

Trust Board

Title:	Chief Executive report
Action:	FOR APPROVAL
Meeting:	18th May 2022

Purpose:

This report details the key updates on recent activities of the Trust as well as updates on the communications and best practice examples across the Trust and issues impacting us from a local, regional and national basis.

The report sets out the Trust's continued response to the COVID19 pandemic and the key risks impacting the Trust.

Sections 6 and 7, 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) Note the Operational & Financial Plan for 2022/23.
- (iii) Accept and agree to the Board Assurance Framework as an accurate reflection of the strategic risks facing the organisation.
- (iv) Review and approve the Annual Slavery and Human Trafficking Statement for publication on our website.
- (v) 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 2022

	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	The report describes the recent developments affecting the Trust the last report and board assurance framework includes the key risks facing the Trust that could impact on providing outstanding care to our patients and service users.
Collaborate with others	Implicit in the update on Integrated care systems (section 1); the joint approach on financial planning (section 3); the joint approach on human trafficking with other organization (section 6)
Be an excellent employer	Support for staff during the pandemic is key to ensure staff are protected and able to work effectively (section 4)
Be a sustainable organisation	Not covered in this report

Objective	How the report supports achievement of objectives:
To support the development of a Trust wide Anti-Racism Strategy and Organisational Development Plan.	Not covered in this report
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.	Intrinsic in the development of the vaccination programme as referenced in section 4.2

Are any of the following protected characteristics impacted by items covered in the paper
Yes – section 4 and 6

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 INTEGRATED CARE SYSTEMS

- 1.1 The Health and Care Bill received Royal Assent on 28th April 2022 which introduces measures to tackle the COVID-19 backlogs and the establishment of Integrated Care Systems and structures on 1st July 2022. The Bill also provides a framework for reform how health and adult social care work together, tackle long waiting lists built up during the pandemic, and address some of the long-term challenges faced by the country including a growing and ageing population, chronic conditions and inequalities in health outcomes.
- 1.2 The two Integrated Care Boards (that we are formally part of) are now finalising their composition, including nominations for partner involvement and when those processes have concluded I will further brief the Board.

2 APPOINTMENT OF NEW DIRECTOR OF CHILDREN AND YOUNG PEOPLE'S SERVICES

- 2.1 Dr Steve Bush will be joining the Trust on 20 June 2022 as Executive Director of Children and Young People's Services. Steve previously worked as Clinical Lead with North East London NHS Foundation Trust and has held a number of senior leadership roles in the NHS, Local Authority and Commissioning. He has led on service innovation and transformation projects designed to focus complex health and care systems around the needs of communities. Steve is a Consultant Clinical Psychologist and honorary lecturer in leadership and child and adolescent mental health at the University of Essex.

3 OPERATIONAL and FINANCIAL PLAN 2022/23

- 3.1 On 16th March 2022, the Board approved the Revenue Budget for the financial year 22/23, which had been informed by our organisations income and expenditure forecasts incorporating national assumptions for cost and income inflation, the Cambridgeshire and Peterborough system financial landscape and agreements with Commissioners from other systems.
- 3.2 The difference in this year planning process has been that all NHS providers and the clinical commissioning group needed to agree a collective approach. The initial organizational and system plan was submitted to NHS England at the end of March with an updated plan to be submitted at the end of April.
- 3.3 The National assumptions for non-pay inflation used for the plan submitted in March, had been influenced by the impact on costs during 21/22, and prior to the now world wide cost price inflation now being experienced. NHS England has subsequently recognised that this additional cost pressure needed to be included as additional costs could not be mitigated solely through efficiency measures, and therefore organisations were required to submit updated plans in the April submission that reflected the new and expected cost inflations..
- 3.4 The national updated planning assumptions included modelling 6.5% non-pay inflation as a prediction for annualised cost inflation. This assumption has meant our balanced plan has needed to be revised to a £1.7m deficit plan. This is the first time the Trust has submitted a deficit operating budget. However due to the additional cost pressures being exerted on our cost base, being exceptional and outside of the bounds of normal risk mitigation, we could only move into a deficit income and expenditure position, or

make huge changes to our operational team structures that would have an adverse effect on the quality. Therefore, the Trust Executive reluctantly agreed to submit this revised financial position.

3.5 This approach was also agreed with Cambridgeshire and Peterborough system partners (our financial host ICS for NHS planning purposes) and the overall revised system deficit is now £76m which. This system deficit projection is comparable with other systems within the Eastern Region

3.6 The Board are asked to note:

- The changes to the national planning assumptions on non pay inflation factors
- The change in projected revenue outturn for the financial year 2022/23

4 RESPONSE TO COVID19 PANDEMIC

4.1 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.

4.2 The Trust has now vaccinated more that £1.4m adults and children. The vaccinating programme continues to offer vaccines to all 5-11 years olds as well as anyone requiring a vaccine. Further national decisions will be made on an additional seasonal booster alongside flu from September onwards.

4.3 Trust staff continue to undertake lateral flow tests and 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 request for service users/visitors to wear face coverings.

5 BOARD ASSURANCE FRAMEWORK

5.1 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:

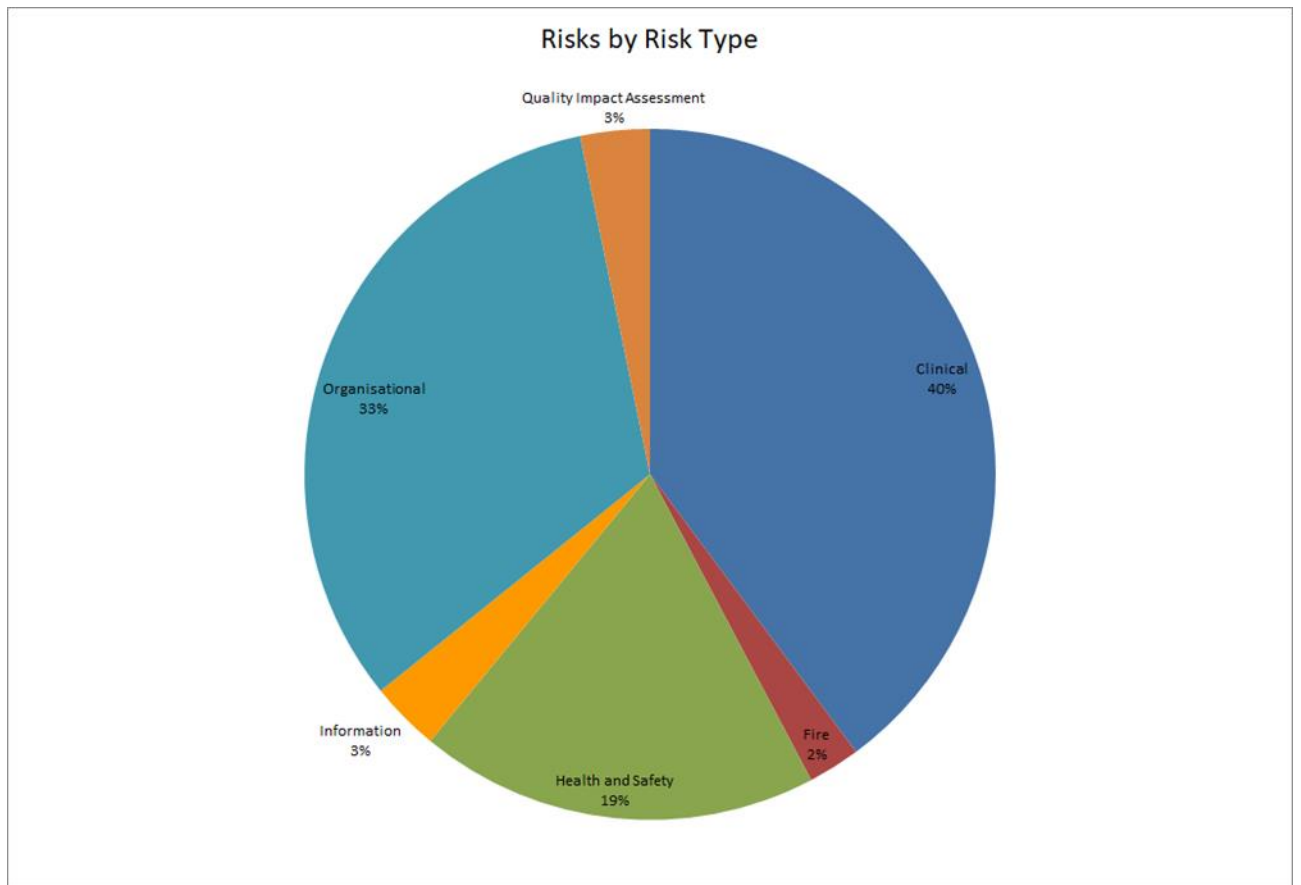
- ❖ describing the main risks to achieving the organisation's strategic objectives,
- ❖ describing the controls, assurance and oversight of these risks and
- ❖ identifying any gaps in controls and assurance

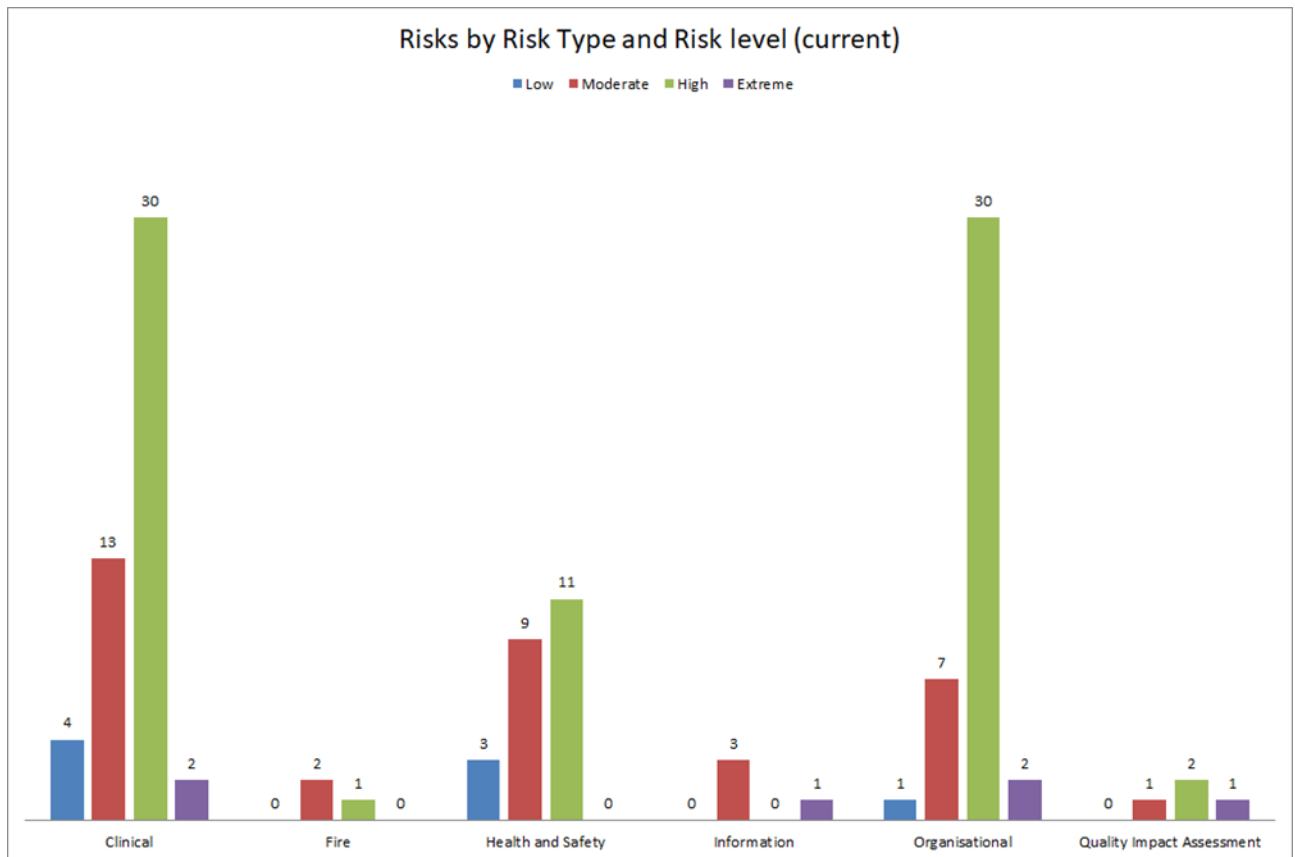
5.2 On 4th April 2022 there were 7 strategic risks on the Board Assurance Framework. Two of the BAF risks are scoring 20 (3163 and 3164), both relate to workforce challenges. There are 4 operational risks scoring 15 and above.

5.3 The strategic risks were last reviewed by the Trust Board on 16th March 2022 as part of the Chief Executive's report. The strategic risks were currently reviewed by the Executive Team on 5th April 2022.

5.4 Detailed information on strategic risks and operational risks scoring 15 and above is provided in Appendix 3 of the Integrated Governance Report (agenda item 4).

5.5 There are a total of 123 risks on the risk register, 30 of which score above 12.





- 5.6 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.
- 5.7 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.
- 5.8 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.
- 5.9 The risks relating to COVID-19 are reviewed weekly at the Incident Management Team meeting and at the Clinical Operational Boards that took place on 3rd, 4th and 5th May 2022.
- 5.10 The Trust's Board Assurance framework format will be reviewed and presented to the Audit Committee for approval in July 2022. The revised version will be presented to the Trust Board in July 2022.

6 ANNUAL SLAVERY AND HUMAN TRAFFICKING STATEMENT 2022/23

- 6.1 Section 54 of the Modern Slavery Act 2015 requires organisations to develop and maintain 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 follows good practice and take steps to prevent slavery and human trafficking.
- 6.2 **Appendix B** is the Trust's Annual Slavery and Human Trafficking Statement for 2022/23.
- 6.3 The Board is asked to review and approve the Annual Slavery and Human Trafficking Statement for use and publication on our website.

7 SELF ASSESSMENT OF GOVERNANCE

- 7.1 The Trust Board is required by its regulator, NHS Improvement, to sign off a self-certification of its 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
- Counter fraud team
- Reviews by other external organisations e.g. Commissioners, CQC and NHS Improvement
- Clinical audit
- Reports to the Board and subcommittees including on quality, finance, performance and risk
- Trust Board Assurance Framework
- Annual Governance Statement
- 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
- 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
- Annual review of the Board and sub-committees structures and terms of reference
- Whistleblowing and Raising Concerns

- 7.2 The above list, while not exhaustive, highlights some of the key sources of assurance for the Board in 2021/22. Where improvement actions have been identified, the Board and its Committees will have oversight of implementation of the action plan in line with the escalation framework.
- 7.3 On 11th April 2022 Audit Committee meeting, the Committee received positive opinion on 2021/22 draft Head of Internal Audit Opinion. The external audit opinion will be presented at the extraordinary Audit Committee meeting on 16th June 2022. 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.
- 7.4 The approval of the self certification of governance, is also in line with the statements, I as Accountable Officer, make in the annual report, concerning governance, leadership and risk management in the organisation.

8 COMMUNICATIONS UPDATE

8.1 The following initiatives have contributed to raising awareness of the services delivered by the Trust:

- Dame Rachel de Souza, Children's Commissioner visited the Trust's Community Paediatric Service in Luton recently and met with clinicians and parents to hear about their achievements and challenges. She commended colleagues for the 'superb' work they are doing with children.
- Our Luton paediatric epilepsy team, together with the Bedfordshire Hospitals team, had a case study entitled 'Patients Know Best' (PKB) selected by NHS England as a case study for their 'Beneficial Changes Network'. PKB is an online platform and digital handheld record designed to improve care and reduce the likelihood of being admitted to hospital for a seizure.
- An article on the Neurodiversity Diagnosis Support Pack produced by our Bedfordshire and Luton children's services was published in the British Medical Journal. NHS England has expressed interest in sharing this resource as best practice nationally.
- An iCaSH submission from Dr Graham McKinnon to the BASHH annual conference has been accepted. Graham has been invited to present on work he and the service have been doing in collaboration with the local GP's and Drugs Service to combat the spread of syphilis.
- Our Norfolk Healthy Child Programme colleagues have shared its approach to developing the Just One Norfolk platform including clinical information and parental advice and guidance, with colleagues in Perth, Australia. Norfolk HCP will be acknowledge in any adapted resources.
- Our Huntingdon Mental Health Schools Team was visited by the national MHST team to share examples of local good practice and innovation.

8.2 Social media campaigns have included:

- in Norfolk: childhood illnesses; Pathway to Parenting pathway; events to support children's communication skills; various recruitment/vacancies; promotion of pop-up events in localities to share new features available on JustOneNorfolk including self-care and family health; school readiness tips and quizzes
- in Cambridgeshire and Peterborough: signposting to a new occupational therapy advice line; various recruitment/vacancies; ICON – its normal for babies to cry; ChatHealth; Dreamdrops Charity fund-raising; infant feeding and weaning; childhood development; Best Start in Life support flyer/QR codes
- in Bedfordshire and Luton services: 3 month baby review; maternal mental health week, activities to support sensory processing difficulties; developmental skills package; virtual pop up events with health visitors; promotion of the health visitor/school nursing health hub; Insulin Safety Week; DOCLA Lived Experience Advisory Panel; promotion of tissue viability service; various recruitment/vacancies
- Positive feedback from service users has been shared across all social media channels, as have messages to promote Recite software – a web accessibility assistive toolbar providing text to speech functionality; customisable styling features and reading support aids and a translation tool for 100 languages (35 of which also have a text to speech option)
- National promotional materials were disseminated via social media channels including for the following campaigns: Mental Health Awareness Week; World Asthma Day; National Weaning Week and more.

Risk ID	Current Risk Rating	Strategic Objective	Increasing Assurance																		Assurance Level		
			FIRST LINE OF ASSURANCE:						BEYOND 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/NHSI)	Audit Committee	National Staff Survey	Local Counter Fraud Service	Internal Audit	External Audit	External Reporting	Other Independent External Review/Interaction	
3300	8	SO1/SO3	✓		✓	✓	✓				✓	✓	✓	✓	-	-			-	-	✓	-	Reasonable
3163	20	SO1/SO2	✓	-	✓	✓	✓		x	-	✓	✓	✓	✓	-				-	-	✓	✓	Reasonable
3164	20	SO1/SO2 /SO3	✓	-	✓	✓	✓		x	-	✓	✓	✓	✓	-		✓		-	-	✓	✓	Reasonable
3165	8	SO1/SO3	✓	-	✓	✓	✓		x	-	✓	✓	✓	✓	-		✓		-	-	✓		Reasonable
3166	8	SO1/SO2	✓	-	✓	✓	✓		x	-	✓	✓	✓	✓	-		✓		-	-	✓	✓	Reasonable
3167	8	SO3/SO4	✓		✓	✓	✓		x		✓	✓		✓	-	-		✓	-	-	✓		Reasonable
3426	12	SO1/SO2 /SO3/SO4	✓		✓	✓	✓			-	✓	✓	✓	✓	-				-	-	✓		Reasonable

Assurance Level Key:

Inadequate Assurance	✓
Partial Assurance	-
Reasonable Assurance	x
	✓
	-
	x

Slavery and Human Trafficking Statement for 2022/23

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) Standard Selection 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 2022/23, 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 18 May 2022.

Matthew Winn

Chief Executive

Self-Certification for NHS Trusts – May 2022

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 (2021/22), 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 2021/22. The Audit Committee will be meeting in June 2022 to consider the Annual report.

Signed on Behalf of the Board:

Mary Elford (Chair)

Signature:.....

Date:.....

APPENDIX C (continued)

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.