

# DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

**THURSDAY 5<sup>th</sup> May 2022**  
**09:30am – 12:30pm**

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

## **PUBLIC AGENDA**

Please note, as part of DIHC's commitment to openness and accountability, members of the public are able to attend, but will need to notify in advance to do so. Should you wish to join the meeting please email Elaine Doyle, Trust Secretary on [elaine.doyle6@nhs.net](mailto: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.

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 5 <sup>th</sup> April 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				09.35
	2.1 ARRS – Listening and Guidance Team	For Information	Verbal	TBC	
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	Ms P Harris	
	3.3 Agenda for Part Two – Private Board	For Information	Enclosure 3.3	Mr H Turner	
Business and Financial Planning for the Future					
4.	Financial Plan 2022-23	For Information	Enclosure 4	Mr M Gamage	10:15
Our Services					
5.	Board Assurance Framework and Corporate Risk Register	To Review	Enclosure 5	Ms E Doyle	10.30

Delivering safe and quality services, supported by integrated governance that drives quality clinical improvements					
6.	Report from Medical Director	For Assurance	Enclosure 6	Dr L Martin	10.40
7.	Quality and Safety Performance Report	For Information	Enclosure 7	Ms S Nicholls	10:50
8.	Quality and Safety Committee Assurance Report	For Assurance	Enclosure 8	Ms V Little	11:00
The best place to work, supported by a new leadership and workforce culture, organically co-developed, together					
9.	Workforce Performance Report	For Information	Enclosure 9	Ms S Cartwright	11.08
10.	People Committee Assurance Report	For Assurance	Enclosure 10	Mr M Evans	11.15
11.	National Staff Survey Results Report	For Information	Enclosure 11	Ms S Cartwright	11:22
Doing the best with what we have, to be affordable today and sustainable tomorrow					
12.	Finance Report	For Information	Enclosure 12	Mr M Gamage	11.30
13.	Performance Report	For Information	Enclosure 13	Mr P King	11.35
14.	Finance, Performance and Digital Committee Assurance Report	For Assurance	Enclosure 14	Mr I Buckley	11.40
Help and Empower the People of Dudley to live longer and healthier lives through fully integrated community based healthcare					
15.	Report from the Primary Care Integration Committee	For Assurance	Enclosure 15	Dr G Solomon	11.45
16.	Report from the Strategy and Transformation Board	For Assurance	Enclosure 16	Ms S Cartwright	12:00
17.	Report from Communications and Engagement Team • High Oak Engagement	For Information	Enclosure 17 Enclosure 17.1	Mr P King/ Ms H Codd	12:07
Governance and Assurance					
18.	Audit and Risk Committee	For Assurance	Enclosure 18	Mr D Gilburt	12:15
Ensuring we are Well Led					
19.	Board and Committee Effectiveness Reviews	For Assurance	Enclosure 19	Ms E Doyle	12:20
End of Meeting Formalities: to bring the meeting to an end and include reflections on the meeting before inviting an opportunity for questions from the public. Normally pre-submitted in advance of the meeting and answered during the allotted time or in writing following the meeting.					
19.	Any Other Business	To Receive	Verbal	Mr H Turner	12:25
20.	Questions from the public pre-submitted	To Receive	Verbal	Members of Public	12:28
21.	Risk Review	To Receive	Verbal	Mr H Turner	12:29
22.	Date of next meeting: Tuesday 7th June 2022, 09.30 – 12.30 Venue: Brierley Hill Health and Social Care Centre, Room 051, Third Floor, Venture Way, Dudley.				12:30

**Dudley Integrated Health and Care NHS Trust**  
**Declaration of Interest Register**

Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To
Ms	Billie Lam	Associate Non-Executive Director	Volunteering for Staffordshire Healthwatch			✓		Apr 2019	
			Registered as a bank staff at Kettering General Hospital NHS Foundation Trust	✓				Mar 2020	
			Member of Seacole Group		✓			Jun 2021	
			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	
Dr	Gillian Love	Associate Non-Executive Director	GP Partner Halesowen Medical Practice		✓	✓		1996	
			Clinical Director of Halesowen PCN		✓			2019	
			Director of Future Proof Health		✓			Jan 2020	
			Share Holder of Future Proof Health		✓			Aug 2014	
			Director of Mary Martin Enterprise Ltd					2014	

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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						
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

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Mrs	Penelope Ann Harris	Interim Chief Executive Officer	Director of Kerr Darnley Ltd	✓				Sept 2013	
			Specialist Consultant for PwC	✓				Dec 2021	
Mr	Philip King	Chief Operating Officer	Visiting lawyer and lecturer, Birkbeck School of Law, University of London	✓				Sept 2002	
			Member of Liberty Lawyers Group		✓			Sept 2002	
			Member of The Inner Temple		✓			Sept 2000	
			Registrant Member of the Bar of England and Wales		✓			Sept 2002	
			Member of the Royal College of Nursing		✓			Jan 1987	
			Director of Audenmark Ltd	✓				Jan 1993	
Dr	Richard Bramble	Acting Joint Medical Director	GP Partner, Links Medical Practice	✓				2013	
			Shareholder, Futureproof Health	✓				2015	
			Revival Fires Church			✓		2008	

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Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To
Mrs	Stephanie Cartwright	Director of Strategy, People and Partnerships	Married to the Chief Executive Officer of Black Country and West Birmingham CCGs			✓		Mar 2020	
Dr	Stephen Cartwright	Associate GP Non-Executive Director	Partner GP - 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 PUBLIC BOARD

**MINUTES OF THE PUBLIC MEETING HELD ON 5<sup>th</sup> April 2022**  
**09:30 – 12:30 hours**

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

## **Present:**

Mr H Turner (HT)(Chair)	Chair, DIHC
Mrs P Harris (PH)	Interim CEO, DIHC
Mr I Buckley (IB)	Non-Executive Director, DIHC
Mrs S Cartwright (SC)	Director of Strategy, People and Partnerships, DIHC
Mrs E Doyle (EFD)	Trust Secretary, DIHC
Mr M Evans (ME)	Non-Executive Director, DIHC
Mr D Gilburt (DG)	Non-Executive Director, DIHC
Mr M Gamage (MG)	Interim Director of Finance, Performance and Digital, DIHC
Ms B Lam (BL)	Associate Non-Executive Director, DIHC
Ms V Little (VL))	Non-Executive Director DIHC
Mrs S Nicholls (SN)	Director of Nursing and AHPs, DIHC
Dr G Solomon (GS)	Non-Executive Director DIHC

## **In Attendance**

Ms J Cale (JC)	Head of CHC/Intermediate Care
Mrs H Codd (HC)	Head of Communications, Engagement & Partnerships
Mrs L Elliott (LE)	Executive Assistant and Governance Officer (minutes)
Mr A Race (AR)	Interim Associate Director of People, DIHC
Ms Minara Gul	Patients Representative
Ms Ann Wall (AW)	Senior Social Worker
Ms Maria Walsh (MW)	Social Work Manager

Item No	Agenda Item
1.	<p><b>Chair's Welcome</b></p> <p>The Chair welcomed all attendees to the April public meeting of the Board and thanks The Institute of Technology for hosting the Trust, commenting on the great educational establishments Dudley is privileged to have.</p> <p>The chair also made reference to the board attending the staff awards later today at the Black Country Living Museum following the board meeting.</p> <p>The chair welcomed Mr Adam Race (AR) who joins The Trust as Interim Associate Director of People which is a shared/joint role with The Royal Wolverhampton Hospital. Following a round table introduction of the board, AR thanked the board for the warm welcome.</p>

The Chair also welcomed Dr Tim Horsburgh and the CHC team to the meeting of the Board.

### **1.1 Apologies**

Apologies were received from Dr Richard Bramble, Dr Stephen Cartwright, Mr Philip King, Dr Gillian Love and Ms Karen Wright and David Pitches of Dudley City Council and Rob Diazal from Healthwatch.

### **1.2 Declarations of Interest**

The Chair enquired whether there were any Declarations of Interest in respect of any item on the agenda.

### **1.3 Board of Directors' Register of Interests**

The Board noted the Declarations of Interest and the following comments were made.

PH noted that Bev Edgar should be removed from the register following their retirement at the end of March 2022.

VL commented she will end her non- executive directorship on the Board of Care and Repair England and will notify the Trust Secretary in due course of the date to note.

GS advised they are no longer a volunteer at the COVID Vaccination centres and this can now be removed.

The Chair reminded the board due to local Elections in May, the Trust is now in Purdah and noted there are no matters on agenda for todays meeting that are in conflict of Purdah rules.

### **1.4 Public Board Minutes – meeting held on 1st March 2022**

BL commented on page 10 of the minutes for March in the last paragraph should read 'equality' and not quality.

Following correction of the above amendment being carried out the board approved the minutes of the meeting on 1<sup>st</sup> March as an accurate record of the meeting.

### **1.5 Action Register and Matters Arising**

**PUB/DEC21/006** – The car lease scheme is being dealt with via Executives Committee. The board was content with this action being removed from the public action log.

**PUB/DEC21/007** – The action concerning the e-rostering business case is being dealt with via Executives Committee. The board was content with this action being removed from the public action log.

**PUB/FEB22/001** – PH advised this action concerning looking at a more detailed report and analysis on work going into discharge and system support is picked up on regular silver calls on a weekly basis. The board was content with this action being closed.

**PUB/FEB22/003** – SN advised outcome of reinspection of SEND has now been published via Ofsted and the Care Quality Commission (CQC) and advised the board that a paper is being taken to the Quality and Safety Committee in April. The board were content this action can be closed.

**PUB/FEB22/004** – SN reported that the Clinical audit programme for 22/23 will be fed back to Audit Committee for information. The board were content this action can be closed.



**PUB/FEB 22/006** – MG advised that there is a paper in private board to address this. PH advised this will be brought back into public domain in due course. The board were content this can be closed.

ME asked whether the three month extension for the Winter Access Hub was confirmed. The board confirmed this was extended.

## **2. Service Story**

### **2.1 Continuing Health Care - Intermediate Care**

SN introduced Jenny Cale who is Head of Intermediate Care and will introduce colleague in attendance during the presentation. SN gave a brief background to the service of intermediate care and advised that today's service story will focus on a different element that the CHC team deliver so that board get an understanding of what other areas of care the team support

JC advised board they will talk about supporting people with complex healthcare needs in their home. The patient has consented to use his case and name in the meeting. The CHC are a team of nurses in general and mental health, social workers are also embedded within the service. Minara who was also in attendance is the patient's sister and provides a significant portion of patient's care.

Ann Wall, Senior Social Worker opened the presentation and explained CHC care normally looks at discharges from hospital. She commented that the CHC team are brilliant at practice including intersectionality, psychology and looking at the patient's human rights. The team also work alongside physiotherapist, nurses, district nurses, therapists etc. Building relationship with the family is a key point.

Ann discussed the patient's background who was described as a young man who loves school. His case came via a community nurse. A checklist was received and a CHC nurse assessed the patient. Ann Ward commented that they looked at all of the evidence to ascertain whether there was a social work input. One key factor that Ann had noted was that in this case the patient's health needs caused him to no longer be able to attend school because the patient required IPAP 23 hours a day.

The patient has a various health issues which consisted of Morquio Syndrome, severe mobility problems, advanced cervical cord compression with tetraparesis, scoliosis, pectus carinatum and restrictive lung disease. The patient was active within the community, was even partaking in the Duke of Edinburgh award and when he became ill, his life within the community ended which was very stressful for him and his family.

Ann Wall described the role of the social worker and the perception of power but they also have the ability to improve lives and this patient is a great example of how the social work team along with CHC nurses can improve patient's lives.

Ann met the Deputy Head of his school to establish what could be done to get the patient back into school. Several teams were involved which included SEND, Occupational Therapist, the patient's Consultant, CHC team who met with the personal health budget assessors. This MDT team discussed what can be done to get patient's x back not school. FITMAS testing was required.

Due to the work of all the teams the patient returns to school today for the first time in many months which is a great achievement for him and all of the care teams involved.

Minara provided the board with further background into her brother's daily activities and how his life is at home. Minara added that he was unable to go to school and this made him very low, the family were a little lost as patient was bed bound 24 hours a day as his health issues had exacerbated. Minara commented when the CHC team stepped in this was such a positive step. The family is very grateful for the joined up working with the teams to work together to improve her brother's life. The team are always contactable to help with queries. Minara was keen to state that the team were very focused on what the patient's wanted by speaking to him directly about his care and included him in the decision making.

Minara Gul concluded adding they are much happier now due to the intervention and are looking forward to him getting back to do the things he enjoys, especially his return to school which was a key desire and an achieved outcome. Minara thanked the board for inviting her to the meeting to talk about her brother and his experience.

The Chair thanked the team for the presentation. HT added continuity of care was one of the key outcomes the population of Dudley wanted with their health care so this was a great example of how this benefitted a local family.

MG added what is the most important part of the learning and anything they would improve going forward. Ann Wall added the team working together is key. There were so many disciplines needed to get to the end result and this would not be possible without the team and integration.

ME thanked Minara and the CHC team for the presentation and added the board could see the passion commenting it is about the individual and the family voice. ME also asked how can the board ensure support is given to these services. JC added there is much more work that can be done, especially transitions from children's to adults. So referral point is important, its better to do it at 14 or 15 years of age get to know the person before they become an adult but this doesn't always happen.

LM thanked the team for coming along, it makes it real hearing what is happening on the ground. LM added it is personal to her as she also has a son with health needs. Minara added she was the key family link as her mother does not speak English well but Ann took some of this pressure from her and helps her navigate the various aspects she needed to tap into. Having a single person or a main point of contact is the single benefit for her as the family carer. Since Ann got involved Minara was able to take a step back and Minara feels its being done to higher standard giving her some of her life back too.

GS added it was useful to hear the story that the persons needs is most important. Commenting that we refer to culture, how much does the team have to work against set cultures and how can the next case benefit from that learning. Ann added she always looks at evidence. The school was concerned was patient coming back to school achievable so the CHC team looked at evidence available to assure the patient could return.

BL asked about patient now being an adult and the transition from childhood, what is the track record of helping this transition. JC added the connection with the client and looking forward, always looking at the next stage after this one. Personal health budgets allow for things to be done slightly differently.

SC referred to how we can improve the care and the system to make it easier to navigate and whether there anything that The Trust could do to make things easier for the family. Minara advised making sure the family are listened to, prevention is better than cure, making people aware how schools can be involved, they should be aware of CHC funding, they were not aware. Its good to make sure things are put in place in a timely way.

Dr Horsburgh referred to the Health care and education plan commenting that aspirations should be embedded in all we do.

The Chair summarised the boards gratitude for the CHC team and to Minara and also added that the board hopes that the patients experience on his first day back at school goes well and asked Minara to pass on the boards good wishes to him. The Chair also commented that post COVID some of the Board would like to visit the CHC team.

*PH left the room 10:18am to address an urgent issue*

*PH returned 10:21am*

### 3. Standing Items

#### 3.1 Chair's Update

The Chair advised that ME and DG have formally been reappointed as Non-Executive Directors at Dudley Integrated Health and Care NHS Trust for a further two years. NHSI have also confirmed HT as Chair for a further two years which is good for continuity.

The Chair made reference to the Ockenden report which was recently published and added although The Trust do not actively deliver any direct maternity services however The Trust should reflect on the comments and recommendations that the report contains. The board recorded its thoughts are with the families that were affected by this.

There are 4 notable pillars from this report which include:

- Safe staffing
- Training
- Learning from incidents
- Listening to family

SN and the team will look and reflect on the report and bring back any learning the Board can benefit from a full understanding of. SN reported gap analysis going to Quality Committee in May and bring back to Board in June. HT asked to also involve wider committee i.e. including People committee

VL added DIHC services do have contact with pregnant women and also agreed the Trust do need to ensure it reflects on how it works with pregnant woman and new mothers.

#### 3.2 Chief Executive's Report

PH noted the report as read.

PH commented on their service visit in March with the ARRS staff, they met a whole range of staff within one PCN team, workload range is very impressive. It was very encouraging and had some good conversations. There was quite a lot of learning for the Trust in supporting them in roles that are new and we will need to consider improving some of the process around this and will discuss this with various executives and also the new Interim Association Director of People to take this forward.

The Quarterly System Review Meeting (QRSM) went well, there is an importance on how we work as a system to make the system succeed, not an individual organisation, and how we work together in doing that. There will be a meeting next week aimed at provider collaboratives becoming more inclusive and also around sharing some of our back office functions and systems.

PH encouraged Board members to read about the provider selection regime noting that it is significant as it does cover the basis on which it is possible to not have to procure services if services are currently being provided well and of good quality and there is learning on how we change the way we work together.

There has been some specific NHS guidance provided on Improving cyber resilience which has been picked up by Digital Committee.

Revocation of vaccination as a condition of deployment is just for the board to note.

PH noted matters around the ICS development and highlighted that importance of the Integrated Care Partnership bringing stakeholders together across statutory and non-statutory to have an influence. This paper is an interesting read covering engagement feedback.

ME referred to the Ockenden report and enquired how the various Trusts and organisations share learnings and findings. PH added Sally Roberts who is Chief Nursing Officer (Designate) for Black Country Integrated Care Board is leading on this and SN added we have already connected with Sally to tap into this learning and has also given Sally assurance on approach DIHC will take as a trust to understand the learning. The role of the LMS was noted. PH added the report also looked at matters

around inequalities and how we support pregnant women in particular groups across the black country as a system and there are significant recommendations in this area.

### **3.3 Agenda for Part Two – Private Board**

The chair invited the board to note the agenda for part two of the board meeting.

#### **4. Board Assurance Framework (BAF) & Corporate Risk Register (CRR)**

The Trust Secretary noted the report as read.

EFD reported noted the board development session which took place on 23<sup>rd</sup> February and the new BAF for 22/23 going are through Committees this month and EFD will have a series of meetings with executives this month to reflect these.

At the Board Seminar on 29<sup>th</sup> March the Board reflected on appetite statements and there were no changes.

BAF will come back to May public board once scrutinized by Committees and will formerly publish appetite statements and the updated domains and our tolerances.

In relation to the Corporate Risk Register, there was one new risk proposed. Reflections on Committees note several changes on corporate risk register in March, two risks on hold, to do with the ICP award contract but will be removed next month. Trust are in a period where Board should expect to see some risk changes coming through as we move into new planning period.

In relation to the new risk (Cyber Risk), this was robustly discussed at Finance Performance and Digital Committee (FP&D) where the committee agreed in principle to add the risk. It then went to Digital Board where it received a challenge around mitigations and controls. It is an inherent risk with a current risk rating of 16 (4x4). There is work underway to understand technical business continuity, impact and fall back systems around the actions are currently being undertaken. This should reduce the risk slightly and it will come back to board. EFD asked for risk to be considered and approved by board.

Audit now in progress included internal and BAF audit, significant assurance here and are still awaiting BAF rating.

EFD noted will be absent for two weeks during April and will thoroughly brief the executives who will deliver EFD Committee papers on their behalf.

PH added aware of where we are in cycle and reviewing risks. Reflecting on operational risks and how to get the operational feedback from Trust Management Board up through Executive Committee to strengthen this. EFD added there is a gap that PK, JY & EFD are working on and will be coming up through committee.

VL added the non-executives want to know how the process works for the risk to be escalated to the correct level so non executives can support executives.

HT asked if the Board are satisfied on the process of a service line risk register is effective which feeds into the corporate risk register. PH added she is not assured as yet and this is in development. HT added the audit committee will look at this.

DG commented that Audit Committee is very keen to look at a schedule of the DIHC policies so the Committee understand where the organisation is in the review cycle and the programme for reviewing them. SC added executives have been sighted on this. SN agreed there is a schedule which each policy being identified as either priority 1,2 or 3. Approx 45% have gone through a DIHC review and have come through as DIHC core policies.

The Chair added from a CQC standpoint this review is critical. PH agreed adding it is key to ensure everyone knows where each policy sits and to ensure staff can access them. DG referred to an App available for people to access policies commenting there are many options for policy access for staff

that can be considered.

The Chair referred to the emerging risk around IAPT, EFD added that PK is currently developing a report and they are carrying out a deep dive in the service and this will come up through Finance Performance and Digital, Quality Committee and People Committee. EFD confirmed this is included in action log for next month and also confirmed it is reflected at committee level. PH commented on the performance report and the 9,060 last year in referrals is a huge pressure point hence PK giving this due consideration.

EFD added there are monthly clinical governance meetings ongoing. There is an aged risk review on going at the moment.

HT referenced page 38-39 of corporate risk register adding there is a lot of information for the board committees to review routinely and asked whether should review the threshold at which these risks come to Board.. SC added some of the narrative is not appropriate anymore and once the business plan is approved those risks will be reviewed accordingly. PH commented that these can be picked up through Executive Committee

DG asked for clarity around doing this work in quarter one and enquired when this would come to Audit committee, EFD confirmed this comes to Audit Committee in June.

The Chair summarized there are a number on actions that fall out of this risk review for the Trust Secretary.

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

#### **5. Report from Medical Director**

The report was taken as read.

LM highlighted process of Cap Gemini work completed as groups prepare for May sessions. March session was well attended and received, a lot of positive energy. Came to several conclusions about shared aims and goals. It was nice to meet everyone in person. LM pleased to report that process went well and are now looking at sessions taking place on 10<sup>th</sup> and 11<sup>th</sup> May. Work needs to look at this between Chairs and CEOs on how this session will work along with their counterparts across the system.

Research aspect of the Medical Report in relation to moving from being research ready to research active. NHS constitution states NHS organisations should be active in clinical research for the benefit of the population. DIHC have signed up to some research studies, some will involve Chapel Street and High Oak sites. This is particular useful on our health inequalities agenda especially in specific patient groups where we have a larger demographic of minority ethnic patients who have not accessed or been involved in clinical research before.

IB asked how we see our role in improving waiting times and how are we liaising and working with those involved in improving this across the system. LM advised as a system we are involved on how each of the services support this, for example Partnership Board. NHSI created a data system last year that is fed data on waiting times and access from across organisations in the Black Country however DIHC are not permitted to see data as a whole but only DIHC data. DIHC has its own waiting list issues around IAPT and the Primary Care angle. LM commented the data collection is in its early stages however the system is working together to see how to bring this together for the benefit of the whole Dudley population. SC, PH and LM going to speak to Primary Care collaborative tomorrow to look at how DIHC can help to support this with funding coming in later in the year to improve access. IB added this will be a useful measure that can be picked up through Finance, Performance and Digital and wants to ensure DIHC are resourcing itself in the right way. LM agreed DIHC do need support on the digital side to understand data better.

GS asked if High Oak and Chapel Street are still heavily dependent upon locums and how does this impact on access. LM agreed while we do use a lot of locums pending appointment to permanent



	<p>salaried GP staff, it has improved the number of available appointments available to patients but less clinical leadership and support working behind the scenes. DIHC have seen improvements, commenting that the standard BMA appointment target for the list size is around 300 per week but we have approaching 600 at High Oak currently. Since taking on Chapel Street, the management arrangement in place has ensured improvements their access going beyond the BMA target. It has also improved patient access to other primary care teams such as paramedics, pharmacists etc.</p> <p>SN reflected on research and innovation, the Chief Nursing Officer for England has released research strategies and DIHC are keen to extend its research profile so individuals in different staff groups could undertake research; there was an engagement session recently and the teams are very keen to get involved.</p> <p>ME asked how can the board see how the inequalities have affected public health in Dudley since COVID. PH added there is data available on this and a report being done by Public Health and LM added David Pitches given a presentation recently reporting this information, which we will invite him to share with the board.</p> <p>VL agreed the information that David Pitches has is available. PH commented this information is being worked on at two places, one at system level and then into partnership board at place.</p> <p>MG commented on the work ongoing in the directorate on performance information and improving waiting lists in primary care. There have been two new staff recruited as EPR managers starting at the end of April, adding that one of the biggest impacts we can have over next year is improving accurate data.</p> <p>SC added the presentation LM referred to from David Pitches could perhaps be fed into Board a seminar.</p> <p>BL offered congratulations to LM, RB and SN on the research piece as this is good to read and increasing participation of minority groups in minority groups is helpful. LM added it's our duty to get our staff to understand how important it is that we get involved in research projects for the benefit of the healthcare outcomes.</p> <p>HT added there were a number of points announced by Ruth May referring to social distancing and deep cleaning when there is evidence of COVID and review of masks in clinical and non-clinical settings. HT asked what the DIHC approach is. SN commented that DIHC has not made any changes to approach at this time. The Trust is taking a cautious approach as there are growing covid numbers currently, the IPC nurse is looking at all guidance and DIHC have stepped up Silver Calls to discuss restoration and recovery as well as Covid and there will be further advice to staff in due course.</p> <p>DG asked if DIHC can republish our guidance across staff to ensure everyone is assured what the DIHC position is. PH also commented that each Trust is taking its own position in relation to this guidance but any changes will come through and be notified via CEO report.</p> <p><b>The Board noted the report.</b></p>
6.	<p><b>Quality and Safety Performance Report</b></p> <p>The Quality and Safety Performance report was taken as read.</p> <p>Reflected the reporting period of Feb 2022 presented to Quality and Safety meeting in March. There are no significant issues requiring escalation to the Board</p> <p>There are no serious incidents (SI's) to report in February 2022 in accordance with national framework. The SI previously reported to CCG has been formally closed. DIHC are working with system partners around available learning on results with system partners in relation to this incident.</p> <p>The performance scorecard is being developed. There is nothing in terms of primary care friends and family test as it was suspended due to contractual requirements however this has been reinstated on April 1<sup>st</sup>. Reporting to commissioners is not required until the second quarter. DG added concerns about the target figure of 100% for the friends and family test and questioned the achievability of this, albeit</p>

	<p>recognising we are scoring highly within our mental health services. SN added will confirm whether this friends and family test target is a contractual standard expectation or a locally defined one.</p> <p>Five incidents report through February. DIHC are publishing Datix training for all teams and via inductions to ensure teams are competent and confident to report incidents, SN referred to Ockenden review where learning from incidents is critical.</p> <p>There were three concerns and three compliments on supportive care within IAPT. Team are working hard to be creative to open up support for appointments.</p> <p>The spring booster (covid vaccination) has gone live for adults over 75 years of age, older adults in care homes and immune suppressed individuals. spring booster performance will be reported in due course.</p> <p>HT asked about the friends and family (for primary care) starting in April and enquired about how the data collected and how are we comparing. SN added the data is collected via website at the moment it is not paper based, SN advised there are no issues being raised regarding primary care access for our services. HT also asked about vaccinations and the campaign for 5 year old's which started this week SN added its being done via the vaccination hub and DIHC are involved in this, HT asked if this presents any challenges, SN added the training of staff required is specific along with some competencies including paediatric life support training and understanding the consenting process but process and delivery is same.</p> <p><b>The Board were content with the assurance provided in the Quality and Safety Performance Report.</b></p> <p><b>ACTION:</b> PUB/APR/22/001 - SN added will confirm whether this friends and family test target is a contractual standard expectation or a locally defined one.</p>
7.	<p><b>Quality and Safety Committee Assurance Report</b></p> <p>The Quality and Safety Committee Assurance report was taken as read.</p> <p>VL advised board there was a development session this month and not a standard committee meeting and non-executives agreed it was useful having discussions which aid assurance going forward and has identified some areas that need focus on systems and content side.</p> <p>The committee received assurance the policy matrix and service level risk register were done and committee wanted to get a clearer feel to understand actions and to ensure mitigations are in place</p> <p>The committee looked at balance scorecard and thought it was good together with run rates but added it would be useful to have different information via a deep dive having specific reports on specific services within primary care to aid assurance, the development session had quite a long robust discussion on this.</p> <p>Some work will need to be done on capacity within health intelligence data and functions referring to data quality and interpretation of the data provided.</p> <p>MG commented on VL discussion around health intelligence data and added performance team are looking to make the best use of data and this is a key area of focus. MG also commented on the discussion around the ARR's staff advising the Board there is a task and finish group on the ARR's issues meeting regularly each week to report some of the information. It is challenging to pull the data together but work is in progress on this.</p> <p>SC added to reflect importance of the quality of the health intelligence data in the business plan.</p> <p>DG asked about us having some good locums in place currently and is anyone having conversations with them to consider taking up a permanent position with the Trust. LM confirmed that conversations are taking place.</p>

	<p><b>The Board were content with the assurance provided in the Quality and Safety Committee Assurance Report.</b></p>
8.	<p><b>Workforce Performance Report</b></p> <p>The Workforce performance report was taken as read.</p> <p>SC reported that the turnover rate remains low at 0.85% and sickness absence also remains low at 2.68%. SC advised the Board that data within the report covering long term sickness and areas of stress and anxiety do not relate to work related stress or anxiety and all relate to personal circumstances.</p> <p>The appraisal compliance rate is currently at 73.86%, this should improve as the Trust undertakes a number of appraisals over the next few months.</p> <p>The mandatory compliance training rate has also improved.</p> <p>Further data in report regarding absences, showing that we had 0% Covid absence when the report was produced however this has now changed in recent days but is not having an operational impact on DIHC services being provided at this time.</p> <p>In relation to the transfer of recruitment services, this has now happened and is being monitored via People Committee and the Interim Associate Director of People will look at this in detail as part of his work around onboarding of staff which was also highlighted by PH.</p> <p><b>The Board were content with the assurance provided in the Workforce Performance Report.</b></p>
9.	<p><b>People Committee Assurance Report</b></p> <p>The People Committee Assurance Report was taken as read</p> <p>No amendments to establish risks and the Committee also looked at any emerging risks one which was Mandatory Vaccines as a condition of deployment but Committee was satisfied this is not an emerging risk and have asked for this to be closed.</p> <p>Issue around service level risk around IAPT was robustly discussed and the committee has requested a report from executive lead Philip King looking at demand and resource challenges.</p> <p>Policies were discussed and ME advised the Board the Committee did not get assurance on completion of HR policies being in place by the end of April 2022 and the Executive Lead Stephanie Cartwright has been asked to review this as an urgent matter. There is limited capacity within staffside which also needs addressing.</p> <p>ME also reported the Committee had received an update from the Equality Diversity and Inclusion Committee (EDI) and was updated on the work ongoing into refreshing of the strategy which will be at EDI in May then brought back to People Committee before being brought back to Board.</p> <p>PH commented that the Non-Executive members are included in the figures around compliance in mandatory training and board members will be contacted about this if not compliant. PH also added IAPT there is a national expectation to deliver targets for delivery and recruitment in the next two years and whilst it is unlikely DIHC will be able to recruit the number of IAPT staff required, this does not stop us doing the best things we can to attract staff.</p> <p>SC added the workforce policies and harmonisation is taking some time to work through as the policies are coming from several employers and these need working through and the policies must reflect the culture of the organisation and is looking at what resources can be invested in for this work to be completed and added the Interim Associate Director of People will also look at this.</p> <p>HT asked about the sickness rate is currently and how much is Covid related. SC reported there approximately five people absent with Covid at the moment.</p>



	<p>GS referred to the free LFT testing kits and whether our patient facing staff are being supported in obtaining these. SN added that most staff are still going through government website to register for these which is the advice. There are system conversations around accessibility going forward but added currently there is not a cost to the individuals.</p> <p><b>The Board were content with the assurance provided in the People Committee Report.</b></p>
10.	<p><b>Finance Report</b></p> <p>The Finance report was taken as read.</p> <p>MG reported that the financial performance for April to February 2022 will provide assurance that the Trust is on track to deliver the year end forecast position.</p> <p>The Trust is forecasted to deliver a £520k surplus for the year against its Income and Expenditure plan which represents a small change since what was reported last month.</p> <p>Analysis is provided in the report for further assurance for the benefit of the board on the run rate in relation to income, pay and non-pay. Pay costs have increased slightly due to expanding the corporate structure and the gradual filling of operational vacancies. Non pay costs are reducing as we have gone through the year largely due to pause undertaken on the clinical model development and in particular the transitional costs associated with securing and mobilizing the ICP contract which is currently on hold.</p> <p>Balance sheet shows that we are forecasting to exit the year in a healthy position with a £2.4 million cash balance by end of March which provides Trust with sufficient cash to make loan repayments over the next year to Black Country Healthcare NHS Foundation Trust.</p> <p><b>The Board were content with the assurance provided in the Finance Report</b></p>
11	<p><b>Performance Report</b></p> <p>The Performance report was taken as read.</p> <p>MG reported that the integrated performance scorecard is under development but significant work has been undertaken which will provide a stepped increase in the level of assurance provided to the Trust Board. There were three main areas highlighted within the report.</p> <ul style="list-style-type: none"> <li>- The Winter Hub have seen over 1,800 people since January 2022, with a 95% attendance rate for the services and 88% of patients seen being discharged back home. A more indepth evaluation will be carried out in future months to understand the opportunities available for the service particularly in relation to the PCN DES around extended access.</li> <li>- In Continuing Health Care performance the two national targets within the KPI's have both been achieved. There is an 80% target of CHC assessments to be completed within 28 days and DIHC have achieved 96.97%. The target for assessments to be carried out in acute settings is 15% and we are achieved 0% in an acute setting.</li> <li>- In terms of exception reports the main area relates to IAPT performance. It is recognised across the system that we cannot deliver the targets which mirrors the challenges experienced across other local providers.</li> </ul> <p>SC added they attended the last Mental Health Programme board and added DIHC is working together with Black Country Healthcare colleagues around accessing appropriate funding and resources.</p> <p><b>The Board were content with the assurance provided in the Performance Report</b></p>

## 12. Finance, Performance and Digital Committee Assurance Report

The Finance, Performance and Digital Committee Assurance report was taken as read.

IB recommended the inclusion of the cyber security risk is added to risk register, this is an area of concern to keep a close eye on.

DG challenged the Income and Expenditure margins on page 77 of the report, the icon indicates the Trust have missed the target however it is an understanding the Trust have always hit the target for past two years. MG confirmed for assurance the Trust has indeed achieved the target across the last two years and added it is the data points used and will get this reflected for the next reporting period.

BL thanked MG and the finance and performance team for the new diagram on page 18 and 81 showing the IAPT recovery rate for BAME groups which they had previously asked to be included and also service users waiting for treatment broken down by ethnic groups and understands the effort put into to analyse the data. BL also enquired about the graph on page 80 on the recovery rate for BAME group, compared with other shows the BAME group not doing as well as other general group of patients and would like this to be noted. Also commenting on the graph on page 81 shows percentage of patients waiting according to ethnic groups, at last meeting BL referred to patients from BAME are waiting longer to be seen and this still needs to be addressed. Finally in reference to health and inequalities perspective can the team extend the narrative to other disadvantaged groups, (i.e. groups with disabilities) at some point. MG provided explanation of the statistics in general and also commented the data could do with further analysis on the 'unknown' in the data sets.

HT asked for clarity on 'unknown' in waiting times and whether this is not known, not declared or not captured. MG added the unknowns could be broken down further. VL added the CQC did a report regarding the unknown stats on ethnicity coding and agreed we could do with a sample audit to compare the CQC report.

SC recently appointed Dr Lloyd Baron as Clinical Lead on Health and Inequalities and would like them to work with People team closely to get more involved in some of the points raised.

**The Board were content with the assurance provided in the Finance, Performance and Digital Committee Assurance Report**

## 13. Report from the Primary Care Integration Committee

There was no Committee on 23rd March and the Committee attended its bi-monthly development session so there is no assurance report this month.

GS noted that many of the items discussed at the PCIC development session the board had been sighted on throughout the agenda items on today's meeting but added that the Committee had feedback from PH on the overview of ICS, place and relationships and the Committee also discussed reflections around the recent Cap Gemini events. There was good discussion around PCN clinical directors and a look forward on strategies around Extended Access, Phlebotomy Services and the Dudley Quality Outcomes framework, and will report back in due course.

One outcome of development session not covered in the report was a discussion at the Quality & Safety committee's development session on PCIC's role on assurance on items like ARRS - this needs some further discussion for clarity.

The next meeting will be a full committee meeting and an assurance report will come from that/

SC added it was a helpful discussion and its healthy to do a committee meeting followed by a development session bimonthly to build relationships. This has resulted in some robust discussions and it is creating a lot of alignment across the teams on future direction and of support of the Primary Care Network Clinical Directors.

PH agreed the conversations at the meeting were valuable discussions, as well as looking at the directions of travel they also discussed what really matters for service integration and working with primary care and its significant role in effecting the same. This is more nuanced than employment

	<p>discussions which was a healthy and useful conversation and direction of travel.</p> <p>ME asked about the appointment system at GP surgeries and was this discussed and were there anything the Trust can improve on booking systems. GS advised there was no discussion on this at the development session. SC added as we refresh the integration agreement we will need to look at this as part of the strengthening of the primary care operating model and the learning. LM commented the element of switching back on of the online bookable appointments should alleviate some of the pressures and the work to be done on the extended access.</p> <p><b>The Board noted the report from the Primary Care Integration Committee.</b></p>
14.	<p><b>Report from the Transformation and Transaction Committee</b></p> <p>The Strategy and Transformation Board Report was taken as read.</p> <p>SC commented on the change of names of the committee from Transaction and Transformation to Strategy and Transformation Board. Terms of reference is being reviewed at on role of the Committee and this will be finalised at the next meeting of the Committee.</p> <p>The Committee have review risk register and moved across some of the risks in including the estates capital funding to the Finance Performance and Digital and also recruitment and retention across to the People Committee and will continue to refresh risk register especially in light of the business plan.</p> <p>There was reflection on the Cap Gemini process which took place and importance of the contributions of DIHC attendees.</p> <p>Discussed the transfer of public health contracts and it was recorded the decision it will not be pursued this at this time.</p> <p>Looked at plans to develop business plan which will come to board in May and it will be reviewed by Executive Committee next week</p> <p>Looked at project and programme management arrangements and set out work and priorities for year which will be reflected in the business plan.</p> <p>Considered system risks work around development of the Integrated care model and shared risks as a system rather than just solely by DIHC in particular with provision for future services and financial sustainability.</p> <p>Finally there was reflection around having good communication to staff and around the system to ensure it is consistent across all organisations especially around development of the care model.</p> <p>PH added the business plan when it comes through will be an important discussion to flag to the board and reiterated the importance of this document for board to review and analyse.</p> <p>HT asked whether the review of the system risks should it be moved to Partnership Board to ensure they get the review time needed. SC advised they are now moving the development of the integrated care model across to the Partnership Board. These were kept away from Partnership Board to allow that board to develop. When the Partnership Board meeting again in on April 13<sup>th</sup> there will be a report on the Cap Gemini process so a good time to add the system risks under the remit of this board. PH added there will be a discussion on having a joint executive as part of the Partnership Board to be able to oversee and drive what is needed to be delivered.</p> <p>PH added they have had conversations with Dudley Children's Services and Council leads in regards to delivery of children's services, integration and joint working in this area.</p> <p>VL added a commented on the pause on public health contracts which gives us time to decide how to proceed but would like to be assured that this piece of work is planned and ongoing and has been</p>

	<p>thought through. SC added it will be part of the programme management work in the coming months adding MG has been close to these discussions. MG added there is a status update in part Two on this matter for the Boards assurance.</p> <p><b>The Board noted the report from the Strategy and Transformation Board.</b></p>
15.	<p><b>Any Other Business</b></p> <p>HT added a comments about the service visits for non-executive directors and raising visibility of the Board. PH added it would be advisable for non-executives to partake in some shadowing with members of staff and will ask PK to work with SN on a plan.</p>
16.	<p><b>Questions from the public</b></p> <p>No questions were pre-submitted from members of the public for this meeting.</p>
17.	<p><b>Risk Review</b></p> <p>No additional risk matters were raised that had not already been raised within the Board Meeting.</p>
18.	<p><b>Date of next meeting:</b> Thursday 5<sup>th</sup> May 2022, 09.30am – 12.30pm</p> <p>Venue: Dudley College of Technology, The Broadway, Dudley, DY4 1AS</p>

## DIHC Public Board Action Register



Dudley Integrated  
Health and Care  
NHS Trust

Ref	Date Raised	Details	Action Lead	Due Date	Update	Status
PUB/MAR22/001	01/03/2022	SN to look at face to face clinical targets which the Chair asked for assurance on as these seemed to low	SN	Apr-22		Open
PUB/APR/22/001	05/04/2022	SN added will confirm whether the friends and family test target is a contractual standard expectation or a locally defined one as DG enquired the target figure of 100% seemed rather high	SN	May-22		Open

## DUDLEY INTEGRATED HEALTH & CARE NHS TRUST PUBLIC BOARD

<b>TITLE OF REPORT:</b>	Chief Executives Report
<b>PURPOSE OF REPORT:</b>	To provide the Board with an update on current issues
<b>AUTHOR OF REPORT:</b>	Penny Harris, Interim Chief Executive Officer
<b>DATE OF MEETING:</b>	5 <sup>th</sup> May 2022
<b>KEY POINTS:</b>	<ol style="list-style-type: none"> <li>1. Summary of CEO Activities – April 2022</li> <li>2. Support for System Pressures</li> <li>3. Infection Prevention and Control</li> <li>4. Health and Adult Social Care Committee (HASC)</li> <li>5. The Workforce Race Equality Standard (WRES)</li> <li>6. Key Reports Received This Month</li> </ol>
<b>RECOMMENDATION:</b>	<ul style="list-style-type: none"> <li>• The Board is asked to note contents of the report</li> </ul>
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	None identified
<b>ACTION REQUIRED:</b>	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:** 5<sup>th</sup> May 2022

## **1. Summary of CEO Activities – April 2022**

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

### **1.1 Service Visit – Dudley Talking Therapies**

This month I had the pleasure of meeting Emily Gould and her team at Dudley Talking Therapies which was rather apt following their very well deserved win at the staff awards on 5<sup>th</sup> April, it was a very timely visit to speak with them about their services and to talk to the team about various matters which included accommodation issues in context of the needs of a growing team, how the various community based mental health services worked together and of course how they were managing the waiting list and times. As usual I took away a number of action points to follow up with executive colleagues

In May, myself and the Director of Nursing will visit the School nursing team and I will report back to Board on my visit at June Board.

### **1.2 Appraisals**

I am currently carrying out the appraisals for the executive directors and we are agreeing objectives over the next 12 months aligned to delivery of the DIHC business plan. These appraisals have given me the opportunity to spend some quality time with the executives developing an understanding of career aspirations and it is clear that the executive team are very committed to the Trust and its future. I have also had the opportunity to discuss CEO objectives with the Chair who will update the non-executives in due course.

### **1.3 NHS National Leadership Event, London**

Amanda Pritchard wrote to all regional Chief Executives to ask us to attend this event which focusses on bringing colleagues together as a leadership community to discuss both the immediate operational and strategic objectives for 2022/23, including the opportunity to feed into work beginning now on the update to the NHS Long Term Plan. I will be attending on behalf of Dudley Integrated Health and Care NHS Trust and will provide a further update at Board of any key outcomes.

## **2. Support for System Pressures**

Nationally, regionally and at system level significant system pressures increased from March 2022 onwards. Initially this related to significant delays in ambulance handovers into emergency care. However, the difficulties throughout the emergency care pathway both in hospital and out of hospital have been significant factors in unprecedented pressures. These pressures reached a particular peak leading into the Easter weekend.

The system approach to manage this relates to daily place based Bronze calls, system based Silver calls and twice weekly system based Gold calls.

DIHC's Chief Executive and Chief Operating Officer participated in discussions at the A&E delivery board in April 2022 to consider how we might assist within the system. This is in addition to our active participation in Bronze, Silver and Gold processes as an activity of our emergency preparedness response. Members of our Continuing Health Care and Intermediate Care Team are now embedded within Russells Hall to assist with assessment of inpatients in order to support swift discharge. Additional Primary Care capacity was facilitated by DIHC particularly over the Easter period. Greater levels of liaison with 111 and WMAS has taken place to encourage diversion away from hospital. As of 26<sup>th</sup> April 2022, the Dudley system had de-escalated from level 4 to level 3 emergency preparedness response. The efforts of the CHC and ICT have been significant particularly at a time during which care homes and Medically Fit for Discharge pathways have been challenged by Covid outbreaks within the care and nursing home sector.

We are also refreshing our efforts to support Spring vaccination delivery and further vaccinations of mental health and LD patients from BCH.

## **3. Infection Prevention and Control**

The UK Health Security Agency published new guidance on Managing healthcare staff with symptoms of a respiratory infection or a positive COVID-19 test result on the 1st of April 2022. The full guidance can be accessed here: Managing healthcare staff with symptoms of a respiratory infection or a positive COVID-19 test result - GOV.UK ([www.gov.uk](https://www.gov.uk)).

In addition NHSE/I have written out to all providers. Key messages include the expectation that services now revert back to pre-pandemic social distancing levels. Fluid resistant face masks must be worn at work by staff and patients (unless clinically contraindicated) in clinical settings. All patient facing staff are to continue to undertake asymptomatic routine test twice weekly using Lateral Flow Devices. Any positive results must be reported to the People Team in accordance with the Trusts processes with identified outbreaks reported as incidents. To date DIHC has not reported any staff or patient Covid-19 associated outbreaks or clusters.



The guidance includes the following definitions:

**Outbreak definition:** Two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting (e.g. workplace) with illness onset dates within 14 days and one of:

- Identified direct exposure between at least 2 of the test-confirmed cases in that setting (for example under one metre face to face, or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases
- When there is no sustained local community transmission – absence of an alternative source of infection outside the setting for the initially identified cases

**Cluster definition:** Two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting (e.g. workplace) with illness onset dates within a 14-days period. (In the absence of detailed information about the type of contact between the cases).

In addition, a new National Infection Prevention and Control Manual (NIPCM) has been published (14th April 2022). The NIPCM has been adapted for use within England to support and facilitate healthcare providers to demonstrate compliance with the ten criteria of the 'Health and Social Care Act 2008, Code of practice on the prevention and control of infections and related guidance (hereafter referred to as The "Code of Practice") The NIPCM has been produced to:

- provide an evidence-based practice manual for use by all those involved in care provision in England and should be adopted as mandatory guidance in NHS settings or settings where NHS services are delivered and the principles should be applied in all care settings.
- ensure a consistent UK wide approach to infection prevention and control, however some operational and organisational details may differ across the nations

A piece of work has commenced to undertake a gap analysis against our current policies and procedures.

#### **4. Health and Adult Social Care Committee (HASC)**

The Director of Nursing, AHPs and Quality and the Associate Director of Governance and Quality presented the Trusts draft Quality Account to the HASC on 20th April 2022. The Committee were informed of the progress made against the 21/22 quality priorities together with the development of further services within DIHC. Reference was made to the successful transfer of the School Nursing Team from Shropshire, the positive impact of the Covid Assessment Centre at Pensnett prior to its closure at the end of June 21 and the successful implementation of the Winter Access Hub since January 22. The quality priorities for 22/23 were discussed and Committee were informed of the public engagement which has taken place in regard to these.

There were some questions about AE waits and Committee were informed of the support of DIHC to the system including the additional GP appointments provided through the Winter Access Hub, together with the support of the Continuing Health Care Team/Intermediate Care Team to enable safe discharge in a timely manner and support flow through the hospital.

The overall quality of General Practice was referred to and the current contracting arrangements were described e.g. BCWBCCG as commissioners delegated from the NHSE. Reference was made to fact that DIHC employed several roles via the ARRS scheme to support General Practice to provide enhanced access.

The HASC commended the work that the Trust has undertaken recognising the support provided to the system as described. The committee discussed the quality priorities and felt that most members of the public would consider AE waits and elective waits as priorities however the engagement that DIHC had undertaken was acknowledged together with the services specifically provided by the Trust. School Nursing was referenced by a member and the Director of Nursing, AHPs and Quality confirmed that DIHC was a member of the Children and Young People partnership Board and that we were proactively engaged and contributing to the 0-19 agenda. The quality account is due for submission 30<sup>th</sup> June 2022. The final Executive approved document will be presented to Quality Committee prior to submission. It will be presented to Trust Board in July.

## **5. The Workforce Race Equality Standard (WRES)**

This data report represents the seventh since the Workforce Race Equality Standard (WRES) was established. It showcases the experience of staff at a pivotal moment in the history of the NHS. This data report presents the overall national picture, but individual organisations will get their own data in detail in order to help inform their action plan for the year ahead. These annual action plans are an important indicator of an organisation's ambition to deliver race equality for their workforce and the community they serve. The Trust has its benchmarked WRES data for 2020/21 and is in the process of updating this data for 2021/22. This WRES data will inform the Trust's Equality, Diversity and Inclusion Strategy, which is currently in development, and the priority actions to deliver improvements in this area.

<sup>1</sup>It is encouraging to see the continued growth in ethnic minority representation in the NHS workforce, at 22.4%, up from 21% last year. But ethnic minority colleagues remain under-represented in senior positions and in executive board roles so there is certainly a very long way to go.

It is a very informative read with useful data reflecting the state and complexity of race equality in the NHS and I have provided a link to the document for your convenience.

<https://www.england.nhs.uk/wp-content/uploads/2022/04/Workforce-Race-Equality-Standard-report-2021-.pdf>

## **6. Key Reports Received This Month**

As usual we have received a number of key policy documents and briefing papers during this month. I would however like to highlight the following for the Boards information:

### **5.1 Hospital Discharge and Community Support Guidance**

<https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance>

<sup>1</sup> Healthcare Leaders Update, April 2022, NHS England

## 5.2 Public satisfaction with the NHS and social care in 2021: Results from the British Social Attitudes survey

<https://www.nuffieldtrust.org.uk/research/public-satisfaction-with-the-nhs-and-social-care-in-2021-results-from-the-british-social-attitudes-survey>

## 5.3 Health and Care Bill: Factsheets

<https://www.gov.uk/government/publications/health-and-care-bill-factsheets>

## 5.4 A matter of life and death: Explaining the wider determinants of health in the UK

<https://www.health.org.uk/publications/a-matter-of-life-or-death>

## DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

THURSDAY 5<sup>th</sup> May 2022  
1:15pm to 2:30pm

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

### PRIVATE AGENDA

Item No	Agenda Item			Presented By	Time
<b>Formalities: to declare the meeting open, quorate and in accordance with the standing orders:</b>					
<b>1</b>	<b>Chair's Welcome</b>				
	1.1 Apologies	To Receive	Verbal		
	1.2 Declarations of Interest	To Receive	Verbal		
	1.3 Private Board Minutes – meeting held on 5 <sup>th</sup> April 2022	For Approval	Enclosure 1.3	Mr H Turner	1:15pm
	1.4 Action Register and Matters Arising	For Approval	Enclosure 1.4		
	1.5 Items Carried Forward from Part One	For Discussion	Verbal		
<b>2</b>	<b>DIHC Development</b>				
	Business Plan / Investment Proposal	For Information	Enclosure 2	Ms S Cartwright / Mr M Gamage	1:35pm
<b>3</b>	<b>Committee Minutes (to be taken as read)</b>				
	3.1 Quality and Safety Committee – meeting held on 15 <sup>th</sup> February 2022	For Information	Enclosure 3.1		
	3.2 Finance, Performance and Digital Committee – meeting held on 17 <sup>th</sup> March 2022	For Information	Enclosure 3.2	Mr H Turner	2.05pm
	3.3 People Committee – meeting held on 22 <sup>nd</sup> March 2022	For Information	Enclosure 3.3		

	3.4 Audit and Risk Committee – meeting held 17 <sup>th</sup> February 2022	For Information	Enclosure 3.4		
	3.5 Strategy and Transformation Board – meeting held on 8 <sup>th</sup> March 2022	For Information	Enclosure 3.5		
	3.6 Primary Care Integration Committee – meeting held on 16 <sup>th</sup> February 2022	For Information	Enclosure 3.6		
<b>4</b>	<b>Board Meeting Reflections</b>	To Receive	Verbal	Mr H Turner	2:15pm
<b>5</b>	<b>Any Other Business</b>	To Receive	Verbal	Mr H Turner	2:25pm
<b>6</b>	<b>Date of next meeting:</b> 7 <sup>th</sup> June 1:15pm to 3:00pm  Venue: Brierley Hill Health and Social Care Centre, Room 051, Third Floor, Venture Way, Dudley.				2:30pm

# DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

<b>TITLE OF REPORT:</b>	2022/23 Financial Plan
<b>PURPOSE OF REPORT:</b>	To provide a summary of the final financial plan approved at Finance and Performance Committee under delegated authority from the Board to the Chief Executive Officer, Director of Finance and Finance, Performance and Digital
<b>AUTHOR OF REPORT:</b>	Matthew Gamage – Director of Finance, Performance and Digital
<b>DATE OF MEETING:</b>	5 <sup>th</sup> May 2022
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• In April 2022 the Board received a report outlining the draft financial plan for 2022/23. The report set out the initial plan, and the next steps to be taken both internally and as ICS-level to determine final income and expenditure envelopes prior to submission of the final plan to NHSEI on 28<sup>th</sup> April 2022.</li> <li>• The Board received the draft plan in April and delegated authority to the Chief Executive Officer, Director of Finance and Finance, Performance and Digital (FPD) committee to approve any changes as a result of this process.</li> <li>• The enclosed provides a summary of the financial plan which was approved at the FPD committee on the 21<sup>st</sup> April 2022.</li> <li>• The report outlines the process that has been taken to develop team budgets and the 22/23 financial plan, the impact of the key adjustments and the resulting values</li> <li>• Following this process, the Trust has developed an expenditure plan for the financial year totalling £22.8m.</li> <li>• The Trust's establishment increases from 341.31 to 376.24 Whole Time Equivalents, mostly driven by an increase in PCN staffing</li> <li>• Based upon the notified ICS income envelope, this represents a break-even position for the Trust.</li> <li>• The Trust capital plan totals £233,000 and is focussed on IT investments to drive the digital transformation required by the organisation.</li> </ul>
<b>RECOMMENDATION:</b>	<ul style="list-style-type: none"> <li>• That the Board be assured by the process and the decision made at the FPD Committee on the 21<sup>st</sup> April 2022 prior to the submission of the final plan to NHSEI on the 28<sup>th</sup> April 2022</li> </ul>
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	None Identified
<b>ACTION REQUIRED:</b>	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

**CONTENT**

- 1. INTRODUCTION**
- 2. FINANCIAL PLANNING PROCESS**
- 3. BASELINE ADJUSTMENTS**
- 4. PLANNING ASSUMPTIONS**
- 5. PCN STAFFING**
- 6. IFRS16 IMPLEMENTATION**
- 7. INCOME AND EXPENDITURE PLAN**
- 8. BUSINESS PLANNING**
- 9. CAPITAL PLAN**
- 10. RISKS AND MITIGATIONS**

## 1.0 INTRODUCTION

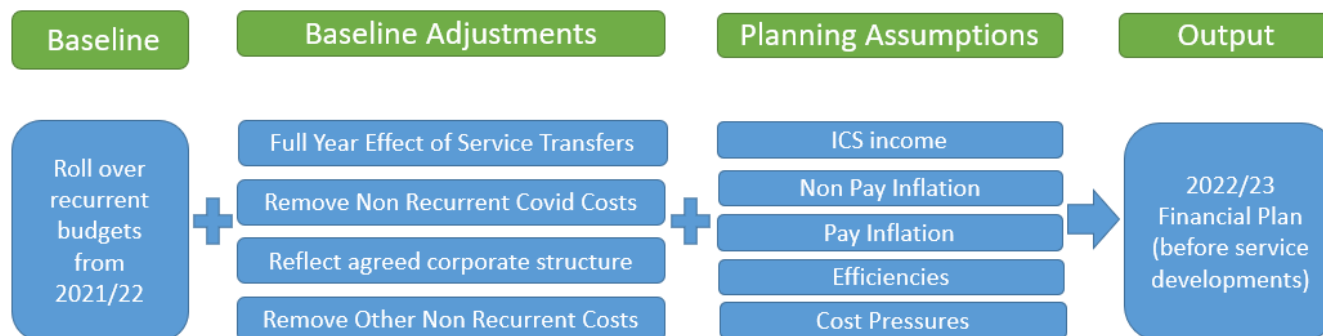
- 1.1 On 21<sup>st</sup> December 2021, NHSEI issued planning guidance for 2022/23<sup>1</sup>. The guidance confirmed that one year revenue allocations will be issued for 2022/23 and three-year capital allocations to 2024/25. NHSEI will publish the remaining two-year revenue allocations to 2024/25 in the first half of 2022/23.
- 1.2 The financial framework had been simplified during the COVID-19 pandemic to enable systems to focus on immediate operational challenges, however the future financial framework will have a greater focus on financial discipline and management of resources within system financial balance.
- 1.3 DIHC along with system partner organisations will be required to work collaboratively to deliver the new duties on ICBs and Trusts.
- 1.4 The 2022/23 financial and contracting arrangements are summarised as:
- A glidepath from current system revenue envelopes to fair shares allocations
    - ICB revenue allocations will be based on current system funding envelopes
    - In addition to a general efficiency requirement, a convergence adjustment to bring systems gradually towards their fair share of NHS resources will be applied. This will mean a tougher task for systems consuming more than their relative need.
  - Increased clarity and certainty over capital allocations, with multi-year operational capital allocations set at ICB level
  - A collective local accountability and responsibility for delivering system and ICB financial balance, namely a duty on breakeven.
  - A return to signed contracts and local ownership for payment flows under simplified rules.
- 1.5 Further detail in relation to the financial and contracting arrangements are included within the guidance on 2022/23 revenue finance and contracts, which was published on 12<sup>th</sup> April at the same address as the planning guidance.
- 1.6 The Trust has constructed its financial plan in line with these arrangements and in collaboration with the ICS and partner organisations, and a report summarising the draft the plan was presented to the Trust Board in April 2022. This outlined the stages taken to develop the plan in line with the Operational Planning and Contracting Guidance, and the remaining steps that would be taken to finalise the plan in advance of the final plan submission on 28<sup>th</sup> April 2021. These steps were to:
- Reflect PCN Workforce Plans
  - Prioritise the IT programme within the available funds
  - Review business plans and reflect any financial implications in the final plan. The current assumption is that any developments will need to be funded through the ICS Service Development Funding (SDF) process
  - Reflect the implementation of IFRS16
  - Contribute to the system exercise to understand the system financial gap
  - Reflect the confirmed ICS income envelope
- 1.7 The Board delegated authority to agree any changes resulting from these steps to the Chief Executive Officer, Director of Finance and Finance, Performance and Digital Committee, in advance of the submission of the final plan to NHSE/I on 28<sup>th</sup> April 2022.

<sup>1</sup> <https://www.england.nhs.uk/operational-planning-and-contracting/>



## 2.0 FINANCIAL PLANNING PROCESS

2.1 The process for the development of the Financial Plan was presented to Finance and Performance Committee in January and is based on a two-stage process as set out in the diagram below, with 21/22 budgets adjusted for non-recurrent items and full-year effects to reach an underlying budget and a range of planning assumptions applied to reach the 22/23 financial plan.



## 3.0 BASELINE ADJUSTMENTS

The baseline adjustments are summarised as follows:

### 3.1.1 Adjustment for full year effect (FYE) of service transfers

Expenditure budgets were adjusted to reflect the full year effect of services which started during the 2021/22 financial year, including substantive PCN posts recruited to during the year and the Practice based Pharmacist's services commissioned by the CCG from the 1st August 2021. As all posts were budgeted in 21/22 there was no change to the Trust's budgeted establishment.

### 3.1.2 Removal of non-recurrent COVID-19 costs

During 2021/22, the only item relating to COVID-19 was the Pensnett Assessment Centre which closed during Q1. Costs and income associated with this service were removed in full

### 3.1.3 Removal of other non-recurrent costs

A review of expenditure budgets identified a number of other non-recurrent income and expenditure budgets which were removed through the planning process. This included the removal of the vacancy factor, which is reinstated later in the planning process

### 3.1.4 Reflect Agreed Corporate Structure

The full year effect of the corporate structure implemented during the 21/22 financial year and the business critical roles required to support the governance and current delivery of the organisation are included in the baseline. The addition of new business-critical posts resulted in an increase of 3.18 wte in the budgeted establishment.

## 4.0 PLANNING ASSUMPTIONS

Following the calculation of the underlying baseline position, a range of national and system planning assumptions were applied to the plan to develop the draft plan which was approved by the Executive Committee and this committee in March and presented the Board in April. The key planning assumptions included in the plan are as follows:

Income	<ul style="list-style-type: none"> <li>ICS Income based upon most recent split discussed by DoFs</li> <li>Agreed 22/23 DMBC contract value for School Nursing Services</li> <li>PCN Income based on 21/22 plan – to be adjusted for final plan</li> <li>High Oak Income based on estimated APMS value</li> <li>Estimate of HEE income for IAPT Trainees</li> </ul>
Inflation	<ul style="list-style-type: none"> <li>Pay uplifted for incremental drift, 2% pay award, H&amp;SC Levy</li> <li>Non-pay uplifted by category in line with national planning assumptions</li> </ul>
Efficiencies	<ul style="list-style-type: none"> <li>3.8% efficiency, currently met through blanket 5% staff vacancy/turnover planning assumption.</li> <li>Alternative Efficiency schemes will need to be identified to allow the vacancy target to be reduced</li> </ul>
Cost Pressures	<ul style="list-style-type: none"> <li>No avoidable cost pressures or new developments to be funded unless already committed</li> </ul>

#### **4.1 CCG Income**

Following discussions between system Directors of Finance and Chief Executives, the Trust share of the overall system envelope stands at £13.625m.

As part of a return to normal finance and contracting arrangements, the Commissioning for Quality and Innovation (CQUIN) element of contracts is reintroduced and in line with guidance this is included in the system envelope value on the basis of full achievement. Up to £168,000 (1.25% of contract value) is therefore at risk should the Trust not achieve CQUIN in full.

In addition to the ICS income envelope, payments from the CCG will be uplifted to include income associated with the Practice Pharmacy Team and Local Improvement Schemes, which transferred from the CCG in 2021/22.

#### **4.2 DMBC Income**

The value of the school nursing contract with Dudley MBC is currently due to reduce in 2022/23, from £1.324m plus Agenda for Change uplifts (A4C) to £1.2m, plus A4C.

This reduction reflects an agreement made upon the transfer of the service from Shropshire Community that the efficiency target attached to the future integration of all children's services.

This planned reduction is currently under review as the integrated children's model is still under development at this stage,

#### **4.3 High Oak APMS Contract**

The provision of High Oak Surgery is contracted separately to the Trust's other NHS services, under an APMS (Alternative Provider Medical Services) contract. The majority of income under this contract is based upon patient list sizes, but approximately 15% is based upon performance of the Dudley Quality Outcomes for Health (DQOFH) contract.

#### **4.4 PCN Income**

PCN income from the provision of Additional Roles Reimbursement Scheme staff included within the plan is based on discussions with PCN regarding the required workforce for 2022/23.

#### **4.5 Other Income**

The Trust also receives income from Health Education England for IAPT trainees, which is estimated at £115,000 for planning purposes, as well as smaller contracts for the provision of medicines management and safeguarding support.

#### **4.6 Inflation**

Expenditure budgets are inflated in line with rates within the National Tariff Consultation Document, an extract of which is reproduced below, with the exception of those items for which actual cost in 2022/23 is already known. The key exceptions include pay budgets, which are inflated based upon actual staff in post as explained in the next section, and the Trust's contribution to the Clinical Negligence Scheme for Trusts (CNST), for which the Trust has already received notice of 2022/23 premiums

<b>Cost</b>	<b>Estimate</b>	<b>Cost weight</b>	<b>Weighted estimate</b>
Pay	3.0%	68.9%	2.1%
Drugs	0.9%	2.5%	0.0%
Capital	2.7%	7.1%	0.2%
CNST	-0.1%	2.3%	0.0%
Other	2.7%	19.2%	0.5%
<b>Total</b>			<b>2.8%<sup>70</sup></b>

#### **Pay Inflation**

The pay budgets for the established posts have been calculated using the actual salaries for people in post and the mid-point salary of the relevant Agenda for Change pay band for any vacant posts. All pay costs are based on the 2021/22 Agenda for Changes pay scales, with estimated pay inflation of 2% applied for 2022/23 in line with national planning guidance requirements.

Employers Pension and National Insurance contributions have been calculated on the basis of the published rates for 2022/23.

HM Revenue & Customs have published the National Insurance Employer Contribution rates for 2022/23 which increase by 1.25% as a result of the introduction of the Health and Social Care Levy, rising from 13.80% to 15.05%. Due to the level at which national insurance begins to be paid, the impact of this increase is a 1% increase in the pay bill.

NHS England and NHS Improvement (NHSEI) have confirmed that the employer contribution rate for the NHS pension scheme will remain at 20.6% of pensionable pay, with an additional administration levy of 0.08%, for the 2022/23 financial year. The Trust will continue to pay 14.38% of pensionable pay to the NHS Business Services Authority with the remaining 6.3% being funded centrally.

#### **4.7 Efficiency**

Pay budgets include a 5% vacancy factor, which equates to a target of £746,000 to be delivered in 2022/23. This is believed to be a realistic target given the current level of vacancies in the services and the potential lead time in recruiting to vacant posts. This equates to a 3.8% efficiency target on the Trust's turnover.

#### **4.8 Budget Setting Meeting Adjustments**

Following calculation of the initial financial plan budget setting meetings were held with all exec leads and budget managers. These meetings identified a small number of further adjustments, which had the net effect of reducing costs by £41,000

### **5. PCN STAFFING**

Discussions with PCNs on their requirements have been held by the Operational Managers, and confirmation provided of those initial additional roles to be added to the current workforce. These include the establishment of Mental Health First Contact Practitioners requested by PCNs.

These changes will increase the PCN Staffing budget to £5.2m and the whole time equivalent staff numbers to 112.62 wte.

### **6. IFRS16 IMPLEMENTATION**

Following the implementation of International Financial Reporting Standard 16 (IFRS 16), operating leases for premises which would previously have been charged directly to Income and Expenditure accounts must be classified as assets (for the right to use the premises) and liabilities (for lease repayments) on the Trust balance sheet. These leases are then depreciated in the same way as owned assets would be, and notional finance charges are applied to the value of the lease payments as if they represented a loan.

While this new accounting treatment has a nil net effect on I&E accounts over the course of the lease, the way notional finance costs are charged on the reducing value of the asset has the impact of increasing charges in the early years of a lease and reducing them in the later years.

The Trust operates from a number of premises which will be impacted by this change in accounting standards, in respect of which leases either are in place or will be entered into in the financial year 2022/23 and must therefore be accounted for during financial planning. The impact of this on the balance sheet and Income and Expenditure budgets is outlined below.

The impact of this change on the Trust's balance sheet will be to increase the value of assets and liabilities by £8.4m, reflecting the present value of the lease payments due on premises (or notional value where the leases are on a peppercorn basis). The table below breaks this down by building.

Premises	Opening Right of Use Asset £000	Opening Lease Liability
Cross Street Health Centre	206	(206)
Halesowen Health Centre	32	(32)
Wordsley Green Health Centre	17	(17)
Stourbridge HSCC	237	(237)
Brierley Hill HSCC	7,713	(7,713)
Tiled House*	104	(104)
Coseley Family Centre*	90	(90)
Progress Point*	28	(28)
Halesview	15	(15)
<b>Total</b>	<b>8,441</b>	<b>(8,441)</b>

\*notional value of peppercorn lease

As well as significantly increasing the size of the Trust's balance sheet, the implementation of the standard impacts upon the treatment of lease costs within Income and Expenditure accounts, with payment previously categorised as rent being replaced by depreciation and finance charges.

The table below provides a breakdown of impact of this change by building, which in the 2022/23 financial year generates depreciation charges of £688,000 and finance charges of £73,000, giving a total of £761,000. An adjustment has been entered into the plan to reflect this expense.

Premises	Current Annual Rental Value £000	Depreciation Charge £000	Finance Charge £000	Total I&E Charge £000
Cross Street Health Centre (NHSPS)	21	21	2	22
Halesowen Health Centre (NHSPS)	3	3	0	3
Wordsley Green Health Centre (NHSPS)	2	2	0	2
Stourbridge HSCC (CHP)	24	23	2	25
Brierley Hill HSCC CHP)	635	601	67	668
Tiled House*	11	10	1	11
Coseley Family Centre*	9	9	1	10
Progress Point*	14	14	0	14
Halesview	5	5	0	5
<b>Total</b>	<b>725</b>	<b>688</b>	<b>73</b>	<b>761</b>

**Additional CCG Income in respect of NHSPS/CHP Premises I&E Impact**

**(688)**

**73**

A number of these premises are operated by the NHS Property companies, NHS Property Services and Community Health Partnerships, and the rental charges for these premises totalling £688,000 are currently paid by Black Country and West Birmingham CCG. This funding will pass across to the Trust in 2022/23 as leases commence.

The total I&E impact to the Trust of the implementation of IFRS16 is therefore to increase costs by £761,000 and income by £688,000, resulting in a net cost increase of £73,000

## 7. INCOME AND EXPENDITURE PLAN

The table below shows a summary of the Trust's financial plan for 2022/23.

Division	Established WTE	Income £000	Expenditure £000	Total £000
Contract Income	0.00	(22,579)	-	(22,579)
Children & Young People	29.06	-	1,307	1,307
Mental Health & Learning Disability	83.83	(115)	3,906	3,791
Pharmaceutical & Public Health	51.30	(38)	2,769	2,731
Physical Health	22.61	-	1,574	1,574
Primary Care	9.95	-	629	629
PCN Services	88.77	(37)	3,946	3,909
Corporate Services	90.72	(57)	8,696	8,639
<b>Total</b>	<b>376.24</b>	<b>(22,825)</b>	<b>22,825</b>	<b>(0)</b>

Following the application of the assumptions and updates outlined above, the final plan presented to FPD Committee and submitted to NHSEI represented a break-even position.

## 8. BUSINESS PLANNING PROCESS

Alongside the budget setting process, the Trust has been engaged in a detailed process to finalise its Business Plan for the 2022/23 financial year.

This plan has identified a number of potential expenditure requirements, particularly in the areas of Primary Care and Digital, however in line with the requirements set out by the ICS the current assumption is that any of these developments will need to be funded through the ICS Service Development Funding (SDF) process. As such no budget has been attached to these developments at this stage.

Both Primary Care and Digital are areas where the System potentially has access to significant levels of SDF funding, and the Trust will actively pursue opportunities to seek this funding to further Business Plan objectives.

## 9. CAPITAL PLAN

The capital plan in 2022/23 is focussed entirely on digital transformation within 2022/23, and following a reprioritisation of the Trust digital programme the proposed plan is split into three broad headings:

Scheme	22/23 Plan £000
Network Infrastructure	50
Mobile Technology	40
Electronic Patient Records	143
<b>Total</b>	<b>233</b>

The delivery of these programmes will be managed through the trust's Digital Board, with progress against expenditure plans reported through to Finance, Performance and Digital Committee.

## 10. RISKS AND MITIGATIONS

### 10.1 Risks

Although the Trust financial plan represents a breakeven position, there are a number of risks to the achievement of this plan. The key risks identified to the achievement of the Trust's financial plan are identified below:

- Non achievement of the Cost Improvement Programme – The trust has a challenging CIP target of 3.8%, which is currently being met through a 5% staff turnover/vacancy factor applied to all teams. Levels of vacancy in the 2021/22 financial year, and the growth in the corporate structure, suggest this is achievable, but it remains a challenging target and there is an assessed 10% risk of non-achievement of the CIP.
- High Oak DQOFH performance – The practice's current income is based upon achievement of 80% of DQOFH. There is potential for this to be within the range of 60-100%, leading to a zero net risk.
- CQUIN Performance – the reinstatement of the CQUIN puts a portion of the Trust's ICS income at risk should CQUIN targets not be achieved. The risk of non-achievement of these targets is low, risk assessed at 20%
- Costs of integrating Chapel St Surgery – although not included in the base financial plan due to the timing of the decision to take on the practice, the financial due diligence assessed that the practice was likely to make a small loss due to its scale. The need for transformational change presents a risk of increased initial overspends, assessed at a 50% likelihood of a £20,000 pressure.
- Agency costs – the achievement of the financial plan will require a significant reduction in agency expenditure, with budgets in the majority of services being set on the basis of the wholesale elimination of agency staff and replacement with staff paid at agenda for change rates. Achieving this will require a strong focus from operational and corporate teams, and will be challenging in a number of areas, and the risk in this area is assessed at £200,000, with a 50% probability.

The above items represent a total risk in the Trust's plan of £218,000 (see table in section 10.3)

### 10.2 Mitigations

Potential actions available to the Trust to mitigate these risks include controls on pay and non-pay expenditure, additional income generation and bidding for external funds to support costs. The key measures are:

- Vacancy controls – should achievement of the vacancy factor be at risk, the Trust has the option to put in place a vacancy control process, holding back the recruitment of staff to non-critical vacancies to ensure the vacancy factor is met. This has the potential to fully mitigate the risk of non-achievement of the CIP, although at a risk to the delivery of the Trust's wider Business Plan
- Additional income generation – DMBC contract – as noted above, the School Nursing contract value is due to reduce by £125,000 in this financial year, of which £100,000 relates to a CIP on children's services not operated by the Trust. The Trust is in negotiation with Dudley MBC to remove this excess CIP, with an assessed 50% chance of success.
- Primary Care SDF bids – a number of the areas where the Trust faces risks fall within areas where Primary Care SDF funding may be available, for example the GP Resilience Programme funding is designed for troubled practices such as Chapel Street Surgery. The Trust will seek to maximise income opportunities from these funding sources and includes risk assessed mitigations of £20,000 in respect of this.



### 10.3 Risks and Mitigations Summary

As seen in the table below, the level of risk within the plan totals £1.134m, with a risk assessed value of £218.2m. The Trust has been able to identify mitigations with a risk assessed value of £219,000, a full mitigation of risks within the plan.

Risk	Value £000	Probability (%)	Risk Assessed Value £000
Non-Achievement of CIP	746	10%	75
High Oak Reduced DQOFH Performance	20	30%	6
High Oak Increased DQOFH Performance	-20	30%	-6
CQUIN Performance Risk	168	20%	34
Costs associated with Chapel St GMS Contract	20	50%	10
Agency expenditure	200	50%	100
<b>Total Risks</b>	<b>1134</b>		<b>218.2</b>

Mitigation	Value £000	Probability (%)	Risk Assessed Value £000
Vacancy Control	149	100%	149
Income generation- DMBC school nurses	100	50%	50
Primary Care SDF bids	40	50%	20
<b>Total Mitigations</b>	<b>289</b>		<b>219</b>

<b>Net Risks and Mitigations</b>	<b>845</b>		<b>-0.8</b>
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### 11. RECOMMENDATION

It is recommended that the Board be assured by the process followed and the decision made at the FPD Committee on the 21<sup>st</sup> April 2022 to approve the financial plan prior to the submission to NHSEI on the 28<sup>th</sup> April 2022

## DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

TITLE OF REPORT:	Board Assurance Framework and Corporate Risk Register											
PURPOSE OF REPORT:	To review the BAF and Corporate Risk Register											
AUTHOR OF REPORT:	Elaine Doyle, Trust Secretary											
DATE OF MEETING:	5 <sup>th</sup> May 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 to develop the 2022/23 strategic risks. Considerable work has been undertaken in recent months on formalising the strategic direction and developing the supporting objectives, the Board are asked to be aware of the impact on the current strategic and corporate risks. The 2022/23 Business Plan is will be approved by the Board, in private session, at this meeting, with the associated risks being approved by the Executive Committee during May. The renewed risk portfolio will be presented to the Board following review by the Committees, Audit and Risk Committee in May will be considering the risk management process and will report the findings to the Board in June. The eight strategic risks within the BAF and the three changes to the existing scores, as recommended by the committees are reported below:</p> <table><tr><th>BAF Strategic Risks</th><th>Current Risk Score</th><th>New Risk Score</th></tr><tr><td>BAF 001 – Impact of the ICP contract not being awarded, or significantly delayed</td><td>Moderate 12 (4x3)</td><td>Moderate 12 (4x3)</td></tr><tr><td>BAF 002 - Insufficient resources in place to safely and effectively manage and improve existing services</td><td>Very Low 4 (2x2)</td><td>Very Low 4 (2x2)</td></tr></table>			BAF Strategic Risks	Current Risk Score	New Risk Score	BAF 001 – Impact of the ICP contract not being awarded, or significantly delayed	Moderate 12 (4x3)	Moderate 12 (4x3)	BAF 002 - Insufficient resources in place to safely and effectively manage and improve existing services	Very Low 4 (2x2)	Very Low 4 (2x2)
BAF Strategic Risks	Current Risk Score	New Risk Score										
BAF 001 – Impact of the ICP contract not being awarded, or significantly delayed	Moderate 12 (4x3)	Moderate 12 (4x3)										
BAF 002 - Insufficient resources in place to safely and effectively manage and improve existing services	Very Low 4 (2x2)	Very Low 4 (2x2)										

	BAF 003 - Insufficient resources and systems in place to safely and effectively manage the potential transfer of additional services	Low 9 (3x3)	Low 9 (3x3)
	BAF 004 - Governance arrangements not as connected, adaptable, agile, responsive or supportive of the innovation and transformation	Moderate 12 (4x3)	Low 9 (3x3)
	BAF 005 - The Trust is unable to meet demand in relation to the COVID-19 response	Moderate 12 (4x3)	Low 9 (3x3)
	BAF 006 - The Trust is unable to effectively engage with its system partners and demonstrate appropriate system leadership	Low 9 (3x3)	Low 9 (3x3)
	BAF 007 - Financial sustainability will be impacted by future changes to the NHS financial regime	High 16 (4x4)	Moderate 12 (4x3)
	BAF 008 - The Trust can't recruit, train and retain the appropriate innovative workforce	Low 9 (3x3)	Low 9 (3x3)
<p>All risks are being formally reviewed by the Executive during May and recommendations presented to committees.</p> <p>As previously reported 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>During April the focus has been to review the existing corporate risk portfolio and completing an 'aged risk review', this has resulted in several risks transferring from the Strategy and Transformation Committee to the Finance, Performance and Digital and People Committees. Further risks have been placed on hold pending further review including consideration as to whether the risks should be recommended for closure, these include the risks relating to the system wide commitment to deliver an integrated model of care for Dudley and risks relating to the ICP contract.</p> <p>Following review of the corporate risks during April 2022 by the Executive Team and in committee, the Board are asked to note that the changes to risk scores that have been recommended by Committees, and the one risk that has been recommended for closure. The supporting information in the attached paper and in summary below:</p>			
Corporate Risk recommended for Closure:			
T-037 – 'Risk of delay/protracted HR consultation periods and risk of delay resulting from any Trade Union disputes for potential staff transfers			People Committee
Appendix 1 details the eight strategic risks and maps the corporate risks to the strategic objectives.			

	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.
<b>RECOMMENDATION:</b>	<ul style="list-style-type: none"> <li>• Approve the BAF Strategic Risk scores as recommended by the Committees</li> <li>• Approve the closure of the Corporate Risk as recommended by the Committees</li> <li>• Take assurance on the ongoing work to align the strategic and corporate risks to the current priorities and strategic direction and receive the updated Board Assurance and Corporate Risk Register in June</li> </ul>
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	None identified
<b>ACTION REQUIRED:</b>	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 portfolio of strategic and corporate risks, including an 'aged risk' review is ongoing and the work so far reported through committees, with a number of recommendations being made. This has included, updated risk scores, closure of risks and transferring of several risks from the Strategy and Transformation Committee to the People Committee and the Finance, Performance and Digital Committee. In addition, risks specifically relating to the Award of the ICP and associated transfers of community services have been placed on hold and will be reviewed by the Executive with any further recommendations, including closure being brought to the Board in June.

As previously reported, following the commitment by the Dudley system to deliver a co-produced place-based model of care, aligned to the national guidance, the ICS has assured DIHC that risks to the sustainability of DIHC will be managed at a system level and are now being taken forward as part of the system discussions as part of the development of Place. These risks have now been included in the current state risk assessment for Place Based Arrangements and are being managed at a system level through the system leadership meetings and reported separately to the BAF and Corporate Risk register, however, the impact of scores, mitigations, controls and assurances will be reflected in the related strategic and corporate risks and as such a flag has been placed on the corporate risk register.

A further Board Development Day took place on 27<sup>th</sup> April 2022 to finalise the strategic priorities for 2022/23. The 2022/23 Business Plan will be approved by the Board, in private session, at this meeting, with the associated risks being approved by the Executive Committee during May. The renewed risk portfolio will be presented to the Board following review by the Committees, Audit and Risk Committee in May will be considering the risk management process and will report the findings to the Board in June. In the interim, the proposed changes to the existing Strategic Risks within the BAF are reported in this paper.

### 2. BAF and Corporate Risk Register Summary Position

Appendix 1 details the eight strategic risks and maps the corporate risks to the strategic objectives.

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.

The eight strategic risks reported through the Board Assurance Framework as follows:

BAF Strategic Risks	
BAF 001 – Impact of the ICP contract not being awarded, or significantly delayed	Moderate 12 (4x3)
BAF 002 - Insufficient resources in place to safely and effectively manage and improve existing services	Very Low 4 (2x2)
BAF 003 - Insufficient resources and systems in place to safely and effectively manage the potential transfer of additional services	Low 9 (3x3)
BAF 004 -Governance arrangements not as connected, adaptable, agile, responsive or supportive of the innovation and transformation	Low 9 (3x3)

BAF 005 - The Trust is unable to meet demand in relation to the COVID-19 response	Low 9 (3x3)
BAF 006 - The Trust is unable to effectively engage with its system partners and demonstrate appropriate system leadership	Low 9 (3x3)
BAF 007 - Financial sustainability will be impacted by future changes to the NHS financial regime	Moderate 12 (4x3)
BAF 008 - The Trust can't recruit, train and retain the appropriate innovative workforce	Low 9 (3x3)

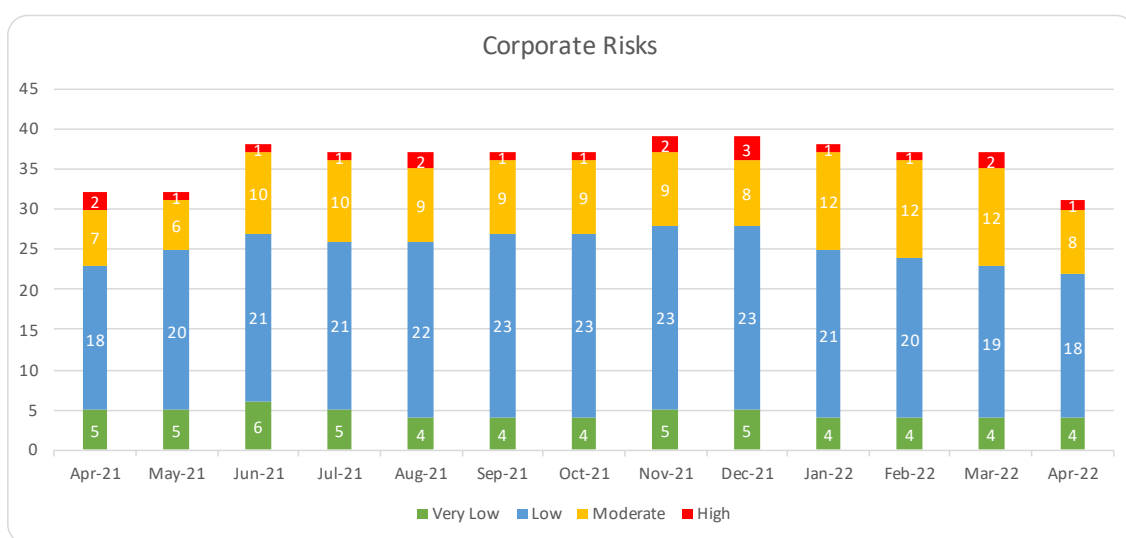
Below is a table showing the overall number and grade of risks and by domain held on the Board Assurance Framework and Corporate Risk Register, followed by a heat map of the eight strategic risks as recommended by the committees.

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	1	5	2	0	
No of Corporate Risks	4	18	8	1	

Heat Map of BAF Current Score						
		CONSEQUENCE				
		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
LIKELIHOOD	1. Rare	1	2	3	4	5

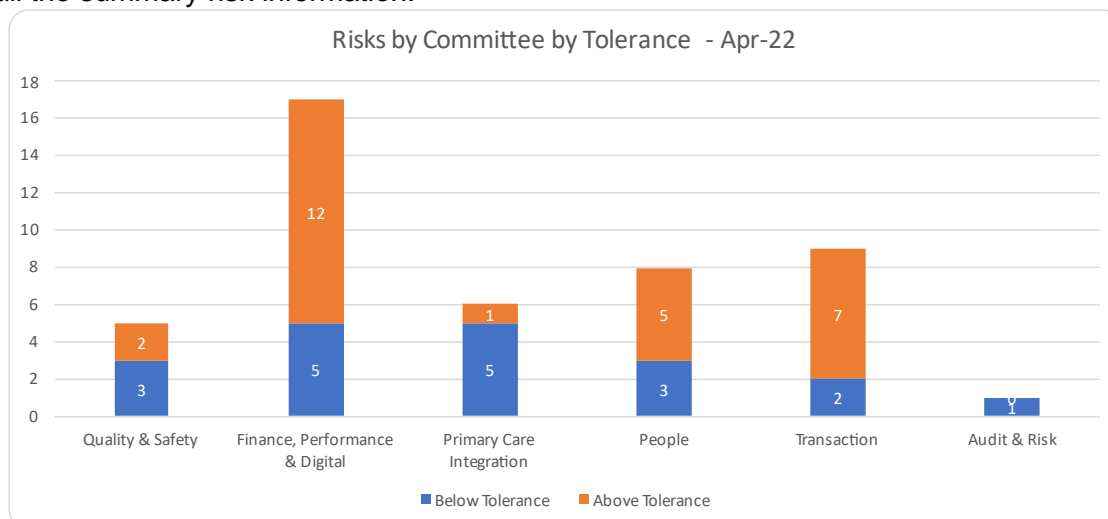
	2. Unlikely	2	4	6	8	10
	3. Possible	3	6	9	12	15
	4. Likely	4	8	12	16	20
	5. Almost Certain	5	10	20	20	25

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



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

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





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

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

### 3. Recommended Changes to the BAF Strategic Risks

Following robust review of the strategic risks during April 2022, the Board are asked approve the following recommended changes as proposed by the Committees.

Proposed Changes to the BAF Strategic Risks			
Quality and Safety Committee 19 <sup>th</sup> April	BAF-004 There is a risk the governance arrangements that are put in place to manage the business and its planned development are not as connected, adaptable, agile, responsive or supportive of the innovation and transformation required to meet our strategic objectives; this could result in a decision-making process that is slow, leading to a failure to deliver clinical services effectively and efficiently and potentially could impact on patient safety	<i>Current Risk Score:</i> Moderate 12 (4x3)  <i>Proposed Risk Score:</i> 3 x 3 (9) Low	This reduction has been proposed to reflect the current position on the clinical governance arrangements supported by internal audit significant assurances including Partnership working with PCNs, Dudley School Health Services Integration and the Quality Framework. The findings of the CQC Readiness programme and supporting Action Plan was reported to the Board in Development Session on 27 <sup>th</sup> April.
Quality and Safety Committee 19 <sup>th</sup> April	BAF-005 There is a risk that the Trust unable to meet demand in relation to the COVID-19 response	<i>Current Risk Score:</i> Moderate 12 (4x3)	This decrease in score reflects the current evidence on impact of the pandemic on both services and workforce, the stepping up of services including the Winter Hub and increased access and RSV Treatment Centre, as

		<i>Proposed Risk Score:</i> 3 x 3 (9) Low	well as the suite of well-being support for staff.
Finance, Performance and Digital Committee 21 <sup>st</sup> April	BAF-007 There is a risk that our financial sustainability will be impacted by future changes to the NHS financial regime, which could see resources diverted from our trust and result in significant financial / cost pressures	<i>Current Risk Score:</i> High 16 (4x4)  <i>Proposed Risk Score:</i> Moderate 12 (4x3)	This decrease in score reflects the current position, the recognition that risks to the sustainability is a system risk, supported by a surplus position for 2021/22 and break even draft financial plan for 2022/23. The moderate score reflects the position of the system including current discussions on the shared risks and access to the shared development funds to enable us to implement operational plans.  There will be a further recommendation to the committee in May to include only one strategic risks on sustainability, effectively merging BAF-007 and BAF-002 Insufficient resources.

#### 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, 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.	Service Risk Register created with no risks to escalate at this time.  Finance, Performance and Digital Committee	The Chief Operating Officer has committed to providing a deep dive report on IAPT to the relevant Committees.  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, with discussions ongoing at the ICS Mental Health Programme Board.

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

Focus during May 2022 will be to complete the review of the risk strategy and supporting processes. The risk management process defines how all risks are reported and escalation procedures, including those risks arising from the due diligence or QIA processes, strategic developments including that of Primary Care and how services are using Datix for the reporting of the service level risks.

The refresh of the Board Assurance Framework is well underway and there will be some changes following the approval of the 2022/23 Business Plan by the Board in May.

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 interim assessment is significant assurance as reported to the Audit and Risk Committee during February and April.

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 strengthened to explicitly include escalation of operational and service risks which are recorded on Datix.

A plan with supporting timeline for migration of the Corporate Risks to Datix 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 will be included as part of this plan but assurance taken that the existing system is robust enough to remain unchanged as confirmed by the internal audit review.

# Dudley Integrated Health and Care NHS Trust - Board Assurance Strategic Risks

Appendix 1 Board Assurance Strategic Risks

Latest Month: Apr-22

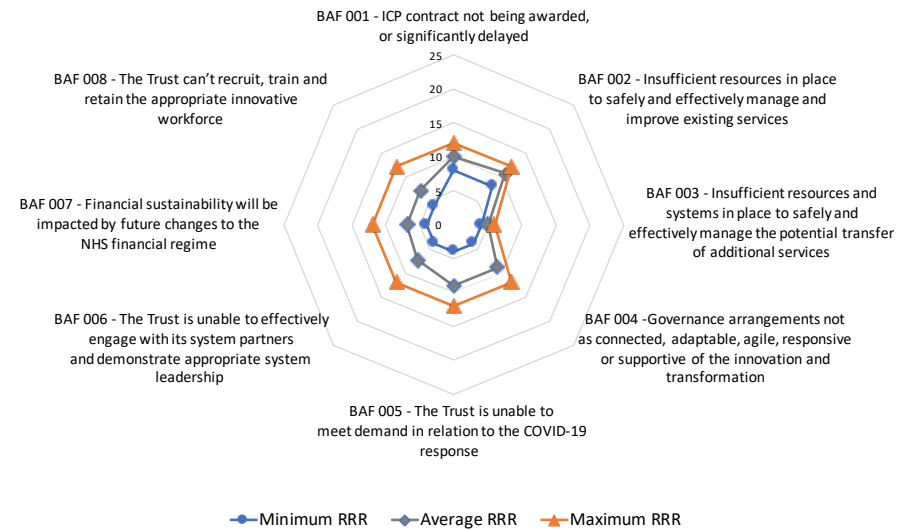
BAF Risk No	BAF Strategic Risk	Strategic Objective	Average RRR	Maximum RRR	Minimum RRR
BAF-001	BAF 001 - ICP contract not being awarded, or significantly delayed	SSO1: Award of the ICP Contract	10.00	12	8
BAF-002	BAF 002 - Insufficient resources in place to safely and effectively manage and improve existing services	SSO2: Integrate and develop existing systems	10.67	12	8
BAF-003	BAF 003 - Insufficient resources and systems in place to safely and effectively manage the potential transfer of	SSO3: Safe transfer of future services	5.00	6	4
BAF-004	BAF 004 - Governance arrangements not as connected, adaptable, agile, responsive or supportive of the innovation and	SSO5: Establish robust governance arrangements	9.00	12	4
BAF-005	BAF 005 - The Trust is unable to meet demand in relation to the COVID-19 response	SSO7: Maintain effective contribution to system response to Covid-19	9.00	12	4
BAF-006	BAF 006 - The Trust is unable to effectively engage with its system partners and demonstrate appropriate	SSO8: Establish the Trust as a key clinical and system partner	7.45	12	4
BAF-007	BAF 007 - Financial sustainability will be impacted by future changes to the NHS financial regime	SSO9: Make efficient and effective use of financial, workforce and estate resources	6.92	12	4
BAF-008	BAF 008 - The Trust can't recruit, train and retain the appropriate innovative workforce	SSO4: Define the future organisation	7.00	12	4

## Commentary:

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

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

## Latest Month:



**Dudley Integrated Health and Care NHS Trust - Corporate Risk Register**

Appendix 2 Corporate Risks ABOVE Tolerance


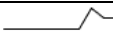










Latest Month: Apr-22

Ref	Domain	Committee	Accountable Director (Risk Sponsor)	RISK OF:	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Movement	Trend	Target Risk Rating(L x I)	Above or Below Tolerance	
C-106	Safety	People	Steph Cartwright	Not having approval from NHSEI to recruit substantively to key posts	12	12	12	8	8	8	8	8	12	12	12	12	➡		5	Above	
C-107	Partnerships	Strategy and Transformation	Steph Cartwright	Insufficient system-wide support for DIHC	8	12	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	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	Strategy and Transformation	Steph Cartwright	Risk of lack of system alignment	8	12	12	12	12	12	12	12	12	12	12	12	➡		4	Above	
C-030	Workforce	People	Steph Cartwright	Risk of significant vacancy factors and concerns in staff groups 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-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 ICB	9	9	9	9	9	9	9	9	9	9	6	6	➡		4	Above	
T-033	Commercial	F, P & D	Matt Gamage	Negotiation of terms with supply chain organisations not finalised	8	8	8	8	8	8	8	8	12	12	12	6	⬆		4	Above	
C-053	Sustainability	F, P & D	Matt Gamage	Risk of cash not being received on a timely basis, leading to DIHC 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	0	6	6	➡		4	Above	
T-047	Reputational	Strategy and Transformation	Steph Cartwright	Failure to engage and communicate with patients, staff and the public on DIHC 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	F, P & D	Matt Gamage	Risk to the health care estates function due to insufficient capital funding	6	6	6	6	6	6	6	6	6	6	6	6	➡		4	Above	
C-046	Quality	People	Steph Cartwright	Risk of failure to identify and manage cultural differences between organisations coming together 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	12	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	16	16	12	12	12	12	➡		4	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	0	0	0	0	0	0	0	0	0	0	0	16	16	➡		9	Above

**Dudley Integrated Health and Care NHS Trust - Corporate Risk Register**

Appendix 3 Corporate Risks WITHIN OR BELOW Tolerance

Latest Month: Apr-22

Ref	Domain	Committee	Accountable Director (Risk Sponsor)	RISK OF:	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Movement	Trend	Target Risk Rating (L x I)	Above or Below Tolerance
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	9	9	9	9	9	9	9	9	9	9	9	9	→		9	Below
C-101	Workforce	People	Philip King	Risk of COVID-19 affecting staff	12	12	12	12	12	12	12	20	16	16	16	12	↑		12	Below
C-057	Sustainability	F, P & D	Matt Gamage	Risk of reduction in annual payments due to factors beyond the control of DIHC	9	9	9	9	9	9	9	9	9	9	6	6	→		6	Below
C-084	Quality	Strategy and Transformation	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-045	Infrastructure	F, P & D	Matt Gamage	Risk of occupation/lease agreements for required premises are not in place	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	6	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	0	8	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	6	6	6	6	6	6	6	6	6	6	6	→		8	Below
C-205	Reputational	PCI	Philip King	Lack of infrastructure for ARRS staff including IT, accommodation, supervision and management	0	6	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	12	12	12	12	12	6	6	6	6	6	6	→		9	Below

# DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST

## PUBLIC BOARD

<b>TITLE OF REPORT:</b>	Report from Joint Medical Directors
<b>PURPOSE OF REPORT:</b>	To update the Board on activity within the Medical Directorate
<b>AUTHOR OF REPORT:</b>	Dr Lucy Martin / Dr Richard Bramble
<b>DATE OF MEETING:</b>	5th May 2022
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• The second 2-day Capgemini event is happening on 10 and 11 May to agree the Clinical Model for Dudley Place.</li> <li>• On 1.5.22 DIHC moves from providing a Management Agreement for Chapel Street Surgery in Lye to providing GMS through a Subcontract</li> <li>• PCN Clinical Directors have asked DIHC to develop further support offers to Primary Care in 4 areas: <ul style="list-style-type: none"> <li>• DQOFH</li> <li>• Extended Access</li> <li>• IIF</li> <li>• Phlebotomy</li> </ul> </li> <li>• We have had exploratory conversations with PCNs in other Places within our System to look at what support DIHC could offer them.</li> <li>• DIHC's provision of the Winter Access Hub is being used the NHSEI regional team "as a top case study for the region" evaluating utilisation of the Winter Access Fund.</li> </ul>
<b>RECOMMENDATION:</b>	The Board accepts the report as assurance
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	Previously declared COI Dr Richard Bramble, Dr Lucy Martin as GP Partners in Dudley and shareholders at FutureProof Health
<b>ACTION REQUIRED:</b>	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>



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

The next two workshop days on 10<sup>th</sup> & 11<sup>th</sup> May will decide on how we can work together in our respective organisations to enact the integration vision that was agreed in March. DIHC is actively contributing through a Sponsor Group preparing for the event. We are taking a group of 10 clinicians to the second event with the expectation that we will emerge with a high degree of clarity on the capabilities of the Dudley system, ways of working, integration, outcomes & KPIs, enablers, governance and the roles of organisations.

### **Chapel Street Surgery, Lye**

On 1<sup>st</sup> May 2022 Dr Richard Bramble becomes a partner to the General Medical Services (GMS) Contract at Chapel Street. Through a carefully reviewed subcontract DIHC will then assume the rights and responsibilities of that contract, including CQC, employment, service performance, quality and safety.

### **PCN and Primary Care Support**

Through the Primary Care Integration Committee DIHC continues to work well with Dudley practices and PCNs. PCN CDs have asked us to continue to develop and support "Dudley Quality Outcomes for Health" (DQOFH). This is a framework of indicators that rewards practices for work done to improve patient care in the areas of access, audit, quality improvement, primary prevention, secondary prevention and long-term condition management. With a few exceptions DQOFH indicators have not been live during the pandemic and the framework was last reviewed over 2 years ago. There is a need to review the indicators and thresholds. There is also a need to improve the IT support for practices as this system is embedded within their electronic patient records (EPR). This task is made much easier by the recent recruitment of two EPR IT specialists.

The 2022-23 Network Contract DES aligns two previous Directed Enhanced Services known as "Extended Hours" and "Extended Access" which both provided incentives to practices for providing appointments before 08:00 or after 18:30 or at weekends. DIHC is working with the PCN CDs to create an equitable and efficient provision for all Dudley patients.

The 2022-23 Network Contract DES also expands the "Investment and Impact Fund" (IIF) – see table below. The aims of the IIF align strongly with DIHC's aims in the areas of tackling Health Inequalities, Prevention, Access and Sustainability. DIHC already provides significant support to the PCNs in many of these areas – for example, Dudley already has high rates of hypertension and AF diagnosis through the previous efforts of our pharmacy teams, and our pharmacists carry out most Structured Medication Reviews. As well as service provision, DIHC provides commissioning support to PCNs in the area "Enhanced Health in Care Homes", which sits alongside DIHC's existing commissioning responsibilities for patients living in Care Homes.

### **Primary Care Collaborative**

DIHC is a member of the Black Country Primary Care Collaborative. We are at the early stages of exploring how DIHC NHS Trust could support Primary Care across our system.

### **Winter Access Hub**

The Board received a presentation last month from the Winter Access Hub, which provides around 300 Primary Care appointments each week. Most referrals are from Dudley practices, with 111 and the Urgent Treatment Centre at Russells Hall also making frequent referrals. Utilisation has been very high (94%). This level of service enabled BCWB CCG to suggest us to NHSEI regional transformation team who were, "... pleased to inform [the CCG] that the regional team would like to use the Case Study submitted by Dudley Integrated Health & Care as a top case study for the region."

Lucy Martin and Richard Bramble  
25<sup>th</sup> April 2022

# Quality and Safety Report

Reporting period: March 2022

**Reported to:** April 2022, Quality and Safety Committee

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

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 <b>inconsistently passing and falling</b> short of the target	Variation indicates consistently <b>(P)assing</b> the target	Variation indicates consistently <b>(F)alling</b> short of the target

Statistical Process Chart (SPC)

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

# Summary

## Data / Quality Indicators

- No Serious Incidents reported this period
- Eight formal complaints reported this period and relate to 4 different services – there does not appear to suggest a trend or cause for concern.

## Other

- Safeguarding performance data has been included. The Trust were delegated the responsibility for managing the section 42 process on behalf of the CCG
- An engagement event was held with the patient opportunity panel to discuss the Trusts Quality priorities for 2022/2023

## Recommendations

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



# DIHC Performance Scorecard 2021/22

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	YTD	Target	Variation	Assurance
Q&S	Feedback	Mental Health Friends and Family Test – % Positive	Local	Mar 2022	100%	99.62%	100%		
		Mental Health Friends and Family Test – % Positive (Qtr)	Local	Mar 2022	100%	99.62%	100%		
		Feedback - Informal Concern	Local	Mar 2022	4	20	-		
		Feedback - Compliments	Local	Mar 2022	6	47	-		
		Feedback - Complaints	Local	Mar 2022	8	31	-		
	Incidents	Duty of Candour	National	Nov 2021	100%	100%	100%		
		Occurrence Of Any Never Event	National	Mar 2022	0	0	-		
		Incidents	Local	Mar 2022	14	138	-		
		Serious Incidents	Local	Mar 2022	0	1	-		
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	Mar 2022	100%	100%	-		
	Q&S	CQC Rating - Community MH Services	Local	Apr 2020	2	2	-		
		CQC Rating - High Oak Surgery	Local	Apr 2020	2	2	-		
	Safeguarding	Number of Safeguarding Concerns - Adults	Local	Mar 2022	75	635	-		
		Number of Safeguarding Concerns - Child	Local	Mar 2022	17	130	-		
		Number of Safeguarding Concerns - Age unknown	Local	Mar 2022	0	162	-		
		Number of SARs - Open	Local	Mar 2022	5	5	-		
		Number of CSPRs - Open	Local	Mar 2022	2	2	-		
		Number of S42s - Open	Local	Mar 2022	6	6	-		
		Number of S42s - Overdue	Local	Mar 2022	4	4	-		

otnotes

# DIHC Performance Scorecard 2021/22

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	YTD	Target	Variation	Assurance
Operational Performance	High Oak Surgery	Total Vaccinated - Covid 1st Dose %	Local	Mar 2022	69.13%	69.13%	-		
		Total Vaccinated - Covid 2nd Dose %	Local	Mar 2022	63.63%	63.63%	-		
		Total Vaccinated - Covid Booster Dose %	Local	Mar 2022	47.83%	47.83%	-		
		Total Vaccinated - Flu %	Local	Mar 2022	55.23%	55.23%	-		
		% Vaccinated - Hexavalent 6 in 1 (6 mths) - 1st dose	Local	Feb 2022	100%	100%	90%		
		% Vaccinated - Hexavalent 6 in 1 (6 mths) - 2nd dose	Local	Feb 2022	100%	94.74%	90%		
		% Vaccinated - Hexavalent 6 in 1 (6 mths) - Booster	Local	Feb 2022	66.67%	89.47%	90%		
		% Vaccinated - MMR (2 yrs) - 1st dose	Local	Feb 2022	100%	93.02%	90%		
		% Vaccinated - MMR (5 yrs) - 1st dose	Local	Feb 2022	100%	96.97%	90%		
		% Vaccinated - MMR (5 yrs) - 2nd dose	Local	Feb 2022	100%	90.91%	90%		
		% Vaccinated - DTaP/IPV Booster (5 years)	Local	Feb 2022	100%	90.91%	90%		
		% Vaccinated - Men B (12 mths) - 1st dose	Local	Feb 2022	100%	98.21%	90%		
		% Vaccinated - Men B (12 mths) - 2nd dose	Local	Feb 2022	66.67%	94.64%	90%		
		% Vaccinated - Men B (18 mths) - 1st dose	Local	Feb 2022	83.33%	98%	90%		
		% Vaccinated - Men B (18 mths) - 2nd dose	Local	Feb 2022	83.33%	94%	90%		
		% Vaccinated - Men B (18 mths) - Booster	Local	Feb 2022	66.67%	90%	90%		
		% Vaccinated - Rotarix - 1st dose	Local	Feb 2022	100%	97.37%	90%		
		% Vaccinated - Rotarix - 2nd dose	Local	Feb 2022	100%	94.74%	90%		

## Footnotes

# Incidents

Incidents



Mar 2022  
Date

14  
Value

-  
Target

Common Cause  
Variation

No Target  
Assurance

Duty of Candour



Nov 2021  
Date

100%  
Value

100%  
Target

Serious Incidents

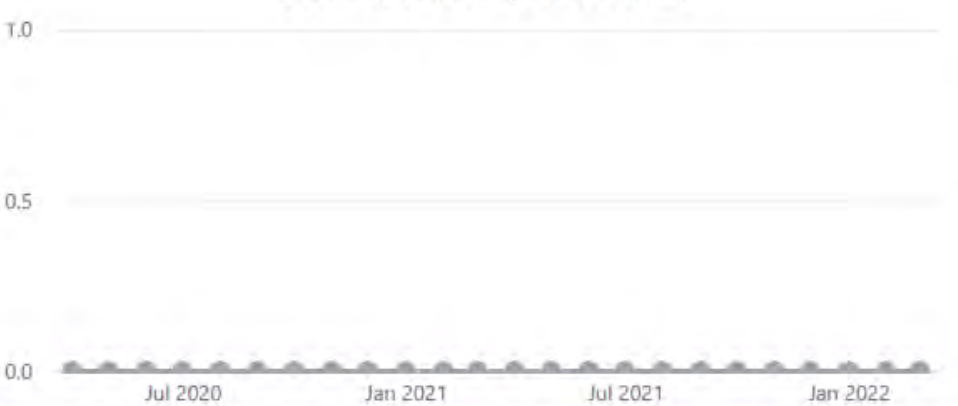


Mar 2022  
Date

0  
Value

-  
Target

Occurrence Of Any Never Event



Mar 2022  
Date

0  
Value

-  
Target

## Service comments

## Actions

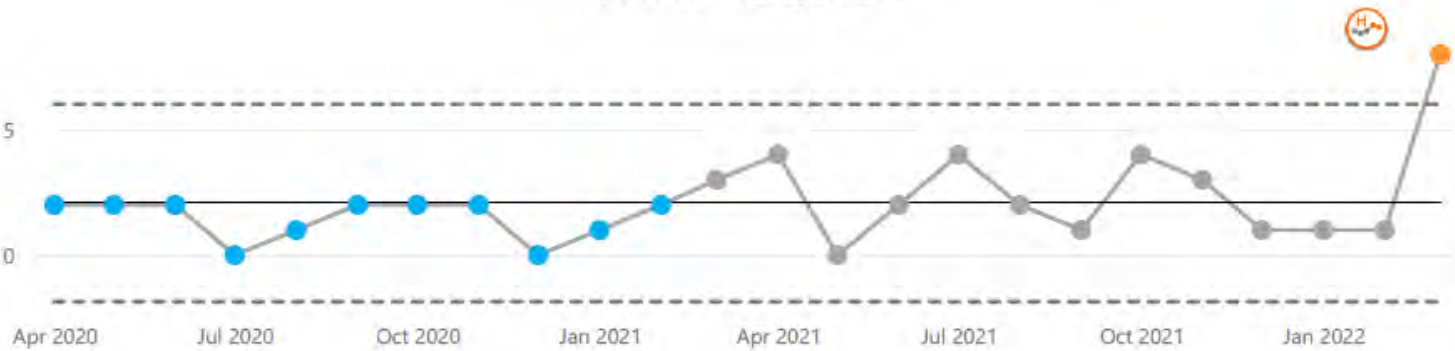
Staff support offered via the people team. A review of needs for conflict resolution training is taking place.

Vexatious complainant policy invoked on one occasion



# Feedback

Feedback - Complaints



Mar 2022

Date

8

Value

-

Target

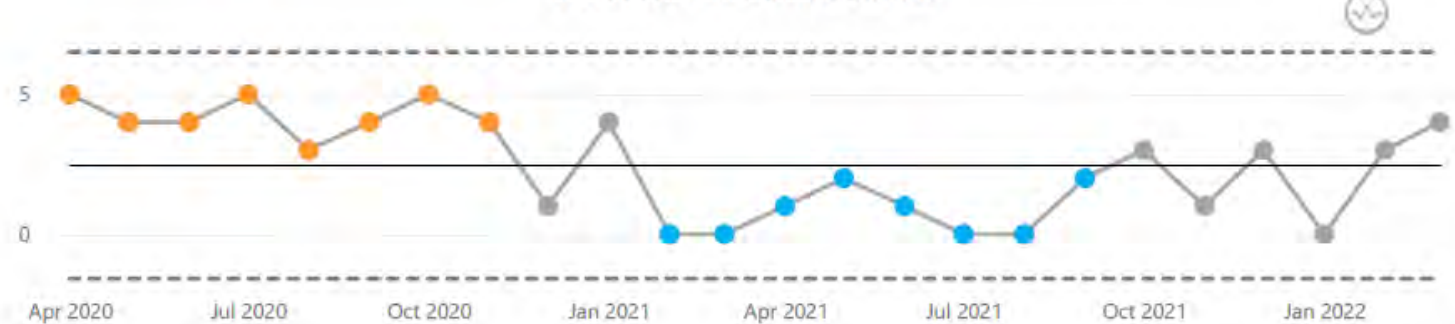
Concern

Variation

No Target

Assurance

Feedback - Informal Concern



Mar 2022

Date

4

Value

-

Target

Common Cause

Variation

No Target

Assurance

Feedback - Compliments



Mar 2022

Date

6

Value

-

Target

Common Cause

Variation

No Target

Assurance

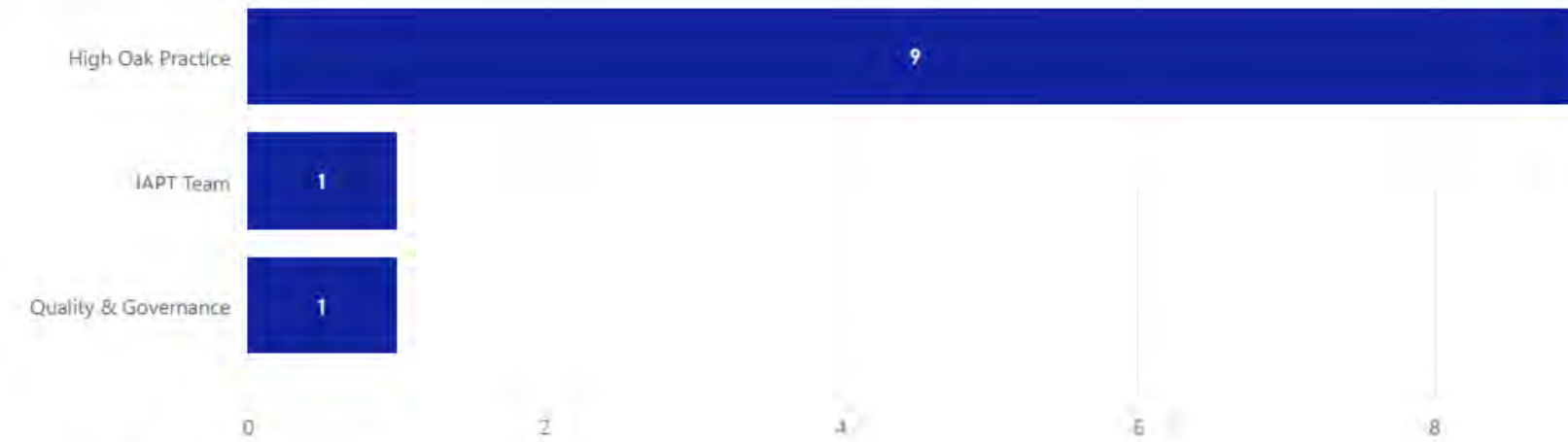
## Service comments

## Actions

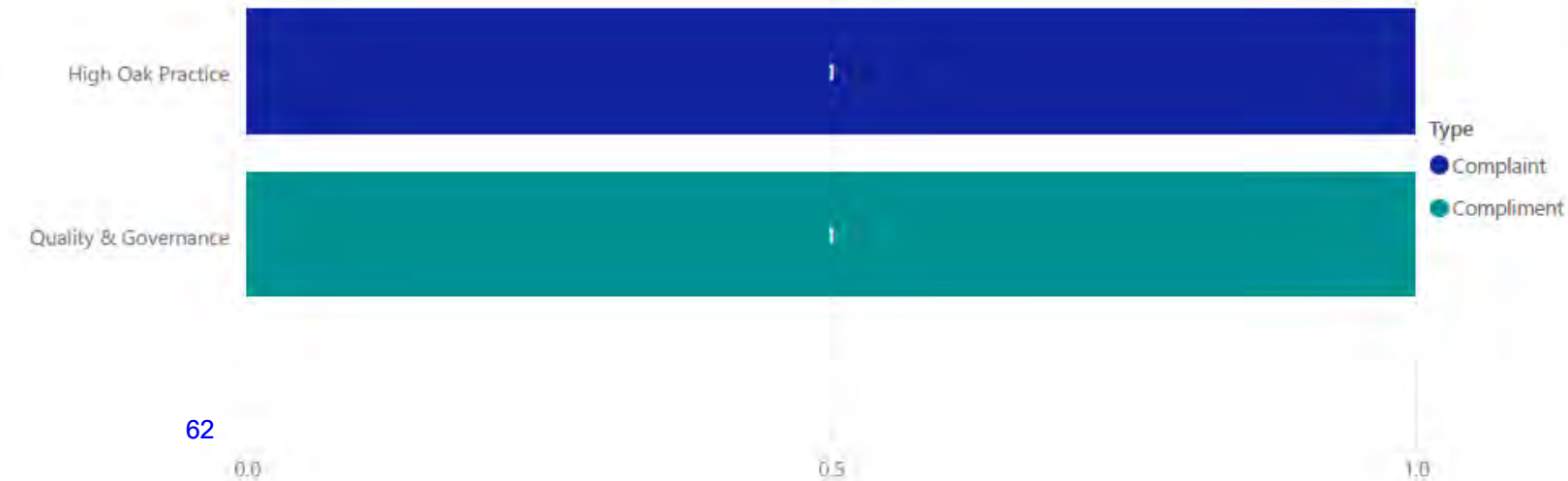
- Responses are currently being collated and analysed from a patient satisfaction survey launched in February to obtain feedback from patients using the Winter Hub; to date, 338 responses have been received.

# Incidents and Feedback Closed Within: March 2022

## Incident Closed by Service



## Feedback Closed by Service



## Key Lessons Learnt

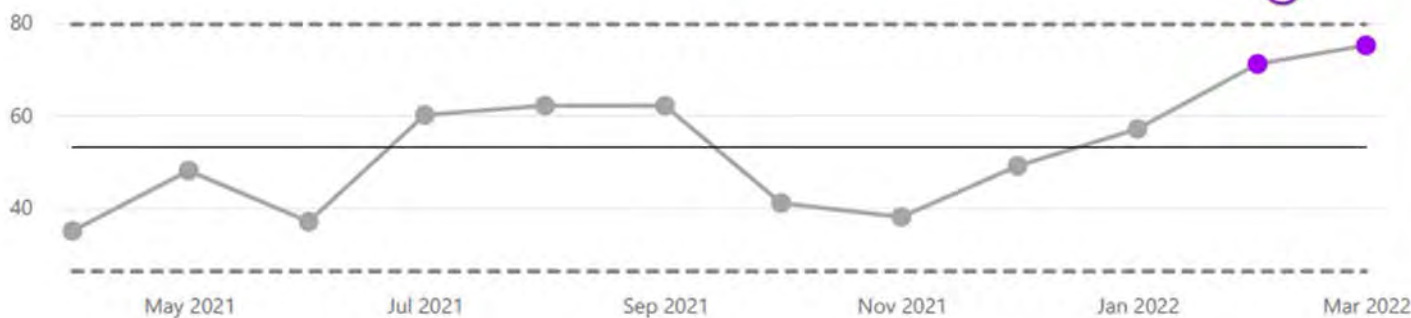
## Actions

The nurse mentor has provided additional support and supervision

# SAFEGUARDING

# Safeguarding

Number of Safeguarding Concerns - Adults



Mar 2022

Date

75

Value

-

Target

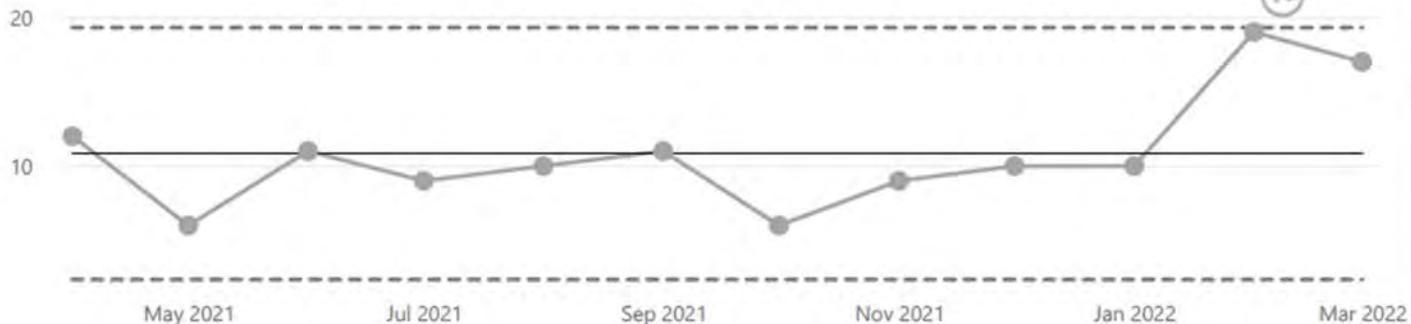
Neither

Variation

No Target

Assurance

Number of Safeguarding Concerns - Child



Mar 2022

Date

17

Value

-

Target

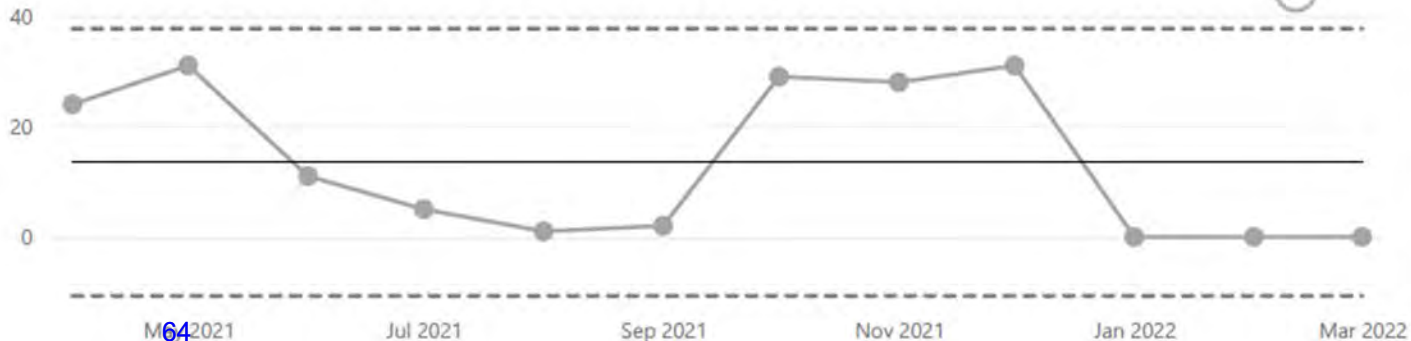
Common Cause

Variation

No Target

Assurance

Number of Safeguarding Concerns - Age unknown



Mar 2022

Date

0

Value

-

Target

Common Cause

Variation

No Target

Assurance

## Service comments

## Actions

The Datix training also explained the importance of logging the age of the individual in order to be able to escalate as appropriate. Since training this has significantly improved.

# COVID VACCINATIONS – Patients (High Oak Surgery)

- Covid vaccination programme at High Oak continues; latest uptake data (as of 31/03/2022):

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	183	95%	94%	92%	6	4
03. Age 75-79y (excl care home)	109	94%	92%	88%	3	4
04. Age 70-74y or Covid High Risk (excl care Home)	336	93%	92%	80%	7	15
05. Age 65-69y (excl Care home)	135	96%	95%	88%	2	4
06. Age 16-64y with UHC (excl care home)	571	86%	82%	67%	11	73
07. Age 60-64y or UHC (excl care home)	88	100%	90%	77%	2	7
08. Age 55-59y (excl care home)	126	91%	89%	75%	2	8
09. Age 50-54y (excl care home)	147	87%	85%	63%	3	17
10. Age 40-49y (excl care home)	273	81%	78%	56%	2	51
11. Age 30-39y (excl care home)	512	72%	65%	41%	17	128
12. Age 18-29y (excl care home)	446	68%	57%	24%	5	137
13. Age 16-18y, no UHCs	75	47%	27%	4%	0	39
14. Age 12-15y with specific UHC or household contact	12	58%	25%	0%	0	5
15. Age 12-15y no UHCs	197	43%	13%	0%	2	110
16. Age 5-11y with specific UHC or household contact	19	0%	0%	0%	0	19
17. Age 5-11y no UHCs	455	0%	0%	0%	0	455

Age groups exclude care homes unless otherwise stated

UHC – underlying health conditions

HSC – health and social care

# FLU VACCINATIONS – Patients (High Oak Surgery)

- 2021/22 Flu vaccination programme now complete; analysis of programme currently being undertaken to identify opportunities for learning and improvement
- Final uptake data (as of 31/03/2022):

Age Group	Total Population Per Age Group	Total Vaccinated	% Vaccinated	Total Patient Declined	Total Vaccinated Elsewhere
Over 65 years	603	459	76%	71	80
6m-under 65 years (exc 2-3y) AT RISK	579	301	52%	44	100
50 years-under 65 years NOT AT RISK	447	168	38%	27	77
2 years - under 4 years Nasal Flu	118	41	35%	14	0
Pregnant Patients	22	8	36%	1	2
<b>Total</b>	<b>1769</b>	<b>977</b>	<b>55%</b>	<b>157</b>	<b>259</b>

Plans are in place for the delivery of the 'spring booster'.

## COMMITTEE ASSURANCE REPORT TO THE BOARD

**Committee:** Quality & Safety Committee

**Date of meeting:** 19th April 2022 (via Microsoft Teams)

### Significant risks/issues for escalation

No significant issues for escalation to the Board

### Key issues/matters discussed at the Committee

- The Committee was quorate

#### Quality and Safety Report

- The quality report contained March 2022 data. The report was further revised to include enhanced KPI metrics
- 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.
- There were no reportable serious incidents in March 2022.
- There were eight formal complaints received. Whilst this is an increase in numbers, four of the complaints relate to the funding of continuing health care with the complaints being managed in accordance with the CCG statutory duties.

#### Safeguarding

- Committee received new performance data relating to safeguarding together with detail confirming the numbers and types of safeguarding concerns reported.
- Committee were appraised of the work taking place to ensure that staff are able to evidence level 3 training including the development of a training passport to capture the scope of training to constitute level 3 compliance. ESR compatibility is needed to ensure that this is robustly reported and the People team are supporting with this.
- Committee were concerned that the ESR reporting did not accurately identify the number of staff requiring level 3 training. This is being reviewed with the people team as a priority.

#### Infection Prevention and Control

- Committee received the Infection Prevention and Control annual report. The report provided detail of the work undertaken since the commencement of the IPC nurse specialist in October 2021. Committee were assured that there was a significant focus on IPC and commended the report. A gap analysis against the



Hygiene Code was also presented together with identified action required. Committee received the 2022/23 work-plan. Audit work has commenced within the IPC function, and this will form part of the Trusts annual audit plan for 2022/23.

#### **Clinical Governance Development:**

- A year-end report was provided to Committee. Committee reflected on the progress that has been made against all workstreams together with the plan for 2022/23. It was acknowledged that further implementing and embedding clinical audit was a core component of the plan and this was also in alignment with one of the Trusts identified quality priorities for 2022/23
- There was a robust discussion on the policy development work with the Committee requesting that all *priority 1* policies to be completed by the end of May. The committee was content with the plan and providing the *priority 1* policies were completed within the associated timescale. Committee commended the work undertaken and were assured on the progress
- Datix now has the functionality for recording service level risks. Training on this is being rolled out and service level risks will be reviewed as part of the service level clinical governance meetings.

#### **Draft Quality Account 2021/2022**

- Committee were presented with the draft Quality Account 2021/22. The document is due to be submitted by 30<sup>th</sup> June 2022. Comments will be sought from the CCG, Local Authority and Healthwatch in accordance with the regulations.

#### **SEND Inspection**

- Committee received a brief report detailing the outcome of the recent SEND inspection in Dudley. 6 areas were identified as requiring further progression. DIHC continues to work with partners and are supporting several workstreams aligned to the Accelerated Progress Plan.

#### **Ockenden Report Final**

- Committee received a brief overview of some of the transferable learning arising from the Ockenden publication. Four pillars of transferable learning has been identified aligned to the themes of;
  - Safe staffing
  - Well trained work force
  - Learning from incidents
  - Listening to families

A full gap analysis and action plan will be presented to the May Committee. It was also reflected that the Trust should triangulate the finding of the recent staff survey against the learning to identify any areas of concern.



	<p><b>Board Assurance Framework &amp; Risk Register:</b></p> <p>The Committee accepted the report recognising there will be a refresh following Board in May 2022. The recommendations in the report were considered;</p> <ul style="list-style-type: none"> <li>• The risk regarding Covid-19 and the impact on the workforce was discussed. It was acknowledged that the Trust had not seen a significant impact of staff absence as a result of the Omicron variant and the easing of restrictions. It was agreed to recommend to the Board a reduction in risk score.</li> </ul>
<b>Decisions made by the Committee</b>	No decisions were made
<b>Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)</b>	It was recommended to the Board that the risk regarding Covid-19 and the impact on the workforce should be reduced to a score of 9 – (BAF – 005)
<b>Items/Issues for referral to other Committees</b>	Committee were concerned that the ESR did not yet appear to capture all required training ie safeguarding aligned to the passport and the BLS training. Committee were informed that the people team are currently working to ensure that ESR can capture all training. Committee requested that this was brought to the attention of the People Committee

# DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

<b>TITLE OF REPORT:</b>	Workforce Performance Report
<b>PURPOSE OF REPORT:</b>	To update the Board on workforce performance information for March 2022
<b>AUTHOR OF REPORT:</b>	Faye Duncan – BI Service Delivery Manager Heather Rees – People Partner Lashauna Vaughan – People Systems & Reporting Manager
<b>DATE OF MEETING:</b>	5 <sup>th</sup> May 2022
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• In March, there has been an increase to the in-month turnover figure which is reported as 2.43% compared to 0.85% in February. This is due to a small number of staff who have retired at the end of March 2022.</li> <li>• The vacancy rate is continuing to improve with 11.56%. However, we have failed to meet the &lt;10% target.</li> <li>• The monthly sickness rate is above the monthly average at 2.71%. However, we have achieved our annual target of &lt;4.68%. Of the 2.71% sickness absence, 72.4% was attributed to long term illness and 27.6% was attributed to short term illness largely due to Covid-19.</li> <li>• As of 13<sup>th</sup> April 2022, the compliance for 2<sup>nd</sup> dose of Covid vaccine is 91.5% (92.3% - patient facing, 88.6% - non patient facing), the Covid Booster 71.4% (70.1% - patient facing, 75.9% - non patient facing) and Flu Vaccine 54.4% (50.7% - patient facing, 67.1% - non patient facing). The Workforce team will no longer report the Flu vaccine to people committee as the Flu campaign has now ended.</li> <li>• Appraisal rates have unfortunately declined to 68.88%. This is due to the staff transfers which took place at the beginning of the last financial year and this decrease is not expected to be seen again. Our People Team are working with the managers of the teams to ensure that all outstanding appraisals are completed before the end of June 2022.</li> <li>• Mandatory training compliance has continued to improve with 91.22% achieving the 90% target.</li> </ul>
<b>RECOMMENDATION:</b>	Board members are asked to note the report and its contents. There continues to be an ongoing push for mandatory training and appraisal

	compliance continues with a high number of appraisals planned between April and June 2022.
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	None
<b>ACTION REQUIRED:</b>	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

# Workforce Performance Report

**Reporting period:** March 2022








**Reporting to:** April 2022, People Committee

**Reported by:** Adam Race, Interim Director of People

# High Level Key:

## Variation and Assurance Icons

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

Variation				Assurance		
						
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Special cause variation when up or down arrow is neither an improvement or concern	Variation indicates <b>inconsistently passing and falling</b> short of the target	Variation indicates consistently <b>(P)assing</b> the target	Variation indicates consistently <b>(F)alling</b> 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	Mar 2022	2.71%	2.92%	4.68%		
		Sickness % (12 Months)	Local	Mar 2022	3.15%		4.68%		
		Short Term Sickness (In Month)	Local	Mar 2022	27.6%	24.56%	-		
		Long Term Sickness (In Month)	Local	Mar 2022	72.4%	75.44%	-		
		Maternity % (In Month)	Local	Mar 2022	1.24%	1.24%	-		
	Development	Appraisal %	Local	Mar 2022	66.88%	66.88%	85%		
		Training Compliance %	Local	Mar 2022	91.22%	91.22%	90%		
	Staff in post	Vacancy %	Local	Mar 2022	11.56%	13.27%	10%		
		Turnover % (12 Months)	Local	Mar 2022	21.97%		13%		
		Turnover % (In Month)	Local	Mar 2022	2.43%		1.1%		

## Key

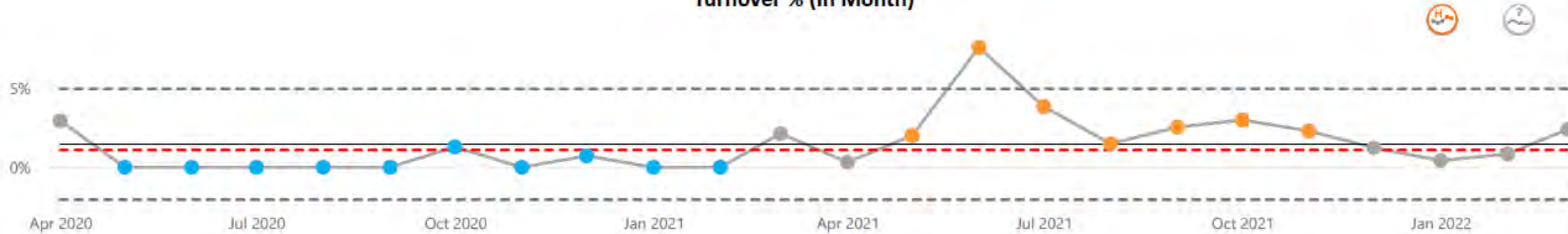
Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the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

## Footnotes

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

# Workforce

Turnover % (In Month)



Mar 2022

Date

2.43%

Value

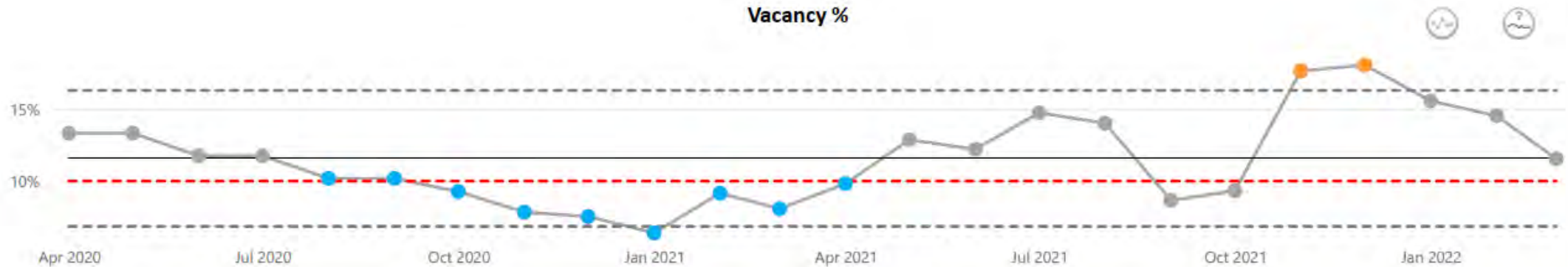
1.1%

Target

Common Cause  
Variation

Hit or Miss  
Assurance

Vacancy %



Mar 2022

Date

11.56%

Value

10%

Target

Common Cause  
Variation

Hit or Miss  
Assurance

## Service comments

- The funded establishment for March 2022 was 341.37 (WTE) and the staff in post was 299.17 (WTE)
- There were 13 new starters (10.8 WTE) in March 22. The positions recruited to included PCN pharmacists, paramedics, care co-ordinators, clinical nurse specialists palliative care for implementing ReSPECT; and admin support officers in CHC.
- There were 8 leavers (6.39 WTE) in March 22. The main leaving reasons were retirement age, followed by and voluntary resignation other reason / not known

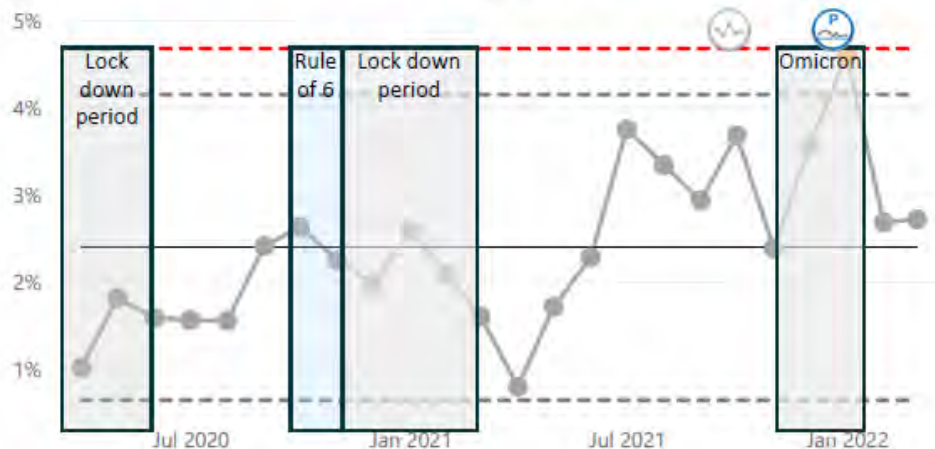
Please note: \* represents suppressed data as 5 or less

## Actions

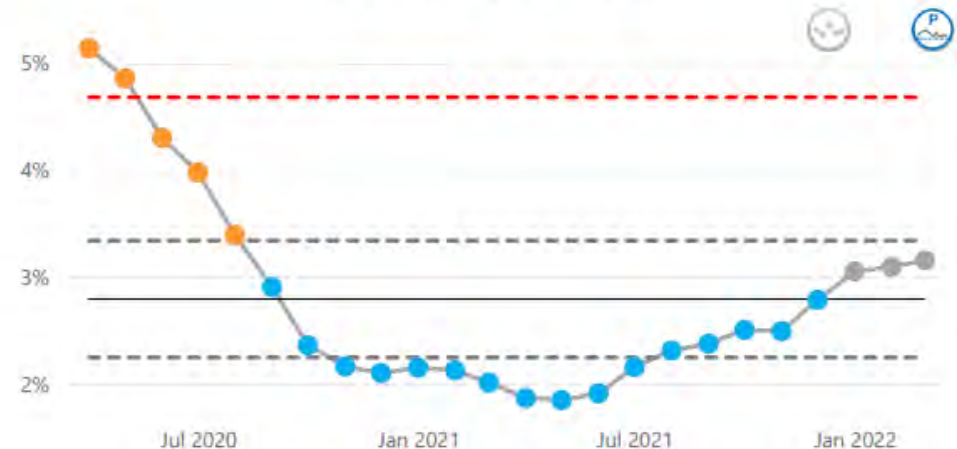
- As of 13<sup>th</sup> April 2022 – There are 5 roles out for advert, 3 posts are currently being shortlisted and 4 at the interview stage.
- Also, there are 10 appointees going through pre-employment checks and 28 awaiting to start in the coming months.
- The recruitment function was seamlessly transferred in-house from an external NHS Trust on 1<sup>st</sup> April 2022. The People Team are now focused on reviewing and streamlining inherited processes and finalising the Recruitment and Selection policy

# Workforce - Absence

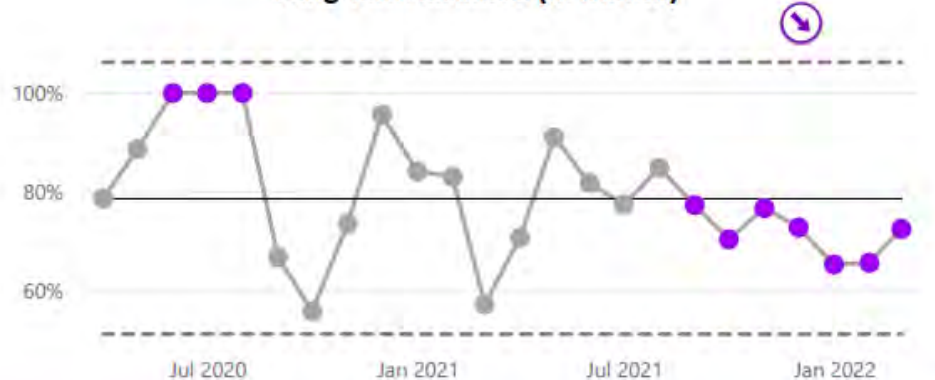
Sickness % (In Month)



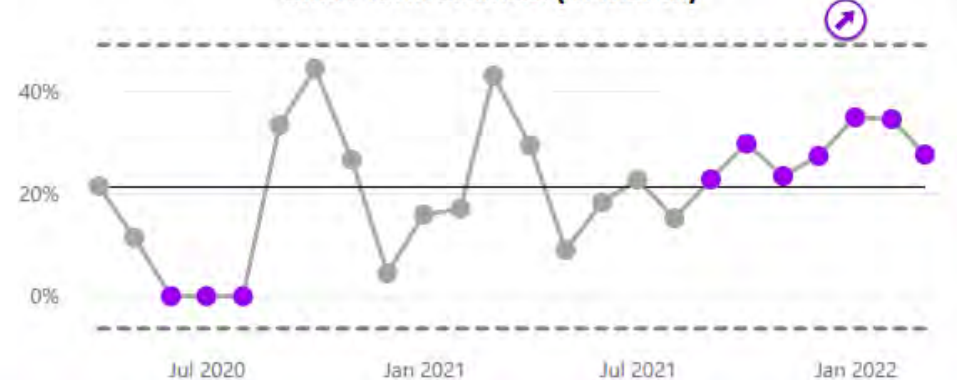
Sickness % (12 Months)



Long Term Sickness (In Month) \*



Short Term Sickness (In Month) \*



\* Long Term/Short Term Sickness is a proportion of the Sickness % e.g. 72.4% of the 2.71% were classed as long term absences

## Service comments

- Absence reporting at the end of March 2022 highlights \* employees being actively managed for long term sickness absence. These absences are mainly related to anxiety, stress, depression and other psychiatric illnesses.
- There were 35 episodes of sickness totalling 249.24 (FTE) days lost. The most common absence reason was gastrointestinal problems (8 episodes) which consisted of 17.52 (FTE) days lost. The next common absence reasons (6 absences each) were cold cough flu related (39.65 FTE days lost) and anxiety, stress, depression and other psychiatric illnesses related (86.24 FTE days lost)
- Of the 2.71% absence (FTE) % for March 2022, 45.87% of absences were patient facing staff and the remaining 54.13% were non-patient facing staff
- As of 13<sup>th</sup> April 2022, there were 6 confirmed COVID sickness absences and 0 suspected COVID cases.
- As of 13<sup>th</sup> April 2022, the compliance for 2<sup>nd</sup> dose of Covid vaccine is 91.5% (92.3% - patient facing, 88.6% - non patient facing), the Covid Booster 71.4% (70.1% - patient facing, 75.9% - non patient facing) and Flu Vaccine 54.4% (50.7% - patient facing, 67.1% - non patient facing)
- Please note: \* represents suppressed data as 5 or less**

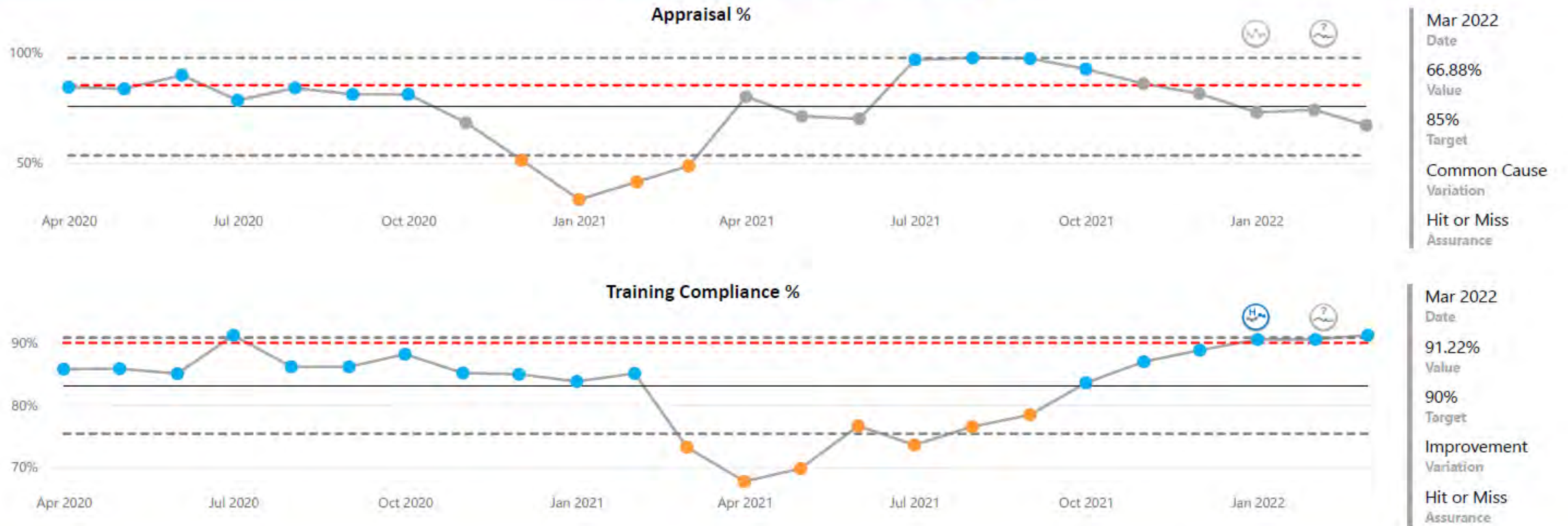
## Actions

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 activity monitor and support managers with long term sickness within departments



# Workforce - Training



Service comments	Actions
<p>Appraisal rate decreased to 66.88% in March 2022. The Appraisal figure excludes all new staff who have not reached 1 years' service with DIHC. There were 52 non-compliant staff at the end of March 2022. Due to the amount of staff transfers in April 2021 and recruitment that took place at the start of the previous financial year, the number of staff compliant with an appraisal within the last 12 months has decreased. The People Team are working with Team Managers to ensure that all appraisals are completed by the end of June 2022.</p> <p>Training compliance in February 2022 showed a slight increase in performance this month at 91.22%. 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.</p> <p>The denominators on the training compliance table reflect those who have been allocated the requirement on ESR. A training needs analysis is currently underway to determine which roles within the organisation require additional training requirements (for example resuscitation training) and the People Team will be working with relevant leads within the Trust to ensure that this is accurately reflected on ESR in the coming months</p> <p>Safeguarding Adults/Children Level 3; the safeguarding team have developed the safeguarding passport which is a suite of training resources that meet the requirements for Level 3. The ESR module is one of these resources that can support the 12 hours of training required over 3 years. Work is required to ensure that reporting on compliance reflects both completion of ESR modules and other training resources required as part of the course.</p>	<ul style="list-style-type: none"> <li>Basic life support training – In total 15 sessions have been arranged so far; and 5 are due to happen over the coming months and staff are actively signing up to these sessions</li> <li>Anti Racism Training has been rolled out to all staff with sessions scheduled for April, May and June</li> <li>The first Just &amp; Culture training session is scheduled for May 2022</li> <li>Recruitment &amp; Selection Training has been launched with 4 sessions taking place through March and April so far. Monthly sessions have been launched to target new managers joining the organisation and existing managers to review the process</li> </ul>

# Training by Module

**Mandatory Training Compliance**

Attribute	Total Compliant	Total Expiring Soon	Total Not Compliant	% Total Compliance
NHS[CSTF][Dementia awareness - No Specified Renewal]	50			100.00%
NHS[CSTF][Health, Safety and Welfare - 3 Years]	333	14	13	96.24%
NHS[CSTF][Safeguarding Adults (Version 2) - Level 1 - 3 Years]	333	4	13	96.24%
NHS[CSTF][Preventing Radicalisation - Prevent Awareness - 3 Years]	49		2	96.08%
NHS[CSTF][Equality, Diversity and Human Rights - 3 Years]	325	12	21	93.93%
NHS[CSTF][Preventing Radicalisation - Basic Prevent Awareness - 3 Years]	324		22	93.64%
NHS[CSTF][Safeguarding Children (Version 2) - Level 1 - 3 Years]	319	3	27	92.20%
NHS[CSTF][Fire Safety - 1 Year]	316	66	30	91.33%
NHS[CSTF][Safeguarding Adults (Version 2) - Level 2 - 3 Years]	84	5	8	91.30%
NHS[CSTF][Information Governance and Data Security - 1 Year]	315	66	31	91.04%
NHS[CSTF][Moving and Handling - Level 1 - 3 Years]	313	10	33	90.46%
NHS[MAND][Domestic Violence and Abuse - 3 years]	9	2	1	90.00%
NHS[CSTF][Infection Prevention and Control - Level 1 - 3 Years]	289	11	57	83.53%
NHS[CSTF][Infection Prevention and Control - Level 2 - 1 Year]	42	4	9	82.35%
NHS[MAND][Safeguarding Adults Level 3 - 1 Year]	8	1	2	80.00%
NHS[MAND][Safeguarding Children Level 3 - 1 Year]	8	1	2	80.00%
NHS[CSTF][Safeguarding Children (Version 2) - Level 2 - 3 Years]	73	6	19	79.35%
NHS[MAND][Medicines Management Awareness - 3 Years]	6		2	75.00%
NHS[MAND][Mental Capacity Act - 3 Years]	9	1	5	64.29%
NHS[MAND][Mental Health Act - 3 Years]	6		4	60.00%
NHS[CSTF][Resuscitation - Level 2 - Adult Basic Life Support - 1 Year]			8	
<b>Total</b>	<b>3211</b>	<b>206</b>	<b>309</b>	<b>91.22%</b>

- Safeguarding Adults & Children Level 3 compliance is based upon completion of the ESR e-Learning module only
- The denominators on the training compliance table reflect those who have been allocated the requirement on ESR. A training needs analysis is currently underway to determine which roles within the organisation require additional training requirements (for example resuscitation training) and the People Team will be working with relevant leads within the Trust to ensure that this is accurately reflected on ESR in the coming months

## COMMITTEE ASSURANCE REPORT TO THE BOARD

**Committee:** People Committee

**Date of meeting:** 26<sup>th</sup> April 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 however, it was agreed that one of the risks scored at 'below' tolerance level could be removed from the Corporate risk register risk. This risk being T-037 – 'Risk of delay/protracted HR consultation periods and risk of delay resulting from any Trade Union disputes for potential staff transfers'.
- The committee were provided an update on the development of the Business Plan and the strategic priorities and it was agreed that there would be a real value of having a People Committee development session to work through the People elements within the strategic priorities.
- The committee received a monthly update on progress towards completion of the HR policies. It was noted that a large number of policies due for sign off at the Policies and Procedures Development Group (PPDG) in April has been deferred to the May 22 meeting due to a lack of staffside representative availability to review the policies in advance of the meeting. Assurance was sought and provided that staffside members will be given sufficient time in May for them to properly consider and provide feedback on policies prior to the May PPDG.
- The committee agreed that there were four policies that required further work before being presented to PPDG for approval, two to be completed by the end of May 22 and two by the end of August 22. The committee will continue to monitor the progress of these policies.
- The committee were assured that all necessary work has been completed for the transfer of staff from Chapel Street GP Practice to DIHC on 1<sup>st</sup> May 22 and no risks have been identified.
- The committee received a detailed overview of the 'In House Recruitment – on boarding process' that is now in place within DIHC and assurance provided via recent feedback from new starters that this process has already seen some significant improvements. The committee requested that the Equality, Diversity and Inclusion committee review the recruitment processes and provide assurance back to the People Committee that all EDI requirements are included and embedded.

	<ul style="list-style-type: none"> <li>• The workforce performance report was reviewed. Appraisal compliance levels were discussed and assurance was provided of work on going and that the target of 85% completion of quality PDRs will be achieved by the end of June 22. Further work was actioned to help the committee to understand how the 'quality' aspect of appraisals will be measured.</li> <li>• Assurance was provided on the work undertaken to ensure appropriate Level 3 Safeguarding mandatory training is in place.</li> <li>• An update was provided by the Chair of the Equality, Diversity and Inclusion committee. Work continues on development of the EDI strategy which is due for completion by the end of June 22. To support delivery of the strategy, 2 steering groups, one focused on workforce and the other on health inequalities, will be in place from May 2022. The committee have reviewed the draft EDI annual report and made recommendations for inclusion such as work underway to address inequalities.</li> <li>• The committee reviewed the Freedom to Speak Up (FTSU) 22/23 action plan and were assured that the annual report will be completed by the end of May 22.</li> <li>• The committee Terms of reference and Cycle of Business were reviewed and agreed and the committee supported the self-assessment of the People Committee as being 'strong'.</li> </ul>
<b>Decisions made by the Committee</b>	Nil
<b>Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)</b>	Proposed removal of risk T-037 from the Corporate Risk Register.
<b>Items/Issues for referral to other Committees</b>	Nil

# DUDLEY INTEGRATED HEALTH & CARE NHS TRUST PUBLIC BOARD

<b>TITLE OF REPORT:</b>	2021 National Staff Survey Results
<b>PURPOSE OF REPORT:</b>	To provide the Board with an overview of the results and recommended actions
<b>AUTHOR OF REPORT:</b>	Stephanie Cartwright, Director of People, Strategy & Partnerships Adam Race, Associate Director of People
<b>DATE OF MEETING:</b>	5 <sup>th</sup> May 2022
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• This is the first full National Staff Survey for DIHC therefore there are no previous results to compare with</li> <li>• A full census survey was undertaken</li> <li>• An excellent response rate (63%) was achieved</li> <li>• The Trust is in the Community Trust comparator benchmark group</li> <li>• The survey question responses are grouped into themes correlating to the NHS People Promise (7 themes), plus staff engagement and morale. Therefore 9 themes in total.</li> <li>• DIHC scored above or equal to the average for comparators in 5 of the 9 themes</li> <li>• The appended PowerPoint report provides a high-level overview of the results</li> <li>• The full survey report is also appended to provide the detailed analysis</li> <li>• Also appended is the action plan which has been approved by the Executive Committee</li> </ul>
<b>RECOMMENDATION:</b>	That the Trust Board discuss the feedback and accept the recommendations made in the appended report.
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	None
<b>ACTION REQUIRED:</b>	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>



## **Summary (please refer to the powerpoint and PDF reports appended for fuller details)**

This is the first national staff survey that DIHC has participated in so there are no previous results to compare with those from 2021. The Trust is therefore only able to compare to peer organisations and to assess the performance of results from 2021. The Trust is in the Community Trusts benchmark group, which it is acknowledged may still not be a direct comparator.

Overall, the Trust has a relatively positive set of results, and compares generally well to the average score for the peer group across most themes.

There are some key areas to celebrate, particularly around staff members' views of recognition and reward and compassion, along with team-work. Staff also talk positively in the main about their managers and support they receive.

There are some areas for focus, particularly around respondents' views of whether there is sufficient focus enough on the quality of care provided and whether concerns raised by our patients/ service users are acted upon.

The advocacy scores about whether staff would recommend DIHC as a place to work or receive care compare less favourably to those in the pulse survey and are below average.

The recommendations include undertaking focus groups to be able to better understand the views of staff and how tangible improvements can be in the lower scoring areas. These areas include advocacy for the Trust, and how staff are increasing involved in service improvements and redesign.

Equality, Diversity and Inclusion results are mostly positive in comparison to peers, however, there are some areas that need greater focus, such as the difference between BAME and white staff members' views of equality in career progression. These have not been noted as specific actions in the recommendations as they are already captured as part of the Trust's EDI objectives and strategy.

It is noted that there is more to do in relation to embedding the learning and education strategy and portfolio. This is an area where work has commenced to develop processes to support staff and it is recommended this now accelerates.

Key to underpinning change across all the themes is how the Trust develops and supports leaders. A leadership behaviours framework and portfolio of development has been put in place which embeds the themes of the People Promise. Through engaging with this portfolio, managers and leaders will make significant change to the culture and improve the experience of staff. This has been discussed by our Executive Team and is viewed as a positive step. It also incorporates a Team Culture assessment tool to aid leaders locally to focus on what's important for the experiences and wellbeing of their staff.

Overall, DIHC should be proud of these results and celebrate the positive culture that has begun to develop across the Trust.

It should also be noted that the survey was completed a number of months ago; much will have already changed, improved or been addressed. The pulse survey taking place during April 2022, will provide insight as to progress across a number of areas.

The key recommendations surround:

- Listening to our staff around their perceptions of the quality of care we provide
- Developing ways to involve staff in co-design and quality improvement approaches
- Developing our leaders, and ensuring we thread wellbeing and inclusivity throughout learning opportunities

- Further marketing and promotion of all of our wellbeing support
- Embed tools and resources for teams around developing team cultures
- Develop further resources, training and audit of inclusive recruitment processes
- Provide targeted career development to under-represented groups (particularly black, Asian or other ethnic groups, and those with disabilities or long term health conditions)

# National Staff Survey 2021

## Trust Board

### April 2022



**Dudley Integrated  
Health and Care**  
NHS Trust



# Introduction to the Report

The benchmark report for Dudley Integrated Health and Care NHS Trust (DIHC) contains results for the 2021 NHS Staff Survey. These results are presented in the context of the best, average and worst results for similar organisations where appropriate. For DIHC there is no historical data as this is the first time the Trust as an entity as taken part in the national survey.

Data in this report are weighted to allow for comparisons between organisations. This is important to note as it will potentially show different scores to the 'raw' data produced by the survey provider shortly after the survey closed.

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:



# Key Information

## Dudley Integrated Health and Care Trust

### Organisation details

Completed questionnaires **182**

2021 response rate **63%**

last 5 years

### Survey details

Survey mode **Online**

Sample type **Census**

## 2021 NHS Staff Survey



This organisation is benchmarked against:

Community Trusts



### 2021 benchmarking group details

Organisations in group: **16**

Median response rate: **61%**

No. of completed questionnaires:

**25,509**

# Summary (1)

This is the first national staff survey that DIHC has participated in hence there are no previous results with which comparisons over time can be made. It is therefore only possible to make comparisons with peers organisations and assess the Trust's performance this year. The Trust is compared to Community Trusts, which is acknowledged may not represent a direct comparator.

Overall, the Trust has a relatively positive set of results, and compares generally well to the average score for the peer group across most themes.

There are some key areas to celebrate, particularly around staff members' views of recognition and reward and compassion, along with team work. Respondents also talk positively in the main about their managers and support they are given.

There are some areas for focus, particularly around respondents' views of whether there is sufficient focus on the quality of care provided and whether the Trust acts on concerns raised by patients/ service users.

The advocacy scores about whether staff would recommend DIHC as a place to work or receive care have worsened when compared with the pulse survey was undertaken and are below average.

## Summary (2)

The recommendations include undertaking focus groups to be able to better understand the views of staff including suggestions for improvements that can be made particularly in the areas where results are below average. Areas of focus for this work include advocacy for the Trust and increasing the involvement of staff in service improvement and redesign.

Equality, Diversity and Inclusion (EDI) results are mostly positive in comparison to peers, however, there are some areas that need greater focus, such as the difference between Black, Asian and Minority Ethnic (BAME) and white staff members' views of equality in career progression. These have not been noted as specific actions in the recommendations as the response to these results forms part of the Trust's EDI objectives and strategy.

It is noted that there is more to do in embedding our learning and education strategy and portfolio. This is an area where work has commenced to develop processes to support staff and it is recommended this now accelerates.

Key to underpinning change across all the themes is how leaders are developed and supported. A leadership behaviours framework has been developed together with a portfolio of development which embeds the themes of the People Promise. Through engaging with this portfolio, leaders and managers will make significant change to the culture and improve the experience of staff. This has been discussed by the Executive Team and is viewed as a positive step. It also incorporate a Team Culture assessment tool to aid leaders locally to focus on what's important for the experiences and wellbeing of their staff.

Overall, DIHC should be proud of these results and celebrate the positive culture that is developing across the Trust.



# Understanding the Themes

Please note that you can navigate to the results of a particular score or question result by clicking on it in the table below.

People Promise element	Sub-scores	Question
We are compassionate and inclusive	Compassionate culture Compassionate leadership Diversity and equality Inclusion	Q6a, Q21a, Q21b, Q21c, Q21d Q9f, Q9g, Q9h, Q9i Q15*, Q16a, Q16b, Q18 Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	[No sub-scores]	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control Raising concerns	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b Q17a, Q17b, Q21e, Q21f
We are safe and healthy	Health and safety climate Burnout Negative experiences	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
We are always learning	Development Appraisals	Q20a, Q20b, Q20c, Q20d, Q20e Q19a, Q19b, Q19c, Q19d
We work flexibly	Support for work-life balance Flexible working	Q6b, Q6c, Q6d Q4d
We are a team	Team working Line management	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a Q9a, Q9b, Q9c, Q9d
Theme	Sub-scores	Question
Staff Engagement	Motivation Involvement Advocacy	Q2a, Q2b, Q2c Q3c, Q3d, Q3f Q21a, Q21c, Q21d
Morale	Thinking about leaving Work pressure Stressors	Q22a, Q22b, Q22c Q3g, Q3h, Q3i Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a
Questions not linked to the People Promise elements or themes		
Q1, Q10a, Q10b, Q10c, Q11e, Q15 (historical calculation)*, Q16c, Q22d, Q28b		

The People Promise 7 theme scores are made up of questions from the survey. Each theme also has sub-scores.

Two additional themes (engagement and morale) are included in the overall results.

For this report, an overview of the the theme scores has been provided alongside the sub-scores, how the Trust compares in each to its peer group (community trusts).

The full report provides further provides detail on each question referenced within the themes and how the Trust compares. These have not been included in detail in this overview report.

# Theme Scores

Survey  
Coordination  
Centre

2021 NHS Staff Survey Results > People Promise and theme results > Overview



As can be seen from the chart, the Trust's results are equal to our comparator peer group average in the 'compassionate and inclusive' theme and score more favourably than the average in 'recognised and rewarded', 'safe and healthy', 'work flexibly', and 'morale' themes. Results are slightly below the average in 'voice', 'learning', 'team' and 'engagement' themes.

Two theme areas score best; 'safe and healthy' and 'recognised and rewarded'. None of the themes score as worst performing when compared with the benchmark group.

The People Pulse undertaken in Q2 saw an engagement score of 7.35, whilst the annual survey results here show a slight decline in that score. Caution should be exercised in drawing any conclusions from this given the different survey modes.

It is considered prudent to focus energy around improvements of themes that score below 7, even if they are positive in comparison, as well as considering how performance is maintained on those that score 7 and above. Action plans can focus on the sub-score areas to provide a little more depth to the themes.

# Themes 1 and 3 sub-scores

Having reviewed the detailed questions aligned to the themes and sub-scores, the key areas that stand out for focus in the themes are identified alongside the theme sub-score.

There are 17 questions aligned to theme 1.

The questions around patient care, acting on concerns raised by patients and the recommend for treatment scores are all below average.

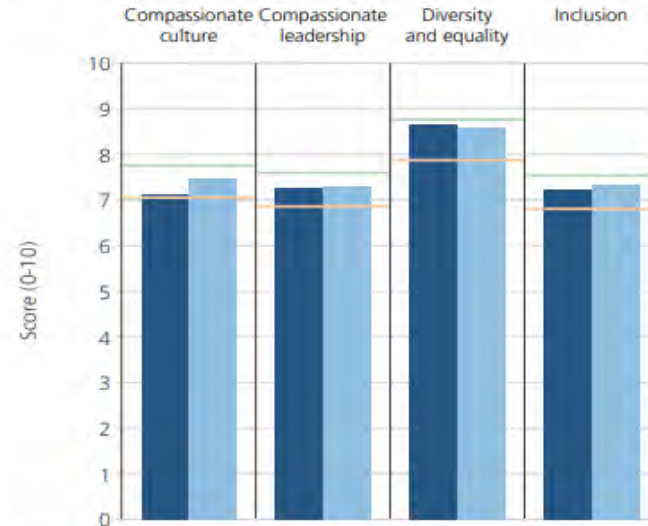
It would therefore be recommended that focus groups are held with clinical staff particularly to help understand how they believe we could improve and give them confidence that the Trust is focused on quality of patient care.

Survey  
Coordination  
Centre

2021 NHS Staff Survey Results > People Promise and theme  
results > Detailed information > Sub-score results page 1 of 4



## Promise element 1: We are compassionate and inclusive



Best	7.8	7.6	8.8	7.5
Your org	7.1	7.2	8.7	7.2
Average	7.5	7.3	8.6	7.3
Worst	7.0	6.9	7.9	6.8
Responses	182	182	182	182

\* Promise element 2 features no sub-scores and so is not included in this section of the benchmarking report

## Promise element 3: We each have a voice that counts



Best	7.4	7.4
Your org	7.0	6.9
Average	7.2	7.1
Worst	6.8	6.6
Responses	182	181

There are 11 questions aligned to theme 3.

Many are below average, particularly those aligned to understanding work responsibilities, being able to innovate and improve and feel safe to raise concerns.

It would therefore be recommended that focus groups are held with a range of staff to seek options for co-design of improvement systems.

It should also be noted that developing improvement methodology is one of our People Strategy objectives.



# Theme 4 and 5 sub-scores

There are 22 questions aligned to theme 4.

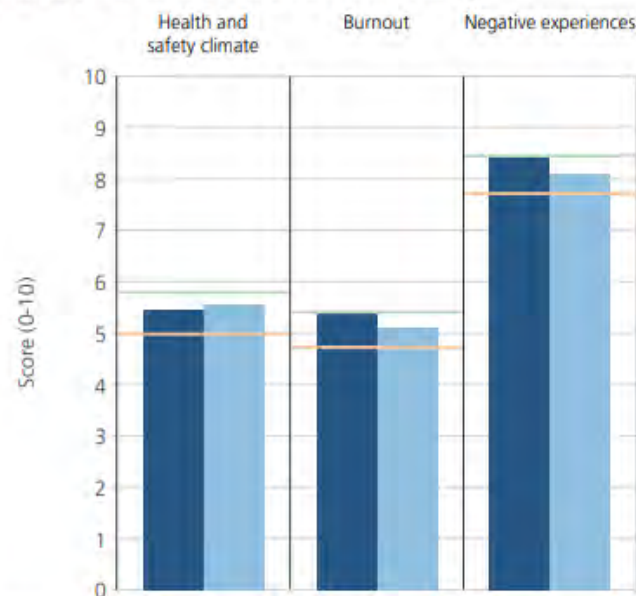
The Trust is in the best score range for burnout and exhaustion questions even though overall the scores are not generally positive. The Trust also scores in the best range for negative experiences.

It would be a recommendation for team leaders and operational managers to discuss wellbeing with their team members proactively. This is featured in the Trust's appraisal and onboarding processes although needs further embedding.

Survey  
Coordination  
Centre

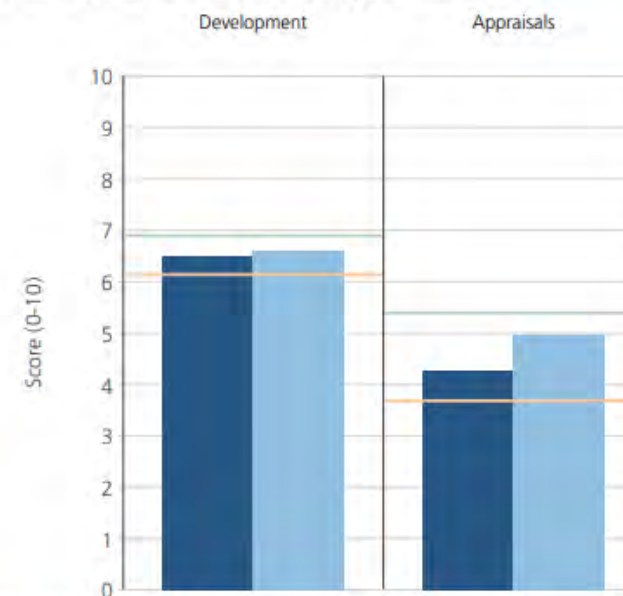
2021 NHS Staff Survey Results > People Promise and theme results > Detailed information > Sub-score results page 2 of 4

## Promise element 4: We are safe and healthy



Best	5.8	5.4	8.4
Your org	5.5	5.4	8.4
Average	5.5	5.1	8.1
Worst	5.0	4.7	7.7
Responses	182	182	182

## Promise element 5: We are always learning



Best	6.9	5.4
Your org	6.5	4.3
Average	6.6	5.0
Worst	6.1	3.7
Responses	181	175

NHS

There are 9 questions aligned to theme 5.

The Trust scores are generally around average for the development questions, but scored low in staff saying they had had an appraisal. Those that had, did say that this helped them to do their job and understand their objectives. This demonstrates that the quality of appraisals is improving, whilst more needs to be done to ensure all staff have an appraisal.

It is recommended that the Trust encourages all appraisers to undertake appraisal training to focus on quality further but that we also ensure that everyone is having regular 1:1's and their annual appraisal

# Theme 6 and 7 sub-scores

There are 4 questions aligned to theme 6.

The Trust scores above average in all questions.

The Trust has redeveloped its flexible and agile working policy, has included discussion around working patterns/ wellbeing in appraisal tools and in management training.

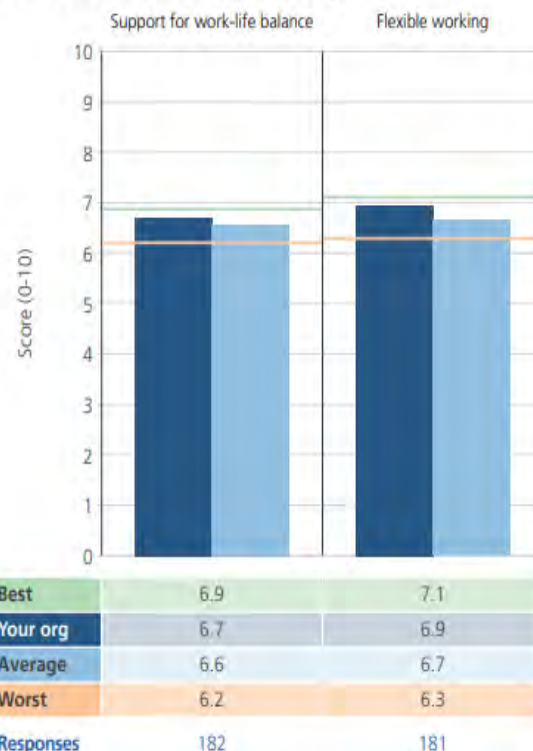
It is recommended that the Trust encourages all line managers to undertake the newly developed leadership offer to embed a positive flexible working culture across DIHC.

Survey  
Coordination  
Centre

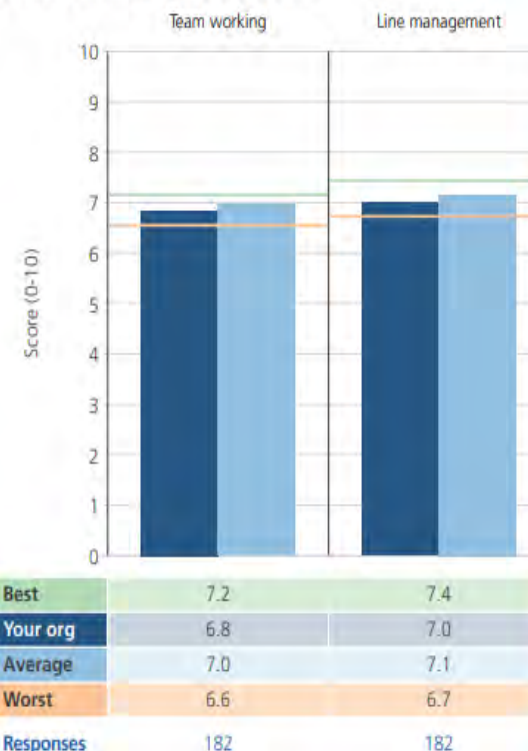
2021 NHS Staff Survey Results > People Promise and theme results > Detailed information > Sub-score results page 3 of 4

**NHS**

## Promise element 6: We work flexibly



## Promise element 7: We are a team



There are 12 questions aligned to theme 7.

The Trust is just below average in most questions in this theme. The Trust scores very well for the question aligned to enjoying working with colleagues in teams.

The Trust has developed a team culture assessment tool for leaders to use with their teams. This would provide the team with the opportunity to engage in discussion about how they are working and what could improve. This would aid improvement in all survey themes.

# Engagement and Morale theme sub-scores

There are 9 questions aligned to the staff engagement theme.

The Trust scores below average in all questions.

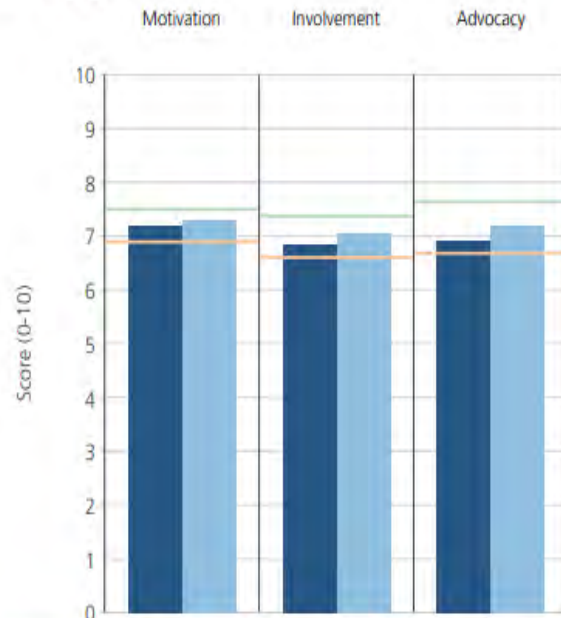
The recommendations made around holding focus groups and developing further ways of involving staff will support improvement.

Survey  
Coordination  
Centre

2021 NHS Staff Survey Results > People Promise and theme  
results > Detailed information > [Sub-score results page 4 of 4](#)

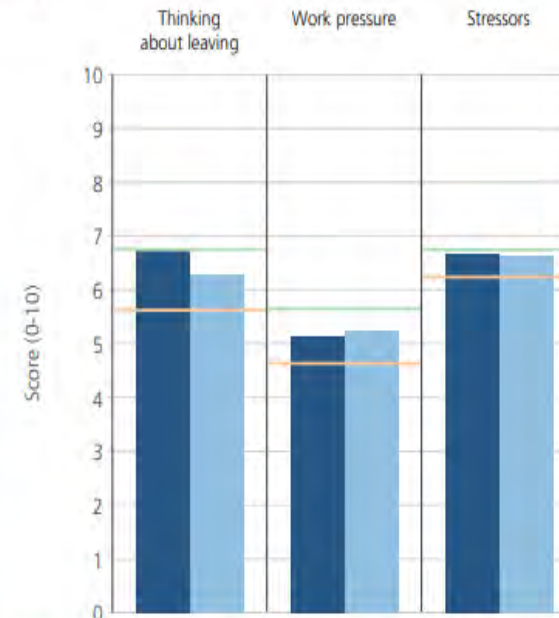


## Staff Engagement



Best	7.5	7.4	7.6
Your org	7.2	6.8	6.9
Average	7.3	7.1	7.2
Worst	6.9	6.6	6.7
Responses	181	182	182

## Morale



Best	6.7	5.6	6.7
Your org	6.7	5.1	6.7
Average	6.3	5.3	6.6
Worst	5.6	4.6	6.2
Responses	182	182	181

There are 13 questions aligned to the morale theme.

The Trust has mixed scores but overall is just below average on work pressure. The results are positive around staff intending to continue working with the Trust.

Supporting leaders to ensure staff have the right support is key to overall engagement and morale.

# COVID specific analysis

The survey extracted data for each promise theme for those that had either been redeployed, worked in a COVID specific ward/centre or been required to work from home.

These results can be seen in the full report between pages 15-24.

25 individuals indicated they had worked in a COVID specific area and for these 25 individuals, they indicate a slightly lower result on each of the domains than 'all staff' and also score slightly below the average for the peer group in most domains.

48 individuals indicated they had been redeployed. Again, these staff score slightly lower than 'all staff' in most domains.

The board are asked to review the information and consider how best to ensure that staff that were either working in a COVID specific area, or redeployed, are particularly thanked and appreciated further.



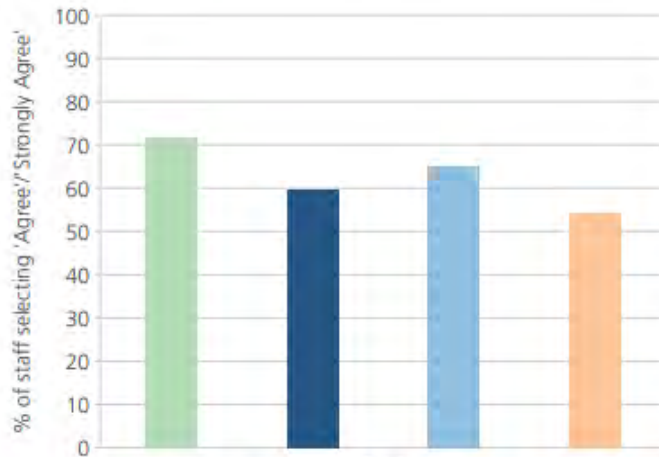
# Recommender Scores

Survey  
Coordination  
Centre

2021 NHS Staff Survey Results > People Promise and theme results > Detailed information > **We are compassionate and inclusive** – Compassionate culture

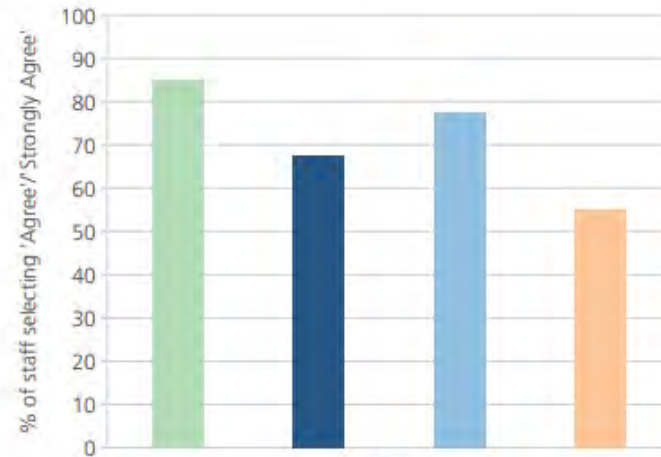


**Q21c**  
I would recommend my organisation as a place to work



Best	71.8%
Your org	59.6%
Average	65.3%
Worst	54.2%
Responses	181

**Q21d**  
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



Best	85.2%
Your org	67.6%
Average	77.4%
Worst	55.0%
Responses	182

The two recommender (advocacy) questions are asked annually in the national survey and quarterly in the People Pulse. DIHC undertook its first People Pulse in Q2 of 2020/21. 44 staff participated in the pulse survey.

The score in the Q2 pulse saw a score of 68.3% recommended DIHC as a place to work. This has worsened in the national results to 59.6%.

73.2% of respondents recommended DIHC as a place for treatment/care in the pulse survey. This reduced to 67.6% in the national survey.

The pulse survey was run again in January 2022 (Q4), however unfortunately only 8 staff completed the survey.

It is recommended that when focus groups are held with staff to discuss the national results we help staff understand the structure of surveys and encourage participation in future pulse surveys.

# Workforce Race Equality and Disability Equality Standards

The report provides summary data for inclusion in the national reports required for WRES and WDES. A summary of some of the findings is below:

**In terms of bullying and harassment by colleagues:**

13.2% of white respondents stated they had experienced bullying and/ or harassment, compared with 18.2% of BAME respondents who responded to say that they had been bullied/ subject to harassment. This shows that there is disparity in experience between white and BAME staff.

12.8% of respondents with a health conditions stated they had experienced bullying and/ or harassment, compared with 6.6% without, again showing disparity.

**In terms of views on how the Trust supports career progression:**

45.5% of BAME colleagues answered this positively, as opposed to 73.3% of white staff; this shows a quite significant disparity in views around equality of opportunity within the Trust.

There was minimal difference between the views of staff with or without long term health conditions.

**It should be noted that DIHC have a proactive and developing staff inclusion network who have discussed issues around disparity and are inputting to the Trust's objectives and EDI strategy. These objectives already include actions that aim to improve these areas so these haven't been added as part of the recommendations. The data will be shared with the network to further discuss ways in which improvement might be seen.**

# Directorate Summary

The survey results are analysed by directorates, based on what the Trust reports to the survey provider. The directorates included at the time the data was extracted were: Corporate: Medical: Nursing, AHP & Quality: Operations, Strategy & Partnership

The themes are broken down by directorate.

- For Corporate – all theme scores are above the Trust score
- For Medical – all theme scores are just below the Trust score, but are particularly low on working flexibly, learning and compassionate and inclusive culture
- For Nursing, AHP and Quality – all theme scores are below the Trust score
- For Operations, Strategy and Partnership – all theme scores are above the Trust score

Based on experience of previous patterns, this is not unusual as those working ‘front line’ tend to see less positive scores than those in support, office or corporate functions.



# Recommendations

Recommended Action	How this should be undertaken / by whom	Timescale
Hold focus groups for a range of front line staff (particularly AHP and nursing staff) to discuss their views of quality of care, listening to patient concerns and how this could be improved	Focus groups facilitated by a member of the People Team and/or F2SU guardian, and led by the Director of Nursing, AHP & Quality with key questions / present key survey results to the attendees Ensure an even spread of different clinical staff across the Trust are involved	Undertake by the end of April 2022
Hold focus groups with range of staff specifically themes around involvement and improvement	Focus groups facilitated by a member of the People Team and led by the Director of Strategy with key questions / present key survey results to the attendees Ensure an even spread of different staff in different departments	Undertake by the end of April 2022
Executive Team, People Committee and board to approve the newly developed leadership framework and portfolio of development and advocate for all leaders to undertake the programme This will address a large number of the theme areas, including appraisals and wellbeing	Discuss and agree the framework and portfolio Agree a roll out and marketing process Ensure each executive takes a lead responsibility to proactively to talk to all managers within their areas and ensure they are signed up to the programmes Undertake appraisals and assessments of performance using the new framework	Roll out and market new programmes by end of April 2022
Executive Team to discuss and approve the newly developed team culture assessment tool for implementation	Discuss and agree the tool and process for implementation, including the 'accreditation' elements Support marketing and implementation through proactive discussions with their team leaders and set the undertaking of the assessment with teams as an objective	Agree by end of April 2022 Develop roll out and support plan by end of May 2022 Set as objectives for all leaders within 2022 appraisal
Consider how to provide focused appreciation to anyone that was redeployed/worked in a COVID area	Executive directors to discuss and suggest a card of thanks is sent to individuals and perhaps a small gift	Agree by end of March 2022
Ensure that all new Trust policies, wellbeing offers and development offers are more proactively marketed by leaders	Executive team to discuss how this could be incorporated into visits/walkabouts or other activities	Agree by end of April 2022
More proactive marketing of the pulse surveys	Comms and People Team to discuss how this could be improved and make recommendations.	By end of the March 2022
Ensure we provide greater focus on learning and development opportunities	Director of Nursing, with support from People Team, to finalise the L&D Strategy and hold sessions with managers to ensure they understand what is available for their teams	By the end of May 2022

**ENC 11b**

# Dudley Integrated Health and Care Trust

2021 NHS Staff Survey

**Benchmark Report**

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## About this report

This benchmark report for Dudley Integrated Health and Care Trust contains results for the 2021 NHS Staff Survey, and historical results back to 2017 where possible. These results are presented in the context of the best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations.

Please note: Results for q1, q10a, q22d, q23a-c, q24-q28a, and q29a-q31 are not weighted or benchmarked because these questions ask for demographic or factual information.

Full details of how the data are calculated and weighted are included in the Technical Document, available to download from our [results website](#).

## How results are reported

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the [People Promise](#). This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:



In support of this, the results of the NHS Staff Survey are now measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes new sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and sub-scores are related and mapped to individual survey questions.

Please note that you can navigate to the results of a particular score or question result by clicking on it in the table below.

People Promise element	Sub-scores	Question
We are compassionate and inclusive	Compassionate culture Compassionate leadership Diversity and equality Inclusion	Q6a, Q21a, Q21b, Q21c, Q21d Q9f, Q9g, Q9h, Q9i Q15*, Q16a, Q16b, Q18 Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	[No sub-scores]	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control Raising concerns	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b Q17a, Q17b, Q21e, Q21f
We are safe and healthy	Health and safety climate Burnout Negative experiences	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
We are always learning	Development Appraisals	Q20a, Q20b, Q20c, Q20d, Q20e Q19a, Q19b, Q19c, Q19d
We work flexibly	Support for work-life balance Flexible working	Q6b, Q6c, Q6d Q4d
We are a team	Team working Line management	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a Q9a, Q9b, Q9c, Q9d
Theme	Sub-scores	Question
Staff Engagement	Motivation Involvement Advocacy	Q2a, Q2b, Q2c Q3c, Q3d, Q3f Q21a, Q21c, Q21d
Morale	Thinking about leaving Work pressure Stressors	Q22a, Q22b, Q22c Q3g, Q3h, Q3i Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a
Questions not linked to the People Promise elements or themes		
Q1, Q10a, Q10b, Q10c, Q11e, Q15 (historical calculation)* , Q16c, Q22d, Q28b		

\*Please note: The approach to calculating the results for Q15 has changed for 2021, to include 'don't know' responses. These results feed into the Diversity and equality sub-score and the We are compassionate and inclusive promise element, as well as the WRES and WDES indicators. The Q15 results based on the historic calculation are reported in this section for transparency, but do not feed into any measure.

## Introduction

This section provides a brief introduction to the report, including features of the graphs used throughout. The '[Organisation details](#)' page contains key information about the organisation's survey and its benchmarking group.

## People Promise element and theme results

This section provides a high-level [overview](#) of the results for the seven elements of the People Promise and the two themes, followed by results for each of the [sub-scores](#) that feed into these measures. Results for the People Promise elements and themes are also presented split by staff experience during the [Covid-19 pandemic](#).

In the [Detailed information section](#), question level results have been divided into sections based on the sub-score and People Promise element or theme they contribute to. These are presented as line charts, or as bar charts where no trend data is available.

## Questions not linked to a People Promise element or theme

[Results](#) for the small number of questions that do not contribute to the result for any People Promise element or theme are included in this section.

## About your respondents

This section provides details of the staff responding to the survey, including the results of questions relating to their experience during the [Covid-19 pandemic](#) and [demographic and other classification questions](#).

## Workforce Equality Standards

[This section](#) shows the data required for the NHS Staff Survey indicators used in the [Workforce Race Equality Standard \(WRES\)](#) and the [Workforce Disability Equality Standard \(WDES\)](#).

## Appendices

Here you will find:

- Response rate trends
- Significance testing of the theme results for 2020 vs 2021
- Tips on action planning and interpreting results
- Details of the other reporting outputs available



## Key features

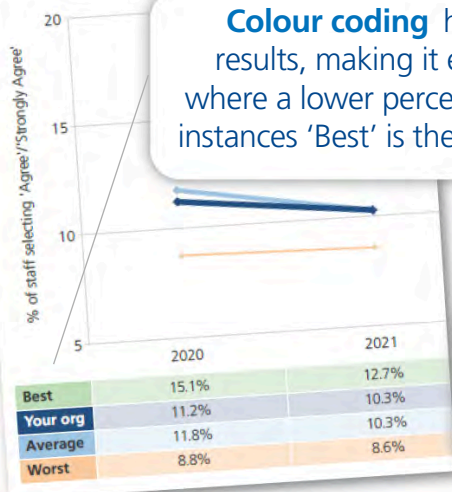
Question number and text (or summary measure) specified at the top of each slide

Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Summary measures and sub-scores are always on a 0-10pt scale where 10 is the best score attainable

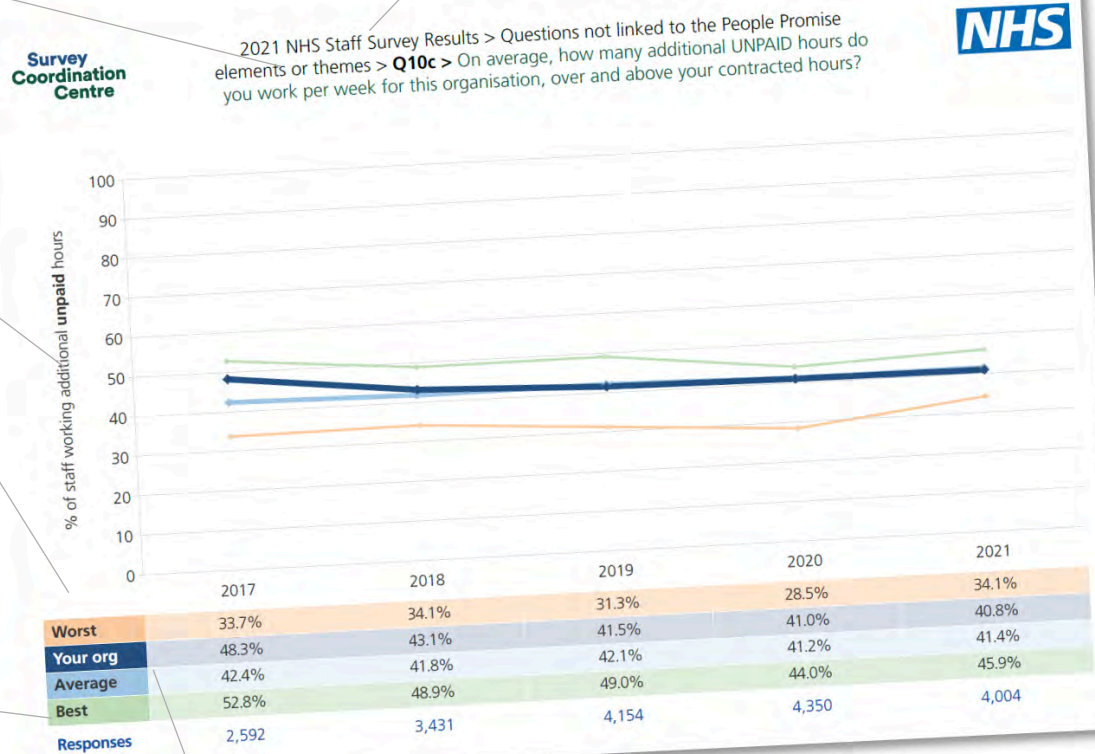
**Colour coding** highlights best / worst results, making it easy to spot questions where a lower percentage is better – in such instances 'Best' is the bottom line in the table

 Keep an eye out!

**Number of responses** for the organisation for the given question



Slide headers are **hyperlinked** throughout the document. '2021 NHS Staff Survey Results' takes you back to the contents page (which is also hyperlinked to each section), while the rest of the text can be used to navigate to sections and sub-sections



'Best', 'Average', and 'Worst' refer to the **benchmarking group's** best, average and worst **results**



Tips on how to read, interpret and use the data are included in the [Appendices](#)

## Dudley Integrated Health and Care Trust

## 2021 NHS Staff Survey



### Organisation details

Completed questionnaires **182**

2021 response rate **63%**

➤ [See response rate trend for the last 5 years](#)

### Survey details

Survey mode **Online**

Sample type **Census**

### This organisation is benchmarked against:

#### Community Trusts



#### 2021 benchmarking group details

Organisations in group: **16**

Median response rate: **61%**

No. of completed questionnaires:  
**25,509**



# People Promise element and theme results

For more details please see the [technical document](#).

Dudley Integrated Health and Care Trust  
2021 NHS Staff Survey Results



We are  
compassionate  
and inclusive



We are  
recognised  
and rewarded



We each  
have a voice  
that counts



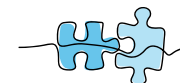
We are safe  
and healthy



We are always  
learning



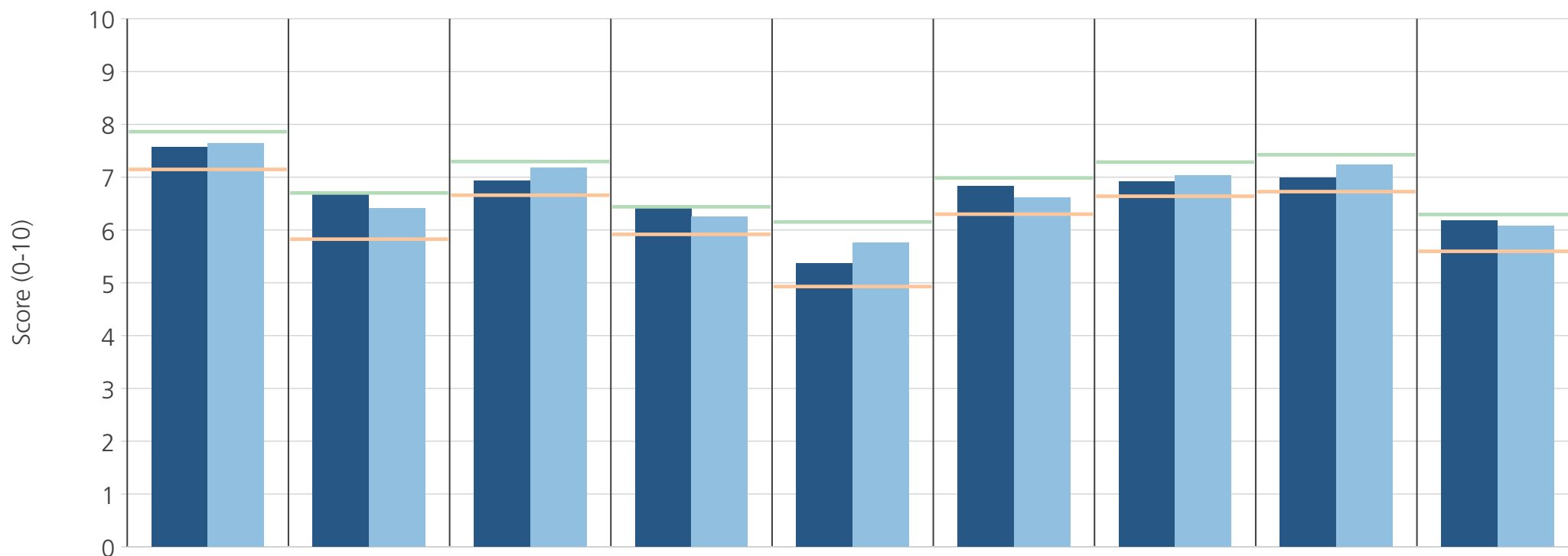
We work flexibly



We are a team

Staff  
Engagement

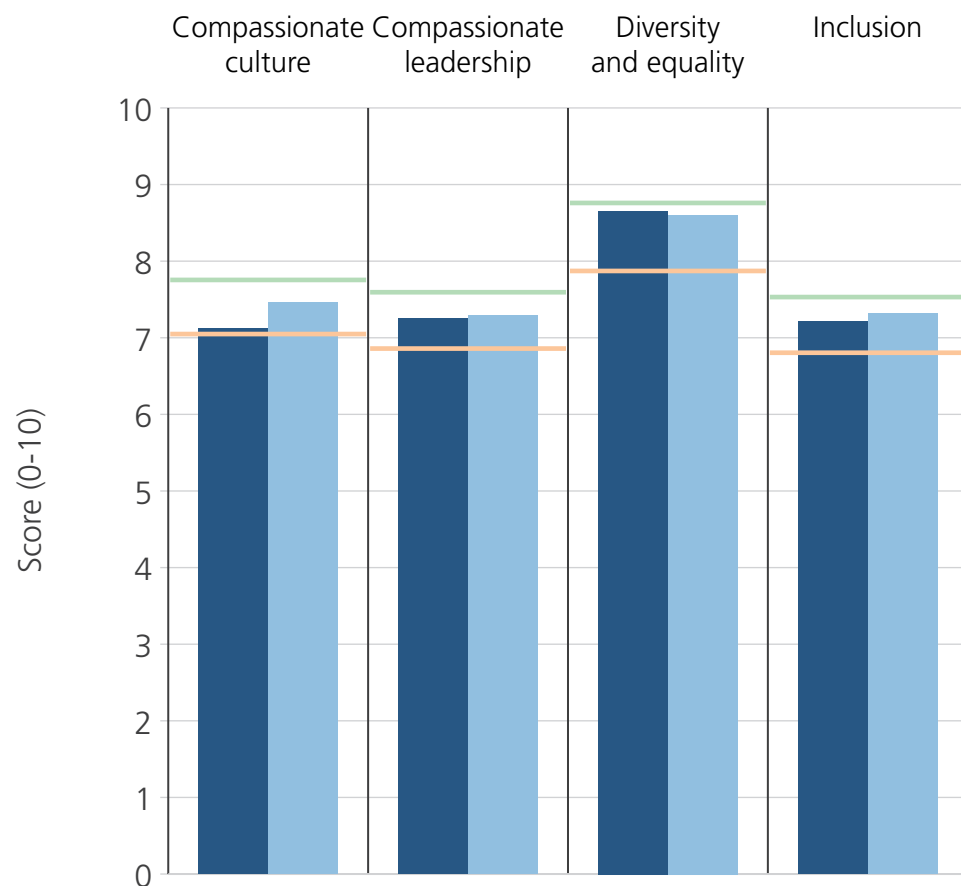
Morale



Best	7.9	6.7	7.3	6.4	6.2	7.0	7.3	7.4	6.3
Your org	7.6	6.7	6.9	6.4	5.4	6.8	6.9	7.0	6.2
Average	7.6	6.4	7.2	6.2	5.8	6.6	7.0	7.2	6.1
Worst	7.1	5.8	6.7	5.9	4.9	6.3	6.6	6.7	5.6

Responses	182	181	181	182	174	181	182	182	182
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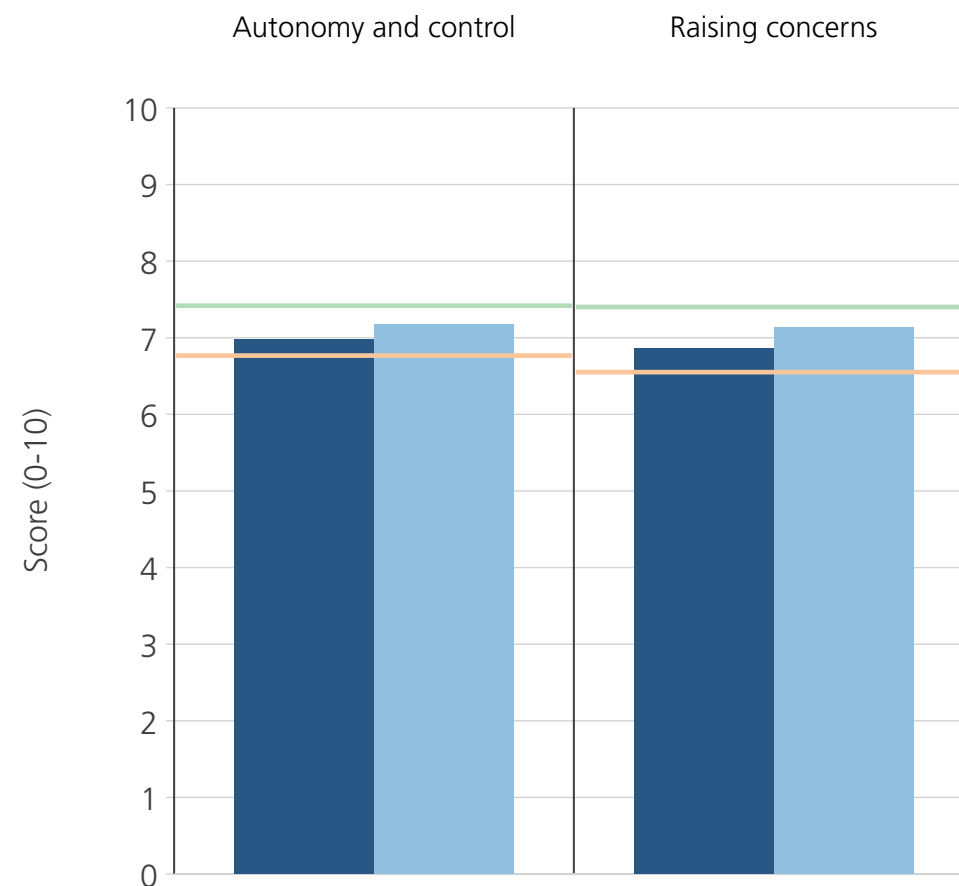
## Promise element 1: We are compassionate and inclusive



Best	7.8	7.6	8.8	7.5
Your org	7.1	7.2	8.7	7.2
Average	7.5	7.3	8.6	7.3
Worst	7.0	6.9	7.9	6.8

Responses 182 182 182 182

## Promise element 3: We each have a voice that counts

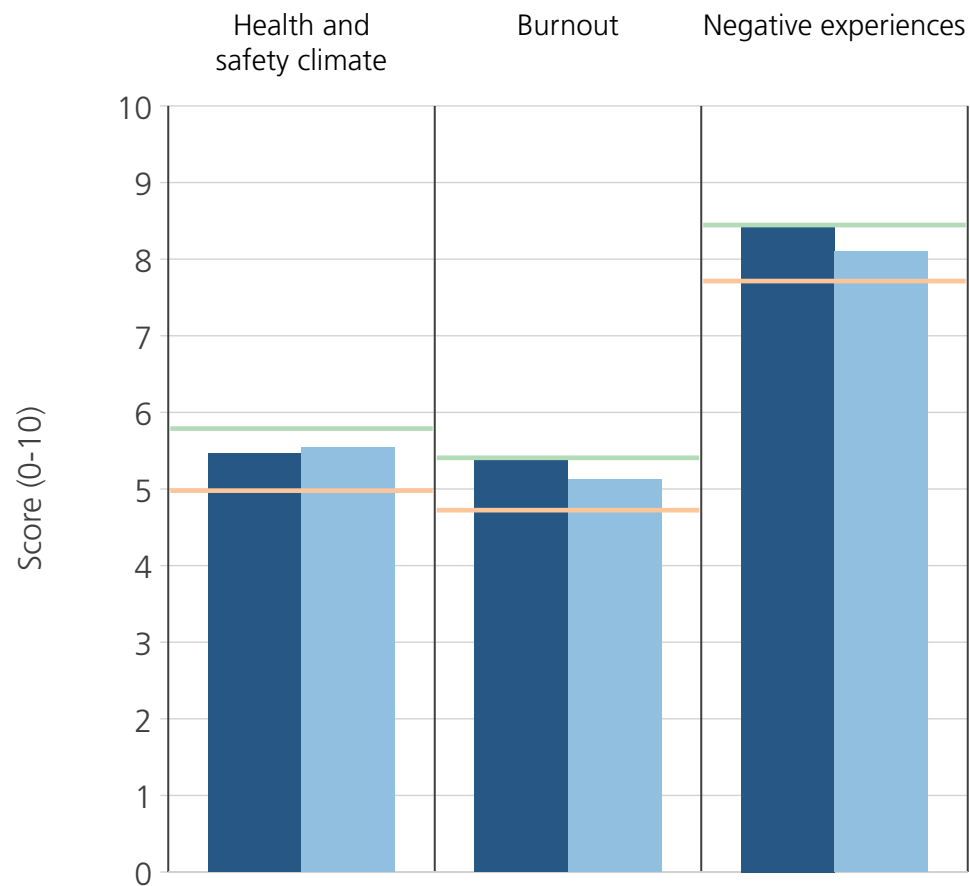


Best	7.4	7.4
Your org	7.0	6.9
Average	7.2	7.1
Worst	6.8	6.6

Responses 182 181

\* Promise element 2 features no sub-scores and so is not included in this section of the benchmarking report

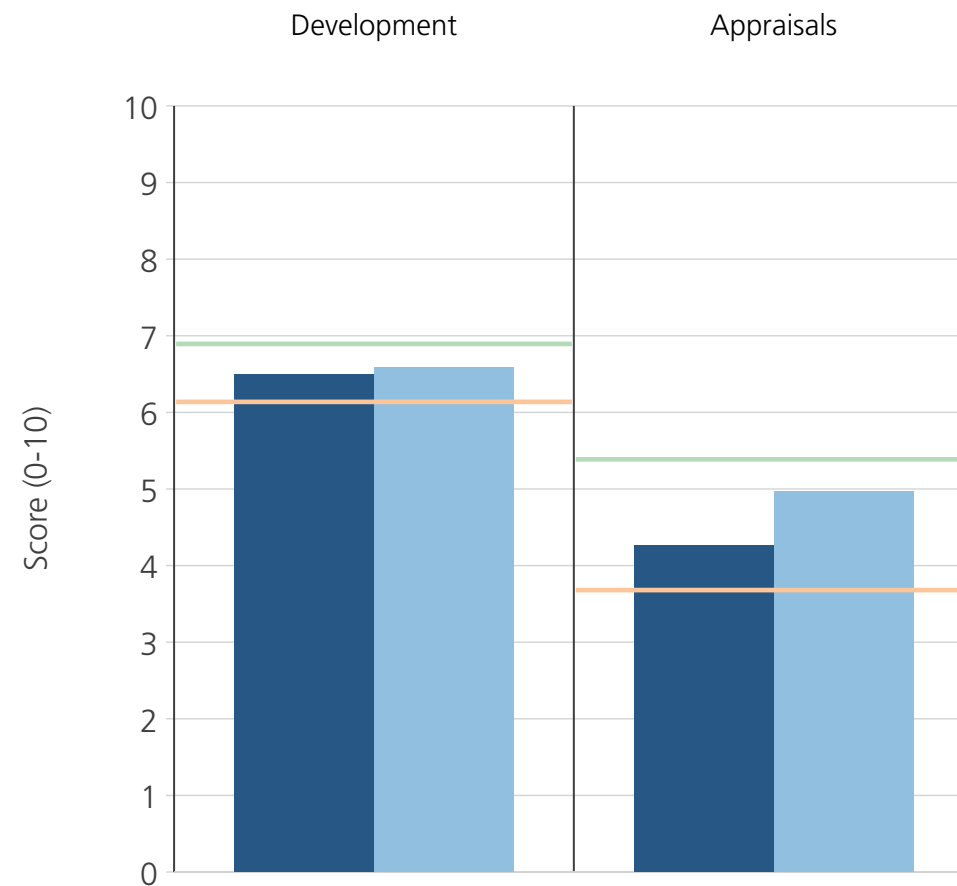
## Promise element 4: We are safe and healthy



Best	5.8	5.4	8.4
Your org	5.5	5.4	8.4
Average	5.5	5.1	8.1
Worst	5.0	4.7	7.7

Responses 182 182 182

## Promise element 5: We are always learning

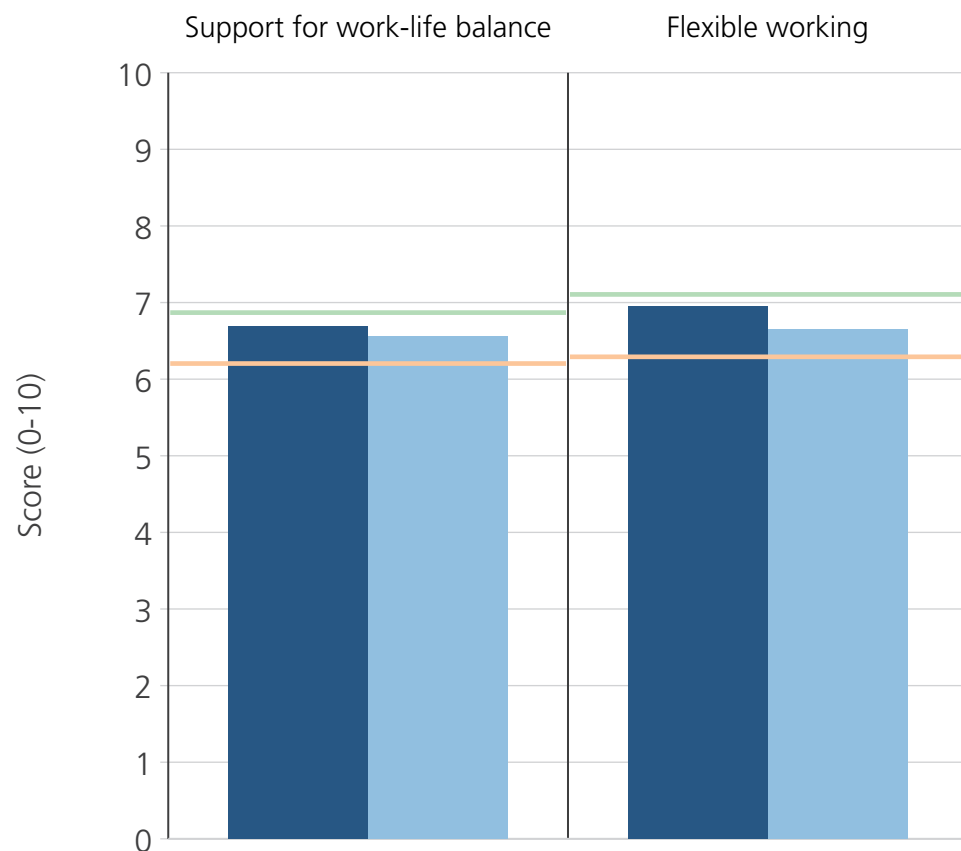


Best	6.9	5.4
Your org	6.5	4.3
Average	6.6	5.0
Worst	6.1	3.7

Responses 181 175



## Promise element 6: We work flexibly

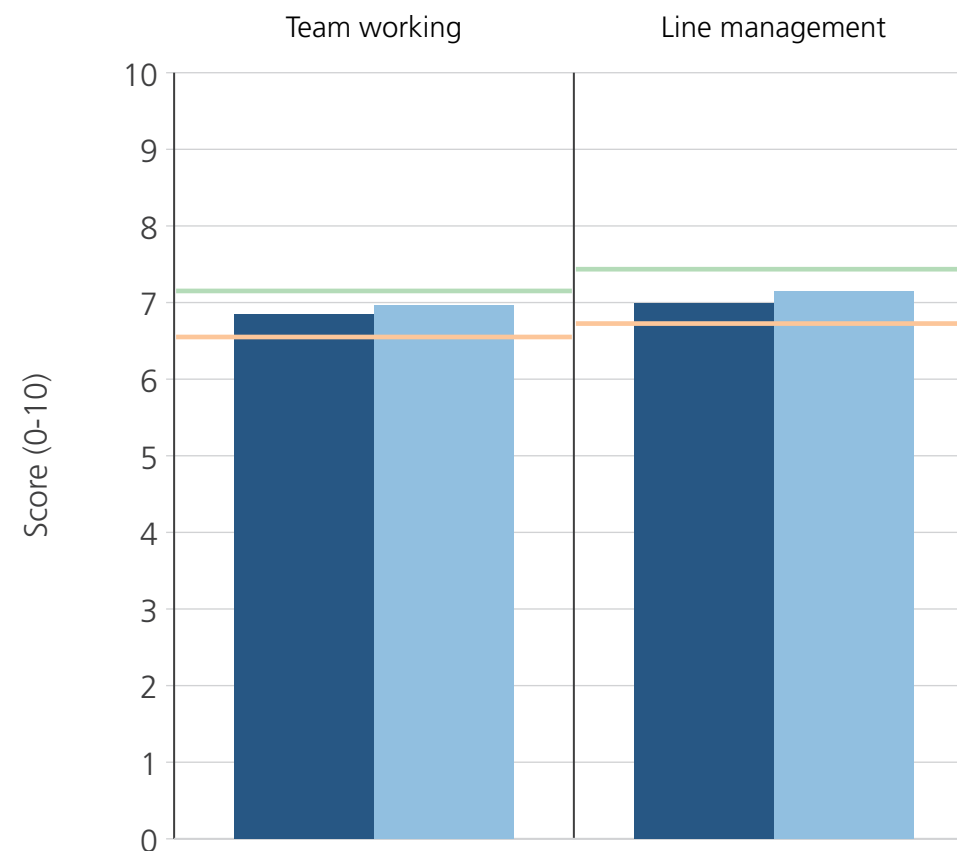


Responses

182

181

## Promise element 7: We are a team

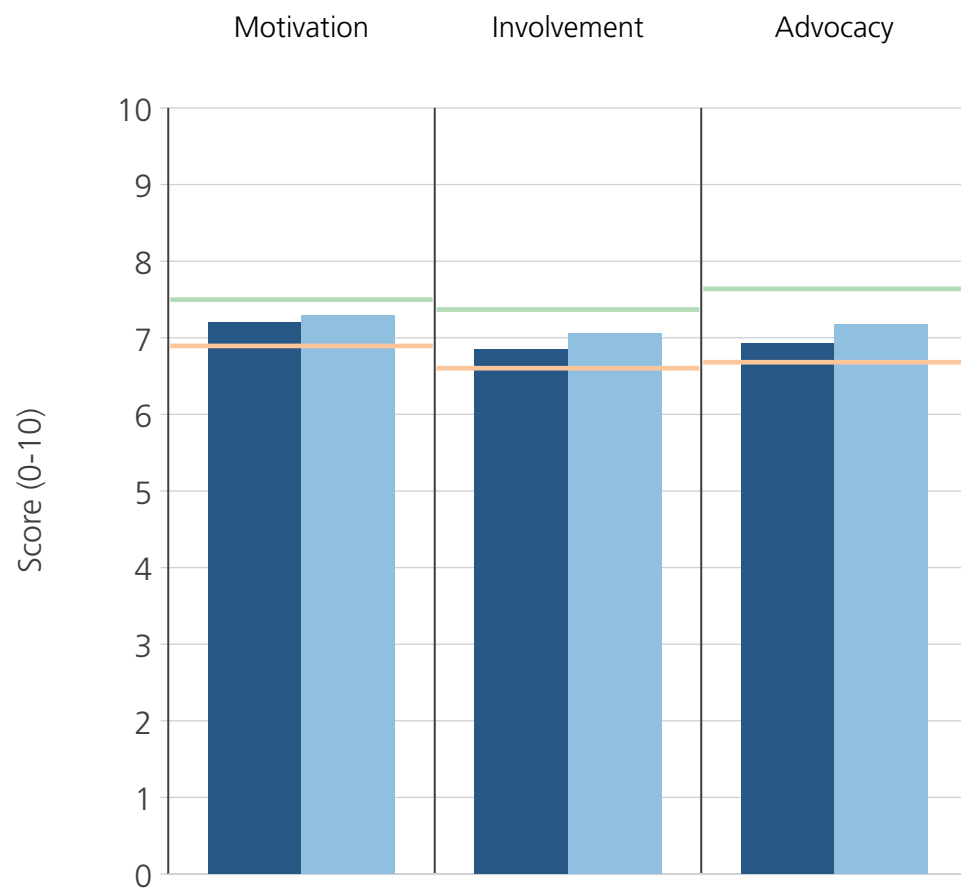


Responses

182

182

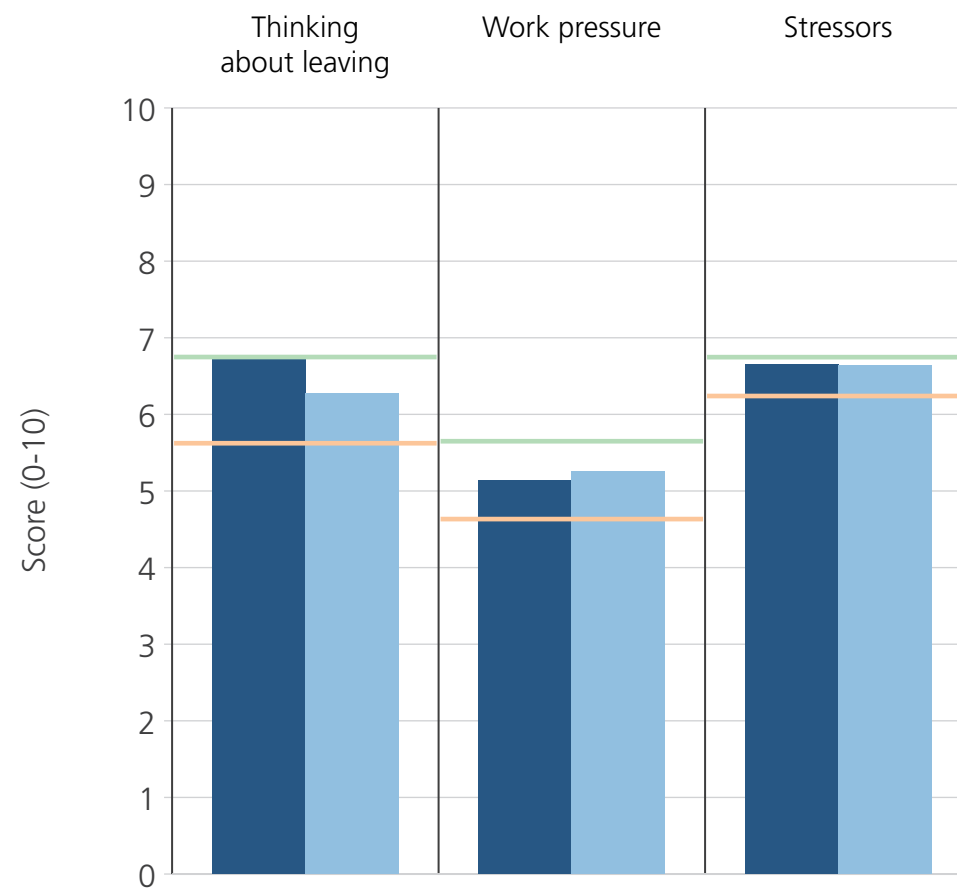
## Staff Engagement



Best	7.5	7.4	7.6
Your org	7.2	6.8	6.9
Average	7.3	7.1	7.2
Worst	6.9	6.6	6.7

Responses 181 182 182

## Morale



Best	6.7	5.6	6.7
Your org	6.7	5.1	6.7
Average	6.3	5.3	6.6
Worst	5.6	4.6	6.2

Responses 182 182 181

# People Promise element and theme results – Covid-19 classification breakdowns

Dudley Integrated Health and Care Trust  
2021 NHS Staff Survey Results

## Covid-19 questions

In the 2021 survey, staff were asked three classification questions relating to their experience during the Covid-19 pandemic:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Have you worked on a Covid-19 specific ward or area at any time?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have you been redeployed due to the Covid-19 pandemic at any time?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have you been required to work remotely/from home due to the Covid-19 pandemic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

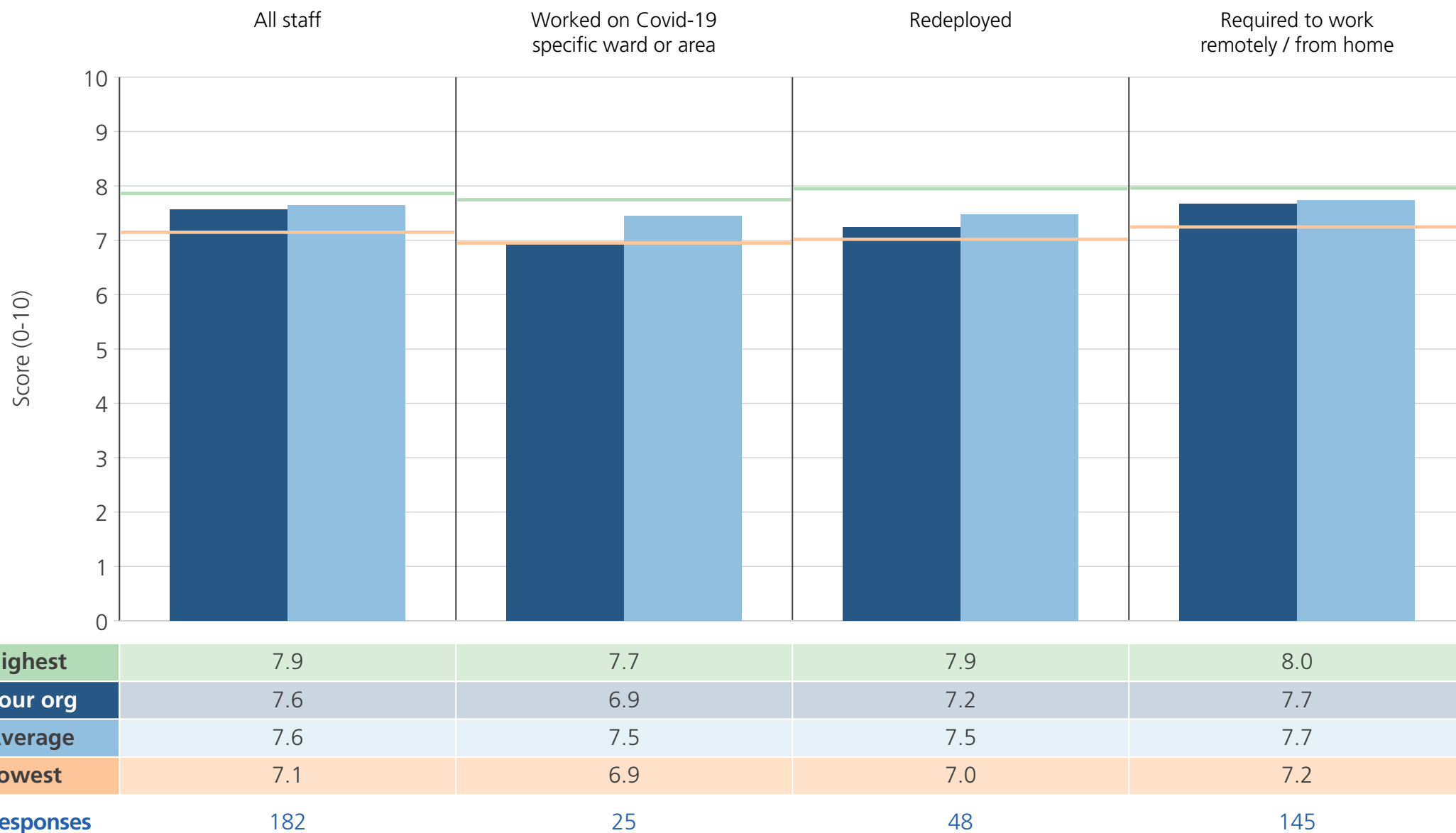
The charts on the following pages show the breakdown of People Promise element scores for staff answering 'yes' to each of these questions, compared with the results for all staff at your organisation. Results are presented in the context of the highest, average and lowest scores for similar organisations.

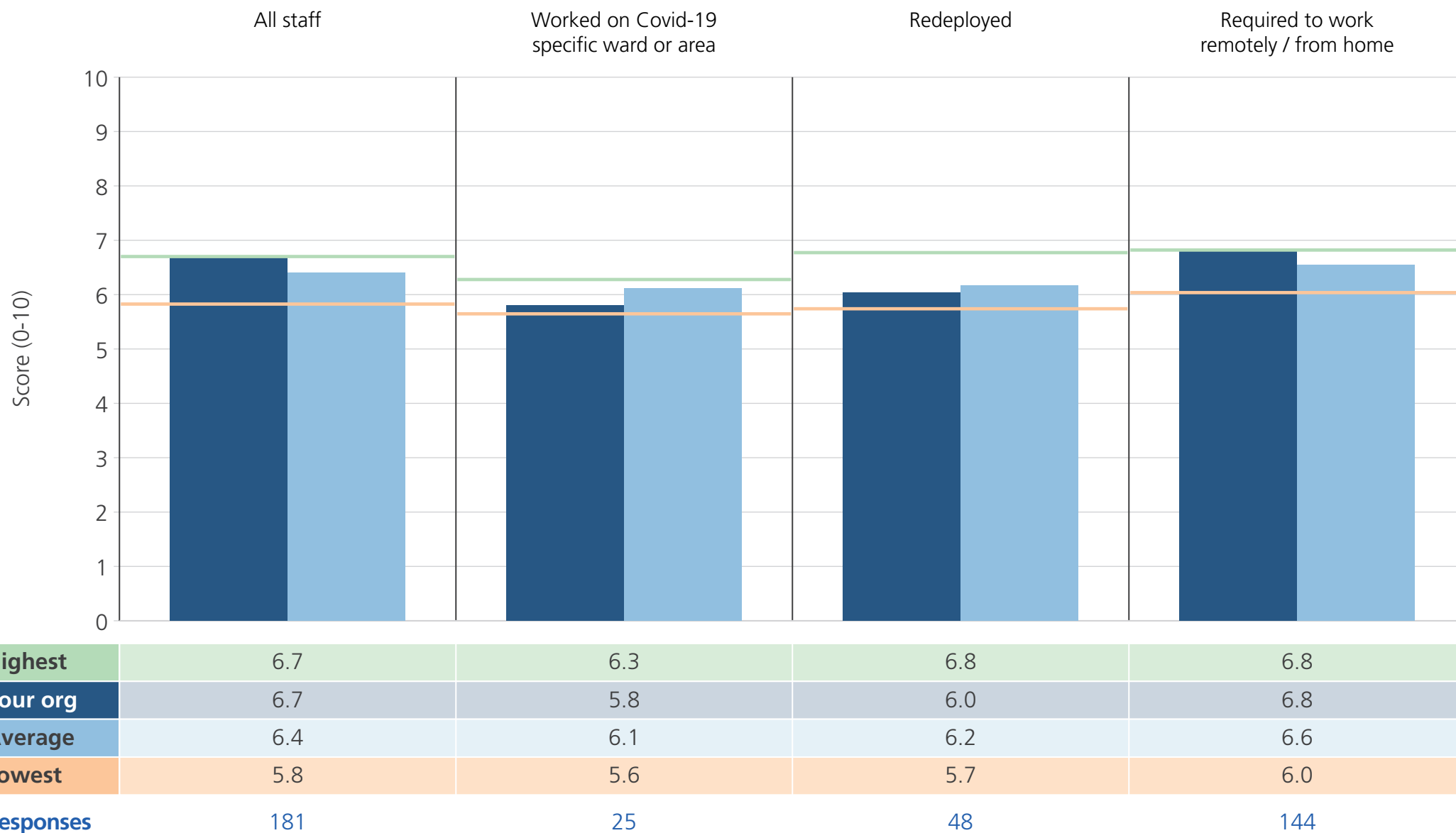
## Comparing your data

To improve overall comparability, the data have been weighted to match the occupation group profile of staff at your organisation to that of the benchmarking group, as in previous charts. However, there may be differences in the occupation group profiles of the individual COVID-19 subgroups. For example, the mix of occupational groups across redeployed staff at your organisation may differ from similar organisations. This difference would not be accounted for by the weighting and therefore may affect the comparability of results. As such, a degree of caution is advised when interpreting your results.

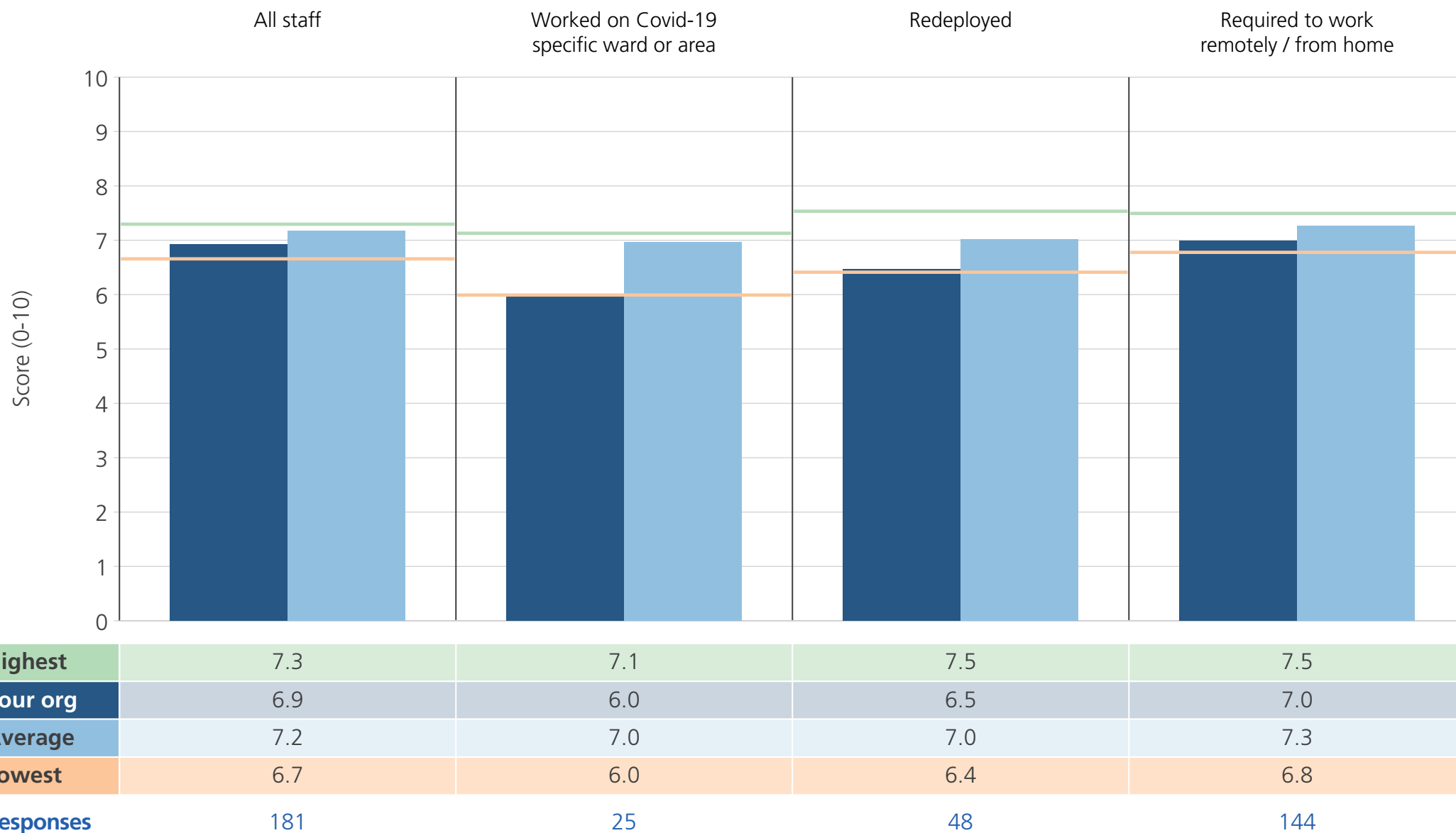
## Further information

Results for these groups of staff, including data for individual questions, are also available via the [online dashboards](#). Please note that results presented in these dashboards have not been weighted where no benchmarking takes place and so may vary slightly from those shown in this report.



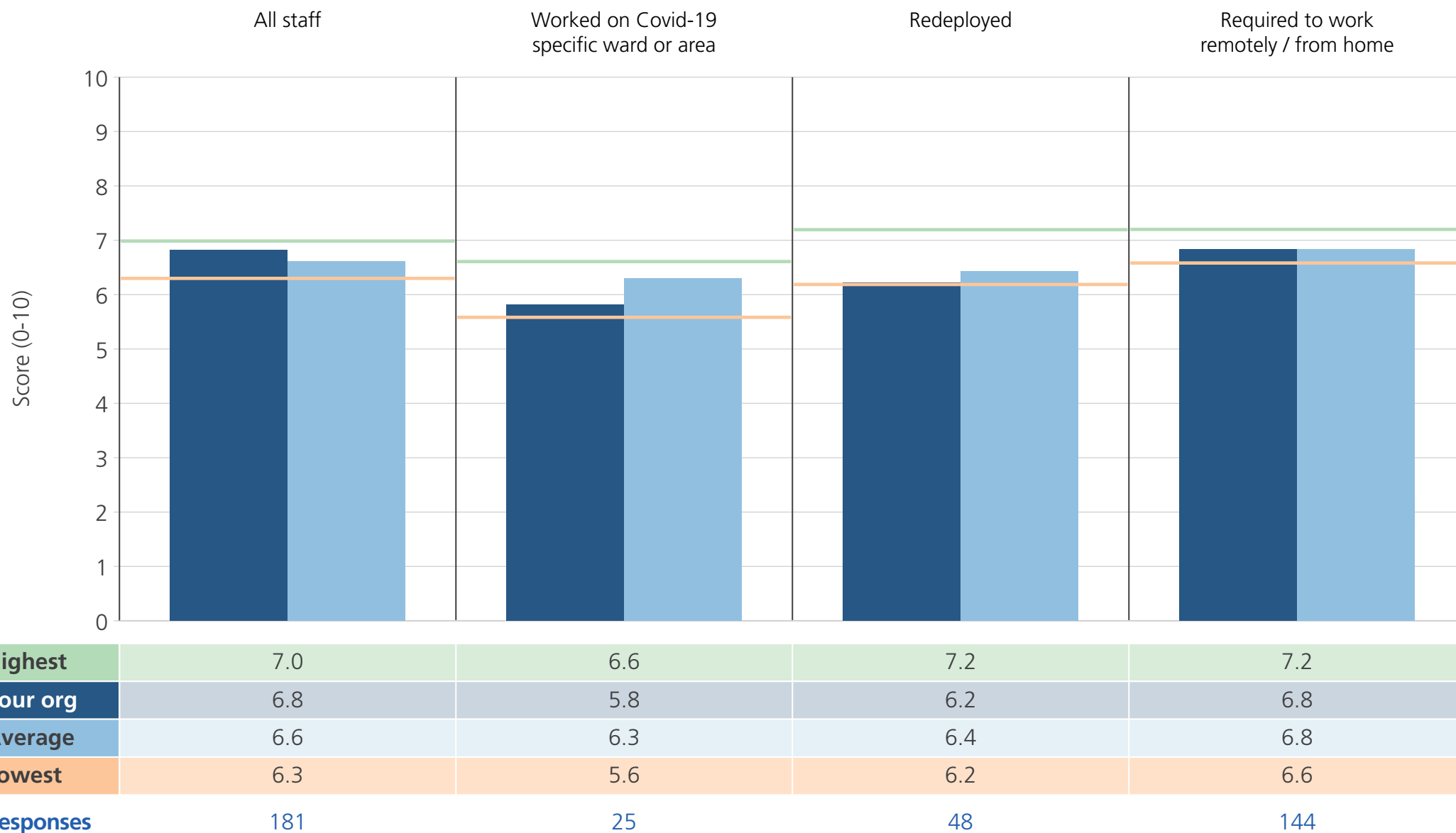


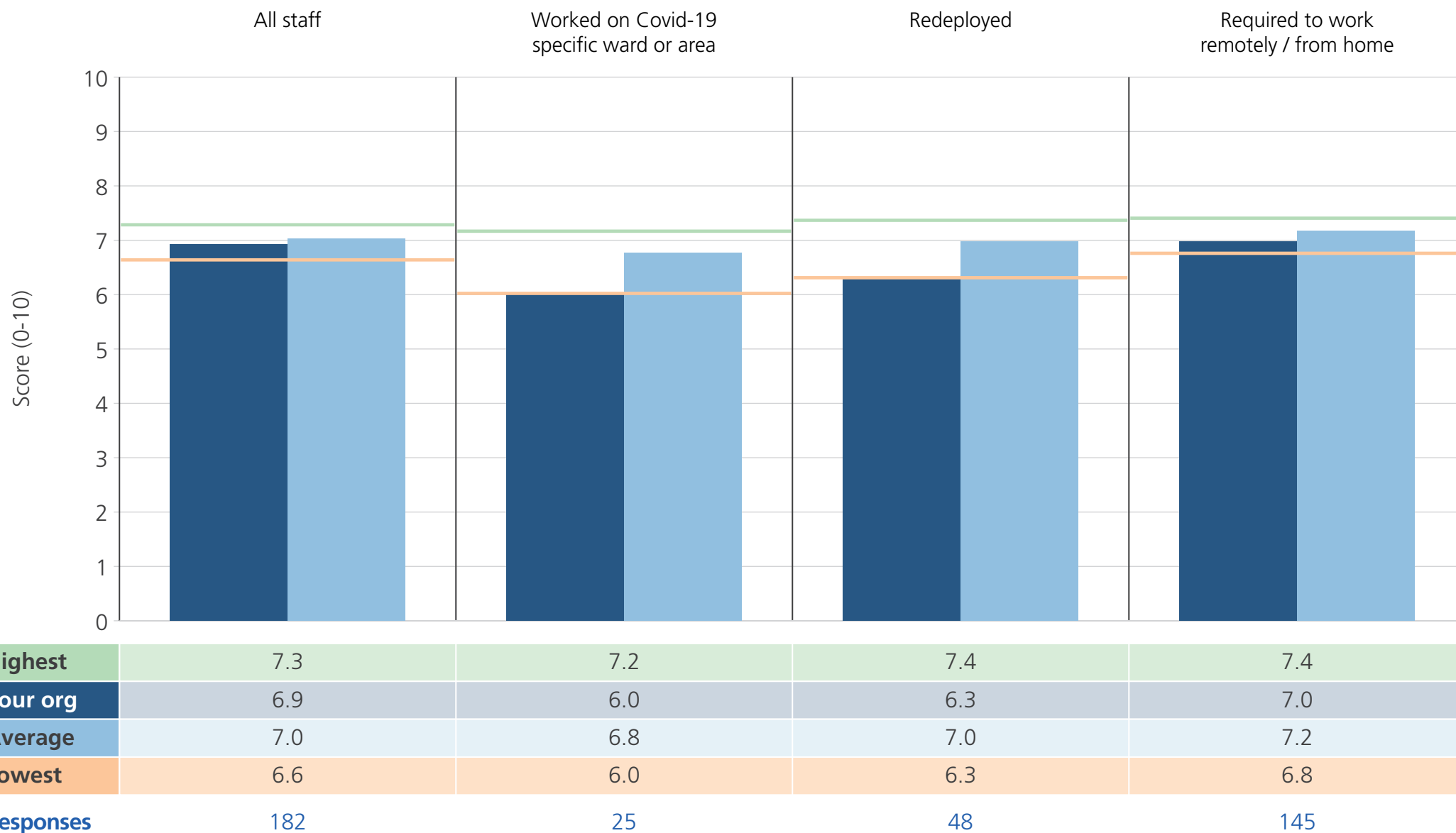


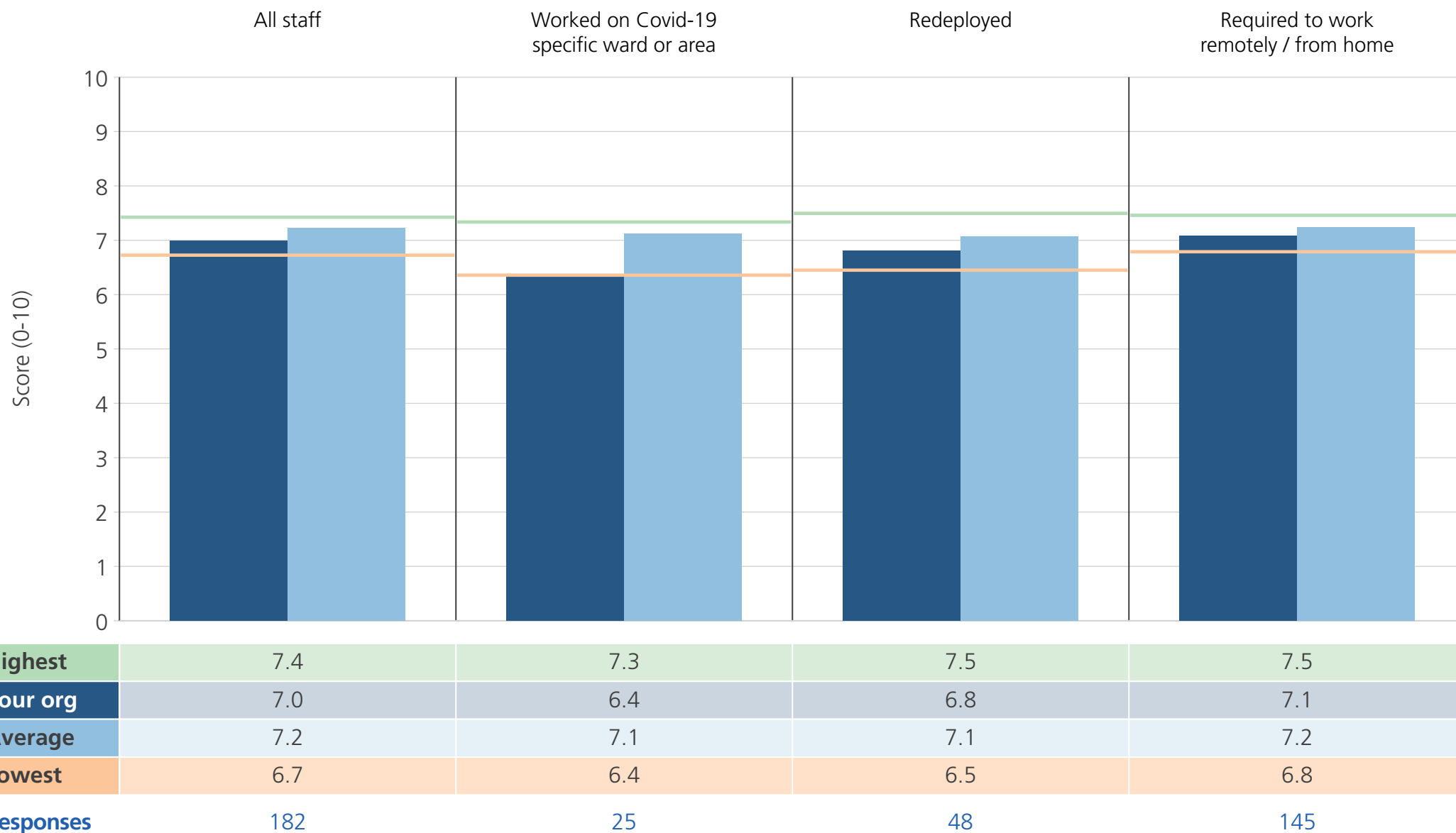


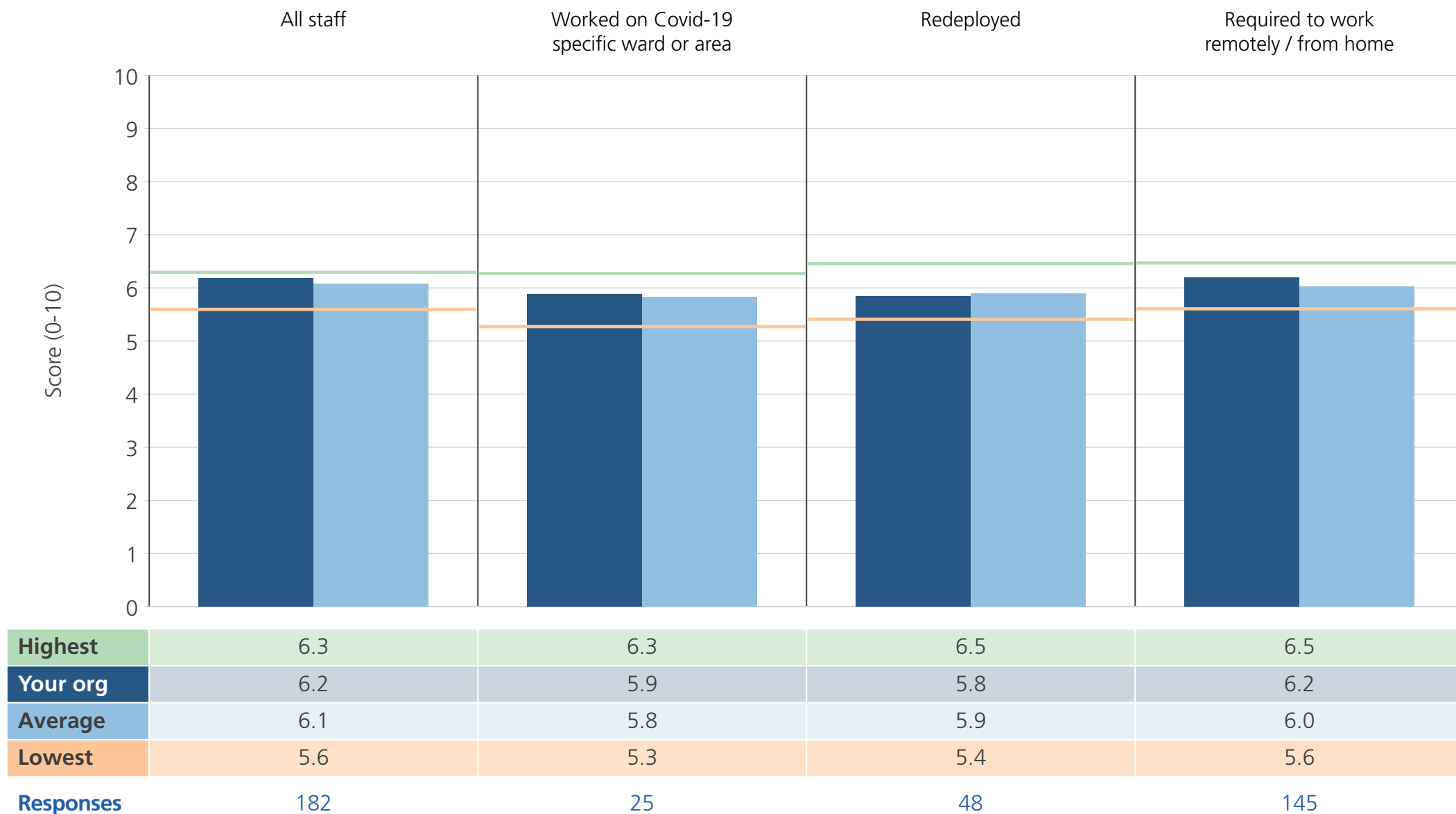








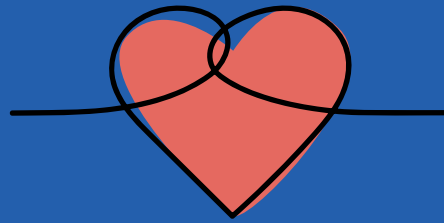






# People Promise element and theme results – Detailed information

Dudley Integrated Health and Care Trust  
2021 NHS Staff Survey Results



# People Promise element detailed information – We are compassionate and inclusive

## Questions:

Q6a, Q21a, Q21b, Q21c, Q21d

Q9f, Q9g, Q9h, Q9i

Q15, Q16a, Q16b, Q18

Q7h, Q7i, Q8b, Q8c

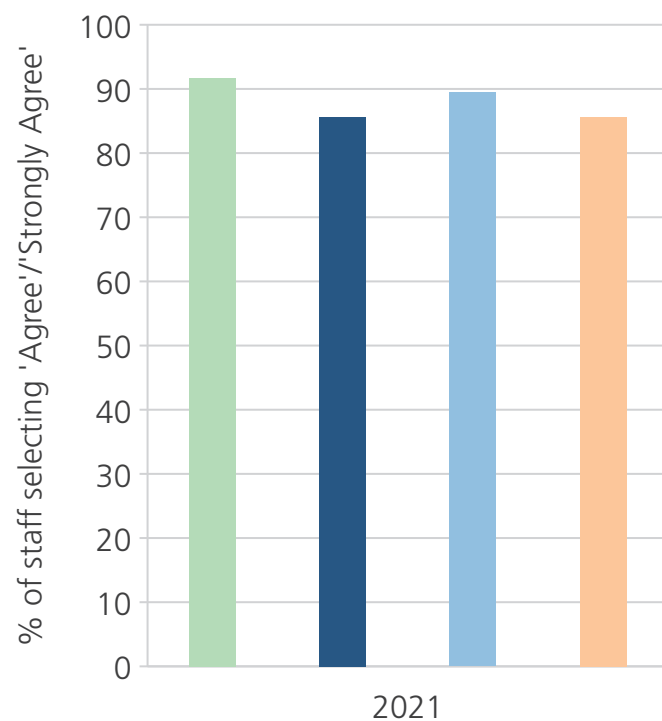
Dudley Integrated Health and Care Trust

2021 NHS Staff Survey Results

**Q6a**

I feel that my role makes a  
difference to patients / service users

Due to changes in this year's survey it is not  
possible to display trend data for this question

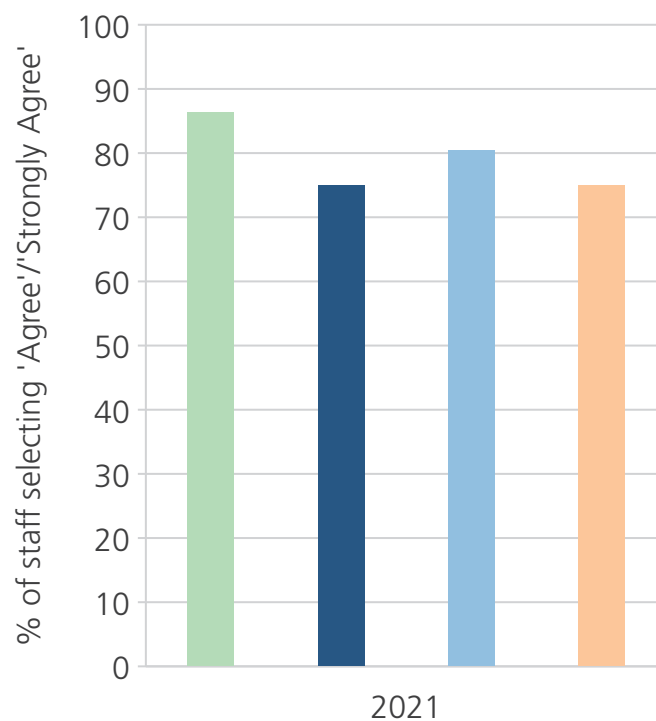


Best	91.7%
Your org	85.6%
Average	89.4%
Worst	85.6%

Responses 178

**Q21a**

Care of patients / service users  
is my organisation's top priority

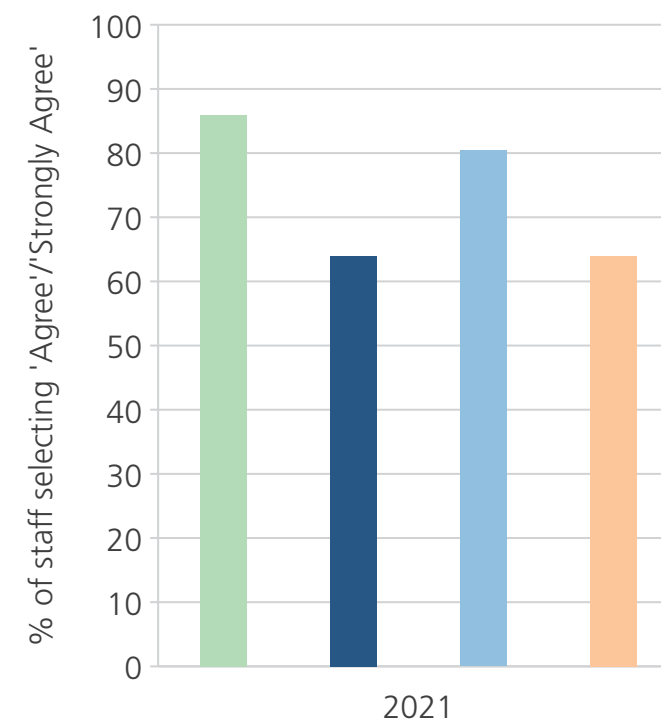


Best	86.3%
Your org	75.0%
Average	80.4%
Worst	74.9%

Responses 182

**Q21b**

My organisation acts on concerns  
raised by patients / service users

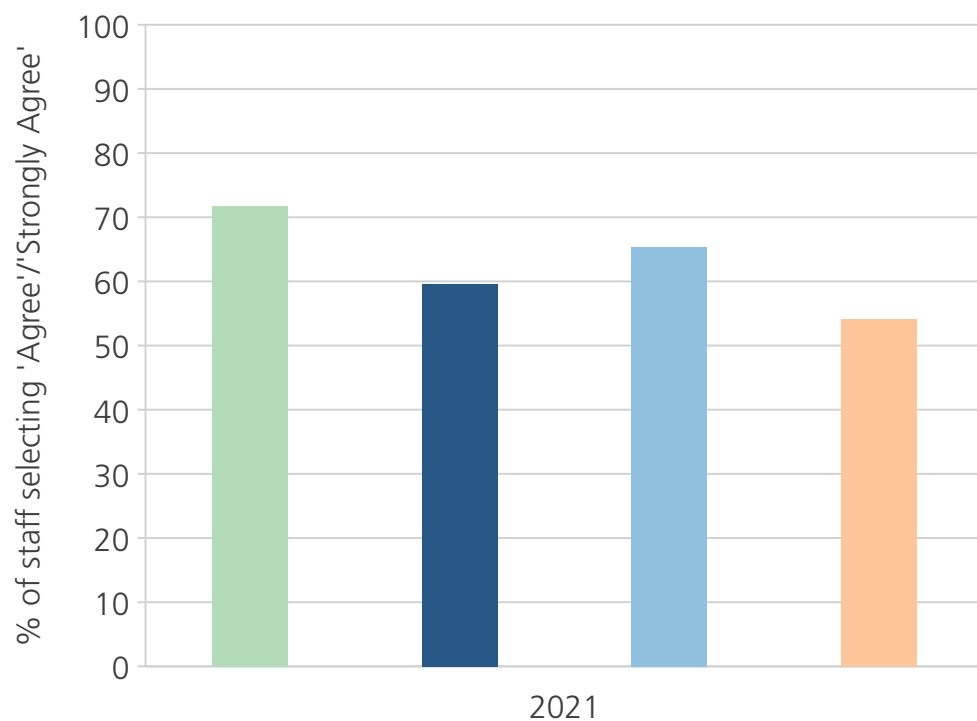


Best	86.0%
Your org	63.9%
Average	80.4%
Worst	63.9%

Responses 182

**Q21c**

I would recommend my organisation as a place to work



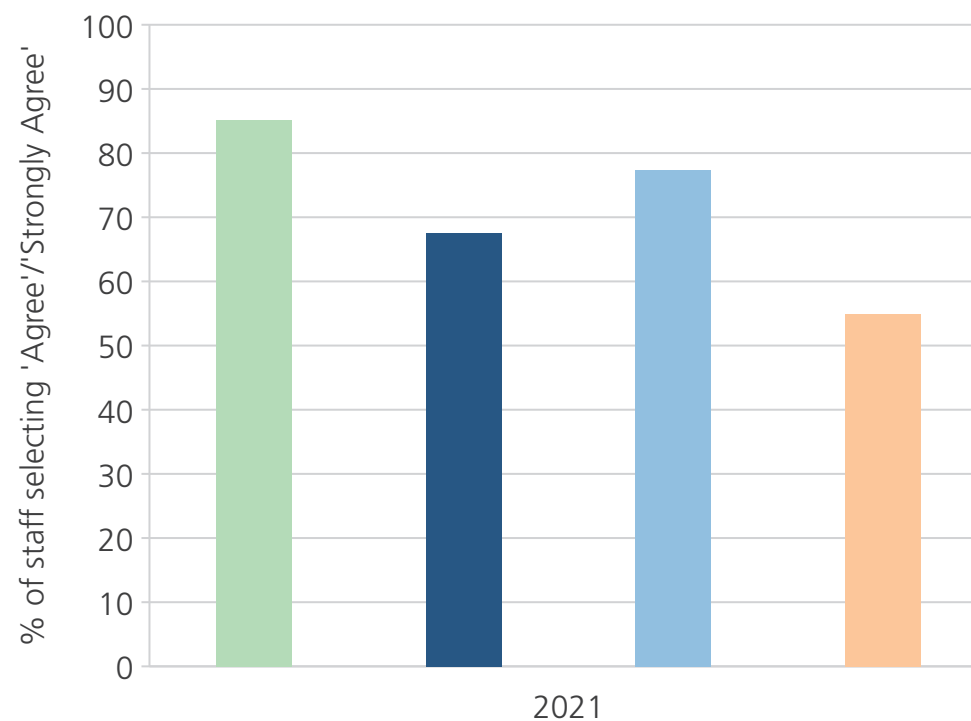
Best	71.8%
Your org	59.6%
Average	65.3%
Worst	54.2%

Responses

181

**Q21d**

If a friend or relative needed treatment I would be happy  
with the standard of care provided by this organisation



Best	85.2%
Your org	67.6%
Average	77.4%
Worst	55.0%

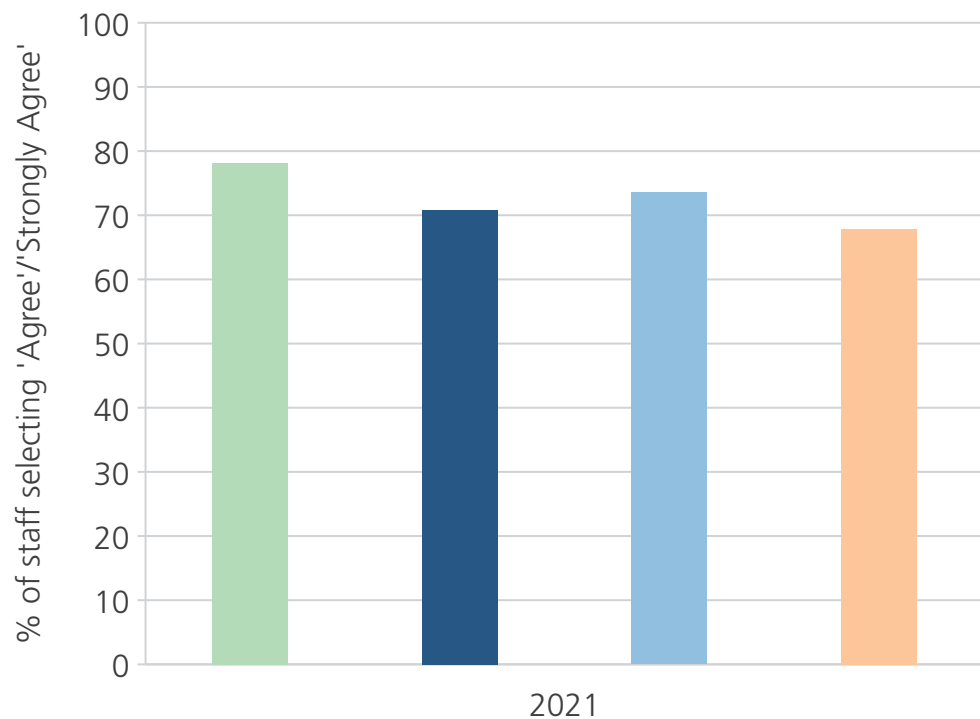
Responses

182

**Q9f**

My immediate manager works together with me to come to an understanding of problems

No trend data are shown as this is a new question



Best	78.1%
Your org	70.8%
Average	73.5%
Worst	67.9%

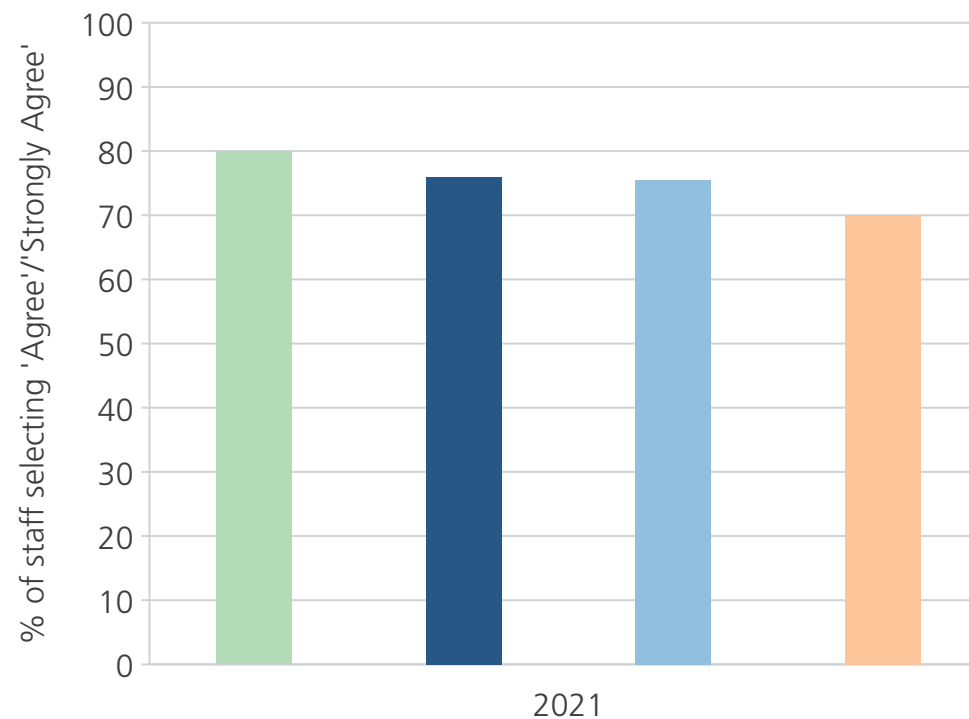
Responses

181

**Q9g**

My immediate manager is interested in listening to me when I describe challenges I face

No trend data are shown as this is a new question



Best	79.9%
Your org	75.9%
Average	75.4%
Worst	70.1%

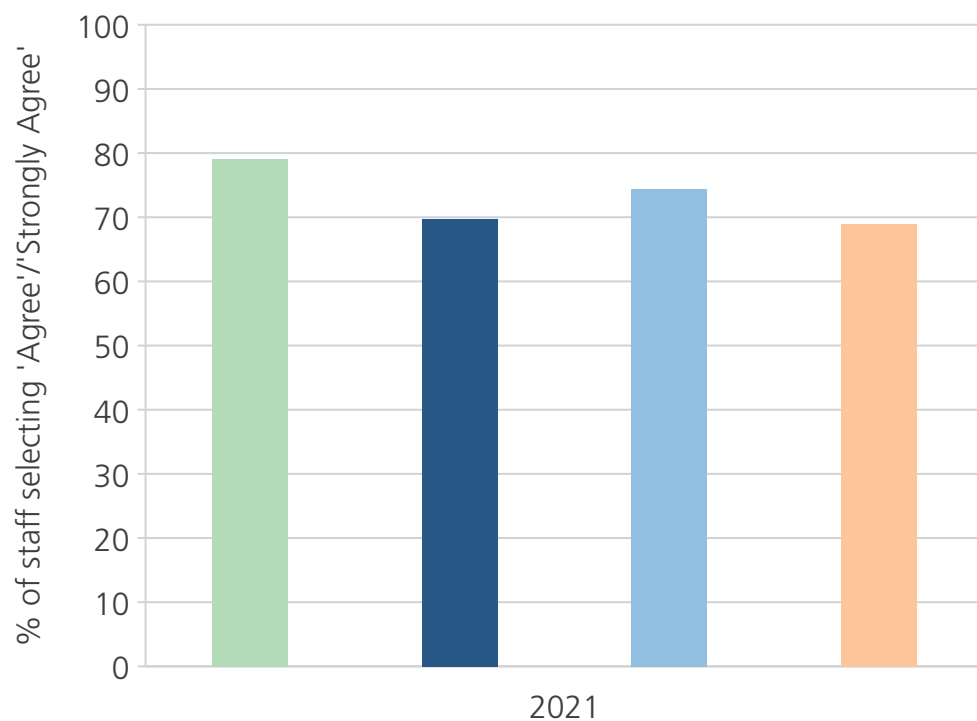
Responses

182

**Q9h**

My immediate manager cares about my concerns

No trend data are shown as this is a new question



Best	79.1%
Your org	69.7%
Average	74.4%
Worst	69.0%

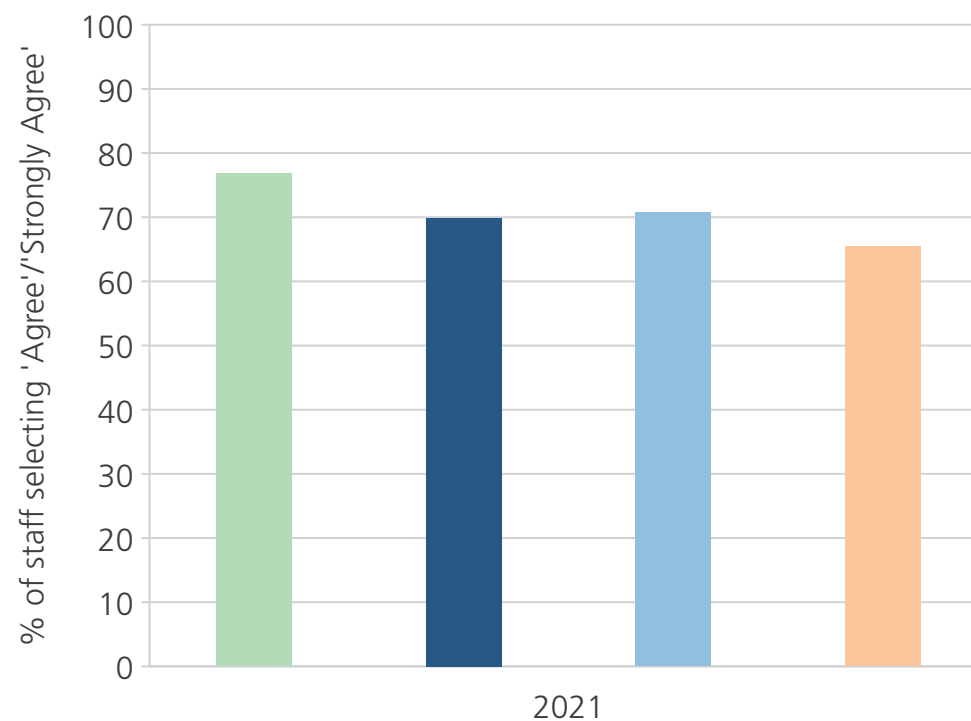
Responses

181

**Q9i**

My immediate line manager takes effective action to help me with any problems I face

No trend data are shown as this is a new question



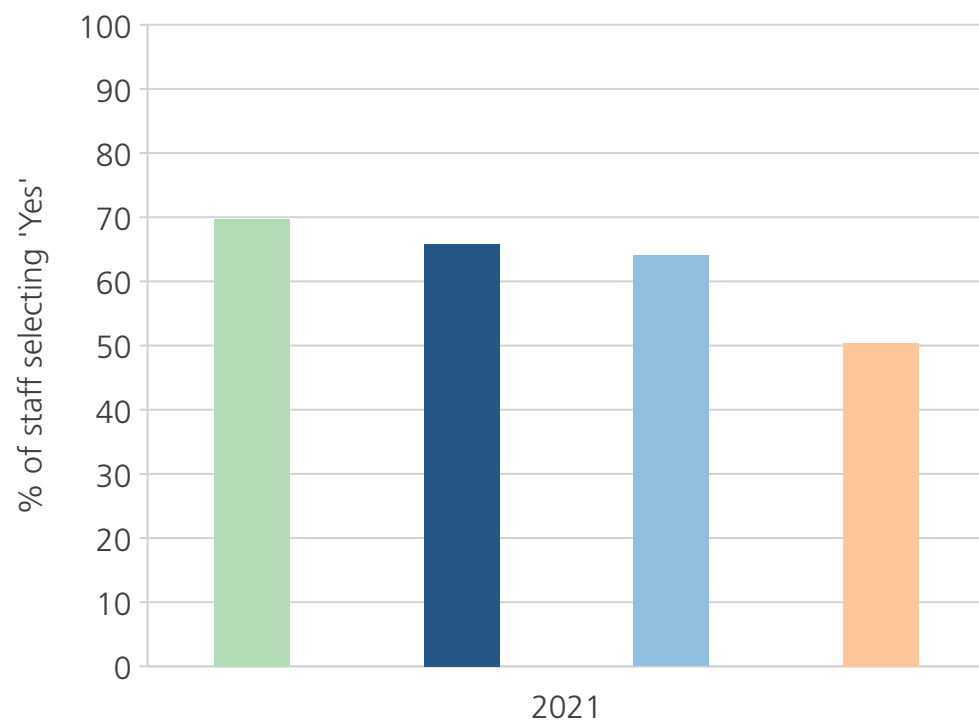
Best	76.8%
Your org	69.9%
Average	70.8%
Worst	65.4%

Responses

180

### Q15

Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



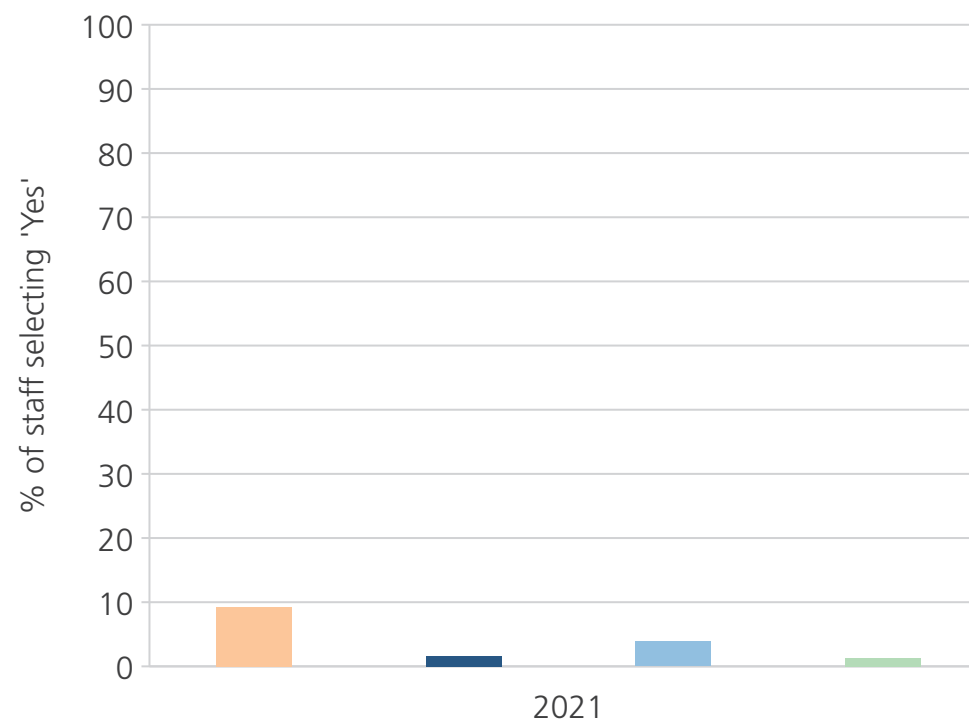
Best	69.7%
Your org	65.9%
Average	64.0%
Worst	50.4%

Responses

181

### Q16a

In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



Worst	9.3%
Your org	1.6%
Average	3.9%
Best	1.3%

Responses

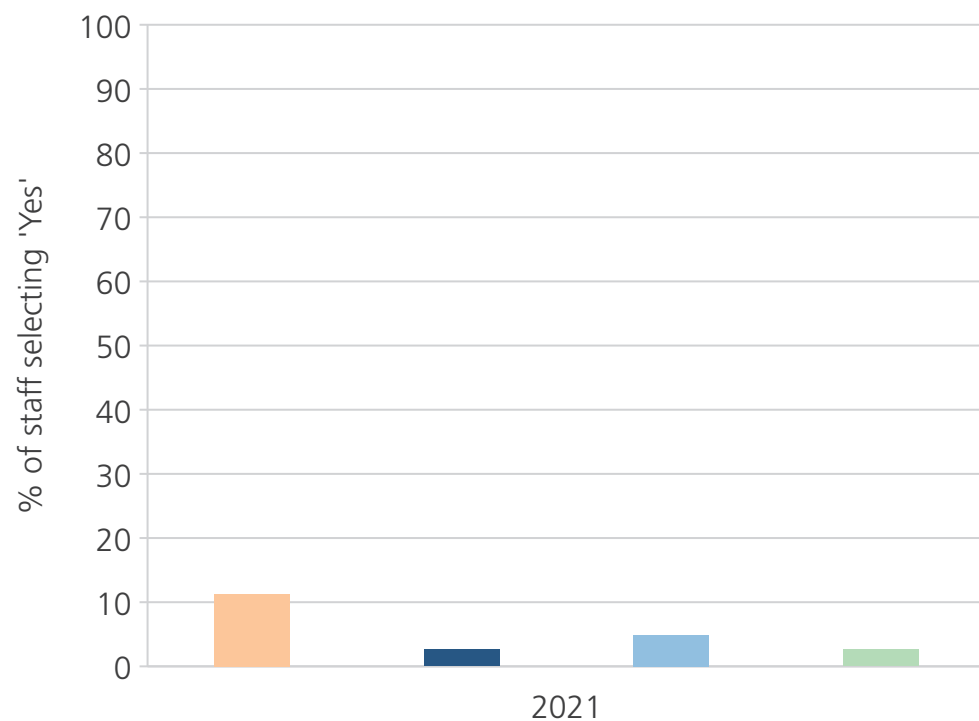
182

Please note: The approach to calculating the results for Q15 has changed for 2021, to include 'don't know' responses. These results feed into the Diversity and equality sub-score and the We are compassionate and inclusive promise element, as well as the WRES and WDES indicators. The Q15 results based on the historic calculation are reported in this section for transparency, but do not feed into any measure.



### Q16b

In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



Worst	11.2%
Your org	2.6%
Average	4.9%
Best	2.6%

Responses

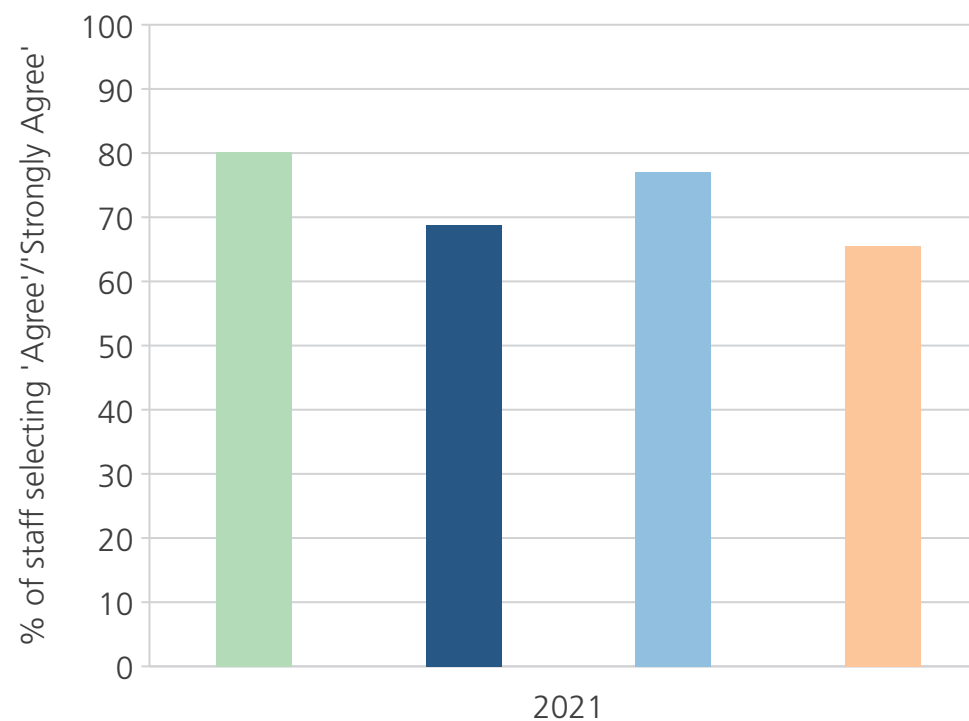
182

131

### Q18

I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).

No trend data are shown as this is a new question



Best	80.2%
Your org	68.8%
Average	77.0%
Worst	65.5%

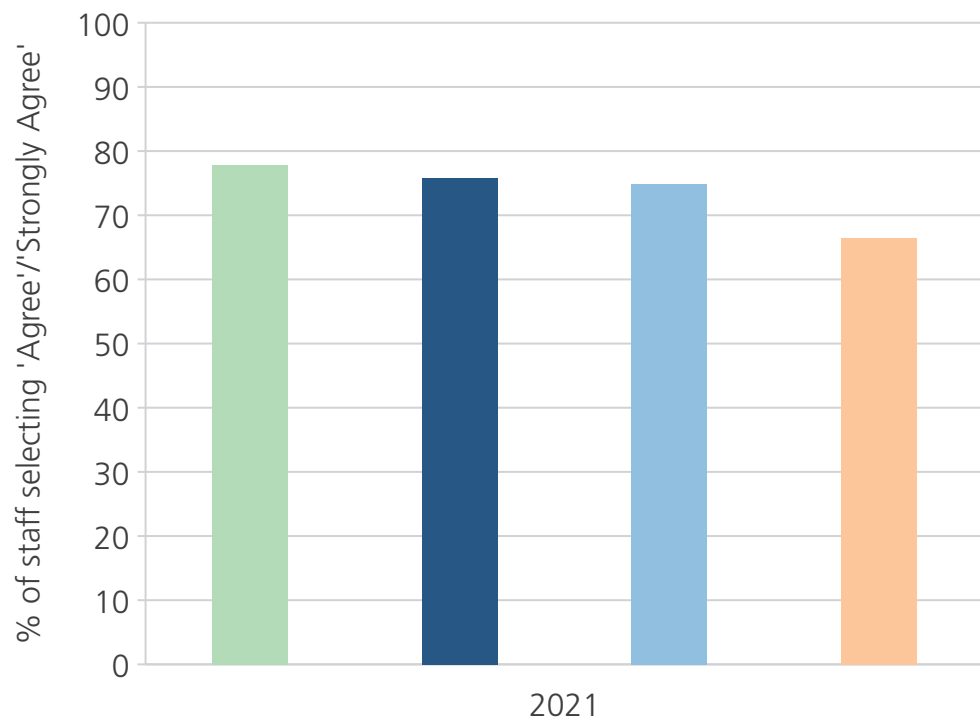
Responses

182

**Q7h**

I feel valued by my team

No trend data are shown as this is a new question



Best	77.8%
Your org	75.8%
Average	74.9%
Worst	66.5%

Responses

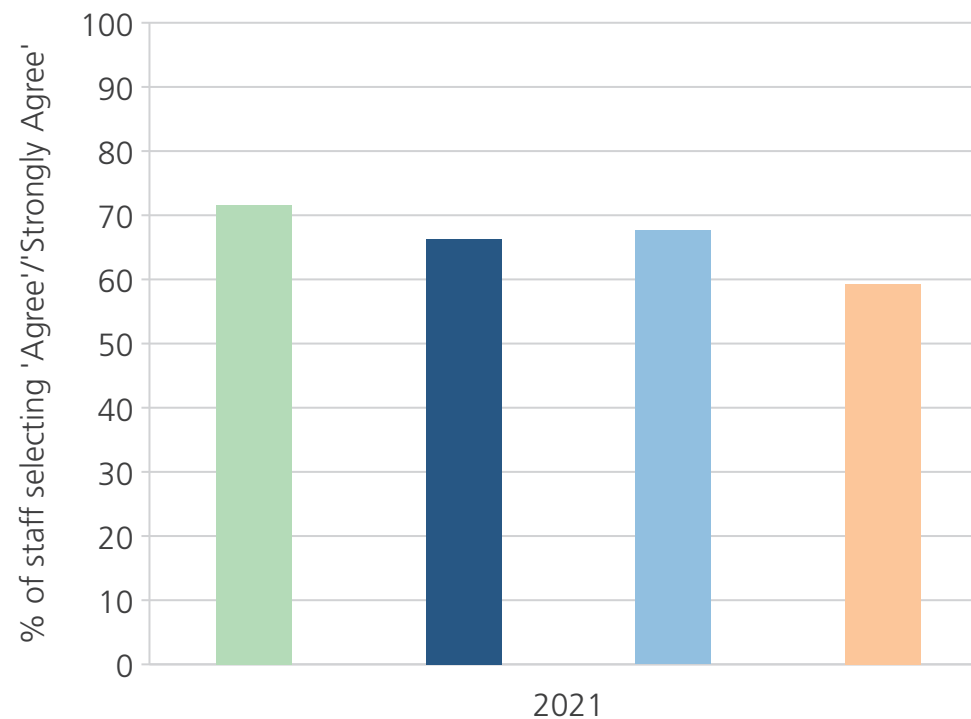
182

132

**Q7i**

I feel a strong personal attachment to my team

No trend data are shown as this is a new question



Best	71.6%
Your org	66.3%
Average	67.6%
Worst	59.3%

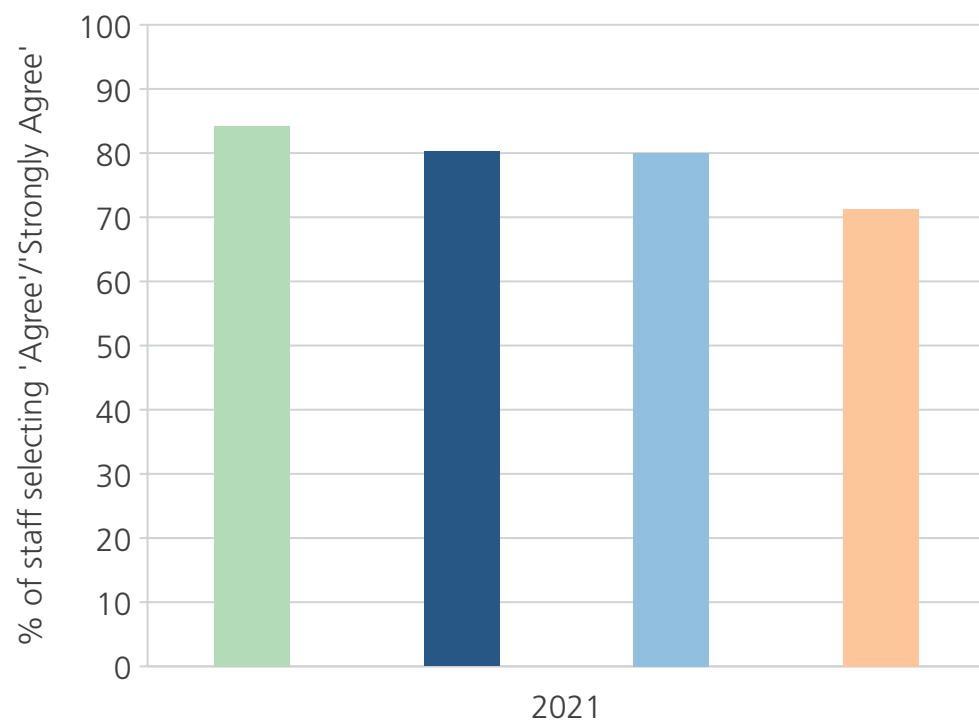
Responses

181

**Q8b**

The people I work with are understanding and kind to one another

No trend data are shown as this is a new question



Best	84.3%
Your org	80.2%
Average	80.0%
Worst	71.3%

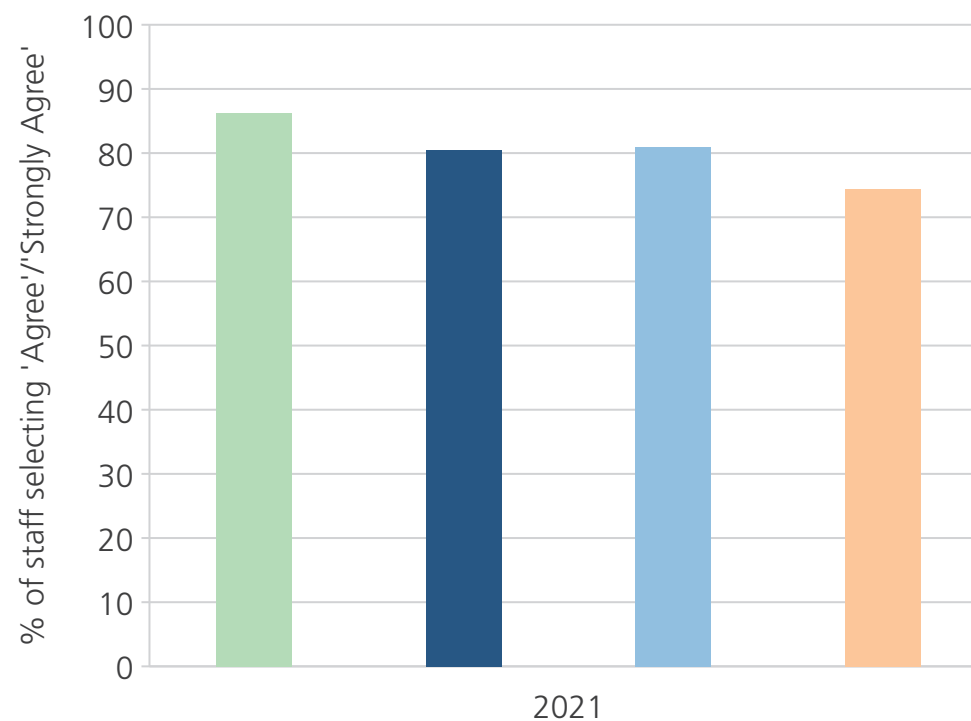
Responses

182

**Q8c**

The people I work with are polite and treat each other with respect

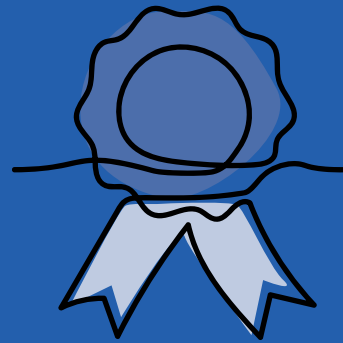
No trend data are shown as this is a new question



Best	86.2%
Your org	80.5%
Average	80.9%
Worst	74.4%

Responses

182



# People Promise element detailed information – We are recognised and rewarded

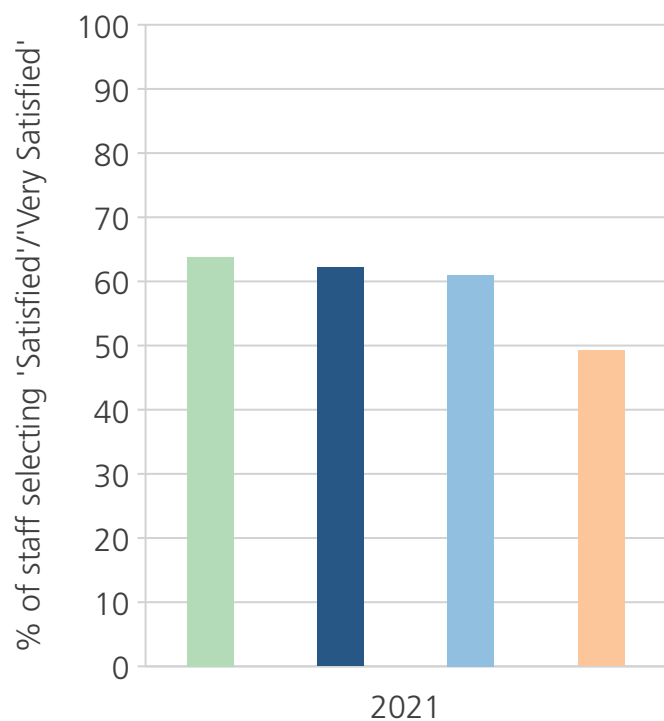
## Questions:

Q4a, Q4b, Q4c, Q8d, Q9e

Dudley Integrated Health and Care Trust  
2021 NHS Staff Survey Results

**Q4a**

The recognition I get for good work

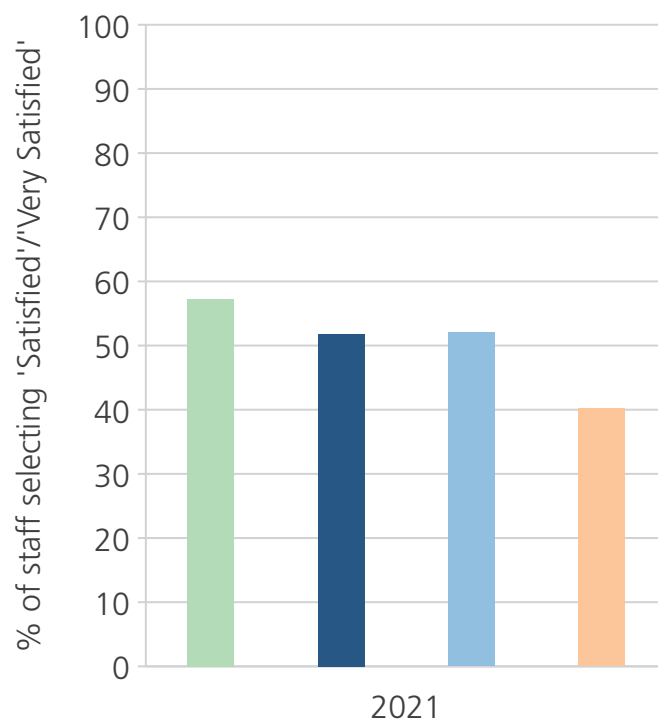


Best	63.8%
Your org	62.2%
Average	61.0%
Worst	49.2%

Responses 181

**Q4b**

The extent to which my organisation values my work

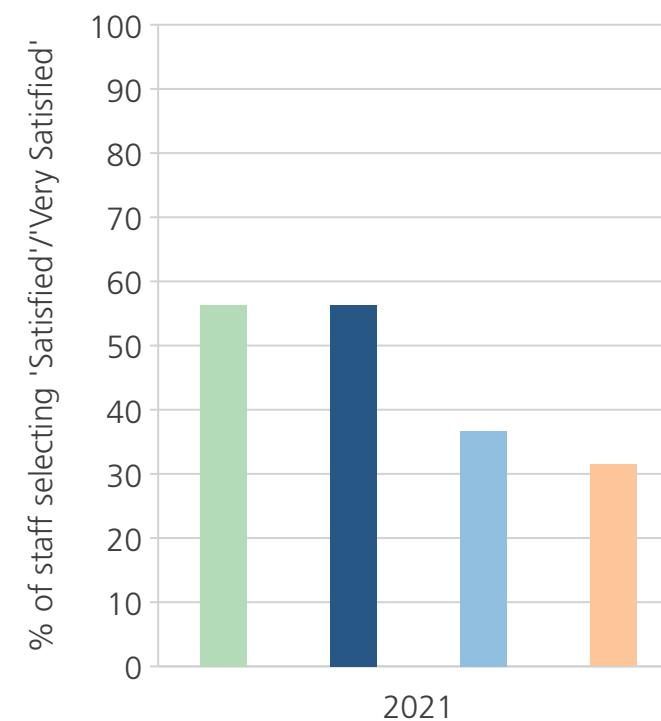


Best	57.3%
Your org	51.9%
Average	52.0%
Worst	40.2%

Responses 180

**Q4c**

My level of pay



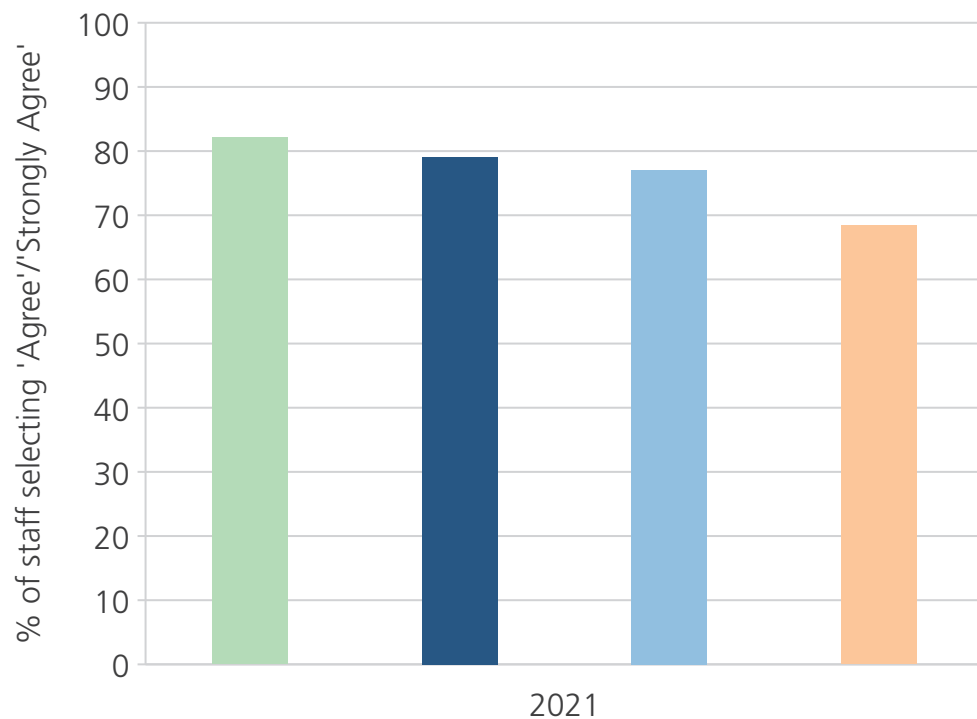
Best	56.3%
Your org	56.3%
Average	36.7%
Worst	31.5%

Responses 180

**Q8d**

The people I work with show appreciation to one another

No trend data are shown as this is a new question



Best	82.1%
Your org	79.1%
Average	77.1%
Worst	68.4%

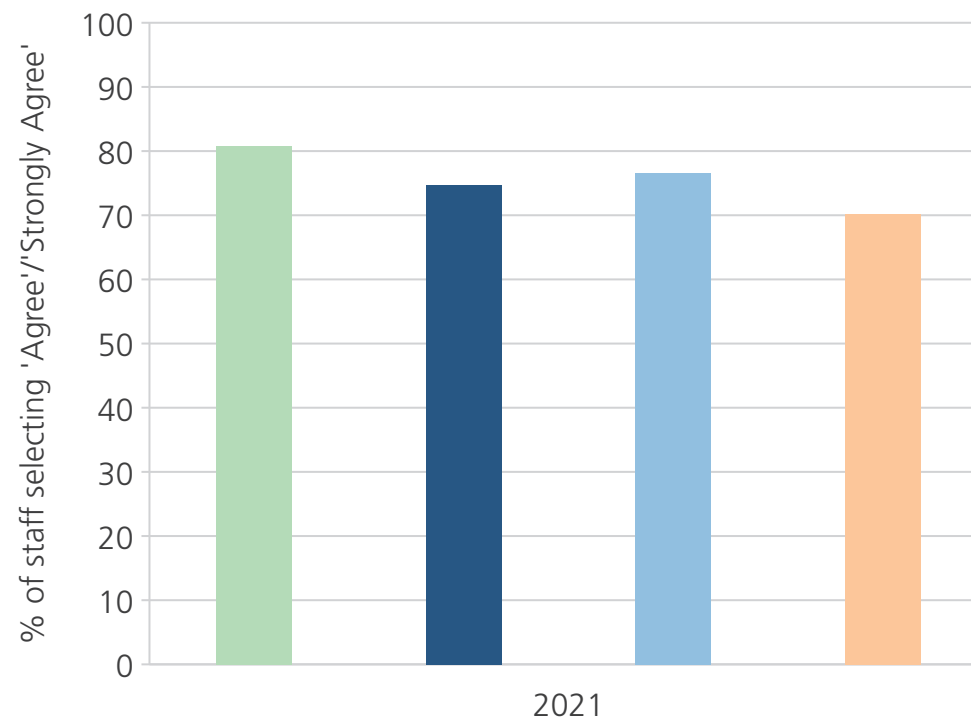
Responses

182

136

**Q9e**

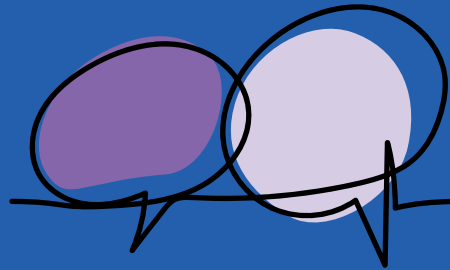
My immediate manager values my work



Best	80.8%
Your org	74.7%
Average	76.5%
Worst	70.2%

Responses

182



# People Promise element detailed information – We each have a voice that counts

## Questions:

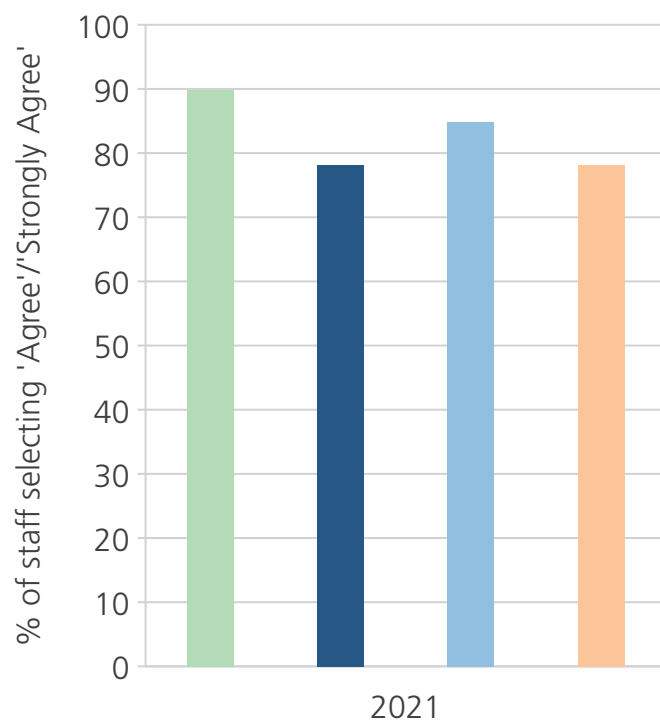
Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b  
Q17a, Q17b, Q21e, Q21f

Dudley Integrated Health and Care Trust  
2021 NHS Staff Survey Results



**Q3a**

I always know what my work responsibilities are

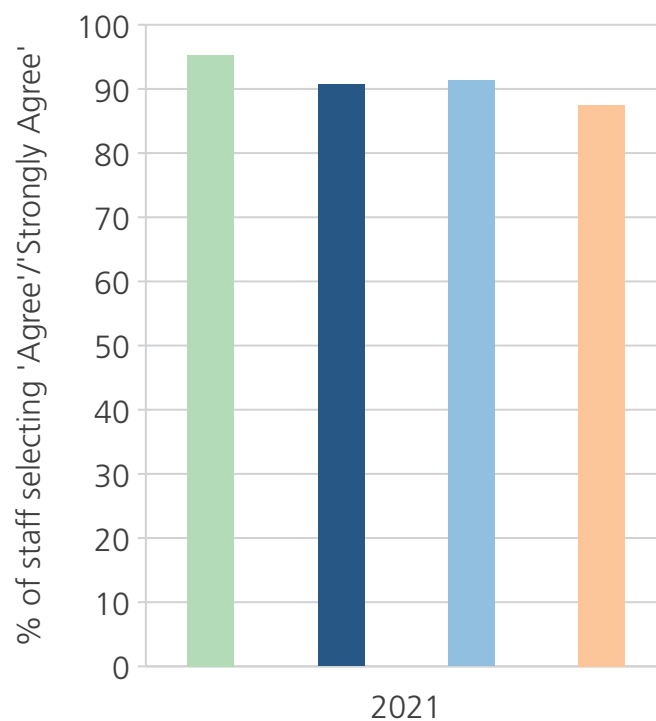


Best	89.9%
Your org	78.1%
Average	84.8%
Worst	78.1%

Responses 181

**Q3b**

I am trusted to do my job

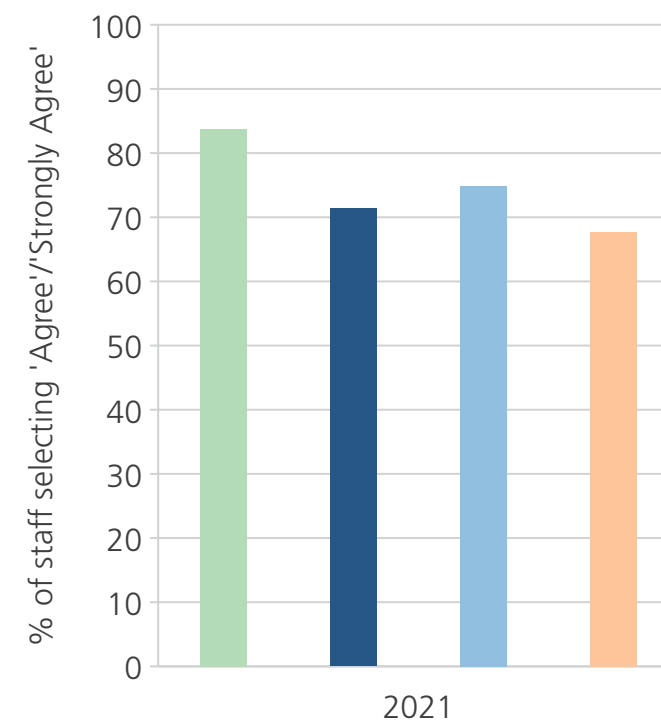


Best	95.2%
Your org	90.7%
Average	91.3%
Worst	87.4%

Responses 182

**Q3c**

There are frequent opportunities for me to show initiative in my role

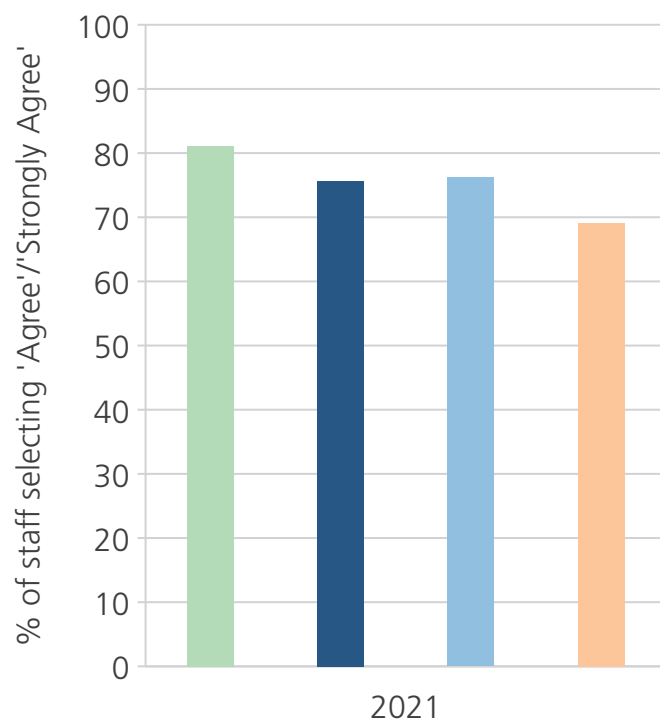


Best	83.8%
Your org	71.3%
Average	74.9%
Worst	67.7%

Responses 181

**Q3d**

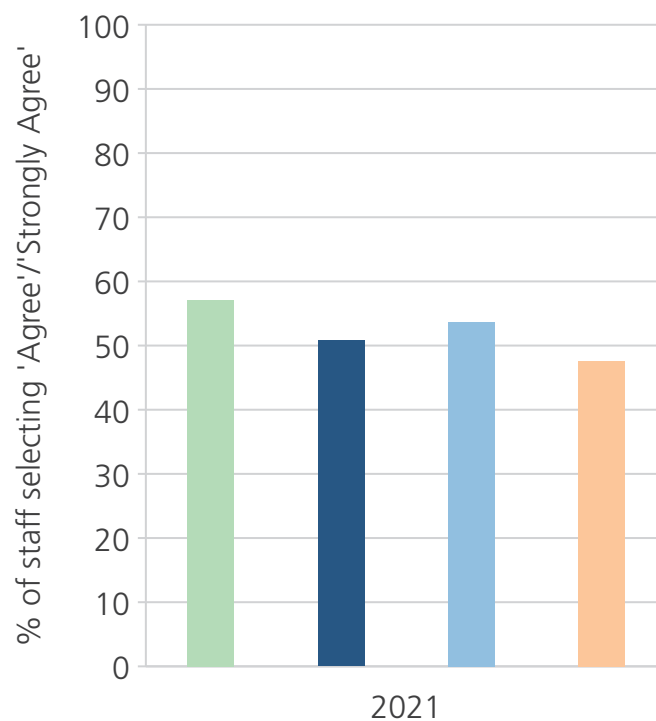
I am able to make suggestions to improve the work of my team / department



Responses 182

**Q3e**

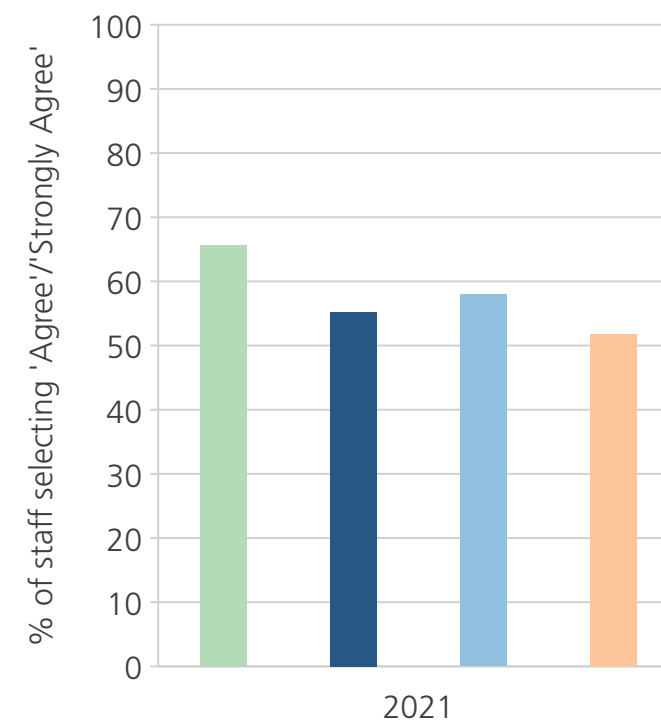
I am involved in deciding on changes introduced that affect my work area / team / department



Responses 181

**Q3f**

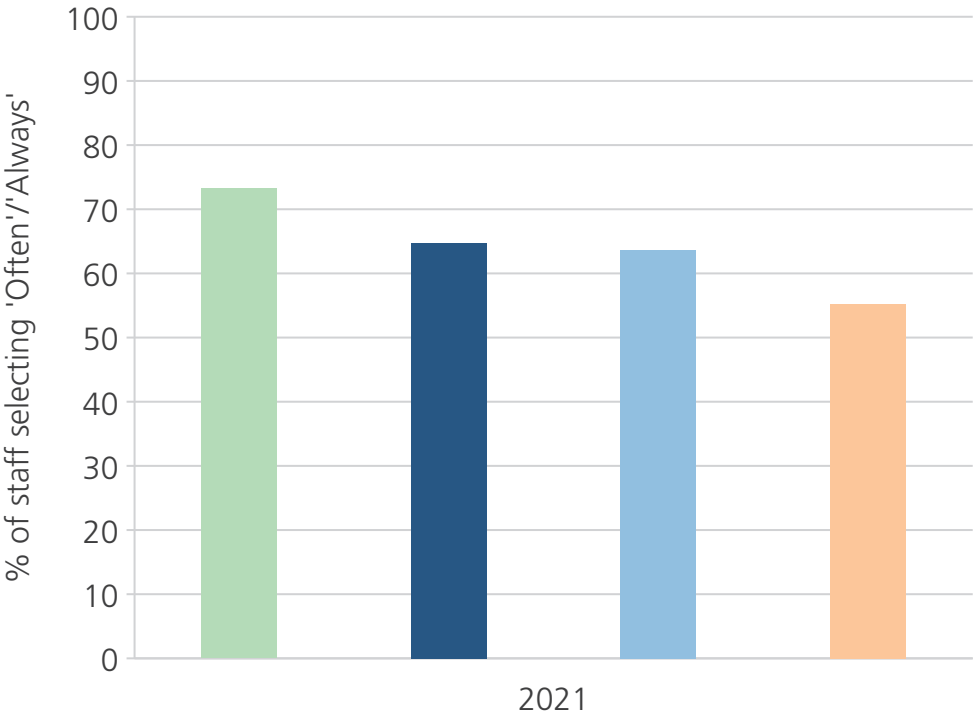
I am able to make improvements happen in my area of work



Responses 177

**Q5b**

I have a choice in deciding how to do my work



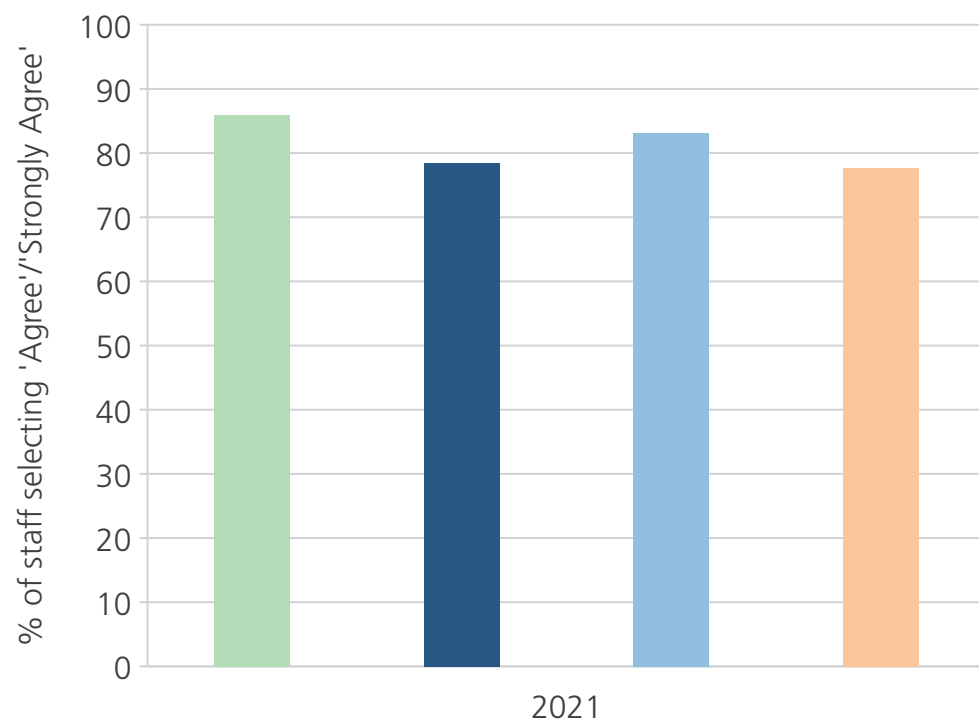
Best	73.3%
Your org	64.7%
Average	63.6%
Worst	55.2%

Responses

181

**Q17a**

I would feel secure raising concerns about unsafe clinical practice



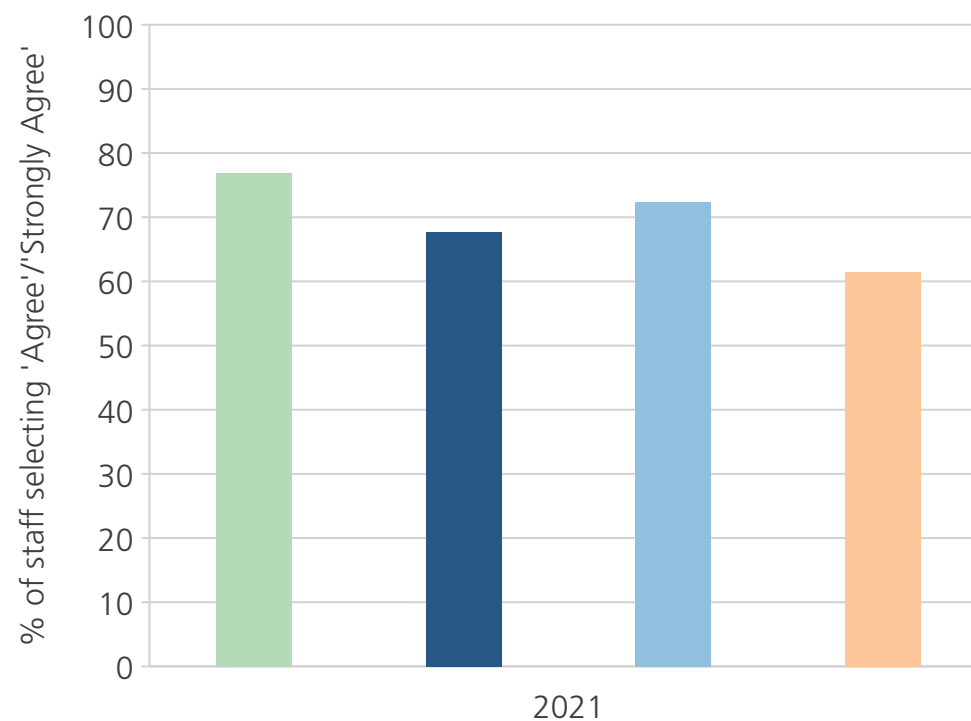
Best	85.9%
Your org	78.4%
Average	83.1%
Worst	77.6%

Responses

181

**Q17b**

I am confident that my organisation would address my concern



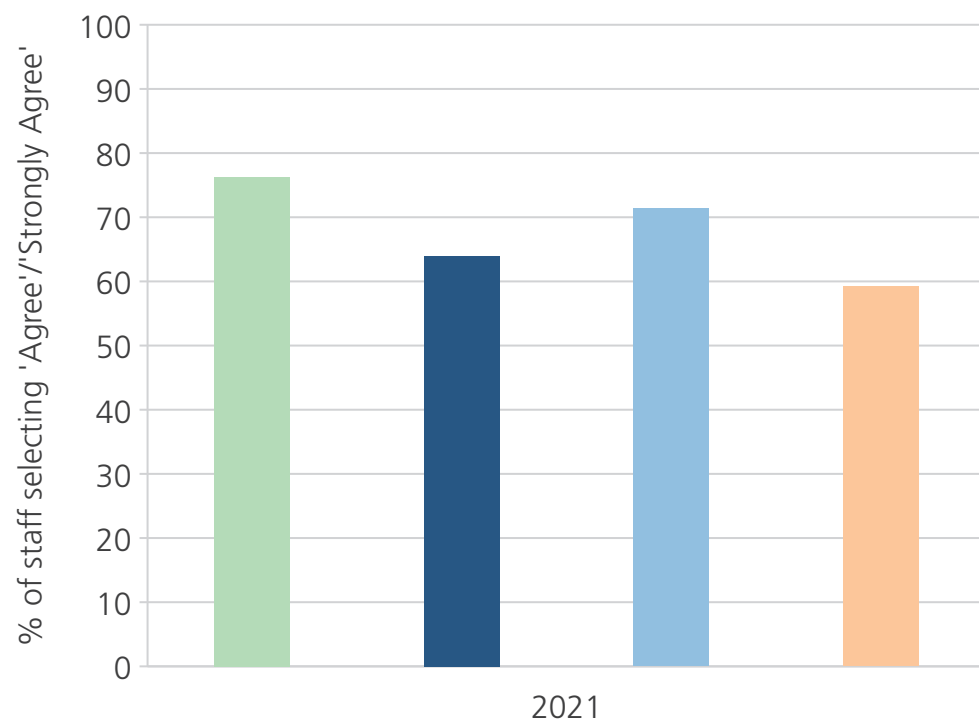
Best	76.9%
Your org	67.7%
Average	72.4%
Worst	61.5%

Responses

181

**Q21e**

I feel safe to speak up about anything  
that concerns me in this organisation



Best	76.3%
Your org	63.9%
Average	71.4%
Worst	59.2%

Responses

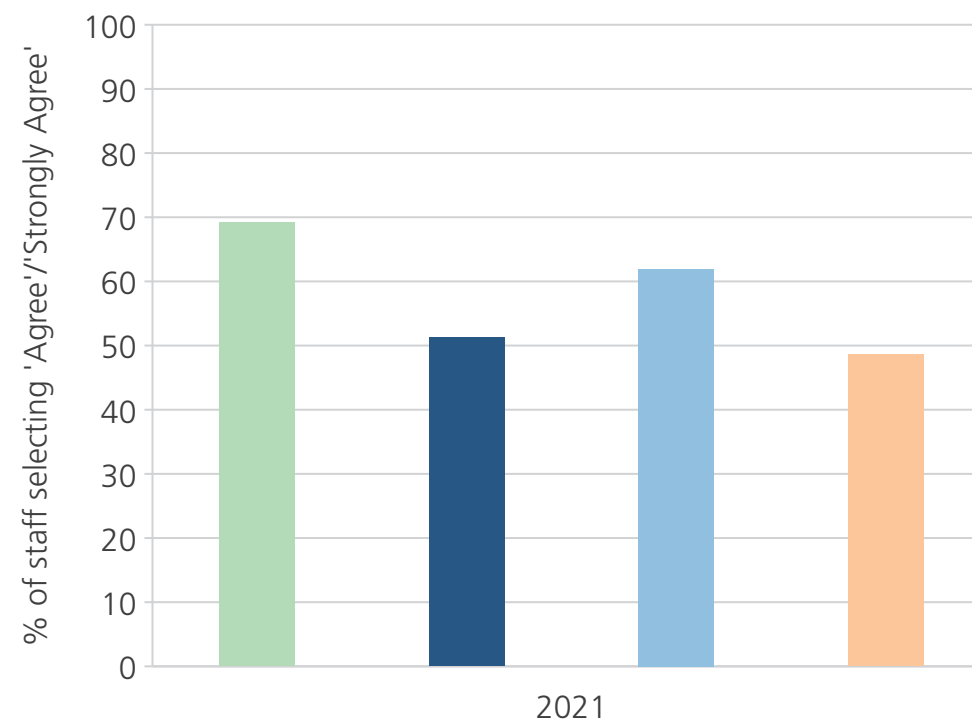
182

142

**Q21f**

If I spoke up about something that concerned me I am  
confident my organisation would address my concern

No trend data are shown as this is a new question



Best	69.2%
Your org	51.2%
Average	61.9%
Worst	48.6%

Responses

180



# People Promise element detailed information – We are safe and healthy

## Questions:

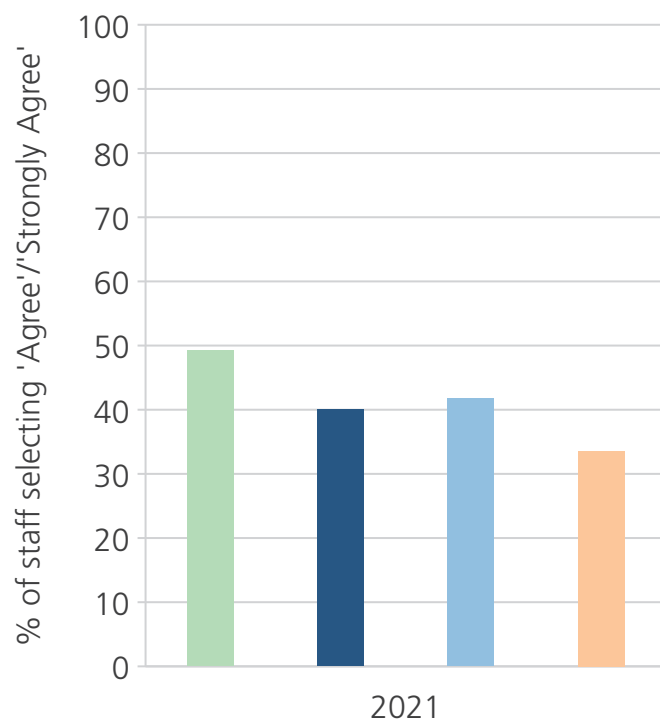
Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d  
Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g  
Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

Dudley Integrated Health and Care Trust

2021 NHS Staff Survey Results

**Q3g**

I am able to meet all the conflicting demands on my time at work

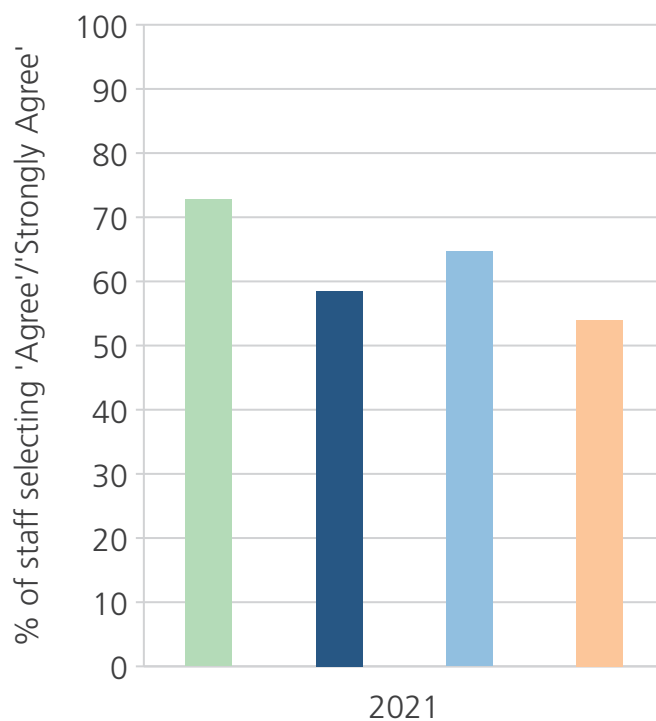


Best	49.2%
Your org	40.0%
Average	41.7%
Worst	33.6%

Responses 180

**Q3h**

I have adequate materials, supplies and equipment to do my work

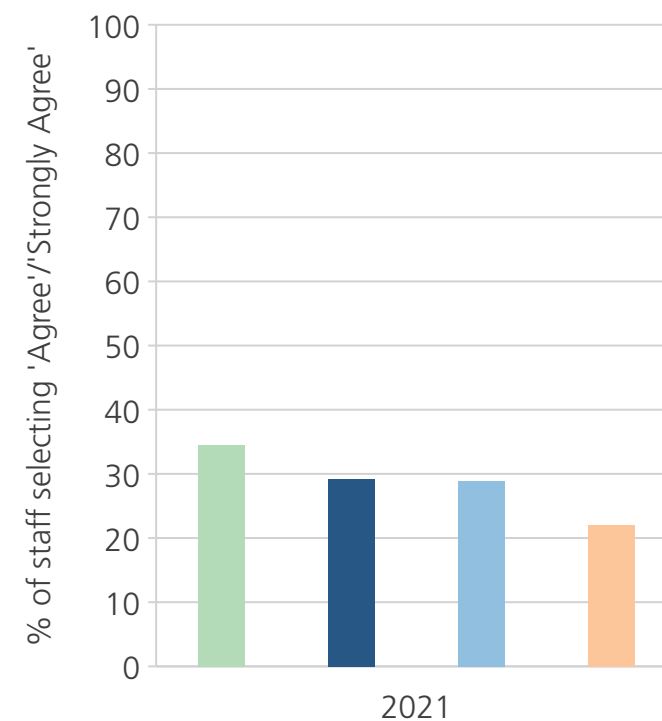


Best	72.8%
Your org	58.5%
Average	64.7%
Worst	54.0%

Responses 180

**Q3i**

There are enough staff at this organisation for me to do my job properly



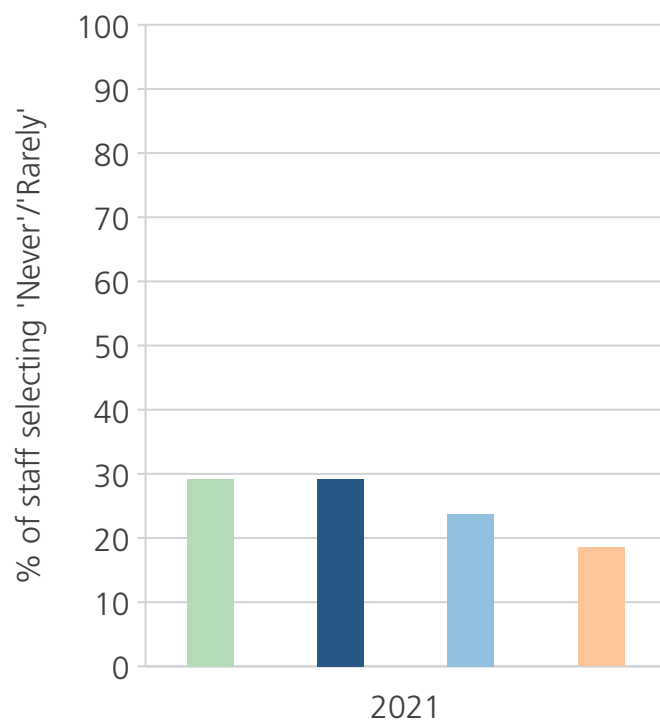
Best	34.5%
Your org	29.3%
Average	28.9%
Worst	22.0%

Responses 182



**Q5a**

I have unrealistic time pressures



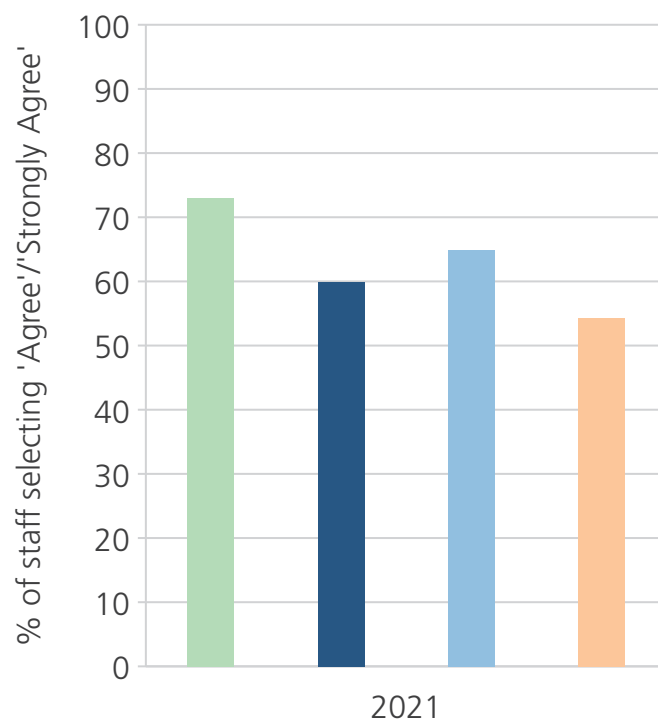
Best	29.2%
Your org	29.2%
Average	23.8%
Worst	18.5%

Responses 181

**Q11a**

My organisation takes positive action on health and well-being

No trend data are shown as this is a new question

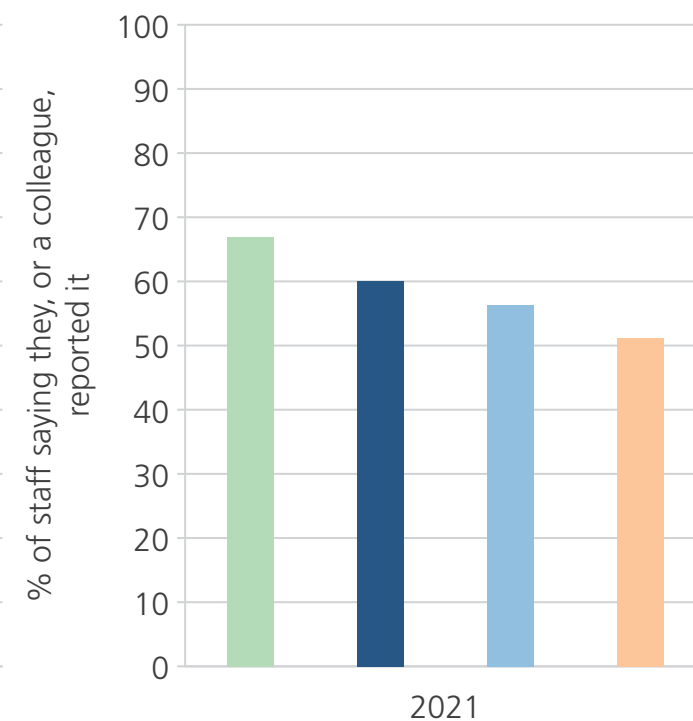


Best	73.1%
Your org	59.9%
Average	64.9%
Worst	54.3%

Responses 179

**Q14d**

The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?



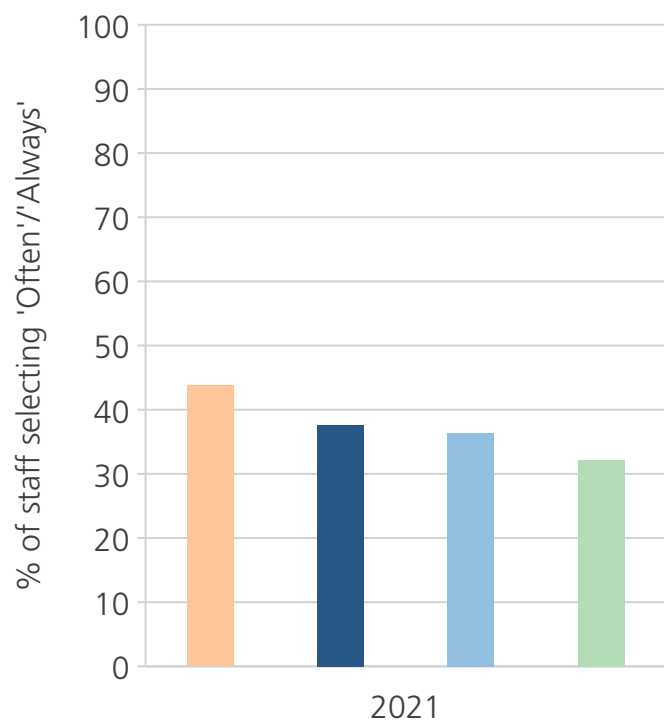
Best	66.9%
Your org	60.1%
Average	56.3%
Worst	51.2%

Responses 47

**Q12a**

How often, if at all, do you find your work emotionally exhausting?

No trend data are shown as this is a new question



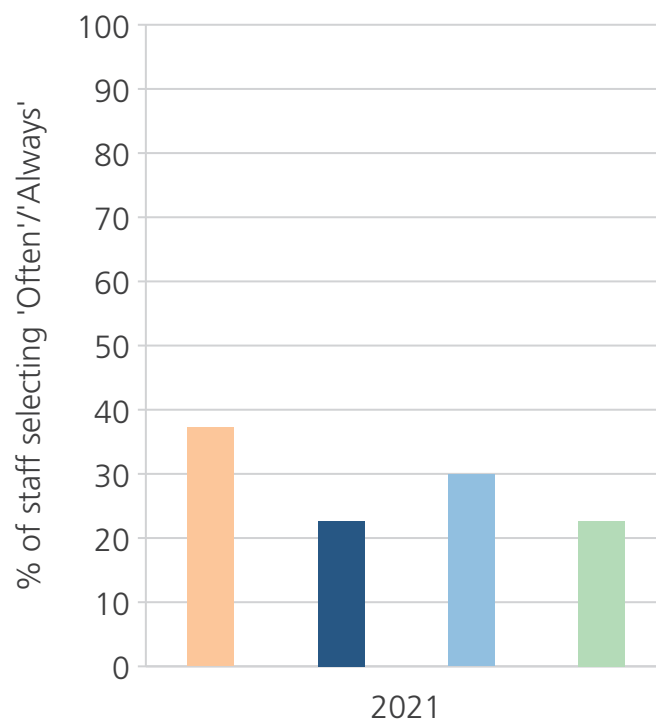
Worst	43.8%
Your org	37.6%
Average	36.4%
Best	32.2%

Responses 182

**Q12b**

How often, if at all, do you feel burnt out because of your work?

No trend data are shown as this is a new question



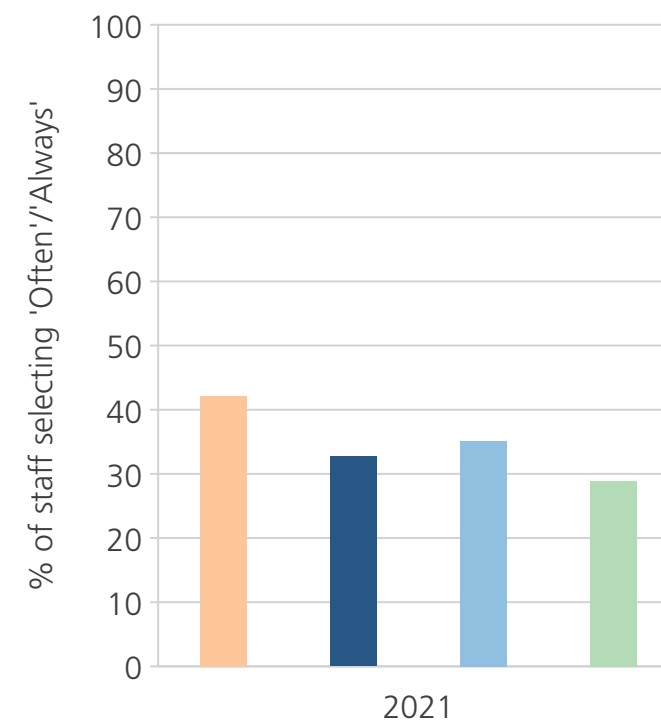
Worst	37.2%
Your org	22.7%
Average	29.9%
Best	22.7%

Responses 181

**Q12c**

How often, if at all, does your work frustrate you?

No trend data are shown as this is a new question



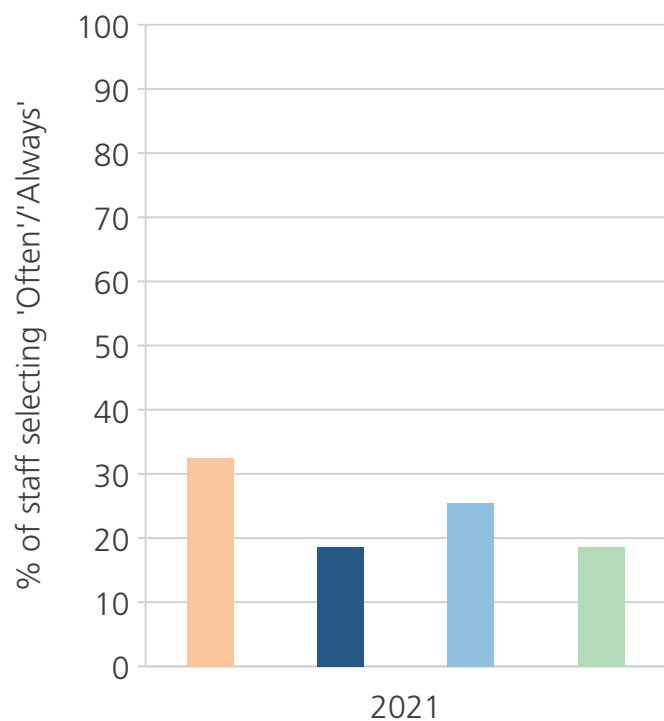
Worst	42.1%
Your org	32.7%
Average	35.1%
Best	28.9%

Responses 181

**Q12d**

How often, if at all, are you exhausted at the thought of another day/shift at work?

No trend data are shown as this is a new question



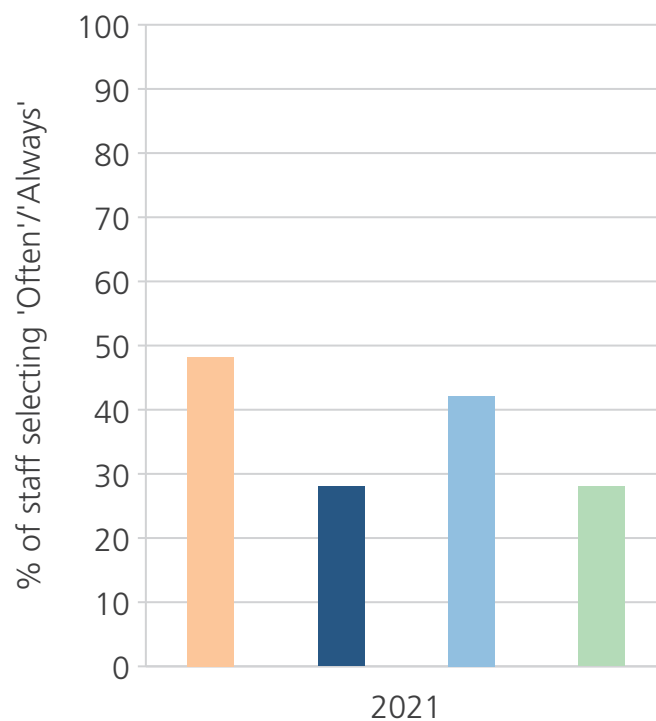
Worst	32.5%
Your org	18.6%
Average	25.4%
Best	18.6%

Responses 180

**Q12e**

How often, if at all, do you feel worn out at the end of your working day/shift?

No trend data are shown as this is a new question



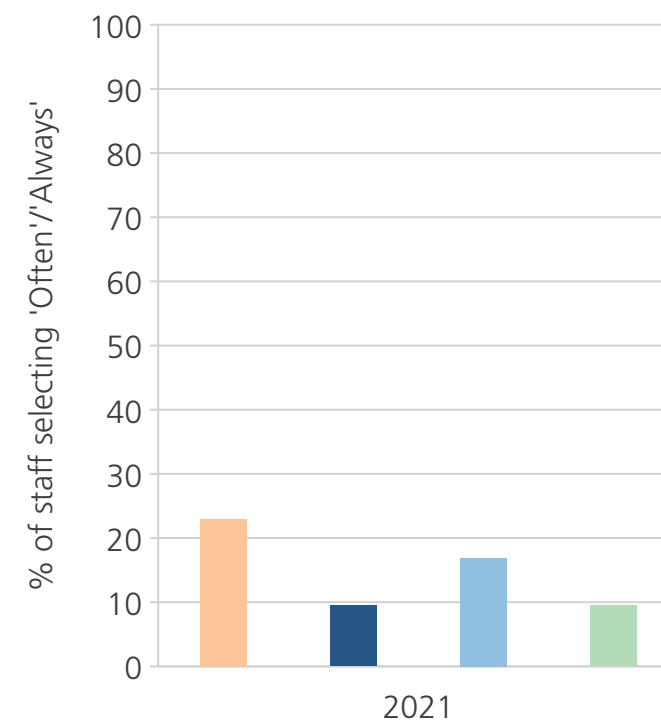
Worst	48.2%
Your org	28.0%
Average	42.2%
Best	28.0%

Responses 182

**Q12f**

How often, if at all, do you feel that every working hour is tiring for you?

No trend data are shown as this is a new question



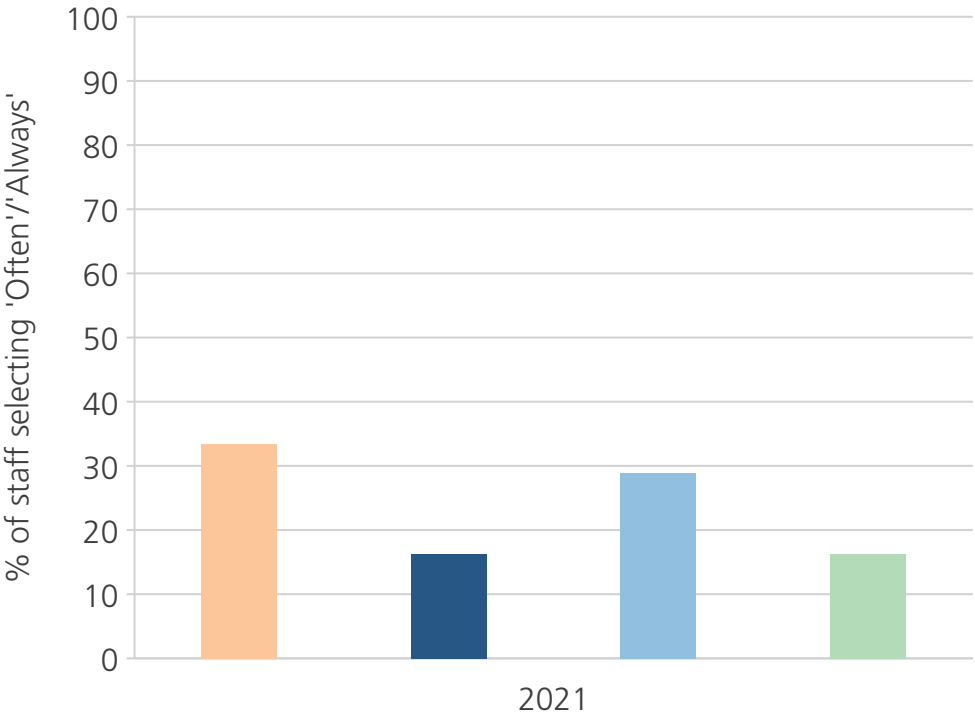
Worst	22.9%
Your org	9.5%
Average	16.8%
Best	9.5%

Responses 181

**Q12g**

How often, if at all, do you not have enough  
energy for family and friends during leisure time?

No trend data are shown as this is a new question

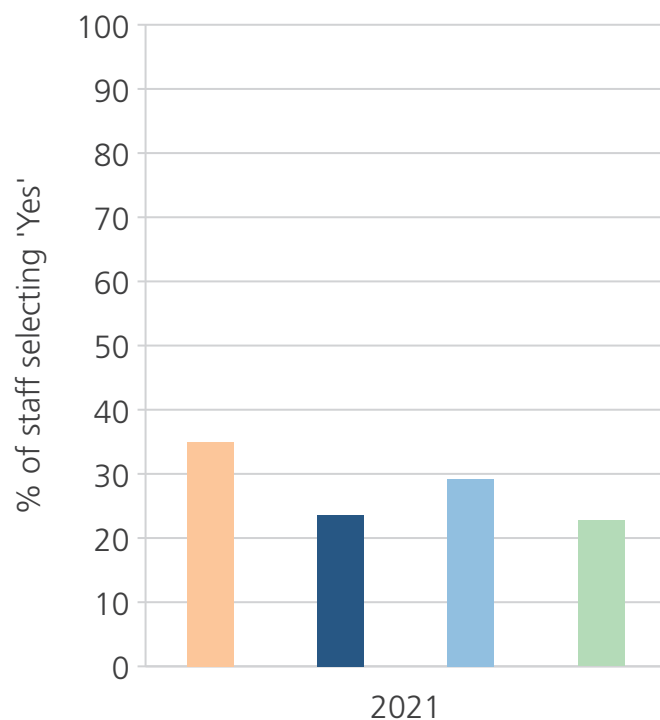


Worst	33.4%
Your org	16.2%
Average	28.9%
Best	16.2%

Responses 180

### Q11b

In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?

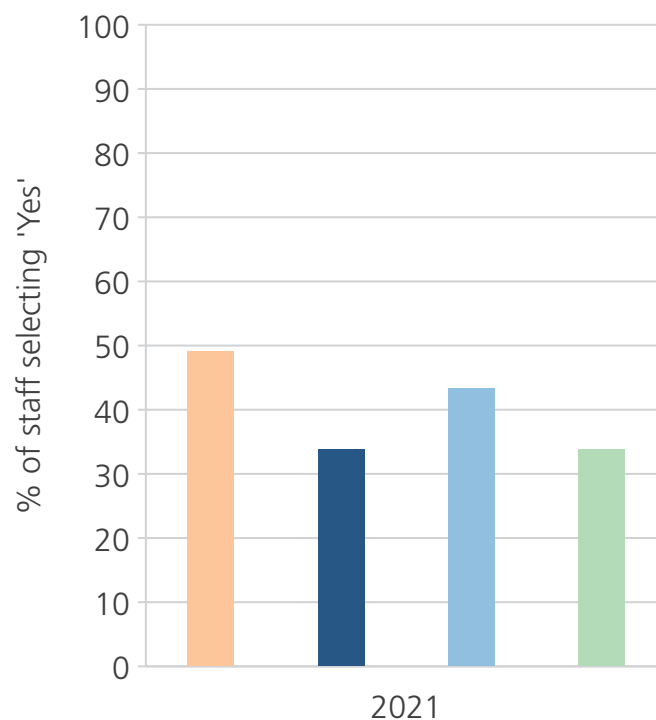


Worst	35.0%
Your org	23.6%
Average	29.2%
Best	22.7%

Responses 181

### Q11c

During the last 12 months have you felt unwell as a result of work related stress?

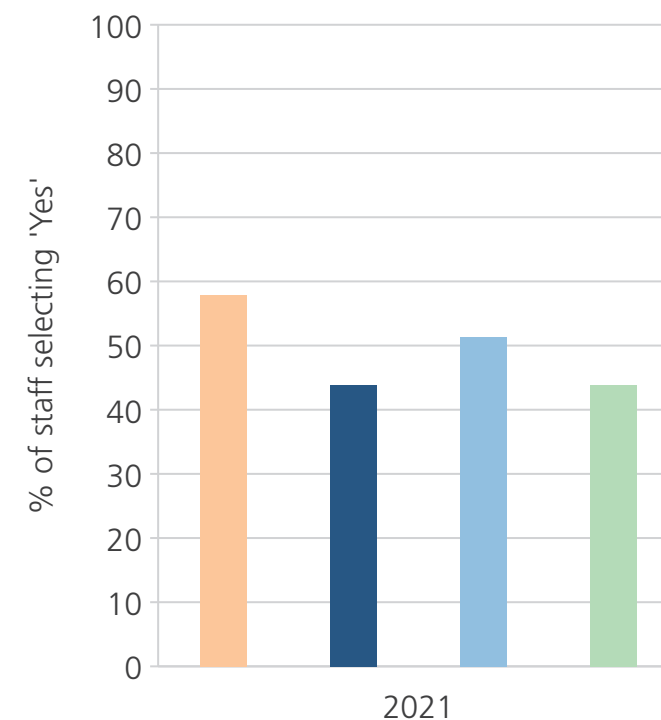


Worst	49.1%
Your org	33.8%
Average	43.3%
Best	33.8%

Responses 181

### Q11d

In the last three months have you ever come to work despite not feeling well enough to perform your duties?

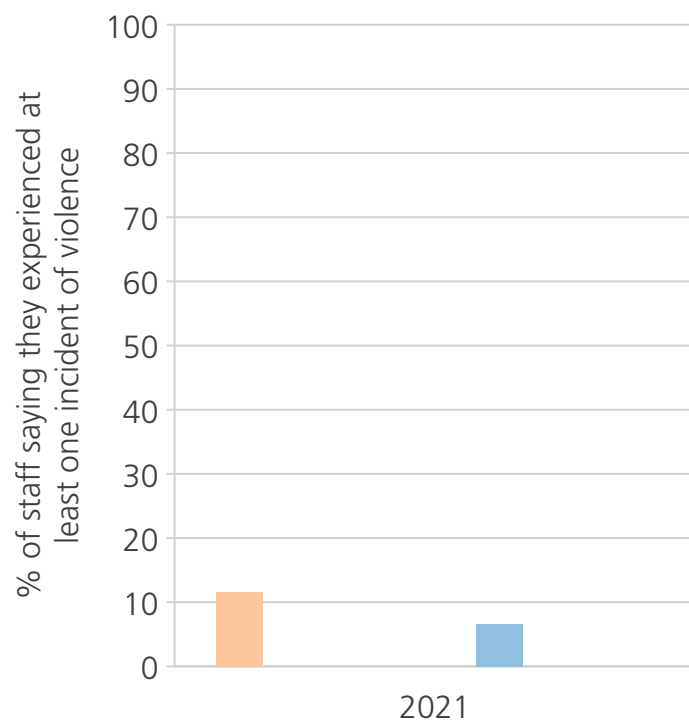


Worst	57.8%
Your org	43.8%
Average	51.3%
Best	43.8%

Responses 181

**Q13a**

In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?

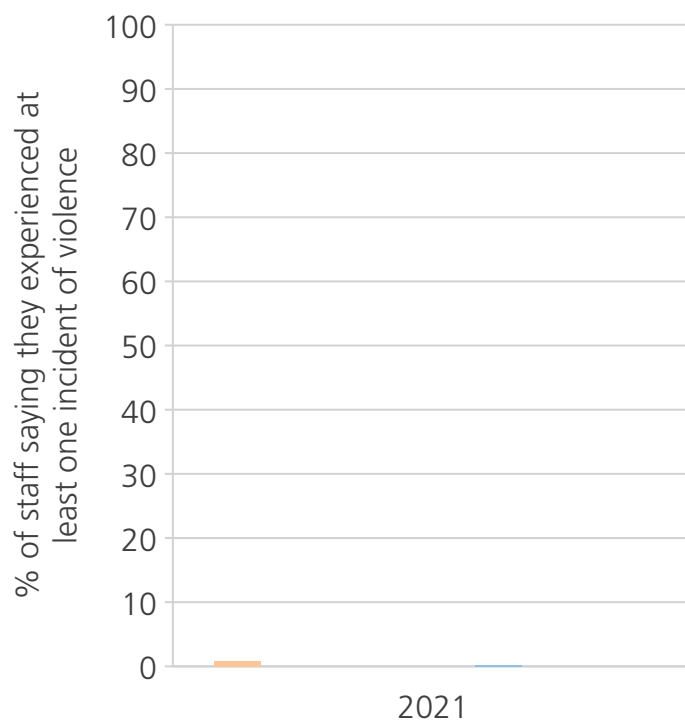


Worst	11.6%
Your org	0.0%
Average	6.6%
Best	0.0%

Responses 182

**Q13b**

In the last 12 months how many times have you personally experienced physical violence at work from managers?

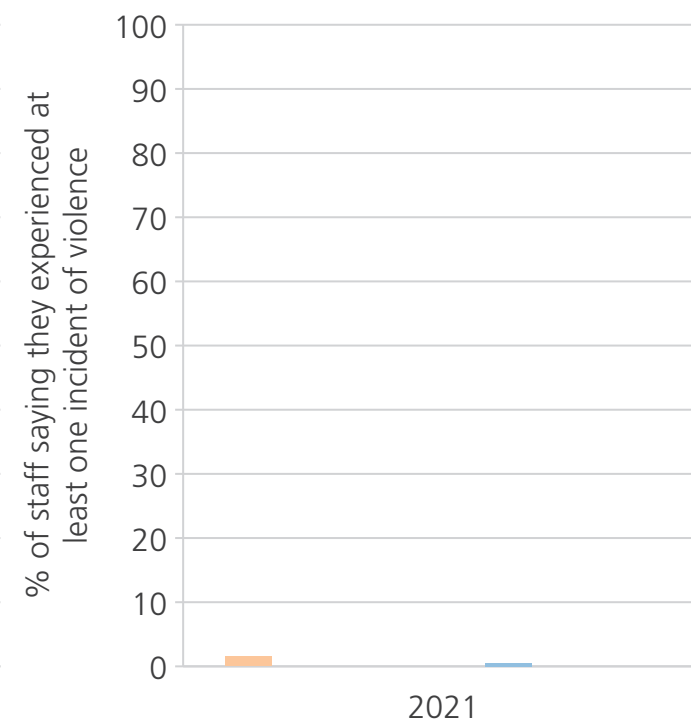


Worst	0.8%
Your org	0.0%
Average	0.2%
Best	0.0%

Responses 182

**Q13c**

In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?

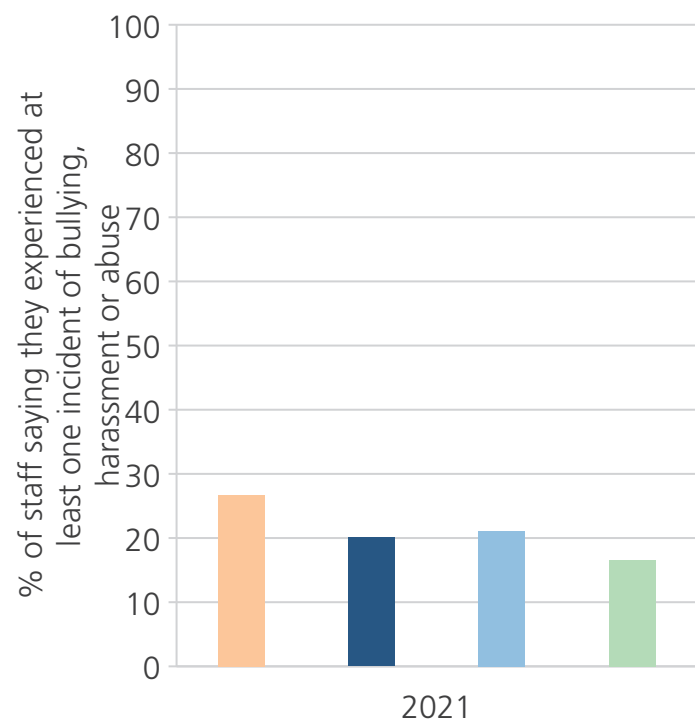


Worst	1.5%
Your org	0.0%
Average	0.6%
Best	0.0%

Responses 180

**Q14a**

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?

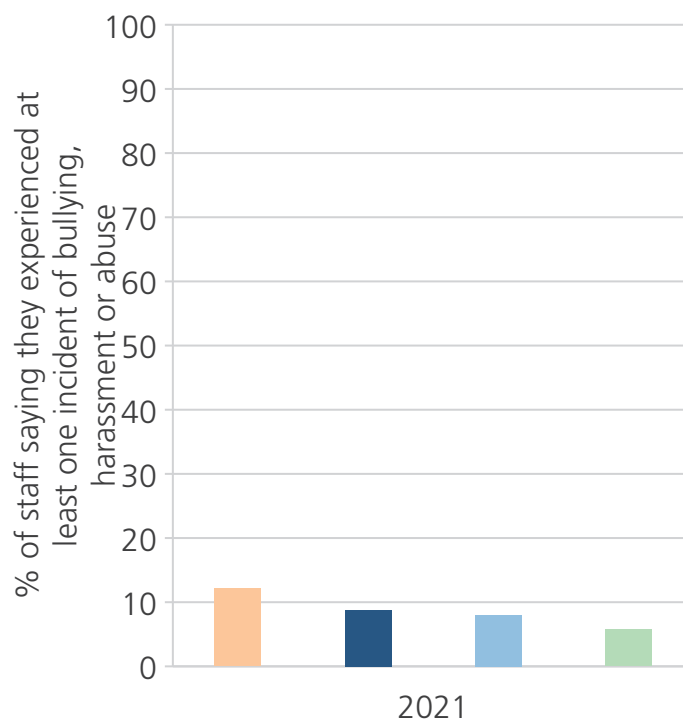


Worst	26.7%
Your org	20.1%
Average	21.1%
Best	16.6%

Responses 181

**Q14b**

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?

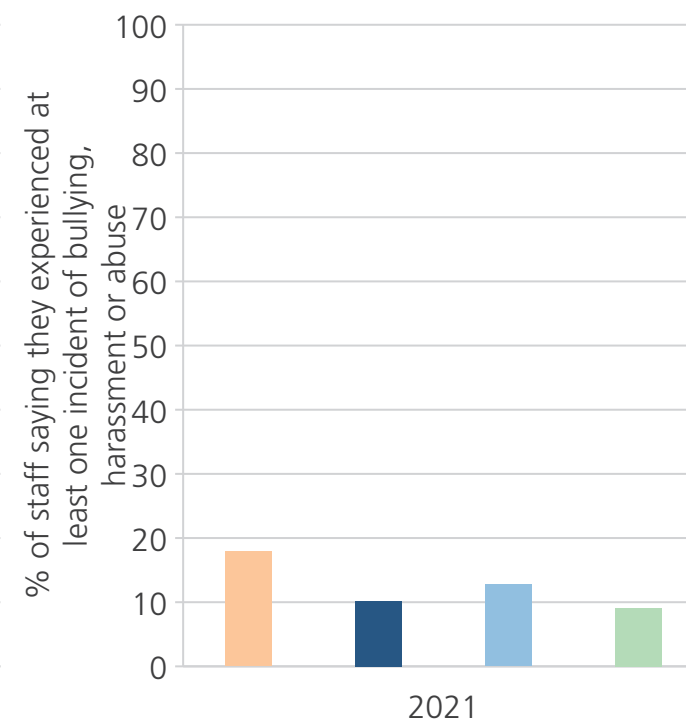


Worst	12.1%
Your org	8.8%
Average	8.1%
Best	5.7%

Responses 180

**Q14c**

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?



Worst	17.9%
Your org	10.2%
Average	12.8%
Best	9.1%

Responses 179



# People Promise element detailed information – We are always learning

## Questions:

Q20a, Q20b, Q20c, Q20d, Q20e  
Q19a, Q19b, Q19c, Q19d

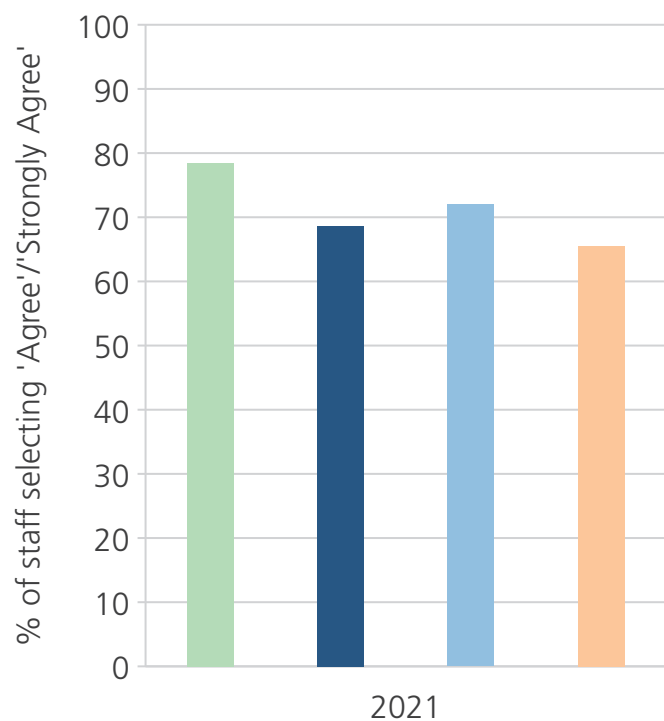
Dudley Integrated Health and Care Trust  
2021 NHS Staff Survey Results



**Q20a**

This organisation offers  
me challenging work

No trend data are shown as this is a new question



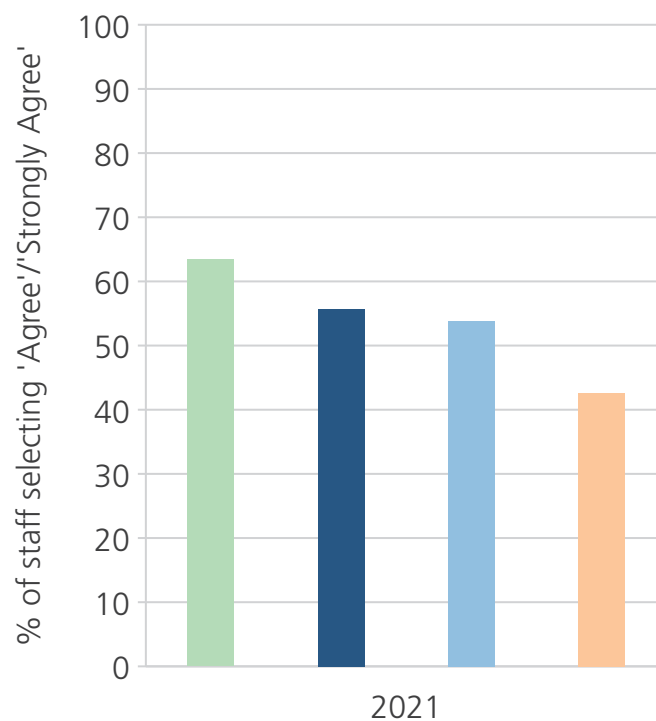
Best	78.4%
Your org	68.6%
Average	72.0%
Worst	65.5%

Responses 180

**Q20b**

There are opportunities for me to  
develop my career in this organisation

No trend data are shown as this is a new question



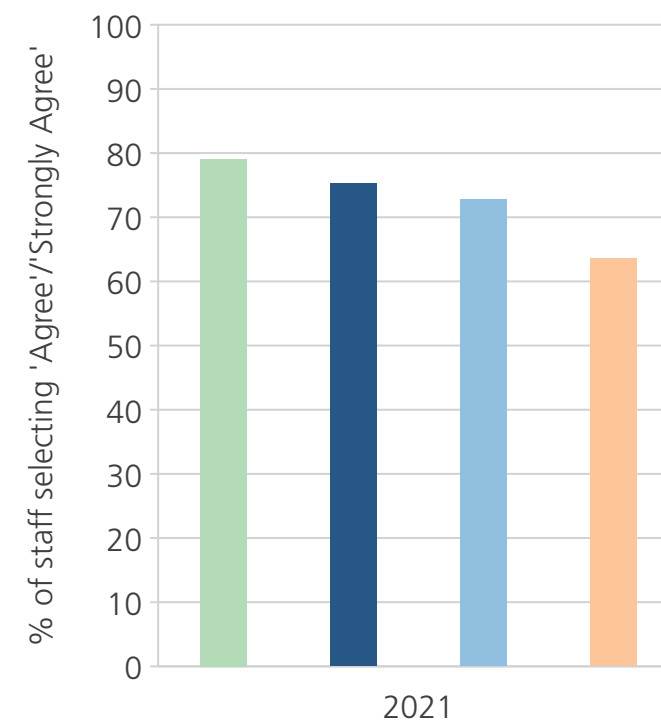
Best	63.4%
Your org	55.7%
Average	53.8%
Worst	42.6%

Responses 181

**Q20c**

I have opportunities to improve  
my knowledge and skills

No trend data are shown as this is a new question



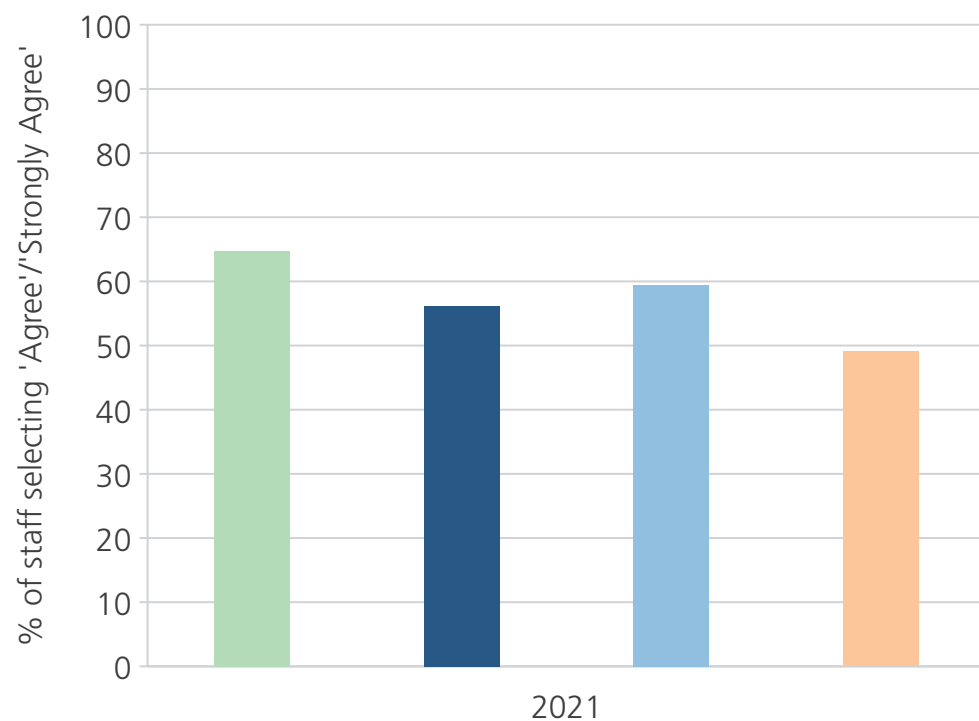
Best	79.1%
Your org	75.2%
Average	72.8%
Worst	63.6%

Responses 181

**Q20d**

I feel supported to develop my potential

No trend data are shown as this is a new question



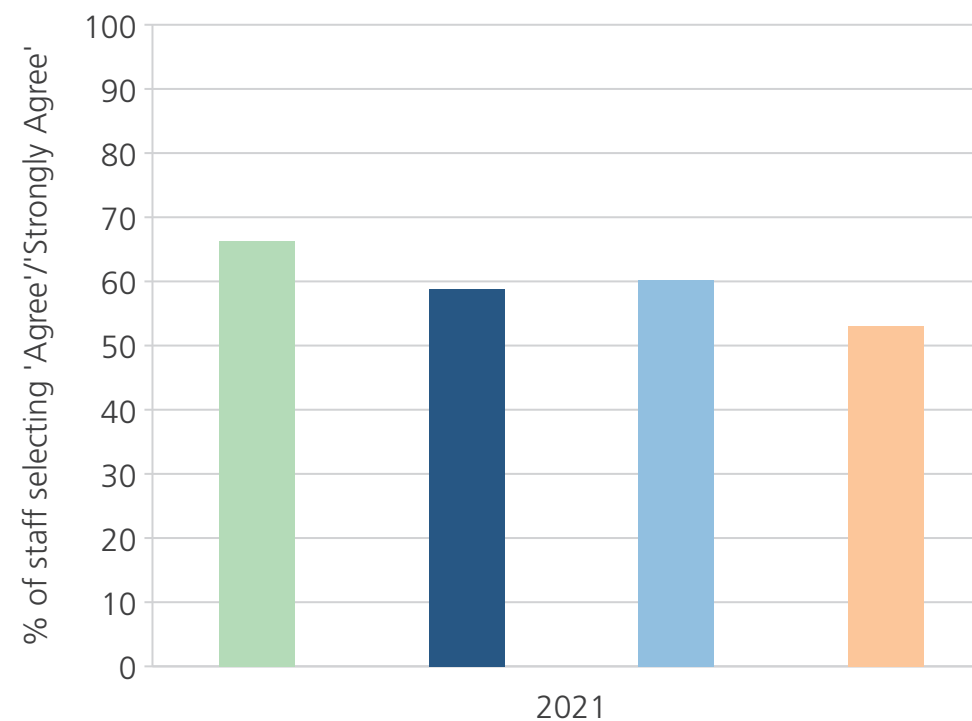
Best	64.7%
Your org	56.2%
Average	59.5%
Worst	49.1%

Responses 180

**Q20e**

I am able to access the right learning and development opportunities when I need to

No trend data are shown as this is a new question



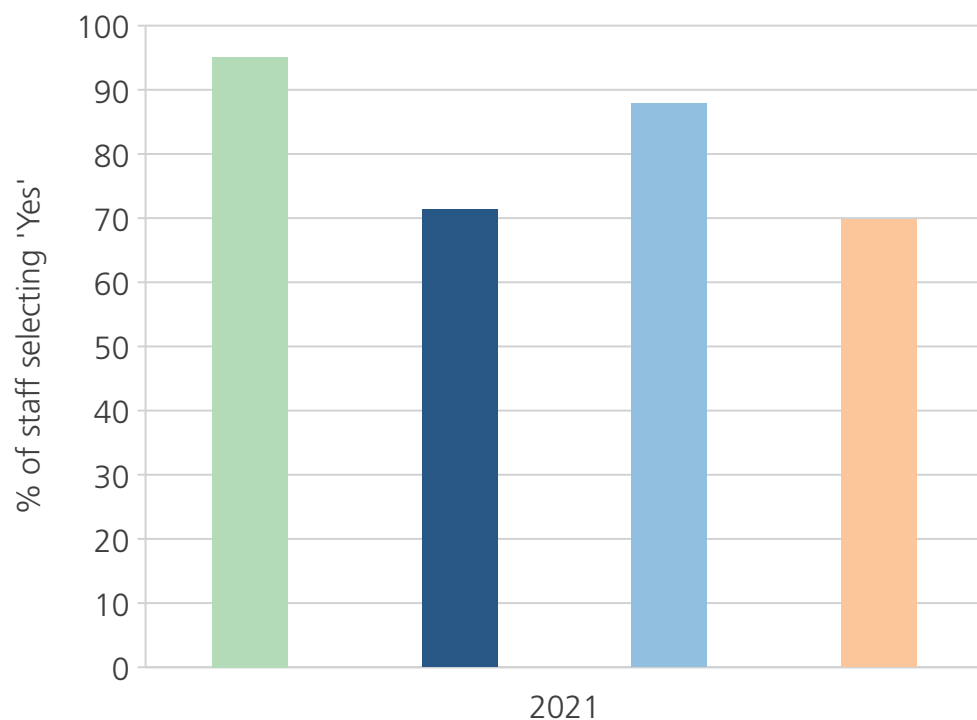
Best	66.3%
Your org	58.9%
Average	60.3%
Worst	53.0%

Responses 180

### Q19a

In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?

Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.



Highest	95.1%
Your org	71.3%
Average	87.9%
Lowest	69.8%

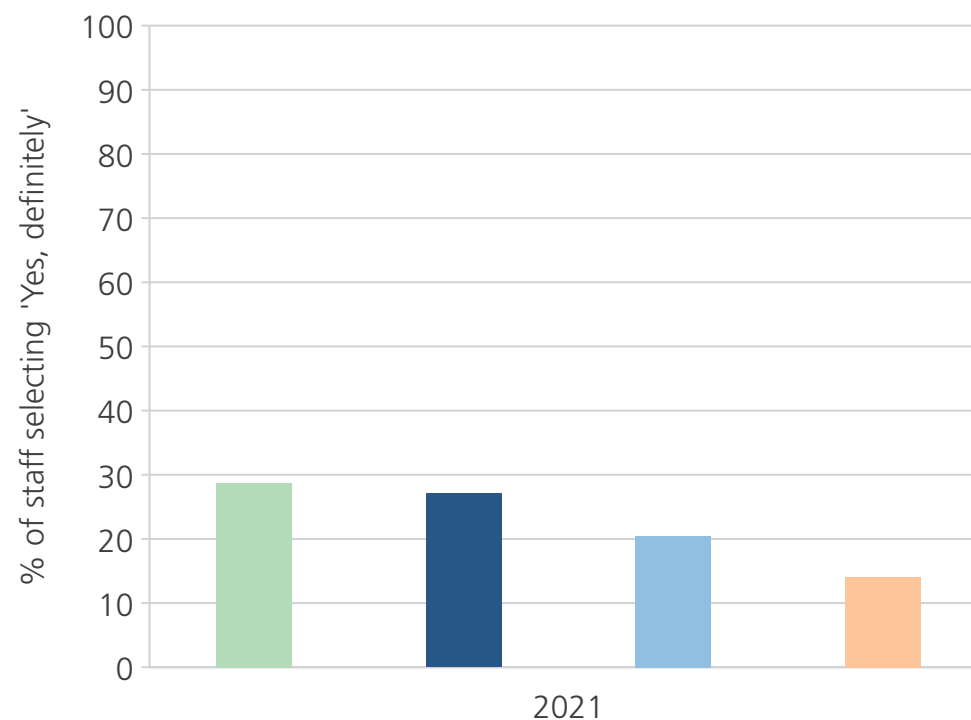
Responses  
155

180

### Q19b

It helped me to improve how I do my job

Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.



Best	28.7%
Your org	27.1%
Average	20.5%
Worst	14.1%

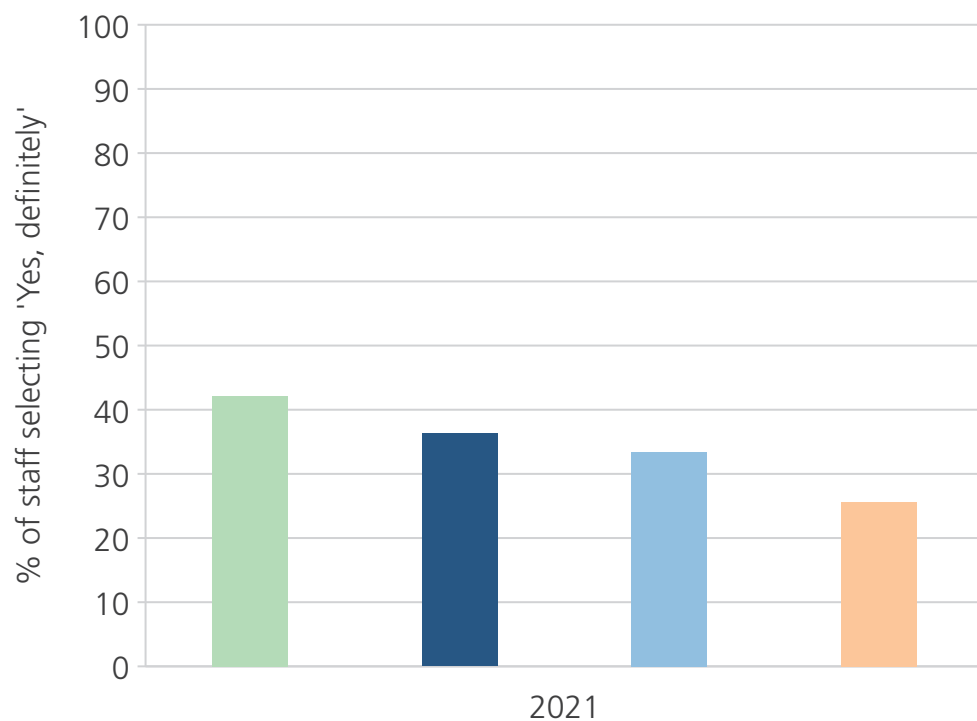
Responses

118

**Q19c**

It helped me agree clear objectives for my work

Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.



Best	42.1%
Your org	36.3%
Average	33.4%
Worst	25.6%

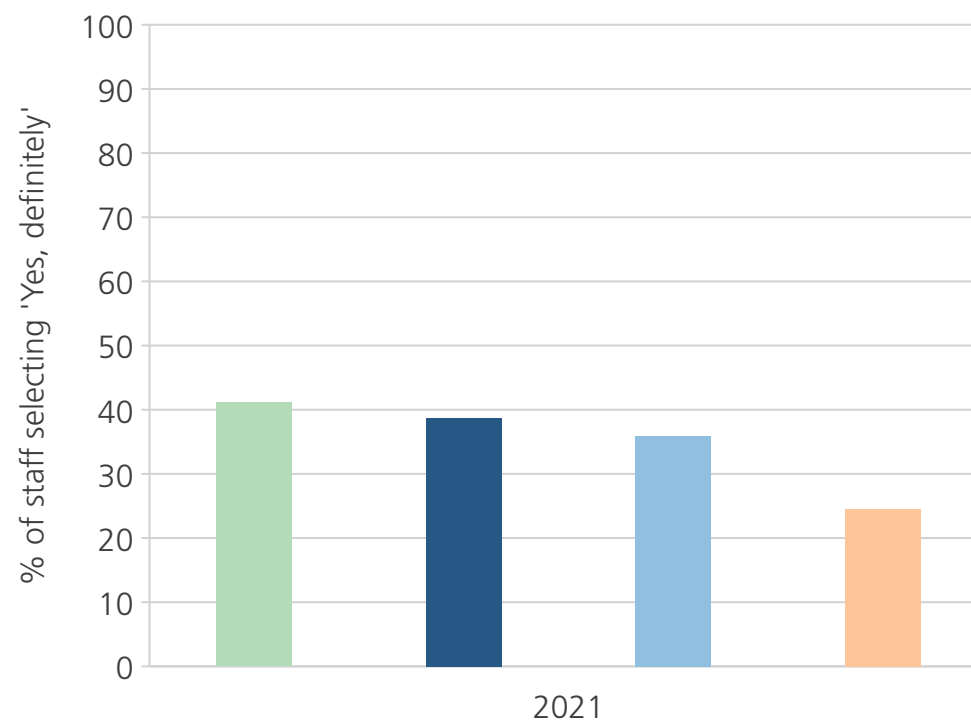
Responses

118

**Q19d**

It left me feeling that my work is valued by my organisation

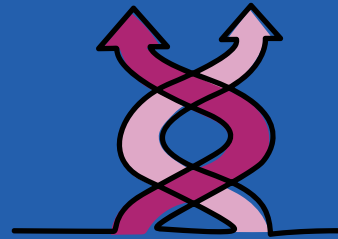
Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.



Best	41.1%
Your org	38.7%
Average	35.9%
Worst	24.5%

Responses

118



# People Promise element detailed information – We work flexibly

## Questions:

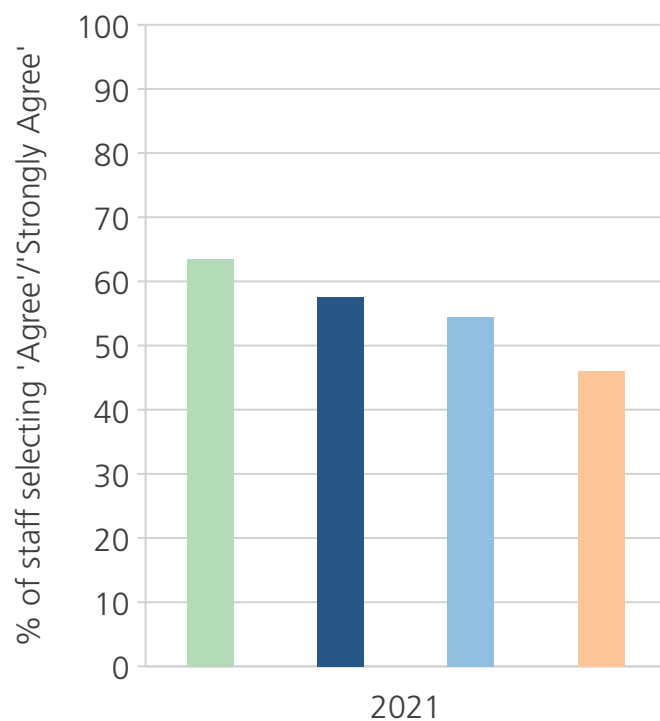
Q6b, Q6c, Q6d  
Q4d

Dudley Integrated Health and Care Trust  
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**Q6b**

My organisation is committed to helping me balance my work and home life

No trend data are shown as this is a new question



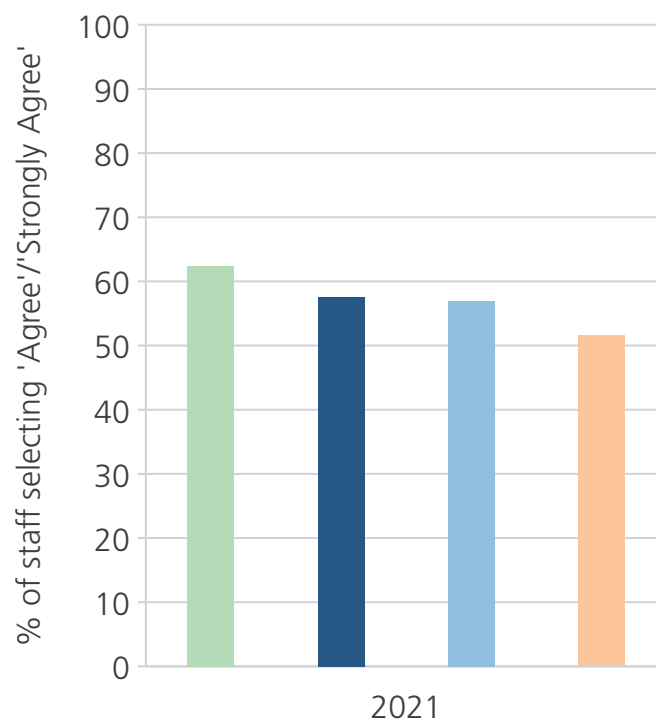
Best	63.5%
Your org	57.5%
Average	54.5%
Worst	46.0%

Responses 182

**Q6c**

I achieve a good balance between my work life and my home life

No trend data are shown as this is a new question



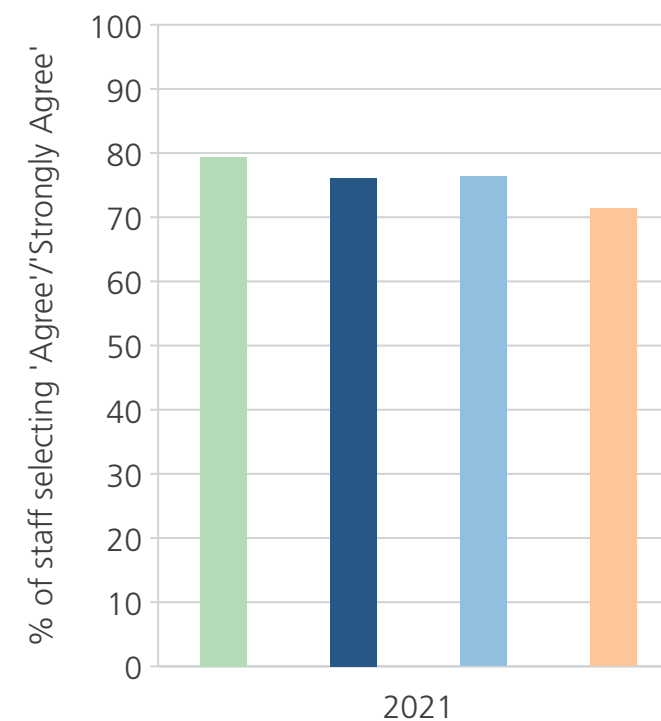
Best	62.4%
Your org	57.5%
Average	57.0%
Worst	51.6%

Responses 181

**Q6d**

I can approach my immediate manager to talk openly about flexible working

No trend data are shown as this is a new question

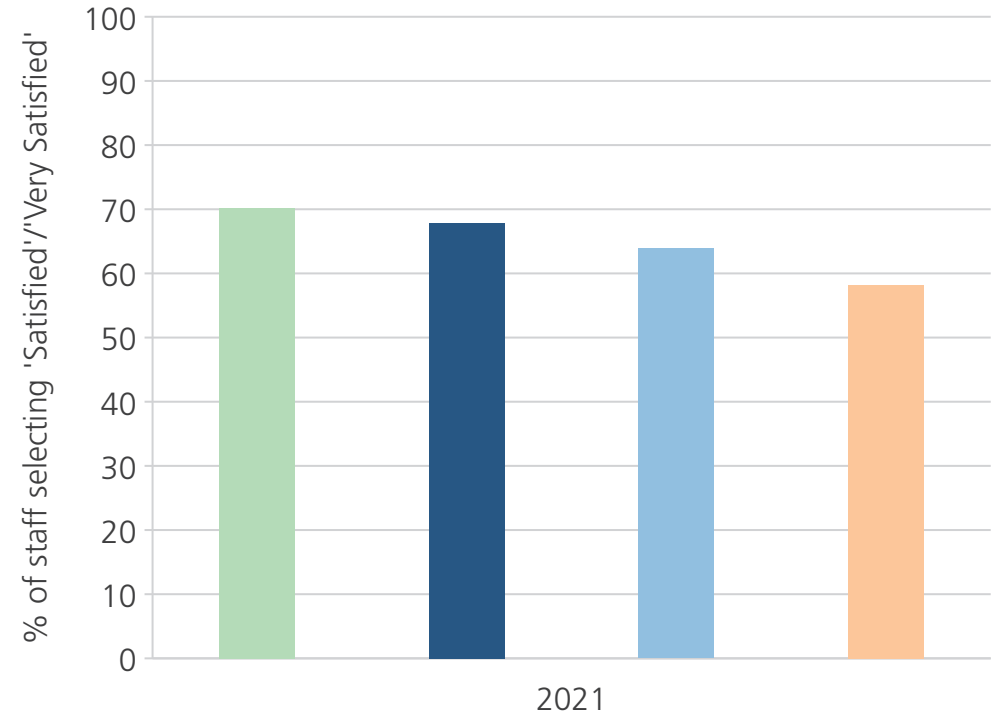


Best	79.4%
Your org	76.1%
Average	76.4%
Worst	71.4%

Responses 182

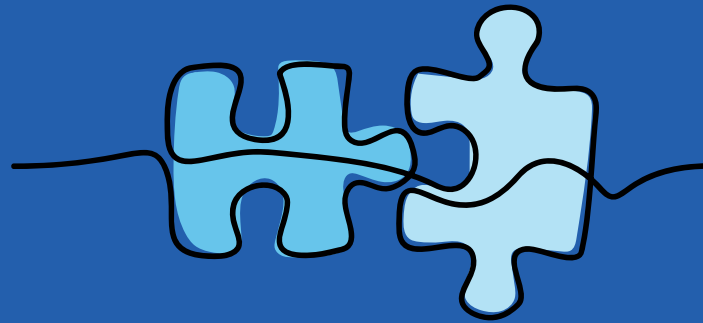
**Q4d**

The opportunities for flexible working patterns



Best	70.2%
Your org	67.9%
Average	63.9%
Worst	58.2%

Responses 181



# People Promise element detailed information – We are a team

## Questions:

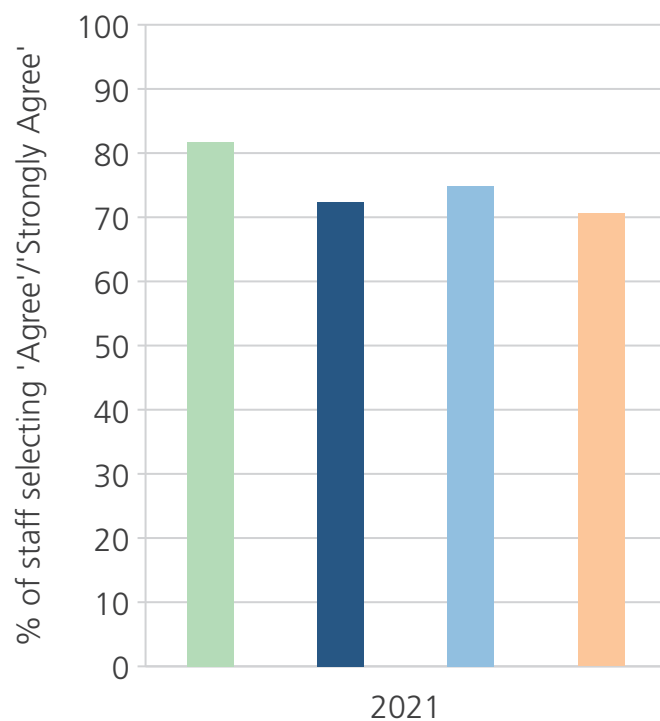
Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a  
Q9a, Q9b, Q9c, Q9d

Dudley Integrated Health and Care Trust  
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**Q7a**

The team I work in has a set of shared objectives

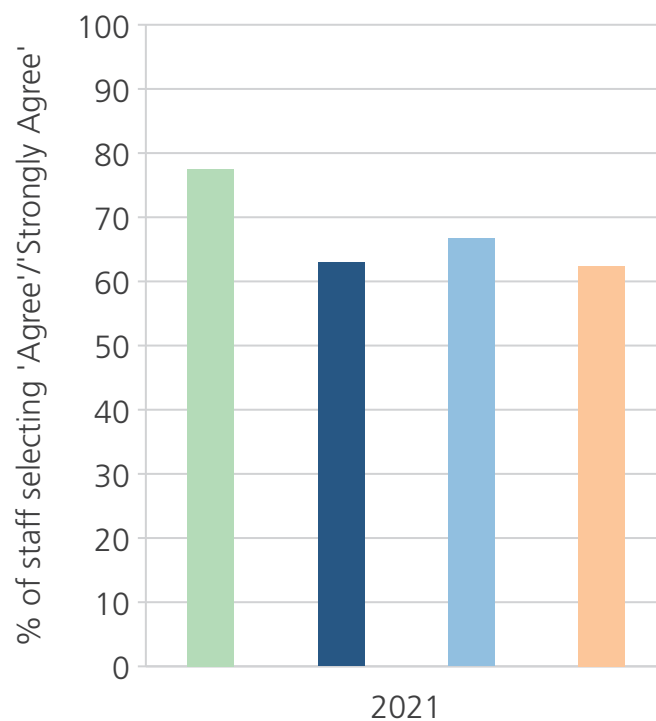


Best	81.7%
Your org	72.4%
Average	74.8%
Worst	70.6%

Responses 181

**Q7b**

The team I work in often meets to discuss the team's effectiveness

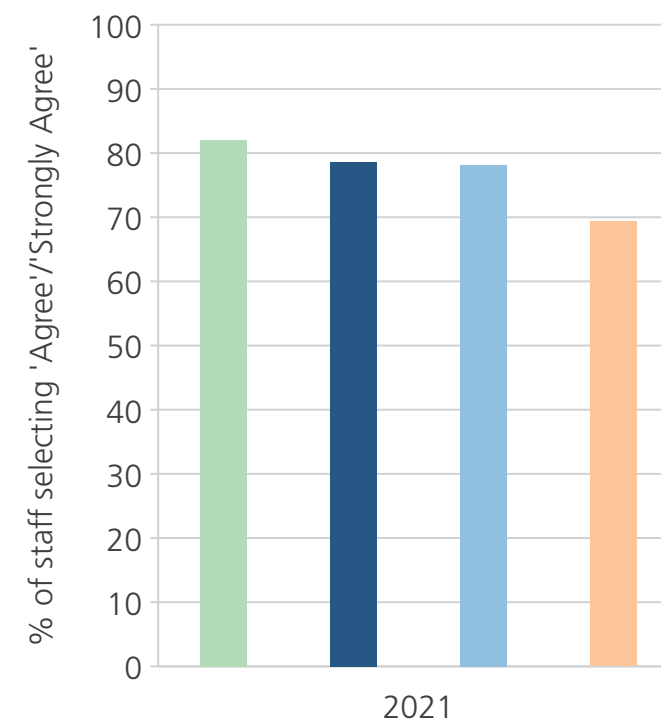


Best	77.5%
Your org	62.9%
Average	66.7%
Worst	62.3%

Responses 181

**Q7c**

I receive the respect I deserve from my colleagues at work



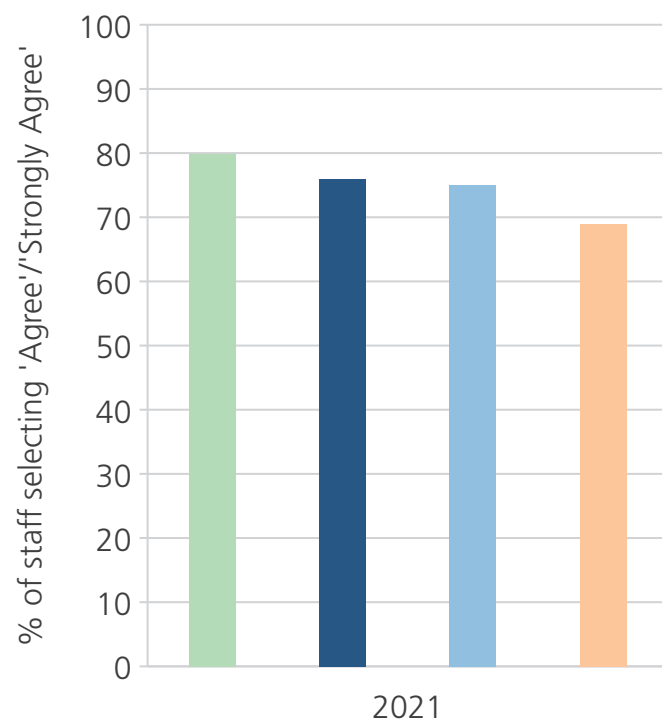
Best	82.1%
Your org	78.6%
Average	78.1%
Worst	69.3%

Responses 181

**Q7d**

Team members understand  
each other's roles

No trend data are shown as this is a new question



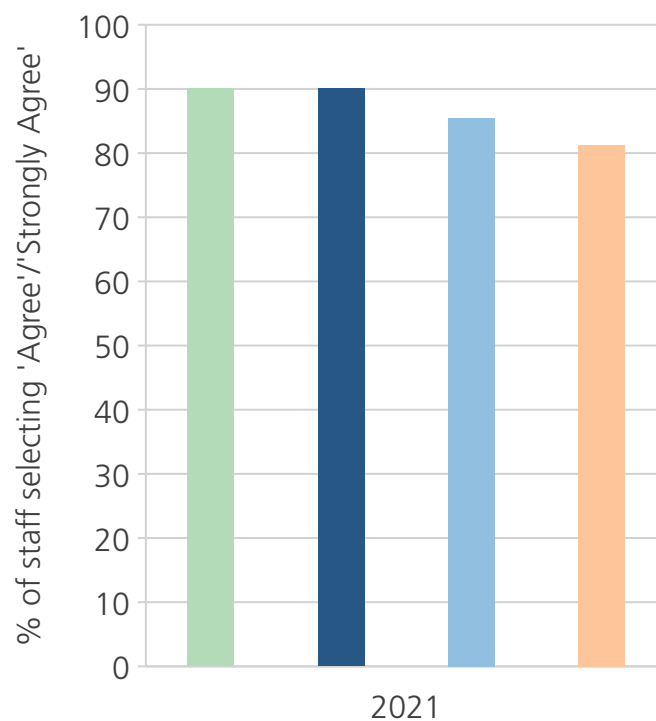
Best	79.9%
Your org	75.9%
Average	75.0%
Worst	68.9%

Responses 181

**Q7e**

I enjoy working with the  
colleagues in my team

No trend data are shown as this is a new question



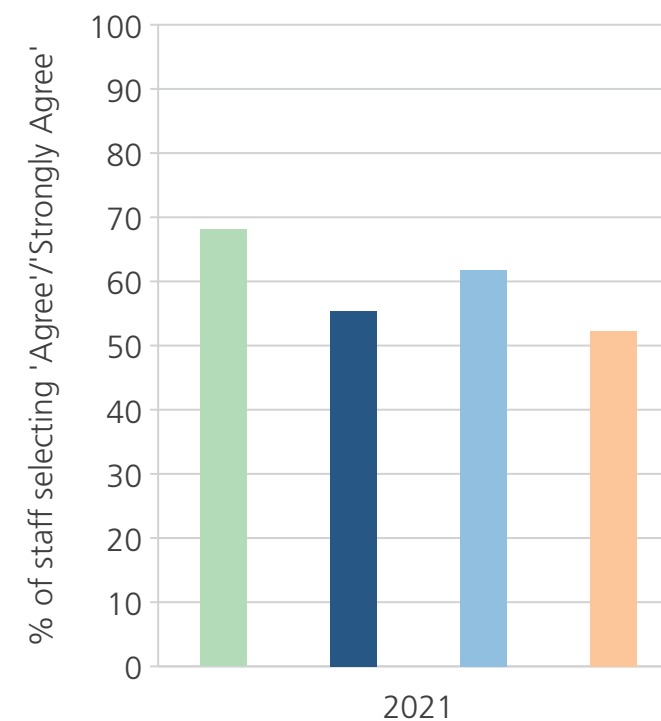
Best	90.1%
Your org	90.1%
Average	85.4%
Worst	81.3%

Responses 181

**Q7f**

My team has enough freedom  
in how to do its work

No trend data are shown as this is a new question



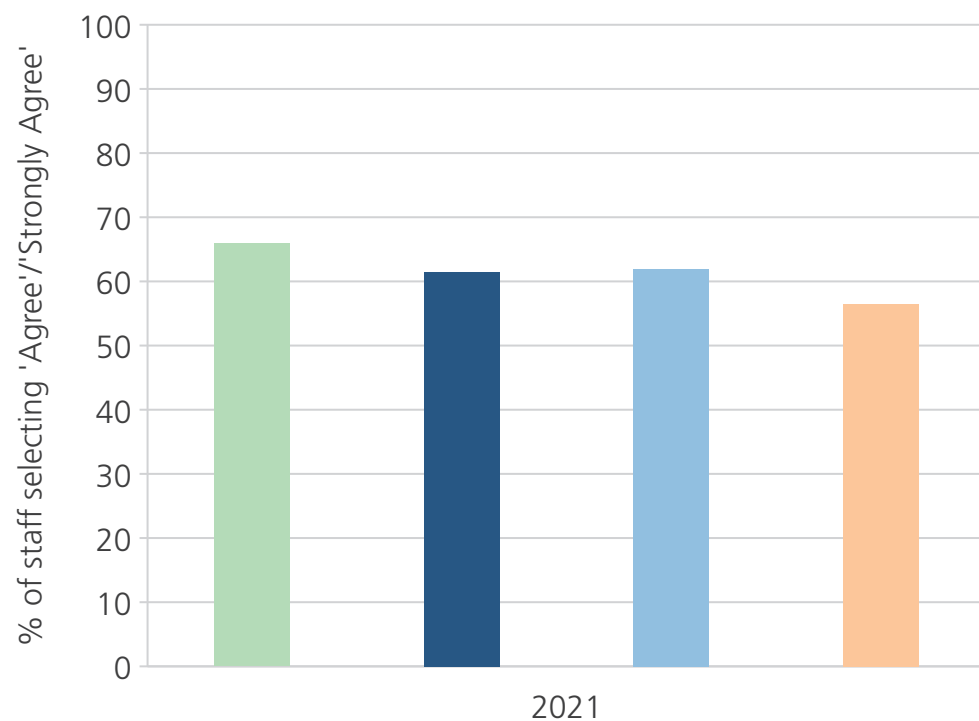
Best	68.1%
Your org	55.4%
Average	61.7%
Worst	52.3%

Responses 179

### Q7g

In my team disagreements are dealt with constructively

No trend data are shown as this is a new question



Best	65.9%
Your org	61.5%
Average	61.9%
Worst	56.5%

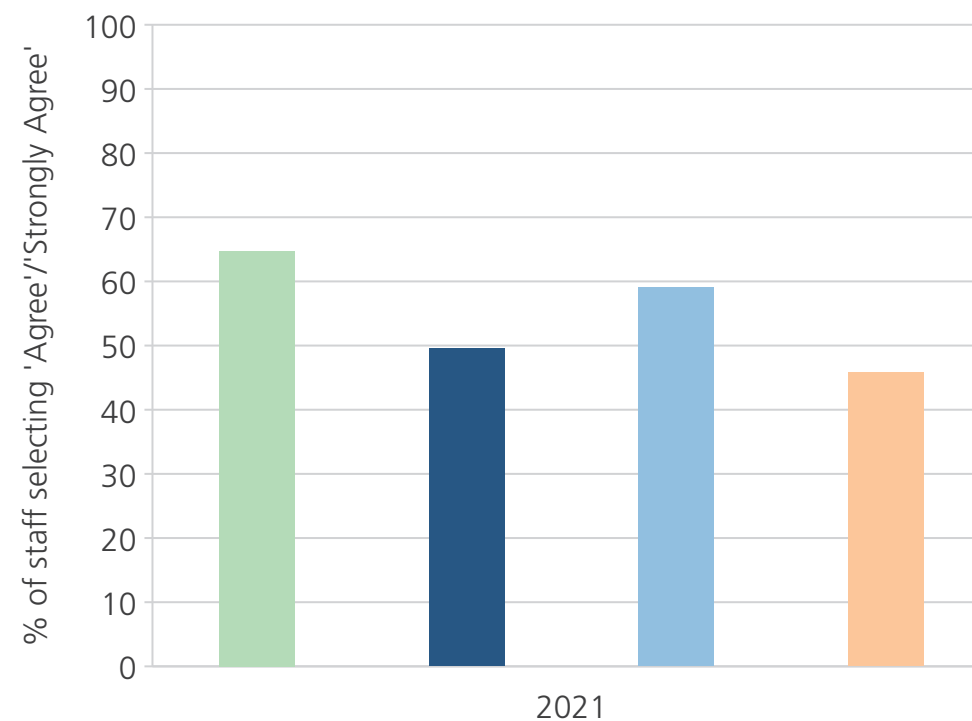
Responses

182

### Q8a

Teams within this organisation work well together to achieve their objectives

No trend data are shown as this is a new question



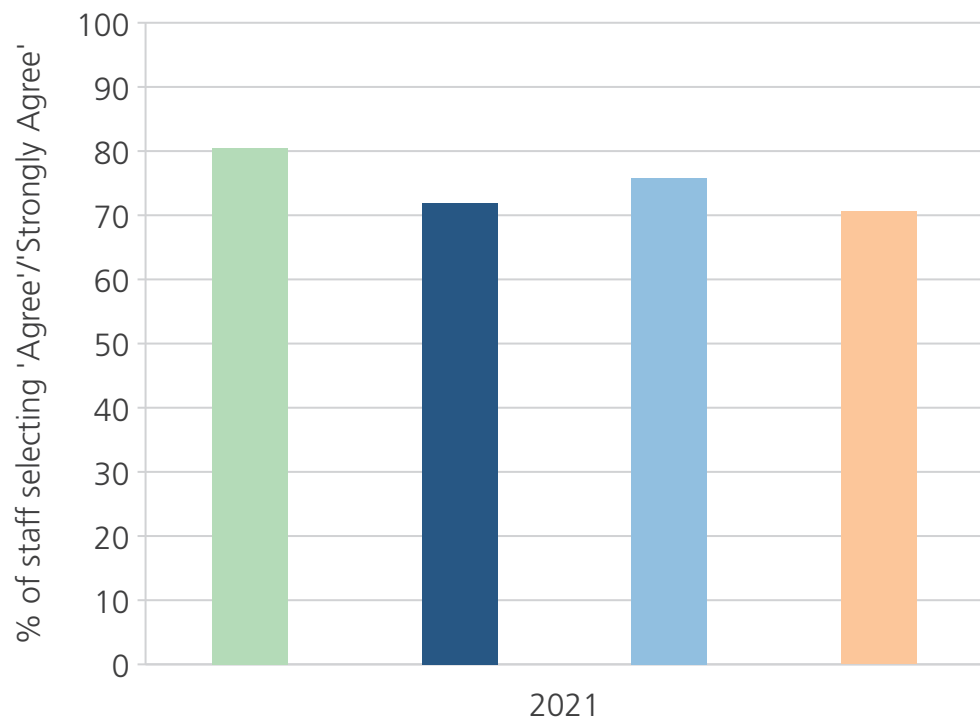
Best	64.7%
Your org	49.5%
Average	59.1%
Worst	45.8%

Responses

182

**Q9a**

My immediate manager encourages me at work



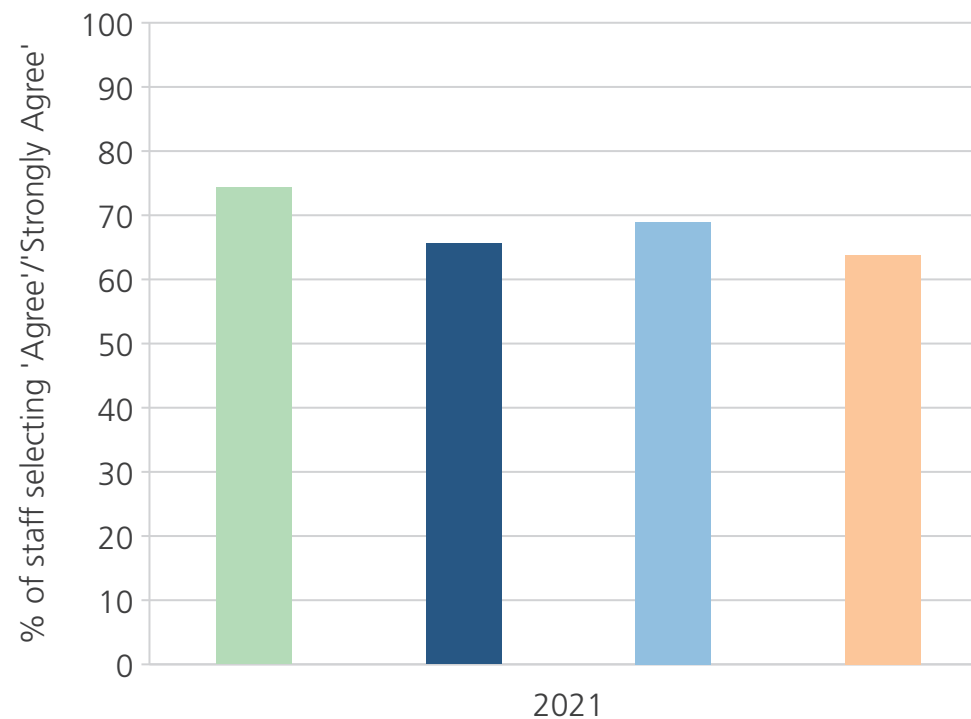
Best	80.5%
Your org	72.0%
Average	75.8%
Worst	70.6%

Responses

182

**Q9b**

My immediate manager gives me clear feedback on my work



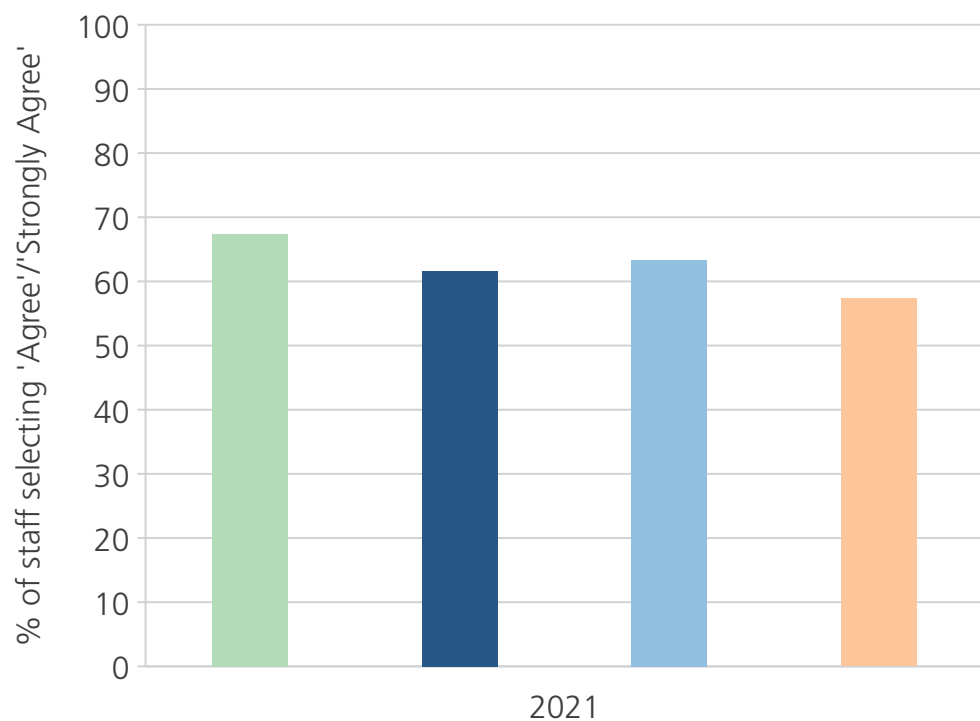
Best	74.3%
Your org	65.6%
Average	69.0%
Worst	63.8%

Responses

182

**Q9c**

My immediate manager asks for my opinion  
before making decisions that affect my work



Best	67.4%
Your org	61.6%
Average	63.3%
Worst	57.3%

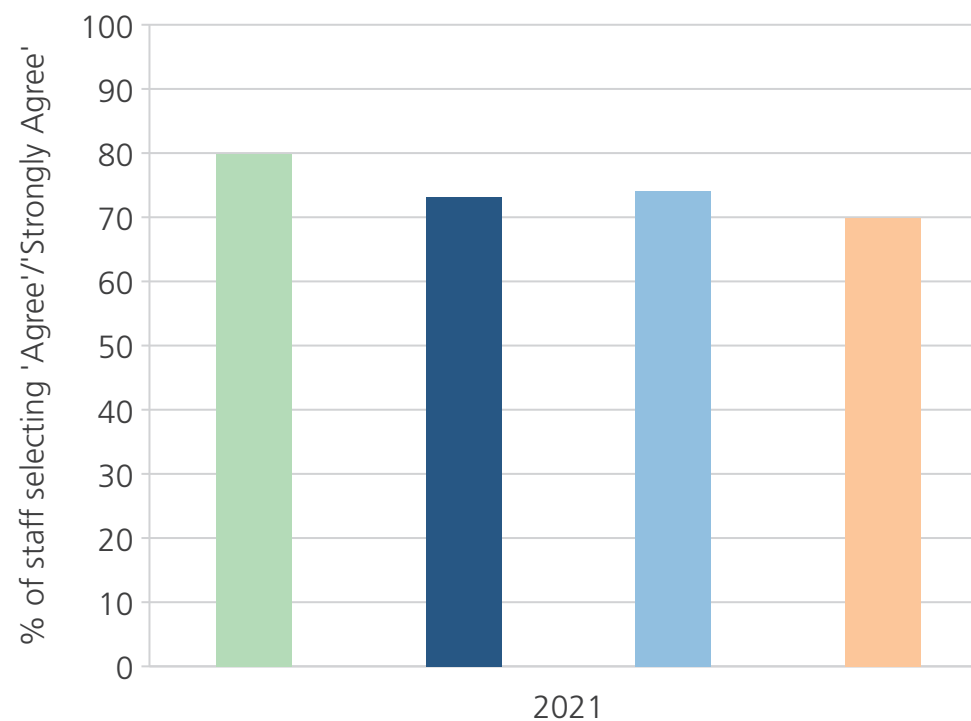
Responses

182

165

**Q9d**

My immediate manager takes a positive  
interest in my health and well-being



Best	79.8%
Your org	73.2%
Average	74.1%
Worst	69.9%

Responses

182

# Theme detailed information – Staff Engagement

## Questions:

Q2a, Q2b, Q2c

Q3c, Q3d, Q3f

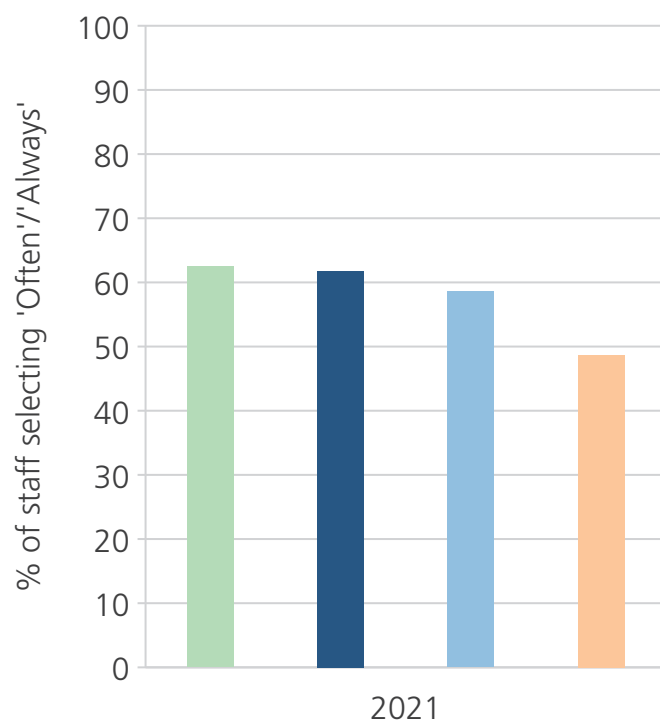
Q21a, Q21c, Q21d

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**Q2a**

I look forward to going to work

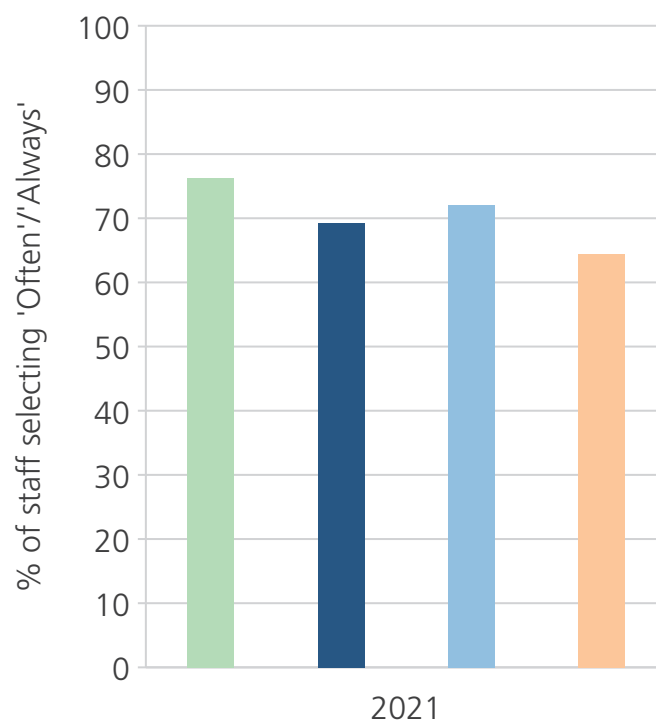


Best	62.5%
Your org	61.8%
Average	58.6%
Worst	48.6%

Responses 182

**Q2b**

I am enthusiastic about my job

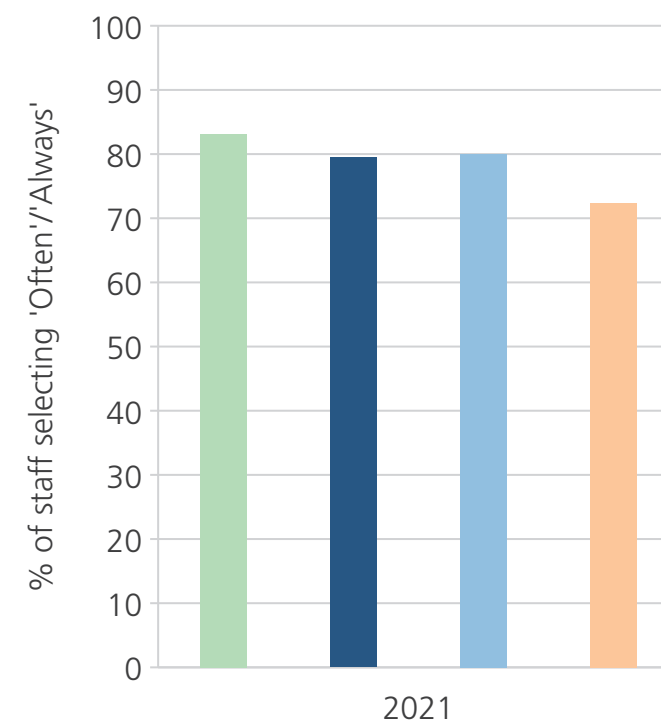


Best	76.3%
Your org	69.3%
Average	72.0%
Worst	64.4%

Responses 180

**Q2c**

Time passes quickly when I am working

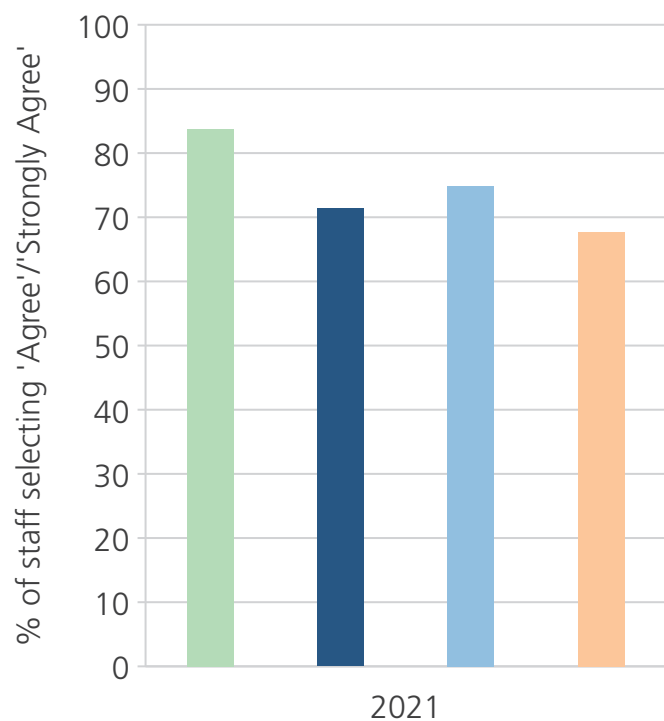


Best	83.2%
Your org	79.4%
Average	80.0%
Worst	72.3%

Responses 181

**Q3c**

There are frequent opportunities for me to show initiative in my role

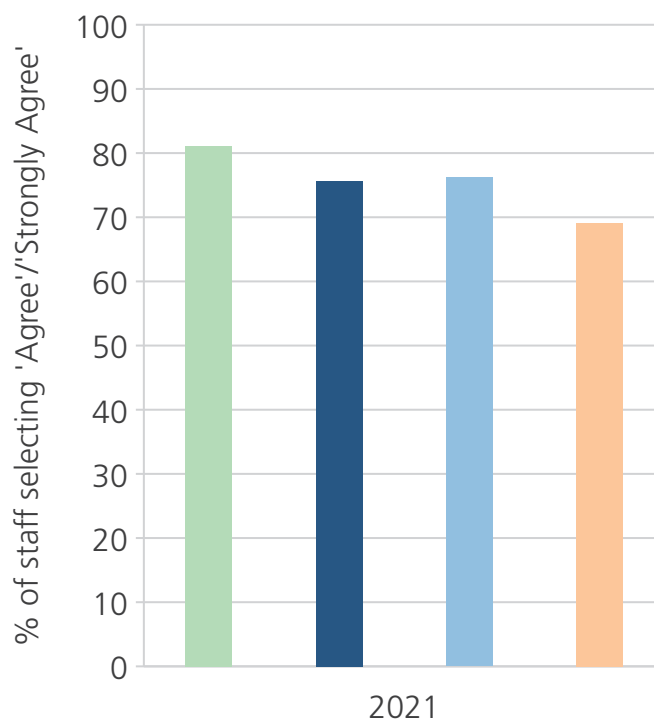


Best	83.8%
Your org	71.3%
Average	74.9%
Worst	67.7%

Responses 181

**Q3d**

I am able to make suggestions to improve the work of my team / department

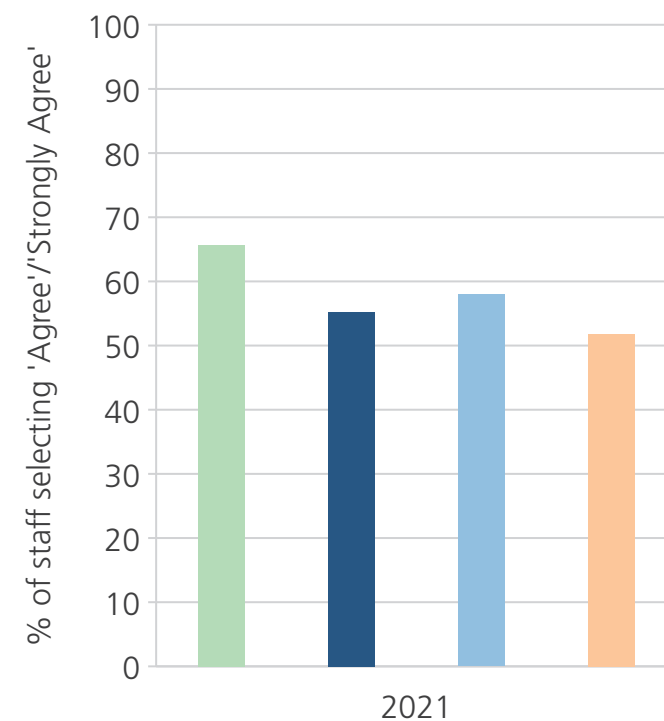


Best	81.1%
Your org	75.6%
Average	76.2%
Worst	69.1%

Responses 182

**Q3f**

I am able to make improvements happen in my area of work



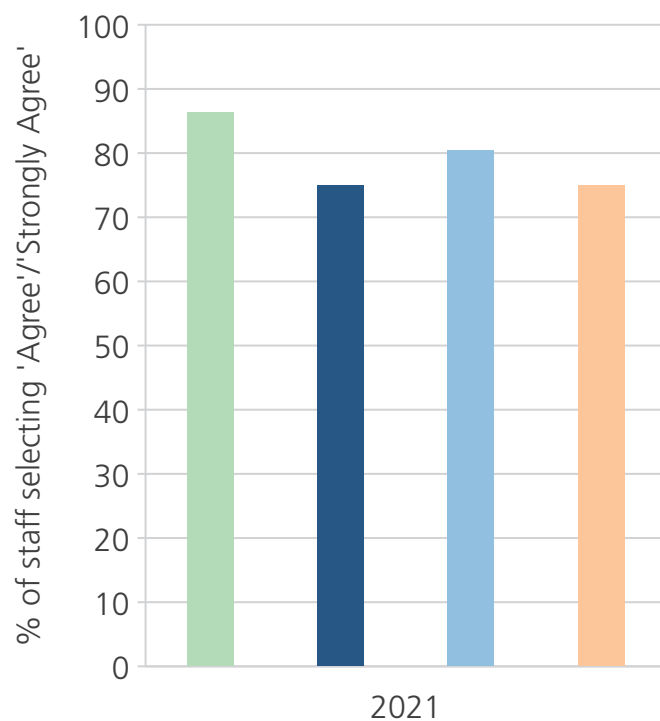
Best	65.6%
Your org	55.2%
Average	58.0%
Worst	51.8%

Responses 177



**Q21a**

Care of patients / service users  
is my organisation's top priority

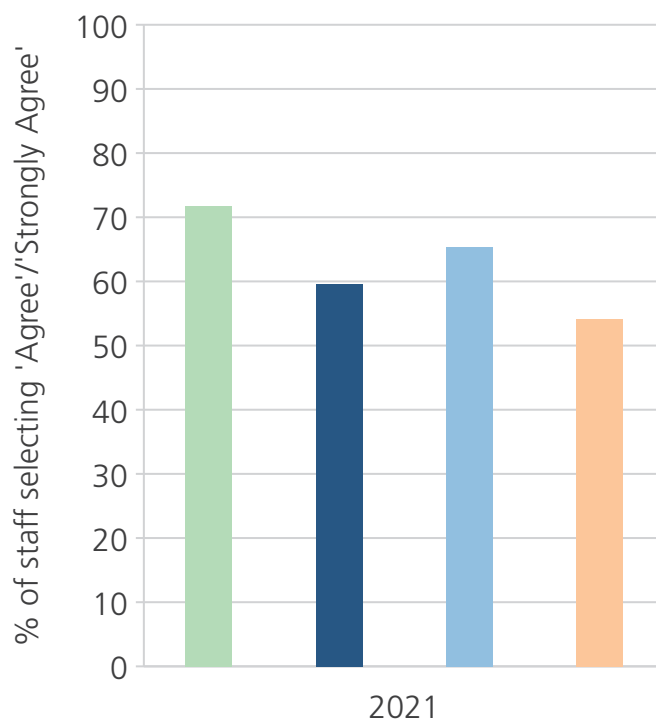


Best	86.3%
Your org	75.0%
Average	80.4%
Worst	74.9%

Responses 182

**Q21c**

I would recommend my  
organisation as a place to work

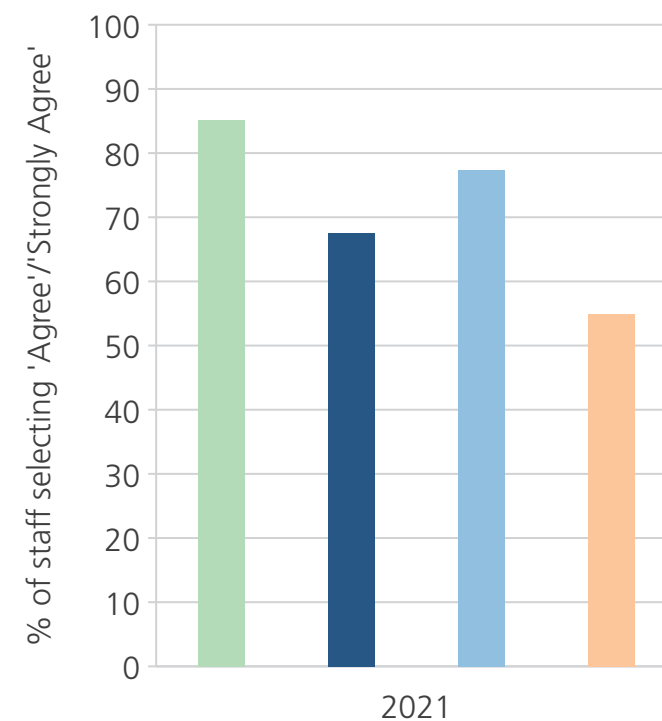


Best	71.8%
Your org	59.6%
Average	65.3%
Worst	54.2%

Responses 181

**Q21d**

If a friend or relative needed treatment  
I would be happy with the standard  
of care provided by this organisation



Best	85.2%
Your org	67.6%
Average	77.4%
Worst	55.0%

Responses 182

# Theme detailed information – Morale

## Questions:

Q22a, Q22b, Q22c

Q3g, Q3h, Q3i

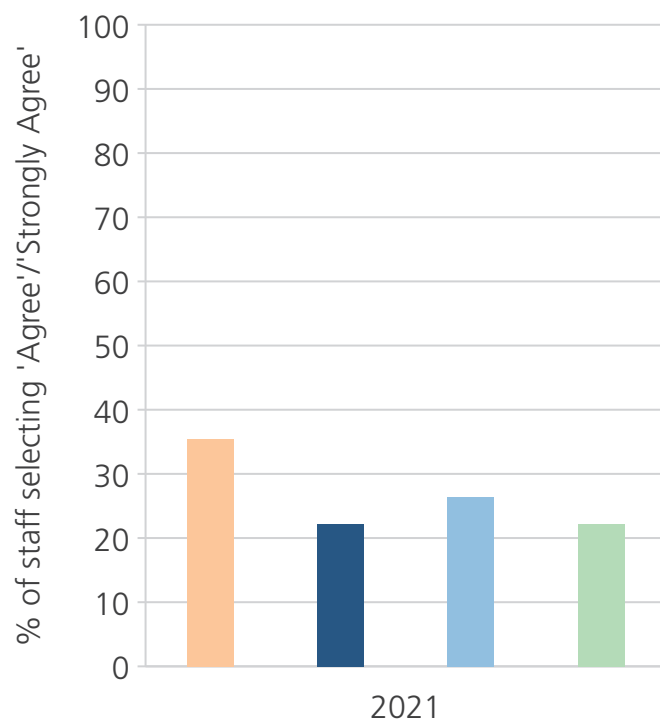
Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

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**Q22a**

I often think about  
leaving this organisation

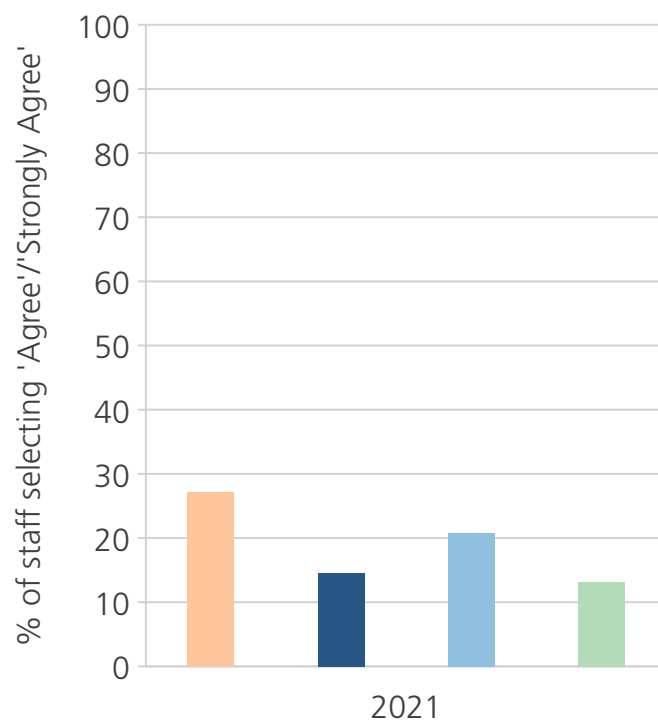


Worst	35.5%
Your org	22.2%
Average	26.4%
Best	22.2%

Responses 182

**Q22b**

I will probably look for a job at a new  
organisation in the next 12 months

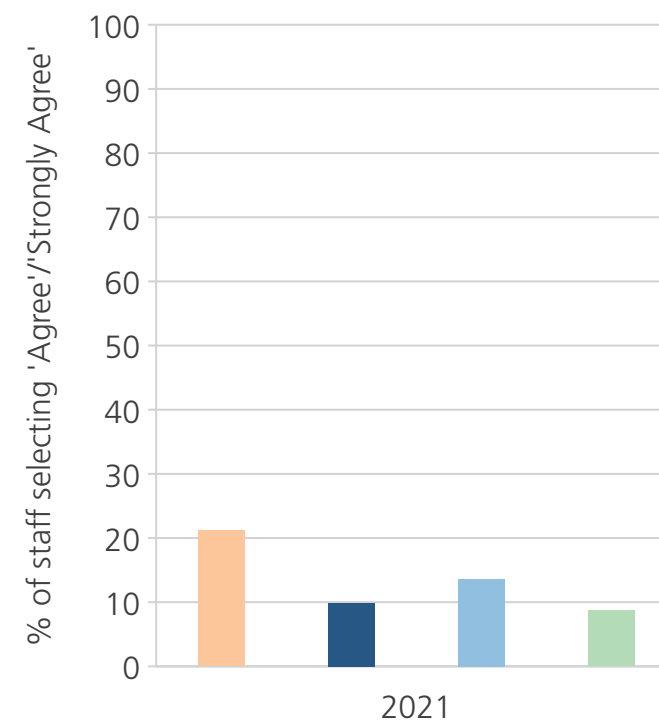


Worst	27.2%
Your org	14.5%
Average	20.8%
Best	13.2%

Responses 182

**Q22c**

As soon as I can find another  
job, I will leave this organisation

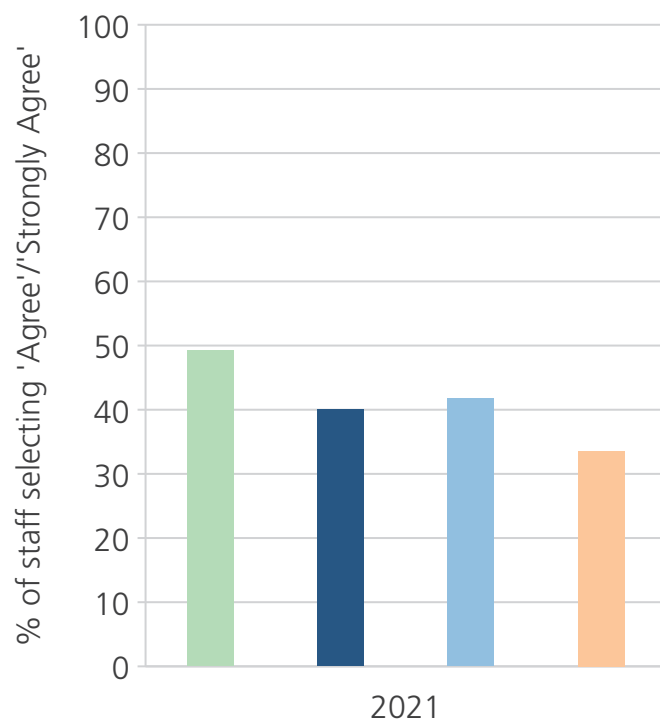


Worst	21.2%
Your org	9.8%
Average	13.6%
Best	8.7%

Responses 182

**Q3g**

I am able to meet all the conflicting demands on my time at work

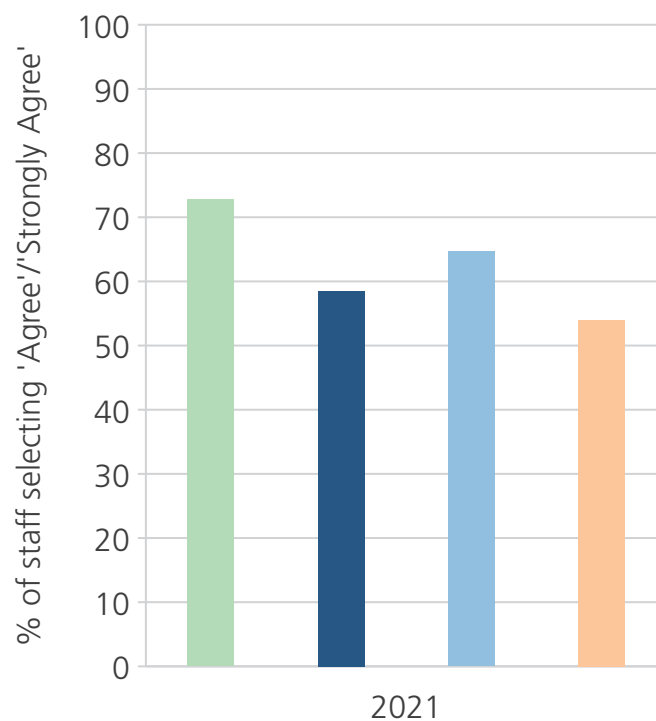


Best	49.2%
Your org	40.0%
Average	41.7%
Worst	33.6%

Responses 180

**Q3h**

I have adequate materials, supplies and equipment to do my work

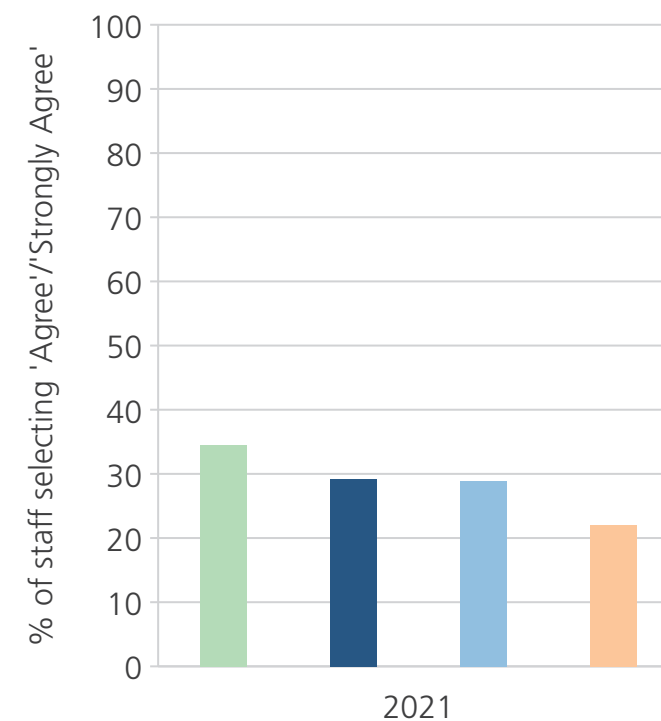


Best	72.8%
Your org	58.5%
Average	64.7%
Worst	54.0%

Responses 180

**Q3i**

There are enough staff at this organisation for me to do my job properly

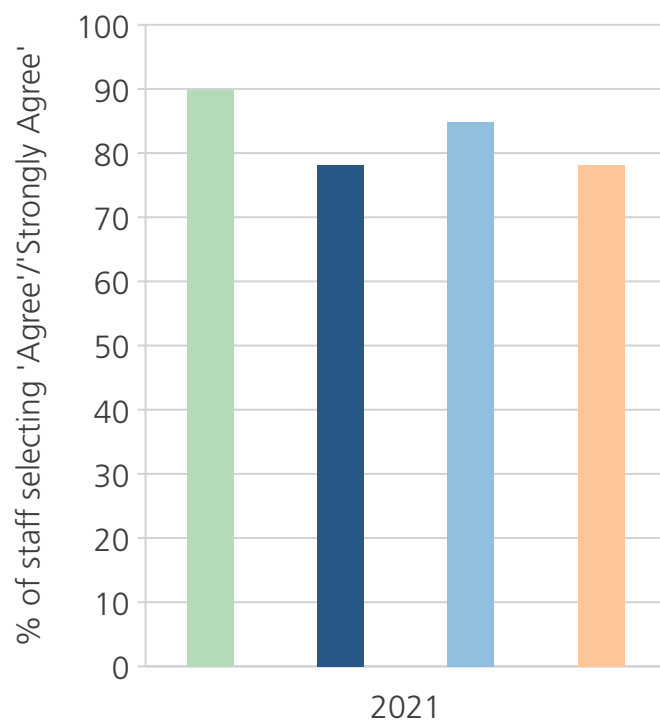


Best	34.5%
Your org	29.3%
Average	28.9%
Worst	22.0%

Responses 182

**Q3a**

I always know what my  
work responsibilities are

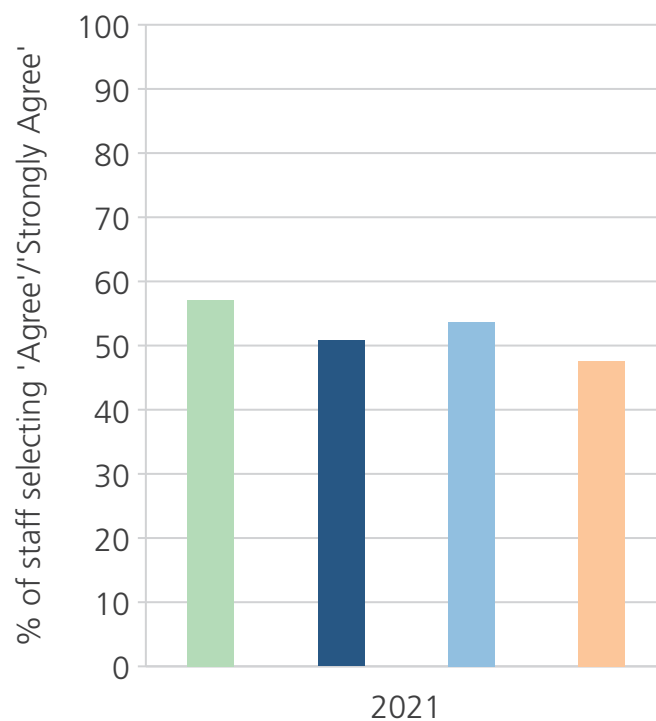


Best	89.9%
Your org	78.1%
Average	84.8%
Worst	78.1%

Responses 181

**Q3e**

I am involved in deciding on  
changes introduced that affect my  
work area / team / department

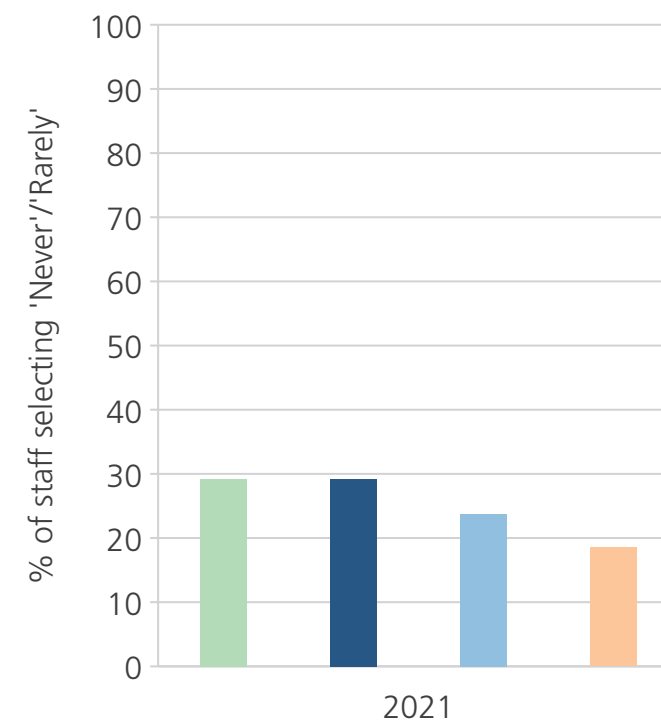


Best	57.1%
Your org	50.8%
Average	53.7%
Worst	47.6%

Responses 181

**Q5a**

I have unrealistic time pressures

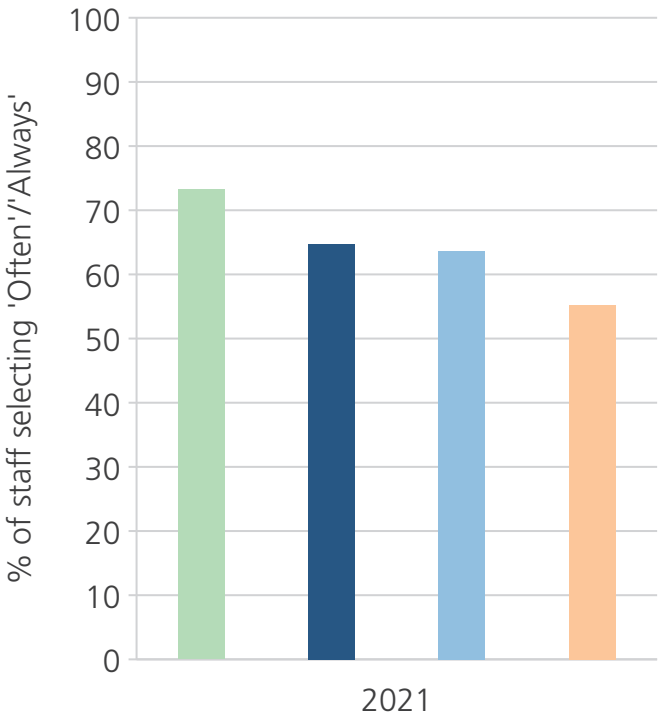


Best	29.2%
Your org	29.2%
Average	23.8%
Worst	18.5%

Responses 181

**Q5b**

I have a choice in deciding  
how to do my work



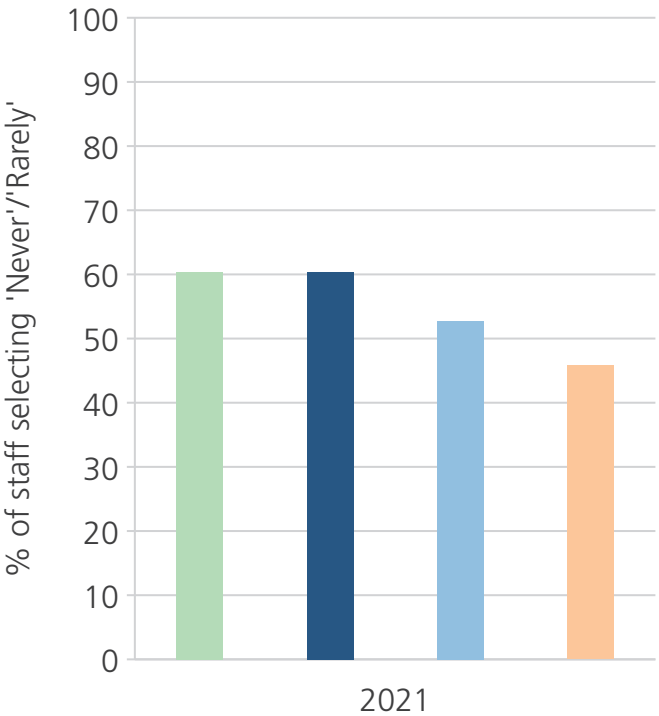
Best	73.3%
Your org	64.7%
Average	63.6%
Worst	55.2%

Responses

181

**Q5c**

Relationships at work are strained



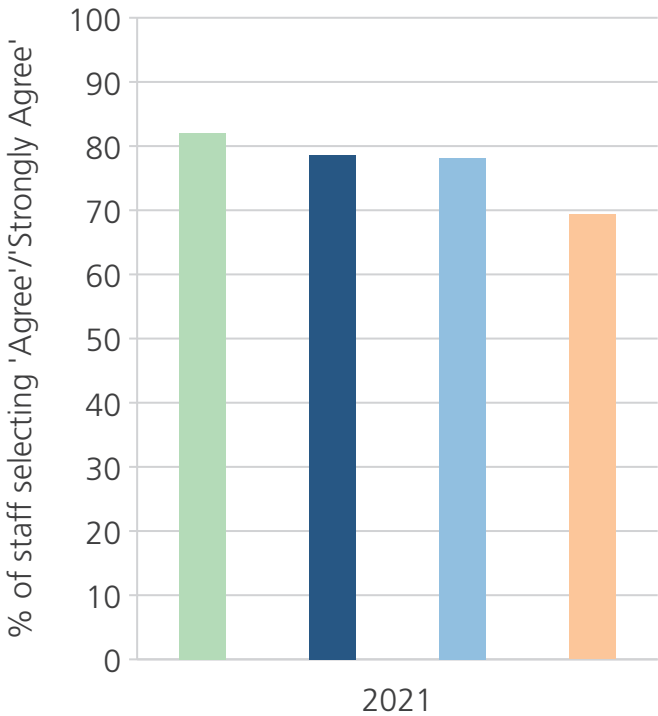
Best	60.4%
Your org	60.4%
Average	52.7%
Worst	45.8%

Responses

181

**Q7c**

I receive the respect I deserve  
from my colleagues at work



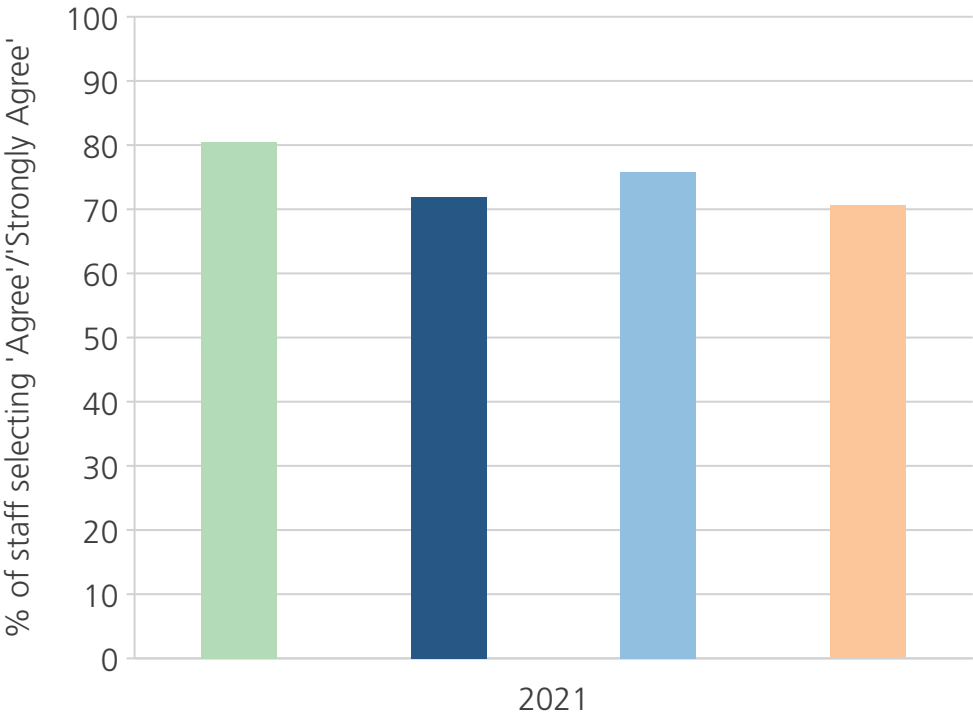
Best	82.1%
Your org	78.6%
Average	78.1%
Worst	69.3%

Responses

181

**Q9a**

My immediate manager encourages me at work



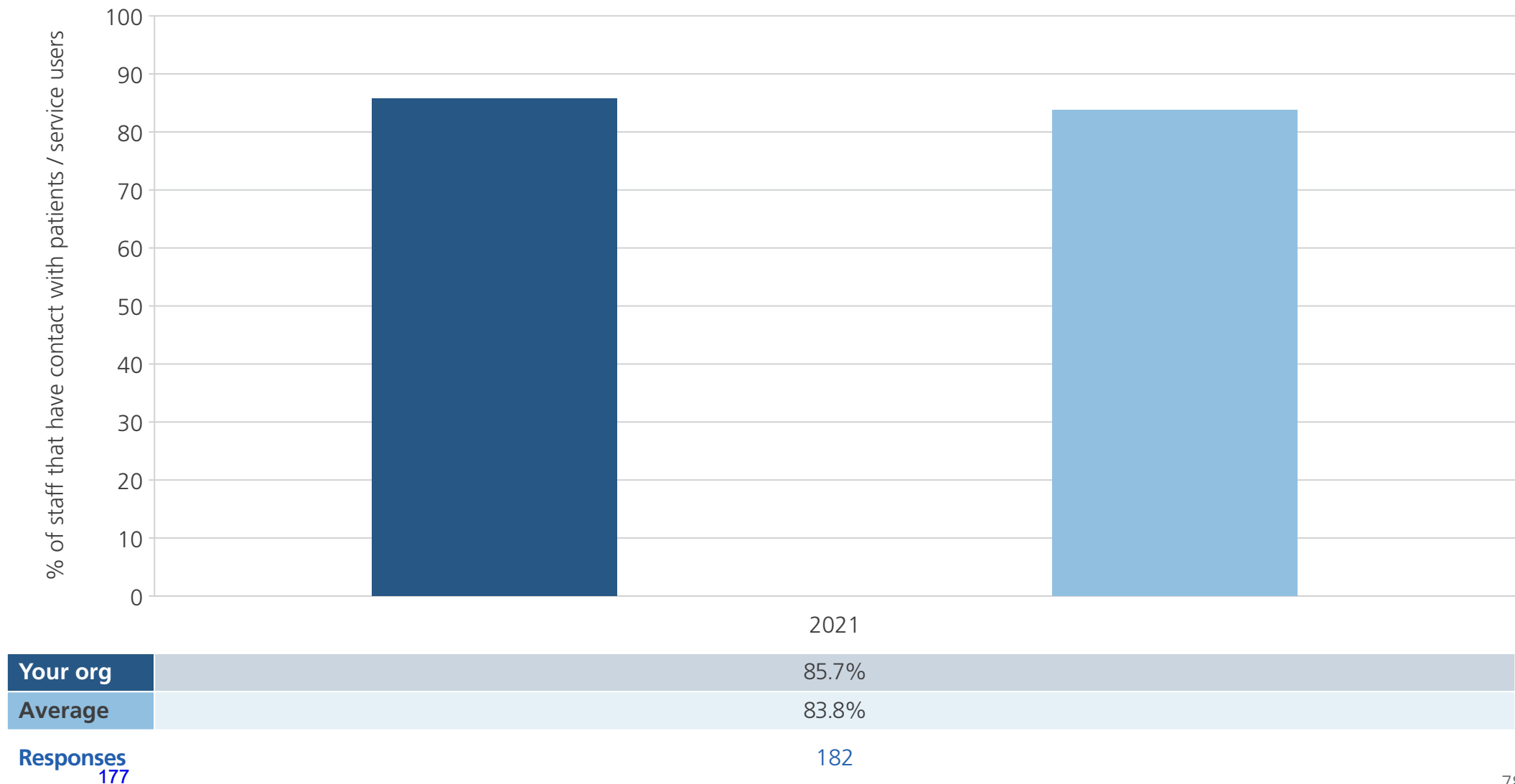
Best	80.5%
Your org	72.0%
Average	75.8%
Worst	70.6%

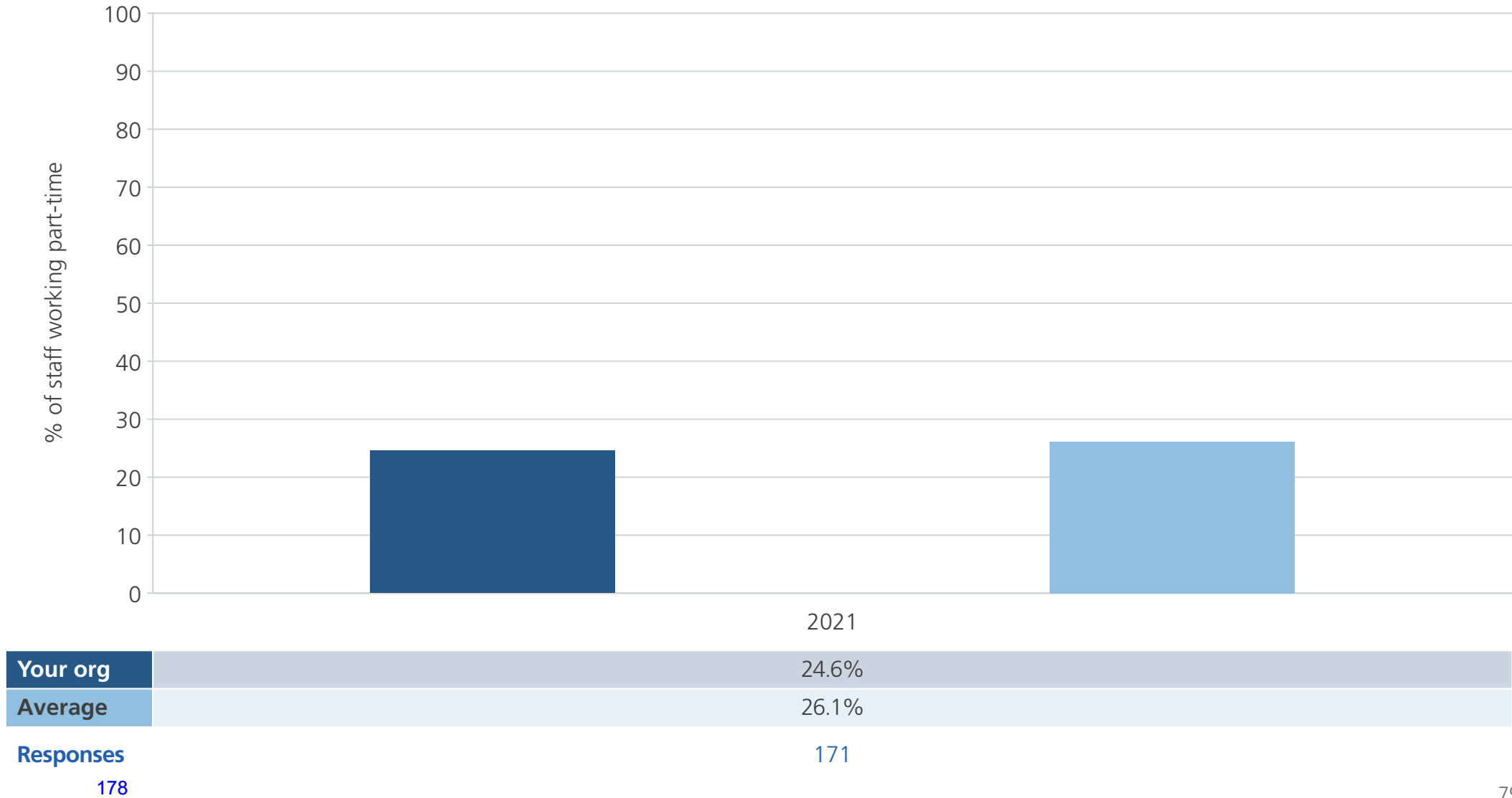
Responses 182

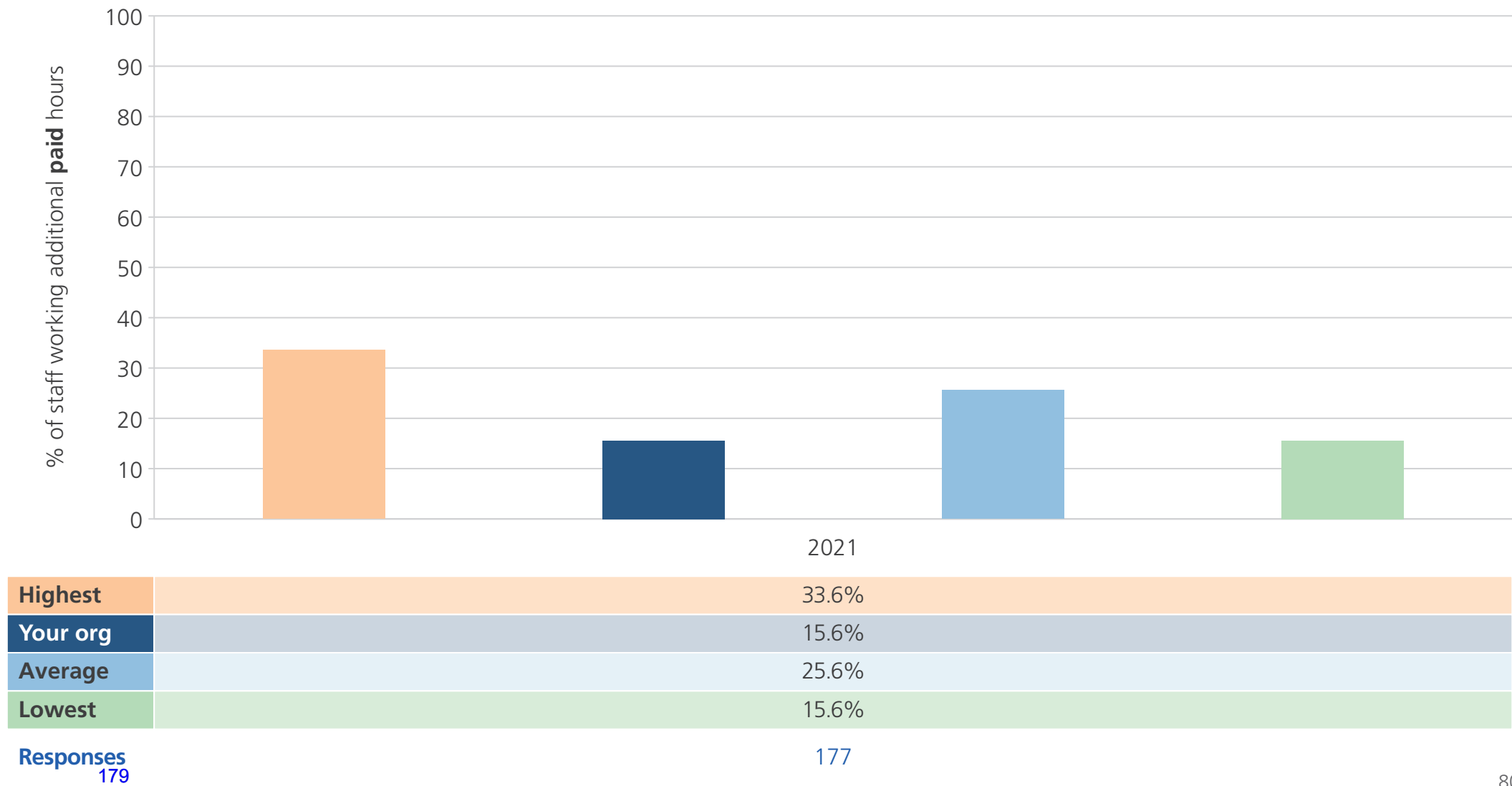
# Questions not linked to the People Promise elements or themes

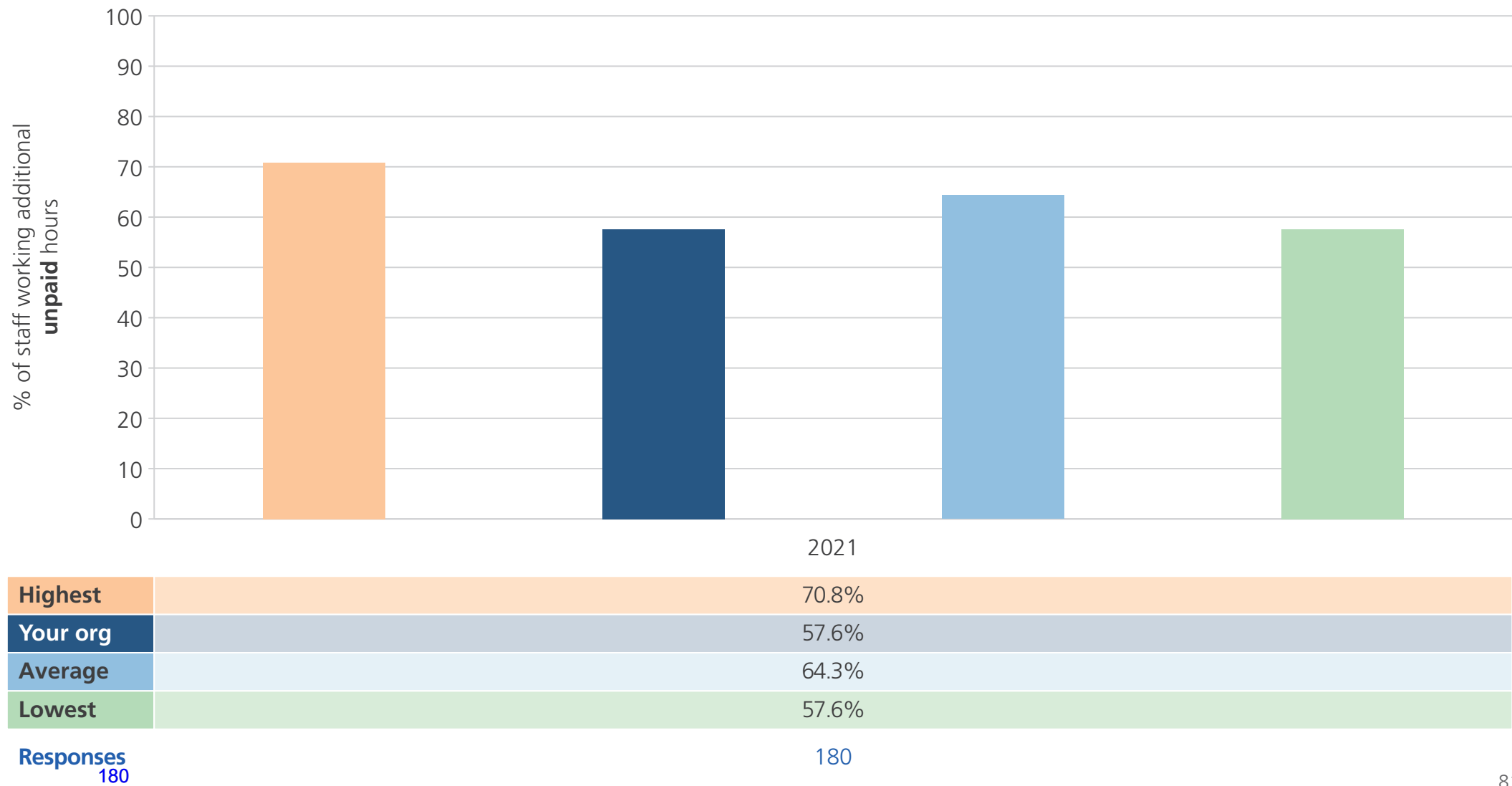
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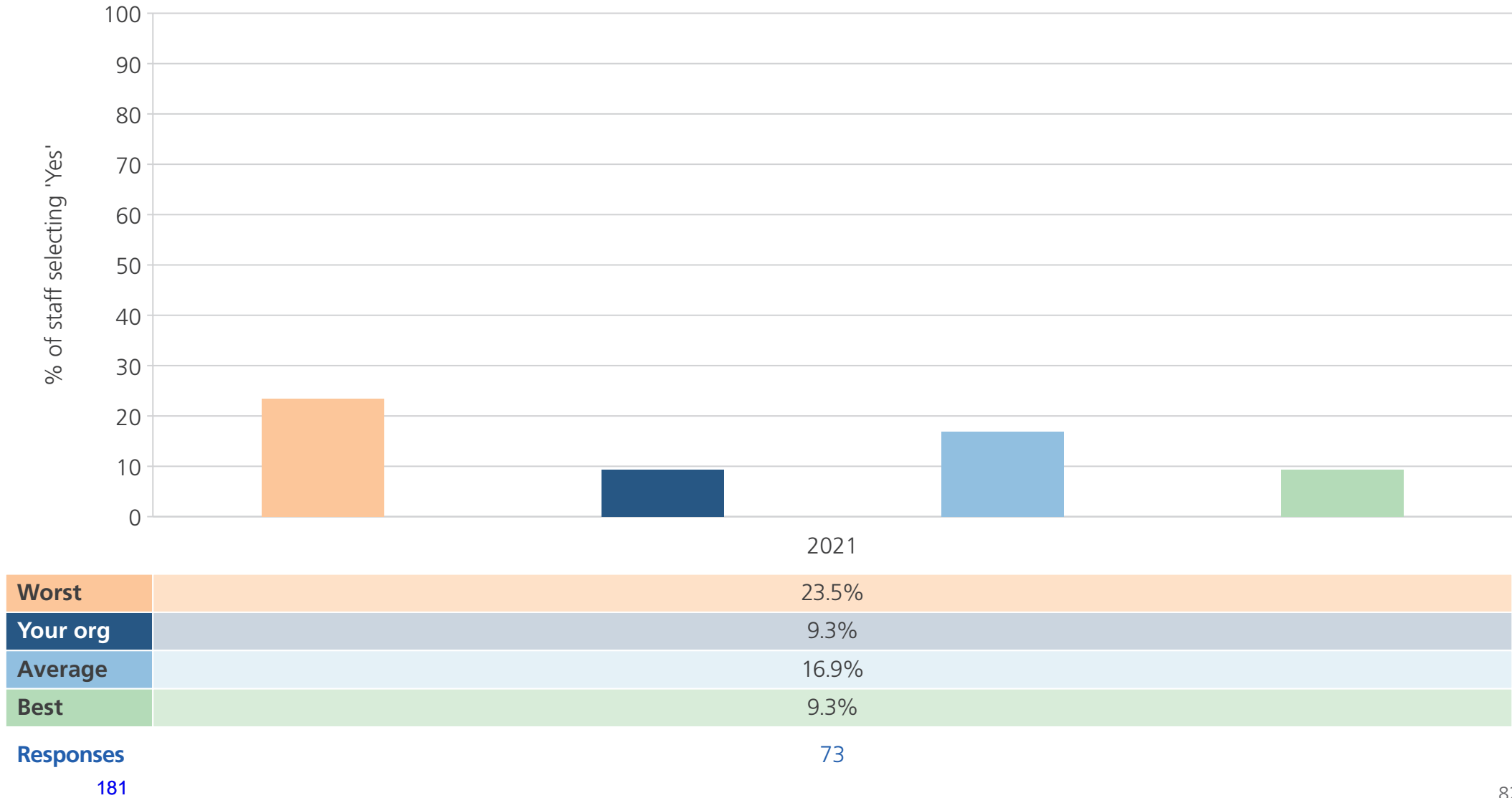


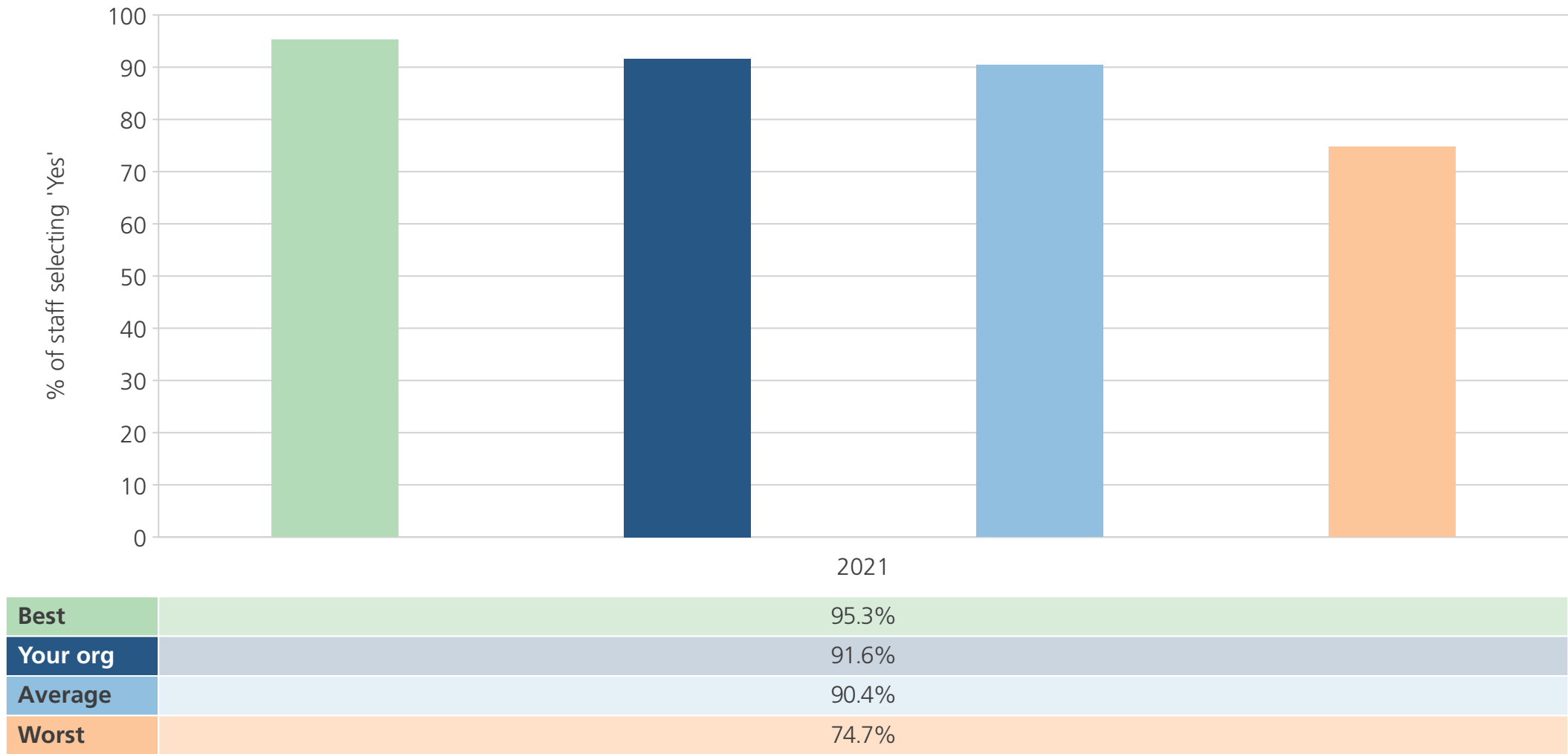






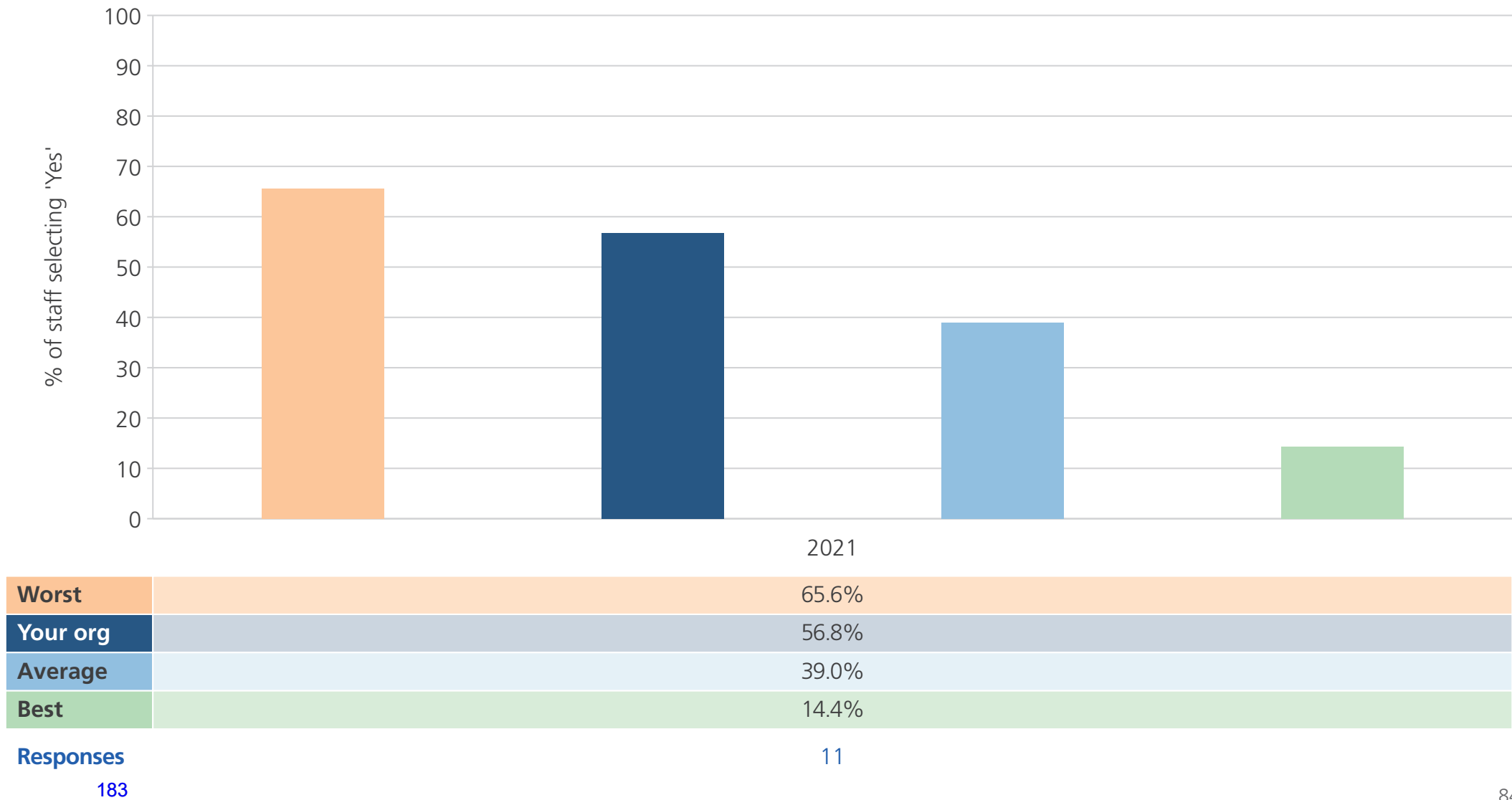
This question was only answered by people who responded 'Yes' to Q11d.

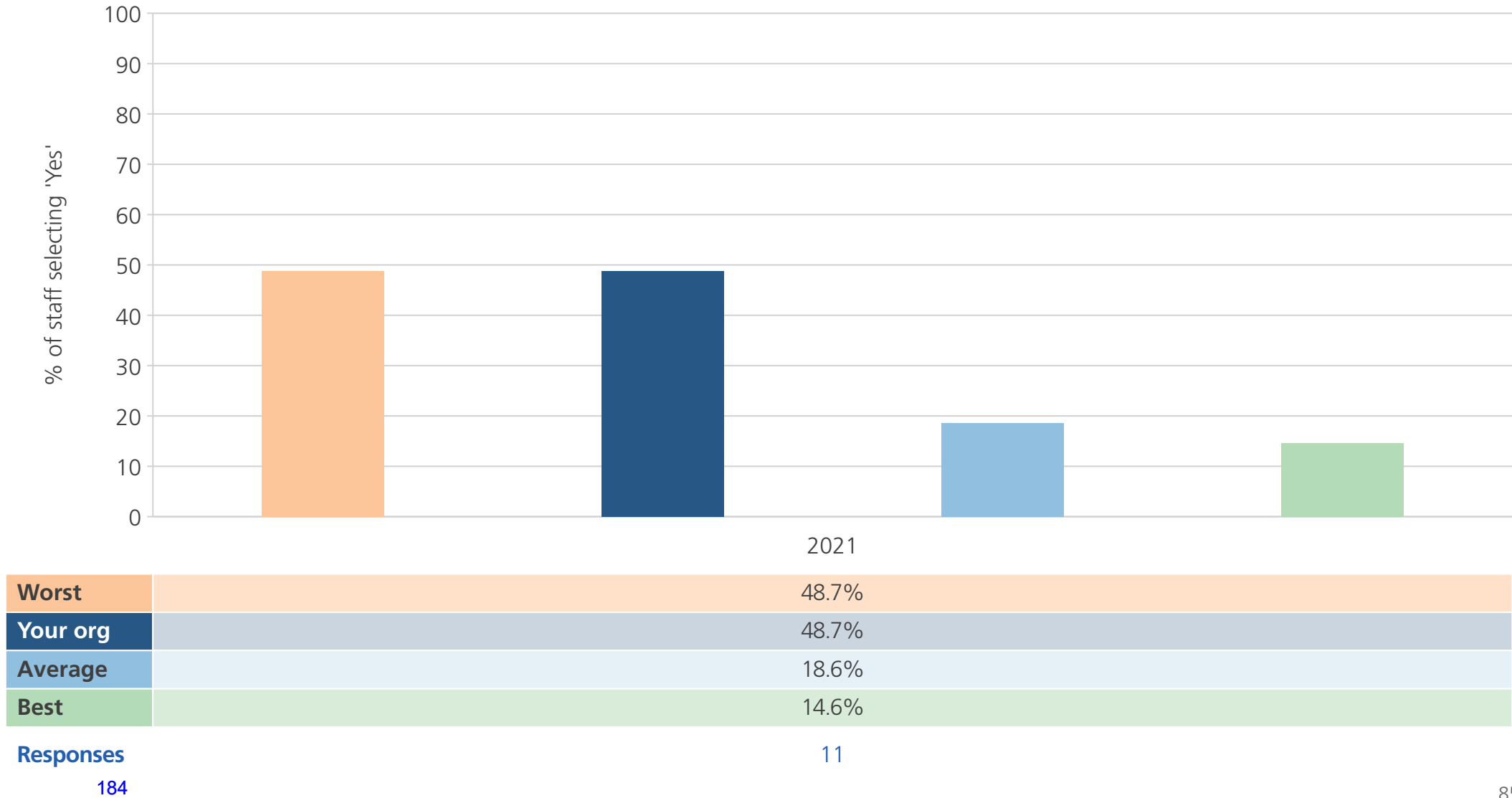




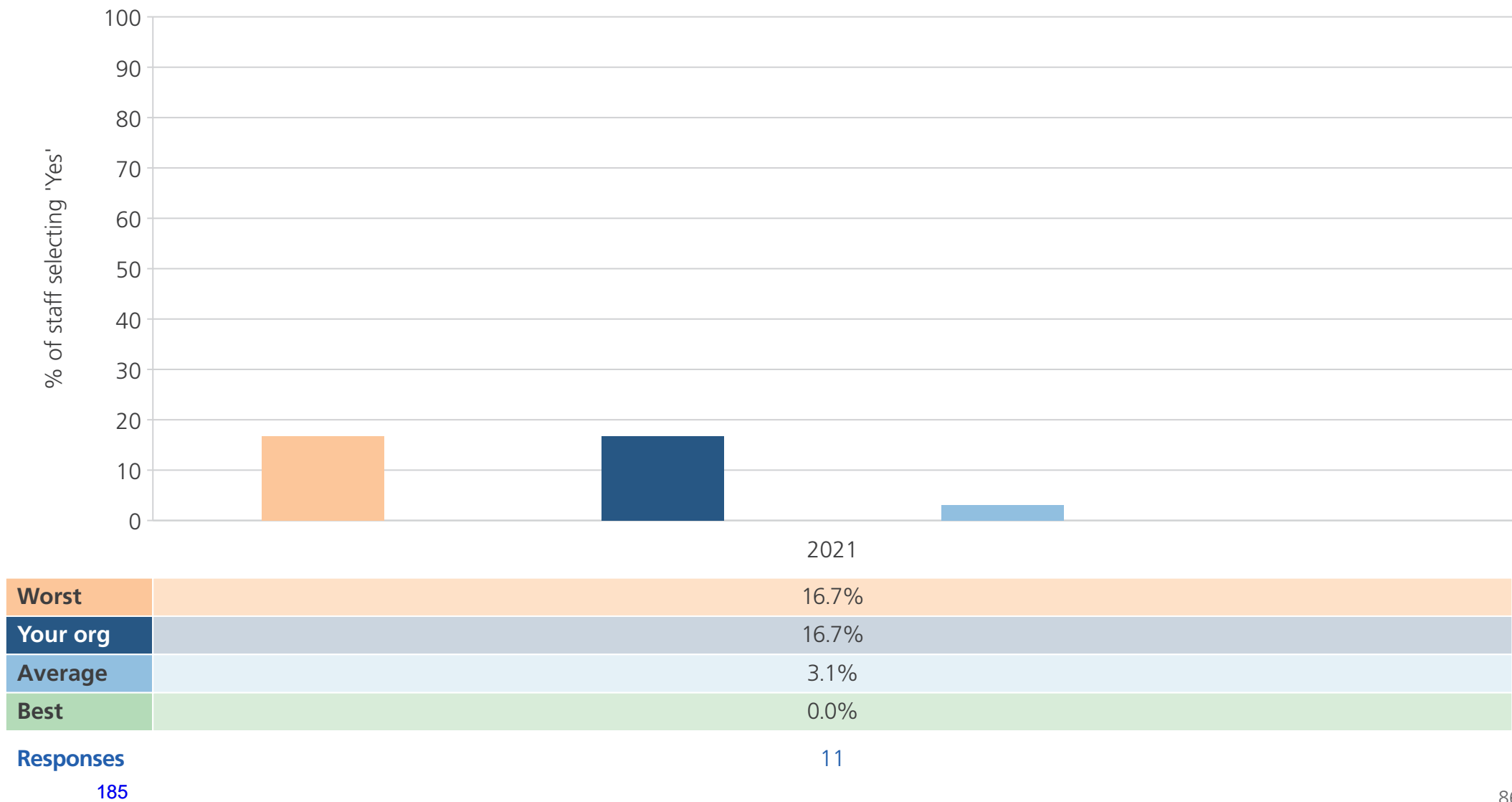
Responses  
182

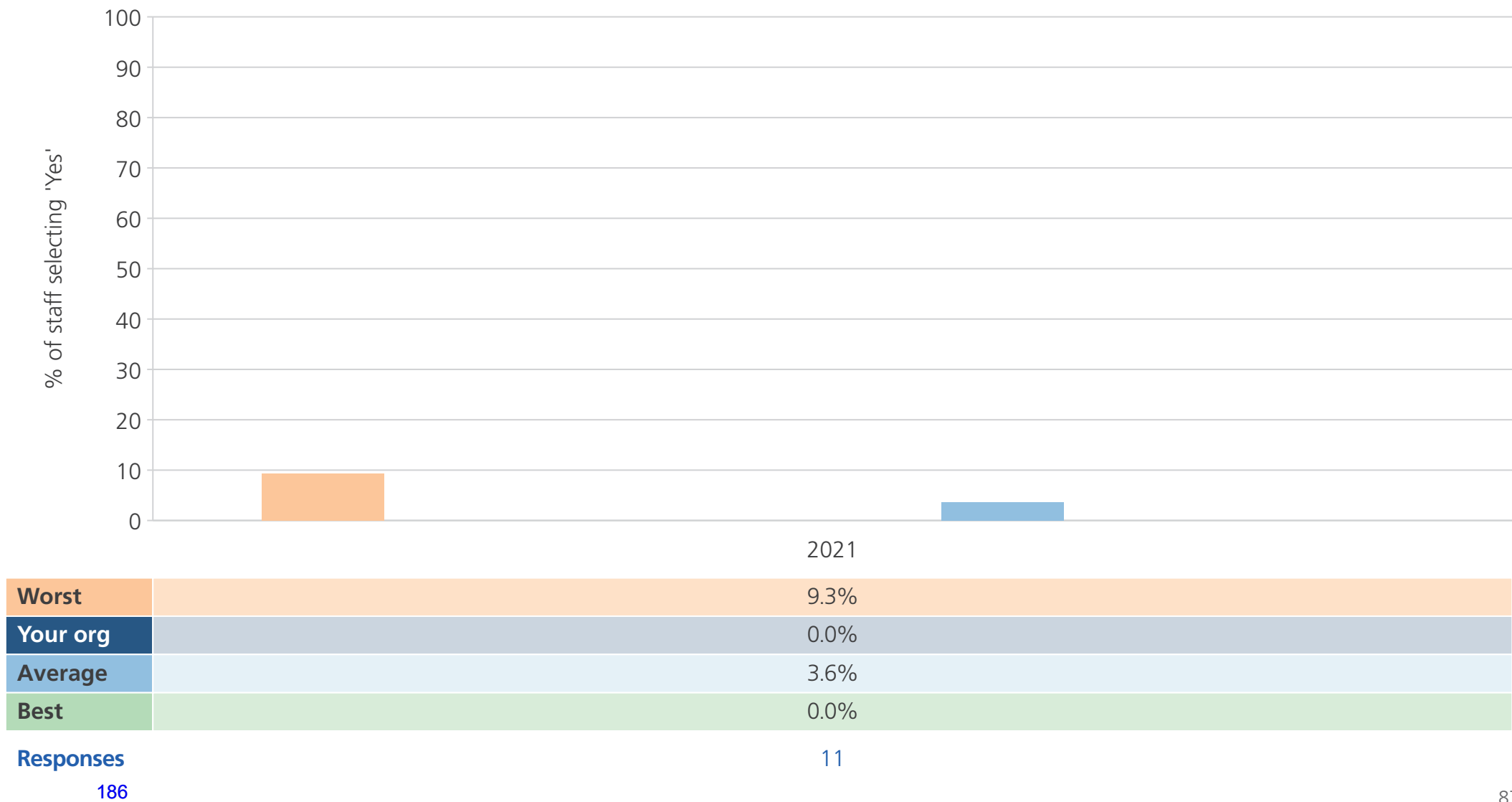
130

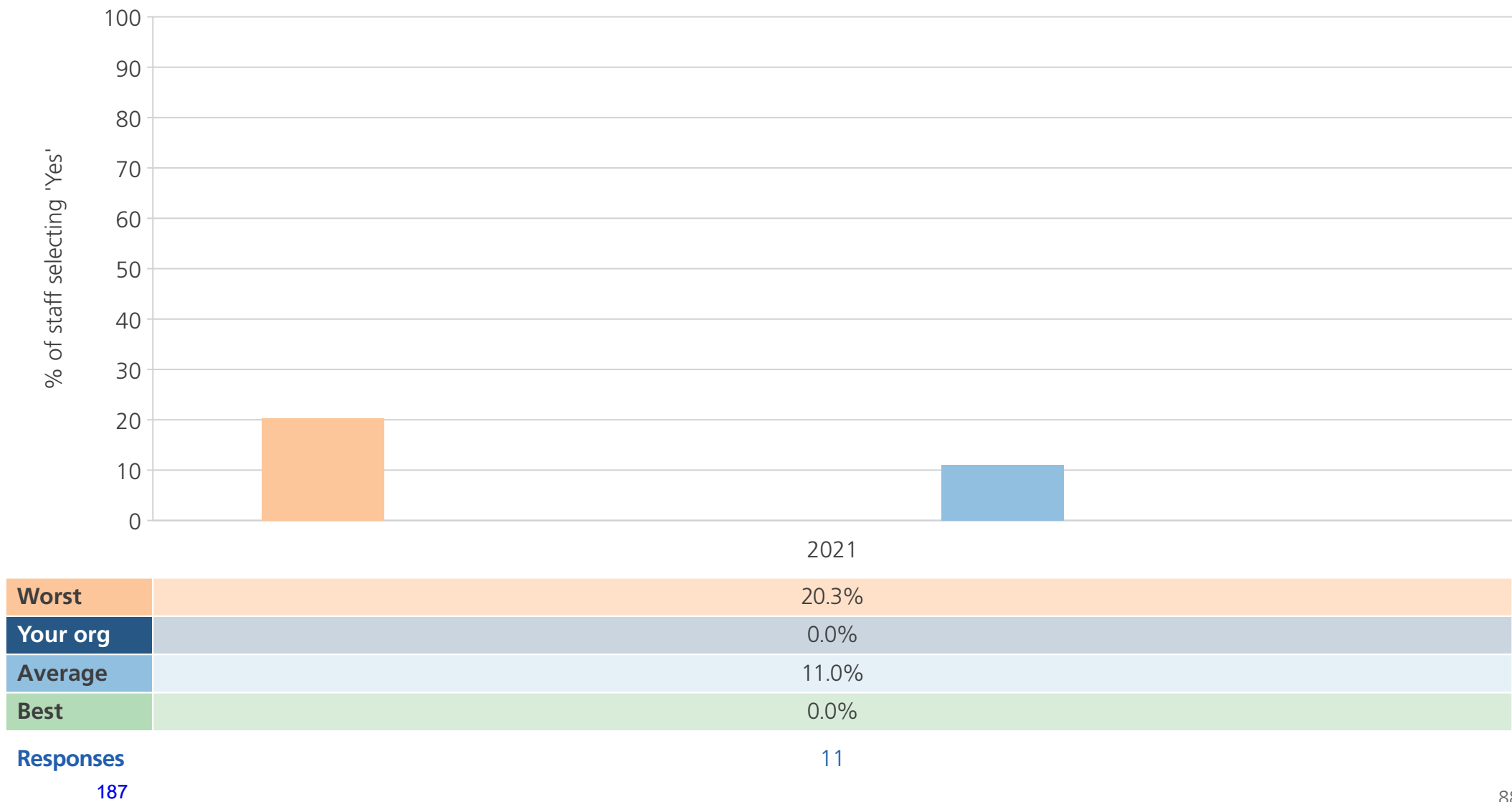


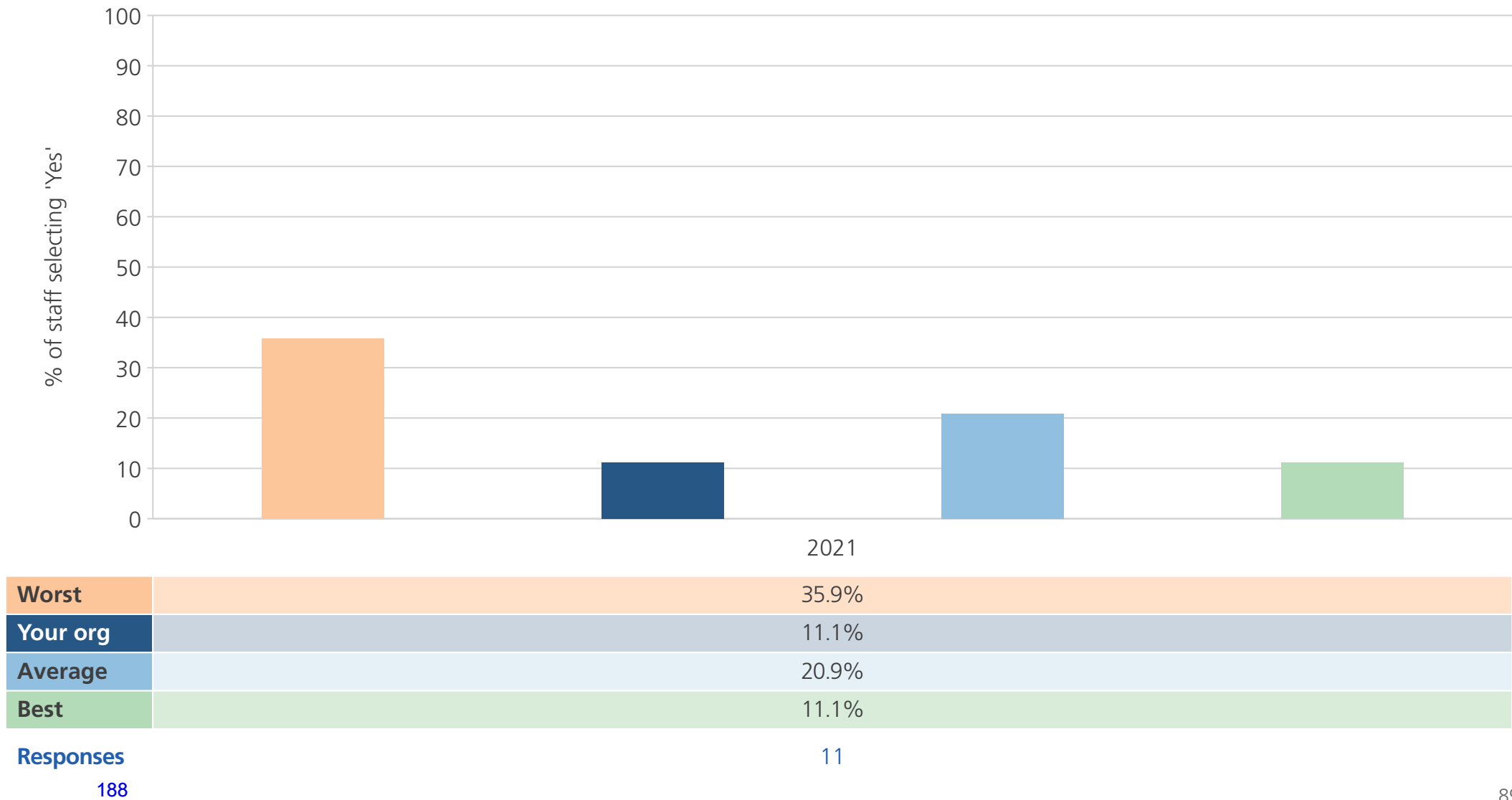


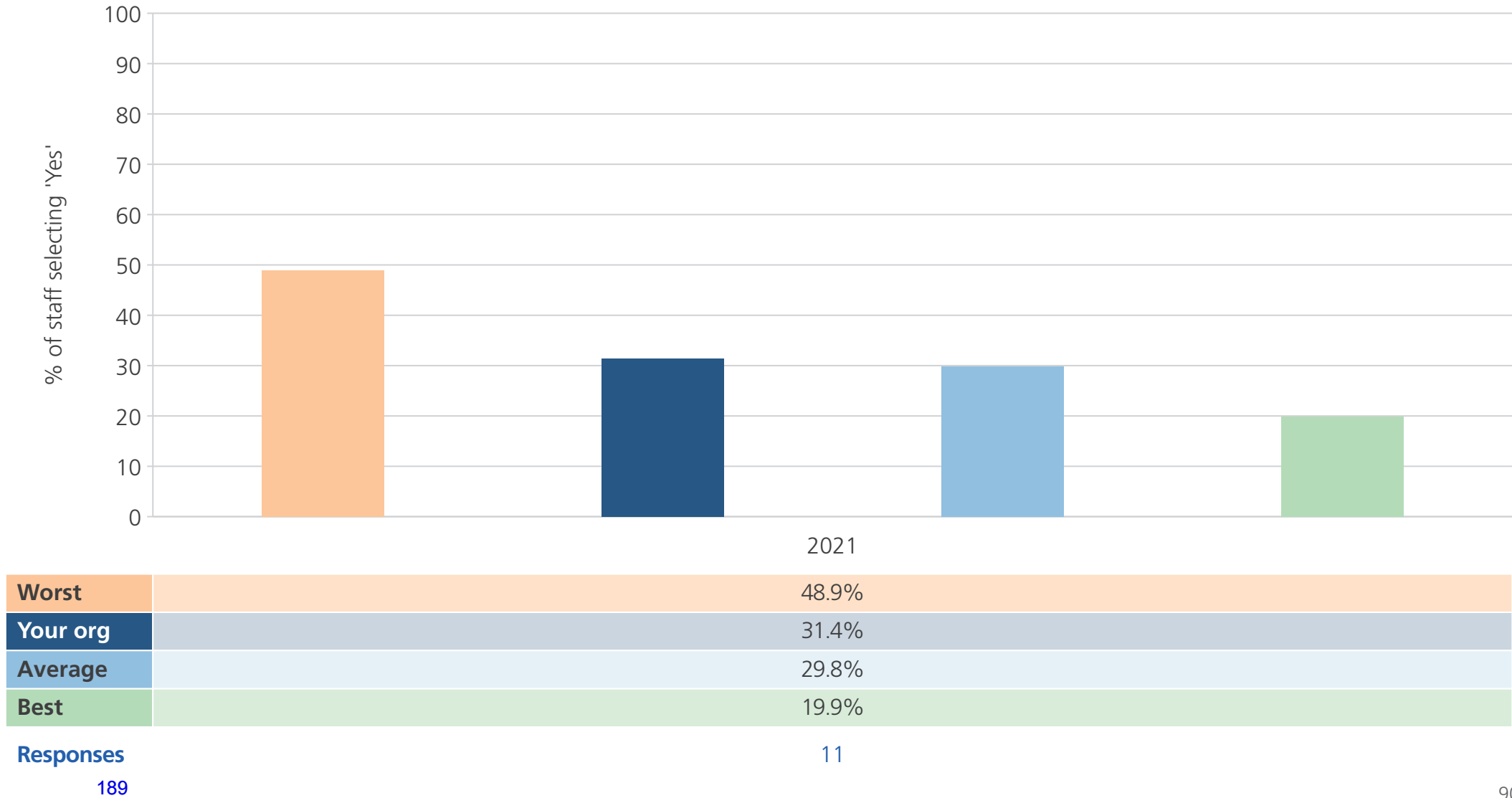


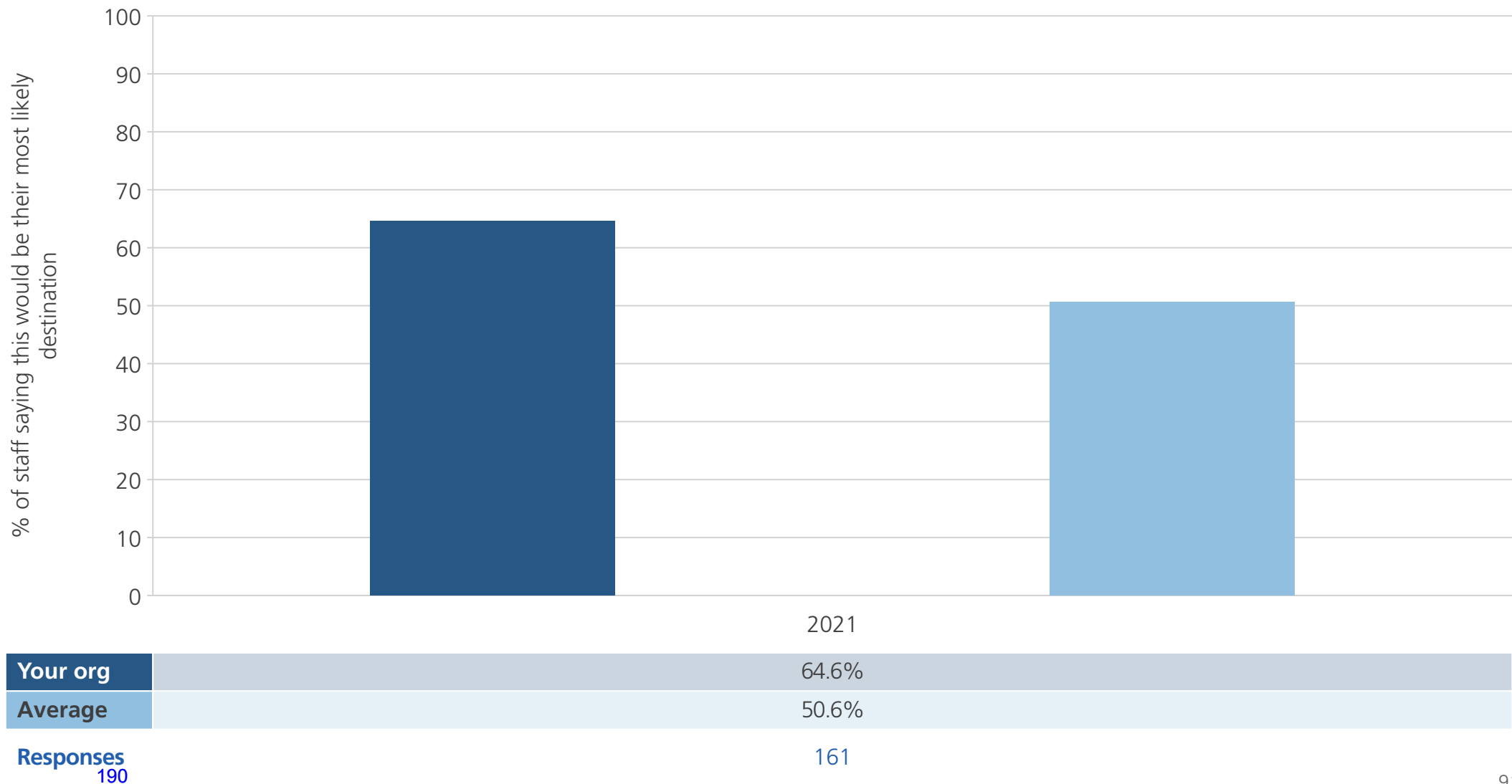


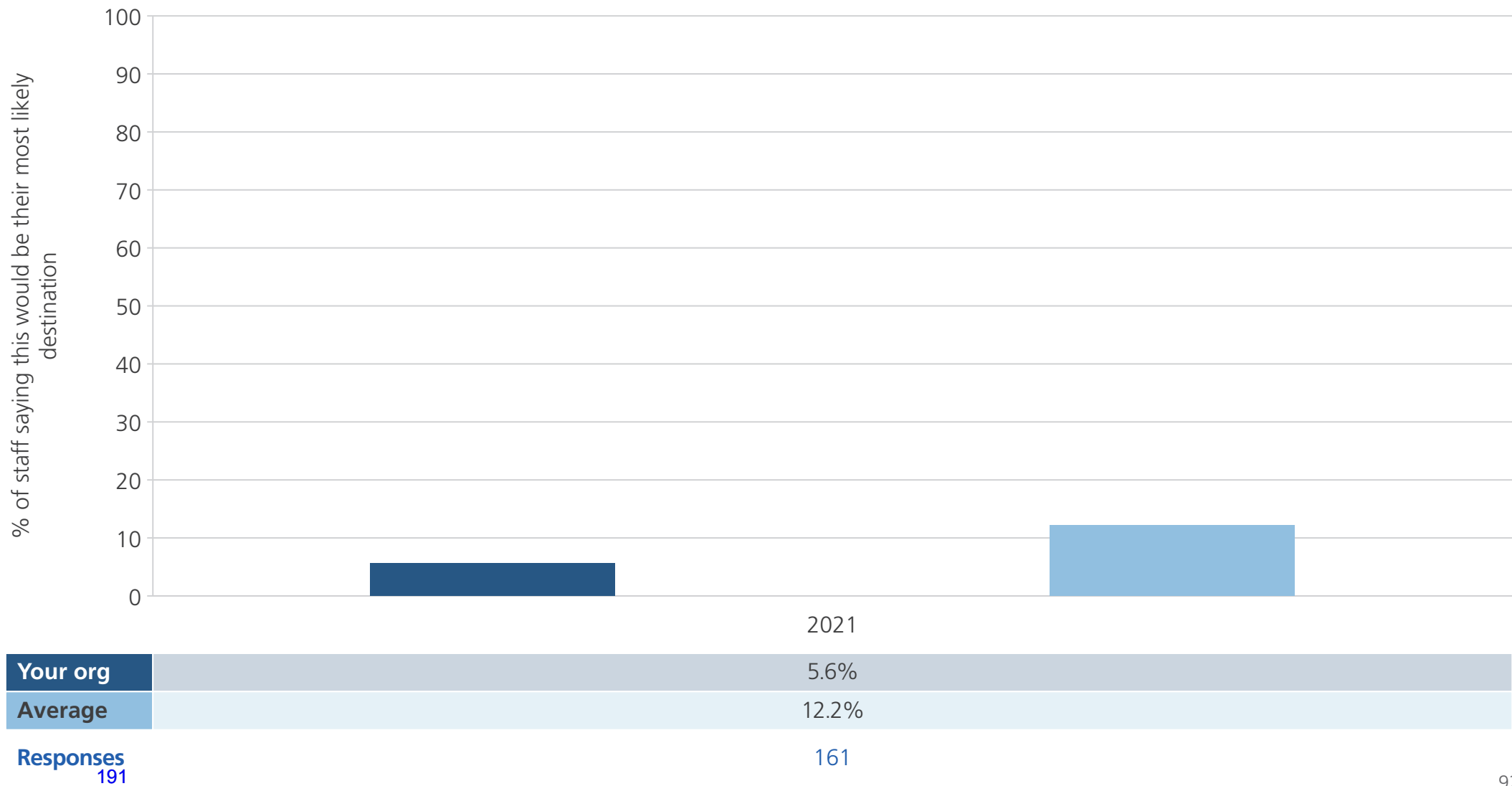


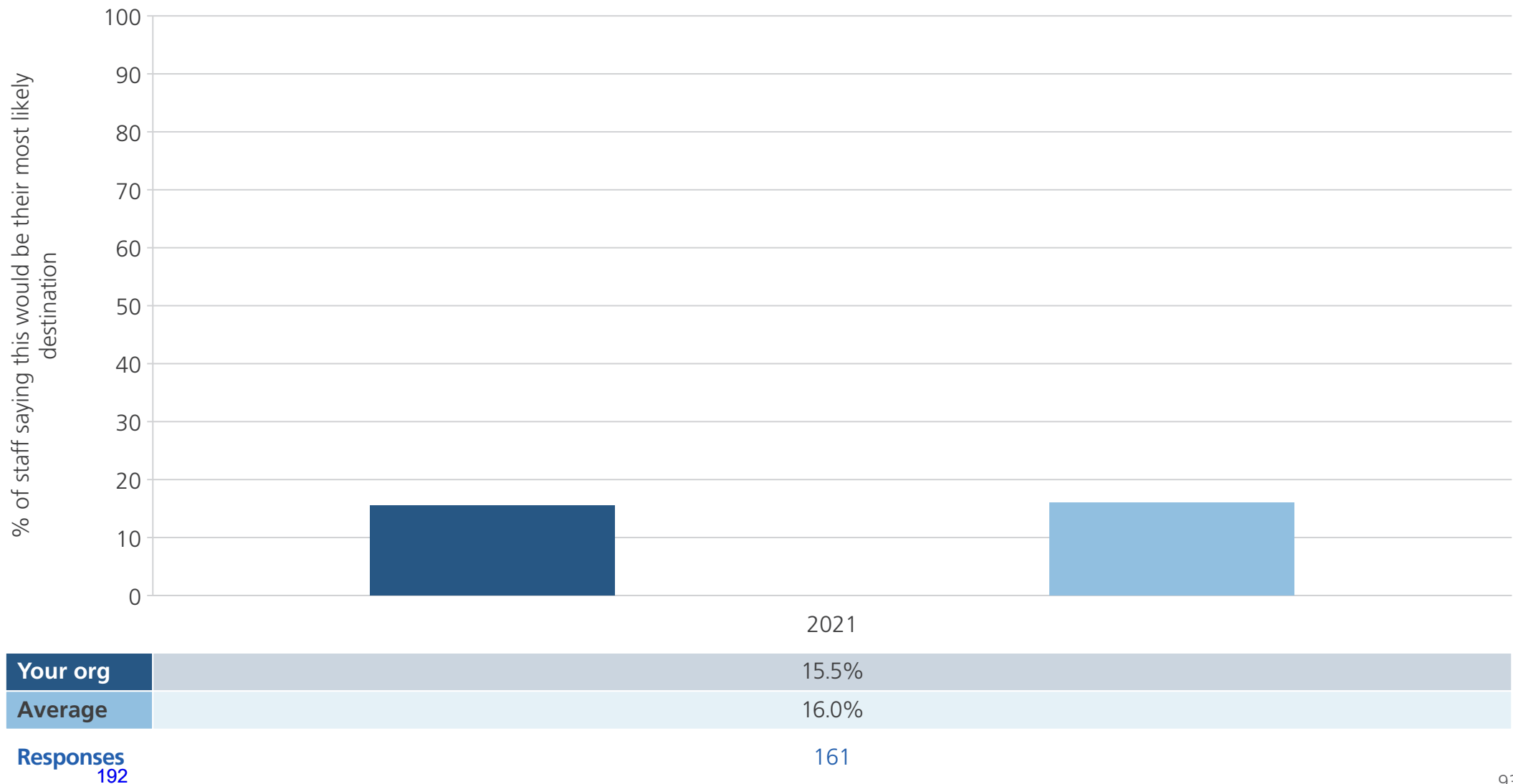




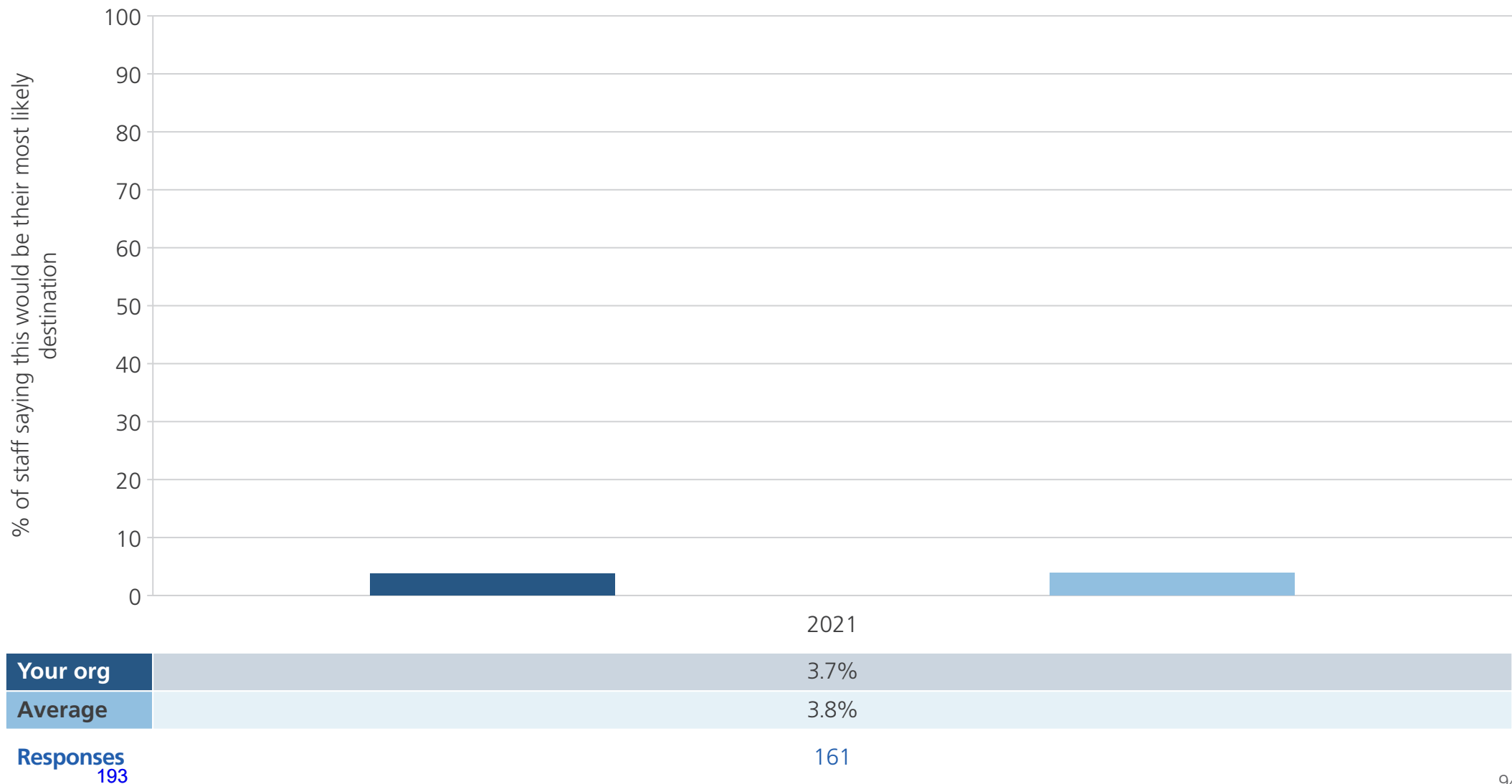


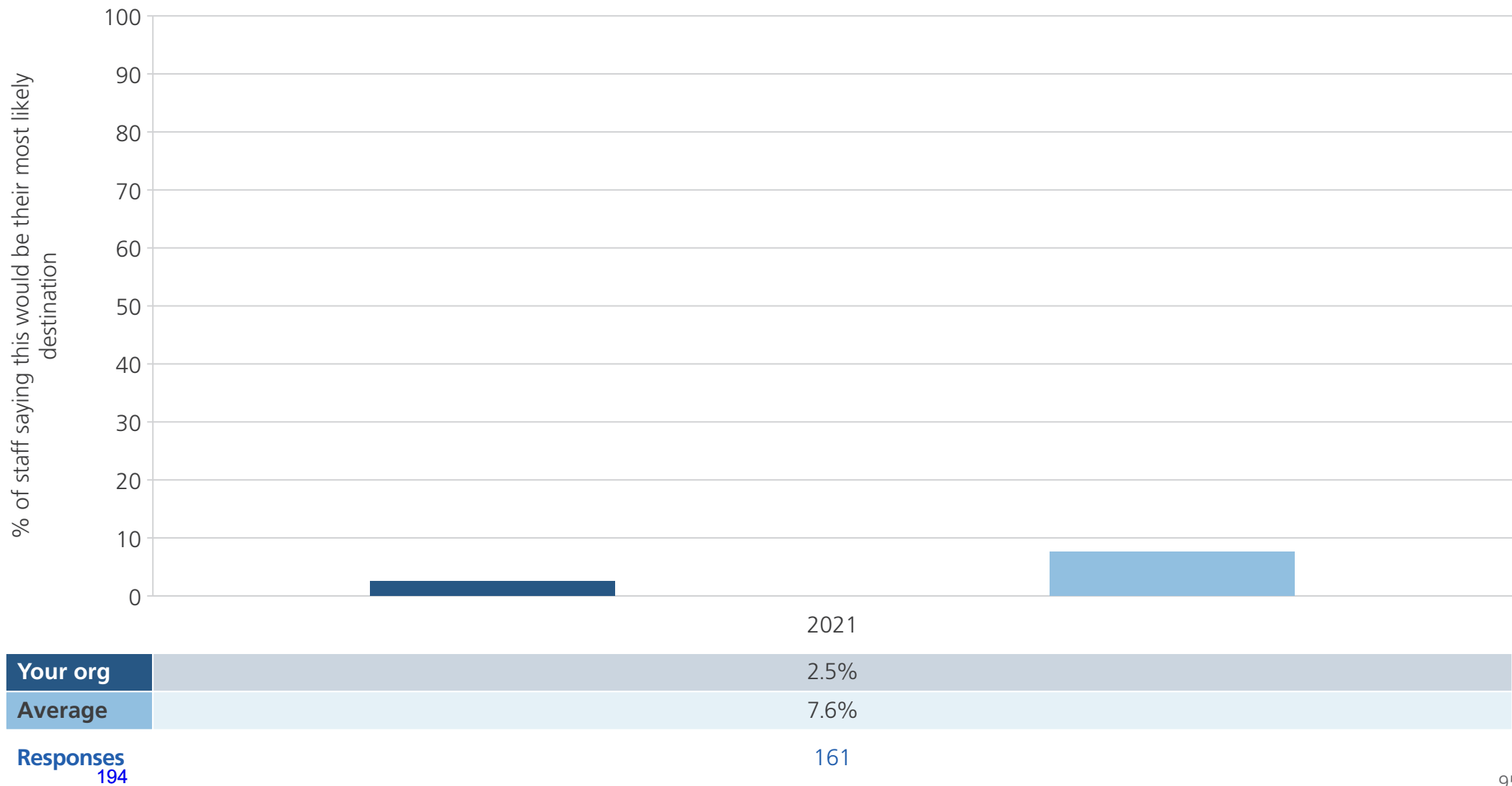


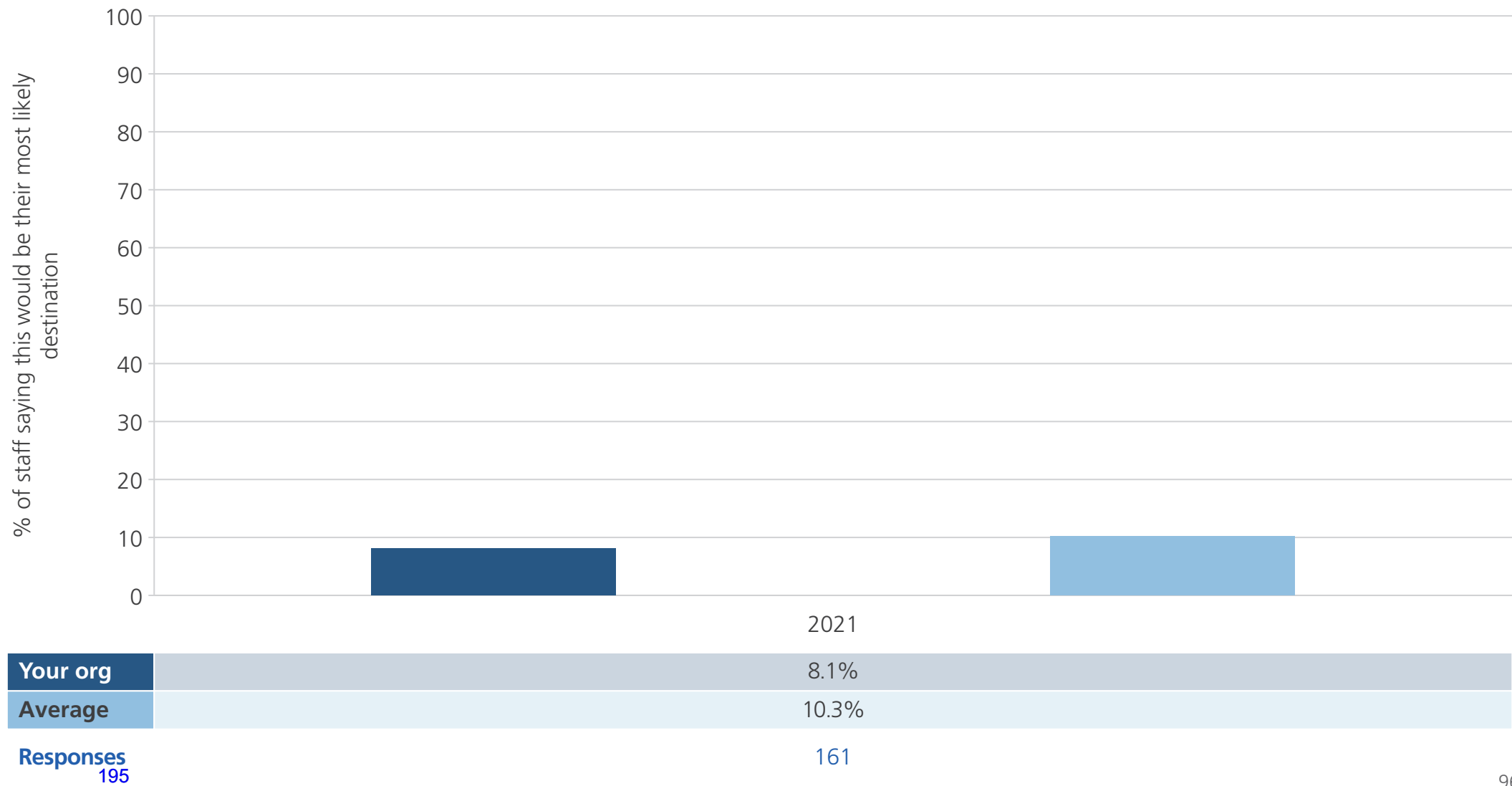




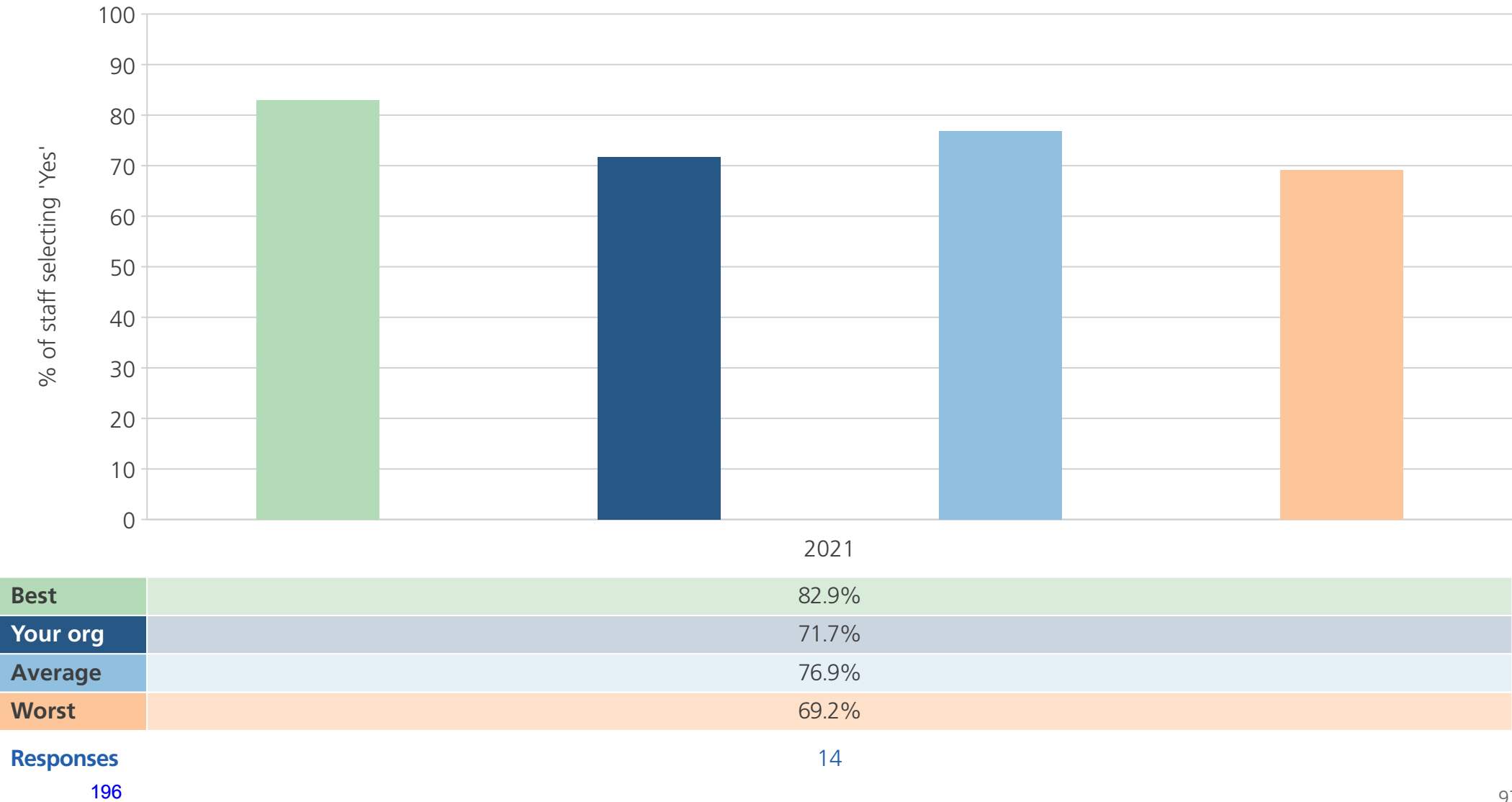








This questions was only answered by people who responded 'yes' to Q28a



# About your respondents

Dudley Integrated Health and Care Trust  
2021 NHS Staff Survey Results

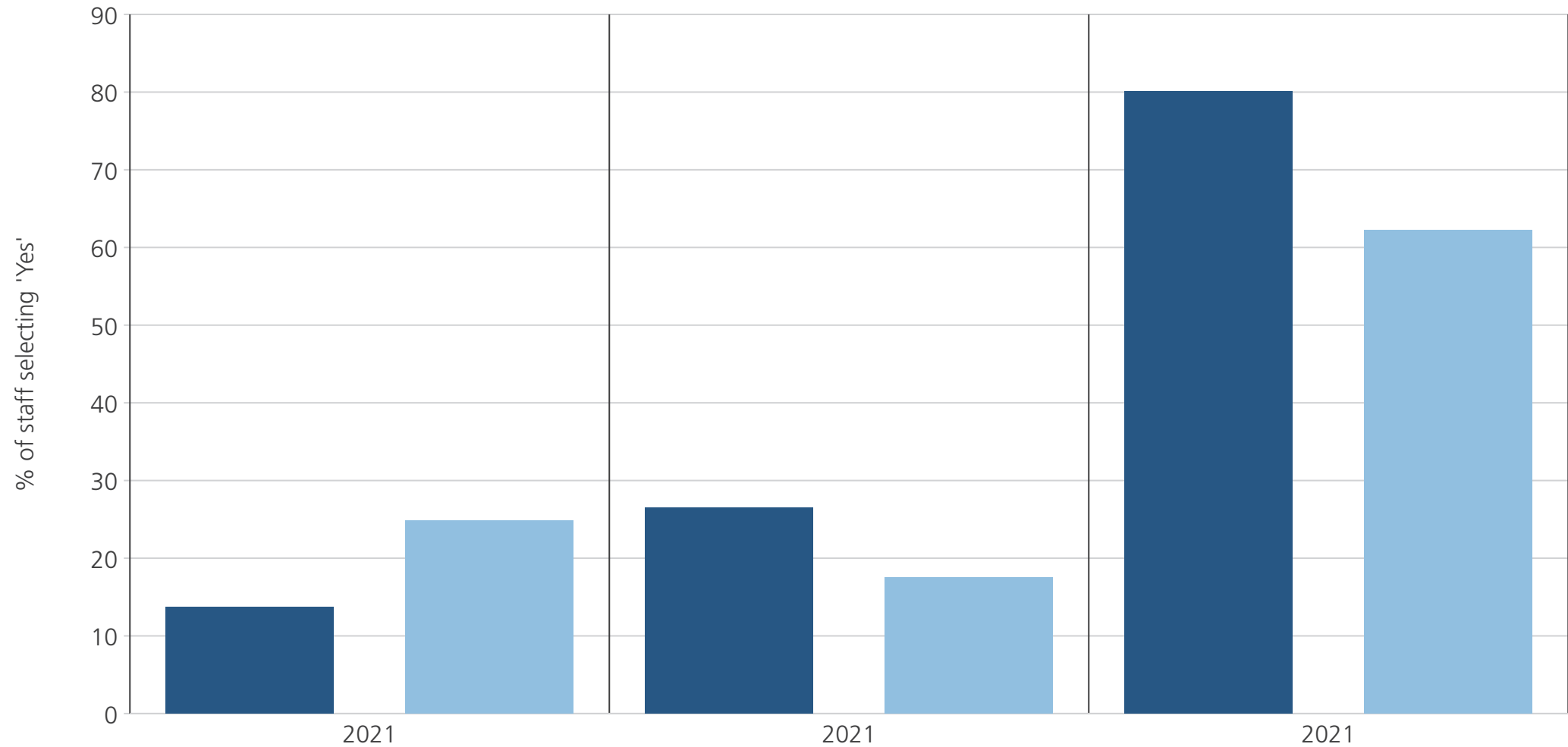
# About your respondents – The Covid-19 pandemic

Dudley Integrated Health and Care Trust  
2021 NHS Staff Survey Results

In the past 12 months, have you worked on a Covid-19 specific ward or area at any time?

In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time?

In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic?



Your org	13.7%	26.5%	80.1%
Average	24.8%	17.5%	62.2%

Responses  
199

182

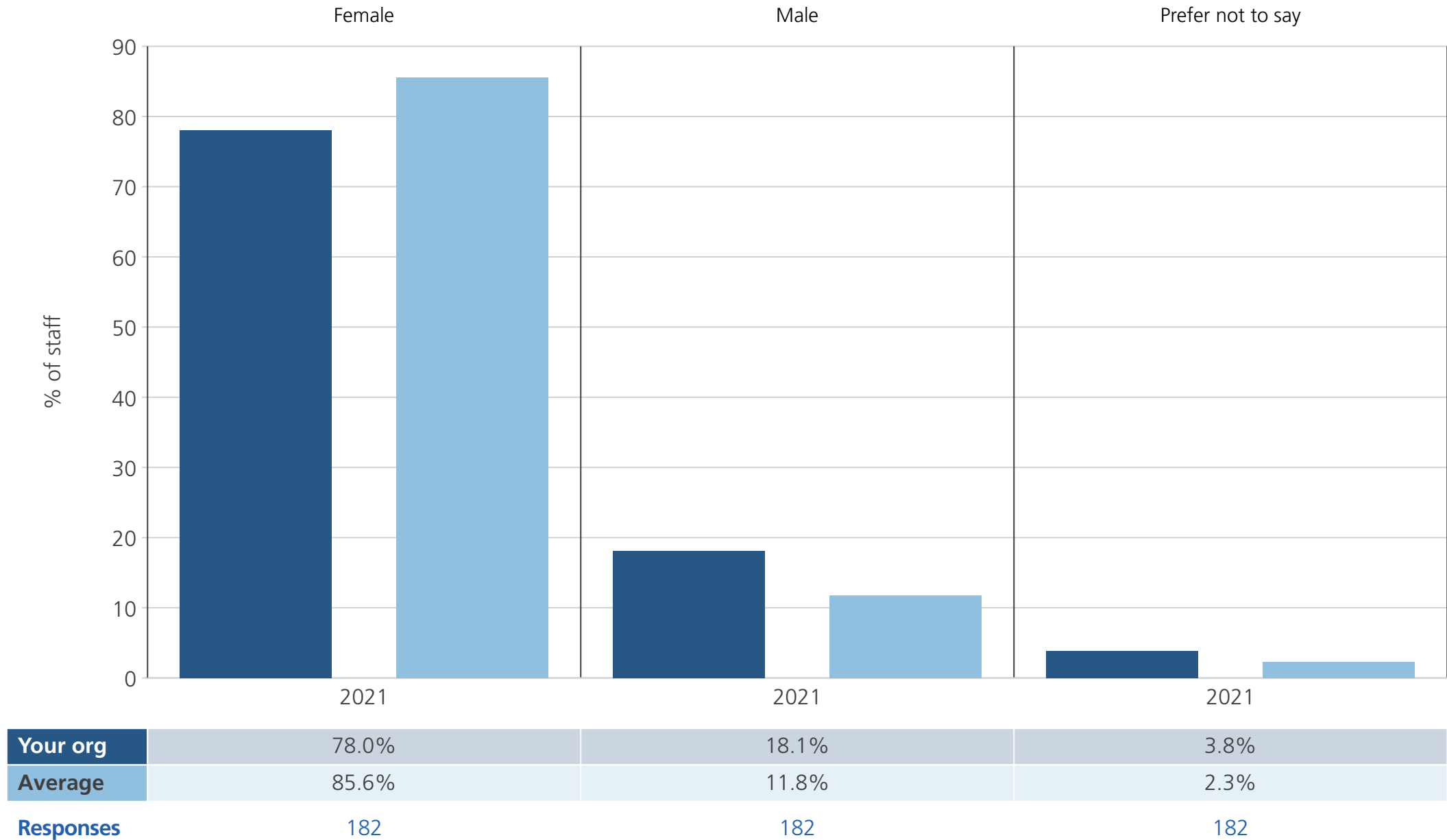
181

181

# About your respondents – Background details

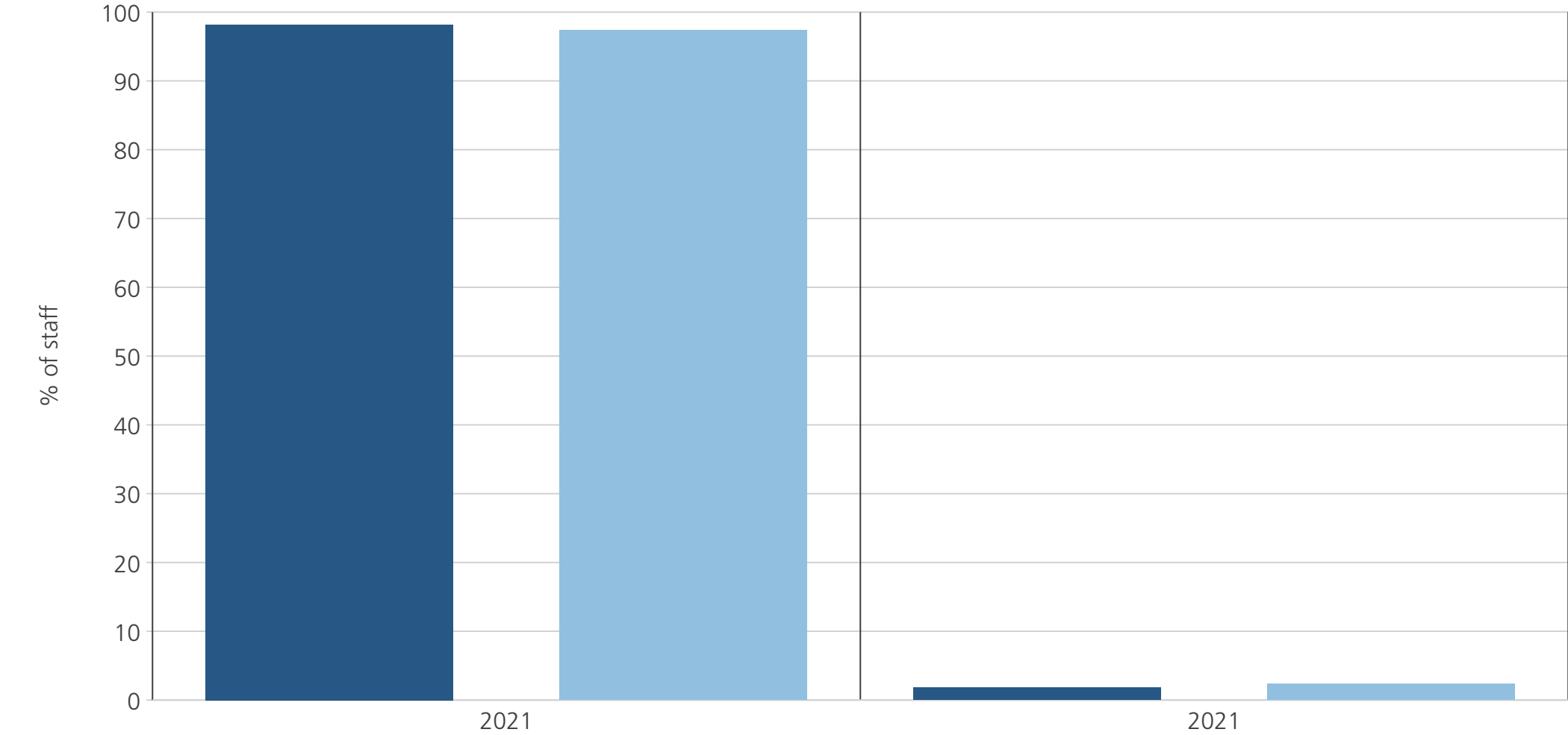
Dudley Integrated Health and Care Trust  
2021 NHS Staff Survey Results





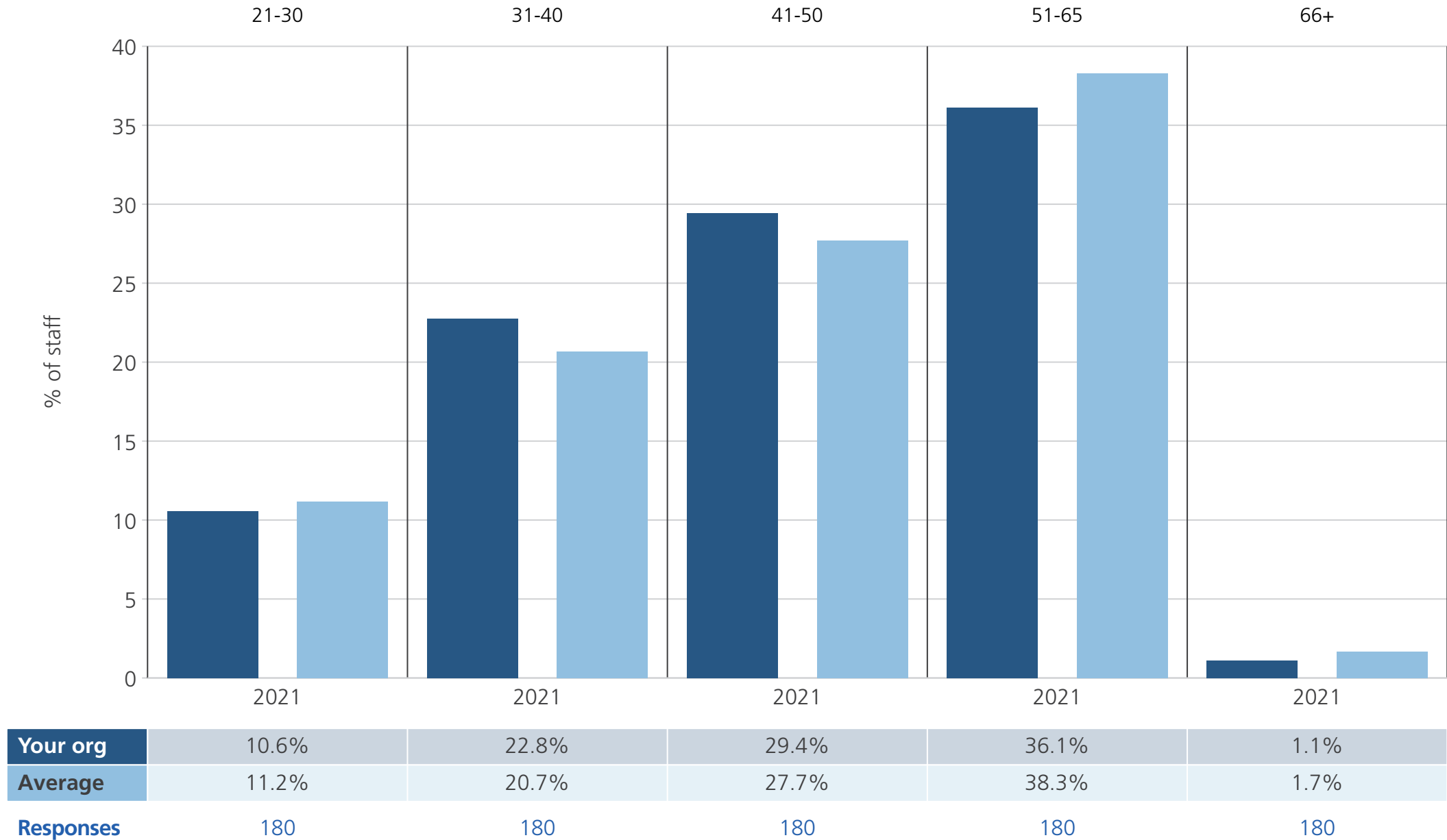
Yes

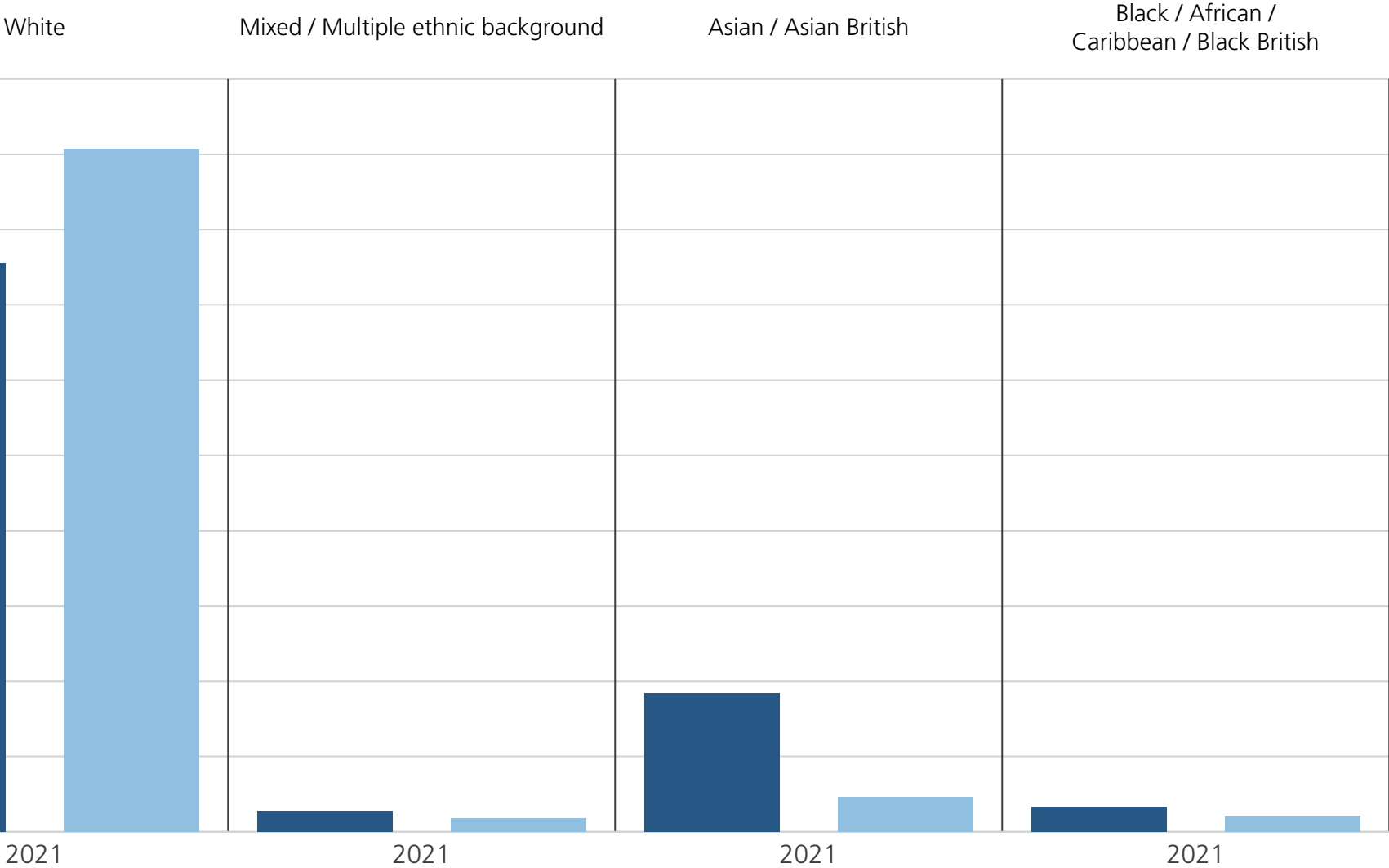
Prefer not to say



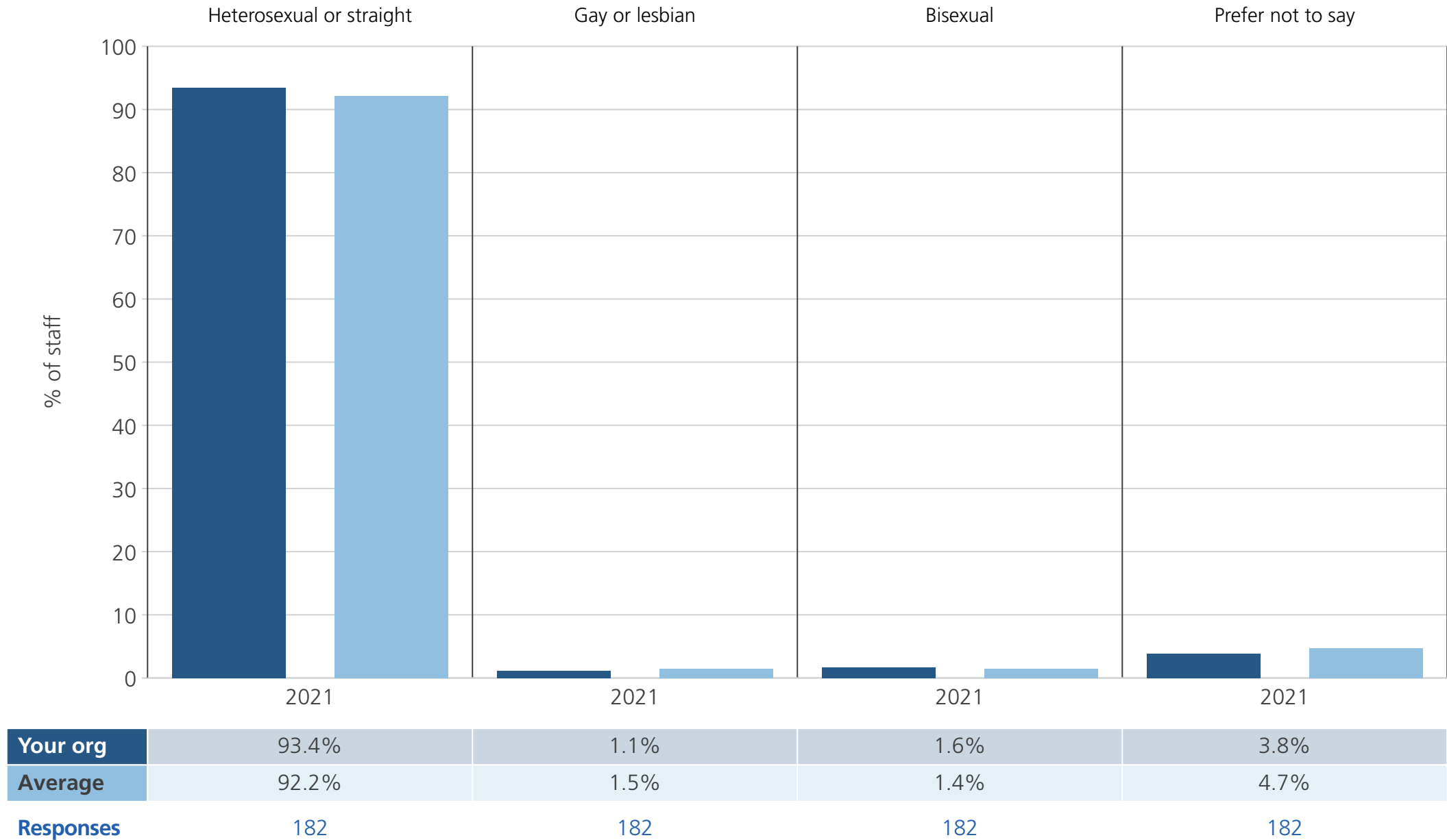
Your org	98.2%	1.8%
Average	97.4%	2.3%

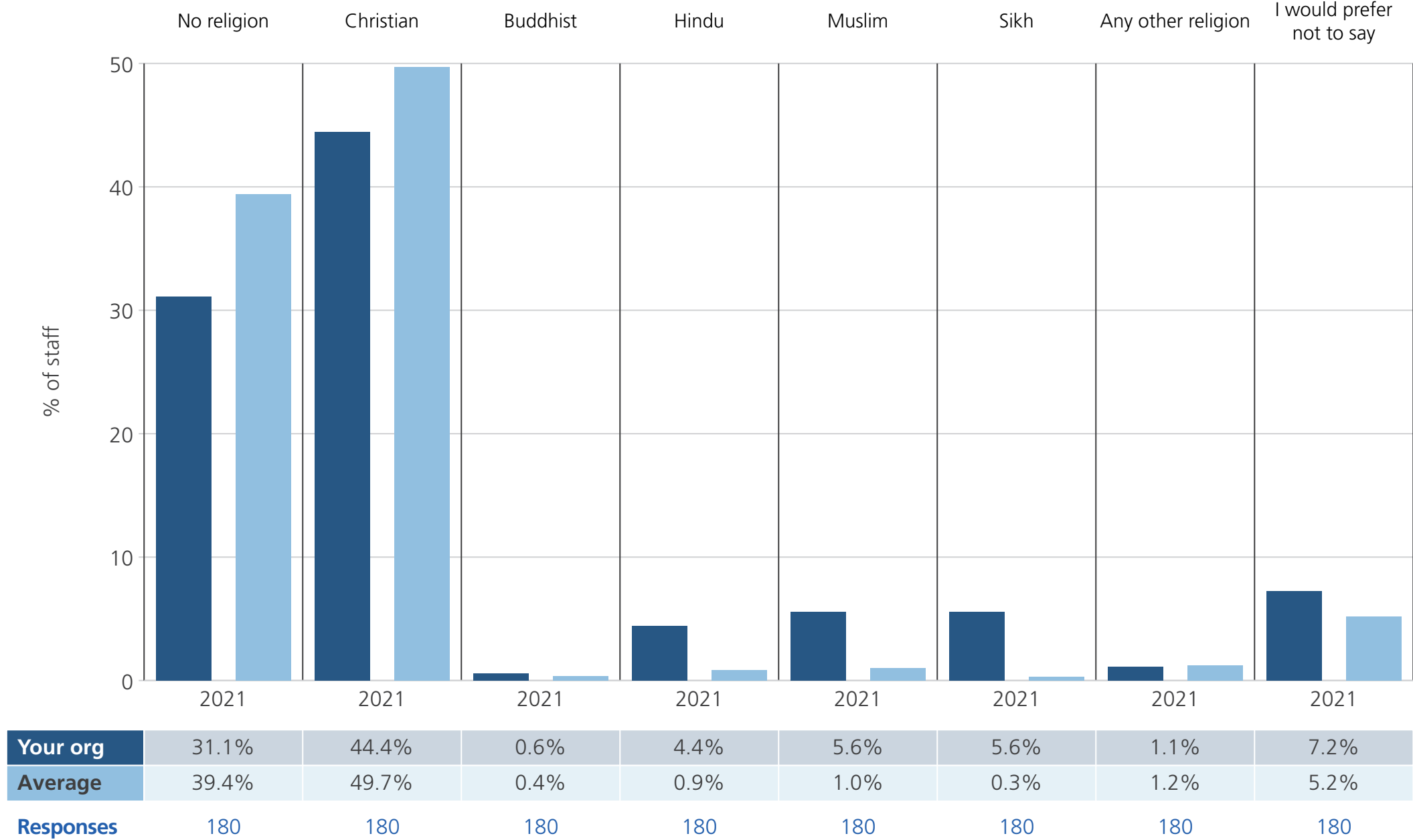
Responses 166 166



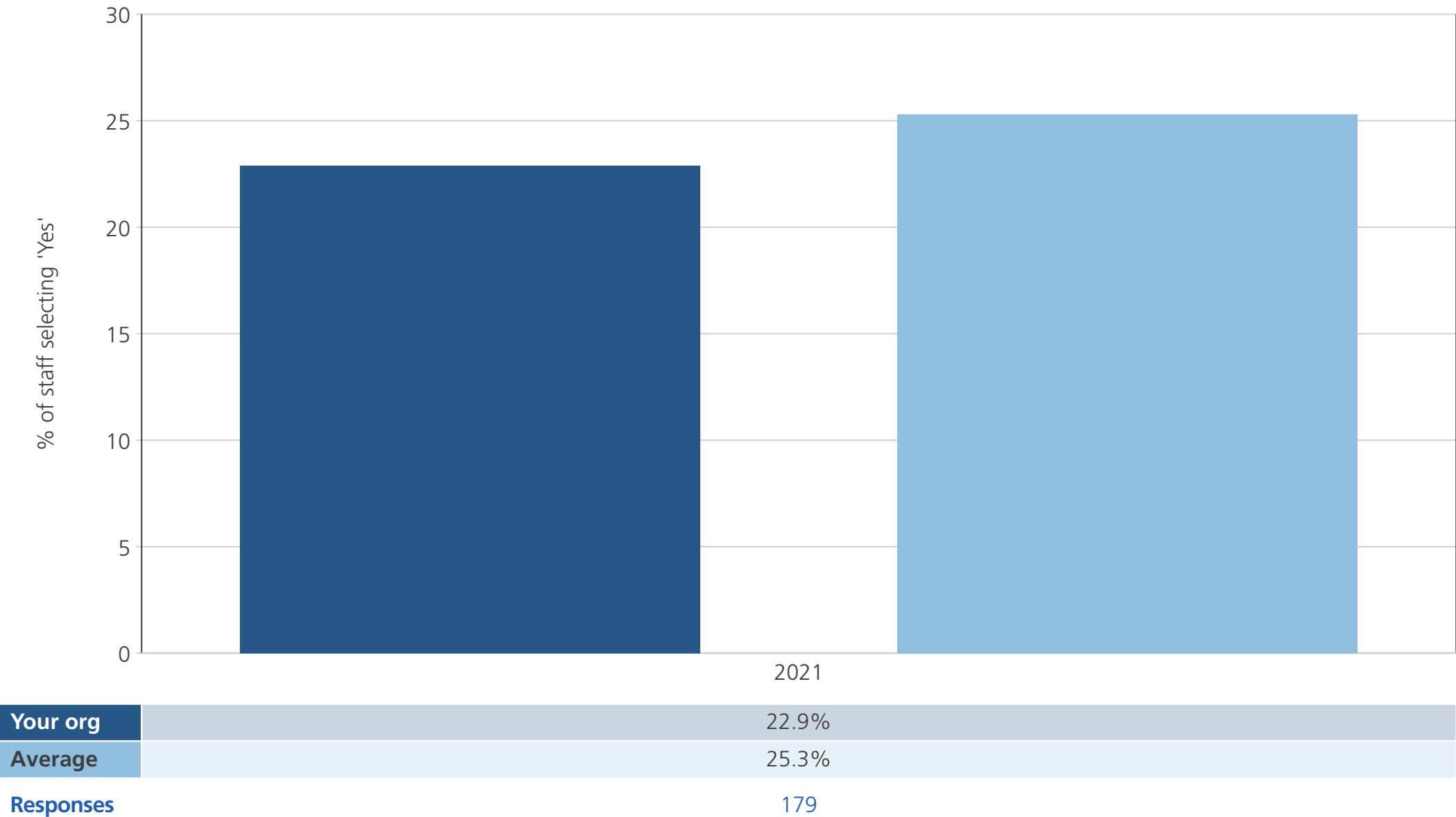


Your org	75.6%	2.8%	18.3%	3.3%
Average	90.7%	1.8%	4.6%	2.1%
Responses	180	180	180	180



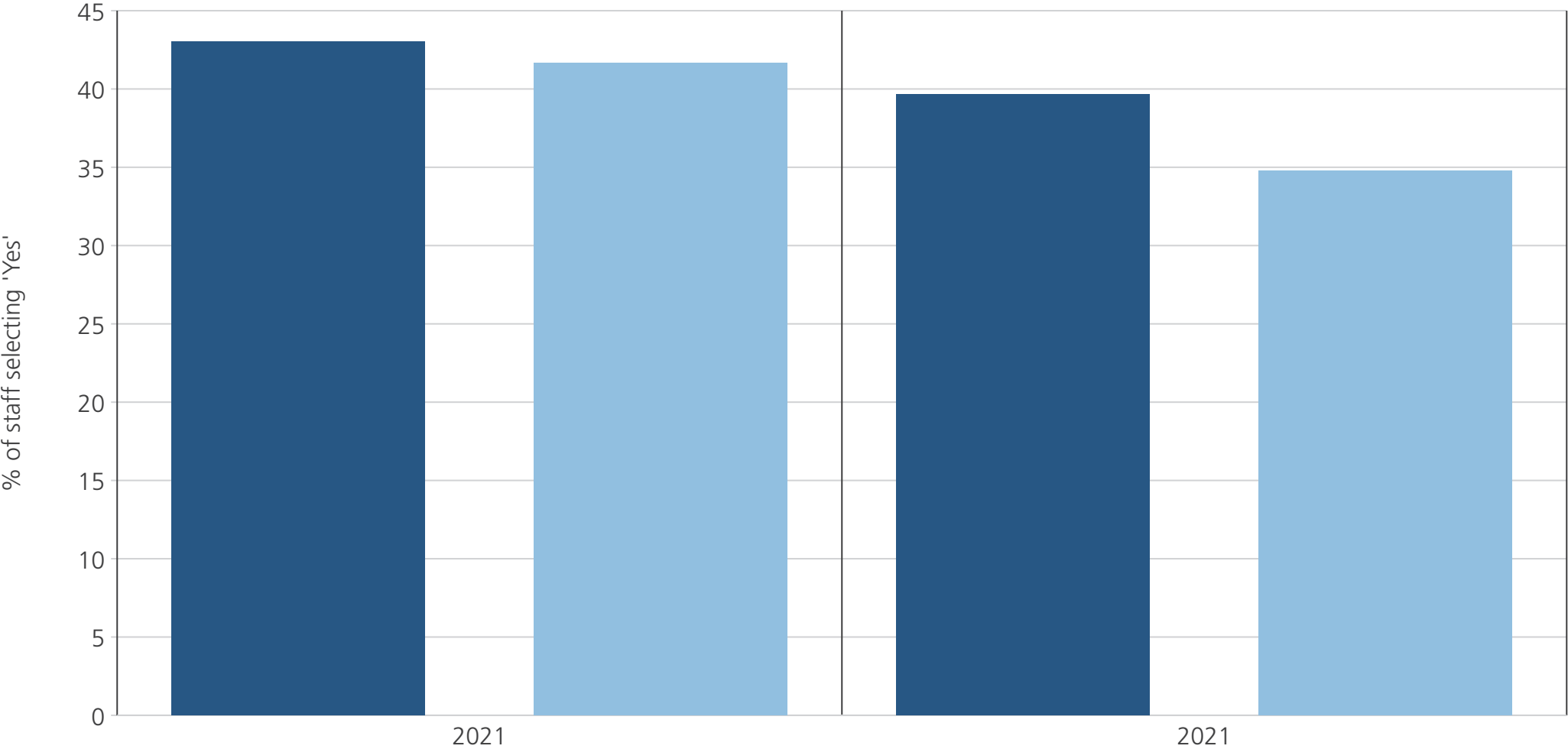


Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



Do you have any children aged from 0 to 17 living at home with you, or who you have regular caring responsibility for?

Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age?



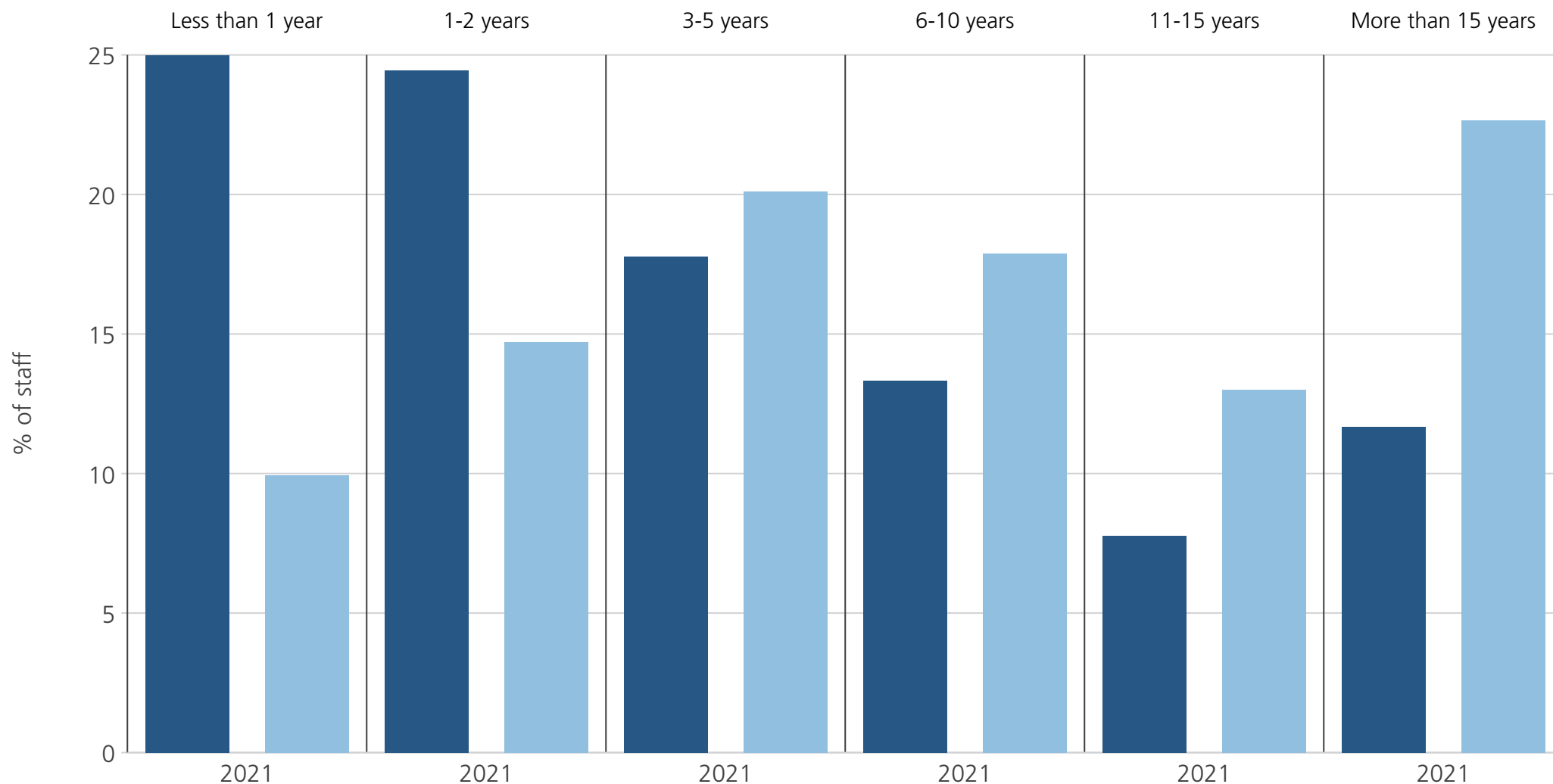
Your org	43.0%	39.7%
Average	41.7%	34.8%

Responses  
208

179

179



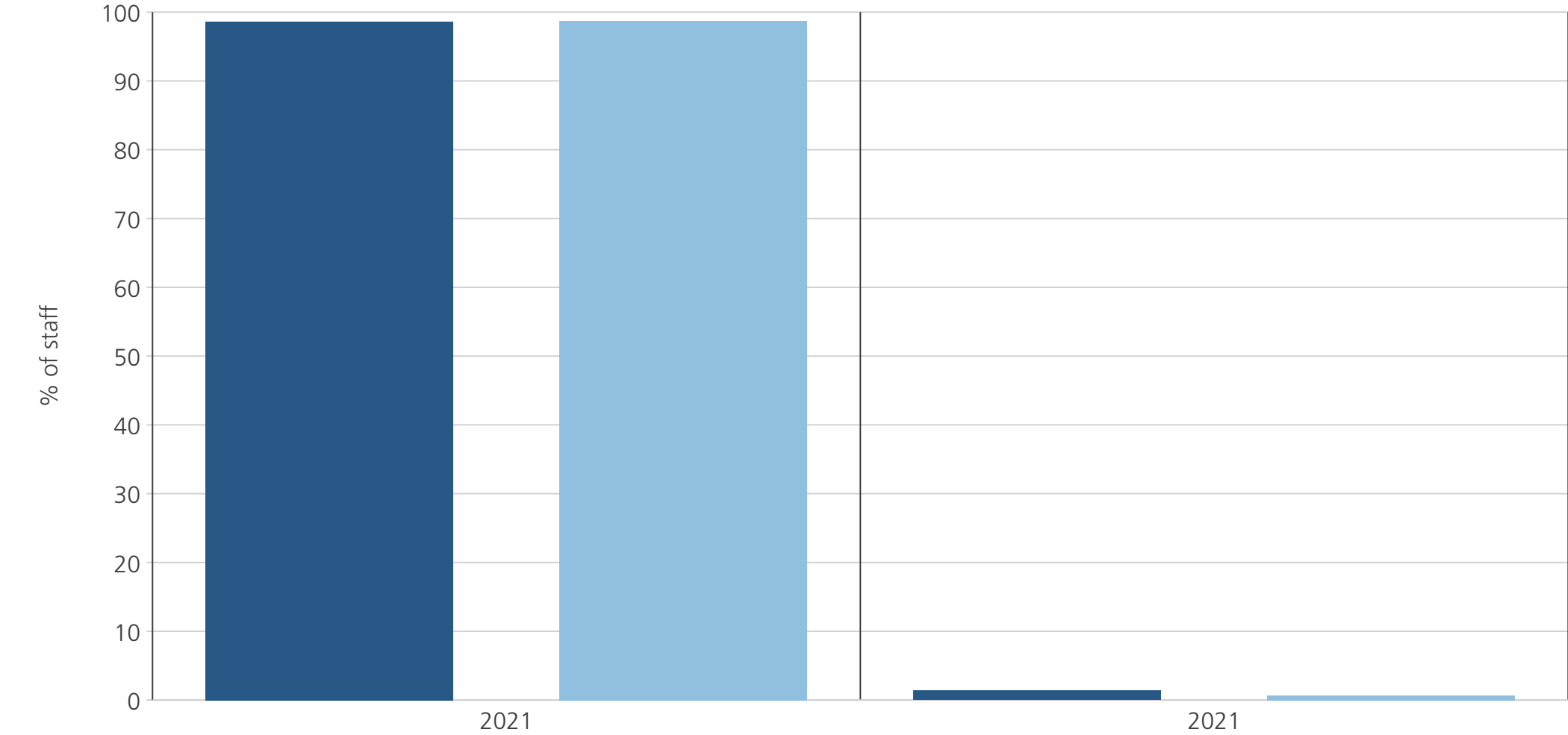


Your org	25.0%	24.4%	17.8%	13.3%	7.8%	11.7%
Average	9.9%	14.7%	20.1%	17.9%	13.0%	22.7%

Responses	180	180	180	180	180	180
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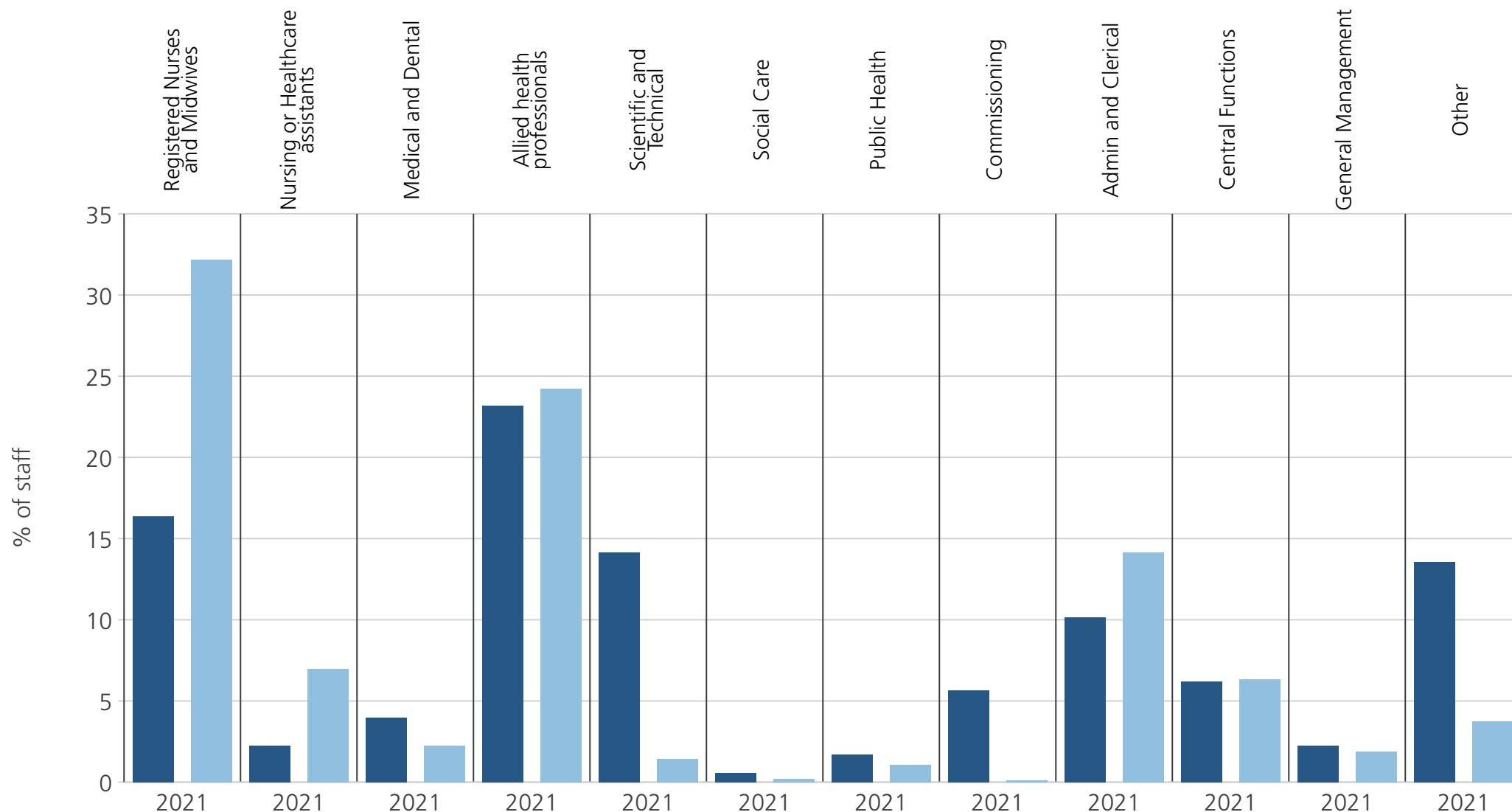
No

Prefer not to say



Your org	98.6%	1.4%
Average	98.7%	0.7%

Responses 145 145



Your org	16.4%	2.3%	4.0%	23.2%	14.1%	0.6%	1.7%	5.6%	10.2%	6.2%	2.3%	13.6%
Average	32.2%	7.0%	2.2%	24.2%	1.4%	0.2%	1.1%	0.1%	14.2%	6.4%	1.9%	3.7%
Responses	177	177	177	177	177	177	177	177	177	177	177	177
	211											

# Workforce Equality Standards

Dudley Integrated Health and Care Trust  
2021 NHS Staff Survey Results

This section contains data required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

## Workforce Race Equality Standard (WRES)

- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2017-2021 organisation and benchmarking group median results for q14a, q14b&c combined, q15, and q16b split by ethnicity (by white / BME staff).

## Workforce Disability Equality Standard (WDES)

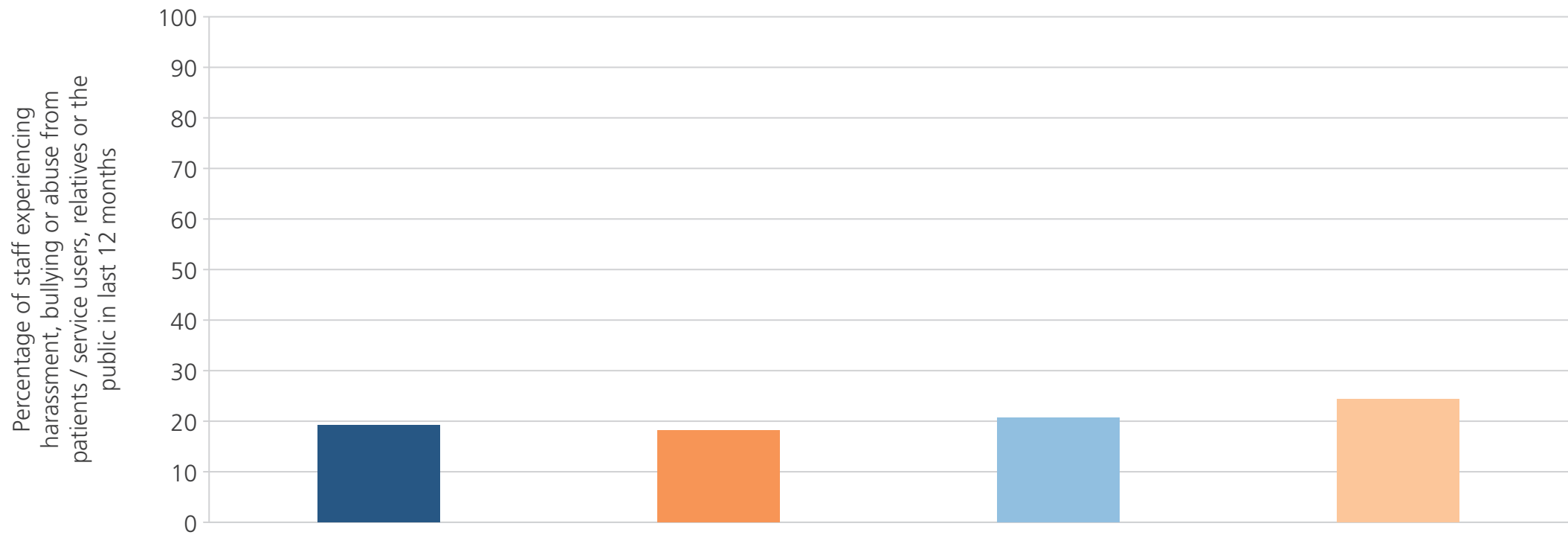
- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018-2021 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q28b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.
- The WDES breakdowns are based on the responses to q28a ***Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?*** In 2020, the question text was shortened and the word 'disabilities' was removed but the question and WDES results still remain historically comparable.

## Changes to how the Workforce Equality Standards are calculated

- For 2021, the data way in which data for Q15 are reported has changed, with the inclusion of "don't know" responses in the base of the calculation.
- In 2020, the approach to calculating the benchmark median scores and the way in which data for Q14d are reported also changed.
- All these changes have been applied retrospectively so all historical results for Q14d and Q15 and data shown in the average calculations are comparable across years. However, the figures shown may not be directly comparable to the results reported in previous years.
- Full details of how the data are calculated are included in the Technical Document, available to download from our [results website](#).

# Workforce Race Equality Standard (WRES)

Dudley Integrated Health and Care Trust  
2021 NHS Staff Survey Results



2021

White: Your org	19.3%
BME: Your org	18.2%
White: Average	20.6%
BME: Average	24.3%

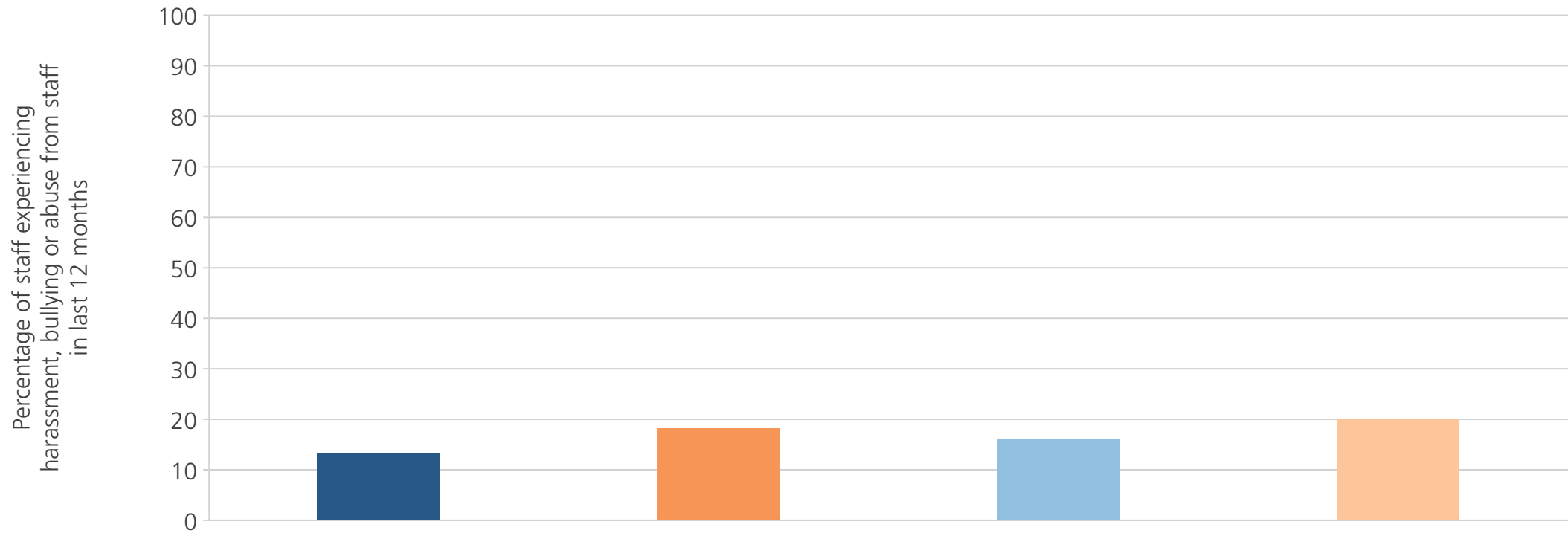
White: Responses

135

BME: Responses

44

Average calculated as the median for the benchmark group



2021

White: Your org	13.2%
BME: Your org	18.2%
White: Average	15.9%
BME: Average	20.0%

White: Responses

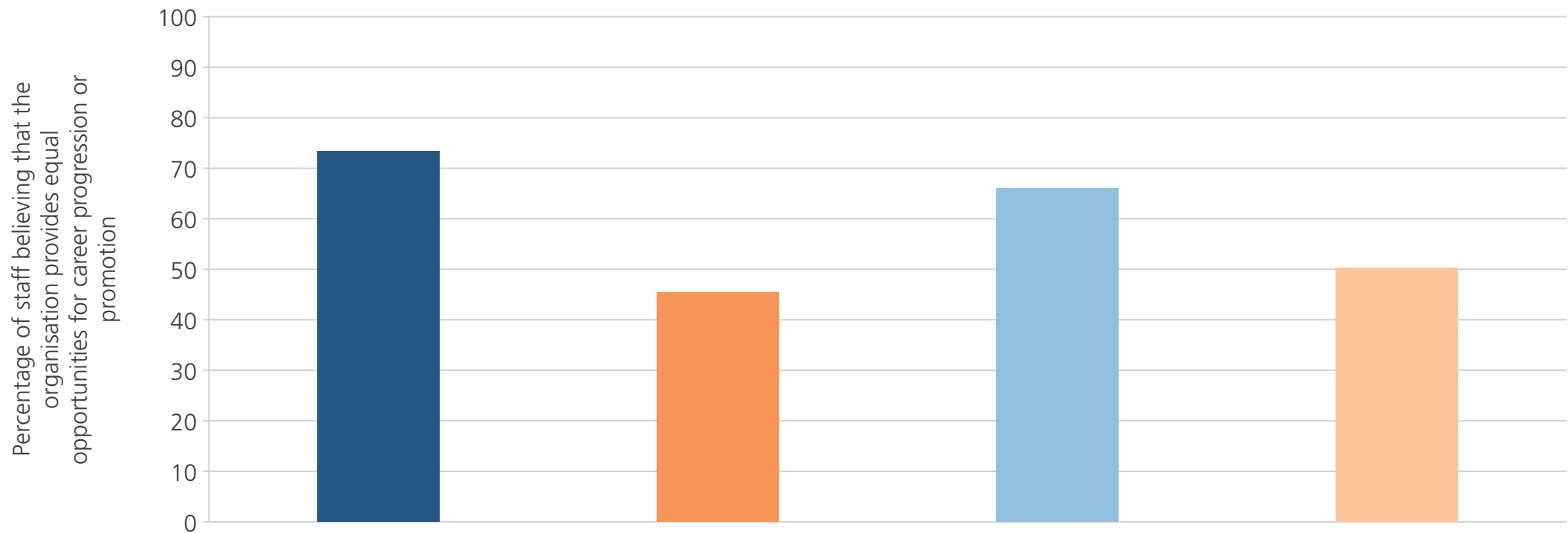
136

BME: Responses

44

Average calculated as the median for the benchmark group





2021

White: Your org	73.3%
BME: Your org	45.5%
White: Average	66.0%
BME: Average	50.3%

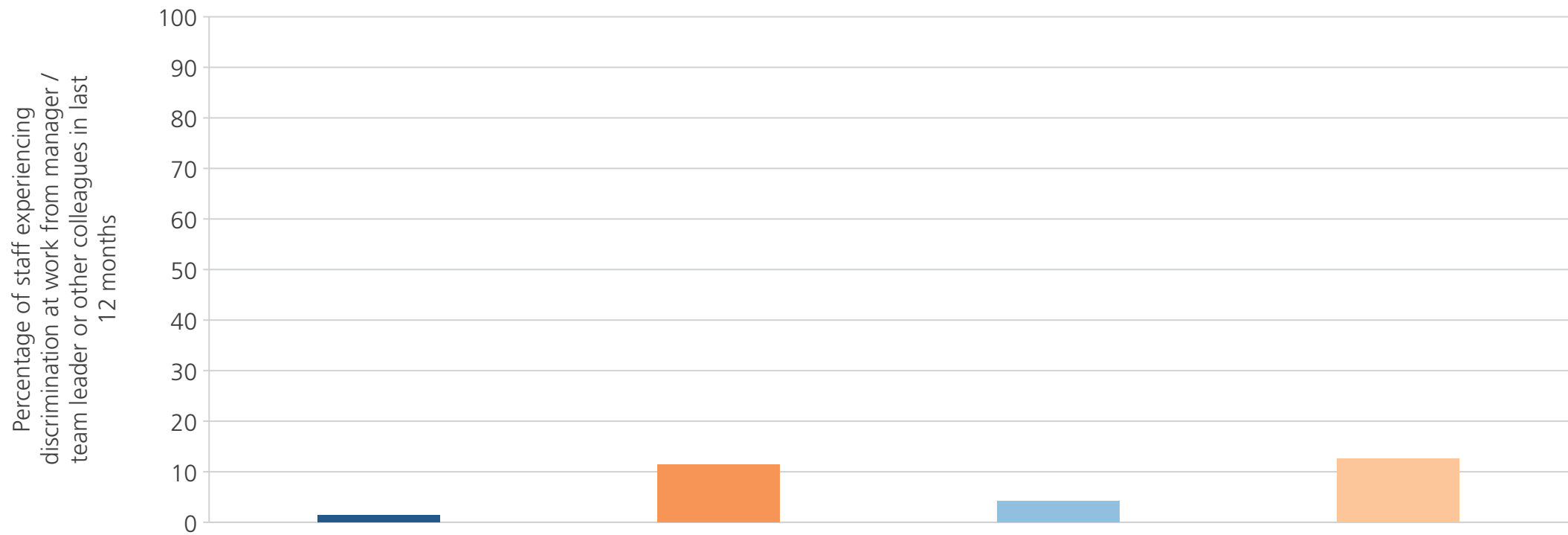
White: Responses

135

BME: Responses

44

Average calculated as the median for the benchmark group



2021

White: Your org	1.5%
BME: Your org	11.4%
White: Average	4.3%
BME: Average	12.7%

White: Responses

136

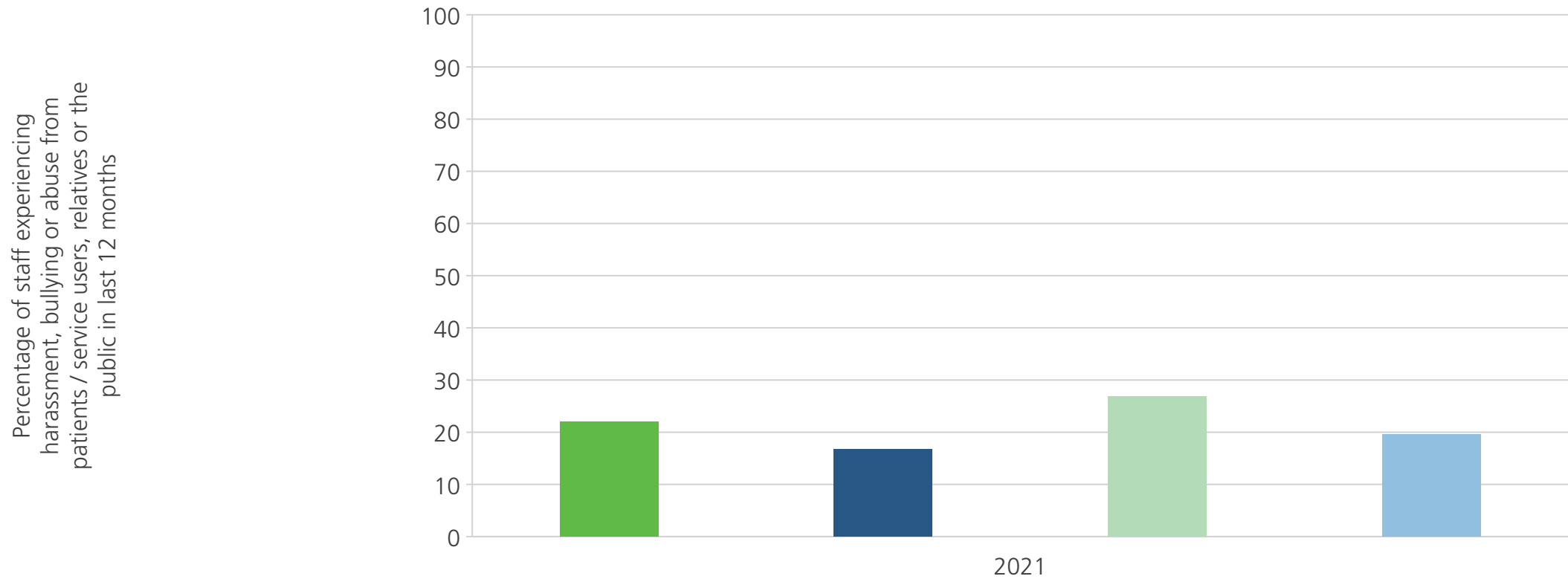
BME: Responses

44

Average calculated as the median for the benchmark group

# Workforce Disability Equality Standard (WDES)

Dudley Integrated Health and Care Trust  
2021 NHS Staff Survey Results

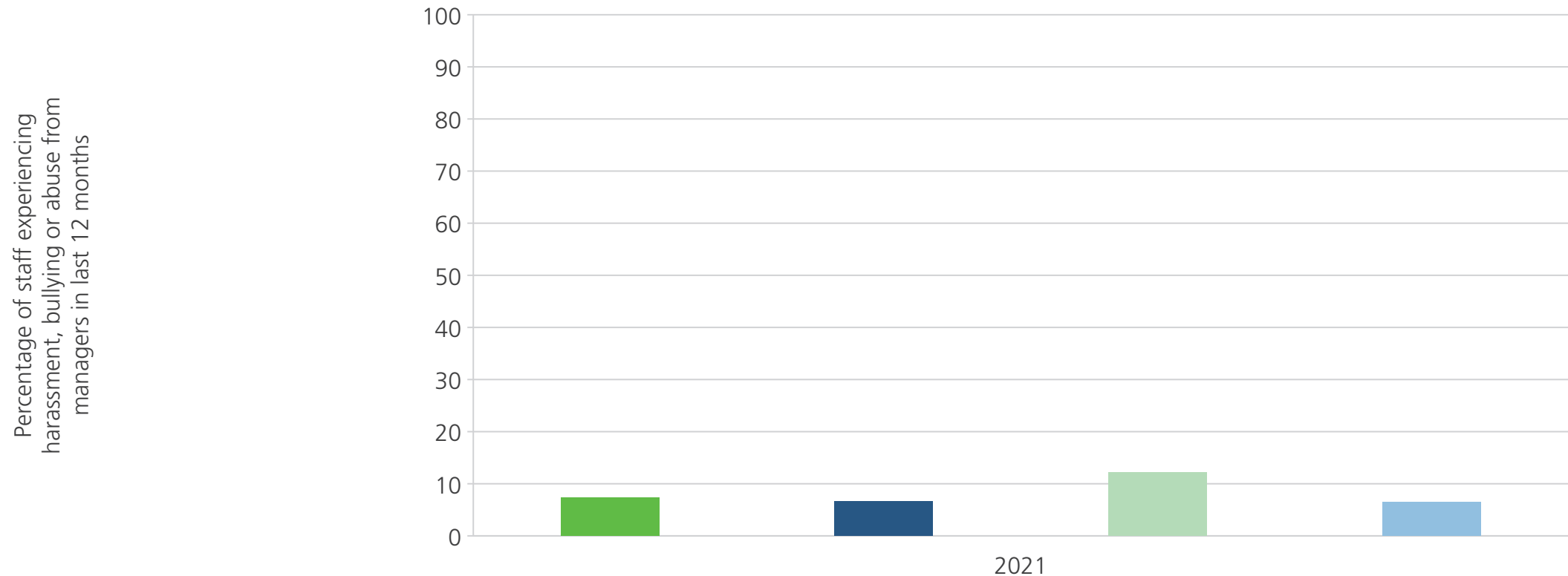


Staff with a LTC or illness: Your org	22.0%
Staff without a LTC or illness: Your org	16.8%
Staff with a LTC or illness: Average	26.8%
Staff without a LTC or illness: Average	19.5%

Staff with a LTC or illness: Responses41

Staff without a LTC or illness: Responses137

Average calculated as the median for the benchmark group

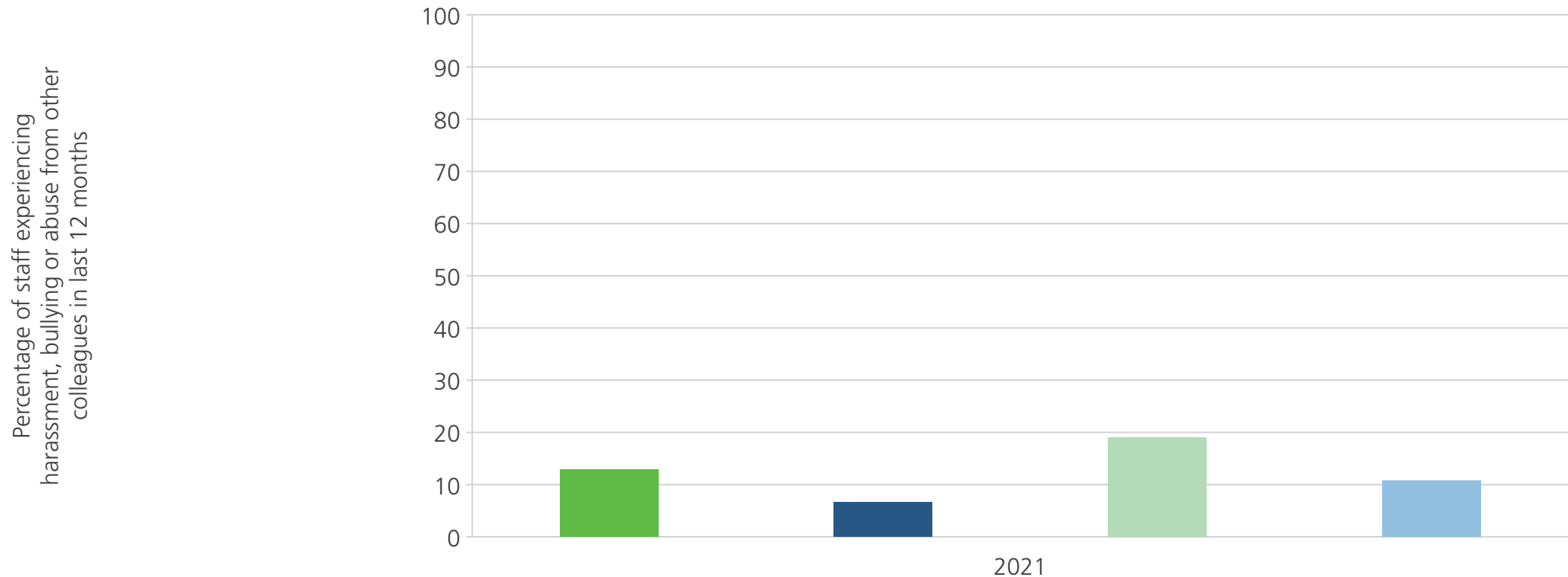


Staff with a LTC or illness: Your org	7.3%
Staff without a LTC or illness: Your org	6.6%
Staff with a LTC or illness: Average	12.2%
Staff without a LTC or illness: Average	6.5%

Staff with a LTC or illness: Responses41

Staff without a LTC or illness: Responses136

Average calculated as the median for the benchmark group

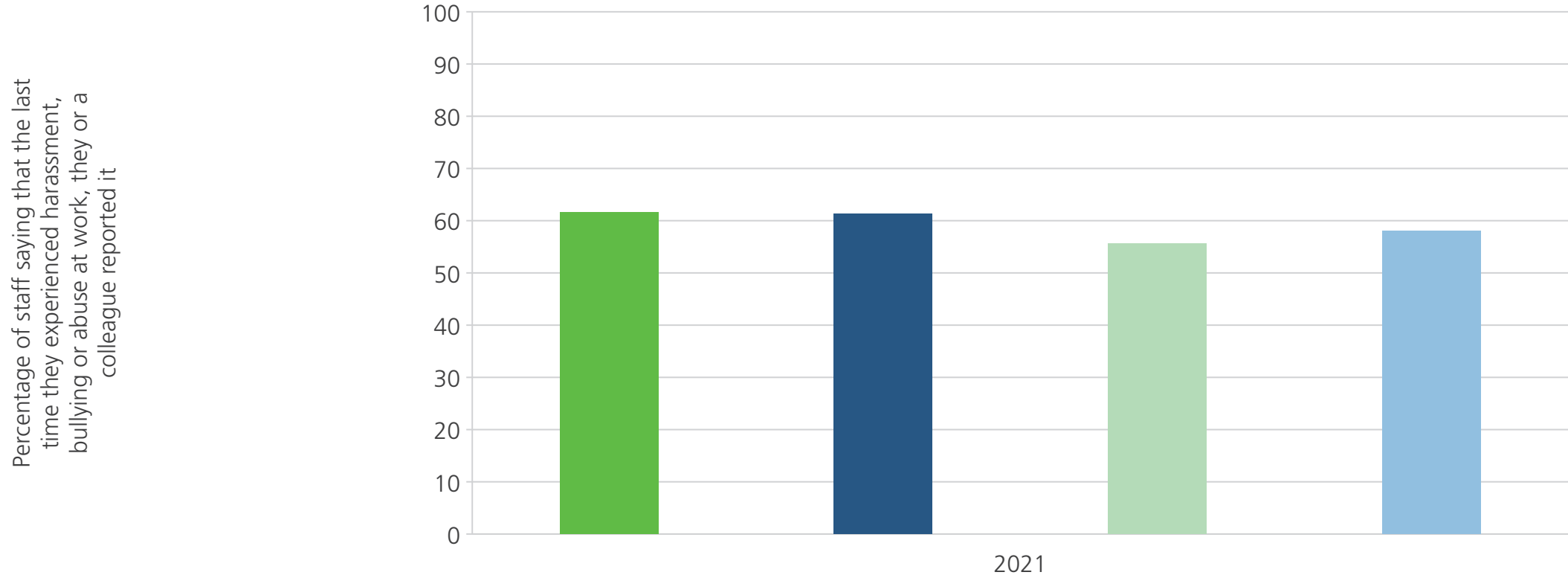


Staff with a LTC or illness: Your org	12.8%
Staff without a LTC or illness: Your org	6.6%
Staff with a LTC or illness: Average	19.0%
Staff without a LTC or illness: Average	10.7%

Staff with a LTC or illness: Responses39

Staff without a LTC or illness: Responses137

Average calculated as the median for the benchmark group

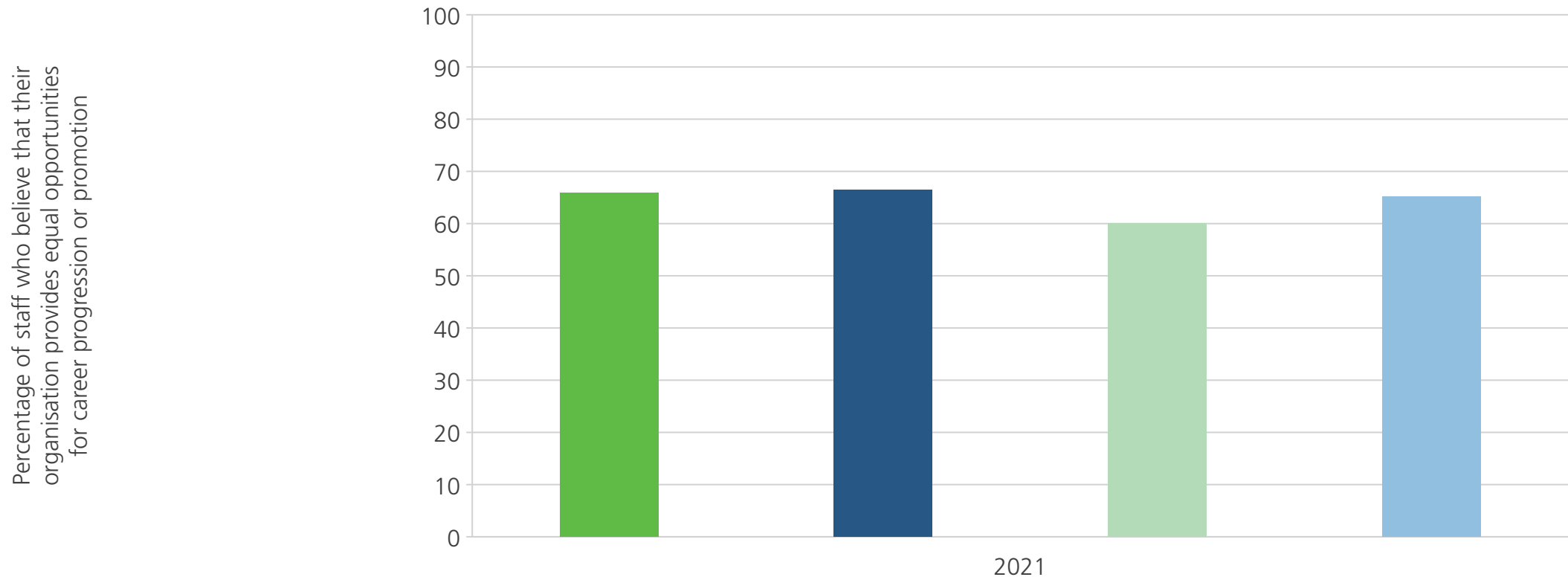


Staff with a LTC or illness: Your org	61.5%
Staff without a LTC or illness: Your org	61.3%
Staff with a LTC or illness: Average	55.7%
Staff without a LTC or illness: Average	58.1%

Staff with a LTC or illness: Responses13

Staff without a LTC or illness: Responses31

Average calculated as the median for the benchmark group

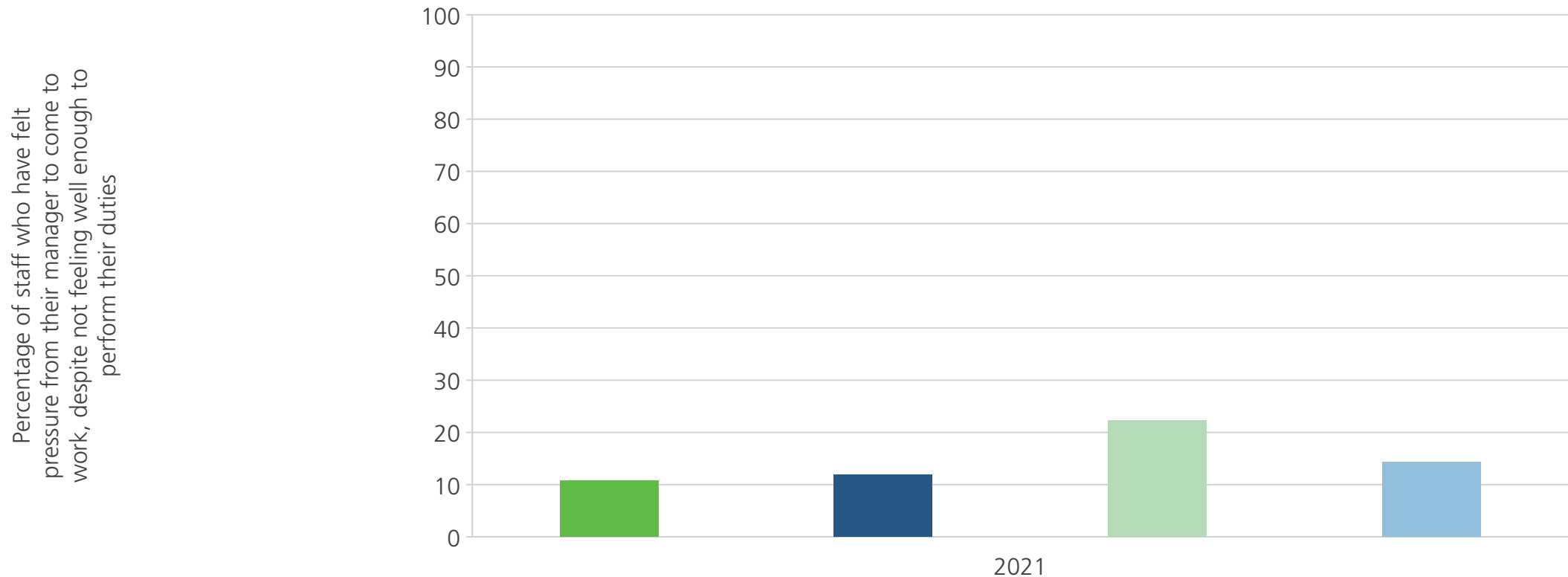


Staff with a LTC or illness: Your org	65.9%
Staff without a LTC or illness: Your org	66.4%
Staff with a LTC or illness: Average	60.1%
Staff without a LTC or illness: Average	65.1%

Staff with a LTC or illness: Responses	41
Staff without a LTC or illness: Responses	137

Average calculated as the median for the benchmark group



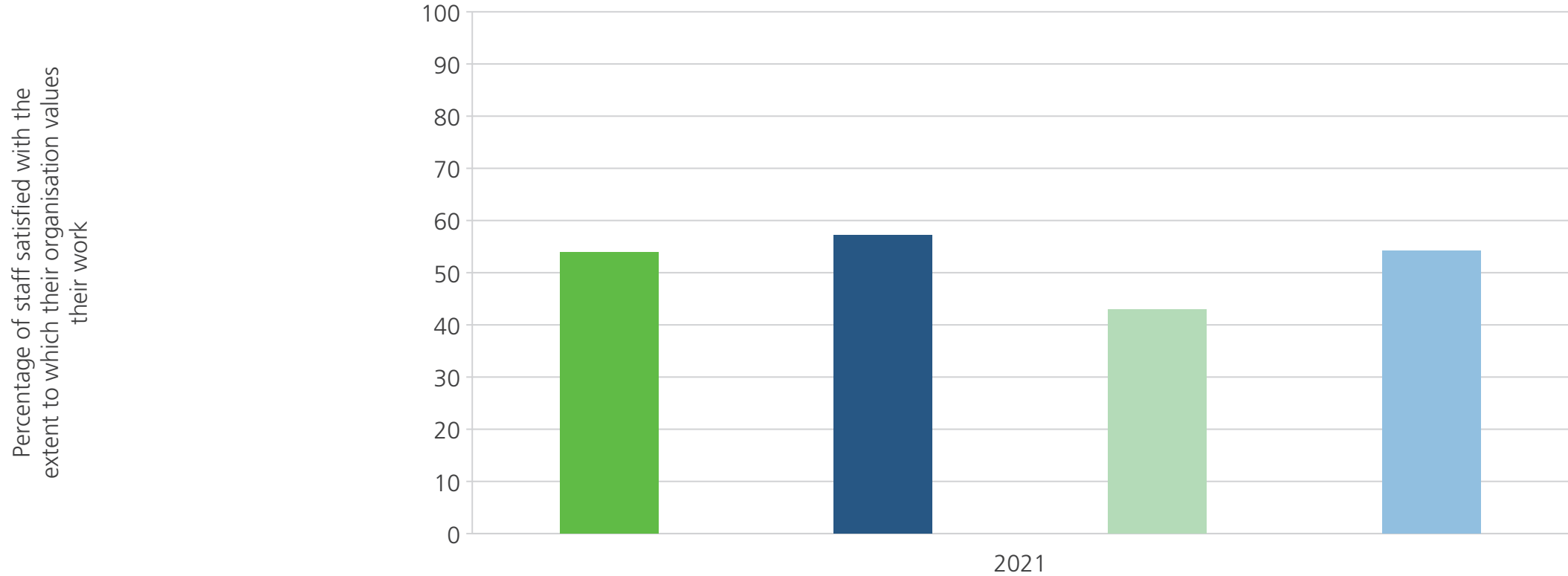


Staff with a LTC or illness: Your org	10.7%
Staff without a LTC or illness: Your org	11.9%
Staff with a LTC or illness: Average	22.4%
Staff without a LTC or illness: Average	14.3%

Staff with a LTC or illness: Responses28

Staff without a LTC or illness: Responses42

Average calculated as the median for the benchmark group

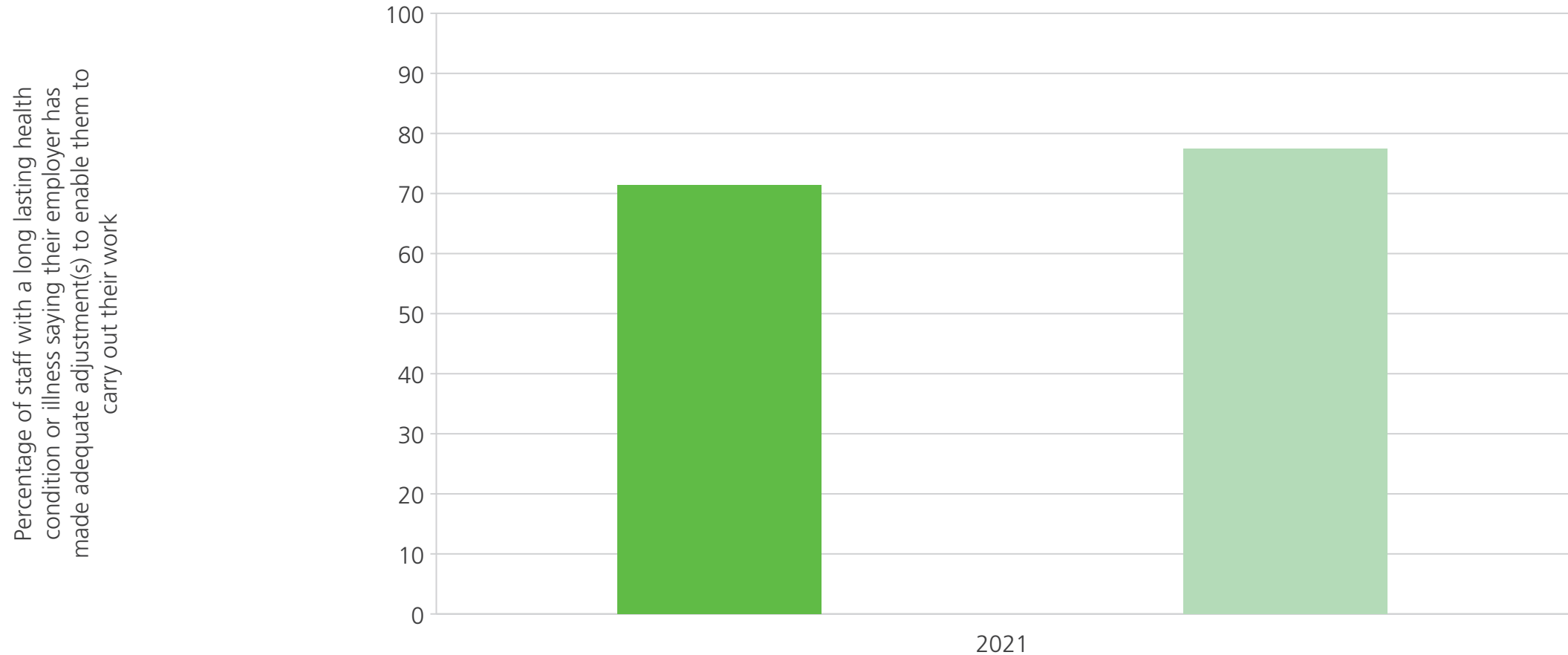


Staff with a LTC or illness: Your org	53.8%
Staff without a LTC or illness: Your org	57.2%
Staff with a LTC or illness: Average	43.0%
Staff without a LTC or illness: Average	54.2%

Staff with a LTC or illness: Responses39

Staff without a LTC or illness: Responses138

Average calculated as the median for the benchmark group

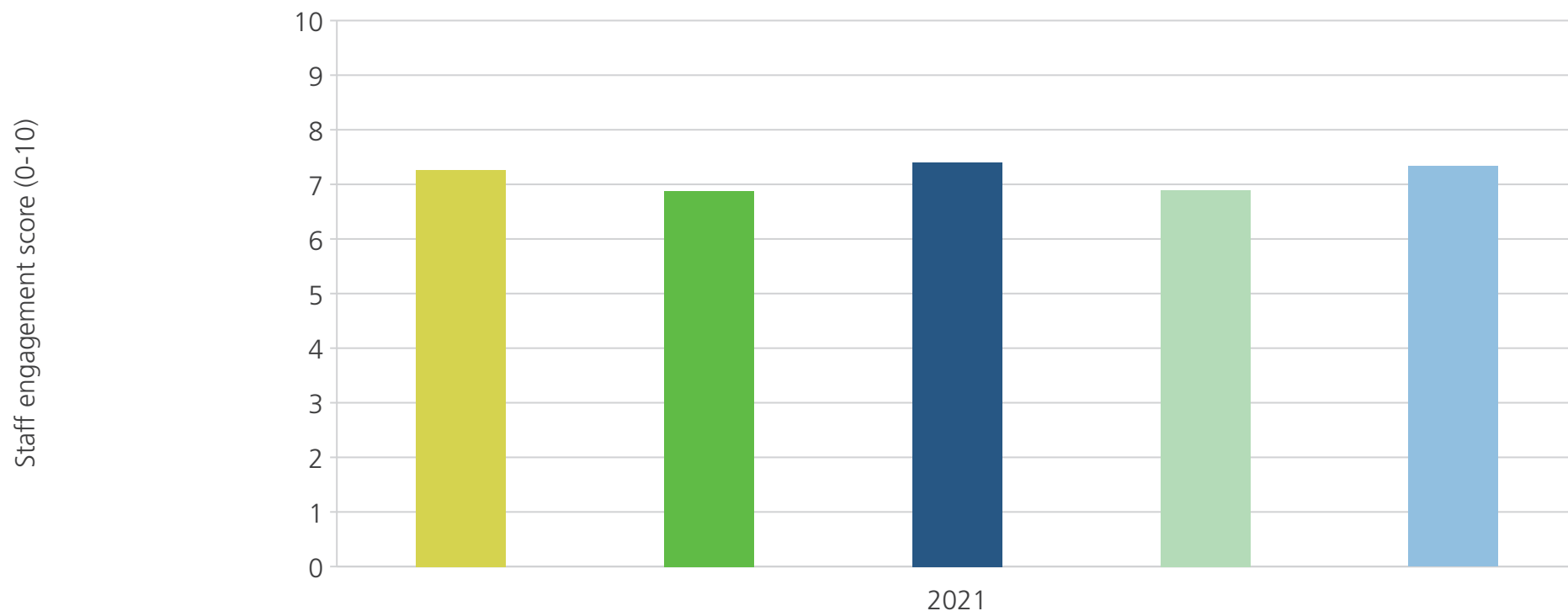


Staff with a LTC or illness: Your org	71.4%
Staff with a LTC or illness: Average	77.4%

Staff with a LTC or illness: Responses

14

Average calculated as the median for the benchmark group



Organisation average	7.3
Staff with a LTC or illness: Your org	6.9
Staff without a LTC or illness: Your org	7.4
Staff with a LTC or illness: Average	6.9
Staff without a LTC or illness: Average	7.3

Organisation Responses

182

Staff with a LTC or illness: Responses

41

Staff without a LTC or illness: Responses

138

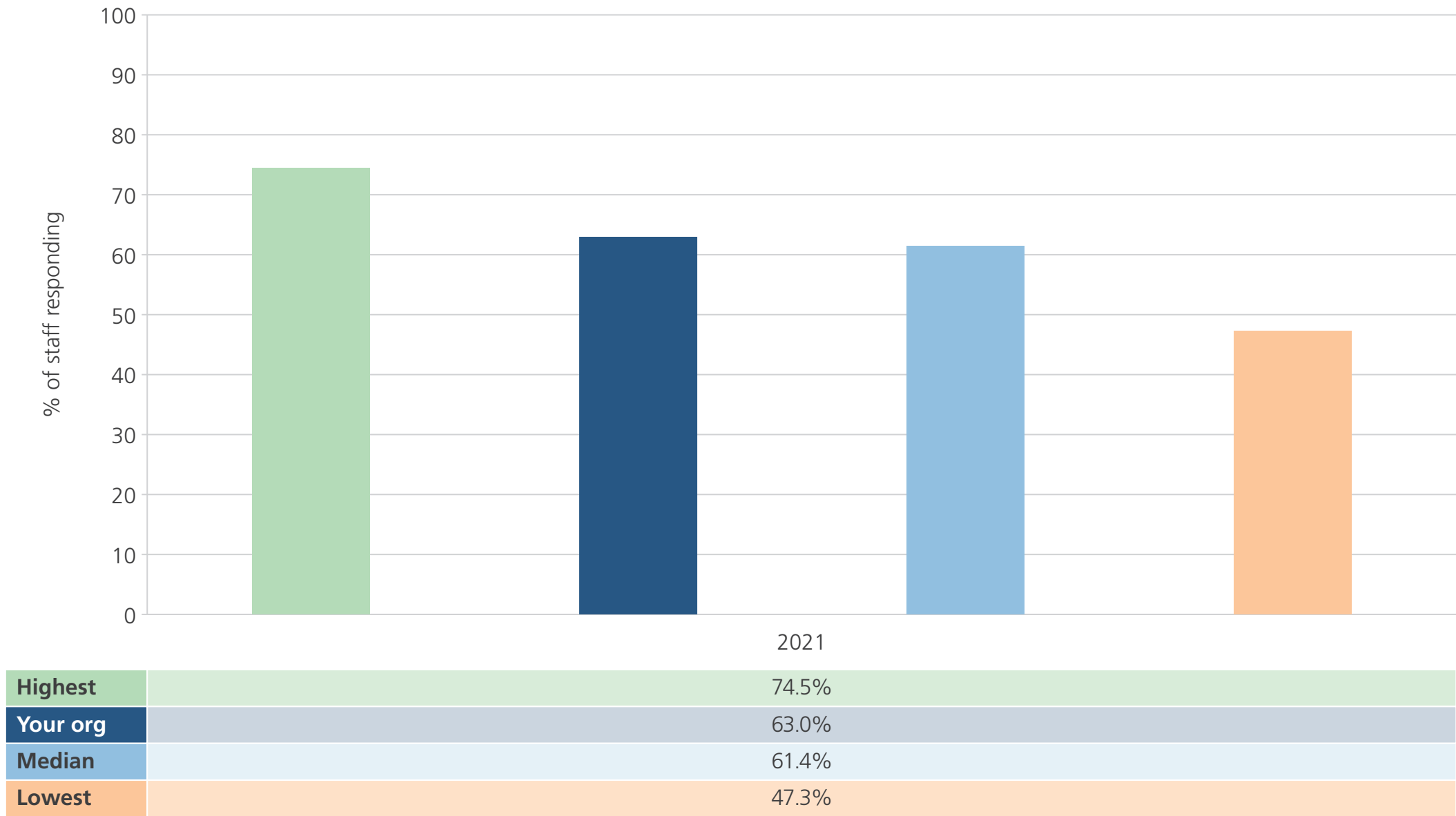
Average calculated as the median for the benchmark group

# Appendices

Dudley Integrated Health and Care Trust  
2021 NHS Staff Survey Results

# Appendix A: Response rate

Dudley Integrated Health and Care Trust  
2021 NHS Staff Survey Results



# Appendix B: Significance testing – 2020 vs 2021

Dudley Integrated Health and Care Trust  
2021 NHS Staff Survey Results



The table below presents the results of significance testing conducted on the theme scores calculated in both 2020 and 2021\*. Note that results for the People Promise elements are not available for 2020. The table details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: **↑** indicates that the 2021 score is significantly higher than last year's, whereas **↓** indicates that the 2021 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

People Promise elements	2020 score	2020 respondents	2021 score	2021 respondents	Statistically significant change?
We are compassionate and inclusive			<b>7.6</b>	182	N/A
We are recognised and rewarded			<b>6.7</b>	181	N/A
We each have a voice that counts			<b>6.9</b>	181	N/A
We are safe and healthy			<b>6.4</b>	182	N/A
We are always learning			<b>5.4</b>	174	N/A
We work flexibly			<b>6.8</b>	181	N/A
We are a team			<b>6.9</b>	182	N/A
Themes	2020 score	2020 respondents	2021 score	2021 respondents	Statistically significant change?
Staff Engagement			<b>7.0</b>	182	N/A
Morale			<b>6.2</b>	182	N/A

\* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

For more details please see the [technical document](#).

# Appendix C: Tips on using your benchmark report

Dudley Integrated Health and Care Trust  
2021 NHS Staff Survey Results

The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data, but have been included to aid users who are new to the Staff Survey.



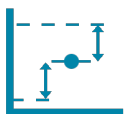
## Key points to note



- The seven People Promise elements, the two themes and the sub-scores that feed into them cover key areas of staff experience and present results in these areas in a clear and consistent way. All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the scores are calculated can be found in the technical document available on the [Staff Survey website](#).



- A key feature of the reports is that they **provide organisations with up to five years of trend data**. For this year, trend data is provided for the two themes of Staff Engagement and Morale, the sub-scores that feed into these themes and for all questions except those added to the survey for the first time this year, and those impacted by survey change. Trend data provides a much more reliable indication of whether the most recent results represent a change from the norm for an organisation than comparing the most recent results only to those from the previous year. Taking a longer term view will help organisations to identify trends over several years that may have been missed when comparisons are drawn solely between the current and previous year.



- People Promise elements, themes and sub-scores are benchmarked so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single graph.

When analysing People Promise element and theme results, it is easiest to start with the **overview** page to quickly identify areas which are doing better or worse in comparison to other organisations in the given benchmarking group.

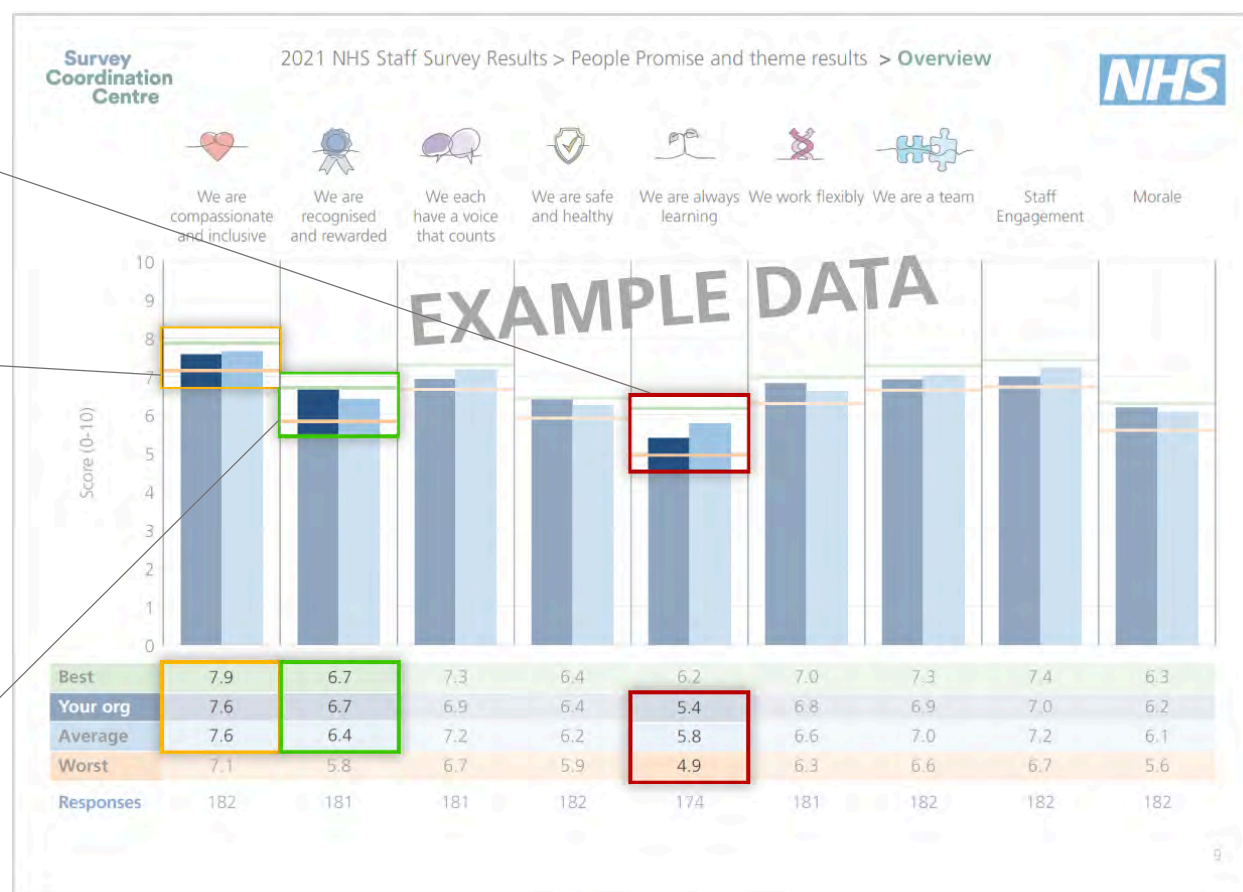
It is important to **consider each result within the range of its benchmarking group 'Best' and 'Worst' scores**, rather than comparing People Promise element and theme scores to one another. Comparing organisation scores to the benchmarking group average is another important point of reference.

## Areas to improve

- By checking where the 'Your org' column/value is lower than the benchmarking group 'Average' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst' score. The closer your organisation's result is to the worst score, the more concerning the result.
- Results where your organisation's score is only marginally better than the 'Average', but still lags behind the best result by a notable margin, could also be considered as areas for further improvement.

## Positive outcomes

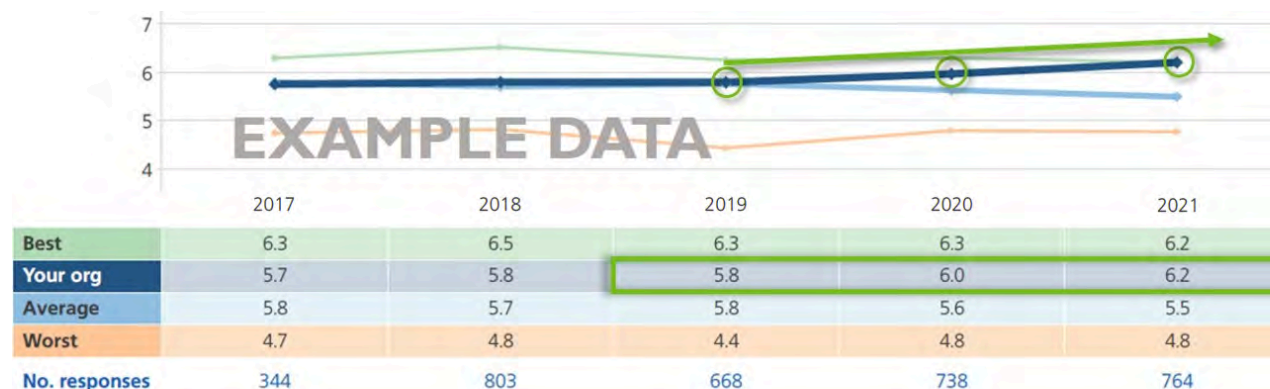
- Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' scores are distinctly higher than the benchmarking group 'Average' score.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best' score.



Only one example is highlighted for each point

## Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.

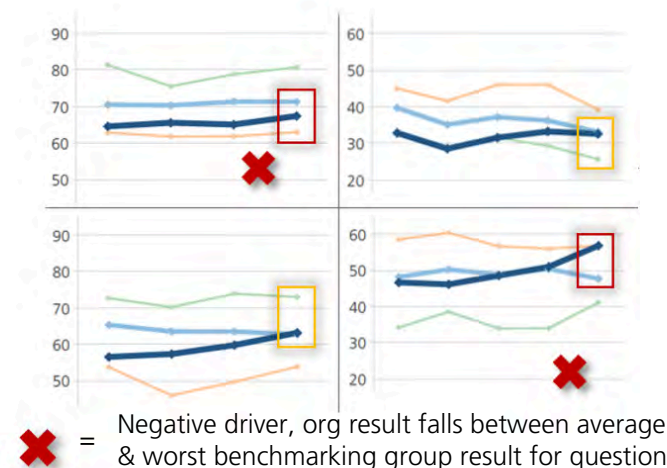


Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

## Review the sub-scores and questions feeding into the People Promise elements and themes

In order to understand exactly which factors are driving your organisation's People Promise element and theme scores, you should review the sub-scores and questions feeding into these scores. The **sub-score results** and the **'Detailed information'** section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing 'Your org' scores to the benchmarking group 'Average', 'Best' and 'Worst' scores for each question, the **questions which are driving your organisation's People Promise element and theme results can be identified**.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions where the organisation's results fall between the benchmarking group average and worst results**. Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 140 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

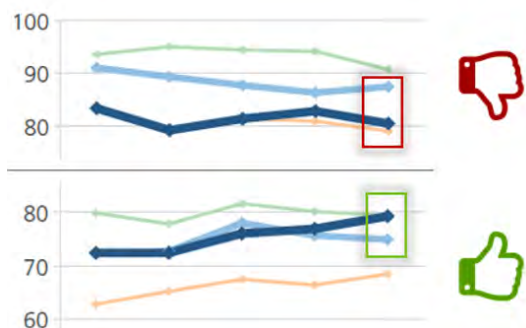
## Identifying questions of interest

### ➤ Pre-defined questions of interest – key questions for your organisation

Most organisations will have questions which have traditionally been a focus for them. Questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can be assessed on the backdrop of benchmark and historical trend data. You can search for specific question results using the 'Find text' feature or by clicking on the question number in the table on page 4.

### ➤ Identifying questions of interest based on the results in this report

The methods recommended to review your People Promise and theme results can also be applied to pick out question level results of interest. However, **unlike People Promise elements, themes and sub-scores where a higher score always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).



➤ **To identify areas of concern:** look for questions where the organisation value falls between the benchmarking group average and the worst score, particularly questions where your organisation result is very close to the worst score. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how the trust has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.

➤ **When looking for positive outcomes:** search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

# Appendix D: Additional reporting outputs

Dudley Integrated Health and Care Trust  
2021 NHS Staff Survey Results

Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

## Supporting documents



**[Basic Guide](#)**: Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.



**[Technical Document](#)**: Contains technical details about the NHS Staff Survey data, including: data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

## Other local results



**[Local Benchmarking](#)**: Dashboards containing results for each participating organisation, similar those provided in this report, with trend data for up to five years where possible. These dashboards additionally show the full breakdown of response options for each question.



**[Local Breakdowns](#)**: Dashboards containing results for each organisation broken down by demographic characteristics. Data is available for up to five years where possible.



**[Directorate Reports](#)**: Reports containing People Promise and theme results split by directorate (locality) for Dudley Integrated Health and Care Trust.

## National results



**[National Trend Data](#)** and **[National Breakdowns](#)**: Dashboards containing national results – data available for five years where possible.



**[Regional/System overview](#)** and **[Regional/System breakdown](#)**: Dashboards containing results for each region and each ICS/STP.



# Finance Report

**Reporting period:** Full Financial Year 2021/22 (Interim)

**Reported to:** April 2022 Finance, Performance and Digital Committee

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

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

# Finance Dashboard – NHS Oversight Framework

The finance dashboard shows performance against finance elements of the national NHS Oversight Framework for Dudley Integrated Health and Care NHS Trust for the period to April 2021 to March 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)	73 Days	1
I&E Margin Rating	I&E surplus or deficit/total revenue	>1%	1-0%	0-(1)%	<(1)%	2.56%	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)%	£548k %N/A	1
Agency Rating	Distance from providers cap	<0%	0%-25%	25-50%	>50%	-23.31%	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 73 days in March 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 £2.45m as at 31<sup>st</sup> March, equating to working capital sufficient for 44 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 £548,000, an improvement of £27,000 from the position reported at month 11

## Income

The Trust's underachieved its main contract income plan by £31,000, due to APMS contract payments in respect of High Oak Surgery being lower than planned.

## Expenditure

	WTE Budget	WTE Worked	WTE Variance	Budget £000's	Actual £000's	Variance £000's
<b>Income</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(16,401)</b>	<b>(16,370)</b>	<b>(31)</b>
<b>Expenditure</b>						
Primary Care	9.95	9.51	0.44	1,002	1,098	(96)
PCN Services	68.63	77.08	-8.45	(187)	(159)	(28)
Mental Health & Learning Disability	77.82	60.9	16.92	3,693	2,812	882
Children & Young People	29.07	25.89	3.18	1,261	1,167	94
Older Adults & Reablement	22.61	22.09	0.52	1,076	1,185	(110)
Pharmaceutical & Public Health	46.19	41.54	4.65	2,100	1,755	345
Corporate Services	87.04	53.21	33.83	7,457	7,964	(507)
<b>Total Expenditure</b>	<b>341.31</b>	<b>290.22</b>	<b>51.09</b>	<b>16,401</b>	<b>15,822</b>	<b>579</b>
<b>Surplus/(Deficit)</b>						<b>548</b>

- **Primary Care** Services are overspent by £96,000, due to vacancies in the clinical team at High Oak Surgery resulting in high locum spend (see pay run rate on page 6).
- **Mental Health and Learning Disability** services are underspent by £882,000, with continued recruitment challenges leading to a number of ongoing vacancies within the teams.
- The **Children and Young Persons** Division reports an underspend of £94,000 due to vacancies in the School Nursing team. A number of these posts have now been recruited to, and the level of vacancies is expected to reduce as these staff are onboarded
- **Older Adults and Re-ablement** budgets are overspent by £110,000, due to ongoing agency expenditure to cover vacancies and additional Covid-related pressures in the Continuing Healthcare team.
- The **Pharmaceutical** division is underspent by £345,000, 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 £507,000. 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 on the right provides detail of the Trust’s income and expenditure run rate through the financial year.

Both income and pay cost data in M12 are distorted by a number of one-off items related to the financial year end, and adjusted information is therefore also included to provide a consistent picture of the run rate.

The specific items in respect of which adjustments are made, and their impact, are:

- **Notional Pension Contributions** – the pension contribution rate for NHS employers increased from 14.38% to 20.6% in 2019, with the increase of 6.3% funded centrally. Although not paid by the Trust, notional costs and associated income must be included in the annual accounts, resulting in an increase in Month 12 income and pay costs of £545,000.
- **Annual Leave Accrual** – the March pay figure includes the updated year-end annual leave accrual, which has increased by £65,000 to £220,000 based on the latest available information from HR.
- **Expenditure Reclassification** – a coding review undertaken as part of the year-end process has resulted in £112,000 moving from non-pay to pay in Month 12. The adjusted pay figure smooths these changes out, removing costs from March data and including them in the months in which they were incurred.

Key messages from this adjusted data are as follows:

- **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.
- **Pay costs** have increased over the year as a result of continued recruitment into the trust’s corporate structure and the gradual filling of operational vacancies. There continues to be a high level of agency usage, driving high staff costs.
- **Non-pay costs** continue to be at a lower level in the second half of the year 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, with a significant spike in month 12 due to the year-end matters identified in the previous slide (pension, annual leave accrual).

This increase is the 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.

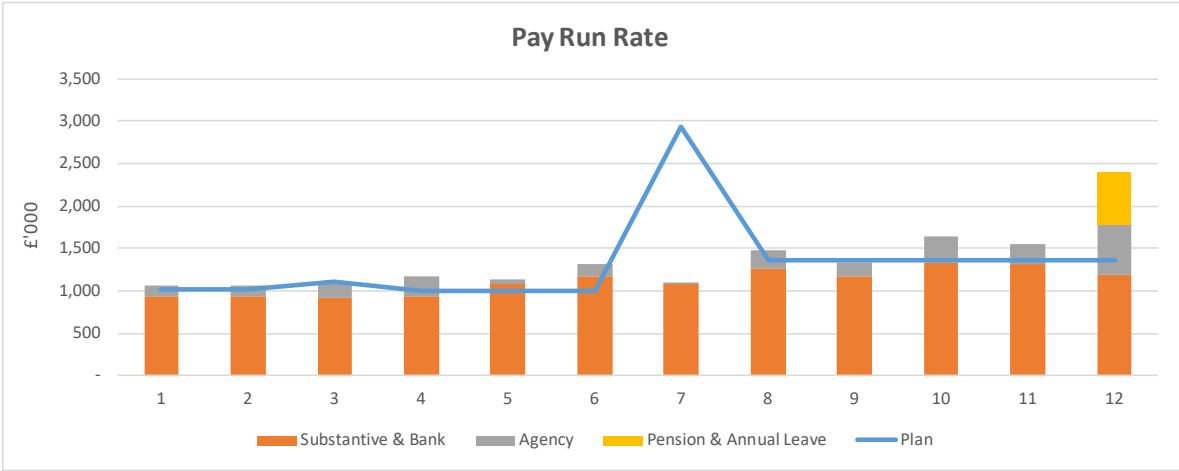
The spike in the plan value in month 7 is as a result of backdated changes to reflect the transfer of Practice-Based Pharmacists and an update to the ARRS workforce plan.

Although full year pay costs are behind plan (excluding the Notional Pension top-up), 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. The Winter Access Hub provided through High Oak Surgery has also resulted in agency costs of £237,000. The Medical Director and Chief Operating Officer are implementing plans to recruit a stable workforce of medical and nursing staff during 2022-23 to reduce spend on locums within the High Oak Practice. The intention is to have a fully salaried workforce within the practice by March 2023

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 to reduce agency expenditure by ensuring vacancies are filled so that overall pay costs in 2022/23 do not exceed budget. The agency expenditure will be monitored as part of the Trusts 2022/23 Efficiency Programme and will be reported to Finance and Performance Committee on a monthly basis.

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	920	941	1,073	1,171	1,074	1,257	1,179	1,333	1,322	1,192	13,342
Agency	117	117	154	229	68	145	2	215	153	304	237	601	2,341
Pension & Annual Leave												610	610

## Top 10 Agency Cost Centres

Budget Report	Expenditure M1-11
High Oak Practice	672
Business Development	478
Finance	275
Continuing Healthcare And Intermediate Care	213
Clinical Governance	161
Covid	139
IAPT Team	129
Dudley Primary Care Mh Team	75
Administration & Business Support	60
Executive Management Team	58

# Capital Summary

## Summary

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. Of this, the plan was split £50,000 for medical equipment purchases and £191,000 for Desktop/Laptop Refresh

In addition to this, in March the Trust received Public Dividend Capital of £247,000 under the Digital Aspirant Programme, 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).

At the year end, the Trust has spent almost its full capital allocation, with just a £3,000 underspend against the plan.

No capital purchases of medical equipment were required, and the Trust has therefore brought forward the purchase of office equipment from the 22/23 plan to support the reconfiguration of Trust HQ at Brierley Hill Health and Social Care Centre.

Scheme	Plan £000's	Budget £000's	Actual £000's	Variance £000's
Medical Equipment	50	50	-	50
Office Equipment	-	-	47	(47)
Desktop/Laptop Refresh	191	191	191	-
<b>Sub-total Internally Funded Capital</b>	<b>241</b>	<b>241</b>	<b>238</b>	<b>3</b>
Digital Aspirant PDC Scheme	247	247	247	-
<b>Sub-total Centrally Funded Capital</b>	<b>247</b>	<b>247</b>	<b>247</b>	<b>-</b>
<b>Total</b>	<b>488</b>	<b>488</b>	<b>485</b>	<b>3</b>

# Balance Sheet Summary

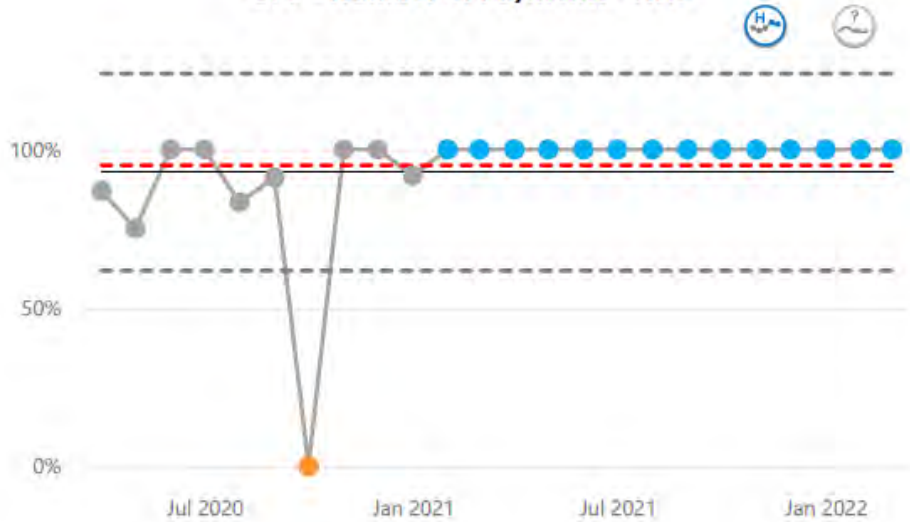
	Actual Closing 2020/21 £'000	Actual May-21 Closing £'000	Actual Jun-21 Closing £'000	Actual Jul-21 Closing £'000	Actual Aug-21 Closing £'000	Actual Sep-21 Closing £'000	Actual Oct-21 Closing £'000	Actual Nov-21 Closing £'000	Actual Dec-21 Closing £'000	Actual Jan-22 Closing £'000	Actual Feb-22 Closing £'000	Actual Mar-22 Closing £'000	Month on Month Movement £'000
<b>Non-current assets</b>													
Intangible assets	-	-	-	-	-	-	-	-	-	-	-	-	-
Property, plant and equipment	38	34	33	32	31	30	29	28	186	172	385	503	118
Other investments / financial assets	-	-	-	-	-	-	-	-	-	-	-	14	14
	38	34	33	32	31	30	29	28	186	172	385	517	132
<b>Current assets</b>													
Inventories	-	-	-	-	-	-	-	-	-	-	-	-	-
NHS receivables	1,238	2,604	735	810	603	390	723	1,919	1,102	461	805	1,198	393
Non-NHS receivables	686	23	842	976	1,406	1,159	1,663	765	1,555	1,723	329	398	69
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	4,186	507
	6,021	6,298	6,087	6,462	6,932	6,938	6,829	6,913	6,338	5,839	4,813	5,782	969
<b>Current liabilities</b>													
Capital trade payables	-	-	-	-	-	-	-	-	-	-	-	(47)	(47)
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)	(3,393)	(610)
Borrowings	(1,133)	(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)	(180)	(98)
Other financial liabilities	-	(207)	(197)	(233)	(225)	(281)	(263)	(289)	-	-	-	-	-
Provisions	-	-	-	-	-	-	-	-	-	-	-	(53)	(53)
	(4,243)	(5,073)	(4,864)	(5,239)	(5,712)	(6,284)	(6,174)	(6,254)	(5,816)	(4,846)	(3,998)	(4,806)	(808)
<b>Net Current Assets</b>	1,778	1,225	1,223	1,223	1,220	654	655	659	522	993	815	976	161
<b>Non-current liabilities</b>													
Capital payables	-	-	-	-	-	-	-	-	-	-	-	-	-
Revenue payables	-	-	-	-	-	-	-	-	-	-	-	-	-
Borrowings	(1,700)	(1,133)	(1,134)	(1,134)	(1,134)	(567)	(567)	(567)	(567)	(567)	(567)	(567)	-
Deferred Income	-	-	-	-	-	-	-	-	-	-	-	-	-
Other financial liabilities	-	-	-	-	-	-	-	-	-	-	-	-	-
Provisions	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(41)	(14)
	(1,727)	(1,160)	(1,161)	(1,161)	(1,161)	(594)	(594)	(594)	(594)	(594)	(594)	(608)	(14)
<b>Total Net Assets Employed</b>	89	99	95	94	90	90	90	93	114	571	606	885	279
<b>Financed by</b>													
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	2,568	247
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)	(1,683)	32
<b>Total Taxpayers' Equity</b>	89	99	95	94	90	90	90	93	114	571	606	885	279
Check	-	-	-	-	-	-	-	-	-	-	-	-	-

- The overall net assets position has increased slightly, in line with the increased operating surplus that is currently being reported at M12, as well as reflecting £247k of new PDC that has been received to fund capital expenditure.
- The cash position continues to be healthy at £4.2m. This reflects the operating surplus that has been generated in 2021/22. A loan repayment to Black Country Healthcare was made on 1 April 2022 of £590k (£567k principal).
- The loan repayment to Black Country Healthcare is the key reason for the £610k increase in payables in M12, with the payment for this having been processed in late March to ensure an actual payment date of 1<sup>st</sup> April
- Other non current assets (£14k) represent a notional debtor with NHSE/I to offset a provision relating to clinician's pension which is included in non-current provisions.
- An increase in NHS receivables represents the £545k of notional income recognised for the statutory accounts which relates to the centrally funded 6.3% NHS pension increase. Invoiced receivables with NHS bodies have reduced, which can be seen on the next slide.



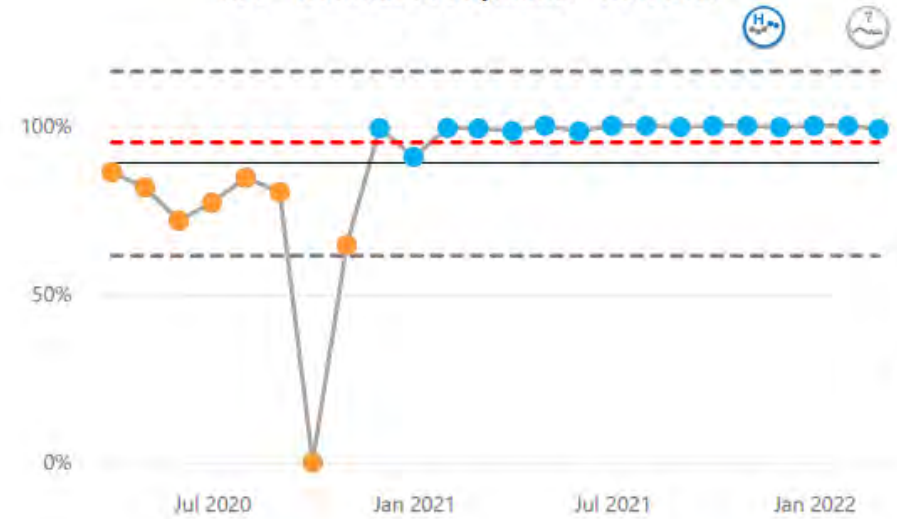
# Finance - Better Payment Practice

BPP - Number of Payments - NHS



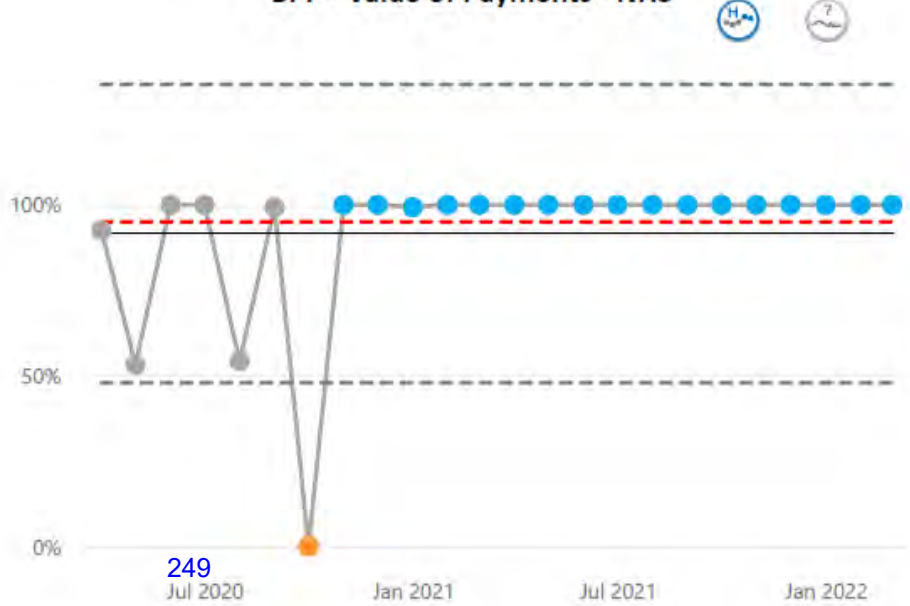
Mar 2022  
Date  
100%  
Value  
95%  
Target  
Improvement  
Variation  
Hit or Miss  
Assurance

BPP - Number of Payments - Non NHS



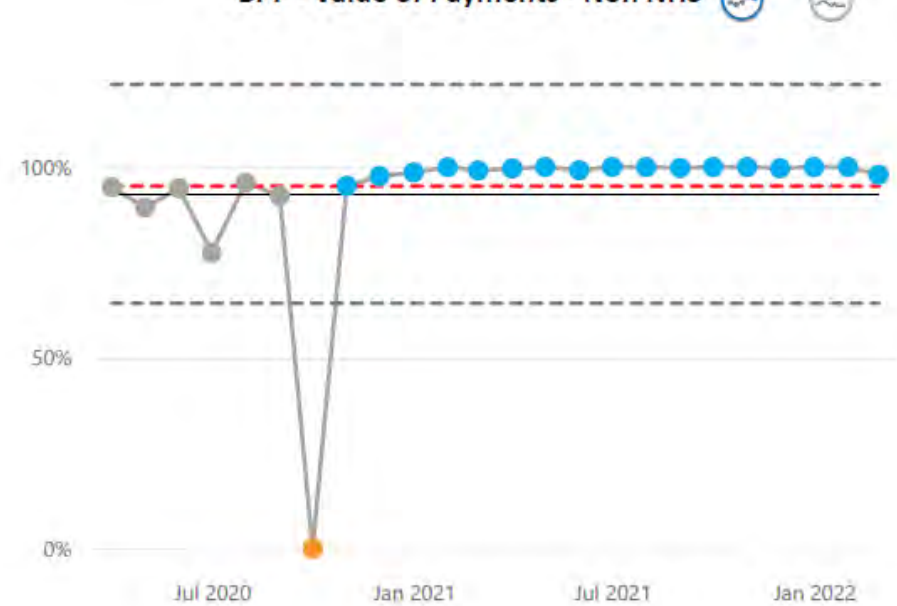
Mar 2022  
Date  
98.95%  
Value  
95%  
Target  
Improvement  
Variation  
Hit or Miss  
Assurance

BPP - Value of Payments - NHS



Mar 2022  
Date  
100%  
Value  
95%  
Target  
Improvement  
Variation  
Hit or Miss  
Assurance

BPP - Value of Payments - Non NHS



Mar 2022  
Date  
97.97%  
Value  
95%  
Target  
Improvement  
Variation  
Hit or Miss  
Assurance

# Performance Report

Reporting period: March 2022

**Reported to:** April 2022, Financial Performance and Digital Committee

**Reported by:** Philip King, Director of Operations

# Introduction

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

## Exception Reports

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

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








## Additional Caveats

- SPC charts and Icons require a minimum of 15 data points to create a robust analysis, Due to the infancy of the organisation we are using 2+ data points in some cases e.g. CHC, Intermediate Care, High Oak Surgery, 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 March 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 <b>inconsistently passing</b> and <b>falling</b> short of the target	Variation indicates consistently <b>(P)assing</b> the target	Variation indicates consistently <b>(F)alling</b> short of the target

## Statistical Process Chart (SPC)

		Special cause improvement
		Special cause concern
		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	Mar 2022	0.5	2.5		2.5		
		Liquidity (days)	Local	Mar 2022	73	0		0		
	Financial Efficiency	Income & Expenditure (I&E) margin	Local	Mar 2022	2.56%	1%		1%		
	Financial Controls	Distance from financial plan	Local	Mar 2022	548000	0		0		
		Agency spend	Local	Mar 2022	-23.31%	0%		0%		
		Overall Score	Local	Mar 2022	2	-		-		
	Best Practice Payment	BPP - Number of Payments - NHS	Local	Mar 2022	100%	95%	100%	95%		
		BPP - Number of Payments - Non NHS	Local	Mar 2022	98.95%	95%	99.56%	95%		
		BPP - Value of Payments - NHS	Local	Mar 2022	100%	95%	100%	95%		
		BPP - Value of Payments - Non NHS	Local	Mar 2022	97.97%	95%	99.42%	95%		
Q&S	Safeguarding	Number of Safeguarding Concerns - Adults	Local	Mar 2022	75	-	635	-		
		Number of Safeguarding Concerns - Child	Local	Mar 2022	17	-	130	-		
		Number of Safeguarding Concerns - Gender unknown	Local	Mar 2022	0	-	162	-		
		Number of SARs - Open	Local	Mar 2022	5	-	5	-		
		Number of CSPRs - Open	Local	Mar 2022	2	-	2	-		
		Number of S42s - Open	Local	Mar 2022	6	-	6	-		
		Number of S42s - Overdue	Local	Mar 2022	4	-	4	-		
	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	Mar 2022	100%	-	100%	-		
	Incidents	Duty of Candour	National	Nov 2021	100%	100%	100%	100%		
		Occurrence Of Any Never Event	National	Mar 2022	0	-	0	-		
		Incidents	Local	Mar 2022	14	-	138	-		
		Serious Incidents	Local	Mar 2022	0	-	1	-		
	Feedback	Mental Health Friends and Family Test – % Positive	Local	Mar 2022	100%	-	99.62%	-		
		Mental Health Friends and Family Test – % Positive (Qtr)	Local	Mar 2022	100%	-	99.62%	-		
		Feedback - Informal Concern	Local	Mar 2022	4	-	20	-		
		Feedback - Compliments	Local	Mar 2022	6	-	47	-		
		Feedback - Complaints	Local	Mar 2022	8	-	31	-		
Workforce	Staff in post	Vacancy %	Local	Mar 2022	11.56%	10%	13.27%	10%		
		Turnover % (12 Months)	Local	Mar 2022	21.97%	13%		13%		
		Turnover % (In Month)	Local	Mar 2022	2.43%	1.1%		1.1%		
	Development	Appraisal %	Local	Mar 2022	66.88%	85%	66.88%	85%		
		Training Compliance %	Local	Mar 2022	91.22%	90%	91.22%	90%		
	Absence	Sickness % (In Month)	Local	Mar 2022	2.71%	4.68%	2.92%	4.68%		
		Sickness % (12 Months)	Local	Mar 2022	3.15%	4.68%		4.68%		
		Short Term Sickness (In Month)	Local	Mar 2022	27.6%	-	24.56%	-		
		Long Term Sickness (In Month)	Local	Mar 2022	72.4%	-	75.44%	-		
		Maternity % (In Month)	Local	Mar 2022	1.24%	-	1.24%	-		



# DIHC Integrated Performance Scorecard 2021/22

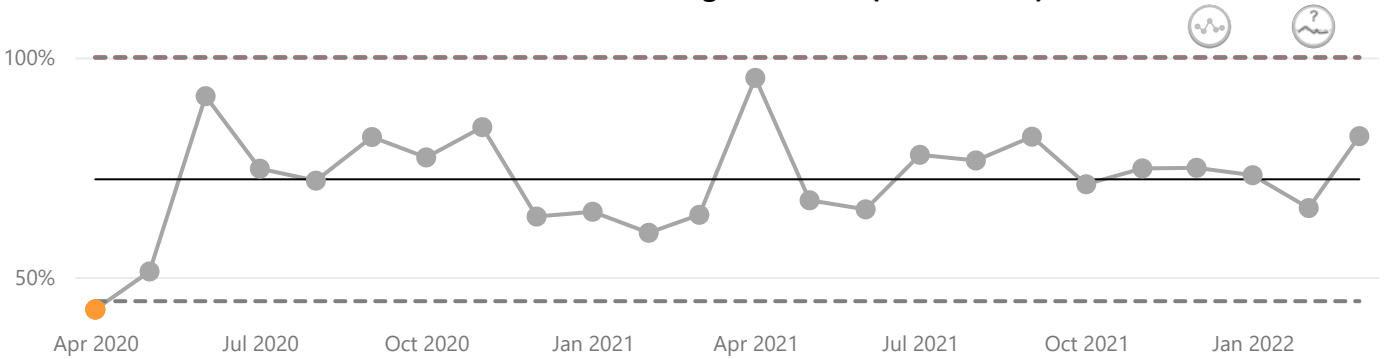
Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Operational Performance	CHC	Number of Referral for CHC	Local	Mar 2022	55	-	151	-		
		% of Referrals Eligible for a Full CHC Assessment	Local	Mar 2022	67.27%	-	68.21%	-		
		% of CHC Assessments Completed Within 28 Days	National	Mar 2022	100%	80%	97.89%	80%		
		% of Assessments Completed in an Acute Setting	National	Mar 2022	0%	15%	0%	15%		
	CHC - End of life	Number of Fast Track Referrals	Local	Mar 2022	59	-	206	-		
		% of Newly Eligible Fast Track Patients	Local	Mar 2022	54.24%	-	64.56%	-		
	CHC - Pathway 3	Number of Patients in a Pathway 3 Beds	Local	Mar 2022	51	-	51	-		
		Number of Patients Discharged from Pathway 3	Local	Mar 2022	6	-	25	-		
	IAPT	Number of Service Users Referred for Psychological Therapies	Local	Mar 2022	947	-	10043	-		
		% of Referrals for Older People 65+	National	Mar 2022	7.92%	-	9.15%	-		
		% of Service Users Entering Treatment (Access Rate)	Local	Mar 2022	82.09%	100%	75.53%	100%		
		Access Rate as a Proportion of Prevalence	Local	Mar 2022	3.38%	2.06%	18.68%	24.72%		
		% of Service Users Who Complete Treatment Who Are Moving to Recovery	National	Mar 2022	43.84%	50%	43.13%	50%		
		IAPT Recovery Rate for BME Groups	National	Mar 2022	35.9%	50%	39.27%	50%		
		% of Service Users Who Are Treated Within 6 Weeks of Referral	National	Mar 2022	87.13%	75%	91.31%	75%		
		% of Service Users Who Are Treated Within 18 Weeks of Referral	National	Mar 2022	98.27%	85%	98.26%	85%		
		90+ Day Wait Between 1st and 2nd Appt	Local	Mar 2022	7.56%	10%	5.81%	10%		
		Data Quality Maturity Index for IAPT	Local	Dec 2021	96.6%	95%	94.57%	95%		
	Intermediate Care	Number of Patients in a Step Down Facility	Local	Mar 2022	158	-	158	-		
		Number of New Patients Admitted in Step Down	Local	Mar 2022	57	-	128	-		
		Average Length of Stay	National	Mar 2022	70	42		42		
		Number of Patients Discharged	Local	Mar 2022	10	-	88	-		
	School Nursing	Number of Referrals to School Nursing Service	Local	Mar 2022	311	-	3234	-		
		NCMP - Year 6 Status	Local	Mar 2022	96.63%	70%	92.56%	70%		
		NCMP - Reception Status	Local	Mar 2022	38.09%	85%	15.08%	100%		
	Winter Access	Number of Referrals to Winter Access Hub	Local	Mar 2022	1816	-	3632	-		
		% Utilisation Rate	Local	Mar 2022	79.16%	-	68.44%	-		
		% of Patient Attendance	Local	Mar 2022	93.41%	-	93.04%	-		
		% of Patients seen in under 5 minutes	Local	Mar 2022	60.57%	-	58.76%	-		
		% of Patients seen in 5-15 minutes	Local	Mar 2022	29.13%	-	29.82%	-		
		% of Patients seen in 16-30 minutes	Local	Mar 2022	9.98%	-	11.44%	-		
		% of Patients seen in 31-60 minutes	Local	Mar 2022	0.31%	-	0.73%	-		
		% DNA Rate	Local	Mar 2022	6.59%	-	5.12%	-		
		Outcome - % Discharged Home	Local	Mar 2022	72.99%	-	76.02%	-		
		Outcome - % Referred to GP	Local	Mar 2022	3.49%	-	4.08%	-		
		Outcome - % Referred to Hospital	Local	Mar 2022	2.56%	-	3.5%	-		

# 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	Mar 2022	0%	-	0%	-		
		Appointments per hour	Local	Mar 2022	0	-	0	-		
		DNA Rate	Local	Mar 2022	0	-	0	-		
		Referral to GP	Local	Mar 2022	0%	-	0%	-		
		Referral to Other	Local	Mar 2022	0%	-	0%	-		
	High Oak Surgery	Total Vaccinated - Covid 1st Dose %	Local	Mar 2022	69.13%	-	69.13%	-		
		Total Vaccinated - Covid 2nd Dose %	Local	Mar 2022	63.63%	-	63.63%	-		
		Total Vaccinated - Covid Booster Dose %	Local	Mar 2022	47.83%	-	47.83%	-		
		Total Vaccinated - Flu %	Local	Mar 2022	55.23%	-	55.23%	-		
		CERVS1 - Aged 25-49 adequate smear last 3 years and 6 months..... [ 45-80% ]	Local	Mar 2022	69.37%	80%	461.71%	80%		
		CERVS2 - Aged 50-64 adequate smear last 5 years and 6 months..... [ 45 - 80% ]	Local	Mar 2022	69.58%	80%	478.67%	80%		
		DM7 - HbA1c, BP & Cholesterol treated to target..... [ 32 - 44% ]	Local	Mar 2022	19.43%	44%	19.43%	44%		
		MH3 - Received comprehensive physical health assessment... [ 50 - 80% ]	Local	Mar 2022	42.86%	80%	42.86%	80%		
		LD1 - Learning Disability annual review completed..... [ 64 - 88% ]	Local	Mar 2022	88.89%	88%	88.89%	88%		
		CVDPP3.2 - Eligible for annual review (QRisk 10%)..... [ 28 - 56% ]	Local	Mar 2022	51.31%	56%	302.63%	56%		
		% Vaccinated - Hexavalent 6 in 1 (6 mths) - 1st dose	Local	Feb 2022	100%	90%	100%	90%		
		% Vaccinated - Hexavalent 6 in 1 (6 mths) - 2nd dose	Local	Feb 2022	100%	90%	94.74%	90%		
		% Vaccinated - Hexavalent 6 in 1 (6 mths) - Booster	Local	Feb 2022	66.67%	90%	89.47%	90%		
		% Vaccinated - MMR (2 yrs) - 1st dose	Local	Feb 2022	100%	90%	93.02%	90%		
		% Vaccinated - MMR (5 yrs) - 1st dose	Local	Feb 2022	100%	90%	96.97%	90%		
		% Vaccinated - MMR (5 yrs) - 2nd dose	Local	Feb 2022	100%	90%	90.91%	90%		
		% Vaccinated - DTaP/IPV Booster (5 years)	Local	Feb 2022	100%	90%	90.91%	90%		
		% Vaccinated - Men B (12 mths) - 1st dose	Local	Feb 2022	100%	90%	98.21%	90%		
		% Vaccinated - Men B (12 mths) - 2nd dose	Local	Feb 2022	66.67%	90%	94.64%	90%		
		% Vaccinated - Men B (18 mths) - 1st dose	Local	Feb 2022	83.33%	90%	98%	90%		
		% Vaccinated - Men B (18 mths) - 2nd dose	Local	Feb 2022	83.33%	90%	94%	90%		
		% Vaccinated - Men B (18 mths) - Booster	Local	Feb 2022	66.67%	90%	90%	90%		
		% Vaccinated - Rotarix - 1st dose	Local	Feb 2022	100%	90%	97.37%	90%		
		% Vaccinated - Rotarix - 2nd dose	Local	Feb 2022	100%	90%	94.74%	90%		
	High Oak Surgery - Overall	DQOF - Overall (High Oak Surgery)	Local	Mar 2022	58.54%	-	58.54%	-		

# Exception Report: IAPT Access Rate and Recovery

% of Service Users Entering Treatment (Access Rate)



Mar 2022

Date

82.09%

Value

100%

Target

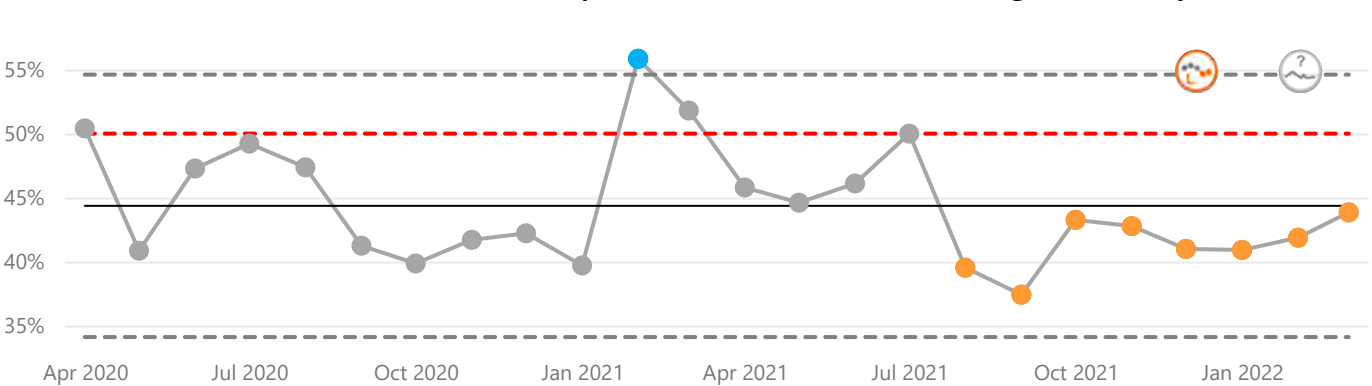
Common Cause

Variation

Hit or Miss

Assurance

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



Mar 2022

Date

43.84%

Value

50%

Target

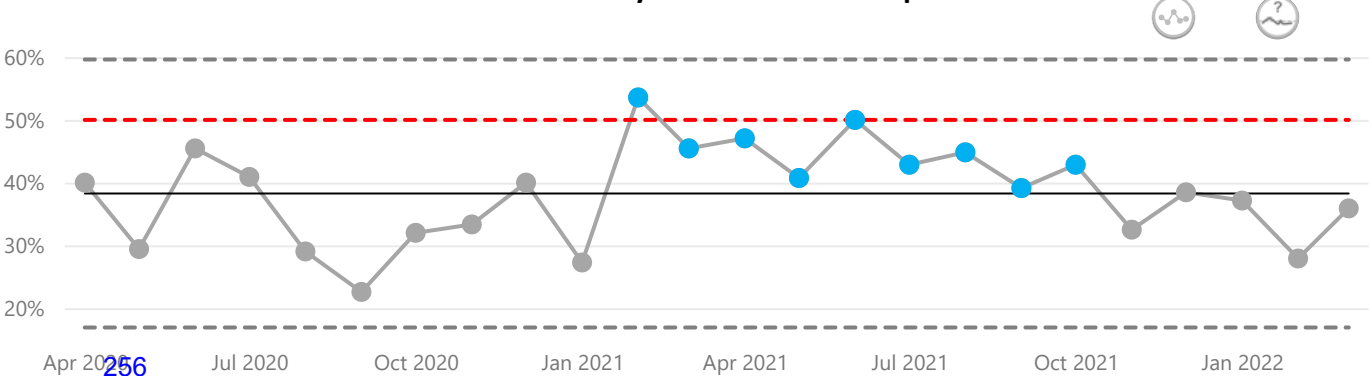
Concern

Variation

Hit or Miss

Assurance

IAPT Recovery Rate for BME Groups



Mar 2022

Date

35.9%

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 and therefore 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 a recovery plan is being developed which includes an improvement trajectory.
- Recovery rates are improving as treatment engagement improves, however those stopping treatment in the early stages of therapy are impacting on our recovery rate.

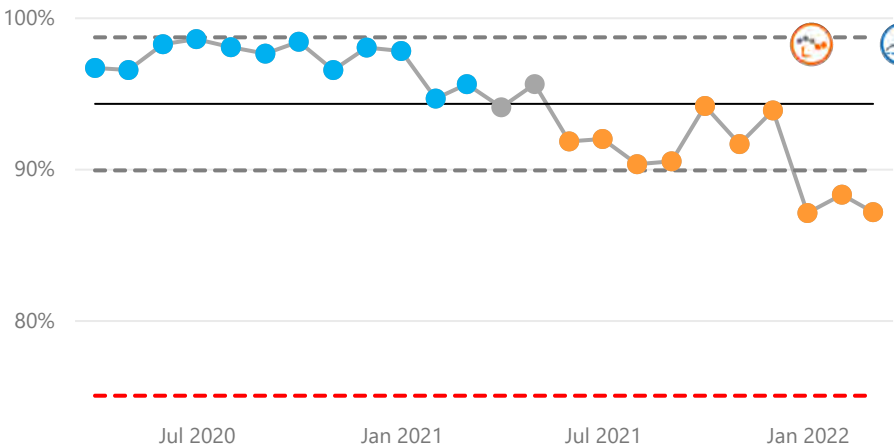
## Actions

- January and February data has been refreshed as per the national submission timetable. March 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.
- Working with NHSE to identify funds required to increase staffing through trainees in the next academic year.



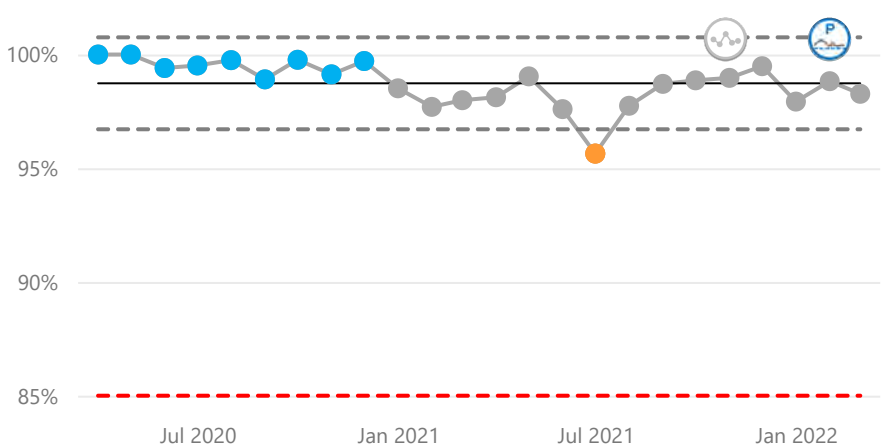
# Exception Report: IAPT Waiting Time

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



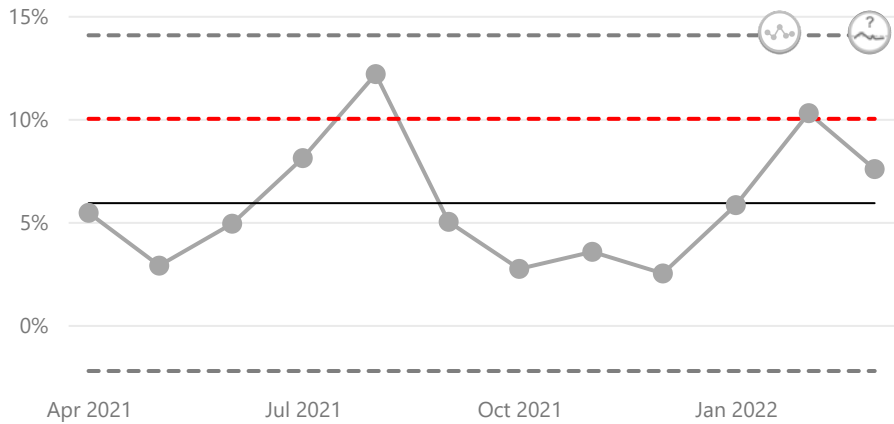
Mar 2022  
Date  
87.13%  
Value  
75%  
Target  
Concern  
Variation  
Pass  
Assurance

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



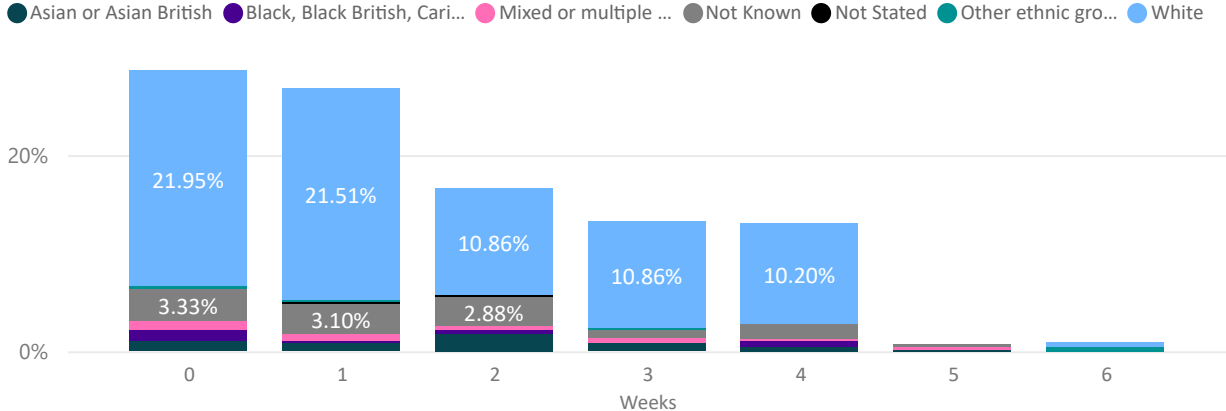
Mar 2022  
Date  
98.27%  
Value  
85%  
Target  
Common Cause  
Variation  
Pass  
Assurance

90+ Day Wait Between 1st and 2nd Appt



Mar 2022  
Date  
7.56%  
Value  
10%  
Target  
Common Cause  
Variation  
Hit or Miss  
Assurance

Current Service Users Waiting For 1st Treatment (as of 08/04/22)



## Service comments

- The 6 weeks target has fallen due to a high number of DNAs at assessment and Staff absence. 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.

## Actions

# Exception report

Metric

NCMP - Reception Status

Mar 2022

Latest Date

38.09%

Value

85%

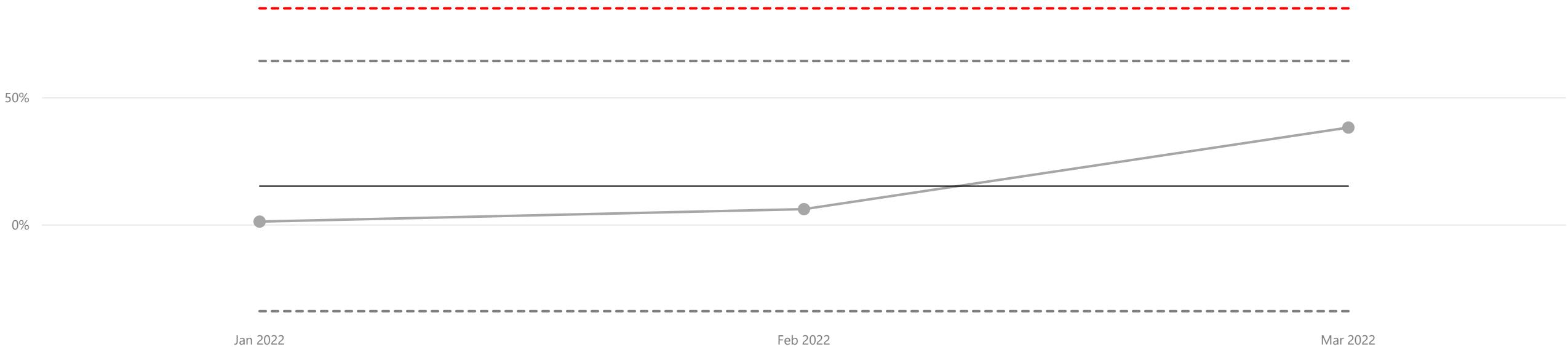
Target

Variation

Assurance



## Operational Performance: NCMP - Reception Status



### Service comments

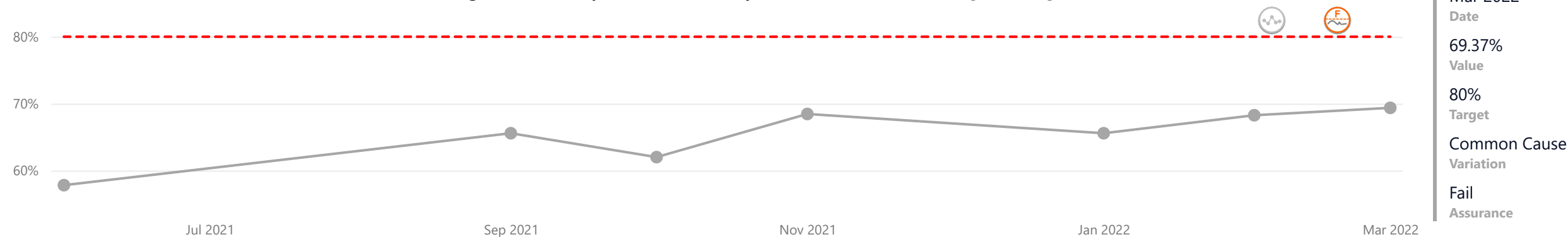
Commissioners agreed for us to change the way we complete NCMP this year so year 6 could be completed before their exams begin in school, to avoid any unnecessary stress to pupils. All year 6 children are complete and the reception children will be completed by the end of the summer term. Commissioners are satisfied that the team have never failed to reach their targets and are confident they will again this year. The only difference this year is that reception cohort 1 and cohort 2 have been done at the same time. Staff will be ready to start cohort 3 after Easter break as well as any remaining children who were absent from school at the time of measuring.  
(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.)

### Actions

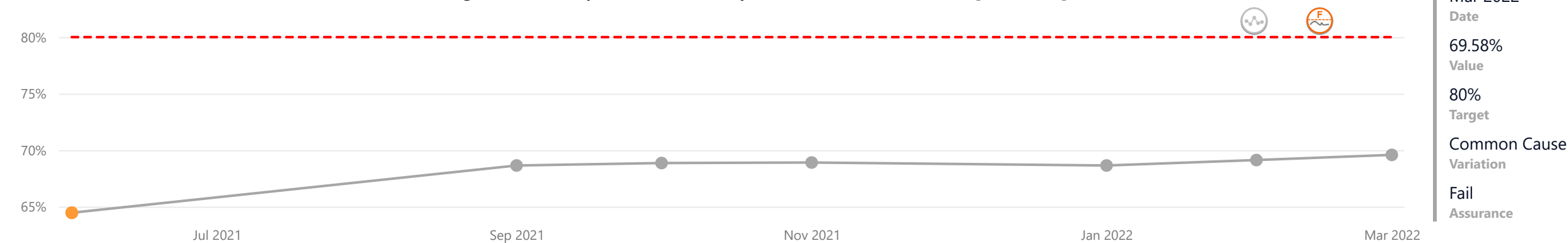
- Cohort 3 and any outstanding measurements from other cohorts will be completed after Easter.

# Exception Report

CERVS1 - Aged 25-49 adequate smear last 3 years and 6 months..... [ 45-80% ]



CERVS2 - Aged 50-64 adequate smear last 5 years and 6 months..... [ 45 - 80% ]



Service comments	Actions
<p>The service has been unable to meet the target due to the lack of nursing availability due to sickness. Also Staff have been redeployed to support the delivery of the covid vaccination which has impacted on the delivery of the DQOF indicators.</p> <p>The overall Dudley GP Practice performance was CERVS1 - 74.8%, CERVS2 – 78.5% . Therefore our performance is comparable to practices within the area.</p>	<p>Improve QOF recall by focussing on more nursing time, and reduce the covid vaccine issues</p>

# Exception report

Metric

DM7 - HbA1c, BP & Cholesterol treated to ta...

Mar 2022

Latest Date

19.43%

Value

44%

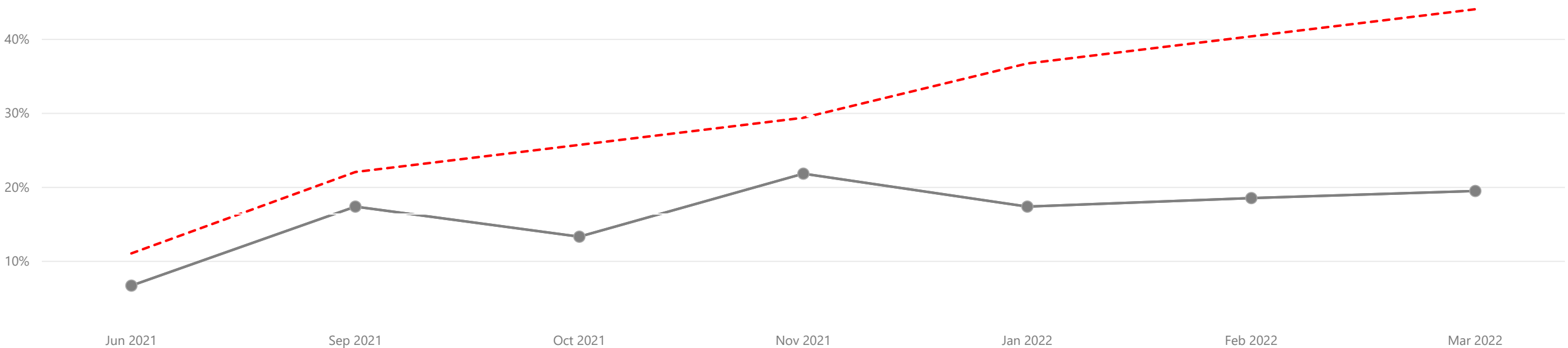
Target

Variation

Assurance



Operational Performance: DM7 - HbA1c, BP & Cholesterol treated to target..... [ 32 - 44% ]



## Service comments

The service has been unable to meet the target due to the lack of nursing availability due to sickness. Also Staff have been redeployed to support the delivery of the covid vaccination which has impacted on the delivery of the DQOF indicators.

The overall Dudley GP Practice performance was 27.1%. Therefore our performance is comparable to practices within the area.

## Actions

- Improve QOF recall by focussing on more nursing time, and reduce the covid vaccine issues
- Review structure of LTC clinics
- Consultant MDT discussions with practice to support future management of complex cases

## COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Finance, Performance and Digital Committee

Date of meeting: 21<sup>st</sup> April 2022

<b>Significant risks/issues for escalation</b>	None identified
<b>Key issues/matters discussed at the Committee</b>	<ul style="list-style-type: none"> <li>• The committee reviewed the Board Assurance Framework and recommended that Risk number BAF-007 relating to financial sustainability be reduced to 4 x 3 (12) on the basis that the Trust has delivered a financial surplus in 2021/22 and is submitting a breakeven plan for 2022/23.</li> <li>• Two corporate risks relating to digital (C-023 &amp; C-024) were considered for closure. The committee decided to keep the risks open but the description of the risks needed to be updated.</li> <li>• The committee received a Digital Update for assurance. It was noted that there had been delays in the refreshing of the digital policies and procedures, however resource has now been prioritised to complete the high priority policies and the majority of these are now ready for review by the Policy Development Group.</li> <li>• Progress has been made in renewing equipment to mitigate the current cyber security risk.</li> <li>• Committee members received the interim Finance report related to the period April 2021 to March 2022 for assurance. The committee noted that the month 12 financial submission is subject to the annual audit process and is therefore subject to change. <ul style="list-style-type: none"> <li>○ The Trust is reporting a revenue surplus of £548k</li> <li>○ The Trust is reporting a £3k surplus against its capital allocation</li> </ul> </li> <li>• The Chief Operating Officer presented the performance report for March 2022 for assurance.</li> <li>• The committee approved the revised financial plan under the authority delegated to this Committee, the CEO, and Director of Finance at the April Board meeting</li> <li>• The committee approved the Terms of Reference, cycle of business subject to some minor amendments.</li> <li>• The committee approved the proposed 'Strong' self-assessment rating following the committee effectiveness review</li> </ul>
<b>Decisions made by the Committee</b>	<ul style="list-style-type: none"> <li>• The committee approved the revised financial plan under the authority delegated to this Committee, the CEO, and Director of Finance at the April Board meeting</li> </ul>

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

The committee recommended that Risk number BAF-007 relating to financial sustainability be reduced to 4 x 3 (12) on the basis that the Trust has delivered a financial surplus in 2021/22 and is submitting a breakeven plan for 2022/23.

**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: 20<sup>th</sup> April 2022

Significant risks/issues for escalation	<ul style="list-style-type: none"><li>• None</li></ul>
Key issues/matters discussed at the Committee	<p><b>Board Assurance Framework &amp; Corporate Risk Register</b></p> <ul style="list-style-type: none"><li>• The BAF and Corporate Risk Register were reviewed and although there were no changes proposed to the risks or the scores it was accepted that there would be a fuller review when the Committee Effectiveness Review took place.</li></ul> <p><b>DIHC 21/22 Internal Audit Report - Partnership Working with PCNs</b></p> <ul style="list-style-type: none"><li>• The internal audit found that there was significant assurance in DIHC relationships with PCNs.</li><li>• The internal audit found that communication and engagement with PCN CDs was effective, but that more attention was required on relationships with individual practices.</li><li>• The Committee will oversee the development and implementation of an action plan.</li><li>• The Committee agreed a first and immediate action to reinstate face to face engagement events, the first of which to take place in June 2022 with a view to discussing the outcome of the Capgemini events and the mutual vision for DIHC and PCNs.</li></ul> <p><b>Medical Directors' Update</b></p> <p>The MDs have divided their responsibilities, with Dr Martin focussing on provision and Dr Bramble focussing on commissioning.</p> <p>Dr Bramble provided</p> <ul style="list-style-type: none"><li>• An update on the Capgemini process and the role and function of each organisation including primary care. The next event will be focussed</li></ul>

on population health outcomes, and the respect roles in delivering those.

- An update on the winter access hub, the funding and commissioning of which from the CCG is provided for children. The practices have been made aware not to refer adults before 6pm and PCN CDs have been offering support to ensure that this happens.
- An update on the Trust business plan and the way in which involvement of clinical leads and PCN CDs will inform the commissioning plan for mental health, children's, community and primary medical services.
- An update on the recruitment of EMIS developers to support PCNs and practices with template development and reporting related to the DQOFH and the IIF.

Dr Martin provided

- An update on the planned recruitment across Chapel Street and High Oak, including development of policies and procedures and preparation for the CQC inspection
- An update on the development of clinical audit programme across the Trust
- An update on the Trust becoming research active this month, securing funding for research delivery methods and participation on the National Panoramic study on COVID.

### **Head of Primary Care Update**

#### **Chapel Street Surgery**

- Work continues supporting Chapel Street Surgery and on the contracting process. The outcomes of the due diligence process have been reported to the Board.

#### **DIHC Business Plan 2022/23:**

- PCIC received a summary of the primary care components and priorities for primary care in the DIHC Business Plan for 2022/23.
- The plan reflects a set of quarterly objectives that will become the PCIC work plan for 2022/23.
- PCIC will receive a progress update against the workplan on a quarterly basis.



	<p><b>PCN DES</b></p> <ul style="list-style-type: none"> <li>• The PCN DES requirements for 2022/23 have been published by NHS England</li> <li>• The PCN Clinical Directors have asked DIHC to develop proposals on how DIHC could support and deliver the requirements in respect of the Enhanced Access and Impact and Investment components of the PCN DES</li> <li>• Joanne Taylor, Strategic Commissioning and Transformation Lead, will lead on the development of these proposals with a view to presenting these to PCIC having been agreed in advance with the PCN CDs.</li> </ul> <p><b>Special Allocation Scheme (SAS) – Violent and Aggressive Patients</b></p> <ul style="list-style-type: none"> <li>• A project group has been established working to Dr Lucy Martin, Joint Medical Director, to conclude the transfer of service currently provided by Malling Health to DIHC with effect from 1 July 2022.</li> <li>• The project group will be reporting back to the Executive Committee on progress, and work is being undertaken on risk assessments for staff and buildings, clinical handover and development of Standard Operating</li> </ul> <p><b>Update from the Black Country Primary Care Collaborative</b></p> <ul style="list-style-type: none"> <li>• Work continues on the development of the Collaborative and DIHC representatives attend the meetings</li> </ul>
<p><b>Decisions made by the Committee</b></p>	<ul style="list-style-type: none"> <li>• A PCIC work plan is developed for 2022/23 based on the content of the DIHC Business Plan for 2022/23</li> <li>• An action plan is developed in response to the internal audit report on DIHC relationships with PCNs and practices</li> <li>• A proposal is developed for approval of the PCN Clinical Directors in respect of delivering the enhanced access and IFF components of the PCN DES</li> </ul>

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

- None identified

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

- None

## COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Strategy and Transformation Committee held on 8<sup>th</sup> March 2022

Date of meeting: 12<sup>th</sup> April 2022 (via Microsoft Teams)

<p><b>Significant risks/issues for escalation</b></p>	<p>None identified</p>
<p><b>Key issues/matters discussed at the Committee</b></p>	<ul style="list-style-type: none"> <li>• The committee reviewed the Board Assurance Framework and the committee risk register. The committee noted that the executive team will be undertaking a review of the wording of all risks in relation to the development work currently being undertaken in the Dudley system.</li> <li>• The committee discussed the committee effectiveness review and noted the recommendation that the committee effectiveness is rated as strong, which is recognition of the valuable work of the committee over the last 12 months</li> <li>• The committee reviewed the revised terms of reference and agreed there was more work to be done outside of the meeting ensure that the terms of reference and proposed changes were fit for purpose. The committee will review the terms of reference again in May 2022.</li> <li>• The committee discussed the draft Strategic Priorities and agreed the proposed priorities with the addition of specific priorities around workforce, health inequalities and sustainability. The final set of strategic priorities will be included in the Business Plan which is being taken to Board in May 2022.</li> <li>• 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 first event took place on 15<sup>th</sup> and 16<sup>th</sup> March and the second event takes place on 10<sup>th</sup> and 11<sup>th</sup> May 2022. The second event will be supported by the Chief Executives of the local system who will attend at the beginning of the first day and end of the second day. 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.</li> <li>• The committee stressed the importance in ensuring that staff within the organisation are supported and</li> </ul>

	<p>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. A communication has been sent to all staff across the Dudley system on the outcome on the first integrated model of care event and further communications will follow after the second event.</p>
<b>Decisions made by the Committee</b>	<ul style="list-style-type: none"> <li>The committee made the decision to add three specific priorities around workforce, health inequalities and sustainability.</li> </ul>
<b>Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)</b>	<p>None identified.</p>
<b>Items/Issues for referral to other Committees</b>	<p>None identified.</p>

## DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

<b>TITLE OF REPORT:</b>	Communications, Engagement and Partnerships Update
<b>PURPOSE OF REPORT:</b>	To update Board of activities that have taken place between January 2022 through to March 2022 including statistics
<b>AUTHOR OF REPORT:</b>	Helen Codd, Head of Communications, Engagement & Partnerships Luke Dunn, Communications and Engagement Specialist
<b>DATE OF MEETING:</b>	5 <sup>th</sup> May 2022
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• The team have undertaken a range of engagement activities, externally with the public and internally with our own teams and staff</li> <li>• The feedback from our Dementia and Me workshop has been used by the Dementia Alliance and our own Dementia and Frailty Link Workers in Halesowen PCN</li> <li>• The team have successfully started to produce videos which are shared via a range of media</li> <li>• We now have the use of Hootsuite which helps with our social media scheduling</li> <li>• We continue to manage a large amount of requests for design work and updates to the intranet</li> </ul>
<b>RECOMMENDATION:</b>	The board is reassured of our continued efforts to build relationships and strengthen partnership working
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	None
<b>ACTION REQUIRED:</b>	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

# Communications and Engagement Update





# Communications, Engagement and Partnerships Quarterly Update

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- Conversations with Workshop 24, a local Community Interest Company (CIC), to discuss a collaboration for later in the year focussing on bereavement and learning disabilities using art.
- We held a 'Dementia and Me' workshop and collaborated with partners from Healthwatch Dudley, Dudley Admiral Nurses, Dudley Council and the Alzheimer's Society to host the session. Dr Becci Willetts, Clinical Lead for the frail and elderly and Andrew Hindle, Strategy & Transformation Lead set the scene with around 40 participants attending. Participants then broke into smaller facilitated focus groups to explore their views on how dementia services were working across Dudley and what could be improved.
- We co-produced and facilitated an engagement workshop with partners across the Integrated Care System. Over 80 participants attended and had the opportunity to explore what good engagement would look and feel like. The feedback from this event will help to shape the DIHC engagement strategy so that we align with partners but have a stronger focus on local delivery.
- The team organised drop in sessions for the latest cohort of aspiring Health Coaches. This provided an opportunity for future Health Coaches to join a conversation and find out more about the role and ask any questions. The sessions were facilitated by Jo McGoldrick and Joe Taylor.
- We have continued to meet with local councillors and local MP, Mike Wood, to regularly update on High Oak Surgery and attended the Health and Adult Social Care Overview and Scrutiny Committee at the end of March to advise of our plans.
- We are part of the Minority Ethnic and Excluded Communities Steering Group which reports into the Health and Wellbeing Board. The purpose of the group is to work collectively to understand and target health inequalities
- We have commenced working with Public Health and the National Development Team for Inclusion (NDTI). The work will aim to create, maintain and embed inclusive practice across Dudley and consider inclusion across the life course using an asset based approach
- Facilitated a walkabout with Dr Steve Mann and Alex, the community development worker for the Roma community in Lye. They spoke with local residents to understand vaccine hesitancy and to try and allay fears and misconceptions
- Attended Social Care Day of Remembrance and Reflection Event

## Staff Updates

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- Developed and produced a Wellness brochure for all of our staff which provides information on multiple initiatives including access to health and wellbeing opportunities and Vivup
- Worked with our Talking Therapy team to provide regular mindfulness sessions for our staff which have been very well received
- Hosted two sessions with Solutions4Health to provide information to our staff on a number of health and wellbeing opportunities from smoking cessation, eating well and wellness coaching. Following on from this we are now developing bookable sessions for staff across a number of locations on a 121 basis to get the support they need
- Continued to meet with our staff forum to hear any concerns, share information and develop ideas that will benefit staff within DIHC
- For International Women's Day we produced 3 videos from some of our inspiring women at DIHC and shared with teams. We also worked with our ARRS staff and a local GP to host a session on the day
- Produced and shared a video about the benefits of giving up smoking.
- Delivered a weekly newsletter to staff
- The People Team continue to meet with the Inclusion and Allyship staff group
- Sarah Baig, Lead Pharmacist was interviewed by Women in the NHS as part of International Women's Day with the aim of smashing the stereotypes associated with being a Muslim working mum in a leadership role: <https://www.womeninthenhs.co.uk/post/sarah-baig-lead-pharmacist-dudley-integrated-health-care-nhs-trust>






# Communication Statistics

## January - March 2022




### Online

-  55,322 staff intranet page views
-  Website page views, available in next quarters edition
-  89,856 Social media impressions
-  1,524 Total social media followers

### Friday Round Up

-  12 Friday Round Ups sent
-  10,358 Total email opens
-  3,078 Total link clicks

### Practice Bulletin

-  6 Practice Bulletins sent
-  3,813 Total email opens
-  792 Total link clicks

# A Few Snapshots

Staff Brochure



International Women’s Day Videos



Hand Hygiene Videos



No Smoking Video



Social Campaigns



Engagement Workshop





# DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

<b>TITLE OF REPORT:</b>	High Oak Surgery
<b>PURPOSE OF REPORT:</b>	To update the Board on the location and provision of services for High Oak Surgery
<b>AUTHOR OF REPORT:</b>	Helen Codd, Head of Communications, Engagement and Partnerships Executive Lead: Philip King, Chief Operating Officer
<b>DATE OF MEETING:</b>	5 <sup>th</sup> May 2022
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• High Oak Surgery was temporarily relocated by Dudley CCG at the start of the COVID-19 pandemic from the Pensnett site to Brierley Hill Health and Social Care Centre</li> <li>• The surgery continues to operate out of Brierley Hill Health and Social Care Centre (BHHSCC)</li> <li>• The Pensnett site remains in partial use for some face to face appointments</li> <li>• Local patients and councillors are requesting the surgery move back to Pensnett to either operate out of the existing portacabin or to take up the offer of a new build by the local pharmacy owner</li> <li>• Pensnett is an area with high health inequalities and low healthy life expectancy</li> <li>• DIHC have completed an options appraisal on potential sites and solutions</li> <li>• The duty to involve the public is a non-delegable duty meaning the CCG is responsible in law for ensuring adequate public involvement is undertaken</li> <li>• The CCG are developing a primary care transformation strategy and a Primary Care Network (PCN) estates strategy which will determine the plans for future provision of services</li> <li>• The PCN estates strategies will start to get developed May to July and the primary care transformation strategy will be developed May to September/October</li> <li>• The CCG will be responsible for making a decision on the outcome of consultation and proposals</li> </ul>
<b>RECOMMENDATION:</b>	<ul style="list-style-type: none"> <li>• The Board notes that it will be the CCG that defines what the options are that are available to consult with the public</li> <li>• The CCG leads the public consultation with the support of DIHC</li> </ul>

	<ul style="list-style-type: none"> <li>• That the CCG confirms whether any consultation has been carried out regarding the future of estates provision</li> <li>• That consideration is given as to how we can best serve the needs of the patients of Pensnett given the health inequalities issues in the area</li> <li>• DIHC Board are clear and sighted on the impact of estates availability and what this potentially means for our registered population</li> </ul>
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	None
<b>ACTION REQUIRED:</b>	Decision <input checked="" type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input type="checkbox"/>

## **Update on High Oak Surgery in relation to the location of the surgery and engagement so far.**

### **1. Background**

At the beginning of the Covid -19 pandemic in April 2020, Dudley Clinical Commissioning Group (CCG) made a decision to temporarily relocate High Oak Surgery from the existing site in Pensnett to Brierley Hill Health and Social Care Centre (BHHSCC). This decision was made so that a safe environment, the Pensnett Respiratory Assessment Centre (PRAC), could be created for Dudley patients to be seen who were suspected of having Covid-19 and needing to see a GP. The PRAC was located at the site in Pensnett.

At the end of June 2021, the Covid-19 services delivered from the PRAC ended. However, given the presence of the Covid-19 Omicron variant and the possibility that the Assessment Centre may need to resume if cases increased, a decision was taken to defer the High Oak Surgery returning to their original site on Pensnett High Street

The existing site in Pensnett is a portacabin and is acknowledged as a poor-quality building and we know the area has lower than average healthy life expectancy and high level of health inequalities.

A number of the registered population, local councillors and wider stakeholders have been vocal on the fact that the surgery should move back into the heart of Pensnett. Throughout conversation and engagement activities we have heard the view that BHHSCC is difficult to get to for those patients who have mobility issues, lack of transport and co-morbidities. In addition the location at BHHSCC does not help those who have caring responsibilities or who are digitally excluded.

Several engagement activities led by DIHC have taken place since the start of the pandemic which include:

- Appreciative inquiry interviews with a cohort of patients from the surgery
- A letter to every head of household inviting views on access with the temporary relocation of the surgery
- A further survey asking for wider views on health and wellbeing and what matters most to registered patients at the surgery
- Semi-structured interviews with a defined cohort of patients undertaken by Healthwatch to understand the difficulties faced by those patients who had issues accessing BHHSCC.

DIHC have also had several meetings with local councillors and the local MP, Mike Wood and the leader of the council and the West Midlands Combined Authority.

Local councillors have been involved in initiating two petitions, both asking for full services to be resumed at Pensnett to serve the communities of Pensnett and Brockmoor.

### **2. Primary Care**

Since the pandemic, the way in which primary care is accessed has changed dramatically and is unlikely to return to pre pandemic style. High Oak Surgery is no different to many local and national practices. They offer face to face appointments for those patients who are deemed clinically appropriate to be seen and also offer telephone consultations. A number of face to face consultations have been offered at the portacabin site in Pensnett for those who have difficulty accessing BHHSCC. The surgery also offer the Footfall digital platform for patients but we recognise there is a high degree of digital exclusion in Pensnett.

### 3. Estates

Following an options appraisal exercise completed by DIHC and Brierley Hill Primary Care Network, the following potential site options were shortlisted for more detailed assessment:

- **Option 1** - Do Minimum - High Oak retained at BHHSCC as currently (single site solution)
- **Option 2A** - New facility at Pensnett: Relocate High Oak Surgery back into a new facility at the existing Pensnett site (single site solution)
- **Option 2B** - Branch location at an improved Pensnett facility, providing a small branch site (149 sq. metres) and a main site at BHHSCC
- **Option 3A:** Expansion of Galleria Pharmacy – Relocate High Oak Surgery into a new facility at an expanded Galleria pharmacy (280 sq. metre) as a single site solution
- **Option 3B:** Expansion of Galleria Pharmacy – Branch location at an expanded Galleria pharmacy site, (149 sq. metres) and retaining a main site at BHHSCC
- **Option 4A:** Ridge Hill LD Centre - Relocate High Oak Surgery into a new facility at Ridge Hill (280 sq. metre) as a single site solution
- **Option 4B:** Ridge Hill LD Centre - Branch location at Ridge Hill (149 sq. metres) and retaining a main site at BHHSCC

It should be noted that the Pensnett portacabin belongs to the CCG and the car park for the Pensnett site is operated by the council.

These options will need to be considered against the broader context of the Black Country CCG's estates policy which considers the relative investment in suitable premises.

### 4. Law

The s.14Z2 duty to involve the public is a non-delegable duty, meaning the CCG is responsible in law for ensuring adequate public involvement is undertaken, even if the carrying out of the public involvement is delegated to the contractor through contractual obligations and NHS England guidance. This means that if there is a challenge on grounds that public engagement is inadequate, it will be brought against the CCG, not the contractor who has been tasked with carrying out the public involvement exercise.

Pursuant to the 2017 version of the NHS England Primary Medical Care Policy Guidance Manual (the “Manual”) (available here: <https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>) the contractor is expected to carry out public involvement where it instigates a branch closure or a premises change, and that it should adhere to the processes set out in the various policy documents listed at para 7.15.14 when doing so. However, the Manual and other policy documents are “mere guidance” and they do not create a new legal duty or transfer the existing legal duty to undertake public involvement to the contractor. This means that the contractor is actually undertaking public involvement activities on behalf of the CCG, since the CCG has the legal duty, not the contractor. It also means that if the contractor fails to undertake adequate public involvement, then whilst it may be in breach of its contract, it will be the commissioner that is in breach of the statutory duty to involve the public. However, ultimately it is the Commissioner's responsibility to ensure that involvement activities have met legal requirements, even if carried out by the contractor.

## **5. HASC**

A paper was submitted to HASC and DIHC attended late March. A request was made by a local councillor for a full scrutiny exercise of High Oak and this was agreed by HASC. This has been proposed to take place mid June although still subject to approval at the Annual Council meeting in May.

This meeting would be open to the public, who will also be invited to make any contributions.

DIHC's proposal is to suggest a hybrid model of primary care which serves the registered population by ensuring that appropriate services can still operate from the local area subject to CCG approval and formal consultation. DIHC's plans involved working with the local voluntary sector and wider partners to build relationships with the registered population and understand exactly what they needed from health and wellbeing. We wanted to understand the views of local people on the impact of the temporary relocation of the surgery and their views on what they thought the local issues were that affected health and wellbeing and explore what the solutions could be.

## **6. Black Country and West Birmingham CCG**

DIHC have subsequently met with the CCG and agreed a collaborative approach towards a formal consultation. A further meeting has been diarised to discuss in more detail.

Any CCG consultation must meet the Gunning Principles which are:

1. that consultation must be at a time when proposals are still at a formative stage;
2. that the proposer must give sufficient reasons for any proposal to permit of intelligent consideration and response;
3. that adequate time is given for consideration and response; and

4. that the product of consultation is conscientiously taken into account when finalising the decision.

In addition, the CCG will be responsible for making a decision on the outcome of the consultation and subsequent proposal.

The author of the report and DIHC's Chief Operating Officer briefed the Primary Care Committee of the Black Country CCG and there is agreement that the author of the report will play a supportive role to the CCG's team as they conduct the formal consultation. It was suggested and accepted that that process should, where possible relate to the Oversight processes of the HASC as described in this paper

## **7. Conclusion**

It is for the CCG to determine the options that form part of any further public consultation and indeed to be explicit on the potential impact on the local population. DIHC as the provider of service are content to support any such CCG led consultation process.

Helen Codd  
Head of Communications, Engagement and Partnerships

## COMMITTEE ASSURANCE REPORT TO THE BOARD

**Committee:** Audit and Risk Committee

**Date of meeting:** 25<sup>th</sup> April 2022 (via Microsoft Teams)

### Significant risks/issues for escalation

The Committee recommended that delegated authority is requested from the Board to approve the accounts at the Audit and Risk Committee on the 20<sup>th</sup> June 2022 for submission on the 22 June 2022

### Key issues/matters discussed at the Committee

- The Committee was well attended and quorate
- The committee received an update on the corporate policy development for assurance. The committee noted the issues and challenge identified during this work but were assured that progress was being made in a number of areas.
- The Committee reviewed the Board Assurance Framework and Corporate risk register. There is one risk which is currently below tolerance relating to legal challenge in response to decisions made during COVID-19. The committee requested additional information so that the risk could be considered for closure at the next meeting.
- The Committee received the interim month 12 finance report and the 2022/23 financial plan reviewed for information and assurance.
- The Committee received an Accounting Policies Update for assurance in advance of the submission of the unaudited accounts.
- The Committee received a report detailing the waivers approved between April and March 2022 for assurance. This was presented in the new format requested by the committee at its previous meeting.
- The committee approved the Terms of Reference and cycle of business for ratification by the Board in May 2022, subject to some minor changes
- The committee approved the self-assessment rating of the committee for inclusion in the Annual Report (Strong/Adequate)
- The Committee received the External Audit Plan for the year ending 31<sup>st</sup> March 2022. The Audit Findings report will be presented to Audit and Risk Committee on the 20<sup>th</sup> June 2022
- The Committee received an Internal Audit Progress report which included progress against the internal audit plan for 2021/22.

	<ul style="list-style-type: none"> <li>• Three internal audits had been finalised and were included in the papers; <ul style="list-style-type: none"> <li>○ Partnership working with PCNs – Significant Assurance</li> <li>○ School Health Integration – Significant Assurance</li> <li>○ Quality Framework – Significant Assurance</li> </ul> </li> <li>• The committee received a draft Head Of Internal Audit Opinion statement providing Significant assurance</li> </ul>
<b>Decisions made by the Committee</b>	<ul style="list-style-type: none"> <li>• The Committee were assured by the reports received</li> <li>• The Committee recommended that delegated authority is requested from the Board to approve the accounts at the Audit and Risk Committee on the 20<sup>th</sup> June 2022 for submission on the 22 June 2022</li> </ul>
<b>Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)</b>	No specific implications identified
<b>Items/Issues for referral to other Committees</b>	N/A



## DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

<b>TITLE OF REPORT:</b>	Board and Committee Effectiveness Review
<b>PURPOSE OF REPORT:</b>	To update on the board on the progress of the annual review of Board Committee self-assessment including revised Terms of Reference and Cycles of Business
<b>AUTHOR OF REPORT:</b>	Elaine Doyle, Trust Secretary
<b>DATE OF MEETING:</b>	5 <sup>th</sup> May 2022
<b>KEY POINTS:</b>	<p>It is a requirement of the NHS guidance and the UK Code that the Board and its supporting committees undergo a self-assessment of performance, 'including the balance of skills, experience, independence and knowledge of the organisation on the board, its diversity, including gender, how the board works together as a unit, and other factors relevant to its effectiveness'.</p> <p>The structure of the framework (key lines of enquiry (KLOEs) and underpins CQC's regular regulatory assessments of their Well-Led assessment. The main elements of the framework are also reflected in NHS England's (NHSE) Improvement and Assessment Framework (IAF).</p> <p>Whilst the self-assessment is primarily for ourselves to facilitate continuous improvement this process does support the regulatory assessments by CQC for development reviews.</p> <p>All Board Committees will undertake self-assessments against their agreed checklists for submission to the Board in May and June 2022.</p> <p>During April the Audit and Risk, Finance, Performance and Digital and People Committees considered the responsibilities, membership and frequency of the committees as part of the annual review of the Board and Committee Effectiveness.</p> <p>The formal approval of the self-assessment of Primary Care Integration and Quality and Safety Committees will be undertaken in May 2022. The Strategy and Transformation Committee will also complete the cycle during May 2022. This aligns with completion of the Board self-assessment, which will also be presented to the public Board in June 2021.</p>

	<p>The Board is also undergoing the cycle of annual declarations including Freedom to Speak Up and the Fit and Proper Persons Regulations including updating of the supporting policy in line with the Kark Review Recommendations.</p> <p>The Board will receive the final elements of the Board and Committee Effectiveness Review, including terms of reference and updated the cycle of business at the next meeting.</p> <p><b>Note:</b> On appendices items highlighted in <b>yellow</b> are where changes are indicated.</p>
<b>RECOMMENDATION:</b>	<ul style="list-style-type: none"> <li>• To ratify and approve the Terms of Reference for Finance, Performance &amp; Digital, Audit &amp; Risk and People Committees</li> <li>• To note self-assessment ratings of the Board Committees</li> <li>• To receive the final element of the Board and Committee Effectiveness Review in June 2022</li> </ul>
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	None identified
<b>ACTION REQUIRED:</b>	Decision <input type="checkbox"/>
	Approval <input checked="" type="checkbox"/>
	Assurance <input type="checkbox"/>

## Committee Effectiveness Review – Supporting Information

It is a requirement of the NHS guidance and the UK Code that the Board and its supporting committees undergo a self-assessment of performance, 'including the balance of skills, experience, independence and knowledge of the organisation on the board, its diversity, including gender, how the board works together as a unit, and other factors relevant to its effectiveness'.

The Well-Led Framework recommends that all providers carry out externally facilitated, developmental reviews of their leadership and governance using the Well-Led Framework every three to five years.

The structure of the framework (key lines of enquiry (KLOEs) and underpins CQC's regular regulatory assessments of their Well-Led assessment. The main elements of the framework are also reflected in NHS England's (NHSE) Improvement and Assessment Framework (IAF).

Whilst the self-assessment is primarily for ourselves to facilitate continuous improvement this process does support the regulatory assessments by CQC for development reviews.

The Board of Directors receive feedback on the Committee reviews of the terms of reference, cycles of business and the results of Committee self-assessments.

The Committees will complete its annual Committee self-assessment by reviewing the terms of reference and cycle of business. The self-assessment follows the format suggested in the 'NHS Audit Committee Handbook' and has been tailored to reflect each of the Committees duties and responsibilities.

All Board Committees will undertake self-assessments against their agreed checklists for submission to the Board in May and June 2022.

During April the Audit and Risk, Finance, Performance and Digital and People Committees considered the responsibilities, membership and frequency of the committees as part of the annual review of the Board and Committee Effectiveness.

Committees undertook self-assessments following a tailored format based on the suggested areas for review within the NHS Audit Committee Handbook. Feedback was discussed with the Chair of the Committee and Non-Executive Directors and robustly discussed at the committees.

The formal approval of the self-assessment of Primary Care Integration and Quality and Safety Committees will be undertaken in May 2022. This aligns with completion of the Board self-assessment, which will also be presented to the public Board in June 2021.

The Board is also undergoing the cycle of annual declarations including Freedom to Speak Up and the Fit and Proper Persons Regulations including updating of the supporting policy in line with the Kark Review Recommendations. A programme of Board Training and Development will be aligned with the updated Board Cycle of Business. This will be shared as part of the final elements of this review.

In summary the key findings that Board are asked to note are below:

- Following the effectiveness reviews updated Terms of Reference have been recommended for approval following review by the Board Committees and are included for ratification within Appendix 1.

- The Committee continue to be committed to their continuous development which is supported by the annual review of the committee terms of reference, cycles of business and the forward agenda items considered. The committees have a balanced programme of work that will enable them to keep to its purpose of supporting the growth of the Trust and statutory and regulatory compliance. Committees have actively developed assurances including on supporting a series of incremental service transfers and helped support transformation of the governance systems of the Trust whilst maintaining strategic oversight. A development area has been recognised in how the committees respond to the maturity of the organisation and how the changing priorities for the Trust specifically in directing the programmes of change, organisational development, engagement and communication away from the supporting of safe landing of services.
- Finance, Performance and Digital, Audit and Risk and People Committee have self-assessment rating are 'strong reflecting the maturity of the committees and the evidence in the papers and minutes'. Strengths included the relationships with other committees and as a Boards, supported by the conscious membership mix of Non-Executive Directors and Executive Directors and the Board being well-developed in working together as a unitary board. Appendix 2 is the completed questionnaires for information.

The Board will receive the final elements of the Board and Committee Effectiveness Review, including terms of reference and updated the cycle of business for the Quality and Safety Committee at the next meeting.

# Audit and Risk Committee

## Terms of Reference

Document no. Version	Approval Date	Review Date
1.1	25/04/2022	March 2023
Document Owner	Trust Secretary	
Executive lead	Chief Executive Officer	
Responsible Committee	Executive Committee	
Ratified by Board / Committee (if applicable)	Public Board March 2021	
Document Supports standards and legislation	<p><b>(reference to any CQC (Care Quality Commission) &amp; NHSLA standards supported)</b></p> <p>Annual Governance Statement</p>	
Key Related Documents	<p>HMFA NHS Audit Committee Handbook (2018)</p> <p>Standing Orders</p> <p>Standing Financial Instructions</p> <p>Board Assurance and Risk Management Framework</p> <p>Quality and Safety Committee Terms of Reference</p> <p>Finance, Performance and Digital Terms of Reference</p> <p>People Committee Terms of Reference</p> <p>Transaction Committee Terms of Reference</p>	

<b>Purpose / Objectives:</b>	<p>The purpose of the Committee is to provide assurance to the Board that there is an effective structure, supported by effective processes and system of internal control for:</p> <ul style="list-style-type: none"> <li>• Corporate Governance</li> <li>• Financial Governance</li> <li>• Financial Reporting</li> <li>• Fraud Management</li> <li>• Annual Governance Statement</li> <li>• Working with External and Internal Auditors</li> <li>• Board Assurance and Risk Management Framework</li> <li>• Clinical Governance including CQC Compliance</li> <li>• Quality Reporting Compliance</li> <li>• Information Governance Compliance</li> <li>• Freedom to Speak Up</li> </ul>
<b>Delegated Authority:</b>	<p>The Committee is a non-executive committee of the Board is authorised by the Board to investigate any activity within its terms of reference.</p> <p>It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.</p> <p>The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and ability if it considers this necessary.</p>
<b>Duties:</b>	<p><b>Integrated Governance, Board Assurance and Risk Management and Internal Control</b></p> <p>The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Trust's activities (clinical and non-clinical), that supports the achievement of the Trust's objectives.</p> <p>In particular, the Committee will review the adequacy and effectiveness of:</p> <ul style="list-style-type: none"> <li>• All risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit opinion, external audit opinion or other independent assurances, prior to submission to the Board.</li> <li>• The underlying assurance processes that show the degree of achievement of the organisation's objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.</li> </ul>

- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certifications.
- The policies and procedures for all work related to counter fraud, bribery and corruption as required by NHSCFA.

In carrying out this function the committee will primarily utilise the work of internal audit, external audit, and other assurance functions, but will not be limited to these sources.

The committee will also seek reports and assurances from Directors, principally from the Quality and Safety Committee, the Finance, Performance and Digital Committee, People Committee, and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be shown through the committee's review of the assurance provided by the Committees of the use of an effective Assurance Framework to guide the work of the committee and that of the assurance functions that report to them.

### **Internal Audit**

The Committee shall ensure that there is an effective internal audit function that meets the Public Sector Internal Audit Standards, 2017 and provides appropriate independent assurance to the Committee, Accountable Officer and Board. This will be achieved by:

- Considering the provision of the internal audit service and the costs involved
- Reviewing and approving the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework
- Considering the major findings of internal audit work (and management's response), and ensuring coordination between the internal and external auditors to optimise the use of audit resources
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation
- Monitoring the effectiveness of internal audit and carrying out an annual review.

### **External Audit**

The Committee shall review and monitor the external auditors' independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the external auditors and consider the implications

and management's responses to their work. This will be achieved by:

- Considering the appointment and performance of the external auditors, as far as the rules governing the appointment permit (and make recommendations to the Board when appropriate)
- Discussing and agreeing with the external auditors, before the audit starts, the nature and scope of the audit as set out in the annual plan
- Discussing with the external auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee
- Reviewing all external audit reports, including the report to those charged with governance (before its submission to the Board) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses
- Ensuring that there is in place a clear policy for the engagement of external auditors to supply non-audit services.

#### **Annual Report including Quality Report and Financial Statements**

The Committee shall monitor the integrity of the Annual Report and Accounts, including the Quality Report and Financial Statements of the organisation and any formal announcements relating to its financial performance.

The Committee shall review the annual report and financial statements before submission to the Board, focusing particularly on:

- The wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee.
- Changes in, and compliance with, accounting policies, practices, and estimation techniques.
- Unadjusted misstatements in the financial statements.
- Significant judgements in preparation of the financial statements.
- Significant adjustments resulting from the audit.
- Letters of representation.
- Explanations for significant variances.
- Assurance from the Quality and Safety Committee on the Quality Report



The Committee should ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided and assurances received from the Finance, Performance and Digital Committee.

### **Freedom to Speak Up / Whistleblowing**

The Committee shall review **and monitor** the effectiveness of the arrangements in place for allowing staff to raise, in confidence, any concerns about possible improprieties in financial, quality of care or safety matters and ensure that any such concerns are investigated proportionately and independently.

### **Counter Fraud and Bribery**

The Committee shall satisfy itself that the organisation has adequate arrangements in place for counter fraud, bribery and corruption that meet NHSCFA's standards and shall review the outcomes of work in these areas.

In accordance with 3.2 of the NHSCFA's Fraud Commissioners Standards, the audit & risk committee has 'stated its commitment to ensuring commissioners achieve these standards and therefore requires assurance that they are being met via NHSCFA's quality assurance programme.'

The committee will refer any suspicions of fraud, bribery, and corruption to the NHSCFA.

Assess the effectiveness of Counter Fraud services once every five years through a full process of review.

Monitor the implementation of the policy on standards of business conduct for directors and staff (i.e. Codes of Conduct and Accountability) in order to offer assurance to the Board of Directors on probity in the conduct of the Trust's business.

### **Management**

The Committee shall request and review reports, evidence and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

The Committee may also request specific reports from individual functions within the organisation (for example, clinical audit).

### **Other Assurance Functions**

The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.

These will include, but will not be limited to, any reviews by Department of Health and Social Care arm's length bodies or regulators/ inspectors - for example, the Care Quality Commission, NHS Resolution, etc. and professional bodies with

	<p>responsibility for the performance of staff or functions - for example, Royal Colleges, accreditation bodies, etc.</p> <p>In addition, the Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Audit &amp; Risk committee's own areas of responsibility. In particular, this will include any clinical governance, risk management or quality committees that are established.</p> <p>In reviewing the work of a clinical governance committee, and issues around clinical risk management, the Audit &amp; Risk committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function.</p>
<b>Membership:</b>	<p>The Committee shall be appointed by the Board from amongst its independent, Non-Executive Directors (NEDs) and shall consist of not less than three members.</p> <p>Appointments to the committee should be made by the board, in consultation with the Audit Committee Chair. Appointments should be made for a period of up to three years, extendable by no more than two additional three-year periods and so long as the director remains as an independent Non-Executive Director.</p> <p>One of the members will be appointed Chair of the Committee by the Board, and a second will be appointed deputy-chair. It is expected that at least one member will have a formally recognised professional accountancy qualification.</p> <p>The Chair of the Trust shall not be a member of the Committee.</p> <p><b>Required Attendees</b></p> <p>Director of Finance, Performance and Digital Deputy Director of Finance Director of Nursing, Quality and AHPs Head of Internal Audit External Audit representation Trust Secretary</p> <p><b>Attendees</b></p> <p>Medical Director Counter Fraud Specialist Head of Governance and Quality Head of Information Governance</p> <p>The Chair and Chief Executive Officer shall be invited to attend the Audit Committee at least once a year, to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement (AGS) and should attend the meeting when the committee considers the draft AGS and the Annual Report and Accounts.</p>

	<p>Other executive directors / managers should be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director / manager.</p> <p>Representatives from other organisations (for example, NHSCFA) and other individuals may be invited to attend on occasion.</p> <p>At least once a year the Committee should meet privately with the external and internal auditors.</p> <p>The Head of Internal Audit, representative of external audit and counter fraud specialist have a right of direct access to the Chair of the Committee.</p>
<b>Quorum:</b>	The Committee shall be considered quorate if there is a representation of a minimum of two (2) Non-Executive members.
<b>Attendance Requirements:</b>	<p>The Committee will be required to have an overall attendance level of 75% from members in a rolling twelve month period</p> <p>Only members of the Committee have the right to attend meetings, however, other staff will be invited, as necessary.</p> <p>Other staff of the Trust will be invited to attend the meeting as appropriate when an issue or policy relating to their area of operation or responsibility is being discussed.</p>
<b>Meetings:</b>	<p>The Committee shall meet at least quarterly.</p> <p>Additional meetings may be called by the Chair or any two of the other members of the Committee.</p> <p>The Committee shall review its own performance, membership, and terms of reference annually and shall make any changes it considers necessary.</p>
<b>Monitoring / Reporting:</b>	<p>The Trust Secretary or their nominee shall act as Secretary to the Committee.</p> <p>A full set of agenda papers will be sent to all members of the Committee, this may be by electronic copy.</p> <p>The Secretary shall take action notes of the proceedings and decisions of all meetings, including the names of those in attendance, and those tendering their apologies and distributed to Committee Members. Subject to the approval of the Chair the action notes may be submitted to the Board of Directors.</p> <p>The Chair will present a report to the Board through the Report of the Chief Executive.</p> <p>The Chair of the Committee shall draw to the attention of the Board or other Directors any issues that require disclosure to the full Board</p>

	of Directors or require executive action.
<b>Relationships with Board and Committees:</b>	<p>All Board Committees need to work collaboratively to discharge the shared responsibility in providing assurance to the Board of Directors. In ensuring all aspects of governance are covered the Committee shall make whatever recommendations to the Board it considers appropriate on any area within its remit where action or improvement is needed.</p> <p>The Committee shall also make whatever recommendations or refer any matter to any other Committees of the Board and shall in turn consider other matters referred to it by other Committees of the Board.</p>
<b>Equality Statement:</b>	The Committee will ensure that these terms of reference recognises DIHC committed to ensuring that the way we provide services and the way we recruit and treat staff reflects individual needs, promotes equality and does not discriminate unfairly against any particular individual or group and are applied in a fair and reasonable manner that does not discriminate on such grounds as age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race including nationality and ethnicity, religion or belief, sex or sexual orientation.
<b>Sustainability 'Net Zero NHS' Statement:</b>	The Committee will ensure that these terms of reference recognises DIHC commitment to ensuring that the way we provide services is responsible and minimises the impact on the environment e.g. zero waste to landfill, recycling and reuse percentages, commuting and starts to support the reporting of the Trust's annual carbon footprint and progress against Climate Change Act and NHS targets, and on progress against the Green Government Commitments and carbon reduction targets where applicable. Meetings should be minimise travel where possible, printing of papers avoided and document management electronic where ever possible.
<b>Counter Fraud:</b>	In creating these terms of reference, the authors, reviewers, and Committee have considered and minimised any risk which might arise from discharging its duties in relations to fraud, theft, bribery, or other illegal acts and are ensured that the terms of reference are robust enough to withstand evidential scrutiny in the event of a criminal investigation. Where appropriate, they have sought advice from the Trust's Local Counter Fraud Specialist.
<b>Drafted on:</b>	18/01/2021
<b>Author:</b>	Elaine Doyle, Trust Secretary
<b>Reviewed by:</b>	Audit & Risk Committee
<b>Reviewed on:</b>	12/04/2022
<b>Approved by:</b>	Audit & Risk Committee
<b>Approved on:</b>	25 <sup>th</sup> April 2022



# Finance, Performance and Digital Committee

## Terms of Reference

Document no. Version	Approval Date	Review Date
1.2	21/04/2022	March 2023
Document Owner	Trust Secretary	
Executive lead	Director of Finance, Performance and Digital	
Responsible Committee	Finance, Performance and Digital Committee	
Ratified by Board / Committee (if applicable)	Doc version 1.1 Public Board March 2021 Doc version 1.2 Public Board May 2022	
Document Supports standards and legislation	<p><b>(reference to any CQC &amp; NHSLA standards supported)</b></p> <p>Annual Governance Statement CQC Well Led Domain specifically on culture, quality improvement and collaborative leadership development:</p> <ul style="list-style-type: none"> <li>• Key Lines of Enquiry (KLOE)1: Leadership, capacity, capability to deliver high quality sustainable care</li> <li>• KLOE 3: Culture of high quality sustainable care</li> <li>• KLOE 7: Are people who use services, public, staff and external partners engaged and involved to support high quality sustainable services</li> <li>• KLOE 8: Robust systems and processes for learning, continuous improvement and innovation</li> </ul>	
Key Related Documents	<p>Standing Orders (inc Matters Reserved for the Board) Standing Financial Instructions Scheme of Delegations Digital Strategy Board Assurance and Risk Management Framework Quality and Safety Committee Terms of Reference Finance, Performance and Digital Terms of Reference People Committee Terms of Reference Transaction Committee Terms of Reference Audit and Risk Committee Terms of Reference</p>	

<b>Purpose / Objectives:</b>	The Finance, Performance & Digital Committee is a non-statutory Committee established by the Board to provide assurance to the Board on the delivery of the financial aspects of the Trust's annual Operating Plan, including financial strategy and planning, transformation and sustainability, the financial performance of the Trust, and on commercial and procurement activity and contracts, strategic investments and the development of the Trust's digital and estates infrastructure.
<b>Delegated Authority:</b>	<p>The Board of Dudley Integrated Health and Care NHS Trust (the Board) hereby resolves to establish a non-statutory committee of the Board to be known as the Finance, Performance and Digital Committee (the Committee).</p> <p><b>The Committee is an assurance committee</b> and is authorised by the Board to investigate any activity within its terms of reference.</p> <p>It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.</p> <p>The Committee shall be able, in exceptional circumstances, to establish sub-committees and / or task and finish groups for the purpose of addressing specific tasks or areas of responsibility, if approved by the Board. The establishment of sub-committee / or task and finish groups must be approved by the Board and reviewed on an annual basis.</p>
<b>Duties:</b>	<p>The purpose and function of the Committee is to gain assurance, on behalf of the Board:</p> <ul style="list-style-type: none"> <li>• That the strategic financial principles, priorities, risk and performance parameters are aligned and support the Trust's strategic objectives and its long-term sustainability;</li> <li>• That the Trust's degree of exposure to financial risk, and any potential to compromise the achievement of the strategic objectives is being effectively managed;</li> <li>• That reporting on both the financial and operational performance of the Trust is being triangulated against agreed plans, progress and performance measures, reporting on progress to the Board;</li> <li>• That the Trust's resources and assets are being used effectively and efficiently;</li> <li>• On the robustness, credibility and quality of financial management and planning information, which is reviewed and triangulated by the Committee;</li> </ul>

- On the Trust's compliance with current statutory and external reporting standards and requirements, including NHS and Treasury policies and procedures;
- On the development, effective management, and delivery of the Trust's capital programme, and that this is fit for purpose; and
- On the robustness of procurement decisions.

The Committee will provide the Board with advice and support on the development and delivery of the following strategies:

- Capital strategy;
- Investment strategy;
- Estates strategy;
- Infrastructure strategy;
- Commercial strategy;
- Digital information governance and security;
- Information management and technology strategy; and
- Any Trust strategies related to digital infrastructure, cyber and data security.

### **Strategies and Policies**

The Committee will:

- Review the Trust's financial strategy, planning assumptions, and related delivery plans and transformation programmes, and provide informed advice to the Board on their robustness, comprehensiveness and relevance to the Trust's vision, values, strategic objectives and impact;
- Review guidance for the development and delivery of the financial aspects of annual operational, service, and financial planning, including assumptions on revenue, budgets, capital, working and associated targets, and parameters on efficient and effective use of resources;
- Review, and recommend to the Board of Directors, the Annual Financial Plan, including key financial performance indicators, following consultation and engagement with the People and Quality Committees;
- Provide advice and support on significant financial and commercial policies prior to their recommendation for Board approval. This will include policies relating to costing, revenue, capital, working



	<p>capital, treasury management, investments, and benefits realisation;</p> <ul style="list-style-type: none"> <li>Identify learning and development needs arising from the work of the Committee for consideration by the People Committee.</li> </ul> <p><b>Annual Financial Plan</b></p> <p>The Committee will:</p> <ul style="list-style-type: none"> <li>Review the Trust's Annual Financial Plan for recommendation and approval by the Board;</li> <li>Review progress and performance against the approved plan and any significant supporting plans and targets, and analyse the robustness of any corrective action required;</li> <li>Review reports regarding future cost pressures and key financial risk areas;</li> <li>Review the Trust's Balance Sheet, with a particular focus on debtors, creditors, and asset valuations; and</li> <li>Receive and review an overview of financial and service delivery agreements and key contractual arrangements entered into by the Trust.</li> </ul> <p><b>Green Plan</b></p> <p>The Committee will:</p> <ul style="list-style-type: none"> <li>Review progress and performance against the approved plan and any significant supporting plans and targets, and analyse the robustness of any corrective action required; and</li> <li>Review reports regarding key risk to achieving the targets;</li> </ul> <p><b>Risk</b></p> <p>The Committee will receive regular reports of the Board Assurance Framework and Corporate Risk Register, and triangulate the suitability and robustness of risk mitigation plans with regard to their potential impact on strategic risks relevant to the Committee's purpose and function. The Committee will additionally and specifically review the most highly rated risks on the Risk Register and gain assurance around controls, mitigations, and the action planning process.</p> <p><b>Performance and Progress Reporting</b></p> <p>The Committee will:</p> <ul style="list-style-type: none"> <li>Monitor the effectiveness of the Trust's financial and operational performance reporting systems, ensuring that the Board is assured of continued compliance</li> </ul>
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	<p>through its annual reporting processes, reporting by exception where required to the Board;</p> <ul style="list-style-type: none"> <li>• Agree a succinct set of key performance and progress measures relating to the full assurance purpose and function of the Committee, including: <ul style="list-style-type: none"> <li>○ The Trust's strategic financial priorities;</li> <li>○ National performance and statutory targets;</li> <li>○ Consolidated financial performance summaries and related budgets;</li> <li>○ Statement of financial position;</li> <li>○ Working capital performance;</li> <li>○ Cash flow status;</li> <li>○ Progress on capital investment programme;</li> <li>○ Use of resources ratings; and</li> <li>○ Risk mitigation.</li> </ul> </li> <li>• Triangulate progress against these measures and seek assurance around any performance issues identified, including proposed corrective actions;</li> <li>• Provide regular reports to the Board on assurance around key areas of Trust performance, risk, and corrective actions, both retrospectively and prospectively;</li> <li>• Agree a programme of benchmarking activities and reference points to inform the understanding and effectiveness of the Committee and its work;</li> <li>• Be assured of the credibility of sources of evidence and data used for planning and progress reporting to the Committee, and to the Board, in relation to the Committee's purpose and function;</li> <li>• Ensure the alignment and consistency of Board assurances, use of data and intelligence, by working closely with the Audit and Risk Committee, Quality and Safety Committee and People Committee; and</li> <li>• Review the following formal reports to the Board as part of the Annual Cycle of Business: <ul style="list-style-type: none"> <li>○ Annual Financial Report;</li> <li>○ Capital Investment Policy; and</li> <li>○ Scheme of Delegation;</li> <li>○ Standing Orders;</li> <li>○ Standing Financial Instructions; and</li> <li>○ Annual Report and Accounts (Trust and Charity).</li> </ul> </li> <li>• Ensure that systems and processes are in place for the monitoring of performance of all its services, either directly provisioned and or contracted or sub-contracted.</li> </ul> <p><b>Capital, Investments, Acquisitions and Disposals</b> The Committee will:</p>
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- Review the Trust's capital and investment policies against appropriate benchmarks prior to recommendation for Board approval;
- Agree a consistent and robust methodology for the assessment of proposed capital expenditure, acquisitions, joint ventures, equity stakes, major property transactions, mergers, and formal or informal alliances with other Institutions;
- Review project initiation documents for capital schemes over an agreed amount;
- Review business cases and proposals and provide advice to the Board accordingly;
- Assure the Board, on a regular basis, of the effectiveness of, and compliance with, the capital and investment strategies and related policies, including the effective prioritisation of investment decisions, the robustness of processes and rigour of investment decision-making, and report on this as part of the Committee's Annual Report to the Board;
- Monitor the performance of investments, and commission and review reports on the benefits realisation of infrastructure and service improvement investments made; and
- Exercise delegated responsibility on behalf of the Board in line with the Standing Financial Instructions for proposals for acquisition and disposal of assets in accordance with Trust policy.

### **Infrastructure, Estates and Digital**

The Committee will:

- Review the following policies and plans, in order to provide informed and authoritative advice to the Board:
  - estates;
  - infrastructure;
  - digital strategy, including digital, cyber, and data security.
- Oversee that there are robust systems and processes in place to ensure compliance with General Data Protection Regulation (GDPR), Data Confidentiality, Data Protection Act and its related legislation and regulatory frameworks including Freedom of Information, Subject Access Request and all other

	<p>related processes such as management, storage and disposal of medical records and all patient and staff information.</p> <ul style="list-style-type: none"> <li>• Ensure necessary support is provided to the People Committee of the Trust in relation to all staff information that is held on the Trust HR and employment systems.</li> </ul> <p><b>Commercial Strategy</b></p> <p>The Committee will provide support and advice on the development and implementation of the commercial strategy for the Trust.</p> <p><b>Statutory Compliance</b></p> <p>The Committee will:</p> <ul style="list-style-type: none"> <li>• Ensure, on behalf of the Board, that current statutory and regulatory compliance and reporting requirements are met, including compliance with treasury policies and procedures and the appropriate safeguards for security of the Trust's funds;</li> <li>• Ensure the proper reporting of actions deemed 'high-risk' by regulators, or actions with an equity component, which entail a potentially significant risk to reputation or to the stability of the business of the Trust, or which create material contingent liabilities;</li> <li>• Ensure future legislative and regulatory and reporting requirements are identified and appropriate action taken; and</li> <li>• Consider, and recommend for approval by the Board, any proposed changes to Trust Standing Financial Instructions, Standing Orders and Scheme of Delegation.</li> </ul>
<p><b>Membership:</b></p>	<p>The Committee shall be appointed by the Board from amongst its independent, Non-Executive Directors (NEDs) and Executive Directors and shall consist of not less than three members.</p> <p>One of the members will be appointed Chair of the Committee by the Board.</p> <p>If the Committee Chair is absent from the meeting, another Non-Executive Director (NED) will preside as chair.</p> <p><b>Core Membership</b>  Two Non-Executive Directors  Director of Finance, Performance and Digital  Chief Operating Officer</p> <p><b>Attendees</b></p>

	<p>GP Associate Non-Executive Director Associate Director of People Associate Director of Quality and Governance Chief Information Officer Digital Programme Manager Trust Secretary</p> <p>The Director of Finance, Performance and Digital shall act as Executive lead for the Committee and shall attend all meetings</p> <p>The Director of Nursing, Allied Health Professionals (AHPs) and Quality and the Director of Strategy, People and Partnerships shall attend should to support relevant agenda items.</p> <p>Only members of the Committee have the right to attend Committee meetings. Other non-Committee members may be invited to attend and assist the Committee as appropriate, to support particular items being considered and discussed.</p> <p>The Committee may call other Executive Directors, Heads of Service, Professional Leads and any managers, for example Managers of Services and Professional Leads to attend its meetings in furtherance of its duties, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director / manager.</p> <p>The Trust Board may nominate up to two Non-Executive Directors (other than the chair) to attend one meeting of the Committee annually to observe proceedings. The observation of committees by NED shall be subject to conditions agreed by the Trust Board. The Chair of the Committee may in exceptional circumstances exclude the observing NED from being present for specific items.</p>
<b>Quorum:</b>	<p>The Committee shall be deemed quorate if there is a representation of a minimum of two (2) Non-Executive members and one Executive Director or nominated Deputy.</p> <p>Members unable to attend a meeting of the Committee may nominate a deputy to attend on their behalf, agreed with the Chair of the Committee. Nominated deputies shall not count towards the quorum. However the Chair may nominate an alternative NED to as required to avoid delay to decision making if required.</p> <p>A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions delegated to the Committee.</p>
<b>Attendance Requirements:</b>	<p><b>Members are expected to attend all meetings</b> and will be required to provide an explanation to the Chair of the Committee if they fail to attend more than two meetings in a financial year.</p> <p>Only members of the Committee have the right to attend meetings, however, other staff will be invited as necessary.</p>

	<p>Other staff of the Trust will be invited to attend the meeting as appropriate when an issue or policy relating to their area of operation or responsibility is being discussed.</p>
<b>Meetings:</b>	<p><b>The Committee shall meet at least ten (10) times a year and at such other times as the Chair</b>, in consultation with the Trust Secretary, shall consider the frequency in order to allow the Committee to discharge all of its responsibilities.</p> <p>The Chair may at any time convene additional meetings of the Committee to consider business that requires urgent attention.</p> <p>The Committee shall review its own performance, membership and terms of reference annually and shall make any changes it considers necessary.</p>
<b>Monitoring / Reporting:</b>	<p>The Trust Secretary or their nominee shall act as Secretary to the Committee.</p> <p>The Committee will set an annual plan for its work to form part of the Board's Annual Cycle of Business, informed by the Board Assurance Framework, and report to the Board on its progress against this.</p> <p>The agenda will be set in advance by the Chair, with the Trust Secretary and Executive Lead, reflecting the agreed cycle of meetings and business.</p> <p>A full set of agenda and supporting papers will be sent to all members of the Committee, this may be by electronic copy, in advance of the meeting.</p> <p>The Secretary shall minute the proceedings, decisions and actions of all meetings, including the names of those in attendance, and those tendering their apologies and distributed to Committee Members. Subject to the approval of the Chair the minutes may be submitted to the Board of Directors.</p> <p>The Chair will present a report to the Board through the Report of the Chief Executive.</p> <p>The Chair of the Committee shall draw to the attention of the Board or other Directors any issues that require disclosure to the full Board of Directors or require executive action.</p> <p>The Committee will provide an Annual Report to the Board to inform and / or accompany the Trust's Annual Report. This shall include an assessment of compliance with the Committee's Terms of Reference and a review of the work and effectiveness of the Committee.</p> <p>The Terms of Reference shall be reviewed by the Committee and approved by the Board on an annual basis</p>

<b>Relationships with Board and Committees:</b>	<p>All Board Committees need to work collaboratively to discharge the shared responsibility in providing assurance to the Board of Directors. In ensuring all aspects of governance are covered the Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.</p> <p>The Committee shall also make whatever recommendations or refer any matter to any other Committees of the Board and shall in turn consider other matters referred to it by other Committees of the Board.</p>
<b>Equality Statement:</b>	The Committee will ensure that these terms of reference recognises DIHC committed to ensuring that the way we provide services and the way we recruit and treat staff reflects individual needs, promotes equality and does not discriminate unfairly against any particular individual or group and are applied in a fair and reasonable manner that does not discriminate on such grounds as age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race including nationality and ethnicity, religion or belief, sex or sexual orientation.
<b>'Net Zero' Greener NHS Statement:</b>	The Committee will ensure that these terms of reference recognises DIHC commitment to ensuring that the way we provide services is responsible and minimises the impact on the environment e.g. zero waste to landfill, recycling and reuse percentages, commuting and starts to support the reporting of the Trust's annual carbon footprint and progress against Climate Change Act and NHS targets, and on progress against the Green Government Commitments and carbon reduction targets where applicable. Meetings should be minimise travel where possible, printing of papers avoided and document management electronic where ever possible.
<b>Counter Fraud:</b>	In creating these terms of reference, the authors, reviewers and Committee have considered and minimised any risk which might arise from discharging its duties in relations to fraud, theft, bribery or other illegal acts and are assured that the terms of reference are robust enough to withstand evidential scrutiny in the event of a criminal investigation. Where appropriate, they have sought advice from the Trust's Local Counter Fraud Specialist.
<b>Drafted on:</b>	10/02/2021
<b>Author:</b>	Elaine Doyle, Trust Secretary
<b>Reviewed by:</b>	Finance, Performance and Digital Committee
<b>Reviewed on:</b>	07/04/2022
<b>Approved by:</b>	Finance, Performance and Digital Committee
<b>Approved on:</b>	21/04/2022





# People Committee

## Terms of Reference

Document no. Version	Approval Date	Review Date
1.1	26/04/2022	March 2023
<b>Document Owner</b>	Trust Secretary	
<b>Executive lead</b>	Associate Director of People	
<b>Responsible Committee</b>	People Committee	
<b>Ratified by Board / Committee (if applicable)</b>	Public Board March 2021	
<b>Document Supports standards and legislation</b>	<p><b>(reference to any CQC &amp; NHSLA standards supported)</b></p> <p>Annual Governance Statement CQC Well Led Domain specifically on culture, quality improvement and collaborative leadership development:</p> <ul style="list-style-type: none"> <li>• Key Lines of Enquiry (KLOE)1: Leadership, capacity, capability to deliver high quality sustainable care</li> <li>• KLOE 3: Culture of high quality sustainable care</li> <li>• KLOE 7: Are people who use services, public, staff and external partners engaged and involved to support high quality sustainable services</li> <li>• KLOE 8: Robust systems and processes for learning, continuous improvement and innovation</li> </ul>	
<b>Key Related Documents</b>	<p>Standing Orders Standing Financial Instructions Board Assurance and Risk Management Framework Quality and Safety Committee Terms of Reference Finance, Performance and Digital Terms of Reference People Committee Terms of Reference Transaction Committee Terms of Reference Audit and Risk Committee Terms of Reference Equality, Diversity and Inclusion Committee Terms of Reference</p>	

<b>Purpose / Objectives:</b>	<p>The People Committee is a non-statutory Committee established by the Board to monitor, review and report to the Board on the Cultural and Organisational Development of the Trust, and on the strategic performance of people and workforce priorities including the impact of the Trust as a significant employer, educator and partner in health and care.</p> <p>This committee will ensure more systematic and intentional action is taken to tackle the underlying causes of health and workforce inequality and will prioritise action to tackle racism and discrimination experienced by staff across the NHS. It will ensure that Staff Experience is a key priority and ensure that the DIHC is a Great Place to Work.</p>
<b>Delegated Authority:</b>	<p>The Board of Dudley Integrated Health and Care NHS Trust (the Board) hereby resolves to establish a non-statutory committee of the Board to be known as the People Committee (the Committee).</p> <p><b>The Committee is an assurance committee of the Board</b> and is authorised by the Board to investigate any activity within its terms of reference.</p> <p>It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.</p> <p>The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.</p> <p>The Committee shall be able, in exceptional circumstances, to establish sub-committees and / or task and finish groups for the purpose of addressing specific tasks or areas of responsibility, if approved by the Board. The establishment of sub-committee / or task and finish groups must be approved by the Board and reviewed on an annual basis.</p>
<b>Duties:</b>	<p>The purpose and function of the Committee is to gain assurance, on behalf of the Board:</p>

- On the identification of strategic people and workforce priorities for the Trust
- In relation to the organisation's understanding of strategic workforce needs (including well-being, recruitment, retention, development of people, and organisational capacity) and the quality and effectiveness of plans to deliver these priorities
- That the commitments of the NHS Constitution and the stated values of the Trust and standards of behaviour are being practiced throughout the organisation and embedded into the Trust's policies and procedures
- That the approach to all aspects of employment and developing culture in the Trust are informed by relevant and up-to-date research on innovation and evidence - based practice
- That the effectiveness of mitigation of strategic risks relating to the above, as set out in the Corporate Risk Register and Board Assurance Framework, are monitored and escalated as appropriate
- On the Trust's legislative and regulatory compliance as an employer, including anticipation of, and planning for, future requirements
- On the development of staff governance in the organisation, including staff engagement processes, with the Committee acting as the oversight Committee to the HR Collaborative and the Joint Negotiation and Consultation Committee JNCC
- On strategic issues relating to ethics and Duty of Care in the conduct of Trust affairs and to the Trust's Equality duty
- On the impact on workforce of changing professional and organisational practices, including those involved in increased system-based and partnership working (in collaboration with the Quality Committee)

The Committee will agree progress reporting and information requirements relating to its remit on behalf of the Board of Directors and will oversee the resulting performance. This will focus on 4 key priorities:

- Focus of activities and initiatives aimed at reducing the risks relating to workforce supply productivity, planning and redesign
- Ensuring Equity and Inclusion is embedded in the Trust culture
- That the workforce development strategy is aligned with the Trust Clinical services Strategy and pathway redesign so that workforce implications are centrally co-ordinated.

	<ul style="list-style-type: none"> <li>• Approval and support of relevant external funding bid</li> </ul> <p>The Committee will also ensure it monitors progress in:</p> <ul style="list-style-type: none"> <li>• Staff transfers as part of any future DIHC Expansion</li> <li>• Supporting the development of the Partial and Full PC Integration Agreements</li> <li>• Staff Experience and Engagement during transfer</li> <li>• Civility and Respect – Ensuring Inclusion in all aspects of managing teams</li> <li>• Developing leadership capability</li> <li>• Talent management</li> <li>• Health and Well-being of staff, including update of annual vaccines such as Flu vaccine uptake) and Risk Assessment of vulnerable staff</li> <li>• Reporting and monitoring of staff turnaround</li> <li>• Cases of bullying and harassment and its management</li> <li>• Staff related incident reporting</li> <li>• Counter fraud related matters, which will be coordinated in conjunction with the Finance and Performance Committee</li> </ul> <p>The Committee shall review the arrangements in place for requirements of the Freedom to Speak Up and ensure that a designated officer and arrangements are in place allowing staff to raise, in confidence, any concerns about possible improprieties in financial, quality of care or safety matters and ensure that any such concerns are investigated proportionately and independently and the committee receives quarterly reports on the progress of investigations.</p> <p>Review the arrangements for the conduct of the Annual Staff Survey and review any resulting action plans to address the outcomes.</p> <p><b>People Strategy and Policies</b></p> <p>The Committee will:</p> <p>Ensure the Committee's priorities and workplan reflect those within the National People Plan and part of the Long Term Plan (LTP)</p> <p>Assess the strategic priorities and investments needed to support the knowledge, skills and capacity of the people in the Trust (human capital), and advise the Board accordingly</p> <p>Oversee the development of the Trust's Workforce Strategy</p>
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	<p>Review the Trust's Leadership Development Strategy, Education and Workforce Development Strategy and Apprenticeship Strategy, and related delivery plans and programmes, providing informed advice to the Board on their robustness, comprehensiveness and relevance to the Trust's vision, values, strategic objectives and impact</p> <p>Provide advice and support on the development of significant people-related policies prior to final approval</p> <p>Review the Trust's suite of people-related policies against benchmarks to ensure that they are comprehensive, up-to-date, and reflect best practice particularly post TUPE harmonisation</p> <p>Review strategic intelligence, research evidence on people and work, and distil their relevance to the Trust's strategic priorities (including, where necessary, commissioning research to inform its work) relating to:</p> <ul style="list-style-type: none"> <li>• The impact of changing working practices</li> <li>• The potential and impact of technology on working lives</li> <li>• Models of employment practice drawn from multiple sectors</li> <li>• Organisational and work design</li> <li>• Incentives and rewards</li> <li>• Developments and best practice in delivery of education, training and development</li> <li>• National, regional and local workforce and population trends</li> <li>• Other dynamics affecting the future development of the health and care workforce</li> </ul> <p>Be assured of the integrity of the Trust's processes and procedures relating to the introduction of new clinical roles (in conjunction with the Quality Committee)</p> <p>Review the development and effective use of shared intelligence and data with partners on local health and care skills to shape the growth of future capacity.</p> <p><b>Risk</b></p> <p>The Committee will:</p> <p>Receive the Corporate Risk Register and review the suitability and robustness of risk mitigation plans with regard to their potential impact on strategic risks relevant to the Committee's purpose and function.</p>
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Ensure systems and processes are in place to provide assurance that all staff related incidents are reported and managed including health and safety, staff concerns, cases of bullying and harassment, lone working, counter fraud etc.

### **Culture, Staff Experience and Engagement**

The Committee will:

Oversee the coherence and comprehensiveness of the ways in which the Trust engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications, to the Board of Directors.

Act as the oversight Committee for the coherence and alignment of different codes of personal and professional behaviour and conduct, covering all permanent and temporary staff acting in the name of, or on the business of, the Trust.

Take a leadership role on behalf of the Board of Directors on:

- Securing positive progress on equality and diversity, including shaping and setting direction, monitoring progress and promoting understanding inside and outside the Trust
- Evaluating the impact of work to promote the values of the organisation and of the NHS Constitution
- Promoting staff engagement and partnership working; and
- Developing a consistent working environment where people feel safe and able to raise concerns, and where bullying and harassment are visibly and effectively addressed.

### **Organisational capacity**

The Committee will:

Ensure the systems, processes and plans used by the Trust have integrity and are fit for purpose in the following areas:

- Strategic approach to growing the knowledge, skills and capacity of the people (human capital) in the Trust
- Analysis and use of sound workforce, employment and demographic intelligence
- The planning of current and future workforce capacity
- Effective recruitment and retention
- The staff appraisal process

- The staff wellbeing programme
- New models of care and roles
- Flexible working
- Identification of urgent capacity problems and their resolution
- Sickness absence
- Continuous development of personal and professional skills
- Talent management

Review the productivity of permanent and temporary staff, including the effectiveness and efficiency of their deployment, the best use of skills, and the flexibility and maturity of working practices in the Trust

Consider the coherence and pace of Trust plans to secure the benefits for the Trust and its staff from:

- Transformational change, service redesign and pathways of care
- New and innovative ways of working
- Use of tools and technology
- Opportunities for changing practices and skills across traditional professional boundaries
- Joint working with partners both in health and social care and other sectors; and
- The value of apprenticeships

Review plans for ensuring the development of leadership and management capacity, including the Trust's approach to succession planning.

### **Education and Training**

The Committee will:

Review the Trust's current and future educational and training needs to ensure they support the strategic objectives of the organisation in the context of the wider health and care system;

Review the Trust's strategic contribution to the development of the health and care workforce;

Secure the necessary assurances about the Trust's compliance with the practice requirements of professional and regulatory bodies for all staff;

Ensure that there is an effective induction programme in place for the Board members and Non-Executive Directors (NEDs);

Ensure that there is a detailed programme of corporate and local induction for all staff (permanent/contracted/seconded/interns etc) is in place and there are processes in place to monitor progress of staff receiving appropriate induction at the time of joining the Trust.

### **Communications**

The Committee will:

Provide advice and support on the development of the Trust's engagement and communications strategies and related programmes of work, and review the effectiveness of internal communications and engagement;

Ensure engagement and consultation processes with staff, stakeholders and communities both reflect the ambition and values of the Trust and also meet statutory requirements;

Agree and oversee a credible process for assessing, measuring and reporting on the reputation of the organisation as an employer and workplace of choice;

Review the appropriateness and effectiveness of stakeholder and partnership development in supporting strategic goals and programmes of work related to the purpose and function of the People Committee, and report to the Board accordingly.

### **Ethics**

The Committee will act as the guardian of ethical practices in the organisation, escalating issues of concern to the Board. This role will be fulfilled in collaboration with the Quality and Safety Committee and reflected in the cycle of business and agenda setting of both committees.

### **Performance and Progress Reporting**

The Committee will:

Establish a succinct set of key performance and progress measures relating to the full purpose and function of the Committee, including:

- The Trust's strategic priorities on people
- National performance targets
- Organisational culture



	<ul style="list-style-type: none"> <li>• Workforce utilisation</li> <li>• Staff health and well-being</li> <li>• Strategic communications</li> </ul> <p>Review progress against these measures, and their impact, and seek assurance around any performance issues identified, including proposed corrective actions</p> <p>Agree a programme of benchmarking activities to inform the understanding of the Committee and its work</p> <p>Be assured of the credibility of sources of evidence and data used for planning and progress reporting to the Committee, and to the Board in relation to the Committee's purpose and function</p> <p>Ensure alignment of the Board assurances and consistent use of data and intelligence, by working closely with the Audit Committee, Quality Committee and Finance Committee</p> <p>Review and shape the quality-related content of the bi-monthly Integrated Performance Report to the Board</p> <p>Review the following formal reports to the Board of Directors as part of the Annual Cycle of Business:</p> <ul style="list-style-type: none"> <li>• Annual People Report</li> <li>• Annual Report on Safeguarding</li> <li>• Equality and Diversity Annual Report</li> <li>• WRES and DES returns and associated action plan</li> <li>• Gender and Ethnicity pay gap</li> <li>• Fit and Proper Persons Test</li> <li>• Trade Union Facility</li> <li>• Slavery Act</li> <li>• Staff Health Safety and Security</li> </ul> <p><b>Statutory Compliance</b></p> <p>Ensure, on behalf of the Board of Directors, that current statutory and regulatory compliance and reporting requirements are met:</p> <ul style="list-style-type: none"> <li>• Standards of professional conduct and practice (including consideration of Professional and Leadership Behaviours, the Standards of Business Conduct Policy, and The Nolan Principles)</li> <li>• Freedom to Speak Up Guardian</li> <li>• Guardian of Safe Working Hours</li> </ul>
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	<ul style="list-style-type: none"> <li>• Equality and Diversity Act</li> <li>• Disability Discrimination Act</li> <li>• Health and Safety at Work</li> <li>• Consultation on service change</li> </ul> <p>Ensure future legislative and regulatory requirements, which are to be placed on the Trust as an employer, are identified and appropriate action taken.</p>
<b>Membership:</b>	<p>The Committee shall be appointed by the Board from amongst its independent, Non-Executive Directors (NEDs) and Executive Directors and shall consist of not less than three members.</p> <p>One of the members will be appointed Chair of the Committee by the Board.</p> <p>The Chair of the Committee will also take the role of Health and Wellbeing champion for the Board.</p> <p>If the Committee Chair is absent from the meeting, another Non-Executive Director (NED) will preside as chair.</p> <p><b>Core Membership</b>  Associate Director of People  Director of Nursing, Allied Health Professionals (AHPs) and Quality  Medical Director  Director of Strategy, People and Partnerships  Trust Secretary</p> <p><b>Attendees</b>  Heads of Service  Head of Communications and Engagement</p> <p>The Chair should not be a member of the Committee but shall have the right to attend any of the meetings.</p> <p>The Chief Executive, as the Trust's Accountable Officer, shall have the right to attend the Committee all meetings.</p> <p>The Director of Strategy, People and Partnerships shall act as Executive lead for the Committee and shall attend all meetings</p> <p>Otherwise, only members of the Committee have the right to attend Committee meetings. Other non-Committee members may be invited to attend and assist the Committee as appropriate, to support particular items being considered and discussed.</p> <p>The Committee may call other Executive Directors, Heads of Service, Professional Leads and any managers, for example</p>

	<p>Managers of Services and Professional Leads to attend its meetings in furtherance of its duties, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director / manager.</p> <p>The Trust Board may nominate up to two Non-Executive Directors (other than the chair) to attend one meeting of the Committee annually to observe proceedings. The observation of committees by NED shall be subject to conditions agreed by the Trust Board. The Chair of the Committee may in exceptional circumstances exclude the observing NED from being present for specific items.</p>
<b>Quorum:</b>	<p>The Committee shall be deemed quorate if there is a representation of a minimum of two (2) Non-Executive members and one Executive Director or nominated Deputy.</p> <p>Members unable to attend a meeting of the Committee may nominate a deputy to attend on their behalf, agreed with the Chair of the Committee. Nominated deputies shall not count towards the quorum. However the Chair may nominate an alternative NED to as required to avoid delay to decision making if required.</p> <p>A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions delegated to the Committee.</p>
<b>Attendance Requirements:</b>	<p>Members are expected to attend all meetings and will be required to provide an explanation to the Chair of the Committee if they fail to attend more than two meetings in a financial year.</p> <p>Only members of the Committee have the right to attend meetings, however, other staff will be invited as necessary.</p> <p>Other staff of the Trust will be invited to attend the meeting as appropriate when an issue or policy relating to their area of operation or responsibility is being discussed.</p>
<b>Meetings:</b>	<p>The Committee shall meet a minimum of eight times a year and at such other times as the Chair, in consultation with the Trust Secretary, shall consider the frequency in order to allow the Committee to discharge all of its responsibilities.</p> <p>The Chair may at any time convene additional meetings of the Committee to consider business that requires urgent attention.</p> <p>The Committee shall review its own performance, membership and terms of reference annually and shall make any changes it considers necessary.</p>
<b>Monitoring / Reporting:</b>	<p>The Trust Secretary or their nominee shall act as Secretary to the Committee.</p>

	<p>The Committee will set an annual plan for its work to form part of the Board's Annual Cycle of Business, informed by the Board Assurance Framework, and report to the Board on its progress against this.</p> <p>The agenda will be set in advance by the Chair, with the Trust Secretary and Executive Lead, reflecting the agreed cycle of meetings and business.</p> <p>A full set of agenda and supporting papers will be sent to all members of the Committee, this may be by electronic copy, in advance of the meeting.</p> <p>The Secretary shall minute the proceedings, decisions and actions of all meetings, including the names of those in attendance, and those tendering their apologies and distributed to Committee Members. Subject to the approval of the Chair the minutes may be submitted to the Board of Directors.</p> <p>The Chair will present a report to the Board through the Report of the Chief Executive.</p> <p>The Chair of the Committee shall draw to the attention of the Board or other Directors any issues that require disclosure to the full Board of Directors or require executive action.</p> <p>The Committee will provide an Annual Report to the Board to inform and / or accompany the Trust's Annual Report. This shall include an assessment of compliance with the Committee's Terms of Reference and a review of the work and effectiveness of the Committee.</p> <p>The Terms of Reference shall be reviewed by the Committee and approved by the Board on an annual basis</p>
<b>Relationships with Board and Committees:</b>	<p>All Board Committees need to work collaboratively to discharge the shared responsibility in providing assurance to the Board of Directors. In ensuring all aspects of governance are covered the Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.</p> <p>The Committee shall also make whatever recommendations or refer any matter to any other Committees of the Board and shall in turn consider other matters referred to it by other Committees of the Board.</p>
<b>Equality Statement:</b>	<p>The Committee will ensure that these terms of reference recognises DIHC committed to ensuring that the way we provide services and the way we recruit and treat staff reflects individual needs, promotes equality and does not discriminate unfairly against any particular individual or group and are applied in a fair and reasonable manner that does not discriminate on such grounds as age, disability, gender re-assignment, marriage and civil</p>

	partnership, pregnancy and maternity, race including nationality and ethnicity, religion or belief, sex or sexual orientation.
<b>Sustainability 'Net Zero NHS' Statement:</b>	The Committee will ensure that these terms of reference recognises DIHC commitment to ensuring that the way we provide services is responsible and minimises the impact on the environment e.g. zero waste to landfill, recycling and reuse percentages, commuting and starts to support the reporting of the Trust's annual carbon footprint and progress against Climate Change Act and NHS targets, and on progress against the Green Government Commitments and carbon reduction targets where applicable. Meetings should be minimise travel where possible, printing of papers avoided and document management electronic where ever possible.
<b>Counter Fraud:</b>	In creating these terms of reference, the authors, reviewers and Committee have considered and minimised any risk which might arise from discharging its duties in relations to fraud, theft, bribery or other illegal acts and are assured that the terms of reference are robust enough to withstand evidential scrutiny in the event of a criminal investigation. Where appropriate, they have sought advice from the Trist's Local Counter Fraud Specialist.
<b>Drafted on:</b>	07/02/2021
<b>Author:</b>	Elaine Doyle, Programme Manager
<b>Reviewed by:</b>	People Committee
<b>Reviewed on:</b>	07/0/2022
<b>Approved by:</b>	People Committee
<b>Approved on:</b>	26/04/2022



## Audit and Risk Committee Self-Assessment

<b>Establishment, Composition, Organisation, Resources and Duties:</b>	1. The terms of reference clearly, adequately & realistically set out the Committee's role and nature and scope of its responsibilities in accordance with the latest NHS guidance and have been approved by the Committee and the full Board of Directors.	Strong	No change in Terms of Reference (ToR) proposed for this year and the ToR are fully compliant with HFMA, FRC, NHSEI Audit Committee Standards
	2. The Board was active in its consideration of Audit and Risk Committee composition, including the designation or consideration of an "audit committee financial expert." (At least one committee member should have a financial background).	Strong	Membership includes highly experienced and qualified financial accountant as Chair of Committee.
	3. The Committee's actions reflect independence from management, ethical behaviour, adherence to good practice guidance and the best interests of the Trust and its stakeholders.	Strong	The papers demonstrate the independence and level of scrutiny of the committee.
	4. The Committee reports to the Board of Directors (throughout the year and in its annual report) demonstrate compliance with its terms of reference and provides the Board of Directors with assurance on the effective operation of systems and procedures within the Trust.	Strong	Assurance reports are received by the board and minutes are reviewed with key issues escalated and shared with committees. BAF and Risk Management recommended by A&R to board before approval. Annual Report &

## Audit and Risk Committee Self-Assessment

	5. Are the terms of reference reviewed annually to take into account governance developments (including integrated governance principles) and the remit of other Committees within the organisation?	Yes	Accounts approved by this committee.  Terms of Reference reviewed as part of the effectiveness review.
	6. Are changes to the Committee's current and future workload discussed and approved at Board level?	Yes	Updated CoB presented at the April meeting.
	7. Are Committee members independent of the management team?	Yes	Non-Executive Members
<b>Oversight of the Financial Reporting Process, Compliance with NHS regulations and legislation and Internal Control:</b>	1. Is the Committee's role in the approval of the Annual Accounts clearly defined and complementary to the Board of Directors?	Yes	Duties and delegated authority as defined by the terms of reference.
	2. Does the Board of Directors ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge both line management and auditors on critical and/or sensitive matters?	Yes	Selection process for NED members includes assessment of appropriate skills and experience and are appointed to contribute through their individual portfolios of committee. Financially qualified and experienced Chair of committee appointed.



## Audit and Risk Committee Self-Assessment

<b>Audit Oversight</b>	1. There is appropriate consideration of independent assurance reports (from a variety of sources), management response, and improvement actions.	Yes	The committee receive assurance reports from External and Internal audit, including Counter Fraud and additional assurance reports from the Executive Directors and Heads of Service.
	2. The Board of Directors is clearly sighted on the issues that arise which require action by the organisation.	Adequate	Strong triangulation of assurances with Chair of Audit and Risk Committee regularly attending other committees and items escalated where appropriate.
<b>Overall Evaluation</b>	<b>What is the overall assessment of the performance of the Audit Committee?</b>		
	<p>Proposed rating - Strong</p> <p>Oversight of the key assurance and compliance processes, including scrutiny of the development new systems and processes is evident through the committee papers and minutes.</p> <p>Future priorities of the committee will include continued oversight of assurance agenda for the Trust and steering the development of the wider assurance programme.</p> <p>Relationships with other committees and Boards are good, supported by conscious membership mix of Non-Executive Directors and Executive Directors between the committees and the Board being well-developed in working as a unitary board.</p>		
<b>Drafted on:</b>	12 April 2022		

## Audit and Risk Committee Self-Assessment

<b>Author:</b>	Elaine Doyle, Trust Secretary
<b>Approved on:</b>	25 <sup>th</sup> April 2022
<b>Approved by:</b>	David Gilbert, Non-Executive Director, Chair of Audit and Risk Committee

## Finance, Performance & Digital Committee Self-Assessment

Establishment, Composition, Organisation, Resources and Duties:	Questions	Response	Supporting Comments
	1. The Terms of Reference (ToR) clearly, adequately & realistically set out the Committee's role and nature and scope of its responsibilities.	Strong	Terms of Reference
	2. Have the Terms of Reference been approved by the Committee and the Board of Directors?	Yes – March 2021	Part of Board and Committee Effectiveness and will be approved in May 22.
	3. The Board was active in its consideration of Committee composition, including at least one committee member with relevant and recent financial background.	Yes	Membership includes qualified financial persons.
	4. The Committee been provided with sufficient membership, authority and resources to perform its role effectively?	Yes	
	5. The Committee regularly reports to the Board of Directors demonstrate compliance with its Terms of Reference.	Yes	Monthly NED Assurance Reports received at Board and minutes shared in Private session.
	6. Are the Terms of Reference reviewed annually to take into account governance developments (including integrated governance principles) and the remit of other Committees within the organisation?	Yes	Terms of Reference reviewed as part of the effectiveness review.

## Finance, Performance & Digital Committee Self-Assessment

	7. Are changes to the Committee's current and future workload including the Committee's Cycle of Business (CoB) discussed and approved at Board level?	Yes	Updated CoB presented at the April meeting.
	8. Are Committee members independent of the management team?	Yes	Members have relevant, recent, professional financial knowledge and experience.
	9. Are members, particularly those new to the Committee, provided with training?	Yes	Complete review of the cycle of business has been undertaken and statutory and regulatory compliance reports including annual reporting responsibilities now included and scheduled throughout the year. CoB and ToR have been benchmarked with Outstanding provider and specialist Trusts. Committee meets monthly with agenda that ensures that all areas within the ToR and CoB are scheduled appropriately to maintain oversight and assurance.
	10. Does the Committee have sufficient capacity and information to maintain a clear oversight of any relevant Financial Strategy or Digital Strategy?	Yes	Digital Board reports received by the committee and financial performance reported monthly and recommends approval of financial plans through to Board. Delegated authority received for approval of financial plans for 2022/23 due to submission deadlines.
	11. Does the Committee meet the appropriate number of times to deal with planned matters?	Yes	Monthly meetings scheduled and when they have been stood down during covid financial performance was shared and Director and NED meeting arranged to discuss performance.

## Finance, Performance & Digital Committee Self-Assessment

	12. Minutes and actions are received in a timely manner after Committees and supporting papers circulated in advance and in good time for due consideration?	Yes	Papers issued inline with availability of financial performance and minutes approved with little amendments.
	13. Does the Committee assess its own effectiveness annually?	Yes	Committee reviews scheduled annually as part of the wider Board and Committee Effectiveness Reviews.
<b>Oversight of the Reporting Processes and Compliance with NHS regulations and legislation (where applicable and relevant):</b>	1. The Finance, Performance and Digital Committee's role in the scrutiny of the Trust's financial performance clearly defined?	Yes	Duties are clearly defined in the ToR and reflected in the CoB.
	2. Does the Board of Directors ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge Executives on critical and/or sensitive matters?	Yes	Selection process for Non-Executive Directors (NEDs) includes appropriate skills and experience and NED contribute through individual portfolios.
	3. Is the Committee's role in the Board Assurance Framework (BAF) and risk management process clear and defined and regularly reviewed?	Yes	BAF and Risk Management integrated and reviewed monthly by Committee. Internal Audit review of BAF being undertaken, outcome to be reported shortly.
	4. Does the Committee prepare an annual report on its work and performance in the preceding year for consideration by the Board?	Yes	The Committee Effectiveness Review will be reported to Board as part of the forward planning work.

## Finance, Performance & Digital Committee Self-Assessment

	5. Does the Annual Report and Accounts of the Trust include a description of the Committee's establishment, composition and activities?	Yes	The work of the committee will be referenced in the Annual Governance Statement and the Annual Report. Annual report and Accounts approved by the Audit and Risk Committee.
	6. Committee has a mechanism to keep it aware of legal and regulatory issues?	Yes	Reports from members, and independent consultants.
	7. Committee reviews the financial and digital policies and procedures of the Trust, within its responsibilities?	Yes	Policies are reviewed as required, this is supported by inclusion of a standing item on Policies and Procedures including the progress to be made on the harmonisation will be received going forward.
	8. Has the committee overseen relevant policies, specifically in relation to, information governance, use of clinical data, patient identifiable information to ensure that this in accordance with all relevant legislation and guidance including GDPR, Data Protection and Caldicott Guidelines.	Yes	Policies will be submitted as necessary. Caldicott Guardian is Medical Director and is joint Executive lead of the Committee. The committee is supported by reports from the Information Governance Group and Policy and Procedures Development Group and is Information Governance Lead and is an attendee.
<b>Assurances and Triangulation of Information</b>	1. There is appropriate consideration of independent assurance reports (from a variety of sources), management response, and improvement actions.	Adequate	The F,P&D Committee receives performance data from a variety of sources including those provided a service level agreement with business partners where those services are provided externally. The CSU provides the business intelligence resource and data quality and development of service level performance reporting. Development of the NED Visits

## Finance, Performance & Digital Committee Self-Assessment

			schedule will support triangulation of data and ensuring confidence in ensuing what is being reported at Board is reflected at service level. Internal Audit reviews are reported along with supporting management responses and actions,
	2. Has the Committee ensured that all statutory and regulatory elements of financial governance are adhered to within the Trust?	Yes	Yes and reflected in the Cycle of Business.
	3. The Committee is clearly sighted on the issues that arise which require action by the organisation.	Yes	As demonstrated through the Committee papers and minutes.
	4. Does the Committee receive the right information to undertake its role.	Yes	As demonstrated through the Committee papers and minutes.
	5. Does the Committee review whether the reports it receives from Executives and sub-groups are timely, in the correct format, within the relevant content to ensure its responsibilities are discharged?	Yes	As demonstrated through the Committee papers and minutes.
	6. Has the Committee considered matters referred to it by the Board or other Committees of the Board?	Yes	As demonstrated through the Committee papers and minutes.
	7. Has the Committee referred matters to the Board or any of the other Committees of the Board?	Yes	As demonstrated through the Committee papers and minutes.

## Finance, Performance & Digital Committee Self-Assessment

	8. Has the Committee made recommendations to the Audit and Risk Committee concerning the annual programme of Internal Audit work, to the extent that it applies to matters within its terms of reference?	No	
<b>Overall Evaluation</b>	<b>What is the overall assessment of the performance of the Finance, Performance and Digital Committee?</b>		
	<p>Proposed Rating Strong</p> <p>The Finance, Performance and Digital Committee has developed quickly in its maturity, supported by terms of reference and cycle of business reflecting a balanced programme of work that will enable the committee to keep to its purpose of supporting service improvement and transformation of governance whilst maintain an arm's length oversight of performance management and firm assurances on adherence to regulation and statutory requirements through clinical governance arrangements.</p> <p>Oversight of the Digital Strategy and Programme of Work, including implementation of EMIS, IT policy development and the safe landing of services including School Nursing Service and been strong, including receiving separate assurance reports and regular reports from the work of the Digital Board. This has included revision on the Digital Strategic Plan based on three priorities partnership working and integration, integration digital / it services and improved technology and systems to support internal services and workforce.</p> <p>The committee considered legal and financial due diligence in supporting Board in its decision making such as with Chapel Street making recommendation to Board where required.</p> <p>Digital Board and Information Governance Group reports into this committee.</p> <p>Future priorities of the committee will include continued oversight of financial performance, leading the agenda for the Trust and directing the Development of Business Intelligence and the digital safe landing of future services. Assurances to support</p>		



## Finance, Performance & Digital Committee Self-Assessment

Development of Business Intelligence and Data Quality will need to be strengthened to ensure cohesion of reported information throughout the Committees.

Relationships with other committees and Boards are good, supported by conscious membership mix of Non-Executive Directors and Executive Directors between the committees and the Board being well-developed in working as a unitary board.

<b>Drafted on:</b>	07/04/2022
<b>Author:</b>	Elaine Doyle, Trust Secretary
<b>Approved on:</b>	21 <sup>st</sup> April 2022
<b>Approved by:</b>	Ian Buckley, Non-Executive Director and Chair of Finance, Performance & Digital Committee

## People Committee Self-Assessment

Establishment, Composition, Organisation, Resources and Duties:	Questions	Response	Supporting Comments
	1. The Terms of Reference (ToR) clearly, adequately & realistically set out the Committee's role and nature and scope of its responsibilities.	Strong	Terms of Reference
	2. Have the Terms of Reference been approved by the Committee and the Board of Directors?	Yes – March 21	Part of Board and Committee Effectiveness and will be approved in May 2022.
	3. The Board was active in its consideration of Committee composition, including at least one committee member with relevant and recent human resource and organisational development background.	Yes	Membership includes People Partner and F2SU Guardian.
	4. The Committee been provided with sufficient membership, authority and resources to perform its role effectively?	Yes	
	5. The Committee regularly reports to the Board of Directors demonstrate compliance with its Terms of Reference.	Yes	Monthly NED Assurance Reports received at Board and minutes shared in Private session.
	6. Are the Terms of Reference reviewed annually to take into account governance developments (including integrated governance principles) and the remit of other Committees within the organisation?	Yes	Terms of Reference reviewed as part of the effectiveness review.

## People Committee Self-Assessment

	7. Are changes to the Committee's current and future workload including the Committee's Cycle of Business (CoB) discussed and approved at Board level?	Yes	Updated CoB presented at the April meeting.
	8. Are Committee members independent of the management team?	Yes	
	9. Are members, particularly those new to the Committee, provided with training?	Yes	Complete review of the cycle of business has been undertaken and statutory and regulatory compliance reports including annual reporting responsibilities now included and scheduled throughout the year. CoB and ToR have been benchmarked with Outstanding provider and specialist Trusts. Committee meets monthly with agenda that ensures that all areas within the ToR and CoB are scheduled appropriately to maintain oversight and assurance.
	10. Does the Committee have sufficient capacity and information to maintain a clear oversight of any relevant Workforce Strategy in its aim to prioritise Staff Experience' and the trust is a 'Great Place to Work'?	Yes	Equality, Diversity and Inclusion reports, Workforce Performance reports and Staff Wellbeing reports received monthly by the committee. 'You Said We Did' communications circulated to staff drawn from feedback action plan from the staff away day.

## People Committee Self-Assessment

	11. Does the Committee meet the appropriate number to times to deal with planned matters?	Yes	Monthly meetings scheduled.
	12. Minutes and actions are received in a timely manner after Committees and supporting papers circulated in advance and in good time for due consideration?	Yes	Minutes are agreed in meeting with little or no revisions and papers are circulated in advance.
	13. Does the Committee assess its own effectiveness annually?	Yes	Committee reviews scheduled annually as part of the wider Board and Committee Effectiveness Reviews.
<b>Oversight of the Reporting Processes and Compliance with NHS regulations and legislation (where applicable and relevant):</b>	1. Does the Board of Directors ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge Executives on critical and/or sensitive matters?	Yes	Selection process for Non-Executive Directors (NEDs) includes appropriate skills and experience and NED contribute through individual portfolios.
	2. Is the Committee's role in the Board Assurance Framework (BAF) and risk management process clear and defined and regularly reviewed?	Yes	BAF and Risk Management integrated and reviewed monthly by Committee.
	3. Does the Committee prepare an annual report on its work and performance in the preceding year for consideration by the Board?	Yes	The Committee Effectiveness Review will be reported to Board as part of the forward planning work.

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	4. Does the Annual Report and Accounts of the Trust include a description of the Committee's establishment, composition and activities?	Yes	Will be included in the 2021 to 22 Annual Report.
	5. Committee has a mechanism to keep it aware of legal and regulatory issues.	Yes	Attendance at the Committee of Associate Director of People, Senior Contracts Managers & F2SU Guardian and Trust Secretary supported by CoB and Executive Director's HR report.
	6. Committee reviews the policies and procedures of the Trust, within its responsibilities.	Yes	Policies are reviewed as required; this is supported by inclusion of a standing item on Policy Update including the progress to be made on the harmonisation will be received going forward.
<b>Assurances and Triangulation of Information</b>	1. There is appropriate consideration of independent assurance reports (from a variety of sources), management response, and improvement actions.	Adequate	
	2. The Committee is clearly sighted on the issues that arise which require action by the organisation.	Yes	Communication and engagement is a strength and is supported by formal governance structures, meetings and membership of committees and working groups.
	3. Does the Committee receive the right information to undertake its role.	Yes	As demonstrated through the Committee papers and minutes.

## People Committee Self-Assessment

	4. Has the Committee contributed to Trust-wide priorities, including financial and non-financial priorities?	Yes	Strategic decisions discussed, and cost benefit of In-House Recruitment analysed.
	5. Does the Committee review whether the reports it receives from Executives and sub-groups are timely, in the correct format, within the relevant content to ensure its responsibilities are discharged?	Yes	As demonstrated through the Committee papers and minutes.
	6. Has the Committee considered matters referred to it by the Board or other Committees of the Board?	Yes	As demonstrated through the Committee papers and minutes.
	7. Has the Committee referred matters to the Board or any of the other Committees of the Board?	Yes	As demonstrated through the Committee papers and minutes.
	8. Has the Committee made recommendations to the Audit and Risk Committee concerning the annual programme of Internal Audit work, to the extent that it applies to matters within its terms of reference?	No	
	9. Has the Committee developed links with stakeholder, staff and service user representative groups?	Yes	Numerous employee engagement events have been set up such as Staff surveys, 'Friday Round Up' emails, Staff away day and staff feedback action plan, mindfulness session and Staff Awards

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	10. Has the Committee monitored progress against the Annual Staff Survey, for relevant services and developed and monitored staff experience for all staff?	Yes	
<b>Overall Evaluation</b>	<b>What is the overall assessment of the performance of the People Committee?</b>		
	<p>Proposed Rating Strong</p> <p>The People Committee has developed quickly in its maturity, supported by terms of reference and cycle of business reflecting a balanced programme of work that will enable the committee to develop both its future agendas and ensure discharge of its responsibilities as defined by the Terms of Reference.</p> <p>Oversight of the development of the EDI Strategy, successful transfer for School Nursing Services and Future Proof Health staff, implementation of Datix for incident management, In-house recruitment, and staff engagement activities. Achievements in the People Strategy include safe landing for 300 staff, a range of HR tools and policies which have been developed, development of ESR system etc. People's Strategy is presented with the key focus of: Putting people first, Enabling and supporting staff, simplifying what can be complex and to be Accountable for own actions</p> <p>The Equality, Diversity and Inclusion Committee reports into this committee.</p> <p>Relationships with other committees and Boards are good, this is in the main due to the conscious membership mix of Non-Executive Directors and Executive Directors between the committees and the Board being well-developed in working as a unitary board.</p> <p>Future priorities of the Committee will include continued Organisational Development for the Trust and directing the programmes of change, transfers, recruitments, engagement and communication and the safe landing of any potential future services.</p>		
<b>Drafted on:</b>	07/04/2022		

## People Committee Self-Assessment

<b>Author:</b>	Elaine Doyle, Trust Secretary
<b>Approved on:</b>	26 <sup>th</sup> April 2022
<b>Approved by:</b>	Martin Evans, Non-Executive Director and Chair of People Committee