Agenda item:	6
Date of meeting:	22 July 2026
Report to the:	Trust Board
Title of report:	Chief Executive Officer's Report
Report authors:	Anita Pisani, Chief People Officer Kate Howard, Chief Nurse and Allied Health Professional Officer Sarah Feal, Company Secretary Lea Fountain, Associate Director of Communications
Executive sponsor:	Matthew Winn, Chief Executive Officer
Recommendation:	Discuss
Confirm agreement	Board Assurance Statement in Appendix A Letter of Representation in Appendix B

Assurance level:	**Substantial** ☐ **Reasonable** ☐ **Partial** ☐ **Minimal** ☐
Rationale:	Not Applicable.

1.0 Executive Summary

There have been many important national publications over the past two months and section 6.1 details these out. All are important, but all NHS statutory Boards are being asked to pay attention to the maternity reports (section 6.1.6), irrespective of whether the organisation provides maternity care or not. **The Board is also being asked to sign off the assurance statement in Appendix A.**

The Board is also asked to focus on the important area of staff accessing patient records, following some well documented events at organisations. Section 6.1.4 provides some more detail and the work and assurance we can provide now and will be able to strengthen in the future.

Finally, connected with external reports, Lord Mann has published a review (section 6.1.1) of tacking racism and antisemitism in the NHS. Additionally, the Government has published staff standards and leadership frameworks (sections 6.1.2 and 6.1.3). all are important, as great leadership is key to develop an inclusive culture and have the skills and tools to tackle racism and antisemitism in our workforce. **The Board is asked to note the work undertaken with our staff, their views on the report and support the adoption of the principles from Lord Mann's report.**

The rest of the report details our progression of the Advanced Foundation Trust application (section 6.3.1) and, as ever, great celebration of the work undertaken across our Trust by our staff in our local communities (section 6.3.6).

2.0 How the report supports tackling Health Inequalities

Not explicitly covered.

3.0 Links to Board Assurance Framework / Trust Risk and Issue Register

Many of the themes in the report impact our ability to provide high quality care and deliver our clinical and care strategy and therefore have an indirect link to many of the risks continued in the Board Assurance Framework, as set out in agenda item 15 in the Board meeting.

4.0 Legal and Regulatory requirements

- Equality Act 2010

5.0 Previous consideration by Committee or Executive

20 May 2026, Trust Board

6.0 Report

6.1 National Updates

6.1.1 Lord Mann Review

In June 2026, Lord Mann published his review into tackling racism and antisemitism within the NHS with recommendations to support the shared goal of making services safe for all patients, communities and colleagues.

As an NHS Trust the actions we are being asked to take are detailed below:

- To join NHS England in signing up to the NHS Race and Health Observatory Seven Anti-Racism Principles
- Ensure implementation of the Violence Prevention and Reduction Standard, including data capture and use to target improvement with affected groups, this will be monitored via the NHS Oversight Framework

- Prepare to implement the NHS Staff Standards
- Adopt the new government definition of anti-Muslim hostility and confirm Trust position by 31st July 2026
- Ensure all staff have completed the NHS Core Skills Framework module on Equality, Diversity and Human Rights (EDHR), which includes content on antisemitism and Islamophobia
- Ensure all staff complete the new bitesize module co-created with faith leaders in the NHS when it becomes available (with the exception of those who have completed Equality Diversity and Human Rights mandatory training in the last 6 months)
- Ensure Board agreement to undertake new anti-racism training when it becomes available.
- Ensure colleagues, staff representatives, patients and communities are aware of our actions through our internal and external communications channels and are appropriately engaged in further developments to address antisemitism and all forms of racism locally
- Ensure our Board and its relevant committees fully understand our staff survey data on the experience of racism in your organisation and are taking appropriate action on key problem areas related to this issue and monitoring progress.
- Adopt the International Holocaust Remembrance Alliance (IHRA) definition of antisemitism by 31st July 2026.

The outcome of the review and the recommendations have been shared with our Race and Culture Staff Network, People Participation and Equalities Committee (PPEC) and wider across the Trust through our weekly newsletter. Network members agree that the NHS is not consistently achieving an environment where every person, patient or colleague feels treated with dignity, compassion and respect, and that to improve this will require honesty about the challenges faced and strong action to address them, however, they did share some concerns in relation to some of the recommendations. Therefore, they would like to see the Trust continuing to embed our values, continue with our commitment and focus on anti-racism and inclusion for all, alongside implementing the Lord Mann recommendations.

Board members will recall that in October 2025 our Trust Board signed up to the following anti-racism pledge:

'We will have a persistent focus on diversity and inclusion which ensures that all people who use our services and our staff feel safe, supported and valued. We will be an organisation that champion anti-racism in all that we do'

In addition, all Board members have made a personal inclusion pledge early in 2026.

Alongside these actions, we have also developed a comprehensive Workforce Diversity and Inclusion Improvement plan, and this was presented and discussed at our recent Patient Participation and Equality Committee meeting. Committee members agreed that this covers wide ranging actions to address the challenges experienced in our organisation.

In addition, the display of politicised badges and symbols has been a matter of debate and concern for some staff and patients. NHS England is currently completing engagement in this area and will publish the uniform guidance shortly. Once this is available, we will discuss further with our staff networks and our wider workforce to ensure proportionate implementation, as some concerns have already been raised in relation to the removal of badges and symbols.

Therefore, considering the Lord Mann Recommendations together with the Trust's Workforce Diversity and Inclusion Improvement Plan, **the Board are asked to adopt the principles of the recommendations** and implement them in line with feedback from our workforce and continue with our focus on being an anti-racist and inclusive employer.

6.1.2 NHS Staff Standards

6th July 2026 saw the publication of the NHS staff standards. These standards have been developed by the Department of Health and Social Care and NHS England with engagement from the NHS National Social Partnership Forum. They provide a consistent framework for how we can support and care for our teams working alongside the NHS People Promise and local initiatives.

Performance against the standards will be measured through the NHS Oversight Framework and they cover the following areas:

- Line managers
- Health and wellbeing
- Sexual safety
- Flexible working
- Tackling racism
- Violence and prevention

We already perform well in many of the areas covered by the standards but there is always more we can do to improve our staff experience. We will deliver these standards by working in partnership with our local staff side organisations and engaging and involving our people. We will be discussing the standards at our next Staff Partnership Committee and will address any gaps, as we know there is a clear link between the experience of our people and the quality of care our patients receive.

6.1.3 Leadership and Management Framework

The NHS Leadership and Management Framework was also published on 6th July 2026 to support NHS leaders and managers to meet the standards and invest in their professional development. The framework applies at every level, clinical and non-clinical and introduces a single national code of practice and is part of the establishment of the new NHS College of Leadership and Management.
We have agreed our suite of internal leadership development programmes for our new organisation for the coming years, and we will ensure that this framework is embedded into the design of our programmes.

6.1.4 Preventing unlawful access to patient records

Preventing unlawful access to patient records is a key part of maintaining patient confidentiality and trust. The Trust has robust controls in place to ensure that staff can only access patient information when it is necessary for their role and the care they provide. Regular monitoring, audits, staff training, and clear policies help to identify and prevent inappropriate access, ensuring that patient information is handled securely and in accordance with legal and regulatory requirements.

Sarah Buchan, our Chief Information Officer, will be developing further second and third-line assurance for Board oversight, using Internal Audit and other audit activity for 2027/28.

6.1.5 Model Discharge Pathway

The Model Discharge Pathway is a nationally recognised approach that supports patients to leave hospital as soon as they are clinically ready, ensuring they receive the right care in the most appropriate setting. By focusing on individual needs and reducing unnecessary delays, the pathway helps improve patient outcomes and experience, supports independence and recovery, and enables hospital beds to be available for those who require acute care.

We will be embedding into practice and service standards any gaps in Norfolk and Luton/Bedfordshire.

6.1.6 Maternity reports

The publication of Baroness Amos' independent investigation into maternity and neonatal services in England highlighted significant concerns regarding safety, quality, culture and equity within maternity and neonatal care, and set out a series of national recommendations for long-term improvement. In response, NHS Trusts are required to prioritise the urgent actions set out in NHS England's 10 Point Plan, review local maternity and neonatal services against the findings, strengthen governance and oversight arrangements, and develop improvement plans focused on safety, workforce, patient experience and listening to the voices of women and families.

The Nottingham maternity review's findings on post-death care, together with the recommendations arising from the Fuller Inquiry, have highlighted the critical importance of maintaining dignity, security and respectful care after death. NHS Trusts are required to review their mortuary, bereavement and post-death care arrangements, ensure compliance with national guidance and Human Tissue Authority requirements, strengthen governance and oversight, audit incident reporting processes, and provide assurance that appropriate safeguards are in place to protect deceased patients and support bereaved families with compassion and dignity.

While separate investigations, both the Independent National Maternity and Neonatal Investigation led by Baroness Amos and Donna Ockenden's review of maternity services at Nottingham University Hospitals have identified significant opportunities to strengthen maternity and neonatal services.

The National Maternity Triage Specification sets out NHS England's expectations for safe, consistent and responsive maternity triage services, recognising maternity triage as the emergency front door for urgent and unscheduled maternity care. The specification aims to reduce variation, improve safety and patient experience, and ensure equitable access to care. NHS Trusts are required to undertake a board-level review of their maternity triage services, identify any gaps against the national standards, and implement an action plan to ensure services are appropriately staffed, resourced and aligned with the specification.

Our major interface for this work is in health visiting, sexual health and HIV services and we are ensuring that our partnerships with midwife and hospital consultants are robust and rigorous, where care is shared or where we take on support for babies post birth.

The Trust Board is asked to **confirm their agreement** to the Board Assurance Statement attached in **Appendix A** relating to the learning from the Nottingham maternity failings.

6.1.7 Maintaining the Oral Health of our Ageing Population

The Framework for Maintaining the Oral Health of our Ageing Population sets out a prevention-focused, evidence-based approach to improving oral health for older adults across all care settings. Recognising the growing and increasingly complex needs of an ageing population, the framework promotes closer integration between dental, health and social care services, alongside workforce development and proactive care planning. NHS Trusts are expected to support local implementation by incorporating oral health into wider care pathways, strengthening partnership working, ensuring staff are equipped to promote and support good oral health, and considering the oral health needs of older people as part of routine assessment and care delivery.

6.2 Regional Matters

6.2.1 Mill Lodge

In June, Norfolk and Waveney Integrated Care Board wrote to families to inform them of the intention to close Mill Lodge in Taverham, Norfolk. Mill Lodge provides respite care for adults with learning disabilities and will be closing after December 2026, unless another provider is found and awarded a contract for the service. Norfolk Community Health and Care NHS Trust gave notice in 2025 that we could no longer provide this service, and the Integrated Care Board has been unable to appoint a new provider up to now. The Integrated Care Board is working with impacted families to look at how they can continue to be supported.

6.3 Matters related to our Trust

6.3.1 Advanced Foundation Trust

The Trust has undertaken its Board-to-Board interview with NHS England on Thursday 9th July 2026, and our application is now being considered through their Board approval processes.

As part of the process the Trust now must send a Letter of Representation which gives an assurance from the Board that the information submitted is accurate, complete and based on robust evidence. It confirms the Trust's commitment to maintaining high standards of governance, financial sustainability, quality of care and regulatory compliance, demonstrating readiness to operate with the greater autonomy and responsibilities associated with Advanced Foundation Trust status.

The Trust Board is asked to confirm its agreement to the Letter of Representation attached in **Appendix B** and authorise Matthew Winn to sign and submit the letter on behalf of the Trust.

6.3.2 Quality Account

The Quality Account is an annual report that provides a transparent overview of the quality of services delivered by the Trust. It highlights our performance against key quality priorities, details the improvements we have made over the past year, and sets out our objectives for the year ahead. The Quality Account helps patients, staff, partners and the public understand how we are working to ensure safe, effective and compassionate care, while demonstrating our commitment to continuous improvement and accountability.

Please use this link to the website for the legacy organisation quality accounts.

6.3.3 Single sex spaces

In June the Equality and Human Rights Commission (EHRC) published draft guidance on single-sex spaces, following last year's Supreme Court ruling. The judgement stated that, for the purposed of the Equality Act 2010, sex refers to biological sex. We are awaiting the NHS England guidance on what this means for our colleagues, patients and families.

In the meantime, we have been understanding the impacts on our estate and communicating with our colleagues on the importance of approaching this subject with sensitivity.

6.3.4 NHS Digital Maturity Assessment

The NHS Digital Maturity Assessment (DMA) is a national framework used to measure how effectively healthcare organisations use digital technology to support patient care, improve clinical outcomes, and enhance operational efficiency.

The assessment provides an evidence-based view of our digital capabilities across areas such as electronic patient records, data and analytics, infrastructure, workforce skills, and digital leadership. By benchmarking our progress against national standards, the DMA helps identify strengths, highlight opportunities for improvement, and inform our ongoing investment in digital transformation to deliver safer, more connected, and more efficient services for our patients and communities.

The 2026-27 assessment has been delayed nationally from its usual month of April to September with results being validated and available in Q4 and used to inform national and local digital transformation planning.

6.3.5 Board and Executive Assurance: Cyber Security Risk

Board and Executive Assurance: Cyber Security Risk highlights the importance of cyber security as a critical organisational risk that requires active Board oversight and assurance. NHS England has asked NHS Trusts to ensure that cyber risks are being effectively managed through robust governance arrangements, regular Board scrutiny, and sustained improvement programmes. Trusts are expected to maintain compliance with the Data Security and Protection Toolkit (DSPT), assess their cyber resilience against national standards, address identified vulnerabilities, and ensure that cyber security is embedded as an organisation-wide responsibility to protect patient care, information and services from increasing cyber threats.

This work is the responsibility of our Chief Information Officer, who provides the assurance on our commitments into the Finance and Infrastructure Committee and as needed, the Audit and Risk Committee. There are currently no areas the Executive are concerned about beyond, the already articulated risks on our Board assurance framework and other risks on the risk register.

6.3.6 Update on our communication activity

Put people in control of their care

- **Flok Health launches in Norfolk -** A new lower back pain pathway has been launched on Flok Health as part of the Norfolk MSK service, following a successful pilot in Cambridgeshire and Peterborough. The AI-powered digital physiotherapy service will offer the choice of same-day assessment and personalised treatment through a smartphone app for patients with lower back pain. This innovative service has already won two HSJ awards in recent months for its impacts during the pilot. This includes the Driving Change through AI and Automation Award at the HSJ Digital Awards 2026 and the Primary and Community Care Project of the Year Award at the HSJ Partnership Awards.

- **Podcast -** Nina Morley, Infant Feeding Lead, has appeared in two episodes of The Baby Fact Check. In the episodes, new parents were given clear, evidence-based guidance on one of the most common early days challenges: managing gas, colic, digestive discomfort in newborns, breastfeeding and bottle feeding.
    - What really helps a gassy baby? - YouTube

    - Will a bottle ruin breastfeeding? - YouTube

- **National Smile Month** – Our dental health service marked National Smile Month with community outreach. The oral health team hosted dental-focused Rhyme Time sessions and crafts at libraries in Kempston, Bedford, Bromham, Putnoe, Wooton and Biggleswade. Schools in Peterborough and Suffolk also joined in by making smiling monsters from tooth-friendly snacks.

Value our colleagues

- **Wellbeing Festival** – In June and July, we held a three-week wellbeing festival to highlight the different ways colleagues can support the wellbeing of themselves and others. The packed programme had sessions covering subjects such as mindfulness, financial wellbeing, leading through change, self-compassion, equality and diversity, communication, resilience and improving posture at the workstation.

- **Dietitians Week** – For Dietitians Week we held a series of lunchtime webinars to support the working and daily lives of our people. Sessions covered ultra-processed foods, selective eating, protein, nutrition and exercise and school food.

- **Nurses Day –** In May we celebrated International Nurses' Day 2026 – our first as a new NHS Trust. This year's theme was "Our nurses. Our future. Empowered nurses save lives".

- **Shining Star winners** - In April we launched our new monthly recognition award for colleagues, the Shining Star Award. May and June's winners were:
    - Aneta Skorodzillo at Foxley Ward at Dereham Hospital was nominated for inspiring and empowering a colleague in their journey from clinical support worker to registered nurse. Nominating her, Ana-Maria Nacu said: *"*She saw potential in me long before I could see it in myself and gave me the confidence to become the nurse, I am today."
    - Stacy Quirke and Nikki Grant from the Family Nurse Partnership in Cambridgeshire and Peterborough were nominated by a teenage service user. Stacy and Nikki provided emotional support, guidance with housing, and compassionate assistance through difficult meetings. Their consistent, non-judgemental approach helped the service user recognise her own strengths, build confidence and reflect on her experiences.

- **Cultural Ambassador Programme** - We are continuing to develop our Cultural Ambassador Programme in partnership with the Royal College of Nursing (RCN) and our recognised Trade Union colleagues. Cultural Ambassadors play a vital role in promoting fairness, challenging unconscious bias, supporting inclusive practice, and helping the organisation learn and improve. Colleagues were invited to apply to help strengthening equity, diversity and inclusion across the organisation.

- **Staff Networks** –To celebrate Staff Networks Day, we held a special virtual meeting to encourage colleagues to find out more about our new networks. Members of our networks talked about what being a member means to them, what more they could do to support our colleagues, and how we can make everyone feel included.

Work in partnerships

- **MP visit -** Mohammad Yasin, Labour MP for Bedford and Kempston, visited our Unscheduled Care Co-ordination Hub based at the Poynt in Luton.
  Mohammad Yasin MP said: "It was really interesting to learn more about how the hub works and to see first-hand the incredible work being done to help residents receive the right care, in the right place, at the right time. The hub brings different health and care services together to support patients more effectively, helping many people receive treatment and support from the comfort of their own home rather than unnecessarily attending hospital. They are doing some incredible work for our community, and I was very pleased to hear more about the positive impact the service is having across Bedford and the wider area."

- **GP resources –** In May our Beds and Luton team developed information for GP admin teams to support their conversations with parents asking for a neurodiversity assessment referral. Our guide explains the process and helps explain the various types of support families can access. This was developed at the suggestion of GPs, who said at a recent GP Symposium that this would support their teams to manage demand and make things clearer for families.

- **Health and Care Awards -** We're delighted to have been shortlisted for five awards at this year's Norfolk and Suffolk Health and Care Awards 2026. These awards are part of the annual Norfolk and Suffolk Health and Care Expo, a key event that brings together organisations from across the region to celebrate the incredible work happening in health and care. Our shortlisted awards give a flavour of how much we are delivering through local partnerships:

  - Norfolk and Waveney Unscheduled Care Co-ordination Hub Hospital to Community Award– Delivered in partnership with Integrated Care 24, East of England Ambulance Service NHS Trust, Norfolk County Council, East Coast Community Healthcare CIC and NHS Norfolk and Suffolk ICB.
  - Bridging the Gap – Research and Innovation Award. Delivered in partnership with Norfolk and Suffolk ICB.
  - Professional Therapeutic Pathway and Family Nurse Partnership Project – Supporting Young People Award. Delivered in partnership with YMCA Norfolk and Norfolk County Council.
  - Just One Number Analogue to Digital Award. With the multi-agency Norfolk and Waveney Children and Young People's Mental Health Advice, Support and Access Service (MHASA)
  - Willow Therapy Unit Hospital to Community Award.

Innovate and transform our organisation.

- **Green Plan** – In May we announced that our Great British Energy funded solar installation is now complete. By making our buildings more energy efficient we are doing more to protect the environment whilst also saving money. It means we can spend less on energy bills and more on what matters – caring for our patients and supporting our service users.
- **Pine Cottage open day** – In June our specialist amputee rehabilitation inpatient service held an open day yesterday as an opportunity for the public to see the new facilities and share their thoughts on shaping the future of the service.

- **Service visits** –Non-Executive Director Jayne Sharma visited our wheelchair access service in June; Non-Executive Director Charlotte Black will be visiting the Cambridgeshire children in care team in July and Director Laura Clear is visiting iCaSH Norwich in October. Further dates are being arranged over the summer.

- **Inclusive communications** – In June our content developer Gabrielle Landemoo showcased the Trust's work to make our websites and communications more accessible at a web and intranet conference in London. Her presentation *Building digital services for everyone* - How to create inclusive and accessible digital services that improve the online digital experience for all – helped to share good accessibility practice with other NHS trusts and local authorities.

Appendix A: Board Assurance Statement

Assurance statement	Confirmed (yes/no)	Additional comments or qualifications (optional)
The roles and responsibilities between the relevant teams responsible for mortuary care, including estates, safeguarding, pathology, bereavement, mortuary and corporate services, are clear, understood and are tested on a regular basis.	Not Applicable	The Trust does not have a mortuary or provide mortuary care.
The Board has undertaken a review of progress against the 29 recommendations immediately relevant to the NHS as made by the Fuller Inquiry. Where the Trust is not fully meeting a specific recommendation, a time-limited action plan is in place to close any gaps.	Yes	The Trust has a task and finish group which is focussing on the Fuller report recommendations, the outcome of their work is due to be reported internally by the end of July 2026.
In line with updates to the NHS Safeguarding Accountability and Assurance Framework, executive leadership has been reviewed with clear oversight of arrangements for the safeguarding of people after they die.	Yes	The Trust Board had an update on the NHS Safeguarding Accountability and Assurance Framework in April 2026. Safeguarding policies reflect our commitment to all patients in our care.
The Board can assure itself the organisation has a plan in place to ensure the effective oversight of matters relating to mortuaries, related storage areas (or wider facilities) where the deceased are cared for, including the correct information and governance arrangements. If it cannot, it has identified the actions necessary to address this and a plan is in place to implement them as a matter of urgency.	N/A	The Trust does not have a mortuary or provide mortuary care.
For all issues related to estates, there is an agreed timeline in place to undertake a self-assessment against the latest version of the NHS Premises Assurance Model and submit data within the current window (closing 8 September 2026), ensuring that your plan includes PAM sign-off from your Board prior to submission.	Yes	The Estates Team is collating the information required for the Premises Assurance Model return, to be discussed at the Finance & Infrastructure Committee on the 24th of August. There are Standard Operating Procedures in place for caring for deceased patients.

Appendix B: Advanced Foundation Trust Letter of Representation

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

Private and Confidential

15 July 2026

Dear Sir / Madam

Re: Application for 'Advanced Foundation Trust' status – management representations

This letter of representation is provided in connection with your assessment of the East of England Community Health and Care NHS Trust's ('the trust') application for 'advanced foundation trust' status, for the purpose of determining whether the trust meets the assessment criteria set out in the '*Advanced Foundation Trust Programme – guide for applicants'*.

The Trust's Board of directors ('the Board') tabled and agreed this letter at its meeting on 22nd July 2026. I have been authorised to write to you on its behalf. The Board confirms that the representations it makes in this letter are in accordance with the definitions set out in the appendix to this letter.

Representations

The Board confirms, to the best of its knowledge and belief at the date of this letter, having made all such inquiries as it considered necessary for the purpose of informing itself, that:

Relevant information

1. The Board has:

- disclosed to you all information of which it is aware having made reasonable inquiries that are both relevant and material to the assessment of the trust such as records, documents and other matters. For the avoidance of doubt, this includes all material reports and peer review information (or latest draft where reports have not been finalised) commissioned either internally or externally and covering governance arrangements or the quality of services at the trust within the last two years.

- provided you with all information requested during the course of the assessment.

- disclosed all relevant information pertaining to the review at this point in time, and the board is not aware of any material facts that will alter the approval. The board will inform NHS England of any material information that may alter the approval as soon as the information is known.

Internal control

2. The Board acknowledges its responsibility for such internal control as it determines necessary for the conduct of the trust's business and the preparation of information, including that provided to NHS England, which is free from material misstatement, whether due to fraud or error. In particular, the Board acknowledges its responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud and error.

3. The Board has disclosed to you the results of any assessment of the risk that the information it has reported to NHS England may be materially misstated as a result of fraud.

4. There have been no instances of material or suspected fraud that the board is aware of, other than those already reported to NHS England as part of the assessment process, that involve:
    a. management and, where appropriate, those charged with governance
    b. employees who have significant roles in internal control, or
    c. other employees where the fraud could have a material effect on the information provided to NHS England.

Legal compliance

5. The Board has disclosed to you all known material instances of non-compliance or suspected non-compliance with laws and regulations which affect the matters considered as part of the assessment.

6. The Board has disclosed to you all known material instances of actual or possible litigation and claims which affect the matters considered as part of the assessment.

Other matters

The board has actively considered all information provided to NHS England and has not identified any other matters it deems material to the assessment.

Signed for and on behalf of the Board:

Matthew Winn

Chief Executive Officer for East of England Community Health and Care NHS Trust