

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TUESDAY 10th January 2023

09:30– 13:00

Dudley Canal & River Tunnel Trust, 501 Birmingham New Road, Dudley, West Midlands
DY1 4SB

PUBLIC AGENDA

Please note, as part of DIHC's commitment to openness and accountability, members of the public are able to attend, but will need to notify in advance to do so. Should you wish to join the meeting please email Sayoni Basu, Corporate Governance Manager on sayoni.basu@nhs.net who will provide details and guidance on observing the meeting. Should you wish to ask a question about the issues on the Board Agenda please send your question prior to the meeting. The papers, minutes and any questions and answers to the items on the Board Agenda will be published on the DIHC website.

Item No	Agenda Item			Presented by	Time
Formalities: to declare the meeting open, quorate and in accordance with the standing orders:					
1.	Chair's Welcome		Verbal	Mr. H Turner	09:30
	1.1 Apologies	To Receive	Verbal	Mr. H Turner	
	1.2 Declarations of Interest	To Receive	Verbal	Mr. H Turner	
	1.3 Board of Directors' Register of Interests	To Receive	Enc 1.3	Mr. H Turner	
	1.4 Public Board Minutes – meeting held on 6 th December 2022	For Approval	Enc 1.4	Mr. H Turner	
	1.5 Action Register and Matters Arising	For Approval	Enc 1.5	Mr. H Turner	
2.	Service Story Our Role as Commissioners	For Information	Presentation	Joe Taylor	09.40
3.	Standing Items				10:00
	3.1 Chair's Update	For Information	Verbal	Mr. H Turner	
	3.2 Chief Executive's Report	For Information	Enc 3.2	Ms. P Harris	
	3.3 Agenda for Part Two – Private Board	For Information	Enc 3.3	Mr. H Turner	

Our Services

4.	Corporate Risk Register	To Review	Enc 4	Mr. P King/ Ms. S Nichols	10:30
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Delivering safe and quality services, supported by integrated governance that drives quality clinical improvements

5.	Learning from External Reviews – Progress Update against the learning from Ockenden and East Kent Maternity Reviews	For Information	Enc 5	Ms. S Nicholls	10:40
6.	Quality and Safety Performance Report	For Information	Enc 6	Ms. S Nicholls	10:55
7.	Quality and Safety Committee Assurance Report	For Assurance	Enc 7	Ms. V Little	11:05
The best place to work, supported by a new leadership and workforce culture, organically co-developed, together					
8.	Workforce Performance Report	For Information	Enc 8	Ms. S Cartwright	11:15
9.	People Committee Assurance Report	For Assurance	Enc 9	Mr. M Evans	11:25
Doing the best with what we have, to be affordable today and sustainable tomorrow					
10.	Strategic Commissioning and Transformation Team Assurance Report	For Assurance	Enc 10	Ms. S Cartwright	11:35
11.	Finance Report	For Information	Enc 11	Mr. M Gamage	11:50
12.	Performance Report	For Information	Enc 12	Mr. P King	12:00
13.	Finance, Performance and Digital Committee Assurance Report	For Assurance	Enc 13	Mr. I Buckley	12:10
Help and Empower the People of Dudley to live longer and healthier lives through fully integrated community-based healthcare					
14.	Report from the Primary Care Integration Committee	For Assurance	Enc 14	Dr G Solomon	12:20
15.	Communications, Engagement and Partnerships update	For Assurance	Enc 15	Ms. H Codd	12:30
End of Meeting Formalities: to bring the meeting to an end and include reflections on the meeting before inviting an opportunity for questions from the public. Normally pre-submitted in advance of the meeting and answered during the allotted time or in writing following the meeting.					
16.	Any Other Business	To Receive	Verbal	Mr. H Turner	12:40
17.	Questions from the public pre-submitted	To Receive	Verbal	Members of Public	12:45
18.	Risk Review	To Receive	Verbal	Mr. H Turner	12:50
	Date of next meeting: 7 th February 2023 Time: 9:30 am – 1:00 pm Venue: T.46.47, Third Floor, Brierley Hill Health and Social Care Centre, Venture Way, Brierley Hill, DY5 1RU				13:00

Dudley Integrated Health and Care NHS Trust
Declaration of Interest Register

Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To
Ms	Billie Lam	Associate Non-Executive Director	Volunteering for Staffordshire Healthwatch			✓		Apr 2019	
			Registered as a bank staff at Kettering General Hospital NHS Foundation Trust	✓				Mar 2020	
			Member of Seacole Group		✓			Jun 2021	
Mr	David Gilburt	Non-Executive Director & Audit and Risk Committee Chair	Cheshire Police Audit Committee Member	✓				Apr 2017	Mar 2024
			Muir Group Housing Association Audit Committee Member	✓				Apr 2021	
			Associate Non-Executive at Robert Jones Orthopaedic Hospital NHS FT	✓				Feb 2022	Dec 2022
			Non-Executive Director at Liverpool University Hospitals NHS Foundation Trust	✓				Dec 2022	
Dr	George Solomon	Non-Executive Director & Primary Care Integration Committee Chair	Partner is a Non-Executive Director at Coventry and Warwickshire ICB				✓	Apr 2022	

Dudley Integrated Health and Care NHS Trust
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Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To
Dr	Gillian Love	Associate Non-Executive Director	GP Partner Halesowen Medical Practice		✓	✓		1996	
			Clinical Director of Halesowen PCN	✓				2019	
			Director of Future Proof Health	✓				Jan 2020	
			Share Holder of Future Proof Health	✓				Aug 2014	
			Director of Mary Martin Enterprise Ltd					2014	
Mr	Harry Turner	Chair	Chair – The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Trust	✓				Dec 2021	
			Presiding Magistrate Worcestershire				✓	2005	
			Son working as a scrub nurse in Acute Trusts across Black Country				✓	Jul 2022	
Mr	Ian Buckley	Non-Executive Director & Finance, Performance and Digital Committee Chair	N/A						

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Declaration of Interest Register**

Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To
Dr	Lucy Martin	Acting Joint Medical Director	Partner Eve Hill Medical Practice	✓				2001	
			Shareholder Futureproof Health	✓	✓			Aug 2014	
Mr	Martin Evans	Non-Executive Director & People Committee Chair	Director of MJE Associates Ltd	✓				Apr 2020	
			Associate Non-Executive Director at Robert Jones and Agnus Hunt NHS FT	✓				Sep 2022	
Mr	Matthew Gamage	Director of Finance, Performance and Digital	CIMA Member		✓			2012	
Mrs	Penelope Ann Harris	Interim Chief Executive Officer	Director of Kerr Darnley Ltd	✓				Sept 2013	
			Specialist Consultant for PwC	✓				Dec 2021	
Mr	Philip King	Chief Operating Officer	Visiting lawyer and lecturer, Birkbeck School of Law, University of London	✓				Sept 2002	
			Member of Liberty Lawyers Group		✓			Sept 2002	

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Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To
			Member of The Inner Temple		✓			Sept 2000	
			Registrant Member of the Bar of England and Wales		✓			Sept 2002	
			Member of the Royal College of Nursing		✓			Jan 1987	
			Director of Audenmark Ltd	✓				Jan 1993	
			Non Clinical Partner Chapel Street		✓			2022	
			Equi-Librium Coaching	✓				Sep 2022	
Dr	Richard Bramble	Acting Joint Medical Director	GP Partner, Links Medical Practice	✓				2013	
			Shareholder, Futureproof Health	✓				2015	
			Revival Fires Church			✓		2008	
			GMS Contract Holder- GP Partner Chapel Street		✓			May 2022	
Mrs	Stephanie Cartwright	Director of Strategy, People and Partnerships	None						

Dudley Integrated Health and Care NHS Trust
Declaration of Interest Register

Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To
Dr	Stephen Cartwright	Associate GP Non-Executive Director	Partner GP - Keeling House Surgery	✓	✓			1991	June 2022
			Part owner of Keeling House Building	✓				1998	
Ms	Susan Nicholls	Director of Nursing, Quality and AHPs	Sessional Lecturer, Birmingham City University	✓				Sep 2018	
			Governor Arrow Vale School Redditch			✓		Jun 2021	
			Clinical practice – Hampton in Arden Surgery. Solihull		✓			2013	
Ms	Valerie Ann Little	Non-Executive Director & Quality and Safety Committee Chair	Member of the Corporation of Dudley College of Technology		✓			Jan 2016	
Mr	Adam Race	Interim Associated Director of People	Substantively employed as Deputy Chief People Officer at the Royal Wolverhampton NHS Trust		✓			Oct 2018	
			Chartered Member of the CIPD		✓			2012	
			Employer Chair - West Midlands Social Partnership Forum		✓			Feb 2021	
			West Midlands Deputy HRD Network Chair		✓			April 2020	
			Wife works as Head of Medical Workforce and Temporary Staffing at University Hospitals Birmingham				✓	Dec 2015	

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

MINUTES OF THE PUBLIC BOARD MEETING HELD OF 6TH DECEMBER 2022
TIME 0930 – 1130hrs

Dudley College of Technology, The Broadway, Dudley, DY1 4AS

Present:

Mr H Turner (HT) (Chair)	Chair, DIHC
Ms P Harris (PH)	Interim CEO, DIHC
Mr I Buckley (IB)	Non-Executive Director, DIHC
Dr R Bramble (RB)	Joint Medical Director, DIHC
Ms S Cartwright (SC)	Director of Strategy, People and Partnerships, DIHC
Dr S Cartwright (STC)	Associate Non-Executive Director, DIHC
Ms E Doyle (EFD)	Trust Secretary, DIHC
Mr M Evans (ME)	Non-Executive Director DIHC
Mr D Gilburt (DG)	Non-Executive Director, DIHC
Mr M Gamage (MG)	Interim Director of Finance, Performance and Digital, DIHC
Mr P King (PK)	Chief Operating Officer, DIHC
Ms B Lam (BL)	Associate Non-Executive Director, DIHC
Ms V Little (VL)	Non-Executive Director DIHC
Dr G Love (GL)	Associate Non-Executive Director, DIHC
Dr L Martin (LM)	Joint Medical Director, DIHC
Ms K Lennon (KL)	Deputy Director of Nursing and AHPs, DIHC
Dr G Solomon (GS)	Non-Executive Director DIHC

In Attendance:

Mr L Dunn (LD)	Communications and Engagement Specialist, DIHC
Mr J Griffiths (JG)	Healthwatch Dudley
Mr A Race (AR)	Interim Associate Director of People, DIHC
Ms K Weston (KW)	Executive Assistant, DIHC (minutes)

Item No	Agenda Item
1.	<p>Chair's Welcome</p> <p>The Chair welcomed everyone to the Board meeting.</p> <p>Apologies</p> <p>The Board noted apologies from Sue Nicholls, Director of Nursing and AHPs. The Board also noted apologies from Dr Mayada Abuaffan, Acting Director of Public Health and Wellbeing.</p> <p>Declarations of Interest</p> <p>No declarations of interest were raised.</p>

Board of Directors' Register of Interests

The chair asked the Board to note the schedule of Declarations of Interest contained in the papers.

Public Board Minutes for the meeting held on 1st November 2022

The Board approved the minutes from the meeting held on 1 November 2022 as a true and accurate record of the meeting.

Action Register and Matters Arising

PUB/OCT22/003 – MG confirmed that the Finance and Performance Board report has been simplified. An assessment of the metrics that are monitored nationally for IAPT via the Integrated Care Board (ICB) against the local measures remains outstanding and MG confirmed that this will be complete over the next couple of weeks. **It was agreed for this action to remain open with a due date of January 2023.**

PUB/NOV22/001 – There is a meeting with the Chief Nursing Officer at the ICB on 14 December and KL stated conversations are taking place around how the ICB can learn from the Datix reporting within the Trust's internal practices. There is also a workshop around the Patient Safety Incident Response Framework (PSIRF) tomorrow. SN is to report back on this in due course. **Action closed.**

PUB/NOV22/002 – There is a Board Development session scheduled on 13 December 2022 to go through the risk management process and to reassess the Trust's risk appetite. **Action closed.**

2. Clinical Advisors Team

RB presented a PowerPoint presentation with Dr Dalvinder Ratra (DR) and provided an overview of the Clinical Advisor roles and workstreams. It was noted that the Clinical Advisors have created ideas, written proposals and developed relationships that have led to the creation of multiple community services across Dudley. RB spoke through some of the interventions that have taken place and the impacts that this has had.

DR stated that our Clinical Advisors are working nationally, regionally and locally in various clinical areas. The Board were made aware that there is a project due to commence looking at patients who are not attending their diabetes related appointments, to understand why this is to support both primary care and secondary care. Nationally, there is also a diabetes audit which will support the work that DR is planning to undertake in which DR will be collaborating with colleagues from the Black Country ICB.

The Board were also made aware that through DR's Primary Care Network (PCN) there are finances to develop care within Brierley Hill, and DR is organising a health intervention programme looking at Pakistani women who live in two postcodes across Brockmoor High Street and how these women can be better supported. Health coaches through the Additional Role Reimbursement Scheme (ARRS) will be supporting this programme. It was noted that if the intervention programme is successful, this can be rolled out across Dudley.

It was highlighted that within primary care there is work to develop different workstreams to try and improve health inequalities. DR provided an example of work around a hypertension programme which looks to try and improve access for patients.

BL commented that it would be great to have DR attend a future Equality, Diversity and Inclusion Committee to talk about the work around the management of diabetes.

VL asked if DR is picking up on the uptake of the diabetics retinography programme. DR responded that this has its own workstream but that there is a correlation around patients who do not attend their clinic appointments and not attending retinography appointments.

In response to GL's question around if the diabetes work is going to be linked with the mental health

	<p>work, DR stated that mental health related to diabetes is called diabetes distress and that in future there could be a specific strategy for patients with diabetes.</p> <p>PH commented that there are some initiatives that are targeted for people whose lifestyle is chaotic which stops them from engaging with the traditional recognised routes for healthcare. There are examples nationally which is something the Trust need to connect to. It was agreed that a conversation will be picked up outside of the meeting around looking at a community response and exploring the resources that can be available.</p> <p>In response to JG's question asking how many patients have been involved the process so far to help understand the direction and influence on the health intervention programme, DR responded that a pilot was carried out. It has been identified that there are not enough green spaces to exercise and in response to this, conversations are being had with the local Mosque to see if there is space to organise an exercise programme.</p> <p>The Chair on behalf of the Board thanked DR and RB for the informative presentation and commented that they look forward to hearing more about the great work being carried out.</p>
3.	Standing Items
	<p>3.1 Chair's Update</p> <p>The Chair provided a brief update to the Board as they have recently returned from a period of annual leave and noted that they continue to have conversations with the system and partners.</p> <p>3.2 Chief Executive's Report</p> <p>The report was taken as read.</p> <p>PH reported updated as Senior Responsible Officer (SRO) for the Out of Hospital Programme Board that it has just been nationally announced that there will be discharge monies to be spent across the system. PH assured that a discussion will be held around how the discharge monies will be spent across the system and that it is important to ensure that there is learning from partners in other systems in regards to how to use the money. There will also be a piece of work linked to the Primary Care Collaborative to consider the vision for out of hospital care and how this can link to primary care. A workshop is being held on 14 December.</p> <p>PK provided an update on the industrial action and noted that the Royal College of Nursing (RCN) have now indicated that both the Trust and ICB staff are not going to strike on 15 or 20 December 2022. Notice from Unison has been received that they have not met the threshold for ballot strike action for the Trusts services. The Chartered Society of Physiotherapy (CSP) will be balloting in which the Trust have six members of staff. The Silver Command calls have been set up should they be required.</p> <p>AR raised that the CSP ballot for the Trust is running slightly later, and the ballot will be closing on 9 January 2023 due to CSP collecting data for a constituted ballot.</p> <p>The Board were made aware that the Teaching Unisons are balloting for action which could have an impact on members of staff with school aged children. PK assured that there are meetings on a weekly basis to ensure the Trust are prepared should this happen, and PK is attending the ICB and Regional Industrial Action Preparedness meeting on Wednesday morning to ensure the Trust is linked in. It has been agreed that DIHC and the ICB will share Gold Command.</p> <p>It was noted that the Trust understand and support staff rights to take industrial action and will support all members of staff to ensure services can continue to look after patients.</p> <p>PK updated that the work around the High Oak Consultation continues at pace, and PK provided a note of thank to Health Watch for their support with the process. Three consultation conversations have been held and it was noted that at the second event there was good discussion around specific health inequalities concerns, and PK has reached out to the Council's Interim Director of Public</p>

Health to consider supporting a community-based alliance for Pensnett. It was noted that the Local Authority have reviewed their position in terms of the lease on Pensnett Centre which will be fed into the consultation process. Productive conversations are being held with the Community Centre alongside the School Nurses to look at vaccination programmes at St Mark's School in the future.

The Board were made aware that the information given to the Trust regarding the lease at Pensnett at the beginning of the consultation has now changed which the Trust will reflect on. If necessary, the Trust will extend time on the consultation and will talk to key partners regarding this.

PK reported that significant progress has been made business information for ARRS staff which will help with clinical outcomes and understanding the quality of service in greater detail. PK provided a note of thank you to Tom Robinson and Ed Garner the EPR System Managers who have been instrumental in this.

It was highlighted that the Trust are going through a process to look at how the Trust and the PCN's spend the additional £2.1 million pounds next year for the ARRS services. The Programme Manager for Primary Care will be creating a project plan and will be meeting with PCN colleagues to discuss. The importance of having the practices, PCN's, the Trust and the broad health priorities aligned was noted and that estate, professional leadership, supervision, training etc will be looked at. The Board were assured that the Director of Nursing, Quality and AHP's is part of the planning process in terms of clinical outcome information.

In regards to the Adult Social Care Discharge Fund, the Deputy Chief Operating Officer is representing the Trust in the discussions with commissioners and place partners to look at where the £500 million is best invested.

It was noted that discussions around work in relation to types of services required moving forward will be discussed through the Primary Care Integration Committee or the Strategy and Transformation Forum depending on direction of travel.

The Board noted the Chief Executive Officer report.

3.3 Agenda for Part Two – Private Board

The Board noted the agenda for part two.

4. Integrated Model of Care

The paper was taken as read.

RB reported on the work towards an effective integrated model of care and provided an update on the Local Improvement Teams (LIT).

RB stated that yesterday he had participated in the LIT group around Integrated Care Teams and Care Coordination which has a clear project plan and has reported to the Integrated Model of Care Implementation Group with a number of recommendations. Alongside this RB also been in conversation with Dr Julian Hobbs, Medical Director for the Dudley Group NHS Foundation Trust around the lung cancer LIT.

PH commented that there has been great work and conversations around the integrated model of care and highlighted that it is important for staff working within the Dudley system to also reflect the outcomes and work at system level through OOH group and ensure their engagement in this also.

The Board were made aware that PK has provided feedback into the integrated model of care implementation group with Laura Brookes, Head of Mental Health, Transformation and Integration from Black Country Healthcare NHS Foundation Trust. The group itself is now taking a wider approach to the pathways around mental health and it was noted there are significant issues around pathways for adults with psychological therapies, as in Dudley there is up to a three-year waiting list.

	<p>PK stated that the effect on the Trusts IAPT team is significant and the effect on the population is even greater. With regards to the impact of CAMHS, the Trusts nurses are not mental health nurses, but they support a significant number of young people in various levels of distress and there are long waiting lists to enter into treatment. It was noted that there is significant transformation work required between partners to address these issues.</p> <p>SC commented that she is meeting with the voluntary sector on Thursday to look at the next steps to make sure that the wider model is looked at as well as focusing on the clinical work streams. It is important that the investment made into the system on this process is demonstrating value and added that there is also a piece of work internally around understanding the Capgemini process that Dudley has been through this year and ensuring all transformational areas are progressed.</p> <p>GS stated that it is great to hear that there is a focus on patients and that it should be recognised the work that is being carried out between partners to work together for patients.</p> <p>JG raised that they are very keen to be involved in this work.</p> <p>It was noted that Professor Hugo Mascie-Taylor, the independent chair who was commissioned for a period of time to chair the integrated model of care group finishes his contract in December.</p> <p>The Board noted the Integrated Model of Care development.</p>
5.	<p>Quality and Safety Performance Report</p>
	<p>The report was taken as read.</p> <p>KL reported that there have been no serious incidents for the Trust. There are two incidents that have been reported as serious incidents by other organisations and the Trust are contributing to the investigations. KL assured that following one of the serious incidents that has been reported by one of the Trust's partners, a Non-Accidental Injury and Bruising protocol has been recirculated and placed in clinical areas. A seven minute briefing has also been circulated and learning has been disseminated via the Nursing and AHP forum.</p> <p>It was noted that the complaints process for general practice has been reviewed with a greater emphasis on local resolution. Trends and themes are being looked at, and there have been 10 incidents reported in this quarter around consent and confidentiality. KL assured that actions are being taken to look at training around this.</p> <p>The Safeguarding team are working with Continuing Healthcare team and the Multi-Agency Safeguarding Hub (MASH) to look at the escalation guidance around Section 42 safeguarding enquires. The Board were assured that the safeguarding supervision compliance is improving and is currently at 97.4% overall, with the School Nurses compliance being 100%. The level three safeguarding training is being reviewed by the Head of Safeguarding and it is being explored how the Trust report on the level three safeguarding training and this training is accumulative over three years.</p> <p>In regards to Infection, Prevention and Control (IPC) the spring Covid booster and autumn Covid booster figures are not currently differentiated and this is being looked into to understand if it is a local or national issue. The Flu campaign that commenced in October 2022 is still progressing with clinics being advertised on the Trusts intranet and staff computer screen savers. There are some staff that are refusing to have the vaccination for a variety of reasons, one being vaccine fatigue which was recognised nationally on the recent Chief Nurses call. As a region the uptake for patient facing roles are not as high as they should be, and there is a push to get to 50% with top tips being shared from well performing Trusts.</p> <p>PH commented that it is important to look at what the Trust can do to encourage increase flu vaccine uptake for staff particularly on the front line. It was agreed for this to be discussed further outside of the meeting.</p> <p>The Board noted the Quality and Safety Performance report.</p>

6.	Quality and Safety Committee Assurance Report
	<p>VL reported that the Quality and Safety Committee reviewed the BAF and corporate risk register and were assured on the mitigations and actions in place. During a safeguarding discussion, the committee considered a potential risk posed by not having a main doctor for safeguarding which will be discussed at the Executive Committee. The committee also discussed the level of safeguarding risks being received from IAPT in comparison to other services and a review is being undertaken to understand if there are any barriers to reporting. It was recognised that some of the incidents coming through from IAPT are historic incidents.</p> <p>DG commented that it is great that staff are reporting incidents and that the Trust can take assurance from the Trusts internal auditors audit around the arrangements in place for Safeguarding and that the assurance level was significant.</p> <p>It was noted that the safeguarding team have access to all but two GP practices systems and the ICB safeguarding team are working with the Trusts safeguarding team to enable access for the remaining two practices.</p> <p>The Board noted the Quality and Safety assurance report.</p>
7.	Workforce Performance Report
	<p>SC highlighted the Trusts impressive workforce figures and noted that this is a testament to the work undertaken by all of the teams and in particular the People Team.</p> <p>AR reported that the vacancy figures continue to improve with 13 WTE being recruited to in the last month, and that staff turnover continues to reduce.</p> <p>It was noted that the Trust are maintaining a position in terms of training, and it has been observed that some training compliance levels are not as high as they should be, therefore reports are being taken back to People Committee next month to gain assurance on the work being undertaken to improve this.</p> <p>In response to HT's comment that it would be helpful for the Trust to look at benchmarking its metrics against a Community Trust, AR agreed that this can be looked into outside of the meeting.</p> <p>The Board noted the Workforce Performance Report.</p>
8.	People Committee Assurance Report
	<p>ME echoed SC's comment on the Trusts workforce figure which was recognised and complimented at the last People Committee.</p> <p>It was reported that the committee was informed and supportive of the Trust having signed the Employer with Heart Charter which recognises the impact of premature birth on the mother and their partner. ME commented that this aligns with the Trust's strategic objective to be the best and happiest place to work.</p> <p>ME stated that the committee received assurance in relation to the process in place in regards to the People Pulse and National Staff Survey to capture the data and undertake necessary actions and review the difference that is being made. At the date of the last committee there was a 62% completion rate of the National Staff Survey. The Board were updated during the meeting that the final submission rate was 63% which is the same rate as last year.</p> <p>A discussion was held around staff flu vaccination uptake, and it was agreed for the committee to give some thought around work that can be done to increase the flu vaccination uptake particularly with front line staff.</p>

	The Board noted the People Committee assurance report.
9.	Finance Report
	<p>MG reported that the Trust are currently forecast a breakeven position for the financial year. It was noted that the report now includes financial performance for budgets managed by the Trust on behalf of the ICB and due to timing, this position will always be reported one month in arrears.</p> <p>For the period July – September 2022 the report shows an underspend of £569k, however an overspend is expected by the end of the financial year of £453k due to increased intermediate care spot purchasing costs which were previously funded via the hospital discharge programme. MG stated the following work is taking place to look at reducing spend:</p> <p>Working with the ICB to understand their financial position for the year end Understanding if the social care discharge fund is available to support the run rate on intermediate care Working with PK around the reablement proposal which could help to reduce the spot purchasing cost</p> <p>PK commented on the great job that the continuing healthcare and intermediate team do in managing the out of are hospital spot purchases and noted that the Trusts spot purchases are significantly less than other comparable areas.</p> <p>It was noted that the Trust are achieving the better payment practice and the forecast reduction in agency expenditure is on track. MG did note that there is some risk for GP recruitment for some of the Trusts primary care services which is alluded to in the finance report.</p> <p>The Board noted the Finance Report.</p>
10.	Performance Report
	<p>PK reported that there is a specific issue around MMR vaccinations particularly with the uptake of the vaccine in the Roma Community at Chapel Street. The Trust are looking at how to address this with targeted approaches to increase the uptake.</p> <p>STC commented that it would be helpful to provide children advice around diet, exercise and vitamin D and suggested that this is something that the School Nurses could support. It was noted that health visitors could also provide advice to mothers at clinics.</p> <p>In terms of IAPT, the Trust are seeing improved figures overall in recovery, however there are some issues when IAPT is not an appropriate treatment and more expert psychological therapies in secondary care is required. This will be raised with partners.</p> <p>PK provided an update on two emerging risks that have been raised through service reviews and will be taken to the Trust Management Board and the Executive Committee. The first risk is the emerging picture of Strep A in schools. PK will be working with KL and IPC colleagues around this and will look at mobilising work a system locally. Secondly, there is a risk around how children services are working and the need for transformation of these services. This will be raised through the relevant risk processes.</p> <p>The Board noted the performance report.</p>
11.	Finance, Performance and Digital Committee Assurance Report
	<p>The report was taken as read.</p> <p>IB reported that the Finance, Performance and Digital Committee reviewed the corporate risks and</p>

	<p>were assured by the mitigations, controls and actions in place.</p> <p>DG commented that are assured from the report and noted that it is important to record on the front sheet that the report has been considered at the relevant meeting.</p> <p>No questions were asked.</p> <p>The Finance, Performance and Digital Committee assurance report.</p>
12.	Report from the Primary Care Integration Committee
	<p>GS stated that the date of meeting was 16 November which will be updated in the report.</p> <p>The committee reviewed the BAF and corporate risk register and recommend that C024 is proposed for closure as both the Primary Care Strategy and Primary Care Operating Model as both have been delivered and fully supported by Primary Care Network (PCN) Clinical Directors. The Board agreed with the closure of risk C024.</p> <p>GS stated that robust discussion was held in relation to emerging operational risks including:</p> <ul style="list-style-type: none"> • The existing Service Level Agreement (SLA) • The impact of a potential change of PCN Clinical Director leadership • The capacity to deliver Primary Care Operating Model <p>The emerging risks will be developed by the Executive Director and escalated accordingly.</p> <p>The PCN Clinical Directors have requested that the SLA is refreshed, and the committee agreed that the SLA will be supported by a collaborative agreement to reflect the mutually agreed principles of collaborative working.</p> <p>The committee received a performance report for assurance around the Dudley Quality Outcomes for Health Framework and GS stated it was pleasing to note that all Dudley practices are delivering over and above the national requirements in terms of access. The performance has been shared with the ICB to provide assurance on restoration and recovery of primary care.</p> <p>The priority areas and projects for the Primary Care Strategy integration plan were discussed and agreed at the committee. The strategy will be launched at an engagement event in January 2023. It was noted that the committee have to set up a strategic away day with PCN Clinical Directors in the New Year to discuss and plan the strategic approach to integrated working.</p> <p>There was a discussion at the committee around the integration agreement as the existing agreement is dependent on the transfer of community services and award of ICP contract, and in the absence of both it was agreed that a new integration agreement is required. It was highlighted that the PCN Clinical Directors have committed to continue working to the existing agreement which is crucial in terms of population health. It was recognised that more work is to be done and PCN Clinical Directors across the Black Country are looking to develop a similar agreement.</p> <p>PH commented that having been at the quarterly service review meeting with the region, it is apparent the Black Country primary care team are starting to develop their work on the primary care strategy. This will be discussed further at the primary care collaborative to consider what more needs to be developed within the Trusts strategy to enable it to be shared wider so that it can be used in a positive way to offer into the system.</p> <p>The Board noted the Primary Care Integration Committee assurance report.</p>
13.	Board Assurance Framework and Corporate Risk Register
	<p>The paper was taken as read.</p>

	<p>PK reported that following the discussion at the last Board meetings there were a number of recommendations in terms of the BAF and corporate risk register which Executive Director colleagues have been reviewing risks and taking through committee meetings.</p> <p>It was noted there is a Board Development session scheduled on 13 December and that this is an opportunity to go into further detail around the BAF and corporate risk register and to revisit risk appetite. The session will be led by the Associate Director of Quality & Governance</p> <p>It was noted the documents are working progress and the Board provided a note of thank you to EFD for their work on the BAF and corporate risk register.</p> <p>DG assured that the BAF and Corporate Risk Register has also been reviewed by the Audit and Risk Committee who held a thorough discussion.</p> <p>The Board noted the BAF and Corporate Risk Register.</p>
14.	Any Other Business
	<p>HT provided a note of thank you to EFD on behalf of the Board for all their hard work and success at the Trust. EFD will be leaving the Trust at the end of December 2022 and the Board wished EFD well both personally and professionally.</p>
15.	Questions from the public
	<p>There were no questions received from the public.</p> <p>JG commented that they are looking forward to working and collaborating with Trust colleagues and ensuring patients voices heard within the process.</p>
16.	Risk Review
	<p>No further risk matters were raised.</p> <p>The Board were assured that discussions are being held in Dudley around the emerging risk of Strep A and that KL and IPC colleagues will link in with primary care around this.</p>
	<p>Date of next meeting: Tuesday, 10th January 2023, 09.30 – 13.00 Venue: Dudley Canal and River Trust, Birmingham New Rd, Dudley DY1 4SB</p>

DIHC Public Board Action Register



**Dudley Integrated
Health and Care**
NHS Trust

Ref	Date Raised	Details	Action Lead	Due Date	Update	Status
PUB/OCT22/003	04-Oct-22	MG to review and simplify the Finance and Performance Board reports and ensure where relevant same data sets as the ICB are used	MG	10-Jan-23	MG reported this action had two parts; and confirmed the first part around the Performance scorecard was reported to the Board with reduced metrics, and an audit trail was maintained on account of the metrics removed. Regarding the second part, using similar data sets for IAPT review as the ICB, work was undergoing and would be reported back to January Board.	Partially Open



DUDLEY INTEGRATED HEALTH & CARE NHS TRUST BOARD

REPORT TITLE:	Chief Executive Officer (CEO) Report
DATE OF MEETING:	10 th January 2023
PURPOSE OF REPORT:	To provide the Board with an update on CEO Activities and current issues
RESPONSIBLE EXECUTIVE:	Penny Harris, Chief Executive Officer
AUTHOR OF REPORT	Penny Harris, Chief Executive Officer
SUMMARY OF KEY POINTS:	1. Summary of CEO Activities November 2022 2. Chief Operating Officer Update 3. Director of Nursing Update 4. Dudley Health and Care Partnership Board
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	Not Applicable
FUNDING/ COST IMPLICATIONS:	<input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Yes <input type="checkbox"/> In Progress
DoF / Finance Approval	
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None Identified
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Develop our role in the Dudley Place <input checked="" type="checkbox"/> Implementation of integrated care model for the Dudley population <input type="checkbox"/> Improve outcomes for children and young people in Dudley <input checked="" type="checkbox"/> Support sustainability of primary care <input type="checkbox"/> Be the best and happiest place to work <input checked="" type="checkbox"/> Improve the health of our population and reduce inequalities <input type="checkbox"/> Demonstrate value to our population / Greener NHS
CQC DOMAINS: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led
LIST KEY RISKS IDENTIFIED:	<input type="checkbox"/> None Identified No new significant risks not already recorded within the corporate risk register

Select none identified or outline the risks identified and mitigations taken (if addressing existing risk on the corporate risk register please provide reference number)	
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	<input type="checkbox"/> Executive <input type="checkbox"/> People <input type="checkbox"/> Finance Performance & Digital <input type="checkbox"/> Digital Board <input type="checkbox"/> Quality and Safety/ QSSG <input type="checkbox"/> Audit & Risk <input type="checkbox"/> Primary Care Integration <input type="checkbox"/> Strategy and Transformation <input type="checkbox"/> EDI <input type="checkbox"/> Trust Management Board <input type="checkbox"/> Well Led <input type="checkbox"/> Other (Please state) <input checked="" type="checkbox"/> Not Applicable
CONSIDERATIONS / IMPACTS: Select none identified or outline the potential impact and considerations undertaken	Quality and Equality Impact Assessment
	<input checked="" type="checkbox"/> None Identified
	Equality, Diversity and Inclusion
	<input checked="" type="checkbox"/> None Identified
	Greener NHS Sustainability Impact Assessment
	<input checked="" type="checkbox"/> None Identified
	Other Regulatory Requirements
PRESENTED TO:	<input checked="" type="checkbox"/> Public Board <input type="checkbox"/> Private Board <input type="checkbox"/> Assurance Committee (state) - <input type="checkbox"/> Other Committee (state) -
RECOMMENDATION: Tick as appropriate	<input type="checkbox"/> For Approval / Decision <input checked="" type="checkbox"/> For Assurance <input checked="" type="checkbox"/> For Information / Discussion

1. Summary of CEO Activities – December 2022

The following provides an overview of activities throughout the month of December and also provides some further detail throughout the report of business activities and useful information from wider NHS sources for your information.

1.1 All Staff Briefings

We have recently changed how we deliver the monthly all staff briefing to a hybrid offering by utilising the open plan soft seating area at Brierley Hill. The feedback we have received has been very positive in delivering the briefing this way so we will continue with this approach. I have also reiterated that I am very happy to visit our teams who are not based at Brierley Hill and attend their face-to-face staff briefings to give them the opportunity for a more up personal discussion.

1.2 NHS Priorities and Operational Planning Guidance for 2023/24

The annual guidance was issued on Thursday 22nd December 2022, but this year has fewer more focussed headline objectives – recovering our core services and productivity, delivering the key ambitions in the NHS long term plan and continuing to transform the NHS for the future. Clearly our role in supporting the delivery of urgent and emergency care especially in relation to same day access to services and supporting hospital discharge and the sustainability of primary care are core to achieving these objectives. Effective management of long-term conditions and development of the NHS workforce plan are also highlighted.

In terms of next steps ICBs are asked to work with system partners to develop plans to meet the national objectives set out in the guidance and the local priorities set by systems. System plans should be triangulated across activity, workforce and finance, and signed off by ICB and partner trust and foundation trust boards before the end of March 2023.

The full document which I encourage you to read can be viewed [here](#)

2. Chief Operating Officer Update

2.1 Progress against winter plan

Reablement service: The adverts for staff to progress with these plans will go out in partnership with the local authority in early January. In the meantime, the Deputy Chief Operating Officer and Local Authority Colleagues have been working with 5 specific agencies to ensure that traction is made to support discharges for Place from DGFT. Since 28 November 2022 they have been achieving at least 3 supported pathway one discharges per day. We have seen a cumulative effect where the pathway one delayed discharges have steadily reduced from between 25-30 per day at the beginning of December to 6 a day at the date of writing this report (28/12/22). The ICB have now given a positive indication that we will be able to use the Ridge Hill site for the base for the

Reablement Team and to co-locate some of the local Authority Services, such as Admission Avoidance.

We have commissioned a further 12 Winter Beds for Pathway 2 utilising the Ageing Well and Adult Social Care Fund monies. At the time of writing this report, we do not have a pathway 2 waiting list. However, front door pressures continue to be significant in both Place and the ICS, with high levels of demand and frequent Silver Command involvement.

Future plans – The Chief Executive and Chief Operating Officer met with the Directors of Adults and Children's Social Care before Christmas and determined to hold a workshop at the end of January 2023 to see what else we might do together to improve services.

In addition to support winter pressures additional capacity has created at Winter Hub in Brierley Hill. However, the prevalence of Flu, RSV and other circulating viruses in Primary Care means that this capacity has been filled. This mirrors the increasing pressures in both Primary Care and the rest of the Health and Care Systems across the Black Country.

2.2 Industrial Action

The industrial action by the RCN on 15th and 20th December 2022 had no effect on this Trust as the RCN decided not to strike on our sites. The Royal College of Nursing has however announced further industrial action to take place 18th and 19th January. There are a further 55 organisations in which industrial action will take place. The derogations agreed on 13 December (and further amended for cancer surgery) would remain in place for January.

The Trust has put in place a planning committee and is working through derogations and communications as appropriate. Given our low numbers of RCN staff (19), we anticipate the effect on services to be minimal, but planning is well underway for these events. The effect of the Ambulance service strike was well managed across both Place and the ICB, with lower than average ED attendances reported.

3. Director of Nursing Update

3.1 Group A streptococcus (GAS)

The Trust understands the concerns of parents relating to Group A streptococcus (GAS). The Trusts extended access/respiratory hub further extended its opening hours over the Christmas and New Year period to support additional appointments in primary care. The Trusts Infection Prevention and Control specialist nurse has provided advice and guidance for clinical staff including advice on protective personal equipment. This has included specific guidance and advice to our School Nursing team so that they are confident in identifying potential Strep A infections and advising on next steps.

4. Dudley Health and Care Partnership Board

The meeting of the Dudley Partnership Board took place on 8th December. The core of the discussion was focussed upon the development of the strategic priorities in health and care for Dudley Place. The partnership board provided support for the framework developed by the executive and agreed the set of priorities which will be submitted as part of the joint forward plan.

The board also received updates from system and place partners on the various ongoing programmes of work from each of the programme leads including First 1001 Days, the work of the Integrated Model of Care Implementation Group and Dudley Primary Care Collaborative Provider Collaborate, Mental Health Provider Collaborative, and Dudley CVS.

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

Tuesday 10th January 2023
13:30hrs to 15:00hrs

Dudley Canal & River Trust, 501 Birmingham New Road, Dudley, West Midlands
DY1 4SB

PRIVATE AGENDA

Item No	Agenda Item			Presented By	Time
Formalities: to declare the meeting open, quorate and in accordance with the standing orders:					
1.	Chair's Welcome				
	1.1 Apologies	To Receive	Verbal		
	1.2 Declarations of Interest	To Receive	Verbal		
	1.3 Private Board Minutes: <ul style="list-style-type: none"> 6th December 2022 13th December 2022 (Extraordinary Board) 	For Approval	Enc 1.3	Mr. H Turner	13.30
	1.4 Action Register and Matters Arising	For Approval	Enc 1.4		
	1.5 Items Carried Forward from Part One	For Discussion	Verbal		
2.	Digital EPR Business Case	For Information	Enc 2	Mr. M Gamage/ Mr. S Lea	14:00
3.	DIHC Development	For Discussion	<i>To Follow</i>	Ms. P Harris	14:15

4.	Committee Minutes (to be taken as read)				14:45
	4.1 Quality and Safety Committee – meeting held on 15 th November 2022	For Information	Enc 4.1		
	4.2 Primary Care Integration Committee – meeting held on 16 th November 2022	For Information	Enc 4.2		
	4.3 Finance, Performance and Digital Committee – meeting held on 17 th November 2022	For Information	Enc 4.3		
	4.4 People Committee – meeting held on 22 nd November 2022	For Information	Enc 4.4		
5.	Board Meeting Reflections	To Receive	Verbal	Mr. H Turner	14:50
6.	Any Other Business	To Receive	Verbal	Mr. H Turner	14:55
	Date of next meeting: 7 th February 2023 Time: 13:30 pm to 15:00 pm Venue: T.46.47, Third Floor, Brierley Hill Health and Social Care Centre, Venture Way, Brierley Hill, DY5 1RU				15:00



PUBLIC BOARD

REPORT TITLE:	Corporate Risk Register									
DATE OF MEETING:	10 th January 2022									
PURPOSE OF REPORT:	To review the Corporate Risk Register									
RESPONSIBLE EXECUTIVE:	Philip King, Chief Operating Officer Sue Nicholls, Director of Nursing, AHPs and Quality									
AUTHOR OF REPORT	Sayoni Basu - Corporate Governance Manager									
SUMMARY OF KEY POINTS:	<p>The Executive Committee conducted a challenge and review session of the Corporate Risk Register (CRR) on 26th October 2022 to strengthen the Trust's risk management process and to adequately reflect the Trust's current position.</p> <p>The Board held a development session on Risk Management on 13th December and decided that the Corporate Risk Register, a subset of the operational risks, be reported monthly at Board following review by the Executive and Committees.</p> <p>The Board are asked to note that following detailed review of the current risk scores, controls, mitigations, and actions by the Committees during December, two (2) risks have been escalated to the corporate risk register and one (1) proposed change to the current score as reported below in summary;</p>									
	<table><thead><tr><th>Responsible Committee</th><th>Corporate Risks</th><th>Impact</th><th>Recommended Current risk score</th></tr></thead><tbody><tr><td>Primary Care Integration Committee – 21st December 2022</td><td>New Risk C-209 - There is a risk that the lack of Service Level Agreement (SLA) between DIHC and PCNs results in uncertainty in the way that DIHC employs, operates and provides ARRS services on behalf of PCNs.</td><td>The ability to plan and deliver services organised around the needs of the PCN populations.</td><td>Moderate 12 (3x4)</td></tr></tbody></table>	Responsible Committee	Corporate Risks	Impact	Recommended Current risk score	Primary Care Integration Committee – 21st December 2022	New Risk C-209 - There is a risk that the lack of Service Level Agreement (SLA) between DIHC and PCNs results in uncertainty in the way that DIHC employs, operates and provides ARRS services on behalf of PCNs.	The ability to plan and deliver services organised around the needs of the PCN populations.	Moderate 12 (3x4)	
Responsible Committee	Corporate Risks	Impact	Recommended Current risk score							
Primary Care Integration Committee – 21st December 2022	New Risk C-209 - There is a risk that the lack of Service Level Agreement (SLA) between DIHC and PCNs results in uncertainty in the way that DIHC employs, operates and provides ARRS services on behalf of PCNs.	The ability to plan and deliver services organised around the needs of the PCN populations.	Moderate 12 (3x4)							

	Primary Care Integration Committee – 21st December 2022	New Risk C-210 - There is a risk that a change in the Clinical Director of a PCN results in a change to the current level of commitment to integrated working between DIHC and the PCNs	A PCN could withdraw support for ARRS staff and services being provided on behalf of PCNs by DIHC, and the wider support to PCNs and practices described in the Primary Care Strategy.	Moderate 8 (2x4)
	Finance Performance and Digital Committee – 22nd December 2022	C-031 – Risk of contract financial envelope less than the cost of providing the services.	A mismatch has been identified between the ICB and DIHC in relation to £769k income relating to PbP and LIS payments. The Trust has a clear audit trail in relation to its expectations regarding this income both in the NHS standard contract and in separate communications with the ICB, however it feels appropriate to increase the likelihood associated with this risk.	Low 9 (3x3)
	<p>The Trust Management Board reviewed all operational risks on 14th December and there were no escalations to the Corporate Risk register.</p> <p>Appendix 1 and 2 details the Corporate Risks above and below tolerance.</p>			
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	<ul style="list-style-type: none"> • Approve the recommendation of the Primary Care Integration Committee to escalate operational risks C-209 and C-210 to the corporate risk register • Approve the recommendation of the Finance Performance and Digital Committee to increase the risk score for Risk C-031, Risk of contract financial envelope less than the cost of providing the services from 6 (2X3) to 9 (3X3) 			
FUNDING/ COST IMPLICATIONS:	N/A			
DoF / Finance Approval	<input type="checkbox"/> Yes <input type="checkbox"/> In Progress			
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None Identified			

LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Develop our role in the Dudley Place <input checked="" type="checkbox"/> Implementation of integrated care model for the Dudley population <input type="checkbox"/> Improve outcomes for children and young people in Dudley <input checked="" type="checkbox"/> Support sustainability of primary care <input checked="" type="checkbox"/> Be the best and happiest place to work <input checked="" type="checkbox"/> Improve the health of our population and reduce inequalities <input checked="" type="checkbox"/> Demonstrate value to our population / Greener NHS
CQC DOMAINS: <i>Tick as appropriate</i>	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led
LIST KEY RISKS IDENTIFIED: <i>Select none identified or outline the risks identified and mitigations taken (if addressing existing risk on the corporate risk register please provide reference number)</i>	<input type="checkbox"/> None Identified All risks included within the Corporate Risk Register
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	<input checked="" type="checkbox"/> Executive <input checked="" type="checkbox"/> People <input checked="" type="checkbox"/> Finance Performance & Digital <input type="checkbox"/> Digital Board <input type="checkbox"/> Quality and Safety/ QSSG <input type="checkbox"/> Audit & Risk <input checked="" type="checkbox"/> Primary Care Integration <input type="checkbox"/> Strategy and Transformation <input type="checkbox"/> EDI <input checked="" type="checkbox"/> Trust Management Board <input type="checkbox"/> Well Led <input type="checkbox"/> Other (Please state)
CONSIDERATIONS / IMPACTS: <i>Select none identified or outline the potential impact and considerations undertaken</i>	Quality and Equality Impact Assessment
	<input type="checkbox"/> None Identified
	Equality, Diversity and Inclusion
	<input type="checkbox"/> None Identified
	Greener NHS Sustainability Impact Assessment
	<input type="checkbox"/> None Identified
PRESENTED TO:	<input checked="" type="checkbox"/> Public Board <input type="checkbox"/> Private Board
	<input type="checkbox"/> Assurance Committee (<i>state</i>) – <input type="checkbox"/> Other Committee (<i>state</i>) -
RECOMMENDATION:	<input checked="" type="checkbox"/> For Approval / Decision

<i>Tick as appropriate</i>	<input type="checkbox"/> For Assurance <input type="checkbox"/> For Information / Discussion
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Corporate Risk Management Report

1. Top Risks

The Board are asked to note the top six risks contained within our Corporate Risk register namely:

1. D002 - Cyber security risk
2. C107- Insufficient system-wide support for DIHC
3. C106 - Not having approval from NHSEI to recruit substantively to key posts
4. C064 - Risk of substantive workforce shortages in medical staffing
5. C202 - Lack of business intelligence information to target ICTs to support PCNs
6. C-088 - Risk to the health care estate's function

2. Committees Risk Management review cycle

Work to strength the reporting of all operational risks through Datix continues to be undertaken by the Associate Director of Quality and Governance and the Chief Operating Officer to work to embed and strength the process of raising service level risks through Datix.

Operational Risk Management and Escalation of Service Level Risks

The Board are asked to be aware that the Service Risk Registers are reported using the Datix Risk Module and are considered at the regular service review meetings with escalation through both Executive Committee and the Trust Management Board where appropriate. The escalation process remains unchanged, risk 16 and above or reputational risks being escalated to the Corporate Risk Register.

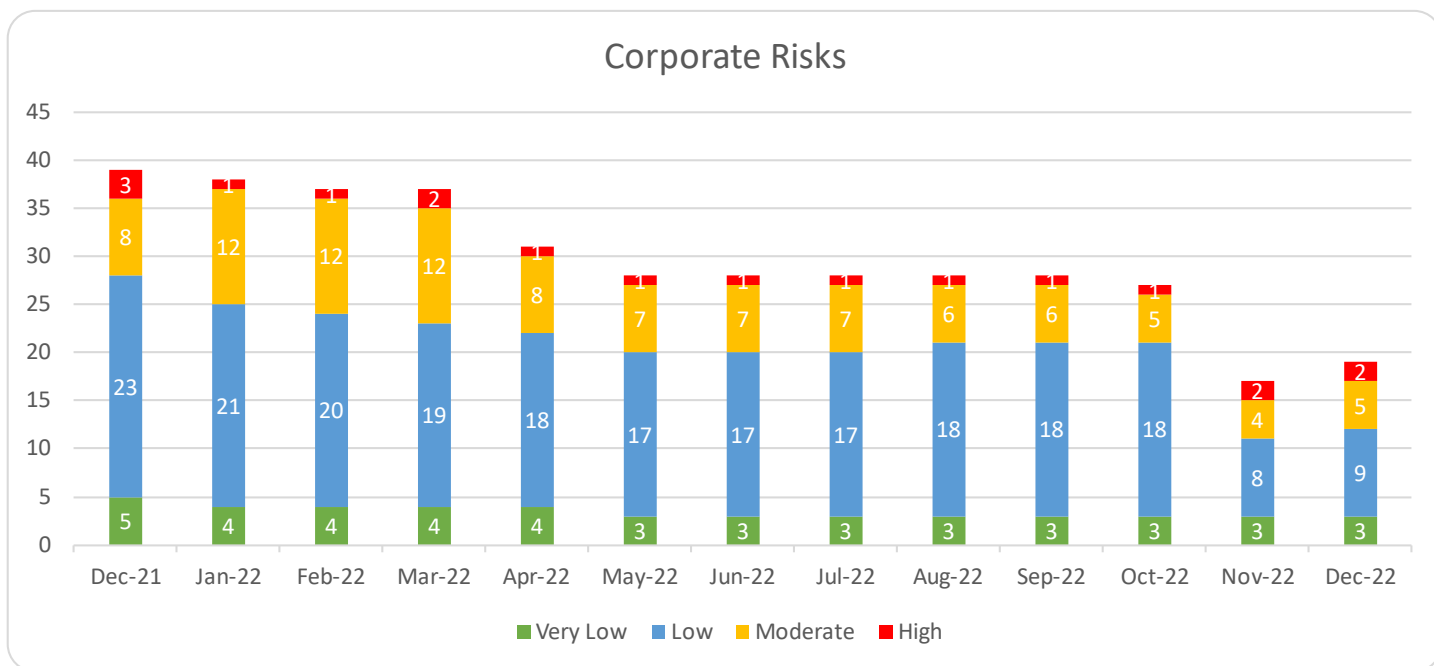
The service level risk registers have been reviewed at the Trust Management Board on 14th December 2022 and there were no escalations to the Corporate Risk register.

3. Corporate Risk Register Summary Position

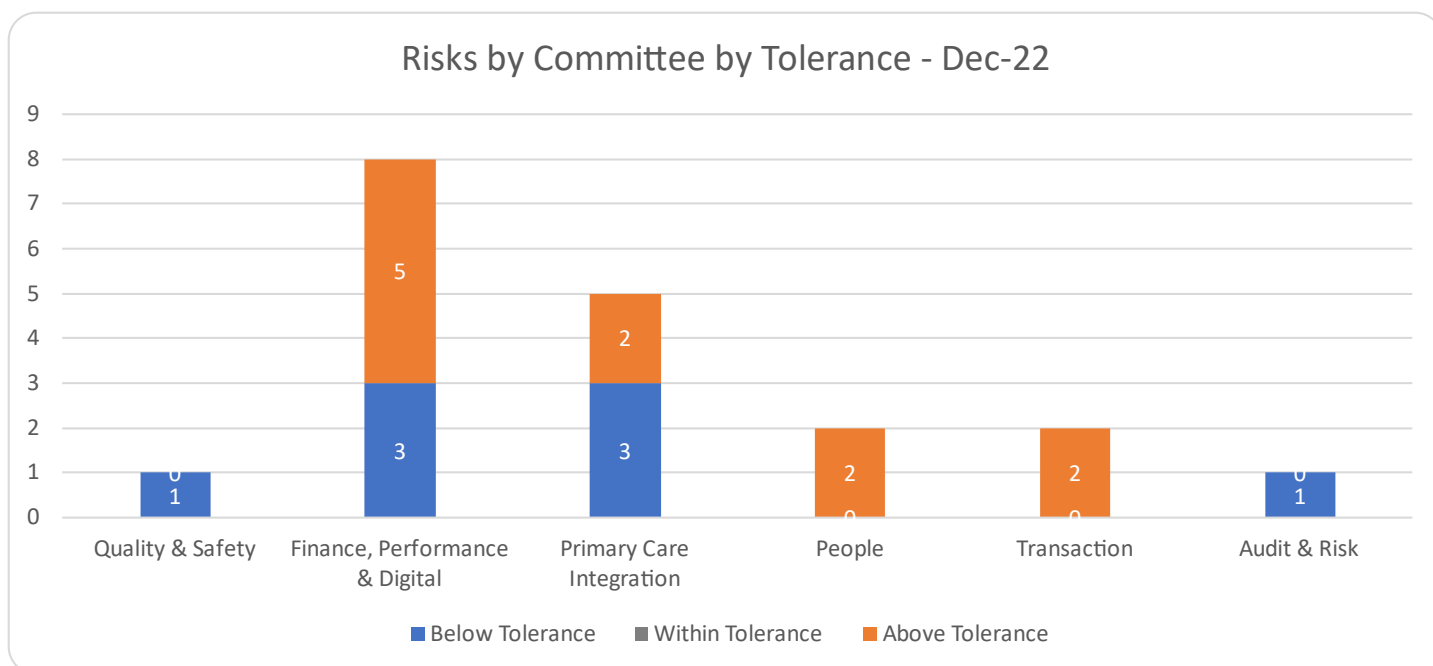
Below is a table showing the overall number and grade of risks and by domain held on the Corporate Risk Register.

Risk Levels	1 Minimal	2 Cautious	3 Open	4 Seek	5 Mature
Risk Appetite	Very Low	Low	Moderate	High	
Corporate Risks Total	3	9	5	2	

The chart overleaf shows the total number of corporate risks and the change over time by current score.



The chart below outlines the current profile of risks by committee by tolerance.



4. Recommended Changes to the Corporate Risks

Following robust review of the strategic risks during December 2022, two (2) risks have been escalated to the corporate risk register and one (1) proposed change to the current score as reported below:

Responsible Committee	Corporate Risks	Impact	Recommended Current risk score
Primary Care Integration Committee – 21st December 2022	New Risk C-209 - There is a risk that the lack of Service Level Agreement (SLA) between DIHC	The ability to plan and deliver services organised around the needs of the PCN populations.	Moderate 12 (3x4)

	and PCNs results in uncertainty in the way that DIHC employs, operates and provides ARRS services on behalf of PCNs.		
Primary Care Integration Committee – 21st December 2022	New Risk C-210 - There is a risk that a change in the Clinical Director of a PCN results in a change to the current level of commitment to integrated working between DIHC and the PCNs	A PCN could withdraw support for ARRS staff and services being provided on behalf of PCNs by DIHC, and the wider support to PCNs and practices described in the Primary Care Strategy.	Moderate 8 (2x4)
Finance Performance and Digital Committee – 22nd December 2022	C-031 – Risk of contract financial envelope less than the cost of providing the services.	A mismatch has been identified between the ICB and DIHC in relation to £769k income relating to PbP and LIS payments. The Trust has a clear audit trail in relation to its expectations regarding this income both in the NHS standard contract and in separate communications with the ICB, however it feels appropriate to increase the likelihood associated with this risk.	Low 9 (3x3)

5. New and Emerging Risks

Discussions are held at Committee and at Board to continue to reflect on the portfolio of risks including those risks relating to relationships and the development of the ICB. Supporting actions are agreed to gain assurance that the current ratings, controls and mitigations adequately reflect the current position. System, leadership and stakeholder meetings take place regularly and in recognition of the dynamic nature of the risks within the Corporate Risk Register, the Board are asked to further reflect on the current scores and recommend any changes to the existing Corporate Risk Register scores.

Responsible Committee	Emerging Risks	
Quality and Safety Committee 20 th December 2022	Supporting CQC inspections and readiness	<p>Programme of work including a supporting action plan has been developed and is being managed through the Well Led Steering Group supported by four working groups aligned to the CQC Domains, Safe, Effective, Responsive and Caring. The progress is reported through to Executive Committee weekly.</p> <p>The Associate Director of Quality and Governance along with the Head of Safeguarding have been conducting mock inspections across services and a Board Development Session held on 17th October 2022 briefing the Board on Preparing for CQC-Well</p>

		<p>Led. Programmes for further Board Developments on CQC Readiness are scheduled.</p> <p>A number of emerging risks have been identified and Executive leads identified, and risks are currently being reviewed and assurances, mitigations and actions identified for inclusion in the appropriate risk registers, either at service level, through risks within the programmes of work or through the digital risk register</p>
Primary Care and Integration Committee 22 nd December 2022	There is a risk that a lack of workforce capacity will result in a delayed implementation of the primary care operating model for general practice	<p>The benefits of a primary care operating model for general practice are not understood or realised and the following controls are in place:</p> <ul style="list-style-type: none"> • Project management support to primary care programme manager identified • Strategy Unit and CSU supporting work to define the project scope, delivery approach and expected outcomes <p>Project has been prioritised as part of primary care strategy work plan for implementation in quarter 1 2023/24</p>

6. Next Steps

The Board is reminded that a board development seminar on risk was held on 13th December 2022 to review the Trust's risk management process. It was agreed that the dynamic approach to risk appetite was required and would be reviewed, and Committees and the Board would receive the Corporate Risk Register monthly. The Corporate Risk Register is a subset of the operational risks escalated to Board and Committees for oversight and management. It was discussed and agreed that the Board would receive the Board Assurance Framework on a quarterly basis, and it would no longer be required to be received in full by the Committees unless specifically referred there by the Board or the Executive.

The operational risk management policy including the standard operating procedures (SOP) and the technical guidance on how staff can report risks on Datix, has been drafted by the Associate Director of Quality and Governance and is currently going through internal governance. These will be published following a robust review at the multi-disciplinary Policy, Procedures Development Working Group and the Executive Committee.

		<p>Led. Programmes for further Board Developments on CQC Readiness are scheduled.</p> <p>A number of emerging risks have been identified and Executive leads identified, and risks are currently being reviewed and assurances, mitigations and actions identified for inclusion in the appropriate risk registers, either at service level, through risks within the programmes of work or through the digital risk register</p>
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Dudley Integrated Health and Care NHS Trust

Corporate Risk Register January 2023



Dudley Integrated Health and Care
NHS Trust

All Corporate Risks ABOVE Tolerance

										STEP 2 - EVALUATE										STEP 3 - PLAN																
Date Last Reviewed		Ref	Committees					Risk Description		Inherent / Initial Risk Score			Controls in Place			Assurance (RAG) rating for the strength of controls			Current Score			Risk Movement from last assessment		Risk Response Tolerate / treat / transfer / terminate		Actions to address the risks:			Responsibility of		Domain		Target Risk Rating			Above or Below Tolerance
			System (Place Based)	Audit and risk	Primary Care Integration	Q&S	F, P & D	People	Strategy & Transformation	Accountable Director (Risk Sponsor)	RISK OF:	IMPACT/CONSEQUENCES	(L)Likelihood Score	(I)Impact Score	Risk Rating (L x I)	I.e. arrangements that are already in place and are helping to control the risk – please provide evidence of the risk being controlled			(L)Likelihood Score			(I)Impact Score	Risk Rating			i.e. What actions are you going to take to strengthen control of the risk and achieve the target risk rating.							(L)Likelihood	(I)Impact Score	Risk Rating (L x I)	
19/12/2022		D-002	X	X	X	X	X	X	X	Matt Gamage	There is a risk that the existing network infrastructure will either fail or will create an unacceptable cyber security risk due to its age and current support status resulting in an inability to provide a network connection across various sites	Downtime for those sites affected by the failure. Extent of the impact will be dependent upon the extent of failure.	4	4	16	Infrastructure assets register Cyber security notices and compliance Standing item in monthly Digital Board Routine reporting to FP&D Terrafirma representation at weekly digital team meeting Regular service review meetings held with Terrafirma Inclusion within the DSPT return	Strong - Green	4	4	16	➡	Treat	Replace out-dated infrastructure in collaboration with DGFT as part of 22/23 capital plan. Notification that capital allocation will be received for cyber security and kit replacement has started.	Stuart Lea	Reputational	3	3	9	Above							
14/12/2022		C-107	✓	X	X	X	X	X	✓	Steph Cartwright	Insufficient system-wide support for DIHC	This may create a higher staff turnover and potential lower interest in recruitment. This creates a visible adverse reaction from one or more partners, potentially reflected in a public arena, which could result in NHSEI not supporting any potential transfer of services. Perceived lack of support from NHSEI for the integrated care model and future development of DIHC creates system partners to withdraw their support and engagement resulting in delays to planned service transfers.	3	4	12	Continuous partner engagement, supported by system-level meetings with ICS, CCG and NHSEI regional team Strong engagement with clinical representatives within the local system Risks to DIHC sustainability managed through system risk management process as part of Place Based development. Participation in discussions led by the ICS by identifying a plan that all system partners are aligned to Fuller review recommends the role of organisations such as DIHC and subsequent advice from NHSE shows that we are strategically well aligned to support the sustainability and development of primary care.	Medium - Yellow	4	4	16	➡	Treat	The Trust will be participating in an options appraisal for the future form of DIHC. Cap Gemini events planned took place in March and May to agree Dudley Clinical Model Organisational form discussions underway with ICB and supported by Chairs and CEO Forum Agreement in July 2022 that all organisations in the system have a role (including DIHC) Contribute to the mitigation of risks identified by partners with acknowledgement by partners that the DIHC risks are system risks and should be flagged and shared across the system Maintain appropriate engagement with all partners Regular review on progress overseen by ICB and regional NHSEI team Presentation to ICB Board on 14th November 2022 and decision on strategic direction of DIHC at ICB Board on 24th November 2022	Steph Cartwright	Partnerships	2	3	6	Above							
14/12/2022		C-106	✓	X	X	X	X	✓	X	Steph Cartwright	Not having approval from NHSEI to recruit substantively to key posts prior to potential transfers During October 2021 NHSEI requested that the programme of substantive senior leadership recruitment be paused. As of October 2022 two Executive positions remain Interim (Chief Executive and Medical Director) and the future requirements of our corporate teams remain dependent on the unknown size of future clinical teams.	Significant gaps in corporate structure could result in the Trust being unable to manage core functions and any potential service transfers. Concerns of existing staff and staff due to transfer into the Trust that the Trust is not viable or sustainable leading to staff uncertainty that sees staff leave, staff due to transfer not supporting the service transfers and the Trust being unable to fill existing vacancies. Lack of organisational memory without continuity and stability of senior leadership team impacting on success of future transactions or business case.	4	4	16	Developed an organisation structure fit for the future including strengthening of existing services and corporate functions SLAs in place to support core 'back-office' functions recognising where partners are already providing a 'best in system' approach, such as Information Governance and Payroll Additional interim external support already being used to support PMO, Digital and Business Intelligence with other NHS organisations Priority posts for recruitment have been reviewed by the DIHC Executive Team and future structures agreed Escalation to NHSEI and CCG and a plan is in place ready to substantively recruit to existing and required infrastructure once able Support of NHSEI to explore joint roles with system partners	Medium - Yellow	3	4	12	➡	Treat	The Trust will be participating in an options appraisal for the future form of DIHC Business Critical posts (current state) agreed and recruitment ongoing Recruitment timeframes shared with NHSEI for senior leadership posts and appointment of two Programme Directors for Primary Care and Children's. SLA for IG function in place for 2022/23 Extended external support for CSU for Digital and BI. Feedback from NHSEI & ICB on way forward with mechanisms in place including the opportunity for joint posts with system partners (Associate Director of People shared with RWT)	Steph Cartwright	Safety	1	5	5	Above							

Date Last Reviewed	Ref	STEP 2 - EVALUATE								STEP 3 - PLAN																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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		System (Place Based)	Audit and risk	Primary Care Integration	Q&S	F, P & D	People		Strategy & Transformation	Accountable Director (Risk Sponsor)	RISK OF:			IMPACT/CONSEQUENCES	(L)Likelihood Score	(I)Impact Score						Risk Rating (L x I)	(L)Likelihood Score	(I)Impact Score		Risk Rating	(L)likelihood	(I)Impact Score
19/12/2022	C-031	✗	✗	✗	✗	✓	✗	✗	Matt Gamage	Risk of contract financial envelope less than the cost of providing the services.	This may result in a financial deficit, limited ability to hit the control total and restrict investment opportunities.	5	4	20	Financial model and budgets are signed off by the Board. Financial monitoring to be reported to F,P&D committee. Financial Performance reported to Board. Financial Performance reported to NHSE and ICS. Regular meeting with budget holders	Strong - Green	3	3	9	➡	Treat	DIHC and ICB to address mismatch issue as part of month 9 agreement of balances exercise. Risk share arrangements will be in place with the ICS. Develop and implement financial recovery plan, should DIHC's financial position deteriorate	Matt Gamage	Sustainability	2	2	4	Above
14/12/2022	C-078	✓	✗	✗	✗	✗	✗	✓	Richard Bramble / Lucy Martin	Risk of delayed implementation of clinical service strategy	This may result in increased staff turnover, increased expenditure, increased variation in existing care pathways, and delays in improving care pathways.	4	4	16	Integrated Model of Crae Implementation Group and Local Improvement Teams are working to improve clinical pathways for patients. Population Health Management work continues in collaboration with Primary Care, DMBC and other partners. Primary Care Strategy and Operating Model has been described. Bursing and AHP strategy has been described. QI and clinical audit within DIHC clinical services.	Medium - Yellow	2	4	8	➡	Treat	Implementation of PCS, PCOM, Nursing & AHP Strategy. PA strategy in development. PHM strategy in development, including Pharmaceutical Needs Assessment. SLA with PCNs and practices. Clinical Advisors leading place LITs, reporting regularly to MD and IMOCIG. Evaluation of Clinical Audit and QI work	Matt Gamage	Quality	1	4	4	Above
19/12/2022	C-060	✗	✗	✗	✗	✓	✗	✗	Matt Gamage	Risk of planned efficiencies and benefits not delivered in full.	Recurrent cost base erodes contribution margin and restrict investment in service developments.	4	4	16	CIP plans and savings schemes are monitored through Finance, Performance and Digital Committee. Implemented the Agency request process. Efficiencies reported to NHSE and ICS	Medium - Yellow	2	3	6	➡	Treat	Savings and efficiency plans quantified as part of the business planning process. Monitor delivery of efficiencies and other benefits through FP&D. Executive review of corporate cost in preparation for 2023-24	Matt Gamage	Sustainability	1	4	4	Above
19/12/2022	C-063	✗	✗	✗	✗	✓	✗	✗	Matt Gamage	Risk of financial overspend due to insufficient financial controls. This may result in unauthorised over spend, loss of financial control inability to meet the control total and impact on service delivery.	Loss of financial control and failure to meet control total. Impact on service delivery.	3	4	12	Robust financial control environment, with regularly reviewed procedures. SFI, SoRD and SOs agreed at Board & reviewed at A&R Committee. Internal Audit Report on Financial Controls gave full assurance in 2021/22. Full assurance on financial governance for 2021/22, significant assurance on financial systems for 2021/22. HFMA self assessment checklist and Audit findings.	Medium - Yellow	2	3	6	➡	Treat	Interim Financial Controller review of financial policies and procedures ongoing as part of year end reviews. HFMA action plan	Matt Gamage	Sustainability	1	4	4	Above

Dudley Integrated Health and Care NHS Trust

Corporate Risk Register January 2023



Dudley Integrated Health and Care
NHS Trust

All Corporate Risks BELOW Tolerance

										STEP 2 - EVALUATE					STEP 3 - PLAN												
Date Last Reviewed	Ref	Committees						Risk Description		Inherent / Initial Risk Score			Current Score		Risk Movement from last assessment	Risk Response	Tolerate / treat / transfer / terminate	Actions to address the risks:	Responsibility of	Domain	Target Risk Rating			Above or Below Tolerance			
		System (Place Based)	Audit and risk	Primary Care Integration	Q&S	F, P & D	People	Strategy & Transformation	Accountable Director (Risk Sponsor)	RISK OF:	IMPACT/CONSEQUENCES	(L)likelihood Score									(I)Impact Score	Risk Rating (L x I)	Controls in Place		Assurance (RAG) rating for the strength of controls	(L)likelihood Score	(I)Impact Score
19/12/2022	C-073	X	X	X	X	X	X	Matt Gamage	Risk of placement costs relating to Continuing Health Care to be in excess of planned levels due to any unforeseen changes to the eligibility criteria and sufficiently robust system to record costs accurately.	Subsequently the unplanned cost increases will result in failure to achieve control total or increased CIP requirement	4	4	16	Regular reviews to ensure care packages match requirements. Consider alternative provision options. CHC expenditure will be monitored at F,P&D as part of Commissioning Budget Reporting	Strong - Green	3	3	9	➡	Treat	DIHC Finance leads to meet jointly with CHC team and ICB finance leads on a monthly basis. ICB financial performance information including continuing healthcare expenditure presented to DIHC FP&D committee from March 2022. Service Line reporting being developed and will be included in Financial Planning for 2022/23.	Matt Gamage	Sustainability	3	3	9	Below
16/12/2022	C-210		X	X	X	X	X	Steph Cartwright	There is a risk that the a change in the Clinical Director of a PCN results in a change to the current level of commitment to integrated working between DIHC and the PCNs	A PCN could withdraw support for ARRS staff and services being provided on behalf of PCNs by DIHC, and the wider support to PCNs and practices described in the Primary Care Strategy.	2	4	8	Medical Directors engage with prospective CDs DIHC implement the work for the primary care strategy – including the communications and engagement activities to promote the benefits of DIHC support to primary care To ensure that PCNs CDs are engaged an involved beyond PCIC in the development and implementation of the primary care strategy	Medium - Yellow	2	4	8	New	Treat	DIHC is working closely with existing PCN CDs regarding establishing provision of PCN CD role and associated management arrangements within DIHC.	Steph Cartwright	Reputational	3	3	9	Below
19/12/2022	C-057	X	X	X	X	X	X	Matt Gamage	Risk of reduction in annual payments due to factors beyond the control of DIHC.	This will impact in maintaining a positive balance between the income growth against the growth in demand.	4	4	16	Contract Meetings are in place with the ICB to monitor the terms of the contract. The Trust is represented at the DDOFs and DOFs system group where the financial planning is being developed for future years. These groups also manage the in year financial position and risks. Initial draft of ICS Financial framework is now available	Strong - Green	2	3	6	➡	Treat	ICS is looking to continue risk and gain share agreement for 2022/23. Implement the HFMA action plan Development of recovery plan, should DIHC deviate from the financial plan	Matt Gamage	Sustainability	3	2	6	Below
16/12/2022	C-201		X	X	X	X	X	Steph Cartwright	Risk of DIHC not being in alignment with Primary Care and not maintaining Primary Care at the heart of its strategic direction, future planning and engagement plans	This will result in practices operating outside of the integration agreement and PCNs operating outside of the SLA and DIHC model of care not delivered, quality of care inconsistent and potential increased unwarranted variation	3	4	12	Maintaining financial incentives and practices signing SLA and agreement Alignment of model of care leading to improved quality of care and increased consistency in service provision Production of DIHC Primary Care Strategy	Strong - Green	2	3	6	➡	Treat	DIHC is participating in an options appraisal alongside Primary Care Ongoing Development and implementation of the model of care Practice engagement visits ongoing 6 weekly face to face engagement events with Primary Care DIHC Primary Care Strategy has been approved by Board	Steph Cartwright	Sustainability	3	3	9	Below
19/12/2022	C-205		X	X	X	X	X	Matt Gamage	Lack of infrastructure for Primary Care extended team (ARRS staff) including IT, accommodation, supervision and management especially HR support over next 6 to 12 months	Leading to an inability to recruit, retain and support ARRS recruitment on behalf of PCNs, leading to practises withdrawing support	3	4	12	PCN CDs identification of priority roles HR recruitment / workforce plan for ARRS staff	Strong - Green	2	3	6	➡	Treat	SLA in place and ARRS Staff in post PCN feedback Appointed PCN Operational Managers with ongoing development of procedures to support practices and ARRS Staff	Steph Cartwright	Reputational	3	3	9	Below

										STEP 2 - EVALUATE							STEP 3 - PLAN												
Date Last Reviewed	Ref	Committees						Accountable Director (Risk Sponsor)	Risk Description		Inherent / Initial Risk Score			Controls in Place i.e. arrangements that are already in place and are helping to control the risk – please provide evidence of the risk being controlled	Assurance (RAG) rating for the strength of controls	Current Score			Risk Movement from last assessment	Risk Response Tolerate / treat / transfer / terminate	Actions to address the risks: i.e. What actions are you going to take to strengthen control of the risk and achieve the target risk rating. SMART actions: S = Specific M= Measurable A= Attainable R= Relevant T= Timely	Responsibility of	Domain	Target Risk Rating			Above or Below Tolerance		
		RISK OF:	IMPACT/CONSEQUENCES	(L)ikelihood Score	(I)mpact Score	Risk Rating (L x I)	(L)ikelihood Score		(I)mpact Score	Risk Rating																			
11/10/2022	T-045	✗	✗	✗	✗	✗	✓	✗	✗	Philip King	Risk of occupation/lease agreements for required premises are not in place.	This will lead to a lack of clarity around responsibilities and costs.	3	4	12	NHS PS premises all Dudley tenants are undocumented and DIHC is part of a health economy-wide process for lease regularisation. Specific discussions are taking place with the landlord with clear plans in place.	Medium - Yellow	2	2	4	➡	Tolerate	Ensure space continues to be reviewed and any potential future service transfers estates are included in the early discussion. The regularisation process completes prior to 31st March 2023.	Mike Nicklin	Infrastructure	2	2	4	Below

PUBLIC TRUST BOARD

REPORT TITLE:	Learning from External Reviews – Ockenden and East Kent
DATE OF MEETING:	10th January 2023
PURPOSE OF REPORT:	<p>Following the publication of the Ockenden report the Trust reviewed the key themes and learning. This summary report provides the Board with an overview of progress of work aligned to the themes. The report also considers the learning arising from the East Kent report published in October 2022. The position statement is attached as an appendix.</p> <p>This summary report together with the full position statement aligned to the key headlines has been received and discussed in full at the Quality and Safety Committee and the People Committee held in December 2022. This paper provides an update of the work being undertaken in DIHC against the identified themes and key headlines.</p> <p>The People Committee and the Quality Committee were assured that the position statement identified the recommendations, learning and actions that DIHC should have regard to. Furthermore, they recognised the alignment of several Trust priorities and work-programmes which were already in place prior to the publication and findings of the External Review.</p>
RESPONSIBLE EXECUTIVE:	Sue Nicholls Director of Nursing, AHPs and Quality
AUTHOR OF REPORT	Sue Nicholls Director of Nursing, AHPs and Quality
SUMMARY OF KEY POINTS:	<p>The CNO for England Ruth May has referred to there being 4 pillars identified within the Ockenden – Final report of which the learning is transferable across all NHS services. The four pillars are;</p> <ul style="list-style-type: none"> • Safe staffing • Well trained workforce • Learning from incidents • Listening to families <p>The report illustrates the importance of creating a culture where all staff feel safe and supported to speak up about issues pertaining to care. The report also signifies that the NHS needs to do more to engage with the individuals it treats and cares for.</p> <p>As an organisation with a clear focus on continuous improvement and learning lessons, we have also taken the opportunity to review and discuss the recently published East Kent report for wider application of</p>

	<p>learning. The East Kent report highlights a number of themes consistent with the learning identified within Ockenden.</p> <p>This summary report together with the position statement has been presented and discussed at the Trusts Quality and Safety Committee and the Trusts People Committee held in December 2022. The People Committee and the Quality Committee were assured that the position statement identified the recommendations, learning and actions that DIHC should have regard to. Furthermore, they recognised the alignment of several Trust priorities and work-programmes which were already in place prior to the publication and findings of the External Review.</p> <p>It was requested through the People Committee that the position statement more clearly defines the governance and assurance reporting mechanisms given the importance of the learning. The Director of Nursing, AHPs and Quality committed to action this request and report this back to the committee.</p> <p>Both assurance committees recommended that Board delegates oversight them</p> <p>Both assurance committees requested a final report to be received in six months' time to ensure that ongoing work is captured through directorate and committee work programmes as appropriate. Areas of concern will be escalated through Committee assurance reports.</p>
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	<p>Reflecting on external learning and identifying improvement opportunities for the Trust will ensure that we continue to focus on quality, safety and the effectiveness of the services we deliver. In parallel, a number of the themes identified relate to organisational culture. This work will support the achievement of our strategic objective <i>'being the best and happiest place to work'</i></p>
FUNDING/ COST IMPLICATIONS:	N/A
DoF / Finance Approval	<input type="checkbox"/> Yes <input type="checkbox"/> In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	N/A
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: <i>Tick as appropriate</i>	<input type="checkbox"/> Develop our role in the Dudley Place <input type="checkbox"/> Implementation of integrated care model for the Dudley population <input type="checkbox"/> Improve outcomes for children and young people in Dudley <input type="checkbox"/> Support sustainability of primary care <input checked="" type="checkbox"/> Be the best and happiest place to work <input type="checkbox"/> Improve the health of our population and reduce inequalities <input type="checkbox"/> Demonstrate value to our population / Greener NHS

CQC DOMAINS: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led
LIST KEY RISKS IDENTIFIED: <i>Select none identified or outline the risks identified and mitigations taken (if addressing existing risk on the corporate risk register please provide reference number)</i>	<input type="checkbox"/> None Identified
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	<input type="checkbox"/> Executive <input checked="" type="checkbox"/> People <input type="checkbox"/> Finance Performance & Digital <input type="checkbox"/> Digital Board <input checked="" type="checkbox"/> Quality and Safety/ QSSG <input type="checkbox"/> Audit & Risk <input type="checkbox"/> Primary Care Integration <input type="checkbox"/> Strategy and Transformation <input type="checkbox"/> EDI <input type="checkbox"/> Trust Management Board <input type="checkbox"/> Well Led <input checked="" type="checkbox"/> Other (Please state) Quarter 2 Learning Lessons Review Group
CONSIDERATIONS / IMPACTS: <i>Select none identified or outline the potential impact and considerations undertaken</i>	Quality and Equality Impact Assessment
	<input checked="" type="checkbox"/> None Identified
	Equality, Diversity and Inclusion
	<input checked="" type="checkbox"/> None Identified
	Greener NHS Sustainability Impact Assessment
	<input checked="" type="checkbox"/> None Identified
PRESENTED TO:	<input checked="" type="checkbox"/> Public Board <input type="checkbox"/> Private Board <input checked="" type="checkbox"/> Assurance Committee (<i>state</i>) – People Committee and Quality and Safety Committee (December 2022) <input checked="" type="checkbox"/> Other Committee (<i>state</i>) – Q2 Lessons Learnt Review Group
RECOMMENDATION: <i>Tick as appropriate</i>	<input type="checkbox"/> For Approval / Decision <input checked="" type="checkbox"/> For Assurance <input type="checkbox"/> For Information / Discussion

1. Introduction

The Quality Committee, People Committee and Trust Board have previously received reports detailing the key themes arising from The Ockenden report (final). This was an independent review of the maternity care of 1,486 families, the majority of which were patients at the Royal Shrewsbury and Telford Trust (The Trust) between the years 2000 and 2019.

The link to the executive summary is;

[Ockenden review: summary of findings, conclusions and essential actions - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/614211/Ockenden_review_summary_of_findings_conclusions_and_essential_actions.pdf)

Since the publication of The Ockenden report a further review of NHS maternity services has been published 'Reading the Signals' – Maternity and neonatal services in East Kent – the Report of the Independent Investigation (October 2022).

A review of 202 cases was undertaken and families were involved in the review. The review spanned the period from 2009 – 2020 in accordance with the scope of the terms of reference. The link to the report is;

[Maternity and neonatal services in East Kent: 'Reading the signals' report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/108421/Maternity_and_neonatal_services_in_East_Kent_Reading_the_signals_report.pdf)

2. Application of Learning

DIHC is not a provider of maternity services. However, the CNO for England Ruth May upon referencing the Ockenden report highlighted 4 pillars of learning that is transferable across all NHS services. The four pillars are;

- Safe staffing
- Well trained workforce
- Learning from incidents
- Listening to families

Key themes between the Ockenden and East Kent reports are evident.

The East Kent report identified themes aligned to;

- Good governance and data analysis
- Culture
- Multi-disciplinary Team working
- Conflict
- Women's feedback on experience and involvement in investigations
- Organisational behaviours
- Leadership appointments
- Open and honest ethos

and identified four broad key areas for action;

Key Area 1 – Monitoring Safe Performance – finding signals amongst noise

Key Area 2 – Standards of Clinical Behaviour – technical care is not enough

Key Area 3 – Flawed Teamworking – pulling in different directions

Key Area 4 – Organisational behaviour – looking good while doing badly

Several of the recommendations apply to national and regional bodies, for example Royal Colleges, Health Education England and Professional Regulators however as an organisation with a clear focus on continuous improvement and learning lessons there are a number of recommendations we need to have regard to.

The Trust has previously reviewed our workstreams against the 15 key headlines identified through a discussion forum with NHSE/I. It was noted that these are applicable for all healthcare settings.

People and Culture

1. Locum staffing
2. Clinical opinion policy to support staff members in being able to escalate their clinical concerns disagreement between healthcare professionals
3. Supervision and competency of clinical staff
4. Mechanisms must be in place to support the emotional and psychological needs of staff
5. Culture
6. Management of service reconfiguration
7. Visibility of executive team and effect of the turnover of executives

Clinical Governance

8. Clinicians with responsibility for governance must have sufficient time in job plans to undertake those roles
9. Grading and management of clinical incidents and complaints
10. Ensuring language used in investigation and complaints reports/ letters is jargon-free and understandable for the recipient
11. Lessons from clinical incidents must inform delivery of the local multidisciplinary training plan
12. Actions arising from a serious incident investigation involving a change in practice must be audited to ensure a change in practice has occurred.
13. Change in practice arising from an SI investigation must be implemented within 6 months after the incident occurred.
14. All Trusts must ensure that complaints which meet SI threshold must be investigated in accordance with SI framework
15. Complaints themes and trends must be monitored by the governance team

In addition, the Trusts Director of Nursing, AHPs and Quality identified the following areas for review by the Trust;

Issues identified include;

Clinical Governance

16. SI should be undertaken by a team of multi-professionals and not one single investigator
17. Staff involved in the incident should be involved in the scoping and evidence gathering but not be part of the investigating team
18. All members of the team involved in investigating incidents should have training a minimum of 3 yearly
19. All staff involved in complaint responses must receive complaints investigation training
20. Audit meetings should be multidisciplinary
21. Audits should be against national and local standards with actions monitored
22. Matters arising from clinical incidents should contribute to the audit plan

23. There must be a robust process in place that all safety concerns raised by staff are investigated with feedback provided

People and Culture

24. The Trusts escalation (raising concerns process and policy) must be highlighted at induction

25. The Trust must provide protected time to ensure that all clinicians are able to continuously update their knowledge, skills and techniques relevant to their clinical work

3. Position Statement

The Trusts full position statement was presented and discussed at the Quality and Safety Committee and the People Committee during May 2022 with a further update provided in December 2022. It is attached to this report as an appendix.

Several elements under the header of Clinical Governance within the position statement map directly across to the Trusts Clinical Governance plan. The Quality and Safety Committee continue to receive monthly reports on the progress made with the Clinical Governance Plan.

In addition, a core number of the elements relate to People and Culture and the Trust has placed significant emphasis on the Trusts Organisation Development programme. This work includes the Trusts Freedom To Speak Up (FTSU) Guardian accessibility and processes, actions arising from the staff survey and the continual implementation of the Trusts GREAT leadership framework. The People Committee has oversight of these workstreams and receives regular assurance reports.

Data Quality is an area of concern identified in the East Kent report whereby it was stated that false assurance can be taken from national statistics. The implementation of service level review meetings through the leadership of the Trusts Chief Operating Officer supports our culture of good governance and data analysis with a triangulation of workforce, performance, risk and quality data. It is important whilst seeking to benchmark against other providers/services that we do not become complacent and we constantly strive for continuous quality improvement and ask questions. Work continues with our BI colleagues to ensure we have meaningful risk sensitive outcome measures with the quality committee undertaking a specific development session to review our current quality performance metrics and the assurance we gain from them.

The East Kent report identified a concern about standards of clinical behaviour and dysfunctional teamworking. It was identified that senior clinical staff would discourage escalation and disregard views of more junior clinical staff or staff from different clinical disciplines. The lack of multidisciplinary training was identified as a contributor to multidisciplinary team work stating staff who work together should train together. Whilst this is a recommendation for training and education establishments the Director of Nursing, AHPs and Quality and the Medical Directors are reviewing the offer for local multidisciplinary training and the need for a clinical opinion policy. It has been recommended to implement a training and education committee to provide oversight of the Trusts training offer. Work is progressing to set this up at pace.

During 2022 a significant piece of work commenced to review the Trusts professional offer to clinical and clinical support staff. Successes to date include the implementation of a clinical supervision policy with staff having been supported to access the professional nurse advocacy (PNA) training programme. It is pleasing to note that all our commissioned places for the PNA course have been filled. We are also in the process of reviewing and further developing a suite of competency documents together with expanding our clinical training offer. Our clinical staff are

involved in the development of this and this is also being informed through the clinical training needs analysis which has been undertaken at service level.

4. Conclusion and Next Steps

The Trust continues to place emphasis on culture, leadership development, quality and experience of care and treatment and training and competency of our workforce. As an organisation that is focussed on continuous learning and improvement the areas highlighted within this report are core *Business as Usual* activities with Board and sub-committee oversight. In addition, the quarterly lessons learnt group receives a report of external learning to ensure we are sighted on messages and key actions which we should have regards to. Lessons learnt are disseminated to our teams via a number of communication modes and reported through to Committee and Trust Board.

Both the People Committee and the Quality Committee were assured that the position statement identified recommendations, learning and actions that DIHC should have regard to. Furthermore they recognised the alignment of several Trust priorities and work-programmes which were already in place prior to the publication and findings of the External Review.

It was requested through the People Committee that the position statement more clearly defines the governance and assurance reporting mechanisms given the importance of the learning. The Director of Nursing, AHPs and Quality committed to action this request and report this back to the committee

Both assurance committees recommended that Board delegate oversight to them

Both assurance committees requested a final report to be received in six months' time to ensure that ongoing work is captured through directorate and committee work programmes as appropriate. Areas of concern will be escalated through Committee assurance reports.

Position statement. Learning from External Reviews : Ockenden and East Kent reports

Issue : CLINICAL GOVERNANCE	Position Statement (June 2022)	Next steps	Progress December 2022
<p>Clinicians with responsibility for governance must have sufficient time in job plans to undertake those roles</p> <p>Allocation of time within clinical job plans to support incident investigation</p>	<p>All clinicians with responsibility for governance have been provided with time to undertake the role.</p>	<p>To review the time allocated through 121s and annual appraisal to ensure it is sufficient</p>	<p>This work is ongoing. The Trust continues to identify a pool of incident investigators. This includes relevant clinical, professional and clinical service leads</p> <p>This will be reassessed as part of the implementation of the Patient Safety Incident Response Framework</p>
<p>Grading and management of clinical incidents and complaints</p>	<p>If a complaint or incident meets the SI threshold an investigation in also commenced in accordance with the SI framework with duty of candour invoked</p> <p>Incidents and complaints and feedback are independently reviewed by the quality and safety team with actions initiated. All reported incidents are discussed at a weekly incident panel and reporting is also provided in detail to the quality and safety steering group. This provides opportunity for challenge and debate on actions / investigation taken and if further action or investigation is considered necessary via this multidisciplinary review further action will be taken. Actions and lessons learned are also discussed at the quarterly lessons learned review</p>		<p>The quarterly lessons learnt report is now embedded with onward reporting to the Quality and Safety Committee and Trust Board</p> <p>Lessons learnt are disseminated to staff via Nursing and AHP forum, screen savers, Friday Round Up, Nursing and AHP forum, Service level review meetings</p> <p>To date there have been zero complaints which met the SI threshold</p>

Issue : CLINICAL GOVERNANCE	Position Statement (June 2022)	Next steps	Progress December 2022
	group with a report provided to Quality and Safety Committee (Board sub-committee)		
Ensuring language used in investigation and complaints reports/ letters is jargon-free and understandable for the recipient	Complaints responses and investigations are subject to a quality assurance process prior to formal sign off	Commission complaints and investigation training for key staff who are required to undertake this as part of their role. This training should be a minimum of 3 yearly	<p>The Quality and Safety team have provided 'management of complaints' support and training to a number of staff as requested. A formal programme is being scoped</p> <p>Complaint responses are quality assured prior to final sign off by the CEO.</p> <p>A review of local resolution process has been undertaken to enable complaints and concerns to be resolved as soon as possible</p>
Lessons from clinical incidents must inform delivery of the local multidisciplinary training plan	Any training needs identified from clinical incidents are followed up	To ensure this is a core key line of enquiry for the members of the quality and safety steering group	<p>It is the responsibility of the local service leads to identify training needs and manage any individual requirements.</p> <p>A training and education group is being developed which will ensure that any identified organisation training needs arising from incidents or complaints are captured</p> <p>The Quality team review incidents weekly and the Trusts Professional lead for AHP and clinical support services and the Trusts Deputy Director of Nursing attend and support any identification and escalation of training needs</p>

Issue : CLINICAL GOVERNANCE	Position Statement (June 2022)	Next steps	Progress December 2022
There must be a robust process in place that all safety concerns raised by staff are investigated with feedback provided	Included within the incident reporting policy. Feedback provided via datix and also the service performance/clinical governance review meetings. Freedom to speak up/raising concerns policy is in place which is currently being reviewed by the Trusts guardian.	To be a core component of executive and non-executive visit enquiries with teams To update the FTSU policy	NED / Board service visits are in place with a feedback form. The Freedom to Speak Up policy has been updated with an issue date of November 2022. This has been approved via policies and procedures group and People Committee
Actions arising from a serious incident investigation involving a change in practice must be audited to ensure a change in practice has occurred		To ensure this is captured in the clinical audit programme for any actions arising from serious incidents	Following the launch of the clinical audit strategy (in July 2022), the Quality Improvement Group (QIG) was established with a key remit being to oversee and drive forward the DIHC clinical audit programme. This group is responsible for linking actions from SIs into the clinical audit programme as relevant
Change in practice arising from an SI investigation must be implemented within 6 months after the incident occurred.	The policy details each complaint response where there are actions identified will have an action plan and a completed complaint assurance review	Consider an audit of practice to ensure this is within 6 months	Following the launch of the clinical audit strategy (in July 2022), the Quality Improvement Group (QIG) was established with a key remit being to oversee and drive forward the DIHC clinical audit programme. This group is responsible for linking actions from SIs into the clinical audit programme as relevant
All Trusts must ensure that complaints which meet SI threshold must be investigated in accordance with SI framework	This is a core component of the Trusts Complaints, Concerns and Compliments policy		To date there has been 0 complaints which have met the threshold of a serious incident however as per Trust policy these will be investigated accordingly

Issue : CLINICAL GOVERNANCE	Position Statement (June 2022)	Next steps	Progress December 2022
Complaints themes and trends must be monitored by the governance team	The Trust Quality and Safety team monitor complaints themes and trends with monthly reports provided to Quality and Safety Steering Group, Quality and Safety Committee and Trust Board		As per position statement inclusive of lessons learnt meeting
<p>SI should be undertaken by a team of multi-professionals and not one single investigator</p> <p>All members of the team involved in investigating incidents should have training a minimum of 3 yearly</p>	<p>Serious Incident investigations are discussed at a round table event and terms of reference agreed. Currently investigation is undertaken by a lead investigator however a further round table undertaken post investigation and pre executive sign off to provide scrutiny and quality assurance</p>	<p>Commission investigation training for key staff who are required to undertake this as part of their role. This training should be a minimum of 3 yearly</p>	<p>Liaising with the ICB re training programme which will be provided as part of the implementation of the Patient Safety Incident Response Framework</p>
Staff involved in the incident should be involved in the scoping and evidence gathering but not be part of the investigating team	Staff are involved in the round table scoping event however they are not assigned investigation lead		As per position statement
<p>Audit meetings should be multidisciplinary</p> <p>Audits should be against national and local standards with actions monitored</p>	<p>The clinical audit policy and proforma is complete. The Trust is currently further developing its clinical audit strategy and these elements will be a core component of the strategy.</p>	<p>Complete and publicise the clinical audit strategy</p>	<p>The clinical audit strategy was published in July 2022</p> <p>A clinical audit programme is in place with details of all local and relevant national clinical audits included.</p>

Issue : CLINICAL GOVERNANCE	Position Statement (June 2022)	Next steps	Progress December 2022
Matters arising from clinical incidents should contribute to the audit plan			the Quality Improvement Group (QIG) was established with a key remit being to oversee and drive forward the DIHC clinical audit programme. This group is responsible for linking actions from SIs into the clinical audit programme as relevant

Issue : PEOPLE AND CULTURE	Position Statement	Next Steps	
Locum staffing	The Trusts locum staffing policy is currently being reviewed and revised	To ratify and publish	DIHC agency and locum medical staff workers policy ratified and issued in May 2022. Need to 'test' compliance with the policy
Clinical opinion policy to support staff members in being able to escalate their clinical concerns disagreement between healthcare professionals	The Trust does not currently have a clinical opinion policy	To review the requirement for a clinical opinion policy	To discuss further to ascertain if this is a policy that is required.
Supervision and competency of clinical staff	The Trusts clinical supervision policy is in the process of ratification. Consultation with teams has taken place Competency requirements aligned to each clinical role including Non-Medical Prescribing, Immunisation and Vaccination, Health Education England Roadmap,	To develop a portal for all clinical competency documents	This work is progressing, the Trusts clinical supervision policy was ratified in June 2022 and the policy and associated

Issue : PEOPLE AND CULTURE	Position Statement	Next Steps	
			documentation launched via the Nursing and AHP policy. The further development of core competency documents are progressing
Mechanisms must be in place to support the emotional and psychological needs of staff	There is a staff health and wellbeing section of the staff intranet which provides advice and links through to services offering emotional and psychological support. The Trust also has a commissioned occupational health contract	Continue to review via pulse survey	As per the position statement. Regular health and wellbeing sessions are offered to staff
Culture	Leadership framework has been commissioned Action plan from the staff survey which includes focus groups to explore key findings	Continue to review via pulse survey	GREAT leadership programme is being accessed and monitored via the People Committee
Management of service reconfiguration		To review this element in more detail	The Trust is in the process of developing a policy and procedure enabling and managing change which will include the Trusts approach to service reconfiguration. This is through the leadership of the Trusts Director of Strategy, People and Partnerships

Issue : PEOPLE AND CULTURE	Position Statement	Next Steps	
Visibility of executive team and effect of the turnover of executives	The Executive are a new executive team and turnover is currently low. There are a number of interim posts currently. Pulse survey will review the visibility of the executive team	Consideration of next steps regarding interim executive posts	Whilst some of the key leadership posts are interim, leadership of the executive team and the Board has been stable for 12 months
The Trusts escalation (raising concerns process and policy) must be highlighted at induction	A number of core policies are referred to at induction including complaints, incident and freedom to speak up		The FTSU guardian attends all Trust inductions and provides detail of contact etc
The Trust must provide protected time to ensure that all clinicians are able to continuously update their knowledge, skills and techniques relevant to their clinical work	The Trust is currently refreshing the training needs analysis.	Following completion the requirements will be shared with all team leads to ensure that time is provided	<p>A training needs analysis has been completed. The Trust has entered partnership with RWT to support core clinical training needs.</p> <p>The Trusts DON, AHP and Quality and her clinical leadership team are liaising with the training hub re access to primary care clinical training</p> <p>Competency documents are being further developed</p>

PUBLIC TRUST BOARD

REPORT TITLE:	Quality and Safety Report
DATE OF MEETING:	10 th January 2023
PURPOSE OF REPORT:	To present the Quality and Safety Report to the Trust Board
RESPONSIBLE EXECUTIVE:	Sue Nicholl, Director of Nursing, AHPs and Quality
AUTHOR OF REPORT	James Young, Associate Director of Governance and Quality Sue Nicholls, Director of Nursing, AHPs and Quality
SUMMARY OF KEY POINTS:	<p>The Quality and Safety report was presented to the Trusts Quality and Safety Committee in December 2022. The reporting period referred to is November 2022. The report provides the quality and safety scorecard together with high level information regarding reported incidents (datix and serious incidents), complaints and concerns, safeguarding data and covid and flu vaccination data relating to our integrated practices.</p> <p>The Quality and Safety Committee also received information from the Trusts Quarterly Lessons Learnt Review meeting and a summary has been provided to Board.</p> <p>The attached report details the following;</p> <ul style="list-style-type: none"> • There were two reportable serious incidents in November. Duty of Candour has been undertaken. The Trust continues to support the investigation of 3 other serious incidents reported by other organisations to ensure system and pathway learning as appropriate. These have also been reported as internal incidents with full investigation. • No formal complaints have been reported during this period. The reporting of the Friends and Family Test has now been extended across our services • There has been a notable increase in incidents from previous months following increased training and awareness with teams. Most incidents remain no-harm or near miss incidents. • The disclosure of historical incidents remains the highest number of reportable safeguarding concerns.

	<ul style="list-style-type: none"> The patient covid and flu vaccination season continues with both of our practices focussing on measures to increase uptake The staff flu vaccination peer campaign continues. Numbers have now flatlined. This is in line with the national trend and at present we are not an outlier. It has been confirmed that the flu vaccination CQUIN is only applicable to services named within the standard NHS contract. For DIHC this is the IAPT and Primary Care Mental Health Service. We do however continue to encourage all our staff to access the vaccination
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	To ensure that the Trust focusses on continually improvement of patient experience and maintaining the safety of services. Any areas for improvement are identified with appropriate actions taken.
FUNDING/ COST IMPLICATIONS:	N/A
DoF / Finance Approval	<input type="checkbox"/> Yes <input type="checkbox"/> In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	N/A
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: <i>Tick as appropriate</i>	<input type="checkbox"/> Develop our role in the Dudley Place <input type="checkbox"/> Implementation of integrated care model for the Dudley population <input checked="" type="checkbox"/> Improve outcomes for children and young people in Dudley <input checked="" type="checkbox"/> Support sustainability of primary care <input checked="" type="checkbox"/> Be the best and happiest place to work <input checked="" type="checkbox"/> Improve the health of our population and reduce inequalities <input type="checkbox"/> Demonstrate value to our population / Greener NHS
CQC DOMAINS: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led
LIST KEY RISKS IDENTIFIED: <i>Select none identified or outline the risks identified and mitigations taken</i> <i>(if addressing existing risk on the corporate risk register please provide reference number)</i>	<input checked="" type="checkbox"/> None Identified
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	<input type="checkbox"/> Executive <input type="checkbox"/> People <input type="checkbox"/> Finance Performance & Digital <input type="checkbox"/> Digital Board <input checked="" type="checkbox"/> Quality and Safety/ QSSG <input type="checkbox"/> Audit & Risk <input type="checkbox"/> Primary Care Integration <input type="checkbox"/> Strategy and Transformation <input type="checkbox"/> EDI

	<input type="checkbox"/> Trust Management Board <input type="checkbox"/> Well Led <input type="checkbox"/> Other (Please state)
CONSIDERATIONS / IMPACTS: <i>Select none identified or outline the potential impact and considerations undertaken</i>	Quality and Equality Impact Assessment
	<input checked="" type="checkbox"/> None Identified
	Equality, Diversity and Inclusion
	<input checked="" type="checkbox"/> None Identified
	Greener NHS Sustainability Impact Assessment
	<input checked="" type="checkbox"/> None Identified
	Other Regulatory Requirements
<input checked="" type="checkbox"/> None Identified	
PRESENTED TO:	<input checked="" type="checkbox"/> Public Board <input type="checkbox"/> Private Board <input checked="" type="checkbox"/> Assurance Committee (<i>state</i>) – Quality and Safety Committee <input type="checkbox"/> Other Committee (<i>state</i>) -
RECOMMENDATION: <i>Tick as appropriate</i>	<input type="checkbox"/> For Approval / Decision <input checked="" type="checkbox"/> For Assurance <input type="checkbox"/> For Information / Discussion

Quality and Safety Report

Reporting Period: November 2022

Reported to: December 2022, Quality and Safety Committee
January 2023, Trust Board

Reported by: Sue Nicholls – Director of Nursing, Quality and AHPs

Variation and Assurance Icons

SPC charts and Icons require a minimum of 15 data points to create a robust analysis, Due to the infancy of the organisation we are using 2+ data points in some cases e.g. CHC, Intermediate Care, High Oak Surgery. Winter Access, NCMP. Therefore, Please take this into consideration when reviewing the information.

Variation				Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Special cause variation when up or down arrow is neither an improvement or concern	Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Statistical Process Chart (SPC)

----- Upper/Lower Control Limit	● Special cause improvement
----- Target	● Special cause concern
— Mean	—●— Activity

Summary

Data / Quality Indicators

- Two Serious Incidents reported this period
- No formal complaints reported this period
- FFT data now provided for Chapel Street and the Primary Care Mental Health Service

Other

- The Quality and Safety Team and Safeguarding team have undertaken focussed work with services to encourage an open reporting culture. There has been a notable increase in reported incidents.

Recommendations

- With the exception of the two reported Serious Incidents there are no further quality & safety concerns for escalation to the Board.
- Trends and themes continue to be monitored through the Quarterly Lessons Learnt Review meeting. A summary is included in this paper.
- The Board is asked to accept this report for assurance of the Trusts quality oversight and actions taken

DIHC Performance Scorecard 2022/23

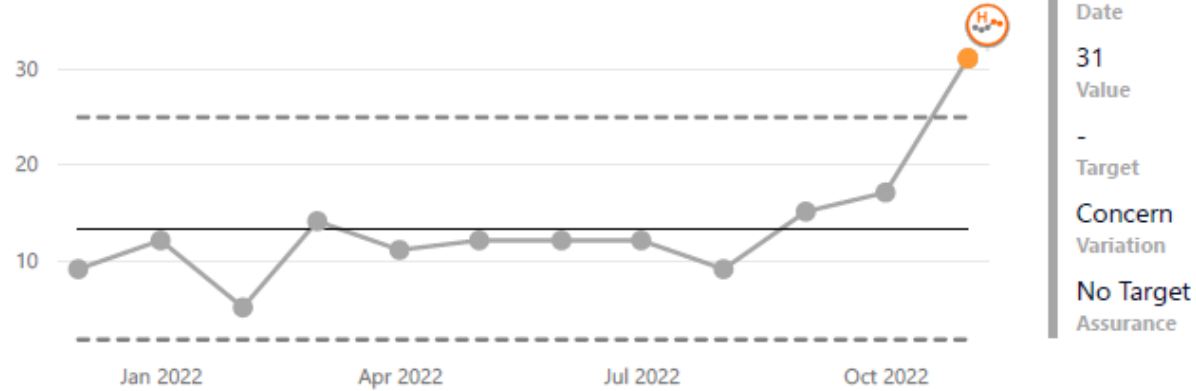
Domain	Sub domain	Metric	Metric Type	Latest Date	Value	YTD	Target	Variation	Assurance
Q&S	Feedback	IAPT Friends and Family Test – % Positive	Local	Nov 2022	100%	100%	-		
		IAPT Friends and Family Test – % Positive (Qtr)	Local	Sep 2022	100%	100%	-		
		Primary Care Friends and Family Test – % Positive - Chapel Street Surgery	Local	Nov 2022	100%	84%	-		
		Primary Care Friends and Family Test – % Positive - Chapel Street Surgery (QTR)	Local	Sep 2022	86.67%	86.67%	-		
		Primary Care Friends and Family Test – % Positive - High Oak Surgery	Local	Nov 2022	90.09%	89.64%	-		
		Primary Care Friends and Family Test – % Positive - High Oak Surgery (QTR)	Local	Sep 2022	89.57%	89.55%	-		
		PCMH Friends and Family Test – % Positive	Local	Nov 2022	40%	46.67%	-		
		PCMH Friends and Family Test – % Positive (QTR)	Local	Sep 2022	20%	20%	-		
		Feedback - Informal Concern	Local	Nov 2022	6	27	-		
		Feedback - Compliments	Local	Nov 2022	2	26	-		
		Feedback - Complaints	Local	Nov 2022	0	23	-		
		An acknowledgment of the complaints within 3 days	National	Oct 2022	100%	94.44%	-		
		A formal response to the complaint sent within 45 days	Local	Nov 2022	100%	100%	-		
	Incidents	Duty of Candour	National	Nov 2022	100%	100%	100%		
		Occurrence Of Any Never Event	National	Nov 2022	0	0	-		
		Incidents	Local	Nov 2022	31	119	-		
		Serious Incidents	Local	Nov 2022	2	2	-		
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	Nov 2022	100%	100%	-		
Safeguarding		Number of Safeguarding Concerns - Adults	Local	Nov 2022	57	425	-		
		Number of Safeguarding Concerns - Child	Local	Nov 2022	21	158	-		
		Number of Safeguarding Concerns - Age unknown	Local	Nov 2022	0	2	-		
		Number of SARs - Open	Local	Nov 2022	0	0	-		
		Number of CSPRs - Open	Local	Nov 2022	2	2	-		
		Number of S42s - Open	Local	Nov 2022	3	3	-		
		Number of S42s - Overdue	Local	Nov 2022	1	1	-		

Footnotes

There was two incidents requiring Duty of Candour in November 2022
Zero formal complaints recorded in November 2022.

Incidents

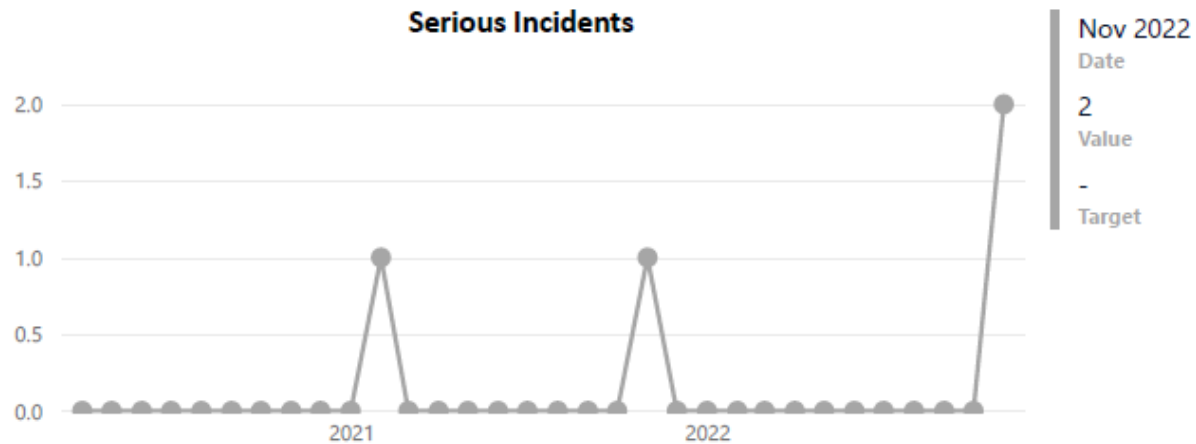
Incidents



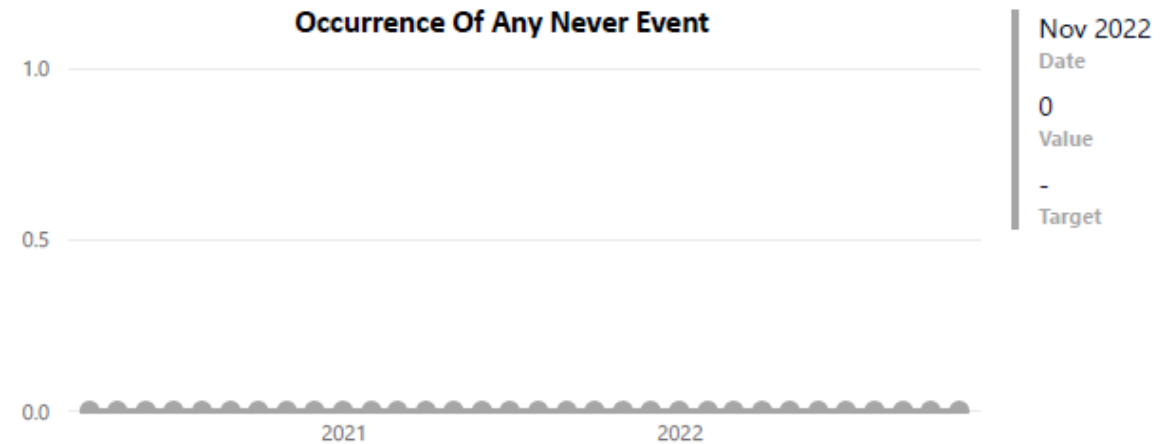
Duty of Candour



Serious Incidents



Occurrence Of Any Never Event



Service comments

Actions

- Noticeable increase in incidents from previous months following increased training and awareness with teams; two key areas are being explored further as a result of increasing incidents;
 - Six individuals contacted various DIHC services in crisis / considering self-harm – all acted upon to ensure safety of individuals; risk escalated and system discussions being held
 - Seven clerical/administrative errors relating to either referrals or records filing – across three different services
- In addition, following focussed support provided by the central Q&S team there has been a visible improvement in incident reporting from the ARRS services with three incidents having been reported by three different services
- Two deaths reported during this period. Both have been reported via the national serious incident process

- Investigations to be completed and any potential themes to be reviewed by Q&S team
- System discussions being held relating to individuals in crisis
- Unexplained death reported as an SI
- Falls-related death also reported as an SI
- Number of reported incidents will continue to be monitored

Open SIs

- Currently 2 SIs open, both reported during November 2022:

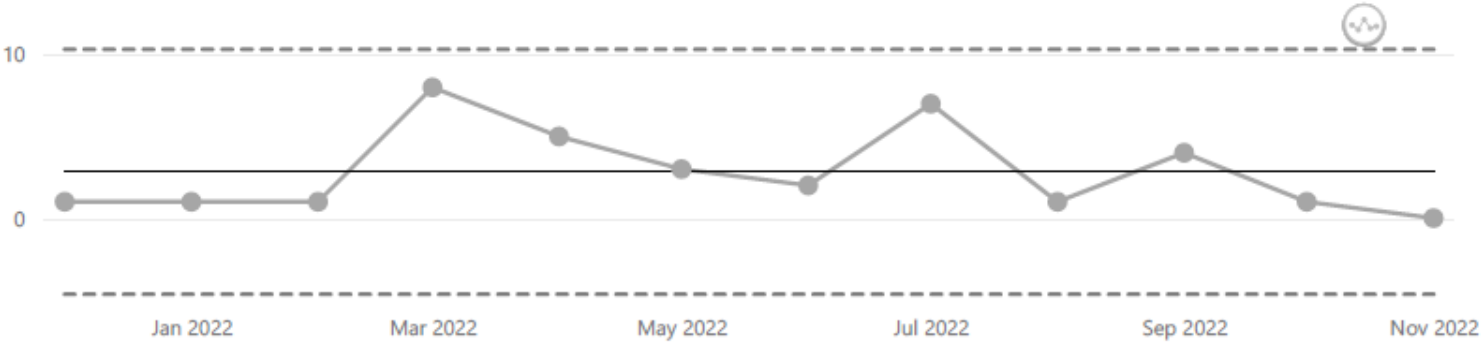
Reference	Date reported	Incident summary
2022/24186 (INC1504)	02/11/22	Unexpected death of person recently discharged from IAPT service <i>Scoping meeting held 12/12/2022</i>
2022/24773 (INC1553)	13/11/22	Unexpected death of a patient as the result of injuries sustained in a fall. Individual under the care of DIHC primary care <i>Scoping meeting currently being scheduled</i>

- In addition, DIHC are supporting the investigation of 3 SIs reported by other organisations; these have also been reported internally as incidents and are being fully investigated to help identify any opportunities for learning:

Reference	Date reported	Incident summary
INC1275	21/06/22	Unexpected death of person in receipt of care - IAPT <i>Internal investigation report drafted</i>
INC1430	11/10/22	Non-accidental injury (Child) – Primary Care <i>Investigation in progress</i>
INC1412	07/10/22	Unexpected death of patient – Primary care <i>Investigation in progress</i>

Feedback

Feedback - Complaints



Nov 2022

Date

0

Value

-

Target

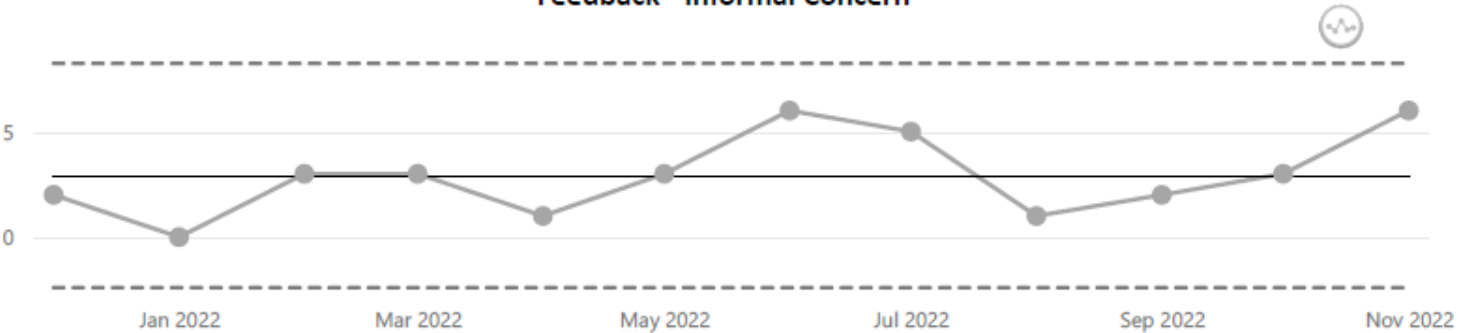
Common Cause

Variation

No Target

Assurance

Feedback - Informal Concern



Nov 2022

Date

6

Value

-

Target

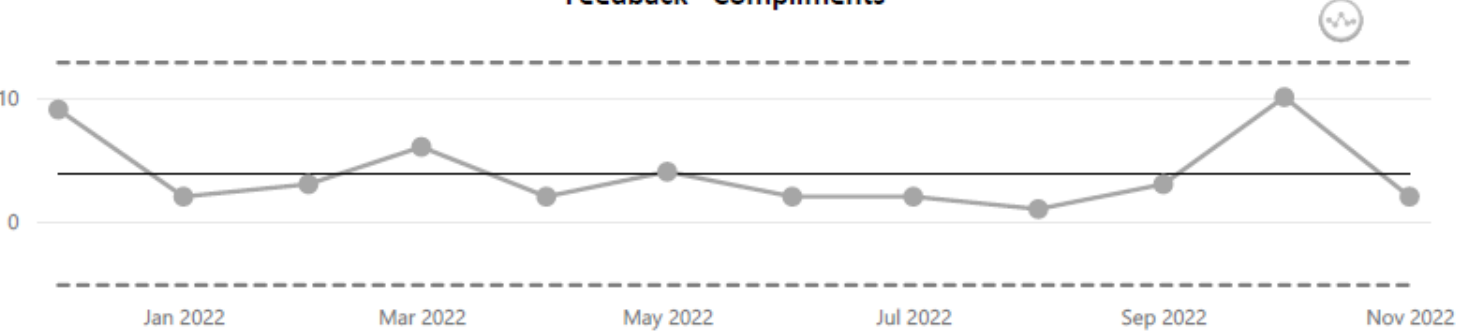
Common Cause

Variation

No Target

Assurance

Feedback - Compliments



Nov 2022

Date

2

Value

-

Target

Common Cause

Variation

No Target

Assurance

Service comments

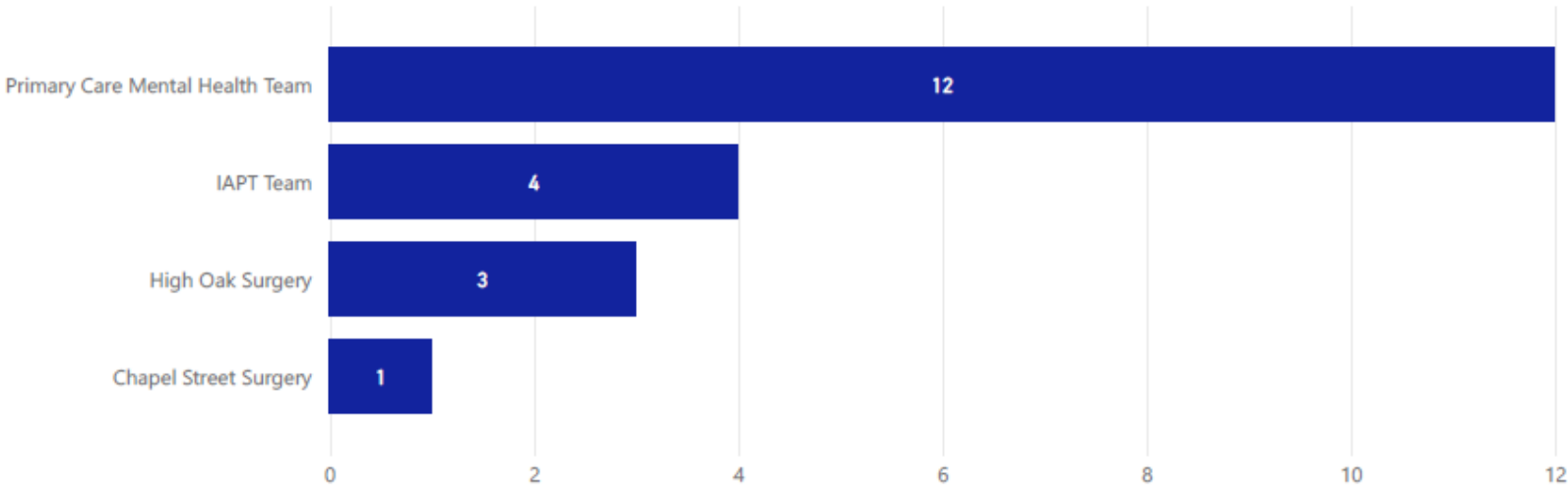
- Three complaints closed in November 22, one was upheld and two not upheld
- Feedback received in November includes;
 - Queries re IAPT service waiting times
 - High Oak consultation query

Actions

- No specific actions currently required. The Trusts continues to manage complaints in accordance with the national complaint regulations. An increased emphasis has been placed on local resolution in primary care services to enhance complainant experience and to manage issues more quickly

Incidents and Feedback Closed Within: November 2022

Incident Closed by Service



Feedback Closed by Service



Key Lessons Learnt

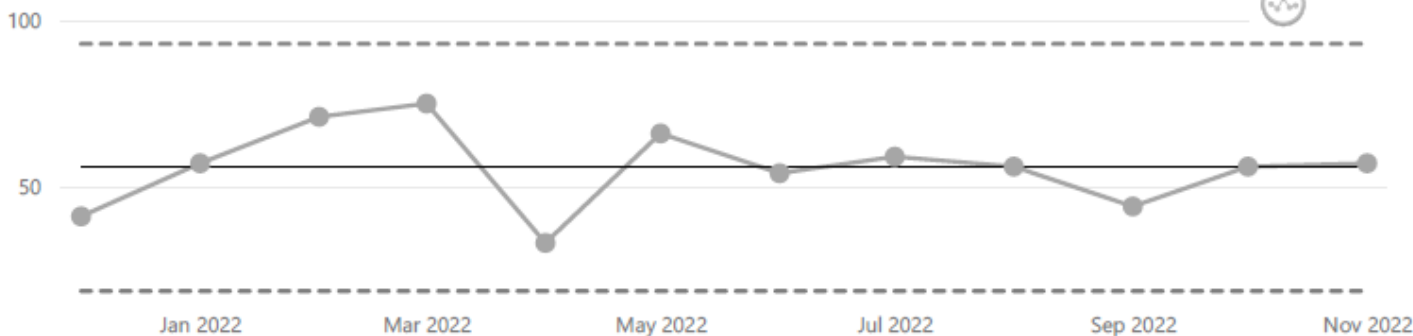
- Following administrative errors, the following actions have been taken
- Therapists reminded to double check all details before sending out remote consultation invites.
 - Improve patient ID checks prior to sending out letters
 - Review Subject Access Request process to minimise delays in sending records to patients

Actions

- As above and;
- Have Your Say poster have been revised with a greater emphasis on local resolution. These have been reissued and are now displayed within both of our practices. The website has also been amended to provide increased options for patients to raise concerns via the local resolution process. The Trusts formal complaints process is also detailed.

Safeguarding

Number of Safeguarding Concerns - Adults



Nov 2022

Date

57

Value

-

Target

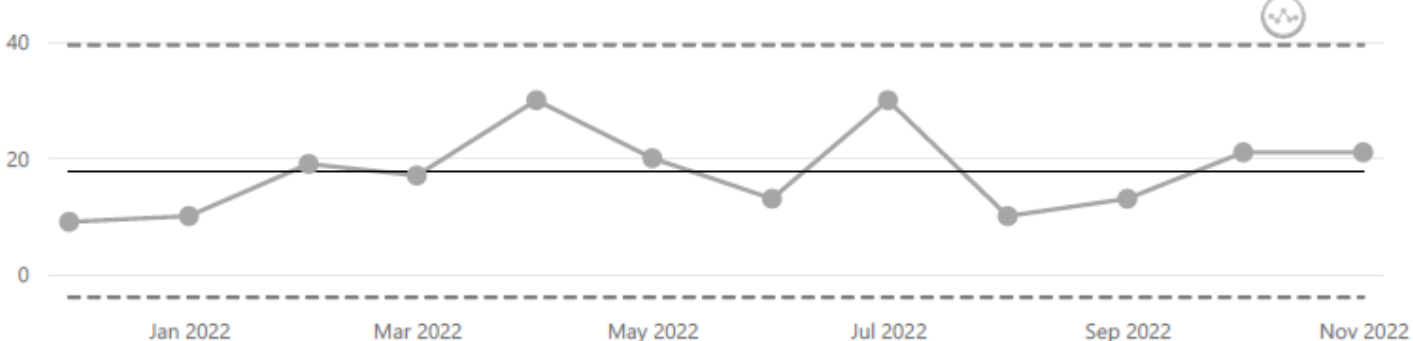
Common Cause

Variation

No Target

Assurance

Number of Safeguarding Concerns - Child



Nov 2022

Date

21

Value

-

Target

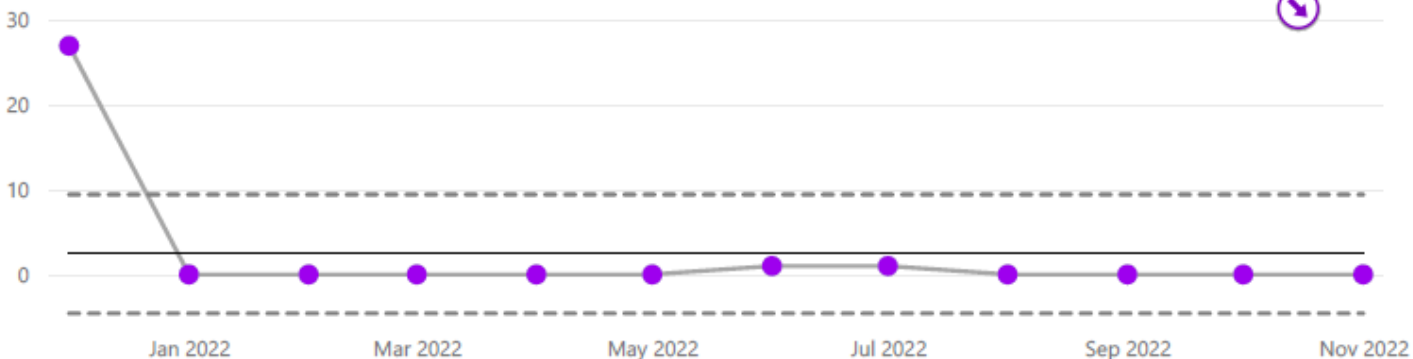
Common Cause

Variation

No Target

Assurance

Number of Safeguarding Concerns - Age unknown



Nov 2022

Date

0

Value

-

Target

Neither

Variation

No Target

Assurance

Service comments

- There were 42 historic and 36 current safeguarding concerns reported via RLDatix™
- IAPT and PCMH remain the highest reporters of safeguarding incidents in relation to historical and current concerns with the most common theme of domestic abuse
- Of the current concerns, 25 were adult related and 11 child concerns, which resulting in 12 referrals to social care- 6 for adults and 6 for children.
- For those cases that had a referral the most common themes were self-neglect for adults.
- For those cases that had a referral the most common were neglect and or emotional abuse for children

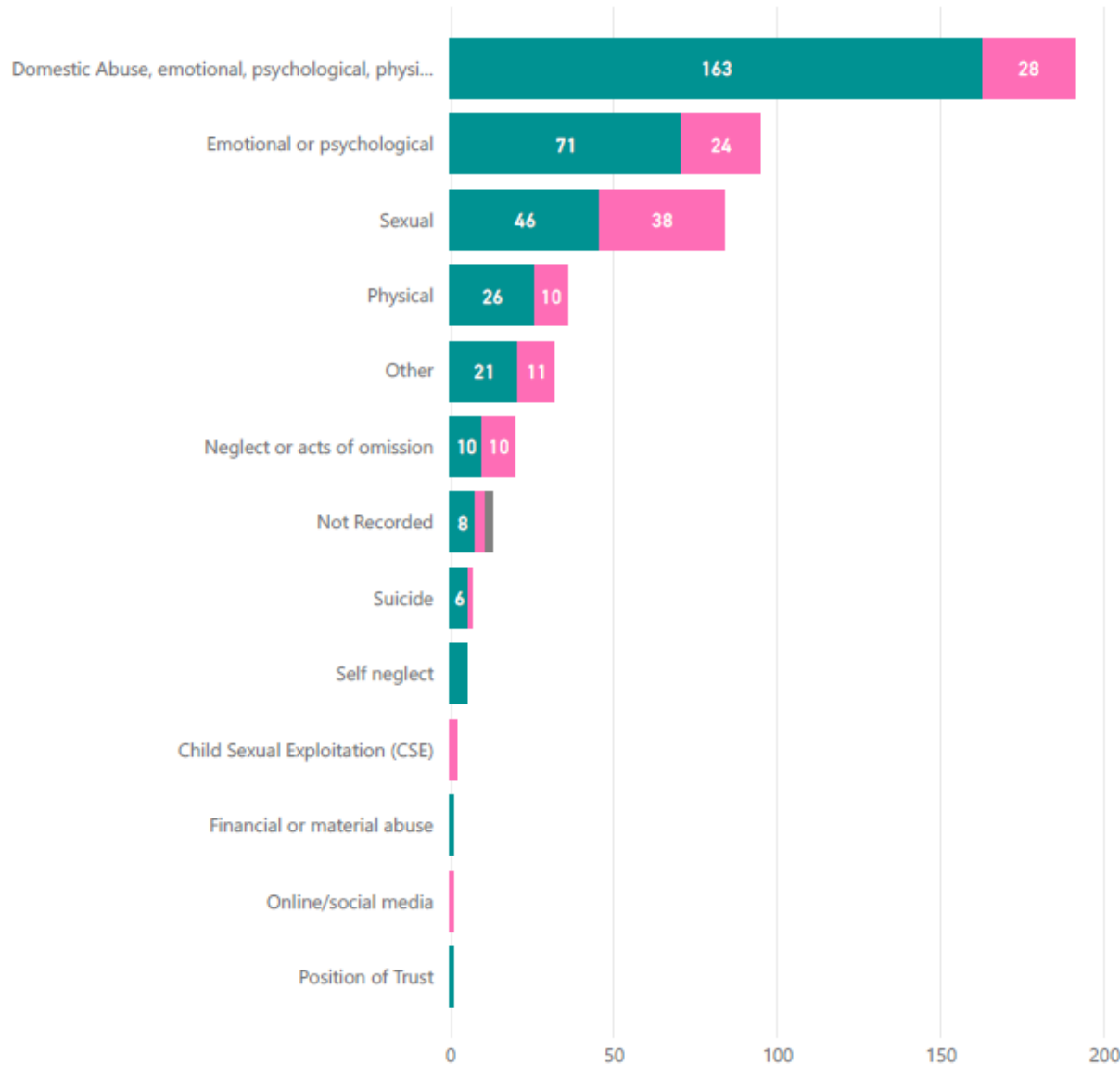
Actions

- 24 current safeguarding concerns were reported that did not require a referral into social care for help and support. These are reviewed by the Named Nurses daily to ensure the appropriate actions have been taken or that the adult/child are already in receipt of services.

Safeguarding

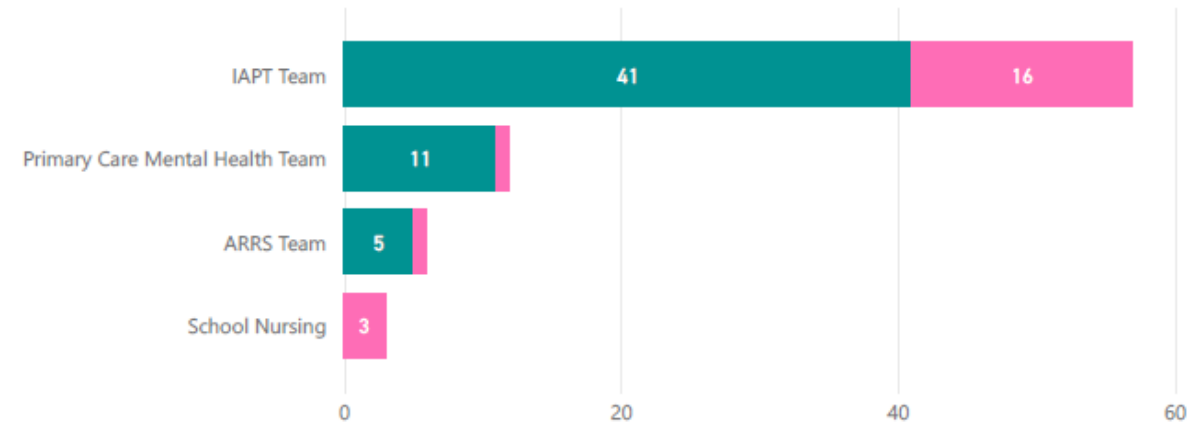
Safeguarding Concerns by Type of Abuse (YTD)

Adult/Child ● Adult ● Child ● Not Recorded



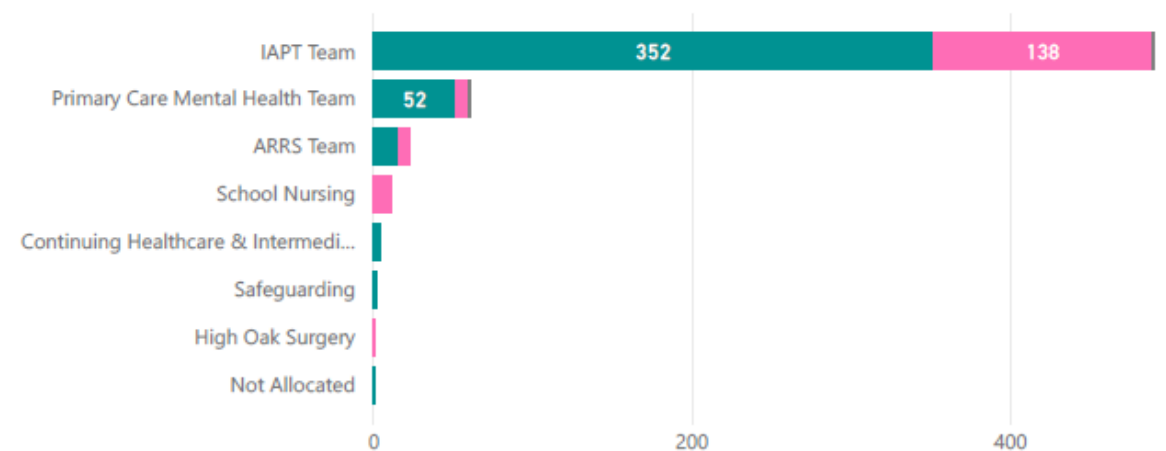
Safeguarding Concerns (Nov 2022)

Adult/Child ● Adult ● Child



Safeguarding Concerns by Team (YTD)

Adult/Child ● Adult ● Child ● Not Recorded



Q2 Learning Lessons - summary

- The Trust is committed to an ethos of organisational learning which also embraces the development of a “just culture” based on the core belief that the immediate organisational response to any adverse event should not be one of blame and retribution, but one of learning
- A number of review meetings exist that contribute to the identification of learning from a number of sources, such as incidents and feedback from service users, culminating in a quarterly Learning Lessons meeting
- The 2022/23 Q2 Learning Lessons meeting was held on 24th November 2022 – key points were:
 - 36 incidents were reported during Q2 (Q1=35); no Serious Incidents were reported during this time
 - Seven new complaints were reported during Q2 (Q1=8); one breached our 3 working day acknowledgement due to delays with the complaint being recorded onto the feedback module by the service; nine concerns (Q1=9) and six compliments (Q1=8) were also reported
 - Work also continues on maximising the engagement of service leads with a number attending this meeting following a wider invite list being sent out
- Work continues on maximising opportunities for learning from other organisations, the meeting received a key learning update following the review of the East Kent Hospitals University NHS Trust report. The meeting discussed areas applicable to the Trust and these have been discussed at the Quality Committee and the People Committee (December 2022)

Q2 Learning Lessons - summary

Of the 36 incidents reported during Q2, ten incidents of consent and confidentiality were reported compared to three incidents during Quarter 1. 50% of the incidents were received from one service. The IG team have worked with the service lead together with wider dissemination of learning as detailed below.

All incidents related to personal property/data/information, data breaches reported included information being received by incorrect services or incorrect person. Awareness on data security and consent and confidentiality communicated. Compliance with Information Governance Training as of 30th November 2022 is 89.90%

Nine incidents aligned to the category of self harming behaviours/missing patients were reported, this is a significant increase compared to the one incident during Quarter 1. Onward referrals have been made as appropriate and care and treatment intensified as per individual risk assessments.

Four incidents were reported which related to the behaviour of patients, these incidents were mainly related to verbal abuse and the use of aggressive language towards staff and were locally resolved. One incident related to physical assault of staff member based in High Oak Surgery. The staff member affected was unharmed

Out of the 36 incidents reported, 24 were no harm, 4 were near misses and 8 resulted in harm.

Q2 Learning Lessons – Key Actions Taken

- Process re managing interpreter booking confirmations amended to prevent missed appointments potentially being missed due to staff absence
- Reminder to staff to use appropriate equipment when opening bottles/jars
- Processes amended to ensure emails are not sent to patients using a generic service email account
- Staff reminded to double check email addresses/names when sending emails containing staff or patient information
- All training EpiPens recalled and checked and replaced
- Local resolution processes for complaints strengthened
- Ensure patients are aware of long-term continuity of locum staff

VACCINATIONS

COVID VACCINATIONS – Patients (High Oak Surgery)

- Covid vaccination programme at High Oak Surgery continues; latest uptake data (as of 03/11/2022):

Group	Total Population in Cohort	Total Vaccinated 1st Dose (%)	Total Vaccinated 2nd Dose (%)	Total Vaccinated Booster Dose (%)	Total Declined / contraindicated	Not Vaccinated
01. Residential Care Home Patients	4	100%	100%	75%	0	0
02. Age 80y+ and HSC Workers	186	95%	94%	92%	5	5
03. Age 75-79y (excl care home)	118	96%	94%	92%	3	3
04. Age 70-74y or Covid High Risk (excl care Home)	234	93%	92%	82%	5	10
05. Age 65-69y (excl Care home)	148	96%	95%	88%	2	5
06. Age 16-64y with UHC (excl care home)	671	85%	82%	70%	16	81
07. Age 60-64y or UHC (excl care home)	89	100%	91%	80%	2	6
08. Age 55-59y (excl care home)	132	90%	87%	77%	3	11
09. Age 50-54y (excl care home)	140	86%	83%	65%	2	17
10. Age 40-49y (excl care home)	292	77%	74%	55%	5	63
11. Age 30-39y (excl care home)	530	71%	65%	42%	16	136
12. Age 18-29y (excl care home)	459	67%	56%	27%	4	148
13. Age 16-18y, no UHCs	71	43%	29%	6%	0	41
14. Age 12-15y with specific UHC or household contact	18	34%	28%	11%	0	12
15. Age 12-15y no UHCs	194	39%	24%	0%	0	119
16. Age 5-11y with specific UHC or household contact	34	0%	0%	0%	0	34
17. Age 5-11y no UHCs	455	7%	4%	0%	0	425

Age groups exclude care homes unless otherwise stated

UHC – underlying health conditions

HSC – health and social care

FLU VACCINATIONS – Patients (High Oak Surgery)

Latest uptake data (as of 03/11/2022):

Age Group	Total Population Per Age Group	Total Vaccinated	% Vaccinated	Total Patient Declined	Total Vaccinated Elsewhere
Over 65 years	605	333	55%	28	107
6m-under 65 years (exc 2-3y) AT RISK	640	200	31%	3	81
50 years-under 65 years NOT AT RISK	438	94	21%	2	46
2 years - under 4 years Nasal Flu	126	23	18%	1	0
Pregnant Patients	32	7	22%	0	5
Total	1841	657	36%	34	239

- Focus continues to encourage the patient population to access vaccinations. Opportunistic vaccinations are offered as appropriate with additional clinics held as staffing and room capacity allows. Despite the vaccinations having been received later than expected the practice remains on track for delivery.

COVID VACCINATIONS – Patients (Chapel Street Surgery)

- Covid vaccination programme at Chapel Street Surgery continues; latest uptake data (as of 03/11/2022):

Group	Total Population in Cohort	Total Vaccinated 1st Dose (%)	Total Vaccinated 2nd Dose (%)	Total Vaccinated Booster Dose (%)	Total Declined / contraindicated	Not Vaccinated
01. Residential Care Home Patients	0	n/a	n/a	n/a	n/a	n/a
02. Age 80y+ and HSC Workers	47	98%	96%	77%	0	0
03. Age 75-79y (excl care home)	17	83%	77%	71%	2	0
04. Age 70-74y or Covid High Risk (excl care Home)	144	88%	85%	52%	5	11
05. Age 65-69y (excl Care home)	72	83%	80%	51%	3	9
06. Age 16-64y with UHC (excl care home)	251	72%	67%	32%	19	50
07. Age 60-64y or UHC (excl care home)	29	51%	48%	38%	4	10
08. Age 55-59y (excl care home)	41	100%	51%	34%	3	17
09. Age 50-54y (excl care home)	87	60%	58%	29%	4	30
10. Age 40-49y (excl care home)	283	59%	55%	16%	1	116
11. Age 30-39y (excl care home)	369	47%	43%	12%	4	188
12. Age 18-29y (excl care home)	486	45%	36%	7%	2	265
13. Age 16-18y, no UHCs	87	22%	19%	1%	0	67
14. Age 12-15y with specific UHC or household contact	9	11%	11%	0%	1	7
15. Age 12-15y no UHCs	188	18%	11%	0%	0	154
16. Age 5-11y with specific UHC or household contact	14	21%	0%	0%	0	11
17. Age 5-11y no UHCs	311	3%	2%	0%	0	302

Age groups exclude care homes unless otherwise stated

UHC – underlying health conditions

HSC – health and social care

FLU VACCINATIONS – Patients (Chapel Street Surgery)

Latest uptake data (as of 03/11/2022):

Age Group	Total Population Per Age Group	Total Vaccinated	% Vaccinated	Total Patient Declined	Total Vaccinated Elsewhere
Over 65 years	188	65	35%	8	16
6m-under 65 years (exc 2-3y) AT RISK	307	73	24%	7	10
50 years-under 65 years NOT AT RISK	157	12	8%	10	2
2 years - under 4 years Nasal Flu	73	0	0%	4	0
Pregnant Patients	22	1	5%	0	0
Total	747	151	20%	29	28

- Focus continues to encourage the patient population to access vaccinations. Publication campaigns have been developed in a range of languages to support awareness and understanding within the patient population. The Public Health Community Development Worker has supported the production of 'flash cards' to further raise awareness and instil confidence

VACCINATIONS – Staff

- Latest uptake data Covid boosters and flu vaccinations (as of 02/12/2022):

Staff Vaccination	No. of Staff	COVID-19 Booster since 1st September 2022	Influenza vaccine since 1st September 2022
Patient Facing	303	22.4%	34.0%
Non Patient Facing	119	21.0%	47.9%
Total	422	22.0%	37.9%

- The Trust continues to raise the importance of both vaccinations. The peer vaccination clinics continue together with raising the fact that our frontline staff are able to access the flu vaccination via local pharmacies upon production of their ID badge.
- The Trust provides the ICB with the information to submit the weekly system return. There has been a recognised national reduction in uptake across frontline health and social care staff.
- The Staff Flu Campaign Oversight meeting continues and will consider additional method to increase uptake.
- The Trust is subject to the 2022/2023 Staff Flu Vaccination CQUIN. Whilst the Trust is focussing on a trust-wide staff vaccination campaign the CQUIN is only applicable to those services named within the NHS Standard Contract – namely, IAPT and Primary Care Mental Health Service. The CQUIN covers all frontline health-care workers in these services including non clinical staff who have contact with patients. The CQUIN excludes staff working in an office with no patient contact and those staff who are out of the Trust for the duration of the flu season (eg maternity, sick leave etc). The CQUIN goal is 70-90%

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Quality & Safety Committee

Date of meeting: 20 December 2022 (hybrid - via Microsoft Teams and in person)

Significant risks/issues for escalation

There are no significant risks or issues to escalate to the Board

Key issues/matters discussed at the Committee

The Committee was quorate and the Committee Action Log was reviewed.

The minutes from the meeting held on 15th November 2022 were approved.

Corporate Risk Register

The Committee were asked to note that following review by the Executive Director there are currently no proposed changes to the Corporate Risk register.

There is one risk aligned to the Quality & Safety Committee which is below tolerance – Business Continuity Plans. As the score is low the Committee discussed whether the risk should remain on the Corporate Risk Register or be recommended for closure. It was noted that National Guidance has been published on Adaptive Plans and this is currently in the process of being reviewed. It was agreed that the Business Continuity Plan will likely be tested in January 2023, as further industrial action is planned. It was also recognised that the workforce may be impacted by teachers taking industrial action. The Committee agreed to further review the risk in February 2023.

Committee were appraised of 2 emerging risks identified from Service Reviews. Both are in the process of being added to the Service Risk Register. They will be escalated as appropriate through to the Corporate Risk Register dependent on scoring. These are;

- Waiting times for referral to CAMHS services and the effect that this has on young people (School Nursing Team)
- Waiting times for Specialist Psychological Therapies in secondary care for adults and the impact it has on IAPT services.

In addition, an emerging risk relating to the continued funding of the end of life Respect team was identified and is under consideration by Executives for addition to the Corporate risk register.

Committee received the report for assurance.

Learning from External Reports (Ockenden and East Kent)

Committee had previously received a report aligned to the learning arising from the Ockenden maternity services independent review. A further report was received which also assimilated the learning from the East Kent review.

A December 2022 position update was provided with the recognition that the areas of action aligned to work which was being progressed within the Trust. It was acknowledged that this work was already in place across the Trust and was as a result of the external reviews. For example, this included the Clinical Governance Development Plan, the implementation of the clinical audit strategy and audit of change in clinical practice led via the Trust Quality Improvement Group. In addition, there is a significant focus on the development of competency frameworks and clinical training skills.

The findings also supported work on inclusivity and leadership culture, both of which form programmes of work aligned to the People Directorate.

The committee acknowledged that the report was also being presented to the People Committee in December 2022 and asked for a final report in 6 months' time to assure the Committee on completion of actions and that any areas of further development were captured in subsequent 2023/24 Trust plans.

The report was received for assurance.

Infection Prevention and Control Report

The NHSE Infection Prevention and Control Board Assurance Framework was received by the Committee. This is structured around the 10 criteria set out in the Code of Practice on the prevention and control of infection which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Committee were informed that the Code of Practice has subsequently been updated and re-released 16th December 2022.

It was recognised that large sections of the framework are not applicable to Dudley Integrated Health and Care NHS Trust as the Trust does not provide inpatient services.

The Infection Prevention and Control Board Assurance framework will continue to be reviewed and updated as the Infection Prevention and Control service develops, to reflect progress and to include further recommendations.

Following a robust discussion on outbreak management, it was requested that the IPC Lead Nurse scrutinises the Board Assurance Framework with the School Nurse team lead to consider any specific learning and mitigations applicable to a public health nursing service.

Work continues in a number of key areas including;

- Raising awareness of the National Manual of Infection Prevention and Control (v3 Sept 2022)

- Aligning the Trusts policies and procedures to the National Manual of Infection Prevention and Control
- Ensuring effective microbiology support is available to DIHC services as appropriate
- Ensuring antimicrobial stewardship is a priority
- Ensuring effective outbreak management system and processes including links to the Health Security Agency's Health Protection Team.

Committee received the report for assurance and thanked the author.

Lessons Learnt Review Q2 2022-2023

Committee received the suite of documents presented to the Trusts Lessons Learnt Review meeting 24th November 2022.

Work continues to maximise the engagement of service leads to ensure lessons learnt are disseminated. The reports received included updates from

- The Trusts Medicines Safety officer including a summary of NPSA and MHRA alerts and actions
- The Trusts Quality Improvement Group which has oversight of the clinical audit programme (including mandatory national audits and local audits), mortality reviews, research and innovation reports, internal and external visits, service reviews and other agreed quality improvement activities on behalf of Dudley Integrated Health and Care NHS Trust (DIHC).
- The Safeguarding team (report previously presented to committee in November 2022)

The Committee were assured of the processes in place to review learning.

Quality and Safety Performance Report

The Quality, Safety and Performance report was received. Key points include;

- Two Serious Incidents reported this period
- No formal complaints reported this period
- FFT data now provided for Chapel Street and the Primary Care Mental Health Service
- Increase in reported incidents following additional training

Trust Board have received a separate Quality and Safety report.

Integrated Clinical Governance Development Update

The workplan for 2022/23 currently comprises 8 workstreams. Committee were appraised of progress and were informed that good progress is being made against a number of workstreams, but it was recognised that some completion dates have been revised.

Committee were informed of the following key points;

- A new policy system is up and running. HR policies are currently being uploaded and this will be rolled out across all policies
- There has been an increase in the use of Datix by the CHC team following training.

	<ul style="list-style-type: none"> • All members of the Q&S team are undertaking the HSIB Level 2 incident training course aligned to the new Patient Safety Incident Response Framework (PSIRF). • The ICB have commissioned training for PSIRF for providers – this is due to commence in the new year. • Commissioning responsibilities – the Q&S team contribute to contract reviews with providers and work with commissioning leads to improve processes. • CQC Preparation Review – the approach to this will be reviewed in the new year (2023) following the outcome of the Well-led external review commissioned by DIHC. • ARRS governance processes are under review. <p>The Committee received and noted the paper for assurance.</p> <p>Quality and Safety Steering Group (QSSG) Committee received the approved minutes from the November 2022 meeting. The Committee was pleased to note that DIHC is recognised as a primary care research hub for the West Midlands within the HARMONIE clinical trial.</p>
Recommendations made by the Committee	<p>It was recommended that Board and People Committee receive the Learning from External Reviews (Ockenden Review)</p>
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	<p>The Corporate Risk Register was reviewed in detail.</p> <p>Committee were appraised of 2 Emerging Risks identified from the Service Review process. Both are in the process of being added to the Service Risk Register. They will be escalated as appropriate through to the Corporate Risk Register dependent on scoring. These are;</p> <ul style="list-style-type: none"> • Waits for referral to CAMHS services and the affect that this has on young people (School Nursing Team) • Waits for Specialist Psychological Therapies in secondary care for adults and the impact it has on IAPT services.
Items/Issues for referral to other Committees	<p>It was recommended that Board and People Committee receive the Learning from External Reviews (Ockenden Review)</p> <p>It was recommended that the Executive Committee discuss a 'hot debrief' process to support staff immediately post incident</p>



TRUST BOARD

REPORT TITLE:	Workforce Performance Report
DATE OF MEETING:	10 th January 2023
PURPOSE OF REPORT:	To update the committee on workforce performance information for November 2022
RESPONSIBLE EXECUTIVE:	Stephanie Cartwright – Director of Strategy, People and Partnerships
AUTHOR OF REPORT	Faye Duncan, BI Service Delivery Manager Heather Rees, People Partner Lashauna Vaughan, People Systems and Reporting Manager
SUMMARY OF KEY POINTS:	<p><u>Staff Establishment and Turnover</u></p> <ul style="list-style-type: none">• The Trust Vacancy Rate (actual staff in post compared to the establishment) decreased to 6.96% which now under the Trust target of 10%.• The number of joiners continues to outpace the number of starters with 15 new starters (12.95 WTE) compared with 7 leavers (5.87WTE).• Both metrics of Staff Turnover (12 months) slightly increased:<ul style="list-style-type: none">○ Turnover (all resignations) increased by 0.6% to 11.91%○ Normalised Turnover (voluntary resignations only) increased by 0.6% to 9.44%. <p><u>Sickness Absence</u></p> <p>Sickness Absence during November was reported as 3.60%, whilst Sickness Absence over the last 12 months was reported as 3.33%. Both these metrics remain under the Trust targets.</p> <p>The People Team continue to monitor and support line managers and staff affected by long term sickness.</p> <p><u>Training and Development</u></p> <p>Both Appraisal and Mandatory Training compliance remain above their 85% targets:</p> <ul style="list-style-type: none">▪ Appraisal compliance within the last 12 months is at 90.21%▪ Mandatory training compliance increased slightly to 90.67%<ul style="list-style-type: none">▪ Core mandatory modules for all staff: 91.46%▪ Role specific mandatory modules: 87.53% <p>The People Team continue to support teams with non-compliance through on-going reporting, pre-liminary reporting, and circulating non-compliant and due soon notifications to line managers.</p>

	There are a new training modules, relating to speaking up and hand hygiene that require further improvements in completion rates.
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	The Board is asked to note the report and its contents, which has been considered at the People Committee. There continues to be an ongoing push for mandatory training and appraisal compliance.
FUNDING/ COST IMPLICATIONS:	None
DoF / Finance Approval	<input type="checkbox"/> Yes <input type="checkbox"/> In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: <i>Tick as appropriate</i>	<input type="checkbox"/> Develop our role in the Dudley Place <input checked="" type="checkbox"/> Implementation of integrated care model for the Dudley population <input type="checkbox"/> Improve outcomes for children and young people in Dudley <input checked="" type="checkbox"/> Support sustainability of primary care <input checked="" type="checkbox"/> Be the best and happiest place to work <input type="checkbox"/> Improve the health of our population and reduce inequalities <input checked="" type="checkbox"/> Demonstrate value to our population / Greener NHS
CQC DOMAINS: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led
LIST KEY RISKS IDENTIFIED: <i>Select none identified or outline the risks identified and mitigations taken (if addressing existing risk on the corporate risk register please provide reference number)</i>	<input type="checkbox"/> None Identified BAF22-005 - There is a risk we are unable to ensure we have sufficient staff with the right skills such that they are appropriately equipped to work autonomously in delivery of our services C-064 Risk of substantive workforce shortages (through vacancies, absence or excess demand) result in additional premium costs being incurred. C-106 Not having approval from NHSEI to recruit substantively to key posts prior to potential transfers.
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	<input type="checkbox"/> Executive <input checked="" type="checkbox"/> People <input type="checkbox"/> Finance Performance & Digital <input type="checkbox"/> Digital Board <input type="checkbox"/> Quality and Safety/ QSSG <input type="checkbox"/> Audit & Risk <input type="checkbox"/> Primary Care Integration <input type="checkbox"/> Strategy and Transformation <input type="checkbox"/> EDI <input type="checkbox"/> Trust Management Board

	<input type="checkbox"/> Well Led <input type="checkbox"/> Other (Please state)
CONSIDERATIONS / IMPACTS: <i>Select none identified or outline the potential impact and considerations undertaken</i>	Quality and Equality Impact Assessment
	<input checked="" type="checkbox"/> None Identified
	Equality, Diversity and Inclusion
	<input checked="" type="checkbox"/> None Identified
	Greener NHS Sustainability Impact Assessment
	<input checked="" type="checkbox"/> None Identified
	Other Regulatory Requirements
<input checked="" type="checkbox"/> None Identified	
PRESENTED TO:	<input checked="" type="checkbox"/> Public Board <input type="checkbox"/> Private Board <input type="checkbox"/> Assurance Committee (<i>state</i>) - <input checked="" type="checkbox"/> Other Committee (<i>state</i>) – People Committee
RECOMMENDATION: <i>Tick as appropriate</i>	<input type="checkbox"/> For Approval / Decision <input checked="" type="checkbox"/> For Assurance <input type="checkbox"/> For Information / Discussion

Workforce Performance Report

Reporting Period: November 2022

Reported to: January 2023, Trust Board

Reported by: Adam Race, Interim Associate Director of People

High Level Key:

Variation and Assurance Icons

SPC charts and Icons require a minimum of 15 data points to create a robust analysis, Due to the infancy of the organisation we are using 2+ data points in some cases e.g. CHC, Intermediate Care, High Oak Surgery. Winter Access, NCMP. Therefore, Please take this into consideration when reviewing the information.

Variation				Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Special cause variation when up or down arrow is neither an improvement or concern	Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Statistical Process Chart (SPC)

----- Upper/Lower Control Limit	● Special cause improvement
----- Target	● Special cause concern
— Mean	—●— Activity

DIHC Performance Scorecard 2022/23

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	YTD	Target	Variation	Assurance
Workforce	Staff in Post	Vacancy %	Local	Nov 2022	6.69%	12.12%	10%		
		Turnover % (12 Months)	Local	Nov 2022	11.91%		13%		
		Normalised Turnover % (12 Months)	Local	Nov 2022	9.44%	10.84%	-		
		Turnover % (In Month)	Local	Nov 2022	1.62%		1.1%		
		Normalised Turnover % (In Month)	Local	Nov 2022	1.62%	0.84%	-		
	Development	Appraisal %	Local	Nov 2022	90.21%	90.21%	85%		
		Training Compliance %	Local	Nov 2022	90.66%	90.66%	85%		
	Absence	Sickness % (In Month)	Local	Nov 2022	3.6%	3.18%	3.8%		
		Sickness % (12 Months)	Local	Nov 2022	3.33%		3.8%		
		Short Term Sickness (In Month)	Local	Nov 2022	44.69%	37.7%	-		
		Long Term Sickness (In Month)	Local	Nov 2022	55.31%	62.3%	-		
		Maternity % (In Month)	Local	Nov 2022	2.22%	1.48%	-		

Key

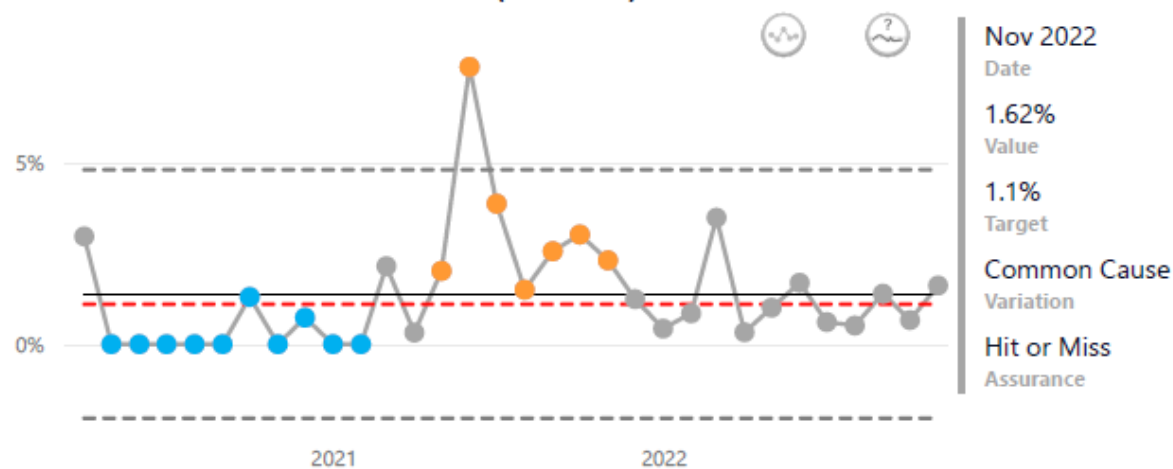
Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Footnotes

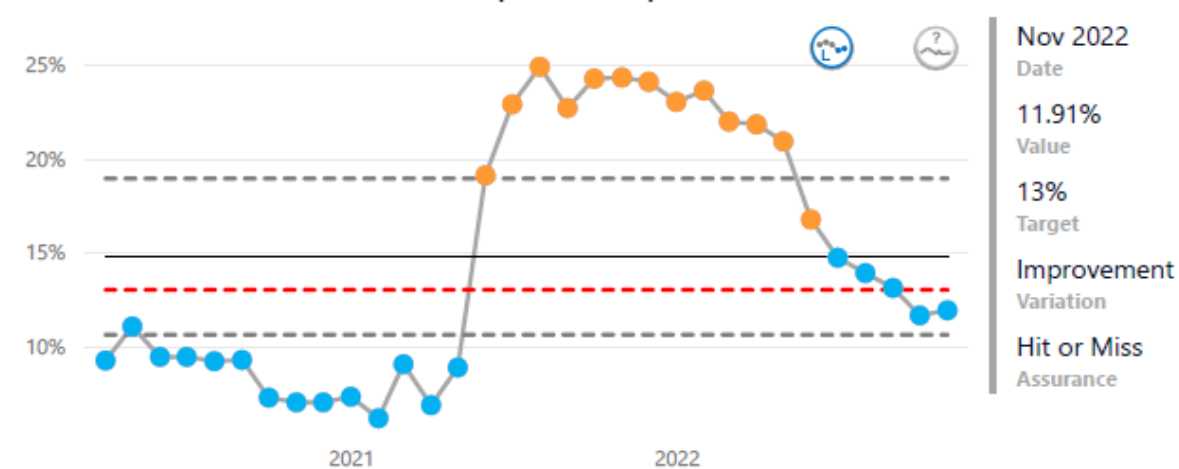
- A “ - ” has been used to represent that no target is available at the time of reporting

Workforce - Staff in Post

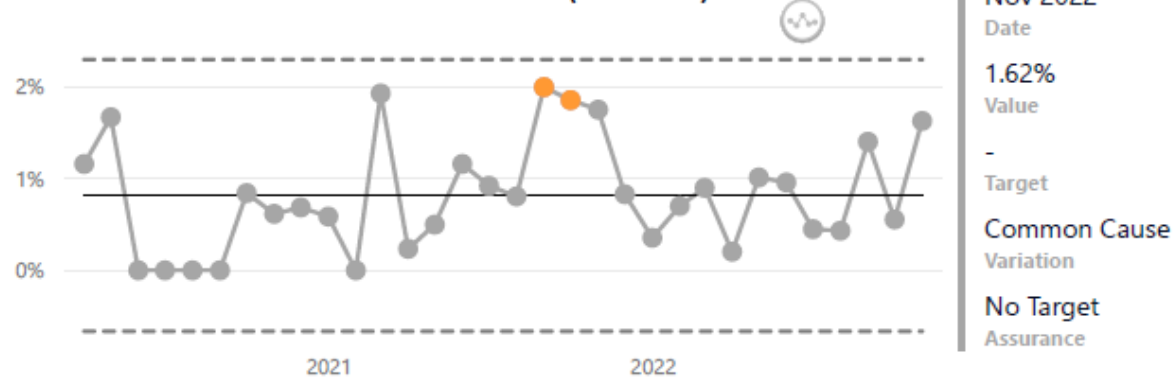
Turnover % (In Month)



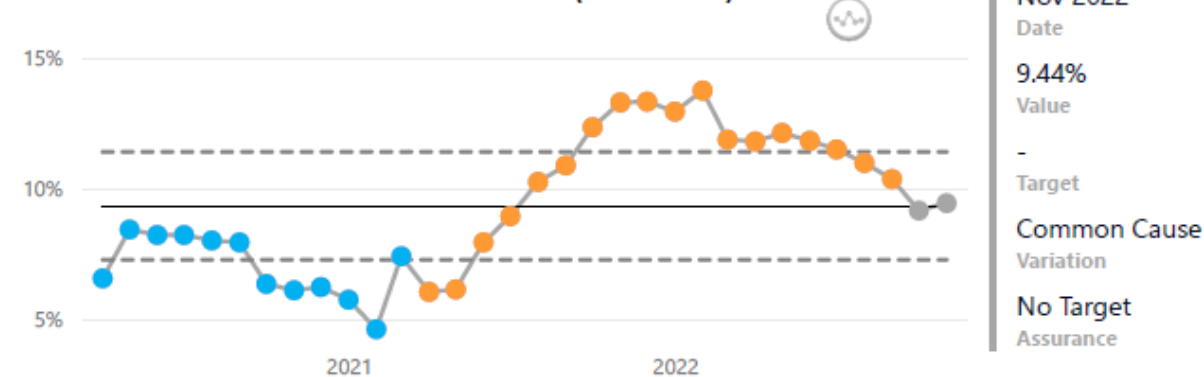
Turnover % (12 Months)



Normalised Turnover % (In Month)



Normalised Turnover % (12 Months)



Service comments

Actions

Staff in Post, Vacancy and Turnover

- The funded establishment as at the end of November 2022 was 389.04 (WTE) and there were 429 staff in post (363.04 WTE).
- The vacancy rate (actual staff in post compared to the funded establishment) for November 2022 was 6.69% after the Trust saw 15 new starters (12.95 FTE) in November 2022.
- There were 7 leavers in month (5.87 FTE).

- Turnover slightly increased to 11.91%
- Normalised Turnover (voluntary resignations) slightly increased to 9.44%

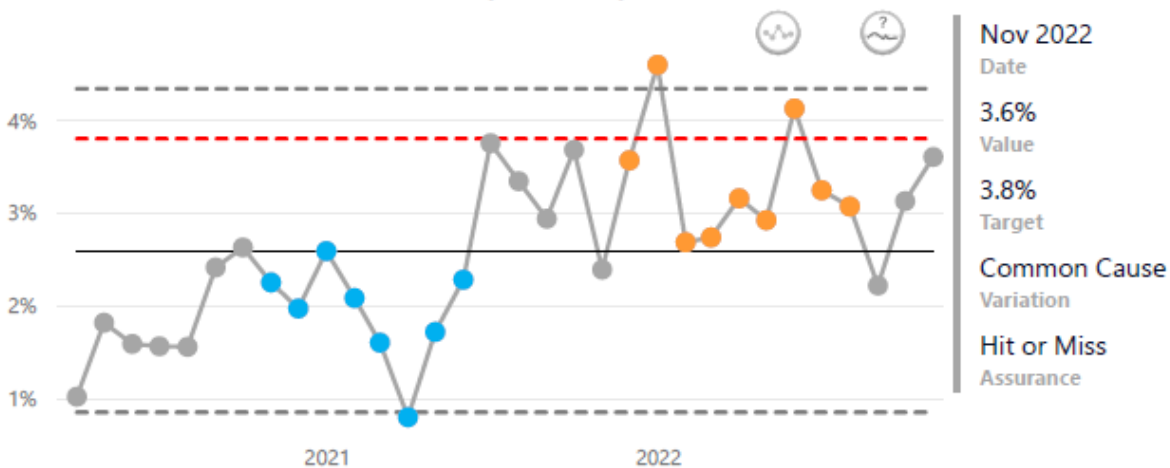
Recruitment Activity in November 2022

- 11 vacancies were advertised (including re-advertisements)
- 14 conditional job offers were made
- 11 unconditional job offers were issued with start dates over the next few months

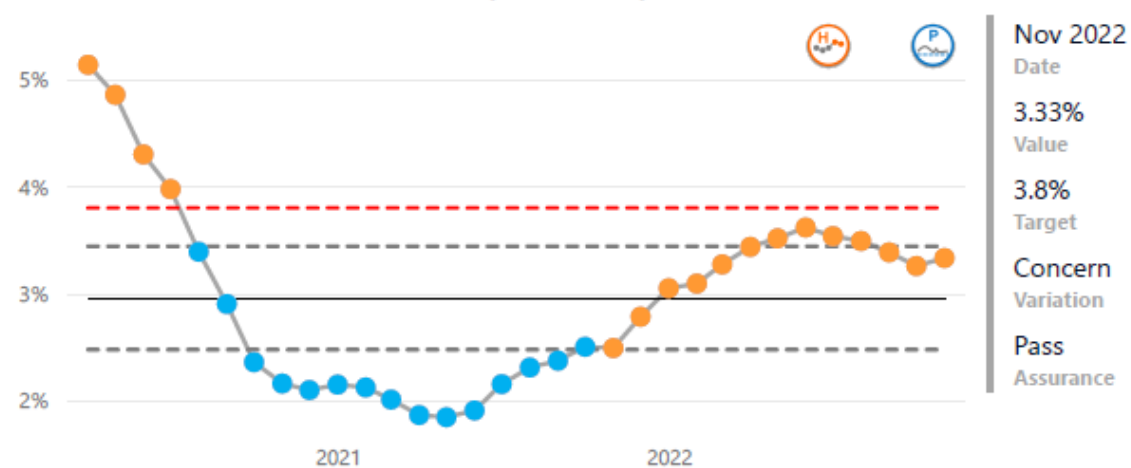
Please note: * represents suppressed data as 5 or less

Workforce - Absence

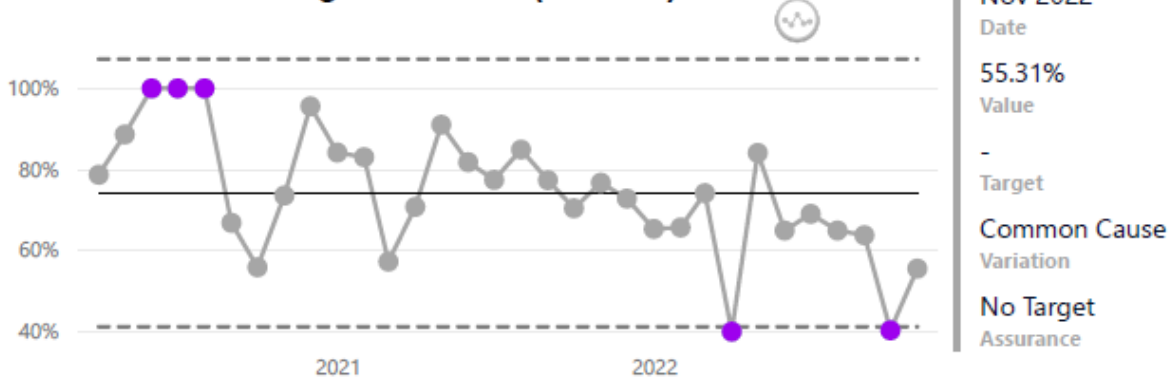
Sickness % (In Month)



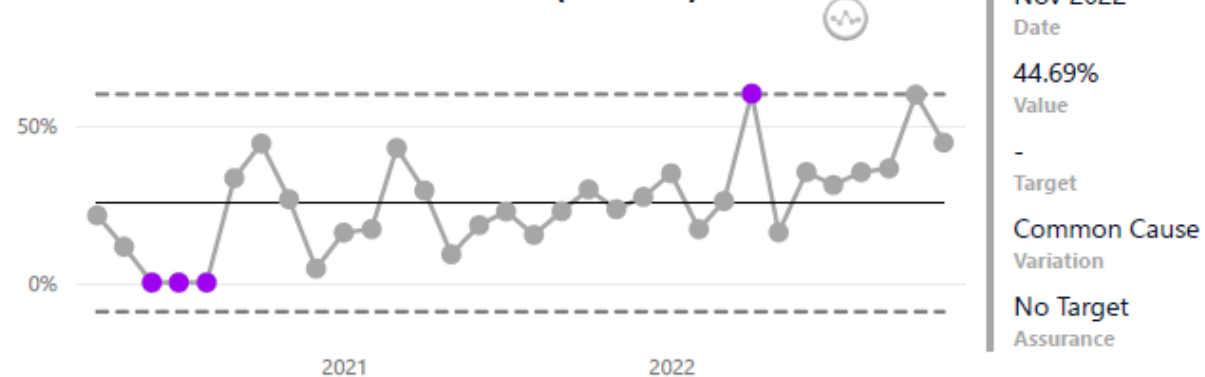
Sickness % (12 Months)



Long Term Sickness (In Month) *



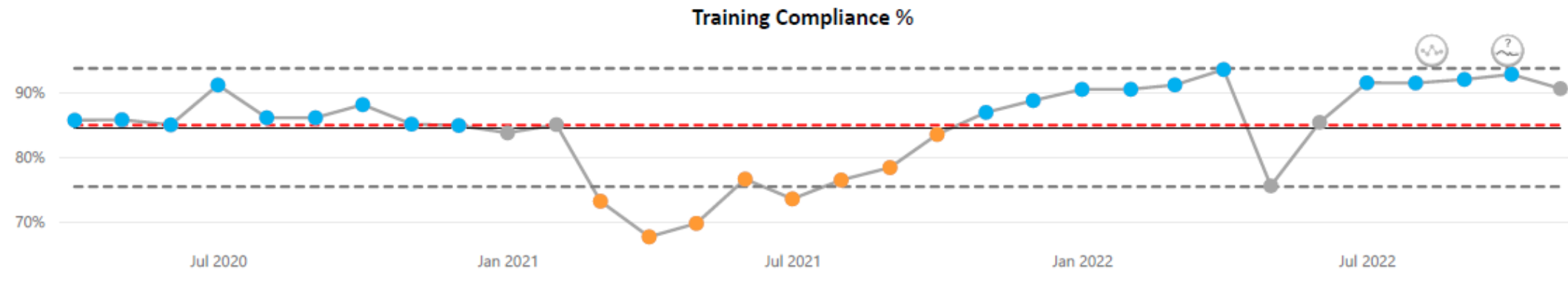
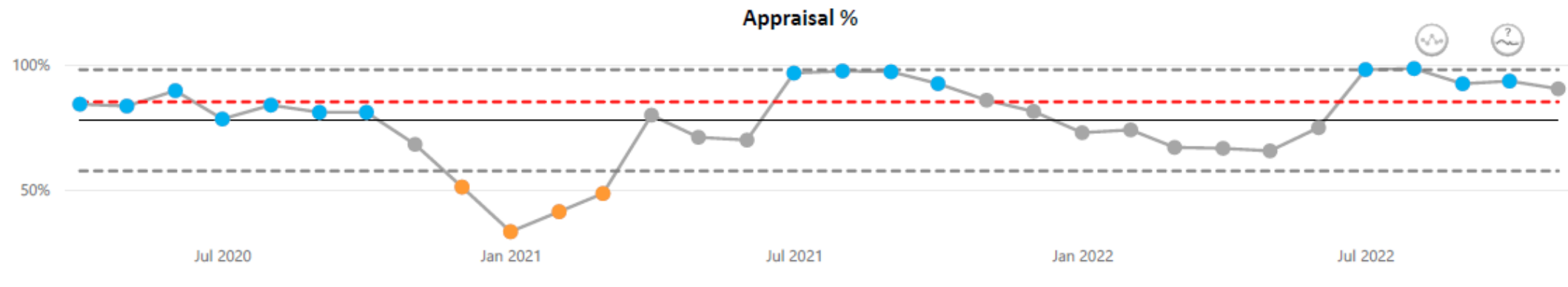
Short Term Sickness (In Month) *



* Long Term/Short Term Sickness is a proportion of the Sickness % e.g. 55.31% of the 3.6% were classed as long term absences

Service comments		Actions
<p>Sickness Absence Over The Last 12 Months</p> <p>The most prevalent sickness absence reasons over the last 12 months remain consistent with previous months reporting:</p> <ul style="list-style-type: none"> Cold, cough, flu related (91 episodes – 471 FTE Days Lost) Gastrointestinal problems (58 episodes – 230 FTE Days Lost) <p><i>Please note: * represents suppressed data as 5 or less</i></p>	<p>Sickness Absence During November 2022</p> <ul style="list-style-type: none"> 11 staff were on long term sickness, and * staff returned from long term sickness. There were 62 episodes of sickness absence (392 FTE Days Lost) with 82% of absences experienced by patient facing staff The most common absence reason was cold, cough and flu (15 episodes – 59 FTE Days Lost) The majority of the lost time in September 2022 was long term absence (55.31%) 	<p>The People Team continue to actively monitor and support managers with long term sickness.</p> <p>National Vaccination Campaign - As of 30th November 2022:</p> <ul style="list-style-type: none"> 38% of staff have received the Flu Vaccine since 01/09/2022 23% of staff have received the COVID-19 Booster since 01/09/2022

Workforce - Training



Service comments		Actions
<p>Summary</p> <p>Overall mandatory training compliance for November remained above the 85% target at 90.67%.</p> <ul style="list-style-type: none"> Compliance for core mandatory modules for all staff was 91.46% Compliance for role specific mandatory modules was 87.53% Compliance figures now include Hand Hygiene Training and Freedom To Speak Up (FTSU) e-Learning which was introduced in August 2022 (please see page 9) <p>Hand Hygiene Training</p> <ul style="list-style-type: none"> Clinical staff compliance (1 year renewal) stands at 69.68% and non-clinical staff compliance (3 year renewal) stands at 76.80%. We continue to work with the IPC Lead to ensure recording of attendance to the virtual sessions is up to date 		<p>Oliver McGowan Mandatory Training</p> <ul style="list-style-type: none"> The Oliver McGowan Mandatory Training on Learning Disability and Autism training was launched by Health Education England. The training is broken into Tier 1 (non-patient facing staff) and Tier 2 (patient facing staff), both of which require completion of a new e-Learning module. Each tier will also require attendance at either a face-to-face session, or a 1 hour virtual session and ICB's will work to develop the trainers and co-trainers needed to deliver this aspect of the training in early 2023. <p>Once training arrangements have been confirmed, staff will be encouraged to complete the new modules</p>
		<p>Following the finalisation of the Mandatory Training Policy and Guidance this month, training has now been broken down into core (all staff) and role specific (specific roles / staff groups)</p> <p>A piece of work will be done in December to map staff onto against any new training requirements now applicable to their role, particularly for Conflict Resolution and First Aid Training.</p> <p>We are that staff have been experiencing issues with completing the FTSU modules on ESR and have been directed to IT Services and eLFH to complete the module, we will continue to encourage staff to send evidence of completion to be recorded on ESR</p>

Appraisals by Directorate

Appraisal Rate Compliance by Directorate and Team

Directorate	Total Compliant	Due Soon	Overdue	Eligible Employee	% Compliance
Directorate of Finance, Performance & Contracting	4			4	100.00%
Contract Management Team	3			3	100.00%
Finance Team	1			1	100.00%
Directorate of Nursing, AHPs & Quality	6			6	100.00%
Nursing Directorate	4			4	100.00%
Quality and Governance Team	2			2	100.00%
Directorate of Operations	100	31	18	149	87.92%
ARRS PCN	32	18	8	58	86.21%
Continuing Healthcare and Intermediate Care Team	18			18	100.00%
High Oak Practice	2	3	2	7	71.43%
IAPT Team	25	4	3	32	90.63%
Operations Management Team	1			1	100.00%
Primary Care Mental Health Team	5	4	1	10	90.00%
Primary Care Network Business Support	1			1	100.00%
School Nursing Team	16	2	4	22	81.82%
Directorate of Strategy, People & Partnerships	13		1	14	92.86%
Communications Team	2			2	100.00%
People Team	4		1	5	80.00%
Strategy and Development Team	2			2	100.00%
Strategy and Transformation Team	5			5	100.00%
Executives Directorate	16		4	20	80.00%
Chair and Non-Executives Team	9			9	100.00%
Corporate Administration and Business Support Team	2		3	5	40.00%
Executive Management Team	5		1	6	83.33%
Medical Directorate	28	14		42	100.00%
GP Clinical Leads	6			6	100.00%
Medical Directorate Management Team	1			1	100.00%
Pharmaceutical Public Health Team	15	14		29	100.00%
Prescribing Ordering Direct (POD) Team	6			6	100.00%
Total	167	45	23	235	90.21%

Appraisals and Developmental Reviews

Appraisal compliance for November 2022 remained above target at **90.21%**. The appraisal figure excludes all new staff and internal job movers who are within the first 12 months of their new role with the Trust.

For teams with compliance under the 85% target:

- **High Oak** - the remaining appraisals have been scheduled and support will continue to be offered to aid with the completion of these.
- **School Nursing** – compliance has improved since the previous month and the outstanding appraisals have been scheduled for completion in December. The initial reason for non-compliance was due to a large amount of appraisals due over the August – September 2022 period for term-time only posts.
- **Corporate Administration and Business Support** – the outstanding appraisals are being scheduled for completion
- **People Team** – the outstanding appraisal scheduled to take place at the end of November has been rescheduled to take place in December
- **Corporate Administration and Business Support Teams** – the outstanding appraisals are being scheduled for completion.

The overdue and due soon compliance notifications continue to be circulated with teams, and appraisals continue to be discussed at monthly managers meetings, in which the People Team are in attendance to offer support and guidance.

Training by Directorate

Mandatory Training Compliance

Training Requirement	Attribute	Total Compliant	Total Expiring Soon	Total Not Compliant	% Total Compliance
Core	Dementia awareness - 3 Years	376	1	29	92.84%
	Equality, Diversity and Human Rights - 3 Years	393	3	12	97.04%
	Fire Safety - 2 Years	396	7	9	97.78%
	Freedom to Speak Up - All Workers - No Specified Renewal	290		115	71.60%
	Hand Hygiene - 1 Year	108		47	69.68%
	Hand Hygiene - 3 Years	192		58	76.80%
	Health, Safety and Welfare - 3 Years	391	4	14	96.54%
	Infection Prevention and Control - Level 1 - 3 Years	235	10	15	94.00%
	Infection Prevention and Control - Level 2 - 1 Year	141	22	14	90.97%
	Information Governance and Data Security - 1 Year	365	76	40	90.12%
	Introduction To Domestic Abuse - DSPP - 3 Years	341	1	64	84.20%
	Learning Disabilities Awareness - Level 1	385		20	95.06%
	Moving and Handling - Level 1 - 3 Years	389	6	16	96.05%
	Preventing Radicalisation - Basic Prevent Awareness - 3 Years	396	1	9	97.78%
	Safeguarding Adults (Version 2) - Level 1 - 3 Years	397	1	8	98.02%
	Safeguarding Children (Version 3) - Level 1 - 3 Years	391		14	96.54%
	Total	5186	132	484	91.46%
Role Specific	Deprivation of Liberty Safeguards - 3 Years	214	1	10	95.54%
	Freedom to Speak Up - Managers - No Specified Renewal	50		39	56.18%
	Freedom to Speak Up - Senior Managers - No Specified Renewal	8		9	47.06%
	Mental Capacity Act - 3 Years	179		45	79.91%
	Preventing Radicalisation - Prevent Awareness - 3 Years	181	5	8	95.77%
	Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	108	29		100.00%
	Safeguarding Adults (Version 2) - Level 2 - 3 Years	74		5	93.67%
	Safeguarding Adults (Version 2) - Level 3 - 3 Years	172		37	82.30%
	Safeguarding Children (Version 3) - Level 2 - 3 Years	76		3	96.20%
	Safeguarding Children (Version 3) - Level 3 - 3 Years	187	1	22	89.47%
	Total	1249	36	178	87.53%
Total		6435	168	662	90.67%

Training and Development

Training is meeting the required standard with 91.46% of staff compliant with core mandatory training and 87.53% of staff compliant with role specific training.

Two elements of training are newly introduced; Freedom to Speak Up Training and Hand Hygiene. Whilst these training modules are included in the mandatory training compliance figure overall, which continues to meet the target, it is recognised that there is an initial lead time whilst colleagues achieve compliance with these aspects of training.

This continues to be managed, along with all aspects of training compliance with reminders being sent to staff, alongside reports to line managers and directors.

The non-compliant and due soon compliance notifications continue to be circulated with teams to improve compliance and mandatory training continues to be discussed at monthly managers meeting to reinforce the need for compliance.

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: People Committee

Date of meeting: 21st December 2022 (via Microsoft Teams)

Presented By: Martin Evans, Non-Executive Director

Significant risks/issues for escalation

Nil

The Corporate Risk register was reviewed in detail.

Key issues/matters discussed at the Committee

- The committee was quorate.
- The Corporate risks pertaining to the People Committee were reviewed, no changes were proposed, and no further risks identified that required further consideration.
- The committee discussed and were assured regarding the recent staff communications on the strategic proposal for DIHC shared with the ICB. The committee noted the feedback that the face-to-face meetings with staff had been the most effective and these will be continuing in future with a hybrid option for staff to also dial in.
- The committee received a further update on the work ongoing in readiness for potential strike action. It was noted that DIHC had not been selected by RCN as one of the Trusts for strike action in December, but it was likely that there will be more strike action coordinated in January. The committee were again assured regarding the Executive overview and the work ongoing with HR and each team leader to prepare for any such strike action.
- The committee welcomed the update that further inclusion training has been commissioned with 'Show Racism the Red Card' for 2023 but were keen to understand the value and impact of the training received to date. The committee agreed to task the Equality, Diversity & Inclusion committee to consider the feasibility of ascertaining the value and impact of the Inclusivity training to date. The committee also discussed the importance of ensuring that the Board have received sufficient inclusivity training and agreed to raise this at Board to ensure that the appropriate input is included within a future Board development session.
- The committee were provided with an overview and were assured of the Talent Management and Succession Planning process that is in place aligned to the appraisal process. The committee had a wider discussion relating to the future direction of the Trust which will be considered at the Executive away day in January.
- The committee received an update on Safeguarding Level 3 training compliance which had previously been highlighted as an area of concern. The committee

	<p>welcomed the improvement in compliance levels, with adult training having increased to 82.3% and Children to 89.5%. The committee asked for further work to be undertaken to ensure training compliance for temporary and locum staff and for this to be reported back to the committee.</p> <ul style="list-style-type: none"> • The committee received an overview of the learning from the Ockenden and East Kent external reviews which has helpfully been broken down into the key areas of Clinical Governance and People & Culture. Progress against the People & Culture actions was reviewed and assurance provided that all necessary steps have been completed or are in train. • The workforce performance report was reviewed, and again the committee acknowledged that the majority of the data within it was extremely positive. The flu vaccine and Covid 19 Booster rates were discussed and although they are in line with other Trusts it was agreed that further work was required to encourage staff to get the vaccine. The committee welcomed the benchmarking data against other community / similar Trusts that had been provided for the first time. It was noted that the data showed that the Trust was performing well and no areas of concern were identified. • The committee received an assurance report and update from the Equality, Diversity and Inclusion committee. It was noted that the dissemination plan for the new Equality, Diversity and Inclusion strategy is being reviewed at the next meeting and the committee highlighted their eagerness for the strategy to be published at the earliest opportunity. The committee noted the work on going to develop the delivery plan for the strategy and recognised the key role of the Health Inequalities Steering Group that has now been established. • The committee received an update on the work ongoing to document the Trust's strategic approach to Health and Wellbeing broken down into the key areas of emotional, physical and financial wellbeing. It was noted that this approach was in line with feedback from the recent staff survey and Staff forum where staff had asked for all support to be accessible all together.
Recommendations made by the Committee	<ul style="list-style-type: none"> • Board to include appropriate Inclusivity training within a future Board Development session.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	<p>Nil</p>

**Items/Issues for referral
to other Committees**

- Equality, Diversity & Inclusion committee to consider the feasibility of ascertaining the value and impact of the Inclusivity training to date.



PUBLIC BOARD

REPORT TITLE:	Strategy and Transformation Team Report
DATE OF MEETING:	10 th January 2023
PURPOSE OF REPORT:	To provide the Board with information around the last quarter's commissioning activities undertaken on behalf of the ICB.
RESPONSIBLE EXECUTIVE:	Stephanie Cartwright, Director of Strategy, People and Partnerships
AUTHOR OF REPORT	<ul style="list-style-type: none">• Joanne Taylor – Primary Care, Adult Community Services and Long-term Conditions• Linda Cropper – Children, Young People and Families• Piotr Gass – Mental Health and Wellbeing• William Overfield – Older Adults
SUMMARY OF KEY POINTS:	<p>The Strategy and Transformation perform a role on behalf of the ICB in the commissioning of adult, children and mental health out of hospital services. Their commission plans are all detailed in the Trust Business Plan, and the implementation of the Trust Business Plan is monitored through the Strategy and Transformation Forum. The attached report provides a summary of progress on key areas within their portfolios.</p> <p>The Strategy and Transformation Team work closely with ICB colleagues and participate in regular contract and budget review meetings.</p> <p>Services are commissioned, transformed and evaluated following the Triple Aim (improve population health, improve patient experience and improve efficiency).</p>
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	<p>To improve the health and wellbeing of the Dudley population.</p> <p>To reduce duplication across services.</p> <p>To improve patient experience.</p> <p>To implement the Dudley Integrated Model of Care</p> <p>To meet the NHS Triple Aim described above.</p>
FUNDING/ COST IMPLICATIONS:	There are costs for all commissioned activities. The DIHC team manage these budgets on behalf of the ICB. Cost pressures are regularly reviewed and discussed in contract monitoring meetings.
DoF / Finance Approval	<input type="checkbox"/> Yes <input type="checkbox"/> In Progress

ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Develop our role in the Dudley Place <input checked="" type="checkbox"/> Implementation of integrated care model for the Dudley population <input checked="" type="checkbox"/> Improve outcomes for children and young people in Dudley <input checked="" type="checkbox"/> Support sustainability of primary care <input type="checkbox"/> Be the best and happiest place to work <input checked="" type="checkbox"/> Improve the health of our population and reduce inequalities <input checked="" type="checkbox"/> Demonstrate value to our population / Greener NHS
CQC DOMAINS: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led
LIST KEY RISKS IDENTIFIED: <i>Select none identified or outline the risks identified and mitigations taken</i> <i>(if addressing existing risk on the corporate risk register please provide reference number)</i>	<input type="checkbox"/> None Identified Any risks with regards to cost pressures are discussed in regular budget management meetings with ICB colleagues and escalated accordingly through the Local Commissioning Board.
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	<input type="checkbox"/> Executive <input type="checkbox"/> People <input type="checkbox"/> Finance Performance & Digital <input type="checkbox"/> Digital Board <input type="checkbox"/> Quality and Safety/ QSSG <input type="checkbox"/> Audit & Risk <input type="checkbox"/> Primary Care Integration <input checked="" type="checkbox"/> Strategy and Transformation <input checked="" type="checkbox"/> EDI <input type="checkbox"/> Trust Management Board <input type="checkbox"/> Well Led <input type="checkbox"/> Other (Please state)
CONSIDERATIONS / IMPACTS: <i>Select none identified or outline the potential impact and considerations undertaken</i>	Quality and Equality Impact Assessment
	<input checked="" type="checkbox"/> None Identified
	Equality, Diversity and Inclusion
	<input checked="" type="checkbox"/> None Identified Equality of service provision, and management of health inequalities is overseen through the Trust EDI Committee.
	Greener NHS Sustainability Impact Assessment
	<input checked="" type="checkbox"/> None Identified

	Other Regulatory Requirements <input checked="" type="checkbox"/> None Identified
PRESENTED TO:	<input checked="" type="checkbox"/> Public Board <input type="checkbox"/> Private Board <input type="checkbox"/> Assurance Committee (<i>state</i>) <input type="checkbox"/> Other Committee (<i>state</i>) - Implementation of the Trust Business Plan is monitored through the Strategy and Transformation Forum
RECOMMENDATION: <i>Tick as appropriate</i>	<input type="checkbox"/> For Approval / Decision <input type="checkbox"/> For Assurance <input checked="" type="checkbox"/> For Information / Discussion

Strategic Commissioning and Transformation Team Quarterly Assurance Report

Department:	Strategic Commissioning and Transformation Team
Date Period:	Progress update Q2 and Q3 (July – December 2022)
Author/s:	DIHC Strategy & Transformation Leads <ul style="list-style-type: none"> ○ Joanne Taylor – Primary Care, Adult Community Services and Long-term Conditions ○ Linda Cropper – Children, Young People and Families ○ Piotr Gass – Mental Health and Wellbeing ○ William Overfield – Older Adults
Responsible Executive:	Stephanie Cartwright – Director of Strategy, People and Partnerships

Executive Statement for Board Assurance	<p>The Strategic Commissioning and Transformation Team commission services and manage contracts on behalf of the Integrated Care Board (for Dudley Place) whilst seeking out new opportunities to provide greater care options and improved population health for the residents of the Dudley Borough.</p> <p>This report provides a summary for the Board on the key activities from each quarter. The report has been prepared in accordance with the four lead areas described above.</p> <p>All of the areas below are delivered as implementation of our Business Plan, unless specifically stated as additional population health requirements that arise through the year.</p> <p>The implementation of the Trust Business Plan is monitored through the Trust Strategy and Transformation Forum.</p>
Children, Young People and Families	<p>Integrated Children's Service</p> <p>A Children's Transformation Group was established in June 2022 to develop the integrated care model for child and family services in Dudley. Workshops have concluded and a report has been disseminated which describes how the children's workforce and the strategic managers within the Dudley system defined the optimum conditions for implementation of the new Model of Care. New agreed ways of working underpin the delivery of the key recommendations and seven priority work streams have been identified in the report. This was approved by the Integrated Model of Care Implementation Group (IMoCIG) and endorsed by the Health and Care Partnership Board. The Transformation Group will now oversee implementation of the recommendations</p> <p>The following 6 areas have been proposed and if agreed will form part of the clinical pathways development programme.</p> <ol style="list-style-type: none"> 1. Reducing perinatal and infant mortality. 2. Improving uptake of routine antenatal and childhood vaccinations.

3. Tackling childhood obesity.
4. Mitigating child poverty.
5. Improving school readiness, particularly in areas of speech, language, and communication.
6. Premature Baby Pathway.

Three quick areas agreed by the IMoCIG and implemented are:

- Community referral for neonatal jaundice.
- Newborn bloodspot screening for infants over 4 weeks old.
- Multiagency training offer.

Paediatric Musculo-Skeletal Service (MSK)

Black Country Healthcare NHS Foundation Trust are now providing the service for all new referrals as of 1st October 2022. One interim provider is continuing to see outstanding referrals, which will cease in February 2023.

Review of Speech and Language and Speech Communication Language Needs (SCLN) for children and young people up to the age of 25 in Dudley

An initial scoping exercise was undertaken in 2021 and subsequently, a task and finish group has been established, reporting to the SEND Health Pathways group and ultimately to the SEND Oversight Group.

There are 3 working groups to progress the recommendations of the review:

1. 0-4 year group
2. 5-19 year group
3. 0-14 Year specialist/vulnerable group.

Each group has a "Flashcard", to monitor performance that includes:

1. Achievements to celebrate
2. Major concerns and risks
3. Actions planned for following quarter
4. What support is needed

Children and Young People Mental Health and Emotional Wellbeing Local Transformation Plan 2021/22.

A plan was submitted to NHSE in June 2021 on behalf of the Black Country Integrated Care Board. This plan has been shared with the Dudley Emotional Health and Wellbeing Steering Group (EH&WBSG).

Black Country Healthcare NHS Foundation Trust (BCHFT) presents a monthly report to the EH&WB SG which includes demographics, waiting times, source of and reason for referrals and the average number of interventions per child or young person.

	<p>The following actions are in place to mitigate the current waiting times:</p> <ul style="list-style-type: none"> • Inclusion within the Trusts risk register • Development of a rapid improvement group with a weekly review of waiting lists and progress • Service Managers and Clinical Leads are reviewing relevant job plans to ensure throughput • All disciplines are being requested to be care co-ordinator for cases within the services. • Families on the waiting list are contacted for an update of their situation approximately every 6 weeks • Recruitment of an interim workforce via bank and agency to reduce current backlog • The service is producing monthly reports for each locality Emotional Health and Wellbeing Steering Group meetings to ensure all agencies are updated. <p>Positive Steps</p> <p>This Tier 2 early identification and prevention service is commissioned by the Office of Public Health, Dudley DMBC and is jointly funded by the ICB. The contract expires on the 31st March, 2023 and the Office of Public Health will be going out to procurement and align the service to the Mental Health Support teams, incorporated into the Whole School Approach offer.</p> <p>The average waiting for the first appointment is 7.41 weeks in Positive Steps (Tier 2).</p> <p>I-CAMHS</p> <p>The service aims to respond to referrals from the acute trust requesting support with a child or young person admitted due to self-harm into the acute ward within a maximum of 4 hours where this is within the hours of operation for referral (i.e. 8am to 8pm Monday to Friday). All non-urgent children are seen within 4 weeks. The average waiting for the first appointment is 5.85 weeks in core CAMHS.</p> <p>Eating Disorders</p> <p>The average waiting for the first appointment is 6.71 weeks. Emergency referrals are seen within 24 hours in weekdays and within 24 hours in partnership with I-CAMHS for out of hours provision including weekends.</p> <p>The Trust is in the process of developing a Black Country wide performance management dashboard for all commissioned children services.</p> <p>Dudley Children's Occupational Therapy & Educational Psychology Sensory Provision</p> <p>A business case has been formulated and has been referred to the Dudley Joint Commissioning Forum for consideration.</p>
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Community Autism Assessment Service (CAAS)

BCHFT have reviewed the existing specification and based on the service delivery model, proposed a new specification. This does not incur any additional cost but does improve the patient journey. There are 192 children currently on the caseload with 24 awaiting their first appointment. The average waiting time for March - September is 7.5 weeks against a target of 12 weeks.

Community Medical Officer Contract

Funding sits within The Dudley Group NHS Foundation Trust's contract and the related service specification is being developed.

Single Point of Access (SPoA) for Childhood Behavioural Issues for 0-6 year olds.

The Dudley Group NHS Foundation Trust are now leading on this initiative. From October 2021 to date there have been 355 referrals that have been triaged by the service and the outcomes are currently being analysed.

Acute Triage and Paediatric Virtual Ward

The Dudley Group NHS Foundation Trust currently provide a Paediatric Hot Clinic (PHC) service for 0 – 16years (up to 19 years if in designated special school for children who need a senior paediatric opinion within 5 days but are unlikely to need admission). Reduction in in-patient activity is anticipated and will be monitored.

Integration of the Black Country Healthcare NHS Foundation Trust Community Children's Service Team (CCNT) and The Dudley Group NHS Foundation Trust Children's Ward Outreach Team (CWOT) and Specialist Nurses.

This is an ongoing workstream and there will be ongoing discussions at the CYP Workstream workshops.

The majority of referrals are from the C2 Ward/Paediatric Assessment Unit but there are referrals from other areas including:

- Clinical Nurse Specialists
- DGFT Children's out-patients clinics
- DGFT Emergency Department
- BCH/local hospitals

Between July and September 2022 322 children were seen face to face and there were 587 telephone communications. The average length of stay on the ward was 2-4 days.

Haemoglobinopathy Service

The service is commissioned to provide both genetic screening counselling and clinical community care. The service specification states that the service should accept children and adults with a confirmed diagnosis or carrier of the condition. At present, care and support provision for adult patients relates only to urgent cases where patients make contact with the service.

	<p>There are 66 children and 97 adults currently on the service and all the children and urgent adult cases are seen within 1 week of referral.</p> <p>Additional funding will need to be provided to ensure the adults service can continue to be provided. A Business Case has been submitted previously which is currently under review to determine the required level of funding.</p> <p>Children's Continence Service Black Country Healthcare NHS Foundation Trust are covering a cost pressure within this service which will need to be addressed in 2023/24.</p> <p>Child Clinical Assessment Hubs This is an ongoing workstream and there will be ongoing discussions as part of the CYP workstream workshops.</p> <p>School Readiness The Black Country Early Outcomes website has been developed to support parents, practitioners and professionals around the school readiness agenda. This includes access to a wide range of training, supporting materials and includes a child friendly story "Little Chick" about what to expect when a child starts Reception.</p>
<p>Mental Health</p>	<p>IAPT</p> <p>We have noted a significant level of cancellations and DNAs from our patients due to the financial crisis with individuals having to work longer hours and extra shifts to afford necessities, and consequently being unable to attend their therapy sessions, coupled with the pressures created by the festive season. We currently have 1007 individuals awaiting treatment, and 1004 individuals in active treatment (not including assessment). Our current workforce is 60% lower to what is expected by the NHSE guidelines.</p> <p>The team is growing, and we are engaging in regular meetings with the regional and national teams to implement mitigating actions, share best practice and continuously improve our service.</p> <p>Primary Care Mental Health and First Contact Practitioners (FCPs)</p> <p>We have made good progress on recruiting new staff members who are due to start shortly with our teams, and we have more interviews scheduled for the coming weeks, which hopefully will provide us with more successful candidates. We now have 4 full time FCPs and a Service Manager working across Dudley PCNs, and between the team they have been offering 1000 appointments per month to Dudley patients.</p> <p>Additional Roles Reimbursement Scheme (ARRS), SMI and ICTs</p>

We have made good progress on refining what ARRS professions are needed to support our SMI and ICT ambitions, with BCH engaged with Dudley PCNs and planning on their next campaign to increase our workforce to bridge gaps in pathways and between Primary and Secondary care.

Suicide Prevention Training and strategic oversight

As part of our ambition of creating a zero suicide borough in Dudley, we have delivered suicide prevention training to 66 staff from Dudley GP practices, with further training being planned to offer it to all clinical and administrative staff. Dudley Suicide Prevention group has been reinstated with Dr David Pitches appointed as the chair. The first session has been attended by multiple colleagues from services across all ages concentrating on joint efforts to reduce suicide rates in the borough.

Real Time Suicide Surveillance System

Significant progress has been made across the ICS, and now with the regional NHSE team supporting our work. We are in process of agreeing standard data sets with other regions policed by West Midlands Police to ensure consistency across all relevant Integrated Care Boards. Adequate funding from the NHSE has been secured and issued to BCHFT which will be utilised to appoint staff and relevant software to manage the system.

Contract reviews and community engagement

We have met face to face with our service providers and individuals accessing mental health services in Dudley. We have obtained a lot of vital feedback and have utilised it to jointly co-design and transform services required by our patients. Based on feedback received, services commissioned by DIHC are greatly supported by our public but would like to ensure accessibility to all citizens across Dudley. We will be exploring digital platforms, local press and local forums to ensure that our services are evolving with our population.

We are reviewing the Integrated Plus/High Intensity contract and exploring opportunities for joint commissioning and funding with our Social Care colleagues in line with ambitions within the Long-Term Plan. We are exploring options for the growth, evolution, and innovation of Integrated Plus, to ensure that its services are accessible and available to all citizens across the borough. We have secured funding from Black Country ICB which will be used to create personalised incentives for High Intensity Users who often find themselves in mental health crises caused by social/economic factors, currently heightened by the financial crisis.

Health inequalities in Lye and Pensnett

We are working in close collaboration with Public Health colleagues to explore opportunities to develop community and neighbourhood services in some of the most deprived areas in the borough. We have been working in a close collaboration with

	<p>Councillors, multiple public, private and voluntary organisations and are in process of initiating our first steps to improve health and wellbeing, improve SMI screening, and to tackle health inequalities in these two localities.</p> <p>Migration and Asylum Seekers Due to a significant increase in migrant and asylum seekers presenting at our GP surgeries and in complex crises, we have been working in close partnership with our GPs, local authority, voluntary sector organisations and The Refugee and Migrant Centre in Wolverhampton to explore best practice and ensure that our population has access to all relevant services.</p> <p>Kindness Awards DIHC have taken part in a selection panel alongside our public and voluntary sector partners and sponsored an award to recognise our local heroes who have been working and serving tirelessly to support our residents in some of the most challenging times.</p> <p>Childrens and Adolescent Mental Health Service (CAMHS)- Adult Mental Health Service (AMHS) We have been working in a close partnership with our system colleagues to design and implement CAMHS to AMHS transition team who will be supporting individuals transitioning between both services.</p> <p>Parent-Infant Emotional Wellbeing Working Group DIHC have been working in a close collaboration with multiple colleagues to design and implement Dudley's perinatal strategy and pathways.</p> <p>Substance Misuse Partnership We have been supporting work on designing and implementing a Strategy for Dudley Combating Drugs and Alcohol Partnership.</p> <p>Preventing and Reducing Serious Violence in Dudley We have been working in a close collaboration with multiple partners on designing and implementing Terms of Reference and Strategy for Safer Dudley - Preventing and Reducing Serious Violence in Dudley for 2023-2026.</p> <p>Warm Spaces DIHC have supported our voluntary sector in setting up Warm Spaces for our residents due to the ongoing challenges generated by the financial crisis and poverty.</p>
Primary Care	<p>Dudley Quality Outcomes for Health (DQOFH) – Primary Care Framework The DQOFH steering group have been meeting on a two weekly basis to review and propose changes for the 2023/24 contractual year. This has now concluded and will be presented for approval to Dudley Local Commissioning Board in February 2023.</p> <p>Acute Respiratory Infection (ARI) Access Hub</p>

	<p>The Hub has now been commissioned from local funding until the end of March 2023 to provide 300 additional GP appointments on a weekly basis. In addition, following the NHSE announcement of National funding to support ARI Hubs the capacity has significantly increased (50%) to support system pressures over the winter period predominately focussing on paediatrics. Utilisation rates remain high at 95%. The hub continues to operate a flexible model and respond accordingly based on demand. The Hub has received regional recognition from NHSE as an exemplar site of good practice on the NHS Futures platform.</p> <p>Enhanced Access – Support for Primary Care Networks DIHC have been delivering the Saturday provision (52 hours clinical cover) of PCN DES enhanced access on behalf of 5 PCN's since 1st October 2022 under a sub-contractual arrangement. This will be reviewed and revised in 2023.</p> <p>Local Improvement Schemes (LIS) The full range of LIS schemes have continued to be commissioned from Primary Care, for which the contracts are in place with all 43 GP practices.</p>
<p>Adults Community Services and Long-term Conditions</p>	<p>Learning Disabilities Health & Well-being Service A model has been developed and will aim to deliver:</p> <ul style="list-style-type: none"> • A promotional video for service users and GP practices to promote what a gold standard LD annual health check should include and any required reasonable adjustments • Refresh education and training packages which target both clinical/non-clinical staff • Provide support material and advice to practices to increase uptake and quality • Collaboratively work with Ridge Hill team to develop a quality assurance process across Dudley • Consider the recruitment of specialist Nurse or GPwSI to support process <p>Long Covid Pathway Working with The Dudley Group NHS Foundation Trust, the pathway has been fully embedded and waiting times have significantly improved (to within 8 weeks) since March 2022. The service has received 315 referrals since April 2022, with 264 of these being appropriate for the service.</p> <p>Virtual Wards We continue to work in collaboration with The Dudley Group NHS Foundation Trust to further expand the virtual ward (VW) programme. The following technology enabled VW's are currently live:</p> <ul style="list-style-type: none"> • Paediatrics • Acute Respiratory Infection • Respiratory (legacy/manual) • Frailty

	<p>The legacy Respiratory non-technology enabled VW is being considered to be combined with the ARI VW.</p> <p>Heart Failure VW continues to progress with a planned mobilisation date for January 2023. Care home remote monitoring continues to progress which now includes an escalation pathway to two-hour urgent care response.</p> <p>Dudley Group NHS Foundation Trust's performance against SDF plan is generally strong, with two of the four VW's performance on plan and the other two (which have both been delayed) to reach plan over the next few months.</p> <p>Homeless Pathway A business case is being drafted to include:</p> <ul style="list-style-type: none"> • A small specialist health service to meet the client groups needs and reduce reliance on emergency care with the ability to remain flexible to support patients either temporarily or longer term • Consider all aspects of care including advance care planning and end of life through collaboration with Mary Stevens Hospice • Ability to be deployed to deliver healthcare for population cohorts such as asylum seekers and traveller community <p>Diabetes Clinical Pathway A service review of the current model is making good progress and includes:</p> <ul style="list-style-type: none"> • implementation of a risk stratification tool to support standardisation of patient selection during multi-disciplinary team (MDT) discussions • alignment to the Integrated Care Team model to further support people who are poorly controlled • pilot of a PCN based model for intensification of medication with Brierley Hill PCN <p>Community based Musculoskeletal / Chronic Pain Service A business case is in development based on the service provision at Wolverhampton but will require additional funding. This will be discussed with the Local Commissioning Board.</p> <p>Stroke Pathway An independent review by North Midlands Integrated Stroke Delivery Network (ISDN) and Midlands Stroke Quality Improvement for Rehabilitation (SQulRe) teams has been undertaken. This has highlighted a gap in the current staffing provision against the National Service Model for an Integrated Community Stroke Services. The initial bid to NHSE was unsuccessful but we will work collaboratively with the ICB for the next round of funding in 2023.</p> <p>Healthy Hearts Hubs We are launching a new project in February around development of a Healthy Hearts Hub, which is centred around people with lived</p>
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	<p>experience (peer leaders) working with a health and well-being coach to run sessions to support those communities who don't necessarily access formal services. This is to monitor their blood pressure and to deliver positive messages around cardiovascular disease prevention. This has been developed in collaboration with NHSE personalised care team and aims to reach into communities and reduce the burden on GP practices. This initiative was not originally included within the business plan but has been agreed by Executive Committee to progress.</p>
Older Adults	<p>Enhanced Health in Care Homes (Primary Care Network Direct Enhanced Service (DES))</p> <p>As part of the specification requirements within the PCN DES, DIHC are supporting PCN's and GP Practices to establish a long-term sustainable model of care for people residing in nursing and residential care homes. The model has been agreed and will run out of Chapel Street surgery with a go live date of 1st April 2023.</p> <p>The Project is currently within the recruitment phase with a proposal letter circulated to the practices affected by the change in delivery model. Currently the work project is on schedule with milestone dates for the next steps in place to trigger the next stages.</p> <p>Headache Clinic</p> <p>Demand is growing month on month with an update due to Executive Committee in January 2023 by Dr Katy Kyripanou which will include initial outcomes and any barriers within the first 6 months of provision.</p> <p>Dementia Awareness & Strategy alongside BC ICB</p> <p>We are working alongside other stakeholders within Dudley to scope and plan a new Dementia Strategy, which will be moulded through the 6-step audit tool and will then feed into the oversight committee to identify Dudley priorities. A baseline assessment has been jointly undertaken with Dudley local authority.</p> <p>Respect PEOLC Team</p> <p>The Respect Program continues to develop relationships working throughout the 6 PCN's within Dudley. The team continue to deliver strong outstanding care through extremely sensitive and difficult conversations supporting the patients and family as required.</p> <p>The next operational steps for the service is for the team to transition across to DIHC's operational leadership during January 2023 to create additional links within the organisation and allow greater clinical support.</p> <p>Performance at month 7, the team have completed 180 New Respect documents and had over 200 Advanced Care planning conversations with 300 patient contacts within that period. A full-service evaluation is being undertaken with year 2 funding being sourced.</p>

Palliative and End of Life Care ICS Oversight Committee

The oversight group has now drafted a Black Country wide strategy with input from each of the four places. DIHC is leading and chairing a Dudley Place based working group of all stakeholders to give strength and opportunity to local ideas and voices to influence how we move forward.

Falls & Frailty

DIHC is currently engaging the BC ICB, Dudley LA and Dudley Clinical Hub to strengthen the local falls and frailty pathways in place including;

- Review and replacement of community equipment.
- Enabling Dudley Clinical Hub Clinicians to treat falls within care homes.
- Taking on the commissioning of the Vestibular Falls Clinic held at Russell's Hall Hospital from the LA.
- Exploring falls recognition and compliance within Dudley care homes.
- Investigating provision of audio falls alarms within care homes.
- Creating a data bank of fallers with no other associated injuries that are conveyed to A&E creating an avoidable admission.
- Supporting greater falls education within homes

Dudley Clinical Hub

We are currently supporting DGFT and the Clinical Hub team to produce a 3 year strategy and assurance document which will incorporate all of the key markers requested of via the Black Country ICB which will include;

- Pathways
- Education
- Urgent Care Response Team
- Enhanced Care Home Teams
- Tissue Viability
- SALT
- Falls & Frailty
- Nutrition
- Diabetes
- Workforce Model
- Baseline Delivery Model
- Remote Monitoring

The initial meeting to start to sculpt/outline this work and start discussions is a scheduled away day on the 9th January 2023 with attendance from all stakeholders involved. Bianca Mascarenhas, Dudley Clinical Hub lead will be SRO for the work stream which has come out of the Cap Gemini Dudley Clinical Hub transformation group.

Dudley CVS Contracts

All of the CVS services within the older adult portfolio continue to perform as contracted and currently are managed in agreeance with the existing yearly requirements.

	<p>Moving forward within 2023 however it has been agreed for more transparency and allow greater support from DIHC and to allow greater understanding of delivery to move contract review meetings to 6 monthly with a ¼ support meeting between this. Additionally the CVS contracts are being reviewed to understand the KPI's and performance metrics currently included to understand if they are still applicable with a post covid environment and meet the additional pressures within the Dudley system.</p>						
Post Capgemini – Clinical transformation work streams	<p>The original four Transformation Groups:</p> <ul style="list-style-type: none">• Mental Health• Integrated Care Teams and Care Co-ordination• Childrens and Young Peoples Model• Clinical Hub <p>These continue to make good progress and report into the Integrated Model of Care Implementation Group (IMOCIG). Plans from these workstreams have been submitted as part of the Integrated Care Board Dudley place five-year plan.</p> <p>A further set of Local Implementation Team groups are being established to progress specific pathways within the model.</p> <p>Both the Mental Health and Children and Young People workstreams have presented their models of care to the Dudley Partnership Board who have provided their support. These workstreams are now working on implementation.</p> <p>All members of the Strategic Commissioning and Transformation team are providing project support to their relevant portfolios.</p>						
Integrated Care Partnership	<p>We have been working in a close collaboration with partners across Black Country ICS to jointly design an Integrated Care Strategy Partnership on how to meet the health and wellbeing needs of the population in the Black Country system. Collectively, we have agreed on 4 main priorities and are in the process of finalising the strategy:</p> <table><tr><th>PRIORITY</th></tr><tr><td>Black Country people - great and skilled</td></tr><tr><td>Workforce: Recruitment Education and Training</td></tr><tr><td>Growing up in the Black Country</td></tr><tr><td>Children and Families</td></tr><tr><td>Black Country Cares Social Care System</td></tr></table>	PRIORITY	Black Country people - great and skilled	Workforce: Recruitment Education and Training	Growing up in the Black Country	Children and Families	Black Country Cares Social Care System
PRIORITY							
Black Country people - great and skilled							
Workforce: Recruitment Education and Training							
Growing up in the Black Country							
Children and Families							
Black Country Cares Social Care System							

	<p>Feeling well in the Black Country</p> <p>Mental health and emotional wellbeing</p>
Collaborative working within ICS established programmes	<p>Representation at the following ICS workstreams and associated groups:</p> <ul style="list-style-type: none"> • Children and Young Peoples Board • Long-Term Conditions Board • Out of Hospital Programme Board • Mental Health Programme Board • PEOLC Oversight Committee • ICS Clinical Networks



PUBLIC BOARD

REPORT TITLE:	Finance Report for the period April to November 2022
DATE OF MEETING:	10 th January 2023
PURPOSE OF REPORT:	The report details the financial performance for period April to November 2022.
RESPONSIBLE EXECUTIVE:	Matthew Gamage – Operational Director of Finance/Acting Director of Finance
AUTHOR OF REPORT	Matthew Gamage – Operational Director of Finance/Acting Director of Finance
SUMMARY OF KEY POINTS:	<ul style="list-style-type: none">• The Trust is reporting a £7k surplus for the period April to November 2022 and a financial breakeven position for the financial year.• The system is continuing to report a break even position to plan in 2022/23. To deliver this, each organisation has been tasked with improving their year-end forecast. For DIHC the ask has been to improve the position by £300k. This has been transacted at Month 8 and is included in the Month 8 forecast position. The improvement relates to release of non-recurrent balance sheet flexibility and a reduction in the annual leave accrual.• There is a risk to the contract income of £769k relating to income for PbP's (£600k) and LIS Schemes (£169k). The current reported position assumes this income will be received and discussions continue with the ICB to resolve any mismatch of income.• The forecast on agency expenditure has increased at Month 8 and is no longer on target to achieve a 30% saving and is now showing a 22% saving. Work needs to continue over the remainder of the year with mitigating actions required to further reduce agency costs back to the 30% target reduction. The main reasons of the forecast increase is the continued use of agency staff in clinical areas such as High Oak, Chapel Street, CHC and IAPT. The recruitment of salaried GP's has been slower than initially forecast, however there has been progress with a potential for 4 salaried GPs to be in post by April 23. A new process for the approval of agency costs has been implemented in November, with only one request received in November for new agency staff. A system wide Agency Oversight group has also been set up and met for the first time in December with the aim of reducing agency costs across the system.• The report includes the Month 7 financial performance of the budgets managed by DIHC on behalf of the ICB. For the period July to October 2022 there is an underspend of £907k. The forecast year end is showing an overspend of (£221k) which is an improvement of £255k on the previous months forecast. The main driver of the

	<p>forecast overspend relates to a worsening run rate in Intermediate Care services due to the spot purchase of beds, previously funded by Hospital Discharge Funding which has now ceased. The forecast reported at October is prudent and is expected to improve over the coming months following a review of joint funded packages to ensure that the Health and Social Care split is accurate. The ICB have also indicated additional allocations available at month 9 could also improve the forecast. DIHC Finance will be working with budget holders and the finance team at the ICB to reconcile values on a monthly basis and agree forecast outturn positions for 2022/23. It is anticipated that the DIHC managed budgets will improve sufficiently to achieve break even by the year end.</p> <ul style="list-style-type: none"> • There are divisional financial performance exception items in respect of Mental Health & LD services, where vacancies result in a forecast underspend of £252k. • The Trust has met the requirement to deliver the Better Payment Practice Code. • The cash balance is £2.7m at month 8 with a forecast year end cash balance of £1.8m.
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	<ul style="list-style-type: none"> • Delivery of breakeven position for capital and revenue • Forecast reduction in agency expenditure • Better Payment Practice achievement ensures that providers of services are paid on time • Delivery of efficiency target
FUNDING/ COST IMPLICATIONS:	N/A
DoF / Finance Approval	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	N/A
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Develop our role in the Dudley Place <input checked="" type="checkbox"/> Implementation of integrated care model for the Dudley population <input checked="" type="checkbox"/> Improve outcomes for children and young people in Dudley <input checked="" type="checkbox"/> Support sustainability of primary care <input checked="" type="checkbox"/> Be the best and happiest place to work <input checked="" type="checkbox"/> Improve the health of our population and reduce inequalities <input checked="" type="checkbox"/> Demonstrate value to our population / Greener NHS
CQC DOMAINS: <i>Tick as appropriate</i>	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led
LIST KEY RISKS IDENTIFIED: <i>Select none identified or outline the risks identified and mitigations taken</i>	<input checked="" type="checkbox"/> None Identified The report provides assurance in relation to the following corporate risks; <ul style="list-style-type: none"> • C-073 – CHC Placement Costs

<p><i>(if addressing existing risk on the corporate risk register please provide reference number)</i></p>	<ul style="list-style-type: none"> • C-070 – Increase in drug volume and prices • C-063 – Financial Overspend due to insufficient financial controls • C-031 – Financial envelope less than cost of provision <p>The Trust will be discussing the forecast expenditure for intermediate care and potential mitigations as part of the contract review meeting with the ICB. The Local Authority and the Trust are developing proposals to provide reablement services which will help to reduce the reliance on spot purchasing</p> <p>The Trust will work with the ICB to resolve the income mismatches as part of the month 9 agreement of balances exercise.</p>								
<p>CONSIDERED AT WHICH COMMITTEE/S or GROUP:</p>	<p> <input type="checkbox"/> Executive <input type="checkbox"/> People <input checked="" type="checkbox"/> Finance Performance & Digital <input type="checkbox"/> Digital Board <input type="checkbox"/> Quality and Safety/ QSSG <input type="checkbox"/> Audit & Risk <input type="checkbox"/> Primary Care Integration <input type="checkbox"/> Strategy and Transformation <input type="checkbox"/> EDI <input type="checkbox"/> Trust Management Board <input type="checkbox"/> Well Led <input type="checkbox"/> Other (Please state) </p>								
<p>CONSIDERATIONS / IMPACTS: <i>Select none identified or outline the potential impact and considerations undertaken</i></p>	<table border="1"> <tr> <td>Quality and Equality Impact Assessment</td> </tr> <tr> <td><input checked="" type="checkbox"/> None Identified</td> </tr> <tr> <td>Equality, Diversity and Inclusion</td> </tr> <tr> <td><input checked="" type="checkbox"/> None Identified</td> </tr> <tr> <td>Greener NHS Sustainability Impact Assessment</td> </tr> <tr> <td><input checked="" type="checkbox"/> None Identified</td> </tr> <tr> <td>Other Regulatory Requirements</td> </tr> <tr> <td><input checked="" type="checkbox"/> None Identified</td> </tr> </table>	Quality and Equality Impact Assessment	<input checked="" type="checkbox"/> None Identified	Equality, Diversity and Inclusion	<input checked="" type="checkbox"/> None Identified	Greener NHS Sustainability Impact Assessment	<input checked="" type="checkbox"/> None Identified	Other Regulatory Requirements	<input checked="" type="checkbox"/> None Identified
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<input checked="" type="checkbox"/> None Identified									
Greener NHS Sustainability Impact Assessment									
<input checked="" type="checkbox"/> None Identified									
Other Regulatory Requirements									
<input checked="" type="checkbox"/> None Identified									
<p>PRESENTED TO:</p>	<p> <input checked="" type="checkbox"/> Public Board <input type="checkbox"/> Private Board <input type="checkbox"/> Assurance Committee (<i>state</i>) – <input type="checkbox"/> Other Committee (<i>state</i>) - </p>								
<p>RECOMMENDATION: <i>Tick as appropriate</i></p>	<p> <input type="checkbox"/> For Approval / Decision <input checked="" type="checkbox"/> For Assurance <input type="checkbox"/> For Information / Discussion </p>								

Finance Report

Reporting period: April – November 2022

Reported to: December 2022 Finance, Performance and Digital Committee

Reported by: Matthew Gamage, Director of Finance, Performance and Digital

• Finance Dashboard	Page 3
• Income and Expenditure Reporting	Page 4-6
• Managed Service Reporting	Page 7
• Capital Summary	Page 8
• Balance Sheet Reporting	Pages 9 -10
• Better Payment Practice	Page 11

Finance Dashboard – NHS Oversight Framework

The finance dashboard shows performance against finance elements of the national NHS Oversight Framework for Dudley Integrated Health and Care NHS Trust for the period to April to November 2022.

Indicator	Definition	Scoring criteria				Actual	Score
NHS Oversight Framework		1	2	3	4		
Capital Service Cover Rating	Degree to which the provider's generated income covers its financial obligations	>2.5x	1.75-2.5x	1.25-1.75x	<1.25x	0.1	4
Liquidity Rating	Days of operating costs held in cash or cash equivalent forms, including wholly committed lines of credit available for drawdown	>0	(7)-0	(14)-(7)	<(14)	41 Days	1
I&E Margin Rating	I&E surplus or deficit/total revenue	>1%	1-0%	0-(1)%	<(1)%	1.23%	1
Distance from Financial Plan	Year to date actual I&E surplus/deficit in comparison to Year-to-date plan I&E surplus/deficit	>0%	(1)-0%	(2)-(1)%	<(2)%	3.06%	1
Overall Score						2	

Exception Report – Capital Service Cover

The **Capital Service Cover** rating measures the ability of the Trust to pay for any financial obligations, such as loan principal and interest repayments, from its surplus. The Trust is currently reporting actual capital service cover of 0.1 x liabilities, which indicates that its reported surplus is not sufficient to cover the capital element of the Trust's financial obligations, and as a result is reporting a score of 4 and red rating.

As previously reported, the reason for this rating is that the £0.6m outstanding balance of the working capital loan received from BCH at the Trust's inception is greater than the surplus generated by the Trust. Due to the current NHS financial regime the Trust has set a breakeven expenditure plan for 2022/23, and it is for this reason that the rating is as reported.

The loan repayments are also the cause of a long-term reduction in the trust's **liquidity rating**, which although green rated has reduced from 139 days in March 2021 to 41 days in November 2022. However, the Trust's actual cash balance remains sufficient to repay the outstanding loan balance while still ensuring the Trust retains acceptable liquidity.

Income and Expenditure Summary – DIHC Services

Overall Surplus/(Deficit)

The Trust is reporting a year to date surplus of £7k as at month 8, with a forecast of break even by the end of the financial year. The Trust makes a technical surplus due to the IFRS16 impact of Peppercorn rents of occupied premises, but this is removed for reporting purposes when calculating the position reported to NHSE.

The system is continuing to report a break even position to plan in 2022/23. To deliver this, each organisation has been tasked with improving their year end forecast. For DIHC the ask has been to improve the position by £300k. This has been transacted at Month 8 and is included in the Month 8 forecast. The improvement relates to release of non recurrent balance sheet flexibility and a reduction in the annual leave accrual. The ICB will reduce the Trusts income by the same amount and therefore the final position remains at breakeven.

There is now a risk in reporting this position as a mismatch of £769k has been identified with the ICB relating to Practice based Pharmacy and Local Improvement S Scheme payments expected by DIHC. The Trust has a clear audit trail in relation to its expectations regarding this income both in the NHS standard contract and in separate communications with the ICB. The Finance team will work with the ICB to resolve this issue as part of the month 9 agreement of balances exercise.

Divisional Position

The table to the right shows the divisional position of the Trust and highlights key variances at a divisional level.

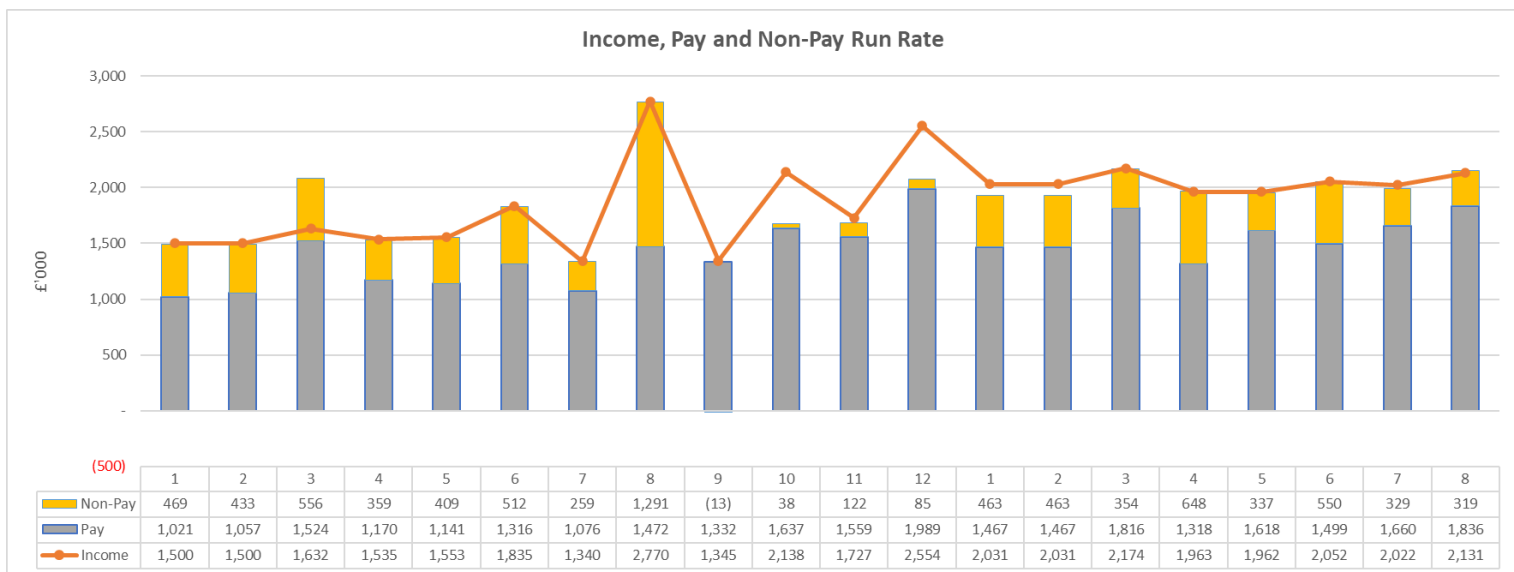
Exceptions are reported where a forecast variance to the net plan exceeds £250k or 25% of the annual plan value, resulting in exceptions in respect of:

- Mental Health and LD Services – Forecast Underspend £252k (6.7%)**
 Mental Health services continue to see underspends due to a high level of vacancies within the team, with 10.54 posts currently vacant, partially offset by the use of agency staff where these are available.

The Trust has recently re-advertised a number of posts within these teams, however recruitment has proven difficult and the forecast assumes that vacancies and agency use will continue to the year end.

	WTE Budget	WTE Actual	WTE Variance	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Actual £000's	Forecast Variance £000's
MAIN CONTRACT INCOME									
INCOME	0	0	0	(10,943)	(10,638)	(305)	(16,414)	(16,245)	(169)
MAIN CONTRACT INCOME Total	0	0	0	(10,943)	(10,638)	(305)	(16,414)	(16,245)	(169)
CHILDREN & YOUNG PEOPLE									
INCOME	0	0	0	-	(1)	1	-	(40)	40
EXPENDITURE	29.06	27.7	1.36	871	768	103	1,307	1,265	41
CHILDREN & YOUNG PEOPLE Total	29.06	27.7	1.36	871	767	104	1,307	1,225	81
MENTAL HEALTH & LEARNING DISABILITY									
INCOME	0	0	0	(77)	(196)	120	(115)	(315)	201
EXPENDITURE	83.83	73.29	10.54	2,595	2,463	132	3,892	3,841	52
MENTAL HEALTH & LEARNING DISABILITY Total	83.83	73.29	10.54	2,518	2,267	251	3,778	3,525	252
PCN SERVICES									
INCOME	0	0	0	(3,688)	(3,739)	51	(5,532)	(6,202)	670
EXPENDITURE	88.76	95.56	-6.8	2,630	2,875	(245)	3,946	4,829	(883)
PCN SERVICES Total	88.76	95.56	-6.8	(1,058)	(864)	(194)	(1,586)	(1,373)	(213)
PHARMACEUTICAL & PUBLIC HEALTH									
INCOME	0	0	0	(25)	10	(35)	(38)	(38)	-
EXPENDITURE	51.3	41.57	9.73	1,846	1,789	57	2,769	2,606	163
PHARMACEUTICAL & PUBLIC HEALTH Total	51.3	41.57	9.73	1,821	1,799	22	2,731	2,569	163
PHYSICAL HEALTH									
INCOME	0	0	0	-	(156)	156	-	(198)	198
EXPENDITURE	22.61	27.79	-5.18	1,049	1,201	(152)	1,574	1,861	(286)
PHYSICAL HEALTH Total	22.61	27.79	-5.18	1,049	1,045	4	1,574	1,663	(89)
PRIMARY CARE									
INCOME	0	0	0	(600)	(1,214)	613	(912)	(1,831)	919
EXPENDITURE	14.61	14.74	-0.13	573	1,172	(599)	870	1,776	(906)
PRIMARY CARE Total	14.61	14.74	-0.13	(28)	(42)	14	(41)	(55)	14
CORPORATE SERVICES									
INCOME	0	0	0	(238)	(433)	196	(259)	(605)	345
EXPENDITURE	83.72	67.93	15.79	6,006	5,898	108	8,912	9,099	(187)
(blank)			0		(2)	2		2	(2)
CORPORATE SERVICES Total	83.72	67.93	15.79	5,768	5,463	305	8,652	8,496	156
Grand Total	373.89	348.58	25.31	0	(202)	202	-	(195)	195
Adjustments as per NHSEI Reported Position					195	(195)		195	(195)
Adjusted Financial Position Reported to NHSEI	0	0	0	0	(7)	(7)	-	0	0

Income and Expenditure Run Rate



The chart above provides detail of the Trust’s income and expenditure run rate for the 21/22 financial year and eight months of the 22/23 financial year.

There are a number of areas where, due to national guidance and mandated requirements, month 12 is difficult to interpret in terms of trend, and therefore this period should be set aside for comparison purposes.

As financial information was not reported in month 1, costs reported at month 2 are split evenly across each month

Key messages from this adjusted data are as follows:

- **Income** has grown from the average of months 7-11 in the previous financial year, at £2,003k per month compared to £1,864 in months 7-11 last year.
- **Pay costs** have plateaued after increasing in the second half of the 21/22 financial year, however the costs are starting to rise at Month 8 as expected due to vacancies being filled. There are currently a number of vacancies within operational and corporate teams, driving a high level of agency usage. Plans are in place to reduce agency expenditure over the remaining months of the year. Further detail is included in the separate efficiency report.
- **Non-pay costs** of £433k per month are above the average of £377k seen in the 21/22 financial year. This is due to expected increased Digital costs noted in the I&E summary and the extension of non recurrent services such as the extended access hub.

Agency Expenditure

Service	Apr-22 £000's	May-22 £000's	Jun-22 £000's	Jul-22 £000's	Aug-22 £000's	Sep-22 £000's	Oct-22 £000's	Nov-22 £000's	Dec-22 £000's	Jan-23 £000's	Feb-23 £000's	Mar-23 £000's	Total YTD £000's	Forecast Total £000's	Current Run Rate £000's	Forecast Run Rate £000's	2021/22 Run Rate £000's
Clinical Services																	
HIGH OAK PRACTICE	13.35	25.99	42.48	10.46	29.81	29.05	38.96	34.91	33.24	16.02	16.02	17.98	225.01	308.27	27.16	25.69	56.00
IAPT	24.34	21.91	24.43	41.80	36.72	19.07	27.61	40.17	30.84	30.84	29.01	29.01	236.05	355.75	27.98	29.65	10.75
CONTINUING HEALTHCARE AND INTERMEDIATE CARE	21.83	14.02	16.80	25.76	17.35	15.98	15.88	31.28	21.51	21.87	17.17	17.16	158.89	236.60	18.23	19.72	17.75
CHAPEL STREET SURGERY	0.00	10.29	21.06	19.97	13.49	15.08	8.73	17.45	17.45	17.45	17.45	6.64	106.07	165.06	12.66	13.76	0.00
PRIMARY CARE MH TEAM	3.47	11.69	9.95	14.33	14.59	12.15	11.09	12.76	10.45	10.45	10.45	10.80	90.03	132.16	11.04	11.01	6.25
BRIERLEY HILL & AMBLECOTE PCN	0.00	0.00	0.00	0.00	0.59	9.40	13.00	4.90	4.90	4.90	4.90	4.89	27.89	47.48	3.28	3.96	0
HALESOWEN PCN	6.84	4.56	5.70	1.14	0.00	0.00	0.00	3.33	0.00	0.00	0.00	0.00	21.57	21.57	2.61	1.80	0.00
DUDLEY & NETHERTON PCN	0.00	0.00	0.00	0.00	0.00	3.13	4.60	5.09	0.00	0.00	0.00	0.00	12.82	12.82	1.10	1.07	1.00
SEDGELY COSELEY & GRONAL PCN	0.00	0.00	0.00	0.00	0.00	0.36	5.45	3.44	2.30	2.23	2.23	2.23	9.25	18.25	0.83	1.52	2.00
STOURBRIDGE WOLLESCOTE LYE PCN	0.00	0.00	0.00	3.56	0.00	0.00	1.76	4.40	0.00	0.00	0.00	0.00	9.73	9.73	0.76	0.81	0.00
KINGSWINFORD WORDSLEY PCN	0.00	0.00	1.23	1.23	0.00	0.00	1.02	1.02	1.02	1.02	1.02	1.02	4.50	8.58	0.50	0.72	0.00
COVID RED CENTRE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11.58
Sub total - Clinical	69.83	88.45	121.65	118.27	112.54	104.22	128.10	158.75	121.70	104.78	98.25	89.73	901.80	1316.26	106.15	109.69	105.33
Non Clinical																	
FINANCE	27.88	33.99	28.22	23.96	28.14	12.07	29.19	22.36	24.53	19.28	16.18	14.99	205.81	280.78	26.21	23.40	22.92
CLINICAL GOVERNANCE	14.54	12.71	21.32	19.87	21.25	29.96	14.48	0.00	0.00	0.00	0.00	0.00	134.13	134.13	19.16	11.18	13.42
OPERATIONS MANAGEMENT	47.49	33.54	35.87	26.96	22.83	-123.43	-9.98	-8.57	0.00	0.00	0.00	0.00	24.72	24.72	4.76	2.06	0.00
COST IMPROVEMENT	30.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30.15	30.15	4.31	2.51	1.00
PRIMARY CARE INVESTMENTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.00	9.00	9.00	8.00	0.00	35.00	0.00	2.92	2.00
BUSINESS DEVELOPMENT	57.93	0.00	0.00	0.00	0.00	-50.73	0.00	1.50	0.00	0.00	0.00	2.00	8.69	10.69	1.03	0.89	39.83
ADMIN & BUSINESS SUPPORT	6.23	4.78	4.78	4.78	4.78	4.80	1.27	0.00	0.00	0.00	0.00	0.00	31.40	31.40	4.49	2.62	5.00
PCN INVESTMENT FUNDING	-8.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-8.04	-8.04	-1.15	-0.67	0.00
Sub total - Non Clinical	176.17	85.02	90.19	75.56	77.00	-127.33	34.96	15.29	33.53	28.28	25.18	24.99	426.86	538.83	58.80	44.90	95.67
Grand Total	246.00	173.48	211.83	193.82	189.54	-23.11	163.05	174.04	155.23	133.06	123.43	114.72	1328.66	1855.09	164.95	154.59	201.00

The table above shows the current agency expenditure by service during 2022/23 for the period April to November and the forecast expenditure for the remaining months of the financial year. It shows that the current run rate is £36k per month lower than the monthly run rate for 2021/22.

The Trust was on target to achieve a 30% reduction in agency expenditure compared to 2021/22, however the forecast in agency expenditure at month 8 has increased resulting in a forecast saving of 22%. The main reason is the continued use of agency staff in clinical areas such as High Oak, Chapel Street, CHC and IAPT. The recruitment of salaried GP's has been slower than forecast, however there has been progress with a potential for 4 salaried GPs to be in post by April 23.

A new process for the approval of agency expenditure has been implemented during November with only one new agency request being received. The process allows easy comparisons to the agency caps for each band of staff and whether the agency provider is on framework. There is further additional scrutiny on agency expenditure from NHSE and a new system wide agency oversight group has been set up with the first meeting being held in December. The group will focus on collaboratively working to reduce agency expenditure across the system with the initial focus being on nursing agency staff.

The following key actions need to be delivered over the coming months;

December – March Actions

- Recruitment of permanent GPs for Primary Care services – **Progressing**
- Recruitment of permanent nurses for Primary Care Services – **On track**
- Proposal to be developed and implemented in relation to Health & Safety and EPRR support – **On track**
- Long Term recruitment plans to be developed for other clinical services such as Continuing Healthcare as part of the business planning process – **On track**

Managed Service Reporting

Service Area	Part Year Budget July 22 - Mar 23 £000's	Year to Date Budget Jul - Oct £000's	Year to Date Actual Jul - Oct £000's	Year to date Variance £000's	Total Forecast Spend	Forecast Variance	Previous Month Forecast Spend	Movement in Forecast
Community Services	2,934	1,391	1,468	(77)	2,996	(61)	2,968	(28)
Hospices	633	267	293	(26)	646	(13)	645	(1)
Intermediate Care	5,839	2,672	2,619	53	6,463	(624)	6,365	(99)
Long Term Conditions	789	348	340	8	825	(36)	828	3
Palliative Care	517	230	235	(5)	534	(17)	517	(17)
Childrens Services	5,611	2,510	2,716	(206)	5,938	(327)	5,895	(43)
Sub Total - Community Services	16,324	7,419	7,672	(253)	17,403	(1,079)	17,218	(185)
CHC Fully Funded	11,373	4,857	4,570	288	11,298	75	11,865	567
CHC Personal Health Budget	1,511	664	537	127	1,428	83	1,413	(15)
CHC Fully Funded (Fast Track)	2,040	1,157	608	549	1,457	583	1,404	(53)
CHC Team	2	1	0	1	0	2	0	0
CHC Adult Joint Funded	255	173	140	33	335	(79)	345	11
Childrens CHC	405	166	180	(14)	396	9	409	13
Childrens CHC - PHB	179	63	4	60	119	59	217	98
CHC Funded Nursing Care	3,341	1,510	1,384	126	3,298	43	3,298	(0)
Sub Total - CHC	19,106	8,592	7,422	1,170	18,331	775	18,950	620
Oxygen	509	226	228	(1)	512	(3)	512	0
Central Drugs	1,491	663	654	8	1,470	21	1,464	(6)
Prescribing	43,214	19,206	19,223	(17)	43,149	65	42,975	(174)
Sub Total - Prescribing	45,214	20,095	20,105	(10)	45,131	83	44,951	(180)
Grand Total	80,644	36,106	35,199	907	80,865	(221)	81,120	255

The table on the left shows performance against the budgets managed by DIHC on behalf of the ICB.

The ICB commenced on the 1st July 2022 and therefore budgets have been set for the 9 month period between 1st July 2022 to 31st March 2023. Expenditure related to the 1st Quarter of the year was included in the final accounts of Black Country Clinical Commissioning Group.

The table shows a surplus of £907k for the period July to September 2022 and a deficit of (£221k) to the year end. This is a forecast improvement on £255k from the previous month driven by an improvement in the Continuing Health Care (CHC) forecast.

The table confirms that the overall prescribing budgets are reporting a favourable variance of £83k which provides assurance regarding the delivery of the efficiency target which was top-sliced from the budgets at the beginning of the financial year.

The overspend against children's services relates to increased expenditure on residential short breaks and joint finance agreements.

The main driver for the forecast overspend relates to the Intermediate Care forecast which is moving from a year to date surplus of £53k to a forecast deficit of (£624k). This relates to the spot purchase of beds within Intermediate Care which were previously funded via the Hospital Discharge Programme - this additional funding has ceased from the end of Q1 2022/23.

Initial discussions with the ICB indicated that the forecast reported at September 2022 is a prudent forecast and is expected to improve. The joint funding packages with the Local Authority are under review to ensure the correct costs are being attributed to health. The ICB also indicated additional allocations at Month 9 could also improve the forecast.

DIHC will be working with budget holders and the finance team at the ICB to reconcile values on a monthly basis and agree forecast outturn positions for 2022/23. It is anticipated the forecast will improve sufficiently for the DIHC managed budgets to achieve break even at the year end.

Capital Summary

Summary

The Trust’s agreed capital plan for the financial year 2022/23 totals £233,000, as part of the wider ICS control total of £84.8m. The plan is split across Network Infrastructure, Mobile Technology and EPR upgrades.

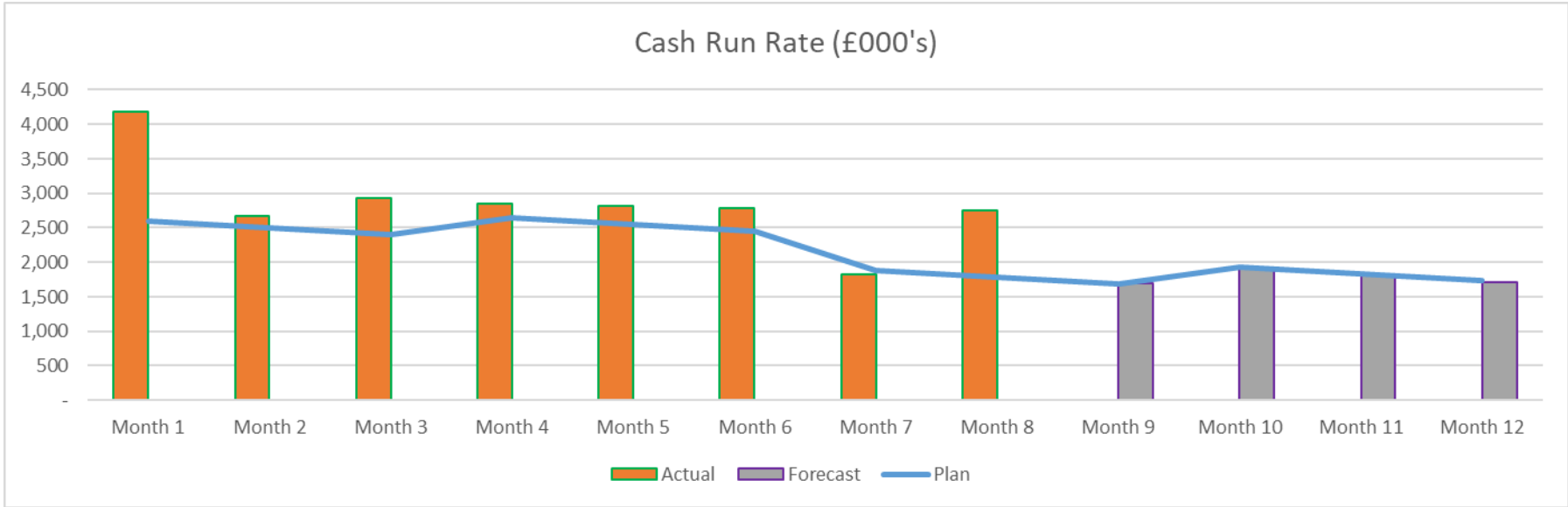
The year-to-date plan is zero, with expenditure planned into the second half of the financial year, and the Trust Digital Team continues to work on plans to utilise the allocation in full.

	YTD Budget	YTD Actual	YTD Variance	Annual Plan	Forecast Actual	Forecast Variance
Scheme	£000's	£000's	£000's	£000's	£000's	£000's
Network Infrstructure Refresh	-	-	-	50	50	-
Mobile technology	-	-	-	40	40	-
EPR Levelling Up	-	-	-	143	143	-
Total	-	-	-	233	233	-

Balance Sheet Summary

	Actual Closing 2021/22	Actual May-22 Closing	Actual Jun-22 Closing	Actual Jul-22 Closing	Actual Aug-22 Closing	Actual Sep-22 Closing	Actual Oct-22 Closing	Actual Nov-22 Closing	Month on Month Movement
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Non-current assets									
Intangible assets	-	-	-	-	-	-	-	-	-
Property, plant and equipment	503	688	677	633	687	686	680	673	(7)
Other investments / financial assets	14	14	14	14	14	14	14	14	-
	517	702	691	647	701	700	694	687	(7)
Current assets									0
Inventories	-	-	-	-	-	-	-	-	-
NHS receivables	1,056	18	785	918	716	1,220	1,070	1,181	111
Non-NHS receivables	460	2,691	1,840	1,941	2,305	1,543	2,441	801	(1,640)
Other current assets	-	-	-	-	-	-	-	-	-
Cash and cash equivalents	4,186	2,677	2,934	2,850	2,824	2,785	1,832	2,747	915
	5,702	5,386	5,559	5,709	5,845	5,548	5,343	4,729	(614)
Current liabilities									0
Capital trade payables	(47)	-	-	(7)	(7)	(7)	(7)	(7)	-
Revenue trade payables	(3,335)	(3,343)	(3,843)	(4,019)	(3,803)	(3,184)	(3,565)	(2,987)	578
Borrowings	(1,133)	(1,147)	(1,147)	(1,147)	(1,147)	(1,147)	(580)	(580)	-
Deferred income	(180)	(82)	(82)	-	(82)	(294)	(294)	(294)	-
Other financial liabilities	-	(328)	-	(6)	(330)	(439)	(385)	(366)	19
Provisions	(53)	(53)	(53)	(53)	(53)	(53)	(53)	(53)	-
	(4,748)	(4,953)	(5,125)	(5,232)	(5,422)	(5,124)	(4,884)	(4,287)	597
Net Current Assets	954	433	434	477	423	424	459	442	(17)
Non-current liabilities									
Capital payables	-	-	-	-	-	-	-	-	-
Revenue payables	-	-	-	-	-	-	-	-	-
Borrowings	(567)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	-
Deferred Income	-	-	-	-	-	-	-	-	-
Other financial liabilities	-	-	-	-	-	-	-	-	-
Provisions	(41)	(41)	(41)	(41)	(41)	(41)	(41)	(41)	-
	(608)	(55)	(55)	(55)	(55)	(55)	(55)	(55)	-
Total Net Assets Employed	863	1,080	1,070	1,069	1,069	1,069	1,098	1,074	(24)
Financed by									
Public dividend capital	2,568	2,568	2,568	2,568	2,568	2,568	2,568	2,568	-
Revaluation reserve	-	-	-	-	-	-	-	-	-
Other reserves	-	-	-	-	-	-	-	-	-
Income and expenditure reserve	(1,705)	(1,488)	(1,498)	(1,499)	(1,499)	(1,499)	(1,470)	(1,494)	(24)
Total Taxpayers' Equity	863	1,080	1,070	1,069	1,069	1,069	1,098	1,074	(24)

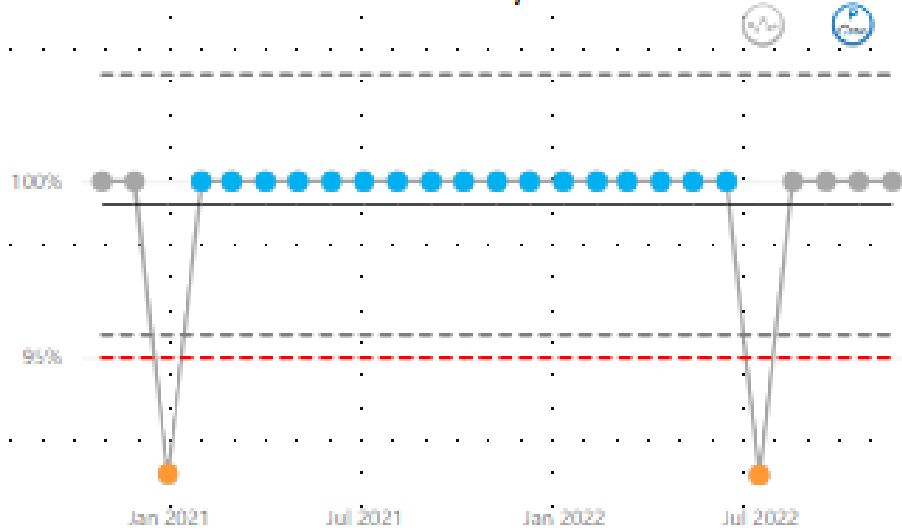
- The overall net assets position has increased since the pre-audit 2021/22 closing position, as follows:
 - £11k relating to an adjustment made for the post audit 2021/22 closing position
 - £195k YTD surplus, which relates to the recognition of notional income to fund a right of use asset, capitalised under IFRS16. This is adjusted out in the adjusted financial performance of the Trust.
 - £7k YTD reported surplus
- The cash position continues to be healthy at £2.7m. A loan repayment of c£0.6m was made on 1 October 2022. The forecast year end cash position is £1.7m.
- As a result of the implementation of IFRS 16, £223k of 'right of use' assets have been recognised, which are offset by borrowings where a lease exists and notional income where the arrangement is a peppercorn lease.
- Significant receivables are being recorded in relation to;
 - £1.6m invoiced income, invoiced to PCNs, ICB and LA
 - £1.1m prepayments and accrued income, which mainly relate to LA, ICB and CSU
- Significant payables are being recorded in relation to;
 - £0.8m invoiced payables without a purchase order
 - £0.4m goods received not yet invoiced
 - £1.5m accrued expenditure
 - £1.6m other, including payroll related balances



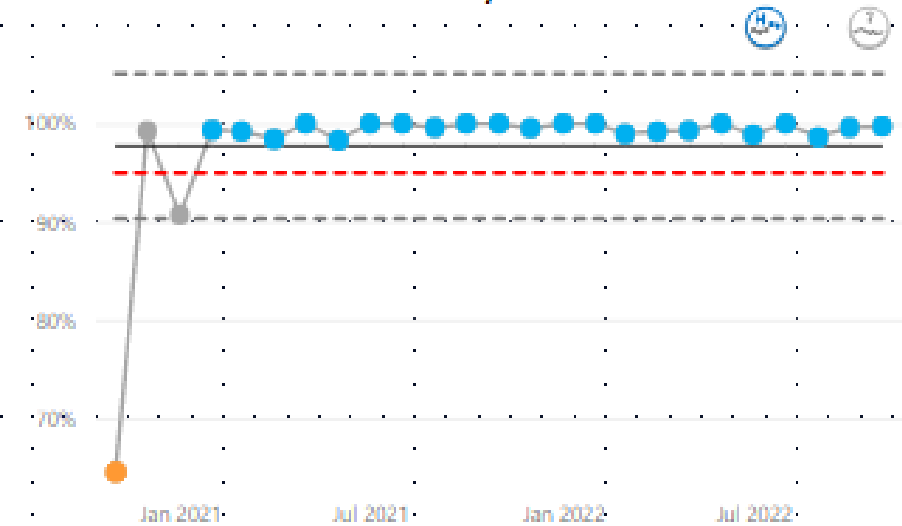
- The overall cash position is above plan at Month 8 but is expected to track in line with plan for the year (£1.7m by the 31st March 2023).
- The increase in cash at Month 8 relates to the first 2 quarters of the LA contract being received in November at £666k plus £170k Q3 Access Hub and smaller one off values totalling £128k from the ICB.
- The forecast cash position provides the Trust with sufficient headroom to manage working capital requirements.
- The final loan repayment will be incurred on the 1st April 2023. This will reduce the level of cash to £1.1m.

Finance - Better Payment Practice

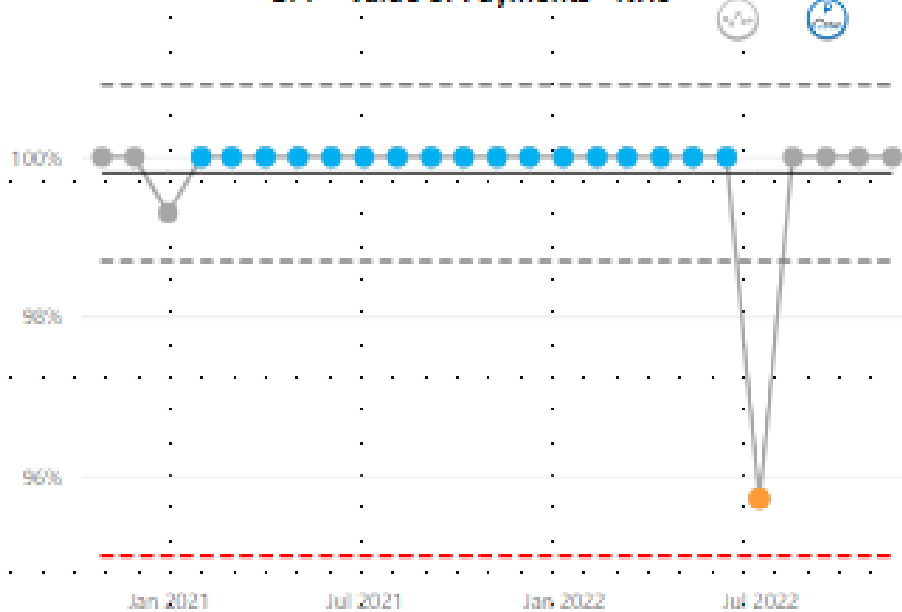
BPP - Number of Payments - NHS



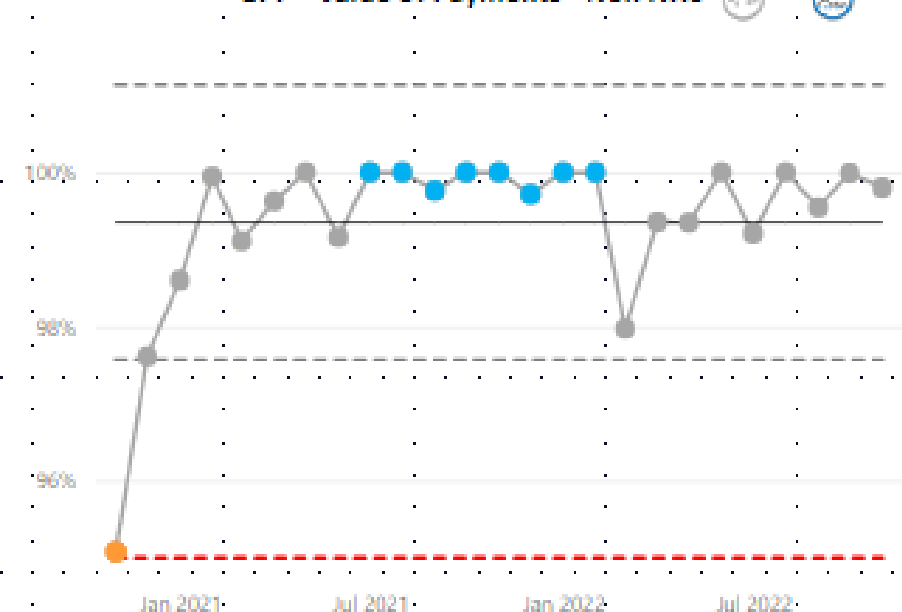
BPP - Number of Payments - Non NHS



BPP - Value of Payments - NHS



BPP - Value of Payments - Non NHS





DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

REPORT TITLE:	Performance Report
DATE OF MEETING:	10 th January 2023
PURPOSE OF REPORT:	The report details the performance information for November 2022.
RESPONSIBLE EXECUTIVE:	Philip King – Chief Operating Officer
AUTHOR OF REPORT	Faye Duncan – BI Service Delivery Manager
SUMMARY OF KEY POINTS:	<ul style="list-style-type: none">• CHC received 36 referrals in November 2022. 53% of these referrals were eligible for a full assessment. 100% of the assessments were completed within 28 days and outside of an acute setting.• A revised trajectory has been approved by NHS England for 2022/23. The IAPT service have achieved 90% of the expected access rate in November 2022.• The recovery target continues to be missed, with 40% of people who have completed treatment moving to recovery against a target of 50%. The following factors have contributed in November:<ul style="list-style-type: none">○ The service has seen several patients with complex needs who have recovered, but they have not met the standard recovery scores for the national recovery metric.○ The service is referring people earlier in their treatment pathway to more appropriate services which allows those on the waiting lists to access treatment earlier.○ In addition, the service is working to ensure those who are referred to the service are appropriate for the IAPT pathway to reduce the early dropouts.• The NHS Digital data quality measure (DQMI) for the national IAPT submission has significantly increased to 99% in August 2022.• The school nurses 2022/23 National Child Measurement Programme (NCMP) has been delayed. Unfortunately, there was a delay in sending letters out to the parents as the pupil information wasn't added to the database until the beginning of December – this was out of our control. The parents have 2

	<p>weeks from receiving the letter to opt out before the school nurses can start the programme.</p> <ul style="list-style-type: none"> • In November 2022, the ARRS PCN service has seen just over 11,500 patients with an attendance rate of 95%. • Extended Access has received 1,437 referrals with 90% attending an appointment. 96% of patients were discharged home. • The overall DQOF performance for Chapel Street Surgery was 48% and High Oak Surgery achieved 56%. • The BI team have completed a review of the variation between trust scorecard and other published sources – Please refer to Appendix 1. <p>There are two IAPT metrics which are affected.</p> <ul style="list-style-type: none"> ○ % Of service users who are treated within 6 weeks of referral. ○ 90+ day Wait Between 1st and 2nd Appt. <p>The BI team are working closely with the IAPT commissioner and NHS Digital and have identified the following factors will contributed to the variation:</p> <ul style="list-style-type: none"> ○ Data quality – Some records are rejected during the submission process. Also, a small number of records were missing or using an incorrect GP Practice code which has now been corrected. ○ Comparing different cohorts – The commissioner reports against Black Country registered patient activity whereas the trust scorecard will report against all activity. This will contribute to a small variance between the two datasets. ○ SQL Extracts – While developing the new IAPT reporting tables we are re-writing the existing SQL code which was provided by the previous provider. <p>The BI team are undertaking the following actions to improve the quality of the IAPT dataset and minimise the variation between published dataset and our local reporting.</p> <ul style="list-style-type: none"> ○ To continue working with the IAPT commissioner and NHS digital to improve the quality of the national IAPT submission. ○ To review on a quarterly basis the GP Practice list which is held by the system supplier (PCMIS) to ensure the GP practices codes align with the national ODS updates.
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	<ul style="list-style-type: none"> ○ To continue the development of the reporting tables and re-write the SQL extracts as per the national guidelines. ○ To develop a data quality kite mark standard which will audit the timeliness, completeness, validity, and process of each metric.
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	<ul style="list-style-type: none"> • Improved Access to Psychological Therapies • Improved Access to Primary Care • Improved DQOF Performance • Achievement of Child Measurement Programme • Increased CHC and Intermediate Assessments
FUNDING/ COST IMPLICATIONS:	
DoF / Finance Approval	<input type="checkbox"/> Yes <input type="checkbox"/> In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: <i>Tick as appropriate</i>	<input type="checkbox"/> Develop our role in the Dudley Place <input type="checkbox"/> Implementation of integrated care model for the Dudley population <input checked="" type="checkbox"/> Improve outcomes for children and young people in Dudley <input checked="" type="checkbox"/> Support sustainability of primary care <input type="checkbox"/> Be the best and happiest place to work <input checked="" type="checkbox"/> Improve the health of our population and reduce inequalities <input type="checkbox"/> Demonstrate value to our population / Greener NHS
CQC DOMAINS: <i>Tick as appropriate</i>	<input type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led
LIST KEY RISKS IDENTIFIED: <i>Select none identified or outline the risks identified and mitigations taken (if addressing existing risk on the corporate risk register please provide reference number)</i>	<input type="checkbox"/> None Identified BAF22-008 - There is a risk we fail to make best use of our resources to demonstrate our value to system partners and Dudley population BAF22-004 - There is a risk we are unable to provide sufficient evidence of our impact to Primary Care in Dudley BAF22-001 - There is a risk we fail to demonstrate our value as measured in health outcomes to our system partners
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	<input type="checkbox"/> Executive <input type="checkbox"/> People <input type="checkbox"/> Finance Performance & Digital <input type="checkbox"/> Digital Board <input type="checkbox"/> Quality and Safety/ QSSG <input type="checkbox"/> Audit & Risk <input type="checkbox"/> Primary Care Integration <input type="checkbox"/> Strategy and Transformation <input type="checkbox"/> EDI <input type="checkbox"/> Trust Management Board <input type="checkbox"/> Well Led

	<input type="checkbox"/> Other (Please state)	
CONSIDERATIONS / IMPACTS: <i>Select none identified or outline the potential impact and considerations undertaken</i>	Quality and Equality Impact Assessment	
	<input checked="" type="checkbox"/> None Identified	
	Equality, Diversity and Inclusion	
	<input checked="" type="checkbox"/> None Identified	
	Greener NHS Sustainability Impact Assessment	
	<input checked="" type="checkbox"/> None Identified	
	Other Regulatory Requirements	
	<input checked="" type="checkbox"/> None Identified	
PRESENTED TO:	<input checked="" type="checkbox"/> Public Board <input type="checkbox"/> Private Board <input checked="" type="checkbox"/> Assurance Committee (<i>state</i>) – Finance Performance and Digital <input type="checkbox"/> Other Committee (<i>state</i>) -	
	RECOMMENDATION: <i>Tick as appropriate</i>	<input type="checkbox"/> For Approval / Decision <input checked="" type="checkbox"/> For Assurance <input type="checkbox"/> For Information / Discussion

Performance Report

Reporting period: November 2022

Reported to: January 2022, Trust Board

Reported by: Philip King, Director of Operations

Introduction

The Integrated Performance Scorecard is designed to provide the board with an overview of the trust performance within all key areas of the business on a monthly basis.

Exception Reports

The full Integrated Performance Scorecard will be presented to each committee to provide a balanced view of the Trusts performance. However, the exception reporting will be focussed on the areas of interest for the individual committee (as shown below)

- Finance Performance and Digital Committee – Finance and Operational Performance Exceptions
- People Committee – Workforce Exceptions
- Quality and Safety Committee – Quality Exceptions








Additional Caveats

- SPC charts and Icons require a minimum of 15 data points to create a robust analysis, Due to the infancy of the organisation we are using 2+ data points in some cases e.g. CHC, Intermediate Care, High Oak Surgery, Chapel Street Surgery, NCMP. Therefore, Please take this into consideration when reviewing the information.
- Targets are still being developed for some of the new measures. These targets will be reviewed and agreed by individual services and the executive
- NCMP - National Child Measurement Programme runs until the end of July. Therefore, the annual target has been set using the trajectory required by end of July 2023.
- The ICB have sponsored a review of Primary Care Mental Health Services.
- There were no complaints received in November 2022.

Key:

Variation and Assurance Icons

SPC charts and Icons require a minimum of 15 data points to create a robust analysis, Due to the infancy of the organisation we are using 2+ data points in some cases e.g. CHC, Intermediate Care, High Oak Surgery. Winter Access, NCMP. Therefore, Please take this into consideration when reviewing the information.

Variation				Assurance		
						
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Special cause variation when up or down arrow is neither an improvement or concern	Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Statistical Process Chart (SPC)

----- Upper/Lower Control Limit	● Special cause improvement
----- Target	● Special cause concern
— Mean	—● Activity

DIHC Integrated Performance Scorecard

2022-23

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Q&S	Safeguarding	Number of Safeguarding Concerns - Adults	Local	Nov 2022	57	-	425	-		
		Number of Safeguarding Concerns - Child	Local	Nov 2022	21	-	158	-		
		Number of Safeguarding Concerns - Age unknown	Local	Nov 2022	0	-	2	-		
		Number of SARs - Open	Local	Nov 2022	0	-	0	-		
		Number of CSPRs - Open	Local	Nov 2022	2	-	2	-		
		Number of S42s - Open	Local	Nov 2022	3	-	3	-		
		Number of S42s - Overdue	Local	Nov 2022	1	-	1	-		
Q&S		Staff Flu Vaccinations (2022/23)	CQUIN	Nov 2022	37.68%	30%	32.39%	90%		
Patient Safety		Patient Safety Alerts Completed By Deadline	National	Nov 2022	100%	-	100%	-		
Incidents		Duty of Candour	National	Nov 2022	100%	100%	100%	100%		
		Occurrence Of Any Never Event	National	Nov 2022	0	-	0	-		
		Incidents	Local	Nov 2022	31	-	119	-		
		Serious Incidents	Local	Nov 2022	2	-	2	-		
Feedback		IAPT Friends and Family Test – % Positive	Local	Nov 2022	100%	-	100%	-		
		IAPT Friends and Family Test – % Positive (Qtr)	Local	Sep 2022	100%	-	100%	-		
		Primary Care Friends and Family Test – % Positive - Chapel Street Surgery	Local	Nov 2022	100%	-	84%	-		
		Primary Care Friends and Family Test – % Positive - Chapel Street Surgery (QTR)	Local	Sep 2022	86.67%	-	86.67%	-		
		Primary Care Friends and Family Test – % Positive - High Oak Surgery (QTR)	Local	Sep 2022	89.57%	-	89.55%	-		
		PCMH Friends and Family Test – % Positive	Local	Nov 2022	40%	-	46.67%	-		
		PCMH Friends and Family Test – % Positive (QTR)	Local	Sep 2022	20%	-	20%	-		
		Feedback - Informal Concern	Local	Nov 2022	6	-	27	-		
		Feedback - Compliments	Local	Nov 2022	2	-	26	-		
		Feedback - Complaints	Local	Nov 2022	0	-	23	-		
		An acknowledgment of the complaints within 3 days	National	Nov 2022	0%	-	94.44%	-		
		A formal response to the complaint sent within 45 days	Local	Nov 2022	100%	-	100%	-		
Workforce	Staff in Post	Vacancy %	Local	Nov 2022	6.69%	10%	12.12%	10%		
		Turnover % (12 Months)	Local	Nov 2022	11.91%	13%		13%		
		Normalised Turnover % (12 Months)	Local	Nov 2022	9.44%	-	10.84%	-		
		Turnover % (In Month)	Local	Nov 2022	1.62%	1.1%		1.1%		
		Normalised Turnover % (In Month)	Local	Nov 2022	1.62%	-	0.84%	-		
	Development	Appraisal %	Local	Nov 2022	90.21%	85%	90.21%	85%		
		Training Compliance %	Local	Nov 2022	90.66%	85%	90.66%	85%		
	Absence	Sickness % (In Month)	Local	Nov 2022	3.6%	3.8%	3.18%	3.8%		
		Short Term Sickness (In Month)	Local	Nov 2022	44.69%	-	37.7%	-		
		Long Term Sickness (In Month)	Local	Nov 2022	55.31%	-	62.3%	-		
		Maternity % (In Month)	Local	Nov 2022	2.22%	-	1.48%	-		

DIHC Integrated Performance Scorecard 2022/23

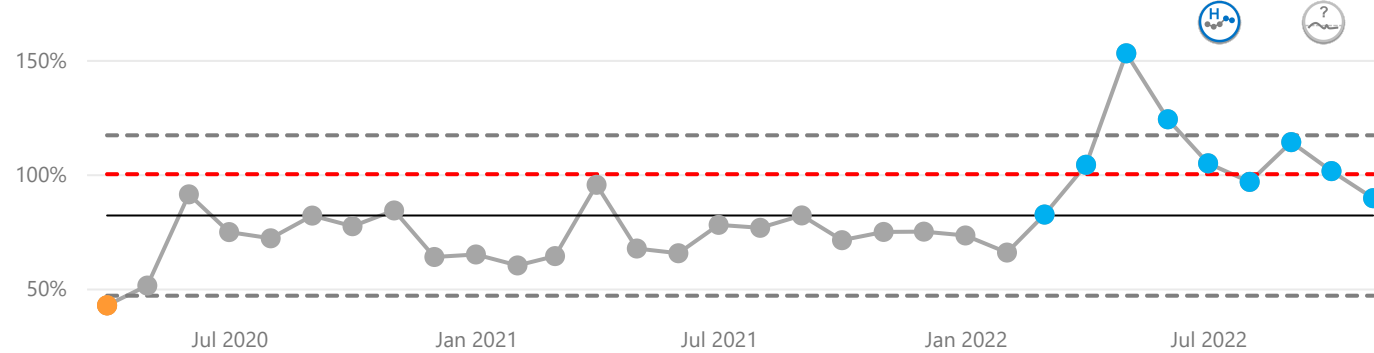
Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Operational Performance	CHC	Number of Referral for CHC	Local	Nov 2022	36	-	324	-		
		% of Referrals Eligible for a Full CHC Assessment	Local	Nov 2022	52.78%	-	64.2%	-		
		% of CHC Assessments Completed Within 28 Days	National	Nov 2022	100%	80%	99.31%	80%		
		% of Assessments Completed in an Acute Setting	National	Nov 2022	0%	15%	0%	15%		
	CHC - End of life	Number of Fast Track Referrals	Local	Nov 2022	82	-	584	-		
		% of Newly Eligible Fast Track Patients	Local	Nov 2022	79.27%	-	68.49%	-		
	CHC - Pathway 3	Number of Patients in a Pathway 3 Bed	Local	Nov 2022	17	-	-	-		
		Number of Patients Discharged from Pathway 3	Local	Nov 2022	4	-	40	-		
	IAPT	Number of Service Users Referred for Psychological Therapies	Local	Nov 2022	838	-	5910	-		
		% of Referrals for Older People 65+	National	Nov 2022	10.86%	-	10.24%	-		
		% of Service Users Entering Treatment (Access Rate)	Local	Nov 2022	89.51%	100%	110.06%	100%		
		% of Service Users Who Complete Treatment Who Are Moving to Recovery	National	Nov 2022	39.72%	50%	40.19%	50%		
		IAPT Recovery Rate for BME Groups	National	Nov 2022	33.33%	50%	40.08%	50%		
		% of Service Users Who Are Treated Within 6 Weeks of Referral	National	Nov 2022	95.13%	75%	91.66%	75%		
		% of Service Users Who Are Treated Within 18 Weeks of Referral	National	Nov 2022	100%	85%	99.19%	85%		
		90+ Day Wait Between 1st and 2nd Appt	Local	Nov 2022	4.87%	10%	4.82%	10%		
		Use of Anxiety Disorder Specific Measures in IAPT	CQUIN	Nov 2022	86.76%	65%	83.06%	65%		
	Intermediate Care	Number of Patients in a Step Down Facility	Local	Nov 2022	125	-	1083	-		
		Number of New Patients Admitted to Step Down	Local	Nov 2022	41	-	336	-		
		Average Length of Stay	National	Nov 2022	60	42	55	42		
		Number of Patients Discharged	Local	Nov 2022	38	-	263	-		
	Primary Care Mental Health	Number of Referrals to Primary Care Mental Health	Local	Nov 2022	176	-	1394	-		
	School Nursing	Number of Referrals to School Nursing Service	Local	Nov 2022	261	-	1858	-		
		NCMP - Year 6 Status	Local	Jul 2022	100%	100%	-	100%		
		NCMP - Reception Status	Local	Jul 2022	100%	100%	-	100%		
		Number of Child In Need on Caseload	Local	Nov 2022	113	-	113	-		
		Number of Looked After Child on Caseload	Local	Nov 2022	218	-	218	-		
		Number of Looked After Child Health Assessments Completed	Local	Nov 2022	22	-	22	-		
		Number of Child Protection on Caseload	Local	Nov 2022	128	-	128	-		
		Number of Young Carers Identified as Needing Support	Local	Nov 2022	6	-	6	-		

DIHC Integrated Performance Scorecard 2022/23

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Operational Performance	ARRS PCN	% of Patient Attendance	Local	Nov 2022	95.53%	-	95.3%	-		
		% Utilisation Rate	Local	Nov 2022	73.87%	-	70.58%	-		
	Extended Access	Number of Referrals to Extended Access Hub	Local	Nov 2022	1437	-	9785	-		
		% Utilisation Rate	Local	Nov 2022	86.37%	75%	81.68%	75%		
		% of Patient Attendance	Local	Nov 2022	89.98%	-	92.43%	-		
		Outcome - % Discharged Home	Local	Nov 2022	95.8%	-	95.54%	-		
		Outcome - % Referred to GP	Local	Nov 2022	3%	-	3.34%	-		
		Outcome - % Referred to Hospital	Local	Nov 2022	1.2%	-	2.99%	-		
	GP - Chapel Street Surgery	CERVS1 - Aged 25-49 adequate smear last 3 years and 6 months..... [45-80%]	National	Nov 2022	58.88%	80%	58.88%	80%		
		CERVS2 - Aged 50-64 adequate smear last 5 years and 6 months..... [45 - 80%]	National	Nov 2022	74.19%	80%	74.19%	80%		
		DM7 - HbA1c, BP & Cholesterol treated to target..... [32 - 44%]	National	Nov 2022	31.58%	29.33%	31.58%	44%		
		MH3 - Received comprehensive physical health assessment... [60 - 80%]	National	Nov 2022	31.58%	53.33%	31.58%	80%		
		LD1 - Learning Disabilty annual review completed..... [64 - 88%]	National	Nov 2022	0%	58.67%	0%	88%		
		CVDPP3.2 - Eligible for annual review (QRisk 10%)..... [28 - 56%]	National	Nov 2022	59.78%	56%	59.78%	56%		
		DQOF - Overall (Chapel Street Surgery)	Local	Nov 2022	48.32%	-	48.32%	-		
		% Vaccinated - MMR (5 yrs) - 2nd dose	National	Oct 2022	100%	95%	68.75%	95%		
	GP - High Oak Surgery	CERVS1 - Aged 25-49 adequate smear last 3 years and 6 months..... [45-80%]	National	Nov 2022	61.55%	80%	61.55%	80%		
		CERVS2 - Aged 50-64 adequate smear last 5 years and 6 months..... [45 - 80%]	National	Nov 2022	66.89%	80%	66.89%	80%		
		DM7 - HbA1c, BP & Cholesterol treated to target..... [32 - 44%]	National	Nov 2022	23.62%	29.33%	23.62%	44%		
		MH3 - Received comprehensive physical health assessment... [60 - 80%]	National	Nov 2022	17.95%	53.33%	17.95%	80%		
		LD1 - Learning Disabilty annual review completed..... [64 - 88%]	National	Nov 2022	27.59%	58.67%	27.59%	88%		
		CVDPP3.2 - Eligible for annual review (QRisk 10%)..... [28 - 56%]	National	Nov 2022	60%	56%	60%	56%		
		DQOF - Overall (High Oak Surgery)	Local	Nov 2022	55.83%	-	55.83%	-		
		% Vaccinated - MMR (5 yrs) - 2nd dose	National	Oct 2022	100%	95%	85.19%	95%		

Exception Report: IAPT Recovery

% of Service Users Entering Treatment (Access Rate)



Nov 2022

Date

89.51%

Value

100%

Target

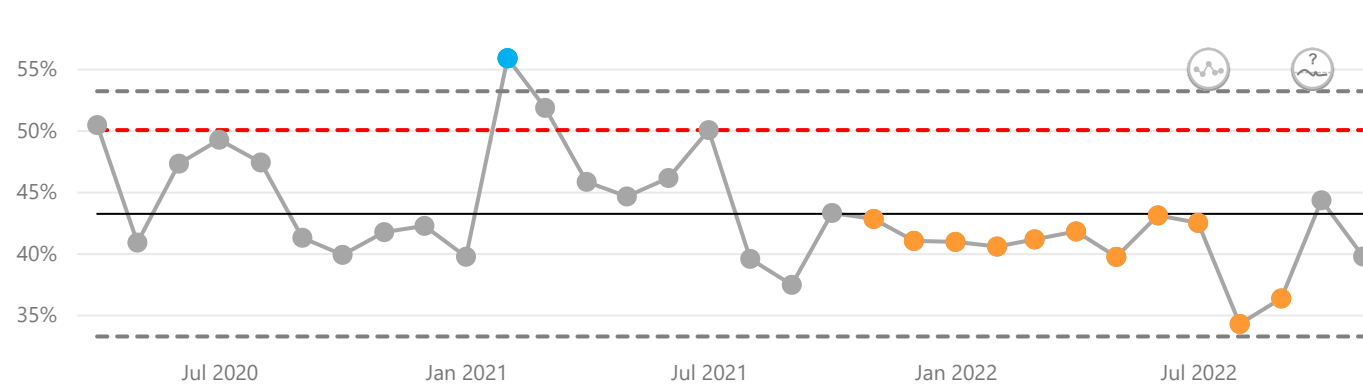
Improvement

Variation

Hit or Miss

Assurance

% of Service Users Who Complete Treatment Who Are Moving to Recovery



Nov 2022

Date

39.72%

Value

50%

Target

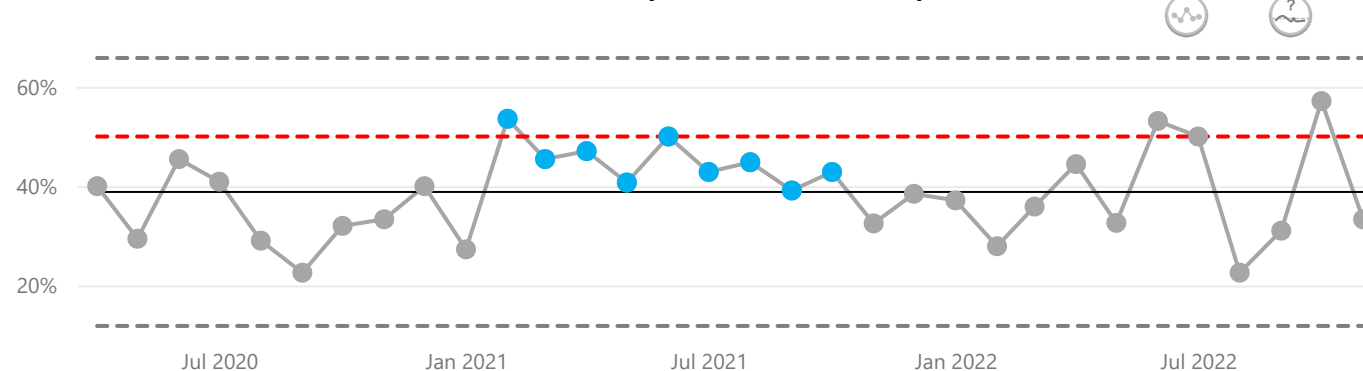
Common Cause

Variation

Hit or Miss

Assurance

IAPT Recovery Rate for BME Groups



Nov 2022

Date

33.33%

Value

50%

Target

Common Cause

Variation

Hit or Miss

Assurance

Service comments

- The impact of the introduction of a First Contact Practitioner for Mental Health in each PCN is currently being reviewed. The DIHC early implementer FCP role evaluation has shown that approximately 25% of patients seen are referred on to the IAPT service.
- The design of the delivery of mental health services within DIHC continues to be under review.
- The ICS Mental Health Programme Board have recognised the difficulties in achieving the IAPT performance targets across the Black Country and therefore a revised trajectory for access has been approved by NHS England for 2022/23. The Trajectory for 2022/23 is below:

Q1 - 1459, Q2 - 1516, Q3 - 1773, Q4 - 1836, Total - 6584

Recovery has declined in November due to the following factors:

- The service has seen several patients with complex needs who have recovered, but they have not met the standard recovery scores for the national recovery metric.
- The service is referring people earlier in their treatment pathway to more appropriate services which allows those on the waiting lists to access treatment earlier.
- In addition, the service is working to ensure those who are referred to the service are appropriate for the IAPT pathway to reduce the early dropouts.

Actions

- October data has been refreshed as per the national submission timetable. November data is indicative.
- A recruitment and retention strategy for staff is underway. Agency staff are being sourced to support the work to reduce waiting lists and increase assessment numbers.
- 9 out of 10 PWP Trainees/Apprentices and 4 High Intensities workers are now in place. Another 5 High Intensity workers are due to start in January 2023.
- Development of an internal recovery metric which will exclude early drop-outs.

Exception Report - Chapel Street Surgery

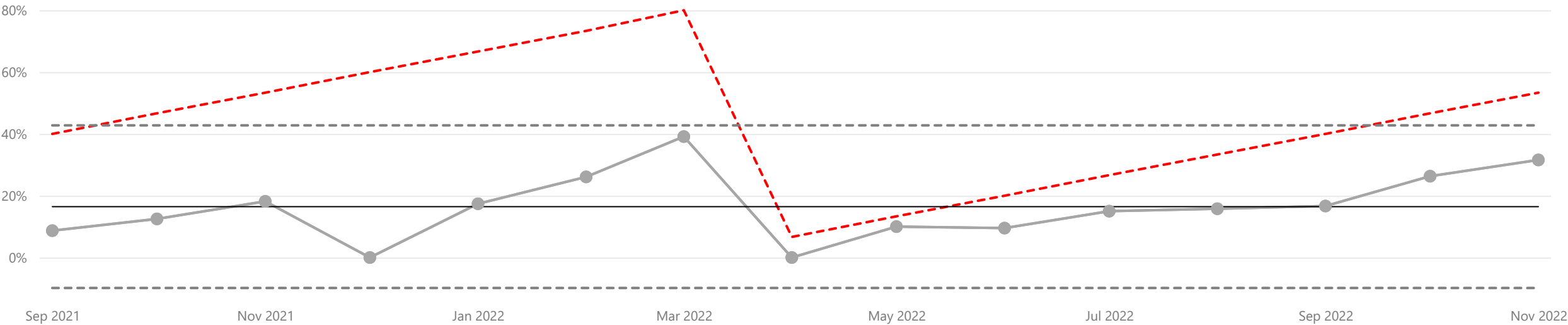
Metric ▼
MH3 - Received comprehensive physical hea... ▼

Nov 2022
Latest Date
31.58%
Value
53.33%
Target

Variation ▼

Assurance 

MH3 - Received comprehensive physical health assessment... [60 - 80%]



Service comments	Actions
<ul style="list-style-type: none">Following the trajectory we would expect for this time of year, maps last years and the typical approach by practices where many reviews be completed in the final quarter of the year.The majority of patients are due to be recalled in January as we recall patients in line with their birth date much of QOF achievement is programmed in for Q4 in chapel street.	<ul style="list-style-type: none">The recall patients by birth month seems to be creating a problem for the figures so we are proposing to review the recall programme.

Exception Report - Chapel Street Surgery

Metric ▼

LD1 - Learning Disability annual review comp... ▼

Nov 2022

Latest Date

0%

Value

58.67%

Target

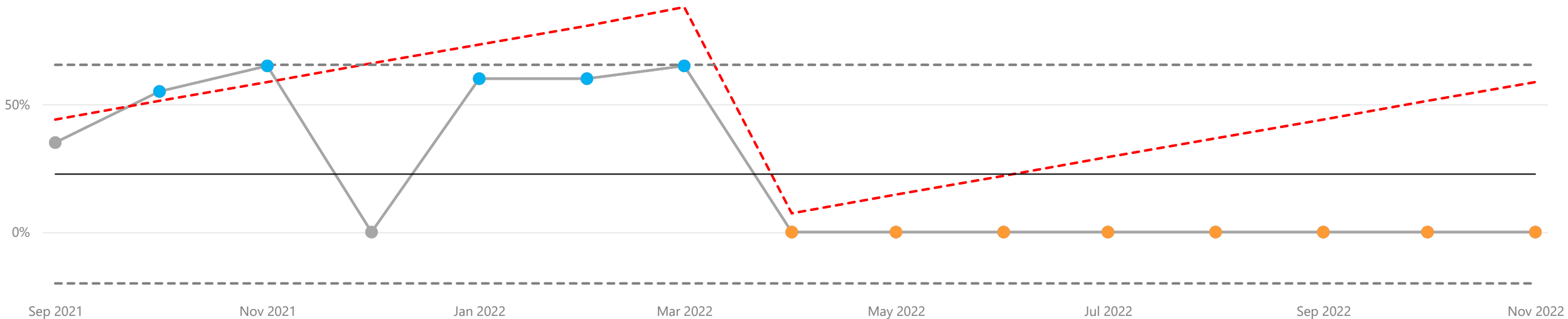
Variation ▼



Assurance



LD1 - Learning Disability annual review completed..... [64 - 88%]



Service comments

- This metric relates to a small cohort who are due to be reviewed in Q4 2022/23.

Actions

- The recall patients by birth month seems to be creating a problem for the figures so we are proposing to review the recall programme.

Exception Report - High Oak Surgery

Metric ▼

MH3 - Received comprehensive physical hea... ▼

Nov 2022

Latest Date

17.95%

Value

53.33%

Target

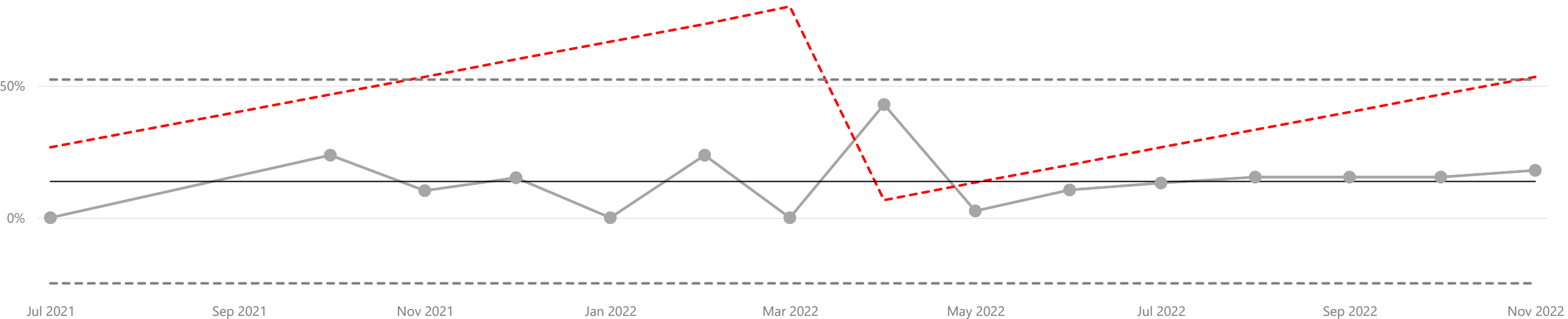
Variation ▼

Assurance





MH3 - Received comprehensive physical health assessment... [60 - 80%]



Service comments

Patients are due to be recalled in Q4 2022/23.

Actions

Appendix 2

Dudley Integrated Health & Care Trust Scorecard Variation

Purpose

The purpose of this report is to inform the Trust Board of the variances between the trust's scorecard compared to other published sources.

Summary

On an annual basis the BI team validate all key performance measures on the trust scorecard to ensure they are relevant and accurate. As part of this validation exercise, we make sure the data extracts are aligned to the national or local guidelines.

During this financial year (2022/23) we carried out an in-depth review of following IAPT measures (see Table A) which has highlighted the following differences:

- A growing difference of -2 in April 2022 to -11% in August 2022 against the % Of service users who are treated within 6 weeks of referral.
- A growing difference of 8% in April 2022 to 12% in August 2022 against the 90+ day Wait Between 1st and 2nd Appt.

Table: A

% Point Difference Between the Black Country ICB IAPT Performance Scorecard (data source - NHS Digital) vs DIHC Scorecard	Apr-22	May-22	Jun-22	Jul-22	Aug-22
% Of Service Users Entering Treatment (Access Rate)	17%	-7%	-4%	3%	-4%
% Of Service Users Who Complete Treatment Who Are Moving to Recovery	-1%	1%	-1%	0%	-1%
% Of Service Users Who Are Treated Within 6 Weeks of Referral	-2%	-5%	-8%	-	-11%
% Of Service Users Who Are Treated Within 18 Weeks of Referral	-4%	-5%	-5%	-1%	-1%
90+ Day Wait Between 1st and 2nd Appt	8%	5%	7%	9%	12%

The BI team and IAPT service are liaising closely with the IAPT Commissioner and NHS Digital to understand the causes for the variation. We are aware that following factors have contributed to the variation:

1. Data Quality – When we submit the data to NHS Digital some records will be rejected for a variety of reasons e.g. referral date falls outside of the reporting period. Each month the BI team work closely with NHS Digital to understand the causes of these rejections and modify the submission where possible.
Also, we have noticed an issue with a small amount of activity being allocated to an unknown CCG/ICB. This was due to some incorrect/out of date GP Practices codes that were being used in the PCMIS system. The GP practices were corrected at the end of August 2022.

2. Comparing different cohorts – We understand the commissioner reports against Black Country registered patient activity whereas the trust scorecard will report against all activity. This will contribute to a small variance between the two datasets.
3. SQL Extracts – While developing the new IAPT reporting tables we are re-writing the existing SQL code which was provided by the previous provider.

Actions

The BI team are undertaking the following actions to improve the quality of the IAPT dataset and minimise the variation between any published dataset and our local reporting.

- To continue working with the IAPT commissioner and NHS digital to improve the quality of the national IAPT submission.
- To review on a quarterly basis the GP Practice list which is held by the system supplier (PCMIS) to ensure the GP practices codes align with the national ODS updates.
- To continue the development of the reporting tables and re-write the SQL extracts as per the national guidelines.
- To develop a data quality kite mark standard which will audit the timeliness, completeness, validity, and process of each metric.

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Finance, Performance and Digital Committee

Date of meeting: 22nd December 2022

Significant risks/issues for escalation

None identified

Key issues/matters discussed at the Committee

- The committee received a report in relation to Corporate Risk Register for assurance.
 - The committee reviewed the risks and agreed that the current score for risk C-031 should be increased to a 9 (3x3) due a mismatch on income assumptions between the Trust and the ICB.
 - The Trust has a clear audit trail in relation to its expectations regarding this income both in the NHS standard contract and in separate communications with the ICB, however the committee agreed that it was appropriate to increase the likelihood associated with this risk.
- The committee received update from the Acting Director of Finance on activities being undertaken and current issues for information. The update focussed on the following areas;
 - DMBC have notified the Trust of their intention to extend the School Nursing contract by a further 7 months with an option to extend for a further 5 months. The current contract expires on 31st March 2023.
 - The Black Country ICS is forecasting to breakeven through a range of non-recurrent measures
- The committee received the month 8 finance report for assurance. The report confirmed that the Trust is achieving a £7k surplus for the period April – November 2022 and forecasting to achieve breakeven by the end of the financial year.
- The committee received the November 2022 performance report for assurance
- The committee received an update report in relation to Digital and BI for assurance.
- The committee received contracts update report for assurance.
- The committee received a report which provided assurance that the efficiency target for 2022/23 is on track to be achieved
- The committee received the Electronic Patient Record Business case for information and discussion. The committee were supportive of the case and recognised that the case was primarily focussed on improving quality for our workforce and patients. The committee suggested

	<p>that it would be helpful if any financial benefits could be quantified for inclusion in the case</p> <ul style="list-style-type: none"> • The committee received a Primary Care Strategy Progress Report for assurance. • The committee received an update on the programme of work supporting the Greener NHS agenda for assurance.
Recommendations made by the Committee	<ul style="list-style-type: none"> • Recommend to Board the updated scores, mitigations, controls, and assurances for the Corporate Risks assigned to the Committee.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	<p>The committee reviewed the risks and agreed that the current score for risk C-031 should be increased to a 9 (3x3)</p>
Items/Issues for referral to other Committees	<p>N/A</p>

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Primary Care Integration Committee

Author of the Report: Dr George Solomon, Non-Executive Director

Date of meeting: 21st December 2022

Significant risks/issues for escalation

- None

Key issues/matters discussed at the committee

The Committee held a meeting on the 21st December 2022 and was quorate.

The Committee received updates from:

- Director for Strategy, People and Partnerships
- Medical Directors
- PCN Clinical Directors
- Primary Care Programme Manager

Board Assurance Framework and Corporate Risk Register

- The committee received a report in relation to risk and following further review by the Executive, the committee supported the recommendation that two risks have been escalated to the Corporate Risk Register:
 - C-209 Service Level Agreement for Extended Primary Care Teams (ARRS)
 - C-210 Change of PCN Clinical Director leadership
- The committee took assurance from the controls, mitigations and actions.

Position Update

- The committee received and discussed an update on DIHC ongoing discussions on their future role and relationship with the ICB. A detailed discussion was held on the topic and agreement that the Trust will progress the relationships and discussion with Black Country primary care colleagues.
- The committee noted in developing a revised SLA between DIHC and PCNs a collaborative agreement has been prepared.
 - The committee requested a detailed update for their next meeting on the plans on the revision of the SLA by 31st March 2023.
 - The committee requested the ARRS service development project is progressed "at pace" to support agreeing the revised SLA between DIHC and PCNs.

PCN CD Update

- The committee acknowledged the ongoing pressures PCN CDs, and their teams, are currently facing this winter
- PCNs are currently working on workforce plans for ARRS staff requirements for 2023/24

	<ul style="list-style-type: none"> • The committee were advised that Dr Ranvir Sandhu term as Clinical Director for Dudley and Netherton PCN is to finish on 31 January 2023 • The committee were advised that the PCN are considering support from DIHC to recruit and employ a replacement along with a PCN Business Manager. DIHC Primary Team will action this with relevant colleagues and an update can be provided to the next committee meeting. • The committee discussed the national debate on whether QOF / DQOFH targets are to be suspended due to the significant winter pressures. The committee acknowledged it is not the role of DIHC to do this but the Trust can work with ICB on their decision making. <p>Primary Care Implementation Plan</p> <ul style="list-style-type: none"> • The committee received and endorsed the: <ul style="list-style-type: none"> ○ Primary Care Strategy final design ○ Primary Care Strategy plan overview ○ Primary Care Strategy action plan • The committee received and noted the December progress report against delivery of the Primary Care Strategy including referencing progress against the Fuller report. • The strategy has been shared with primary care colleagues and will be launched at a number of face to face and virtual engagement events in January.
<p>○</p> <p>Recommendations made by the Committee</p>	<ul style="list-style-type: none"> • None
<p>Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)</p>	<ul style="list-style-type: none"> • Recommend to Board two risks for escalation to the corporate risk register.
<p>Items/Issues for referral to other Committees</p>	<ul style="list-style-type: none"> • None



PUBLIC BOARD

REPORT TITLE:	Communications, Engagement and Partnerships update
DATE OF MEETING:	10 th January 2023
PURPOSE OF REPORT:	To update Board of the communication and engagement activities that have taken place from the period just prior to October 2022 through to December 2022
RESPONSIBLE EXECUTIVE:	Stephanie Cartwright, Director of Strategy, People and Partnerships
AUTHOR OF REPORT	Helen Codd, Head of Communications, Engagement and Partnerships Luke Dunn, Communications and Engagement Specialist
SUMMARY OF KEY POINTS:	<p>We held a successful Annual General Meeting (AGM) late September 2022</p> <p>The public conversation on the future location of High Oak Surgery commenced 17th October and concluded on 5th December</p> <p>Our Dudley Talking Therapies Team promoted their service at the Merry Hill Centre for Mental Health Awareness</p> <p>We supported the Dudley Council for Voluntary Services (DCVS) with their annual kindness awards</p> <p>Our teams attended the annual Mike Wood MP Jobs Fayre at Merry Hill</p> <p>We continue our collaboration with local charity – The Black Country Blokes</p> <p>We took part in a social media 24 hrs to promote the services that DIHC provide as part of the wider Black Country</p> <p>We continue to promote attendance at our Board meetings and share positive news stories with the media post Board</p> <p>We contribute to every Healthier Futures Newsletter for the Integrated Care System which goes out to a wide list of stakeholders, including public, with news from DIHC</p> <p>We continue to use social media platforms to share important messages and keep followers updated with DIHC news</p>

LIST BENEFITS AND/OR EXPECTED OUTCOMES:	<p>To promote services to those who may need support or to access</p> <p>To help reduce health inequalities</p> <p>To continue to build on our reputation and nurture relationships and trust</p> <p>To share important messages around health and wellbeing</p>
FUNDING/ COST IMPLICATIONS:	<p>Some engagement and involvement activities do have costs associated with them, e.g. venue hire, printing, providing a hot drink as a small gesture of appreciation</p>
DoF / Finance Approval	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> In Progress</p>
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	<p>None</p>
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: <i>Tick as appropriate</i>	<p><input checked="" type="checkbox"/> Develop our role in the Dudley Place</p> <p><input checked="" type="checkbox"/> Implementation of integrated care model for the Dudley population</p> <p><input type="checkbox"/> Improve outcomes for children and young people in Dudley</p> <p><input checked="" type="checkbox"/> Support sustainability of primary care</p> <p><input checked="" type="checkbox"/> Be the best and happiest place to work</p> <p><input checked="" type="checkbox"/> Improve the health of our population and reduce inequalities</p> <p><input checked="" type="checkbox"/> Demonstrate value to our population / Greener NHS</p>
CQC DOMAINS: <i>Tick as appropriate</i>	<p><input type="checkbox"/> Safe</p> <p><input checked="" type="checkbox"/> Effective</p> <p><input checked="" type="checkbox"/> Caring</p> <p><input checked="" type="checkbox"/> Responsive</p> <p><input type="checkbox"/> Well Led</p>
LIST KEY RISKS IDENTIFIED: <i>Select none identified or outline the risks identified and mitigations taken</i> <i>(if addressing existing risk on the corporate risk register please provide reference number)</i>	<p><input checked="" type="checkbox"/> None Identified</p>
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	<p><input type="checkbox"/> Executive</p> <p><input type="checkbox"/> People</p> <p><input type="checkbox"/> Finance Performance & Digital</p> <p><input type="checkbox"/> Digital Board</p> <p><input type="checkbox"/> Quality and Safety/ QSSG</p> <p><input type="checkbox"/> Audit & Risk</p> <p><input type="checkbox"/> Primary Care Integration</p> <p><input type="checkbox"/> Strategy and Transformation</p> <p><input type="checkbox"/> EDI</p> <p><input type="checkbox"/> Trust Management Board</p>

	<input type="checkbox"/> Well Led <input checked="" type="checkbox"/> Other (Public Board)
CONSIDERATIONS / IMPACTS: <i>Select none identified or outline the potential impact and considerations undertaken</i>	Quality and Equality Impact Assessment
	<input type="checkbox"/> None Identified An equality impact was carried out for the High Oak public conversation
	Equality, Diversity and Inclusion
	<input type="checkbox"/> None Identified Any engagement seeks to be inclusive of our local communities and is targeted where necessary
	Greener NHS Sustainability Impact Assessment
	<input checked="" type="checkbox"/> None Identified
	Other Regulatory Requirements
	<input checked="" type="checkbox"/> None Identified
PRESENTED TO:	<input checked="" type="checkbox"/> Public Board <input type="checkbox"/> Private Board <input type="checkbox"/> Assurance Committee (<i>state</i>) - <input type="checkbox"/> Other Committee (<i>state</i>) -
RECOMMENDATION: <i>Tick as appropriate</i>	<input type="checkbox"/> For Approval / Decision <input checked="" type="checkbox"/> For Assurance <input type="checkbox"/> For Information / Discussion

Communications and Engagement Update

October - December 2022



NHS
Dudley Integrated
Health and Care
NHS Trust

Communications, Engagement and Partnerships

Quarterly Update

Activity	Strategic Objective	Outcome/impact
<p>Late September saw us hold our Annual General Meeting (AGM) at Brierley Hill Civic Hall. We were joined by around 100 people including our staff. Several of our teams hosted a marketplace event to showcase their services to the public on arrival and there was a lovely atmosphere with much interaction.</p> <p>A presentation and update were provided by the CEO and Chairman and we heard from our Continuing Healthcare and Intermediate Care Team Lead who described their service and the impact it had on local patients.</p>	<ul style="list-style-type: none"> • Demonstrate value to our population • Develop our role in the Dudley place • Support the sustainability of primary care • Implementation of an Integrated Care Model for the Dudley population • Improve the health of our population and reduce inequalities • Be the best and happiest place to work 	<ul style="list-style-type: none"> • Opportunity for DIHC teams to network with each other, senior leaders, and members of the public • Opportunity for the public to learn more about the role of DIHC and what we have achieved in the last year and plans for the year ahead • Opportunity for the public to ask questions of teams and the Board
Attendance at Dudley World Café – an engagement event for local organisations and patients/communities	<ul style="list-style-type: none"> • Develop our role in the Dudley place • Be sustainable • Looking at how all partners within the Black Country can work together, collate intelligence and reduce work duplication. 	<ul style="list-style-type: none"> • Understanding the aspirations of local communities and what they need from healthcare • Alignment of activities across the wider Integrated Care System
Members of the public sat on the stakeholder panel for the appointment of the Deputy Operating Officer	<ul style="list-style-type: none"> • Demonstrate value to our population • Develop our role in the Dudley Place • Be the best and happiest place to work 	<ul style="list-style-type: none"> • Promotes a culture of transparency and accountability • Provides an opportunity for appointments into DIHC posts to have input from the local population

Activity	Strategic Objective	Outcome/impact
Chapel St team and wider colleagues attended a local community project, Diyya – Follow the light, to talk about diabetes and the menopause	<ul style="list-style-type: none"> • Improve the health of our population and reduce inequalities • Develop our role in the Dudley place • Implementation of an Integrated Care Model for the Dudley population • Improve the health of our population and reduce inequalities 	<ul style="list-style-type: none"> • Opportunity to dispel myths around both issues • Opportunity to learn more • Opportunity for questions and further support • Building relationships with communities that have health inequalities
People Team, School Nurses, and Operations Managers attended an annual jobs fayre at Merry Hill hosted by local MP, Mike Wood	<ul style="list-style-type: none"> • Develop our role in the Dudley place • Be the best and happiest place to work 	<ul style="list-style-type: none"> • To promote roles in the NHS with a focus on available careers and roles within DIHC • To understand the different career pathways
Took part in the selection panel for the annual Dudley Council for Voluntary Service's Kindness Awards. A winner had to be chosen from each category from many nominations. DIHC also sponsored an award and a table and presented at the event.	<ul style="list-style-type: none"> • Develop our role in the Dudley place 	<ul style="list-style-type: none"> • To celebrate the value of the Dudley voluntary community • Opportunity for networking with other voluntary and statutory organisations and community members
The communications team supported the Dudley Talking Therapies Team to promote World Mental Health Day at the Merry Hill Shopping Centre. We hired a booth and designed the graphics to promote the team and service.	<ul style="list-style-type: none"> • Implementation of an Integrated Care Model for the Dudley population • Develop our role in the Dudley place • Improve the health of our population and reduce inequalities 	<ul style="list-style-type: none"> • Promoting positive health and wellbeing • Reducing the stigma of talking about mental health • Referred 7 patients into the service for support • Signposted patients to local services if not registered with a Dudley GP • Gained feedback on the experience of using the service

Activity	Strategic Objective	Outcome/impact
Filming of one of DIHC's Physician Associates to promote the importance of having flu vaccine in collaboration with the Black Country Integrated Care Board (BCICB)	<ul style="list-style-type: none"> • Support the sustainability of primary care • Implementation of an Integrated Care Model for the Dudley population • Improve the health of our population and reduce inequalities 	<ul style="list-style-type: none"> • Promote the importance of having the flu vaccine • Advice on who is eligible and how to access the vaccine • Highlighting the dangers of not having the vaccine
Commencement of the public conversation on the future location of High Oak Surgery	<ul style="list-style-type: none"> • Support the sustainability of primary care • Implementation of an Integrated Care Model for the Dudley population • Improve the health of our population and reduce inequalities 	<ul style="list-style-type: none"> • Opportunity for the registered population of High Oak Surgery to have a say about the future of their surgery via several methods including drop-in sessions, public meetings, and survey. Information and survey available in accessible formats • Full report to be shared at a future Board meeting
Interviews for the Business Manager at High Oak Surgery included a patient representative	<ul style="list-style-type: none"> • Demonstrate value to our population • Develop our role in the Dudley Place • Be the best and happiest place to work 	<ul style="list-style-type: none"> • Promotes a culture of accountability and transparency
<p>DIHC took part in a 24-hour social media collaboration across the Black Country Integrated Care System (ICS) promoting the roles of health and care staff over 24 hours. Teams from DIHC included school nurses, High Oak Surgery staff, and Dudley Talking Therapies.</p> <p>The reach of the campaign was 2.2 million</p>	<ul style="list-style-type: none"> • Demonstrate value to our population • Develop our role in the Dudley place • Be the best and happiest place to work 	<ul style="list-style-type: none"> • Promotes the 24-hour nature of health and care • Promotes the many different roles within health and care that are essential in keeping local people healthy and cared for • Alignment across the wider ICS

Activity	Strategic Objective	Outcome/impact
Antibiotic Awareness campaign – promoting a display in Jhoots pharmacy at Brierley Hill Health and Social Care Centre (BHHSCC) and also via social media	<ul style="list-style-type: none"> • Demonstrate value to our population • Develop our role in the Dudley place 	<ul style="list-style-type: none"> • Promoting how and when antibiotics should be used
Dr Steve Mann joined the local charity, The Black Country Blokes, in one of our regular slots to promote different aspects of health and wellbeing. Dr Mann joined a podcast at the local boxing club to promote men's health and Movember	<ul style="list-style-type: none"> • Develop our role in the Dudley place • Improve the health of our population and reduce inequalities • Implementation of an Integrated Care Model for the Dudley population 	<ul style="list-style-type: none"> • Promotes trust and builds relationships with local voluntary organisations • Promotes advice on how to keep well and healthy and where to go if you need further advice
DIHC Safeguarding team provided a display in reception at BHHSCC	<ul style="list-style-type: none"> • Develop our role in the Dudley place • Improve the health of our population and reduce inequalities 	<ul style="list-style-type: none"> • Promotion of what safeguarding is and how to access and the importance of the role
DIHC staff were filmed speaking Polish, Hungarian and Romanian to promote flu vaccine over social media and digital channels	<ul style="list-style-type: none"> • Develop our role in the Dudley place • Improve the health of our population and reduce inequalities 	<ul style="list-style-type: none"> • Promotion that our staff is reflective of our diverse population locally • Promotion of flu vaccine in alternative languages
The communications team have worked to help produce/design the Primary Care Strategy Document and helped to promote this piece of work with written material in newsletters, via the website and with video.	<ul style="list-style-type: none"> • Support the sustainability of primary care • Implementation of an Integrated Care Model for the Dudley population • Improve the health of our population and reduce inequalities 	<ul style="list-style-type: none"> • Promoting the importance of this document and improving the reach it has.
The communications team have worked with colleagues to setup a designated research landing page on the DIHC website.	<ul style="list-style-type: none"> • Improve the health of our population • Increase the amount of people engaging in this area. 	<ul style="list-style-type: none"> • Provides a home for this content • Helps spread awareness of the offer by improving the reach it has

Online Communications With Our Wider Stakeholders



29,935 Website page views.



70,581 Social media impressions



1,877 Total social media followers



5 Press Releases (Click to view)

- School Nursing Team Lead the Way

- Nursing and AHP Strategy Launched

- Join Dudley Integrated Health and Care NHS Trusts monthly Board Meeting the November

- World Antimicrobial Awareness Week (WAAW) 2022

- Join Dudley Integrated Health and Care NHS Trusts monthly Board Meeting this December

x1 Healthier Futures Newsletters (Quarterly)

A Few Snapshots

Primary Care Strategy Document



Filming to improve flu vaccine uptake in different languages



World Mental Health Day 2022



Healthier Futures Newsletter (Dudley Place) [Click here](#)



24 hours in healthcare - social media campaign



World Antimicrobial Awareness Week



Annual General Meeting



Safeguarding Week

