

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TUESDAY 1st MARCH 2022
09:30am – 12:00pm
Dudley College Institute of Technology
The Broadway
Dudley
West Midlands, DY1 4AS

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	09.30
	1.1 Apologies	To Receive	Verbal	Mr H Turner	
	1.2 Declarations of Interest	To Receive	Verbal	Mr H Turner	
	1.3 Board of Directors' Register of Interests	To Receive	Enclosure 1.3	Mr H Turner	
	1.4 Public Board Minutes – meeting held on 1 st February 2022	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				
	2.1 Winter Hub	For Information	Verbal	Joanne Taylor Jodie Jones	09.35
3.	Standing Items				10.00
	3.1 Chair's Update	For Information	Verbal	Mr H Turner	
	3.2 Chief Executive's Report	For Information	Enclosure 3.2	Mrs P Harris	
	3.3 Agenda for Part Two – Private Board	For Information	Enclosure 3.3	Mr H Turner	
Our Services					
4.	Board Assurance Framework & Corporate Risk Register	To Review	Enclosure 4	Ms E Doyle	10.20

Item No	Agenda Item			Presented by	Time
Delivering safe and quality services, supported by integrated governance that drives quality clinical improvements					
5.	Report from Medical Director	For Assurance	Enclosure 5	Dr L Martin	10.30
6.	Quality and Safety Performance Report	For Information	Enclosure 6	Ms S Nicholls	10.35
7.	Quality and Safety Committee Assurance Report	For Assurance	Enclosure 7	Ms V Little	10.40
The best place to work, supported by a new leadership and workforce culture, organically co-developed, together					
8.	Workforce Performance Report	For Information	Enclosure 8	Ms B Edgar	10.50
9.	People Committee Assurance Report	For Assurance	Enclosure 9	Mr M Evans	10.55
10.	Equality, Diversity and Inclusion Assurance Report	For Assurance	Enclosure 10	Ms B Lam	11:00
Doing the best with what we have, to be affordable today and sustainable tomorrow					
11.	Finance, Performance and Digital Report	For Information	Enclosure 11	Mr M Gamage/ Mr P King	11.05
12.	Finance, Performance and Digital Committee Assurance Report	For Assurance	Enclosure 12	Mr I Buckley	11.15
13.	Green Plan 2022-25 (3-year Action Plan)	For Approval	Enclosure 13	Ms E Doyle/ Mr M Nicklin	11:25
Help and Empower the People of Dudley to live longer and healthier lives through fully integrated community based healthcare					
14.	Report from the Primary Care Integration Committee	For Assurance	Enclosure 14	Dr G Solomon	11.30
15.	Report from the Transformation and Strategy Committee	For Assurance	Enclosure 15	Ms S Cartwright	11:35
Governance and Assurance					
16	Report from Audit and Risk Committee	For Assurance	Enclosure 16	Mr D Gilbert	11:40
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.					
17.	Any Other Business	To Receive	Verbal	Mr H Turner	11.45
18.	Questions from the public pre-submitted	To Receive	Verbal	Members of Public	11.50
19.	Risk Review	To Receive	Verbal	Mr H Turner	12.00

19.	Date of next meeting: 5 th April 2022, 09.30 – 12.30 Black Country & Marches Institute of Technology Zoological Drive, Dudley, DY1 4AL				
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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 Gilburt	Non-Executive Director & Audit Chair	Cheshire Police Audit Committee Member	✓				Apr 2017	Mar 2024
			Muir Group Housing Association Audit Committee Member	✓				Apr 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	Chair	Chair – The Hospice Charity Partnership		✓			Aug 2021	
			Chair – The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Trust		✓			Dec 2021	
			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	
Mr	Martin Evans	Non-Executive Director	N/A						

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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
Mrs	Penelope Ann Harris	Interim Chief Executive Officer	Director of Kerr Darnley Ltd	✓				Sept 2013	
			Specialist Consultant for PwC	✓				Dec 2021	
Mr	Philip King	Chief Operating Officer	Visiting lawyer and lecturer, Birkbeck School of Law, University of London	✓				Sept 2002	
			Member of Liberty Lawyers Group		✓			Sept 2002	
			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	
Dr	Richard Bramble	Acting Joint Medical Director	GP Partner, Links Medical Practice	✓				2013	
			Shareholder, Futureproof Health	✓				2015	
			Revival Fires Church			✓		2008	

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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
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	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 1st February 2022

09:30 – 12:30 hours

Via Microsoft Teams

Present:

Mr H Turner (HT)(Chair)	Chairman, DIHC
Mrs P Harris (PH)	Interim CEO, DIHC
Mr I Buckley (IB)	Non-Executive Director, DIHC
Mrs S Cartwright (SC)	Director of Strategy, People and Partnerships, DIHC
Mrs E Doyle (EFD)	Trust Secretary, DIHC
Mr M Evans (ME)	Non-Executive Director, DIHC
Mr M Gamage (MG)	Interim Director of Finance, Performance and Digital, DIHC
Mr D Gilburt (DG)	Non-Executive Director 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
Mrs S Nicholls (SN)	Director of Nursing and AHPs, DIHC

In Attendance:

Mr R Dalziel	Participatory Research Officer, Healthwatch Dudley (Observer)
Mrs B Edgar (BE)	Interim Associate Director of People, DIHC
Mrs L Elliott (LE)	Executive Assistant and Governance Officer (minutes)
Ms E Gould (EG)	Dudley Talking Therapies (presenter item 2)
Ms R Wood (RW)	Business Support Officer (Observer)
Ms K Wright (KW)	Director of Public Health (Observer)
Ms Z Vale (ZV)	Dudley Talking Therapies (presenter item 2)
Mr J Young (JY)	Director of Governance and Assurance, DIHC
Dr C Pannell (CP)	Interim Matron, Older Inpatients & ESH ECT at BCHFT (Observer)

Item No.	Agenda Item
1.	Chair's Welcome
	<p>The Chair welcomed everyone to the February Public Board meeting</p> <p>1.1 Apologies</p> <p>Apologies were received from Dr Lucy Martin and Dr Richard Bramble.</p> <p>1.2 Declarations of Interest</p> <p>David Gilburt (DG) advised the board they have been asked to re-join The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust as a non executive director and will complete the required paperwork.</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 7th December 2021</p> <p>The minutes of the previous meeting held on 7th December 2021 were noted as an accurate record of the meeting.</p> <p>1.5 Action Register and Matters Arising</p> <p>PUB/OCT21/001 – A session has been planned for the 29th March 2022. CLOSED</p> <p>PUB/DEC 21/001 – MG reported this will be taken to the board in March 2022. OPEN</p> <p>PUB/DEC21/005 – BE reported that Paul Westwood to produce induction slide which will be covered in HR session. Information of Fraud awareness will be sent out to new starters, information also available on intranet and Paul Westwood will be included in an upcoming Friday round up session. CLOSED</p> <p>PUB/DEC21/006 – Car Lease scheme back to FP&D with robust discussions. PH reported that they have requested this to be taken back to exec committee for further discussions and will be taken back to board for a decision when appropriate. CLOSED</p> <p>PUB/DEC21/007 – E-Rostering - PH reported that they have requested this to be taken back to exec committee for further discussions and will be taken back to board for a decision when appropriate. CLOSED</p> <p>The Chair summarised discussions on action log and the board agreed actions to be closed and those remaining open.</p>
2.	<p>Service Story</p>
	<p>2.1 Dudley Talking Therapies</p> <p>HT welcomed Emily Gould (EG) and Zoe Vale (ZV) to present at the Board meeting. PK provided an introduction on the representatives present. PK explained that Dudley Talking Therapies (DTT) are based from Cross Street but they are mobile around the region. ZV is a mental health nurse and EG is the team manager and a CBT Therapist.</p> <p>ZV shared screen and explained the patient case study discussed today will be referred to as 'Sam' which is a pseudo name to protect the patients confidentiality. The presentation is centered around PTSD and advised the board and attendees the details can be traumatic and this should be noted.</p> <p>The patient was 40 years old and had presented with multiple trauma, recurrent depression, a highly pressured individual. ZV went through the patients past medical history and case notes noting links to patients behaviour from their childhood and discussed the patients referral timeline. A initial refer was declined for CBT as there was no previous intervention via primary care. The patient was seen on 26th May by DTT and it was agreed to use EMDR as a treatment and ZV shared a diagram and explained the difference in the diagnostic process for PTSD and C-PTSD. The patient had 15 significant events through his history which were aiding his mental health challenges.</p>

	<p>EMDR Diagnostics is different from CBT and ZV explained the reasons why and referred to the NICE guidelines for PTSD and the core stages of effective treatment for trauma.</p> <p>EMDR works on past, present and future memories and experiences and referred to the triggers which presented the patients core distress and referred to the patients brothers suicide.</p> <p>The main treatment with patient involved discussing the patients complex history, and past memories and the treatment fids if the work involved around past memories this helps adjust present and future challenges.</p> <p>Patient did attempt self harm by overdose in June 2021 following an incident at home and further work was done with the patient as in intensive basis. A brief process of CBT was undertaken</p> <p>Following the treatment plan, the patient no longer was activated by triggers, no flashbacks or nightmares following treatments and there was a clear shift in his behavioural patterns. ZV explained how the patients home and social life changed to show a clear recovery path.</p> <p>ZV displayed an MRI image pre and post treatment and explained how activated the brain is following EMDR treatment.</p> <p>HT thanked ZV for the presentation and commented for the purpose of the public audience to explain what EMDR was and ZV provided a clear explanation of its historical background. HT invited the board to ask any questions.</p> <p>BL thanked ZV for the presentation and commented that EMDR is a brand new treatment they had not heard of. Referring to health inequalities in relation to access and mental health treatments and those who may be less physiologically minded, they asked how do we adapt this therapy for the diverse population. ZV added that the treatment is quite simplistic as its about images from the patients past, its not complicated. CBT does need patients to be more physiologically minded but not for EMDR.</p> <p>Emily Gould (EG) gave further details on the diagnostic process and how DDT embeds the therapy with the persons experiences and also explained the treatment does not work for everybody. Early sessions create an understanding for the patient to grasp what DDT can offer and they go to great lengths to ensure treatment is individual.</p> <p>PK added culture sensitivity is a very good point, IAPT processes are clearly prescribed and there are ways to make it appropriate for the patients individuality. Adding the board has the wellbeing of DIHC staff as a priority and asked whether there is anything the Trust can do to ensure the DDT team remain well and happy in their roles as they listen to such traumatic information. ZV added that staff have regular treatment for therapists in place also commented that EG is very good at helping staff manage their caseloads.</p> <p>ML thanked team and advised that as a retired police officer and was national chief lead overlooking traumatic incidents (traffic etc) and was keen to understand when picking things up from patients is there two-way conversations with other organisations, lessons learned, anything missing with employers in supporting patients who are working during treatment. ZV advised that if needed they will pick up with the patients occupational health as needed to support them in their working roles.</p> <p>SC enquired about how the virtual intervention has impacted the service. ZV added that the EMDR community would have frowned upon remote working previously but having no choice it has been found to be quite effective. There is less DNA's and the self-tapping therapy has worked well as its self delivered so remote therapy doesn't affect this. ZV also advised the team were</p>
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quite use to being lone workers so from ZV's perspective her own well being, WFH has been good.

ZV also noted that there has been some clients that it has caused issues especially where their trauma lived at home and in these cases remote treatment is not appropriate and DDT have had to work around that and its also noted that some patients may not have appropriate equipment or privacy set up at home to partake in remote therapy.

GS appreciated the presentation as a local GP he has referred patients to the DDT services. GS referred to the medication (Metazapine) and how often they find medication can cause confusion the issue, does it make it worse? Additional GS enquired on the interaction with other services, how easy or difficult is it to bring other services in. ZV explained medication can stabilise the patient but a need to be mindful once they come off medication they may require top up EMDR therapy. Liaising with other services can be problematic, they often do not have access to other clinical therapy services, there is a duty system in place. Primary care service could be more helpful in this respect. There is a big gap in physiology services, the work with the case patient is not IAPT.

GL added how do we access their service and how does a clinical assess for treatment and explained a recent case they were involved in regarding an 18 year old who was at risk. MHAS did not know how to refer person any further therefore there is gaps. GL had to speak with crisis team but we need to join up the pieces as the assessment process doesn't mean people end up in the right place. PK added access and pathways is important and added that next Thursday there is a meeting with BCH to discuss this very issue. Considering first contact practitioners as a route would be good. Well proven therapy with incredible effects on people with trauma and benefits are significant compared to amount of time and effort that goes into treatment.

EG advised the referral process and also explained more IAPT or EMDR trained staff are needed and investment needed in further staff and there are 4 trained EMDR staff at present. ZV and EG working on the step 3.5 process. Its not about quick throughout but rather effective through put.

HT added the meeting PK referred would hopefully be a first step to improve this.

SN added to reflect it was an interesting presentation and see the progression of the patient through the EMDR treatment. SN added linking in on a wider perspective and m via safeguarding themes are fed up through partnership board and moving forward Trust could start to have those conversations across population health during system conversations.

BE added the impact on the family of the patient and speaks from a personal experience and believes support should be given to the extended family also so they know where to go. BE asked for Trust to consider what the service can do to support extended family of patients going through these traumas.

STC added the targets that GP's look to monitor targets around talking therapies and asked how DDT measures its success and referred to two incidents within their GP practice. ZV added when they see their patients stabilise this is a success. EG added we can all be critical of our work when we should also look at the success. Seeing patients in a couple of years later in the community and the patient gives positive feedback gives them assurance. HT added many parts of the health service how performance metrics are recorded and should measure success, how do services capture that data.

Karen Wright (KW) added it was great work and would like to enforce that prevention piece of work is important and development of integrated care and how we shift the culture having a great focus around family resilience.

	<p>HT closed the service story thanking ZV and EG for their time today and more important for what they do for the people of Dudley. HT reiterated Board is here to help and support and encouraged the DDT team to feedback anything back through their Trust contacts</p>
3.	<p>Standing Items</p>
	<p>3.1 Chair's Update</p> <p>HT advised the board that they are working with the CEO Penny Harris (PH) to look at the governance and assurance of board and committee and the board reporting process and working on a continuous programme of improvement and the board will see changes to processes and layouts as part of the improvements. HT added that if anyone is not clear or requires further clarity they should please contact either the Chair or CEO.</p> <p>The Board noted the Chairs update.</p> <p>3.2 Chief Executives Report</p> <p>PH referred the Board to CEO report within the Board papers which were noted as read.</p> <p>PH highlighted a number of items noting with the current pace of changes it has been a very busy first few weeks in role. Plans are in place to visit services every other week along with Philip King (PK) to speak with practitioners and commented that they found the time spent on visits to date very interesting and valuable in learning more about the services being delivered across DIHC.</p> <p>PH added there is plenty of time going into developing the thinking around the Trusts model of care and Cap Gemini work and it is important the board is clear on how the Trust is developing its services to support delivery of the NHS long term plan and for example the service story on early intervention and supporting delivery of services outside of the acute services.</p> <p>Reporting on the national news and changes around Vaccination as a Condition of Deployment (VCOD). PH reported that the Trust had not received any further formal guidance and the Trust continue to encourage people to have all vaccinations and will support facilitating this especially working with those who are not keen to be vaccinated. It was also noted that guidance around infection control and prevention in relation to Covid has not changed at this time.</p> <p>PH reported they were very pleased to see the vaccination work which has been recognised nationally and in particular the team working in the regions care homes, there has been an extensive programme of work carried out around the vaccination programme and wanted to commend the teams who are delivering this.</p> <p>Reporting on the work carried out around supporting the system and managing pressures throughout winter, PH commented that it is important to prioritise supporting our partners to deliver urgent services through this period.</p> <p>PH commented on the forthcoming meeting with Dr Claire Fuller who is the GP leading on the Primary Care stocktake and further conversation with the national team on how DIHC as an organisation can feed into this stocktake and into the white paper being developed.</p>

	<p>Further highlights from the CEO report included the out of hospital elements of the planning guidance and PH advised the board a business plan is being developed detailing how the Trust can support the delivery of the national ambitions.</p> <p>PH closed the report highlights commenting there has been a lot of work going on in the DIHC teams and she is very impressed with services, work and programmes seen so far and it has been a welcoming first month in post.</p> <p>The Board noted the Chief Executive's report.</p> <p>3.3 Agenda for Part Two - Private Board</p> <p>The board noted the agenda for part two</p>
4.	Board Assurance Framework and Corporate Risk Register
	<p>The Board Assurance Framework and Corporate Risk Register Reports were taken as read.</p> <p>EFD provided an overview of the key points which included reference to a wider review of strategic risks which are well underway and any risks to sustainability are taken and managed as a system. There is still some internal risk reflection required on the list shared with system in December 2021, the first part of this work going through Transaction and Transformation committee next week.</p> <p>Reflecting on implications of the pause of service transfers, there was risk on plans for integration and these will be reflected and brought to committee on recommended scores.</p> <p>Development continuing at pace on service level risk registers using the DATIX risk management module system commenting that Phil Cowley and Jim Young (JY) are both taking the lead on this.</p> <p>Reflecting on work ongoing with executives and work going through committees has been very busy seven weeks since EFD's return to work are there are four risk score changes to note which are:-</p> <ul style="list-style-type: none"> - C106 on substantive recruitment - T033 on supply chain risk - C101 on impact of Covid on staff - C064 on workforce shortages and turnover <p>All above risks detailed in report, risk reflection is downwards and emerging risks which will come through committee include IAPT port folios, subcontracts of potential transfers and mandatory vaccinations and changes to national guidance.</p> <p>EFD asked board to take reports for assurance and to recommend the reduce scores included in report.</p> <p>VL commented that the paper also reflects to reduce risk 207 from 16 to a 12, EFD agreed this went through last month.</p> <p>ML provided assurance that C101 and C064 were discussed at length at People Committee before agreeing to the risk score reduction.</p>

	<p>HT asked the board to again note the risks in the report that have required increasing and noted these as C106 and T033.</p> <p>HT commented the Trust had been asked to submit risks to the system which is a blended risk register from all partners. PH commented on the work ongoing on system risks that need to be addressed as a result of the Cap Gemini work. These need to be resolved noting the success criteria as a result of the Cap Gemini work.</p> <p>HT summarised changes to risks and asked the board if they are satisfied with reports and changes to risks identified.</p> <p>The Board noted the BAF and Corporate Risk Register for assurance.</p>
5.	Report from Medical Director
	<p>SN covered the Medical Directors report on behalf of LM and RB and the report was taken as read.</p> <p>The level four covid response is continuing. SN commented on the work of the continuing health care team and intermediate care team which is focused on medically fit for discharge patients. System has been pressurised and through leadership and working with the Local Authority has supported the most vulnerable of to be discharged safely and commented on a job well done.</p> <p>Winter access hub was reflected within the CEO report however feedback around this has been very good from the practices. Despite the challenge of pace. Learning points highlighted how important early winter planning is required for next iteration of winter.</p> <p>HT referred to delayed discharge and creating capacity in the system which is an issue for many acute trusts and would be interested to learn about this in a future meeting. PH added quite a lot of analysis on this, learning is important.</p> <p>GL asked what interest has been from primary care colleagues in the Cap Gemini work. SC commented that Simon Hughes had received a lot of interest and all 10 spaces had been filled and will send GL list of responders.</p> <p>ACTIONS:</p> <p>PUB/FEB22/001 - PK to look at a more detailed report and analysis on work going into discharge and system support</p> <p>PUB/FEB22/002 - SC to send GL list of primary care spaces booked for Cap Gemini events for inspection.</p> <p>The Board noted the report from the Medical Director.</p>
6.	Report from Director of Nursing, Quality and AHPs
	<p>SN referred the Board to the enclosed report and the report was taken as read.</p>

	<p>Highlights included chapter around talking with higher education institutions around the student placement offering. It was advised that it will take approx. 6 plus months to put in place due to all the audits in particular the nursing and midwifery requirements for practice placements. Looking at support for student nurses and AHP students into primary care provisions, also in process of restarting the student nurse placements in the school nurse service post April. This will give students the opportunity to experience DIHC as an organisation and will also strengthen the Trusts future workforce.</p> <p>BL enquired about SEND preparation for revisit and how Trust is supporting the council on this and enquired whether there is anything the Trust have learned from last visit and whether any changes or further support is needed. BL also commented on the nursing forum SN arranged and thanked SN for hosting this.</p> <p>SN commented on reinspection for special education needs which is currently in progress and provided the background for the benefit of the board on the requirement to develop a written statement of action on the areas inspectors felt needed strengthening post the 2019 inspection. SN provided an explanation advising there are a number of elements the Trust directly support with including a designated Medical Officer (Dr Tim Horsburgh) and a designated Clinical officer (Kellie Lennon) who is a children's nurse and are responsible for quality assuring of educational health and care plans and supporting training requirements across system of Dudley. With Dr Linda Cropper the Trust links into the Black Country Healthcare children's service around commissioning and support element and this plays into the SEND reinspection. It is a system approach and SN will bring back outcomes in due course as a result of the reinspection.</p> <p>The Board noted the report from Director of Nursing, Quality and AHPs.</p> <p>ACTION: PUB/FEB22/003 - SN to provide feedback to the board on outcome of reinspection of SEND upon completion.</p>
7/8	<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, the report was taken as read.</p> <p>SN commented that the report was presented to the Quality and Safety Committee in January and there are 3 areas to highlight to board which are:-</p> <p>1 – Supportive piece of work Quality & Safety team alongside PK teams are undertaking on High Oak services. Focus on embedding clinical governance processes, this has had positive feedback from service around development and quality improvements identified to strength service for staff and patients.</p> <p>2 –A detailed report was received at Quality & Safety committee from the Safeguarding team in respect of the safeguarding work programme which involves an audit and recommended actions looking at the voice of the child and adult in safeguarding incident reporting. The audit demonstrated the adult voice in reporting safeguarding concerns is clearly articulated but more work is needed on the child's voice to ensure its captured more effectively. SN added a special thanks to the Primary Care and Mental Health IAPT team on how they have embedded the reporting mechanisms. Incident reporting also looked at in regards to safeguarding, some were very historical in nature but noted they have an impact on patients here and now as these cases which are raised and captured help feed into health and wellbeing board for improvements to current and future services.</p>

3 - Overview of clinical governance development plan, demonstrates breath and pace of work being undertaken in particular by JY and his team and hopes this provides assurance on the clinical development plan in place.

SN added they would like feedback on the additional learning and actions of incidents included in the report and whether the board are happy with the information provided and find it useful.

Quality and Safety Committee Assurance Report

VL commented that much has been well covered in other reports although reiterated there were no emerging risks to note and commented on the reduction in risks on C207 referred to earlier. Assurance has been gained by the audit cycle working well with safeguarding a good example of this. Approved assurance from cycle of lessons learned this is moving on and is very good to see. Commenting on the primary care practice model, noting this is a model for the future and the Trust need to spend a lot of time to get right. Once this is developed the Trust will have a lot to offer. Need to ensure the indicators shown fulfil requirements for full assurance to board.

DG added in terms of clinical governance development plan update and referred to the policy work being undertaken and is important to recognise the Trust has inherited policies from its predecessor, however the Trust have put a lot of resources into developing the policies of DIHC and asked how will these be approved. PH added there is a programme in place detailing the process of approval across the range of policies. What is needed is a complete timeline to review on when these are coming through to ensure these can be planned onto the board agendas, some are major changes and there are some only requiring minor amendments. SN provided agreement on the policies and the work of the policies and procedures group and added the plan is in place with all executive directors ensuring the policies are developed in priority order and JY is leading on keeping this on task.

DG requested an update of the timeline for the Audit & Risk Committee.

DG commented on clinical governance audits and asked for reporting on what these are adding Committee should be sighted to avoid duplication and to ensure Board are not assuming others are doing work and nothing is missed in cross over and assumption another committee has it sighted. VL commented on the types of audits quoting financial, organisation and clinical adding that the quality and safety committee is keen to sight on the clinical audits agreeing the Audit and Risk should see these audits for assurance when fully developed. DG provided agreement.

ML added they were delighted on the two safeguarding adults nurses starting in February and work ongoing in the role. Also pleasing to see actions on lessons learned and asked to ensure a system in place to ensure recommendations identified are carried out. SN provided assurance to ML on this stating this is still developing and work is in place and is proposing a series of board to service assurance visits and these can be part of the KLOE's. Also reflecting on quality priorities for upcoming year from April onwards and will be looking at wider lesson learned that may be needed to be factored into those quality priorities.

ACTION:

PUB/FEB22/004 – JY to send timeline outlining the planned policy development and approval process to be sent to Chair of Audit and Risk Committee for further assurance

The Board noted the report from the Quality and Safety Performance Report and the Quality and Safety Committee Assurance Report.

9/10.	Workforce Performance Report/ People Committee Report
	<p>Workforce Performance Report</p> <p>BE updated the Board in respect of the workforce performance report and the report was taken as read.</p> <p>BE highlighted the information regarding turnover that may cause board some concerns and asked the board to note the Trust is at the end of some fixed term contracts and some retirements and work is in place ensuring vacancies are filled. Details are included in the report providing explanations for vacancies, assurance was provided stating mitigation is in place with 6 roles being out for advert, 7 at interview stage and 12 others at employment check stage and commented that the vacancy rate is not excessive.</p> <p>BE reported there was an increase in sickness along with spike in covid cases and this has levelled off now at 6/7 per day and this has not impacted on services. Long term sickness there are 9 employees being supported.</p> <p>Training remains reasonably stable but further work need to follow up on this especially on staff that transferred over. Appraisal rates steady however the staff survey has indicated that the Trust need to look at quality of appraisals to ensure it is a meaningful experience for staff.</p> <p>People Committee Assurance Report</p> <p>ME updated the Board in respect of the People Committee report and the report was taken as read.</p> <p>In relation to turnover figure, ME reported this is a rolling 12 months and commented that it is not happening on a monthly basis and was assured there is no issues around turnover. The People Committee will add further data alongside this for board assurance.</p> <p>ME also referred on plans to bring the recruitment function in house to DIHC by 31st March, all on track for this date.</p> <p>In regards to sickness levels, the Trust have a consistent low sickness level and ME commented this is a credit to the DIHC workforce.</p> <p>Mandatory training and compliance increasing but need to communicate importance of completing this with the staff.</p> <p>Committee are keen to develop appraisal. Focus was previously on quantity to ensure it was at the target level, but view is a need to look at the quality of appraisals and looking at any negative feedback from staff survey.</p> <p>Overseeing work in relation to VCOD however this may change in coming days and assures board the People Committee have an overview on this.</p> <p>No requirement for any risk on register at moment</p> <p>Work continuing on e-rostering which will be reviewed at committee. It was raised at FP&D, a piece of work being looked at to ensure moving forward system in place looking at benefits. MG looking at this in detail.</p>

	<p>DG added reporting was excellent and good to hear training and compliance improving but does look low in some areas. DG enquired on mandatory training for various roles and gave an example using moving and handling and does not see relevance in a NED role having to do this training as mandatory and asked whether there has been an audit on mandatory training requirements. BE added no audit has been done in this area. SC commented they can look at this via People Committee and noted the mandatory is standard practice and there would be some concern on changing the standards. SC commented that the People committee is taking a further stance on mandatory training and discussed actions being undertaken.</p> <p>ACTION:</p> <p>PUB/FEB22/005 - SC to carry out audit of mandatory training to look at the scope and whether particular roles need to carry out mandatory training when their role may not require it. (Example given is NED and moving and handling)</p> <p>The Board noted the Workforce Performance Report and People Committee Report.</p>
11/12.	Finance, Performance and Digital Report/ Committee Assurance Report
	<p>11. Finance Performance and Digital Report</p> <p>MG updated the Board in respect of the Finance, Performance and Digital report and the report was taken as read.</p> <p>Key elements highlighted were the income and expenditure report which forecasts a small surplus against revenue budget which is positive position. Capital plan shows a slight overspend which is approved overspend from the system and NHSEI.</p> <p>In relation to the performance information, this is continuing to develop to ensure high quality metrics available on all services.</p> <p>Linked to planning guidance raised by PH, in January the Trust received the final planning guidance and are currently working through process looking at budgets in February. MG added they will take plan to committee in March and to Board in April and provided details on the content of the national planning guidance for board to reflect.</p> <p>PH asked the board to be clear what the responsibilities are in terms of setting budgets from the beginning of April adding that the Board has a responsibility to set budgets based on the Trust allocations. MG agreed.</p> <p>ACTION:</p> <p>PUB/FEB22/006 - MG to provide a clear outline of budgets for April onwards based on Trust allocations</p> <p>12. Finance Performance and Digital Committee Assurance Report</p> <p>IB updated the Board in respect of the Finance, Performance and Digital Committee Assurance report and the report was taken as read.</p> <p>IB reported a key concern is how the Trust deal with budgeting going forward with such uncertainty on its future place. F&P chairs have all met and number of issues raised around this which they will work through.</p>

	<p>PK added had met with MG and finance team around service line accounting processes which needs to move forward in particular around High Oak to reflect what the income and expenditure position is for those services in detail. The point IB raised on budget setting some work needs to be carried out on budget setting from a governance point of view.</p> <p>HT added it would be useful to see a timeline for agreeing of budgets to ensure the Trust are achieving the requirements, PH added also need to have a very clear business plan linked to the Cap Gemini work.</p> <p>BL commented on page 100 of report which refers 6 week target falling due to high number of DNA's and asked if there are any plans on dealing with this. BL also commented on two week waiting times and referred to HSJ report on ethnic minorities indicating they tend to wait longer for treatment and what the Trust are doing about this.</p> <p>MG commented separate analysis was done at F&P this month regarding DNA and the increase in DNA rate occurred due to the switch from online to face to face treatments and commented that the level of DNA's is lower once on line. DNA figure is approx 19% but online this is 9%. Must allow patient choice but if online increases patient reach the service need to cater for that.</p> <p>In reference to health inequalities, Trust now have full access to IAPT data feeding into its data warehouse so should be able to look at more detail on analysis on this in the short term to enable Trust to focus its efforts.</p> <p>ACTION:</p> <p>PUB/FEB22/007 - Timeline to be developed for the requirements of getting the budgets agreed in relation to requirements for sign off of ICS, the board etc. This links to also ensuring there is a clear business plan</p> <p>The Board noted the Finance, Performance and Digital report and Committee Assurance Report.</p>
13.	Report from Primary Care Integration Committee
	<p>The report from the Primary Care Integration Committee was taken as read.</p> <p>GS reported most of content had been covered in other reports but wanted to highlight that the work with Value Circle will be reported to board in due course in relation to development to Primary Care integration.</p> <p>Assurance on support provided to Chapel Street under the Memorandum of Understanding was received by committee.</p> <p>The PCIC Committee was sighted on the presentation made to DGoH public board on the Integration agreement by Dan King and Simon Hughes.</p> <p>The PCIC Committee was provided assurance on the ongoing development of integrated care teams and the proposed approach to future developments.</p> <p>PCIC also noted information received on the proposed movement of services on long acting and reversible contraception fitting services across to DIHC and the process involved.</p> <p>There were no significant issues or risks for escalation.</p>

	<p>SC added the Primary Care Integration Committee has a bi-monthly meeting with a development session in between and added January was stood down due to system pressure. It was further reported that recruitment of PCN's health coaches has received a significant response and interviews are currently taking place.</p> <p>The Board noted the Primary Care Integration Committee report.</p>
14.	Report from Transaction and Transformation Committee
	<p>The report from the Transaction and Transformation Committee was taken as read.</p> <p>SC reported December committee paused work on business case due to work involved on the Cap Gemini process. These events take place on 15th and 16th March and on 10th and 11th May respectively.</p> <p>The Committee looked at due diligence on potential transfer of services which is also on hold due to Cap Gemini work.</p> <p>Referencing the planning group on the agenda for children services, this was also paused but reported still working closely with BCH and Council colleagues on the transformation agenda for these services which will be progressing ahead of Cap Gemini event.</p> <p>The Board noted the Transaction and Transformation Committee report</p>
15.	Any Other Business
	None stated.
16.	Questions from the public
	<p>There were no questions were submitted in advance.</p> <p>HT invited guests in attendance whether they would like to ask any questions. No questions were raised</p>
17.	Risk Reflection Review
	HT asked if anyone at the meeting would like to revisit any risks held as an organisation at this time. No responses were received.
18.	Date of Next Meeting:
	<p>1st March 2022 09:30 – 13:00 Dudley College The Broadway Dudley DY1 4AS</p>

DIHC Public Board Action Register



**Dudley Integrated
Health and Care**
NHS Trust

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	Session planned for 29th March 2022	Open
PUB/DEC 21/001	07/12/2021	The Board to be sighted on the Primary Care Reporting development including a timeline, noting the work ongoing through the Q&S Committee	LM/MG	Mar-22		Open
PUB/DEC21/005	07/12/2021	Importance of Fraud awareness was recognised by the Board and Director of Finance, Performance and Digital and Associate Director of HR to ensure included as part of mandatory training	BE	Jan-22		Open
PUB/DEC21/006	07/12/2021	Car Lease scheme to be discussed at FD&P	BE	Jan-22		Open
PUB/DEC21/007	07/12/2021	The e-rostering business case will be considered in January 2022	BE	Jan-22		Open
PUB/FEB22/001	01/02/2022	look at a more detailed report and analysis on work going into discharge and system support	PK	Mar-22		Open
PUB/FEB22/002	01/02/2022	SC to send GL list of primary care spaces booked for Cap Gemini events for inspection.	SC	Feb-22		Open
PUB/FEB22/003	01/02/2022	SN to provide feedback to the board on outcome of reinspection of SEND upon completion.	SN	Apr-22		Open
PUB/FEB22/004	01/02/2022	Timeline outlining the planned policy development and approval process to be sent to Chair of Audit and Risk Committee for further assurance	SN	Mar-22		Open
PUB/FEB22/005	01/02/2022	SC to carry out audit of mandatory training to look at the scope and whether particular roles need to carry out mandatory training when their role may not require it. (Example given is NED and moving and handling)	SC	Apr-22		Open
PUB/FEB22/006	01/02/2022	MG to provide a clear outline of budgets for April onwards based on Trust allocations	MG	Apr-22		Open
PUB/FEB22/007	01/02/2022	Timeline to be developed for the requirements of getting the budgets agreed in relation to requirements for sign off of ICS, the board etc. This links to also ensuring there is a clear business plan	MG	Mar-22		Open

DUDLEY INTEGRATED HEALTH & CARE NHS TRUST BOARD

TITLE OF REPORT:	Chief Executives Report
PURPOSE OF REPORT:	To provide the Board with an update on current issues
LEAD EXECUTIVE:	Penny Harris, Interim Chief Executive Officer
AUTHOR OF REPORT:	Penny Harris, Interim Chief Executive Officer
DATE OF MEETING:	1 st March 2022
KEY POINTS:	<ul style="list-style-type: none"> • Summary of CEO Activities – February 2022 • Winter Hub • Urgent Treatment Centre • Support for ARRS Staff & Primary Care • Engagement Exercise into the future of the High Oak Surgery • CCQ Readiness • SEND Inspection • Integration White Paper • Living with COVID-19 White Paper – update
RECOMMENDATION:	<ul style="list-style-type: none"> • The Board is asked to note contents of the report
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Approve <input type="checkbox"/>
	Assurance <input type="checkbox"/>
	Information <input checked="" type="checkbox"/>

Report Title: Chief Executives Monthly Update Report

To: Board of Directors, Dudley Integrated Health and Care NHS Trust

From: Penny Harris, Interim Chief Executive Officer

Date: 1st March 2022

1. Summary of CEO Activities – February 2022

I have provided an overview of CEO activities throughout the month below and also provide further detail throughout the report of some of the key business activities for your assurance.

1.1 Service Visits

I had the pleasure of visiting two of our services during February accompanied by the Chief Operating Officer Philip King. We attended Chapel Street surgery to review progress since we have been working there with the partners as part of our management agreement. During the discussion issues of supervision for our ARRS staff were raised which will now be addressed with primary care colleagues. We also visited the Continuing/Intermediate Care Team at Tiled House and met with Jenny Cale, head of the service, along with a number of her colleagues to discuss the range of work they do as the CHC team, in provision of intermediate care team and how they link across with other service providers. Options for working more closely with LA palliative care team were explored as was the need to improve our oversight of the activities of this team which is being addressed through the formal reporting to F&P committee. Unfortunately, there was a Covid outbreak at time of the visit to Tiled House so we were unable to look at the onsite facilities. Both visits were helpful to further expand my appreciation for the services we offer locally and to meet a number of the DIHC staff.

We have arranged to meet with the ARRS teams in March and will feedback to Board about this visit at April Board meeting.

1.2 Meeting with PC Stocktake team

Lucy Martin and I had a very encouraging conversation with Dr Claire Fuller and colleagues as part of the stocktake option of supporting Primary Care. We explored the opportunity for working with Primary Care generally and more explicitly how we might develop thinking about options for supporting primary care colleagues as well as direct provision of primary care. They were also very interested in our thinking in relation to how we might develop our role linked to place developments and what scope there could be for a variety of models providing services directly through an NHS trust. We have agreed to partake in a further discussion with other systems who are leading on the thinking around the future models for primary care.

1.3 Staff Briefings

I delivered my first all staff briefing in February and gave the wider DIHC staff teams an insight on my career and experience across the NHS and what I hoped to bring to my role here at DIHC. I provided them with an overview of my first month as CEO and spoke about how DIHC are playing their part in the system across Dudley and wider Black Country and how we all have a part to play in taking forward the integration agenda. I also attended the staff side meeting and was able to offer some insights into my experience to date and how our future might unfold as part of the Dudley place integrated care system.

2 Winter Hub

The combined winter hub for Children and Young People with RSV and Adults out of hours extended access appointments has continued to build on the successes mentioned in the last report to Board. The service operates at the High Oak Surgery at Brierley Health and Social Care Centre. We have now extended the service from 50 to 66 available appointments on a weekday evening and 80 on a Saturday. The reason for the extension

is the increased demand, particularly on weekday evenings. Over 50 % of referrals are typically diverted from either NHS 111 or the Urgent Treatment Centre, thus freeing up emergency capacity elsewhere in the system. Patients are typically seen within 5 minutes of their appointed time. Plans are in place to extend the range of interventions available at this service. We have applied for a three-month extension in funding to continue the service.

3. Urgent Treatment Centre

This service is commissioned by the CCG and provided by Malling Health. In order to support the service over the winter period the Chief Operating Officer agreed with the parties that we would provide a support manager to assist with the forging of better care pathways for a three-month period. This has been successful and the person in the role is an experienced emergency care and primary care senior nurse who has managed GP streaming and UTC services in London. As a result of her assistance the CCG have asked for her services to be extended for a further three months. The Chief Executive Officer and Chief Operating Officer of DIHC will meet with commissioners to consider how this support can best be utilised for the further period.

4. Support for ARRS Staff & Primary Care

The permanent appointments of Operations Managers and deputies for ARRS staff is currently underway. The Operations Managers are currently developing a schedule of visits for the DIHC team to ensure there are regular liaison discussions with DIHC and all the practices within the six PCNs to ensure good coordination of services to support the practices.

DIHC met with the PCN Clinical Directors in September 2021 and agreed two operational objectives. The first was to look further at the appointment of First Contact Practitioners in mental health. I am pleased to confirm that three of the six posts have now been appointed to and the recruitment for a further three are in train. Secondly we agreed to progress the agenda to address health inequalities across the patch and we have appointed six further Health Coaches for this purpose.

5. Engagement Exercise into the future of the High Oak Surgery

In my last report I noted the public interest in the future use of the High Oak surgery and a full options appraisal has now taken place into the future of High Oak Surgery in terms of its presence in Pensnett. A range of options are being considered including a hybrid model with the retention of the Pensnett Centre for Healthcare interventions such as Long Term Condition Reviews among other services, and with other services being provided from Brierley Hill where the infrastructure and more complex nature of other consultations would be more desirable.

The Chief Operating Officer, Head of Estates and Communications and Engagement Manager, along with the Joint Medical Director and the High Oak Interim Practice Manager met with stakeholders, including the local MP, and ward counsellors to continue our engagement process. The decision and any necessary consultation lies with the CCG, and will take place after the proposals have been brought to the April DIHC Board, and after discussion at the Local Authority HASC in March. Timescales are subject to alterations given the period of Purdah due to local elections.

6. CCQ Readiness

As part of the Trusts continuing focus on quality we have commissioned a specific piece of work focussing on the CQC fundamental standards and the regulations aligned to these. The work will support our continual improvement plan and will provide a valuable independent assessment of the Trusts maturity relating to the corporate and service response mapped against the current framework.

The work is being delivered across 3 phases;

1. Quality review of corporate evidence aligned to the assessment framework and KLOEs
2. Reviewing embeddedness of process at a service level together with testing with and engaging staff members and patients where appropriate. Discussions with Executive, Non-Executive and corporate teams
3. Delivery of a report outlining findings and providing recommendations

4 SEND Inspection

The Dudley system underwent a joint local area inspection of services for children and young people with special educational needs and/or disabilities (SEND) between 20 May and 24 May 2019. The purpose of this visit was to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Childrens and Families Act 2014. As a result of this visit it was determined that a Written Statement of Action was required due to identified areas of weakness. Following the 2019 visit the Dudley system put in place governance and oversight arrangements through the Joint Oversight Group co-chaired by the local authority and the CCG. We have been working to a development plan to address the areas of weakness focussing on a number of workstreams.

Ofsted and the Care Quality Commission carried out a revisit between 31 January and 3 February 2022. Parents, carers, young people, schools, colleges, early years providers, alternative provision providers, health and council colleagues, took part in the revisit providing contributions and feedback to the inspectors. Inspectors reviewed a significant number of cases and evidence provided by the local area. They spoke directly with many partners, services, professional, parent carers and young people over the three-day period. They also asked stakeholders to complete a number of surveys.

We now eagerly await the findings of the revisit which will be published via letter online usually within 33 working days of the end of the inspection.

Ofsted will publish the final letter on the [local authority SEND section of Ofsted's reports website](#). The CQC will publish it on its website alongside reports arising from other local area children's inspection and review activity.

Following receipt of the report we will work with the local authority, CCG and health colleagues to contribute to any further actions and continue to support the SEND agenda and our improvement journey. We have shared a common goal and a clear aspiration to improve the life chances of our SEND children in Dudley.

5. Integration White Paper

In September 2021, the government published 'Building back Better: Our Plan for Health and Social Care' which included a commitment to develop a comprehensive national plan for supporting and enabling integration between health and social care, with a renewed focus on outcomes, empowering local leaders and wider system reforms. The subsequent 'Integration White Paper' (IWP) *Joining Up Care for People, Places and Populations* was published on 9 February 2022.

It sets out the Government's proposals for how NHS and local government partnerships can go 'further and faster' across the country, building on the joint-working that has been demonstrated during the pandemic and the legislative changes set out in the Health and Care Bill.

It has a particular focus on delivering integration at 'place' through the agreement and pursuit of shared outcomes across health and social care.

The White Paper is a statement of policy intent and is now subject to a period of engagement and Government response. The consultation period is 8 weeks (from February 10th 2022).

The clear statement of the direction of travel is helpful and we will now need to think about its implications locally through the Dudley Partnership Board.

There has also been a raft of guidance issued relating to elective recovery and supporting the roll out of personalised care as envisaged within the NHS Long Term Plan to ensure people have the same choice and control over their mental and physical health as in every other aspect of their lives. This includes a 21 point action plan which will be reviewing through the executive committee.

6. Living with COVID-19 White Paper – update

Last week the Prime Minister outlined the plan for Living with COVID-19 (see attached) and the UK Health Security Agency (UKHSA) updated the guidance on 24 February ([COVID-19: management of staff and exposed patients or residents in health and social care settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/covid-19-management-of-staff-and-exposed-patients-or-residents-in-health-and-social-care-settings))

The key points are as follows:

- Staff who test positive for COVID-19 should not attend work until they have had two negative LFD test results taken 24 hours apart. The first test should not be taken before day 5 after their initial positive test. If they are medically fit, they can return to work on the morning of day 6 providing they tested negative 24 hours earlier.
- There are no changes to the definition or the management of staff who are identified as contacts of a COVID-19 positive case, in regard to returning to work.
- There is no longer a legal requirement for people with coronavirus (COVID-19) infection to self-isolate, however the public health advice for people with any of the main symptoms of COVID-19 or a positive test result is to stay at home and avoid contact with other people.
- Due to the higher risk nature of health and social care settings, the advice for staff members working in these settings has not changed.
- NHS staff should continue to access tests via the universal offer and continue to report test results
- Staff, patients and visitors are still required to wear a face mask/covering in healthcare settings
- Supporting the roll-out of COVID-19 treatments for non-hospitalised patients remains a NHS priority

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TUESDAY 1st March 2022
12:30pm to 2:00pm

Dudley College
The Broadway
Dudley
West Midlands, DY1 4AS

PRIVATE AGENDA

Item No	Agenda Item			Presented By	Time
1	Chair's Welcome	To Receive	Verbal	Mr H Turner	12.30
	1.1 Apologies				
	1.2 Declarations of Interest	To Receive	Verbal		
	1.3 Private Board Minutes – meeting held on 1 st February 2022	For Approval	Enc 1.3		
	1.4 Action Register and Matters Arising	For Approval	Enc 1.4		
	1.5 Items Carried Forward from Part One	For Discussion	Verbal		
2	DIHC Development				
	2.1 Business Critical Posts	For Assurance	Enc 2.1	Mr M Gamage	12.45
	2.2 Development of System Risk Register	For Assurance	Enc 2.2	Ms S Cartwright	
	2.3 Update on Transfer of Public Health Contracts	For Assurance	Enc 2.3	Ms S Cartwright	
3	Primary Care				
	3.1 Update on DIHC Development (following Board Development Day)	For Assurance	Enc 3.1	Ms S Cartwright Mr D King	13.15
	3.2 Chapel Street	For Assurance	Enc 3.2	Ms S Cartwright Dr L Martin	

4	CQC Readiness Project Approach	For Approval	Enc 4	Ms S Nicholls	13.35
5	Budget Rollover Position	For Approval	Enc 5	Mr M Gamage	13:50
6	Committee Minutes <i>(to be taken as read)</i> 6.1 Finance, Performance and Digital Committee – meeting held on 20 th January 2022 6.2 Transaction and Transformation Committee – meeting held on 11 th January 2022 6.3 Quality and Safety Committee –meeting held on 18 th January 2022 6.4 People Committee – meeting held on 25 th January 2022	For Information For Information For Information For Information	Enc 6.1 Enc 6.2 Enc 6.3 Enc 6.4	Mr H Turner	13.55
7	Board Meeting Reflections	To Receive	Verbal	Mr H Turner	13.57
8	Any Other Business	To Receive	Verbal	Mr H Turner	13.58
9	Date of next meeting: 5 th April 2:30pm – 4:00pm Black Country & Marches Institute of Technology Zoological Drive, Dudley, DY1 4AL				14.00

PUBLIC BOARD

TITLE OF REPORT:	Board Assurance Framework and Corporate Risk Register
PURPOSE OF REPORT:	To review the BAF and Corporate Risk Register
AUTHOR OF REPORT:	Elaine Doyle, Trust Secretary
DATE OF MEETING:	1st March 2022
KEY POINTS:	<p>The Board Assurance Framework (BAF) and Corporate Risk Register forms part of the overall risk management and assurance process of the Trust and allows the committee to maintain oversight of the principal risks to delivery of the Trust's strategic objectives and an overview of the management and impact of risks on the operational workings of the Trust.</p> <p>BAF risks are mapped to the Trust's strategic objectives and aligned with the corporate risks which are escalated through the relevant Trust Committee structures. The BAF is reviewed quarterly.</p> <p>There is a wider review on the strategic risks is underway following the commitment by the Dudley system to deliver a co-produced place-based model of care, aligned to the national guidance. As part of this system commitment, the ICS has assured DIHC that risks to the sustainability of DIHC will be managed at a system level.</p> <p>Following review of the corporate risks during February 2022 by the Executive Team and in committee, the Board are asked to note that no changes to risk scores have been recommended. The supporting information in the attached paper.</p> <p>Appendix 1 details the portfolio of risk by strategic objective mapped to the tolerance limits.</p> <p>Appendix 2 and 3 details the Corporate Risk Tracker by risks above and below tolerance. The dashboard clearly shows the current risk rating, the tolerance level, and the movement over time.</p>
RECOMMENDATION:	<ul style="list-style-type: none"> Approve the recommended risks score and are assured by the supporting mitigations and actions outlined

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

1. Risk Management Review Cycle and Changes

The Committee are asked to note that the full risk review continues, following the commitment by the Dudley system to deliver a co-produced place-based model of care, aligned to the national guidance. To deliver this a series of events has been scheduled over the coming months, with the first event taking place on 15th and 16th of March. The ICS has assured DIHC that risks to the sustainability of DIHC will be managed at a system level and as such, received a paper late December 2021 outlining the current high-level risks to DIHC. We have not yet had a response however, alignment of our BAF strategic risks and corporate risk register to the system risks is ongoing and will once the system shares its response the results of the final review will be reported in full to committees in March 2022. This will include clear tracking of changes made to risks, controls, mitigations and any increase or decrease in score.

There is a Board Development Day on 23rd February to develop the strategic objectives for 2022/23 which will be taken to the April Board. This will be the basis for the 2022/23 BAF Q1 Review.

2. BAF and Corporate Risk Register Summary Position

Appendix 1 details the portfolio of risk by strategic objective mapped to the tolerance limits.

Appendix 2 and 3 details the Corporate Risk Tracker by risks above and below tolerance. The dashboard shows clearly the current risk rating, the tolerance level and the movement over time.

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.

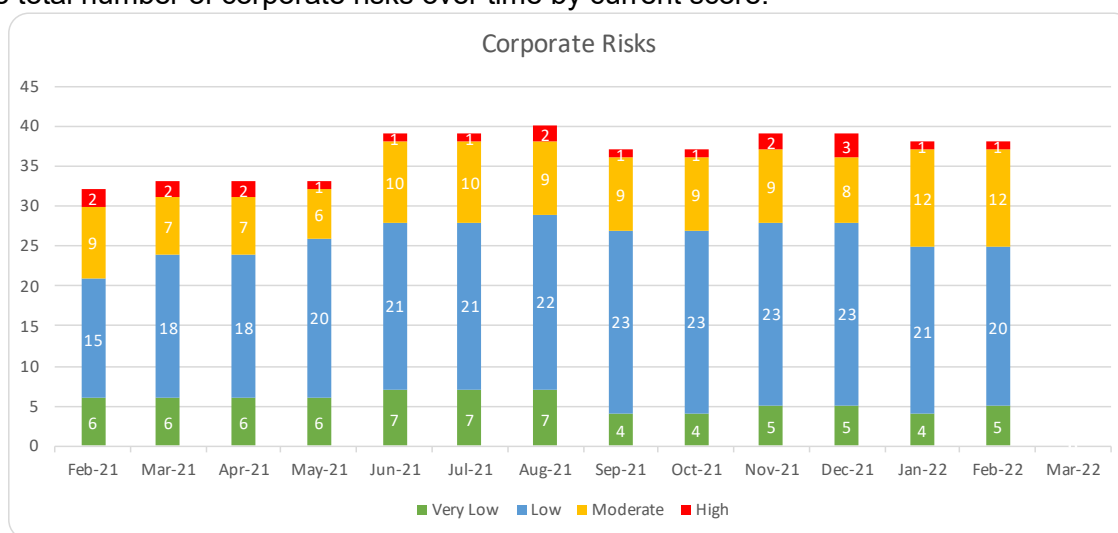
Risk Levels	1 Minimal	2 Cautious	3 Open	4 Seek	5 Mature
Risk Appetite	Very Low	Low	Moderate	High	
Risk Tolerance Score (Net L x C)	1 - 5	6 - 11	12 - 15	16 - 25	
No of BAF Risks	0	2	5	1	
No of Corporate Risks	5	20	12	1	

Heat Map of BAF Current Score

	CONSEQUENCE				
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic

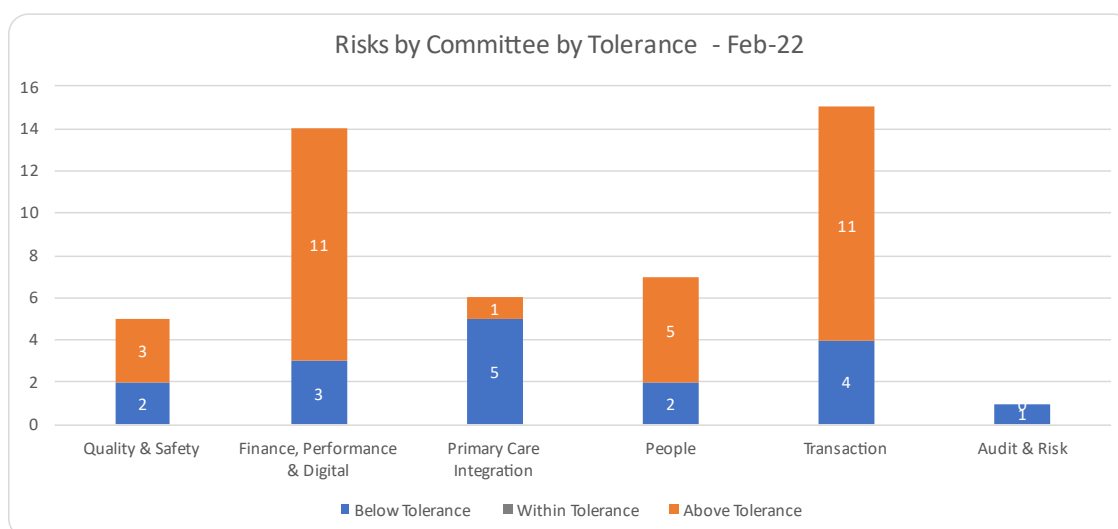
LIKELIHOOD	1. Rare	1	2	3	4	5
	2. Unlikely	2	4 002	6	8	10
	3. Possible	3	6	9 003, 008	12	15
	4. Likely	4	8	12 004, 005, 006	16 001, 007	20
	5. Almost Certain	5	10	20	20	25

Below is the total number of corporate risks over time by current score.



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

3. Recommended Changes

Following robust review of the corporate risks during February 2022, the Board are asked not that there are no recommended changes proposed by the Committees.

4. New and Emerging Risks

The impact of Covid-19 and the impact of the pandemic is reflected in four (4) corporate risks and is reflected within the strategic risk BAF-005 Impact of COVID-19 Response. The Board and committees are asked to continually reflect on the impact of the pandemic and the Trust response.

Robust discussions are held in committee and at Board during February and the Board is asked to continue to reflect on the portfolio of risks relating to the impact of covid, system relationships as well as the impact of NHSEI decisions.

At the Quality and Safety meeting held on 15th February the committee reviewed the existing corporate risks relating to the covid response and were assured by the actions outlined to further develop the operational and service risks and any emerging risks relating to the covid response. The Committee recommended caution in decreasing to risk scoring for C101 - Risk of Covid affecting staff, currently scored as high, 16 (4 x 4) in order to reflect on the changing national guidance and relaxing of the social distancing measures.

The Committee are asked to note that further work is needed to better develop the risks relating to the implementation of Mandatory Vaccines as a Condition of Deployment. This was discussed at the Audit and Risk Committee on 17th February and the committee were assured by the actions and mitigations of the HR Team and People Committee and recommended no increase to the corporate risk C104 – Risk of Legal Action as a Result of decisions made in response to Covid.

The Board are asked to note that further work is ongoing to better develop the emerging risks. The current position is below:

Emerging Corporate Risks		
Not securing the required level of funding to enable the IAPT service to meet the national targets.	New Risk(s) Finance, Performance and Digital Committee	Discussions are ongoing at the ICS Mental Health Programme Board, attended by Director of Strategy and Partnerships. The Director of Finance, Performance and Digital is well sighted on the emerging risks including the wider programme of work of the Chief Operating Officer on creating the trajectory of planned activity that will be needed to meet the national target. Quality and Safety and People Committees are monitoring this position and robust discussions have been had on staffing and vacancy management, training and retention, including wider conversations with system partners on developing the IAPT and Primary Care Mental Health services.
Risks relating to the Implementation of Mandatory Vaccines	New Risk(s) People Committee	<p>Work is ongoing with the Director of Strategy, People and Partnership in capturing the risks relating to the impact of the mandatory vaccines and the impact of the recent Government mandate.</p> <p>Generic risks already identified by the ICS work on the implementation of the mandatory vaccines are being considered. This includes exploring a number of themes from the impact on staff, for example morale and motivation, staff choosing to leave, potential redeployment, increase of legal action (challenge on grounds of discrimination and constructive dismissal) etc.</p>

5. Next Steps – Reporting Format Development, Internal Audit and Datix Implementation

Focus during March 2022 will be to finalise the review of the current risk strategy and processes to ensure that they continue to be robust enough to capture all strategic risks arising from the QIA processes, the strategic development of Primary Care, development of the business plan and delivery of the quality priorities. This will include a refresh of the Board Assurance Framework and Risk Management Strategy which included the Risk Management Policy. There will be no material changes expected to be proposed. Changes will be to format and the inclusion of a Datix technical guide on how to record an operational or service risk. For assurance the escalation process for reporting risks through the Corporate Scorecard remains unchanged but guidance will be broadened to explicitly include escalation of operational and service risks which are recorded on Datix.

Using Datix Risk Management Module for the development of the Operation Risk Register for capturing service level risks is progressing well. However, the reporting of the Corporate Risk Register and the Board Assurance Strategic Risks process will remain unchanged and reported in their current form. This is to ensure that the current assurances from internal and external audit on the process can be maintained. A plan with supporting timeline for migration of Strategic and Corporate Risks will be developed and will need to be approved by the Board, following recommendation from the Audit and Risk Committee, this is scheduled for April 2022.

The plan for migrating existing Risk Registers such as risks relating to Programme and Project Risks and Digital Risk Registers is to be developed.

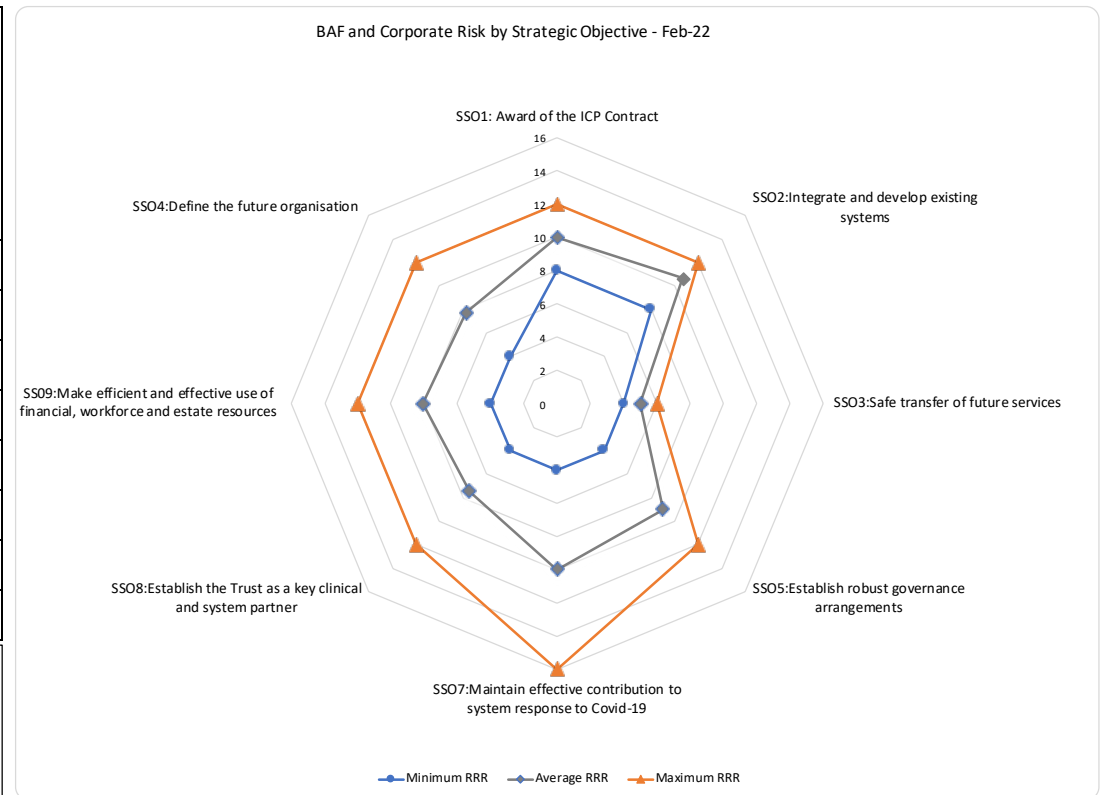
BAF and Corporate Risk by Strategic Objective - Feb-22

BAF Risk No	BAF Indicator	Strategic Objective	Total RRR Score	Average RRR	Maximum RRR	Minimum RRR
BAF-001	SSO1: Award of the ICP Contract	SSO1: Award of the ICP Contract	20	10.00	12	8
BAF-002	SSO2: Integrate and develop existing systems	SSO2: Integrate and develop existing systems	32	10.67	12	8
BAF-003	SSO3: Safe transfer of future services	SSO3: Safe transfer of future services	10	5.00	6	4
BAF-004	SSO5: Establish robust governance arrangements	SSO5: Establish robust governance arrangements	36	9.00	12	4
BAF-005	SSO7: Maintain effective contribution to system response to Covid-19	SSO7: Maintain effective contribution to system response to Covid-19	40	10.00	16	4
BAF-006	SSO8: Establish the Trust as a key clinical and system partner	SSO8: Establish the Trust as a key clinical and system partner	82	7.45	12	4
BAF-007	SSO9: Make efficient and effective use of financial, workforce and estate resources	SSO9: Make efficient and effective use of financial, workforce and estate resources	97	8.08	12	4
BAF-008	SSO4: Define the future organisation	SSO4: Define the future organisation	31	7.75	12	4

Commentary:

The spider diagram 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.

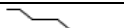













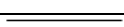












The use of the colour (orange, grey and blue) follows the Trust's Business Intelligence and Key Performance Reports and follows NHSEI guidance on Making Data Count and best practice in supporting Accessible Information Standard. The colours and symbols are based on research and evidence to aid understanding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



Dudley Integrated Health and Care NHS Trust - Corporate Risk Register

Appendix 2 Corporate Risks ABOVE Tolerance

Latest Month: Feb-22

Monthly Risk Score																			Target Risk Rating (L x I)	Above or Below Tolerance
Ref	Domain	Committee	Accountable Director (Risk Sponsor)	RISK OF:	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Movement	Trend		
C-106	Safety	Transaction	Steph Cartwright	Not having approval from NHSEI to recruit substantively to key posts	16	16	12	12	12	8	8	8	8	8	12	12	→		5	Above
C-107	Partnerships	Transaction	Steph Cartwright	Insufficient system-wide support for DIHC	12	12	8	12	12	12	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	12	12	→		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	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	9	9	9	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	8	12	12	12	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	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	12	→		4	Above
C-101	Workforce	People	Philip King	Risk of COVID-19 affecting staff	12	12	12	12	12	12	12	12	12	20	16	16	→		12	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	12	→		4	Above
C-105	Sustainability	Transaction	Steph Cartwright	Increased pressure of Covid management during winter reduces NHSEI/I capacity to review full business case in the agreed timescales	8	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	8	8	8	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	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	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	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	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	12	12	→		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	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	6	6	6	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	8	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	8	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	6	→		4	Above
C-088	Infrastructure	Transaction	Matt Gamage	Risk to the health care estates function of the ICP	6	6	6	6	6	6	6	6	6	6	6	6	→		4	Above
C-046	Quality	Transaction	Steph Cartwright	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	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	12	12	12	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 review and revision of corporate policies	0	0	0	0	0	0	0	0	16	16	12	12	→		4	Above
C-208	Quality	Transaction	Sue Nicholls	The process for the transfer of subcontracted services to DIHC is not sufficiently robust to identify all the potential risks to patient safety	0	0	0	0	0	0	0	0	12	12	12	12	→		6	Above

Dudley Integrated Health and Care NHS Trust - Corporate Risk Register

Appendix 3 Corporate Risks BELOW Tolerance

Latest Month: Feb-22

Ref	Domain	Committee	Accountable Director (Risk Sponsor)	RISK OF:	Monthly Risk Score												Movement	Trend	Target Risk Rating (L x I)	Above or Below Tolerance
					Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22				
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	9	9	9	9	9	9	9	9	9	9	9	9	→		9	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	6	→		8	Below
C-104	Reputational	Audit and Risk	Penny Harris	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	4	→		6	Below
C-082	Safety	Q&S	Philip King	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	→		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	→		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	4	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	6	6	6	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	8	8	8	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	6	6	6	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	6	6	6	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	12	12	12	12	12	6	6	6	6	→		9	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 activity of the Medical Directorate
AUTHOR OF REPORT:	Dr R Bramble and Dr L Martin, Acting Joint Medical Directors
DATE OF MEETING:	1st March 2022
KEY POINTS:	<ul style="list-style-type: none"> • Special mention given to DIHC COVID vaccination response by the Department of Health and Social Care (DHSC) • Preparation is underway for Dudley's team working event to design the future model of clinical care for Dudley patients • Work progresses on building relationships and mutual support with Dudley Urgent Treatment Centre • Primary Care Network (PCN) estates planning is underway with support and authorship of reports by DIHC • Recruitment to new Additional Role Reimbursement Scheme (ARRS) team members for Primary Care • Recruitment to new Clinical Advisor medical roles to support pathway development in Adult medicine, Diabetes and Health Inequalities • Support of practices who request this continue • Support of Brierley Hill and Amblecote PCN continues via our employed Clinical Director (CD) in this PCN • Work is progressing on development of our Primary Care Standard Operating Model • Work is progressing on our offer of a range of different support options for our GP practices • Management arrangement supporting Chapel Street Surgery in Lye on behalf of the General Medical Services contract holders
As 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"/>

Special mention given to DIHC COVID vaccination response by DHSC

As noted in the CEO report at the last meeting, DIHC's Covid Vaccination Response earned special mention in a Department for Health & Social Care paper, "Protecting the Adult Social Care sector: Good Practice for Local Booster Vaccination, Published 3 February 2022, (<https://www.skillsforcare.org.uk/resources/documents/News-and-events/News/COVID-19/Good-practice-for-local-booster-vaccination-3-Feb-22.pdf>) specifically for successfully promoting vaccination in care homes faster and earlier than many areas.

Team-working event to design the future model of clinical care for Dudley patients

We have a team of 10 clinicians joining the Capgemini "Accelerated Solution Environment" Events in March and May. Our team consists of three GPs, four nurses, one physiotherapist, one lead from the continuing health care team and one pharmacist / specialist in population health. We look forward to working with colleagues from across the Dudley system, including The Dudley Group NHS Foundation Trust, Black Country Healthcare NHS Foundation Trust, Dudley Public Health, Dudley Local Authority and Black Country and West Birmingham Clinical Commissioning Group (CCG).

Dudley Urgent Treatment Centre

As noted earlier in this meeting, DIHC have been working with Dudley's Urgent Treatment Centre and an excellent engagement session was held Clinical Forum in February. The pathways in and out of the UTC were discussed with Primary Care colleagues in the different settings. This has revealed opportunities for improved collaboration around shared culture, pathways and education. We expect this to result in improved patient experience and efficiency, through shared learning from the different organisations and improved pathways in and out of the service.

Primary Care Network (PCN) estates planning

We are supporting PCNs with Estates Plans and development for next year. There is a need to establish the current position with respect to the Dudley Primary Care estate, to establish efficient use of existing premises and to scope the needs of the future. It is likely that proposals for investment into the Primary Care estate within Dudley will be required as PCNs describe many practices working at full capacity and the current limits to the Dudley estate is preventing full recruitment to ARRS roles within Primary Care.

Recruitment to new Additional Role Reimbursement Scheme (ARRS) roles

We have recently recruited four additional Paramedics, as well as the Mental Health Nurses and Health Coaches already reported to the board. The post holders will be working for DIHC but supporting all of Primary Care in Dudley. This improves our support to Dudley's PCNs and practices and contributes to our aim of enabling Dudley's residents to lead longer and healthier lives.

Recruitment to new Clinical Advisor medical roles

We have successfully recruited two local GPs to our vacant roles in the Medical team to support pathway development in Adult medicine, Diabetes and Health Inequalities. Both GPs work in local surgeries and are committing to provide expert support to the patients of Dudley through their employed roles, in addition to their clinical time at their respective surgeries. We welcome Dr Lloyd Baron from Kingswinford Medical Practice and Dr Dalvinder Ratra from Waterfront Medical Practice in Brierley Hill.

Support of practices

Engagement visits between DIHC and GP practices continue with us hearing about the various issues that practices are facing, and supporting them to resolve some. Others issues are being collated and are feeding into our work regarding development of a suite of support options to the practices to enable them to thrive.

Brierley Hill and Amblecote PCN

We continue to provide support to Brierley Hill and Amblecote PCN with our employed Clinical Director and have recently appointed to the vacant PCN manager role. The new manager will be commencing work shortly and we intend this role to work closely with PCN practices, GPs and practice managers to ensure funding able to reach new developments for patients in this area.

Primary Care Standard Operating Model

We continue to develop our Primary Care Operating Model with our own surgery at High Oak. Our intention is to build a blueprint for how a primary care GP service should operate with standardised processes, access for patients, clinical team members and with a governance framework to ensure both high quality and safe care is delivered to our patients.

Chapel Street Surgery, Lye

We are running a management arrangement supporting Chapel Street Surgery in Lye, having taken over full running of this surgery on behalf of the General Medical Services contract holders on 1st December 2021. We are working on improving services and access for patients in this practice, as well as looking specifically at issues that relate to health inequalities for the registered population of this practice. We are also working on improving processes to ensure a benefit to quality of care and safe practice at this site.

Dr Lucy Martin, Dr Richard Bramble
19th February 2022

Quality & Safety Report

Reporting period: January 2022

Reporting to: February 2022 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
- One formal complaint reported this period

Other

- New reporting format implemented this month
- New performance scorecard in development

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 further issues or concerns requiring escalation to the Board**

DIHC Performance Scorecard 2021/22

Domain	Sub domain	Metric	Latest Date	Value	YTD	Target	Variation	Assurance
Q&S	Q&S	Mental Health Friends and Family Test – % Quarterly	Dec 2021	98.25%	98.25%	100%		
		Duty of Candour	Nov 2021	100%	100%	100%		
		Occurrence Of Any Never Event	Jan 2022	0	0	No Target		
		Patient Safety Alerts Completed By Deadline	Jan 2022	100%	100%	No Target		
		Incidents	Jan 2022	12	119	No Target		
		Serious Incidents	Dec 2021	0	1	No Target		
		Feedback - Informal Concern	Jan 2022	0	13	No Target		
		Feedback - Compliments	Jan 2022	2	38	No Target		
		Feedback - Complaints	Jan 2022	1	22	No Target		

Key

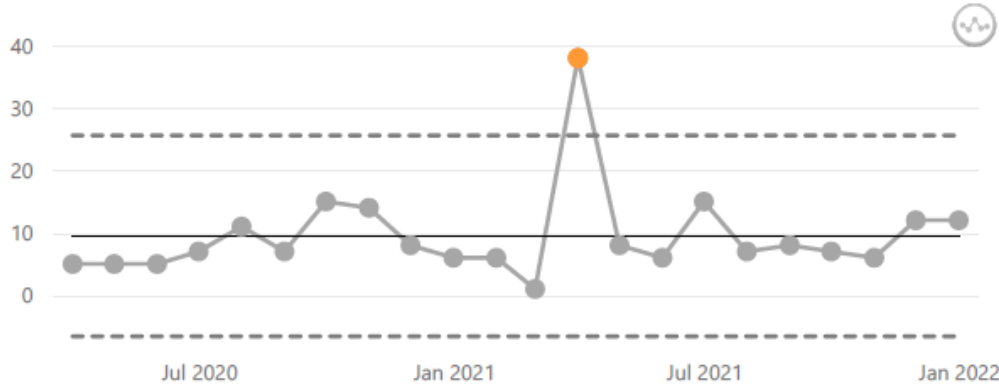
Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the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

Footnotes

There were no incidents requiring Duty of Candour in December/ January 2022

Incidents

Incidents



Jan 2022

Date

12

Value

No Target

Target

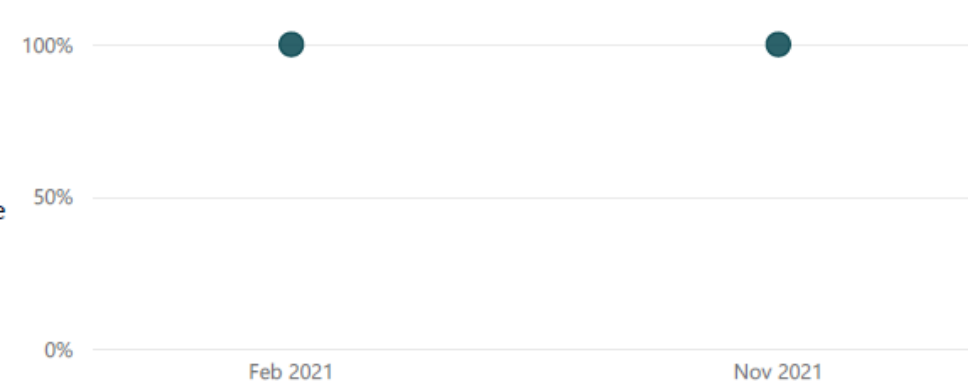
Common Cause

Variation

No Target

Assurance

Duty of Candour



Nov 2021

Date

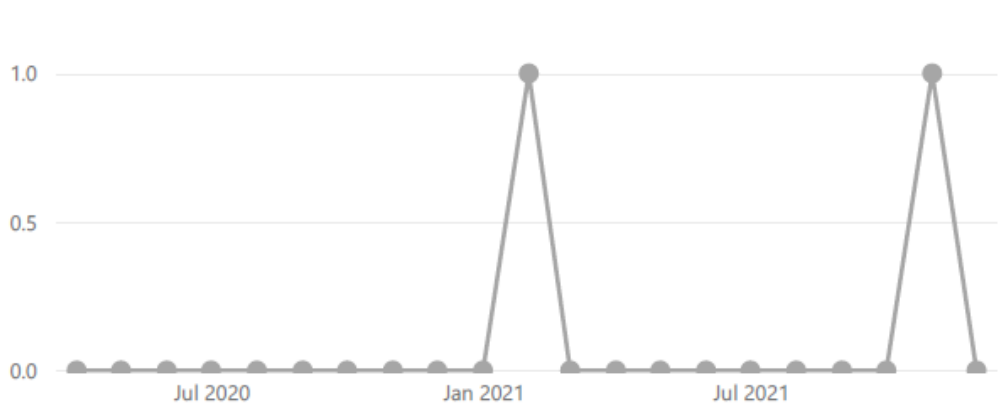
100%

Value

100%

Target

Serious Incidents



Dec 2021

Date

0

Value

No Target

Target

Occurrence Of Any Never Event



Jan 2022

Date

0

Value

No Target

Target

Service comments

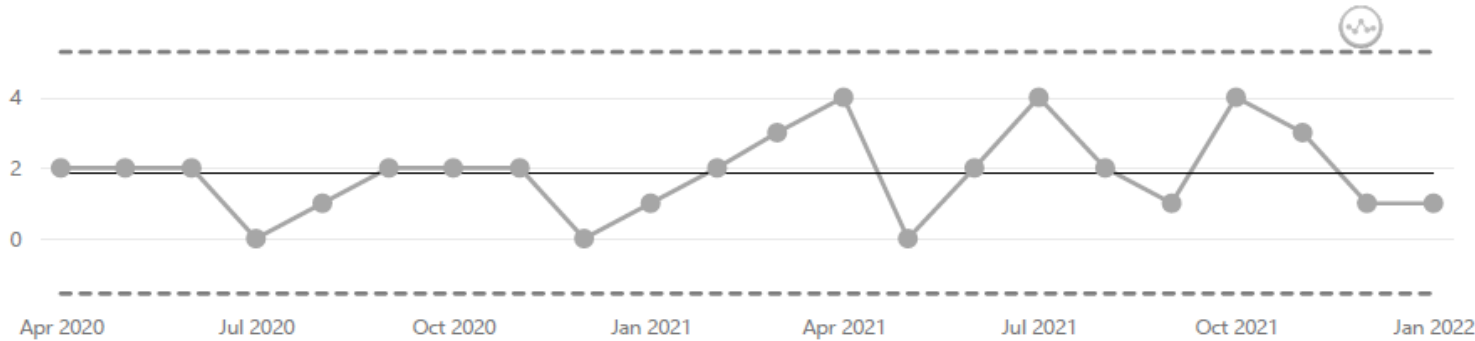
- Focussed support continues to be given to High Oak; includes a refresh of clinical governance review meetings to provide better opportunity to review and discuss incidents across the whole clinical team
- one SI – 2021/23458 – remained open in January 2022; investigation report complete. Internal sign off completed and subsequently submitted to the CCG within the required timeframe
- There were a couple of incidents relating to breach of timelines for Subject Access Requests. Awareness, training and support provided to the relevant clinical area
- A service user objected to a covid risks assessment being initiated for a face to face appointment and left without treatment

Actions

Awareness, training and support provided to the relevant clinical area in relation to Subject Access Requests

Feedback

Feedback - Complaints

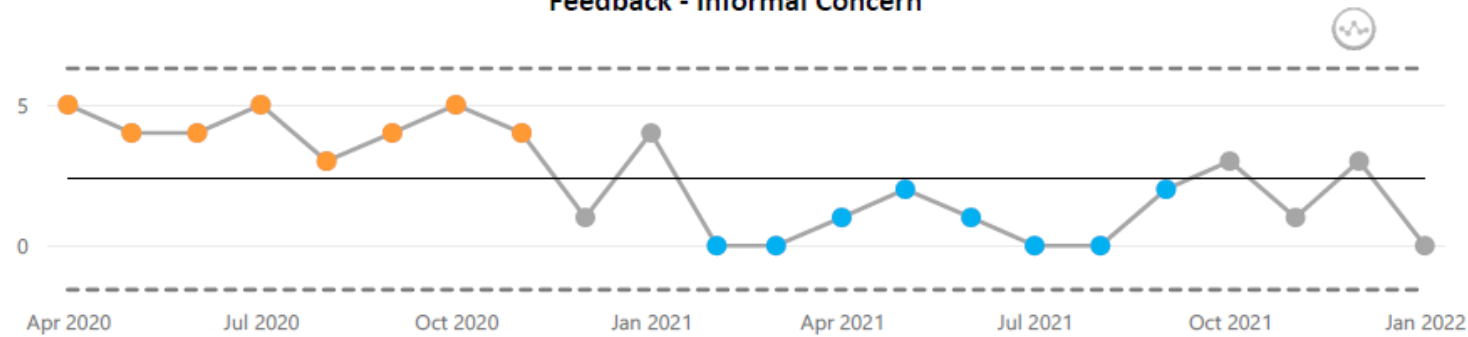


Jan 2022
Date
1
Value
No Target
Target
Common Cause
Variation
No Target
Assurance

Service comments

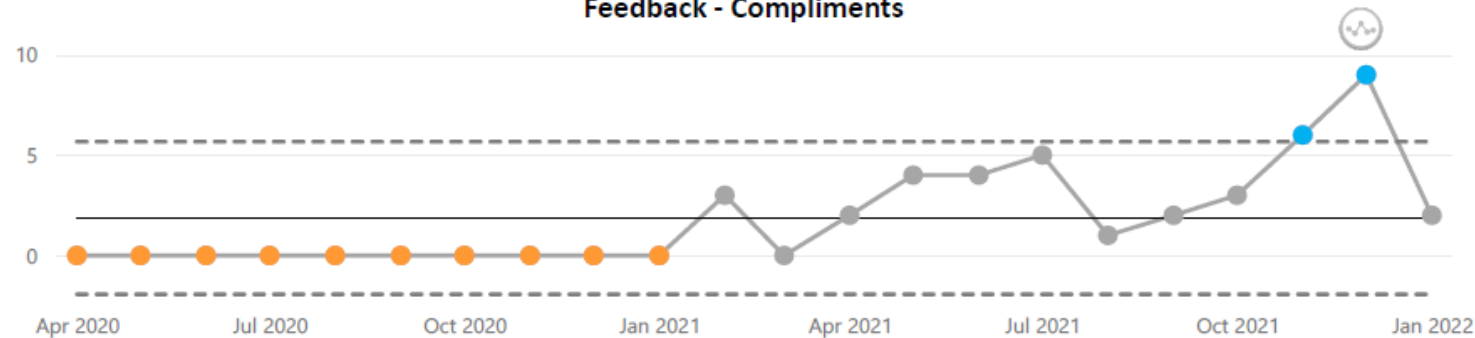
- Compliments relating to staff attitude and support in the social prescribing team
- The one complaint reported relates to concern regarding communication raised on behalf of a service user; currently awaiting consent prior to starting the investigation

Feedback - Informal Concern



Jan 2022
Date
0
Value
No Target
Target
Common Cause
Variation
No Target
Assurance

Feedback - Compliments



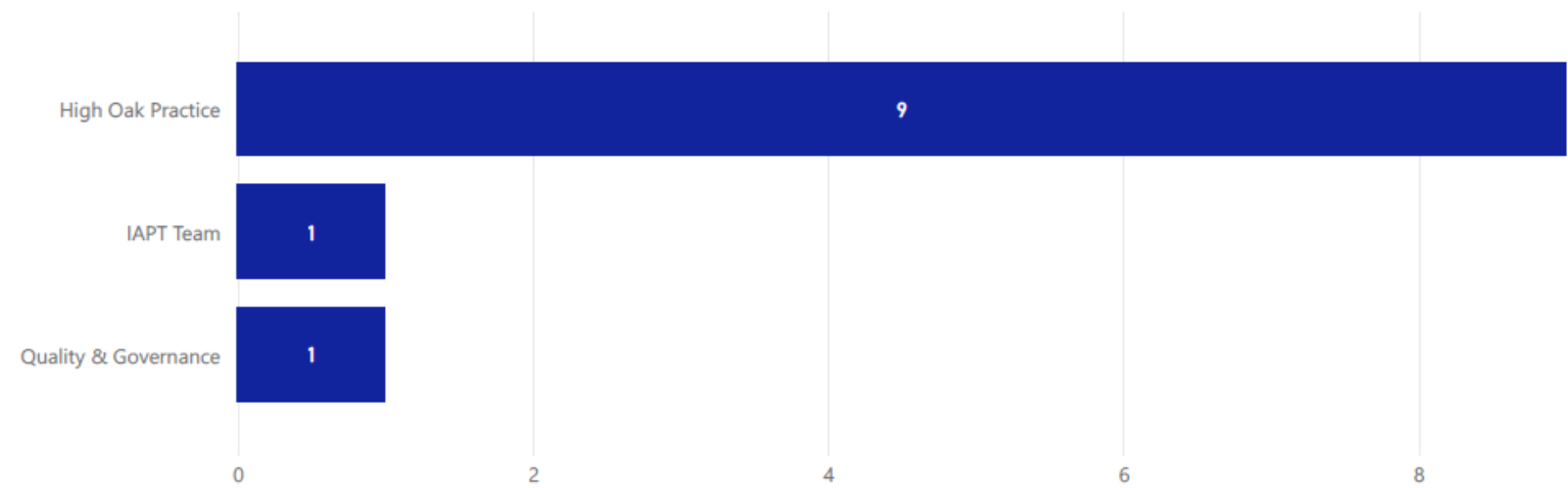
Jan 2022
Date
2
Value
No Target
Target
Common Cause
Variation
No Target
Assurance

Actions

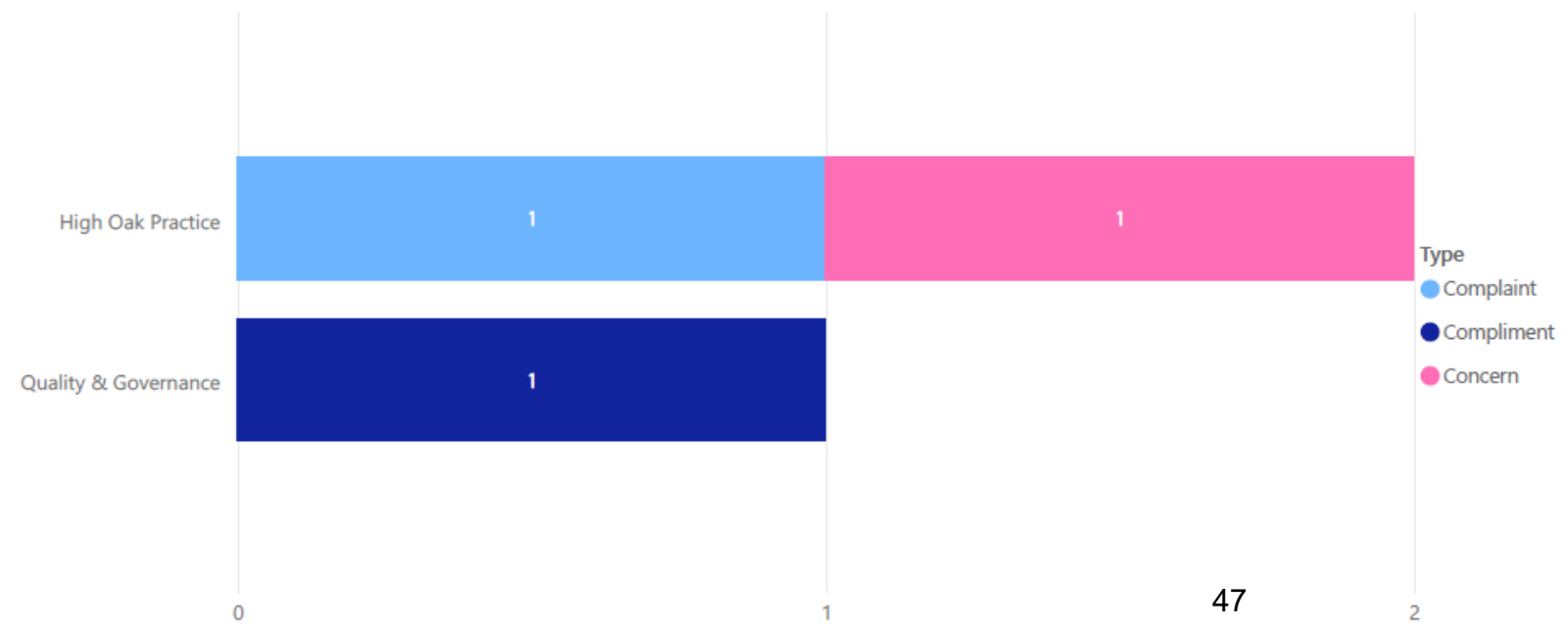
- No specific actions required. FFT will be reported quarterly

Incidents and Feedback Closed Within: Jan-2022

Incident Closed by Service



Feedback Closed by Service



Key Lessons Learnt

Improvement opportunities identified

- Process review of 2 week wait referrals to ensure timeliness and resilience of system
- Confidentiality issues aligned to completing forms directly on the staff intranet

Actions

- Electronic alert system introduced for the 2 week wait referral process
- Communication to staff to ensure documents are downloaded from the Trust intranet as a result of confidential information being saved
- Additional training and awareness provided for clinical coding

INFECTION PREVENTION & CONTROL – Summary

- **Qualitative face fit train the tester training**

Two sessions were delivered by an accredited external provider on 04/02/22; 10 DIHC employees attended and successfully completed the training

- **Infection Control Policies**

- Hand Hygiene Policy has been reviewed
- Decontamination Policy is currently being reviewed
- Personal Protective Equipment Policy has been revised and is currently awaiting final approval

- **Infection Prevention and Control Link Worker Programme**

5 link workers have been recruited with at least one link worker appointed by each service; the role specification is currently being written, a starter pack is being put together and the aim is for the first meeting to take place at the beginning of March

- **IPC audits**

A baseline audit was carried out at Chapel Street on the 17/01/22. Improvement actions were identified and support offered by the DIHC IPC team regarding training and developing a resource of relevant guidance for staff

- **Staff flu campaign**

The flu campaign has now concluded. Planning has commenced for 22/23 campaign

HEALTH & SAFETY - Summary

- H&S Committee held 24/01/22
- Audit undertaken at Chapel Street as part of due diligence exercise; further actions identified and being progressed with the landlord and current contract holders
- Support being provided regarding Halesview following some concerns reported by staff there regarding the environment; discussions being held with BCH Estates team to agree actions required
- All H&S policies have now been reviewed and revised versions drafted for review and approval
- Workplan for 2022/23 currently being developed

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Quality & Safety Committee

Date of meeting: 15th February 2022 (via Microsoft Teams)

Significant risks/issues for escalation

No significant issues for escalation to the Board

Key issues/matters discussed at the Committee

- The committee was quorate

Quality and Safety Report

- The quality report contained January 2021 data. The structure of the report was revised to align it with other committee reports and now includes a KPI and performance scorecard. It was agreed to discuss further development of the scorecard at the Committee's scheduled development session in March 2022.
- Based on the quality indicator data available to Q&S Committee there were no significant concerns regarding the quality of services currently provided by the Trust for escalation to the Board.
- 12 incidents were reported during January 2022, these did not meet the national serious incident reporting framework.
- Committee were informed that the SI reported in November 2021 had been investigated and submitted to the CCG in the required timeframe.
- One formal complaint was received in January 2022. Consent is awaited in order to commence the investigation.

Safeguarding

- Committee were concerned in relation to the mandatory training uptake for safeguarding. It was explained that other elements contributed to the training but these were not yet fully reflective on ESR. This will be discussed further with the Head of Safeguarding and the people team.

Infection Prevention and Control

- Committee were informed of the successful training programme which has resulted in 10 fully training FFP3 'Fit' testers.
- The committee were informed of continuing progress in the delivery of the Trusts IPC workplan which has included IPC service audits and the further development of the Trusts IPC link worker programme.

- The Trusts staff flu campaign for 21/22 has now completed. The final uptake was 59.4%. The final figure for all Trusts in England is not yet available but provisional figures for end of December 2021 show 58.8 %. Planning is now underway for the 22/23 campaign and it is a CQUIN requirement with the target of 90% uptake of flu vaccinations by frontline staff with patient contact.

Clinical Governance Development:

- A progress report was provided to Committee on clinical governance developments. The policy work continues at pace and includes the development of a document library solution which will provide further improvements and ease of access for teams.
- Committee reflected on the workstreams and queried the development of patient feedback mechanisms for primary care and mental health services. Committee will, in future, receive quarterly service level patient experience data (ie FFT).

Quality Priorities

- Committee were provided with a progress report aligned to the Trusts quality priorities for 21/22. The progress was commended by the chair and the Committee reflected on the improvements implemented in a year impacted by Covid19. The final update for 21/22 will form part of the Trust's Quality Account.
- A long list of quality priorities for 22/23 was presented. It was reflected that the Trust wanted to focus on a core number of 3-5 quality priorities aligned to the domains of '*safe, effective and experience*'. Committee were satisfied with this approach. A final set of priorities will be received in due course following the engagement exercise which is currently taking place.

Quality Account

- Committee were presented with the timeline for the development of the Quality Account. The document is due to be submitted by 30th June 2022. Committee were content with the proposal.

Due Diligence

- A clinical due diligence report was received following the Trusts management support to a Dudley practice. Committee considered that the report provided a comprehensive picture and were assured that the clinical due diligence had been well conducted.

Board Assurance Framework & Risk Register:

- The Assurance Framework and Risk Register was received by Committee. The risk regarding Covid-19 and the impact on the workforce was discussed. It was acknowledged that the Trust had not seen a significant impact of staff absence as a result of the Omicron variant and the easing of restrictions. It was suggested by Committee that the risk score should remain at 16 with a review in April 2022 to assess any impact of the further lifting of restrictions.

Decisions made by the Committee	No decisions were made
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	No implications identified at this point.
Items/Issues for referral to other Committees	<p>It was recommended that the financial due diligence in respect of the Dudley practice was reviewed by Finance and Performance Committee. The Director of Finance confirmed this was a scheduled agenda item.</p> <p>Mandatory training concerns to be escalated to the People Committee. It was confirmed this is a standing agenda item.</p>

Workforce Performance Report

Reporting Period: January 2022

Reported At: February 2022, People Committee

Reported By: Bev Edgar, Interim Director of People

Page 3 – Performance Scorecard Overview

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

Page 6 – Leavers by Reason

Page 7 – HR Training Summary

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

DIHC Performance Scorecard 2021/22

Domain	Sub domain	Metric	Latest Date	Value	YTD	Target	Variation	Assurance
Workforce	Absence	Sickness % (Month)	Jan 2022	4.6%	2.97%	4.68%		
		Sickness % (12 Months)	Jan 2022	3.05%		4.68%		
		Long Term Sickness % (12 Months)	Jan 2022	74.77%		-		
		Maternity % (Month)	Jan 2022	1.43%	1.07%	-		
	Development	Appraisal %	Jan 2022	72.73%		85%		
		Training Compliance %	Jan 2022	90.54%		90%		
	Staff in post	Vacancy %	Jan 2022	2.57%	9.47%	10%		
		Turnover % (12 Months)	Jan 2022	23.01%		13%		
		Turnover % (in Month)	Jan 2022	0.43%		1.1%		

Footnotes

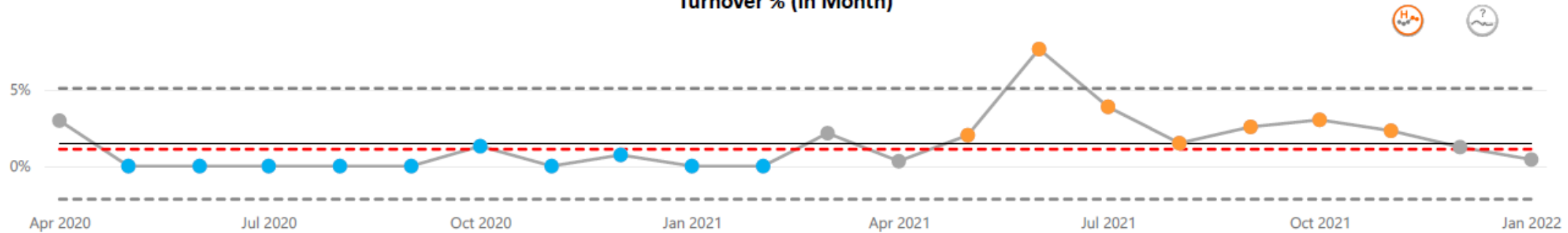
- A “ - ” has been used to represent that no target is available at the time of reporting

Key

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H) higher or (L) lower values	Special cause of improving nature or lower pressure due to (H) higher or (L) lower 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

Workforce

Turnover % (in Month)



Jan 2022
Date

0.43%
Value

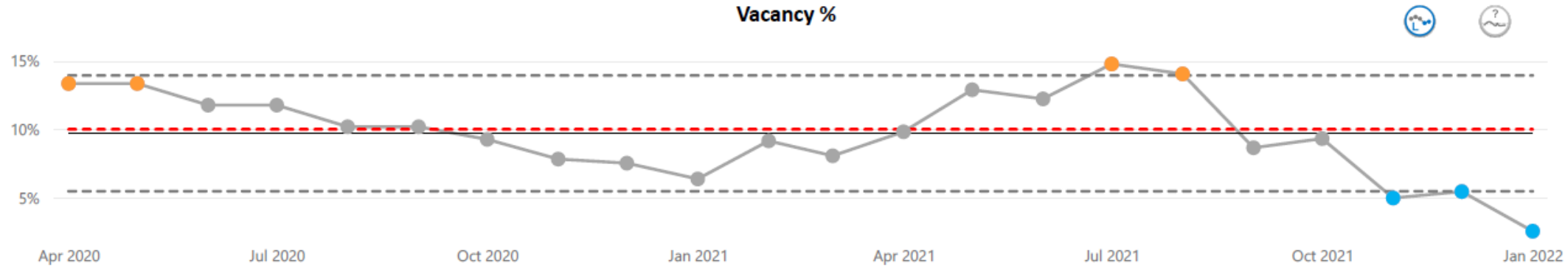
1.1%
Target

Common Cause
Variation

Hit or Miss
Assurance



Vacancy %



Jan 2022
Date

2.57%
Value

10%
Target

Improvement
Variation

Hit or Miss
Assurance



Service comments

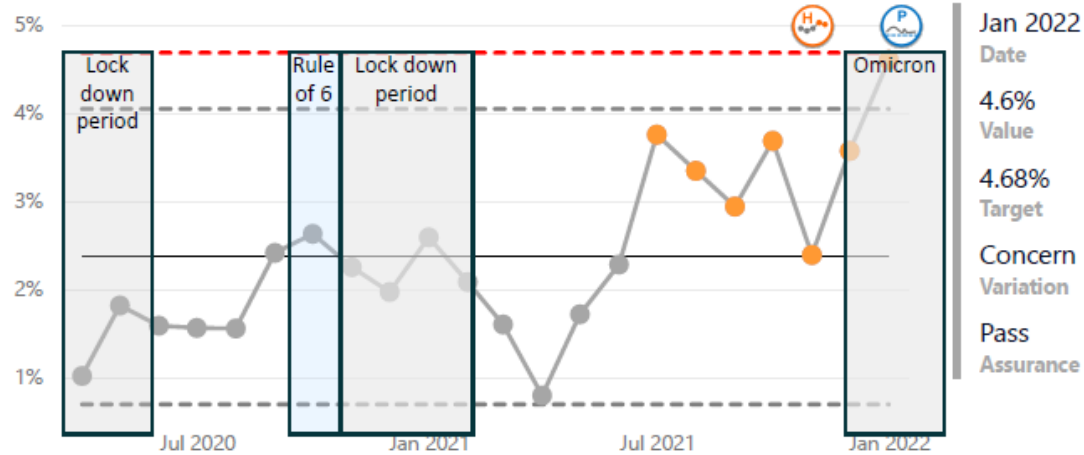
- The funded establishment for January 2021 is 295.75 (WTE). There were 10.42 (WTE) starters, the positions recruited to this month included paramedics, safeguarding named nurses, a social worker, a school nurse, and IAPT practitioner. In corporate services, new starters included a people administrator, business support officer and Chief Executive who began on 1st Jan 2022.
- The number of leavers during January was 1.00 (WTE)/1 staff member. The reason for leaving was recorded as relocation.
- As of 14th February 2022 the compliance for 2nd dose of Covid vaccine is 89.6% (90.4% - patient facing, 84.4% - non patient facing), the Covid Booster 76.0% (75.0% - patient facing, 82.2% - non patient facing) and Flu Vaccine 57.6% (57.5% - patient facing, 57.8% - non patient facing)

Actions

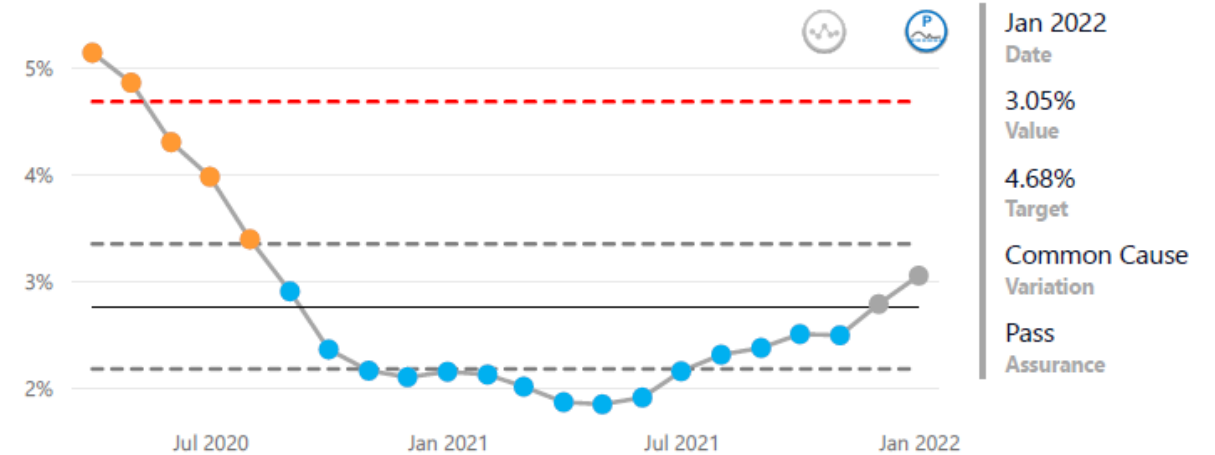
- As of 15th February – There are 7 roles out for advert, 5 posts are currently being shortlisted and 3 at the interview stage. Also, there are 43 roles at either the employment check stage or awaiting start dates.
- Work has started on the transfer of recruitment from an external provider to in house from 1st April 2022
- Final stages of planning for transfer for recruitment from BCH to in-house recruitment is now in place and on-going

Workforce - Absence

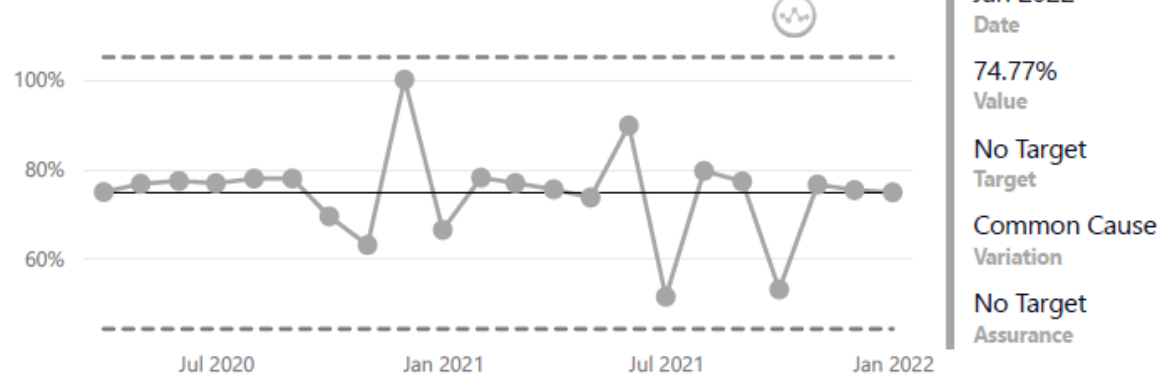
Sickness % (Month)



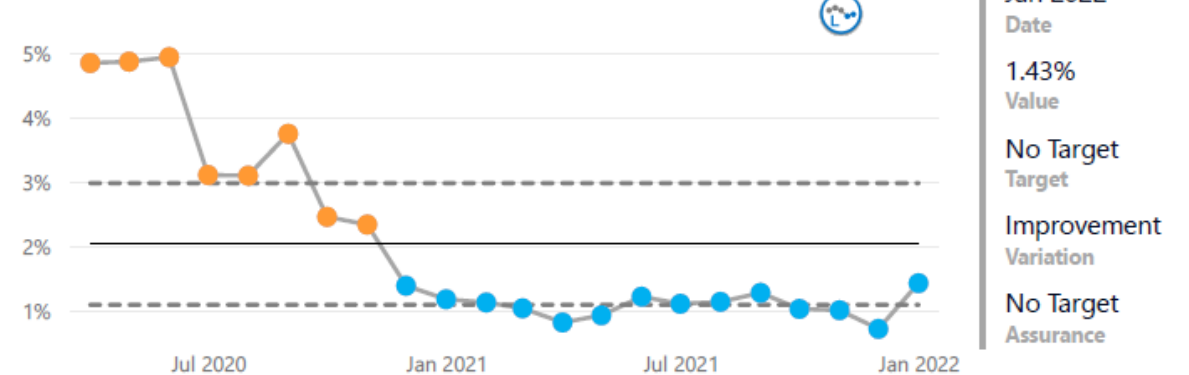
Sickness % (12 Months)



Long Term Sickness % (12 Months) *



Maternity % (Month)

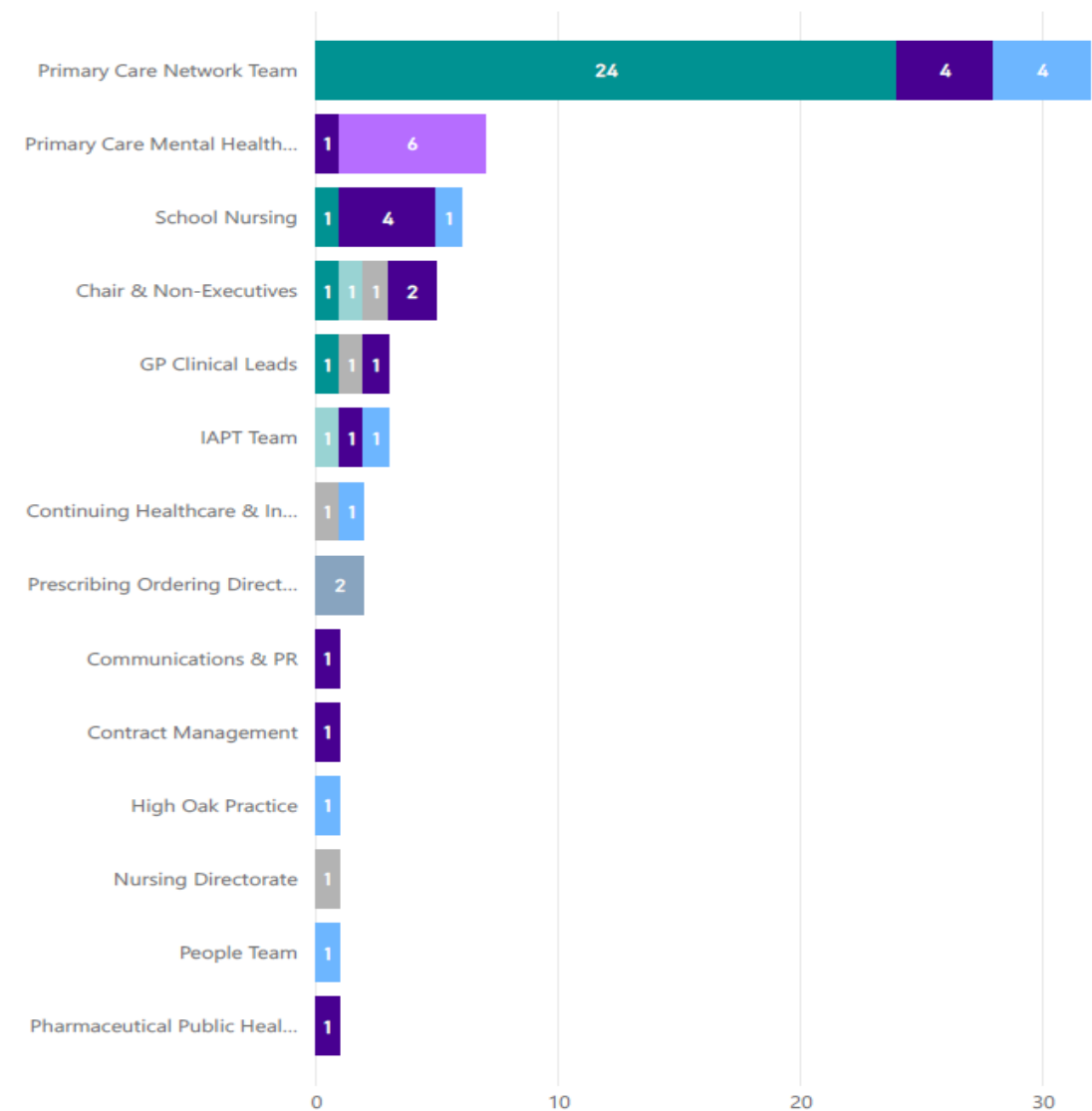


* Long Term Sickness (12 Months) is a proportion of the Sickness % (12 Month) e.g. 74.77% of the 3.05% were classed as long term absences

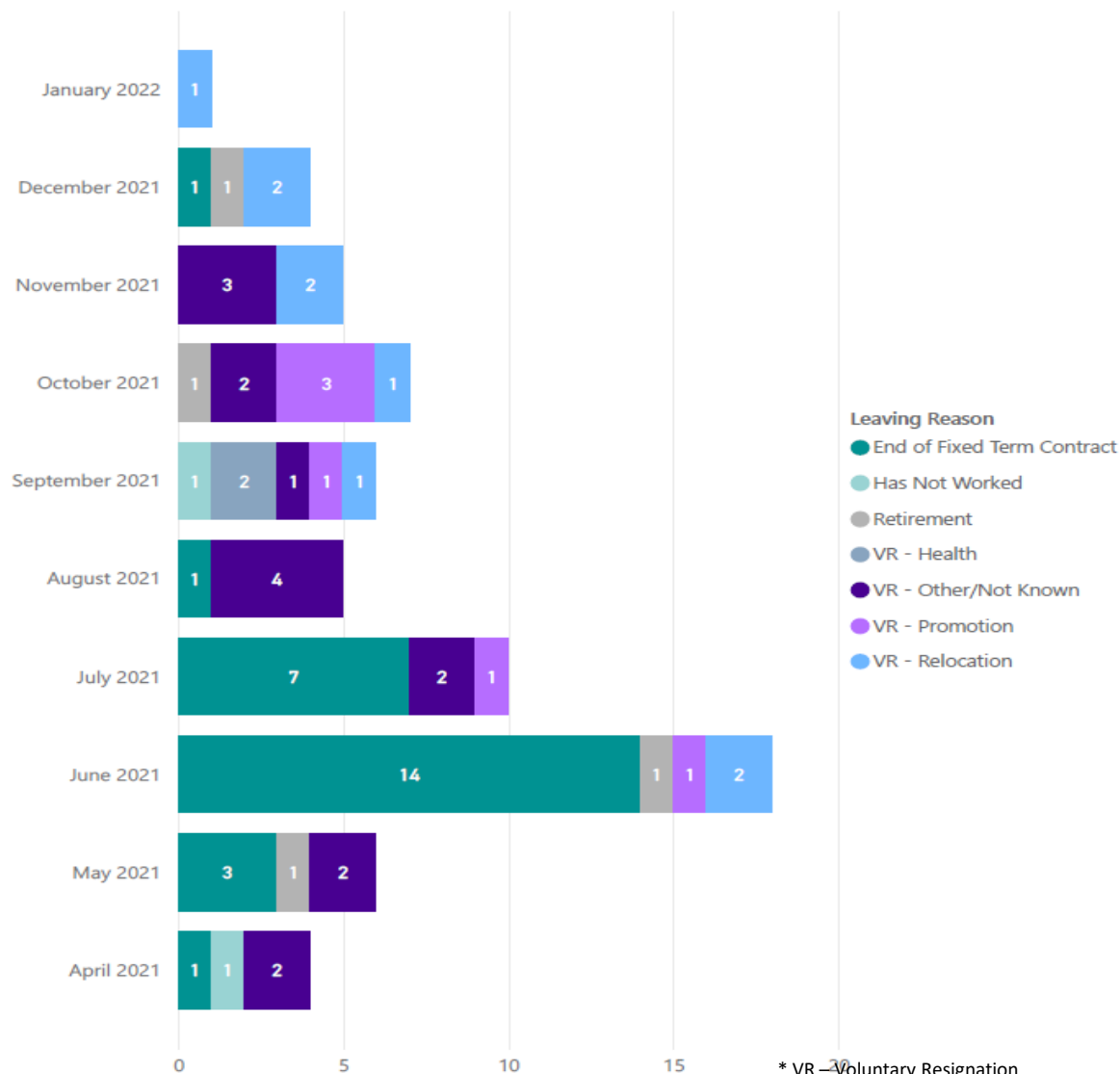
Service comments	Actions
<ul style="list-style-type: none"> Absence reporting at the end of January 2022 highlights 8 employees being actively managed for long term sickness absence. 4 of which have returned to work as of 15th February 2022. At the end of January there were 33 staff who were recorded as having short term sickness in January, totalling to 162.66 (FTE) days lost the most common reason being infectious diseases and chest & respiratory problems. Anxiety, stress, depression and other psychiatric illnesses contributed the most to the total FTE days lost (41.36 days). On 15th February there was 0 confirmed COVID sickness absence and 0 suspected COVID cases. Sickness absence is being reported daily in order to track the levels of sickness absence due to the pandemic . 	<p>Sickness absence is being reported daily in order to track the levels of sickness absence due to the pandemic .</p>

Leavers by Reason

Leavers by Reason & Team (YTD)

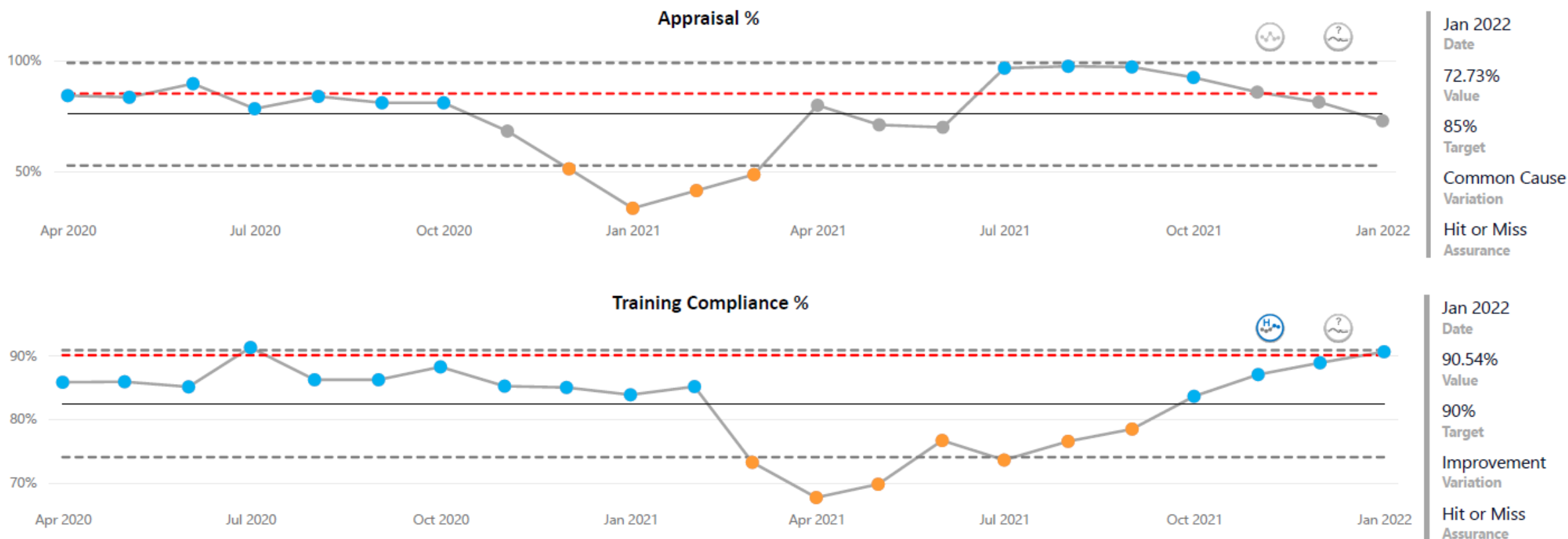


Leavers by Reason & Team (YTD)



* VR - Voluntary Resignation

Workforce - Training



Service comments

- Training compliance has shown significant improvement over the last few months and is now on target of 90.54% for the first time in over 1 year. Fire Safety and Infection Prevention and Control Level 1 training have shown improvement compared to last month (a 1.9% and 3.4% increase respectfully) and are now close to reaching the Trust's 90% target . The non-complaint and due soon compliance notifications continue to be circulated with teams in order to continue to improve the compliance rate and staff are encouraged to report any issues that arise with training to the People team for prompt investigation. Mandatory training also continues to be discussed at monthly managers meeting to reinforce the need for compliance.
- Two training modules - Clinical Risk Assessment - 3 Years and Safeguarding Adults/Children Level 3 - 1 Year; are classroom based training courses and have not been available during COVID. Safeguarding is still being monitored by the safeguarding team with quarterly safeguarding supervision sessions for relevant roles.
- Appraisal rate decreased to 72.73% in January 2022. The Appraisal figure excludes all new staff who have not reached 1 years service with DIHC. There were 42 non compliant staff mainly from the Primary Care Network Team, as a lot of these staff started in a similar time last year. The Primary Care Network team is due to expand shortly in managerial responsibilities which should allow for these appraisals to take place over the next few months.

Actions

- Resuscitation - Basic life support training is now taking place and sessions have been booked in for February and March. Staff are actively signing up to these sessions with more being planned for the future to meet demand.
- Anti Racism training continues to be rolled out and additional sessions have been advertised to all managers and staff.
- Just & Culture training has also been rolled out for managers with two cohorts scheduled for April 2022 for staff to book onto

Training by Directorate

Mandatory Training Compliance

Attribute	Total Compliant	Total Expiring Soon	Total Not Compliant	% Total Compliance
NHS CSTF Preventing Radicalisation - Prevent Awareness - 3 Years	50		1	98.04%
NHS CSTF Dementia awareness - No Specified Renewal	48		1	97.96%
NHS CSTF Safeguarding Adults (Version 2) - Level 1 - 3 Years	318	6	13	96.07%
NHS CSTF Health, Safety and Welfare - 3 Years	317	8	14	95.77%
NHS CSTF Equality, Diversity and Human Rights - 3 Years	314	11	17	94.86%
NHS CSTF Preventing Radicalisation - Basic Prevent Awareness - 3 Years	312	1	19	94.26%
NHS CSTF Safeguarding Adults (Version 2) - Level 2 - 3 Years	96	6	7	93.20%
NHS CSTF Safeguarding Children (Version 2) - Level 1 - 3 Years	306	6	25	92.45%
NHS CSTF Moving and Handling - Level 1 - 3 Years	299	10	32	90.33%
NHS CSTF Information Governance and Data Security - 1 Year	298	30	33	90.03%
NHS CSTF Infection Prevention and Control - Level 2 - 1 Year	45	13	6	88.24%
NHS CSTF Fire Safety - 1 Year	291	32	40	87.92%
NHS CSTF Safeguarding Children (Version 2) - Level 2 - 3 Years	90	7	13	87.38%
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	285	26	46	86.10%
NHS MAND Domestic Violence and Abuse - 3 years	9	2	2	81.82%
NHS MAND Medicines Management Awareness - 3 Years	7		2	77.78%
NHS MAND Mental Health Act - 3 Years	7		4	63.64%
NHS MAND Safeguarding Adults Level 3 - 1 Year	7		4	63.64%
NHS MAND Safeguarding Children Level 3 - 1 Year	7		4	63.64%
NHS MAND Mental Capacity Act - 3 Years	8		5	61.54%
NHS CSTF NHS Conflict Resolution (England) - 3 Years	5	1	4	55.56%
NHS MAND Clinical Risk Assessment - 3 Years	9	4	26	25.71%
NHS CSTF Resuscitation - Level 2 - Adult Basic Life Support - 1 Year			9	
Total	3128	163	327	90.54%

Mandatory Training Compliance by Directorate & Team

Directorate	Total Compliant	Total Expiring Soon	Total Not Compliant	% Total Compliance
Directorate of Finance, Performance & Contracting	45	2		100.00%
Contract Management	27			100.00%
Finance	18	2		100.00%
Directorate of Nursing & AHP	420	43	28	93.75%
Nursing Directorate	10		17	37.04%
Quality & Governance	46	1	8	85.19%
Safeguarding	18			100.00%
School Nursing	346	42	3	99.14%
Directorate of Operations	1799	94	236	88.40%
Continuing Healthcare & Intermediate Care	156	3	24	86.67%
High Oak Practice	72	3		100.00%
IAPT Team	611	50	54	91.88%
Primary Care Mental Health Team	241	15	41	85.46%
Primary Care Network Team	719	23	117	86.00%
Directorate of Strategy, People & Partnerships	198	3		100.00%
Communications & PR	27			100.00%
People Team	72	2		100.00%
Strategy & Transformation	72			100.00%
Strategy & Transformation - CYP & Families	27	1		100.00%
Executives Directorate	136	3	44	75.56%
Executives	136	3	44	75.56%
Medical Directorate	530	18	19	96.54%
GP Clinical Leads	113	16	13	89.68%
Pharmaceutical Public Health Team	337		5	98.54%
Prescribing Ordering Direct (POD) Team	80	2	1	98.77%
Total	3128	163	327	90.54%

Key Competences Highlighted (in April 21) for Improvement	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	% (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%	93.2%	94.8%	95.8%	1.0%
NHS CSTF Equality, Diversity and Human Rights - 3 Years	72.2%	82.1%	87.6%	91.6%	84.2%	84.9%	90.5%	91.7%	93.6%	94.9%	1.3%
NHS CSTF Fire Safety - 1 Year	66.5%	77.9%	82.6%	85.9%	78.2%	83.0%	88.0%	86.8%	86.5%	87.9%	1.4%
NHS CSTF Moving and Handling - Level 1 - 3 Years	65.0%	74.5%	79.5%	82.3%	71.2%	71.5%	75.3%	83.4%	86.5%	90.3%	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%	85.8%	85.6%	90.0%	4.4%
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	43.3%	56.7%	64.5%	68.7%	62.1%	65.1%	70.6%	80.6%	82.2%	86.1%	3.9%
Total Compliance %	63.9%	75.2%	80.8%	84.1%	76.1%	78.47%	83.60%	86.92%	88.19%	90.84%	2.6%

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: People Committee

Date of meeting: 22nd February 2022 (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 reviewed the risks allocated to the People Committee and there were no amendments proposed. Risk C101, 'Risk of Covid affecting staff' will be closely monitored over the coming months in particular in light of the forthcoming lifting of restrictions.
- The committee recognised the need to develop its focus on 'quality' as well as 'quantity' as the organisation strives to deliver current services really well. This was reflected in more qualitative discussions during the meeting.
- Assurance was provided on progress against the Away Day action plan with a deadline of the end of April set by the committee for completion of all but one of the identified actions.
- Progress on development of the in-house recruitment was provided and assurance provided that it is on track for the beginning of April. In line with the 'quality' development, the committee requested a further update to be provided at the next meeting to include clarity around the 'business benefits' that DIHC seeks to realise as a result of bringing this function in house.
- The workforce performance report was reviewed. The committee discussed current sickness levels and in line with ongoing monthly performance, agreed to reduce the target sickness level from the national target of 4.68% to a lower 3.8%.
- The committee acknowledged the month-on-month improvements that have been made to the compliance levels for Mandatory training which has resulted in the organisation now being on target at 90.54%.
- The committee recognised that the Appraisals rate had decreased to 72% which required improvement. With there being a need for quality and not just quantity, learning to be incorporated from the staff survey and a need to balance welfare of supervision, an expectation of achieving the target of 85% compliance by the end of May 2022 was agreed.
- The committee received an update on the development of the new Equality, Diversity and Inclusion strategy.
- The committee received an update on a self assessment that has been conducted against the NHS England wellbeing framework. The assessment has

	<p>highlighted that the Trust is performing well against many areas with 5 recommendations made for improvements. The committee requested that the recommendations be considered and progressed as appropriate by the Executive team.</p> <ul style="list-style-type: none"> • The committee reviewed progress against development of the HR Policies and were assured that the organisation was on track to complete all policies, priority 1, 2 and 3, by April 2022. In line with the quality engagement, it was acknowledged that there will be a requirement for further implementation of some of the key policies over the coming months.
Decisions made by the Committee	<p>Agreed to reduce sickness level target to 3.8%.</p>
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	<p>No new risks or changes identified.</p>
Items/Issues for referral to other Committees	<p>Nil</p>

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Equality, Diversity and Inclusion Committee

Author of the Report: Billie Lam, Associate Non-Executive Director

Date of meeting: Development Session 10th February 2022

Significant risks/issues for escalation

- None

Key issues/matters discussed at the Committee

The EDI Committee has not met in formal session since November 2021, initially to allow time for colleagues to develop of EDI Strategy and later to support the Covid-19 response.

Selected members of the EDI Committee and relevant colleagues met in a development session on Thursday 10th February 2022. During the session, the Trust's performance on Equality Development System 2 (EDS2) Outcomes in the patient domain and the future governance arrangements for the committee were discussed.

EDS2

EDS2 provides a framework for NHS organisations to ensure that the Public Sector Equality Duty (from the Equality Act 2010) is met. EDS2 is mandatory within the NHS Standard Contract. The EDS2 Outcomes in the patient domain focus on patient access and experience in each of the 9 protected characteristics.

We considered where further assurance could be taken from in completing the submission and heard of the work that had been undertaken by colleagues, including Duncan Jenkins, Pharmaceutical Specialist and Joe Taylor, Strategic Transformation Lead.

It was recognised that there was still significant work to do in ensuring that the EDS2 submission accurately reflected the work to date and looked forward to receiving assurances on what would be reported at the next meeting.

Governance

We welcomed the review of the terms of reference and the development of the cycle of business and would receive these at the next meeting.

Development of the EDI Strategy

This complex piece of work was ongoing and an update was expected at the next meeting.

Decisions made by the Committee

- The next committee meeting will be 10th March 2022

Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)

- None identified

Items/Issues for referral to other Committees

- None identified

Finance and Performance Report

Reporting period: April 2021 to January 2022

Reported to: February 2022 Finance, Performance and Digital Committee

Reported by: Philip Cowley, Deputy Director of Finance

• Finance Dashboard – Oversight Framework	Page 3
• Finance Dashboard – Other	Page 4
• Income and Expenditure Summary	Page 5
• Capital Summary	Page 6
• Balance Sheet Reporting	Page 7
• Better Payment Practice	Page 9
• Performance Scorecard	Page 10
• Exception Reporting - IAPT	Page 11

Finance Dashboard – NHS Oversight Framework

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

Indicator	Definition	Scoring Criteria				Actual	Score
		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	0.5	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)	67 Days	1
I&E Margin Rating	I&E surplus or deficit/total revenue	>1%	1-0%	0-(1)%	<(1)%	2.82%	1
Distance from Financial Plan	Year to date actual I&E surplus/deficit in comparison to Year-to-date plan I&E surplus/deficit	>0%	(1)-0%	(2)-(1)%	<(2)%	£483k %N/A	1
Agency Rating	Distance from providers cap	<0%	0%-25%	25-50%	>50%	-40.91%	1
Overall Score							2

Exception Report – Capital Service Cover

The **Capital Service Cover** rating measures the ability of the Trust to pay for any financial obligations such as loan principal and interest repayments from its surplus. The Trust is currently reporting actual capital service cover of 0.5x liabilities, which indicates that its reported surplus is only sufficient to cover 50% of these financial obligations, and as a result is reporting a score of 4 and red rating

The reason for this rating is that the £1.7m outstanding balance of the working capital loan received from BCH at the Trust's inception is greater than the surplus generated by the Trust. Due to the current NHS financial regime it is not currently possible to plan to achieve a surplus and this is likely to continue into 2022/23, and it is for this reason that the rating is as reported.

However, the Trust's actual cash balance remains sufficient to repay the outstanding loan balance while still ensuring the Trust retains acceptable liquidity. A repayment in full would still leave a cash balance of £1.95m as at 31st January, equating to working capital sufficient for 36 days of operating costs and continuing to see the Trust rated green under the Oversight Framework metric.

Finance Dashboard – Other Indicators

This dashboard shows performance against local indicators of financial performance and also performance against the Better Payments Practice Code for the period to January 2022.

Indicator	Definition	Scoring Criteria			Actual/ RAG
		Green	Amber	Red	
Expenditure - Pay	Variance to plan	>0%	(2)-0%	<(2)%	5.9%
Expenditure - Non Pay	Variance to plan	>0%	(2)-0%	<(2)%	-9.6%
Income	Variance to plan	>0%	(2)-0%	<(2)%	0.4%
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%	99.7%
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%	99.8%

Exception Report – Non-Pay Expenditure

Non-pay Expenditure at the Trust is currently £366,000 above its planned level of £3.8m, generating an adverse variance of 9.6% against plan.

The current level of vacancies in the organisation and consequent underspend against operational pay budgets has released funding for non-recurrent investment in Trust development activities and transformational initiatives – for example the migration of School Nurses and Primary Care Mental Health teams onto EMIS. These underspends have reduced the need to access non recurrent investment funding being held by the CCG. Every effort is being made to recruit to front line services and these posts remain funded on a recurrent basis.

The intention to commit further non-recurrent expenditure in this way was noted in the financial plan for the H2 period, which foresaw the release of an additional £400,000 from budget underspends to fund non-recurrent investments, and the reported variance is in line with these plans.

Income and Expenditure Summary

Surplus/(Deficit)

The overall reported position is a surplus of £482,000 YTD, forecast to reach £486,000 by the end of the financial year.

This improved position follows a detailed review of expenditure commitments at month 10, and reflects the latest risk share position with the Black Country and West Birmingham ICS.

Income

The Trust income position continues to reflect the agreed income plan of £16.4m

Expenditure

	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	(16,401)	(13,789)	(13,789)	0	-
Expenditure								
Primary Care	9.95	8.89	1.06	1,002	843	886	(43)	(121)
PCN Services	68.63	70.79	-2.16	(187)	(153)	(167)	14	14
Mental Health & Learning Disability	77.82	61.68	16.14	3,693	3,078	2,419	659	786
Children & Young People	29.07	25.75	3.32	1,261	1,051	949	101	128
Older Adults & Reablement	22.61	19.9	2.71	1,076	896	1,071	(175)	(205)
Pharmaceutical & Public Health	46.19	38.77	7.42	2,100	1,794	1,413	380	434
Corporate Services	87.04	50.82	36.22	7,457	6,282	6,737	(454)	(549)
Total Expenditure	341.31	276.6	64.71	16,401	13,790	13,308	482	486
Surplus/(Deficit)							482	486

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 currently overspent by £43,000, and forecast to overspend by £121,000 at the year-end. This overspend is due to the costs of running the Winter Access Hub at High Oak Surgery, the income for which is included within the H2 financial envelope accounted in the income section of the report.
- **Mental Health and Learning Disability** services are underspent by £659,000, forecast to increase to £786,000 at the financial year end, with continued recruitment challenges leading to a number of ongoing vacancies within the teams.
- The **Children and Young Persons** Division reports an underspend of £101,000 (forecast £128,000) due to vacancies in the School Nursing team. A number of these posts have now been recruited to.
- **Older Adults and Re-ablement** budgets are overspent by £175,000 YTD and forecast to be overspent by £205,000 at year end, due to ongoing agency expenditure to cover vacancies and additional Covid-related pressures in the Continuing Healthcare team.
- The **Pharmaceutical** division is forecast to underspend by £434,000, due to vacancies in the team. These vacancies have now been recruited to and the team will be up to its full complement by the start of the 22/23 financial year.
- **Corporate Services** report an overspend of £454,000 (£549,000 forecast at year-end). The overspend in this areas is due to two main items:
 1. A contribution of £280,000 to the Black Country and West Birmingham ICS as part of the risk and gain share arrangements.
 2. Investments made in Trust development and service improvements utilising funding released non-recurrently by vacancy-related underspends within operational budgets. A number of these investments will provide improvements to operational services (for example the implementation of new IT services for School Nursing and Mental Health teams). These underspends have reduced the need to access non recurrent investment funding being held by the CCG. Every effort is being made to recruit to front line services and these posts remain funded on a recurrent basis.

Capital Summary

Capital Plan

The Trust's agreed capital plan for the financial year 2021/22 totals £241,000, as part of the wider ICS control total of £80.105m. This is split between two schemes, for medical equipment and IT (desktop/laptop refresh programme).

Subsequent to this plan, NHS Midlands has approved a revised system plan of £92.9m, of which DIHC has received approval to for a additional expenditure of £39,000, bringing available resources to £280,000. This is by way of an approved overspend, rather than adjustment to the plan, with the reported capital plan remaining at £241,000

Expenditure Against Plan

At month 10, due to delays in the ordering and delivery of equipment the Trust's expenditure against the capital plan totals £157,000, an £84,000 underspend against the YTD plan of £241,000.

All planned equipment has been ordered and is scheduled for delivery before the end of the financial year, and the Trust is forecast to hit its revised full year target expenditure of £280,000.

	Annual Plan £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Forecast Variance £000's
Scheme					
Medical Equipment	50	50	-	50	
Desktop/Laptop Refresh	191	191	157	34	(39)
Total Expenditure	241	241	157	84	(39)

Additional Capital Funding

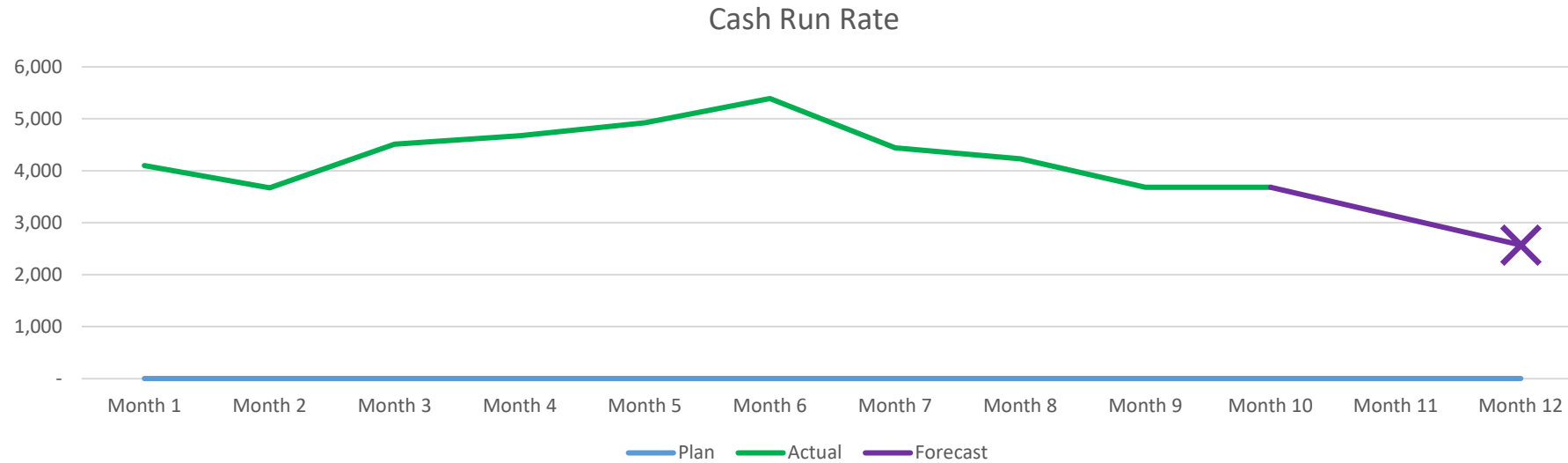
Since the closure of the M10 financial position the Trust has received notification been successful in a bid for additional national capital funding of £247,000 from the Digital Aspirant programme.

This funding is earmarked to accelerate the replacement of legacy digital devices in 2021/22, and the IT team has confirmed that the funding will be spent in full before the end of March 2022 on additional laptops and other IT equipment.

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	Actual Nov-21 Closing	Actual Dec-21 Closing	Actual Jan-22 Closing	Month on Month Movement
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Non-current assets											
Intangible assets	-	-	-	-	-	-	-	-	-	-	-
Property, plant and equipment	38	34	33	32	31	30	29	28	186	172	(14)
Other investments / financial assets	-	-	-	-	-	-	-	-	-	-	-
	38	34	33	32	31	30	29	28	186	172	(14)
Current assets											
Inventories	-	-	-	-	-	-	-	-	-	-	-
NHS receivables	1,238	2,604	735	810	603	390	723	1,919	1,102	1,078	(24)
Non-NHS receivables	686	23	842	976	1,406	1,159	1,663	765	1,555	1,106	(449)
Other current assets	-	-	-	-	-	-	-	-	-	-	-
Cash and cash equivalents	4,097	3,671	4,510	4,676	4,923	5,389	4,443	4,229	3,681	3,655	(26)
	6,021	6,298	6,087	6,462	6,932	6,938	6,829	6,913	6,338	5,839	(499)
Current liabilities											
Capital trade payables	-	-	-	-	-	-	-	-	-	-	-
Revenue trade payables	(2,777)	(3,146)	(2,820)	(3,280)	(3,781)	(4,325)	(3,646)	(3,908)	(4,258)	(3,631)	627
Borrowings	(1,133)	(1,133)	(1,133)	(1,133)	(1,133)	(1,133)	(1,133)	(1,133)	(1,133)	(1,133)	-
Deferred income	(333)	(587)	(714)	(593)	(573)	(545)	(1,132)	(924)	(425)	(82)	343
Other financial liabilities	-	(207)	(197)	(233)	(225)	(281)	(263)	(289)	-	-	-
Provisions	-	-	-	-	-	-	-	-	-	-	-
	(4,243)	(5,073)	(4,864)	(5,239)	(5,712)	(6,284)	(6,174)	(6,254)	(5,816)	(4,846)	970
Net Current Assets	1,778	1,225	1,223	1,223	1,220	654	655	659	522	993	471
Non-current liabilities											
Capital payables	-	-	-	-	-	-	-	-	-	-	-
Revenue payables	-	-	-	-	-	-	-	-	-	-	-
Borrowings	(1,700)	(1,133)	(1,134)	(1,134)	(1,134)	(567)	(567)	(567)	(567)	(567)	-
Deferred Income	-	-	-	-	-	-	-	-	-	-	-
Other financial liabilities	-	-	-	-	-	-	-	-	-	-	-
Provisions	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(27)	-
	(1,727)	(1,160)	(1,161)	(1,161)	(1,161)	(594)	(594)	(594)	(594)	(594)	-
Total Net Assets Employed	89	99	95	94	90	90	90	93	114	571	457
Financed by											
Public dividend capital	2,321	2,321	2,321	2,321	2,321	2,321	2,321	2,321	2,321	2,321	(0)
Revaluation reserve	-	-	-	-	-	-	-	-	-	-	-
Other reserves	-	-	-	-	-	-	-	-	-	-	-
Income and expenditure reserve	(2,232)	(2,222)	(2,226)	(2,227)	(2,231)	(2,231)	(2,231)	(2,228)	(2,207)	(1,750)	457
Total Taxpayers' Equity	89	99	95	94	90	90	90	93	114	571	457

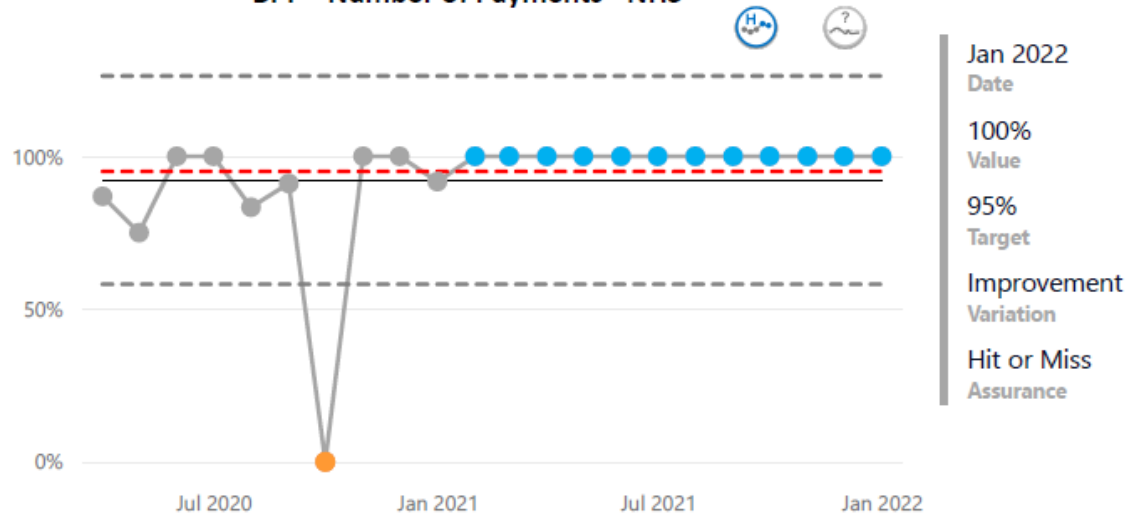
- The overall net assets position has increased in line with the operating surplus that is currently being reported at M10.
- The cash position continues to be healthy at £3.7m. There are a number of planned investments which are yet to be transacted, which will bring the cash position down to around £2.6m by M12.
- Reductions in payables between M09 and M10 are as a result in the improvement to the reported I&E position, with fewer costs now expected to be incurred in 2022/23.



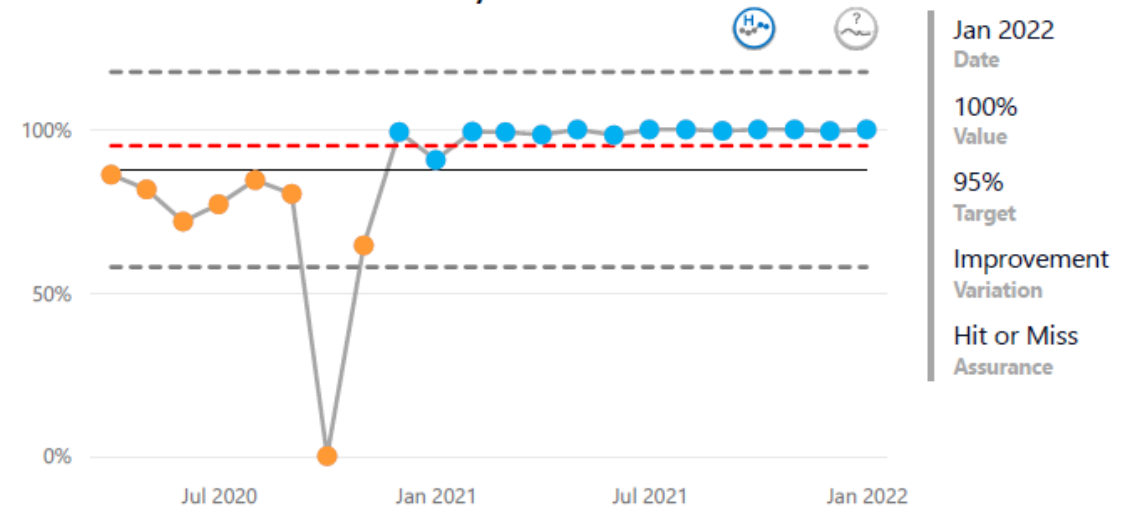
- The cash position is expected to reduce further by the end of the year due to expected settlement of costs which have been accrued for, including several planned investments. The forecast cash position is higher than previously reported, due to the operating surplus which is now being forecast.
- The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

Finance - Better Payment Practice

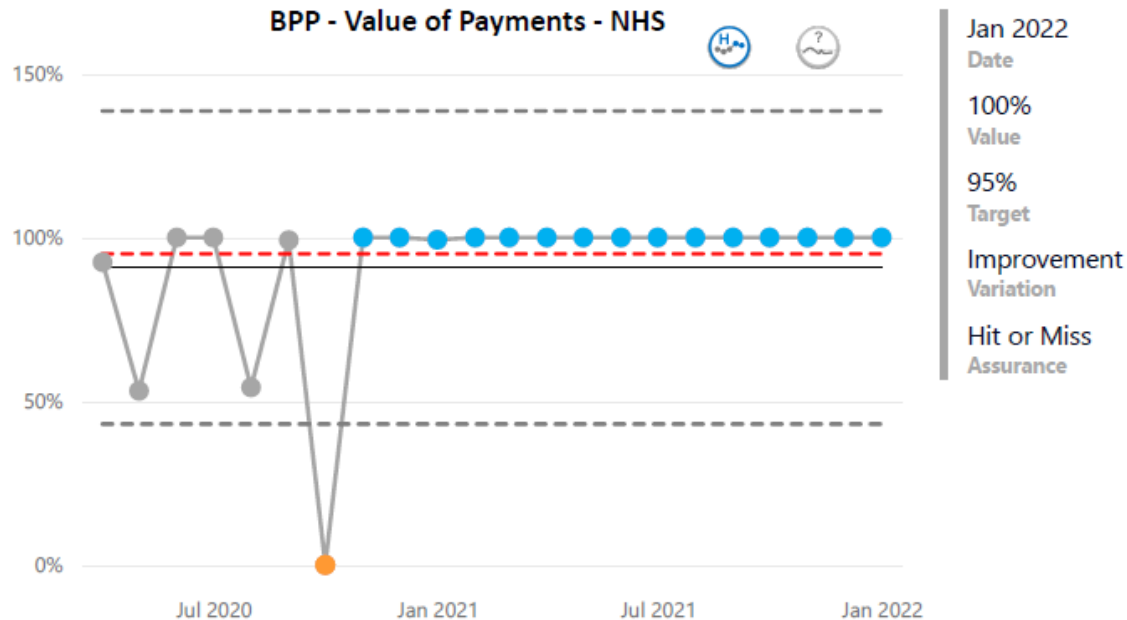
BPP - Number of Payments - NHS



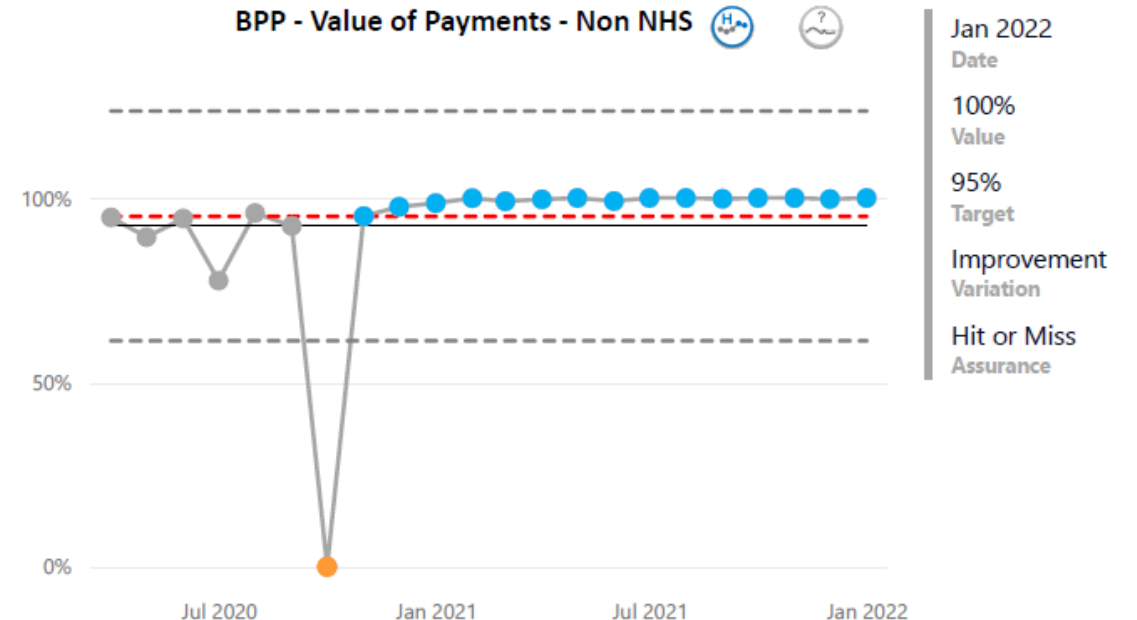
BPP - Number of Payments - Non NHS



BPP - Value of Payments - NHS



BPP - Value of Payments - Non NHS



DIHC Performance Scorecard 2021/22

Domain	Sub domain	Metric	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Operational Performance	ARRS PCN (Data avail. Mar 22)	Appointment Usage	Jan 2022	0%	No Target	0%	No Target		
		Appointments per hour	Jan 2022	0	No Target	0	No Target		
		DNA Rate	Jan 2022	0	No Target	0	No Target		
		Referral to GP	Jan 2022	0%	No Target	0%	No Target		
		Referral to Other	Jan 2022	0%	No Target	0%	No Target		
	CHC	Number of Referral for CHC	Jan 2022	47	No Target	47	No Target		
		% of Referrals Eligible for a Full CHC Assessment	Jan 2022	76.6%	No Target	76.6%	No Target		
		% of CHC Assessments Completed Within 28 Days	Jan 2022	94.4%	No Target	94.4%	No Target		
		% of Assessments Completed in an Acute Setting	Jan 2022	0%	15%	0%	15%		
	CHC - End of life	Number of Fast Track Referrals	Jan 2022	74	No Target	74	No Target		
		% of Newly Eligible Fast Track Patients	Jan 2022	59.5%	No Target	59.5%	No Target		
	CHC - Pathway 3	Number of Patients in a Pathway 3 Beds	Jan 2022	82	No Target	82	No Target		
		Number of Patients Discharged from Pathway 3	Jan 2022	7	No Target	7	No Target		
	High Oak Surgery - Overall	DQOF - Overall	Jan 2022	50.5%	No Target	50.5%	No Target		
	IAPT	Number of Service Users Referred for Psychological Therapies	Jan 2022	909	No Target	8126	No Target		
		% of Service Users Entering Treatment (Access Rate)	Jan 2022	74.48%	100%	75.98%	100%		
		% of Service Users Who Complete Treatment Who Are Moving to Recovery	Jan 2022	44.04%	50%	43.6%	50%		
		% of Service Users Who Are Treated Within 6 Weeks of Referral	Jan 2022	93.2%	75%	92.61%	75%		
		% of Service Users Who Are Treated Within 18 Weeks of Referral	Jan 2022	99.34%	85%	98.33%	85%		
		90+ Day Wait Between 1st and 2nd Appt	Jan 2022	6.42%	10%	6.09%	10%		
	Intermediate Care	Number of Patients in a Step Down Facility	Jan 2022	151	No Target	151	No Target		
		Number of New Patients Admitted in Step Down	Jan 2022	42	No Target	42	No Target		
		Average Length of Stay	Jan 2022	70	42	70	42		
		Number of Patients Discharged	Jan 2022	46	No Target	46	No Target		
	School Nursing	Number of Referrals to School Nursing Service	Jan 2022	243	No Target	2742	No Target		
		NCMP - Year 6 Status	Jan 2022	86.58%	43.33%	86.58%	70%		
		NCMP - Reception Status	Jan 2022	1.09%	85%	1.09%	100%		
	Winter Access	Number of Referrals to Winter Access Hub	Jan 2022	690	No Target	690	No Target		
		% Utilisation Rate	Jan 2022	54%	No Target	54%	No Target		
		% of Patient Attendance	Jan 2022	98%	No Target	98%	No Target		
		% DNA Rate	Jan 2022	3%	No Target	3%	No Target		
		Outcome - % Discharged Home	Jan 2022	86%	No Target	86%	No Target		
		Outcome - % Referred to GP	Jan 2022	7%	No Target	7%	No Target		
		Outcome - % Referred to Hospital	Jan 2022	7%	No Target	7%	No Target		

Footnotes

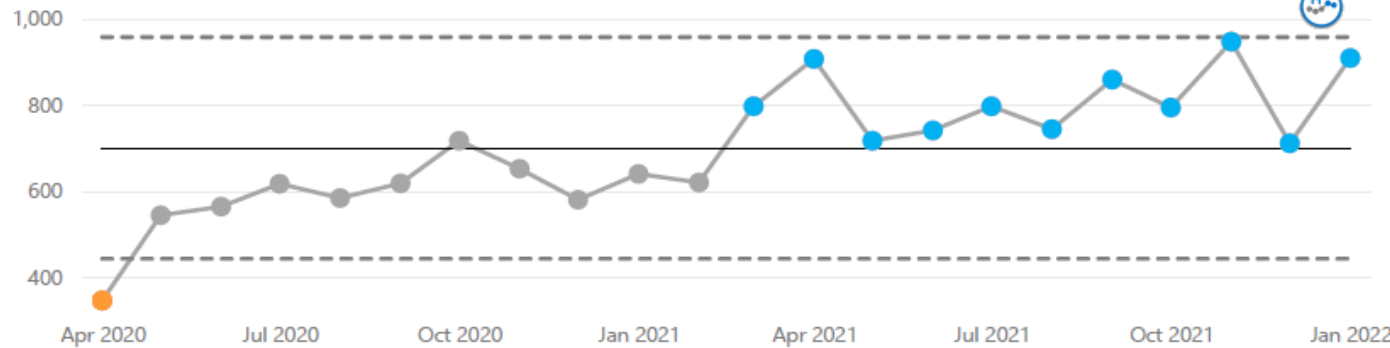
- ARRS PCN - Data is not available at the time of reporting.
- NCMP - National Child Measurement Programme runs until the end of July. Therefore the annual target has been set using the trajectory required by Easter half term.
- Continuing Health Care (CHC) and Intermediate care data is only available from January 2022.
- A number of new local indicators are now included within the performance scorecard. Targets for these indicators will be developed during March in conjunction with the service leads.

Key

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)higher or (L)lower values	Special cause of improving nature or lower pressure due to (H)higher or (L)lower 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

IAPT - Access Rate and Recovery

Number of Service Users Referred for Psychological Therapies



Jan 2022

Date

909

Value

No Target

Target

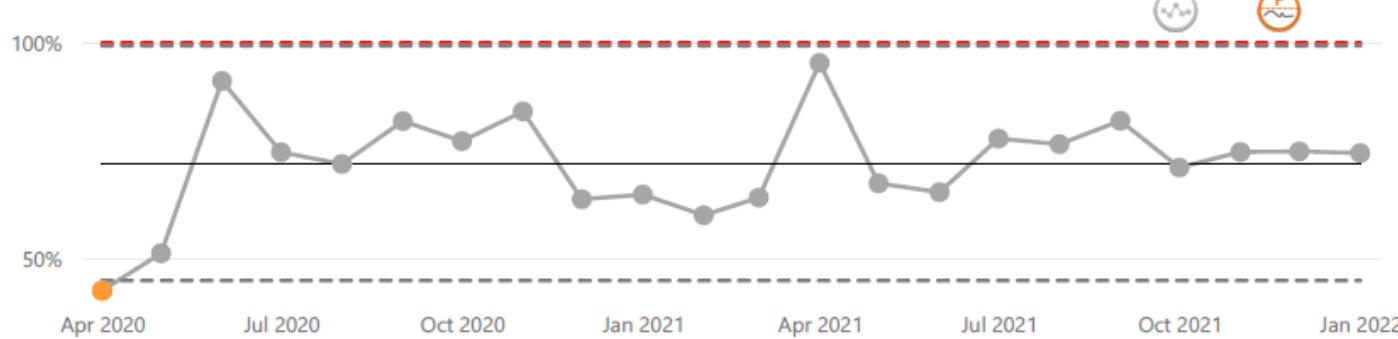
Improvement

Variation

No Target

Assurance

% of Service Users Entering Treatment (Access Rate)



Jan 2022

Date

74.48%

Value

100%

Target

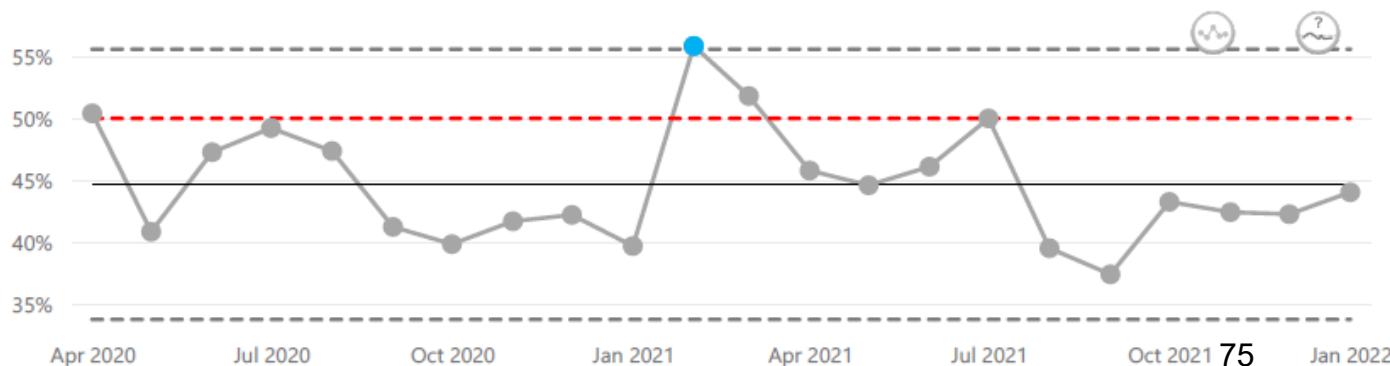
Common Cause

Variation

Fail

Assurance

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



Jan 2022

Date

44.04%

Value

50%

Target

Common Cause

Variation

Hit or Miss

Assurance

Service comments

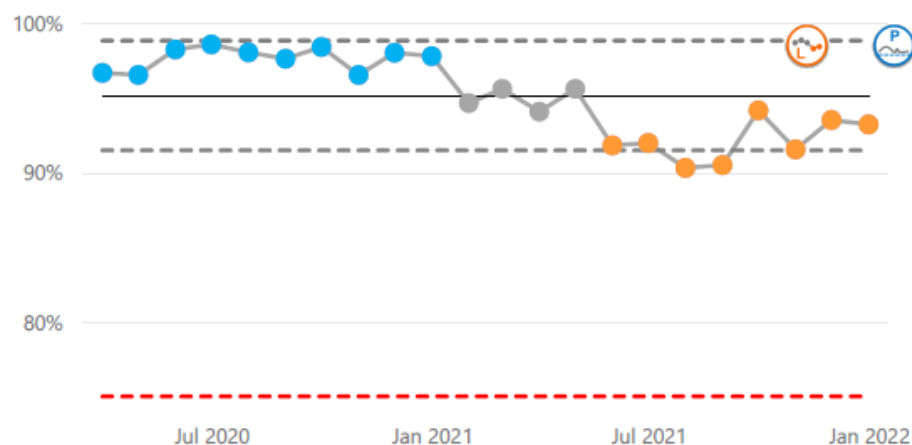
- The Triage process has returned to the IAPT team. We have recruited 1 non therapeutic member of staff to support the Triage process and waiting lists, waiting for a start date
- The impact of the introduction of a First Contact Practitioner for Mental Health in each PCN will also be reviewed. The DIHC early implementer FCP role. evaluation has shown that approximately 25% of patients seen are referred on to the IAPT service.
- The design of the delivery of mental health services within DIHC continues to be under review.
- The ICS Mental Health Programme Board have recognised the difficulties in achieving the IAPT performance targets across the Black Country 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, however work is underway to look at the financial implications and recovery plan is being drawn up.
- Recovery rates are improving as treatment engagement improves, however those stopping treatment in the early stages of therapy are impacting on our recovery rate.

Actions

- November and December data has been refreshed as per the national submission timetable. January data is indicative.
- A recruitment and retention strategy for staff is underway. Agency staff are being sourced to support the work to reduce waiting lists and increase assessment numbers. However, issues with IT have delayed agency start dates.
- Working with NHSE to identify funds required to increase staffing through trainees in the next academic year.

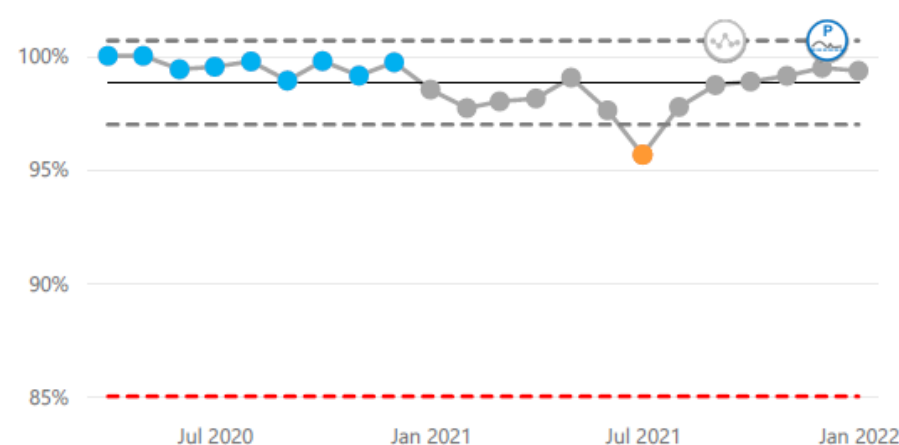
IAPT - Waiting Time

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



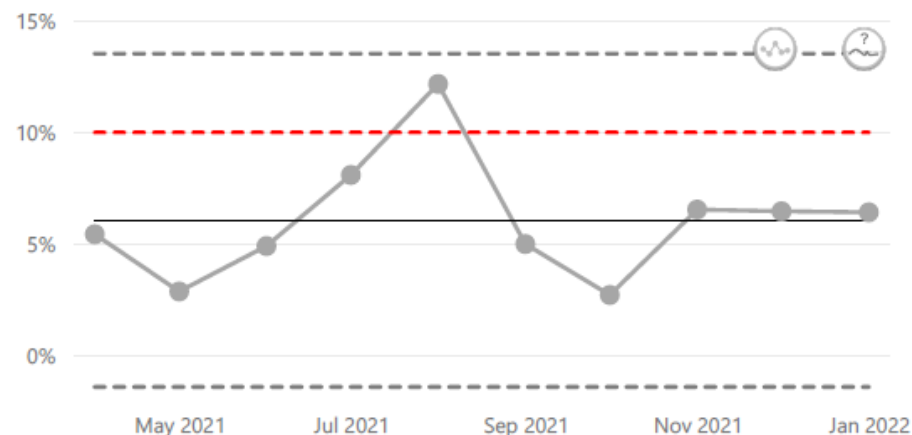
Jan 2022
Date
93.2%
Value
75%
Target
Concern
Variation
Pass
Assurance

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



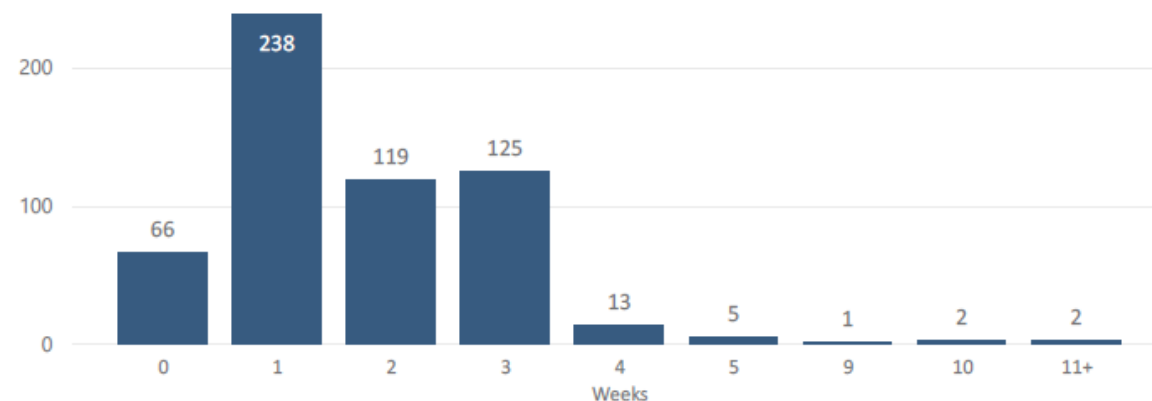
Jan 2022
Date
99.34%
Value
85%
Target
Common Cause
Variation
Pass
Assurance

90+ Day Wait Between 1st and 2nd Appt



Jan 2022
Date
6.42%
Value
10%
Target
Common Cause
Variation
Hit or Miss
Assurance

Current Service Users Waiting For 1st Treatment (as of 08/02/22)



Service comments

- The 6 weeks target has fallen due to a high number of DNAs at assessment. Also, there has been a number of staff sickness in January. This has contributed to the delay. The service is continuing to source agency staff however this is proving to be difficult as agency staff are in high demand and time for onboarding.
- There are 2 service users currently waiting 9+ weeks for treatment; Two patients have an appointment booked, One patient has been contacted multiple times by the service to book an appointment but have been unable to reach the patient and two patients are waiting for a specific appointment on a specific time/day/therapist.

Actions

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Finance, Performance and Digital Committee

Date of meeting: 1st March 2022

Significant risks/issues for escalation	None identified
Key issues/matters discussed at the Committee	<ul style="list-style-type: none"> The committee reviewed the Board Assurance Framework and Corporate Risk Register The committee received a Digital Update which included the plans to undertake a refresh of the Digital plan for 2022/23 The committee received an update on the development of the Integrated Performance Report Development for assurance. A number of new indicators have been added for our current services but work is still ongoing in developing metrics for PCN Additional Roles Services The committee were assured by an update report outline the progress being made to deliver the Three Year Green Plan by 31st March 2022 Committee members received the Finance and Performance report related to the period April 2021 to January 2022 for assurance. An update was provided on the Financial Planning process for 2022/23. The committee discussed the need to ensure that budgets are set prior to the start of the financial year whilst the financial plans are being finalised across the ICS. The committee received an update on the contracts service being provided by DIHC for assurance Legal and Financial Due Diligence was received in relation to the Chapel Street Surgery transaction The committee received an Information Governance Update for assurance
Decisions made by the Committee	N/A
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 PUBLIC BOARD

TITLE OF REPORT:	Three Year Green Plan 2022 to 2025
PURPOSE OF REPORT:	To receive the Three Year Green Plan
AUTHOR OF REPORT:	Elaine Doyle, Trust Secretary Mike Nicklin, Interim Head of Estates
DATE OF MEETING:	1 st March 2022
<ul style="list-style-type: none"> KEY POINTS: 	<p>The Sustainability Strategy (Net Zero Ambition) was approved by this Board back in February 2021 and this document set out how we aim to deliver upon our responsibilities within the Greener NHS Net Zero agenda. To better support this strategy we have now developed a detailed Green Plan.</p> <p>The Board are asked to discuss the content of the Green Plan at Appendix 1. This plan has been developed to align with the ICS Green Plan and outlines our contribution to system initiatives, legalisation compliance and implementing national guidance.</p> <p>The Board should consider how they can support delivery of the plan to help support embedding of environmental and social values in future key decisions, recognising that we are committed to being an active partner within the ICS to deliver the ICS Green Plan.</p> <p>The Board are asked to note that the next stage of implementing the Green Plan is to create an action plan, with Senior Leaders and Heads of Services through the Trust Management Board. This will facilitate staff engagement to develop the delivery plans and supporting metrics. Progress will be reported through the monthly progress reports to Finance, Performance and Digital Committee.</p>
RECOMMENDATION:	<p>The Board are asked that they:</p> <ul style="list-style-type: none"> Approve the Green Plan and the ambitions contained within

ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input checked="" type="checkbox"/>
	Assurance <input type="checkbox"/>



Dudley Integrated Health and Care NHS Trust

Green Plan 2022 to 2025

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 2. Our Commitment to a Greener NHS
 3. Our Greener NHS Journey
 4. The Impact of the Coronavirus Pandemic
 5. Areas of Focus
 - 5.1 Corporate Approach
 - 5.2 Capital Projects
 - 5.3 Estates and Facilities
 - 5.4 Travel and Transport
 - 5.4 Medicines
 - 5.6 Adaptation
 - 5.7 Green Space and Biodiversity
 - 5.8 Sustainable Care Models
 - 5.9 Digital Transformation
 - 5.10 Our People
 - 5.11 Sustainable Use of Resources, Procurement and Supply Chain
 - 5.12 Carbon Reduction
 6. Governance
 7. Risk
 8. Performance and Reporting
 9. Communication
 10. We are part of a System Response
- Appendix 1 – Drivers for Change
- Appendix 2 – Current Actions and Successes



1. Introduction by our CEO and NED for Green NHS

Welcome to the Dudley Integrated Health and Care NHS Trust (DIHC) Green Action Plan. This plan has been developed in response to the “Delivering a Net Zero National Health Service” report and sets out how we will contribute to the milestones to achieving ‘net zero carbon’ by 2040.

Increasing we have seen a growing number of government departments, local authorities and NHS organisations declaring ‘climate emergencies’ and whilst we have stopped short of declaring such emergency, we understand the severity of the impact of climate change and acknowledge the solutions and commitments which we can do to help reduce these impacts.

This plan sets out our response in ensuring a coordinated, strategic and action-orientated approach to ensuring delivery of the ‘net zero’ and wider Greener NHS agenda.

Penny Harris, Chief Executive Officer

David Gilburt, Non-Executive Director

2. Our Commitment to a Greener NHS

The NHS is responsible for 5 per cent of the UK’s carbon emissions and 3.5 per cent of all road travel. At the same time, climate change is recognised as having a negative impact on health, particularly in deprived areas, exacerbating health inequalities.

Our Green Plan, previously titled the Sustainability Strategy (Net Zero Ambition) helps to define how we aim to deliver upon our responsibilities within the NHS Green Agenda. This strategic document was approved by our Board in February 2021. Through this strategic ambition we recognised the importance of a sustainable health economy, and our role in our Integrated Care System (ICS) to ensure we reduce our impact on the environment, working to protect and improve the health of our communities, service users, workforce, and the residents of Dudley.

Our Green Action Plan is our commitment to reduce our impact on the environment and to deliver sustainable healthcare, helping to secure better health, for life, for generations to come. We will work with service users, our workforce, local communities and partners to put our organisation on a path to a cleaner, greener, healthier and more equitable future. Our Green Action Plan sets out a framework for how DIHC will reduce the impact of climate change and pollution on health, support sustainable care models and embrace ‘green’ learning and innovation in medicines management and wider corporate services.



The negative impact on our environment has a direct correlation to our health and this impact has been placed under additional burden since the Coronavirus pandemic. Which has further impacted our social, economic and wider health, placing unprecedented system-wide pressure on the NHS. It is under this pressure that we must challenge the climate emergencies with the same level of significance, ensuring our future is safeguarded from the impact of climate change.

This Green Plan outlines the initiatives, projects and activities we will deliver in our address of the sustainable agenda, ensuring the whole Trust has increased awareness, knowledge of, and understanding of our objectives and responsibilities, sharing our impact in reducing carbon emissions produced by our activity.

Our supporting Green Action Plan comprises the internal work, ranging from developing a plan for capital infrastructure, embedding sustainability principles into our processes, consideration of greener principles when developing policy and wider stakeholder engagement to take this agenda forward in all our transformational areas. Whilst reflecting on national guidance driven by leading documents such as “The NHS Long Term Plan (2019) “Delivering a ‘Net Zero’ National Health Service (2020)” and taking evidence-based examples, best practice and learning from the “For a Greener NHS” Campaign. Further information can be found at the end of this document.

We have in place a number of positive actions and projects which are delivering an impact on our sustainable goals, this includes projects scheduled to commence in 2022 which will deliver significant and long-term impact on emissions.

The Green Action Plan will have significant links to key strategies within the Trust; these strategies form our objectives and include our Strategic Plan, Business Plan and development of the Green Estates Strategy and Capital Plan (2022 to 2025).

By encouraging sustainable development in all its forms, DIHC will continue to take positive steps to mitigate the effects of its activities on the environment. We already incorporate sustainability into some aspects of our activities but recognise that more needs to be done.

Identifying the opportunities that remain will help us meet the objectives of our clinical and supporting strategies. In particular, financial benefits accruing from increasingly sustainable activities will allow us to further invest in our services.

3. Our Greener NHS Journey

Established on 1st April 2020 Dudley Integrated Health and Care NHS Trust is the first of its kind in the country; integrating primary care across Dudley with community physical and mental health services.

We employ a workforce across a broad spectrum of specialisms and backgrounds who have transferred from five different organisations. Below is a summary of the services we currently provide:

DIHC Team	Brief Summary
Adults Continuing Health Care (CHC)	CHC is the package of care arranged and funded by the NHS for individuals who are not in hospital but have complex on-



and Intermediate Care (IC)	going healthcare needs. Intermediate care is the services arranged for patients through their rehabilitation journey.
Children's and Young Peoples' Continuing Care (CC)	CC is the package of care for children and young people who have complex on-going healthcare needs that cannot be met by existing universal or specialist services alone.
High Oak Surgery	A comprehensively equipped GP practice currently based out of Brierley Hill Health and Social Care Centre providing general medical services and the Dudley Quality Outcomes for Health framework.
Mental Health Services: Dudley Talking Therapy Services	Part of the national Improving Access to Psychological Therapies (IAPT) programme, Dudley Talking Therapies provides psychological support to over 16s in Dudley by offering a number of evidence-based therapies, advice and information.
Mental Health Services: Primary Care Mental Health Services	Supports individuals 16 and over who are experiencing a range of anxiety, depression and mental health problems. Primary care mental health nurses work from GP surgeries, offering assessment and intervention as part of Dudley's Integrated Care Teams (ICTs).
Mental Health Services: First Contact Practitioner for Mental Health	Provides instant access for patients to a mental health practitioner without the need for referral from a GP. The First Contact Practitioner is based within general practice and can provide immediate assistance, medication or onward referral to more in-depth support services.
Pharmaceutical Public Health	Team of clinical pharmacists providing support to every GP practice in Dudley with the aim of optimising the use of medicines by the people of Dudley and a focus on improving population health.
Dudley School Nursing Service	Promotes and supports the health and wellbeing of all school aged children from 4 to 19. School nurses are based within secondary schools across the Borough of Dudley, offering a confidential health and wellbeing service to all school age children.
Range of Primary Care Services	This includes services as described in the Primary Care Network Additional Roles Reimbursement Scheme, and includes: <ol style="list-style-type: none"> 1. Care Co-ordinators 2. Dietitians 3. First Contact Physiotherapists 4. Health and Wellbeing Coaches 5. Occupational Therapists



- | | |
|--|---|
| | <ol style="list-style-type: none">6. Physician Associates7. Podiatrists8. Social Prescribing Link Workers |
|--|---|

Dudley is a borough covering approximately 35 square miles, with 25% green space, at the southern end of the 'Black Country' an area famed for its heavy industry.

Within Dudley we have 43 General Practices, with a long history of collaboration and innovation. They are a key component of DIHC, having actively engaged in the development of our Integrated Care Teams (ICTs). These are teams from many professional backgrounds working to wrap care around our population. All our practices are committed to our motto 'Community where possible, hospital when necessary.'

Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice and community pharmacy services. Primary Care faces many similar issues to the wider NHS, with the Royal College of General Practitioners (RCGP) state "Most of general practice's carbon footprint is from its clinical work. Prescribing accounts for over 60% of general practice's carbon footprint". (Sustainable Development, Climate Change and Green Issues. www.rcgp.org.uk). Initial progress is being made within the Primary Care sector of the ICS with a drive to prescribe lower impact inhalers which can have significant carbon savings.

Our Practices are grouped into six Primary Care Networks (PCNs), based around historical townships and neighbourhoods. These are the core for our organisation. We believe that the combination of DIHC with its community focus and the PCNs supporting the development and sustainability of General Practice is unique in healthcare locally and will ensure we have a fantastic opportunity to deliver high quality care and engage with our population to help them to improve their healthy life expectancy. We will provide an intelligent environment that will ensure healthcare is available when needed, however, clear direction/signposting to other solutions and support when as is often the case these are more appropriate.

The Board of Dudley DIHC has two local GPs as Associate Non-Executive Directors, and our organisation will ensure that the clinical voice is always heard in our committees. This provides a secure foundation for our colleagues who work in all facets of community care and will allow us to make exciting changes for the future of the population of Dudley, including in helping facilitate the Greener NHS agenda.

Being formed when we were, during the early stages of the COVID-19 pandemic, has enabled us to ensure that as we have grown and transferred in a number of services, we have maintained a small estates footprint and utilised technology to support agile and remote working. The NHS accounts for 5% of all road traffic in England and travel is responsible for 17% of the NHS carbon footprint. We have remained committed to minimising the negative environmental and health impacts of workforce and service user travel.



4. Impact of the Coronavirus Pandemic

The pandemic has fundamentally changed the way the NHS operates. We are looking to learn from the experience of the last year and continue to build on and develop the positive changes in service delivery initiated during the pandemic. An example of this being some services being provided in part using technology for 'virtual' appointments, reducing the risk of cross-infection but also reducing the environmental impact of service users travelling to and from face-to-face appointments.

NHS Staff are working from home in much greater numbers and are using information technology (IT) conferencing facilities for meetings. This significant change in how we work will reduce the subsequent carbon and particulate matter emissions associated with travel and in some cases estate. It will have impact on the plan for sustainability for years to come and future discussions in relation to DIHC achieving its sustainability goals will include how the benefits of these changes can be maximised.

5. Areas of Focus

There are 12 key areas we will focus on to developing sustainable healthcare and delivery towards 'net zero' targets.

5.1 Corporate Approach

We will make sure that the importance of sustainability is supported from Board and Executive Directors and that a corporate approach will promote this agenda and consider such issues in any future development. In addition, we will enable accountability arrangements for ensuring that the actions outlined in this plan are delivered and subsequent benefits are reaped.

The Chief Executive Officer is the lead Executive and we have appointed a lead Non-Executive Director for Greener NHS and ensure sustainability and the green agenda are visible at Board level. The Green Action Plan aligns a number of workstreams to the appropriate Executive Lead to ensure embedding of the green agenda in the development of strategy and business as usual process development.

5.2 Capital Projects

Whilst we are not currently undertaking any capital projects over the plan period, if any new build or refurbishment projects are required in the future, the guidance set out in HTM 07-07 Environment and Sustainability; planning, design, construction and refurbishment will be followed.

Where we support the capital plans for primary care, in the main this is provided by general practitioners following the guidance issued from the district valuers, until further guidance is provided by NHSEI.



Furthermore, identification and implementation of measures such as: resource and carbon efficiency (including energy, water and waste), the use of natural materials and the redesign of space and services, will take place to support the delivery of sustainable models of care. NHS England is currently trialling a net zero carbon capital planning tool for NHS trusts and a final version is expected to be published later in 2022.

5.3 Estates and Facilities

We recognise the impact our estate and facilities have on the environment, our workforce, service users and our finances. We are committed to decarbonising and raising awareness to reduce our impact of energy use, waste and water.

At present we lease our properties from a range of landlords and therefore the implementation of these initiatives is subject to agreement with these landlords, the availability of finance and the limitations of this existing estate in terms of quality and condition. We will however endeavour to encourage and/or support these landlords to achieve the criteria as set out within this green plan to achieve the long-term vision of the NHS.

Develop a Green Estates Strategy supporting by a Green Capital Plan. This will support better access to the NHS Energy Efficiency Fund for projects such as LED replacement lighting and ensure 100% of our energy is through green tariffs that are sources from 100% renewable sources.

Benchmark our leasehold properties against national energy efficiency standards, BREEAM Excellent and/or Good Standard, where the existing estate allows, and develop and implement an energy and carbon reduction programme in collaboration with our partners. This will help us develop comprehensive carbon measurement and reporting systems for publishing within our Annual Report.

Start to manage actively reduce energy by developing plans and accessing schemes to find ways to reduce emissions generated through heating, lighting and air conditioning. Look at ways to implement water saving technologies. Recognising that as occupiers we will work with our partners to achieve this requirement however the following headline matters will be the focus of our attention.

- We will encourage the building owner to utilise photo voltaic technology to reduce energy consumption from natural sources.
- The building owners to be encouraged to install LED lighting where possible and appropriate to do so.
- The building owners to be encouraged to install efficient boilers with modern efficient control systems.
- The building owners to be encouraged to install charging points, where possible, so electric cars can be charged throughout the day whilst being parked at work.
- The building owners to be encouraged to improve the landscaping with a more sustainable and CO2 absorbing planting.
- The building owner to be encouraged to collect grey water to support outside planting schemes through trickle systems.



- The building owners to be encouraged to insulate, address drafts, service boilers and make sure the building is running as efficiently as possible before undertaking the more complex matters noted above.
- New capital works to target passive house ideals where funding permits.
- The building owners and staff to be encouraged to recycle much more in terms of waste.
- Travel miles to be reduced via public transport where possible and appropriate to do so.
- Staff to be encouraged to work in a hybrid manner to reduce the need for travelling.
- E file storage rather than paper storage.
- Continue to improve utilisation within existing facilities to make the best use of the facilities and therefore reduce the quantity.
- Removal older less efficient building stock especially those that are beyond their economic life.

The above is not meant to be an exhaustive list of Green Initiatives but are some of the key aspects DIHC will be pursuing, in regards to estate and capital works associated with the estate. As noted previously it is important to only invest in those properties that have a long-term future and therefore can achieve the appropriate return on investment that provides real value to the NHS. The above initiatives however will Improve and promote better use of green spaces across our estate to support health, wellbeing and biodiversity that are priorities for our trust.

5.4 Travel and Transport

Introduce a Green Travel Plan. This will encourage green active travel and supporting staff through walk to work, cycle to work and greener travel options such as public transport, car sharing, and supporting access to leasing of ultra-low emissions and electric vehicles.

Develop a staff travel survey to improve engagement and capture data on commuting.

We will target solo car occupancy and support the roll out of alternative travel options including publicise use of a car share scheme and promote active modes of transport including subsidised public travel, cycle to work and walk to workdays.

Collaboration between clinical services and Estates and Facilities Team to ensure all travel options and impacts are taken into consideration when planning new premises and to improve the infrastructure to support active travel, including cycle shelters, showering facilities and better access to public travel information. This can be achieved by widening the use of the Sustainable Impact Assessment and using the Health Outcomes of Travel Tool (HOTT).

Review the expenses policy to ensure no domestic flights to be reimbursed, reflect on business mileage rates and consider preferential rates for car sharing and introduce incentives for active travel.

Utilise the electronic business travel claims system to improve data and reporting of emissions from business travel. Including

Introduce a car scheme policy that make available ultra-low emissions and electric vehicles.



5.5 Medicines

We recognise that medicines account for around 25% of the emissions within the NHS and a small number of medicines account for a large proportion of these emissions, anaesthetic gasses and inhalers contributing some 5% of emissions at the point of use.

Develop a Greener Medicines Strategy to support primary care in prescribing greener alternatives, for example inhalers and protective equipment.

5.6 Adaptation

With climate change it is important to ensure that the health and care system infrastructure and process are resilient to the rising temperatures, severe weather patterns and events. We are committed to ensuring that our services are prepared and able to protect our communities.

Ensure business continuity plans are in place for all services and consider the impact of climate change and staff understand and practice these plans. This will inform our Emergency Planning and Business Continuity procedures.

Develop a climate change risk to assess the risk to services, workforce and service users, including infrastructure and supply chain. Strategic risks are reflected within the Board Assurance Framework and on the Corporate Risk Register.

5.7 Green Space and Biodiversity

Partner with NHS Forest to help facilitate biodiversity activities and find partners to support through the scheme. Initiatives include planting schemes, green health routes and evidence-based research on therapeutic gardens and impact on well-being in the workplace.

5.8 Sustainable Care Models

Delivering a Greener NHS and 'Net Zero' agenda has the potential to deliver significant benefits across the population, and particularly for vulnerable and marginalised populations, addressing existing health inequalities. These benefits will only be fully realised through active engagement with those communities most impacted by health inequalities.

Air pollution disproportionately affects people in Dudley, many of whom are already at risk of poorer health outcomes.

We will commit to work with our wider stakeholders and partner organisations to reduce air pollution and improve local environments, supporting the development of local economies in geographical areas of deprivation where we can.

Links between climate change, sustainable development and health inequalities are seen across the country. These include:

- Access to green spaces has positive mental and physical health impacts, and these beneficial effects are greatest for those from socioeconomically disadvantaged groups. However, these groups also have the least access to green spaces.



- Black, Asian and minority ethnic groups are disproportionately affected by high pollution levels and children, or women exposed to air pollution experience elevated risk of developing health conditions.
- As climate change worsens the demand for energy will increase, as the price of household energy costs increases, it is likely to make it harder for poorer families to make healthy lifestyle choices needed to support good health.

Better utilisation of the Sustainability Impact Assessment (developed by North Lincolnshire CCG and Gloucestershire CCG) including using the Health Outcomes of Travel Tool (HOTT) for transformation of services and reviewing of policies and procedures.

Building on the lessons learned during the pandemic maintain the progress made in reducing care miles by formalising the approach to remote consultations by utilising technology.

5.9 Digital Transformation

We have implemented digital driven processes that support paperless working across the organisation, providing significant improvements in efficiency and reducing waste.

We are now purchasing only recycled paper through our supplier.

Support workforce with better technology including mobile access devices, cloud-based applications and better videoconferencing technology.

5.10 Our People

Our workforce is key to ensuring DIHC is sustainable, and every person within the Trust has a part to play. We will empower our staff to take responsibility for sustainability.

Implementing training modules. NHSEI are developing tailored induction modules for all staff, to support staff understanding of the links between health and climate change, and interventions they can take to reduce emissions, as well as a dedicated net zero training package for staff working in estates and facilities will be developed at a NHS national level.

Supporting the adequate provision of resource to manage sustainability activities, for example, sustainability manager, energy and waste manager, sustainable travel coordinator, social value leads.

Embedding a culture that supports sustainability and a Greener NHS into everyday practise, achieved through leadership and engagement, that informs, empowers and supports the workforce to deliver high quality care in a sustainable way. Actively participate in national sustainability campaigns including the NHS Sustainability Day.

Identify opportunities to include 'net zero' and Greener NHS principles in our values, strategic objectives and highlight initiatives in our staff induction programme. Consideration on whether the appraisal process can support embedding 'net zero' in their everyday work.



Aligning to the Health and Well Being Strategy and improvements in the environment including the offices and access to green spaces, promoting adequate break and rest periods. Further development on supporting our workforce to implement healthy, sustainable food options and minimising waste by signposting to support services that promote healthy lifestyle through advise as well as discounts and benefits.

Initiate a working group to encourage innovation, scheme generations including potential financial savings and consider including in the Staff Awards to recognise those supporting the delivery of a Greener NHS and 'net zero'.

Establish agile and remote working policies that support a reduction in commuter mileage and supported through the expenses scheme.

Ensure that staff training and communications are conducted in a low-carbon manner, minimising travel and printing.

5.11 Sustainable Use of Resources, Procurement and Supply Chain

Procurement is the single largest contributor to carbon emissions in the NHS with around 62% of the health and care system emissions. We are committed to reducing the impacts associated with our own procurement, sourcing and buying processes, including minimising waste.

Implement the Sustainability Impact Assessment for Business Development, Investment and Procurement Decisions (developed by Sandwell and West Birmingham NHS Trust).

Establish working groups for waste and recycling and monitor recycling activity by supporting better access to recycling of materials, including paper, mixed recycling, printer cartridges and batteries. Introduce a procurement policy that promotes sustainable products.

Establish working groups for procurement and supply chain to share best practice and ideas, including supporting local suppliers to support the local economy and reduce delivery miles.

Promote practices that avoid waste including working with Estates and Facilities and Infection, Prevention and Control to assess potential for high energy efficiency hand dryers to replace paper towels

5.12 Carbon Reduction

As a new Trust, DIHC does not currently have any carbon/GHG data to report on. To help deliver the NHS's overarching target of delivering a net zero health service, and as part of the review of this Green Plan, we will provide an update on our annual GHG emissions to the board in accordance with the NHS Carbon Footprint and Carbon Footprint Plus requirements during 2022.

Develop a Carbon Reduction Plan to be able to provide an annual GHG emission update to the Board approximated with the NHS Carbon Footprint and NHS Carbon Footprint Plus, helping to work towards targets set out within: 'Delivering a 'Net Zero National Health Service':



- By 2040 for the NHS Carbon Footprint, with an ambition for an 80% reduction (compared with a 1990 baseline) by 2028 to 2032; and by 2045 for the NHS Carbon Footprint Plus, with an ambition for an 80% reduction (compared with a 1990 baseline) by 2036 to 2039.

It is understood that a new energy strategy will be developed this year by NHS England, any learnings from this will be applied to future energy/building management operations that DIHC occupies in the future.

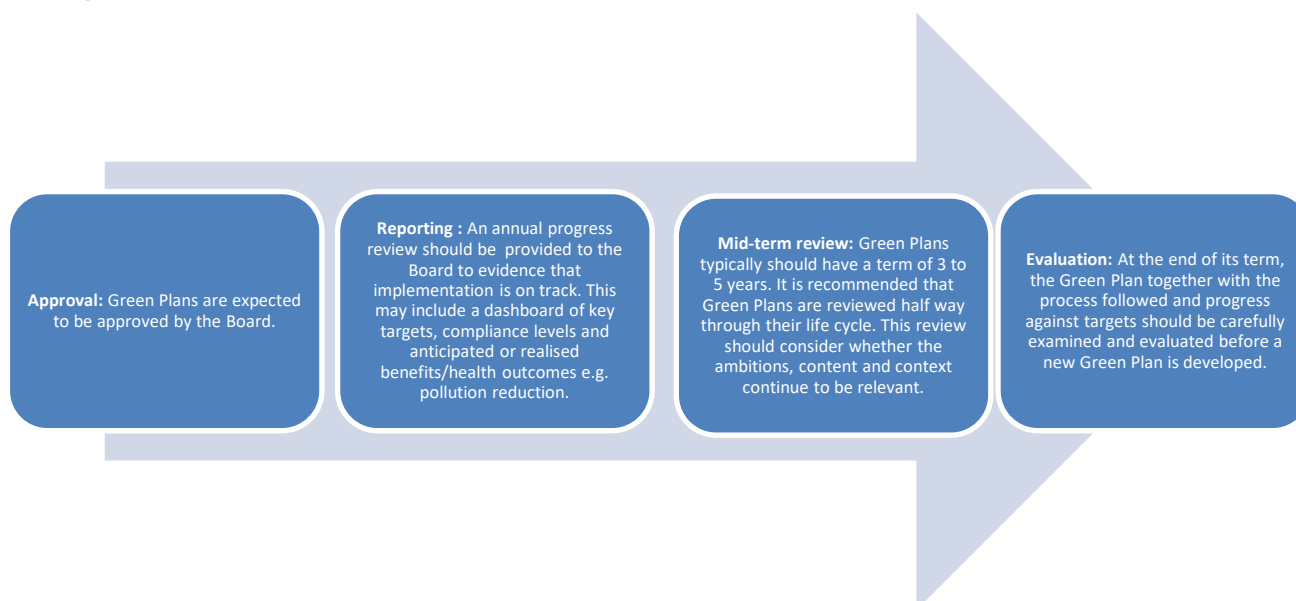
6. Governance

It is fundamental to being a sustainable organisation that we operate with integrity and responsibility and effective governance is critical to ensuring that we deliver on our Green Action Plan, integrating and embedding its principles and processes throughout DIHC.

The Board approves the Green Plan and Green Action Plan and looks to the Finance, Performance and Digital Committee to provide assurance against the delivery of the Green Plan, development of KPIs and monitoring of performance. The Executive Committee leads on the corporate activities that support the achievement of the ambitions and actions within the plan. The Trust Management Board (TMB) will ensure sustainable development is embedded within the day-to-day activities of the Trust and support alignment with the development of business plans, ensuring the green agenda is considered as part of future business cases. The TMB will also help develop any performance targets and ensure a detailed report is included in the Annual Report and Accounts.

The Estates and Facilities Team will ensure that the ambitions and green agenda are embedded into the strategy and any plan for existing and future estates are aligned to the principles outlined in this plan.

Figure 1. Green Plan Governance Process





7. Risk

The UK Climate Change Risk Assessment (2017) Evidence Report identified six priority risks from climate change within the United Kingdom:

1. Flooding and coastal change risk to communities, business and infrastructure
2. Health, wellbeing and productivity from high temperatures
3. Shortages of public water supply
4. Natural capital – ecosystems, soil and biodiversity
5. Domestic and international food production
6. New and emerging pests and diseases (public and animal health threats)

As we experience more frequent and rapid change of severe weather, the risk to health increases.

We experience hotter summers, colder winters, and more significant levels of rain which our drains, rivers and sewerage infrastructure fail to cope with.

These events become more likely to impact on the quality of life and health and wellbeing of many of the communities we aim to provide care to.

Our Green Action Plan is part of a wider solution to improve resilience to climate change.

Sustainability from a design, build or innovation perspective can also provide a risk when evaluated against a cost benefit scenario, funding can be compromised resulting in a risk to sustainable methods being chosen, so organisations need funding and strict guidance to mandate all sustainable options into healthcare.

Whilst we have not declared a climate emergency, we are committed to undertaking a climate change risk assessment which will assess the risk to services, workforce and service users, including infrastructure and supply chain.

In delivering our sustainability targets and agenda, where significant risks are identified, these will be recorded and monitored through our internal risk and governance process. Risks that have already been identified during the development of this plan include:

- Non-compliance with legislation.

8. Performance and Reporting

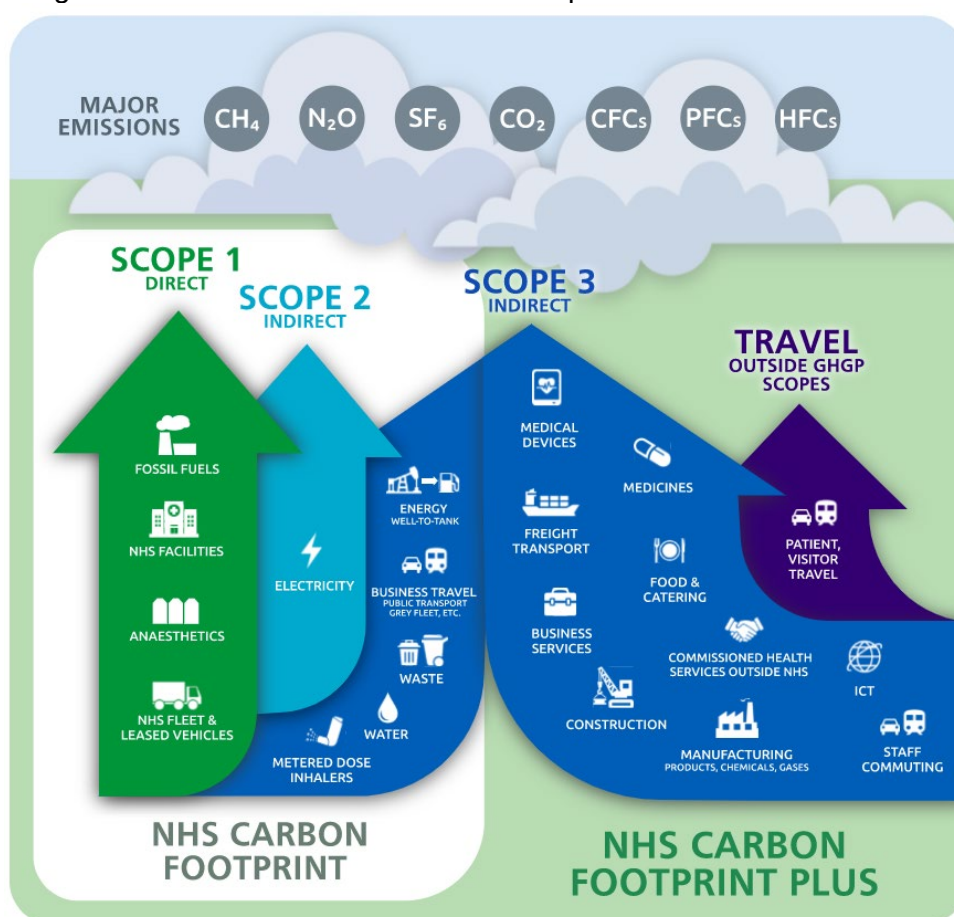
Annual sustainability reporting is mandated for all NHS Trusts through the NHS Standard Contract (Service Condition 18) and there is a wealth of supporting key performance indicators available to the Trust including performance reported through a number of processes including the Premises Assurance Model (PAM) to provide overall assurance of Estates and Facilities compliance. The NHS PAM is a tool which allows NHS organisations to better understand the efficiency, effectiveness and level of safety with which they manage their estate and how that links to patient experience. Other mechanisms include the Annual



Estates Return and Information Collection and the Greener
NHS Return to the Department of Health and Social Care.

Development of improved sustainability reporting within the Annual Report and Accounts will be reflected in the 2021/22 report.

Figure 1. Green House Gas Protocol scopes in the context of the NHS



9. Communication

Engaging with our workforce, service users and wider stakeholders is critical to ensuring delivery of the principles and actions within the Green Action Plan. We are committed to working with our workforce, service users, stakeholders, system partners and other individuals and organisations to help us deliver our strategy and Green Action Plan. We look to promote best practice both within our local communities and with our NHS partners.



By leading by example and opening sharing our experience and learning with our system partners and other NHS organisations we hope to promote the importance of adopting greener lifestyles to the community we serve, develop networks to share best practice on sustainable healthcare delivery and become recognised as a leading NHS provider for sustainable policy and practice.

To achieve this, we will ensure that the Green Plan, previously titled the Sustainability Strategy (Net Zero Ambition) and the Green Action Plan are accessible to our staff and the public through our website.

Promote our work externally and seek opportunities to learn from best practice and openly share our information with our system partners, and within wider NHS networks.

Be an active in our local ICS network and participate in local and national sustainability and Greener NHS events to promote collaboration and share best practice.

Promote Sustainability Impact Assessments ensuring that are readily available through the intranet to support completion when reviewing policy and procedures, assessing the impact on service transformation and for assessment for business development, investment and procurement decisions.

Encourage and invite input from service users and community groups into any future development of the Greener NHS and 'Net Zero' Green Plans.

10. We are part of a System Response

The Black Country Integrated Care System (ICS) serves a population of 1.3 million people in the West Midlands region. The ICS are committed to developing, understanding and reducing our environmental impact and ensure we are part of a co-ordinated system response towards the ambition of the NHS to achieve net zero.

We are included in the ICS Green Plan that sets out our current position and the actions we plan to take over the coming three years to ensure that our part of the NHS delivers its contribution to the national ambition. The Black Country ICS consists of the following NHS organisations:

1. Royal Wolverhampton NHS Trust
2. Sandwell & West Birmingham Hospitals NHS Trust
3. The Dudley Group NHS Foundation Trust
4. Walsall Healthcare Trust
5. Black Country Healthcare NHS Foundation Trust
6. Dudley Integrated Health & Care NHS Trust
7. Primary Care
8. West Midlands Ambulance Service

Within the Black Country Integrated Care System (ICS) there are 181 general practices, of which Dudley accounts for 43, which occupy a number of sites across the region. Primary care services provide the first point of contact in the healthcare system, acting as the 'front



door' of the NHS. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services. Primary Care faces many similar issues to the larger hospital sites; however, the priorities and strategy may need to differ slightly to achieve the overall goals. For example, the Royal College of General Practitioners (RCGP) state "Most of general practice's carbon footprint is from its clinical work. Prescribing accounts for over 60% of general practice's carbon footprint". (Sustainable Development, Climate Change and Green Issues. www.rcgp.org.uk). Initial progress is being made within the Primary Care sector of the ICS with a drive to prescribe lower impact inhalers which can have significant carbon savings.

Acknowledging that each organisation is at different stages of their progress towards Net Zero we are committed to working together as an integrated care system to support each other on our journey towards net zero.

The vision for the Black Country ICS is:

Working together to improve the health and wellbeing of local people

The ICS have defined three priorities that will underpin all their activity:

1. We will deliver our clinical priorities and improve outcomes for our population
2. We will make the Black Country and West Birmingham the very best place to work
3. We will create a sustainable and effective system

The ICS vision for carbon reduction and sustainable development aligns with these priorities.

***Working together to reduce the harmful effects of our activities on the environment
and to contribute to a sustainable Black Country***

The ICS and the constituent NHS organisations within the ICS have identified executive level leads for sustainability.

Each organisation has identified a sustainability operational lead. These have been meeting together regularly as a network since September 2020 and since November 2020 have been formally recognised by the ICS. In addition to organisational leads, the Network has identified several individuals from the constituent organisations to lead on specific workstreams. These individuals are also part of the ICS Sustainability Network. The Network provides a progress report to the ICS Board quarterly. The Network is supported two days a week by the ICS Programme Management Office (PMO).

Current working groups that support the Sustainability Network are:

- Travel and Transport
- Estates
- Medicines
- Greener Clinical Care (supplies and procurement)
- Freecycle

The ICS recognise that the constituent organisations have their own governance arrangements.



The ICS recognise the need to work closely with local government.

The West Midlands Combined Authority has responsibility for certain planning functions across the Black Country, Birmingham, Solihull and Coventry. The West Midlands Combined Authority declared a Climate Emergency on 28 June 2019 with Mayor of the West Midlands, Andy Street stating, “The West Midlands has a moral responsibility to tackle climate change, and that is why it is so important the WMCA Board has agreed to declare a climate emergency.”



Appendix 1 – Drivers for Change

Sustainable healthcare in the NHS is driven through national and international policy, legislative and mandated requirements and healthcare specific requirement from the Department of Health and NHS England. Legislative, policy and guidance drivers for change in relation to this Green Plan are provided in Table 1.

The Intergovernmental Panel on Climate Change (IPCC) and the World Health Organisation (WHO) have laid guidelines to ensure sustainable development is adopted into law, policy and practice. These guidelines explain the urgent need to mitigate and to adapt to the impacts of climate change, to realise the wider co-benefits for both environmental and health outcomes.

The importance of sustainable healthcare is reflected within national legislative drivers and mandated sustainability reporting within the public sector. This is the case for the NHS through the NHS Long Term Plan and the NHS Standard Contract and aligns with Her Majesty's (HM) Treasury Sustainability Reporting Framework and the NHS Estates Return Information Collection.

The Carter Report (2016) reinforced the need for action, highlighting the inefficient use of energy and natural resources as a major concern which requires attention. These areas of work are identified within the NHS 'Delivering a Net Zero National Health Service', which also notes the requirement for all NHS Trusts to have a Board approved Green Plan, in keeping with the 2020/2021 NHS Standard Contract terms.

Table 1. Legislation, Policy and Guidance Sustainability Drivers for Change

Legislative	Description	How it relates to the Trust
Civil Contingencies Act 2004	Requires certain organisations to prepare for adverse events and incidents (e.g. extreme weather events and their impact upon health and healthcare delivery).	This will aid the Trust to set future targets to include Climate Change in future Contingency plans.
Climate Change Act 2008	Legally binding framework to reduce carbon emissions (80% CO ₂ e by 2050 against the 1990 baseline) and to mitigate and adapt to climate change.	The Trust has targets to reduce GHG emissions from the premises in-line with targets under the Climate Change Act 2008.
Public Services (Social Values) Act 2012	Requires commissioners to consider economic, social and environmental benefits in the procurement of goods and services on a value for money basis.	The Trust is aiming to consider and assess sustainability as a key factor when procuring new services and products.
Mandatory in the NHS	Description	How it relates to the Trust
2020/2021 NHS Standard Contract Service Conditions	Service Condition 18 covers sustainable development, specifically; minimising adverse environmental impacts (18.1), maintaining a Green Plan and demonstrating and providing a summary of progress in its annual report (18.2), and how the Trust will contribute towards a 'Green NHS' with regard to NHS Long Term Plan commitments.	The Trust has provided a Green Plan. This Plan will demonstrate how the Trust will align with the conditions outlined in Section 18 of the Standard Contract Service conditions.
HM Treasury's Sustainability Reporting Framework	Mandates companies and public bodies to disclose their sustainability and environmental performance.	The Trust has provided a Board approved Green Plan, which will disclose sustainability and environmental performance.
Public Health Outcomes Framework	The Health Protection and Resilience domain within the framework contains the indicator 'Public sector organisations with a board-approved Sustainable Development Management Plan'.	The Trust has provided a Board approved Green Plan.



International	Description	How it relates to the Trust
Intergovernmental Panel on Climate Change (IPCC) AR5 2013	Key IPCC action in the preparation of a comprehensive report on scientific, technical and socio-economic knowledge in relation to climate change.	This will aid the Trust to set future targets to include Climate Change in future Contingency plans.
United Nations (UN) Sustainable Development Goals (SDG's) 2016	17 goals providing a framework for action by 2030.	SDG's will help inform the Trust's future ambitions with regards to sustainable practices.
United Nations (UN) Paris Agreement 2015	Limit the global average temperature to 1.5 degrees Celsius above pre-industrial levels to significantly reduce the risks and impacts of climate change.	The UK has signed up to the Paris Agreement. The Trust will look to reduce GHG and Carbon emissions in the future to align with the 'Delivering a Net-Zero NHS' to aid targets of the Paris Agreement.
World Health Organisation (WHO) toward environmentally sustainable health systems in Europe 2016	Sets out the benefits of fostering environmental and sustainability in health care systems.	The Trust is looking to improve healthcare sustainability through reducing GHG emissions, travel and logistics, alongside sustainable use of resources.
World Health Organisation (WHO) Health 2020; European policy for Health and Wellbeing	Aims to support action to 'significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality'	The Trust is committed to delivering high-quality and sustainable healthcare.
The Global Climate and Health Alliance 2011; Mitigation and Co-benefits of Climate Change	Outlines how climate change mitigation measures can be win-wins for people and the planet.	This will aid the Trust to set future targets to include Climate Change in future Contingency plans.
UK Guidance	Description	How it relates to the Trust
National Policy and Planning Framework 2018	Sets out the Government's planning policies for England with a specific section on Promoting Healthy Communities	The Trust is promoting healthy communities through the encouragement of sustainable travel.
Department of Environment, Food and Rural Affairs (DEFRA) The Economics of Climate Resilience 2013	Sets out the UK's capacity to adapt to the future challenges of climate change and the degree to which adaptation action is already being implemented.	This guidance will help the Trust set future targets to include Climate Change in future Contingency plans.
Department for Environment, Food and Rural Affairs (DEFRA) Government Buying Standards for Sustainable Procurement 2016	This guidance sets out mandatory procurement guidance for governmental departments for goods, services, works and utilities in a way that benefits not only the organisation, but also society and the economy, while minimising damage to the environment.	The Trust is working with the Black Country and West Birmingham Sustainability Transportation Partnership to collectively consult on the opportunities to deliver sustainable procurement.
The Stern Review 2006; the Economics of Climate Change	Sets out the economic costs of climate change and concluded the benefits of strong and early action far outweigh not acting.	
Health Protection Agency (HPA) Health Effects of Climate Change 2012	Provides evidence of the risks to public health from climate change in the UK.	The Trust is looking to reduce GHG emissions from the premise to help reduce the future impacts of climate change to people and the environment.
The National Adaptation Programme 2013; Making the country resilient to the changing climate	Sets out what government, businesses and society are doing to become more climate ready. Health and resilient communities has its own chapter.	
Department of Environment, Food and Rural Affairs (DEFRA) 25 Year Plan	Chapter three is dedicated to connecting people to the natural environment.	The Trust is promoting healthy communities and connection with nature through the encouragement of sustainable travel.



Health specific requirements	Description	How it relates to the Trust
Delivering a 'Net zero' NHS	Provides the scale and pace of change required within the NHS to deliver a net zero carbon health service.	The Trust is looking to reduce GHG emissions.
NHS Long term Plan	Specific commitments on sustainability including the carbon targets in the Climate Change Act 2008, targets to improve air quality and assurances with respect to waste and water. It identified the NHS as an 'anchor institution'	The Trust has targets to reduce GHG emissions from the premise in-line with targets under the Climate Change Act 2008. The Trust are looking to improve sustainability through travel and logistics alongside sustainable use of resources.
NHS Operational Planning and Contracting Guidance 2020/21	Commits the NHS to developing a plan to reach net zero carbon as part of the 'For a Greener NHS' Programme, setting out guidance for NHS organisations to develop a 'Green Plan'.	The Trust has developed a Green Plan. This Plan has demonstrated how the Trust will align with the conditions outlined in Section 18 of the Standard Contract Service conditions to help aid a 'Greener NHS'.
The Marmot Review 2010; Fair Society, Healthy? Lives	Independent review regarding health inequalities in England. The proposals align with the objectives of the Green Plan.	This paper aligns with the objectives of the Trust's Green Plan.
Five Year Forward View 2015 and 5YFV: Next Steps 2017	A key inclusion in the 5YFV was a footnote stating that STPs and Integrated Care Systems (ICSs) must assess their contribution to local environmental, economic and social wellbeing.	The Trust is promoting healthy communities and local environments through the encouragement of sustainable travel, reduction of GHG emissions and sustainable use of resources.
Adaptation Report for the Healthcare System 2015	SDU with support from NHSE and PHE nominated as reporting authority for health sector under provisions in Climate Change Act 2008.	The Trust has targets to reduce GHG emissions from the premise in-line with targets under the Climate Change Act 2008.
The Carter Review 2016	Highlights the inefficient use of energy and natural resources as a major concern which requires attention.	The Trust is looking to reduce emissions from GHGs in line with the Climate Change Act 2008.
National Institute for Clinical Excellence (NICE) Physical Activity; walking and cycling 2012	Public Health Guidance 41 addresses local measures to promote walking and cycling as forms of travel and recreation.	The Trust is promoting healthy communities and connection with nature through the encouragement of sustainable travel.
Health Technical Memoranda (HTM)'s and Health Building Notes (HBN)'s	Gives guidance on standards for healthcare systems with regards to waste, energy, and water.	The Trust is looking to improve sustainability through the sustainable use of resources including waste, energy and water.
The Black Country Sustainable Transformation Partnerships (STP) Plans	A plan to set out how Black Country and West Birmingham will create a sustainable health and care system for the local population.	The Trust is a part of the STP and through this Green Plan is committing to becoming a green trust which will align with the wider goals of the STP Plan.



COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Primary Care Integration Committee

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

Date of meeting: 1st March 2022

Significant risks/issues for escalation

- None

Key issues/matters discussed at the Committee

Board Assurance Framework (BAF) & Corporate Risk Register

- The BAF is to be updated following the Board development discussion regarding the strategic objectives and will be presented and discussed at the April 2022 Committee meeting.
- There were no changes proposed to the existing risks or scores on the Corporate Risk Register.
- The Committee noted that there are emerging risks relating to the Chapel Street Due Diligence exercises, with actions and mitigations being assured by the Quality and Safety and Finance, Performance and Digital Committees.

Internal Audit – Primary Care Network Relationship

- Internal audit provided an update to the Committee on the planned audit of governance and relationships between DIHC and the Primary Care Networks (PCNs).
- A survey of PCN Clinical Directors (CDs) is planned as part of the audit, and the CDs suggested, and Committee agreed, that this survey be extended to all GP practices.

PCN Clinical Director Update

- Covid vaccination programme demand continues to reduce, supply problems remain.
- PCNs focussing on reviewing their Additional Role Reimbursement Scheme (ARRS) staff requirements for 2022/23 and ongoing support required from DIHC for workforce planning and recruitment
- PCNs and DIHC to have further conversation on how the ARRS overhead charged to PCNs is utilised to support ARRS recruitment and management

Decisions made by the Committee

Medical Director (MD) Update

- The changes in portfolio and lead areas for each of the Medical Directors was explained.
- There is a recognition and priority within DIHC to ensure that practices and PCNs are receiving a benefit from ARRS staff – practice visits are being organised to discuss this issue with certain practices.
- An update was provided on the Capgemini process and the way in which general practice views were being collected and co-ordinated through primary care representation.

Head of Primary Care Update

- An update was provided regarding Chapel Street Surgery. The contract holders have withdrawn their request to terminate the General Medical Services (GMS) contract and have proposed entering into a sub-contract for the provision of GMS services (subject to approval of the Board).
- An update was provided regarding the strategic development work being undertaken with the Value Circle, and upcoming discussions with the Board on the DIHC offers for primary care development and support.
- DIHC will be facilitating the 'Dartmouth' PCN Development programme. The CDs expressed an interest, and this will be discussed with CDs in advance of the next Committee meeting.

Black Country Primary Care Collaborative

- DIHC continue to attend the Collaborative to provide strategic support. The Director of Strategy, People and Partnerships attends as DIHC representative.
- PCN CDs supportive of DIHC attending the Collaborative, and the benefits of DIHC attending.
- The CDs are working with the Chair of the Local Commissioning Board to develop the role and function the place-based collaborative.

- The internal audit relating to PCN relationships would be extended to survey and capture the views of general practice(s).

**Implications for the
Corporate Risk
Register or the Board
Assurance Framework
(BAF)**

- None identified

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

- None

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Transformation and Strategy (formerly Transaction and Transformation)
Committee held on 8th February 2022

Date of meeting: 8th February 2022 (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 and Transformation Committee risk register and reviewed a number of the risks in relation to the impact of progress in relation to DIHC. The risk register will be updated accordingly.
- The committee received an update on the work that is proceeding with Dudley system partners with the participation in two events to develop an agreed integrated care model for the Dudley system. The process is being undertaken by an organisation called Capgemini and is a process that has resounding success both nationally and internationally. The process is supported by a sponsor group with local representation and ownership to ensure a successful outcome from the events. The events will take place on 15th and 16th March and 10th and 11th May 2022. The committee agreed that the priorities for DIHC remain which are to ensure the continued delivery of high quality existing services, developing a sustainable model for primary care in Dudley, building relationships and trust in the system, maintaining a sustainable organisation and to focus on the development of the Dudley place with system colleagues in line with ICS development plans.
- The Committee received an update on system conversations regarding the potential transfer of public health contracts from the Local Authority. Members of the DIHC team are working closely with Local Authority and Clinical Commissioning Group colleagues to evaluate options which will be discussed with wider system partners through the Dudley Leadership Group.
- The Committee received an update on the programme and project management work taking place within the organisation which includes but is not restricted to the Capgemini process described above. The programme and project management team are revising reporting and management arrangements to ensure the organisation is supported accordingly.
- The Committee received a project pause report from the project management team that had been previously been supporting the transfer of children's services from Black Country Healthcare NHS Foundation Trust (BCH) to DIHC. The report confirmed the pause of this work

	<p>and also received agreement to be shared with the equivalent project management group in BCH.</p> <ul style="list-style-type: none"> • The committee stressed the importance in ensuring that staff within the organisation are supported and reassured through these periods of change. This is supported by the wider Dudley Leadership Group who will provide consistent communications to staff across the system.
Decisions made by the Committee	<ul style="list-style-type: none"> • None.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	None identified.
Items/Issues for referral to other Committees	None identified.

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Audit and Risk Committee

Date of meeting: 17th February 2022 (via Microsoft Teams)

Significant risks/issues for escalation

None identified

Key issues/matters discussed at the Committee

- The Committee was well attended and quorate
- The Committee reviewed the Board Assurance Framework and Corporate risk register
- The Committee received the timetable for the annual report and accounts for assurance
- The Committee received an early draft of the Annual Governance Statement and guidance for assurance
- The Committee received a report detailing the waivers approved between April and January 2022 for assurance. To provide additional assurance, It was agreed that further work would be undertaken to identify which items had been procured via framework and national contract agreements.
- The committee received a comprehensive update from the interim Chief Information Officer on the 10 key questions Boards should be asking about our Log4J vulnerability response as posed by the National Cyber Security Centre. It was agreed by the committee that this update would be shared with all Board members.
- The Committee received an audit progress from the External Auditors for assurance
- The Committee received an Internal Audit Progress report which included progress against the internal audit plan for 2021/22. This included two audits findings reports which had been finalised;
 - Continuing Healthcare – Significant Assurance
 - Sustainability - Pathway to Net Zero – Moderate Assurance
- The Committee received a counter fraud progress report which provided assurance in relation to the proactive work being undertaken
- The Committee received a proposal from CWAudit to become an associate member of the consortium. The committee recommended this proposal for approval by the Board.

Decisions made by the Committee

- The Committee were assured by the reports received
- The Committee recommended approval of the proposal to become a member of the internal audit consortium

**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