

Trust Board

Title:	Chief Executive report
Action:	FOR APPROVAL
Meeting:	20th May 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, EU exit and mass vaccinations across Cambridgeshire & Peterborough, Norfolk & Waveney.

Section 4 details the current Board Assurance Framework and Trust's principal risks.

Sections 5 and 6, detail two important statements to consider concerning our approach to Slavery and Human Trafficking and also the annual governance self-certification.

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) Review and approve the Annual Slavery and Human Trafficking Statement for publication on our website.
- (iv) Review the annual self-certification and authorise the Chair to sign on behalf of the Board after the External Audit Report is issued; unless material concerns are identified by the auditors that would materially affect the Trust's compliance.

Appendices:

Appendix A - Board Assurance Framework Assurance Matrix

Appendix B – Annual Slavery and Human Trafficking Statement

Appendix C – Annual governance Self-certification – May 2021

	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 NHS England national medical director Stephen Powys announced on the 10th May that “Following advice from the Joint Biosecurity Centre and in the light of the most recent data, the UK chief medical officers and NHS England national medical director agree that the UK alert level should move from level 4 to level 3”.
- 1.2 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.
- 1.3 The Trust continues to maintain 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 Bedford, Luton and Milton Keynes.
- 1.4 Trust staff continue to undertake lateral flow testing including staff working at the mass vaccination sites.
- 1.5 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 Since the last report to the Trust Board, there have been no issues relating to EU Exit and this continues to be monitored through the daily situation reports via the Incident Control Centre and re[po]rting to the regional and national teams.

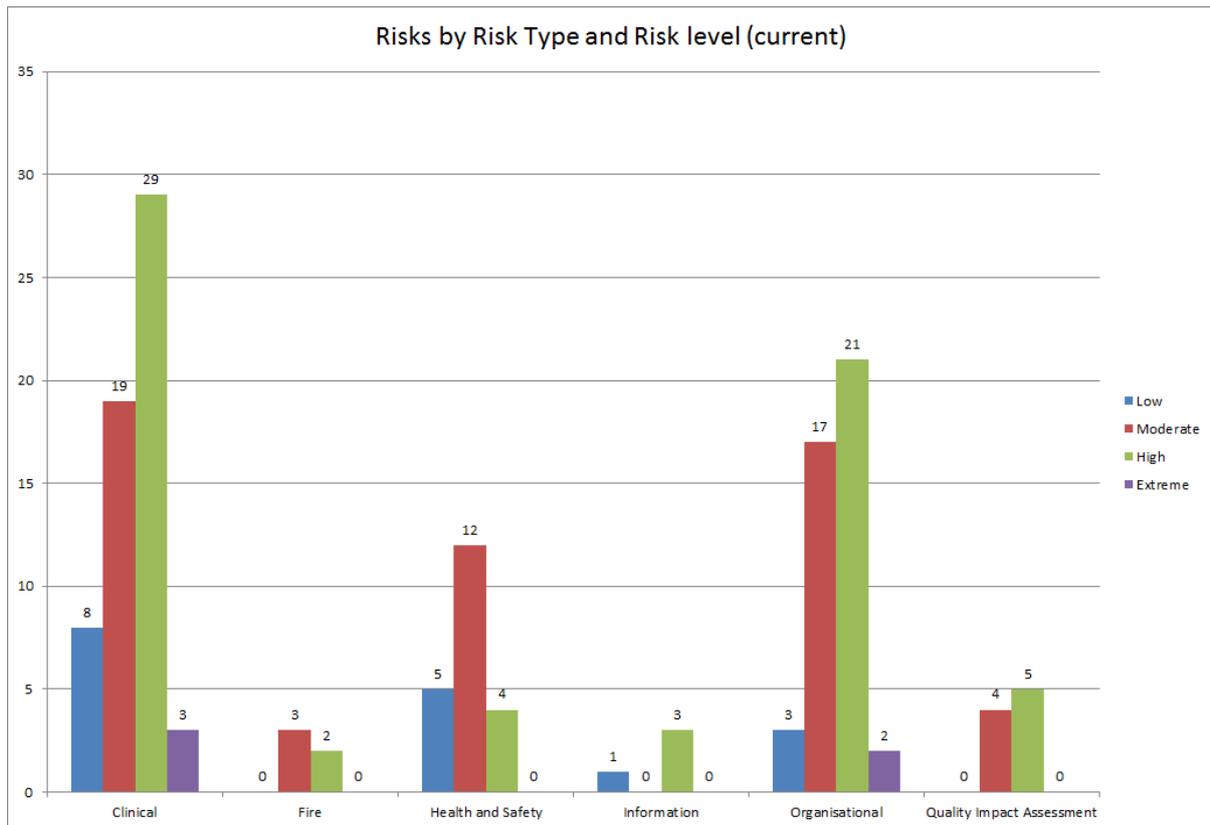
3 COVID-19 MASS VACCINATIONS

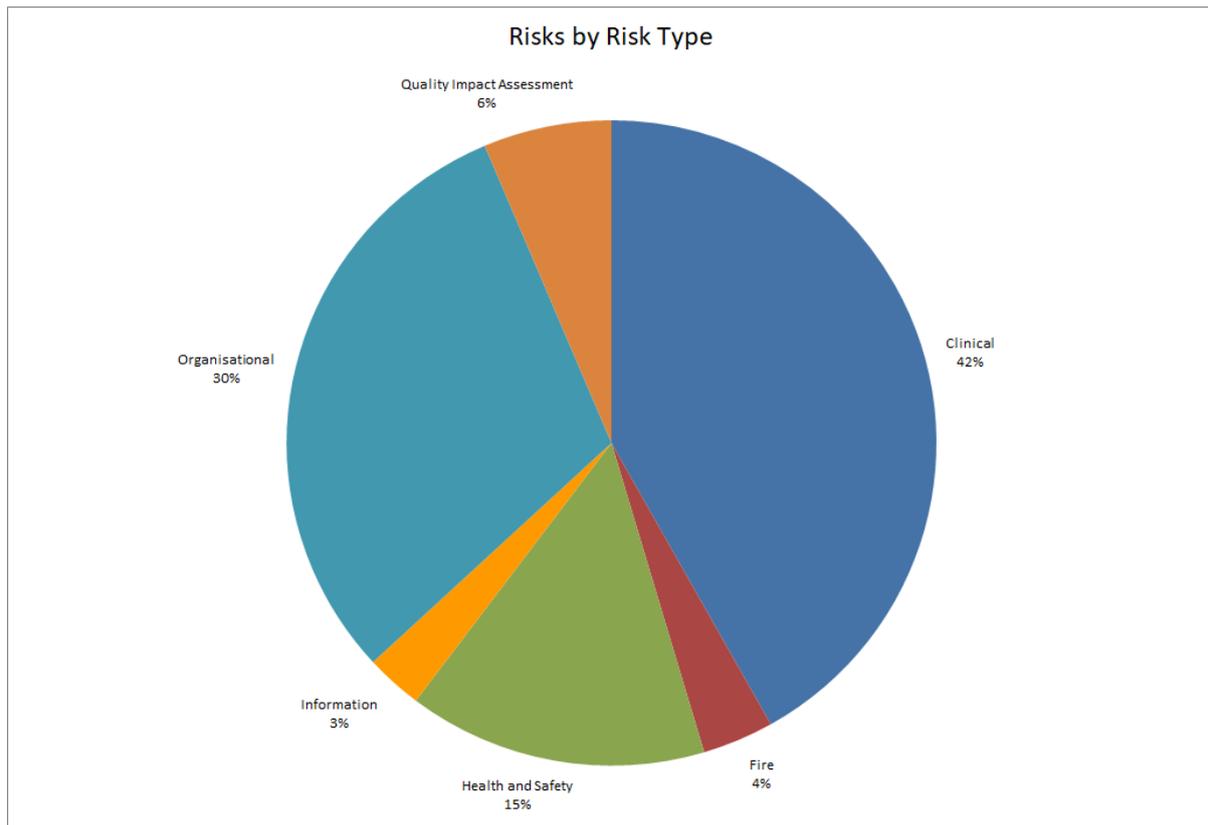
- 3.1 The Trust continue to deliver 9 large scale mass vaccination sites in Cambridgeshire & Peterborough and 6 in Norfolk & Waveney. We are working alongside primary care and community pharmacies in C&P and N&W as well as 2 other Lead Providers across the East of England. The Trust has delivered 276,000 Covid vaccinations so far.
- 3.2 The mass vaccination operational delivery as well as staff vaccination has now been incorporated into the integrated governance report and will not feature as a separate item in the Chief Executive report going forward.

4 BOARD ASSURANCE FRAMEWORK

- 4.1 The Trust’s Board Assurance Framework (BAF) incorporates a live register of the principal risks and mitigations 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 4th May 2021 there were 8 strategic risks on the Board Assurance Framework all of which score 12 or below. Detailed information on strategic risks and operational risks scoring 15 and above is provided in Appendix 4 of the Integrated Governance Report (agenda item 5).
- 4.3 There are a total of 141 on the risk register, 25 of which score above 12. Of these 25 risks, four score above 15, two of which are related to the COVID-19 pandemic and remaining two are non-Covid related.





- 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 4th, 5th and 6th May 2021. The risk register is a live document; and risks/mitigations are updated on a regular basis.
- 4.8 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 6th May 2021. There are currently two BAF risks (3300 and 3323) relating to mass vaccination programme – see Appendix A for the BAF Assurance Matrix.
- 4.9 The Trust's Board Assurance framework is regularly reviewed and updated as a key part of the Well Led Improvement priorities.

5 ANNUAL SLAVERY AND HUMAN TRAFFICKING STATEMENT 2021/22

- 5.1 Section 54 of the Modern Slavery Act 2015 requires organisations to develop a slavery and human trafficking statement each year. The Slavery and Human Trafficking statement sets out what steps organisations have taken to ensure modern slavery is not taking place in their business or supply chains. The Trust aims to follow good practice and take steps to prevent slavery and human trafficking.
- 5.2 **Appendix B** is the Trust's Annual Slavery and Human Trafficking Statement for 2020/21.
- 5.3 The Board is asked to review and approve the Annual Slavery and Human Trafficking Statement for publication on our website.

6 SELF ASSESSMENT OF GOVERNANCE

- 6.1 The Trust Board is required by its regulator, NHS Improvement, to sign off a self-certification of its governance. This brings NHS Trusts into line with NHS Foundation Trusts Board governance. The Board is asked to certify that the Trust complies with conditions similar to Condition G6 (3) and Condition FT4 (8) as detailed in **Appendix C**.

The evidence of compliance with conditions similar to G6 (3) is:

- Internal and external audit
- Reviews by other external organisations e.g. Commissioners, CQC and NHS Improvement
- Clinical audit
- Quality Way Peer Reviews
- Reports to the Board and subcommittees including on quality, finance, performance and risk
- The Board's Well Led Domain self-assessment and improvement plan.
- Complaints and incidents
- Whistleblowing

The evidence and compliance statement for FT4 (8) is:

- Regular Board meetings and Board development seminars
- Internal and external audit
- Reviews by other external organisations e.g. Commissioners, CQC and NHS improvement
- Clinical audit
- Quality Way Peer Reviews
- Reports to the Board and subcommittees including on quality, finance, performance and risk
- The Board's Well Led Domain self-assessment and improvement plan.
- Annual Staff survey
- Benchmarking data against other NHS providers
- Staff and Patient Stories to the Board and Clinical Operational Boards
- Complaints and incidents
- Whistleblowing

The above list, while not exhaustive, highlights some of the key sources of assurance for the Board in 2019/20. Where improvement actions have been identified, the

Board and its sub committees will have oversight of implementation of the action plan in line with the escalation framework.

- 6.2 Due to Covid-19, the Audit Committee meeting scheduled for April 2021 was cancelled; the Head of Internal Audit Opinion was being finalised and would be circulated to the Audit committee members for comments. The external audit opinion will be presented at the extraordinary Audit Committee meeting on 11th June 2021. We do not anticipate that there will be any concerns which will materially impact the Trust's compliance with the conditions as set out below.

7 COMMUNICATIONS UPDATE

Trust-wide:

- A major focus of the communications team continues to be supporting the Trust's response to the Covid-19 pandemic including an ongoing social media campaign to encourage uptake and vaccine hesitancy, promotion of walk-in clinics, design of a staff training passport, promotion of lateral flow testing kits, staff health and wellbeing support.
- The Trust's draft annual report has been produced for submission to Auditors.
- A range of resources were produced to celebrate International Nurses day which were shared internally and via our social media channels, including case studies, photograph collages, quotes from nursing staff. Chief Nursing Officer for England, Ruth May, joined Trust nurses virtually to thank them for their dedication during the pandemic and her message was filmed and shared across the Trust.
- A team of clinicians and service leads met virtually with Matthew Gould, Chief Executive of NHSX to share the digital innovation we have introduced and support understanding of the challenges facing community providers and how NHSX can support our work.
- Communications to support the phased roll out of the Trust-wide IT migration continues.
- Our DynamicHealth Team won the Outstanding Achievement Award at the national BAME Health and Care Awards last week for the rehabilitation group they introduced for south Asian women.
- ICON cope (a baby safeguarding campaign) has been promoted across the Trust's locality social media channels.
- Our Bedfordshire and Luton ChatHealth service received some great publicity when ITV filmed 14 year old Jayden, an aspiring rap singer from Luton who won the service's competition to design a rap to encourage young people to engage with ChatHealth.
- Our Luton children and young people's Rapid Response Team, which enables NHS 111 to book children directly into the service, has been highlighted by NHS England/Improvement as an example of best practice in a series of case studies

for its success in reducing the pressure on hospital emergency departments while strengthening urgent care in the community.

- A number of case studies were produced to showcase at the East of England Community Services Reflection and Innovation Event held on 13 May 2021.
- A short film has been produced to promote CCS Freedom to Speak Up champions in the Luton and Bedfordshire localities.
- Work is underway to develop filmed resources to support recruitment initiatives in our Cambridgeshire and Peterborough services.
- Communications continue to be delivered to support the transfer of Norfolk speech and language therapy services staff in to the Trust following the recent successful tender.
- A new Partnership set up to bring together mental and emotional health services for children and young people in Cambridgeshire and Peterborough has been promoted. The Partnership is made up of Cambridgeshire and Peterborough NHS Foundation Trust, Cambridgeshire Community Services NHS Trust, Centre 33 and Ormiston Families.
- The successful ongoing delivery of the Norfolk and Waveney routine childhood vaccination programme, including the Trust's role, throughout the pandemic was promoted via the media. Data shows that Norfolk and Waveney childhood vaccination rates have improved across all childhood vaccinations during the Covid 19 pandemic outbreak, with the 95% target being met in the first and second quarters for the majority of vaccinations.
- A collaboration between East Anglia's Children's Hospices (EACH), Cambridgeshire Community Services NHS Trust and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), Milton Hub which offers respite care at EACH's centre in Milton for children with very complex medical needs was promoted in the media and social media.

Board Assurance Framework - Assurance Matrix



		Increasing Assurance																				Assurance Level		
		First Line of Assurance:					Second Line of Assurance:					Third Line of 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/NHSI)	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	SO1/SO3	✓		✓	✓	✓			✓	✓	✓	✓	-	-				-	-	✓	-	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	8	SO3/SO4	✓		✓	✓	✓		x		✓	✓		✓	-	-		✓	-	-	✓		Reasonable
3323	Risk to organisational reputation of delivery of the Lead Provider Contract for the roll-out of the Mass Vaccination Programme for Cambridgeshire & Peterborough and Norfolk & Waveney given the significant pace, complexity and political profile of the programme	12	SO1/SO3	✓	-	✓		✓		x	-	✓	✓		✓	-	-			-	-		-	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	SO1	✓		✓	✓	✓		x	-	✓	✓	✓	✓	-		✓		-	-	✓		Reasonable

Assurance Level Key:

Inadequate Assurance	✓
Partial Assurance	-
Reasonable Assurance	x

Slavery and Human Trafficking Statement for 2021/22

Cambridgeshire Community Services NHS Trust continues to fully support the Government's objectives to eradicate modern slavery and human trafficking and recognises the significant role the NHS has to play in both combatting it, and supporting victims. In particular, we are strongly committed to ensuring our supply chains and business activities are free from ethical and labour standards abuses. Steps taken to date are included below.

Our Staff

We confirm the identities of all new employees and their right to work in the United Kingdom, and pay all our employees in line with best practice and national guidance. Our Grievance Policy and Raising Concerns Policy additionally give a platform for our employees to raise concerns about poor working practices.

Whistleblowing

The Trust has a process for investigating any concerns raised by our staff in line with national guidance. Our staff are encouraged to raise concerns in line with our Raising Concerns Policy without fear of retaliation. The policy also provides for concerns to be raised anonymously, if required. Staff also have the option to escalate concerns to the National Guardian's Office if they are not satisfied with the outcome of the internal investigation.

Procurement and our supply chain

The Trust complies with the Public Contracts Regulations 2015 and uses the mandatory Crown Commercial Services (CCS) Pre-Qualification Questionnaire on procurements, which exceed the prescribed threshold. Bidders are required to confirm their compliance with the Modern Slavery Act.

Our procurement and contracting team is qualified and experienced in managing healthcare contracts and have receive appropriate briefing on the requirements of the Modern Slavery Act 2015, which includes:

- requesting evidence of their plans and arrangements to prevent slavery in their activities and supply chain;
- using our routine contract management meetings with our providers, to address any issues around modern slavery;
- implementing any relevant clauses contained within the Standard NHS Contract; and
- Training and Awareness.

Patients and Service Users

Modern Slavery awareness is integrated into our safeguarding policies and training. Awareness is also raised through information sharing on the Trust intranet and on the public website. This is to ensure that our staff know how to raise concerns if they suspect modern slavery or human trafficking when interacting with patients or service users.

Review of effectiveness

We continue to take further steps to identify, assess and monitor potential risk areas in terms of modern slavery and human trafficking, particularly in our supply chains.

In 2021/22, our anti-slavery programme will also work to:

- continue to support our staff to understand and respond to modern slavery and human trafficking, and the impact that each and every individual working in the NHS can have in keeping present and potential future victims of modern slavery and human trafficking safe through our Safeguarding team;
- continue to ensure that all our staff have access to formal training on modern slavery and human trafficking which will provide the latest information and the skills to deal with it; and
- work with our partners to ensure modern slavery and human trafficking are taken seriously and feature prominently in safeguarding agendas.

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and applies to Cambridgeshire Community Services NHS Trust.

The Board approved this statement at its meeting on 20 May 2021.

Matthew Winn

Chief Executive

Self-Certification for NHS Trusts – May 2021

Introduction

Although NHS Trusts are exempted from needing a provider licence, directions from the Secretary of State requires NHS Improvement to ensure that NHS Trusts comply with the conditions equivalent to the licence as it deems appropriate. NHS Trusts are also required to confirm that they have complied with governance requirements.

The Single Oversight Framework (SOF) bases its oversight on the NHS provider licence. NHS trusts are therefore legally subject to the equivalent of certain provider licence conditions (including Condition G6 and Condition FT4) and are required to self-certify under these conditions which are set out in the NHS provider licence. The licence includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009 and the Health and Social Care Act 2012, and to have regard to the NHS Constitution.

Recommendation

The Board is asked to certify compliance with the following conditions which are required by NHS Improvement under the NHS Provider Licence, Health and Social Care Act 2012 and NHS Constitution with regard to:

- Licence Condition G6 (3) - The provider has taken all precautions necessary to comply with conditions similar to condition G6 (3) of the licence, NHS Acts and NHS Constitution.
- Licence Condition FT4 (8) - The provider has complied with required governance arrangements.

The Board is also asked to authorise the Chair to sign the self-certification on behalf of the Board.

	Confirmed	Not Confirmed
NHS provider licence condition:		
Licence Condition G6 (3) – Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended (2020/21), the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	✓	
Condition FT4 (8) – The Provider has complied with governance arrangements as set out in this Condition.	✓	

Further detail on confirmation statements provided above is captured within the Annual Governance Statement as part of the Trust Annual Report for 2020/21. The Audit Committee will be meeting on 11 June 2021 to consider the Annual report.

Signed on Behalf of the Board:

Mary Elford (Chair)

Signature:.....

Date:.....

ANNEX 1– Relevant provisions of the NHS provider license

Condition G6 – Systems for compliance with licence conditions (Foundation Trusts and NHS Trusts)

1. Condition G6 requires NHS providers to have processes and systems that:
 - a) Identify risks to compliance with the licence, NHS acts and the NHS Constitution
 - b) Guard against those risks occurring
2. Following a review for the purpose of paragraph (b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Condition FT4 – governance arrangements

1. Condition FT4 is about systems and processes for good governance. NHS providers must make a corporate governance statement under condition FT4 (8) as to current and future compliance with condition FT4.
2. The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.
3. The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time
4. The Board is satisfied that the Licensee has established and implements:
 - a) Effective board and committee structures;
 - b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and
 - c) Clear reporting lines and accountabilities throughout its organisation.
5. The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:
 - a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;
 - b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;
 - c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;
 - d) For effective financial decision-making, management and control;
 - e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision making;

- f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;
 - g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and
 - h) To ensure compliance with all applicable legal requirements.
6. The Board is satisfied that the systems and/or processes referred to in paragraph 5 (above) should include but not be restricted to systems and/or processes to ensure:
- a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;
 - b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;
 - c) The collection of accurate, comprehensive, timely and up to date information on quality of care;
 - d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;
 - e) That the Licensee including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and take into account as appropriate views and information from these sources; and
 - f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues and including escalating them to the Board where appropriate.
7. The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.