

Trust Board

Title:	Chief Executive report
Action:	FOR APPROVAL
Meeting:	21st July 2021

Purpose:

This report details the 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.

The report focusses on those issues currently impacting on our Trust during the continued COVID pandemic, and provision of COVID mass vaccinations centres across Cambridgeshire & Peterborough, Norfolk & Waveney.

Section 2 details the current Board Assurance Framework and the Trust's principal risks.

The Board are asked to approve the revised Strategic Indicators for 2021/22 in section 3 and note the recently revised Disciplinary Policy in section 4.

Sections 5 & 6 focus on national developments and include an overview of the recently published new NHS System Oversight Framework for 2021/22.

Recommendation:

The Board is asked to:

- (i) Note the content of the report.
- (ii) Accept and agree to the Board Assurance Framework as an accurate reflection of the strategic risks facing the organisation.
- (iii) Approve the revised Strategic Indicators for 2021/22 as set out in Appendix B
- (iv) Note the adoption of the revised Disciplinary Policy v5.3 as set out in section 4.
- (v) Note the new NHS System Oversight Framework for 2021/22 as set out in section 6.

Appendices:

Appendix A - Board Assurance Framework Assurance Matrix

Appendix B – Strategic Indicators 2021/22

Appendix C – Disciplinary Policy v5.3

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

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	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"/>

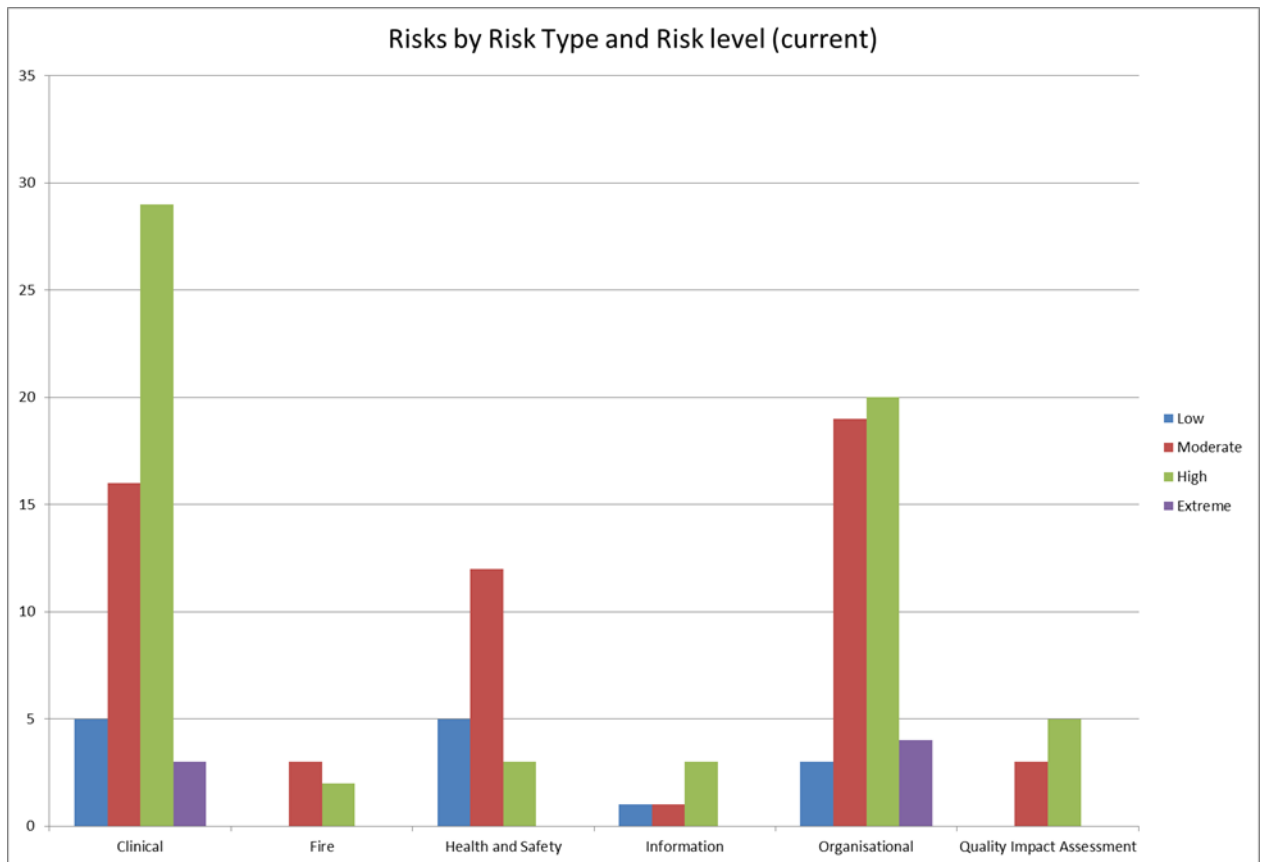
1 RESPONSE TO COVID19 PANDEMIC

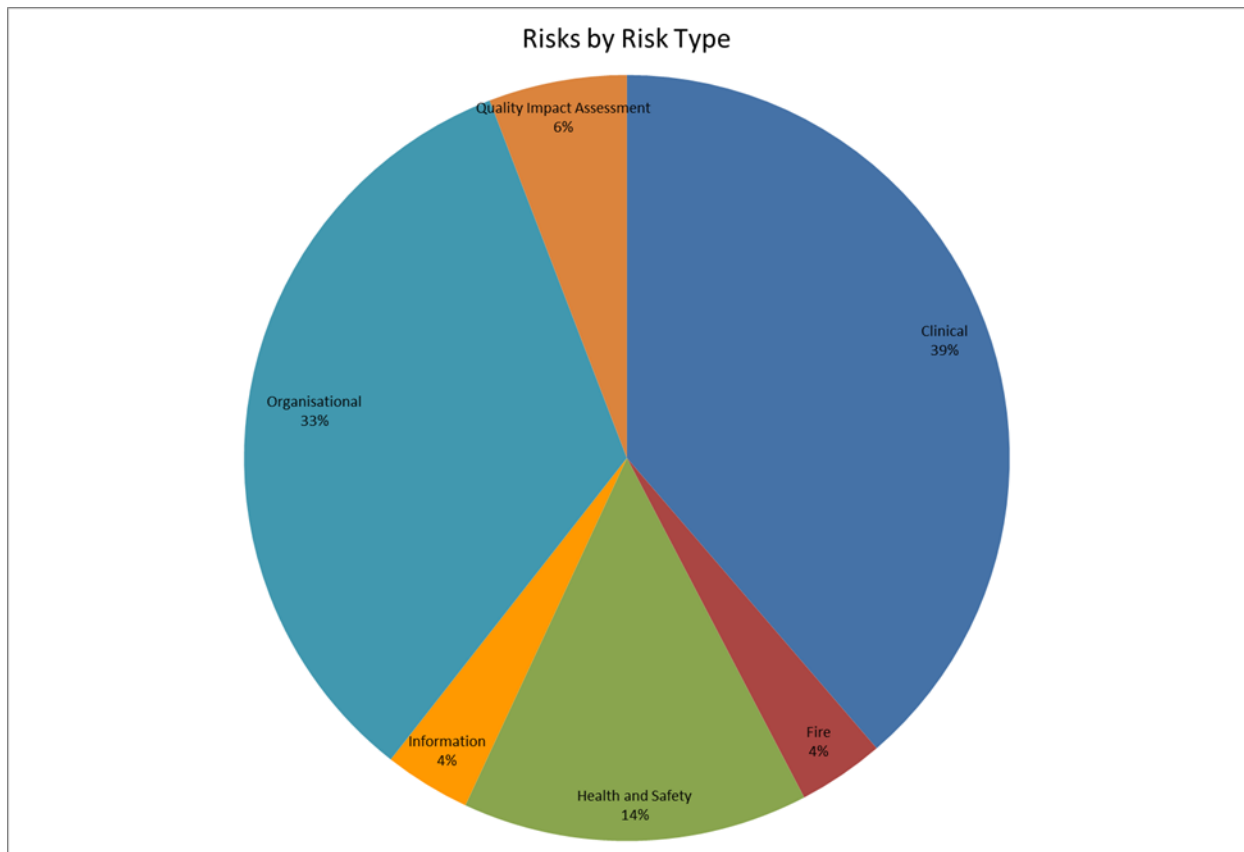
- 1.1 The Trust continues to respond to the COVID-19 pandemic maintaining the incident centre arrangements, 7 days a week oversight of the incident and fulfilling our duties in reporting to NHS England.
- 1.2 The Trust is maintaining services in line with plans and in conjunction with health and social care partners, as well as supporting the delivery of the mass vaccination programme, as lead provider in Cambridgeshire & Peterborough and Norfolk & Waveney and in support of Hertfordshire Community Trust, the lead provider in Bedfordshire, Luton and Milton Keynes.
- 1.3 Trust staff have been advised of the updated arrangements for requesting lateral flow tests through the new national system and continuing the reporting of their results through the Trust systems so oversight of testing and reporting can be maintained. Our current priority is that our contracted staff undertake twice weekly lateral flow testing phase 2 looking to improve testing compliance for staff working in our mass vaccination centres.
- 1.4 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. There is also no change currently to the need for service users/visitors to wear face coverings
- 1.5 As the Government decides on further easing of restrictions connected to the pandemic, the Trust will review all rules impacting on staff and people using our services. We have provided a framework to support team conversations about future working arrangements and we do not expect everyone to return to the workplace after the 19th July. In the absence of any national approach, the use of facemasks in our premises for staff and patients will continue, as will the twice weekly lateral flow testing regime for staff. It is important that we continue to protect our patients, staff and their families by providing a safe working and clinical environment that minimizes the possibility of spreading of the virus.

2 BOARD ASSURANCE FRAMEWORK

- 2.1 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
- 2.2 For the period to 1st July 2021 there were eight strategic risks on the Board Assurance Framework, two of which scores 16 and the remaining six 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).
- 2.3 There are a total of 138 risks on the risk register, 22 of which score above 12. Of these 22 risks, seven score above 15, four of which are related to the COVID-19

pandemic, two are non-Covid related and remaining one is related to Large Scale Vaccination Programme.





- 2.4 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.
- 2.5 All new risks are reviewed by senior leaders and 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.
- 2.6 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. The risk register is a live document; and risks are updated on a regular basis.
- 2.7 The risks relating to COVID-19 are reviewed weekly at the Incident Management Team and at the Clinical Operational Boards on 6th, 7th and 8th July 2021.
- 2.8 All risks relating to the mass vaccination programme are reviewed regularly by the Executive Team alongside the Mass Vaccination Programme Board. The risks were recently reviewed by the Mass Vaccination Clinical Operational Board on 8th July 2021. There are currently four BAF risks relating to large scale vaccination programme.
- 2.9 The Board Assurance Framework was recently reviewed by the Executive Team on 6th July 2021 and by the Audit Committee on 12th July 2021. The Trust Risk Management policy was also reviewed and approved by the Audit Committee on 12th

July 2021 to ensure it remains fit for purpose and incorporated recommendations and suggestions from our internal auditors and counter fraud specialist.

- 2.10 The Trust's Board Assurance framework is regularly reviewed and updated as a key part of the Well Led Improvement priorities.

3 STRATEGIC INDICATORS 2021/22

The Strategic Indicators for 2021/22 (Appendix B) have now been revised, following the Board development session in June, and require the Board's approval.

4 DISCIPLINARY POLICY

- 4.1 We have reviewed, with our local and regional staff side colleagues, our disciplinary policy and have updated this to support our just and fair culture and people first approach (included at Appendix C). We can confirm that:

- Our policy adheres to best practice
- We have embedded rigorous decision making methodology into how the policy will operate
- We will ensure that people are fully trained and competent to carry out their role in the process
- We will ensure that sufficient resources are assigned at each stage
- No decisions in relation to suspensions/exclusions will be taken by one person.
- We have strengthened health and wellbeing support for all involved in the process
- Director of Workforce will present statistical information to the Board, twice a year, on types of cases; outcomes and the time taken to complete the process. This information will also detail protected characteristic information where known. This will enable appropriate Board oversight to take place.

5 INTEGRATED CARE SYSTEMS UPDATES

- 5.1 The Trust continues to work collaboratively with Bedfordshire, Luton and Milton Keynes (BLMK) and Cambridgeshire and Peterborough Integrated Care Systems. Both systems have undertaken planning for the local system, which included digital developments, capital allocations and have successfully undertaken a NHS England regional assurance process.
- 5.2 The BLMK ICS is finalizing the list of priorities and cross-cutting enablers as discussed with Board at a previous session. Throughout August and September, NHS Boards and local authority partners are asked to contribute to the development of the governance model for the ICS, with the plan for a final recommendation to be made to the ICS partnership Board in late September/early October.
- 5.3 The parliamentary Bill, to create Integrated Care Systems has had its first reading in the House of Commons and will pass through the Parliamentary process throughout summer and autumn. There have been some delays in the national process to initiate the recruitment of the Independent Chairs and Accountable Officer roles.
- 5.4 Further details have been published on the [design for integrated care systems](#), with a focus on the role and functions of the Integrated Care System partnership and separately the NHS Body. Further details on the role and approach for provider collaboratives is expected in the near future.

6 NHS SYSTEM OVERSIGHT FRAMEWORK 2021/2022

- 6.1 NHS England and Improvement (NHSE/I) has published [its new NHS System Oversight Framework for 2021/22](#). The framework reflects the vision set out in the NHS Long Term Plan, the White Paper, and aligns with the priorities set out in the 2021/22 Operational Planning Guidance.
- 6.2 The NHS System Oversight Framework provides clarity to integrated care systems (ICSs), trusts and commissioners regarding the proposed NHSE / I performance monitoring framework, and set the expectations on working together to maintain and improve the quality of care; and describes how identified support needs to improve standards and outcomes will be co-ordinated and delivered. The framework will be used by NHSE / I and regional teams to guide oversight of ICSs at system, place-based and organisation level as well as decisions about the level and nature of delivery support they may require.
- 6.3 The oversight will be working with and through ICSs to tackle problems, ensure greater emphasis on system performance and quality of care outcomes, matching accountability for results with improvement support and greater autonomy for ICSs and NHS organisations that can demonstrate evidence of collective working and a track record of successful delivery of NHS priorities.
- 6.4 The oversight mechanism will follow the themes contained in the Long Term Plan, with metrics measuring performance across the CCGs, ICSs and Trusts.
- 6.5 The level of oversight will be dictated by the type of support the organisations require with organisations or systems in Level 1 Support Segment not requiring specific support and empowered to prioritise improvement resources, up to Level 4 where mandated intensive support is delivered through the Recovery Support Programme.

7 COMMUNICATIONS UPDATE

- 7.1 A major focus of the Trusts communication activities continues to be supporting the Trust's response to the Covid-19 pandemic including an ongoing traditional and social media campaign to encourage uptake and promote walk-in clinics for COVID vaccinations:
 - In recent weeks, regional TV has filmed at the Grafton Centre, Cherry Hinton and East of England Showground vaccination centres; and BBC Radio Cambridgeshire recorded interviews with volunteers at Chesterton Indoor Bowls Club centre as part of the breakfast programme.
 - We were delighted to work with Cambridge United whose first team players filmed clips encouraging take up of vaccines by younger people, and two players were filmed having their first vaccinations at the Grafton Centre. These films generated over 11,000 views via social media
 - We are working closely with both Cambridgeshire and Peterborough CCG and Norfolk and Waveney CCG to ensure opportunities for vaccinations via the large scale vaccination centres are included in all promotional activities under the banner of their respective system-wide campaigns; The Vaccinators on Tour and Every Vaccine Counts respectively.

- Grant Holt, former Norwich City Football Club player and Academy Trainer had his first vaccination at our Centre in Attleborough and the subsequent film promoting uptake on social media has generated 3500 views.
- Translated materials promoting vaccination opportunities at our Wisbech Centre were shared via social media; environmental health colleagues posted information on lamp posts in Wisbech and shared this information with local businesses. We are working with local authorities to ensure door drops/flyer dissemination promoting all walk-in opportunities across our vaccination centres.

7.2 NHS 73rd birthday celebrations included:

- our Chair and Chief Executive wrote to all permanent and bank staff to thank them for their dedication and inspirational commitment over recent challenging months, and announcing an extra day's annual leave and £25 gift voucher
- Successful nominations were made to NHS England/Improvement for staff recognition events. Julia Hallam-Seagrave, Head of Dental Service / Specialist in Special Care Dentistry attended the National Service of Thanksgiving at St Paul's Cathedral for leading the introduction of new urgent dental centres across Cambridgeshire and Peterborough at the outset of the pandemic ensuring vulnerable patients could continue to access urgent care. Austin Chinakidzwa, Chair of our Diversity Network and Specialist Heart Failure Practitioner received two tickets for Wimbledon for the inspirational leadership he has shown as the Trust's first Diversity Network chair
- the Mayor of King's Lynn and West Norfolk visited the Kings Lynn vaccination centre to thank staff for all their hard work during the first six months of the centre operating

7.3 Wider Trust events/messages include:

- our Luton based Special Educational Needs nurses received the Ann Mason Award from Luton Council for making a difference to children with disabilities and their families
- the Luton and Bedfordshire children's rapid response nursing team, which was the regional finalist in the Parliamentary Awards urgent and emergency care category, joined all the regional finalists at the NHS Parliamentary Awards national celebration event
- We promoted a wide range of Trust-wide initiatives via social media to celebrate engagement activities during national Co-production Week
- Our dental services and dynamic health services showcased innovative ways of working which had been introduced throughout Covid at an NHS England Improvement community learning event
- Dr Sarah Edwards, iCaSH, submitted a poster presentation for the British HIV Association & the British Association for Sexual Health and HIV conference on 'Outcome of GU referrals following Covid guidance'

- The iCaSH campaign for HIV Testing Week 2021 helped to create attitude and behaviour change towards HIV testing, demonstrated by a good engagement rate with social media posts and a reach of over 40,000.
- The All Babies Cry system-wide social media campaign continued across Norfolk, focused on normalising crying to reassure new families and give clear simple advice.
- The ICON initiative, which aims to reduce the potential triggers of abusive head trauma in babies, continued to be promoted across our children's services' social media accounts across Cambridgeshire, Peterborough, Luton and Bedfordshire
- Digital resources across all services continued to be promoted via all social media channels to ensure service users knew how to continue to access our services (either virtually or face to face) whilst the pandemic continues

Board Assurance Framework - Assurance Matrix



Risk ID	Current Risk Rating	Strategic Objective	Increasing Assurance																	Assurance Level				
			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 CCC 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. CCC/NHS)	Audit Committee	National Staff Survey	Local Counter Fraud Service	Internal Audit		External Audit	External Reporting	Other Independent External Review/Interaction	
3300	12	SO1/SO3	✓		✓	✓	✓					✓	✓	✓	✓	-	-					✓	-	Reasonable
3163	16	SO1/SO2	✓	-	✓	✓	✓			x	-	✓	✓	✓	✓	-						-	✓	Reasonable
3164	16	SO1/SO2/SO3	✓	-	✓	✓	✓			x	-	✓	✓	✓	✓	-		✓				-	✓	Reasonable
3165	8	SO1/SO3	✓	-	✓	✓	✓			x	-	✓	✓	✓	✓	-		✓				-	✓	Reasonable
3166	8	SO1/SO2	✓	-	✓	✓	✓			x	-	✓	✓	✓	✓	-		✓				-	✓	Reasonable
3167	8	SO3/SO4	✓		✓	✓	✓			x		✓	✓	✓	✓	-	-	✓				-	✓	Reasonable
3323	12	SO1/SO3	✓	-	✓		✓			x	-	✓	✓	✓	✓	-	-					-	-	Reasonable
3260	12	SO1	✓		✓	✓	✓			x	-	✓	✓	✓	✓	-		✓				-	✓	Reasonable

Assurance Level Key:

Inadequate Assurance	
Partial Assurance	
Reasonable Assurance	
	✓
	-
	x

#	Descriptor and Objective	Number	Indicator	2021/22 Target	Source	Frequency
1	Quality - Provide outstanding care	1a	Maintain overall Care Quality Commission rating of Outstanding.	Improved ratings for individual Key Lines of Enquiry	Formal assessment	Annual
		1b(1)	Patients/carers are satisfied with care delivered by our staff	90%	FFT	Monthly
		1b (2)	Increase the number of patients/service users who give us feedback on the care received. [Undertake baseline audit during 21/22 Q1 and 2 to determine target for Q3 and 4. The baseline audit will also identify what digital technologies are in place to support the feedback process. Once known a plan to increase access to digital technology will be developed]	Pending audit	FFT	Monthly
		1c	Our staff recommend the Trust as a place to receive treatment	Above national average	NHS Annual Staff survey	Quarterly
		1d	Deliver the locally agreed patient related annual Equality Delivery System objectives (Objectives to be agreed by July 2021 via the People Participation Committee)	Pass/Fail	Equality Delivery System	Annual
		1e	Safety – our staff feel able to speak up about patient safety issues	Maintain 2020/21 score	Staff survey	Annual
		1f	Ensure that for all non-safeguarding Serious Incidents families/carers/patients/service users are offered the opportunity to be part of the process.	Pass/Fail	Datix	Quarterly
		1g	Sustain the level of overall mandatory training	94%	ESR	Monthly
		1h	Increase the number of services supported by volunteers	To baseline by end Q2 and set target for Q3	People Participation	6 monthly

#	Descriptor and Objective	Number	Indicator	2021/22 Target	Source	Frequency
				& 4	Committee	
2	Collaboration - Collaborate with others	2a	The Princess of Wales Hospital site development plan milestones are achieved	Pass/Fail	Exec Team	Quarterly
		2b	The Cambridgeshire and Peterborough Children’s Provider Collaborative MoU is signed	Pass/Fail	Exec Team	Annual
		2c	The Bedfordshire & Luton Provider Collaborative MoU is signed	Pass/Fail	Exec Team	Annual
		2d	Achieve our target to recruit patients/service users to research studies	Pass/Fail	Research Team	Quarterly
3	People - Be an excellent employer	3a	Our staff recommend the Trust as a good place to work	Above National Average	NHS Annual Staff Survey	Annual
		3b (1)	Achieve a good staff engagement rating – all staff	Above National Average	NHS Annual Staff Survey	Annual
		3b (2)	Improve experience for Black, Asian, Minority, Ethnic (BAME) staff	Decrease in numbers of BAME staff experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months (2020 baseline is 11.9%)	NHS Annual Staff Survey	Annual
		3b (3)	Improve experience for disabled staff	Increase % of staff with long-lasting health conditions or illness saying the Trust has made adequate	NHS Annual Staff Survey	Annual

#	Descriptor and Objective	Number	Indicator	2021/22 Target	Source	Frequency
				adjustments to enable them to carry out their work (2020 baseline 84.6%)		
		3c	Available staff have had an appraisal in the last 12 months	=>94%	ESR	Monthly
		3d	Deliver the locally agreed staff related annual Equality Delivery System objectives.	Pass/Fail	Equality Delivery System	Annual
		3e	Monthly sickness absence remains below 4%	4%	ESR	Monthly
		3f	Reduce Annual Staff Turnover	1% improvement from 2020/21 outturn	ESR	Annual
		3g	Maintain Mindful Employer Status	Pass/Fail	HR Team	Annual
4	Sustainability - Be a sustainable organisation	4a	Sustain a 'Finance and Use of Resources' rating of one ¹	1 ²	NHSI Finance Return	Monthly
		4b	Board Level Green Plan in place by the end of financial year 21/22.	Pass/Fail	Green Plan	Annual
		4c	Increase the number and added-value of digital interactions with patients	Baseline/targets for the number and added-value to be determined during Quarter 2 – 21/22.	Business Informatics	Annual

¹ May need further ICS related thresholds developed in future.

² For second half of 2021 only