

Trust Board

Title:	Chief Executive report
Action:	FOR APPROVAL
Meeting:	15th September 2021

Purpose:

This report updates on the COVID 19 pandemic and mass vaccination programme, the key risks facing the organisation reported through the board assurance framework and a summary of the development of the integrated care systems across the Trust's geography. In addition there is an update on the communications activities and events that have been taking place in the past 2 months.

Appendix A sets out the Trust's principal risks on the Board Assurance Framework.

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.

Appendices:

Appendix A - Board Assurance Framework Assurance Matrix

	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

Equality and Diversity implications:

Objective	How the report supports achievement of objectives:							
To support the development of a Trust wide Anti-Racism Strategy and Organisational Development Plan.	Implicit in our approach to support BAME members of staff during the COVID19 pandemic. Currently under development and scheduled for discussion at the October board development session							
To finalise the roll out of reverse mentoring as part of all in house development programmes.	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 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 continue to undertake lateral flow tests through the new national system and the reporting of their results through the Trust systems so oversight of testing and reporting can be maintained.
- 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 The use of facemasks in our premises for staff and patients continue as 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.
- 1.6 The mass vaccination service across Cambridgeshire & Peterborough and Norfolk & Waveney continue to provide capacity of over 50,000 vaccinations per week across 14 centres. We are also now working with partners to develop Phase 3 plans for the delivery of the booster vaccination programme due to commence in the coming weeks.

2. AFGHAN EVACUEES

- 2.1 Our staff have been instrumental in supporting the system wide response to the Afghan evacuee's that have been residing within the holding hotels within Luton; the residents have required health assessments to be undertaken and any immediate health concerns to be treated. Some of the initial residents have started to move to their next accommodation, with the majority of families and individuals staying within the Luton area. Those young people and children who are classed as unaccompanied (these are children who are with an adult but the adult does not have parental responsibility) have all been referred to the Multi-Agency Safeguarding Hub so that Social Care Assessments can be completed.
- 2.2 A team of Healthy Child Programme staff have been basing themselves at the Hotel(s) on a daily basis so that any emergent health needs can be reviewed and acted upon in a timely way. This is an on-going and fluid situation as more evacuees are expected in the region but, the manner in which the teams have supported the response has been outstanding.

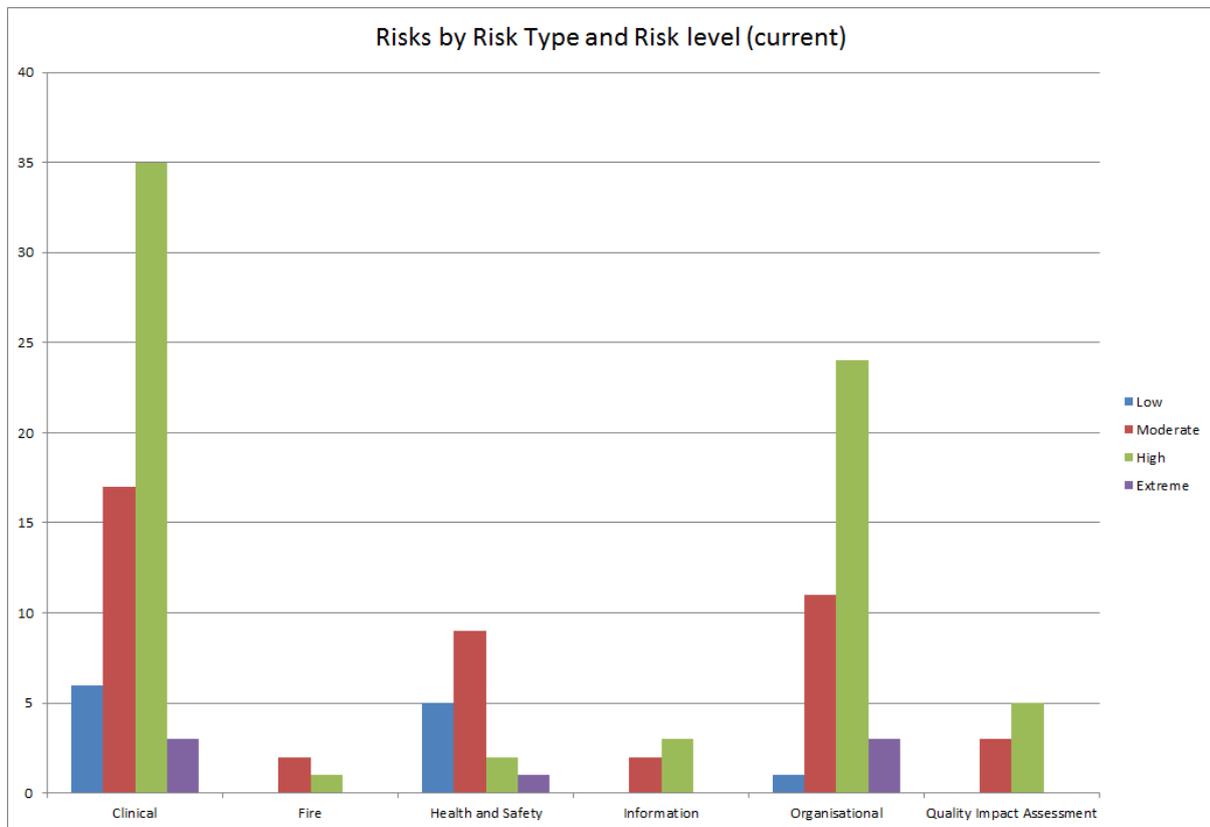
3 BOARD ASSURANCE FRAMEWORK

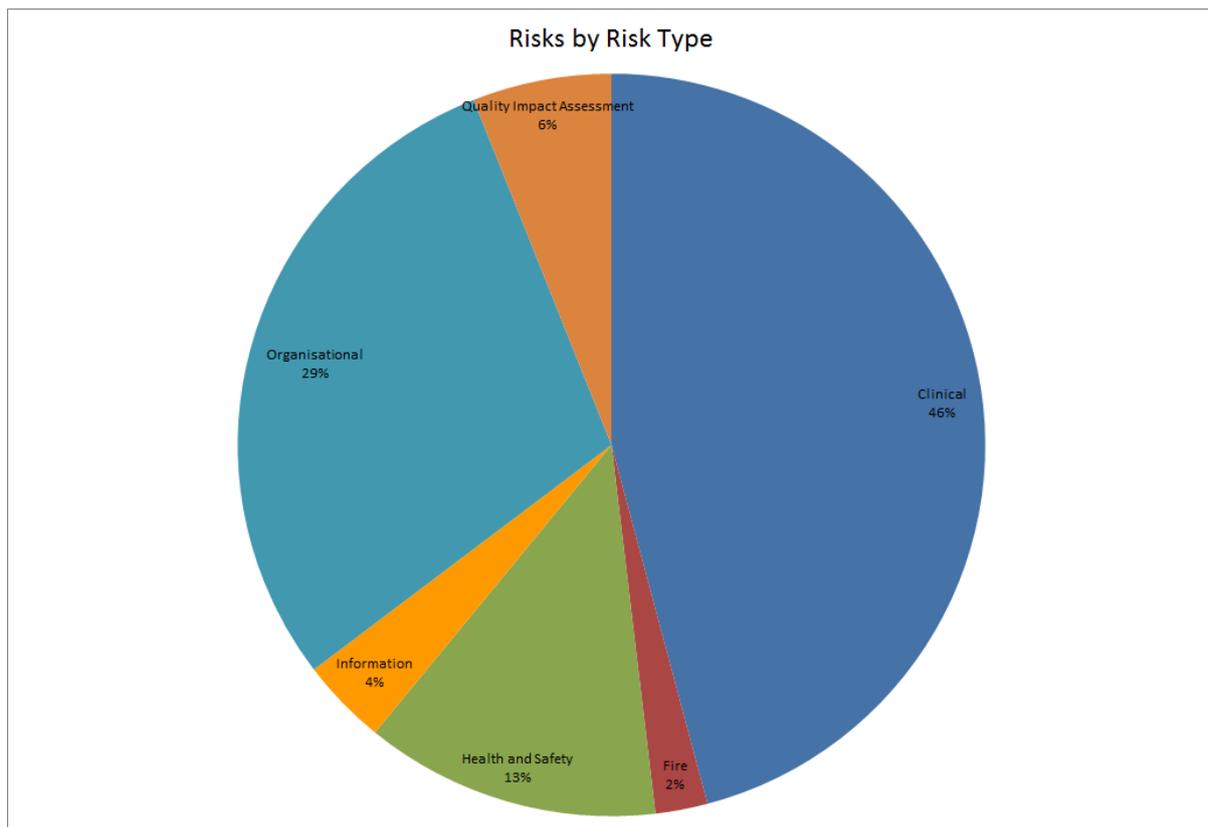
- 3.1 The Trust's Board Assurance Framework (BAF) incorporates a live register of the principal risks faced by the Trust in meeting its strategic objectives. It provides the Trust with a clear and comprehensive method of:

- ❖ 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

3.2 For the period to 3rd September 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).

3.3 There are a total of 133 risks on the risk register, 30 of which score above 12. Of these 30 risks, seven score above 15, five of which are related to the COVID-19 pandemic, one is non-Covid related and remaining one is related to Large Scale Vaccination Programme.





- 3.4 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.
- 3.5 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.
- 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. The risk register is a live document; and risks are updated on a regular basis.
- 3.7 The risks relating to COVID-19 are reviewed weekly at the Incident Management Team and at the Clinical Operational Boards on 7th, 8th and 9th September 2021.
- 3.8 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 9th September 2021. There are currently four BAF risks relating to large scale vaccination programme.
- 3.9 The Trust's Board Assurance framework is regularly reviewed and updated as a key part of the Well Led Improvement priorities.

4 INTEGRATED CARE SYSTEMS UPDATES

4.1 Since the last Board meeting a wide range of guidance and support documents have been produced by NHS England to guide local systems in creating functioning integrated care systems and a Board. I have themed and summarised the documents below and the links are available for Board members that wish to read the full detail.

4.2 Process for closing down the Clinical Commissioning Group and establishing the Integrated Care Board:

- **CCG Close Down and ICB Establishment Due Diligence Checklist and ICS implementation guidance:** These documents outlines the due diligence process required for the safe transfer of people (staff) and property (in its widest sense) from clinical commissioning groups (CCGs) to integrated care boards (ICBs), and the legal processes used for transfer, establishment and closedown.
- **Integrated Care Board Model Constitution Supporting Notes and Integrated Care Board Model Constitution Template:** These documents provide a starting point for emergent ICBs to develop their constitution.
- **Interim guidance on the functions and governance of the integrated care board:** This interim guide covers the expected governance requirements for integrated care boards as outlined in the Health and Care Bill and the Integrated Care Systems design framework.
- **HR Framework for Developing Integrated Care Boards:** The HR framework provides national policy ambition and practical support for NHS organisations affected by the proposed legislative changes as they develop and transition towards the new statutory integrated care boards
- **Guidance on the ICB readiness to operate statement (ROS) and Readiness to Operate Statement Checklist:** These documents provide a template integrated care board (ICB) Readiness to Operate Statement (ROS) and accompanying checklist. It describes how the checklist will be used to support the preparations for, and assess progress towards, the establishment of ICBs and provides the checklist itself.
- **List of statutory CCG functions to be conferred on ICBs:** This document sets out a list of current CCG statutory functions (duties and powers) that will be conferred on ICBs, subject to relevant legislation being passed; a summary of actions designate ICB leaders should take, with CCGs, to assist them in preparing to lawfully discharge their statutory functions.
- **NHSEI Direct Commissioning Functions: Pre-Delegation Assessment Framework:** ICSs have an explicit purpose to improve health outcomes for their whole populations, and the proposed new legislative framework is designed to enable decisions to be taken as close as possible to their populations for maximum benefit. To enable this, NHS England and NHS Improvement expects to delegate certain direct commissioning functions to ICBs as soon as operationally feasible from April 2022. Details of this have been set out here. Please note that this framework applies only to Pharmaceutical Services, General Ophthalmic Services, and Dental (Primary, Secondary and Community) Services.

4.3 Guidance on what and how an ICS will function:

- **Building strong integrated care systems everywhere: guidance on the ICS people function:** This guidance builds on the priorities set out in the People Plan. It is intended to help NHS system leaders and their partners support their

'one workforce' by delivering key outcome-based people functions from April 2022.

- **Thriving places: Guidance on the development of place-based partnerships as part of statutory integrated care systems:** This document seeks to support all partner organisations in integrated care systems (ICSs) to collectively define their place-based partnership working, and to consider how they will evolve to support transition to new statutory ICS arrangements.
- **ICS implementation guidance on working with people and communities:** The ICS Design Framework sets the expectation that partners in an integrated care system (ICS) should agree how to listen consistently to, and collectively act on, the experience and aspirations of local people and communities.
- **ICS implementation guidance on effective clinical and care professional leadership:** This guidance supports the development of distributed clinical and care professional leadership across integrated care systems (ICSs).
- **ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector:** This guidance provides more detail on how to embed voluntary, community and social enterprise (VCSE) sector partnerships in ICS
- **Delivering together for residents: How collaborative working in places and communities can make a difference:** This publication captures best practice from local partnerships where local government, working with colleagues in health, housing and the voluntary sectors, are having a positive impact on the health and wellbeing of their local communities.

4.4 Where the above (and future guidance) directly impacts on the organisation in its current and future operations, I will produce briefings and explanations to the Trust Board over the coming months.

5 COMMUNICATIONS UPDATE

5.1 The Trust's communication team has been shortlisted in the NHS Communicate Awards, in the Health and Wellbeing category, which recognises the contribution that communications makes to the successful implementation and delivery of health and wellbeing initiatives for staff. The awards are delivered by NHS Confederation and NHS Providers in association with the Centre for Health Communications Research. Winners will be announced at a virtual awards event on Wednesday 15 September.

5.2 Large scale vaccination centres - key deliverables in the last month have included:

- An animation has been produced to support the delivery of vaccinations to children aged 12-15 who are clinically extremely vulnerable
- In recent weeks, regional TV has filmed at various vaccination centres several times to promote vaccine uptake, particularly within the 16-17 year age group.
- We have filmed clips of 16-17 year olds talking about why they had the vaccination which have been shared via social media to promote uptake.
- Media releases and social media posts promoted the launch of:
 - a joint initiative with Norfolk & Norwich University Hospitals to provide vaccines within the hospital's anti-natal clinic. Look East filmed at the clinic on 7 September 2021

- an initiative with Perenco UK to vaccinate offshore workers who mobilise via the Norwich airport
- extended opening hours across all vaccination centres.

5.3 Wider Trust events/messages include:

- A Trust-wide project has launched to engage staff and service users in improving our digital offer.
- The Trust's communication team has taken the lead role for developing, with partners, a system-wide digital platform for the Cambridgeshire and Peterborough Best Start in Life initiative.
- A new section of the community paediatric services has been launched on the Cambridgeshire Children and Young People's website.
- Angela Pendleton, Health Visitor, St Neots won the latest Shine a Light Award for the family-centred care she delivers.
- Since our DynamicHealth service won the BAME National Health and Care Awards for its South Asian Female Class, the service has received local and national interest. A presentation has been produced to share the highlights from this project with interested parties. An article was published in Frontline – the professional body journal - showcasing the South Asian Female initiative.
- Gail Stephens, DynamicHealth service created a poster about 'recovery from chronic cough or Covid-19' which has been disseminated through NHS England to GP surgeries, was featured in the Pelvic Obstetrics and Gynaecology Physiotherapy (POGP) Journal and will be part of the poster presentations at the POGP Conference in October 2021.
- Healthy Child Programme services across the Trust celebrated World Breastfeeding Week, and in Luton and Beds this included celebrating the second birthday of its #FreeToFeed campaign.
- Matthew Winn, CEO joined dignitaries at a ceremony to sign a beam as part of the installation of the steel framework for a new integrated health and care hub in Dunstable which will bring together a range of health and care professionals in a single location to promote more joined up working.
- Videos, infographics and animations were produced for inclusion in a recently launched Diagnosis Support Pack, co-produced by families in Beds and Luton for families following a diagnosis of a neurodiversity.
- A range of filming has taken place to promote recruitment and career opportunities within the Trust.
- 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) and signposting to a wide range of support and information.

Board Assurance Framework - Assurance Matrix



		Increasing Assurance																		Assurance Level			
		First Line of Assurance:						Second Line of Assurance:						Third Line of Assurance:									
	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 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	
Risk ID																							
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.	16	S01/S02	✓	-	✓	✓	✓	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.	16	S01/S02/S03	✓	-	✓	✓	✓	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	S01/S03	✓	-	✓	✓	✓	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	S01/S02	✓	-	✓	✓	✓	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	S03/S04	✓		✓	✓	✓	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	S01/S03	✓	-	✓		✓	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	S01	✓		✓	✓	✓	x	-	✓	✓	✓	✓	-		✓		-	-	✓		Reasonable

Assurance Level Key:

Inadequate Assurance	
Partial Assurance	
Reasonable Assurance	
✓	
-	
x	