

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TUESDAY 7 DECEMBER 2021
VIRTUAL MEETING VIA MICROSOFT TEAMS
10.00 – 12.30

PUBLIC AGENDA

Please note, as part of DIHC's commitment to openness and accountability, members of the public are able to join the meeting via MS Teams, but will need to notify in advance to do so as the link for the meeting will not be available on the public website. Should you wish to join the meeting please email Elaine Doyle, Trust Secretary on elaine.doyle6@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.
Equipment, technical advice or support for members of the public wishing to observe the meeting cannot be provided.

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	10:00
	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	Enclosure 1.3	Mr H Turner	
	1.4 Public Board Minutes – meeting held on 2 November 2021	For Approval	Enclosure 1.4	Mr H Turner	
	1.5 Action Register and Matters Arising	For Approval	Enclosure 1.5	Mr H Turner	
2.	Service Story				10:05
	2.1 Children and Young People's Continuing Care	For Information	Verbal	Ms K Lennon/ Ms A Stuchfield	
3.	Standing Items				10:45
	3.1 Chair's Update	For Information	Verbal	Mr H Turner	
	3.2 Chief Executive's Report	For Information	Enclosure 3.2	Mr P Assinder	
	3.3 Agenda for Part Two – Private Board	For Information	Enclosure 3.3	Mr H Turner	
Our Services					
4.	Restoration & Recovery	For Assurance	Verbal	Dr G Love	11:00
5.	Board Assurance Framework & Corporate Risk Register	To Review	Enclosure 5	Mr J Young	11:05

Item No	Agenda Item			Presented by	Time
Delivering safe and quality services, supported by integrated governance that drives quality clinical improvements					
6.	Report from Medical Director	For Assurance	Enclosure 6	Ms S Nicholls	11.15
7.	Report from Director of Nursing, Quality and AHPs	For Assurance	Enclosure 7	Ms S Nicholls	11.20
8.	Quality and Safety Performance Report	For Information	Enclosure 8	Ms S Nicholls	11.25
9.	Quality and Safety Committee Assurance Report	For Assurance	Enclosure 9	Ms V Little	11.30
The best place to work, supported by a new leadership and workforce culture, organically co-developed, together					
10.	Workforce Performance Report	For Information	Enclosure 10	Ms B Edgar	11.35
11.	People Committee Assurance Report	For Assurance	Enclosure 11	Mr M Evans	11.40
12.	Equality, Diversity and Inclusion	For Information	Enclosure 12	Mr P Assinder	11.45
Doing the best with what we have, to be affordable today and sustainable tomorrow					
13.	Finance, Performance and Digital Report	For Information	Enclosure 13	Mr M Gamage/ Mr P King	11.50
14.	Finance, Performance and Digital Committee Assurance Report	For Assurance	Enclosure 14	Mr I Buckley	11:55
Help and Empower the People of Dudley to live longer and healthier lives through fully integrated community based healthcare					
15.	Report from the Primary Care Integration Committee	For Assurance	Enclosure 15	Ms S Cartwright	12:00
16.	Report from the Transaction and Transformation Committee	For Assurance	Enclosure 16	Ms S Cartwright	12:05
Governance and Assurance					
17.	Report from Audit and Risk Committee	For Assurance	Enclosure 17	Mr D Gilburt	12.10
Our Organisation					
18.	Feedback from Staff Away Day	For Assurance	Enclosure 18	Ms S Cartwright	12.15
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.					
19.	Any Other Business		Verbal	Mr H Turner	12.20
20.	Questions from the public – pre-submitted	To Receive	Verbal	Members of Public	12.25
21.	Risk Review		Verbal	Mr H Turner	12.30
22.	Date of next meeting: 10 January 2022, 09.30 – 12.00 Conference Room 1, The Broadway, Dudley College, DY1 4AS				

**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	Bev Edgar	Interim Associate Non-Executive Director	Trustee at The Hospice Charity Partnership		✓			Aug 2021	
			Trustee at BHS Trust Fund			✓		Feb 2021	
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	
			Attending Inclusion Council and North Staffordshire ICP Stakeholder Group meetings at North Staffordshire Combined HC Trust		✓			Jul 2021	
Mr	David Gilbert	Non-Executive Director & Audit Chair	Chair of Cheshire PCC and Chief Constable's Joint Audit Advisory Committee.	✓				2017	
			Non-Executive Director and Audit Chair of the Robert Jones & Agnes Hunt NHS FT	✓				2015	
			Member of the HFMA Governance & Audit Committee		✓			2018	
			Member of the Audit Committee of the Muir Group Housing Association	✓				Feb 2021	
Dr	George Solomon	Non-Executive Director	Partner is a Non-Executive Director of Walsall Healthcare NHS Trust				✓	Apr 2020	
			Volunteer COVID Vaccinator SWL PCN, Dudley		✓			Feb 2021	

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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	Chairman	Deputy Chair S.I.D Robert Jones Orthopaedic Hospital	✓				Jan 2017	
			Chair – The Hospice Charity Partnership		✓			Aug 2021	
			Intercontinental Hotels – Consultant	✓				Aug 2006	
			Presiding Magistrate Worcestershire				✓	2005	
Mr	Ian Buckley	Non-Executive Director	N/A						
Dr	Lucy Martin	Acting Joint Medical Director	Partner Eve Hill Medical Practice	✓				2001	
			Shareholder Futureproof Health		✓			Aug 2014	
			Board member Stourbridge Lawn Tennis and Squash Club			✓		Oct 2020	

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Mr	Martin Evans	Non-Executive Director	N/A						
Mr	Matthew Gamage	Interim Director of Finance	CIMA Member		✓			2012	
			Currently seconded to Interim Director of Finance role from Dudley CCG		✓			Apr 2020	April 2022
Mr	Paul Assinder	Interim Chief Executive Officer	Non-Executive Director of Walsall Healthcare NHS Trust	✓				Nov 2019	
			Director of Rodborough Consultancy Ltd (providing financial consultancy to NHS and other clients)	✓				Jun 2014	
			Honorary Lecturer, University of Wolverhampton (unpaid)		✓			2012	
			Governor of Solihull College & University Centre (unpaid)			✓			
Mr	Philip King	Interim Chief Operating Officer	Visiting lawyer and lecturer, Birkbeck School of Law, University of London	✓				Sept 2002	
			Member of Liberty Lawyers Group		✓			Sept 2002	
			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	

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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	Richard Bramble	Acting Joint Medical Director	GP Partner, Links Medical Practice	✓				2013	
			Shareholder, Futureproof Health	✓				2015	
			Revival Fires Church			✓		2008	
Mrs	Stephanie Cartwright	Director of Strategy, People and Partnerships	Married to the Chief Executive Officer of Black Country and West Birmingham CCGs			✓		Mar 2020	
Dr	Stephen Cartwright	Associate GP Non-Executive Director	Partner GP - Keelinge House Surgery	✓	✓			1991	
			Part owner of Keelinge House Building	✓				1998	
			Shareholder of Future Proof Health	✓				Aug 2014	
Ms	Susan Nicholls	Acting 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	Member of the Corporation of Dudley College of Technology		✓			Jan 2016	
			Member of the Board of Care & Repair England		✓			Jun 2015	

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

MINUTES OF THE PUBLIC MEETING HELD ON 2nd November 2021

09:30 – 13:00 hours

Dudley College, Conference Room 1 - The Broadway, Dudley DY1 4AS

Present:

Mr H Turner (HT)(Chair)	Chairman, DIHC
Mr Paul Assinder	Interim CEO, DIHC
Mr I Buckley (IB)	Non-Executive Director, DIHC
Mrs S Cartwright (SC)	Director of Strategy, People and Partnerships, DIHC
Dr S Cartwright (STC)	Associate Non-Executive Director, DIHC
Mrs B Edgar (BE)	Interim Associate Director of People, DIHC (from item 4)
Mr M Evans (ME)	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)	Acting Joint Medical Director, DIHC
Mrs S Nicholls (SN)	Director of Nursing and AHPs, DIHC

In Attendance:

Mrs L Elliott (LE)	Executive Assistant and Governance Officer, DIHC (minutes)
Mr N Thomas (NT)	Principal, Dudley College (item 2 only)
Ms K Weston (KW)	Executive Assistant, DIHC
Mr J Young (JY)	Director of Governance and Assurance, DIHC

Item No.	Agenda Item
1.	Chair's Welcome
	<p>The Chair welcomed everyone to the November Board meeting and thanked Mr Neil Thomas, Principal of Dudley College for hosting today's meeting.</p> <p>HT also welcomed LE who joined the Trust on 1 November as an Executive Assistant and formally congratulated SN and PK who have recently commenced their newly substantive roles.</p> <p>HT made a particular mention to SN who has recently been awarded the Queens Nursing Honour and congratulated SN on this achievement.</p> <p>1.1 Apologies</p> <p>Apologies were received from Dr Richard Bramble, Dr Stephen Cartwright, Mrs Elaine Doyle and Dr George Solomon.</p> <p>1.2 Declarations of Interest</p>

	<p>No declarations of interest raised.</p> <p>1.3 Board of Directors' Register of Interests</p> <p>The Board noted the Declaration of Interest register.</p> <p>1.4 Public Board Minutes – Meeting Held on 5th October</p> <p>The minutes of the previous meeting held on 5 October were agreed as an accurate record.</p> <p>1.5 Action Register and Matters Arising</p> <p>PUB/SEP21/002 – SC commented that the first and second vaccinations figures had been checked as a few of the Board members had queried why there were differences in first and second figures. It has now been confirmed those figures are both at 95% and SC commented that these are excellent figures. Action closed.</p> <p>PUB/SEP21/003 – ME as Chair of the People Committee confirmed the Freedom to Speak Up Guardian and processes are discussed through the People Committee. ME commented that they are pleased to confirm that Mwamba Bennett has stepped forward to take up this role for the Trust. Mwamba will be supported until she has received the training required and is confident. The Board were assured this will be monitored and developed by the People Committee. Action closed.</p> <p>PUB/OCT21/001 – HT enquired about the Board session to be held with Board members on lessons learned from complaints and incidents. KW confirmed that they will discuss this with the Trust Secretary to factor into a Board seminar. HT commented that learning from the reflective approach is very important. It was agreed to leave this action open for a further update next month.</p>
2.	<p>Service Story</p>
	<p>2.1 Dudley College</p> <p>HT welcomed to Neil Thomas, Principal of Dudley College to the meeting and commented that the Trust's remit around population health goes way beyond the traditional NHS. The Trust will be looking to reach out further to other areas such as housing, education, criminal justice etc. to try and influence and improve the population's health.</p> <p>VL introduced NT to the Board and provided an overview on the '10 Years On' report by Michael Marmot in 2010 which showed all the different factors that influence the health of individuals in the population. VL added that organisations need to understand each other to work proactively and in collaboration to help individuals to succeed in education and therefore improve their health.</p> <p>VL handed over to Neil Thomas to lead on the service story about the exciting developments the college is involved in.</p> <p>NT provided a note of thank you to the Board for inviting them to the meeting. NT stated that the organisations cultures are aligned and there is a new development to support an even closer alignment. NT gave an overview on the various buildings of the College and around Dudley which cover technology, arts, modern construction, manufacturing and service sector but stated that they would like to do more around health and care.</p>

One of their challenges is they do not go any higher than level four in education and many subjects do not go higher than level three (they do not award degrees etc). Many of the leavers don't go into university for various reason (family perception and culture, significant concerns about financial debt). There is also a tendency for people who need or want to go university leave the borough but do not return which causes a lack of higher level technical skills for the local workforce.

NT then gave an overview of the new Institute of Technology and how they are working with other stakeholders including employers to talk about their future needs and what type of facilities they will need to have in place to support future workforce. The new Institute of Technology does offer some level three and four education courses.

A short slideshow was played to the Board which provided an overview of the planned infrastructure for the college moving forwards.

It was noted that the college want it to be a resource for the local community and provided a brief overview of how it will be accessible to people working with the local population from an early age right through to graduation age, then onto working within the local community and also touched on how their work and sponsorship with local primary and secondary schools feed into this bigger vision.

NT also stated that we have a receptive West Midlands Combined Authority who have an approach whereby they are happy to support funding if there is a genuine technical demand and employer demand for it in the region that is not being met by skilled labour. They will fund access to programmes and SWAP's (Sector Based Work Academy Programmes) designed to help meet employers' immediate and future recruitment.

NT invited the Board to visit the Institute of Technology in the near future to view the facilities and stated that it would be great for the Trust and college to work much closely together moving forwards.

HT provided a note of thanks to NT for his presentation. HT agreed that alignment is very important and put forward an offer for some of the Executive Directors to speak to NT and colleagues around the plans for the Trust and discuss how the two organisations can support each other.

SC recalled NT attending the Partnership Board approximately three years ago and commented that they were so impressed with the Dudley College vision then and that what the College are doing for the borough is very exciting. SC also feels that education should have a seat at the Partnership Board and will seek to take this forward. SC added that one of the biggest challenges the Trust has is around the estate, noting that the Trust has money to invest in workforce but cannot get investment in estate.

A discussion was held around estate and it was suggested having a hub for some of the Trust's teams who go out into the community. MG commented that the NHS is in a difficult position across the country not just in Dudley as there is a limit as what can be spent on capital. MG also suggested working with partners to identify and utilise unused facilities rather than creating buildings. VL added the Trust will be running community services and the organisation USP is the connection and integration with primary care.

It was noted that there is a piece of software called One Public Estate which identifies where there is unused estate is in the borough. VL also commented regarding the estate discussions that our focus as we are running community services that the Trusts USP is our connection and integration with primary care.

	<p>GL asked how the message is getting communicated about what the College offers. NT commented that Dudley College has grown massively, and the college does work collaboratively with Halesowen College on a number of projects which helps to promote what the college offers.</p> <p>It was recognised that thought needs to be given around the future of health care delivery as there is much more remote monitoring and remote care of patients. HT agreed and said this has become much more urgent post-Covid.</p> <p>PK commented that he was also disappointed to learn people go away to university and don't return to the area. PK also commented that they along with SN were recently involved in a recruitment exercise for their substantive roles and there were two Dudley college students who were great ambassadors for the College sitting on the stakeholder panel. PK stated that they would like to continue conversations with these students as they set him a challenge around the process from being a young person to becoming an adult and how much more complicated it is under certain circumstances.</p> <p>SN offered to speak to current or prospective students at the College about a career path within the NHS and mentioned working with the college around health and wellbeing support. VL highlighted that the College has been incredibly proactive on mental health issues and NT commented the college has mental health first aiders in place with both staff and students and also have online services.</p> <p>IB commented that they have previously been a part of an innovation hub where students would be given some general issues where they would discuss the challenges and present their ideas through a "dragons den" type of event and this created an opportunity for some innovative and exciting thinking. IB felt the trust could work with the College to arrange this type of event and NT agreed this would be a great idea.</p> <p>MG also commented that there is an opportunity to work on the development of generic type roles that can be created to develop people with several skills rather than one specialised skill.</p> <p>HT again thanked Neil for his hospitality and presentation. HT commented that they look forward to supporting and working closely with the college for the future of Dudley.</p>
3.	Standing Items
	<p>3.1 Chair's Update</p> <p>HT reported that work is progressing to rebuild and reset relationships within the system and will update the Board on progress in due course.</p> <p>It was noted that the Trust are working on an appointment of another Interim Chief Executive Officer as PA is stepping down as Interim Chief Executive Officer at the end of the year. HT added that they have been involved in the stakeholder panels for the ICS Chief Executive recruitment.</p> <p>The Trust held an away day with staff on 21st October and HT stated that it was a tremendous day with energy, enthusiasm and commitment. PA will further update within the CEO report. HT highlighted that following the away day they have received invites to go and visit services which are being planned.</p> <p>The Board noted the Chairs update.</p>

3.2 Chief Executives Report

PA referred the Board to his report within the Board papers.

PA reported on the new Trust Performance Management regime for the second half of the current financial year and commented that this is a much more supportive regime.

It was noted that Trusts under this new regime are ranked from one to four. Segment one being (excellent – no support) to segment four (in distress and requiring intensive support). Having spoken to fellow CEO's, PA stated that the default position across the West Midlands and much of the country, is segment two. PA added that the Trust's current and forecast performance would otherwise suggest a ranking of segment two for 2021/22, however, the Trust has been formally notified that it has been placed in segment three for the current year. This implies that the Regulator considers that the Trust will require 'some level of support' during 2021/22 but not 'intensive' support. The reference has been based on the Trust's future sustainability rather than performance. The Board expressed their disappointment in this rating.

PA stated that the Trust need to be clear with the Regulator what that support looks like. Any reference linked to more support should be clearly linked to the Trust's future sustainability and the award of the ICP contract, rather than current performance. The Board supported this approach.

JI commented it is important that a communication is shared with staff to be clear why the Trust has been ranked within segment three.

PA referenced the report received from the Trust's External Auditors and PA and DG, in his role as Chair of Audit, have discussed this in detail. It was noted that Grant Thornton has commented on the continued strong performance during 2020/21 financial year and in addition, made some helpful recommendations which are noted within the CEO report. The Board were assured that the Executive Directors will look to build these recommendations into business plans and strategies moving forwards.

In regards to the staff away day, PA commented that the staff appreciated being able to meet colleagues in person, rather than virtually. Staff appreciated being able to showcase what they do and their contribution to DIHC. PA stated that as an Executive Team they were keen to keep the impetus going and to adopt a "You Said, We Did" rapid response, in particular in the following areas:

- Reshaping staff communication channels and SC is leading on a piece of work on this starting 1 January 2022
- Allocation of new IT and telephone equipment to teams. PA commented that the team has already responded to this need; to ensure staff have the access they require and MG stated that there is a roll out programme in place.
- Smoothing the interface between primary care and the Trust. It was suggested that an event is held for primary care to familiarise local GP practices with the Trust's service offerings and access routes. It was agreed for this to be taken forward outside of the meeting.

SC commented that staff thanked the Board members for sitting on different tables at the away day showing that this is an organisation that is not hierarchical. SC also added that from January there will be designated days, twice a month, whereby people can dial in for briefings.

PA noted that he would like to highlight some important reports that have come to light in recent weeks.

	<p>Firstly, Public Health England's latest place based report on reducing inequalities is really important as it highlights the decline in people's health in the more deprived areas of England and this is also correlates to the Dudley region. It was recognised that COVID 19 has exacerbated this. PA commented that there are three key points around what we do about this:-</p> <ol style="list-style-type: none"> 1) Data linkage is important. Communicating and transferring information with different agencies which is key on our agenda; 2) Wider performance of health, building bridges with others (education etc); 3) Magnifying community voice and empowering them to respond to some of these challenges and to think creatively. <p>NHS England's report on 'Thriving Places' – this report talks about the development of place based health partnerships on the basis that the third reading of the health bill goes through and the ICS described this as the white paper comes into fruition from 1 April 2022. It emphasises an approach of collaboration between local agencies and not a top down position of a single model. Place based partnerships as being the foundation of the basic building blocks of the new system and talks about, local partners developing their own system arrangements and models.</p> <p>PA referenced the Trust's acquisition of the HFMA financial management suite called Bite Sized which has 70 + online short courses and will ensure it is available to all staff and encourage people to participant in its use, especially those in supervisory and decisions making roles in the organisation. BL thanked PA for make Board members aware of these courses.</p> <p>PA noted the appointment of Dr Dalvinder Ratra who has been appointed by the Trust as Clinical Director at Amblecote and Brierley Hill Primary Care Network and welcomed Dr Ratra to the organisation.</p> <p>BL also asked for clarity on the Public Health England report whether the data linkage responsibility will be the ICS or the Provider. PA responded that this will be an ICS responsibility.</p> <p>SC commented that it is a priority to ensure the Trust's policies are fit for purpose and these have been discussed within the Executive Teams. SC and JY assured the Board that this is a priority for the organisation.</p> <p>Regarding Thriving Places, SC agreed that it is focussed on working in partnership and collaboratively and making integrated care happen, and in Dudley the Partnership Board is strong. SC informed the Board that the Dudley Partnership has nominated itself for the development programme for place-based partnerships.</p> <p>The Board noted the Chief Executive's report.</p>
4.	Restoration and Recovery
	<p>LM reported that Covid rates remain high in the Black Country region and systems are under great pressure. There has been narrative around about General Practice being shut to patients and LM assured the Board that this is not the case. The Trust has an integration agreement with GPs and a commitment to ensure access at a minimum standard which unlike other areas around the country.</p> <p>LM stated that there is a British Medical Association (BMA) minimum recommended appointment requirement which is 75 per 1000 patients per week and Dudley GPs are exceeding this as a whole by 26%. GP practices are working harder than ever before. September 2019 GP practices offered 26.4 million appointments across 22 working days and in September 2021 there were</p>

	<p>28.6 million over 22 working days. HT asked if the number of GP's were similar between the two sets of figures and LM advised it was not as there has been a failure to deliver on new GP staff and associated staff. There has been an increase of list size per GP practice of 22% since 2015 and this has been a challenge.</p> <p>LM also commented that the announcement of the additional £250m extra winter funding from the Government but has been rejected nationally by the GMC and BMA as it does not offer any practical help to GP practices at all. The Board were provided with an overview of how the Government indicated this should be spent but that this would be difficult to achieve.</p> <p>Via NHS digital a data mapping exercise took place in quarter one whereby each practice across the country had to standardise their appointment types on the booking system broken down by various subsets. A data cleansing exercise was also completed in June. Looking at the Dudley statistics from April to September, LM stated that there were 30,500 appointments every week which represents around 10% of the population. It was recognised that the Trust need to demonstrate its support to colleagues that are working very hard.</p> <p>LM also commented that we will observe what develops with the funding and how that will be applied across the ICS and also advised that the delivery of the Covid booster programmes are very busy currently.</p> <p>HT thanked LM for putting this into context for the Board and reiterated the Boards full support to LM and colleagues.</p> <p>DG thanked LM for her update and commented that it is great to see that there is a standard way of measuring the data and enquired whether we could give some thought to incorporating some of the data and facts into the public reports. This was agreed by the Board and SC added that it is important to circulate communications around the hard work of GPs.</p> <p>VL offered the suggestion of getting the data and factual messages out in a DIHC briefing note.</p> <p>It was however acknowledged that the patient experience at the moment is not always great and the Trust are aware of the challenges around getting same day GP appointments. The Trust will look to offer support to practices and work together to see how it can and help GPs address these issues moving forwards.</p> <p>The Board noted the Restoration and Recovery update.</p>
5.	Board Assurance Framework and Corporate Risk Register
	<p>JY reported that there was no change on any ratings from last month's report. It was noted at the time this report was written the Primary Care Integration Committee and People Committee had not met.</p> <p>It was noted that the full quarterly BAF development has been delayed due to sickness absence.</p> <p>JY flagged that due to the groundwork and systems that have been put in place, risk management is a much embedded part of the Trust's committees. The Finance, Performance and Digital Committee discussed the EMIS risk and held a meaningful discussion. The Executive Team are working through the risks.</p>

	<p>HT commented there are a number of risks on the register that he feels that with information need to be reviewed. It was noted that the majority of the risks sit with Transaction and Transformation Committee and proposed that this is picked up by the Committee when it next meets. The Board supported this.</p> <p>The Board noted the BAF and Corporate Risk Register for assurance.</p>
6.	Report from Medical Director
	<p>The report was taken as read.</p> <p>LM reported that she and Dr Bramble are working with partners and trying to progress the business case and integration.</p> <p>LM stated that at High Oak Surgery there has been a number of staff changes that were unexpected and the Executive Directors are working on this as a working group and will keep Board members updated.</p> <p>The medical restructuring consultation period now has been finished which was a very good and successful process. The team have been very supportive and came up with some great ideas including a new role which is a Health Inequalities Lead role which will be going active in the next two to three months. The first project the role will focus on will be around hypertension as this is an area of inequality in the borough with rates of diagnosis and treatment especially in patients in deprived groups and in non-white groups are affected disproportionately by this. The role will work in collaboration with Public Health and the Pharmacy Team.</p> <p>HT provided a note of thank you to LM for the update and commented that even given the pressures there is a lot of proactive work ongoing which is a testament to the commitment that all primary care has in improving population health.</p> <p>The Board noted the report from the Medical Director.</p>
7.	Report from Director of Nursing, Quality and AHPs
	<p>SN fed back on the national Allied Health Professionals Day (AHP) celebrated on 14 October. SN stated that they have received feedback in regards to the Trust's diverse population within staff groups that are patient facing and some of the teams felt that the national AHP's day didn't link into them. SN has reflected on this and stated that the organisation has the commitment to provide staff with clinical leadership and support along with clinical supervision, and will look at how the offer can be made more apparent to those groups of staff.</p> <p>PK commented that they are in support of SN comments about the professional development of the nursing and the AHP roles. He also mentioned there is an Additional Role Reimbursement Scheme (ARRS) away day on the 17 December which SN and LM are invited to attend if possible and that the support of the Nursing's teams and AHP team is really important.</p> <p>The Board has previously reflected on the excellent staff vaccination rates for Covid, and SN stated that the Trust are working hard to publicise and encourage the Covid booster. This will be reported on in due course along with the flu campaign.</p> <p>In regards to the consultation with the Government that was undertaken recently around mandatory vaccinations for NHS staff, SN assured the Board that they do not feel there will be any challenges for the organisation and to continue with effective communications. It was noted</p>

	<p>that NHS providers have asked the Government to reconsider the timescale in making the vaccination mandatory due to the winter pressures and the risk to the wider NHS potentially losing staff.</p> <p>SN provided a note of thank you to the School Nursing Team who have worked tirelessly in supporting the vaccination programme for 12 – 15 year olds. The feedback received from the schools has been phenomenal. It was agreed that a letter should be written to the team to thank them on behalf of the organisation.</p> <p>BL provided a note of thank you to SN for a comprehensively written report. In regards to the ARRS role, BL commented that they are interested in establishing how the staff are properly trained and how the Trust evaluate the services. SN responded there is a lot of work in training currently there is portfolio routes via Health Education England (HEE) for getting competencies updated and being able to evidence their competencies. Some ARRS staff are also accessing via HEE access to degree modules and non-medical prescribing. The Operational Managers have also been working with colleagues from the PCN's to make sure effective processes are in place. Conversations can also be held at the ARRS away day with the Board being kept updated.</p> <p>HT suggested it would be helpful to have a schedule of various days for example AHP day to ensure that the Trust do not miss this. The Board then discussed the various appreciation days and discussed what the Trust have previously done in respect of this. This is to be taken forwards outside of the meeting.</p> <p>The Board noted the report from Director of Nursing, Quality and AHPs.</p>
8/9.	<p>Quality and Safety Performance Report/ Quality and Safety Committee Assurance Report</p>
	<p>SN referred the Board to the enclosed report and commented on key points.</p> <p>There are no quality concerns or issues identified through the report or via the Quality and Safety Committee for escalation to the Board.</p> <p>No reported incidents in line with the national Serious Incident (SI) reporting framework but there have been incidents reported during the month. On the 1 October the Trust held its first learning lessons meeting focusing on quarter one information. It was noted that because Datix was live from 1 April the Trust have no huge number of incidents reported and following a check and balance there were no specific themes, trends or concrete lessons learned that could be rolled out across the organisation. One item that SN did highlight was low level issues around information governance and potentially around confidentiality triangulating that with the Trust's Information Governance training therefore managers need to ensure their staff are undertaking this training.</p> <p>The Trust's new Infection Prevention and Control Nurse has been focussing on launching the flu campaign working with the HR team. SN provided a note of thank you to the HR teams support. There has also been a focus on policy work and safeguarding supervision which has been rolled out across the majority of clinical teams.</p> <p>SN reported that the Trust are having some escalations from the Local Authority regarding the Nursing Teams in care homes within Dudley as there are a number of issues relating to workforce and Covid. SN assured there is a piece of work being undertaken with the Continuing Healthcare Team to look at the teams reporting culture with regarding to Datix.</p> <p>Childhood immunisation data went to committee for the first time for High Oak which demonstrated really good immunisation rates. It was noted that there is some further work to be</p>

	<p>done to ensure Covid did not have an adverse impact on children. VL stated that the Primary Care Integration Committee looks at general practice across the board and the Trust must quality of High Oak surgery as it's the Trust's practice.</p> <p>In regards to health and safety, JY has some bespoke support around this to create a development plan and support out to services who have escalated concerns. This is a positive step forwards.</p> <p>VL reported that the committee received its first annual IPC report.</p> <p>In terms of risk VL stated that a discussion was held at committee around the extent of which having the Trust's own policies reviewed and how this might constitute a risk to quality. This will be looked at by the Executive's.</p> <p>It was confirmed there were no changes to the risk register and no recommendations.</p> <p>JY commented the Trust is in a unique position as it needs to focus on services that it is involved in and also a wider set of services it is not indirectly or directly involved in providing it is a testament to how the committee structures work and there is a home for everything. JY commented that the additional support bought in around Health & safety has been useful.</p> <p>The Board noted the report from the Quality and Safety Performance Report and the Quality and Safety Committee Assurance Report</p>
10/11.	<p>Workforce Performance Report/ People Committee Report</p>
	<p>BE updated the Board in respect of the workforce performance report.</p> <p>In relation to sickness absence, BE stated that the Trust are well below NHS average at four percent and work will be undertaken with managers to ensure early intervention and support around long term sickness cases. ME commented this is something that needs to be recognised.</p> <p>It was noted that there are a high number of corporate vacancies and BE assured that the Trust will look to progress the appropriate recruitment plan.</p> <p>In relation to appraisal, rates are currently 90% and above. Additional Role Reimbursement Scheme (ARRS) staff reaching one year of service will be required to have their appraisal completed. The HR team will support the Operational Managers to get planning in place.</p> <p>BE updated on mandatory training compliance and stated that Fire Safety and Information Governance are modules which need to be completed every year. Managers will receive notifications when their teams training has expired to encourage this to be completed again as soon as possible.</p> <p>ME stated that there is a clear expectation from the Committee that mandatory training compliance is improved.</p> <p>It was noted that the Trust has procured CPR training.</p> <p>ME reported that the People Committee reviewed the Trust's turnover levels and received clarity as to why the levels had been quite high. ME stated that this did not give any cause for concern and the committee continue to monitor this.</p>

	<p>It was acknowledged that Board members have not had any Just Learning culture input and ME highlighted an awareness session has been developed for Board. SC agreed to look into getting a Board session scheduled.</p> <p>ME stated that it is recognised by the People Committee that there is still a significant amount of policies to complete and the Executive Directors are considering a plan to progress this. DG suggested that the policies that need minor tweaks are done at pace to give time to focus on those that need addressing.</p> <p>HT provided a note of thank you to ME, BE and SC stating that it is recognised the difference this committee is making for the organisation.</p> <p>The Board noted the Workforce Performance Report and People Committee Report.</p> <p>Action: (PUB/NOV21/001) Just Learning Culture session to be scheduled for Board members.</p>
12.	Equality, Diversity and Inclusion
	<p>PA reported that the Equality, Diversity and Inclusion (EDI) Committee met on 14 October 2021.</p> <p>The Committee received an update on the Trust's EDI Action Plan with all actions being satisfactory, and noted the adoption of a comprehensive Anti-Racism Statement which was approved by the Board in October. PA commented that it is important that all members of staff undertake the anti-racism training and BL personally encouraged all Board members and staff to find the time to attend this training.</p> <p>Positive feedback was reported from the Inclusion, Anti-Racism and Allyship Network (IARA) meeting.</p> <p>It was noted PA and BL have discussed having a recheck of the Trust's EDI strategy which will be presented to Board in due course for sign off.</p> <p>In relation to access to services, it was noted the Trust need to be looking at the ability of individual communities to access services and whether the offering is appropriate.</p> <p>MG commented that they attended the Black History Month Event on Friday 29 October. MG stated it was a great event and Mwamba Bennett presented an award and represented the organisation very well. The Board acknowledged this and passed on a note of thank you.</p> <p>The Board noted the Equality, Diversity and Inclusion Report.</p>
13/14.	Finance, Performance and Digital Report/ Committee Assurance Report
	<p>MG reported that the committee received the Finance and Performance report related to the period April to September 2021. The Trust is reporting a break-even position for the H1 period, and forecasting this to continue across the financial year as a whole.</p> <p>It was noted that a discussion was held at the Directors of Finance group around the allocation for the second half of the financial year. MG assured the amount the Trust will receive for H2 will be sufficient to cover costs and is not flagging any concerns.</p>

	<p>In regards to the Better Payment Practice Code, this is being achieved for both NHS and Non NHS payments, with 99% achievement against all standards both in-month and year to date.</p> <p>MG reported that 81.4% of the IAPT target was achieved in September 2021 and the IAPT waiting time targets for both six weeks and eight weeks have been achieved.</p> <p>It was noted that the performance metrics will be reported through the Trust Management Board.</p> <p>The committee reviewed the draft proposals for the ICS Finance Committee governance arrangements. Feedback on the proposals will be fed back to the ICS Director of Finance group and an update will be provided to the Board in due course.</p> <p>DG raised the red rating for the Capital Service Cover and MG assured that this will not present the Trust with an operational problem. MG stated that this can be discussed at the Finance, Performance and Digital Committee.</p> <p>The Board noted the Finance, Performance and Digital report and Committee Assurance Report.</p>
15.	Report from Primary Care Integration Committee
	<p>The report was taken as read.</p> <p>SC reported that the meeting was held on 27 October 2021 and it was very constructive. Actions are being agreed and the Committee is developing well.</p> <p>It was noted that the Trust are looking to take on the management of another Dudley Surgery from 15 November and the Board will be kept updated on progress. The Medical Directors will be the Executive Lead for this.</p> <p>SC stated that there is a Board Seminar later today focusing on the development of Full Integration.</p> <p>The Board noted the Primary Care Integration Committee report.</p>
16.	Report from Transaction and Transformation Committee
	<p>SC reported that the committee received an update on the ongoing work to the business case and the Trust will be aiming for a February or March 2022 submission.</p> <p>SC updated that there are transfer planning processes in place for Children's Services which is progressing well and there are regular communications. There is agreement with The Dudley Group NHS Foundation Trust (DGFT) that start staff engagement will in earnest once service transfers are agreed.</p> <p>The Trust shared an early working draft of the business case with partners on 4 October 2021 and work has continued on the case. There was an away day held yesterday to discuss next steps with regards to the business case and Post Transaction Integration Plan (PTIP). There are also 13 chapter workshops scheduled in November with an invite extended to partners to give an opportunity for the partners to be involved in strengthening the submission ahead of submission next year.</p> <p>The committee received a presentation on the revised programme plan arrangements and recommended revised governance arrangements.</p>

	<p>Detailed due diligence reports were taken to committee in October with the gaps in information provided being discussed. It was agreed that the gaps will be picked up in the transfer planning process.</p> <p>SC stated that the committee discussed the potential phasing of transferring services and consequential impacts. It was agreed that the discussions would be taken forward through the Strategic Clinical Leadership Groups that have been established with both transferring organisations. Both of the SCLG's are set up with the meeting with Black Country Healthcare NHS Foundation Trust (BCH) progressing well, however the meeting with DGFT is temporarily paused whilst other clinical discussions are progressed.</p> <p>SC assured that the PTIP is progressing well and the Trust are looking to secure support around this.</p> <p>It was noted MG provided the committee with an update on the system financial modelling and the financial due diligence was considered by the Finance, Performance and Digital Committee.</p> <p>A full review of risk register will be carried out at the next meeting.</p> <p>The Board noted the Transaction and Transformation Committee report</p>
17.	Any Other Business
	None stated.
18.	Questions from the public
	There were no members of the public present at the meeting and no questions were submitted in advance.
19.	Risk Reflection
	It was questioned if there needs to be a risk around mandatory training. It was agreed to discuss this further at the next People Committee.
20.	Date of Next Meeting:
	7 December 2021, 10:00 – 13:00 Venue TBC.

DIHC Public Board Action Register

Ref	Date Raised	Details	Action Lead	Due Date	Update	Status
PUB/OCT21/001	05/10/2021	Session to be held with Board members to understand the process of how lessons are learnt from complaints, incidents etc. along with identifying any themes.	SN/JY	Dec-21	Time to be allocated for a Board Seminar	Open
PUB/NOV21/001	02/11/2021	Just Learning Culture session to be scheduled for Board members.	BE	Dec-21	Board Seminar scheduled on 24 November focused on Just Culture	Open

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TITLE OF REPORT:	Chief Executive's Report
PURPOSE OF REPORT:	Board update on current issues
AUTHOR OF REPORT:	Paul Assinder, Chief Executive Officer
DATE OF MEETING:	7 December 2021
KEY POINTS:	<ol style="list-style-type: none"> 1. Chief Executive Officer 2. Integrated Care System update 3. NHSE 'The future of NHS human resources and organisational development' 4. Restructuring of NHS England from April 2022 5. Review of leadership and management in health & care 6. Briefing politicians
RECOMMENDATION:	The Board is asked to note the report.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	No
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

Report of the Chief Executive to the Board of Directors

7th December 2021

1. Interim Chief Executive Officer

At a meeting in November, the Trust's Remuneration Committee supported my decision to retire from continued NHS employment at the conclusion of my current fixed term contract on 31st December 2021 and approved the appointment of Penny Harris as Interim CEO, effective from 1st January 2022.

I know that the Board will provide as much guidance and support to Penny as it has kindly given to me over the past two years. Whilst it remains a matter of some regret to me that we were unable to 'land' the Integrated Care Population-based Contract for Dudley 'on my watch' I am sure this ambition will be realised in the near future.

In the past two years we have together created a robust and effective NHS Trust from a standing start and we are now well placed to complete the transaction process and to move forward with confidence. The contribution of DIHC to the well-being of the Dudley population is clear for all to see and was not least, apparent during the worst of the COVID Pandemic.

I wanted to pay a public tribute at this time to the Board, colleagues on the Senior Leadership Team and the DIHC clinical and corporate teams for their support over the past two years.

2. Black Country & West Birmingham ICS Developments

2.1 Appointment of Interim CEO designate

The Board will have noted the failure of the Black Country and West Birmingham ICS (formerly the STP) to make an appointment to the important post of Chief Executive Designate of the ICS, should Parliament approve the 2021 Health Bill and ICS' be established effective from 1st April 2022, as planned.

As a result, the ICS has asked Mark Axcell, CEO of Black Country Healthcare NHS Foundation Trust to act in the post of interim CEO of the Black Country & west Birmingham CCGs and ICS Designate, until such a time as this post is filled substantively. Mark's substantive role at BCH is being temporarily filled by Marsha Foster.

2.2 Development of an ICS People and Communities Engagement Strategy – launch event

Recently published national ICS guidance frameworks set out the expectation that partners in an ICS should agree how to listen consistently to, and collectively act on, the experience and aspirations of local people and communities. This includes supporting people to sustain and improve their health and wellbeing, as well as involving people and communities in developing plans and priorities, and continually improving services. These aims are core to DIHC and represent one of our key organising principles.

Locally, the Covid Pandemic has illustrated what we can achieve when organisations work together with local people, their communities and the organisations who support them across the voluntary and third sector.

The guidance requires each ICS System develops a **People and Communities Engagement Strategy**, setting out the ICS approach to participation and engagement, including key principles that will underpin its future ways of working.

The Strategy will provide a blueprint for collaborative working across our partners, our local population, and local communities to ensure that how we involve people, how we respond to their views and lived experience, and how we are clear on the impact that involvement will have, are aligned and embedded across the ICS.

To develop this Strategy, the BCWB ICS Inclusion Team is holding a Workshop at 9.00a.m. on Thursday 9th December, online or in person at The Hawthorns, West Bromwich Albion Football Club (**Appendix 1**).

We will ensure a good DIHC participation to attempt to develop an ICS engagement strategy that works for both system partners, and local people and communities; offering the tools, resources, and opportunities to embed local voices into planning and decision making.

2.3 Primary Care Transformation Board

In view of current unprecedented pressures on GP availability, the ICS has decided to merge the Black Country Primary Care Transformation Board (which I chair) with the Primary Care Restoration & Recovery Board. Dr Ian Sykes, Chair of Sandwell CCG, will chair this group in future.

3. NHS England Report – ‘The future of NHS human resources and organisational development’

On 22 November, NHS England published a report and a refreshed People Plan to modernise the health service’s human resources and organisational development functions over the next decade.

The report outlines a 10-year strategy, with 35 specific actions that set out how the NHS’s people profession will be developed to work differently to better serve the new NHS.

It is described as first major development plan for the service’s HR and OR functions for more than a decade - the ‘NHS People Plan’ and is the result of more than 12 months consultation with the Service.

The report observes that NHSE’s research revealed:

- a belief of no consequences for line managers and leaders who do not fulfil their people responsibilities.
- The lack of an agreed talent management framework, making it difficult to effectively mobilise talent within and across systems.
- inconsistent ownership of the equality, diversity and inclusion agenda among boards
- a broad belief that:” *The people profession has risen to the challenge of covid-19, demonstrating the value it adds to the service and the importance of the people agenda.*”

The Report states NHSE's pledge to develop professional standards for the health service's people profession, as well as to create a development curriculum, by 2023.

It will develop the infrastructure to support the plan's implementation by establishing a national people profession development board with strong links to the country's regional people boards, also by 2023.

This includes creating clear expectations of line managers in the service.

Frameworks to enable people services to assess the alignment of resources with the delivery of the NHS long-term plan, NHS people plan and NHS People Promise, are proposed by the plan.

It will also co-design and support the implementation of a new national people digital solution which will succeed the current electronic staff record (ESR) – from 2024.

Other plans include:

- Working with the profession to define metrics that will measure and track the health and wellbeing of staff;
- Defining minimum standards for the physical work environment that supports good health and wellbeing;
- Instructing HR leaders to adjust recruitment processes to take account of EDI consideration and to ensure all job appointment processes, including promotions, include evidence of the candidate's "personal positive impact" on equality, diversity and inclusion in the workplace;
- Ensuring all individuals from underrepresented backgrounds have a clear development plan to help them reach their potential
- Embedding the principles of a restorative just culture into all people practices, such as employee relations, leadership and talent frameworks

It is planned that the report, refreshed NHS People Plan and the implications for DIHC, will be explored in detail at People Committee. A link to the report is given below:

https://www.england.nhs.uk/wp-content/uploads/2021/11/B0659_The-future-of-NHS-human-resources-and-organisational-development-report_22112021.pdf

4. Restructuring of NHS England from April 2022

In a series of press release announcements this month the Secretary of State has signalled key changes to the scope of NHS England from April next year. These include the acquisition of NHS Digital/NHSX and Health Education England.

4.1 NHS Digital

The announcement follows publication of a [review of NHS tech' leadership](#) by Laura Wade-Gery last year. This recommended NHSX merge with NHS Digital and NHS England. In future the NHSX brand will be retired. NHSX was created by Matt Hancock to determine and drive improvements in health and care digital strategy, whilst NHS Digital was created in the 2012 Lansley reforms as the key provider and commissioner of NHS digital services.

As part of the changes, interim NHS Digital CEO Simon Bolton will become chief information officer of NHS England. He will report to NHSE's transformation chief Tim Ferris, with a reporting line to NHS England CEO Amanda Pritchard.

4.2 Health Education England

Health Education England is to be incorporated into NHS England by April 2023. HEE is the independent body responsible for workforce planning in the NHS and for commissioning specialist education.

The HEE 2020-21 budget was £3.96bn, however Last month, the Treasury [failed to confirm the NHS' education and training budgets](#) when issuing its three-year spending plans. The omission included any ongoing budget for HEE. Most commentators view the move as the right long-term decision, as it will align finance and workforce planning, and most significantly, bring education and training spending within the NHS England funding allocation which has been ring-fenced from government spending cuts in recent years.

5. Review of health and social care leadership in England

The Secretary of State has commissioned an independent review of leadership and management of health and social care institutions in England, led by General Sir Gordon Messenger, former Vice Chief of the Defence Staff, supported by Dame Linda Pollard, Chair of Leeds Teaching Hospital Trust.

The review seeks to recognise the move to integrated care systems from April 2022 and the need for ever closer working between NHS organisations and local authorities. It will look at what more needs to be done to foster and replicate the best leadership and management, including in the most challenged areas.

Essentially, the review is likely to focus on how leaders from both health and care work together to provide efficient and integrated care for the people they serve. It will look at how we can support leaders to drive up efficiency and give staff the space to focus on delivering care for patients.

Terms of reference of the review are given at **Appendix 2**.

NHSE's link is here:

<https://www.gov.uk/government/publications/review-of-health-and-social-care-leadership-terms-of-reference/review-of-health-and-social-care-leadership-in-england-terms-of-reference>

6. Briefing of local politicians

The Chair and Chief Executive continue to meet with and brief local politicians on the work of the Trust and progress against the award of the ICP contract. On 25th November the CEO and Director of Strategy, People and Partnerships met with the Council Leader and Conservative Group on Dudley Council. The meeting was a useful opportunity to update councillors on our current work and future plans. Much debate focused upon the current significant pressures on primary care across the Borough and actions being taken to support local practices.

PA Assinder

CEO

Co-producing our Strategy for working with people and communities

Making it real for the people of the Black Country

You are invited to a co-production workshop to design what our Integrated Care System (ICS) engagement approach should look and feel like across the Black Country as part of our strategy for working with people and communities. We will have keynotes from:

- Alex Boys, National Association Voluntary and Community Action (NAVCA)
- Olivia Butterworth, Head of Participation, NHS England

Taking place: **Thursday 9 December 2021** from **09:00am** to **12.30pm** at **The Hawthorns Stadium** or **Zoom** depending on your preference.

Aim of session

Working together, we want to co-produce an engagement strategy that is reflective of our communities, shaping the way engagement looks and feels and more importantly how your views and your lived experience influence the work of partners across the Black Country.

Register:

Please register online via [this Eventbrite link](#) and select how you would like to participate.

Agenda – More details to follow

09:00am **Registration and Networking**
09:30am **Welcome and Introductions**

12:30pm **Wrap up and Lunch**

Ongoing engagement

We hope to work with as many of you as possible to truly co-produce a strategy which is inclusive for all our communities. This will be the first in several workshops before our strategy is ready to launch on 1st April 2022.

Kind regards,

System Wide Engagement Working Group

Review of health and social care leadership in England: terms of reference

Updated 23 November 2021

Review purpose

The strength of leadership across health and social care is an important driver of performance. It impacts on the quality-of-care people receive, the efficient use of public resources, the culture of the organisations they lead and the engagement and motivation of the diverse health and care workforce.

The move to integrated care boards in April 2022 and the need for ever closer working between NHS organisations and local authorities provides an opportune moment to look at what more needs to be done to foster and replicate the best leadership and management, including in the most challenged areas. It also provides a new focus on how leaders from both health and care work together to provide efficient and integrated care for the people they serve. It will look at how we can support leaders to drive up efficiency and give staff the space to focus on delivering care for patients.

The review will cover leadership and management in the NHS and social care and will include consideration of whether the findings of previous reports on leadership have been delivered and what their impact has been.

The review should report to the Secretary of State for Health and Social Care after 4 months and will be followed by a delivery plan with clear timelines on implementing agreed recommendations.

Review chair

The report will be led by General Sir Gordon Messenger, former Vice Chief of the Defence Staff, supported by Dame Linda Pollard, Chair of Leeds Teaching Hospital Trust.

Scope and content

The review will consider what is needed to improve how health and social care is led and managed in England, such as:

- the drivers of performance and the standards expected of good leaders and leadership teams
- what further powers may be needed to drive real and sustained change, including effective systems for intervention and recovery in both providers and integrated care systems
- how to help health and care leaders collaborate for more integrated care for citizens
- proposals for ensuring the right incentives for the best leaders and leadership teams to take on the most difficult leadership challenges
- how to more rapidly foster and replicate the best of examples of leadership
- how to support and improve the skills of all leaders and managers throughout their careers and encourage the best leaders within the system to rise
- how to draw new expertise and talent into leadership roles in the health and care systems (including the NHS Management Graduate Trainee Scheme)
- how to ensure the right training, opportunities and support for clinicians to take on management roles throughout their careers
- whether the right pay and incentives are in place to foster good and excellent performance and recruit and retain the best leaders from start of career to retirement

- driving up efficiency – to support leaders, managers, clinicians and wider staff, creating the space and time for them to focus as much time as possible on delivering for patients and care users

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TUESDAY 7 DECEMBER 2021
VIRTUAL MEETING VIA MICROSOFT TEAMS
13:00 – 14:00

PRIVATE AGENDA

Item No	Agenda Item			Presented by	Time
1.	Chair's Welcome				13:00
	1.1 Apologies	To Receive	Verbal	Mr H Turner	
	1.2 Declarations of Interest	To Receive	Verbal	Mr H Turner	
	1.3 Private Board Minutes – meeting held on 2 November 2021	For Approval	Enc 1.3	Mr H Turner	
	1.4 Action Register and Matters Arising	For Approval	Enc 1.4	Mr H Turner	
	1.5 Items Carried Forward from Part One	For Discussion	Verbal	Mr H Turner	
2.	H2 21/22 Financial Plan Update	For Assurance	Enc 2	Mr M Gamage	13:10
3.	Feedback from Remuneration Committee meetings – 15 & 16 November 2021	For Information	Verbal	Mr H Turner	13:15
4.	DIHC Development	For Assurance	Verbal	Mr P Assinder	13:20
5.	Primary Care Development Update	For Assurance	Verbal	Mrs S Cartwright	13:30
	5.1 Membership of the Black Country and West Birmingham Primary Care Collaborative	For Approval	Verbal	Mr P Assinder	
6.	Dudley Place-Based Partnership Board – Development Update	For Assurance	Enc 6	Mr P Assinder	13:40
7.	Ratified Committee Minutes				13:50
	7.1 Finance, Performance and Digital Committee – meeting held on 21 October 2021	For Assurance	Enc 7.1	Mr I Buckley	
	7.2 Transaction and Transformation Committee – meeting held on 12 October 2021	For Assurance	Enc 7.2	Mrs S Cartwright	

Item No	Agenda Item			Presented by	Time
	7.3 Quality and Safety Committee – meeting held on 19 October 2021	For Assurance	Enc 7.3	Ms V Little	
	7.4 People Committee – meeting held on 28 September 2021	For Assurance	Enc 7.4	Mr M Evans	
	7.5 People Committee – meeting held on 27 October 2021	For Assurance	Enc 7.5	Mr M Evans	
	7.6 Audit and Risk Committee – meeting held on 27 September 2021	For Assurance	Enc 7.6	Mr D Gilburt	
8.	Board Meeting Reflections		Verbal	Mr H Turner	13:55
9.	Any Other Business		Verbal	Mr H Turner	14:00
10.	Date of next meeting: 10 January 2022, 12.30 – 13.30 Conference Room 1, The Broadway, Dudley College, DY1 4AS				

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

TITLE OF REPORT:	Board Assurance Framework and Corporate Risk Register
PURPOSE OF REPORT:	To review the Board Assurance Framework and the Corporate Risk Register
AUTHOR OF REPORT:	Jim Young – Associate Director of Quality & Governance
DATE OF MEETING:	7 December 2021
KEY POINTS:	<p>The Board Assurance Framework (BAF) forms a part of the overall risk management and assurance process of the Trust and allows the Board to maintain oversight of the principal risks to delivery of the Trust's strategic objectives.</p> <p>All strategic and corporate risks are mapped to the Trust's strategic objectives and reporting of mitigations and actions are escalated through the relevant Trust Committee structures.</p> <p>The BAF Tracker to end of November 2021, at Appendix 1, which includes the latest risk rating, tolerance level and RAG rating of the assurances and controls and outstanding actions, was last reviewed in full during August. However, actions are updated monthly as part of the routine risk management cycle.</p> <p>The corporate risk register outlines current risks to the operational delivery of services and have been reviewed through the committees during November. This has included reflecting on the mitigations, controls and supporting actions to address gaps in controls and recommend any changes to the existing Corporate Risk Register scores.</p> <p>Following the previous escalation of a new risk to the Corporate Risk Register relating to the potential non-implementation of EMIS, the system has since gone live as planned. Discussion at the October Finance, Performance & Digital Committee agreed to leave the risk as is until a full month of use had been completed to ensure that all aspects of data collation and reporting had been tested and confirmed as fit for purpose. This period of review has now been completed and as a result the November Finance, Performance & Digital Committee agreed to reduce the risk and close this risk down.</p>

	<p>In addition, extensive discussion at the November Quality & Safety and People Committees have identified and agreed the escalation of two new risks to the Corporate Risk Register.</p> <p>A fuller review of existing risks together with the belated full quarterly BAF development will be undertaken during December following the return of the Trust Secretary; during December the committees will approve the refreshed BAF and strategic risks following development with the Executive Team.</p> <p>This paper provides:</p> <ul style="list-style-type: none"> • A summary of both the overall number and current score of risks contained in the Board Assurance Framework (BAF) and Corporate Risk Register (CRR). • The BAF Tracker is included at Appendix 1 • A dashboard of the corporate operational risks is included on the Corporate Risk Register at Appendix 2 and 3 detailing the risks above and below tolerance.
RECOMMENDATION:	<ul style="list-style-type: none"> • Approve the current risk scores and the supporting mitigations, together with the escalation of two new risks onto the corporate risk Register
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input checked="" type="checkbox"/>
	Assurance <input type="checkbox"/>

Board Assurance Framework and Corporate Risk Register

Risk Management Review Cycle and Changes

The Board Assurance Framework (BAF) details the strategic risks that could potentially impact on the delivery of the strategic objectives. The corporate risk register outlines current risks to the operational delivery of services and the potential impact of current and emerging issues such as assessment of the impact of the ongoing Covid-19 pandemic.

Following the previous escalation of a new risk to the Corporate Risk Register relating to the potential non-implementation of EMIS, the system has since gone live as planned. Discussion at the October Finance, Performance & Digital Committee agreed to leave the risk as is until a full month of use had been completed to ensure that all aspects of data collation and reporting had been tested and confirmed as fit for purpose. This period of review has now been completed and as a result the November Finance, Performance & Digital Committee agreed to reduce the risk and close this risk down.

Committees held during November have continued to review the corporate risk registers, including reflecting on the mitigations, controls and supporting actions to address gaps in controls and recommend any changes to the existing Corporate Risk Register scores. Extensive discussion at the November Quality & Safety and People Committees (C-207) have identified and agreed the escalation of two new risks to the Corporate Risk Register:

Ref	Risk	Impact	Initial risk rating
C-207	Insufficient subject matter expert capacity adversely affecting the progress of the planned review and revision of corporate policies	Lack of clear guidance for staff resulting in incorrect or inadequate services being provided	4 x 4 = 16
C-208	The process for the transfer of subcontracted services to DIHC is not sufficiently robust to identify all the potential risks to patient safety	Potential patient safety issues are identified post-transfer that DIHC are not sufficiently prepared and informed on to be able to effectively manage within a reasonable timeframe	3 x 4 = 12

A number of mitigating actions have already been identified and in the process of being implemented and the rating of both risks is expected to be rapidly reduced based on this. A fuller review of existing risks together with the belated full quarterly BAF development will be undertaken during December following the return of the Trust Secretary; during December the committees will approve the refreshed BAF and strategic risks following development with the Executive Team.

BAF and Corporate Risk Register Summary Position

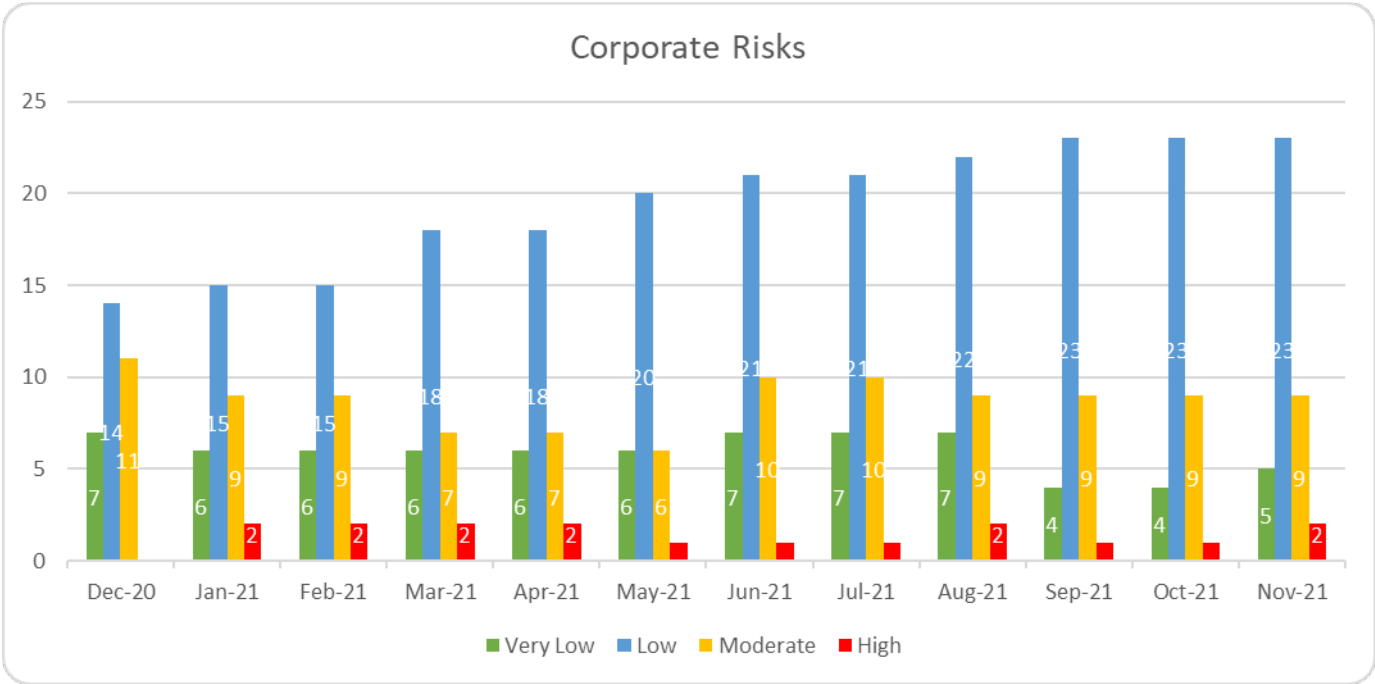
Appendix 1 details the full BAF Tracker Dashboard. The report shows clearly the current strategic risk rating, the tolerance level and the charts show the movement over time against within the tolerance levels defined for the strategic risk.

Below is a table showing the overall number and grade of risks and by domain held on the Board Assurance Framework and Corporate Risk Register, followed by a heat map of the eight strategic risks as recommended by the committees.

Risk Levels	1 Minimal	2 Cautious	3 Open	4 Seek	5 Mature
Risk Appetite	Very Low	Low	Moderate	High	
Risk Tolerance Score (Net L x C)	1 - 5	6 - 11	12 - 15	16 - 25	
No of BAF Risks	0	2	5	1	
No of Corporate Risks	5	23	9	2	

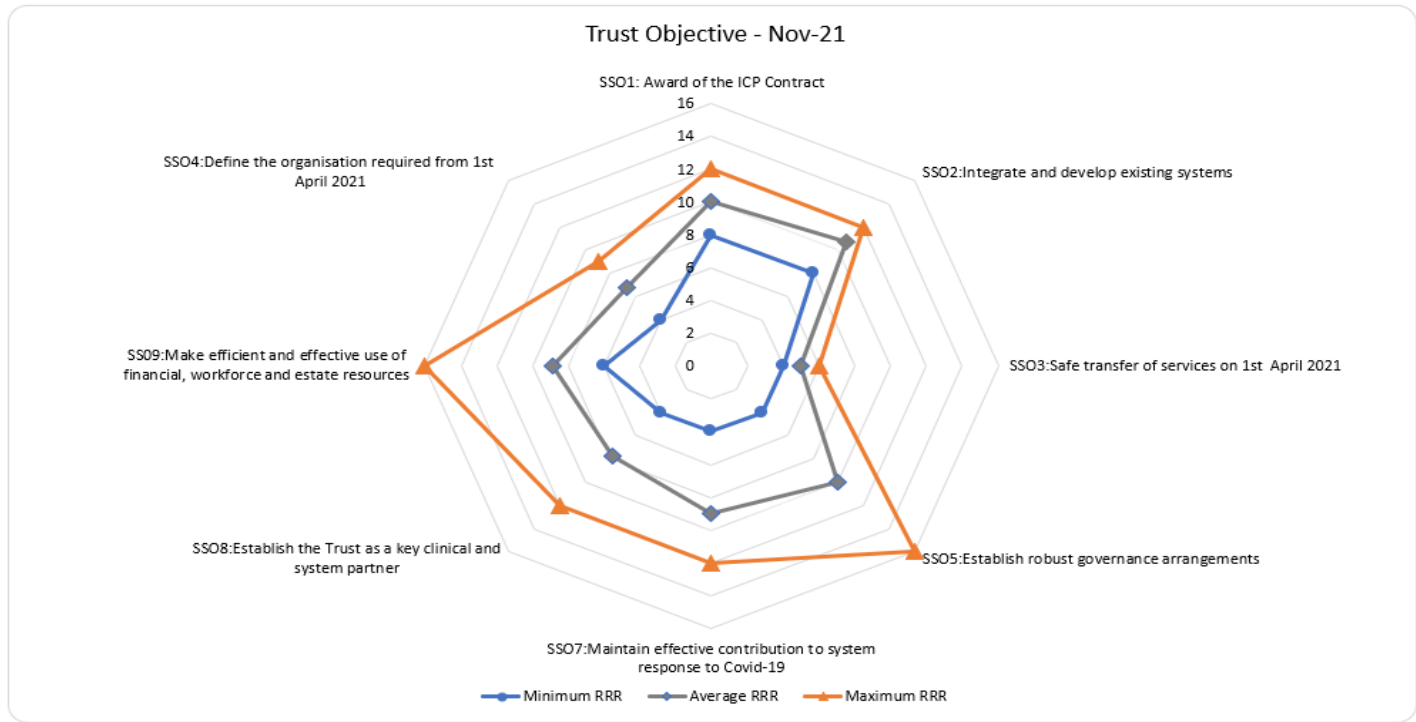
Heat Map of BAF Current Score						
		CONSEQUENCE				
		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
LIKELIHOOD	1. Rare	1	2	3	4	5
	2. Unlikely	2	4 002	6	8	10
	3. Possible	3	6	9 003, 008	12	15
	4. Likely	4	8	12 004, 005, 006	16 001, 007	20
	5. Almost Certain	5	10	20	20	25

Below is the total number of corporate risks over time by current score. Please note that during January the Corporate Risk Register was aligned to the BAF and Risk Management Strategy risk assessment matrix as outlined in section 1 above.



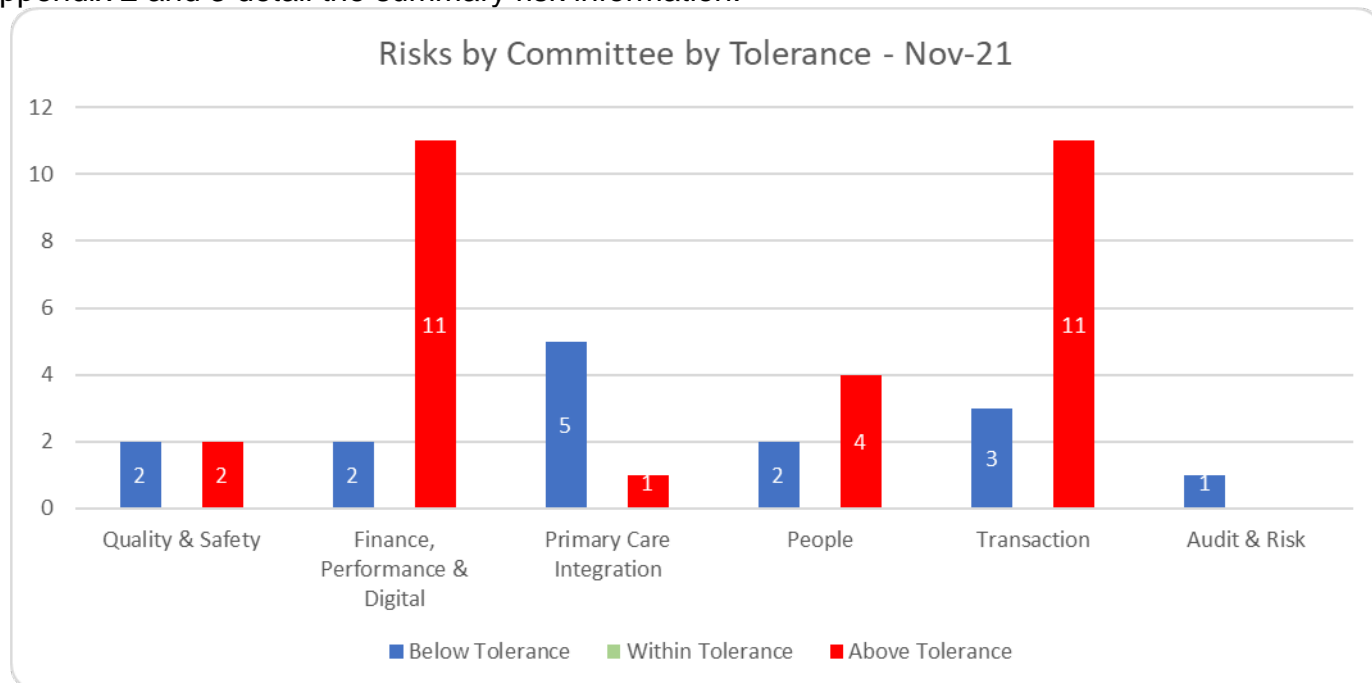
The spider diagram below shows the average current risk score mapped to the strategic objectives. Where the lines are closer together this shows the risk portfolio of the strategic objective has a narrower margin of tolerance. The further apart the lines the wider the margin of tolerance.

The use of the colour (orange, grey and blue) follows the Trust’s Business Intelligence and Key Performance Reports and follows NHSEI guidance on Making Data Count and best practice in supporting Accessible Information Standard. The colours are based on research and evidence to aide understanding of data, with orange used to depict maximum tolerance or negative, grey for current position or neutral and blue as minimum tolerance or positive.



The risk appetite domain category, with the lowest tolerance, is Safety encompassing Statutory and Regulatory Compliance, which is defined as risks relating to the impact of Covid-19 and the safe landing and integration of services following transfer. From the spider diagram, the average risk rating of the portfolio of risks relating to this domain are within tolerance.

The chart below outlines the current profile of risks by committee by tolerance. The trend reports at Appendix 2 and 3 detail the summary risk information.



A table of assurance strengths by strategic risk and a summary table of the volume of controls is below.

Summary of Aggregated BAF Risks by Assurances and Actions					
Effective Control - Assurance Strengths			Actions - Progress		
	Nos	%		Nos	%
Strong	21	47	Completed	19	76
High	19	42	Green	6	24
Medium	5	11	Amber	0	0
Low	0	0	Red	0	0
Totals	45	100	Totals	25	100

Next Steps

The risk management report will continue to be updated to show the movement in risk scores, assurance (controls and mitigations) and actions including the amendments to risk, alignment of the BAF with the Corporate Risks, escalation of risks, risks marked for de-escalation and information on emerging risks and horizon scanning.

Implementation of the Datix Risk Management Module continues to be developed and is aligned to the development of the service level risk registers by the end of December 2021; the technical amendments to the system have now been completed in preparation. The high level timeline has been developed in conjunction with the Associate Director of Quality and Governance supported by comprehensive training and awareness programme. The training will include raising awareness of the BAF and Risk Management Strategy, understanding of risk scoring and technical Datix risk module training.

Further work on the wider process to align risk management to the QIA process and performance and governance processes is being taken forward with the Executive Leads and Associate Director of Quality and Governance.

Board Assurance Framework (BAF)

PUBLIC BOARD

DECEMBER 2021

Appendix 1

BAF TRACKER DASHBOARD FOR ALL STRATEGIC RISKS

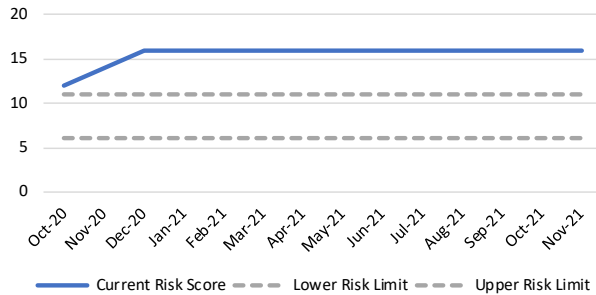
Strategic Priorities	BAF Risk No	Risk Descriptor	Exec Lead	Risk Oversight Committee	Inherent Risk Score Oct 2020 (LxC)	Risk Score Q3 Dec 2020 inc movement	Risk Score Q4 Mar 2021 inc movement	Risk Score Q1 Jun 2021 inc movement	Risk Appetite Domain	Risk Tolerance Level	Assurance on Controls	Actions on Track
SSO1: Award of the ICP contract	BAF-001	There is a risk to the ICP contract not being awarded, or significantly delayed, due to pressures on the local system, transfer of services from within the health system and the workforce skills/capacity required to deliver service changes	Steph Cartwright Director of Strategy, People and Partnerships	Transaction & Transformation	Moderate 12 (4x3)	High 16 (4x4)	High 16 (4x4)	High 16 (4x4)	System Partnerships	Low 6 to 11	Medium	Green
SSO2: Integrate and develop existing services	BAF-002	There is a risk that there are insufficient resources in place to safely and effectively manage existing services; improve existing services; or to effectively manage the extended scope of business required for future service improvement and partnership working	Matt Gamage Director of Finance, Performance and Digital	Finance, Performance & Digital	High 16 (4x4)	Very Low 4 (2x2)	Very Low 4 (2x2)	Very Low 4 (2x2)	Sustainability (Resources)	Low 6 to 11	Medium	Green
SSO3: Safe transfer of services	BAF-003	There is a risk that there are insufficient resources and systems in place to	Steph Cartwright Director of Strategy,	Transaction & Transformation	Low 9 (3x3)	Low 9 (3x3)	Low 9 (3x3)	Low 9 (3x3)	Safety Sustainability (Resources)	Very Low 5 and below	Medium	Green

on 1st April 2021		safely and effectively manage the transfer of additional services into the organisation	People and Partnerships						Infrastructure			
SSO5: Establish robust governance arrangements	BAF-004	There is a risk the governance arrangements that are put in place to manage the business and its planned development are not as connected, adaptable, agile, responsive or supportive of the innovation and transformation required to meet our strategic objectives; this could result in a decision-making process that is slow, leading to a failure to deliver clinical services effectively and efficiently and potentially could impact on patient safety	Sue Nicholls Director of Nursing, AHPs and Quality	Quality & Safety	Moderate 12 (4x3)	Moderate 12 (4x3)	Moderate 12 (4x3)	Moderate 12 (4x3)	Safety Quality Reputational	Very Low 5 and below	High	Green
SSO7: Maintain effective contribution to system response to Covid-19	BAF-005	There is a risk that the Trust unable to meet demand in relation to the COVID-19 response	Sue Nicholls Director of Nursing, AHPs and Quality	Quality & Safety	Moderate 12 (4x3)	Moderate 12 (4x3)	Moderate 12 (4x3)	Moderate 12 (4x3)	Safety Quality Reputational	Very Low 5 and below	High	Green

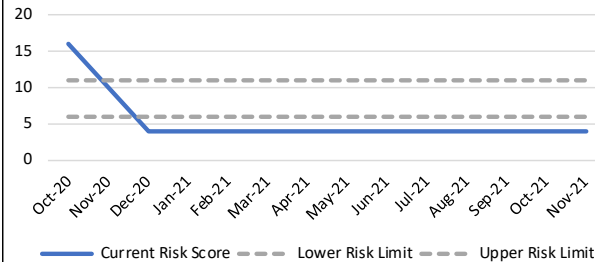
SSO8: Establish the Trust as a key clinical and system partner	BAF-006	There is a risk that the Trust is unable to effectively engage with its system partners and demonstrate appropriate system leadership	Steph Cartwright Director of Strategy, People and Partnerships	Transaction & Transformation	Moderate 12 (4x3)	Moderate 12 (4x3)	Moderate 12 (4x3)	Moderate 12 (4x3)	Reputation I Collaboration	Low 6 to 11	High	Green
SSO9 - Make efficient and effective use of financial, workforce and estate resources	BAF-007	There is a risk that our financial sustainability will be impacted by future changes to the NHS financial regime, which could see resources diverted from our trust and result in significant financial / cost pressures	Matt Gamage Director of Finance, Performance and Digital	Finance, Performance & Digital	Moderate 12 (4x3)	High 16 (4x4)	High 16 (4x4)	High 16 (4x4)	Sustainability (Resources)	Low 6 to 11	High	Green
SSO4: Define the organisation required from 1st April 2021	BAF-008	There is a risk DIHC can't recruit, train and retain the appropriate innovative workforce required to deliver the transformational Integrated Care Provider ambitions for service users	Bev Edgar Director of People	People	Low 9 (3x3)	Low 9 (3x3)	Low 9 (3x3)	Low 9 (3x3)	Workforce	Low 6 to 11	High	Green

Board Assurance Framework

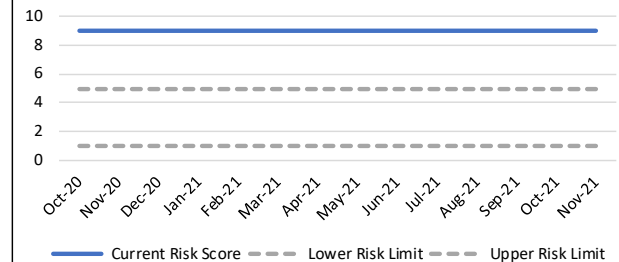
BAF 001 - SSO1: Award of the ICP Contract



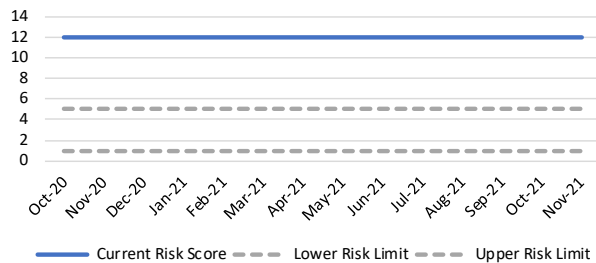
BAF 002 - SSO2: Integrate and develop existing systems



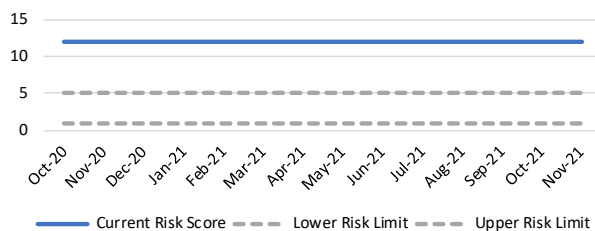
BAF 003 - SSO3: Safe transfer of services on 1st April 2021



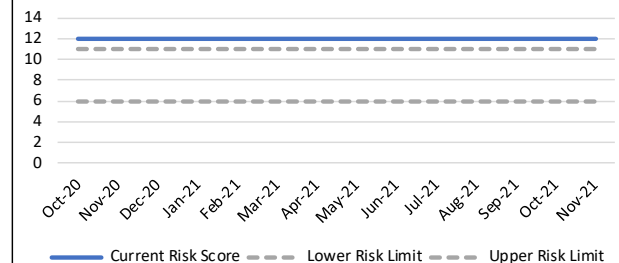
BAF 004 - SSO5: Establish robust governance arrangements



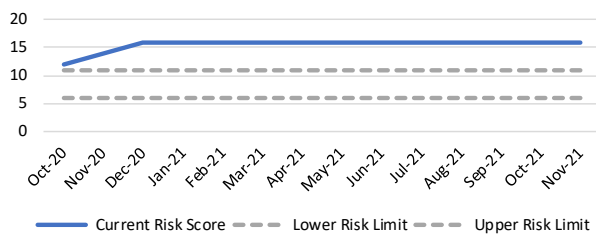
BAF 005 - SSO7: Maintain effective contribution to system response to Covid-19



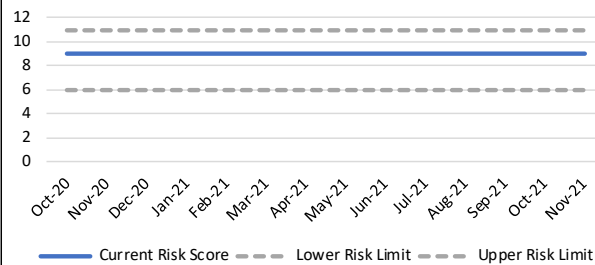
BAF 006 - SSO8: Establish the Trust as a key clinical and system partner



BAF 007 - SS09: Make efficient and effective use of financial, workforce and estate resources



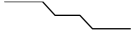


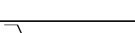
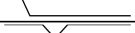
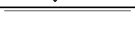



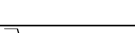

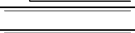
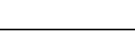

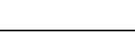

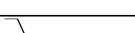









BAF 008 - SSO4: Define the organisation required from 1st April 2021



Dudley Integrated Health and Care NHS Trust - Corporate Risk Register

Appendix 2 - Risks ABOVE tolerance

Latest Month: Nov-21

Ref	Domain	Committee	Accountable Director (Risk Sponsor)	RISK OF:	Monthly Risk Score											Movement	Trend	Target Risk Rating (L x I)	Above or Below Tolerance
					Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21				
C-106	Safety	Transaction	Steph Cartwright	Not having approval from NHSEI to recruit substantively to key posts prior to April 1st 2022	16	16	16	16	12	12	12	8	8	8	8	→		5	Above
C-107	Partnerships	Transaction	Steph Cartwright	Insufficient system-wide support for DIHC	12	12	12	12	8	12	12	12	12	12	12	→		6	Above
C-064	Workforce	People	Bev Edgar	Risk of substantive workforce shortages (through vacancies, absence or excess demand) result in additional premium costs being incurred.	16	16	16	16	16	16	16	16	16	16	16	→		4	Above
C-067	Sustainability	F, P & D	Matt Gamage	Risk of sub-contract terms and incentives not aligned with ICP contract or strategy	12	12	12	12	12	12	12	12	12	12	12	→		4	Above
C-070	Sustainability	F, P & D	Matt Gamage	Risk of increase in drug volume and prices in excess of planned growth and inflation	12	12	9	9	9	9	9	9	9	9	9	→		6	Above
C-102	Partnerships	Transaction	Steph Cartwright	Risk of lack of system alignment	12	12	12	12	8	12	12	12	12	12	12	→		4	Above
C-030	Workforce	Transaction	Bev Edgar	Risk of significant vacancy factors and concerns in staff groups that are due to transfer into DIHC due to the workforce becoming unsettled around the organisational change.	12	12	12	12	12	12	12	12	12	12	12	→		4	Above
C-078	Quality	Transaction	Matt Gamage	Risk of delayed implementation of clinical service strategy as organisation is established	12	12	12	12	12	12	12	12	12	12	12	→		4	Above
C-103	Sustainability	Transaction	Steph Cartwright	Lack of sufficient resources being available to support safe landing due to delays incurred as a result of COVID-19	12	12	12	12	12	12	12	12	12	12	12	→		4	Above
C-105	Sustainability	Transaction	Steph Cartwright	Increased pressure of Covid management during winter reduces NHSEI/ capacity to review full business case in the agreed timescales	8	8	8	8	8	8	8	8	8	8	8	→		5	Above
C-024	Safety	F, P & D	Matt Gamage	Risk of not being able to appropriately share patient information across the ICP partners and its stakeholders due to data sharing agreements may not be in place.	10	10	8	8	8	8	8	8	8	8	8	→		4	Above
C-023	Infrastructure	F, P & D	Matt Gamage	Risk to the delivery of ICP due to digital strategy not clearly defined.	9	9	9	9	9	9	9	9	9	9	9	→		4	Above
C-057	Sustainability	F, P & D	Matt Gamage	Risk of reduction in annual payments due to factors beyond the control of the ICP.	9	9	9	9	9	9	9	9	9	9	9	→		6	Above
C-076	Sustainability	F, P & D	Matt Gamage	Risk of restricted access to investment funds due to other financial pressures.	9	9	9	9	9	9	9	9	9	9	9	→		6	Above
C-060	Sustainability	F, P & D	Matt Gamage	Risk of planned efficiencies and benefits not delivered in full due to restricted investment, following the formation of the ICP.	9	9	9	9	9	9	9	9	9	9	9	→		4	Above
T-033	Commercial	Transaction	Matt Gamage	Negotiation of terms with supply chain organisations not finalised	8	8	8	8	8	8	8	8	8	8	8	→		4	Above
C-051	Sustainability	F, P & D	Matt Gamage	Risk of ICP failing to attract appropriate income under the payment by outcomes arrangements.	8	8	8	8	8	8	8	8	8	8	8	→		4	Above
C-053	Sustainability	F, P & D	Matt Gamage	Risk of cash not being received on a timely basis, leading to ICP cash shortfall.	8	8	6	6	6	6	6	6	6	6	6	→		4	Above
C-063	Sustainability	F, P & D	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.	8	8	8	8	8	8	8	8	8	8	8	→		4	Above
T-047	Reputational	Transaction	Steph Cartwright	Failure to engage and communicate with patients, staff and the public on ICP mobilisation and developments for the changes to existing service and models for new services in Dudley.	8	8	8	8	8	8	8	8	8	8	8	→		4	Above
C-031	Sustainability	F, P & D	Matt Gamage	Risk of contract financial envelope less than the cost of providing the services.	6	6	6	6	6	6	6	6	6	6	6	→		4	Above
C-088	Infrastructure	Transaction	Matt Gamage	Risk to the health care estates function of the ICP due to: - insufficient capital funding available to make necessary premises investments, as the ICP will have limited capital funding of its own, and access to PFI and national capital is limited - insufficient space within the community healthcare estate to fully implement the ICP clinical model in each locality	6	6	6	6	6	6	6	6	6	6	6	→		4	Above
C-046	Quality	Transaction	Bev Edgar	Risk of failure to identify and manage cultural differences between organisations coming together in ICP and as a result causes continuation of siloed working in different sectors.	6	6	6	6	6	6	6	6	6	6	6	→		4	Above
C-204	Innovation	PCI	Richard Bramble / Lucy Martin	Failure to develop a primary care operating model at scale and in part is dependant on transfer of community services	0	0	0	0	0	12	12	12	12	12	12	→		9	Above
C-207	Quality	Q&S	Sue Nicholls	Insufficient subject matter expert capacity adversely affecting the progress of the planned	0	0	0	0	0	0	0	0	0	0	16	New		4	Above
C-208	Quality	Q&S	Sue Nicholls	The process for the transfer of subcontracted services to DIHC is not sufficiently robust to	0	0	0	0	0	0	0	0	0	0	12	New		6	Above

Dudley Integrated Health and Care NHS Trust - Corporate Risk Register

Appendix 3 - Risks **BELOW** tolerance

Latest Month: Nov-21

Ref	Domain	Committee	Accountable Director (Risk Sponsor)	RISK OF:	Monthly Risk Score											Movement	Trend	Target Risk Rating (L x I)	Above or Below Tolerance
					Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21				
C-073	Sustainability	F, P & D	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.	12	12	9	9	9	9	9	9	9	9	9	→		9	Below
C-101	Workforce	People	Steph Cartwright	Risk of COVID-19 affecting staff	12	12	12	12	12	12	12	12	12	12	12	→		12	Below
C-084	Quality	Transaction	Steph Cartwright	Risk of uncoordinated care delivered to the population by various service providers and patient access points, due to clinicians unwilling to change practices	6	6	6	6	6	6	6	6	6	6	6	→		8	Below
C-104	Reputational	Audit and Risk	Paul Assinder	Risk of legal action as a result of decisions made in response to COVID-19	4	4	4	4	4	4	4	4	4	4	4	→		6	Below
C-082	Safety	Q&S	Steph Cartwright	Risk to the continuity of business due to not fully formed and robust business continuity plans.	4	4	4	4	4	4	4	4	4	4	4	→		4	Below
T-037	Workforce	Transaction	Bev Edgar	Risk of delay/protracted HR consultation periods and risk of delay resulting from any Trade Union disputes	4	4	4	4	4	4	4	4	4	4	4	→		4	Below
T-045	Infrastructure	Transaction	Steph Cartwright	Risk of occupation/lease agreements for required premises are not in place by contract start date. There is a Lack of clarity around responsibilities and costs - potential delay in contract start.	4	4	4	4	4	4	4	4	4	4	4	→		4	Below
C-201	Sustainability	PCI	Steph Cartwright	Risk of DIHC not being in alignment with PC and not maintaining PC at the heart of its strategic direction, future planning and engagement plans	0	0	0	0	0	6	6	6	6	6	6	→		9	Below
C-202	Reputational	PCI	Matt Gamage	Lack of business intelligence information to target ICTs to support PCNs and links to ICS / CCG (F,P&D)	0	0	0	0	0	8	8	8	8	8	8	→		9	Below
C-203	Partnerships	PCI	Steph Cartwright	DIHC failure to develop an acceptable full integration strategy and agreement	0	0	0	0	0	6	6	6	6	6	6	→		8	Below
C-205	Reputational	PCI	Steph Cartwright	Lack of infrastructure for ARRS staff including IT, accommodation, supervision and management especially HR support over next 6 to 12 months	0	0	0	0	0	6	6	6	6	6	6	→		9	Below
C-206	Reputational	PCI	Richard Bramble / Lucy Martin	Lack of progress on the development of the Prescription Ordering Service (POD)	0	0	0	0	0	12	12	12	12	12	6	↑		9	Below
B-001	Infrastructure	F, P & D	Matt Gamage	Not able to go-live with EMIS - impact on FBC and ICP contract award	0	0	0	0	0	0	0	20	8	8	4	↑		5	Below

DUDLEY INTEGRATED HEALTH & CARE NHS TRUST BOARD

TITLE OF REPORT:	Medical Directors' Report for Board
PURPOSE OF REPORT:	To update the Board on the Medical Directorate's activity
AUTHOR OF REPORT:	Dr R Bramble and Dr L Martin, Acting Joint Medical Directors
DATE OF MEETING:	7 th December 2021
KEY POINTS:	<ol style="list-style-type: none"> 1. Pressures across Primary Care in Dudley remain extraordinarily high with practices managing high virus rates, general increases in population mental health issues, delayed presentations of serious illness following lockdown and two vaccination campaigns. 2. DIHC care coordinators, school nurses and pharmacists are supporting Primary Care to deliver Covid vaccine boosters as well as first doses in teenagers. 3. DIHC has appointed a salaried PCN Clinical Director at the request of Brierley Hill and Amblecote PCN. We are out-to-advert for a PCN Manager for BHA PCN (and other PCNs if we have appointable candidates). 4. We are taking on another Dudley practice, initially through a Management Agreement with the GMS contract holder, but with the expectation of an APMS contract award from 1.2.22. This practice 'requires improvement' and a clear improvement plan has been prepared. 5. We have a new practice manager in High Oak Surgery. We conducted a supportive visit to hear from High Oak staff and look for opportunities for improvement. The High Oak Clinical Lead has presented an improvement plan to QSSG, in particular recognising the need to recruit salaried GPs. 6. Several colleagues have spent time in the Urgent Treatment Centre, which we expect to hold the contract for from 1.4.22. The passion and compassion of staff there was impressive. Our observations will feed into conversations with partners: there are opportunities to improve flows that will benefit patients, as well as benefitting Primary and Secondary Care. 7. Our Head of Primary Care is developing a suite of operational support for Primary Care that will enable our system to access Primary Care

	<p>resilience funding, additional PCN funding and to respond rapidly to the needs of less resilient practices. This will include additional ARRS management support and an IT development manager.</p> <p>8. We are supporting the implementation of Community Medical Examiners. This is a significant change to the way that deaths are recorded. These will be employed by DGFT. DIHC brings the expertise on leading change in General Practice.</p> <p>9. DIHC is providing substantial operational support to DGFT's Clinical Hub. This has been needed to clarify pathways, to support clinicians, to apply for necessary additional resource and to resolve IT issues.</p> <p>10. DGFT have unilaterally suspended the Strategic Clinical Leadership Group, citing an expectation that conversations about the overarching clinical model should happen prior to (rather than in parallel with) conversations mandated by WM Clinical Senate in July.</p> <p>11. Our SCLG with Black Country Healthcare NHS Foundation Trust continues to meet fortnightly. We have also had productive meetings with clinicians from both trusts about the Mental Health and Children's & Young People's pathways.</p>
RECOMMENDATION:	To note the progress made towards supporting Patients and Primary Care in Dudley.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	MDs and PCN CDs have similar financial and professional interests in their own practices and as shareholders of Future Proof Health.
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

TITLE OF REPORT:	Report of the Director of Nursing, Quality and AHP's
PURPOSE OF REPORT:	To appraise the Board of the current issues within the scope of the professional Nursing and AHP agenda.
AUTHOR OF REPORT:	Sue Nicholls, Director of Nursing, AHP's and Quality
DATE OF MEETING:	7 th December 2021
KEY POINTS:	<ul style="list-style-type: none"> • The report identifies the corporate Nursing and AHP priorities that are currently on the agenda – of note; <ul style="list-style-type: none"> ○ Staff flu campaign ○ International recruitment bid ○ Links with Health Education England and local universities • The report provides some national updates aligned to the professional Nursing and AHP agenda <ul style="list-style-type: none"> ○ Mandatory Covid vaccinations ○ Staffing assurance framework ○ Launch of the CNO strategic research plan
RECOMMENDATION:	<ul style="list-style-type: none"> • For Board to receive the report for information
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

1. Introduction

This report aims to provide the Board with a high level insight into the work-streams aligned to the Nursing and Allied Health Professional agenda. This report will provide a brief on the following;

- Corporate Nursing and AHP leadership
- National Nursing and AHP updates
- System Working

2. Corporate Nursing and AHP leadership

Work continues within the team to ensure that there is a robust offer of professional leadership support to our clinical and patient facing colleagues. The inaugural Nursing and AHP forums are due to take place on 10th December and these meetings will form part of the leadership offer to our teams. Attendees will have the opportunity to shape our emerging Nursing and AHP strategy. The meetings will also offer an opportunity for reflection supporting revalidation requirements.

Working with colleagues in the People Directorate our learning and development offer is taking shape. To date the Trust has supported our staff to access professional development opportunities which have included (but are not limited to) Health Education England Portfolio routes for ARRS staff and non-medical prescribing. Over the next few weeks conversations are due to take place with system partners and local universities which will enable us to develop our offer at pace.

We have supported the system international recruitment bid. Further information will be provided in due course.

Our flu campaign has commenced and work continues to encourage all staff to access the offer of a flu vaccination. Our infection prevention and control nurse specialist is working closely with colleagues in the people directorate. Regular communications and myth-busting facts are shared with staff together with a clear rationale for the flu vaccination programme. We have already identified significant improvement learning for next years campaign.

2.1 National Nursing and AHP updates

The government consultation on whether or not to extend vaccination requirements within nursing and care homes to other health and care settings for Covid-19 and flu has concluded and reported. The Health Secretary has confirmed it will become mandatory for frontline NHS staff to be fully vaccinated against Covid-19. The requirements will come into effect from April 2022 meaning unvaccinated individuals must have received their first dose by 3 Feb 2022. The policy currently applies to the requirement for first and second doses of vaccination and further implementation guidance is awaited at the time of writing this report. DIHC are proud of their current staff uptake for Covid vaccination rates and continue to encourage eligible staff (including new starters) to access their Covid vaccinations including the booster as applicable

NHSE/I has issued key actions for winter 2021 preparedness: Nursing and Midwifery safer staffing. Many of the elements are not relevant to our Trust with the document providing an escalation framework for ward staff and an assurance framework for nursing and midwifery staffing. It is recommended that the Trust completes the assurance framework and reports through to Quality Committee.

The Director of Nursing, AHPs and Quality attended the launch of the CNO strategic plan for research. This is 1st ever research nursing strategy for England entitled '*Making Research Matter*'. The fundamental cornerstones of the strategic plan centre on the following 5 areas;

- Aligning nurse led research with public need
- Releasing nurses research potential – 'nurses as researchers in their own right'

- Building the best research system
- Developing future nurse leaders for research
- Digitally enabled nurse led research

During 2022 the office of the CNO (England) will develop an implementation roadmap which will also include a career framework.

DIHC is establishing its research governance and we will develop diverse opportunities for staff to access a more active role in research. The Trusts Research and Innovation steering group is in the process of being implemented. We are participating in the LCRN West Midlands Partnership Group (a platform for sharing current research, planned and completed research).

2. System Working

2.1 System and National Meetings

The Corporate Nursing and AHP team are keen to support the approach to system working together with learning from and sharing best practice. We contribute to a number of activities to enable this. During November this has included;

- Chief Nurse Forum chaired by the Chief Nurse of the CCG
- System Quality Oversight Meeting chaired by the Chief Nurse of the CCG
- Black Country AHP Council attended by DIHC AHP lead
- National CNO and People Director Webinar (with a focus on staff wellbeing, international recruitment and Covid)
- Launch of the CNO strategic plan for research

3. Recommendation

- For Board to receive the report for information and assurance aligned to current work-streams

Quality & Safety Report

Reporting period: October 2021

Reporting to: November 2021 Quality & Safety Committee

Reported by: Sue Nicholls - Director of Nursing, Quality & AHPs
Jim Young - Associate Director of Quality & Governance

Summary

Data / Quality Indicators

- No Serious Incidents reported this period
- Four formal complaints reported this period

Other

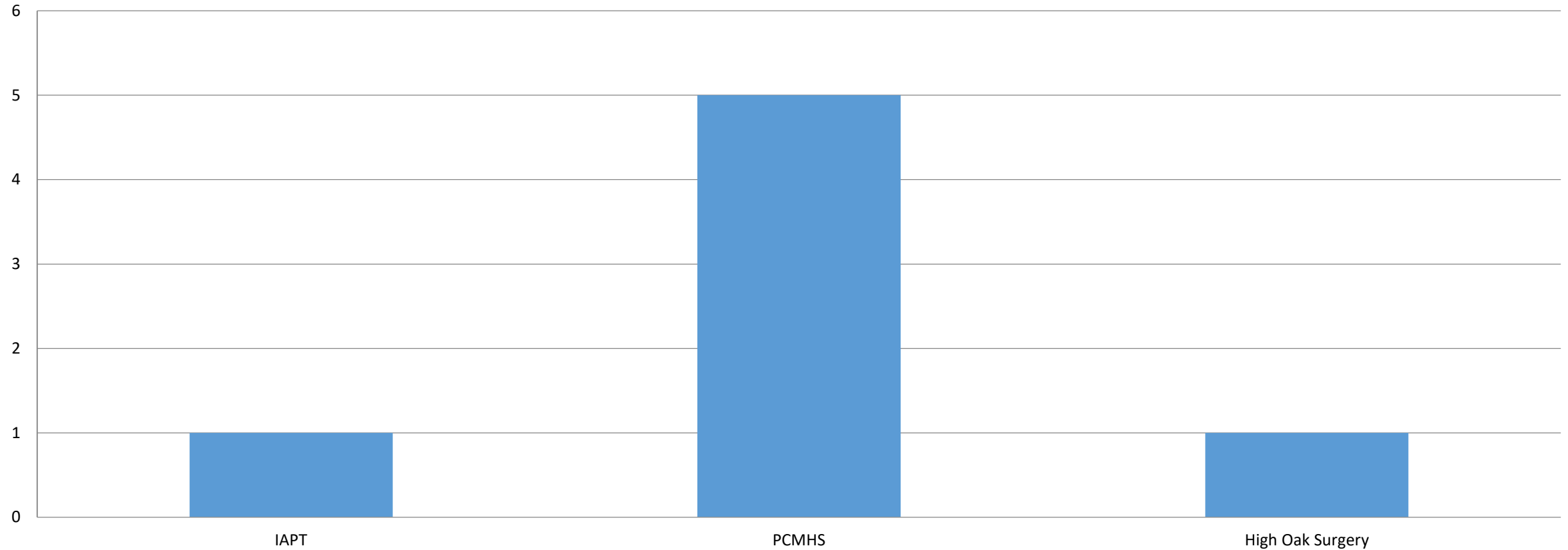
- Staff flu & Covid booster data now available
- First H&S Committee meeting now scheduled

Recommendations

- Based on the quality indicator data currently available, together with the area-specific narrative relating to key areas of quality & safety there do not appear to be any concerns regarding the quality of services currently provided by the Trust
- Based on the quality indicator data currently available there do not appear to be any concerns with regards to emerging trends; this assurance will be improved by the development of appropriate statistical analysis over time
- **There are no issues or concerns requiring escalation to the Board**

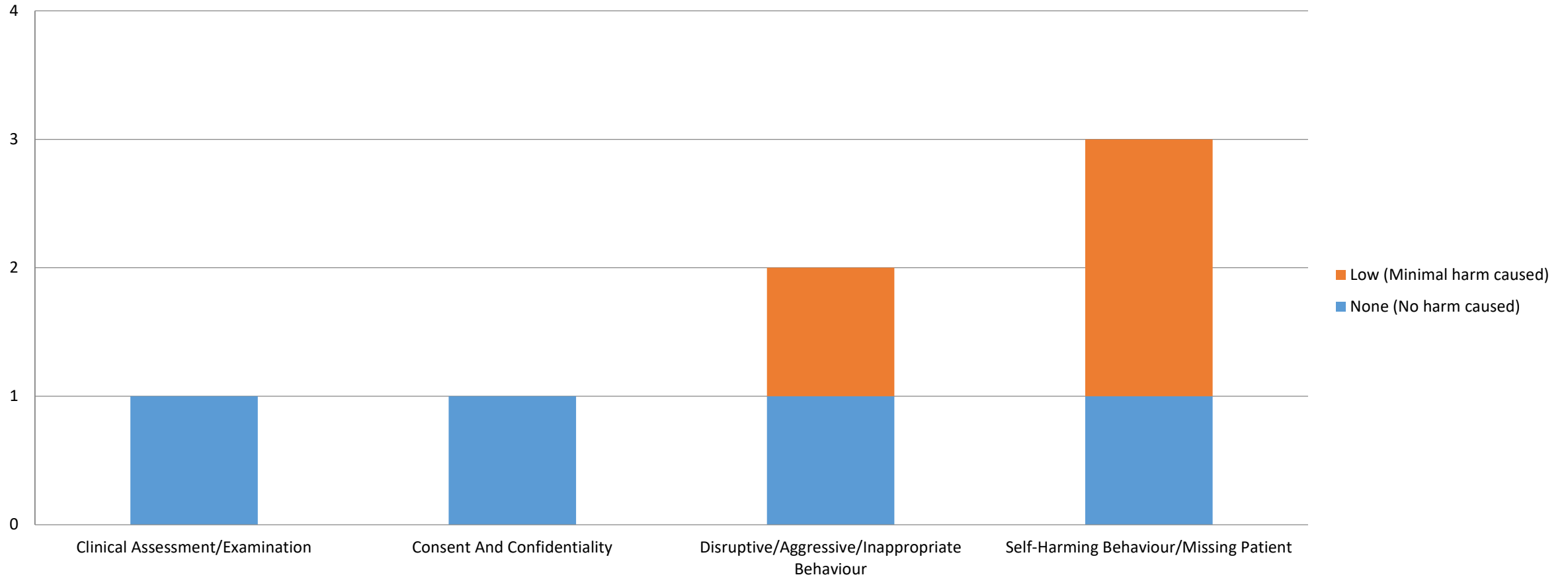
INCIDENTS

INCIDENTS – reported in month (by service)



- Seven incidents were reported this month; none met the criteria for reporting as an SI

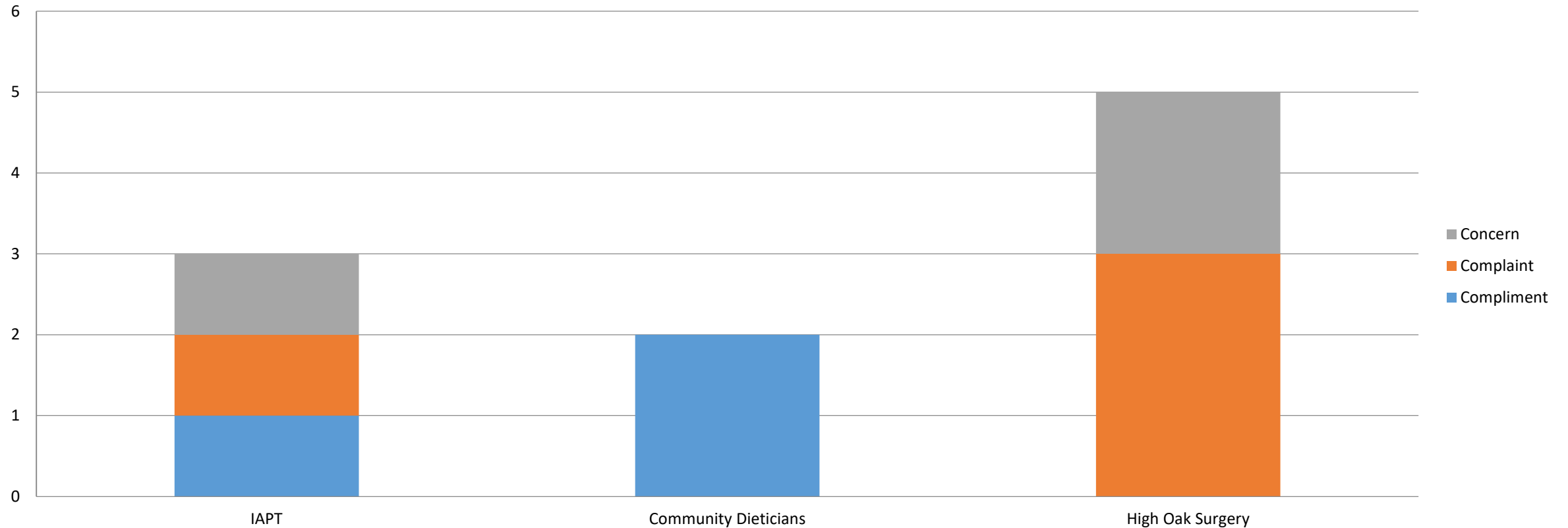
INCIDENTS - reported in month (by category / severity)



- No immediate issues or themes identified; the incidents regarding service user behaviour relate to the two mental health services and have involved appropriate communication and discussion with the referring organisations

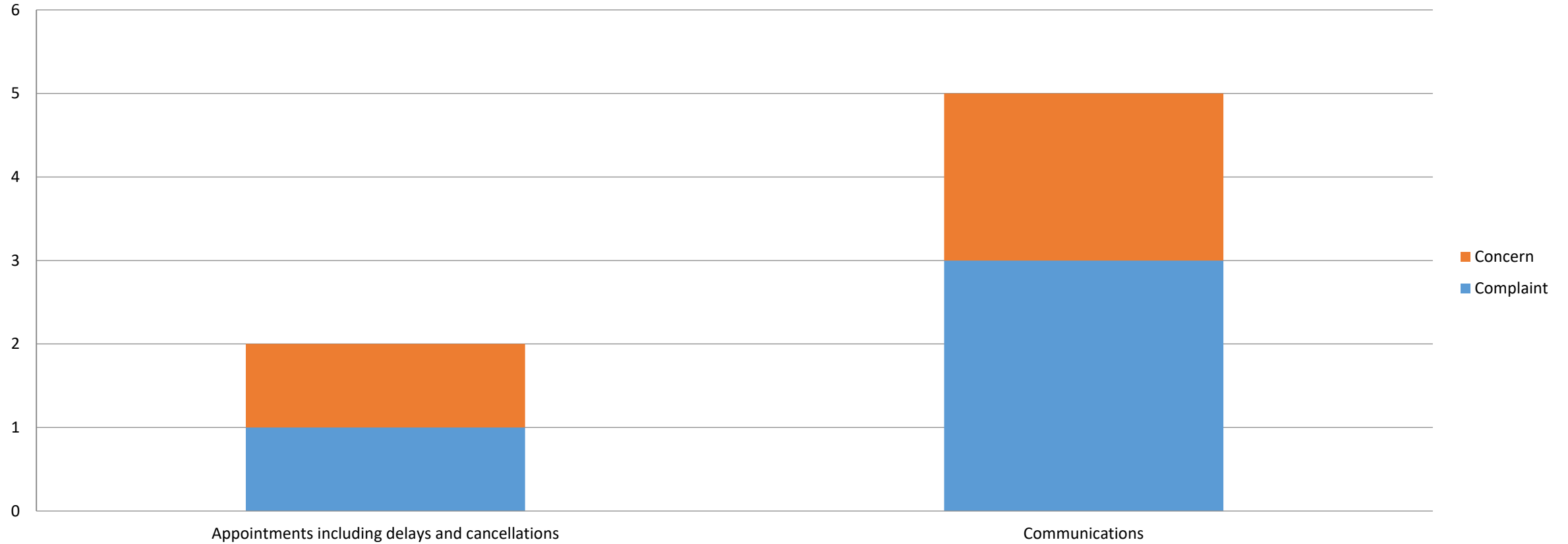
SERVICE USER FEEDBACK

SERVICE USER FEEDBACK – reported in month (by service/type)



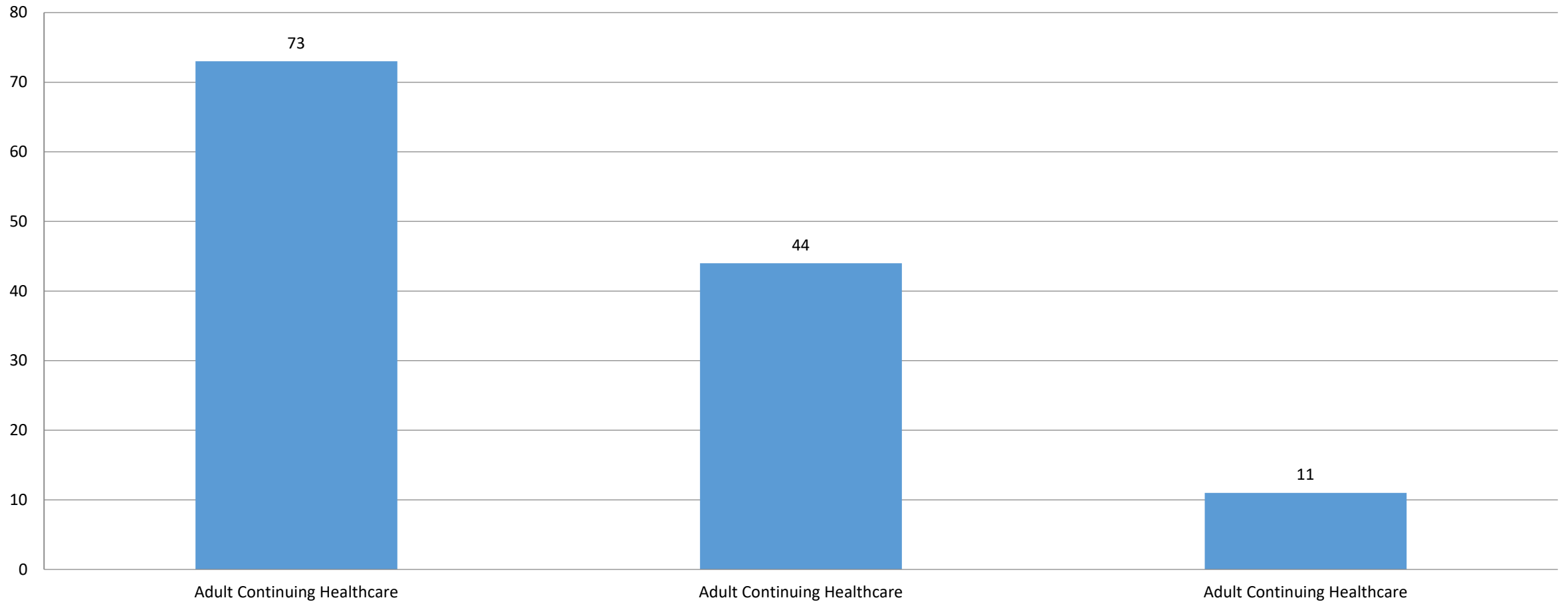
- 10 pieces of feedback have been received this month
- The High Oak concern and complaints do not appear to represent a particular theme or trend but this will be monitored given the increase in feedback reported this month
- The IAPT complaint relates to care received prior to the creation of this Trust

SERVICE USER FEEDBACK – reported in month (by subject)



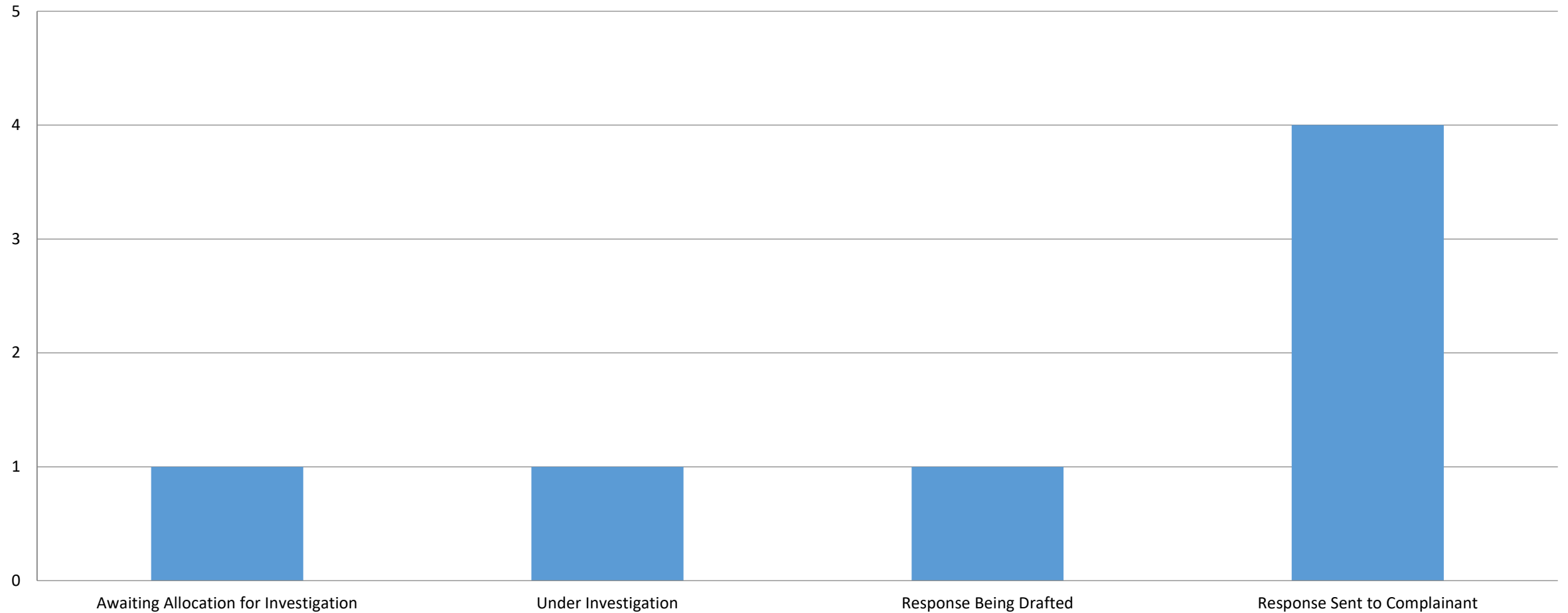
- Subject (category) information is currently only routinely captured for complaints and concerns; work is underway to extend this to the compliments feedback

COMPLAINTS – closed in month (by days open)



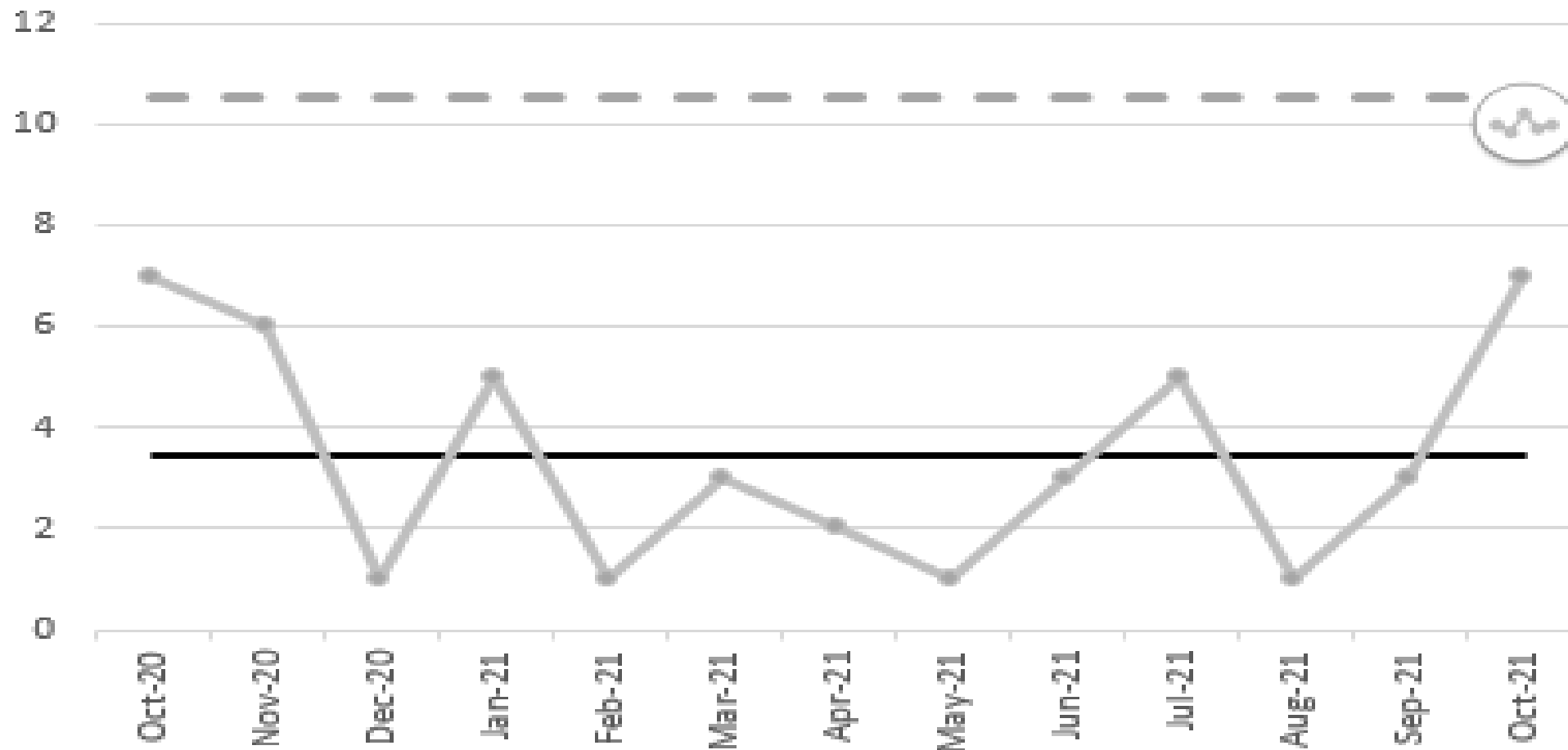
- Three complaints were closed in October; note that these complaints were investigated by DIHC on behalf of the CCG

COMPLAINTS – currently open (by stage)



- Seven complaints remain open at the end of October

COMPLAINTS / CONCERNS – rolling 12 months



Variation		
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

- There are no obvious trends or concerns emerging from the 12 month rolling dataset

SAFEGUARDING

SAFEGUARDING

- Safeguarding supervision continues. Supervision report provided to QSSG. Supervision currently offered to PCNH, IAPT, school nursing service and CHC. The team are rolling the offer out to High Oak Surgery
- Mandatory training compliance is monitored. Compliance at end of September 2021 is as follows;
- Level 1 safeguarding adults 81.09%
- Level 1 safeguarding children 76.28%
- The safeguarding team are in the process of developing a training passport which can record a portfolio approach to training to demonstrate compliance. Issues raised with ESR about outdated information in training modules
- The transfer of the school nursing team from RIO to EMIS is complete and the safe transfer of pre-adoptive records is complete ensuring they are not linked to post adoptive records
- Continued representation at Dudley Safeguarding Peoples Partnership Board (Children's and Adults)
- A full progress update aligned to the 2021/22 quality priorities was received by QSSG during November 2021. Work is on track with good progress being made

INFECTION PREVENTION & CONTROL

INFECTION PREVENTION & CONTROL

- The IPC specialist nurse presented a full report to QSSG during November 2021
- A Standard Infection Prevention and Control Policy that reflects the latest national guidance in relation to the 10 standard infection prevention and control practices has been drafted and is awaiting ratification
- Bug of the month being published every 4th Friday - Influenza October, Norovirus November & Salmonella December
- Policy review work in progress
- Leadership provided to Covid booster and flu campaign

FLU VACCINATIONS – Patients (High Oak Surgery)

- Flu vaccination programme data now available; latest uptake data (as of 03/11/2021):

Age group	Total Population Per Age Group	Total Vaccinated	% Status Vaccinated in Practice	Total patients declined	Total patients received elsewhere
> 65 years	606	237	31%	29	48
6m < 65 years (exc. 2-3y) AT RISK	561	96	9%	5	45
50 years < under 65 years NOT AT RISK	458	78	5%	6	53
2 years < 4 years (nasal)	135	48	36%	20	0
Pregnant patients	34	4	9%	0	1

VACCINATIONS – Staff

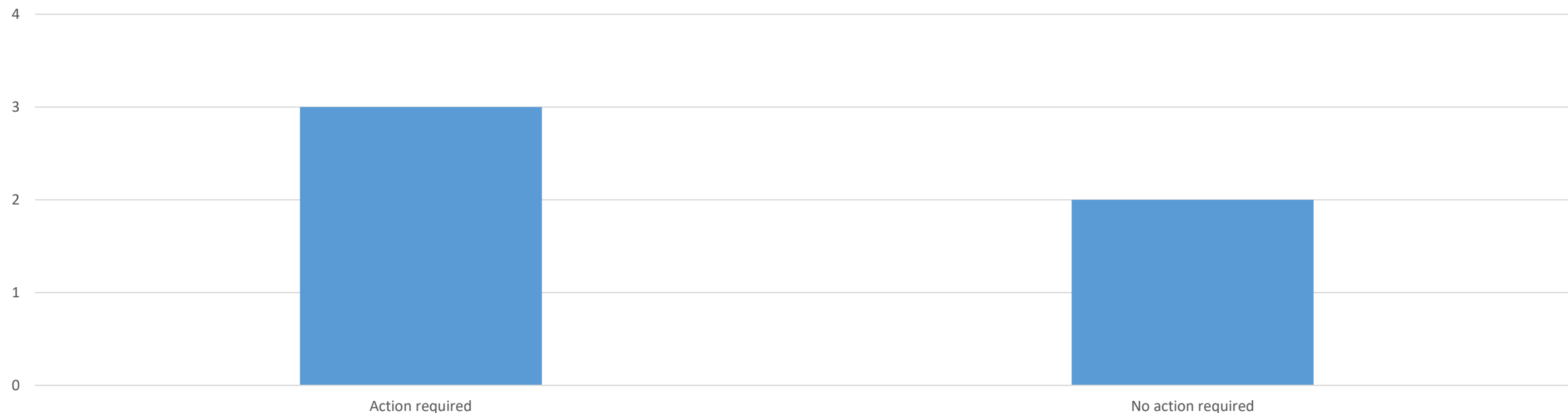
- Latest uptake data now includes Covid boosters and flu vaccinations (as of 09/11/2021):

	COVID-19			Flu
	% vaccinated First dose	% vaccinated Second dose	% vaccinated Booster dose	% vaccinated
Patient facing	95%	93%	22%	12%
Non-patient facing	100%	100%	23%	14%
Organisation	96%	95%	22%	12%

- Flu vaccination sessions scheduled and communicated to staff
- Further workforce information will be provided and discussed at the People Committee

SAFETY ALERTS

SAFETY ALERTS – received in month



- 5 alerts and notices have been received this month:
 - Four supply disruption notices – two required action
 - One class 2 medicines recall – no action required
- There are no outstanding actions
- The policy has recently been reviewed and revised; the DIHC Pharmacy team are further reviewing the best approach for reporting class 2 and below notifications

HEALTH & SAFETY

HEALTH & SAFETY

- An interim H&S manager has been brought in to provide additional support over the next few months; the work plan for the next 3-6 months has now been reviewed and revised
- Baseline assessments are being undertaken at all key sites to identify any areas requiring improvement
- Good progress has been made re undertaking risk assessments to support the increase in face to face clinical work at additional locations, as well as to develop existing 'non-Covid' risk assessments
- Policy and procedure reviews are in progress; the H&S Policy is currently out for review
- The first H&S Committee has now been scheduled for 29/11/21; terms of reference are being reviewed in preparation

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Quality & Safety Committee

Date of meeting: 16th November 2021 (via Microsoft Teams)

Presented by: Valerie Little, Non-Executive Director

Significant risks/issues for escalation

Following a full debate Committee agreed a new corporate risk for escalation as detailed in the Board Assurance Framework and Risk Register section below.

Key issues/matters discussed at the Committee

- The committee was quorate;
- The quality report contained October 2021 data.
- The quality and safety report information was discussed and assurance gained; a combination of manual and automated data collection continues to be utilised;
- Based on the quality indicator data available to Q&S Committee there were no concerns regarding the quality of services currently provided by the Trust for escalation to the Board; the committee recognised the requirement to develop further primary care indicators into the reporting.
- No Serious Incidents meeting the national reporting framework (SI) were reported during the reporting period
- A progress report aligned to the 2021/22 quality priorities was provided. Good progress is being made with priorities either completed or on-track. A further update is to be received in February 2022.
- Committee remain appraised of the Covid vaccination uptake for patients at High Oak Surgery together with an update on flu vaccination. It was acknowledged that Covid booster uptake appeared low and an action was taken to explore this further. In addition Committee were informed of the targeted support being provided to High Oak Surgery following the resignation of the Practice Manager.

Review Against Operational Plans:

- Committee received a verbal report of progress against operational plans. The discussion focussed on the work undertaken to strengthen leadership and support to the ARRS staff and to develop KPIs across the ARRS services. Committee were also briefed on the progress made against the plan for the school nursing service.

Clinical Governance development:

- An updated progress report was provided to Committee on the clinical governance developments. Priority focus is being given to

	<p>policy development and strengthening the clinical governance framework within our primary care service.</p> <p>Board Assurance Framework & Risk Register:</p> <ul style="list-style-type: none"> • Following a full debate Committee recommended a new corporate risk for escalation. Whilst the Trust has a suite of legacy policies in place from DWMHT accessible via the Trusts intranet together with a developing suite of internal policies, it was acknowledged that the Trust must review and implement Trust-wide policies at pace. Assurance was given that this is a priority within the Trusts Clinical Governance Development plan. Committee requested to receive a clear plan for policy review and development with clear timescales at the next meeting. • Committee further considered a risk relating to the transfer of subcontracted services and the quality oversight required as part of this process. The committee agreed for the risk to be escalated.
<p>Decisions made by the Committee</p>	<ul style="list-style-type: none"> • Following a full debate the committee agreed 2 new corporate risks relating to the pace and progress on policy review and development together with a risk a risk relating to the transfer of subcontracted services and the quality oversight required as part of this process.
<p>Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)</p>	<ul style="list-style-type: none"> • Following a full debate Committee agreed 2 new corporate risks relating to the pace and progress on policy review and development together with a risk a risk relating to the transfer of subcontracted services and the quality oversight required as part of this process.
<p>Items/Issues for referral to other Committees</p>	<ul style="list-style-type: none"> • None

Workforce Performance Report

Reporting Period: October 2021

Reported At: November 2021, People Committee

Reported By: Bev Edgar, Interim Director of People

2021/22 Workforce Performance Report – Month 7

Page 3 – High level key for monitoring performance and assurance icons

Page 4 – HR Summary - Turnover, Vacancy and Sickness absence

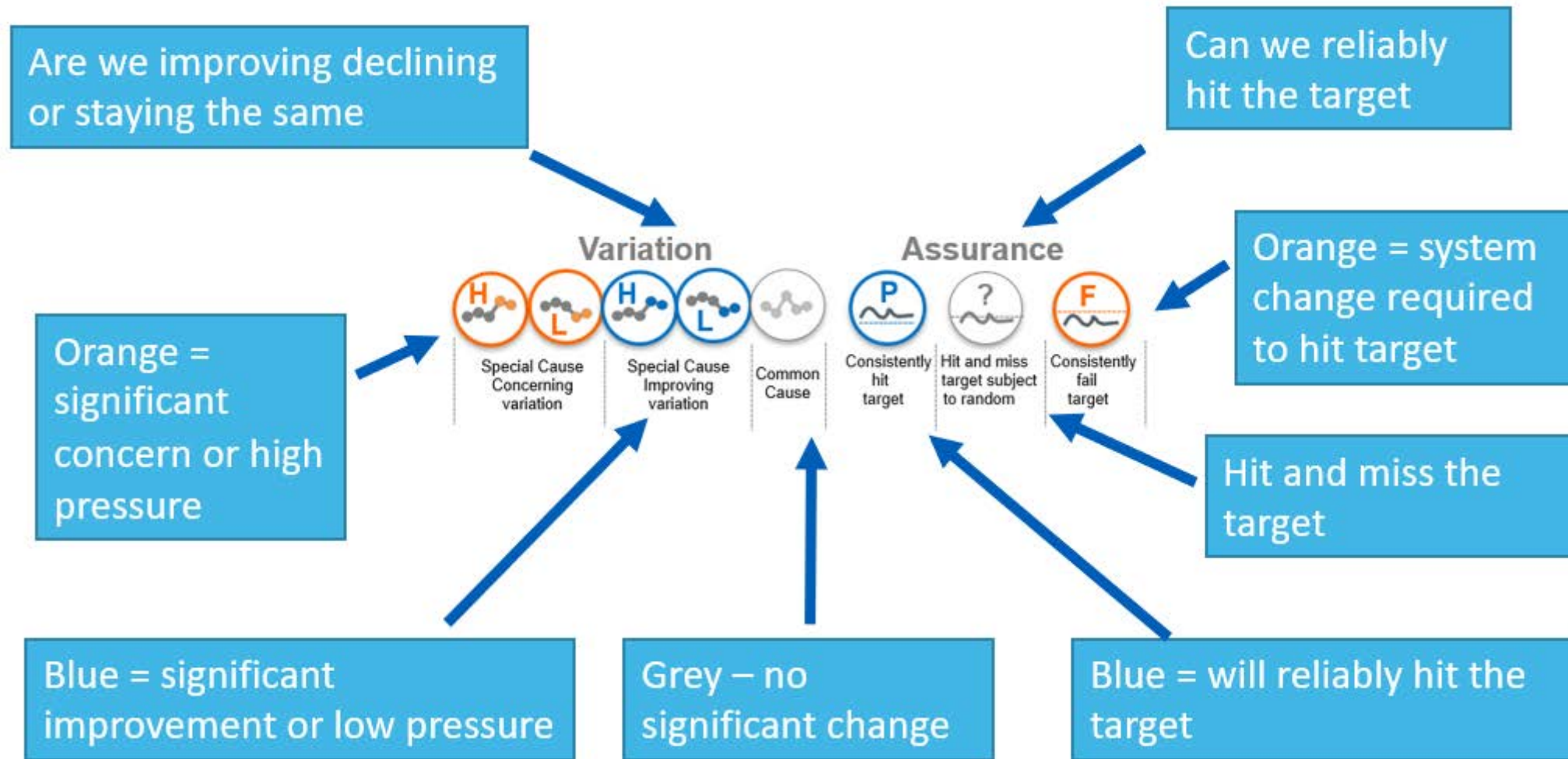
Page 5 – Vacancies by Team

Page 6 – Leavers by Reason

Page 7 – HR Training Summary

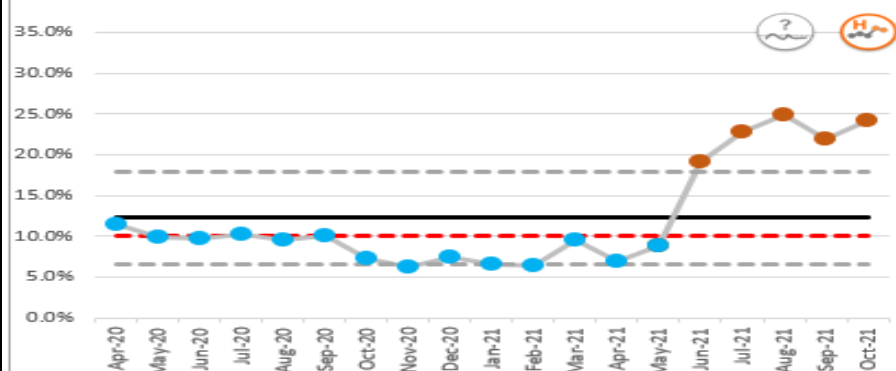
Page 8 – Additional Training Summary – Compliance by Training Module and Directorate

High level key for monitoring performance and assurance icons



HR - Summary

Staff in Post - Turnover %



Latest Data

Oct-21

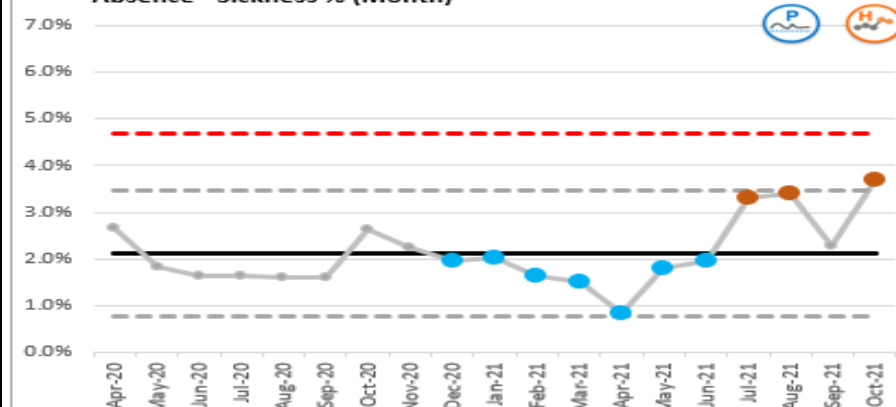
Performance

Special cause of concern. This occurs when performance is deteriorating.

Assurance

The system will not consistently hit or miss the target.

Absence - Sickness % (Month)



Latest Data

Oct-21

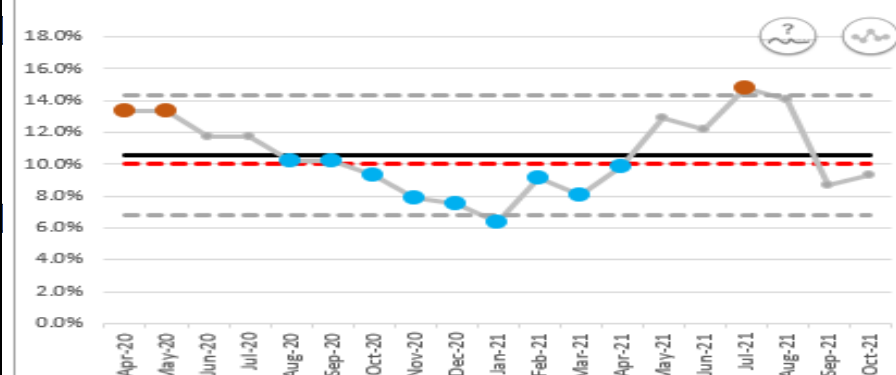
Performance

Special cause of concern. This occurs when performance is deteriorating.

Assurance

The system is capable and will consistently pass the target.

Staff in Post - Vacancy %



Latest Data

Oct-21

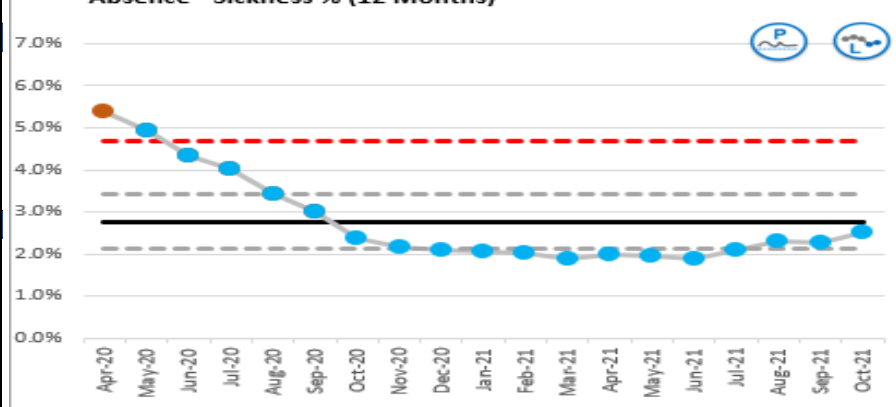
Performance

Common cause variation, no significant change.

Assurance

The system will not consistently hit or miss the target.

Absence - Sickness % (12 Months)



Latest Data

Oct-21

Performance

Performance is significantly improving.

Assurance

The system is capable and will consistently pass the target.

Service Commentary

Actions

- The funded establishment for October 2021 is 295.75 (WTE). There were 9.03 (WTE) starters, the positions recruited to this month mainly support our corporate teams and include Executive Assistants and Quality and Improvement Leads
- The number of leavers during October was 6.0 (WTE). Staff who left the Trust were mainly from primary care mental health services where reasons for leaving were mainly stated as promotion. Ongoing work is taking place to look at recruitment and retention strategies within the mental health services team.
- Current absence reporting highlights 6 employees being actively managed for long term sickness absence. There were 30 staff who were recorded as having short term sickness in October, totalling to 126.80 (FTE) days which is a significant increase on last month. The majority of these absences were made up of cold, cough flu symptoms, and gastrointestinal problems.
- COVID vaccine compliance as at end October is 94.12% for patient facing staff and 87.3% for non patient facing giving overall compliance of 92.35% who have had the second dosage. The booster vaccine and flu jab are being co-ordinated by the Infection and Prevention lead. These are being reported to the Quality and Safety Committee.

- As of 17th November 2021 – There are 7 roles out for advert, 2 posts which are being shortlisted and 1 at the interview stage. Also, there are 23 roles at either the employment check stage or awaiting start dates.
- People Systems and Reporting Manager started on 8th November 2021 and ongoing data checks and improvements are taking place. This will also provide greater resource for managers on developing management dashboards and establishment reporting.
- Management dashboard being developed to include sickness trends and turnover trends by department

Please note: * represents suppressed data as 5 to less

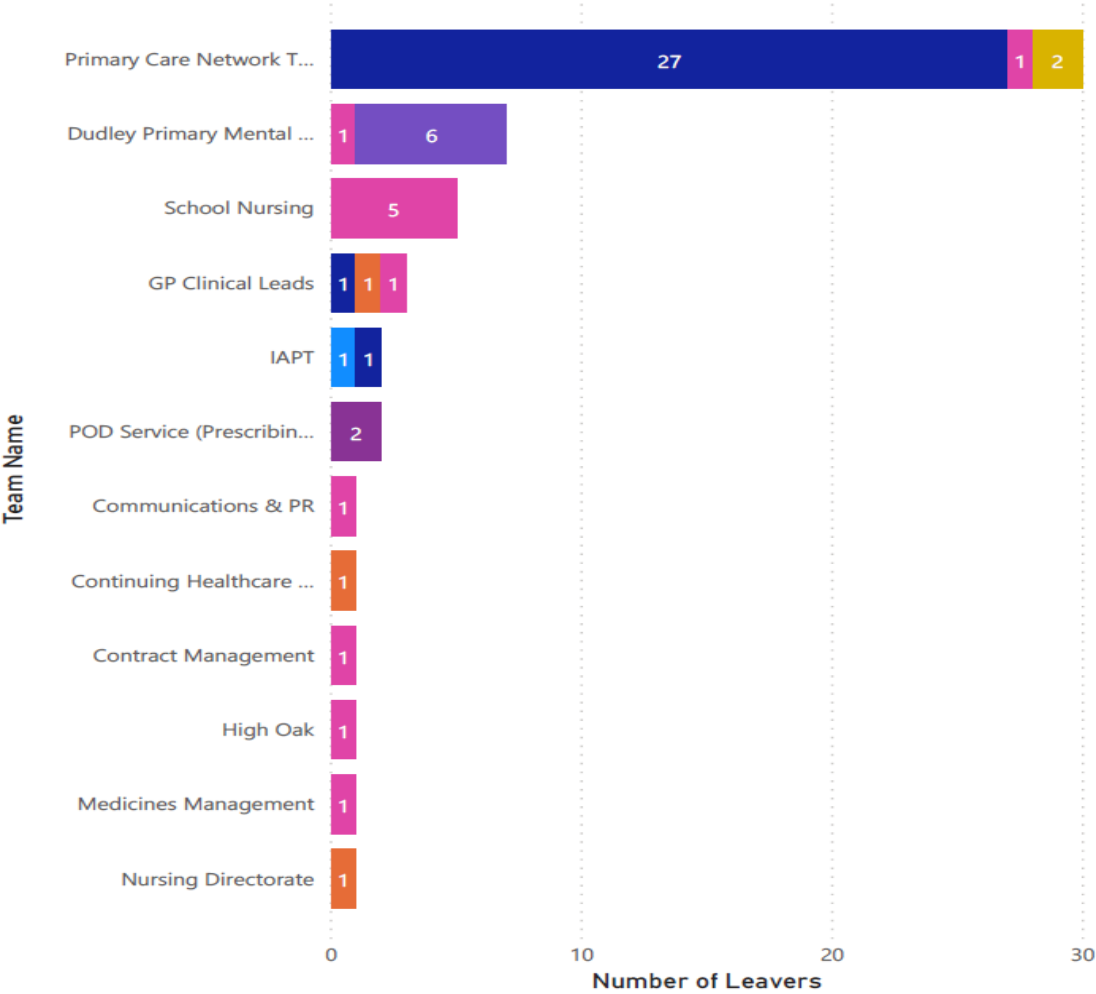
Vacancies by Team – Month 7

This is the organisations current understanding level of vacancies.

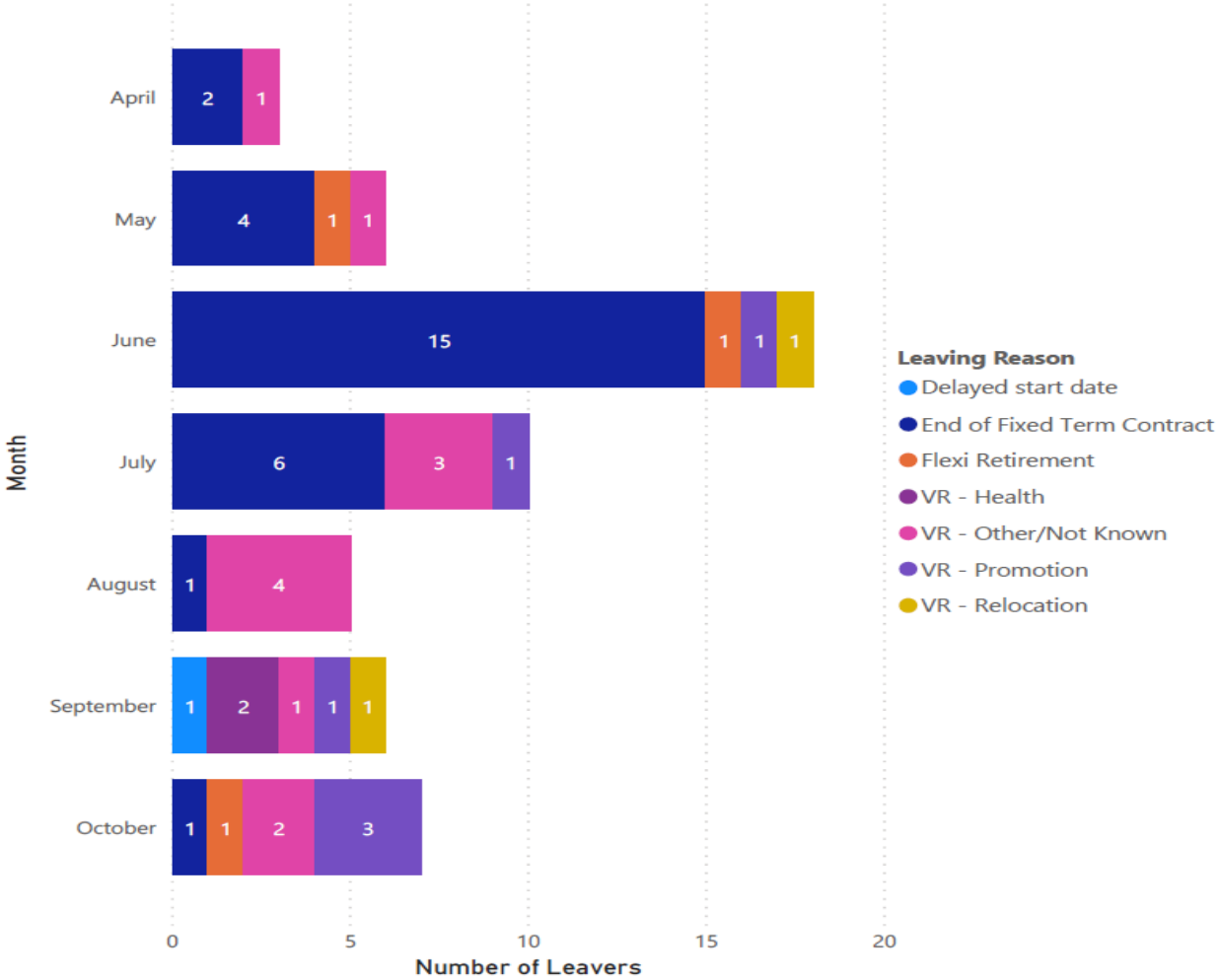
Cost Centre	Number of Vacancies	Comments
CORPORATE	34.5	The recruitment plan was finalised by the Executive team on the 10th August 2021. The vacancies within the corporate team are being recruited to inline with new corporate structures.
CONTINUING HEALTHCARE AND INTERMEDIATE CARE	2	At the offered stage
DUDLEY PRIMARY CARE MH TEAM	5.7	3.4 posts are out for advert and 1 post is out to offer. The other posts are still to be advertised.
HIGH OAK PRACTICE	2	These posts are out for advert.
IAPT	3	1 post is at employment check stage and 2 post to be advertised.
MEDICINES MANAGEMENT	0.22	This post is awaiting to be advertised.
PCN	4	All posts are at interview or offer stage.
SCHOOL NURSING	1.38	1 post at the offer stage,
Total	52.8	

Leavers by Reason

Leavers by Reason & Team



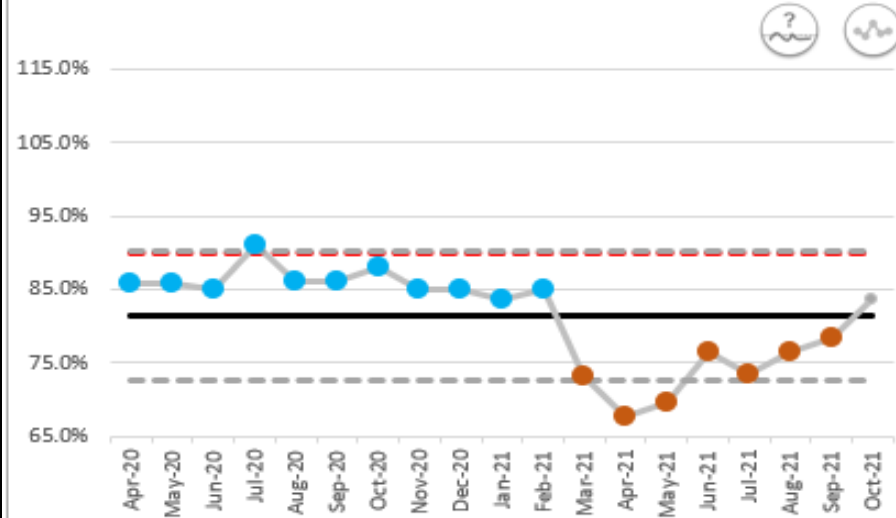
Leavers by Reason & Month



* VR – Voluntary Resignation

HR - Training Summary

Development - Training Compliance %



Latest Data

Oct-21

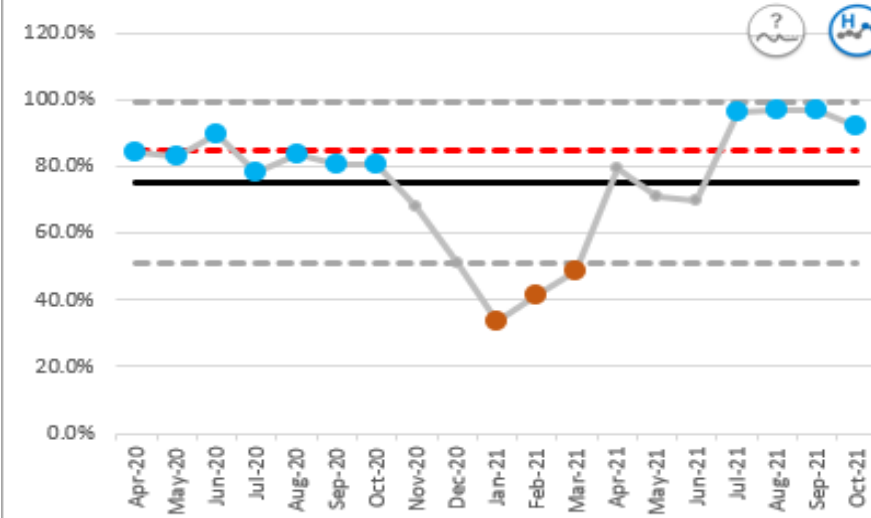
Performance

Common cause variation, no significant change.

Assurance

The system will not consistently hit or miss the target.

Development - Appraisal %



Latest Data

Oct-21

Performance

Performance is significantly improving

Assurance

The system will not consistently hit or miss the target.

Service Commentary

Actions

- There has been an overall improvement in compliance from last month across all mandatory modules. The non-complaint and due soon compliance notifications continue to be circulated with teams in order to improve the compliance rate. Feedback from the teams have proved that this strategy is useful and we will continue to provide a monthly report to service leads. Mandatory training discussed at monthly managers meeting to reinforce the need for compliance.
- Two training modules:
Clinical Risk Assessment - 3 Years
Safeguarding Adults/Children Level 3 - 1 Year
are classroom based training courses and have not been available during COVID.
- Appraisal rate has reached 92.3% in October 2021. The Appraisal figure excludes all new staff who have not reached 1 years service with DIHC. Appraisals have started for PCN staff who have now reached one year service.

- Resuscitation - Basic life support training has been booked for October and November 2021.
- Anti Racism training continues to be rolled out and additional sessions have been advertised to all managers and staff.
- Learning Disabilities training will become mandatory from April 2022 and so work is being undertaken to source appropriate training for roll out prior to this.

HR - Training Summary

Mandatory Training Compliance

Attribute	Total Compliant	Expiring Soon	Total Non Compliant	% Total Compliance
CSTF[Dementia awareness - No Specified Renewal]	48		2	96.00%
MAND[Safeguarding Adults Level 3 - 1 Year]	11	3	1	91.67%
MAND[Safeguarding Children Level 3 - 1 Year]	11	3	1	91.67%
CSTF[Health, Safety and Welfare - 3 Years]	287	4	29	90.82%
CSTF[Equality, Diversity and Human Rights - 3 Years]	286	2	30	90.51%
CSTF[Preventing Radicalisation - Prevent Awareness - 3 Years]	47	3	5	90.38%
CSTF[Safeguarding Adults (Version 2) - Level 2 - 3 Years]	102	1	13	88.70%
CSTF[Safeguarding Children (Version 2) - Level 2 - 3 Years]	102		13	88.70%
CSTF[Fire Safety - 1 Year]	278	40	38	87.97%
CSTF[Safeguarding Adults (Version 2) - Level 1 - 3 Years]	275	2	41	87.03%
CSTF[Information Governance and Data Security - 1 Year]	273	44	43	86.39%
CSTF[Infection Prevention and Control - Level 2 - 1 Year]	45	7	8	84.91%
MAND[Mental Capacity Act - 3 Years]	11		2	84.62%
MAND[Domestic Violence and Abuse - 3 years]	10		2	83.33%
CSTF[Preventing Radicalisation - Basic Prevent Awareness - 3 Years]	261		55	82.59%
CSTF[Safeguarding Children (Version 2) - Level 1 - 3 Years]	260	2	56	82.28%
MAND[Mental Health Act - 3 Years]	9	1	2	81.82%
MAND[Medicines Management Awareness - 3 Years]	7	1	2	77.78%
CSTF[Moving and Handling - Level 1 - 3 Years]	238	6	78	75.32%
CSTF[Infection Prevention and Control - Level 1 - 3 Years]	223	18	93	70.57%
CSTF[NHS Conflict Resolution (England) - 3 Years]	7	1	5	58.33%
MAND[Clinical Risk Assessment - 3 Years]	11	2	21	34.38%
CSTF[Resuscitation - Level 2 - Adult Basic Life Support - 1 Year]			12	
Total	2802	140	552	83.54%

- The above charts show the breakdown of total compliance by training module and directorate.
- In order to meet the 90% training compliance target, we need to focus our attention on those modules highlighted by the red squares.
- Two training modules:
 - Clinical Risk Assessment - 3 Years
 - Safeguarding Adults/Children Level 3 - 1 Year
 are classroom based training courses and have not been available during COVID.
- There has been an 5.1% point (p.p.) increase in key areas of mandatory training in October.

Key Competences Highlighted (in April 21) for Improvement	Apr	May	Jun	Jul	Aug	Sept	Oct	% (p.p.) Increase
NHS CSTF Health, Safety and Welfare - 3 Years	73.0%	83.3%	88.0%	92.0%	82.8%	84.9%	90.8%	5.9%
NHS CSTF Equality, Diversity and Human Rights - 3 Years	72.2%	82.1%	87.6%	91.6%	84.2%	84.9%	90.5%	5.6%
NHS CSTF Fire Safety - 1 Year	66.5%	77.9%	82.6%	85.9%	78.2%	83.0%	88.0%	5.0%
NHS CSTF Moving and Handling - Level 1 - 3 Years	65.0%	74.5%	79.5%	82.3%	71.2%	71.5%	75.3%	3.8%
NHS CSTF Information Governance and Data Security - 1 Year	63.1%	76.8%	82.6%	83.9%	78.2%	81.4%	86.4%	5.0%
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	43.3%	56.7%	64.5%	68.7%	62.1%	65.1%	70.6%	5.5%
Total Compliance %	63.9%	75.2%	80.8%	84.1%	76.1%	78.47%	83.60%	5.1%

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: People Committee

Date of meeting: 23rd November 2021 (via Microsoft Teams)

Presented By: Martin Evans, Non-Executive Director

Significant risks/issues for escalation

- Nil

Key issues/matters discussed at the Committee

- The committee was quorate
- The committee considered the risks allocated to the People Committee and no amendments were made.
- Staff survey - the committee were updated that 57% of staff had completed the survey to date, with only a few days remaining. The committee recognised that this was a very positive response rate.
- Organisational development – The committee considered the key actions that had resulted from the Staff Away Day and the conversations and potential solutions agreed at the following Trust Board Development day. It was agreed that the development activities would be captured within an action plan and progress monitored via the People committee.
- The workforce performance report was reviewed.
- Assurance was provided in relation the reasons for both the % Turnover levels and monthly sickness levels which were showing as 'special cause for concern' within the report.
- An improvement of 5.1% in Mandatory training compliance levels was welcomed by the committee but it was recognised that there is still much more work to do. The committee requested that this remains a priority for the Executive team and that individual Executive Directors take responsibility for overseeing any required improvements in compliance levels within their respective directorates.
- The committee was provided with an update on the progress in the development of the Trust's HR policies. Assurance was provided that there is sufficient resource capacity to carry out the required work in a proportionate way and that there is an appropriate prioritisation plan in place with key timelines. The committee will continue to monitor progress against the plan.
- The committee reviewed and approved the refreshed People and Organisational Learning & Development Strategy 2021 – 2023.
- Staff Wellbeing - the committee reviewed the Occupational Health and Employee Assistance Programme quarterly update report. Assurance was provided that appropriate KPI's for both services are being achieved.

	<ul style="list-style-type: none"> • The committee discussed and were supportive of the introduction of a car lease scheme as a benefit for staff which requires review and approval by the Finance, Performance and Digital Committee as well as confirmation of agreement by the collective Executive Team. • The committee reflected on how 'patient focused' the meeting was and although it was evident throughout the majority of the meeting it was recognised that there was more that the committee could do. This focus will be developed over the next few meetings.
Decisions made by the Committee	<ul style="list-style-type: none"> • Approved the People and Organisational Learning & Development Strategy 2021 – 2023
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	No specific implications identified
Items/Issues for referral to other Committees	<ul style="list-style-type: none"> • Staff Car Lease Scheme proposal to be considered by the Finance, Performance and Digital Committee.

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TITLE OF REPORT:	Equality, Diversity and Inclusion Committee
PURPOSE OF REPORT:	To report on discussions at the EDI Committee.
AUTHOR OF REPORT:	Paul Assinder, Chief Executive Officer
DATE OF MEETING:	7 December 2021
KEY POINTS:	<p>The EDI Committee met on 11th November 2021. Key points to note are as follows:</p> <ol style="list-style-type: none"> 1. The Committee is keen to learn from the first hand learned experiences of members of staff, service users and their carers. At this meeting Committee members were joined by a local adult service user who has significant learning disabilities and the local authority staff member who provides daily specialist support to this gentleman. <ol style="list-style-type: none"> a. Both 'visitors' presented an inspirational story of how the NHS and care 'system' inadvertently militates against someone with learning disabilities, particularly during Covid (with its emphases on IM&T, email, smartphone applications etc). b. Isolation during lockdown was a major detrimental impactor on this gentleman's mental wellbeing and led him to contemplate suicide on more than one occasion. c. The overwhelming impression this presentation left on the group was the need to consider the individual resident in policy decisions, even when these are taken at pace for the greater good. d. Of note in addition was the impressively 'holistic' approach to all aspects of care (physical, spiritual, mental, financial etc) provided by our local carers. 2. The Committee reviewed the Trust's approach to training in EDI matters and again commended that such training should be mandated for senior staff members. 3. The Committee also received an update upon the state of ethnicity and other coding of clinical activity. This is essential to gauge the

	<p>extent to which the different needs of local communities are known and being met by the Trust.</p> <p>4. Finally, following meeting now for 12 months following formation, the Committee agreed to revisit and refresh the very outline EDI Strategic objectives to which the Trust has been pursuing. We are launching a full refresh of a 2022/23 EDI Strategy at a dedicated meeting in December for consideration by People Committee and Full Board in due course.</p>
RECOMMENDATION:	The Board is asked to note the report.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	No
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

Finance and Performance Report

Reporting period: April 2021 to October 2021

Reporting to: November 2021 Finance, Performance and Digital Committee

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

Contents

• Finance Dashboard	Page 3
• Income and Expenditure Summary	Page 4
• Balance Sheet Reporting	Page 5
• Better Payment Practice	Page 7
• Performance Scorecard	Page 8
• IAPT Performance	Page 9

Finance Dashboard

The finance dashboard shows performance against the key financial metrics for Dudley Integrated Health and Care NHS Trust for the period to October 2021. The dashboard includes the measures relating to the key indicators from the NHS Oversight Framework.

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	0.0	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)	87 Days	1
I&E Margin Rating	I&E surplus or deficit/total revenue	>1%	1-0%	0-(1)%	<(1)%	0.01%	2
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)%	100.00%	1
Agency Rating	Distance from providers cap	<0%	0%-25%	25-50%	>50%	-45.55%	1
Overall Score						2	
Local Finance Indicators		Green	Amber	Red		RAG	
Expenditure - Pay	Variance to plan	>0%	(2)-0%	<(2)%		-28.6%	
Expenditure - Non Pay	Variance to plan	>0%	(2)-0%	<(2)%		-11.1%	
Income	Variance to plan	>0%	(2)-0%	<(2)%		23.3%	
BPP - no. of payments - NHS	Better Payment Practice Code - Number of payments made on time	>95%	75-95%	<75%		100.0%	
BPP - no. of payments - Non NHS	Better Payment Practice Code - Number of payments made on time	>95%	75-95%	<75%		100.0%	
BPP - value of payments - NHS	Better Payment Practice Code - Value of payments made on time	>95%	75-95%	<75%		100.0%	
BPP - value of payments - Non NHS	Better Payment Practice Code - Value of payments made on time	>95%	75-95%	<75%		100.0%	

Capital Service Cover measures the ability to pay for financial obligations such as loan principal and interest repayments. The YTD operating surplus does not cover the principal and interest elements of the loan from Black Country Healthcare NHS Foundation Trust.

Liquidity rating shows that the Trust has enough cash to cover 87 days of operating costs. This is as a result of holding around £1.7m cash which relates to loan funding received from Black Country Health in 2020/21. A payment was made on 1st October 2021 to repay £567k of capital on this loan.

I&E margin is positive as a small surplus is being reported, despite a break even plan. This is the reason for the extreme favourable distance from financial plan.

Pay costs are currently over plan, with vacancy levels being offset by the recruitment of additional ARRS staff above the budgeted level, and transfer of practice-based pharmacists from the CCG. Both ARRS and pharmacy staff increases are funded through additional **income**, leading to the favourable variance against the income plan

Non-Pay costs are over plan, as the trust is bringing forward investments in support to the full business case and trust expansion to utilise funding released by pay underspends within non-PCN staffing budgets.

The Trust reported 100% achievement against all **Better Payment Practice** metrics in October, and is reporting over 99% for the year to date.

Income and Expenditure Summary

Surplus/(Deficit)

The overall reported position is break-even, both YTD and forecast

In the absence of an agreed H2 plan, the forecast position currently assumes that all budgets will continue to break-even across the remainder of the H2 period, this will be updated in month 8 reporting, once the H2 system financial plan and related adjustments to the Trust's annual plan are approved

Income

A favourable variance of £168,000 is reported against income, due accrued income of £168,000 in respect of the NHS pay award. Again, this will be replaced by the agreed H2 income plan at month 8.

Expenditure

A cost centre-level breakdown of the position is included within Appendix 1 to the report, but the reasons for significant divisional variances are as follows:

- **Primary Care** Services are overspent by £108,000, due to an overspend against Local Enhanced Services where the Trust has taken on additional services from the CCG. Budget to fund the cost of these services is included in the H2 plan following agreement of the value with the CCG.
- In **Mental Health and Learning Disability** Services a high level of vacancies is causing an underspend of £346,000.
- The **Children and Young Persons** Division reports an underspend of £41,000 due to vacancies in the School Nursing team.
- **Older Adults and Re-ablement** budgets are overspent by £142,000, due to ongoing agency expenditure to cover vacancies in the Continuing Healthcare team.
- **Corporate Services** report an overspend of £299,000, with budget report underspends of £100,000 offset by additional non-recurrent investments of £400,000 in support the development of the Full Business Case and incremental expansion. As previously noted, investments are being brought forward to utilise operational underspends, and will be flexed to meet the level of available resource as this becomes apparent through the year.

	WTE Budget	WTE Worked	WTE Variance	Annual Budget £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Forecast Variance £000's
Income	0	0	0	(13,868)	(8,664)	(8,832)	168	168
Expenditure								
Primary Care	7.81	8.53	-0.72	890	572	680	(108)	(108)
PCN Services	65.51	66.42	-0.91	(141)	(83)	(69)	(13)	(13)
Mental Health & Learning Disability	77.82	62.71	15.11	3,298	1,924	1,578	346	346
Children & Young People	29.07	25.94	3.13	1,224	714	673	41	41
Older Adults & Reablement	22.61	21	1.61	1,046	610	752	(142)	(142)
Pharmaceutical & Public Health	13.33	40.59	-27.26	1,195	697	690	7	7
Corporate Services	49.28	39.01	10.27	6,357	4,229	4,528	(299)	(299)
Total Expenditure	265.43	264.2	1.23	13,868	8,662	8,830	(168)	(168)
Surplus/(Deficit)							0	0

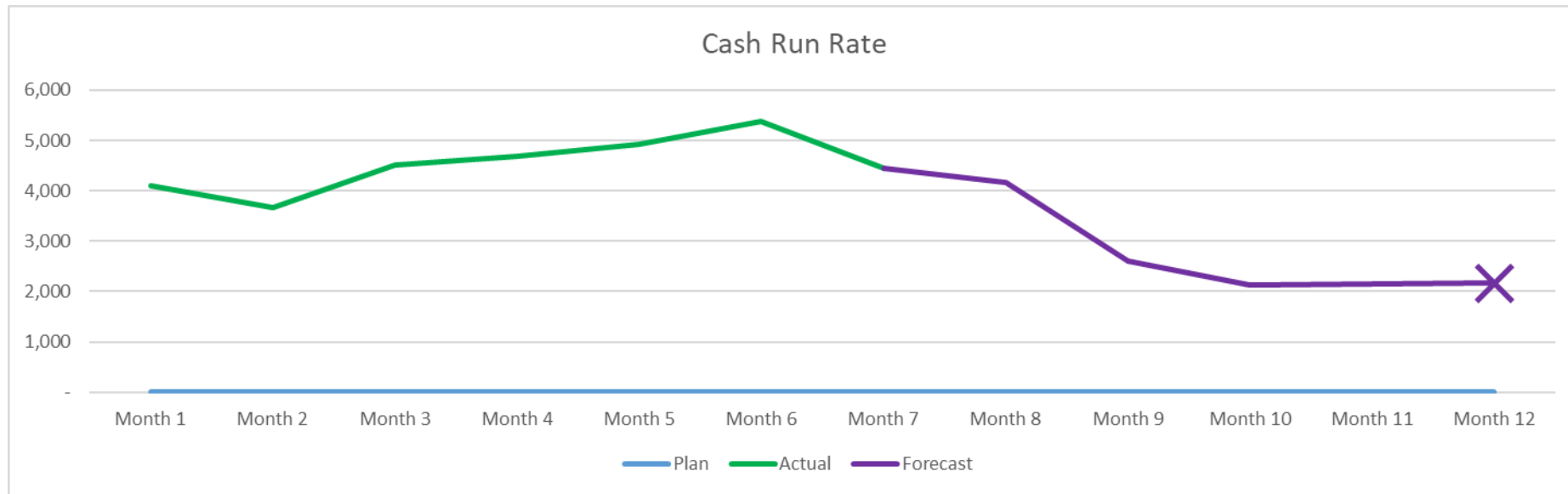
Balance Sheet Summary

	Actual Closing 2020/21	Actual May-21 Closing	Actual Jun-21 Closing	Actual Jul-21 Closing	Actual Aug-21 Closing	Actual Sep-21 Closing	Actual Oct-21 Closing	Month on Month Movement
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Non-current assets								
Intangible assets	-	-	-	-	-	-	-	-
Property, plant and equipment	38	34	33	32	31	30	29	(1)
Other investments / financial assets	-	-	-	-	-	-	-	-
	38	34	33	32	31	30	29	(1)
Current assets								
Inventories	-	-	-	-	-	-	-	-
NHS receivables	1,238	2,604	735	810	603	390	723	333
Non-NHS receivables	686	23	842	976	1,406	1,159	1,663	504
Other current assets	-	-	-	-	-	-	-	-
Cash and cash equivalents	4,097	3,671	4,510	4,676	4,923	5,389	4,443	(946)
	6,021	6,298	6,087	6,462	6,932	6,938	6,829	6
Current liabilities								
Capital trade payables	-	-	-	-	-	-	-	-
Revenue trade payables	(2,777)	(3,146)	(2,820)	(3,280)	(3,781)	(4,325)	(3,646)	679
Borrowings	(1,133)	(1,133)	(1,133)	(1,133)	(1,133)	(1,133)	(1,133)	-
Deferred income	(333)	(587)	(714)	(593)	(573)	(545)	(1,132)	(587)
Other financial liabilities	-	(207)	(197)	(233)	(225)	(281)	(263)	18
Provisions	-	-	-	-	-	-	-	-
	(4,243)	(5,073)	(4,864)	(5,239)	(5,712)	(6,284)	(6,174)	(572)
Net Current Assets	1,778	1,225	1,223	1,223	1,220	654	655	(566)
Non-current liabilities								
Capital payables	-	-	-	-	-	-	-	-
Revenue payables	-	-	-	-	-	-	-	-
Borrowings	(1,700)	(1,133)	(1,134)	(1,134)	(1,134)	(567)	(567)	-
Deferred Income	-	-	-	-	-	-	-	-
Other financial liabilities	-	-	-	-	-	-	-	-
Provisions	(27)	(27)	(27)	(27)	(27)	(27)	(27)	-
	(1,727)	(1,160)	(1,161)	(1,161)	(1,161)	(594)	(594)	567
Total Net Assets Employed	89	99	95	94	90	90	90	-
Financed by								
Public dividend capital	2,321	2,321	2,321	2,321	2,321	2,321	2,321	-
Revaluation reserve	-	-	-	-	-	-	-	-
Other reserves	-	-	-	-	-	-	-	-
Income and expenditure reserve	(2,232)	(2,222)	(2,226)	(2,227)	(2,231)	(2,231)	(2,231)	-
Total Taxpayers' Equity	89	99	95	94	90	90	90	-

Check

- The overall net assets position is broadly static in this financial year, reflecting the I&E position reported as at M7.
- The cash position continues to be healthy at £4.4m. There are a number of planned investments which are yet to be transacted, which will bring the cash position down to around £2.2m by M12.
- The increase in receivables is mainly as a result of invoices for staff recharges to PCNs.
- The decrease in revenue payables is as a result of a payment made on 1st October 2021 against the loan with BCH FT.

Cashflow Forecast

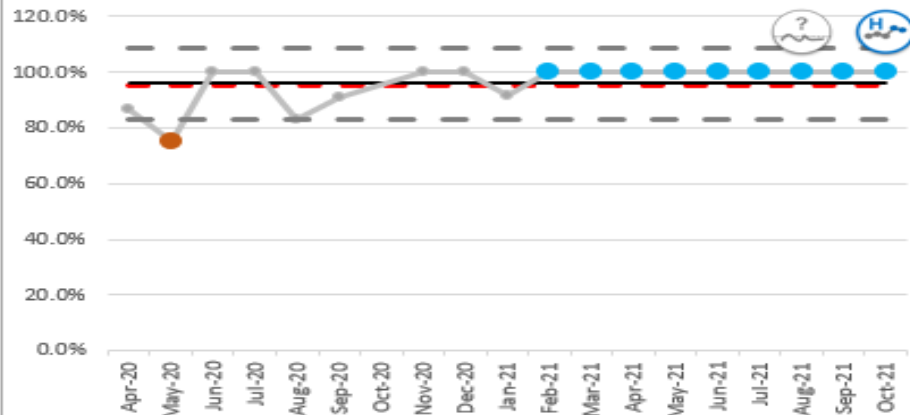


- The cash position is expected to reduce further by the end of the year due to expected settlement of costs which have been accrued for, including several planned investments.
- The forecast position still represents a healthy balance which will still provide the Trust with a significant favourable liquidity cover rating.

Better Payment Practice Code

Finance - Better Payment Practice Code

Number of NHS Payments



Latest Data	Target
Oct-21	95%

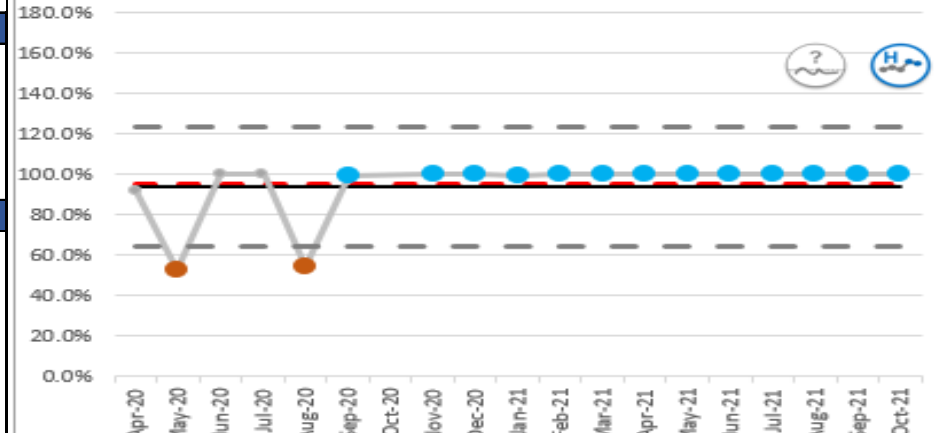
Performance

Performance is significantly improving.

Assurance

The system will not consistently hit or miss the target.

Value of NHS Payments



Latest Data	Target
Oct-21	95%

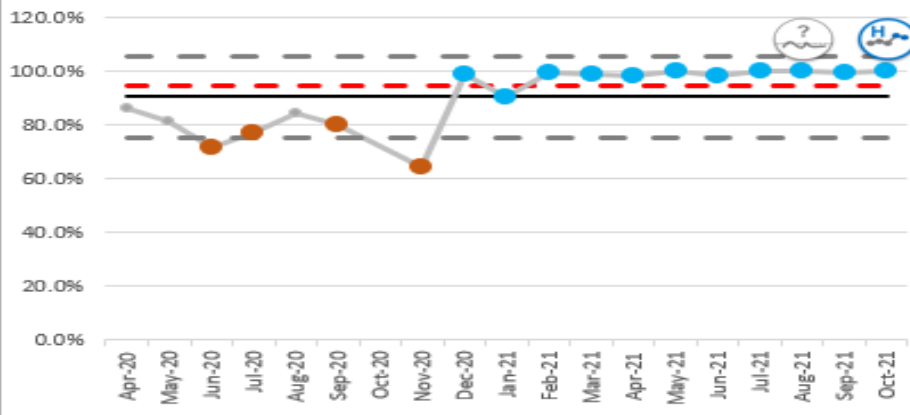
Performance

Performance is significantly improving.

Assurance

The system will not consistently hit or miss the target.

Number of Non NHS Payments



Latest Data	Target
Oct-21	95%

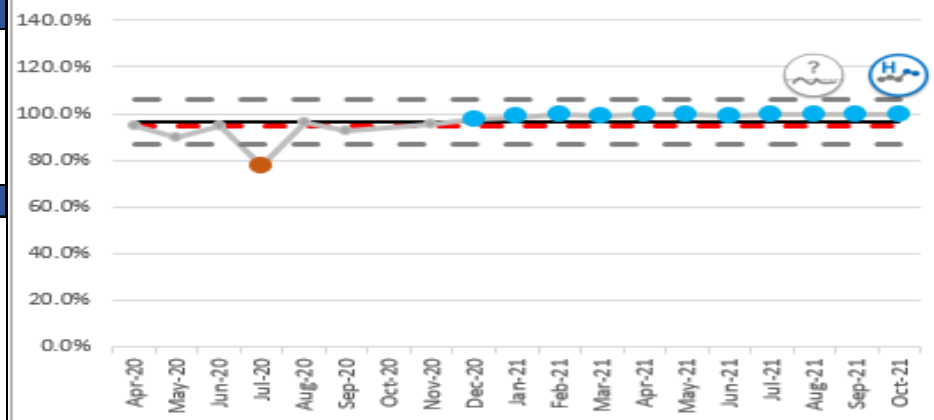
Performance

Performance is significantly improving.

Assurance

The system will not consistently hit or miss the target.

Value of Non NHS Payments



Latest Data	Target
Oct-21	95%

Performance

Performance is significantly improving.

Assurance

The system will not consistently hit or miss the target.

Dudley Integrated Health and Care Trust Scorecard 2021/22

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Number of Service Users Referred for Psychological Therapies	Oct 21	791	0			624	401	847
Access Rate as a Proportion of Prevalence (Cummulative)	Oct 21	11.0%	24.7%					
Access Rate as a Proportion of Prevalence	Oct 21	1.6%	2.1%			1.4%	0.8%	2.1%
% of Service Users Entering Treatment	Oct 21	71.0%	100.0%			84.7%	47.6%	121.7%
% of Service Users Who Complete Treatment Who Are Moving to Recovery	Oct 21	45.3%	50.0%			44.4%	27.8%	61.0%
% of Service Users Who Are Treated Within 6 Weeks of Referral	Oct 21	94.1%	75.0%			97.3%	95.2%	99.4%
% of Service Users Who Are Treated Within 18 Weeks of Referral	Oct 21	98.9%	95.0%			98.6%	96.2%	101.0%
90+ Day Wait Between 1st and 2nd Appt	Oct 21	2.7%	10.0%			5.9%	-3.6%	15.3%

Key

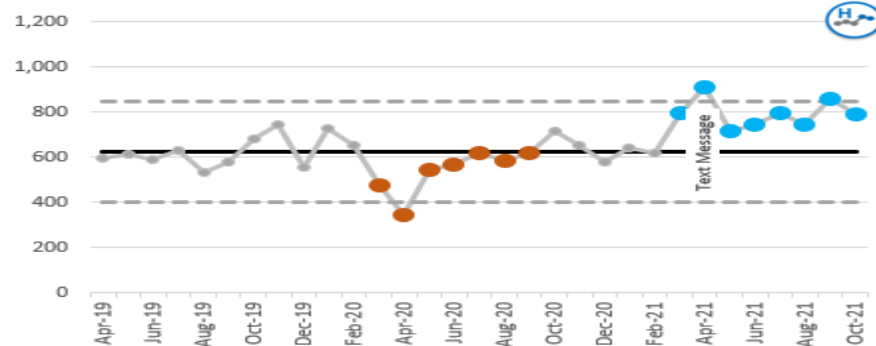
Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the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

Key points to note:

- The control limits have been set to pre-covid levels.
- The August and September IAPT figures have been refreshed following the national submission. The October figures are Indicative figures.

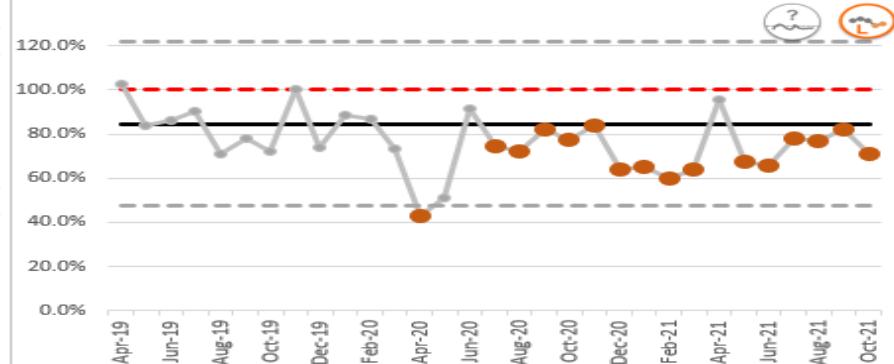
IAPT - Summary

Number of Service Users Referred for Psychological Therapies



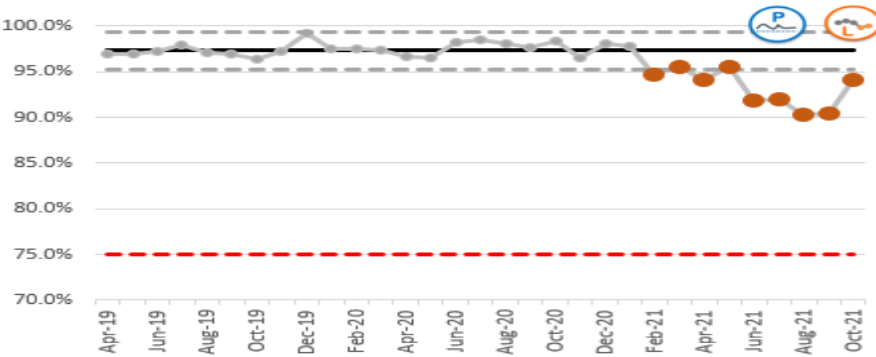
Latest Data
Oct-21
Indicative Figures
Performance
Performance is significantly improving.
Assurance
The target has not yet been agreed

% of Service Users Entering Treatment



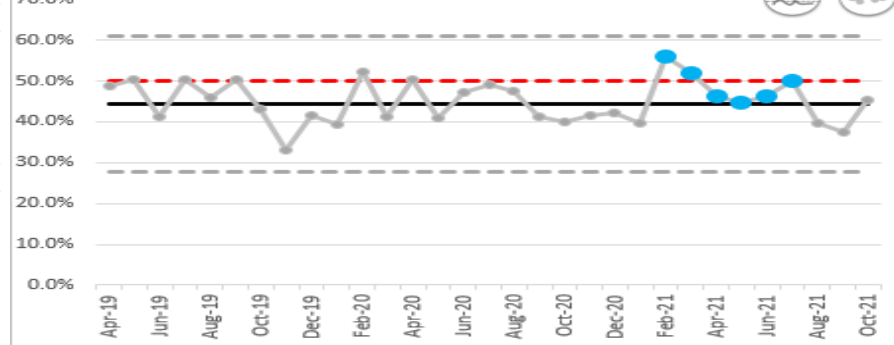
Latest Data
Oct-21
Indicative Figures
Performance
Special cause of concern. This occurs when performance is deteriorating.
Assurance
The system will not consistently hit or miss the target.

% of Service Users Who Are Treated Within 6 Weeks of Referral



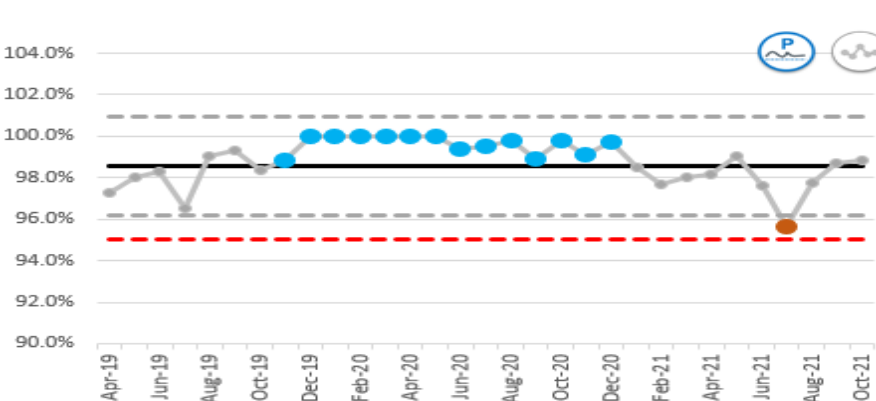
Latest Data
Oct-21
Indicative Figures
Performance
Special cause of concern. This occurs when performance is deteriorating.
Assurance
The system is capable and will consistently pass the target.

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



Latest Data
Oct-21
Indicative Figures
Performance
Common cause variation, no significant change.
Assurance
The system will not consistently hit or miss the target.

% of Service Users Who Are Treated Within 18 Weeks of Referral



Latest Data
Oct-21
Indicative Figures
Performance
Common cause variation, no significant change.
Assurance
The system is capable and will consistently pass the target.

Service Commentary

- The Triage process has returned to the IAPT team and staffing is being addressed.
- The impact of the introduction of a First Contact Practitioner for Mental Health in each PCN will also be reviewed. The DIHC early implementer FCP role. evaluation has shown that approximately 25% of patients seen are referred on to the IAPT service.
- The ICS Mental Health Programme Board have recognised the difficulties in achieving the IAPT performance targets across the Black Country due to other services that are available to patients. Access targets are not being enforced for the rest of the financial year to address waiting times.
- Those entering treatment remains low due to a number of no shows for high assessment. This is being investigated further by the service.
- The 6 weeks target is improving, and further agency staff are being sourced to support this.
- Recovery rates are improving as treatment engagement improves
- Trainees are now in post and beginning university. Substantive posts should be in place by the end of December. Further posts are currently at advert.

Actions

- August and September data has been refreshed as per the national submission timetable.
- The design of the delivery of mental health services within DIHC continues to be under review.
- 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.

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Finance, Performance and Digital Committee

Date of meeting: 17th November 2021 (via Microsoft Teams)

Presented by: Ian Buckley, Non-Executive Director

Significant risks/issues for escalation

None identified

Key issues/matters discussed at the Committee

- The committee received the Finance and Performance report related to the period April to October 2021
- The Trust is reporting a break-even position to month 7, and forecasting this to continue across the financial year as a whole
- Better Payment Practice Code is being achieved for both NHS and Non NHS payments, with 100% in-month achievement against all standards and over 99% year to date.
- 71% of the IAPT target was achieved in October 2021
- All IAPT waiting time targets were achieved
- The recovery target was missed in October with 45.3% of people completing treatment moving to recovery
- The committee received the updated annual financial plan for approval following delegated authority being given by the Board in November 2021
- The committee were assured by the Digital progress update, however reiterated the need to ensure that existing services have appropriate equipment to undertake their roles.
- The committee reviewed the corporate risk register and agreed to close the risk regarding the EMIS go live for the school nurses service following the successful implementation of the system. It was agreed that the Digital Strategy Group would monitor any business-as-usual risks for the system and escalate to FPD committee if required
- The committee received a business case for the implementation of an erostering system.

Decisions made by the Committee

- The committee were assured by the finance and performance report, the IG update and the digital Progress report
- The committee approved the updated annual financial plan for 2021/22 following notification of the H2 allocation
- The committee decided that the erostering business case should be amended to reflect that the licenses are bought in two phases (Phase 1 – existing staff and Phase 2 - future service transfers). The committee also recommended that the case should be reviewed by the

	Digital Strategy Group and presented back to FPD committee in December for final approval.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	No specific implications identified
Items/Issues for referral to other Committees	None identified

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Primary Care Integration Committee

Date of meeting: 17th November 2021

Presented By: Dr George Solomon, Non-Executive Director

Significant risks/issues for escalation

- None

Key issues/matters discussed at the Committee

1. The Committee held a development session on the 17th November 2021 that was facilitated by The Value Circle.
2. The development session was focussed on the primacy of general practice in the DIHC model of care, and ways in which this relationship can be enhanced and developed.
3. The Committee received an overview of the private Board meeting held on 2nd November in relation to supporting and developing primary care.
4. The Committee received an update on the presentation provided to The Dudley Group of Hospitals NHS Foundation Trust Board by Daniel King and Dr Simon Hughes.
5. The Committee received an update on the current nature of support being provided to General Practice and Primary Care Networks (PCN) i.e.
 - a. DIHC employs and provides all Additional Role Reimbursement Services (ARRS) on behalf of PCNs
 - b. DIHC has entered into a management arrangement to effectively operate a practice on behalf of the GMS contract holders, with a view to assuming full responsibility subject to the CCG awarding an Alternative Personal Medical Services (APMS) contract to DIHC
 - c. DIHC has employed the Clinical Director for Brierley Hill and Amblecote PCN and is providing management support to enable the PCN to deliver its contracted functions
 - d. DIHC has provided support to practices at the request of the CCG and has worked with one practice to address a CQC warning notice by developing and supporting an implementation
6. The Committee discussed the requirements for a Primary Care function going forward, and the unique position that DIHC has in providing these functions going forward.
7. The PCN Clinical Directors stated their ongoing commitment and support for the DIHC model of care addressing the issues related to the sustainability of Primary Care.

	<p>8. The PCN Clinical Directors also gave their support to DIHC defining its primary care functions and infrastructure.</p>
Decisions made by the Committee	<ul style="list-style-type: none"> It was agreed that the Dan King, Phil Cowley and Dr Lucy Martin would work with Value Circle to present a proposal to the Board in February 2022 on the Primary Care functions and infrastructure to be developed within DIHC.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	<ul style="list-style-type: none"> None identified
Items/Issues for referral to other Committees	<ul style="list-style-type: none"> None

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Transaction and Transformation Committee

Date of meeting: 9th November 2021 (via Microsoft Teams)

Significant risks/issues for escalation

None identified

Key issues/matters discussed at the Committee

- The committee reviewed the Board Assurance Framework and the Transaction Committee risk register and reviewed a number of the risks in relation to the impact of current delays on DIHC. The risk register will be updated accordingly. A summary of DIHC risks will be shared with NHSI to inform the next Regional Support Group.
- The committee received an update on ongoing dialogue with NHSI and system partner colleagues. Strategic Clinical Leadership Groups have been set up separately with DGFT and BCH colleagues. The Strategic Clinical Leadership Group with BCH colleagues is making good progress with three clinical workstreams on children's, mental health and learning disabilities underway. The Strategic Clinical Leadership with DGFT colleagues has been put on hold whilst a set of three clinical summit meetings take place to reach clinical agreement on the integrated care model for the Dudley population. Transfer planning of children's services, and staff engagement with the staff transferring from Black Country Healthcare NHS Foundation Trust is actively underway. The transfer of all services is subject to the successful completion of a business case which will be subject to the necessary assurance processes. The business case will be finalised to reflect the output of the clinical summit meetings which are taking place in January. The committee agreed that the priorities for DIHC remain which are to ensure the continued delivery of high quality existing services allowing a sustainable model for primary care in Dudley, building relationships and trust in the system, to maintain a sustainable organisation and to focus on the development of the Dudley place with system colleagues in line with ICS development plans.
- The committee were advised that the next panel meeting with the Clinical Senate has been put on hold until after the outcome of the system clinical summit meetings which are planned to take place in January.
- The committee approved the revised Business Case Engagement Forum Terms of Reference. This meeting will now be called Senior Oversight Group and will have reduced membership including primary care, and the Chief Executive, Medical Director and Executive Lead

	<p>for the transaction from each NHS organisation. There will also be representation from the CCG.</p> <ul style="list-style-type: none"> • The committee received the presentation of the financial due diligence report and were assured that no significant risks had been identified during the detailed review by the Finance and Performance Committee. • The committee approved the terms of reference for the Programme Board which is being established from January to support the new programme arrangements. The committee also received assurance on the progress with regards to the revised programme arrangements. • The Director of Finance provided the committee with an update on the system financial model that is being developed, and advised of the system input into the discussions and transparency that was being shared by DIHC. • The committee were advised that the month of November was being used for a set of business case chapter workshops to receive feedback following external review by NHSI, The Value Circle and PA Consulting. The session have also been used to facilitate discussions on work to be included in the development of the Post Transaction Integration Plan. • The committee stressed the importance in ensuring that staff across the system are being kept abreast of developments and timescales. The committee were informed that the communications leads across the Dudley system meet on a fortnightly basis and they will agree a message that will be agreed by all Chief Executives that can be shared with all staff for consistency.
Decisions made by the Committee	<ul style="list-style-type: none"> • None.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	<p>None identified.</p>
Items/Issues for referral to other Committees	<p>None identified.</p>

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Audit and Risk Committee

Date of meeting: 22nd November 2021 (via Microsoft Teams)

Presented by: David Gilburt, Non-Executive Director

Significant risks/issues for escalation	None identified
Key issues/matters discussed at the Committee	<ul style="list-style-type: none"> • The Committee was well attended and quorate • The Committee reviewed the Board Assurance Framework and Corporate risk register • The Committee received a progress update on the implementation of the external audit recommendations identified during 2020/21 • The Committee received a verbal update which confirmed there are no losses and compensation to report at this stage of the financial year • The Committee received a comprehensive progress report in relation to the development of policies • Three internal audit reports were received for assurance <ul style="list-style-type: none"> ○ Financial Governance – Full Assurance ○ Financial Systems – Significant Assurance ○ H&S arrangements – Moderate Assurance • The Committee received a verbal update from the External Auditors for assurance • The Committee received a counter fraud progress report which provided assurance in relation to the proactive work being undertaken and confirmation that there are no fraud incidents to report in this financial year • The National Fraud Initiative 2020/21 closure report concluded that matches appearing for the Trust have a legitimate explanation and there has been no fraud or error
Decisions made by the Committee	<ul style="list-style-type: none"> • The Committee were assured by the reports received
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	No specific implications identified
Items/Issues for referral to other Committees	None identified

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TITLE OF REPORT:	Feedback from Staff Away Day
PURPOSE OF REPORT:	To update the Board on the outputs from the DIHC Staff Away Day on 21 st October 2021 and the discussion at Trust Board Development on 19 th November 2021 and the People Committee on 23 rd November 2021.
AUTHOR OF REPORT:	Stephanie Cartwright, Director of Strategy, People and Partnerships
DATE OF MEETING:	7 th December 2021
KEY POINTS:	<p>The DIHC Staff Away Day took place on Wednesday 20th October 2021. The day consisted of two repeated sessions, one in the morning and one in the afternoon, providing all staff with the opportunity to attend.</p> <p>The Staff Away Day was designed exactly the way that staff wanted it. The staff asked for:</p> <ul style="list-style-type: none"> • Honesty about the direction of travel for DIHC • An opportunity to discuss openly any opportunities and challenges • A chance to see colleagues face to face • An opportunity to understand which teams are in DIHC and what each does • An opportunity to be involved in the development of DIHC <p>The agenda was developed accordingly to ensure that all of the above was covered in both sessions.</p> <p>The feedback from the day was overwhelmingly positive with staff commenting that they felt uplifted, valued, inspired, energised and excited for the future. The only negative feedback was that the sessions were not long enough.</p> <p>A number of discussions took place on group tables and all of the feedback from the flipcharts was collated and typed up. This has been themed and has been reviewed by both People Committee and also by the Trust Board during a development session. A number of actions are already being taken forward:</p>

	<ul style="list-style-type: none"> • Communications with staff are being revised with less varied drop in sessions being replaced with two briefings a month for all staff • A rollout programme to ensure all staff have adequate IT equipment is underway • Team development sessions are available for all teams • Planning an event with GPs in the new year to showcase our teams • More events planned with staff in the new year • A plan in place to revise all policies by the end of the financial year • Expansion of and promotion of training and development opportunities • Arranging training for non-medical prescribers • Addressing estates issues • Promoting agile and flexible working • Providing a wellbeing day in the new year <p>The staff feedback was discussed at the Trust Board Development day on 19th November 2021. The Board agreed the following actions:</p> <ol style="list-style-type: none"> 1. A switch of focus so that the staff feel that the organisation is more focussed on the here and now than the future transactions. 2. Hygiene factors to be addressed for staff as soon as possible with an agreed action plan. 3. Proposal of an early implementer hub in Brierley Hill using BHHSCC to bring all DIHC teams together. 4. Recruit to critical corporate roles that need filling. 5. Ensure feedback to staff is adopted in a “you said, we did” style. 6. Produce some simplistic communications on DIHC, the services it currently provides, the integration with primary care and the planned expansion – in the form of a picture/wiring diagram 7. Organise first line management training for all with supervisory/management responsibility working with Dudley college as training provider 8. Raise the profile of DIHC and share good news stories on a regular basis 9. Ensure that each new member of staff’s first day is face to face 10. New HR/Recruitment team will have someone on site every day at Brierley Hill Health and Social Care Centre. 11. Discuss with staff teams if there are things we are doing that limit empowerment and ascertain how we create courage. 12. NEDs to adopt the role of friend to the teams and critical friend to the executive team. 13. Commitment to invite staff to join the Board at a future development session to provide their lived experience. 14. Discussion at board on outputs from the away day (public session), after testing out the solutions out with staff that the summary fits with their needs. Solutions will be tested out with
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	<p>staff at the development with Steph meeting on 25th November, and also during the Christmas team visits on 7th December.</p> <p>15. Commitment to demonstrate a narrative with actions with increased focus on the Dudley patients.</p> <p>16. Reflect on how DIHC structures its Board and committee meetings, and also how papers are written, to ensure that value to the patient is demonstrated.</p> <p>17. Reduce considerably the narrative with regards to completion of an FBC with staff.</p> <p>The actions were discussed at People Committee on 23rd November 2021 and it was agreed that the action plan would be held and reviewed by the People Committee to ensure pace and completion of actions. The Committee also agreed for the Trust Head of Communications, Engagement and Partnerships to test out through Staff Forum members whether the actions are familiar and are the ones that staff would expect to see as the output.</p>
RECOMMENDATION:	<p>To note the summary of the away discussions and to proposed solutions following discussion at Board Development day on 19th November 2021 and People Committee on 23rd November 2021.</p> <p>Reflect through People Committee on actions followed, and combine with results from staff survey for further consideration.</p>
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>