hospital vaccination hubs. The Trust has built positive relationships with the Primary Care Network in Luton, and has been supporting them in the roll out of the vaccine to those in care homes; this has had a very positive effect on increasing accessibility to the vaccine for this high risk cohort of patients.

4 BOARD ASSURANCE FRAMEWORK

- 4.1 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
- 4.2 For the period to 13th January 2021 there were 7 strategic risks on the Board Assurance Framework, all 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 6).
- 4.3 There are a total of 149 on the risk register, 23 of which score above 12. Of these 23 risks, four score above 15 and are related to the COVID-19 pandemic along with a further 13 risks scoring between 12 and 15.



Risks by Directorate



- 4.4 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.
- 4.5 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.
- 4.6 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.
- 4.7 The risks relating to COVID-19 are reviewed weekly at the Incident Management Team and at the Clinical Operational Boards on 12th and 13th January 2021. The risk register is a live document; and risks are updated on a regular basis.
- 4.8 All risks relating to the mass vaccination programme were reviewed by the Executive Group on 5th January and thereafter on a regular basis. There are currently 8 risks relating to mass vaccination programme; 1 of which scoring 16, relates to the recruitment of sufficient staff to deliver the vaccine programme and resulting impacts on the community (risk 3284).
- 4.9 The Trust's Board Assurance framework is regularly reviewed and updated as a key part of the Well Led Improvement priorities.

Board Assurance Framework - Assurance Matrix

Risk ID	Description	Current Risk Rating	Strategic Objective	Increasing Assurance																		Assurance Level				
				First Line of Assurance:						Second Line of Assurance:						Third Line of 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		
3300	Delivery of the mass vaccination programme for our staff and to the communities across Norfolk & Waveney, Cambridgeshire & Peterborough may be impeded by a range of factors including workforce supply and vaccine which could result in continued risk to our staff, the delivery of services to patients and those communities awaiting vaccination.	12	S01/S03	✓		✓	✓	✓					✓	✓	✓	✓	-	-			-	-	✓	-	Reasonable	
3163	There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce.	12	S01/S02	✓	-	✓	✓	✓			×	-	✓	✓	✓	✓	-					-	-	✓	✓	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	S01/S02 /S03	✓	-	✓	✓	✓			×	-	✓	✓	✓	✓	-		✓			-	-	✓	✓	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	S01/S03	✓	-	✓	✓	✓			×	-	✓	✓	✓	✓	-		✓			-	-	✓		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	S01/S02	✓	-	✓	✓	✓			×	-	✓	✓	✓	✓	-		✓			-	-	✓	✓	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	S03/S04	✓		✓	✓	✓					✓	✓		✓	-	-	✓				-	-	✓	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.	12	S01	✓		✓	✓	✓			×	-	✓	✓	✓	✓	-		✓			-	-	✓		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
×	Assurance paused/stood down