

Trust Board

Title:	Chief Executive report
Action:	FOR APPROVAL
Meeting:	20th May 2020

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.

Section 1 of this report sets out the actions taken by the Trust in response to Covid-19 pandemic.

Section 2 details the refreshed Board Assurance Framework (BAF) which was recently revised at the end of March 2020 to reflect the Trust Strategy along with the five enabling strategies and four service plans which were approved by the Board on 18th March 2020. The current BAF was reviewed by the Board on 29th April Private Board meeting.

The third section details two important statements to consider concerning our approach to Slavery and Human Trafficking and also the annual governance self-certification.

Recommendation:

The Board are asked to:

- (i) Note the Trust's response to Covid-19 pandemic
- (ii) Note and approve the refreshed Board Assurance Framework
- (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.

	Name	Title
Author & Executive sponsor	Matthew Winn Karen Mason Rachel Hawkins	Chief Executive Head of Communications Director of Governance

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-organizational cooperation during the pandemic
Be an excellent employer	Supporting our BAME staff during the pandemic has become a higher priority and the report details actions we are taking to protect them specifically
Be a sustainable organisation	The core self-certification reflects our ability to accurately assess our own governance capabilities

Objective	How the report supports achievement of objectives:							
Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require	Not covered in this report							
To introduce people participation in our diversity and inclusion initiatives to capture the experience of hard to reach/seldom heard/varied community groups.	Not covered in this report							
Introduce Disability Passport Scheme to record agreed reasonable adjustments.	Not covered in this report							
To utilise the diverse experience and backgrounds of our Trust Board members in promoting an inclusive culture.	Implicit in our approach to support BAME members of staff during the COVID19 pandemic							
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. TRUST ISSUES

- 1.1 On 30th January 2020, a level 4 national incident was declared as a result of the COVID-19 pandemic. The Trust was required to prepare its response and as part of the wider health and social care systems with the objective to protect and support patients and staff during the outbreak.
- 1.2 This report sets out the actions taken by the Trust in response to the COVID-19 pandemic and the national direction through the command and control systems introduced.

COVID-19 Pandemic Response

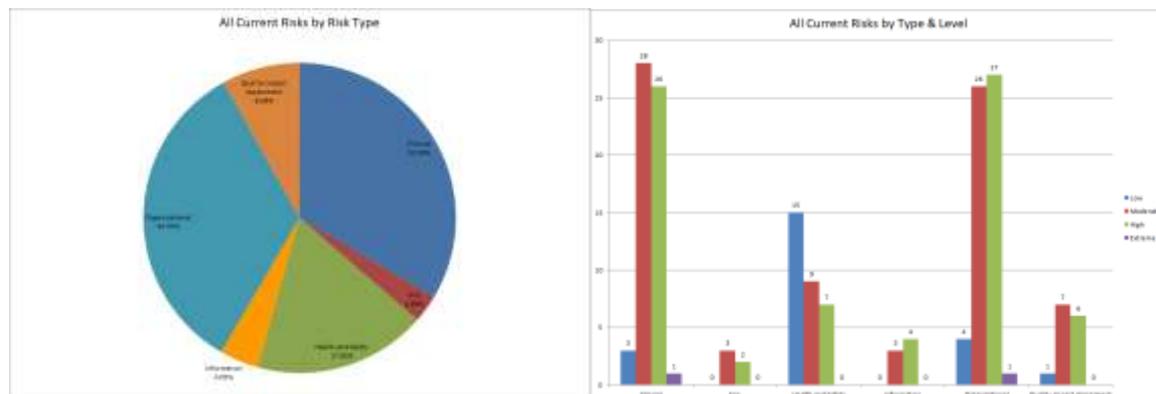
- 1.3 Following the declaration of the COVID-19 pandemic, the Trust stood up a number of responses:
- The establishment of an incident control centre 24/7 including direct email and telephone contact details for staff and external partners and agencies to ensure a direct line of communication on all COVID-19 associated matters.
 - The establishment of an incident management team, meeting daily and chaired by the Trust's accountable emergency officer and including key senior staff and subject matter experts;
 - Daily situation reporting discussed by directorate senior management teams and submitted to the incident control centre (ICC) and incident management team (IMT) meetings.
 - Engagement in senior briefings from Bedfordshire, Luton and Milton Keynes and Cambridgeshire & Peterborough systems as well as NHS Regional briefings.
- 1.4 On 15th April, the Trust was directed to focus on a nationally identified list of essential services and to stand down non-essential services to ensure that sufficient staff capacity to focus on those services deemed as essential. In addition, the Trust was stood down a range of other non-critical activities to support front line service delivery.
- 1.5 A COVID-19 risk register has been established and is reviewed weekly by the IMT and monthly by the Trust's wider executive and regularly by the Trust Board included in the board assurance framework. There are 24 risks on the risk register related to COVID-19.
- 1.6 An ethics consideration panel has been established, including a non-executive director to support the clinical staff in delivering high quality patient care during the pandemic period.
- 1.7 There is emerging evidence nationally, currently being reviewed by Public Health England, which suggests that Black, Asian and Minority Ethnic (BAME) communities are disproportionately affected by COVID-19. The Trust met with the cultural ambassadors and diversity and inclusion steering group and agreed a number of actions that it will be taking forward to support BAME staff. These actions include writing to all BAME staff and arranging individual risk assessments as well as dedicated Q&A sessions for BAME colleagues and support from the medical director and chief nurse for individual conversations.
- 1.8 Regular Frequently Asked Questions update staff the latest developments, plans and actions for COVID-19 as well as question and answer sessions with Executives to answer questions that staff may have directly.

- 1.9 Clinical staff have been advised to adhere to national guidance regarding Personal Protective Equipment (PPE) at all times since pandemic started. At no time has any member of staff been asked to undertake clinical care without appropriate PPE. Trust staff utilise 2 different sets of PPE for different patient scenarios -most services require plastic aprons, gloves and fluid resistant masks (FFP2). Those undertaking Aerosol Generating Procedures require gowns, gloves and respirator masks (FFP3 which require 'Fit' testing). CCS Dental and Children's Community Nursing teams are the only staff undertaking aerosol generating procedures requiring the higher level of PPE. Staff are updated through the FAQs following every revision to national guidance.
- 1.10 On 29th April 2020 , Simon Stephens, NHS Chief Executive wrote to all NHS Chief Executives to commence recovery planning for the next three months (Phase 2) and then planning for the remainder of the year from July to March 2021. The Trust is currently developing plans in conjunction with other health and partner organisations to stand back up services, in a timely and safe manner, that were stood down in March.

2. BOARD ASSURANCE FRAMEWORK

- 2.1 The Trust's Board Assurance Framework (BAF) incorporates a 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 The BAF was recently revised at the end of March 2020 to reflect the Trust Strategy along with the five enabling strategies and four service plans which were approved by the Board on 18th March 2020.
- 2.3 On 20th April 2020 there were eight strategic risks on the Board Assurance Framework with one scoring 16 and the remaining seven scoring 12 or below. There is one operational risk scoring 15 and above and twenty one operational risks scoring 12. There are a total of 173 risks on the risk register (20th April 2020). All risks have adequate controls in place. The Trust Board can take **reasonable assurance** of the Trust's risk management and assurance process. This opinion is based on the following assurance processes.
- 2.4 All operational risks scoring 12 and above are reviewed and discussed at sub committees of the Trust Board and 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 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 Assurance on risk is integral to the Trust Board's approach to performance through the Integrated Governance Report.
- 2.7 The non-executive directors received COVID-19 risk register on 16th April 2020. COVID-19 risk register is a live document; risks will be updated on a regular basis.

2.8 There were a total of 173 open risks across all services as at 20th April 2020. The charts below show all risks by risk type and by directorate and risk level.



2.9 The work to strengthen the Trust's Board Assurance framework continues as part of the Well Led Improvement priorities.

3. ANNUAL SLAVERY AND HUMAN TRAFFICKING STATEMENT 2020/21

3.1 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.

Appendix A is the Trust's Annual Slavery and Human Trafficking Statement for 2020/21.

The Board is asked to review and approve the Annual Slavery and Human Trafficking Statement for publication on our website.

4. SELF ASSESSMENT OF GOVERNANCE

4.1 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 B**.

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.

- 4.2 Due to Covid-19, the Audit Committee meeting scheduled for April 2020 was cancelled; the Head of Internal Audit Opinion was however circulated to the Audit committee members for comments. The external audit opinion will be presented at the extraordinary Audit Committee meeting on 19th June 2020. 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.

5. COMMUNICATION AND PROMOTIONAL ACTIVITY IN THE PAST MONTH

- 5.1 The Team have been involved in the following internal activities:
- Staff information pack/Frequently Asked Questions – updated daily
 - Filmed messages for staff from Chair and Directors
 - Weekly filmed messages from the Chief Executive
 - Divisional 'Live' Question and answer sessions with Chair/Directors
 - Wide range of national and local health and wellbeing support promoted.
- 5.2 External communications activity included:
- Early communication of 'essential services' via websites, social media, patient communications, updates to commissioners
 - Engagement in system-wide communication groups reporting into LRFs
 - CCS-specific and system-wide social media campaigns (see small number of examples overleaf) to promote we're still here' messages
 - Public Health England national campaign materials including BSL and translated materials
 - Signposting to support for example. Every Mind Matters; domestic violence; volunteer service
 - New ways of working at the Trust for example virtual consultations, weekend services, new single points of contact

Slavery and Human Trafficking Statement for 2020/21

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 2020/21, 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 2020.

Matthew Winn

Chief Executive

Self-Certification for NHS Trusts – May 2020

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.

NHS provider licence condition:	Confirmed	Not Confirmed
Licence Condition G6 (3) – The provider has taken all precautions necessary to comply with conditions similar to Condition G6 (3) of the Foundation Trust licence and has complied with requirements placed on it under NHS Acts and 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 2019/20. The Audit Committee will be meeting in June 2020 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 and related obligations

1. The Licensee shall take all reasonable precautions against the risk of failure to comply with:
 - a) the Conditions of this Licence,
 - b) any requirements imposed on it under the NHS Acts, and
 - c) the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.
2. The steps that the Licensee must take shall include:
 - a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and
 - b) regular review of whether those processes and systems have been implemented and of their effectiveness.
3. Providers must annually review whether these processes and systems are effective. Providers must publish their G6 self-certification within one month following the deadline for sign-off (as set out in Condition G6 (4)).

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 Licensee shall apply 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. Without prejudice to the generality of paragraph 2 and to the generality of General Condition 5, the Licensee shall:
 - a) have regard to such guidance on good corporate governance as may be issued by Monitor from time to time; and
 - b) comply with the following paragraphs of this Condition.
4. The Licensee shall establish and implement:
 - 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 clear reporting lines and accountabilities throughout its organisation.
5. The Licensee shall establish and effectively implement 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;