

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TUESDAY 5th April 2022
09:30am – 12:30pm

Black Country & Marches Institute of Technology
Zoological Drive,
Dudley, DY1 4AL

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 March 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 CHC Intermediate Care (Service User)	For Information	Verbal	Ms J Cale	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	10.40
7.	Quality and Safety Committee Assurance Report	For Assurance	Enclosure 7	Ms V Little	10.50
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 S Cartwright	11.00
9.	People Committee Assurance Report	For Assurance	Enclosure 9	Mr M Evans	11.10
Doing the best with what we have, to be affordable today and sustainable tomorrow					
10.	Finance Report	For Information	Enclosure 10	Mr M Gamage	11.20
11.	Performance and Digital Report	For Information	Enclosure 11	Mr M Gamage/ Mr P King	11.30
12.	Finance, Performance and Digital Committee Assurance Report	For Assurance	Enclosure 12	Mr I Buckley	11.40
Help and Empower the People of Dudley to live longer and healthier lives through fully integrated community based healthcare					
13.	Report from the Primary Care Integration Committee	For Assurance	Enclosure 13	Dr G Solomon	11.50
14.	Report from the Strategy and Transformation Board	For Assurance	Enclosure 14	Ms S Cartwright	12:00
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.					
15.	Any Other Business	To Receive	Verbal	Mr H Turner	12.10
16.	Questions from the public pre-submitted	To Receive	Verbal	Members of Public	12.20
17.	Risk Review	To Receive	Verbal	Mr H Turner	12.25
18.	Date of next meeting: Thursday 5 th May 2022, 09.30 – 12.30 Venue: Dudley College of Technology, The Broadway, Dudley, DY4 1AS				

Dudley Integrated Health and Care NHS Trust
Declaration of Interest Register

Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To
Ms	Bev Edgar	Interim Associate Non-Executive Director	Trustee at The Hospice Charity Partnership		✓			Aug 2021	
			Trustee at BHS Trust Fund			✓		Feb 2021	
Ms	Billie Lam	Associate Non-Executive Director	Volunteering for Staffordshire Healthwatch			✓		Apr 2019	
			Registered as a bank staff at Kettering General Hospital NHS Foundation Trust	✓				Mar 2020	
			Member of Seacole Group		✓			Jun 2021	
			Attending Inclusion Council and North Staffordshire ICP Stakeholder Group meetings at North Staffordshire Combined HC Trust		✓			Jul 2021	
Mr	David Gilbert	Non-Executive Director & Audit Chair	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	
			GP Partner Halesowen Medical Practice		✓	✓		1996	
			Clinical Director of Halesowen PCN		✓			2019	

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Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To
Dr	Gillian Love	Associate Non-Executive Director	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	

**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
			Revival Fires Church			✓		2008	
Mrs	Stephanie Cartwright	Director of Strategy, People and Partnerships	Married to the Chief Executive Officer of Black Country and West Birmingham CCGs			✓		Mar 2020	
Dr	Stephen Cartwright	Associate GP Non-Executive Director	Partner GP - Keeling House Surgery	✓	✓			1991	
			Part owner of Keeling 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 March 2022

09:30 – 12:30 hours

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

Present:

Mr H Turner (HT)(Chair)	Chair, DIHC
Mrs P Harris (PH)	Interim CEO, DIHC
Mr I Buckley (IB)	Non-Executive Director, DIHC
Mr S Cartwright (STC)	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 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
Mr G Solomon (GS)	Non-Executive Director DIHC

In Attendance:

Mrs B Edgar (BE)	Interim Associate Director of People, DIHC
Mrs L Elliott (LE)	Executive Assistant and Governance Officer (minutes)
Ms J Taylor (JT)	Winter Access Hub (Presenter item 2)
Ms J Jones (JJ)	Winter Access Hub (Presenter item 2)
Ms L Somra (LS)	Winter Access Hub (Presenter item 2)
Ms R Hunter (RH)	District Nurse, Dudley and Netherton Cluster, DGoH (Observer)
Mr M Nicklin (MN)	DIHC Interim Estates Lead (Presenter Item 13)
Mrs J Ilc (JI)	DIHC Strategic Comms Advisor

Item No	Agenda Item
1.	<p>Chair's Welcome</p> <p>The Chair welcomed all attendees to the March Public meeting of the Board and provided a particular thanks to Joanne Taylor, Jodie Jones and Lubna Somra from the Winter Access Hub in coming to present to Board and a warm welcome to Rachel Hunter, a District Nurse from Dudley and Netherton Cluster.</p> <p>The Chair offered thanks to Bev Edgar at her last Board meeting. The Board conveyed their thanks for what Bev has done not only for DIHC but for the NHS across the last 19 years.</p> <p>1.1 Apologies</p> <p>Apologies were received from Dr Lucy Martin, Dr Richard Bramble, Mr D Gilburt, Mr J Young and Ms Karen Wright of Dudley City Council.</p>

1.2 Declarations of Interest

The Chair enquired whether there were any Declarations of Interest in respect of any item on the agenda. No declarations were declared.

1.3 Board of Directors' Register of Interests

The Board noted the Declarations of Interest and confirmed there were no further interests to declare.

1.4 Public Board Minutes – meeting held on 1st February 2022

It was confirmed that the amendments received from David Gilburt, Stephen Cartwright and Dr George Solomon have been corrected.

The minutes of the previous meeting held on 1st February 2022 were agreed as an accurate record of the meeting.

1.5 Action Register and Matters Arising

PUB/OCT21/001

Session to be held with Board members to understand the process of how lessons are learnt from complaints, incidents. Session is planned in March, the Board was content with this action being closed.

PUB/DEC 21/001

It was agreed that the Q&S Committee are sighted and this will come through as part of the Integrated Performance Report in May, the Board were content with the action to be closed.

PUB/DEC21/005

Importance of Counter Fraud awareness to be considered as mandatory training module – BE reported they had linked in with the Fraud Lead, access to an online programme being explored, and Counter Fraud Awareness was now including in induction, the Board was content with this action being closed.

PUB/DEC21/006

Car Lease Scheme has been discussed at FD&P and is due to be discussed again at Executive Committee in April. The board agreed to carry forward to May.

PUB/DEC21/007

The E-Rostering Business Case will be considered at Executive Committee in April. The Board agreed to carry forward to May.

PUB/FEB22/001

A detailed report and analysis into the work that the Trust is doing to support our system partners to support timely discharge from hospitals.

PUB/FEB22/002

Primary Care attendance at the Cap Gemini events. It was confirmed this had been shared and the Board was content with this action being closed.

PUB/FEB22/003 (April 2022)

Outcome of reinspection of SEND – This is due April 2022. Details also noted in CEO March report to Board. Board agreed to leave this open.

PUB/FEB22/004

Policy development. It was recognized that the Audit and Risk Committee had received assurance at the February meeting but the timeline was still unclear. It was agreed to keep this action open.

PUB/FEB22/005 (April 2022)

Audit of mandatory training – This is being reviewed by the People Committee. The board was content with this action being closed.

PUB/FEB22/006 (April 2022)

Outline of budgets for April onwards based on Trust allocations – Due April 2022. MG confirmed that the final financial plan will be brought to April Board.

PUB/FEB22/007

Timeline to be developed for the requirements of getting the budgets agreed in relation to requirements for sign off of ICS – MG added a paper was on the agenda for Private Board, the Board agreed that this action can be closed.

2. Service Story**2.1 Winter Access Hub (WAH)**

The Chair welcomed attendees Joanne Taylor, Strategic and Transformation Lead - Primary Care and Adults, Jodie Jones, Interim Primary Care Business Manager and Lubna Somra, patients representative who attended the meeting to provide the Board with details of the Winter Access Hub.

PK introduced the attendees from The Winter Access Hub (WAH) and commented that the WAH was created in the middle of December 2021 and has continually worked at pace, this was one of the services that DIHC set up with a quick turnaround to offer appointments to Children and Young People (CYP) with respiratory issues out of Brierley Hill. PK added that Lubna Somra also works in primary care in Dudley and her daughter is also a patient of the service. JT explained the WAH was set up as a response to NHSEI winter access fund developed in November to support system as a whole across Dudley. The slides distributed to the Board in advance of the meeting provided facts and figures for the board to review.

JT explained that the WAH offered extended hours and appointments were offered, CYP RSV Hub, and decision was made to do the two services in a combined model on 4th January 2022 running from High Oak Surgery and is due to run for 12 weeks until the end of March 2022. There may be an extension from CCG for a further three months. The centre opens 6 days a week, Monday to Friday 1:00pm to 10:00pm and on Saturdays 9:00am to 7:00pm. The USP of this model is the appointments are purely face to face.

Recently we have extended facility around Smears and Phlebotomy which has been very popular, looking at long term condition reviews as outreach including home visits for vulnerable adults with mental health issues and those with learning disabilities.

Using slides provided, Joanne Taylor explained the performance figures WAH is doing very well, there is a good utilization, a high proportion of direct referrals from 111. Looking at outcomes JT explained a high proportion of patients discharged home. There is some good feedback 84% seen within 15 minutes of arrival at WAH and 95% reported that if the WAH was not available they stated they would have presented to the Urgent treatment Centre (UTC) as an alternative.

Jodie Jones stated there had been 1708 treated patients up to Sat 26th February 2022. There have been many benefits due to face to face presentation which include quick diagnosis, including a child with scarlet fever, there have since been 5 cases of scarlet fever and also a patient who was given a cancer referral which may have been missed if not face to face. Patients have fed back they are

happy to be seen face to face. 111 referrals report most patients are seen and out of the WAH within an hour.

Lubna Somra advised she brought her daughter in as she had presented with a rash which was quickly diagnosed as shingles, she was prescribed the correct medication and stated it was a great service she was impressed with the service and care given to her daughter.

GL advised she has directed three patients to WAH just yesterday as the surgery resources were stretched and the patients also gave good feedback on the service received. Jodie Jones commented it is a credit to DIHC for supporting the service. Joanne Taylor advised she felt it was a model for the future. Main route into WAH is referral via GP. When it started it was a mixed referral via GP's and 111. At the weekend referrals mostly from 111 but this helps UTC pressures.

SC thanked the WAH team on behalf of the board, adding there is lots to learn from DIHC. SC asked whether a formal evaluation will be carried out, Joanne Taylor agreed there will be a formal evaluation with updated slides back to the Primary Care Network Clinical Directors's. Joanne Taylor also advised the board that there was a collaboration with Future Proof Health who provided staffing and staffing model. PK added there are discussions with commissioners regarding extending WAH for a further 3 months.

GL asked about the UTC whether they had reduction in attendances due to WAH, JT added she is yet to get this information. Jodie Jones did not think UTC will have much of a dent in their figures as they still register patients and triage patients so they are classed as a UTC statistic and not WAH so it would require more of a deep dive into the pathways. PK added DIHC that a support manager had been put in place with UTC which benefits this model.

PH added the importance of the pathway should be looked at as when a patient comes to UTC and to WAH that is a double charge to the system. Additionally monitoring the impact going into secondary care and in the evaluation we need to ensure this comes through. PH added they had visited the WAH and thought it was providing a great service.

SN added a reflection that WAH was set up before the realization around omicron was apparent, it was a step into the unknown around what providing face to face service would entail for the staff. It was a positive unified effort and offered a personal thank you to all the staff.

BL added it was a great presentation and asked for more details on the utilization of the service and any work being carried out on any under utilization, the design of service, continuity of care if what to extend the service. GL referred to the past service which was called 'Dudley Doctors' on call out of hours provision it was a group of practices commenting it is a similar service and it worked well. JT added the GP's have full access to medical records, all the doctors and nurses on rota all work in Dudley and are known to staff and patients. Regarding BL enquiry on utilization, the figures are an average over the last 6 weeks but up to 89% utilization in the last week.

MG commented it is a great service and offered support from himself and his team with evaluation of services if required.

ME thanked the team, very impressed with the service provided and commented the board always want to understand how they can support the demand on GP's surgeries and would be keen to understand from the 54% of referrals from GP's which GP surgeries are referring. ME also asked about resourcing and asked for more information. Jodie Jones added the staff who provide the service do this in addition to their main job on a rota basis. Managerial model has been picked up as part of day job with plans to develop this.

The chair summarized the Boards thanks for responding to a crisis and the work they put in is testament to the team as individuals and reiterated a great service and looks forward to the

	<p>evaluation and the board fully support extending this service. The chair asked the team present to pass on the boards thanks to the wider team back at the WAH adding a final comment that they make a great difference to the population of Dudley.</p>
3.	<p>Standing Items</p> <p>3.1 Chair's Update</p> <p>The Chair referred to the ICS appointments and development of executive and non executive, DIHC should formally welcome the appointments to that board and we are committed to support as it develops its governance.</p> <p>3.2 Chief Executive's Report</p> <p>The board noted the report from the Chief executive as read</p> <p>PH highlighted some of the key points from the CEO report for the benefit of the board.</p> <p>Meeting with Primary care stock take team was very positive and exploring opportunities for the future. A further meeting planned with Surrey and Somerset who are working closely with Primary Care.</p> <p>Referring to the engagement around High Oak Surgery, PH commented that it is important to get the engagement right and will keep the board sighted in monthly CEO reports in relation to this.</p> <p>SEND inspection, the CQC will come back on key actions for the board to note. Details of this work is encouraging and we should be minded on the Trusts responsibilities under regulatory arrangements.</p> <p>Commenting on the white paper on integration, and the thinking around development of place, a further discussion will take place at partnership board around this and the website link to the white paper is provided within the CEO report.</p> <p>The board noted the report from the Chief Executive.</p> <p>3.3 Agenda for Part Two – PrivateBoard</p> <p>The chair invited the board to note the agenda for part 2 of the board meeting.</p>
4.	<p>Board Assurance Framework & Corporate Risk Register</p> <p>The board noted the Board Assurance Framework and Corporate Risk Register as read.</p> <p>EFD reported that there were no changes to the current risk scores and was reporting a stable position. There has been robust discussions at the Quality and Safety and People Committees in regard to the covid related risks which is testament to the ongoing work of the Executive across the past six weeks.</p> <p>A refined list of strategic risks have been shared with the system leadership group on 11th Feb and there is a paper on the Private Board agenda. The BAF strategic risks will be updated and will be reported through committees before coming back to Board.</p> <p>Following the Development Session on 23rd Feb, new risks around development of the Primary Care support and the development of a Children's Strategy will be developed following further with the Executive.</p> <p>There has been a continued focus on an 'aged risk review' as we prepare our risk profile in readiness</p>

for 2022/23.

PH added one of the most important priorities, as we move into the business planning process, is updating the key strategic objectives and reflecting this into the assurance processes and is quite keen that the Board have the opportunity for a thorough discussion on this. HT challenged whether we should get Cap Gemini behind us before starting. PH commented the deadline for the Business Plan and the operating plan which is required to be able to set budgets will be end of April so first phase of Cap Gemini will have happened.

ME assured the Board that although there is only a brief discussion at Public Board there was good discussion at People Committee and confirmed that the Committee does go through the risks in detail, the Chair agreed this is a useful point to note.

The Chair added comments received from DG via email who enquired about reporting of risks with a very low score and should this be discussed at Board. EFD agreed that this is reviewed monthly with Executives and by Committees with recommendations escalated to Board but committed to further review and confirmed this will also be part of the ongoing Aged Risk review.

The Chair summarized discussions adding no change to scores commenting it is ready to be review post submission of plan and enquired whether all committees have reviewed, all Chairs agreed.

The Board noted the report and were assured by the actions, mitigations and recommendations within the report.

5. Report from Medical Director

The board noted the report from the Medical Director as read.

SN delivered report from Medical Director on behalf of LM

Advised there were a couple of key areas to highlight to board. Reflecting on new posts recruited to within directorate which are clinical adviser roles aligned to medicine, diabetes and health inequalities, these are important due to the population health approach we want to understand impact we are having as an organisation to the population and system.

SN commented that the CEO had spoken about the conversations at a national level on the Stock take conversations with Dr Clare Fuller around Primary care strategy and operating model. What DIHC is doing locally is developing these at pace informed by the improvement work at High Oak Surgery and support provided to Chapel Street. We have also undertaken a number of practice visits to ensure our strategy reflects what our Primary Care practices want from us as a Trust. SN also added a great piece of news to report that DIHC was commended in a report published by the department of health and social care due to work carried out at care homes residents during the vaccination programmes.

ME asked how do we capture the benefits that these posts make to the services and public. SN advised they will take this back to LM & RB to ensure this is noted.

PH added we have a lot of clinical advisory roles and leads and the CCG want to talk to us about this and this will form part of that process. HT commented on the department of health commendation and agreed this is great news to share, JI confirmed this was communicated in the FRU. JI added she felt it's also for stakeholders to communicate and PH added it had been mentioned in meetings they had attended so stakeholders are aware. SC recommended it should go into the healthier futures

	<p>communications.</p> <p>VL commented on the ongoing evaluation and need for a robust audit programme. She noted the need to get a balance. We need to consider scope of intelligence function to get a view on the performance of the organisation and audit for improvement. PK added it was a great article and mentioned that the same team have been supporting all of the patients across Black Country healthcare and not just Dudley.</p> <p>The Board noted the report.</p>
6.	<p>Quality and Safety Performance Report</p> <p>The Quality and Safety Report was taken as read.</p> <p>SN commented the Q&S report looks different this month and hopes this meets with board approval, it went through Q&S committee two weeks ago and the reported has been aligned to other board committees.</p> <p>Highlighted for reassurance is a piece of work taking place with safeguarding and infection prevention to develop a scorecard and key metrics in readiness for April or May Board.</p> <p>There are no significant concerns today for escalating to the Board</p> <p>No serious incidents meeting national reporting framework for the period of January.</p> <p>There was a SI reported in November 2021 which has been updated and appraised at Q & S committee and a final report submitted to CCG. There were no specific contributory factors to DIHC but there was some system learning around mental health pathways. There is a piece of work going on across the system we are influencing to address these and this will come back to Q & S committee in due course.</p> <p>Learning and actions around incidents and complaints received. Focused on support to High Oak Surgery this is going well and the quality improvement is being well received. Some of the work is around the two week wait process but this has improved.</p> <p>SN commented on training and awareness in subject access requests – piece of work to ensure staff are aware of their responsibilities and the timeframes around this.</p> <p>SN also wanted to reference the Staff flu campaign which has now concluded and we are in the process of planning for later in 2022. The Trust will be subject to a CQUIN which is a quality payment for demonstrating DIHC has improved on its rates of staff flu vaccination. The CQUIN for this year is between 70-90%, we would like to aim for 90+ so there is significant work to be done but reiterated work is underway on this.</p> <p>The Board were content with the assurance provided in the Quality and Safety Performance Report.</p>

7. Quality and Safety Committee Assurance Report

The board noted the Quality and Safety Committee Assurance Report as read

VL reported there were no items to escalate to board on risk. Regarding C101 it was felt prudent to keep score as it was around staffing absence due to COVID 19, this will be reported back at next meeting.

VL also added although no items to escalate or any well articulating emerging risks there was some robust discussion at committee on discussion on potential risks. There will be a need to develop the risk profile particularly when the outcome of the CQC readiness piece of work is available.

In reference to the flu campaign, we will finish year on average, to get up to CQUIN level will require a very considered approach starting very early. We will have learned from the last two winters how to produce decent results.

Commenting on the Safeguarding mandatory training, level three is face to face so difficult but we should be getting close to 100% on level one.

JI asked about how the next covid vaccination and how this will fit with the flu campaign and how this will marry up. SN added there has been no information received as yet received around vaccination number four for health care and social workers and whether these vaccinations will be combined. SN commented that they are having discussions with Infection Prevention and Control around ordering flu vaccines and the support from partners at DGoH to order for us. VL added discussion on flu will be made earlier due to manufacturing process which is earlier and possibly will not hear about COVID vaccine until summer months.

STC added new format of the report which he agreed is better in terms of the format. They also asked about the CQUIN and concerns that areas where there are health inequalities may not get the extra funds as its more difficult for them to get their staff vaccinated which could result in being deprived of resource and if this has been challenged. PH confirmed the process of the CQUIN origins and agreed if there was a particularly challenged populous who a Trust employs it could technically be more difficult to deliver. STC commented it could affect the whole of the West Midlands.

DG had provided a question via email regarding page 15 of report regarding the one formal complaint received and enquired what formal consent is needed to investigate a complaint. SN provided details about the complaints process for assurance and advised when a complaint is received a consent form goes to the complainant and asks them to sign to agree the complaint is investigated to go to the service leads which is part of the national formal process.

HT commented that DIHC have been part of a research project advised via LM and wanted assurance that this is fed through quality and safety appropriately and wanted to ensure this is set up. SN confirmed the research and innovation group which was last week Friday and this goes into LM report through to quality committee. VL confirmed it goes to QSSG first then to Quality and Safety committee, then to Board. BE asked whether there should be an ethics committee. PH advised ethics should be dealt with at a system level rather than organizational for DIHC currently so provided its going through an ethics committee it is covered and appropriate. SC asked whether there should be an action in relation to this. SN advised they will check this and commented that individuals from Royal Wolverhampton who are seconded through national institute of research. PH commented to be part of the research it would have to have been through the ethics committee.

HT summarized the assurance report and the board confirmed it was content with the report and

	<p>discussions.</p> <p>The Board were content with the assurance provided in the Quality and Safety Committee Assurance Report.</p>
8.	<p>Workforce Performance Report</p> <p>The Board noted the workforce performance as read</p> <p>BE commented on sickness that was discussed at committee on whether the national NHS target which is 4.68% is a sensible target for this organisation as we work with lower numbers which generally takes us to under 3%. There will be a recommendation to reduce the target for next years to be set at 3.8% and assured the board the organisation is managing sickness very well.</p> <p>Not much to comment around appraisal rates although there is scope for improvements and training compliance remained statistic.</p> <p>Turnover remained steady but there was some movement due to end of fixed term contracts for some staff employed to support covid vaccination programme. There was one leaver during January.</p> <p>The DIHC rates around COVID vaccine second dose is just under 90%.</p> <p>Recruitment moving in house is going well which will reduce reliance on BCH in terms of recruiting DIHC staff.</p> <p>ME pointed out on page 60 around mandatory training and commented that VL is also a member of committee so robust discussion takes place. Compliance is high for most of them 90% plus which is an improvement and wanted to offer the board assurance on safeguarding training. Now in a position which is acceptable but want to get to 100%.</p> <p>The Board were content with the assurance provided in the Workforce Performance Report.</p>
9.	<p>People Committee Assurance Report</p> <p>The Board noted the People Committee Assurance report as read.</p> <p>Good discussions around risk and C101 being closely monitored. Reiterated the committee want to focus on quality rather than quantity and as an example of this, the committee received an assurance report regarding the in house recruitment and the committee has asked for further work to come back on the business benefits taking this back in house, this needs to be captured.</p> <p>ME commented on sickness level which BE reported, a credit on workforce and the people team with a constant low level of sickness within the organisation.</p> <p>Improvements seen on mandatory levels month on month.</p> <p>There has been a slight reduction in appraisal rates but this is linked to quality conversation. There is a piece of work ongoing on welfare of staff and supervisors and are looking at end of May target of 85% compliance but will do all we can to ensure quality appraisals are carried out.</p> <p>Reviewed progress on HR policies and can give the board assurance confident that all policies are on track and will be completed by the dates for priorities one, two and three. Work will carry on past this to ensure quality policies are helping us to do our day to day jobs.</p> <p>SC offered reassurance to Board on reflection of DIHC on training and policies due to the</p>

consolidation of two organisations coming together a large piece of work across being carried out by staffside representatives across the system and can see the essence and culture of DIHC coming through these policies.

BL requested clarity on figures shown on Page 55 which seem to differ from figures on page 56. BE and MG provided an explanation that these are different metrics. The Chair commented on the graph adding it does not look like 23% and asked whether the committee could review how the graph is displayed. ME commented the committee asked for an in month figure hence the change.

BL also enquired about the anti racism training and asked on attendance figures. SC advised that Executive directors, operational team leads and managers are ensuring line managers attend this training communicating it is expected.

PH added the board should be sighted on letter from NHSI received when she was appointed was written from context of developing approach to provider collaboratives and recommends the board needs to discuss whether we should be sharing more and with whom. PH added discussions on collaboration needed to be had to look at cost saving and other considerations.

HT referred to the clinical risk assessment at 25% and is this too low. SN commented that is face to face training target. SN will discuss this with Q&S team and report back.

HT also commented on appraisals which are about to happen looking at the objectives for NEDS and Execs. PH is considering objectives and currently looking at the process around this for executives.

The Board were content with the assurance provided in the People Committee Report.

ACTION:

SN to look at face to face clinical targets which the Chair asked for assurance on as these seemed too low.

10. Equality, Diversity and Inclusion Assurance Report

The Board noted the Equality, Diversity and Inclusion (EDI) Assurance Report as read.

BL commented that the EDI committee has not met formally since November as it had been spending time on development of EDI Strategy and supporting governance arrangements.

The Committee had supported the HR team in coordinating the population of the EDS2 mandatory return.

As part of developing the Committee it has reviewed the governance arrangements and will be updating the terms of reference of the committee. The EDI Committee will be chaired by BL and the assurance of EDI will be provided through the People Committee.

BE added the Committee expected that there would be discrete streams of reporting, being a provider and tackling health inequalities, how the committee is meeting the requirements in the EDS2 and the other element as an employer.

BL confirmed that the Committee has used EDS2 as the guide to write and deliver on the strategy to ensure the Trust was meeting the public sector quality duty requirements, but recognized it was in a development position. BL expected that once the steering groups are set up the Board should start

	<p>to see an improvement in metrics and evidencing what the organisation is actually doing.</p> <p>BE added a thank you to Duncan Jenkins and Joanne Taylor for their contribution to the EDS2 supporting information as this was previously a gap but was now taking shape.</p> <p>SC added that Duncan Jenkins will take a lead from a quality perspective going forward.</p> <p>ME wanted to point out to the Board the work won't be done in the next few weeks if it is to be done diligently and to manage expectations on when this will come to Board. HT added taking a holistic view and understands the time is needed to form a quality EDI Strategy.</p> <p>HT asked if BL was connected to wider network across the system and SC committed to linking in BL into those colleagues to develop relationships.</p> <p>The Board noted the report.</p>
11.	<p>Finance, Performance and Digital Report</p> <p>The Board noted the Finance, Performance and Digital report as read.</p> <p>MG confirmed the financial position for period April 2021 to January 2022. DIHC are part of a risk/gain share arrangement across the Black Country and West Birmingham system. Following a review of the financial position in month 10, the system is forecasting a surplus for 2021/22 and DIHCs share of this surplus is expected to be £486k by end of financial year. This is a positive outcome from a cash perspective as we go into 2022/23</p> <p>Regarding the capital plan, we are on track to spend £39k more than plan which is approved by NHSEI and the system.</p> <p>MG noted that DIHC had been successful in accessing £247k digital funding from the Digital Aspirant Programme and is on track to spend the funding by the end of March which was part of the conditions of the funding.</p> <p>In terms of working capital indicates a healthy cash balance, are paying all suppliers on time in line with the better payment code.</p> <p>In terms of performance scorecard there are a number of new metrics available which include some of the additional services provided including Continuing Health Care, Intermediate Care, Winter Access Hub and High Oak Surgery. MG added the executive committee will review all metrics and targets.</p> <p>PK added within the reports going forward there is a specific focus on High Oak Surgery as the only integrated practice at the moment. A lot of work ongoing within team at the moment on the finance and performance elements. There is a weekly High Oak Surgery programme board group that meets which comprises of PK, LM, SN, feeling more confident as business as usual, it will become a quality improvement group.</p> <p>PK also commented on IAPT and that a group modality started last week. SC and PK are now members of the ICS mental health programme board and stated that a lot of work is being undertaken as a system around IAPT which is positive. A strategic approach is required for IAPT which will not be a quick fix but approach is paying off and is likely to result in increased funding in excess of what was originally anticipated. Time taken to train people is substantial and there needs to be a robust</p>

	<p>recovery plan.</p> <p>Targets around IAPT are not going to be enforced for the rest of financial year, this is a recognition that IAPT trajectories are incredibly difficult for all providers at the moment.</p> <p>PH added that the mental health standards consultation has just closed and that there will be targets the organisation will need to consider. PH also commented on the national child measurement programme and VL added the programme had concentrated on year 6, now moving into reception so this should balance out by end of school year.</p> <p>SN added we are in a recruitment phase for school nursing team and there has been challenges which is a national issue. VL added you do not need a fully registered nurse to measure a child and asked if the skill mix is where we want it to be, SN agreed adding there is a skill mix within the school nursing team and it is the support workers who drive the programme with oversight from the registered school nurses at the moment.</p> <p>The Board were content with the assurance provided in the Finance, Performance and Digital Report</p>
12.	<p>Finance, Performance and Digital Committee Assurance Report</p> <p>The Board noted the Finance, Performance and Digital Committee Assurance report as read.</p> <p>IB noted good discussions at FP&D committee on all topics highlighted and has no other comments to add.</p> <p>HT asked about digital plan and when the Board might see the plan. MG added that this is likely to be available within next couple of months. The Digital Team is currently looking at the resource plan on what is required next year. HT commented the intention is to bring this to a development day first before bringing back to board</p> <p>IB added the whole plan is interesting, Stuart Lea is on top of it with a plan emerging, wont have all the answers but options available will be put to Board, he also commented that the potential benefits through improved digital are substantial.</p> <p>The Board were content with the assurance provided in the Finance, Performance and Digital Committee Assurance Report</p>
13.	<p>Green Plan 2022-25 (3-year Action Plan)</p> <p>The Board noted the Green Plan was here for approval and had taken the plan as read.</p> <p>EFD to the strategy the Board approved 12 months ago, and confirmed that the work on developing and delivering the Greener NHS agenda had now been audited. This audit report was reported to the Audit and Risk Committee as having as a moderate assurance rating. This was in part due to the timing of the approval the Green Plan, the lack of supporting communications and engagement with staff and the need for the actions within the plan to be prioritized and costed with timeline for delivery. The audit report did acknowledge the significant progress made which will come through in the Annual Report and Accounts and wider sustainability reporting.</p> <p>Assurance could be taken from the report that the Green Plan aligns to the ICS Green Plan and national policy and guidance, this was provided in the papers for reference. We have worked closely with system partners to ensure initiatives within the plan have been tried and tested.</p> <p>The success on how we deliver the green plan is how we integrate into business as usual. EFD reiterated the importance of Executive support needed to ensure the plan is driven forward.</p>

EFD added as we are not a large acute provider or have large estate our metrics will need to show how we are leading the way in reporting carbon reductions and capturing the carbon savings.

Mike Nicklin (MN) followed that as we are not in control of our estate, which is largely under control of others, we would need to be mindful of what we can implement. Some of the Green Estates options are expensive, have a very good return on investment but have large capital requirements so we need to look carefully at what we can do in terms of travel, LED lighting, planting schemes, water recycling, and focus on addressing key fundamentals, such as heating systems, insulation and raising awareness. We need to spend effectively to provide the best return on investment.

SC asked about NHS Forest, EFD advised they are a 'not for profit' organization that helps provide green space for staff and service users and will help demonstrate and measure the positive impact on wellbeing this creates. HT commented on what green space we do have and are we thinking about the Queen's Jubilee Celebrations this year. MN added Brierley Hill has some green space in the middle of the building, currently unused.

SC also asked the Board to support EFD around the agile working as people are now returning into work and to consider what meetings are carried out around the patch and how this affects the plan. MG confirmed the reduction of carbon footprint will be difficult as the last couple of years we have been working from home and returning services face to face and return to work will create issues around this reducing and commented it's about putting things into place properly.

GL commented that they have green space around the outside of their building which can be utilized and can social prescribers be utilized to develop this, there is small pockets of land with huge capabilities. MN agreed using raised beds where people with disabilities can access would be very useful. GL added their PCN would possibly match some funding for this, EFD noted the points and committed to touching base with GL and MN to develop this.

BL added that they welcomed the Green Plan and added mental health has become a real issue worldwide and the plan can help with some of its initiatives especially the development of green spaces.

VL cautioned that there are great opportunities to work with voluntary sector such as the DIHC social prescribers and that planting up is not just the planting, it has to be maintained.

EFD added DIHC are the Chairs for the ICS Green Travel and Transport working group and has brought all our system partners to the table and we have all been sharing the knowledge and best practices.

In response to a question on funding, EFD confirmed that as an ICS we were expecting national guidance and additional funding for Greener NHS initiatives but COVID then Omicron has delayed this although we have secured as an ICS Sustainability Network some £40k for project management skills.

SN reflected on the impact on children and young people, thinking about combatting childhood obesity by teaching them to plant vegetables. EFD commented they have plenty of ideas around this and happy to have a further conversation.

The Chair summarised the discussions and asked the Board for support to which they unanimously approved.

The Board approved the Green Plan.

14. Report from the Primary Care Integration Committee

The Board noted the report from the Primary Care Integration Committee as read.

GS highlighted the committee thoroughly discussed the Board Assurance Framework and corporate risk register and although there were no changes they did note the emerging risks around due diligence exercise, clinical, legal and financial on Chapel Street, the assurance of which will be through Q&S and FP&D.

A presentation was carried out by internal audit proposing a planned audit on governance and relationships between DIHC and PCN's. It was agreed this should be extended to GP practices as well as the PCN Clinical Directors.

The PCN Clinical Director's update on the covid vaccination programme indicated that the demand is going down and there are supply problems which is a national challenge there is work going on in reviewing ARRS staff requirements for the coming year.

In the Medical Directors' update lead areas and portfolios were noted and their work with PCNs on the ARRS staff.

There was an update on the Chapel Street surgery and support work ongoing into that and also the strategic development work with The Value Circle.

In relation to the Dartmouth PCN Development programme, DIHC will be facilitating this and PCN Clinical Directors expressed some interest and this will be followed up with them.

DIHC continues to attend the Black Country Primary Care Collaborative and there was a lot of support for DIHC being part of that.

GS confirmed there was no issues to escalate to the Board.

PH enquired about the Dartmouth PCN Development Programme. GL provided an explanation on the programme which supports Primary Care originally ran 3 years ago which has regional funding to support PCN's to undertake project work. Lucy Heath supports this now for the system. It is an OD programme for the PCN's. It is a time intensive and labour intensive. PH added the need to ensure value if we are facilitating it with DIHC resources.

The Board noted the report.

15. Report from the Transformation and Strategy Committee

The Board noted the report from the Transformation and Strategy Committee as Read.

SC provided assurance to the board that the committee had discussed in detail the Board Assurance Framework and Corporate Risk Register, and there has been quite a lot of time spent on this item given the changing landscape.

Discussions took place around the process being led by Cap Gemini to develop an integrated care model for the Dudley system. The first event starts in two weeks which will include over 70 clinical participants from across the system of which DIHC has 10 people taking part. It was agreed that whilst it is time intensive for a number of people the committee is optimistic about the potential outcomes from this process.

The Committee discussed the approach on Public Health contracts are continuing and will keep Board updated on these

	<p>The Committee discussed and accepted the paper on the pausing of the transfer of children's services from BCH whilst the Cap Gemini process takes place.</p> <p>The Board noted the report.</p>
16	<p>Report from Audit and Risk Committee</p> <p>The Board noted the report from the Audit and Risk Committee as Read.</p> <p>ME reported on behalf of DG</p> <p>Highlighted national identified concern around the software component LOG4J, there was an update from Stuart Lea (Interim Chief Information Officer) who gave assurance to committee. Stuart provided details on key questions DIHC should be asking as a board around this concern. It is a national issue which effects a component in computers and digital TV's and other items. Committee recommended this paper will be shared with Board, MG confirmed a paper will be shared with Board in due course. Committee was assured that there is a good plan in place in partnership with TerraFirma</p> <p>Two reports presented to committee on Continuing Healthcare where we upgraded significant Assurance. ME referred to EFD discussion on Sustainability which came back as a moderate Assurance. Key element of this is getting the strategy approved and identifying action owners.</p> <p>Considered a proposal from CW Audit to consider becoming an associate member of the consortium, Committee felt it should be supported but this will be taken to board in due course in April.</p> <p>The Board noted the report.</p>
17.	<p>Any Other Business</p> <p>Jl commented that Savid Javid has tweeted adding his support from NHS for Ukraine and their families. PH advised happy for comms to develop comms on this for approval. VL added there is a Dudley voluntary organisation who deal with refugees and asylum seekers, PH commented they had made contact with DIHC.</p>
18.	<p>Questions from the public</p> <p>There were no questions submitted from the public.</p>
19.	<p>Risk Review</p> <p>No items were raised.</p>
19.	<p>Date of next meeting: 5th April 2022, 09.30am – 12.30am</p> <p>Black Country & Marches Institute of Technology Zoological Drive, Dudley, DY1 4AL</p>

DIHC Public Board Action Register



**Dudley Integrated
Health and Care**
NHS Trust

Ref	Date Raised	Details	Action Lead	Due Date	Update	Status
PUB/DEC21/006	07/12/2021	Car Lease scheme to be discussed at FD&P	BE	01/01/2022 01/04/2022	1/3/2022 - The board agreed to carry this action forward to march 2022 as further piece of work being carried out. Being discussed at FP&D in May	Open
PUB/DEC21/007	07/12/2021	The e-rostering business case will be considered in January 2022	BE	01/01/2022 01/04/2022	1/3/2022 - The e-rostering business case will be considered at executive committee in March. The board agreed to carry forward to May.	Open
PUB/FEB22/001	01/02/2022	PH & PK to look at a more detailed report and analysis on work going into discharge and system support	PH/PK	Mar-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	1/3/2022 - Outcome of reinspection of SEND upon completion – Due April 2022. Details also noted in CEO March report to Board. Board agreed to leave this open.	Open
PUB/FEB22/004	01/02/2022	Audit & Risk Committee is kept sighted on Clinical Audits to avoid unnecessary duplication and overlap and requested an update of the timeline for the Audit & Risk Committee.	SN	Mar-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

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:	5 th April 2022
KEY POINTS:	<ul style="list-style-type: none"> • Summary of CEO Activities – March 2022 <ul style="list-style-type: none"> - Service Visit – ARRS - Quarterly System Review Meeting - Service Level Agreements - Contract Deliverables 2022/23 • Provider Selection Regime • NHS Digital Advice on Improving Cyber Resilience • Revocation of Vaccination as a Condition of Deployment • Healthcare Reforms • NHS Providers Pre Election Briefing 2022 • Integrated Care Partnership Engagement Summary
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: 5th April 2022

1. Summary of CEO Activities – March 2022

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

The two-year anniversary of the Pandemic was recognised nationally recently, and it is apt that we as a trust will shortly recognise our people at the staff awards which takes place on 5th April following the board meeting. This will be a great opportunity to show the Boards appreciation for the hard work and commitment our staff have shown throughout the pandemic and indeed since the inception of the Trust, we have so much to celebrate as we continue to develop our services for the benefit of the people of Dudley and Black Country. In the reports next month we will be sharing the outcome of our staff survey which us an important measure and the first such survey that DIHC has participated in. Our staff are our most important asset, and we are committed to improving their working lives and demonstrating our appreciation to them all.

1.1 Service Visit – ARRS

I had the opportunity to visit with the ARRS team at the beginning of March accompanied by Philip King. This was an excellent opportunity to explore with the team at Northway Medical Centre how they had experienced the transition into DIHC with some learning for us all especially in relation to induction of the new team, the work they had done during the pandemic and how their individual roles are developing in support of primary care. The range of skills available through this team were impressive and the discussion as a whole team reflecting on value of their different roles was helpful. I was encouraged by their commitment to thinking differently about how the services could develop to respond to the changing needs of the local practice populations.

1.2 Quarterly System Review Meeting (QSRM)

I attended the QSRM which is facilitated by NHS Midlands and is a quarterly review with each ICS as a system.

The purpose of the QSRM was to ensure that there is a shared understanding of the issues, actions and the next steps for the system.

NHSE/I acknowledged and reflected on the positive examples of system working over the last few months, particularly in response to the Omicron surge and noted the commitment to continue to work together openly and constructively going forward.

It was suggested that there was a significant opportunity for the system to do even better and exceed expectations; particularly across the elective recovery agenda, and that it was positive to see the significant progress towards a system first approach and how this was demonstrated by colleagues at the meeting.

1.3 Service Level Agreements

The Trust is in process of refreshing its Service Level Agreements to ensure that they reflect the needs of the organisation during 2022/23. The key changes made to the SLAs are as follows;

- The Trust will have a single consolidated service level agreement with Terafirma for IT services, which covers everyone within the organisation. Previously, there were separate arrangements for different groups depending on which organisation they had transferred from.
- The Trust is in the process of consolidating the different agreements with Midlands and Lancashire CSU into a single service level agreement which covers Digital, Business Intelligence and Programme Management Support
- The Trust has developed its own in house People team and therefore this service requirement has been removed from the corporate services SLA with Black Country Healthcare NHS Foundation Trust (BCHFT). Transitional arrangements will remain in place for ERostering. We look forward to continued support from BCHFT during 2022/23 and are grateful for their contribution to DIHCs development over the last couple of years.

1.4 Contract Deliverables 2022/23

The NHS Priorities and Operational planning Guidance has confirmed the need to return to signed contracts for 2022/23 after a period of simplified contracting arrangements which have been in place during the COVID-19 pandemic. The guidance also states that while written contracts between commissioners and all providers (NHS and non-NHS) will be needed to cover the whole of the 2022/23 financial year, systems and organisations should continue to take a partnership approach to establishing payment terms and contract management such that focus on delivery of operational and financial priorities can be maximised.

The contract envelopes and payment terms for providers are still being discussed at a Black Country System level and are largely dependant on the agreement of the system financial plan. Therefore, at this stage, it is unlikely that new contracts will be in place by the 1st April 2022. The NHS Standard Contract Technical Guidance states that when there is no signed contract in place, a contract will be implied between the parties.

DIHC will make every effort to reach agreement and sign the NHS Standard contract as soon as possible following the conclusion of the system planning discussions.

A proposal has been received from the Local Authority to extend the School Nursing contract for a further year. We welcome this proposal and look forward to providing the service in 2022/23.

2. Provider Selection Regime

The proposed Provider Selection Regime will be a new set of rules replacing the existing procurement rules for arranging healthcare services in England. The proposed rules will be introduced by regulations made under the Health and Care Bill. The aim for the Provider Selection Regime is to move away from the expectation of competition in all circumstances and towards collaboration across the health and care system. This is intended to remove unnecessary levels of competitive tendering, remove barriers to integrating care, and promote the development of stable collaborations.

The document is available for viewing <https://www.gov.uk/government/consultations/provider-selection-regime-supplementary-consultation-on-the-detail-of-proposals-for-regulations>

3. NHS Digital Advice on Improving Cyber Resilience

On the 1st March 2022 NHS Digital issued instructions which outlined areas for immediate action and requested that the Trust provide assurance on these via the Data Security and Protection Toolkit (DSPT) baseline submission on the 4th March 2022. The actions within the DSPT are monitored by the Information Governance Group and any specific actions relating to cyber security will be monitored by the Digital Board to ensure they are fully implemented. Regular progress updates will be provided to Finance, Performance and Digital Committee.

4. Revocation of vaccination as a condition of deployment

The government has announced that it will bring forward the regulations to revoke vaccination as a condition of deployment following its consultation, which closed on 16 February 2022. The revocation of the regulations came into force on 15 March. The full consultation document is available [here](#).

5. Healthcare Reforms

Secretary of State for Health and Social Care launches vision for healthcare reform

Savid Javid recently delivered a speech around healthcare reforms that I would like to highlight to the board for interest. Savid referred to the forthcoming health and care bill and provided some insights into the longterm reform agenda quoting they are “*radical but logical next steps. They flow from the increasingly patient-centred and systems-based working through the Integrated Care Systems*”

Savid provided 3 key areas of focus for the reform which are Prevention, Personalisation and Performance. He also made reference to our People and looking at the longterm workforce plan and how we build, train and retain. The transcript is at the following link

<https://www.gov.uk/government/speeches/health-and-social-care-secretary-speech-on-health-reform>

Interestingly, Savid also refers to the work Dr Claire Fuller is carrying out for the national stocktake and you will recall I have already met wit Dr Fuller to share how we are developing our working arrangements with primary care and to provide details of DIHC governance. There will be further meetings in April with the stocktake team.

6. NHS Providers Pre Election Briefing 2022

The pre election period known as ‘purdah’ commenced on 28 march 2022 and covers the period leading up to the 2022 local government elections. A full briefing on the practical implications around providers’ activities, including in relation to integrated care systems (ICSs), and with regard to communication during the pre-election period is set out. This guidance also covers the requirements on central and local government, the civil service and arm’s length bodies during the pre-election period to maintain political impartiality in carrying out their public duties and ensuring that public resources are not used for the purposes of political parties or campaign groups.

7. Integrated Care Partnership Engagement Summary

Department of Health and Social Care (DHSC), NHS England and NHS Improvement and the Local Government Association published an engagement summary which sets out feedback from the discussions about the expectations for how integrated care partnerships can drive the direction of the new Integrated care systems, ensure the development of strategies and policies which will address the needs of the local population, improve population health and outcomes, be inclusive whilst also ensuring integration and subsidiarity. There is a clear expectation that the ICP will ensure a high level collaboration between NHS, local authorities, social care providers, voluntary and community organisations, social enterprises and other local partners.

This paper seeks to inform and shape conversations taking place across England as ICS' develop, the ambition being that it will aid local areas to find the arrangements that suit their populations and circumstances, rather than imposing a one-size-fits-all model.

The details can be found at the following link

<https://www.gov.uk/government/publications/integrated-care-partnerships-engagement-findings/integrated-care-partnership-icp-engagement-summary>

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TUESDAY 5th April 2022
2:30pm to 4:00pm

Black Country & Marches
Institute of Technology;
Zoological Drive
Dudley
DY1 4AL

PRIVATE AGENDA

Item No	Agenda Item			Presented By	Time
Formalities: to declare the meeting open, quorate and in accordance with the standing orders:					
1	Chair's Welcome				
	1.1 Apologies	To Receive	Verbal		
	1.2 Declarations of Interest	To Receive	Verbal		
	1.3 Private Board Minutes – meeting held on 1 st March 2022	For Approval	Enclosure 1.3	Mr H Turner	2.30
	1.4 Action Register and Matters Arising	For Approval	Enclosure 1.4		
	1.5 Items Carried Forward from Part One	For Discussion	Verbal		
2	DIHC Development				
	2.1 Update on Capgemini Process	For Information	Enclosure 2.1	Steph Cartwright	
	2.2 Future Public Health Contract Arrangements	For Information	Enclosure 2.2	Matt Gamage/Steph Cartwright	
3	Primary Care				
	3.1 Chapel Street	For Decision	Enclosure 3.1	Steph Cartwright	

4	Financials 2022/23 4.1 Financial Plan	For Decision	Enclosure 4.1	Mr M Gamage	
5	Annual Report and Accounts Update	For Information	Enclosure 5	Ms E Doyle	
6	Provision of Internal Audit Services – Extending Consortium Membership	For Approval	Enclosure 6	Mr M Gamage/ Ms E Doyle	
7	Committee Minutes (to be taken as read) 7.1 Finance, Performance and Digital Committee – meeting held on 17 th February 2022 7.2 Transaction and Transformation Committee – meeting held on 8 th February 2022 7.3 People Committee – meeting held on 22 nd February 2022 7.4 Audit and Risk – meeting held 22 nd November 2021	For Information For Information For Information For Information	Enclosure 7.1 Enclosure 7.2 Enclosure 7.3 Enclosure 7.4	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 May 2:30pm – 4:00pm Venue: Dudley College of Technology, The Broadway, Dudley, DY4 1AS				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:	5 th April 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>All strategic and corporate risks are mapped to the strategic objectives and reported through the relevant Committee structures. The BAF is reviewed quarterly and work well underway following approval of the Risk Appetite Statement and Risk Tolerances by Domain to develop the 2022/23 strategic risks. These will be presented for approval at the next meeting in May following finalising of the 2022/23 strategic objectives.</p> <p>As previously report the risks to the sustainability of DIHC are being managed at a system level through the system leadership meetings and reported separately, however, the impact of scores, mitigations, controls and assurances will be reflected in the related strategic and corporate risks.</p> <p>Following review of the corporate risks during March 2022 by the Executive Team and in committee, the Board are asked to note that no changes to risk scores have been recommended, however there is one new risk for approval. The supporting information in the attached paper and in summary below:</p> <div style="background-color: #003366; color: white; padding: 5px;"> <p>New Corporate Risk:</p> </div>

	<p>There is a risk that the existing network infrastructure will either fail or will create an unacceptable cyber security risk due to its age and current support status resulting in an inability to provide a network connection across various sites.</p>	<p>New Risk(s)</p> <p>Finance, Performance and Digital Committee</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 additional of the new risk and 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 Board are asked to note that the full risk review of the corporate risks has been completed and a number of recommendations made, including transferring of several risks to the People Committee and the Finance, Performance and Digital Committee. Risks specifically relating to the Award of the ICP and associated transfers of community services have been placed on hold and will be reviewed periodically, any further recommendations will be brought to the Board.

Following the commitment by the Dudley system to deliver a co-produced place-based model of care, aligned to the national guidance a series of events has been scheduled over the coming months, with the first event taking place on 15th and 16th of March 2022. The ICS has assured DIHC that risks to the sustainability of DIHC will be managed at a system level and as such risks shared in December 2021 and are now being taken forward as part of the system discussions as part of the development of Place. These have now been included in the current state risk assessment for Place Based Arrangements. As previously report the risks to the sustainability of DIHC are being managed at a system level through the system leadership meetings and reported separately, however, the impact of scores, mitigations, controls and assurances will be reflected in the related strategic and corporate risks.

The Board Development Day took place on 23rd February 2022 to develop the strategic objectives for 2022/23. This is the basis for the 2022/23 BAF Q1 Review and several strategic risks are being developed with the Executive. The risks have been shared and will be further developed at the Board Seminar on 29th March 2022, before being taken through committees in April. The 2022/23 BAF and Strategic Risks will be brought to Board in April for approval.

2. BAF and Corporate Risk Register Summary Position

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

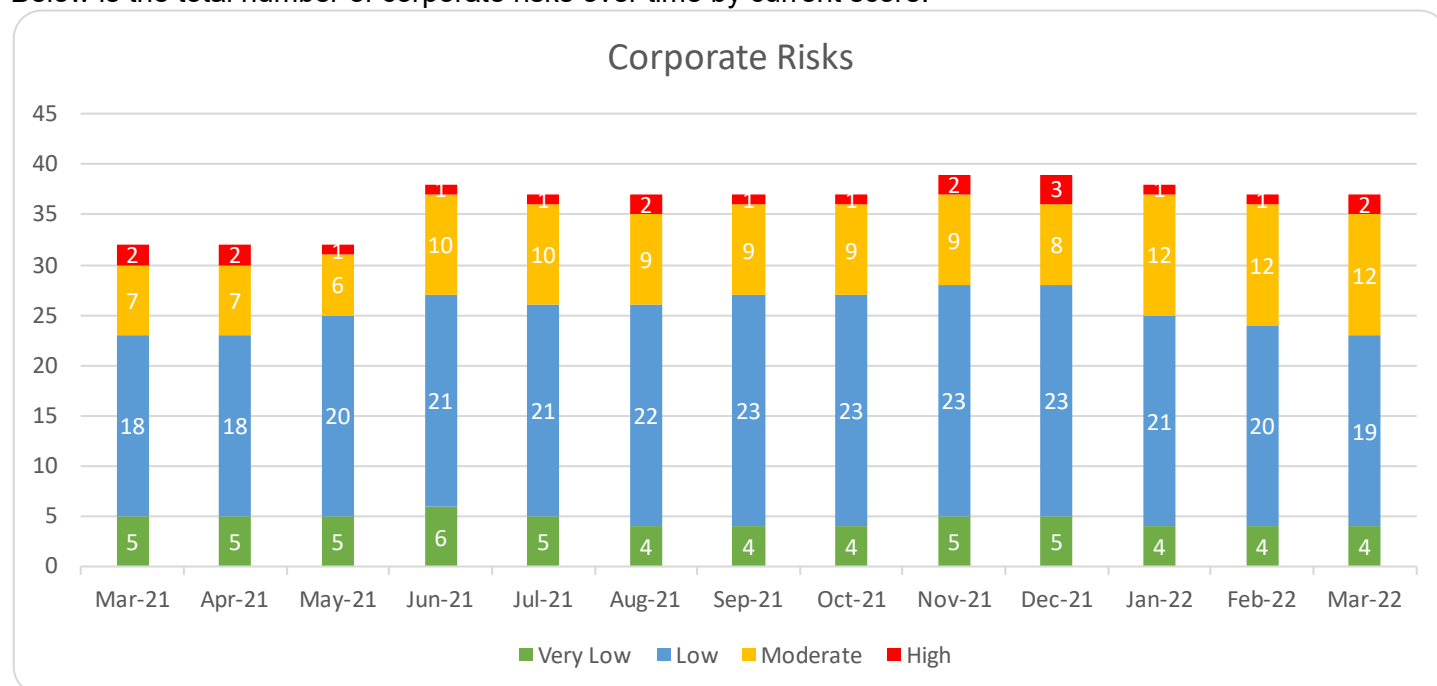
Appendix 2 and 3 details the Corporate Risk Tracker by risks above and below tolerance. The dashboard shows clearly the current risk rating, the tolerance level and the movement over time.

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	2	

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

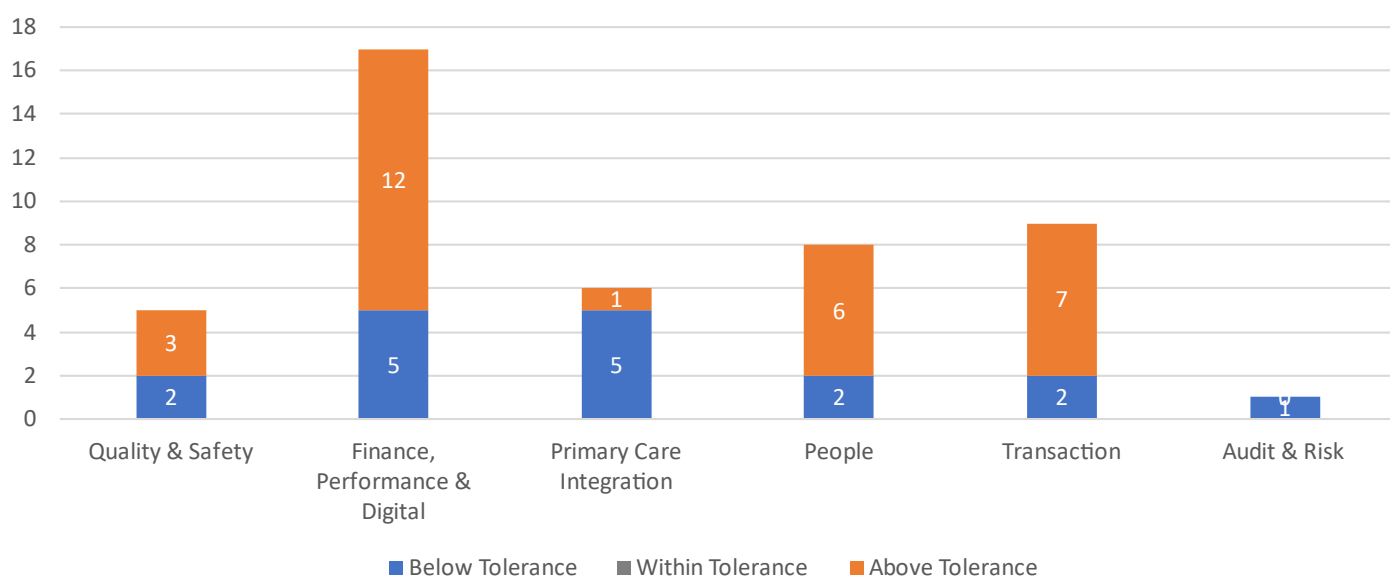
Below is the total number of corporate risks over time by current score.



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.

Risks by Committee by Tolerance - Mar-22



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 March 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 were held in committee and at Board during March, 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.

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.	<p>Service Risk Register created with no risks to escalate at this time.</p> <p>Finance, Performance and Digital Committee</p>	<p>IAPT risk register has been developed and risks will be escalated to the relevant committee through the usual process (above 16 or reputational). There are no current risks flagged for escalation at this time. 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.</p> <p>The Chief Operating Officer has committed to providing a deep dive report on IAPT to the F,P&D Committee.</p> <p>Discussions are ongoing at the ICS Mental Health Programme Board, attended by Director of Strategy and Partnerships.</p> <p>Quality and Safety and People Committees are also 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.</p>
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New Corporate Risks

There is a risk that the existing network infrastructure will either fail or will create an unacceptable cyber security risk due to its age and current support status resulting in an inability to provide a network connection across various sites	<p>New Risk(s)</p> <p><i>Inherent Risk Score:</i> 4 x 4 (16) High</p> <p>Finance, Performance and Digital Committee</p>	<p>This risk is actively being managed through the Digital Board before reporting controls, mitigations and actions through to the Finance, Performance and Digital Committee.</p> <p>Further work on the following actions is being undertaken:</p> <ul style="list-style-type: none"> • Understanding the technical fall-back positions on each site, e.g. WiFi. • Understanding the scale of the risk, i.e. sites / devices. • Business continuity arrangements to be tested in the event of no network provision at given sites. <p>At present current mitigation are to replace out-dated infrastructure in collaboration with DGFT as part of 22/23 capital plan.</p>
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5. Next Steps – Reporting Format Development, Internal Audit and Datix Implementation

Focus during April 2022 will be to report the review of the current risk strategy and supporting processes. The risk management process captures all risks, including those risks arising from the QIA processes, the strategic development of Primary Care and using Datix for the reporting of the service level risks is progressing well.

The refresh of the Board Assurance Framework is well underway and there will be some changes to the which were discussed at the Board Seminar on 29th March, where the Board approved the development of the proposed strategic risks, risk tolerance by domain, and the risk appetite statement as part of the usual year end risk management processes. The audit of the internal control and Board Assurance Framework has started and will be reported within the External Auditors Value for Money Report and the through the Board Assurance Framework audit and form part of the Internal Auditors Head of Internal Audit Opinion.

The Risk Management Strategy and policy will be updated and refreshed to include the 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.

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 Board Assurance and Risk Management Process can be maintained.

A plan with supporting timeline for migration of the 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 Q1 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 but assurance taken that the existing system is robust enough to remain unchanged.

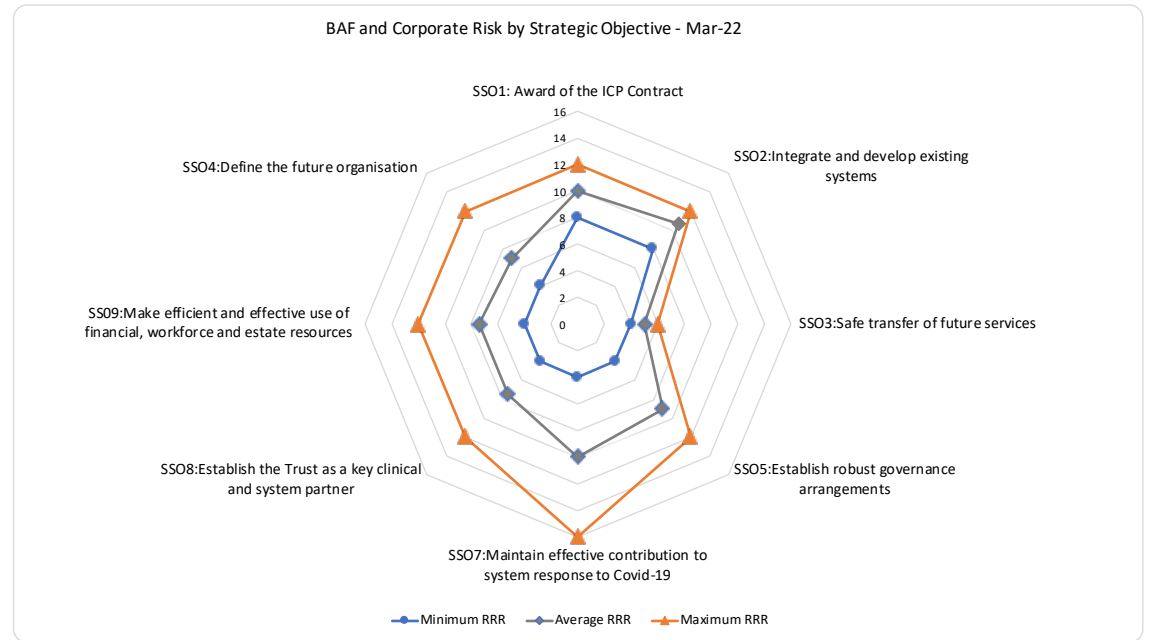
BAF and Corporate Risk by Strategic Objective - Mar-22

BAF Risk No	BAF Indicator	Strategic Objective	Average RRR	Maximum RRR	Minimum RRR
BAF-001	SSO1: Award of the ICP Contract	SSO1: Award of the ICP Contract	10	12	8
BAF-002	SSO2: Integrate and develop existing systems	SSO2: Integrate and develop existing systems	11	12	8
BAF-003	SSO3: Safe transfer of future services	SSO3: Safe transfer of future services	5	6	4
BAF-004	SSO5: Establish robust governance arrangements	SSO5: Establish robust governance arrangements	9	12	4
BAF-005	SSO7: Maintain effective contribution to system response to Covid-19	SSO7: Maintain effective contribution to system response to Covid-19	10	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	7	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	7	12	4
BAF-008	SSO4: Define the future organisation	SSO4: Define the future organisation	7	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.
























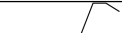



The use of the colour (orange, grey and blue) follows the Trust's Business Intelligence and Key Performance Reports and follows NHSEI guidance on Making Data Count and best practice in supporting Accessible Information Standard. The colours and symbols are based on research and evidence to aide understanding 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: Mar-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
					Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22				
C-106	Safety	Transaction	Steph Cartwright	Not having approval from NHSEI to recruit substantively to key posts	16	12	12	12	8	8	8	8	8	12	12	12	➡		5	Above
C-107	Partnerships	Transaction	Steph Cartwright	Insufficient system-wide support for DIHC	12	8	12	12	12	12	12	12	12	12	12	12	➡		6	Above
C-064	Workforce	People	Steph Cartwright	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	12	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	8	12	12	12	12	12	12	12	12	12	12	➡		4	Above
C-030	Workforce	Transaction	Steph Cartwright	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	20	16	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 NHSE/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	6	⬆		4	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	6	⬆		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	12	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	0	6	⬇		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	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	12	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	16	16	12	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	12	12	12	12	12	➡		6	Above
D-002	Reputational	F, P & D	Matt Gamage	There is a risk that the existing network infrastructure will either fail or will create an unacceptable cyber security risk due to its age and current support status resulting in an inability to provide a network connection across various sites	0	0	0	0	0	0	0	0	0	0	0	16	New		9	Above

Dudley Integrated Health and Care NHS Trust - Corporate Risk Register

Appendix 3 Coporate Risks BELOW Tolerance

Latest Month: Mar-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
					Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-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-057	Sustainability	F, P & D	Matt Gamage	Risk of reduction in annual payments due to factors beyond the control of the ICP	9	9	9	9	9	9	9	9	9	9	9	6	⬆		6	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	Steph Cartwright	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	6	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	8	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	6	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	6	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	12	12	12	12	12	6	6	6	6	6	➡		9	Below

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

TITLE OF REPORT:	Report from Joint Medical Directors
PURPOSE OF REPORT:	To update the Board on activity within the Medical Directorate
AUTHOR OF REPORT:	Dr Lucy Martin / Dr Richard Bramble
DATE OF MEETING:	5th April 2022
KEY POINTS:	<ul style="list-style-type: none"> • We have completed the first Capgemini facilitated workshops with our Dudley partner organisations working towards our Dudley integrated care model • Chapel Street Surgery in Lye is being supported by DIHC to improve following the CQC recommendations • Our two new Clinical Advisors have started in their roles and some of the work they will be involved in is described in the report • DIHC becomes 'Research Ready' and is approved as a site for delivery of a UK-wide clinical trial, and a pilot project for improving research capability in Dudley GP Practices • Mental health first aid for primary care non-clinical staff and GP training in suicide prevention has been secured by our Mental Health lead Dr Lewis in conjunction with our partners in Dudley Public Health
RECOMMENDATION:	The Board accepts the report as assurance
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	Previously declared COI Dr Richard Bramble, Dr Lucy Martin as GP Partners in Dudley and shareholders at FutureProof Health
ACTION REQUIRED:	Decision <input type="checkbox"/>

	Approval <input type="checkbox"/>
	Assurance x

Working together with partners on co-design of Dudley's future clinical model

On March 15th and 16th a team of ten of our DIHC clinicians and our Director of Strategy, People and Partnerships attended two facilitated workshop days with our colleagues from all parts of the system. Colleagues from Black Country and West Birmingham Clinical Commissioning Group (CCG), The Dudley Group NHS Foundation Trust, Black Country Healthcare NHS Foundation Trust, our six Primary Care Network (PCN) Clinical Directors, Dudley Council for Voluntary Service and Dudley Metropolitan Borough Council all supported this event with their own clinical teams and our time was spent discussing the opportunities we have now to work together in this new era of collaboration and integration.

Facilitated by an excellent team at Capgemini the teams worked together really successfully and we left the event feeling energised for the future. We felt we collectively made some really positive steps towards building a good foundation to move forward on and a commitment to change. The workshops focused on several constructed personae - these represented our Dudley citizens and many of the different challenges they face with their journey through life living in our borough. It was through the lens of these citizens that focussed our discussions - we all know patients, family and friends who experience similar difficulties navigating the systems of health and social care and we were able to identify the principles of the work that needs to be done to improve this for everyone.

The next two workshop days will be held in May and during these we will build on the March outputs and decide on how we can work together in our respective organisations to make the agreed integration vision work. It was fantastic to get together with our colleagues, many of us meeting in person for the first time in two years, in a covid safe environment and visualise how the future will start to look in Dudley.

Chapel Street Surgery, Lye

Our management arrangement for the partners of Chapel Street Surgery continues where we are implementing our improvement plan following the recommendations of the Care Quality Commission. This involves implementing new processes around safe medicines management, monitoring and follow up of patients with long term conditions, ensuring the patients registered at the surgery get improved access to the clinical team - including GPs, our practice nurse, a practice based pharmacist and a paramedic. We plan to continue building on this improvement plan and develop an operating model which any GP practice can work to, ensuring our registered patients can expect a consistent offer from their practice.

Clinical Advisors

Last month we reported successful appointment of both our new additions to the Clinical Advisory team. Dr Lloyd Baron from Kingswinford Medical Practice joined us in early March to commence work on the very important Health Inequalities agenda. His focus will be around how we can support Dudley to examine the health disadvantages experienced by many of our citizens, and contribute to the plans for working together with our partners to improve this. We know these disadvantages have been worsened by the COVID pandemic, and we plan to address these using the integrated clinical model described above, as well as utilising the CORE Plus 5 approach defined by NHS England and NHS Improvement.

Dr Dalvinder Ratra joins us from The Waterfront Surgery in Brierley Hill to support our citizens who have diabetes as well as support other work in adult medicine. She is completing her MSc in Diabetes care later this year.

We welcome them both and look forward to seeing the difference they make in these important fields of healthcare.

Research and Innovation

As an NHS Trust it is a duty to become active in supporting clinical research. Research in primary care is in a period of growth, with the National Institute of Health Research (NIHR) actively seeking organisations that can

facilitate research in the primary care setting. Everyone in DIHC has a role to play and can work with our practices to improve our citizens access to primary care based research.

Our research and innovation group is responsible for encouraging a research-positive culture within DIHC and we are delighted to confirm our move from 'Research Ready' to 'Research Active' following our successful application to become a site to support delivery of the PANORAMIC (Platform Adaptive trial of NOvel antiVIRals for eARly treatMent of COVID-19 In the Community) trial in conjunction with Oxford University. This is a UK-wide clinical study funded by the NIHR to find out in which people new anti-viral treatments for COVID-19 in the community reduce the need for hospital admission and get better sooner.

A second project has also been agreed and funded with the specific aim of increasing the research capability and capacity in our Dudley practices. This project, titled Allied Health Professional (AHP) Supported Trial Delivery Pilot in Dudley, intends to support the up-skilling of some of our practice based Pharmacists to enable them to become research ready, to develop remote research delivery methods, and to enable the patients of practices that are currently not participating in research at all access clinical research, which includes patient groups who traditionally are under-represented in research. The pilot will run over 12 months and is really important to help us build our portfolio and research capability for the future. It will be interesting to see how this is scalable and replicable in other emerging integrated care systems around the UK.

Mental Health First Aid and Suicide Prevention work for our GP Practices

Dr Becci Lewis, our Clinical Divisional Director for Mental Health has been working with Dr Brian O'Connor from Public Health to secure Dudley-wide GP practice training for suicide prevention. This is based on the Wolverhampton model with an external provider training our GPs specifically with the ambition of Dudley becoming a 'zero-suicide' borough. We are supporting a training event for as many GPs as possible to complete this training to support this fantastic ambition. In addition we have an offer to our practice reception and non-clinical team members to support training in becoming mental health 'first aiders' in Dudley every practice. Each practice can nominate members of their team to complete this training and then become champions for mental health in their workplaces.

Lucy Martin and Richard Bramble
23rd March 2022

Quality & Safety Report

Reporting period: February 2022

Reporting to: March 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; this relates to the Continuing Healthcare Team and is being reviewed and investigated on behalf of the CCG statutory accountabilities
- Work has commenced to report on monthly Safeguarding and Infection Prevention and Control indicators in readiness for reporting at Aprils Quality and Safety Committee and through to Board, this will supplement the narrative reports

Other

- The investigation into SI 2021/23458 has been completed and the report submitted to the CCG for review and closure

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 significant 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 continues to be improved through the ongoing development of appropriate statistical analysis.
- **There are no further issues or concerns requiring escalation to the Board**

DIHC Performance Scorecard 2021/22

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	YTD	Target	Variation	Assurance
Q&S	Q&S	CQC Rating - Community MH Services	Local	Apr 2020	2	2	-		
		CQC Rating - High Oak Surgery	Local	Apr 2020	2	2	-		
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	Feb 2022	100%	100%	-		
	Incidents	Duty of Candour	National	Nov 2021	100%	100%	100%		
		Occurrence Of Any Never Event	National	Feb 2022	0	0	-		
		Incidents	Local	Feb 2022	5	124	-		
		Serious Incidents	Local	Feb 2022	0	1	-		
	Feedback	Mental Health Friends and Family Test – % Positive	Local	Feb 2022	100%	99.59%	100%		
		Mental Health Friends and Family Test – % Positive (Qtr)	Local	Dec 2021	98.25%	98.25%	100%		
		Feedback - Informal Concern	Local	Feb 2022	3	16	-		
		Feedback - Compliments	Local	Feb 2022	3	41	-		
		Feedback - Complaints	Local	Feb 2022	1	23	-		

Key

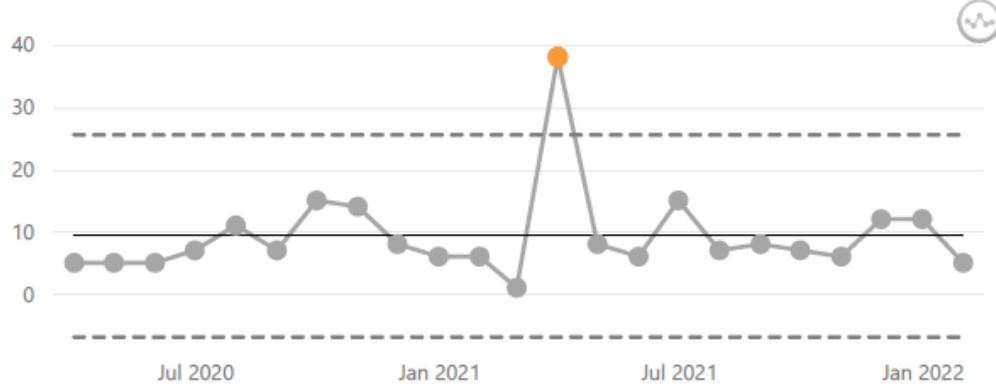
Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the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

Footnotes

CQC rating – 2 refers to Good
 There are no incidents requiring Duty of Candour notification in February
 Primary Care Friends and Family is suspended until April 1st 2022

Incidents

Incidents



Feb 2022

Date

5

Value

-

Target

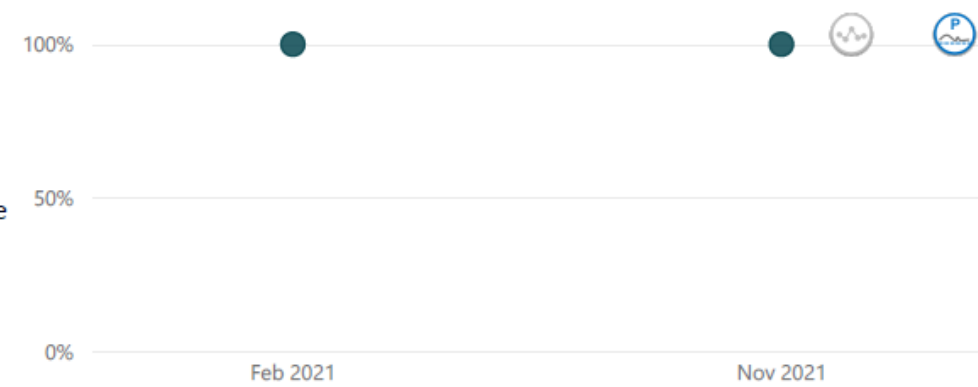
Common Cause

Variation

No Target

Assurance

Duty of Candour



Nov 2021

Date

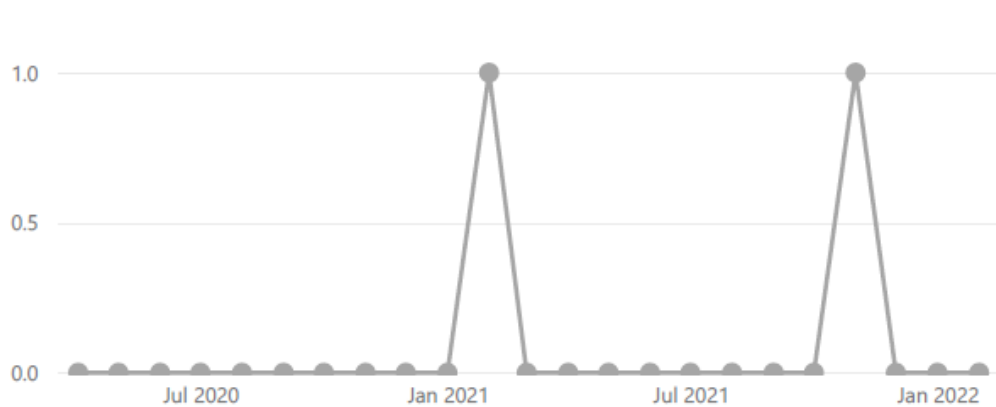
100%

Value

100%

Target

Serious Incidents



Feb 2022

Date

0

Value

-

Target

Occurrence Of Any Never Event



Feb 2022

Date

0

Value

-

Target

Service comments

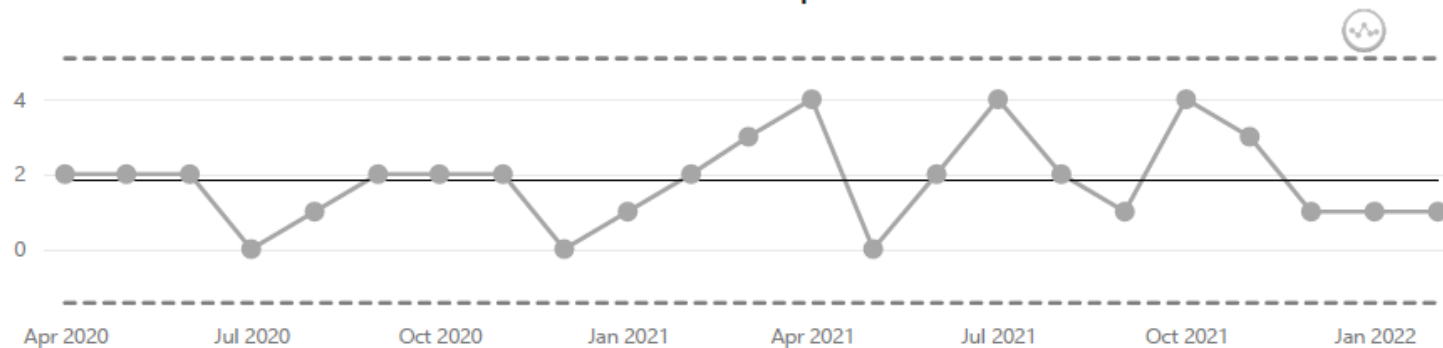
Focussed support continues to be given to High Oak; A refresh of clinical governance review meetings continues across all services. Meetings are supported by a service specific data pack

Actions

Datix training continues to be provided together with awareness raising of incident reporting and learning

Feedback

Feedback - Complaints



Feb 2022
Date

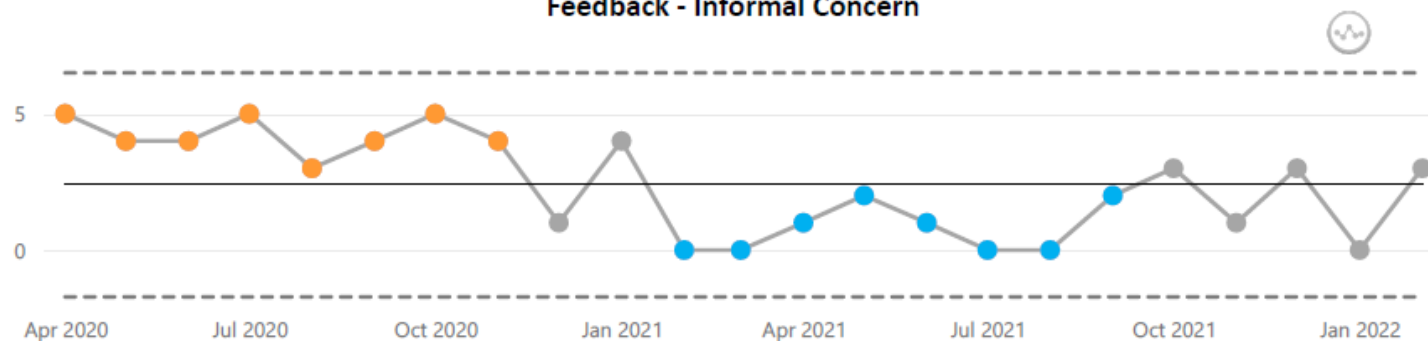
1
Value

-
Target

Common Cause
Variation

No Target
Assurance

Feedback - Informal Concern



Feb 2022
Date

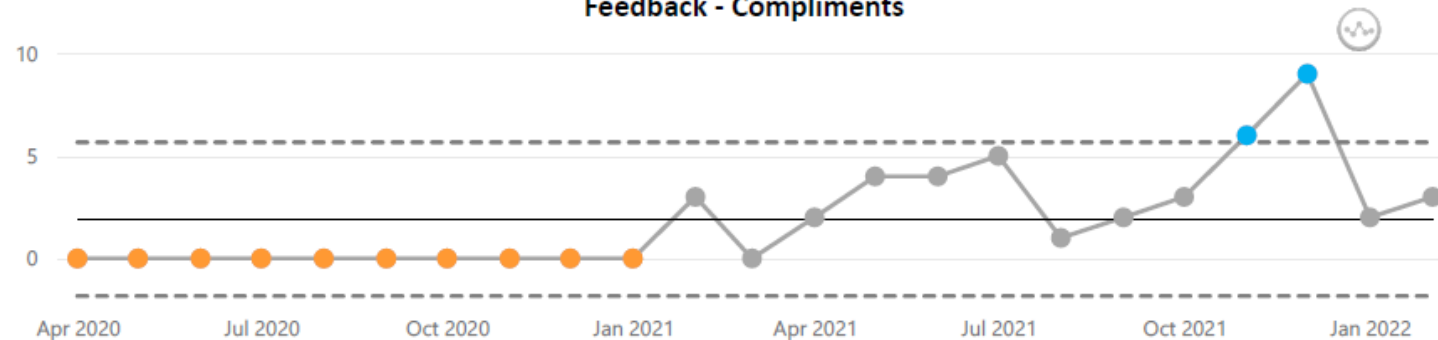
3
Value

-
Target

Common Cause
Variation

No Target
Assurance

Feedback - Compliments



Feb 2022
Date

3
Value

-
Target

Common Cause
Variation

No Target
Assurance

Service comments

One formal complaint reported this period; this relates to the Continuing Healthcare Team and is being reviewed and investigated on behalf of the CCG statutory accountabilities

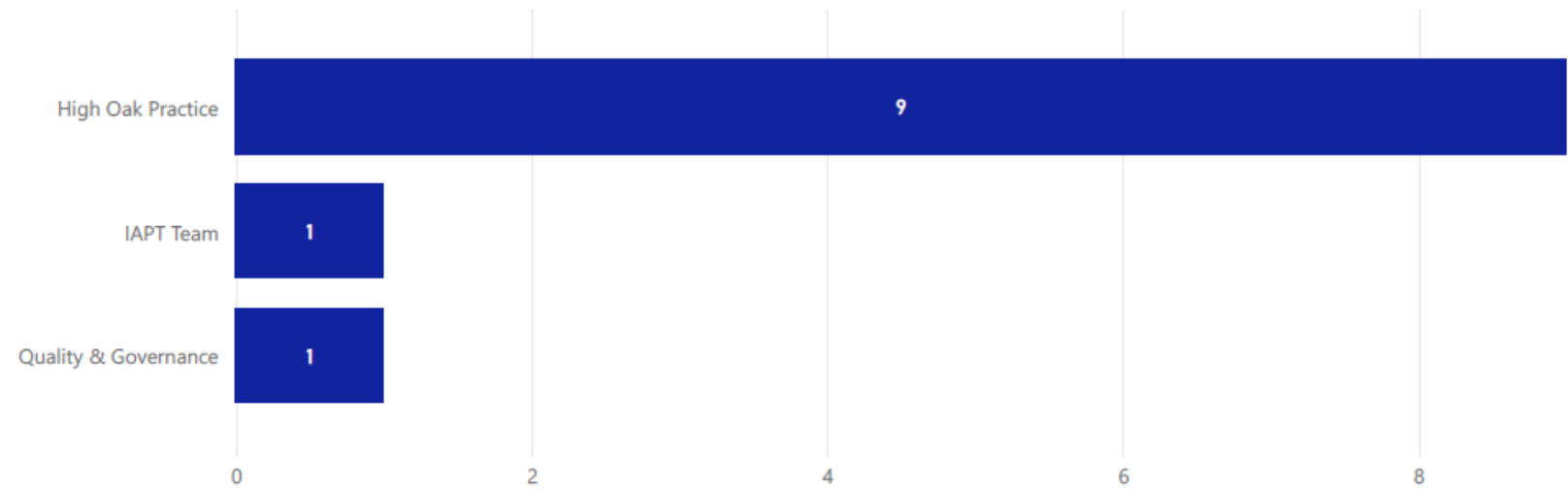
3 concerns were raised relating to waiting times in the IAPT service. IAPT received three compliments regarding the support and care provided by staff

Actions

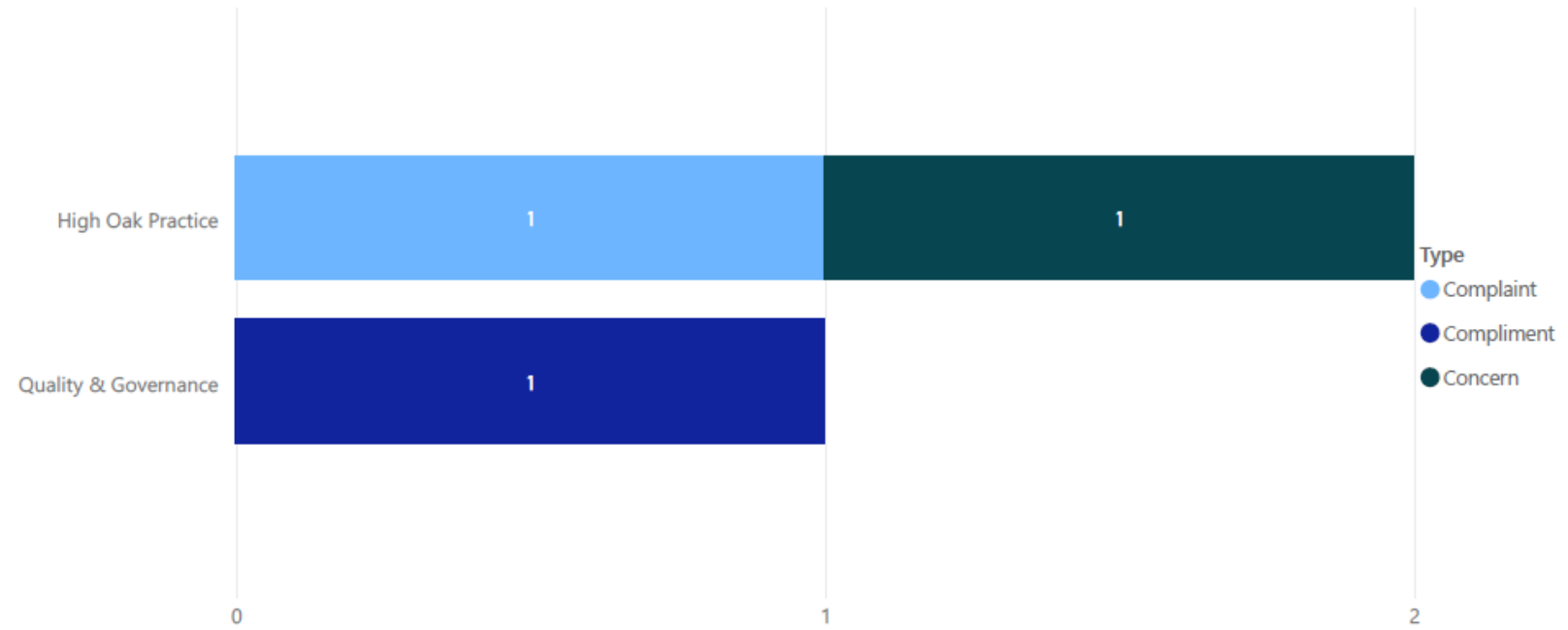
No specific actions required. In relation to the informal concerns, the IAPT team continue to provide details in relation to waiting times and offer support to clients via Silver Cloud and/or group therapy as appropriate.

Incidents and Feedback Closed Within: February 2022

Incident Closed by Service



Feedback Closed by Service



Key Lessons Learnt

The SI investigation did not identify any care or service delivery issues that directly or indirectly contributed to the incident. System wide opportunities for improved communication across the wider health and social care economy were identified and will be taken forward with the relevant partners

Actions

See 'key lessons' above

COVID VACCINATIONS – Patients (High Oak Surgery)

- Covid vaccination programme at High Oak continues, now including 3rd 'booster' vaccinations and additional cohorts; latest uptake data (as of 01/03/2022):

Group	Total Population in Cohort	Total Vaccinated 1st Dose (%)	Total Vaccinated 2nd Dose (%)	Total Vaccinated Booster Dose (%)	Total Declined / contraindicated	Not Vaccinated
01. Residential Care Home Patients	6	100%	100%	83%	0	0
02. Age 80y+ and HSC Workers	185	96%	95%	93%	6	3
03. Age 75-79y (excl care home)	110	94%	92%	88%	3	4
04. Age 70-74y or Covid High Risk (excl care Home)	335	93%	92%	80%	7	15
05. Age 65-69y (excl Care home)	133	96%	95%	88%	2	4
06. Age 16-64y with UHC (excl care home)	570	85%	81%	66%	11	77
07. Age 60-64y or UHC (excl care home)	86	100%	90%	78%	2	7
08. Age 55-59y (excl care home)	130	92%	90%	76%	2	8
09. Age 50-54y (excl care home)	146	86%	84%	63%	3	17
10. Age 40-49y (excl care home)	271	81%	78%	54%	2	49
11. Age 30-39y (excl care home)	512	73%	66%	41%	17	124
12. Age 18-29y (excl care home)	440	68%	57%	24%	5	134
13. Age 16-18y, no UHCs	73	46%	28%	1%	0	38
14. Age 12-15y with specific UHC or household contact	12	50%	8%	0%	0	6
15. Age 12-15y no UHCs	189	43%	12%	0%	2	106

- The 4th Booster programme has now gone live for adults aged 75 years and over, residents in a care home for older adults and individuals aged 12 and over who are immunosuppressed.

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Quality & Safety Committee

Date of meeting: 29th March 2022

Significant risks/issues for escalation

There are no significant issues/risks for escalation to the Board

Key issues/matters discussed at the Committee

The Committee met in development mode and therefore the agenda was a focussed agenda on 3 core areas.

- A review of the quality and safety KPI scorecard and a consideration of other metrics which may need to be included. This included consideration of the Oversight Framework. Work has already commenced to include core safeguarding metrics with the acknowledgement that assurance provided through the safeguarding dashboard submitted to the commissioner needed to be more visible through Committee
- A discussion to understand the quality oversight undertaken relating to the primary care roles employed by DIHC and aligned to the ARRS scheme. This included the implementation of clinical supervision together with the professional leadership afforded through the Nursing and AHP agenda. It was agreed that further assurance through Committee was required.
- Care Quality Commission – learning from other areas

The following business was enacted

Quality and Safety Report

- The quality report contained February 2022 data. The structure of the report was revised to align it with other committee reports and now includes a KPI and performance scorecard.
- 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.
- 5 incidents were reported during February 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.

	<ul style="list-style-type: none"> • Childhood immunisation data for High Oak was provided which demonstrated that children were receiving their immunisations in line with the KPI. Committee discussed how they could further focus on population health outcomes and the quality and access of services. It was agreed that this would be further focussed on through a series of deep-dives. • Committee were informed of the implementation of service level clinical governance meetings
Decisions made by the Committee	<p>No decisions were made and committee was in development mode</p>
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	<p>No implications identified at this point.</p>
Items/Issues for referral to other Committees	<p>No issues/items for referral to other committees</p>

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TITLE OF REPORT:	Workforce Performance Report
PURPOSE OF REPORT:	To update the board on workforce information for February 2022
AUTHOR OF REPORT:	Faye Duncan – BI Service Delivery Manager Heather Rees – People Partner Lashauna Vaughan – People Systems & Reporting Manager
DATE OF MEETING:	5 th April 2022
KEY POINTS:	<ul style="list-style-type: none"> In the report an * has been added to the commentary to suppress any figures which are 5 or less. This is to prevent any information being identifiable. In Month Turnover - 0.85% Monthly Sickness Absence - 2.68% <ul style="list-style-type: none"> 1.77% Patient Facing, 0.91% Non-Patient Facing <p>NB. sickness absence for reasons of stress/anxiety relates to 4 individuals on longer term sickness, however none are work related absences.</p> <ul style="list-style-type: none"> Appraisal Compliance Rate - Within Last 12 Months - 73.86% Mandatory Training Compliance Rate - 90.55%
RECOMMENDATION:	Ongoing push for mandatory training and appraisal compliance continues
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

Workforce Performance Report

Reporting Period: February 2022

Reported At: March 2022, People Committee

Reported By: Bev Edgar, Interim Director of People

2021/22 Workforce Performance Report

Page 4 – Performance Scorecard Overview

Page 5 – HR Summary - Turnover, Vacancy and Sickness absence

Page 6 – Vacancies by Team

Page 7 – Leavers by Reason

Page 8 – HR Training Summary

Page 9 – Additional Training Summary – Compliance by Training Module

High Level Key:

Variation and Assurance Icons

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

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

Statistical Process Chart (SPC)

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

DIHC Performance Scorecard 2021/22

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	YTD	Target	Variation	Assurance
Workforce	Absence	Sickness % (In Month)	Local	Feb 2022	2.68%	2.95%	4.68%		
		Sickness % (12 Months)	Local	Feb 2022	3.09%		4.68%		
		Short Term Sickness (In Month)	Local	Feb 2022	34.48%	24.28%	-		
		Long Term Sickness (In Month)	Local	Feb 2022	65.52%	75.72%	-		
		Maternity % (In Month)	Local	Feb 2022	1.28%	1.09%	-		
	Development	Appraisal %	Local	Feb 2022	73.86%		85%		
		Training Compliance %	Local	Feb 2022	90.55%		90%		
	Staff in post	Vacancy %	Local	Feb 2022	14.56%	13.42%	10%		
		Turnover % (In Month)	Local	Feb 2022	0.85%		1.1%		

Key

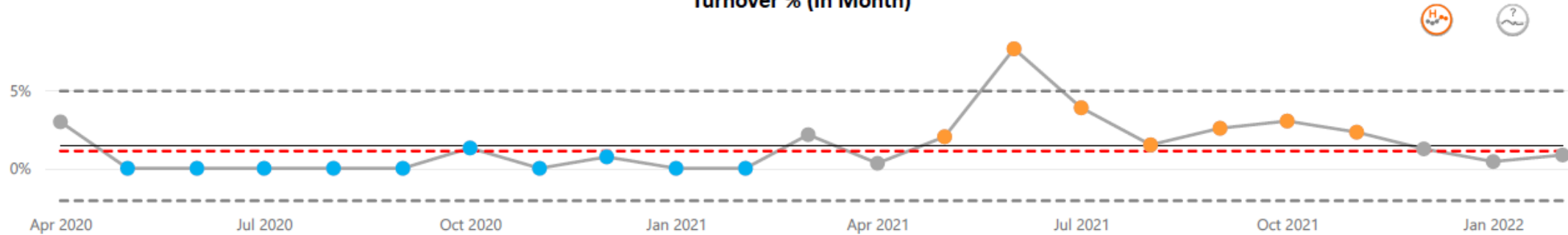
Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H) higher or (L) lower values	Special cause of improving nature or lower pressure due to (H) higher or (L) lower values	Variation indicates inconsistently passing and falling short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

Footnotes

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

Workforce

Turnover % (In Month)



Feb 2022

Date

0.85%

Value

1.1%

Target

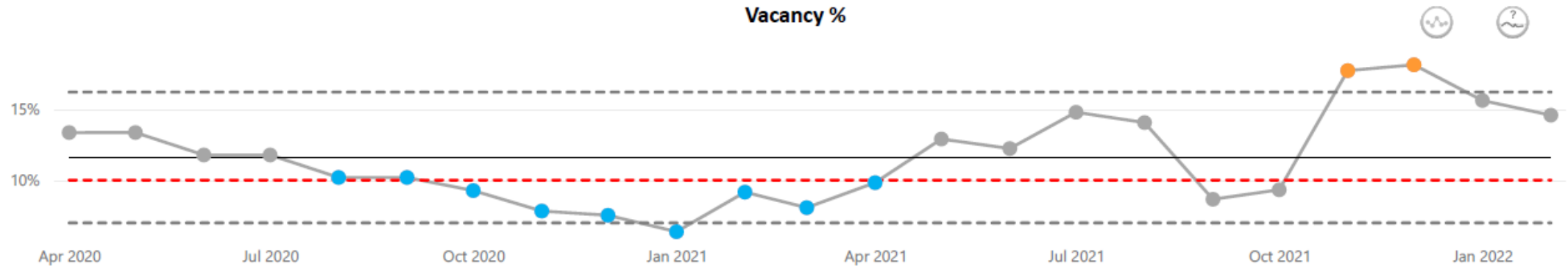
Common Cause

Variation

Hit or Miss

Assurance

Vacancy %



Feb 2022

Date

14.56%

Value

10%

Target

Common Cause

Variation

Hit or Miss

Assurance

Service comments

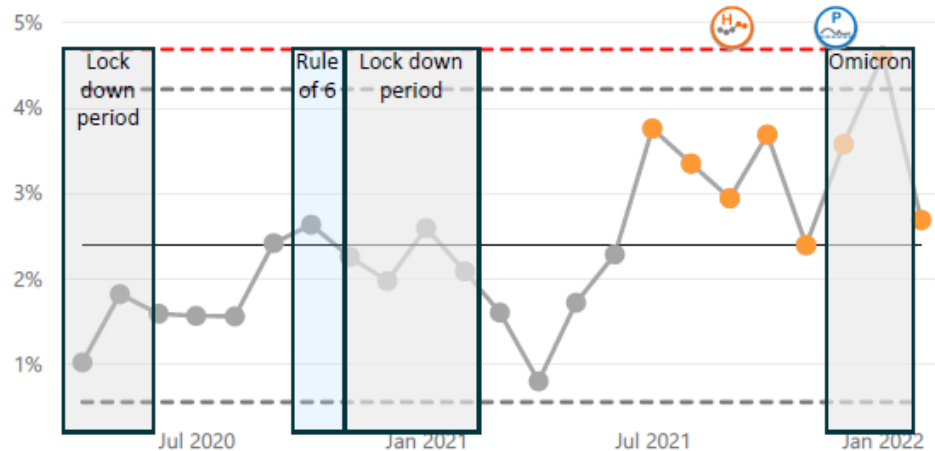
- The funded establishment for Feb 2022 was 341.37 (WTE)
- There were 6 new starters (4.6 WTE) in Feb 22. The positions recruited to included PCN pharmacists, a paramedic and a business support officer in CHC.
- There were * leavers (* WTE) in Feb 22, both from the IAPT Team with the leaving reason as other / not known
- As of 11th March 2022 the compliance for 2nd dose of Covid vaccine is 86.7% (87.9% - patient facing, 82.4% - non patient facing), the Covid Booster 73.4% (72.1% - patient facing, 78.4% - non patient facing) and Flu Vaccine 55.5% (54.8% - patient facing, 58.1% - non patient facing)
- Please note: * represents suppressed data as 5 or less**

Actions

- As of 14th March 2022 – There are 4 roles out for advert, 4 posts are currently being shortlisted and 3 at the interview stage.
- Also, there are 22 appointees going through employee checks and 19 awaiting to start in the coming months.
- Work remains on-going for the transfer of recruitment from an external NHS Trust to in house from 1st April 2022

Workforce - Absence

Sickness % (In Month)



Feb 2022

Date

2.68%

Value

4.68%

Target

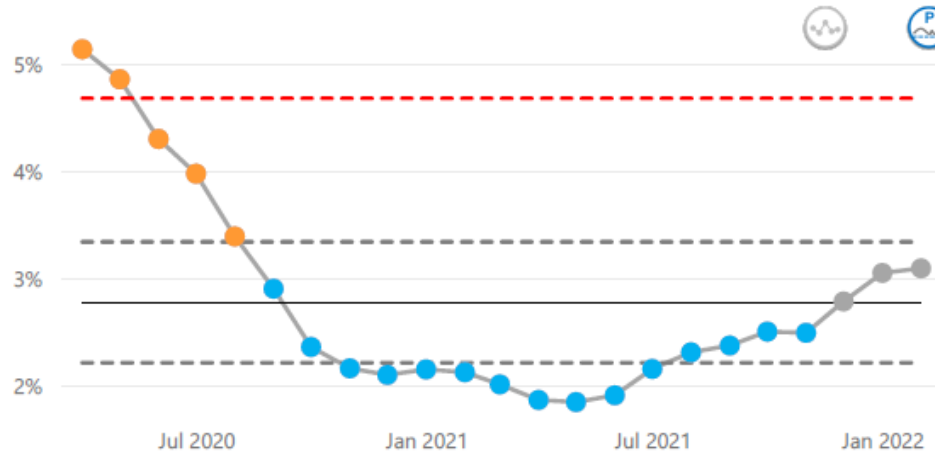
Concern

Variation

Pass

Assurance

Sickness % (12 Months)



Feb 2022

Date

3.09%

Value

4.68%

Target

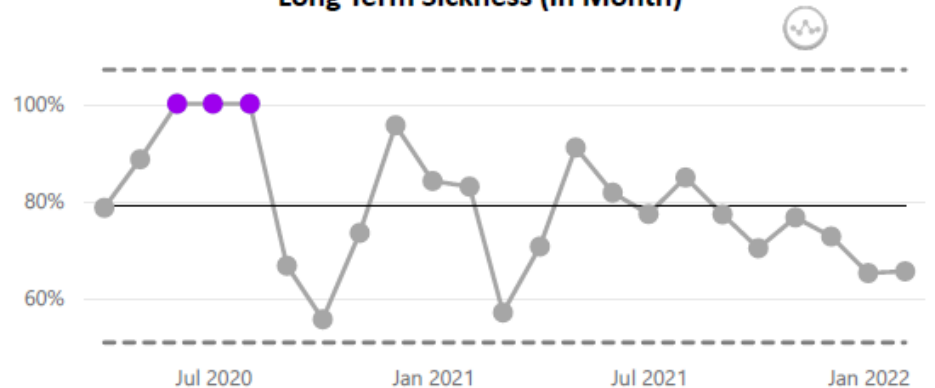
Common Cause

Variation

Pass

Assurance

Long Term Sickness (In Month) **



Feb 2022

Date

65.52%

Value

-

Target

Common Cause

Variation

No Target

Assurance

Short Term Sickness (In Month) **



Feb 2022

Date

34.48%

Value

-

Target

Common Cause

Variation

No Target

Assurance

** Long Term/Short Term Sickness is a proportion of the Sickness % e.g. 66.52% of the 3.09% were classed as long term absences

Service comments

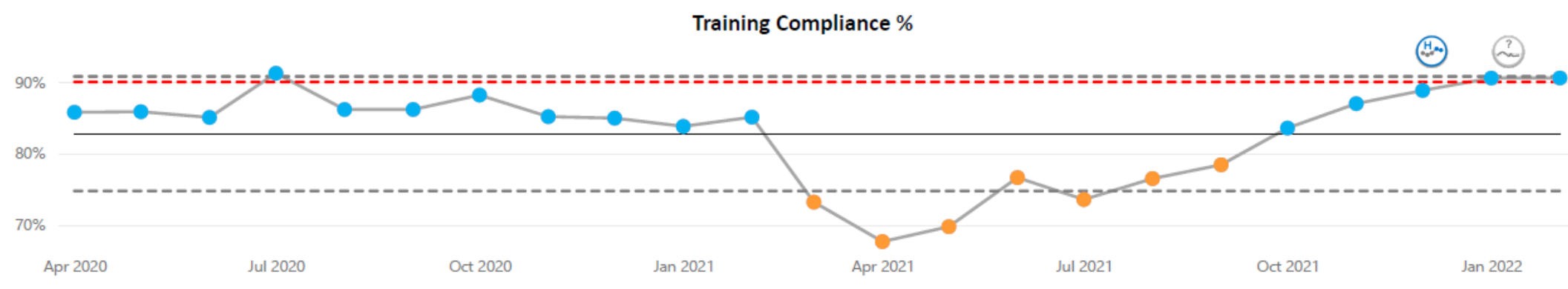
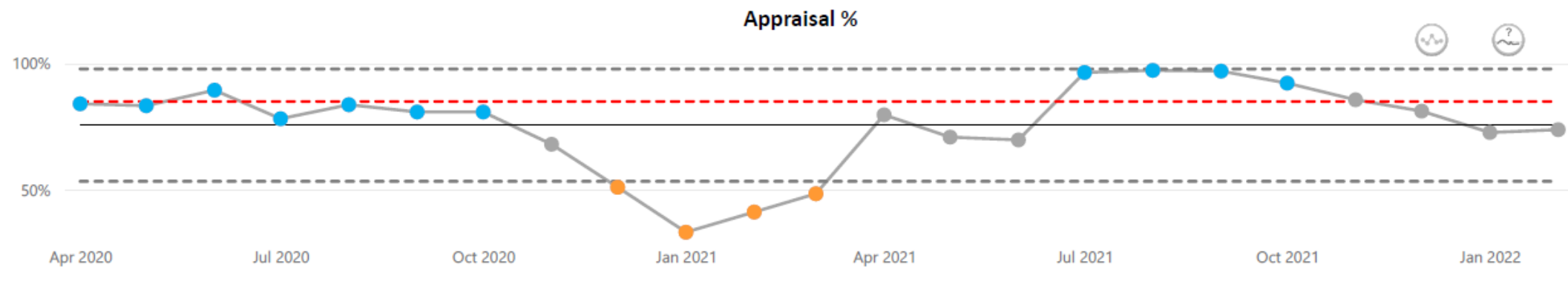
- Absence reporting at the end of February 2022 highlights 6 employees being actively managed for long term sickness absence. * of these absences are related to anxiety, stress, depression and other psychiatric illnesses and as of 11th March, * of these staff members have returned to work.
- There were 26 episodes of sickness totalling 216.5 (FTE) days lost.
- The most common absence reason was anxiety, stress, depression and other psychiatric illnesses (11 episodes) which consisted of 126.31 (FTE) days lost. The next common absence reason (* absences) were cold cough flu related.
- Of the 2.68% absence (FTE) % for February 2022, 1.77% was experienced by patient facing staff and the remaining 0.91% was non-patient facing staff
- As of 14th March 2022, there were 0 confirmed COVID sickness absences and 0 suspected COVID cases.

Please note: * represents suppressed data as 5 or less

Actions

Sickness absence is being reported 3 times a week in order to track the levels of sickness absence due to the pandemic. The People Team continue to actively monitor and support managers with long term sickness within departments

Workforce - Training



Feb 2022
Date
73.86%
Value
85%
Target
Common Cause
Variation
Hit or Miss
Assurance

Feb 2022
Date
90.55%
Value
90%
Target
Improvement
Variation
Hit or Miss
Assurance

Service comments

Training compliance in February 2022 showed a slight increase in performance this month at 90.55%.

Safeguarding Adults/Children Level 3 - 1 Year; is classroom based and training courses and have not been available during COVID. Safeguarding is still being monitored by the safeguarding team with quarterly safeguarding supervision sessions for the relevant roles.

The People Team are continuing to work directly with departments and staff to ensure that the information held centrally reflects the training completed on numerous systems. The non-compliant and due soon compliance notifications continue to be circulated with teams to improve compliance and mandatory training continues to be discussed at monthly managers meeting to reinforce the need for compliance. New starters are also being encouraged to complete outstanding mandatory training at point of receiving their unconditional offer letter and work is being done to ensure relevant compliance from other Trusts within the ICS is picked up as part of this process.

Appraisal rate increased slightly to 73.86% in February 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 and IAPT Teams. Spot checking will begin in the new financial year to monitor the quality of appraisals as well as improving the reporting mechanisms on ESR to allow more information to be captured from the Appraisal's Outcome Monitoring Form.

Actions

- Basic life support training - Staff are actively signing up to these sessions with more being continually planned to supply the demand in the coming months
- 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
- Recruitment & Selection Training is being introduced in late March 2022 to support with recruitment best practice and using the online recruitment management system TRAC

Training Compliance

Mandatory Training Compliance

Attribute	Total Compliant	Total Expiring Soon	Total Not Compliant	% Total Compliance
NHS CSTF Dementia awareness - No Specified Renewal	49			100.00%
NHS CSTF Preventing Radicalisation - Prevent Awareness - 3 Years	48		1	97.96%
NHS CSTF Safeguarding Adults (Version 2) - Level 1 - 3 Years	323	4	15	95.56%
NHS CSTF Health, Safety and Welfare - 3 Years	321	11	17	94.97%
NHS CSTF Equality, Diversity and Human Rights - 3 Years	317	11	21	93.79%
NHS CSTF Preventing Radicalisation - Basic Prevent Awareness - 3 Years	315		23	93.20%
NHS CSTF Safeguarding Adults (Version 2) - Level 2 - 3 Years	79	6	7	91.86%
NHS CSTF Safeguarding Children (Version 2) - Level 1 - 3 Years	310	5	28	91.72%
NHS CSTF Information Governance and Data Security - 1 Year	305	46	33	90.24%
NHS CSTF Moving and Handling - Level 1 - 3 Years	304	11	34	89.94%
NHS CSTF Fire Safety - 1 Year	300	43	38	88.76%
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	284	17	54	84.02%
NHS CSTF Infection Prevention and Control - Level 2 - 1 Year	41	7	8	83.67%
NHS MAND Domestic Violence and Abuse - 3 years	9	2	2	81.82%
NHS CSTF Safeguarding Children (Version 2) - Level 2 - 3 Years	69	5	17	80.23%
NHS MAND Medicines Management Awareness - 3 Years	7		2	77.78%
NHS MAND Safeguarding Adults Level 3 - 1 Year	8	1	3	72.73%
NHS MAND Safeguarding Children Level 3 - 1 Year	8	1	3	72.73%
NHS MAND Mental Health Act - 3 Years	7		4	63.64%
NHS MAND Mental Capacity Act - 3 Years	10		6	62.50%
NHS CSTF Resuscitation - Level 2 - Adult Basic Life Support - 1 Year			8	
Total	3114	170	324	90.58%

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: People Committee

Date of meeting: 22nd March 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. There were no amendments proposed to existing risks. The Committee discussed the emerging risk relating to Mandatory Vaccines as a Condition of Deployment and the potential impact on the existing risk C104 'Risk of Legal Action as a result of decisions made in response to Covid' which, following a positive update from the People team, the committee felt should be removed from the report as no negative impact has been identified and no risk had emerged.
- In considering risk, the committee discussed the challenges facing DIHC Mental Health services in relation to demand versus resource. They were assured that this risk is being managed at service level, however, felt that it would be appropriate to receive a report to the next committee from the Executive lead to better understand and scrutinise the current position from a resourcing perspective. This aligned to ongoing wider assurance work around the service currently being reported through the Finance, Performance and Digital Committee.
- The committee were provided an update on the progress to date within the Cap Gemini process and assurance was provided in relation to plans in place to update staff at the appropriate time.
- The committee received a monthly update on progress towards completion of the HR policies and raised concern that the organisation may not achieve completion of all priority 1, 2 and 3 policies by April 22. This completion date had previously been agreed and assurances provided that the date would be met. One of the key blocks to delivery identified was the demand on the staff side to review the policies, the staff side being small in number and having other work commitments within DIHC. The Director of Strategy, People and Partnership was requested to urgently review the current position, consider what additional support could be provided and report back to the committee to confirm whether all policies will be completed by the end of April 22 and if not to propose a new deadline for completion for consideration by the committee.

	<ul style="list-style-type: none"> • Assurance was provided on progress against the Away Day action plan with all but one action either complete or well underway. It was agreed that, due to the progress made, there is no need to continue to report progress against the action plan to the committee. • As requested at a previous meeting, an update was provided on the development of the in-house recruitment which now identifies some clear business benefits that DIHC seeks to realise as a result of bringing this function in house. It was agreed that the Director of Finance, Performance and Digital would ensure that these business benefits were captured and monitored moving forwards. • The workforce performance report was reviewed and there was nothing of concern identified that requires highlighting to the Board. • The committee received an update on the development of the new Equality, Diversity and Inclusion strategy a draft of which will be presented to the EDI committee in May 22. Assurance was provided that work continues on populating the Equality Delivery System 2 (EDS2) to ensure that it is published in April 22. • The committee were provided an overview of current outstanding annual leave levels and forecast annual leave to be carried over to the 22/23 financial year. No risks were identified however some recording issues were identified and assurance provided that this was being addressed and that carry over annual leave was to be closely monitored next year. • Assurance was provided on the work ongoing to strengthen the Freedom to Speak Up (FTSU) profile within the Trust with the FTSU guardian now being a DIHC member of staff.
Decisions made by the Committee	Nil
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	Nil
Items/Issues for referral to other Committees	Nil

Finance Report

Reporting period: April 2021 to February 2022

Reported to: March 2022 Finance, Performance and Digital Committee

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

Contents

- Finance Dashboards Page 3
- Income and Expenditure Reporting Page 4-6
- Capital Summary Page 7
- Balance Sheet Reporting Pages 8-9
- Better Payment Practice Page 10

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 February 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)%	2.74%	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)%	£517k %N/A	1
Agency Rating	Distance from providers cap	<0%	0%-25%	25-50%	>50%	-37.82%	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

As previously reported, the reason for this rating is that the £1.7m outstanding balance (£1.1m due within 1 year) of the working capital loan received from BCH at the Trust's inception is greater than the surplus generated by the Trust. Due to the current NHS financial regime the Trust has set a breakeven expenditure plan for 2022/23, and it is for this reason that the rating is as reported.

The loan repayments are also the cause of a long-term reduction in the trust's **liquidity rating**, which although green rated has reduced from 139 days in March 2021 to 67 days in February 2022. 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.

Income and Expenditure Summary – DIHC Services

Surplus/(Deficit)

The overall reported position is a surplus of £519,000 YTD, forecast to reach £521,000 by the end of the financial year.

This position reflects the latest risk share position with the Black Country and West Birmingham ICS.

Income

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

Expenditure

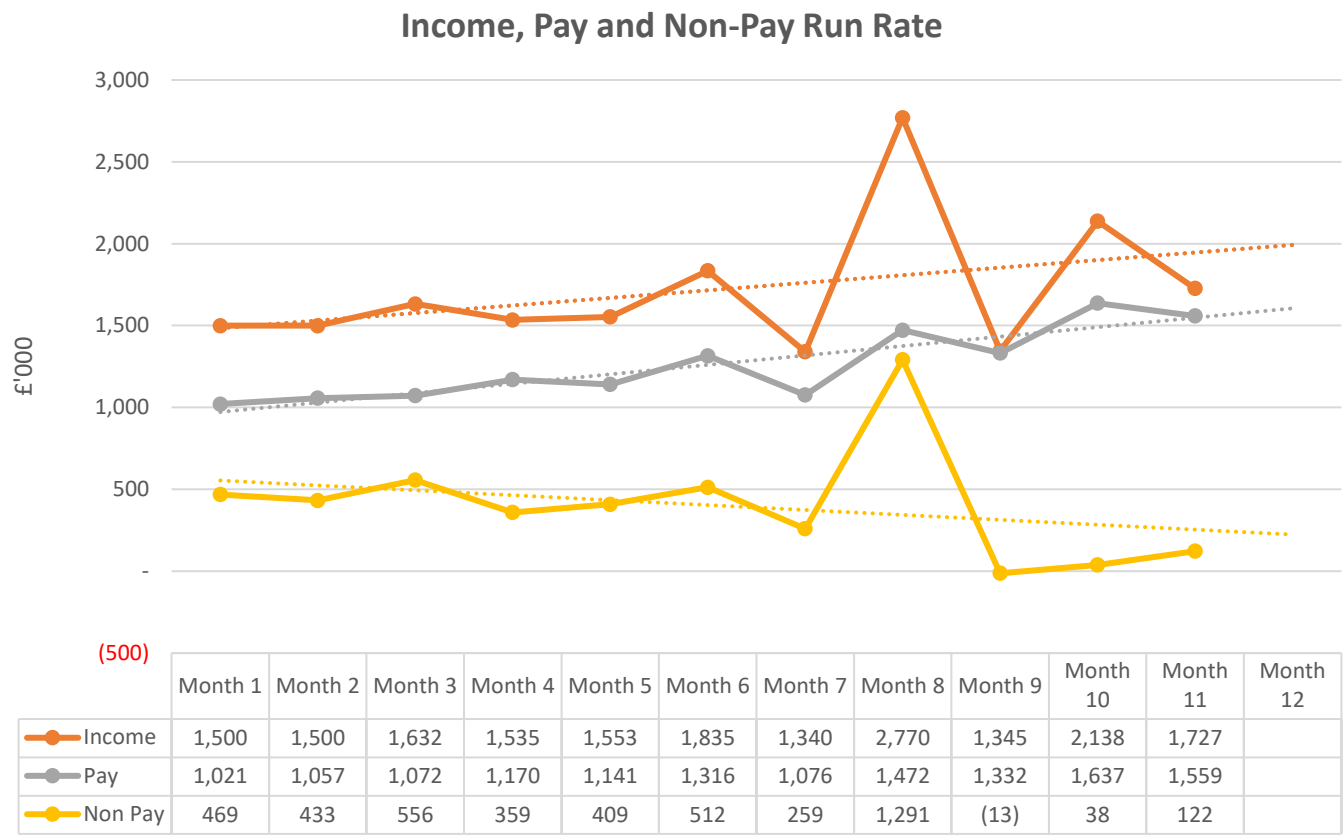
	WTE Budget	WTE Worked	WTE Variance	Annual Budget £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Forecast Variance £000's
Income	0	0	0	(16,401)	(15,095)	(15,095)	0	-
Expenditure								
Primary Care	9.95	8.39	1.56	1,002	922	979	(56)	(134)
PCN Services	68.63	63.03	5.60	(187)	(170)	(164)	(6)	7
Mental Health & Learning Disability	77.82	59.06	18.76	3,693	3,385	2,671	714	772
Children & Young People	29.07	25.94	3.13	1,261	1,156	1,055	100	119
Older Adults & Reablement	22.61	18.78	3.83	1,076	986	1,175	(189)	(138)
Pharmaceutical & Public Health	46.19	39.21	6.98	2,100	1,947	1,531	415	413
Corporate Services	87.04	41.91	45.13	7,457	6,870	7,330	(460)	(518)
Total Expenditure	341.31	256.32	84.99	16,401	15,096	14,577	519	521
Surplus/(Deficit)							519	521

Following cost centre-level analysis, reasons for significant divisional variances are as follows:

- **Primary Care** Services are currently overspent by £56,000, and forecast to overspend by £134,000 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 £714,000, forecast to increase to £772,000 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 £100,000 (forecast £119,000) 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 £189,000 YTD, due to ongoing agency expenditure to cover vacancies and additional Covid-related pressures in the Continuing Healthcare team. The overspend is forecast to reduce to £138,000 at year end as a result of additional income to be received from the CCG.
- The **Pharmaceutical** division is forecast to underspend by £413,000, 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 £460,000 (£518,000 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.

Income and Expenditure Run Rate

The chart below provides detail of the Trust’s expenditure run rate through the financial year.



Although the quality of data in the early months of the H2 period (M7-9) is impacted by the way in which the Trust was required to plan for the H2 period, three key messages can be read from the data:

- Pay costs have increased as a result of continued recruitment into the trust’s expanded corporate structure and the gradual filling of operational vacancies.
- Income has increased in the second half of the year as a result of the H2 ICS income settlement and transformation income received from the CCG.
- Non-pay costs have gradually reduced as one-off costs relating to service transfer planning and due diligence have ceased.

Further analysis of pay costs is included on the following slide

Pay Run Rate

As can be seen from the pay run rate chart, pay costs have gradually increased across the financial year. This is as a result of a number of factors:

- The transfer of Practice-Based Pharmacists into the Trust in month 4
- The expansion of the Trust's corporate structure in the second half of the year.
- The gradual filling of vacancies in operational teams and recruitment of additional ARRS staff in line with PCN workforce plans.

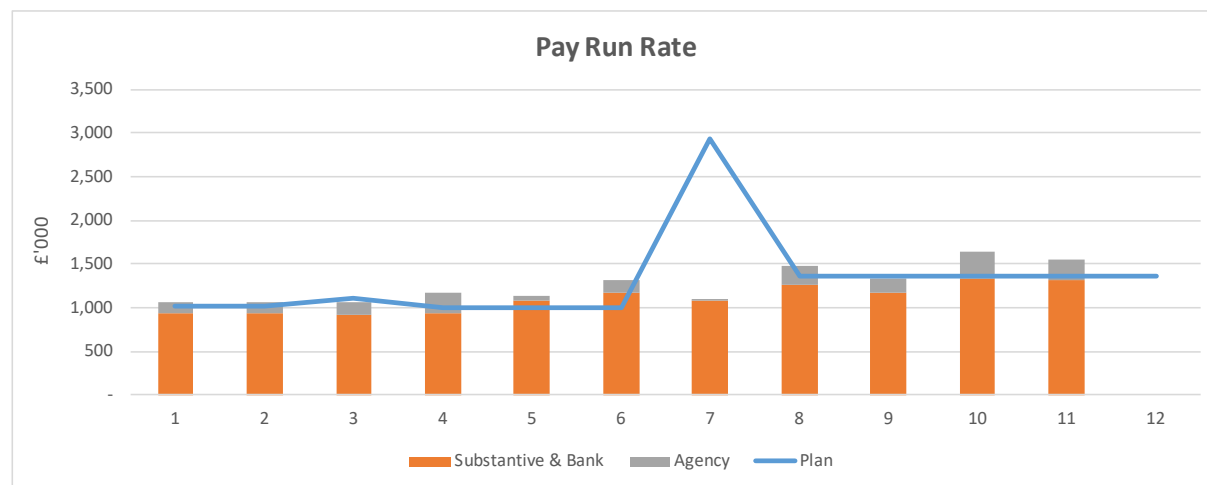
The spike in the plan value in month 7 is as a result of backdated changes to reflect the transfer of Practice-Based Pharmacists and an update to the ARRS workforce plan.

Although behind plan in the year-to-date, pay costs are above plan in the most recent months as agency staff continue to be used to fill vacancies and support non-recurrent Trust development activities.

The table at the bottom right shows the top 10 agency budget reports. High Oak Practice is the greatest user due to their majority-locum GP workforce, and the team is working to increase substantive staffing and reduce reliance on locums.

Continuing Healthcare, Finance and Clinical Governance Agency use is also due to the use of agency staff to fill vacant posts. Teams will be asked to plan consider options to reduce agency expenditure by ensuring vacancies are filled so that overall pay costs in 2022/23 do not exceed budget.

Expenditure in the Business Development and Covid budget reports is largely non-recurrent in nature and not expected to continue into 2022/23.



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Plan	1,014	1,014	1,107	1,004	1,004	1,004	2,939	1,371	1,371	1,371	1,371	1,371	15,941
Substantive & Bank	940	940	918	941	1,073	1,171	1,074	1,257	1,179	1,333	1,322	-	12,148
Agency	117	117	154	229	68	145	2	215	153	304	237	-	1,740
Forecast													-

Top 10 Agency Cost Centres

Budget Report	Expenditure M1-11
High Oak Practice	397
Business Development	304
Continuing Healthcare And Intermediate Care	228
Finance	224
Clinical Governance	143
Covid	139
IAPT Team	93
Dudley Primary Care Mh Team	67
Executive Management Team	58
Administration & Business Support	50

Capital Summary

Internally Funded Capital

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

At month 11, 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)
Sub-total Internally Funded Capital	241	241	157	84	(39)
Digital Aspirant PDC Scheme	247	-	226	(226)	-
Sub-total Centrally Funded Capital	247	-	(226)	(226)	-
Total	488	241	(69)	(142)	(39)

Centrally Funded Capital

As notified to Committee in month 10, the Trust has been successful in its bid for £247,000 centrally-funded capital as part of the Digital Aspirant Programme. This bid is for the purchase of IT equipment to enable access to electronic patient records for staff who did not previously have access and involves the purchase of additional devices for clinical staff (e.g. ARRS staff).

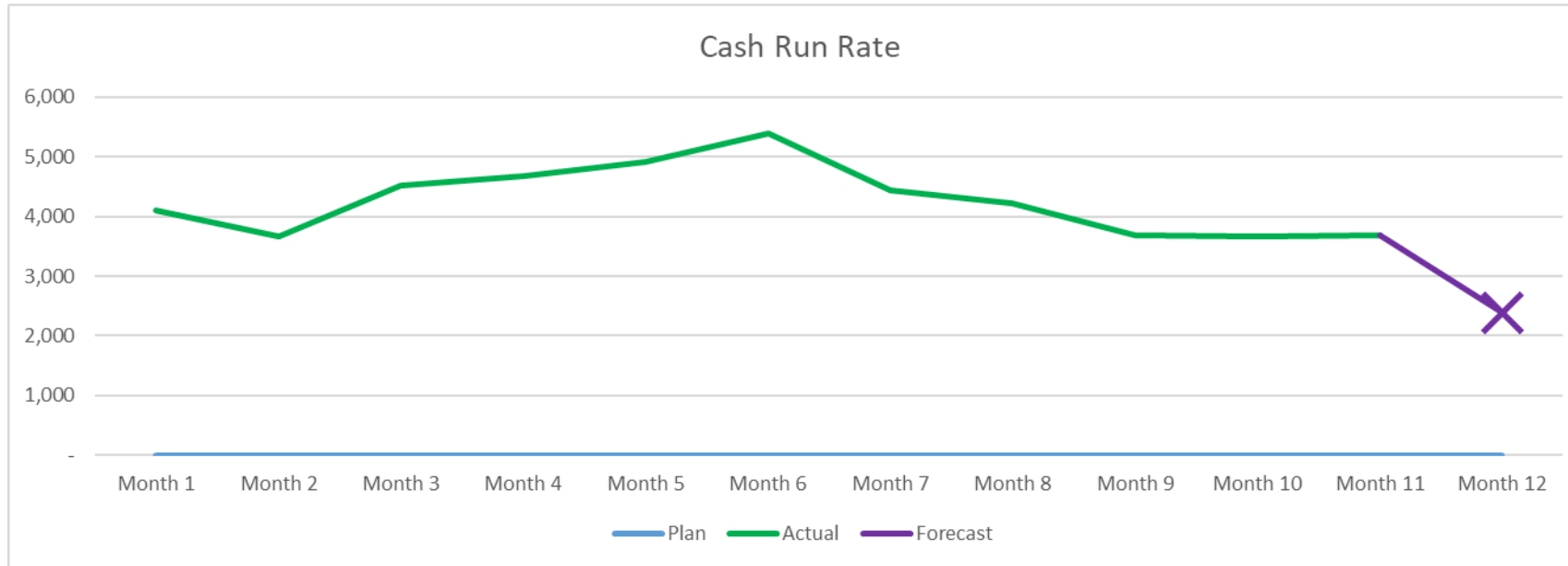
The PDC funding will be received by the Trust in month 12 and in order to ensure the arrival of equipment before the end of the financial year this has already been purchased with the majority of this received in February, resulting in the year-to-date overspend. The remaining equipment has now been received and this funding will be spent in full.

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	Actual Feb-22 Closing	Month on Month Movement
	£'000	£'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	385	213
Other investments / financial assets	-	-	-	-	-	-	-	-	-	-	-	-
	38	34	33	32	31	30	29	28	186	172	385	213
Current assets												
Inventories	-	-	-	-	-	-	-	-	-	-	-	-
NHS receivables	1,238	2,604	735	810	603	390	723	1,919	1,102	461	422	(39)
Non-NHS receivables	686	23	842	976	1,406	1,159	1,663	765	1,555	1,723	712	(1,011)
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	3,679	24
	6,021	6,298	6,087	6,462	6,932	6,938	6,829	6,913	6,338	5,839	4,813	(1,026)
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)	(2,783)	848
Borrowings	(1,133)	(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)	(82)	-
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)	(3,998)	848
Net Current Assets	1,778	1,225	1,223	1,223	1,220	654	655	659	522	993	815	(178)
Non-current liabilities												
Capital payables	-	-	-	-	-	-	-	-	-	-	-	-
Revenue payables	-	-	-	-	-	-	-	-	-	-	-	-
Borrowings	(1,700)	(1,133)	(1,134)	(1,134)	(1,134)	(567)	(567)	(567)	(567)	(567)	(567)	-
Deferred Income	-	-	-	-	-	-	-	-	-	-	-	-
Other financial liabilities	-	-	-	-	-	-	-	-	-	-	-	-
Provisions	(27)	(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)	(594)	-
Total Net Assets Employed	89	99	95	94	90	90	90	93	114	571	606	35
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	2,321	-
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)	(1,715)	35
Total Taxpayers' Equity	89	99	95	94	90	90	90	93	114	571	606	35

- The overall net assets position has increased slightly, in line with the increased operating surplus that is currently being reported at M11.
- 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 £2.4m by M12.
- Non-NHS receivables have reduced significantly, mostly due to payment by Dudley MBC of invoices for School Nursing Services.
- Trade Payables have also reduced as the Trust has received and settled a number of annual invoices as it moves closer to the end of the financial year.

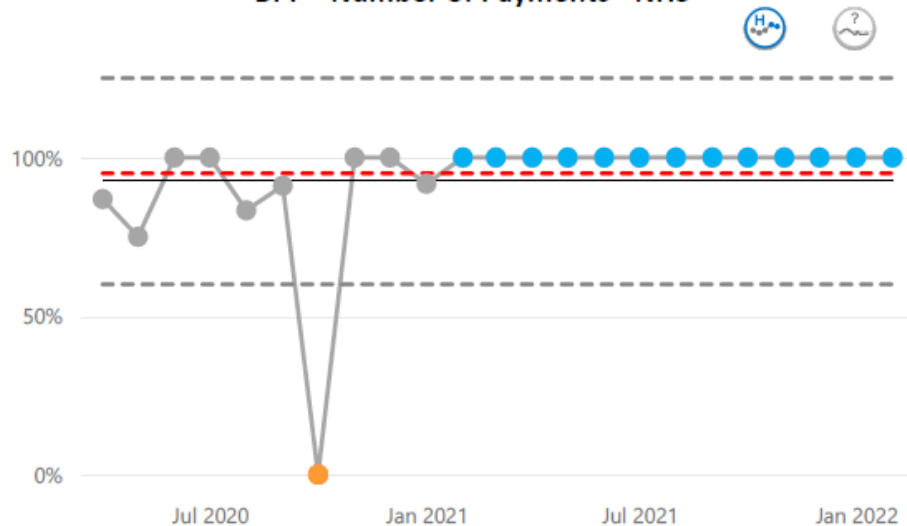
Cashflow Forecast



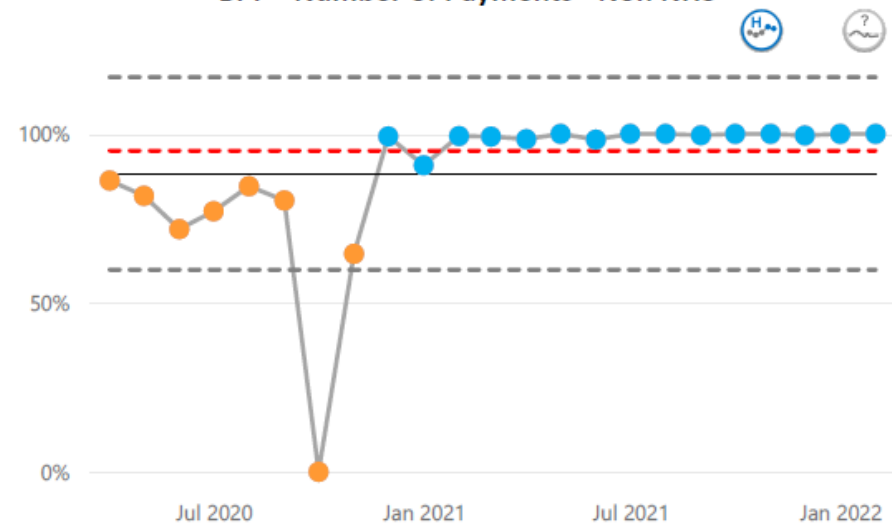
- The cash position is expected to reduce further by the end of the year due to expected settlement of costs which have been accrued for, including several planned investments. The forecast cash position is higher than previously reported, due to the operating surplus which is now being forecast.
- The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

Finance - Better Payment Practice

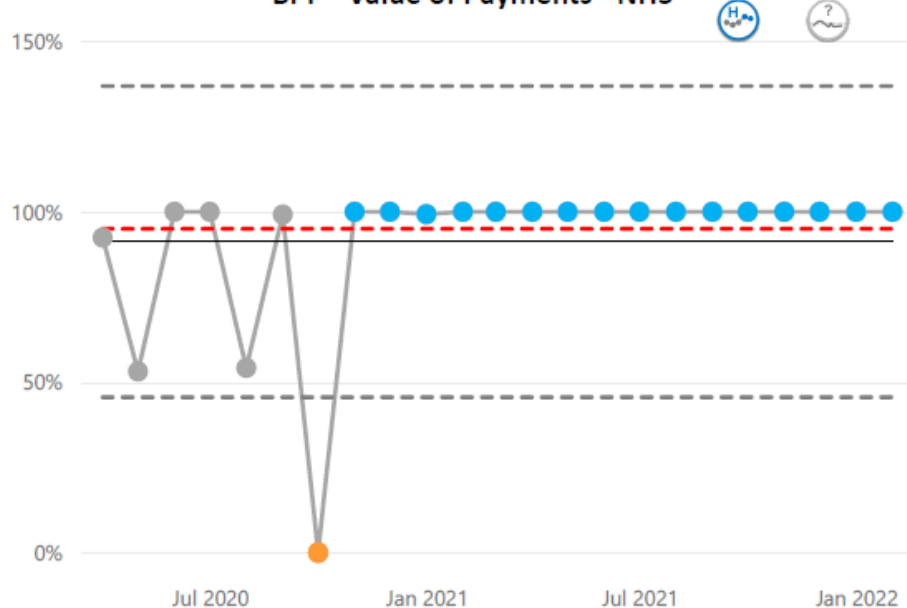
BPP - Number of Payments - NHS



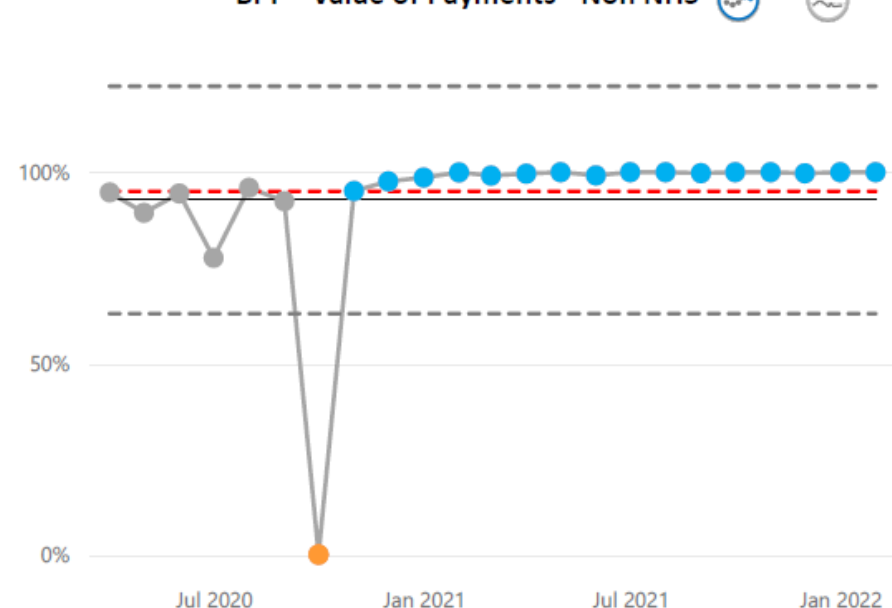
BPP - Number of Payments - Non NHS



BPP - Value of Payments - NHS



BPP - Value of Payments - Non NHS



Performance Report

Reporting period: February 2022

Reporting to: March 2022, Financial Performance and Digital Committee

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

Introduction

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

Exception Reports

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

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








Additional Caveats

- SPC charts and Icons require a minimum of 15 data points to create a robust analysis, Due to the infancy of the organisation we are using 2+ data points in some cases e.g. CHC, Intermediate Care, High Oak Surgery, Winter Access, NCMP. Therefore, Please take this into consideration when reviewing the information.
- Targets are still being developed for some of the new measures. These targets will be reviewed and agreed by individual services and the executive
- CQC Rating - 2 refers to Good
- There were no incidents of Duty of Candour in February 2022
- Continuing Health Care (CHC) and Intermediate care data is only available from January 2022. This will impact the year to date total.
- 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.
- Data Quality Maturity Index for IAPT is published via NHS Digital in arrears.
- ARRS PCN - Data is not available at the time of reporting.

Key:

Variation and Assurance Icons

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


































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

Statistical Process Chart (SPC)

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

DIHC Integrated Performance Scorecard

2021-22

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Finance	Financial Sustainability	Capital service capacity	Local	Feb 2022	0.5	2.5		2.5		
		Liquidity (days)	Local	Feb 2022	67	0		0		
	Financial Efficiency	Income & Expenditure (I&E) margin	Local	Feb 2022	2.74%	1%		1%		
	Financial Controls	Distance from financial plan	Local	Feb 2022	517000	0		0		
		Agency spend	Local	Feb 2022	-37.82%	0%		0%		
		Overall Score	Local	Feb 2022	2	-		-		
	Best Practice Payment	BPP - Number of Payments - NHS	Local	Feb 2022	100%	95%	100%	95%		
		BPP - Number of Payments - Non NHS	Local	Feb 2022	100%	95%	99.86%	95%		
		BPP - Value of Payments - NHS	Local	Feb 2022	100%	95%	100%	95%		
		BPP - Value of Payments - Non NHS	Local	Feb 2022	100%	95%	99.91%	95%		
Q&S	Q&S	CQC Rating - Community MH Services	Local	Apr 2020	2	-	2	-		
		CQC Rating - High Oak Surgery	Local	Apr 2020	2	-	2	-		
	Patient Safety	CAS alerts	Local	Feb 2022	6	-	67	-		
		Patient Safety Alerts Completed By Deadline	National	Feb 2022	100%	-	100%	-		
	Incidents	Duty of Candour	National	Nov 2021	100%	100%	100%	100%		
		Occurrence Of Any Never Event	National	Feb 2022	0	-	0	-		
		Incidents	Local	Feb 2022	5	-	124	-		
		Serious Incidents	Local	Feb 2022	0	-	1	-		
	Feedback	Mental Health Friends and Family Test – % Positive	Local	Feb 2022	100%	100%	99.59%	100%		
		Mental Health Friends and Family Test – % Postive (Qtr)	Local	Dec 2021	98.25%	100%	98.25%	100%		
		Feedback - Informal Concern	Local	Feb 2022	3	-	16	-		
		Feedback - Compliments	Local	Feb 2022	3	-	41	-		
		Feedback - Complaints	Local	Feb 2022	1	-	23	-		
Workforce	Staff in post	Vacancy %	Local	Feb 2022	14.56%	10%	13.42%	10%		
		Turnover % (In Month)	Local	Feb 2022	0.85%	1.1%		1.1%		
	Development	Appraisal %	Local	Feb 2022	73.86%	85%		85%		
		Training Compliance %	Local	Feb 2022	90.55%	90%		90%		
	Absence	Sickness % (In Month)	Local	Feb 2022	2.68%	4.68%	2.95%	4.68%		
		Short Term Sickness (In Month)	Local	Feb 2022	34.48%	-	24.28%	-		
		Long Term Sickness (In Month)	Local	Feb 2022	65.52%	-	75.72%	-		
		Maternity % (In Month)	Local	Feb 2022	1.28%	-	1.09%	-		

DIHC Integrated Performance Scorecard 2021/22

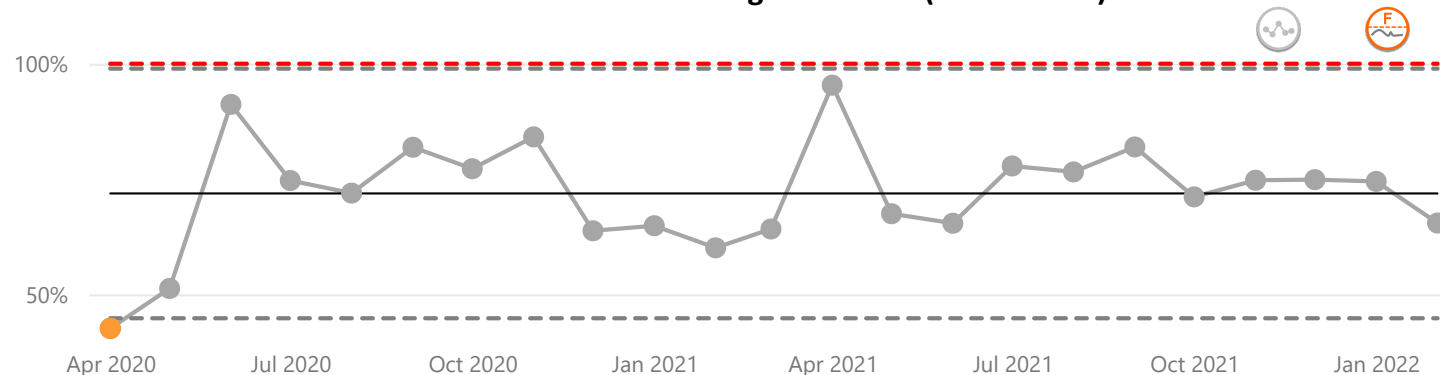
Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Operational Performance	CHC	Number of Referral for CHC	Local	Feb 2022	49	-	96	-		
		% of Referrals Eligible for a Full CHC Assessment	Local	Feb 2022	61.22%	-	68.75%	-		
		% of CHC Assessments Completed Within 28 Days	National	Feb 2022	100%	80%	96.97%	80%		
		% of Assessments Completed in an Acute Setting	National	Feb 2022	0%	15%	0%	15%		
	CHC - End of life	Number of Fast Track Referrals	Local	Feb 2022	73	-	147	-		
		% of Newly Eligible Fast Track Patients	Local	Feb 2022	78.08%	-	68.71%	-		
	CHC - Pathway 3	Number of Patients in a Pathway 3 Beds	Local	Feb 2022	61	-	-	-		
		Number of Patients Discharged from Pathway 3	Local	Feb 2022	12	-	19	-		
	IAPT	Number of Service Users Referred for Psychological Therapies	Local	Feb 2022	922	-	9070	-		
		% of Referrals for Older People 65+	National	Feb 2022	7.05%	-	9.28%	-		
		% of Service Users Entering Treatment (Access Rate)	Local	Feb 2022	65.46%	100%	75.03%	100%		
		Access Rate as a Proportion of Prevalence	Local	Feb 2022	2.7%	2.06%	17.01%	24.72%		
		% of Service Users Who Complete Treatment Who Are Moving to Recovery	National	Feb 2022	43.61%	50%	43.23%	50%		
		IAPT Recovery Rate for BME Groups	National	Feb 2022	29.41%	50%	40.13%	50%		
		% of Service Users Who Are Treated Within 6 Weeks of Referral	National	Feb 2022	88.21%	75%	91.72%	75%		
		% of Service Users Who Are Treated Within 18 Weeks of Referral	National	Feb 2022	98.62%	85%	98.41%	85%		
		90+ Day Wait Between 1st and 2nd Appt	Local	Feb 2022	10.28%	10%	5.66%	10%		
		Data Quality Maturity Index for IAPT	Local	Nov 2021	95.1%	95%	94.31%	95%		
	Intermediate Care	Number of Patients in a Step Down Facility	Local	Feb 2022	107	-	-	-		
		Number of New Patients Admitted in Step Down	Local	Feb 2022	29	-	71	-		
		Average Length of Stay	National	Feb 2022	115	42	-	42		
		Number of Patients Discharged	Local	Feb 2022	32	-	78	-		
	School Nursing	Number of Referrals to School Nursing Service	Local	Feb 2022	181	-	2923	-		
		NCMP - Year 6 Status	Local	Feb 2022	94.46%	56.66%	90.53%	70%		
		NCMP - Reception Status	Local	Feb 2022	5.99%	85%	3.55%	100%		
	Winter Access	Number of Referrals to Winter Access Hub	Local	Feb 2022	1134	-	1824	-		
		% Utilisation Rate	Local	Feb 2022	68.66%	-	61.33%	-		
		% of Patient Attendance	Local	Feb 2022	92.15%	-	95.08%	-		
		% of Patients seen in under 5 minutes	Local	Feb 2022	56%	-	56%	-		
		% of Patients seen in 5-15 minutes	Local	Feb 2022	31%	-	31%	-		
		% of Patients seen in 16-30 minutes	Local	Feb 2022	12%	-	12%	-		
		% of Patients seen in 31-60 minutes	Local	Feb 2022	1%	-	1%	-		
		% DNA Rate	Local	Feb 2022	4.59%	-	3.79%	-		
		Outcome - % Discharged Home	Local	Feb 2022	90.91%	-	88.45%	-		
		Outcome - % Referred to GP	Local	Feb 2022	4.5%	-	5.75%	-		
		Outcome - % Referred to Hospital	Local	Feb 2022	4.59%	-	5.8%	-		

DIHC Integrated Performance Scorecard 2021/22

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Operational Performance	ARRS PCN (Data avail. Early 22/23)	Appointment Usage	Local	Feb 2022	0%	-	0%	-		
		Appointments per hour	Local	Feb 2022	0	-	0	-		
		DNA Rate	Local	Feb 2022	0	-	0	-		
		Referral to GP	Local	Feb 2022	0%	-	0%	-		
		Referral to Other	Local	Feb 2022	0%	-	0%	-		
	High Oak Surgery	Total Vaccinated - Covid 1st Dose %	Local	Feb 2022	79.64%	-	79.64%	-		
		Total Vaccinated - Covid 2nd Dose %	Local	Feb 2022	73.11%	-	73.11%	-		
		Total Vaccinated - Covid Booster Dose %	Local	Feb 2022	54.85%	-	54.85%	-		
		Total Vaccinated - Flu %	Local	Feb 2022	54.43%	-	54.43%	-		
		CERVS1 - Aged 25-49 adequate smear last 3 years and 6 months..... [45-80%]	Local	Feb 2022	68.26%	45%	68.26%	45%		
		CERVS2 - Aged 50-64 adequate smear last 5 years and 6 months..... [45 - 80%]	Local	Feb 2022	69.12%	45%	69.12%	45%		
		% Vaccinated - Hexavalent 6 in 1 (6 mths) - 1st dose	Local	Jan 2022	100%	90%	100%	90%		
		% Vaccinated - Hexavalent 6 in 1 (6 mths) - 2nd dose	Local	Jan 2022	100%	90%	94.29%	90%		
		% Vaccinated - Hexavalent 6 in 1 (6 mths) - Booster	Local	Jan 2022	100%	90%	91.43%	90%		
		% Vaccinated - MMR (2 yrs) - 1st dose	Local	Jan 2022	100%	90%	92.86%	90%		
		% Vaccinated - MMR (5 yrs) - 1st dose	Local	Jan 2022	100%	90%	96.67%	90%		
		% Vaccinated - MMR (5 yrs) - 2nd dose	Local	Jan 2022	100%	90%	90%	90%		
		% Vaccinated - DTaP/IPV Booster (5 years)	Local	Jan 2022	100%	90%	90%	90%		
		% Vaccinated - Men B (12 mths) - 1st dose	Local	Jan 2022	100%	90%	98.11%	90%		
		% Vaccinated - Men B (12 mths) - 2nd dose	Local	Jan 2022	100%	90%	96.23%	90%		
		% Vaccinated - Men B (18 mths) - 1st dose	Local	Jan 2022	100%	90%	100%	90%		
		% Vaccinated - Men B (18 mths) - 2nd dose	Local	Jan 2022	100%	90%	95.45%	90%		
		% Vaccinated - Men B (18 mths) - Booster	Local	Jan 2022	100%	90%	93.18%	90%		
		% Vaccinated - Rotarix - 1st dose	Local	Jan 2022	100%	90%	97.22%	90%		
		% Vaccinated - Rotarix - 2nd dose	Local	Jan 2022	100%	90%	94.44%	90%		
	High Oak Surgery - Overall	DQOF - Overall (High Oak Surgery)	Local	Feb 2022	54.55%	-	-	-		

Exception Report: IAPT Access Rate and Recovery

% of Service Users Entering Treatment (Access Rate)



Feb 2022

Date

65.46%

Value

100%

Target

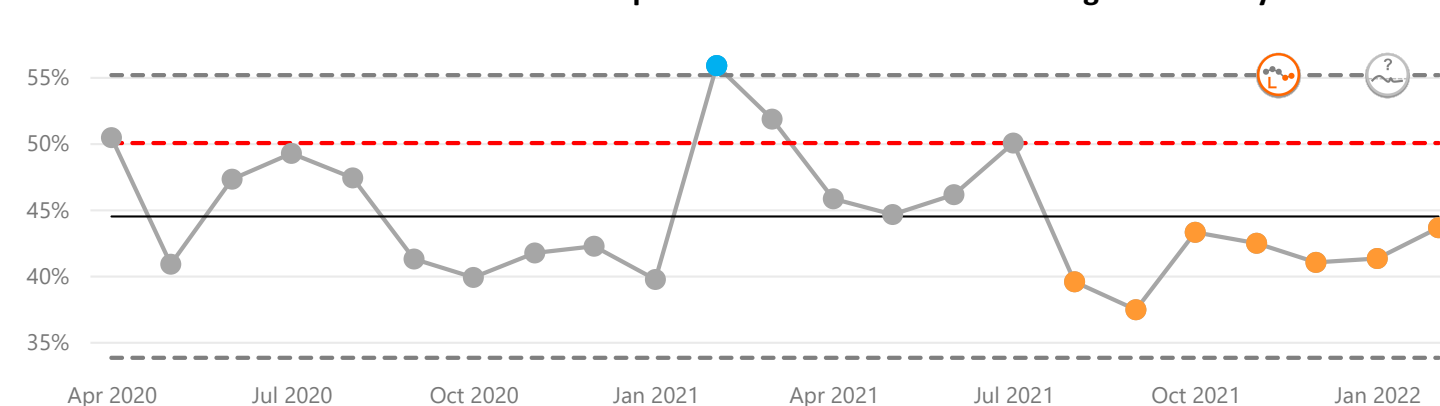
Common Cause

Variation

Fail

Assurance

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



Feb 2022

Date

43.61%

Value

50%

Target

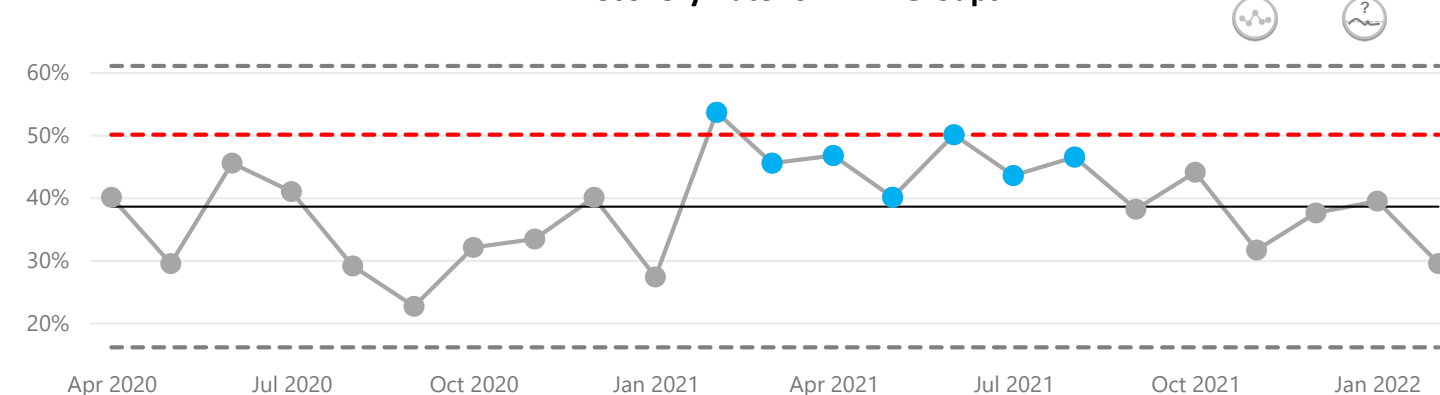
Concern

Variation

Hit or Miss

Assurance

IAPT Recovery Rate for BME Groups



Feb 2022

Date

29.41%

Value

50%

Target

Common Cause

Variation

Hit or Miss

Assurance

Service comments

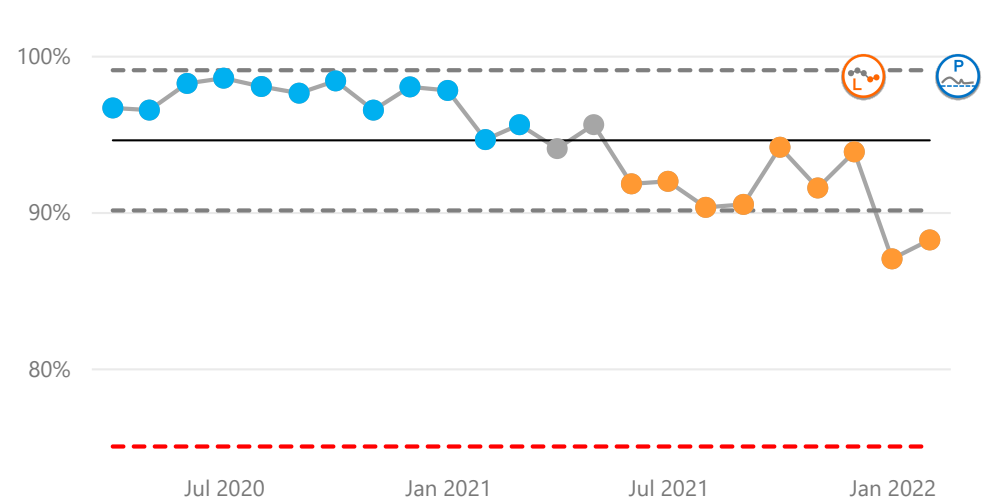
- The Triage process has returned to the IAPT team. We have recruited 1 non therapeutic member of staff to support the Triage process and waiting lists, waiting for a start date
- The impact of the introduction of a First Contact Practitioner for Mental Health in each PCN will also be reviewed. The DIHC 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

- December and January data has been refreshed as per the national submission timetable. February 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.

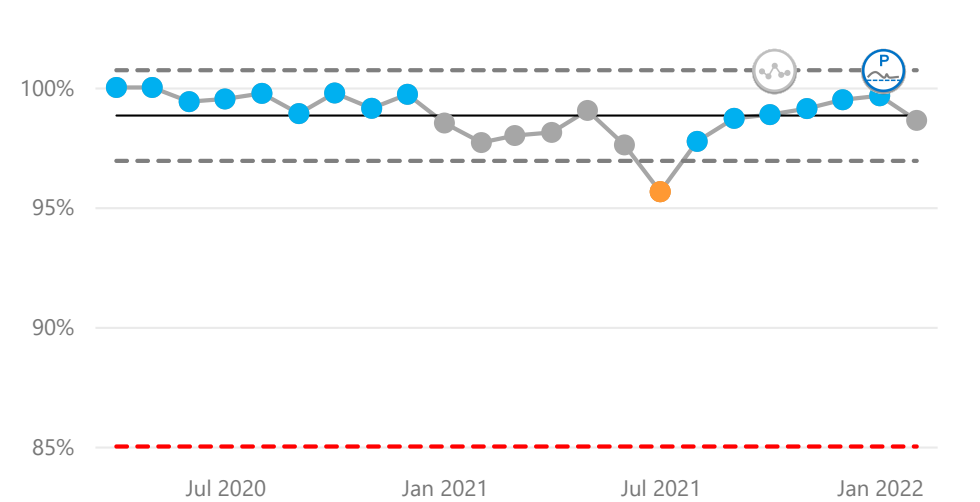
Exception Report: IAPT Waiting Time

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



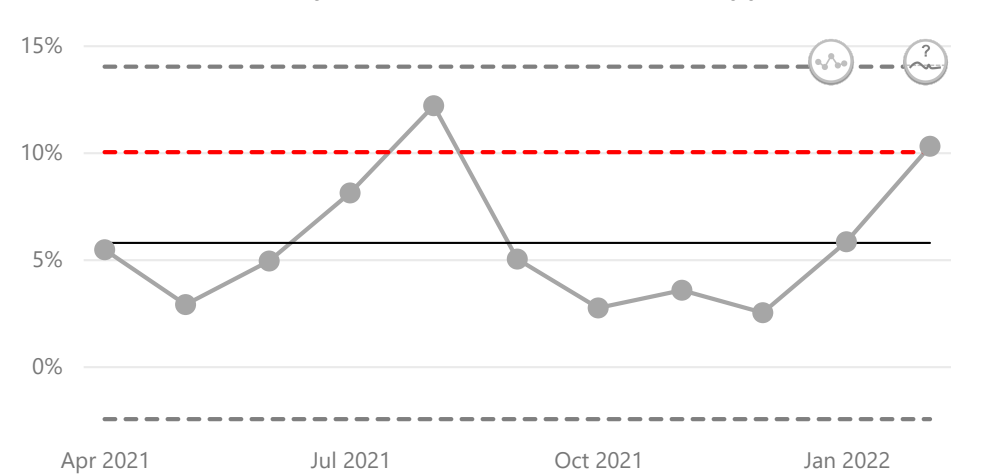
Feb 2022
Date
88.21%
Value
75%
Target
Common Cause
Variation
Pass
Assurance

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



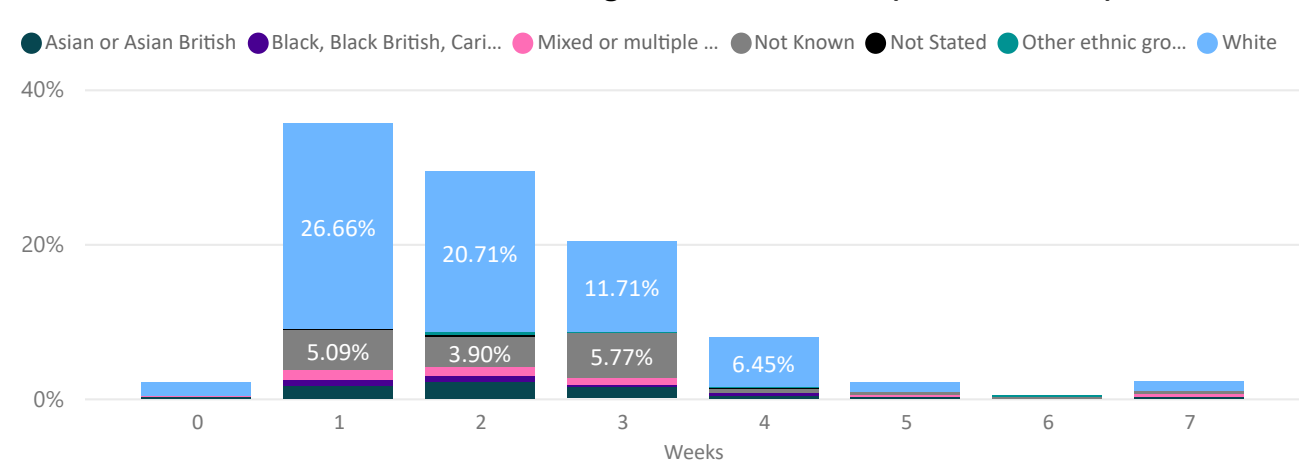
Feb 2022
Date
98.62%
Value
85%
Target
Common Cause
Variation
Pass
Assurance

90+ Day Wait Between 1st and 2nd Appt



Feb 2022
Date
10.28%
Value
10%
Target
Common Cause
Variation
Hit or Miss
Assurance

Current Service Users Waiting For 1st Treatment (as of 07/03/22)



Service comments

- The 6 weeks target has fallen due to a high number of DNAs at assessment. The service is continuing to source agency staff however this is proving to be difficult as agency staff are in high demand and the time for onboarding.
- 13 patients have been waiting 7 weeks. All have an appointment booked W/C 07/03/2022.

Actions

Exception report

Metric ▼

NCMP - Reception Status ▼

Feb 2022
Latest Date

5.99%
Value

85%
Target



Operational Performance: NCMP - Reception Status



Service comments	Actions
<p>Commissioners agreed for us to change the way we complete NCMP this year, so year 6 could be all done before exams, etc start in school to avoid additional stress to the pupils. Although the reception numbers appear to be lower than expected the year 6's are a lot higher, with some remaining children (who are absent) to be completed.</p> <p>Reception children will be completed by the end of Summer Term. Commissioners are satisfied that as the team have never failed to achieve the targets and are confident that they will be achieved again this year. The team have given assurance and believe the percentage will be met by Easter as the only difference to reception this year is that the Cohort 1 will be completed at the same time as Cohort 2. Staff will be ready to start Cohort 3 after Easter, as normal, as well as the remaining children (who are absent).</p> <p><i>(Cohort 1 is DOB from 01/09 – 31/12, cohort 2 is DOB 01/01 – 30/04, cohort 3 is DOB 01/05 – 31/08, both for reception and year 6 children).</i></p>	<ul style="list-style-type: none">Cohort 1 & 2 will be completed prior to Easter half term.Cohort 3 and any outstanding measurements from other cohorts will be completed after Easter.

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Finance, Performance and Digital Committee

Date of meeting: 5th April 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 recommended the inclusion of a Cyber Security Risk on to the Corporate Risk Register • Committee members received the Finance and Performance report related to the period April 2021 to February 2022 for assurance. • The committee was provided with an update of the progress to date in delivery of the Annual Report and Accounts for 2021/22 for assurance. • An update was provided on the Financial Planning process for 2022/23 for assurance. <ul style="list-style-type: none"> ○ The Trust's initial submission to NHSEI shows a balanced I&E plan, based upon an interim ICS income envelope of £13.625m. ○ Although the Trust is planning to achieve a break-even position this is not the case across the system. ○ The committee discussed the financial gap across the system and the need to understand the drivers of the deficit prior to the final submission of the plans on the 28th April 2022. ○ The system has a duty to achieve breakeven and therefore further efficiencies may be required a part of the final plan submission. • The committee received an update on the contracts service being provided by DIHC for assurance • The committee received a Digital Update which included an overview of the proposed 22/23 programme for reference. Prioritisation and approval of the programme is still required but the information provided the committee with assurance that progress is being made • The committee was updated on the heightened alerts in relation to Cyber Security and the additional assurance required from NHS Trusts by NHSEI • The committee were assured by an update report on the programme of work supporting the Greener NHS Agenda
Decisions made by the Committee	N/A

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

The committee recommended the inclusion of a Cyber Security Risk on to the Corporate Risk Register

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

None identified

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Primary Care Integration Committee

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

Date of meeting: 23rd March 2022 (Development Session)

Significant risks/issues for escalation

- None

Key issues/matters discussed at the Committee

Primary Care Integration Committee (PCIC) held a bimonthly development session which was well attended.

The areas covered were:

Board Feedback

PH gave an overview of Board discussion including ICS, place and the need to work collaboratively.

She outlined the priorities for DIHC moving forward:

- Developing the integrated care model at place
- Active participation in the Capgemini process
- Active involvement in the development of place and support to the Dudley Partnership Board
- The development of children's Services (particularly the first 1000 days which has been identified as a priority for the Dudley Partnership Board)
- Primary Care and the support to primary care offer from DIHC
- Participation in the Provider and Primary Care Collaboratives

There was discussion on the issues for now and the future around workforce and demand for services.

Reflection on the CapGemini Event

There was an update on the event and it was noted that there are very positive indications of developing relationships and thinking on developing the integrated model of care for the Dudley population.

It was noted that there is another event planned in early May where more detailed work will take place.

	<p>Look Forward – DIHC Strategy for General Practice</p> <p>The Primary Care Team had met to discuss possible strategies for the coming year including:</p> <ul style="list-style-type: none"> • Extended Access • Impact and Investment Fund (IAAF) • Phlebotomy • Dudley Quality Outcomes Framework <p>These offers will be developed and brought to PCIC in the coming months.</p>
<p>Decisions made by the Committee</p>	<ul style="list-style-type: none"> • None
<p>Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)</p>	<ul style="list-style-type: none"> • None identified
<p>Items/Issues for referral to other Committees</p>	<ul style="list-style-type: none"> • None

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Strategy and Transformation Committee held on 8th March 2022

Date of meeting: 8th March 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 committee risk register. The committee made the decision to transfer two risks (in relation to estates and capital funding) to the Finance, Performance and Digital Committee and one risk (in relation to recruitment and retention) to the People Committee.
- The committee reviewed the revised terms of reference and approved the change of title from Transaction and Transformation Committee to Strategy and Transformation Committee. The committee requested further deliberation with the Chair and Interim Chief Executive Officer in relation to other suggested changes to the committee terms of reference and therefore the terms of reference will be reviewed again in April 2022.
- The committee received an update on the work that is proceeding with Dudley system partners with the participation in two events to develop an integrated care model for the Dudley system. The process is being facilitated 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, build relationships and trust in the system, maintain a sustainable organisation and to focus on the development of the Dudley place with system colleagues in line with ICS development plans.
- The Committee received an update on system conversations regarding the potential transfer of public health contracts from the Local Authority. A decision was taken by the Council and DIHC to not pursue the transfer of contracts at this particular point in time due to internal Council discussions on the ongoing procurement arrangements. A further update will be provided to the committee in due course.
- The Director of Strategy, People and Partnerships provided an update on the creation of the DIHC Business Plan for 2022/23 that is currently being

	<p>produced. The Business Plan is being finalised and will be presented to DIHC Board on 5th May 2022.</p> <ul style="list-style-type: none"> • 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 arrangements are being revised to support the organisation accordingly. • The Director of Strategy, People and Partnerships presented the committee with the set of risks that have been developed by the local system as shared risks across partners for information. These risks have been prepared by representatives from all NHS providers in Dudley and the CCG Dudley Managing Director. The risks have been recently reviewed by the Dudley Leadership Group, which is a meeting of Dudley system Chairs and Chief Executive Officers. The risks will be kept under continual review. • 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"> • The committee made the decision to transfer two risks (in relation to estates and capital funding) to the Finance, Performance and Digital Committee and one risk (in relation to recruitment and retention) to the People Committee. • The committee agreed to change the title of the committee from Transaction and Transformation Committee to Strategy and Transformation Committee.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	<p>None identified.</p>
Items/Issues for referral to other Committees	<p>None identified.</p>