NHS
Dudley Integrated Health and Care
NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TUESDAY 5th July 2022
09:30– 13:00

The Drawing Room, Himley Hall, Himley Rd, Himley, Dudley DY3 4DF

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 who will provide details and guidance on observing the meeting. Should you wish to ask a question about the issues on the Board Agenda please send your question prior to the meeting. The papers, minutes and any questions and answers to the items on the Board Agenda will be published on the DIHC website.

Item No	Agenda Item			Presented by	Time
Formalities: to declare the meeting open, quorate and in accordance with the standing orders:					
1.	**Chair's Welcome**		Verbal	Mr H Turner	09:30
	1.1 Apologies	To Receive	Verbal	Mr H Turner	
	1.2 Declarations of Interest	To Receive	Verbal	Mr H Turner	
	1.3 Board of Directors' Register of Interests	To Receive	Enc 1.3	Mr H Turner	
	1.4 Public Board Minutes – meeting held on 7th June 2022	For Approval	Enc 1.4	Mr H Turner	
	1.5 Action Register and Matters Arising	For Approval	Enc 1.5	Mr H Turner	
2.	**Service Story** 2.1 Listening & Guidance Social Prescribers & Lead Dietitian	For Information	Verbal	Clare Bugg/ Kayennat Toofany	09.40
3.	**Standing Items**				10:05
	3.1 Chair's Update	For Information	Verbal	Mr H Turner	
	3.2 Chief Executive's Report	For Information	Enc 3.2	Ms P Harris	
	3.3 Agenda for Part Two – Private Board	For Information	Enc 3.3	Mr H Turner	
Delivering and Driving DIHC Strategy					
4.	**4.1 High Oak Consultation Update**	For Information	Enc 4.1	Mr P King	10:15

	4.2 Clinical Audit Strategy	For Information	Enc 4.2	Dr L Martin	
Our Services					
5.	**Board Assurance Framework and Corporate Risk Register**	To Review	Enc 5	Ms E Doyle	10:40
Delivering safe and quality services, supported by integrated governance that drives quality clinical improvements					
6.	**Health and Safety Annual Report**	For Information	Enc 6	Mr J Young	10:50
7.	**Quality and Safety Performance Report**	For Information	Enc 7	Mrs S Nicholls	11:05
8.	**Quality and Safety Committee Assurance Report**	For Assurance	Enc 8	Ms V Little	11:10
The best place to work, supported by a new leadership and workforce culture, organically co-developed, together					
9.	**Workforce Performance Report**	For Information	Enc 9	Ms S Cartwright	11:25
10.	**People Committee Assurance Report**	For Assurance	Enc 10	Mr M Evans	11:35
Doing the best with what we have, to be affordable today and sustainable tomorrow					
11.	**Finance Report**	For Information	Enc 11	Mr M Gamage	11:40
12.	**Performance Report**	For Information	Enc 12	Mr P King	11:45
13	**Finance, Performance and Digital Committee Assurance Report**	For Assurance	Enc 13	Mr I Buckley	11:50
14.	**Extraordinary Audit and Risk Committee**	For Assurance	Enc 14	Mr M Gamage	11:55
Help and Empower the People of Dudley to live longer and healthier lives through fully integrated community based healthcare					
15.	**Population Health Management**	For Information	Enc 15	Mr D Jenkins	12:15
16.	**Report from the Primary Care Integration Committee**	For Assurance	Enc 16	Dr G Solomon	12:30
17.	**Report from the Strategy and Transformation Board**	For Assurance	Enc 17	Ms S Cartwright	12:40
18.	**Communications and Engagement**	For Information	Enc 18	Ms H Codd	12:50
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	12:55
20.	**Questions from the public** pre-submitted	To Receive	Verbal	Members of Public	12:57
21.	**Risk Review**	To Receive	Verbal	Mr H Turner	12:59
	Date of next meeting: 6th September 2022				13:00

Enc 1.3

Dudley Integrated Health and Care NHS Trust
Declaration of Interest Register

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

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
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 & Finance, Performance and Digital Committee Chair	N/A						
Dr	Lucy Martin	Acting Joint Medical Director	Partner Eve Hill Medical Practice	✓				2001	
			Shareholder Futureproof Health		✓			Aug 2014	
Mr	Martin Evans	Non-Executive Director & People Committee Chair	Director of MJE Associates Ltd	✓				Apr 2020	
Mr	Matthew Gamage	Interim Director of Finance, Performance and Digital	CIMA Member		✓			2012	
			Currently seconded to Interim Director of Finance role from Dudley CCG		✓			Apr 2020	Sep 2022
Mrs	Penelope Ann Harris	Interim Chief Executive Officer	Director of Kerr Darnley Ltd	✓				Sept 2013	

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
			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	
			GMS Contract Holder		✓			May 2022	
Mrs	Stephanie Cartwright	Director of Strategy, People and Partnerships	None						

Dudley Integrated Health and Care NHS Trust
Declaration of Interest Register

Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To
Dr	Stephen Cartwright	Associate GP Non-Executive Director	Partner GP - Keelinge House Surgery	✓	✓			1991	June 2022
			Part owner of Keelinge House Building	✓				1998	
			Shareholder of Future Proof Health	✓				Aug 2014	
Ms	Susan Nicholls	Director of Nursing, Quality and AHPs	Sessional Lecturer, Birmingham City University	✓				Sep 2018	
			Governor Arrow Vale School Redditch			✓		Jun 2021	
			Clinical practice – Hampton in Arden Surgery. Solihull		✓			2013	
Ms	Valerie Ann Little	Non-Executive Director & Quality and Safety Committee Chair	Member of the Corporation of Dudley College of Technology		✓			Jan 2016	
Mr	Adam Race	Interim Associated Director of People	Substantively employed as Deputy Chief People Officer at the Royal Wolverhampton NHS Trust		✓			Oct 2018	
			Chartered Member of the CIPD		✓			2012	
			Employer Chair - West Midlands Social Partnership Forum		✓			Feb 2021	
			West Midlands Deputy HRD Network Chair		✓			April 2020	
			Wife works as Head of Medical Workforce and Temporary Staffing at University Hospitals Birmingham				✓	Dec 2015	

Enc 1.4

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

MEETINGS OF THE PUBLIC BOARD MEETING HELD OF 7TH JUNE 2022
TIME 0930 – 1300hrs

Brierley Hill Health and Social Care Centre, Venture Way, Brierley Hill, Dudley, DY5 1RU

Present:

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

In Attendance:

Ms M Bennett (MB)	FTSU Guardian, DIHC
Ms S Basu (SB)	Corporate Governance Manager, DIHC (minutes)
Mrs H Codd (HC)	Head of Communications, Engagement & Partnerships
Ms Kellie Lennon (KL)	Deputy Director of Nursing, DIHC
Mr A Race (AR)	Interim Associate Director of People, DIHC
Mr J Young (JY)	Associate Director of Quality and Governance, DIHC
Mr Duncan Jenkins (DJ)	Associate Director of Pharmacy and Clinical Divisional Director for Pharmacy and Population Health (Item 2 Only)
Mr Jaspal Johal (JJ)	Pharmaceutical Adviser, Service Development (Item 2 Only)
Ms Su Vincent	Interim Head of Safeguarding (Item 6 Only)
Sara Rees	Interim Named Nurse for Safeguarding Children (Item 6 Only)

Item No	Agenda Item
1.	**Chair's Welcome** Harry Turner (HT), the Chair welcomed all to Brierley Hill Health and Social Care Centre and thanked everyone present for joining the June Public Board meeting. The Board noted that SB would be doing the minutes and JY and KL would be presenting SN's papers in her absence. The Chair further welcomed MB, FTSU Guardian and all staff who were present for delivery of the patient and service stories.

1.1 Apologies

Formal apologies were received from Dr Richard Bramble, Acting Joint Medical Director, Sue Nicholls, Director of Nursing, Allied Health Professionals and Quality and Elaine Doyle, Trust Secretary and the Board noted apologies from Karen Wright, Dudley Metropolitan Borough Council, David Pitches of Public Health and Rob Dalziel, Healthwatch. The Board noted PK would join the meeting at 10:00 am.

1.2 Declarations of Interest

LM informed that her membership at the Stourbridge Lawn Tennis and Squash Club ended on December 2021.

1.3 Board of Directors' Register of Interests

There were no declarations of interests noted for today's agenda

1.4 Public Board Minutes for the meeting held on 5th May 2022

The Board approved the minutes subject to the following amendment:

- On page 13, para 2 and read as 'VL commented that it was important to recognize that the service can be different in different places due to the nature of the Borough the Trust operates in. As we develop and become responsive to health inequalities, there would be difference in service inputs from small area to small area.'
- On page 18, item no. 10, para 3 and read as 'HR policies were discussed robustly. The Committee had hoped most would be signed off at end of April but due to staff side shortages this was not achieved, however assurance was provided that the bulk will be signed off by the end of May 2022.

1.5 Action Register and Matters Arising

Reference: PUB/MAY22/001

To include gender and ethnicity data of staff reporting aggression by patients: JY updated that the gender and ethnicity data would be implemented into Datix. JY further informed that on detailed investigation no trend was identified for the incidents reported under the category of aggressive and disruptive behavior. Also, there was a drop in the number of incidents reported in the following month from 43% to 18% and none of the incidents were of serious concern. **It was agreed to close this action.**

Reference: PUB/MAY22/002

Governance processes for employing salaried GP's: LM updated that the existing appointment process for salaried GP was satisfactory. The appointment process was like that of any other workforce appointment as they are not leadership roles. A more prescriptive process of appointment would be undertaken for Senior GP appointments.

Following discussions, the Board agreed to keep this action item under review, acknowledging the comparison between salaried GP's and consultant posts and the impact of development of appointment of salaried GP's in leadership roles. **It was agreed to keep this action under review.**

Reference: PUB/MAY22/003

Development of additional metrics in the performance report to consider complaints not resolved within time: MG updated that this action was in progress. **It was agreed to defer this action to the next meeting.**

Reference: PUB/MAY22/004

Key metrics to be provided to the Board with respect to High Oak and Chapel Street: MG updated that the number of metrics to be reported to the Board were based on key areas only, however the Committees would continue to receive full information. **It was agreed to close this action.**

	Reference: PUB/MAY22/005 Amending dates of the FP&D Committee to accommodate attendance of Audit and Risk Committee Chair: **This action was resolved.**
2.	**2.0 Patient/Service Story - First Contact Practitioners (FCP's)** HT welcomed Duncan Jenkins (DJ), Associate Director of Pharmacy and Jas Johal (JJ), Service Development Lead from the Pharmaceutical Public Health Team and requested them to present their Projects in Progress. DJ highlighted the key work undertaken by the Clinical Pharmacist team in five (5) areas namely: • Lipid Management which was medicines which reduce cholesterol in patients with high risk of cardiovascular disease; • working with cardiologists around heart failure; • chronic Kidney disease management with a pilot piece of work being carried out in the Dudley and Netherton PCN; • a clinical trial named "Dare2Think" this is funding for a couple of clinical pharmacists from each PCN to support the trial by prescribing in the context of the clinical trial; • The lead specialist respiratory pharmacist is doing some good work around respiratory hubs. In terms of lipid management, a new NHS England pathway was created last year for managing drugs and patients with high cholesterol which was primary prevention (no cardiovascular disease) and secondary prevention (after a cardiac event i.e. heart attack) and those with a genetic predisposition as risk of events in that population are very high. A new drug (inclisiran) was licensed last year (a small interfering RNA, first in class) which had no reported side effects other than an injection site reaction. JJ mentioned that the NICE guidance was quite comprehensive and largely in line with what the pharmacy team had already promoted in partnership with Helen Ashby and the secondary care lipid service team. In partnership with the Academic Health Science network using population health management tools from UCL partners proactive care frameworks, it was planned to upskill the team to work in line with the NICE pathways and guidelines to ensure that most appropriate people were managing cardiovascular medicines in primary care which in turn would free up GP's time and aid overall efficiency. JJ further added that Dudley and Netherton PCN were in the top 20% of deprived PCN's in England so it would be used as a pathfinder site to address existing health inequalities to aid meeting goals of the long-term NHS plan, as well as delivering on the CV aspects of the PCN DES. Regarding heart failure, DJ reported that over the last few years there had been some new treatments in this area. Management was previously seen as palliative however cardiologists were now moving towards extending quality of life via combination treatments. Dapagliflozin which was originally developed for diabetes, but health benefits had been noted for patients with heart failure and chronic kidney disease, other treatments included Sacubitril Valsartan (brand name Entresto). JJ updated that new technologies were embraced in support with secondary care colleagues to ensure patients had prompt access to these newer treatments. There were issues with heart failure team in terms of capacity as they had lost a number of non-medical prescribers, so in conjunction with the heart failure team, the Pharmacy team had developed a RICaD form which allowed practices to support the heart failure team by commencing patients onto the drug with a view to reducing mortality, morbidity, hospital admissions and improving quality of life. DJ then discussed Chronic Kidney Disease (known as CKD) which was more prevalent than most people thought. JJ explained they were undertaking a pilot at the moment looking at people's kidney health and ways to improve information held on disease registers. This allowed patients to be more readily monitored through regular blood and urine testing which aided overall outcomes. JJ commented that prevalence of CKD in Dudley and Netherton PCN was currently relatively low, hence had been identified as a pilot site for this work. The "Dare2Think" clinical trial via NIHR, was an innovative approach to research working with the Clinical Practice Research Datalink (CPRD). The trial was hosted by Birmingham University and used CPRD to screen patients for entry into a randomized control trial and collects data along the

way. DJ added it was an interesting trial and advised to bid for funding for the pharmacy team. The trial aim was to improve the health outcome of patients with atrial fibrillation (AF), by reducing the risk of stroke, blood clots and potentially cognitive decline and vascular dementia. JJ expressed that the team wanted to place DIHC on the map for research and innovation locally. With significant lack of capacity and other competing priorities it was difficult for primary care to get involved in research, but the team was exploring the option to support trial activity in practices. The trial had also been discussed at the research and innovation group.

Lastly DD stated the factors responsible for gaps in life expectancy across the Borough were cardiovascular, cancer and respiratory. Having a respiratory project was the right thing to do and there was now a specialist respiratory pharmacist who was leading the way for DIHC and had been working closely with the respiratory clinicians at Dudley Group and Joe Taylor and was looking to develop respiratory hubs and other innovative diagnostics including FeNO testing. JJ added the current waiting list for Spirometry was eight weeks but with the development of service/diagnostics this could be reduced, and a bid was submitted for funding to purchase the diagnostic kit.

Other areas of work included tackling health inequalities which was a key part of the Trust's activities. Also in the pipeline was a specialist diabetes pharmacist post, high risk drug monitoring in primary care in rheumatoid arthritis and other inflammatory conditions and also a new member of the team who was the pharmacist lead for professional development and governance who is busy working on non-medical prescribing for DIHC and important primary care policy development.

The Chair thanked DJ and JJ for their presentation and requested to explain Spirometry which JJ explained that it was a breathing test that assesses how well your lungs work and assisted with the diagnosis of respiratory conditions.

ME asked about focus on population health management and was keen to understand how data was being captured and outcomes measured. DD advised they looked at proxies and understood from evidence for example in primary prevention for every 32 patients, a statin was used, and this prevented heart attack across a five-year period so there was a return on investment. Metrics on under 75 mortality rates, showed there was a relation between mortality and deprivation, and the team aimed to flatten the line.

GL expressed concerns around workforce and updated that spirometry was used at her practice, but it was pulled and centralised. DJ agreed and added there was a commissioning element to this and the Trust was looking at pulling money out of the block contract with Dudley Group to compensate Primary care for the extra work they take on.

LM commended on the good work of the team and added that this was a demonstration of the value of DIHC in Dudley and potentially the Black Country and updated the waiting list for spirometry in Walsall was Two years. LM further commented on how the team was working towards bridging data gaps with disease registers. LM mentioned few GP's required further training and development on Prescribing some of the drugs and highlighted that training was needed. Lastly the matter of research development was excellent with having active trials in place. Responding to LM, DD updated that by using AstraZeneca around heart failure management and medicines training was offered to GP's.

SC added the pharmacy team was highly regarded across DIHC and wider partners. The team was a great example of partnership working and applauded for their contributions towards smooth functioning across the system. Nationally the team had always been known as the leading edge in the pharmacy world and innovative thinkers and thanked the team for this.

DG thanked DJ and JJ for their time and requested a copy of the presentation slides.

MG commented on funding and mentioned that as the Trust moved towards Placed based Partnership, this would give opportunity to work with the acute in terms of resource management.

The Chair thanked the Pharmacy team for attending and presenting and looked forward to hearing from them again in the near future.

3.	**Standing Items** **3.1 Chair's Update** HT updated the Board about the Trusts engagement initiatives within and outside of Dudley both with Primary and Secondary Care colleagues. The next stage would be building relations with the local authorities. The NHSEI Conference in the coming week would provide a great opportunity for networking alongside a broad audience. **3.2 Chief Executive's Report** The Board took the paper as read and PH highlighted the key points contained in the report. PH outlined her visit to the School Nursing Team to learn about the impact of the pandemic on the demand for resources and recommended others to pay a visit and advised the Board of the visit of Andrew Little, Minister of Heath for New Zealand who had requested a visit to Dudley to understand more about the Integrated Care Model. PH thanked LM for taking the lead onto Primary Care for the coming three (3) months, considering the importance of the Primary Care Services, however, LM would still be attending the next two Board Meetings in the absence of RB. PH further updated about the positive outcome from the Joint Executive meeting with Royal Wolverhampton. Prof. David Loughton CBE, Chief Executive and Prof. Steve Field CBE, Chair had very kindly acceptance to provide additional support to DIHC in terms of shared departments, back offices, Clinical trainings etc. Informing on the challenge posed by delayed discharges and pressure on hospitals, PK updated about the crisis over the long weekend due to systems issue all over Black Country regarding the number of patients medically fit for discharge and pressure on emergency care pathway. On a positive note, there had been significant improvement and increased scrutiny with the silver calls. DIHC 's significant assistance to the Primary Care through the Winter Hub could now be looked at from a further commissioning point of view across the Black Country. The CHC team continued to provide assistance with the assessment of people on discharge. Also, responding to GS's question about the capacity of the CHC team, PK updated that the team was under great pressure especially from the acute hospitals. The Board noted that Dudley had a significant problem regarding the supply of care and nursing home beds and three care homes were shut within the last 6-8 weeks. The issue had been raised with the CCG, Local Authority and Dudley Group and a program processing around engaging with care home and funding requirement would be worked through. PK further updated that DIHC had been participating as a part of the system around hospital care and provided assistance, however further actions for supporting the system needed working out. In response to HT's question, PK responded that most of the care homes were Small to Medium Enterprises (SMEs) and the reasons for closure were multi factorial primarily revolving primarily around quality, recruitment and funding issues. PH highlighted the issue of lack of funding/ local authority concessions to these SME's and informed that DIHC had proposed to step into its market management and aid in terms of care home staff. However, significant amount of work around the whole strategy for care homes in Dudley need to be focused upon.

	LM recommended modifying the workings of point number 2.4 of the report due to security reasons and to state that the service will offer patients virtual and face-to-face appointments. DG commended the Trust for having received a visit from the Minister of Health from New Zealand. **The Board noted the Chief Executive's report.** **3.3 Agenda for Part Two – Private Board** HT referred the Board to the agenda for Private Board which was available for information and transparency.
4.	**Board Assurance Framework (BAF) and Corporate Risk Register (CRR)** The Board took the paper as read and PH highlighted the key points contained in the report. The final report from Internal Auditor's was received with a Level A assurance rating and full compliance against the mandated Assurance Checklist. A complete revision of the risks took place as discussed at the previous Board meeting, which led to significant proposed changes of what was included in risk to reflect the organization's current risk portfolio. PH further assured that System Risk was reflected into the Trust's processes. The Board noted that although the BAF Strategic Risks remain the same, the risk ratings had changed significantly. PH outlined the proposed changes in risks and informed that the process of detailed risk reporting had been presented to the concerned Committees. The Committee Chairs provided assurance of having received the details of the proposed changes and PH updated that the revised risk process would be presented to the Board in its July meeting. Responding to HT's question regarding Emerging Corporate Risks, PK updated that a new process of service reviews had been developed and the risk registers would be reviewed to report any service level risk that goes beyond the threshold would be reported through its respective Board Committees. The Board noted that in the previous week DG had shadowed PK for a day in one of the meetings with the school nurses. The revised process would start from the service level review and any risk that needed escalation would go to the Executive Committee, whilst risks for assurance in the corporate risk register would go through the various committees. DG highlighted that on page 44 of the pack, Risk Ref D-002 about cyber security and network resilience also must capture reputational and patient safety risks. **The Board noted and took assurance on the BAF and Risk Register.**
5.	The Chair welcomed Su Vincent, Interim Head of Safeguarding and Sara Rees, Interim Named Nurse for Safeguarding Children to join for the Quality and Safety section of the meeting and informed the Board about the change in the order of the agenda item. It was decided to first take up the Ockenden Report followed by the Safeguarding Annual Report. **Learning from the Ockenden Report** The Board took the paper as read and Kelly Lennon (KL) highlighted the key points contained in the report on behalf of SN. The four pillars identified within the Ockenden final report were safe staffing, well trained workforce, learning from incidents and listening to families. In addition to the fifteen (15) key headlines identified by NHS/I, SN had identified further ten (10) areas of learning from previous investigative reports revolving around People and Culture and Clinical Governance.

The Board noted that the report had been presented and discussed at the Trusts Quality and Safety and People Committee meetings in May and further updates on ongoing actions would be provided within the next three months.

ME applauded the work done in drawing the report and as Chair of the People Committee provided assurance that Trust was in line with most of the recommendations. ME further requested AR to align some of the recommendations from the report with the work of the People Committee in order to have a holistic approach.

VL as Chair of the Q&S Committee, updated that the Committee was content with the report and action plan and would be progressing through a series of updates. However, highlighted about the time frame for staff training and appraisals.

PH commented that Clinical Management would be a potential focus for the future as the current numbers were quite small. The Ockendem report mentioned about an Investigation Lead which DIHC did not have at the moment. However, it would be useful to keep an option within the policy for appointment of an Investigation Lead in the future if any major complaints were received and to capture that in the action plan. PH also recommended about the Trust's language for reporting or responding to complaints needed to be simpler and in plain English.

Responding to BL's query regarding round table approach being a true substitute of a multi-professional approach, PK responded that the Trust only had one Serious Incident (SI) reported wherein a multi-disciplinary approach was used. A lead GP for Mental Health, Senior Nursing Mental Health and AHP were invited and involved in the process and the idea of being a round table approach did not necessarily exclude being multi-disciplinary. The investigation process was extremely rigorous with KL being the investigator and although the name of the lead investigator was not included, all the main people involved in the investigation were named in the report.

KL assured that the Trust would consider including the name of the lead investigator in future reports.

JY updated that the Trust had a culture of open reporting of incidents and due to its small size and therefore very low number of reporting's, detailed focus and attention was provided for each of the reported incidents. Going forward there would be a shift in the manner incidents were managed, but currently multi-disciplinary approach was identified as the right way to manage SI's which had also been well received by commoners, providing external validation.

In response to BL's question regarding delayed SI's and complaints due to non-grading, JY updated the Trust had a central team to oversees all complaints and feedback on incidents with absolute focus on duty of candor. Delays if any, would be inherent delay due to specific formal processes like the National SI framework, that needs to be followed. The frameworks will be changing nationally and one of the Quality priorities was around the full introduction of the Patient Safety Syllabus, the specialist, the training, new incidence reporting system and the team was fully onboard, engaging with Intermediary doctor groups with the Datix system. JY provided assurance that the process was overseen and well scrutinized by the current central team.

PK further updated that the patient safety incident response framework was now being widely adopted which was more indicative towards learning and had a greater focus on input for learning than granular reporting via commissioning body.

In response to STC's query, PH responded that the time period for change in practice since the occurrence of a SI was within six months, due to external processes. It was recognized that six months was a long period of time for change in practice, HT suggested rephrasing to changes be made as soon as reasonably possible but, in any case, within six months.

HT iterated that DIHC would want to be seen as an organization which took the Ockenden action plan very seriously and had embedded it completely into its system. In order to do that it was necessary to hold people accountable and set timelines for every action item and monitor its timely completion. HT further suggested the involvement of Comms team to educate and spread

	awareness within the organization regarding implementation of the Ockenden Report. Lastly, HT also suggested extending the visibility of the executive team to the entire Board. The Board requested a quarterly reporting with a progress report to be submitted in the September Quality and Safety Committee meeting. **The Board noted the Learnings from the Ockenden Report.**
6.	**Safeguarding Annual Report** The Board took the Safeguarding Annual Report as read and SV highlighted the key points contained in the report. The report was based on the Quality priorities for 2021-22. In terms of progress in the last 12 months, the Safeguarding strategy was ratified in March 2021 and was now updated for 2022-23 and presented to the Quality and Safety Committee. The 'Think Family' approach had been developing across the organization and was also ratified back in March 2021 and updated for the next year. SV reported that DIHC was fully represented at the Dudley Safeguarding People Partnership (DSPP) and the Safeguarding Adult's Board (SAB). In terms of engagement with partnerships, the Trust was represented on Local Authority Adult Multi-Agency Safeguarding Hub (MASH) Strategic Board and Ops Group and had also been engaged with the MASH and DART review in order to streamline the processes. Regarding the Children's Group Board, following an independent scrutiny it was decided that health was now represented by the CCG Designated Nurse and not by a provider. In January 2022, the team expanded and successfully appointed two Named Nurses for Adult Safeguarding to take over certain functions from CCG or delegated authority. SV further reporting on the transfer of School Nursing Team, mentioned it had direct access to the Safeguarding team for advice and supervision, which helped strengthen the Family Strategy and embed it in the system. A comprehensive Safeguarding Supervision program was developed for School Nursing service, IAPT, PCMH and CCHC, Adult and Intermediary care team. In order to establish appropriate Incident Management and Reporting, Datix training had been integrated into Safeguarding which was also a part of the safeguarding supervision process and appropriate trainings were aligned for appropriate individuals. SV reported the difference between Board trainings from the staff which was a statutory responsibility to understand corporate responsibilities. Board members must first complete their Level 1 Safeguarding Children training. A large number of safeguarding policies had been refreshed or re written, completed and ratified via Policy and Procedure Development Group (PPDG). The safeguarding training compliance figures were now reported to the CCG via the safeguarding dashboard on a quarterly basis. SV updated that DIHC was the lead on Female Genital Mutilation (FGM) Working Group, to raise awareness within the borough via the Dudley FGM Strategy. The Board noted that a substantive Head of Safeguarding role was successfully recruited to take over from SV who was due to retire. In response to HT question regarding Board education, SV updated that the training requirement under the National Standard was mainly for the Board to achieve a basic understanding whereas the corporate training was more focused on Board responsibilities. VL informed that the training requirement for Board was discussed at the Committees and EFD had provided assurance that the training would be included into a Board Development session and the date needed to be confirmed. VL requested for an organogram of all the Partnership

	arrangements for the Board to understand better where all this fits in Dudley. VL also suggested that the learning process needed to be deeply embedded and be made part and parcel of everyday. Responding to VL's concern regarding strengthening of infrastructure for children services and appointment of named doctor, SV responded that a named professional being a specialist role relying heavily on experience and expertise, it was often difficult for Providers in recruiting those roles. However, recruiting a named doctor was still necessary. The Board discussed on the opportunities for collaboration and the need to create awareness and readiness for transfer of services including additional resource recruitment and oversight of Executive Directors on the Deprivation of Liberty Safeguarding cases. PK emphasized on the importance of implementing the learnings from trainings and applauded the work of the safeguarding team for brining appropriate cultural change at High Oak. Reporting further on Liberty Protection Safeguards (LPS), PK updated about a probable proposal that the local authority could delegate the authorization process to the Home Managers and that the Trust needed to be live in terms of its own responsibilities and keen on training people appropriately. PK further reported on the importance of using the right metric for measuring the right index. Regarding the School Nursing team there was one safeguarding referral used in the current metrics, however there were 370 children looked after and 178 active safeguarding cases. Thus, in addition to the new referrals an understanding of the inherent risks was important and considerable amount of work was ongoing on the case study review tool by PK, KL and Faye Duncan to help link the Children's safeguarding issue with the oversight of the Board. In response to ME's question regarding DIHC's responsibility towards Adult Multi-Agency Safeguarding Hub (MASH) and Multi-Agency Risk Assessment Conference (MARAC) procedure, SV updated there was a plan was to transfer the service from CCG, however due to some misunderstanding the safeguarding team only received 4 days' notice before transfer. Processes were established and currently Safeguarding manages all the Adult MASH and MARAC. However, there was a problem of not having access to the GP EMIS system and, hence contacting GP's. The access for overarching information share agreement was still awaited. PH updated that the Trust was in the process of clarifying its commissioning responsibilities with the CCG and understand precisely the classification of responsibilities for the Trusts services and responsibility for wider. The Board thanked SV for her continuing contribution over the years and wished her best for retirement. **The Board approved the Safeguarding Annual Report.**
7.	**Quality and Safety Performance Report** The Board took the paper as read and JY highlighted the key points contained in the report. There were eleven incidents reported during the period with no SI's. Five formal complaints were reported out of which one related to CHC and was managed on behalf of the CCG. JY highlighted those two out of the eleven incidents related to the category of disruptive and aggressive behavior, out of which one was more of an aggressive behavior. Focusing from a learning perspective, the second incident related to the patient needing some of the services the Trust traditionally provided but not meeting the criteria for secondary care mental health services which manifested into frustration. However, on a positive note the Trust was using this information for improvement and looking at mental health pathways and means to improve them across the system.

	JY flagged one incident that related to the death of a patient and elaborated further the context. The patient was on its way to one of our services, however the unexpected death occurred before reaching our service. There were no obvious links to any care provided by DIHC but was reported to identify any opportunity for learning. **The Board noted the Quality and Safety Performance Report.**
8.	**Quality and Safety Committee Assurance Report** **The quality and safety committee assurance report was taken as read**. VL informed there were no significant risks for escalation to the Board. In the last quarter the Committee discussed about the risk of recruitment around GP's, which was a national problem, however that was before a decision was made for LM to take a stronger role at Primary Care. In response to VL's query around service level risk registers and mitigations, PK updated that there would be a service review of High Oak, Chapel Street, Winter Hub and the SAS Service within the next three weeks. LM had been working through the recruitment plans which was a part of the services risk registers and would be monitored. HT suggested cross referencing papers between committees to draw from mitigations. PK updated on the Mental Health pathway work and stated that following the Capgemini process, there was now a working group in progress with its first meeting scheduled to be held on Friday, 10th June 2022 and future meetings to be held fortnightly. JY updated about the appointment of Mr. Mustafa Khan, Interim Risk and Compliance Manager and one of his initial tasks would be to look at the emerging service level risk management process and to establish a harmonized corporate risk management process. In response to BL's question regarding the deterioration in the vaccine uptake, GL informed that there was very little drive among people to take the booster otherwise than for foreign travel. Also, within the Primary Care setting there were very small quantities of vaccines available alongside a shortage in workforce to push the agenda. ME asked whether the Chapel Street data around complaints and concerns would in the next Performance Report and MG confirmed this would be included. In response to VL's query on clinical coding at Chapel Street, JY provided assurance that all the Chapel Street staff were trained to use Datix and were now able to report incidents into Datix. The Board decided that such detailed reporting on Covid vaccination was no longer needed to be reported to Board, however it was still important to continue to collect data. **The Board noted the Quality and Safety Committee Assurance Report.**
9.	**Freedom To Speak Up Annual Report** The report was taken as read and MB highlighted the key points contained in the report. MB advised that confirmation of the appointment to the Freedom To Speak Up (FTSU) Guardian took place in Quarter 3 and thanked the two guardians at Black Country Health Care for their support. Continued engagement and networking with West Midlands Regional Guardian Network and the ICS Network for Guardians had helped in gathering local support and learning from the work done by other Trusts. The staff survey results were recognised as mediocre, and the areas of interest were around how the staff were being involved in deciding changes in their work area, teams, or department and how confident/ safe they felt to speak up about concerns and if they were satisfied that their

	concern would be addressed. To address the issue about staff not knowing who the FTSU Guarding would arrange drop-in sessions with staff via teams. MB further updated that DIHC was supportive in terms of encouraging people to speak up via routes such as anonymously raising concerns or approaching the FTSU Guardian and was working towards improving resources available to the staff by adding Listening and speaking up modules in ESR. The Board noted that the Guardian would be attending and presenting reports to the Board Biannually. The Board advised to drop a thank you note to the guardians from Black Country Health Care for their support. ME as Chair of the People Committee provided assurance that the work was in progress with regards to FTSU and there was now a baseline data to work from. ME encouraged all NEDs to indulge in FTSU conversations with staff during site visits. In response to SC's query regarding feedback on two of the cases raised directly with the FTSU Guardian, MB updated that one of the case was resolved and the other was being monitored. JY highlighted one of the focuses of FTSU should also be around staff and patient safety and it was needed to balance the focus between the People and Q&S side of things. Linking speaking up to the restorative just culture, MB suggested that this topic could be a part of Board Development to illustrate how speaking up fits into the leadership behavior. HT suggesting getting feedback post engagement sessions with staff and to include some of the feedback in the next Board report. Responding to IB's question MB updated that FTSU information was a part of the staff induction program and included in the welcome pack. DG suggested that the work of the FTSU could be included in the Friday Roundup, and this could also help to raise the profile of the FTSU. ME informed that FTSU was a standing agenda item at every meeting of the People Committee and confirmed that the Board will receive a six-monthly report to support the assurance of the work of the People Committee in overseeing the FTSU work. **The Board noted the Freedom To Speak Up Annual Report.**
10.	**Workforce Performance Report** The workforce report was taken as read and AR highlighted the key points contained in the report. AR drew the Board's attention towards the two significant areas of focus which were also discussed at the People Committee. First was the increase in vacancy rate to 18.6% largely driven by the budget setting process and confirmation of roles required within the organisation for 2022/23. The second area of focus was the appraisal compliance rates which remained challenging, however the Trust had committed to ensure that 85% appraisals would be conducted by the end of June and that target is planned to be met. It was noted that prompts have been made with line managers and communications shared with regards to undertaking a quality appraisal. In terms of other indicators such as sickness, mandatory training and turnovers the targets were met as required by the standards. SC updated that the increase in vacancy rates was predominantly due to the corporate structure of the organisation and a decision has been made by the Executive team to phase the recruitment of those posts. SC reminded all Board members to complete their additional

	mandatory training modules within the next week. ME informed the Board that the drop in appraisal had been anticipated by the People Committee due to valid reasons in relation to staff transfers last year, and the current focus would be on quality appraisals with the aim to reach the target rate of 85% by the end of June. SC added that it was important to recognise that due to the age of the organisation, the staff that had moved in and the organistional drive to ensure proper processes were followed in objective setting and strategic priorities the drop in rate was anticipated but is not expected to be the case next year. **The Board noted the Workforce Performance Report.**
11.	**People Committee Assurance Report** The people committee assurance report was taken as read. ME reported a satisfactory update from the commissioning services and in relation to occupational health and wellbeing. Assurance was provided that KPI's agreed with external providers of each service were being met in relation to occupational health and wellbeing and there was further work needed with regards to providing support for financial well-being for staff. ME requested BL to provide a status update on the EDI Strategy's completion by the end of June. SC updated on the EDI Strategy Development Session conducted last week attended by members of the People team and Population Health team. The EDI Committee was conscious of the two components of the EDI Strategy, one being workforce and equality across workforce and the second around the Trust's part in providing and commissioning of services for the local population that are equitable to all and ensuring services are accessible to all. SC further updated on the process for approval of the EDI Strategy. It would be tabled before an extra ordinary EDI committee within the next 3-4 weeks, and then be shared with the People Committee in August and finally come to Board for approval in September. SC provided assurance that the EDI Committee had the right representation including Clinical representation from our workforce. Working groups have now been set up to support the Committee for workforce and population health. ME further reported that the People Committee meeting for June had been stood down and would be in the form of a Development Session, however the Performance Report would still be published and reviewed. PH suggested members reflect on the performance target setting for all services. The Board discussed if the word 'appraisal' provided a negative connotation and was supportive of a two-way communication. It was decided to review the usage of the word 'appraisal' and compare to alternatives such as Personal Development Review. The Chair thanked all the Board members for achieving full compliance of the NHSE/I's prescriptive process of NED appraisals. **The Board noted the People Committee Assurance Report**
12.	**Performance Report** The Performance report was taken as read and PK highlighted the key points contained in the report. Referring to the Performance Scorecard on page 115 of the pack, PK updated that in order to cater to the worsening position around waiting list, a system-based approach was adopted across Black Country for IAPT which would be discussed in detail at the June Q&S Committee meeting

	and invited NEDs from other committees to join as the team tried to triangulated processes across various domains. As part of this system-based process some of the trajectories was deliberately reset because of the required investment going forward. As a result of which the Trust was overachieving some of the target as compared to earlier underachieving. However, there was still a waiting list, and the access target was changed by Black Country to actually reflect what the services could actually provide with its existing resources. PK further updated that although the information reporting had changed because it's a national report, it was important to understand if people in the waiting list were provided with some kind of support. A good assurance was provided via the IAPT service review that majority of the people in waiting list were receiving some form of system support. PK highlighted that the reporting around recovery rate for IAPT was slightly misleading as it did not consider the number of dropouts from treatment. Faye Duncan was working on building a better-founded metric which would take into consideration the patient dropouts and those rejoining after attending a few sessions. VL suggested that the original target for IAPT was set based on population prevalence and the Trust needed to be mindful of its ambition and aspirational targets. Elaborating on the deep dive reporting for IAPT, MG proposed that rather than tabling an extract of the Performance Report, the whole report be presented before all Committees, however the service leads would not be expected to attend all the Committee meetings. The trust had funding agreement with the system board for recruitment of additional IAPT positions, however unfortunately Health Education England does not have the infrastructure to train people. Hence, our plan to recruit 15 additional trainees in October seem to be slim. Reporting on vaccinations at High Oak Surgery, PK further reported that some of the targets that were of concern last month particularly around MMR and DTaP/ IPV Booster, had now significantly improved. However, there was an error in the report on pg. 116 for MMR (5years) which had improved from 83.33% to 95%, but was still reporting a decreasing L. PK further updated that the Trust now had its first three out of six Primary Care First Contract Mental Health Practitioners start. **The Board noted the Performance Report.**
13.	**Finance, Performance and Digital Committee Assurance Report** The Finance, Performance and Digital Committee Assurance Report was taken as read. IB reported that the Committee recommended the closure of five risks and received progress update on the Digital and Business Intelligence work undertaken by Stuart Lea, Interim Chief Information Officer. **The Board noted the Finance, Performance and Digital Committee Assurance Report.**
14.	**Report from the Primary Care Integration Committee** The report from the Primary Care Integration Committee was taken as read. GS reported the PCIC had met in a development session in May and focused on discussions around the Primary Care Strategy which was currently in development. The first draft of the Strategy was expected to be circulated this week. The June PCIC meeting would also be a development session focused again on the Primary Care Strategy which would then be tabled at the July formal Committee meeting. At the July meeting the Committee would approve the strategy, vision and draw implementation plans

	for execution. GS further updated on the plan to reinstate face to face meeting with GP's would approximately begin from the start of July. The Committee would be reporting back to the Board on the development of the Primary Care Strategy. SC informed the Board that the face-to-face meeting with GP's would begin in the first two weeks of July and an invitation would be extended to the members of the Board to meet the wider Primary Care. **The Board noted the report from the Primary Care Integration Committee.**
15.	**Report from the Strategy and Transformation Board** The report from the Strategy and Transformation Board was taken as read. SC reported that the Strategy and Transformation Board recommended closure of three (3) risks and the next meeting of the Board would be a development session rather than a formal meeting. The primary agenda of the Board was about the development of the Integrated Care Model. Immense work was going around the sponsor group which now had another group that supported the sponsor group. These groups supported the pace and synthesized the output of the process that had been facilitated by Capgemini. SC updated that the outcome of the second of the two events of Capgemini would be known in another Away Day of the sponsor group scheduled next Wednesday, 15th June 2022 followed by further discussions with Chairs and CEOs on Friday, 17th June 2022 to summarize DIHC's position and provide explicit clarity on future moves. **The Board noted the report from the Strategy and Transformation Board.**
16.	**Report from the Audit and Risk Committee** The report from the Audit and Risk Committee report was taken as read. DG reported that Level A assurance was awarded by the Internal Auditors for the year 2021/22. The Head of Internal Audit Opinion provided significant assurance about the Trust's control systems, risk management and assurance framework. **The Board noted the report from the Audit and Risk Committee.**
17.	**Use of Trust Seal** The paper was taken as read and the Board took assurance on the usage of the Trust's seal which was approved at the Extra ordinary meeting of the Trust Board held on 27th April 2022. The seal was used to sign the Deed of Indemnity between Dr Richard Bramble and DIHC.
18.	**Board and Committee Effectiveness Reviews** The report was taken as read. SB updated that the Quality and Safety Committee conducted its self-assessment including review of its terms of reference and rated itself adequate to strong considering the journey of its overall performance. HT requested to highlight the changes made to the terms of reference in yellow for ease of review. VL as Chair of Quality and Safety Committee confirmed the rating.

	The Board approved the ratified terms of reference. **The Board noted the Q&S Committee Effectiveness Review and approved the revised ToR.**
19.	**Any Other Business** None stated.
20.	**Questions from the public** There were no questions submitted by the public.
21.	**Risk Review** There were no further risk matters raised
	Date of next meeting: Tuesday 7th July 2022, 09.30 – 12.30 **Venue**: Himley Hall, Himley Rd, Himley, Dudley DY3 4DF

Enc 1.5

DIHC Public Board Action Register

NHS
Dudley Integrated Health and Care
NHS Trust

Ref	Date Raised	Details	Action Lead	Due Date	Update	Status
PUB/MAY22/02	05/05/2022	PK to investigate governance processes in place around employing salaried GP's with the medical director LM to provide assurance for the Board around this.	PK	~~07/06/2022~~ 5/7/2022	7/6/2022 - Following discussions, the Board agreed to keep this action item under review, acknowledging the comparison between salaried GP's and consultant posts and the impact of development of appointment of salaried GP's in leadership roles. It was agreed to keep this action under review.	**Open**
PUB/MAY22/03	05/05/2022	MG to discuss with Faye Duncan providing an additional set of metrics in the performance report which takes into account complaints that are not resolved within time period to provide a more rounded view.	MG	~~07/06/2022~~ 5/7/2022	7/6/2022 - Development of additional metrics in the performance report to consider complaints not resolved within time: MG updated that this action was in progress. It was agreed to defer this action to the next meeting.	**Open**

Enc 3.2

DUDLEY INTEGRATED HEALTH & CARE NHS TRUST BOARD

TITLE OF REPORT:	Chief Executives Report
PURPOSE OF REPORT:	To provide the Board with an update on current issues
AUTHOR OF REPORT:	Penny Harris, Interim Chief Executive Officer
DATE OF MEETING:	5th July 2022
KEY POINTS:	**1. Summary of CEO Activities – June 2022** **2. Medical Directors Update** **3. Director of Nursing Update** **4. Annual Report** **5. Fuller Stocktake** **6. Virtual Wards Implementation and Planning** **7. Draft Code of Governance for NHS Provider Trusts** **8. Review into Health and Social Care Leadership** **9. Invitation for Expressions of Interest to become Discharge Integration Frontrunner** **10. Freedom to Speak up – National Policy Update** **11. Chapel Street Update**
RECOMMENDATION:	• The Board is asked to note contents of the report
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Approve ☐
	Assurance ☐
	Information ☒

Report Title: **Chief Executives Monthly Update Report**

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

From: **Penny Harris, Interim Chief Executive Officer**

Date: **5th July 2022**

1.0 Summary of CEO Activities – July 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 NHS Confed Expo 15th-16th June

I spent two days in Liverpool at the NHS Confed Expo which brought NHS leadership together under one roof for the first time in two years since covid changed our environment, a number of the Board members took the opportunity to attend.

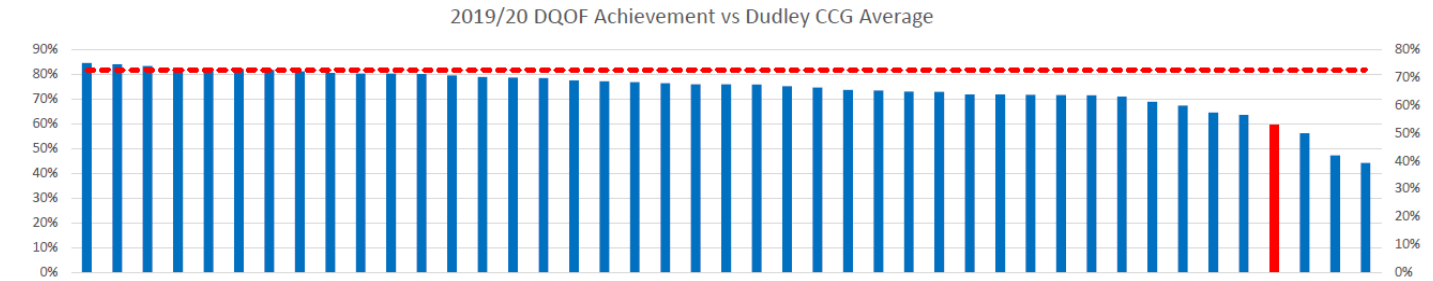
The Chair and I also attended the private Chairs & CEO's session with Amanda Pritchard where she spoke passionately about the challenges faced by the NHS over the last 900 days, recognising that many of the post pandemic issues we are now seeing including mental health, rising cost of living, cold homes due to fuel poverty and long covid will continue to show through NHS services in the coming months ahead in great numbers. Amanda spoke about the need for greater collaboration locally and commented that the power of relationships formed and strengthened by common purpose is a key message and turning opportunities into improvement for our patients.

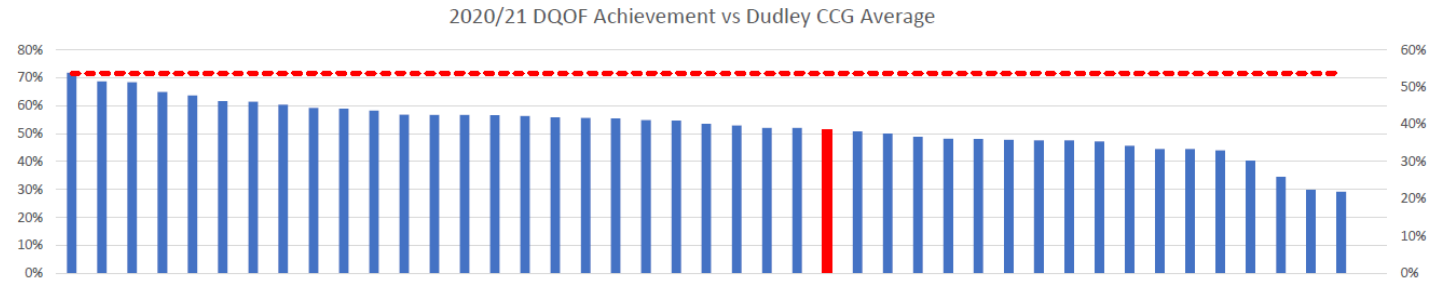
Other key messages included wellbeing of staff, access to services, the use of patient data, tackling health inequalities, waiting times, hospital flow and the growth of virtual wards. Innovation and cancer care were high on the agenda with the announcement of the launch of a pilot programme in cancer care through local high street pharmacists who can now refer people for specialist checks.

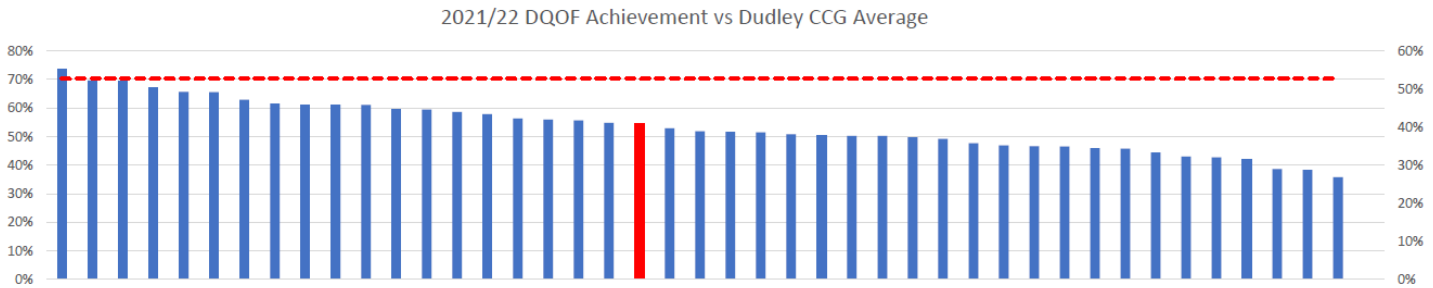
Amanda referenced the Clare Fuller Stocktake and stressed the importance of how integrated care systems will take this forward. Speaking about reform, she stated that ICS's are the primary drivers for better healthcare from "ward to board" and finalised her presentation reiterating the four "R's Recovery, Reform, Resilience and Respect.

2.0 Medical Directors Update

DIHC's strategic priorities include "improving the health of our population and reducing inequalities", and "supporting and ensuring the sustainability of Primary Care". Our delivery of these two priorities is illustrated by the red bar in the charts below, showing Dudley Quality Outcomes for Health (DQOFH) performance at High Oak Surgery relative to other practices. It is widely recognised that the Covid pandemic has had a significant impact on Primary Care's ability to manage long-term conditions. Across Dudley average achievement fell significantly as NHS England allowed surgeries to pause this work to deliver care and vaccination during the pandemic. In this context, High Oak Surgery colleagues should be congratulated on striving to maintain long-term conditions reviews, bringing the surgery into the top half of performance – a significant achievement for the deprived population that we serve.







Data is important to all our services. As well as being a provider of Primary Care, DIHC has a duty to support Primary Care across Dudley. The development of our Primary Care Strategy is identifying the need for great business intelligence. Most of the Primary Care data is held by the Integrated Care Board, and we are working with colleagues to improve data flows. This will enable evaluation of the benefits of the services and support that we are providing to primary care, such as performance of Primary Care Network staff, research, DQOFH and support to practices in difficulty.

We have developed a Strategy for Clinical Audit. There are upcoming audits planned for our School Nurse team, Infection Prevention & Control, High Oak Surgery (HOS) and Chapel Street Surgery(CSS). These continue in parallel with individual service reviews in partnership with the operations team. We have established a Quality Improvement Group which complements our Quality and Safety Steering Group: the former focuses more on opportunities for improvement with the latter focusing more on ensuring quality runs throughout business as usual.

A primary care improvement group has been established, chaired by Dr Lucy Martin, that has oversight for service developments at High Oak and Chapel Street Surgeries as well as our Extended Access Hub, specifically;

- A primary care operating model is being developed across both surgery sites
- Recruitment of a salaried GP, ANP and non-clinical staff working across both CSS and HOS, with further recruitment underway
- Improvement to patient access at both CSS and HOS with new telephony system - allowing the electronic patient record to load automatically when a patient calls, flags out of date demographic data to the team, calls the patient back without them losing their place in the queue. This is due to be installed by August 2022.
- Work to improve ethnicity coding across both sites
- Work to improve methods of engaging with the Pakistani population in Lye – for example, for the upcoming breast screening programme for July 2022 we are working on Urdu language communications to inform our registered patients of the benefits of breast screening

We have been asked to continue to provide our Extended Access Hub for a further three months, throughout the summer. This has supported Dudley Practices and the wider system allowing patients to access urgent / same day Primary Care appointments. The service has been very well rated by its users with patient satisfaction scores at 97%. The Dudley Urgent Treatment Centre and the 111 system have been able to directly access the appointments too. Dudley's Primary Care Networks are asking us for plans to help them provide their practices extended access on their behalf from October 2022. The service includes phlebotomy appointments on Saturdays accessible to all practices, which supports the restoration of long-term condition management across Dudley.

We continue working with partners on the integrated model of care in Dudley. There are four priority workstreams looking in detail at the models of care for:

- Children and young people,
- Mental Healthcare,
- the Clinical Hub
- Integrated Care Teams and Care Coordination.

We have representation in each of these. Dr Bramble is leading the Integrate Care Team workstream.

3.0 Director of Nursing Update

3.1 Covid 19 Vaccinations

Healthcare leaders received a letter detailing the next steps for COVID-19 vaccination (22nd June 2022)

The next steps for COVID-19 vaccination need to be considered in two phases:
• Completion of the Spring Booster campaign and vaccination offer to the end of August
• Planning for the delivery of an integrated autumn /winter campaign and responding to outbreaks (surge).

As with the 2021 autumn COVID-19 booster programme, the primary objective of the 2022 autumn booster programme will be to augment population immunity and protection against severe COVID-19 disease, specifically hospitalisation and death, over winter 2022 to 2023. The following advice should

be considered as interim and for the purposes of operational planning for autumn 2022. The JCVI's current view is that in autumn 2022, a COVID-19 vaccine should be offered to:
• residents in a care home for older adults and staff working in care homes for older adults
• frontline health and social care workers
• all those 65 years of age and over • adults aged 16 to 64 years in a clinical risk group.

Vaccination of other groups of people remains under consideration within JCVI's ongoing review.

New contracts and full details about an expressions of interest process for community pharmacy and an opt-in process for general practice involvement in the COVID-19 vaccination programme from autumn 2022 will be published shortly. DIHC will continue to support the system approach including the consideration of a rapid deployment of staff to support vaccination in the event of a surge. In addition to the COVID-19 vaccination programme DIHC are currently in the planning phase of the 2022/2023 staff flu campaign.

3.2 Quality Accounts 2021/22

Dudley Integrated Health and Social Care Trust published its annual Quality Account on the Trusts website on 30th June 2022. This is in accordance with the requirements defined in The Health Act (2009) and The National Health Service (Quality Accounts) regulations (2010). The document relates to the year 2021/22 and describes a number of key achievements including the successful implementation of our quality priorities.

3.3 The Allied Health Professions (AHPs) strategy for England – We Deliver

This new strategy is for the whole Allied Health Profession (AHP) community: support workers, assistant practitioners, registered professionals, pre-registration apprentices and students. It is inclusive and reflects how AHPs work in multidisciplinary teams, so that those who identify as part of the AHP community working in a variety of health and care sectors can use it to continually improve and redesign services. The Trusts Director of Nursing, AHPs and Quality has been engaging with our clinical teams (Nursing and AHPs) during the development of the Trusts inaugural Nursing and AHP strategy. It aligns with the national priorities of the Chief Nurse for England and The Chief AHP for England and is due to be launched at the Trusts Nursing and AHP forum 8th July 2022.

4.0 Annual Report

Following delegated authority being given by the Board to CEO and Director of Finance, Performance and Digital, the annual report and accounts were approved for submission at Audit and Risk Committee on the 20th June 2022. I am also pleased to announce that an unqualified opinion was received in relation to the financial statements for the year ended 31st March 2022 and we met the submission deadline of 22nd June.

The next stage will be completion of the Auditor's Report also known as the Value for Money Audit and this deadline is the end of September. We are continuing to work closely with our Auditors Grant Thornton and expect to receive their report towards the end of September, subject to final deadlines from NHSEI. This process needs to be concluded before the Trust can hold its Annual General Meeting which is currently being organised and is scheduled for w/c 26th September. We will confirm the venue, dates and final arrangements shortly.

Our Auditor's have provided an unqualified opinion and we met the submission deadline of 22nd June, the next stage will be completion of the Auditor's Report also known as the Value for Money Audit and

this deadline is the end of September. We are continuing to work closely with our Auditors Grant Thornton and expect to receive their report towards the end of September, subject to final deadlines from NHSEI.

5.0 Fuller Stocktake

In November 2021, the NHS Chief Executive asked Dr Claire Fuller, the Chief Executive Officer designate of Surrey Heartlands ICS and also a practising GP, to undertake a stocktake on integrated primary care, looking at what is working well, why it's working well and how the NHS can accelerate the implementation of integrated primary care across systems. The remit excluded the partnership model, the GP contract and the funding formula that is used for primary care.

The key messages from the report are developing a vision for primary care that includes providing personalised care from a team of multi-disciplinary professionals (Integrated Neighbourhood Community Teams), providing streamlined access to urgent, same day care and advice, ensuring those that need it benefit from continuity of care and helping people to stay well for longer with primary care being at the heart of addressing health inequalities. The report describes the key enablers for the development of integration of primary care being workforce, data and estates.

The report aligns with the creation of Integrated Care Systems and Boards on 1st July 2022, with every Integrated Care System Chief Executive providing their signature to the report as a sign of support. DIHC welcome the publication of this report and the opportunities it prevents for primary care. DIHC is quoted on page 30 of the report as an area of best practice for enabling primary care at a system level.

The link to the report is NHS England » Next steps for integrating primary care: Fuller stocktake report

6.0 Virtual ward planning and implementation

In the NHS's 2022-23 priorities and operational planning guidance, Integrated Care Systems (ICSs) were asked to develop detailed plans for a phased roll out of virtual wards over two years. Virtual wards allow patients to get the care they need at home safely and conveniently, rather than being in hospital and are in place in many parts of the country, such as COVID virtual wards. People with other conditions can also be treated in a virtual ward, for example people living with frailty and people with acute respiratory infection.

The NHS is increasingly introducing virtual wards to support people at the place they call home, including care homes. In a virtual ward, support can include remote monitoring using apps, technology platforms, wearables and medical devices such as pulse oximeters. Support may also involve face-to-face care from multi-disciplinary teams based in the community, which is sometimes called Hospital at Home.

DIHC are working closely with acute colleagues to develop the Virtual Ward pathways of care which will include both step-down and step-up models. The five pathways which have been identified for implementation during 2022/23 and 2023/24 are:

- Paediatrics
- Respiratory
- Acute respiratory infection
- Frailty
- Cardiology

7.0 Draft Code of Governance for NHS Provider Trusts

This draft code published in May 2022 sets out a common overarching framework for the corporate governance of trusts, reflecting developments in UK corporate governance and the development of integrated care systems.

The code was last updated in 2014 and it is recognised that much has changed. The updated code applies to both NHS foundation trusts and NHS trusts and emphasis is on the need for trusts to collaborate as a system.

Consultation opened in May 2022 and closes on 8th July 2022 and feedback will continue to be taken on board in readiness for the publication of the final version in Summer 2022. Organisations and individuals can provide feedback through the NHS online survey here.

I have asked the Trust Secretary to provide an overview on how this governance changes current guidance and will provide further details back to the board in due course. In the meantime if you would like to read the draft code you can view it here.

8.0 Review into Health and Social Care Leadership

In October 2021, the government launched a review of leadership in health and social care. This was led by General Sir Gordon Messenger and Dame Linda Pollard. The review was commissioned to strengthen leadership, including clinical leadership, by highlighting examples of outstanding management and findings ways to drive up innovation and more efficient ways of working. The review wants to help reduce regional disparities in efficiency and health outcomes and sets out new plans to attract great leaders to the most challenged areas within the NHS and the Health Secretary Sajid Javid has welcomed the report and is accepting all seven transformative recommendations the review has put forward. NHS Chief Executive Amanda Pritchard has also given her support stating *"The NHS is a learning organisation – we welcome this report and are determined to do all we can to ensure our leaders get the support they need to help teams deliver the best care possible for patients.*

The 7 recommendations are:

1. **targeted interventions on collaborative leadership** and a unified set of values across health and social care, including a new, national entry-level induction for all who join health and social care and a new, national mid-career programme for managers across health and social care
2. **action to improve equality, diversity and inclusion (EDI)**, including embedding inclusive leadership practice as the responsibility of all leaders, committing to promoting equal

opportunity and fairness standards, more stringently enforcing existing measures to improve equal opportunities and fairness, and enhancing the Care Quality Commission's (CQC) role in ensuring improvement in EDI outcomes

3. **consistent management standards delivered through accredited training**, including a single set of unified, core leadership and management standards for NHS managers, and a curriculum of training and development to meet these standards, with completion of this training made a prerequisite to advance to more senior roles
4. **a simplified, standard appraisal system for the NHS**, including a more effective and consistent appraisal system, to reduce variation in how performance is managed and focus on how people have behaved not just what they have achieved
5. **a new career and talent management function for managers**, including the creation of a new function at regional level to address a lack of clarity and structure in NHS management careers, providing clear routes to progression and promotion, and ensuring a strong pipeline of future talent
6. **effective recruitment and development of non-executive directors (NEDs)** – NEDs play a vital role in providing scrutiny and assurance, and an expanded, specialist non-executive talent and appointments team will encourage a diverse pipeline of talent
7. **encouraging top talent into challenged parts of the system**, including a better package of support and incentives in place to enable the best leaders and managers to take on some of the most difficult roles, whereby roles in challenged areas are seen as the best jobs rather than the most feared jobs

The full review can be viewed here

9.0 Invitation for Expressions of Interest to become Discharge Integration Frontrunner

NHSEI is inviting expressions of interest from local systems who are interested in leading the way in developing and testing new radical new approaches to discharging people from acute care. The first phase of 'Frontrunner Sites' will have the objective of ensuring that more people leave acute care and have the right support, in the right place, in a safe and timely manner.

They expect to select five or six sites depending on the nature of proposals received and they expect systems to be interested in one of both of the following:-

1. Designing and testing new service models, such as the delivery of a more integrated model for intermediate care across existing health and social care portfolios.

2. Designing and testing new enabling arrangements, which might include new funding models, more integrated workforce models, or the deployment of new technologies.

The deadline for applications is 30 June 2022 with interviews taking place during weeks commencing 4 July and 11 July 2022 and I will report back further on this in due course.

If you would like to read further information please visit this link here

10.0 Freedom to Speak up – National Policy Update

In June 2022 there has been an update by the NHS to the national Freedom to Speak Up policy and All NHS organisations and others providing NHS healthcare services in primary, secondary care and integrated care systems in England are required to adopt this national policy as a minimum. Organisations need to have an updated policy in place by 31 January 2024 and our own FTSU guardian will work with the People team to update the DIHC policy in line with the NHS national policy guidance.

There is some useful information and also a helpful e-book available on FTSU which is available to view here.

11.0 Chapel Street Update

Dr B K and Dr D Prashara left the GMS contract on the 1st July 2022 and I am pleased to report that Philip King, Chief Operating Officer has been approved by the CCG to join the GMS contract in partnership with Dr Richard Bramble. Philip King has signed and entered into the same agreements that have been previously approved by the Board for Dr Richard Bramble, specifically:-

- A sub-contract to DIHC for the provision of the GMS contract
- An indemnity agreement

I am sure the Board would like to thank Philip King for taking on this role alongside Dr Bramble.

Enc 3.3

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TUESDAY 5th July 2022
13:30hrs to 15:00hrs

The Drawing Room, Himley Hall, Himley Rd, Himley, Dudley DY3 4DF

PRIVATE AGENDA

Item No	Agenda Item			Presented By	Time
Formalities: to declare the meeting open, quorate and in accordance with the standing orders:					
1	**Chair's Welcome** 1.1 Apologies	To Receive	Verbal	Mr H Turner	13.30
	1.2 Declarations of Interest	To Receive	Verbal		
	1.3 Private Board Minutes – meeting held on 7th June 2022	For Approval	Enc 1.3		
	1.4 Action Register and Matters Arising	For Approval	Enc 1.4		
	1.5 Items Carried Forward from Part One	For Discussion	Verbal		
2	DIHC Development	For Information	Verbal	Mrs P Harris	13:35
3.	Fuller Stocktake Review	For Information	Enc 3	Ms S Cartwright	13:50
4.	Development of Dudley's Model of Integrated Health and Care - Recommendations from the NHS Chairs and Chief Executives	For Information	Enc 4	Ms S Cartwright	14:05
5.	Digital and Business Intelligence Proposal 2022/23	For Approval	Enc 5	Mr M Gamage	14:35

6.	**Committee Minutes** ***(to be taken as read)*** 6.1 Finance, Performance and Digital Committee – meeting held on 19th May 2022 6.2 Audit and Risk – meeting held on 23rd May 2022 6.3 Quality and Safety Committee – meeting held on 17th May 2022	For Information For Information For Information	Enc 6.1 Enc 6.2 Enc 6.3	Mr H Turner	14:45
7.	**Board Meeting Reflections**	To Receive	Verbal	Mr H Turner	14:50
8.	**Any Other Business**	To Receive	Verbal	Mr H Turner	14:55
	Date of next meeting: 6th September 2022 Venue: TBC				15:00

Enc 4.1

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TITLE OF REPORT:	High Oak Consultation Update
PURPOSE OF REPORT:	To advise the Board of progress with High Oak following on from the Board meeting held on 5th June 2022.
AUTHOR OF REPORT:	Helen Codd, Head of Communications, Engagement and Partnerships
DATE OF MEETING:	5th July 2022
KEY POINTS:	• A single scrutiny exercise focusing on High Oak Surgery was held on 15th June 2022 at the request of the Health and Adult Social Care Scrutiny Committee • DIHC NHS Trust and BCWB CCG attended and provided an update on the background for the temporary relocation and a health needs analysis for the area • No members of the public were present and the Galleria pharmacy did not attend despite invitation from the HASC. • The HASC wish to retain this as a continuing agenda item and to hold a further scrutiny committee meeting in a local venue • HASC would also like to see the surgery relocated back to Pensnett • The CCG will now be leading the engagement with continued support from DIHC • The CCG will be providing a response to HASC
RECOMMENDATION:	• That the contents of this paper be considered as information update • That the CCG commence a formal consultation, at pace, with DIHC in a supporting role.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	N/A
ACTION REQUIRED:	Decision ☐
	Approval ☐
	Assurance ☒

1. Introduction

This paper has been written to provide an update to the DIHC Board in relation to the High Oak Surgery engagement processes in terms of its future site of operations. It should be read in the context of the paper presented to the June 2022 Board.

In March 2020, a decision was taken with Dudley Clinical Commissioning Group (CCG) to use the original High Oak Surgery in Pensnett as the Respiratory Assessment Centre (RAC) and move High Oak to Brierley Hill Health and Social Care Centre (BHHSCC) in response to Covid.

The High Oak Surgery have continued to operate from BHHSCC, with some clinical services provided at the Pensnett site. There has been various engagement throughout this period with the registered population and wider stakeholders.

On the 28th March 2022, the Health and Adult Social Care Scrutiny Committee (HASC) of Dudley Metropolitan Council agreed that High Oak Surgery would be a single scrutiny item at a future meeting. This meeting would be open to the public.

At the Primary Care Committee meeting of Black Country and West Birmingham (BCWB) CCG, it was noted that the statutory responsibility to involve the public in any consultation or engagement remains the responsibility of the CCG. At the time of writing this paper, the formal consultation on the future site of the surgery had not been commenced.

2. An Overview - Health and Adult Social Care Scrutiny Committee - 15th June 2022

A report was provided by DIHC and BCWB CCG. The report provided context around the temporary relocation of High Oak Surgery including the current provision of services, changes in primary care, a health needs analysis of the local population and the next steps in determining the future location of the surgery.

Philip King, Chief Operating Officer, Dr Richard Bramble, Joint Medical Director and Helen Codd, Head of Communications, Engagement and Partnerships attended from DIHC and Sarb Basi, Director of Primary Care and Stephen Terry, Head of Involvement, attended from BCWB CCG.

Local ward councillors Judy Foster and Rebbekah Collins were in attendance along with Councillor Bevan who is Cabinet Member for Public Health and Wellbeing. No members of the public were present although Councillor Sue Greenaway submitted a letter expressing concerns.

The Committee made the following points:

- It was suggested that a future meeting be held in a local community centre with other stakeholders invited and concerns were expressed regarding the surveys that had been carried out so far.
- It was the councillors view that residents wanted a GP surgery in the local ward, health inequalities and high levels of need in the area.
- It was reported that the intention was to move on to a formal consultation phase. This lies within the purview of the CCG.
- It was recommended that High Oak Surgery be retained as a standing agenda item for this Committee until the surgery was returned to Pensnett.

In addition, the following recommendations were made by the Committee:

- The Committee believed that the GP surgery and services should revert to Pensnett.

- That the Cabinet Member for Public Health and Wellbeing be supported in undertaking further discussions with partner organisations and that a further report on the outcomes be submitted to the Committee in due course.

- That further work be undertaken with the CCG to develop a joint engagement plan and to ensure that consultation is real and meaningful, however, this is subject to and dependent on services being returned to Pensnett as per the pre-Covid situation.

- That the Stakeholder Panel be reinstated and that a meeting of the Panel take place in advance of the next meeting of this Committee in respect of the High Oak surgery.

- That the Chair and Vice-Chair be authorised to determine the arrangements for a further meeting of this Committee to consider the High Oak issue taking account of the views and suggestions made by Members at this meeting.

The HASC passed a motion that they wish to see the immediate return of the Surgery to its former site.

DIHC's Chief Operating Officer respectfully acknowledged this motion and the position of the elected councillors. He added that the CCG's consultation process needed to be allowed to follow its process, with CCG as the decision maker with commissioning and statutory responsibility, considering all the relevant circumstances, including the HASC's motion. He also was clear that the responsibility for the *provision* of services remains with DIHC and a full assessment of both risk and benefit would need to be considered, including estates, clinical and infection control subject matter expertise and advice.

3. Next steps

- The local Councillors are keen that the stakeholder meetings that DIHC held with them initially recommence and they should have full involvement in the continuing conversations
- The CCG to take the lead for consultation with DIHC's continued support
- The CCG's estates and investment strategy is in formulation, and this will create the policy context for any further decisions.

The HASC and its Councillor members are keen to proceed at pace with the consultation. DIHC were supportive of the speedy resolution of the matter.

DIHC's Head of Communications, Engagement and Partnerships is in the process of meeting her CCG colleagues to agree timelines and next steps on both the Stakeholder Engagement Group and the formal consultation proposals.

Helen Codd, Head of Communications, Engagement and Partnerships

Philip King, Chief Operating Officer

Enc 4.2

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

TITLE OF REPORT:	DIHC's Clinical Audit Strategy and Implementation Plan
PURPOSE OF REPORT:	To inform the Board of progress made towards developing a Strategy and Implementation Plan for Trust-wide Clinical Audit, for DIHC Provider Services
AUTHOR OF REPORT:	Dr Lucy Martin
DATE OF MEETING:	5th July 2022
KEY POINTS:	• COVID 19 saw a pause in NHS clinical audit activity • Restoration and recovery to pre-pandemic activity requires the Trust to ensure that clinical audit is restored and improved • The Trust requires a Clinical Audit Strategy to support and embed a culture of Quality Improvement using clinical audit. • The Clinical Audit Strategy has been completed and is presented in this paper
RECOMMENDATION:	The Board accepts this report and approves the Clinical Audit Strategy and implementation plan
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision ☐
	Approval ☒
	Assurance ☐

1.0 Purpose of Report

This report is to describe to Board the progress made towards developing a Trust-wide Strategy for Clinical Audit and a plan for implementation of the Strategy.

2.0 Background

Clinical audit is a well described method of quality improvement which is integral to any provider of services to patients. When conducted according to best practice standards, clinical audit provides assurance of compliance with recognised clinical standards, identifies, and minimises risk, waste, and inefficiencies, and improves the quality of patient care and patient outcomes.

The NHS Long Term Plan states: “Systematic methods of quality improvement (QI) provide an evidence-based approach for improving every aspect of how the NHS operates. Through developing their improvement capabilities, including QI skills and data analytics, systems will move further and faster to adopt new innovations and service models and implement best practices that can improve quality and efficiency and reduce unwarranted variations in performance. A programme to build improvement capability is established in around 80% of the trusts rated ‘outstanding’ by the Care Quality Commission.”

Similarly, the NHS Patient Safety Strategy states that the NHS “must support continuous and sustainable improvement, with everyone habitually learning from insights to provide safer care tomorrow than today. Quality improvement provides the necessary coherence and aligned understanding of this shared approach to maximise its impact. It offers tools to understand variation, study systems, build learning and capability, and determine evidence-based interventions and implementation approaches to achieve the desired outcomes.”

Our Trust formed in April 2020 as a new NHS Trust during the first wave of the COVID-19 pandemic. Our first clinical services transferred to the organisation in October 2020 and more have joined since. During the COVID response our services were working together to maintain service delivery to patients, maintain a resilience of staffing in the face of sickness absence and household isolation, and play a major part in our local delivery of the COVID vaccination programme in Dudley. NHS guidance allowed the pause of clinical audit as a method of reducing burden on and releasing capacity in clinical services to be able to deliver services, staffing, and vaccination.

It is recognised that now the restoration and recovery of services to their pre-pandemic state is of foremost importance. Whilst contribution to the mandatory national clinical audit programmes was completed in 2021-22, the Trust recognises that a formal Clinical Audit Strategy and Implementation Plan is required to embed clinical audit fully in the Trust. This will ensure delivery against National, Trust-level and service-specific audit programmes of work, improve the quality of our services and contribute to the Trusts corporate objectives for 2022-23.

3.0 Required Documents

The Healthcare Quality and Improvement Partnership (HQIP) recommend that four organisational documents are necessary for effective management of clinical audit, being closely linked and should be read and utilised together. The HQIP document ‘Developing a Clinical Audit Strategy’ recommends the following:

- A policy for the use and conduct of clinical audit: To set out the principles, roles, responsibilities and practices a healthcare provider will follow in auditing clinical practice, and improving the quality of services to meet the needs of patients, healthcare commissioners, healthcare regulators, and others
- A strategy for the development of clinical audit: To describe how a healthcare provider will implement the policy, and increase the impact of audit on clinical services
- A clinical audit programme: To present a prioritised summary of planned clinical audit activity and outcomes, that is regularly updated and scrutinised in accordance with the above clinical audit policy and strategy

- A clinical audit report template: To provide consistency in clinical audit reporting

The Trust have also developed a fifth document to utilise alongside these recommended four:

- A clinical audit proposal template: To provide consistency in planning and proposal of clinical audit.

3.1 Status update for Trust documentation

The Clinical Audit Policy and Procedure has been rewritten and approved following Trust processes.

The Clinical Audit Proposal form and Report Writing Template have been written and approved following Trust processes.

The Clinical Audit Programme will be a live document owned by the Quality Improvement Group. This group is yet to meet for the first time and was initially proposed and discussed by the Quality and Safety Steering Group. The intention is this Group will report through QSSG and then to the Quarterly Learning Lessons Group. Once approval for the Clinical Audit Strategy and Implementation Plan has been received this group will be scheduled monthly to receive and approve audit proposals, work on the Programme document, receive audit reports and generate feedback and support for teams to implement their findings, and share learning from clinical audit.

4.0 Clinical Audit Strategy

The Strategy follows the structure for a Trust Clinical Audit Strategy recommended by the HQIP 'Developing a Clinical Audit Strategy'

The Clinical Audit Strategy is attached at appendix 1. It has been reviewed by Medical Directors, Director of Nursing, AHPs and Quality, the Quality & Governance Team, Executive Committee and Clinical Advisors within the Trust. The document has been received and discussed at Quality & Safety Committee, with a recommendation to Public Board for approval.

5.0 Finance

There are no financial implications of implementing a Clinical Audit Strategy, it would be considered to be business as usual for any NHS Trust provider. There may be a small financial requirement for training of teams in clinical audit if they have little or no previous experience, but it is expected that the skills and resources of the existing employed staff of the Trust would be able to support this.

6.0 Risks

The risk to the Trust is of not implementing a clinical audit strategy and plan, which would be detrimental to the quality of our service provision and safety of our registered patients and service users.

7.0 Recommendation

The Board accepts this report and approves the Clinical Audit Strategy and implementation plan.

Lucy Martin

23rd June 2022

Clinical Audit Strategy 2022 - 2025

Contents

1 Executive Statement

High quality patient-centred services depend upon clinical audit to ensure they continually develop and improve. Dudley Integrated Health and Care (DIHC) NHS Trust is committed to delivering effective clinical audit in all the clinical services it provides.

When carried out according to best practice standards, clinical audit:

- Provides assurance of compliance with clinical standards
- Identifies and minimises risk, waste, and inefficiencies
- Improves quality of care and patient outcomes

DIHC recognises that clinical audit is an essential part of delivery of clinical services and has adopted a policy on the governance and practice of clinical audit which applies to all staff. This strategy document is intended to be read and used alongside its companion documents as follows:

- DIHC Clinical Audit policy which sets out the principles, roles, responsibilities, and practices employees of the Trust will follow in auditing clinical practice
- DIHC Clinical Audit Programme which presents a summary of planned clinical audit activity, progress, and outcomes
- DIHC Clinical Audit Proforma which standardises an approach for services to define and categorise their audit plans
- DIHC Clinical Audit Report Template which standardises the approach to writing up an audit project for the purposes of consistency

Achieving the objectives set out in this strategy will ensure that the Trust policy is implemented and effective which will result in sustained improvements to the quality of care provided to our patients.

2 Organisational Context

DIHC was formed in April 2020 as a new NHS Trust during the first wave of the COVID-19 pandemic. Our first clinical services transferred to the organisation in October 2020 and more have joined since. During the COVID response our services were working together to maintain service delivery to patients, maintain a resilience of staffing in the face of sickness absence and household isolation, and play a major part in our local delivery of the COVID vaccination programme in Dudley. NHS guidance allowed the pause of clinical audit as a method of reducing burden on and releasing capacity in clinical services to be able to deliver services, staffing, and vaccination during the pandemic period.

In April 2022, the Trust is now two years old, and it is recognised that restoration and recovery of services to their pre-pandemic state is of foremost importance. Whilst contribution to the required national clinical audit programmes was completed in 2021-22, the Trust recognises that a formal Clinical Audit Policy, Plan and Programme will be required to embed clinical audit fully in the Trust. This will ensure delivery against National, Trust-level and service-specific audit programmes of work, improve the quality of our services and contribute to the Trusts corporate objectives for 2022-23.

This Clinical Audit Strategy, Policy and Programme contributes to the Trusts vision in the following areas:

- Clinical Governance - the framework by which the Trust is accountable for continually improving the quality of our services and safeguarding high standards of care, and how this is integrated across the Trust
- Corporate Assurance - to ensure the Trust Board have adequate oversight of our clinical services and assurance of their performance and improvement as well as ensuring the Trust meets its statutory obligations
- Quality Improvement - to ensure services are safe and effective and provide a positive experience for patients as well as supporting the Trusts Quality Accounts
- Public and Patient Involvement - to ensure that service user voices are heard in all parts of service planning and delivery

Choice of clinical audit topics will also support:

- Clinical effectiveness by scrutinising outcomes and making improvements
- Evidence-based practice throughout the Trust
- Response to feedback from patients, service users and the public
- Response to concerns identified by services
- Service improvement and transformation
- Meeting the standards required by Regulators such as the Care Quality Commission (CQC)
- Employed staff with continuing professional development, appraisal, and revalidation
- Research and Innovation within the Trust

3 Scope

3.1 Intended audience

This strategy is applicable to all Trust staff with a responsibility for overseeing the direction and development of clinical audit. This will typically include members of the Board, service leads,

department and team managers, professional leads, interested patients and public stakeholders, and the Quality & Governance team.

All members of the Trust should be aware of the strategy, as the implementation of the strategy will have an impact on the way that the Quality & Governance team supports them in clinical audit activities.

3.2 Exclusions

This strategy does not cover those projects which are deemed to be research activity. If any proposed projects present uncertainty in this regard, the proposals will be referred to the Research and Innovation Steering Group and the Quality Improvement Group for a joint opinion and decision.

4 Definition of Clinical Audit

Clinical audit is a quality assurance process that involves measuring the effectiveness of healthcare against proven standards for high quality, and thereafter taking action to bring practice in line with these standards to progress towards and attain full compliance.

4.1 What are clinical standards?

A clinical standard describes the quality of care that patients should be offered by health professionals and health services for a specific clinical condition or defined clinical pathway in line with current best evidence. Clinical standards are universally credited with helping to eradicate the wide variations in care that were common in the past when there was a lack of a coherent approach to the assessment of good practice and what worked best. Examples of clinical standards are those devised by

- National Institute for Health and Care Excellence (NICE)
- Care Quality Commission (CQC)
- Royal College of General Practitioners (and other Medical Colleges)
- NHS Improvement
- Department of Health and Social Care
- Public Health England
- The Trust's own policies and procedures such as clinical record keeping, based on evidence of best practice from multiple sources

4.2 The differences between clinical audit and research or service evaluation

A research project focuses on discovering new information and exploring the best ways to do things, while a clinical audit evaluates how well current best practice is being carried out.

Clinical Audit	**Research**
Measures against a standard	Tests a hypothesis, has a clearly defined question
Improves compliance with standards	Improves knowledge
Practice-based	Theory-driven
An ongoing process	A one-off project
Does not require ethical approval	Usually requires approval by local ethics committee
Measures under usual conditions (effectiveness)	Measures under ideal conditions (efficacy)

The differences between clinical audit and service evaluation are described in the table below:

Clinical Audit	Service Evaluation
Designed to inform delivery of best care	Designed solely to define or judge current care
Measures against a standard	Measures current service without reference to a standard
Designed to answer: “Does this service reach a predetermined standard?”	Designed to answer: “What standard does this service achieve?”

4.3 Different types of clinical audit

The expectation for healthcare professionals to participate in regular clinical audit was first established in the 1989 Government White Paper *Working for Patients*. It is the responsibility of all healthcare professionals to ensure that they are delivering the best possible quality of care to their patients and that this care is evaluated regularly and robustly.

Local clinical audit can be undertaken by individuals, or by small groups of professionals in single or multidisciplinary teams. At the other end of the scale, a national clinical audit will involve multiple clinical teams taking part from multiple health providers across the country. The following are short summaries of the different types of clinical audit that will take place across the Trust.

4.3.1 National Audits

The National Clinical Audit and Patient Outcomes Programme is the title for the national audit programme, commissioned and managed by the Healthcare Quality Improvement Partnership on behalf of the Department of Health and Social Care. The Trust pays an annual fee to take part in the programme. Participation in national audits provides distinct advantages as they are professionally designed by a Royal College, they have an overall sample size running into thousands, the opportunity to benchmark our level of compliance against other trusts, plus a much more compelling case to influence and work towards achieving full compliance.

4.3.2 CQUIN Audits

In 2009, the Commissioning for Quality and Innovation (CQUIN) Framework was introduced into the NHS as a financial incentive to improve quality of care. A proportion of each NHS provider’s total contract value is made conditional on achieving locally agreed improvement and innovation goals agreed with their commissioners. To monitor and assess improvement, commissioners need to be

able to measure the efforts of providers, so most CQUINs have recognised standards by which progress can be monitored and measured.

4.3.3 Local Clinical Audits

Local clinical audits can be undertaken by individuals, or by small groups of professionals in single or multidisciplinary teams. These would be service specific, based on patient feedback, or individual clinician interest for example.

4.3.4 Re-audits

Clinical audit is a cyclical process whereby clinical standards are audited, any gaps are identified, which are then addressed by an approved action plan, followed by re-audit to confirm if the changes made have been embedded into current practice. This process is repeated until full compliance is achieved and sustained.

5 Strategic Aim

The aim of this document is to demonstrate the Trusts commitment to embedding quality improvement using the clinical audit process at all levels of the organisation over the next three years (2022-2025). The Clinical Audit Strategy is part of DIHC's commitment to create a positive organisational culture of learning, continuous development of services and our staff and innovation in practice. DIHC will use a multi-disciplinary approach to clinical audit, ensuring all our teams understand the principles, objectives, and importance of clinical audit. The Trust aims to deliver demonstrable improvements in patient care through the development and measurement of evidence-based practice. Our service leads will then manage the changes required to bring about improvement within their services, supported by the Trust Quality Improvement Group and the Governance Team.

6 Objectives

- To embed an organisational culture of quality improvement with clinical audit as a key enabler
- To overcome barriers for our staff to participate in clinical audit, ensuring that all staff groups can improve their skills in clinical audit delivery to have a wider reach and embed quality improvement practice across all our organisational roles
- To update the Trusts clinical audit policy, develop a clinical audit strategy, a proforma for clinical audit proposals and a template for reporting of clinical audit

- To establish a clinical audit programme, supported by our Quality Improvement Group which focuses on National must-dos, organisational areas of governance risk, incidents, and complaints to prioritise projects
- To establish a robust system for reporting and implementing the outcomes of clinical audit activity
- To ensure the Trust is fully compliant with the requirements of the National Clinical Audit and Patient Outcomes Programme and the CQC Regulatory Standards
- To ensure there is patient and public engagement in clinical audit
- To ensure that clinical audit activities are fully integrated with our other quality improvement approaches and programmes
- To share learning from clinical audit across our organisation and our integrated partners

7 Operational Action Plan

This plan outlines the actions the Trust will take to deliver the agreed objectives above.

Objective	Action	Responsible Individual / Group	Expected Outcome	Target Date	Progress
To embed an organisational culture of quality improvement with clinical audit as a key enabler	Ensure the topic of clinical audit is raised across multiple platforms within the Trust, familiarising staff with the concept and positively encouraging participation.	Joint Medical Directors, Director of Nursing, AHPs and Quality, Clinical Divisional Directors, Clinical Advisors, Service Leads	All staff are familiar with the concept of clinical audit as a quality improvement tool and are aware of policy and process around delivery.	31st March 2023	Work has commenced
	Timely feedback on audit proposals to support staff in clinical audit activity	Quality Improvement Group	Staff improve their skills in planning and delivery of clinical audit	30th September 2022	Not started
	Feeding back lessons learned and		Staff feel proud of their contributions to	31st March 2025	Not started

	high-quality care identified across the organisation to positively reinforce the value of clinical audit		care, improving morale. Staff feel empowered to utilise clinical audit to improve services.		
To overcome barriers for our staff to participate in clinical audit, ensuring that all staff groups can improve their skills in clinical audit delivery to have a wider reach and embed quality improvement practice across all our organisational roles	Identify barriers to staff participation Training for staff in delivery of clinical audit	Service Leads Quality Improvement Group with support from People Team	All teams can actively participate in clinical audit with appropriate resource Teams feel confident to identify audit topics relevant to Trust needs and service improvement New categories of staff participate in clinical audit	31st March 2023 31st March 2023 31st March 2025	Not started On track Not started

To update the Trusts clinical audit policy, develop a clinical audit strategy, a proforma for clinical audit proposals and a template for reporting of clinical audit	Refresh of clinical audit policy and approval via Policy and Procedures Development Group	Joint Medical Director	Up to date policy approved and available for staff use	30th June 2022	Complete
	Write and publish clinical audit strategy	Joint Medical Director	Functional audit strategy document	31st July 2022	Complete
	Design and publication of proforma and report template	Joint Medical Director	Functional audit proforma and report template for staff use	30th June 2022	Complete
	Scrutiny from Quality and Safety Committee	Joint Medical Director to Q&S committee	Policy, proforma and template are fully scrutinised by experts within DIHC	30th June 2022	Complete
	Public Board Approval	Joint Medical Director to Public Board	Board receives assurance that strategy and policy are fit for purpose	31st July 2022	On track

To establish a clinical audit programme, supported by our Quality Improvement Group which focuses on National must-dos, organisational areas of governance risk, incidents, and complaints to prioritise projects	Write a clinical audit programme document Establish regular Quality Improvement Group meetings with clinical audit proposals / review of clinical audit programme document / review of progress against agreed audits	Quality Improvement Group Quality Improvement Group	Live clinical audit programme document Quality Improvement Group meetings in calendar and working with this agenda routinely	31st July 2022 31st October 2022	On track On track
To establish a robust system for reporting and implementing the outcomes of clinical audit activity	Completed audits are discussed and detailed feedback given to the originating team, with required support to implement improvements, with	Quality Improvement Group	A system for reporting and implementing clinical audit outcomes is functional within the Trust	31st March 2023	Not started

	encouragement to plan future re-audit				
To ensure the Trust is fully compliant with the requirements of the National Clinical Audit and Patient Outcomes Programme and the CQC Regulatory Standards	Clinical audit programme details the requirements of National Clinical Audit and Patient Outcomes Programme and records progress against them	Quality Improvement Group	A live programme document reporting progress against National Clinical Audit and Patient Outcomes Programme	31st December 2022	On track
	Clinical audit programme details the requirements of CQC Regulatory Standards and records progress against them	Quality Improvement Group	A live programme document reporting progress against CQC Regulatory Standards	31st December 2022	On track

To ensure there is patient and public engagement in clinical audit	Public forums are utilised to discuss planned audits. Responses to patient feedback indicate clinical audit will be undertaken because of their feedback. Outcomes and learning from audit are shared with the public.	Quality Improvement Group, Communications Service Leads Quality Accounts	Clinical audits routinely have patient engagement or input into design or implementation of outcomes	31st March 2023 31st March 2023 31st March 2024	Not started Not started Not started
To ensure that clinical audit activities are fully integrated with our other quality improvement	A robust clinical audit programme is used to support clinical audit work across the Trust	Quality Improvement Group	Clinical audit has a prominent place in Annual Report and Quality Accounts, describing the relationships with our	31st March 2023	On track

approaches and programmes			other quality improvement approaches		
To share learning from clinical audit across our organisation and our integrated partners	Themes from clinical audit outputs are recorded, discussed, and shared internally and externally	Quarterly Lessons Learned Group	Learning from our organisation is shared internally and externally, maximising opportunities for our teams and partners to improve quality	31st March 2023	Not started

8 References

Statutory and mandatory requirements in clinical audit (HQIP): HQIP statutory and mandatory requirements in clinical audit guidance – HQIP

Developing a clinical audit policy and Developing a clinical audit strategy (HQIP): Developing a clinical audit policy & Developing a clinical audit strategy – HQIP

Clinical audit: A guide for NHS Boards and partners (HQIP): Clinical audit: a guide for NHS Boards and partners – HQIP

Guide for clinical audit leads (HQIP): Guide for Clinical Audit Leads – HQIP

Patient and public involvement in quality improvement (HQIP): A guide to patient and public involvement in quality improvement – HQIP

Developing a clinical audit programme (HQIP): Developing a clinical audit programme – HQIP

Documenting local clinical audit: A guide to reporting and recording (HQIP): Documenting local clinical audit - a guide to reporting and recording – HQIP

Enc 5

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:	5th July 2022
KEY POINTS:	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. The Audit and Risk Committee reviewed the Board Assurance Framework and Risk Management Strategy during May and were assured that it continues to provide an effective risk management system. The final report of the Internal Auditor was received and the Board are asked to note the Level A assurance rating and the full compliance against the mandated Assurance Checklist. The BAF and Strategic Risks are reviewed quarterly with all strategic and corporate risks are mapped to the strategic objectives and reported through the relevant Committee structures for challenge following review by the Executive. The current eight strategic risks within the BAF are reported below for information:

BAF Strategic Risks	Current Risk Score
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)

	<table><tr><td>BAF 005 - The Trust is unable to meet demand in relation to the COVID-19 response</td><td>Low 9 (3x3)</td></tr><tr><td>BAF 006 - The Trust is unable to effectively engage with its system partners and demonstrate appropriate system leadership</td><td>Low 9 (3x3)</td></tr><tr><td>BAF 007 - Financial sustainability will be impacted by future changes to the NHS financial regime</td><td>Moderate 12 (4x3)</td></tr><tr><td>BAF 008 - The Trust can't recruit, train and retain the appropriate innovative workforce</td><td>Low 9 (3x3)</td></tr></table> There has been considerable changes to the risk portfolio including closure of risks, updating of risks and amendments of scores, however, this month there are no changes to the risk scores to report. However, the Board are asked to note the work to develop the strategic risks following the approval of the Business Plan and the development of the supporting delivery plans this will be reviewed as a Board at the Development Session on 12th July before being reviewed by the Committees and taken to the next public Board in September. 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.
RECOMMENDATION:	• Note the BAF Strategic Risk scores and are assured of the ongoing work to develop the strategic and corporate risks
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision ☐ Approval ☒ Assurance ☐

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 the corporate risks, including an 'aged risk' review has now been completed, this has included a full review by the Executive Committee and results reported back through Committees. As reported previously there have been a significant number of recommendations in recent months. This has included, updated risk scores, closure of risks, transferring of risks between Committees and recommendations to close several risks, including risks that had been placed on hold as previously reported to Board.

As previously reported we continue to await a formal response, following the commitment by the Dudley system to deliver a co-produced place-based model of care, aligned to the national guidance, the ICS have assured DIHC that risks to the sustainability of DIHC will be managed at a system level. These are being taken forward as part of the system discussions as part of the development of Place and have now been included in the current state risk assessment for Place Based Arrangements which are being managed at a system level through the system leadership meetings. The Board are asked to note that the BAF and Corporate Risk registers, including impact of system discussion are reflected in the scores, mitigations, controls and assurances. In addition a flag has been placed on the corporate risk register to highlight the risks that in part will be controlled and mitigated by actions by the system.

The Board are asked to note the work to develop the strategic risks following the approval of the Business Plan and the development of the supporting delivery plans will be reviewed as a Board at the next Development Session on 12th July. An Executive Committee session has been planned in preparation for the session. Following this the output will be reviewed by the Committees and taken to the next public Board in September.

2. BAF and Corporate Risk Register Summary Position

Appendix 1 details the current 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 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)

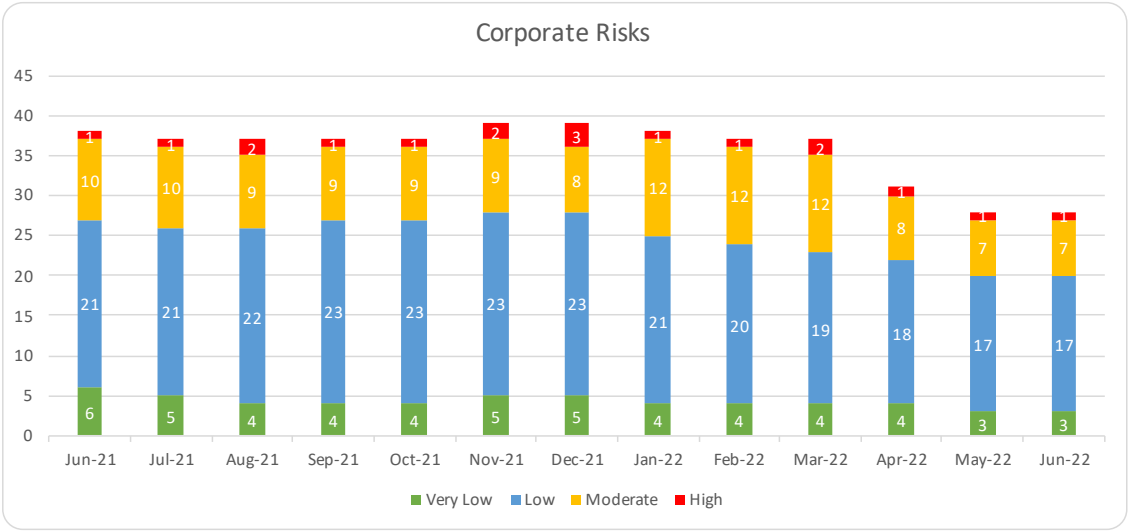
Below is a table showing the overall number and grade of risks and by domain held on the Board Assurance Framework and Corporate Risk Register, followed by a heat map of the eight strategic risks as recommended by the committees.

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	**3**	**17**	**7**	**1**	

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

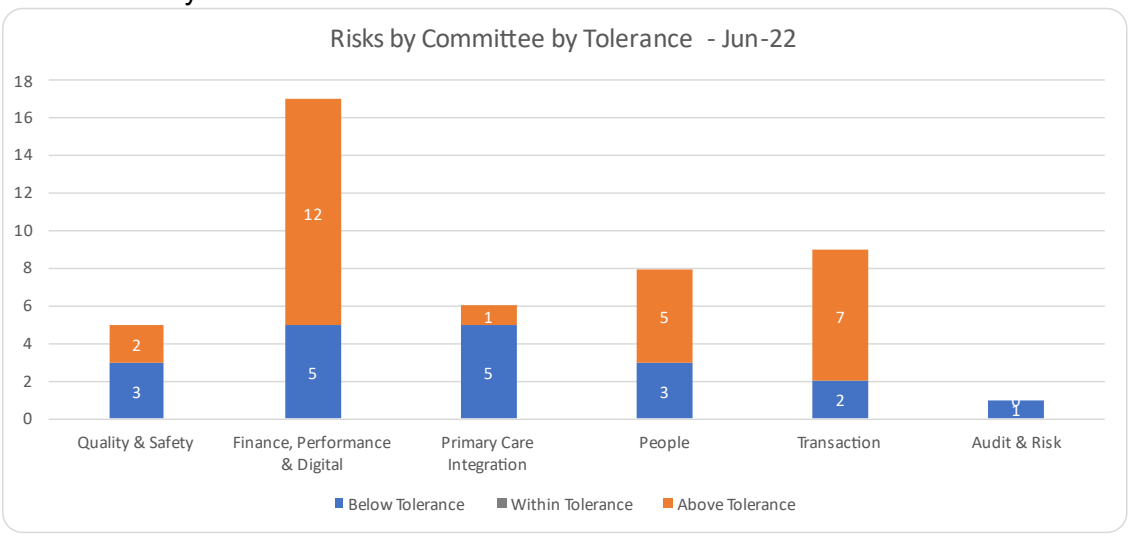
	4. Likely	4	8	12 001, 007	16	20
	5. Almost Certain	5	10	20	20	25

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 detailed in Appendix 1 to this report, 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.



3. Recommended Changes to the Corporate Risks

Following robust review of the strategic risks during June 2022, there are no recommended changes proposed by the Committees.

4. New and Emerging Risks

Robust discussions are being held in committees and at Board, the Board is asked to continue to reflect on the portfolio of risks with no new emerging risks to escalate to the Board at this time.

5. Next Steps – Strategic and Corporate Risk Development and Development of Service Level Risk Reporting

The refresh of the Board Assurance Framework is nearing completion and there will be changes to ensure that the BAF and strategic risks remain aligned to the strategic priorities following approval of the Business Plan and the development of the supporting detailed delivery milestone plans. These will be reported to the September Board in public session following the Board Development Session on 12th July and reported through Committees during August.

As previously reported we have secured a Level A assurance rating for the second year, following a successful internal audit review of Board Assurance and Risk Management against a national set of indicators, only one recommendation was made to strengthen the positive assurances such as audit reports. However, this is not the end of the Board Assurance and Risk Management review, the process has also been robustly discussed at the Audit and Risk Committee at the end of May and the ongoing work of the External Auditors will continue through the Auditor's Report, otherwise known as the Value for Money Audit and the elements related to governance. The findings will be reported in September.

Work to strength the reporting of service level risks through Datix continues apace. To facilitate this work a Risk and Compliance Manager has been appointed on an interim basis and alongside the Associate Director of Quality and Governance, the Chief Operating Officer and the Trust Secretary work to embed and strength the process of raising service level risks through Datix is progressing well. Technical guides and standard operating processes are being developed to support robust governance and assurance processes to facilitate the timely escalation of these service level risks. These will be published in July following robust review at the multi-disciplinary Policy, Procedures Development Working Group. A session on Service Level Risk Management is scheduled for Executive Committee on 6th July and as part of the Board Development Session on 12th July as part of the wider Board Assurance and Risk Management Session.

Ongoing embedding of risk management within the Datix system continues with technical training sessions being completed for all clinical services, and a programme of dates for further sessions are already planned. A programme of support for risk management is being reviewed with support from Trust Secretary, Associate Director of Quality and Governance and the newly appointed Risk and Compliance Manager is being utilised by teams and individuals requiring more support around risk management. The Corporate Risk Register will be fully reported through Datix from 1st October 2022, until that date it will continue in its current format.

Service Level Review meetings are established and Chair of Audit and Risk Committee observed a recent meeting of the School Nursing Service and gave positive feedback on the assurances taken from the experience. A deep dive review of the IAPT services was positively received at the Quality and Safety Committee and assurances taken that there were no additional risks identified or requiring escalation to the Committees and Board as the service risk register were reflective of their current position. Attendance to the Committee was extended to members of People Committee and attendance by the Chair of Audit and Risk Committee also ensured that the report was considered from different committee perspectives, reported once and demonstrated a lively and multifaceted discussion. A programme of service reviews 'deep dives' has been developed by the Chief Operating Officer and will be reported to Executive Committee before being embedded into the appropriate Committee cycle of business. The Board are asked to note that the risk based agenda setting process also still allows for prioritisation of emerging issues and rescheduling of scheduled items. However, having a cycle of business and the service review 'deep dives' scheduled facilitates the services in planning of the additional work, over and above the business as usual service reviews.

Dudley Integrated Health and Care NHS Trust - Board Assurance

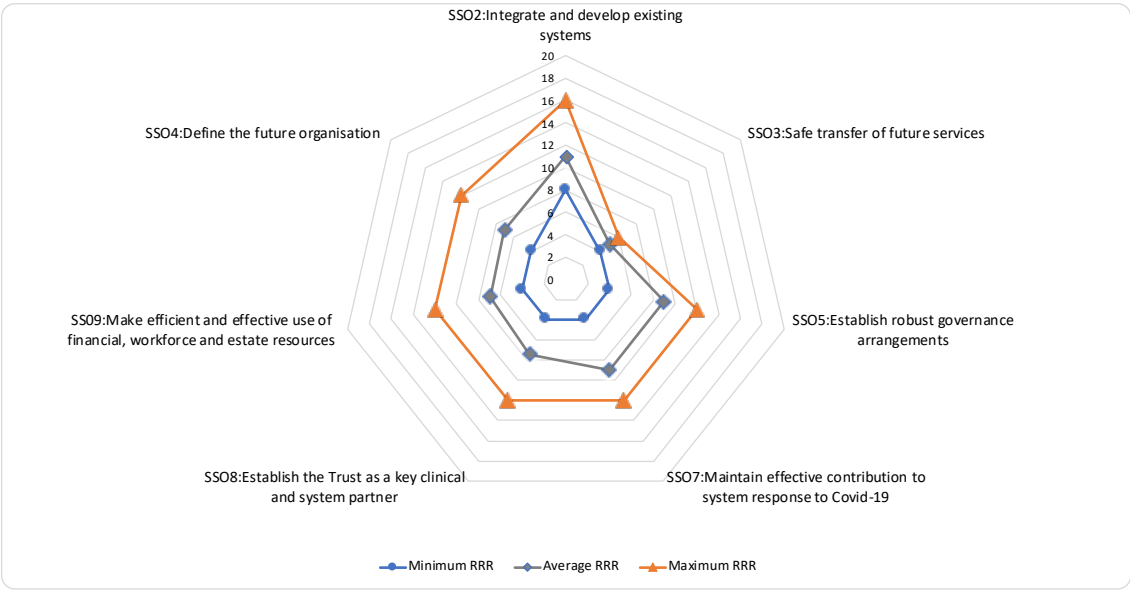
Appendix 1 Strategic Risks (*Please note the Strategic Objectives have been reviewed and risks will be mapped to the current strategic objectives from the 1st July)

Latest Month: Jun-22

BAF Risk No	BAF Strategic Risk	Strategic Objective*	Average RRR	Maximum RRR	Minimum RRR
BAF-002	SSO2:Integrate and develop existing systems	SSO2:Integrate and develop existing systems	11.00	16	8
BAF-003	SSO3:Safe transfer of future services	SSO3:Safely and effectively manage the potential transfer of additional services	5.00	6	4
BAF-004	SSO5:Establish robust governance arrangements	SSO5:Establish robust governance arrangements	9.00	12	4
BAF-005	SSO7:Maintain effective contribution to system response to Covid-19	SSO7:Maintain effective contribution to system response to Covid-19	9.00	12	4
BAF-006	SSO8:Establish the Trust as a key clinical and system partner	SSO8:Establish the Trust as a key clinical and system partner	7.45	12	4
BAF-007	SS09:Make efficient and effective use of financial, workforce and estate resources	SS09:Make efficient and effective use of financial, workforce and estate resources	6.92	12	4
BAF-008	SSO4:Define the future organisation	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 aide understanding of data, with orange (triangle) used to depict maximum tolerance or negative, grey (kite) for



Dudley Integrated Health and Care NHS Trust - Corporate Risk Register
Appendix 2 Coporate Risks ABOVE Tolerance
Latest Month: Jun-22

NHS
Dudley Integrated Health and Care
NHS Trust

Ref	Domain	Committee	Accountable Director (Risk Sponsor)	RISK OF:	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Movement	Trend	Target Risk Rating (L x I)	Above or Below Tolerance
C-106	Safety	Strategy and Transformation	Steph Cartwright	Not having approval from NHSEI to recruit substantively to key posts prior to potential transfers	12	8	8	8	8	8	12	12	12	12	12	12	⇨		5	Above
C-107	Partnerships	Strategy and Transformation	Steph Cartwright	Insufficient system-wide support for DIHC	12	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	12	12	12	12	12	12	⇨		4	Above
C-070	Sustainability	F, P & D	Matt Gamage	Risk of increase in drug volume and prices in excess of planned growth and inflation	9	9	9	9	9	9	9	9	9	9	9	9	⇨		6	Above
C-102	Partnerships	Strategy and Transformation	Steph Cartwright	Risk of lack of system alignment	12	12	12	12	12	12	12	12	12	12	12	12	⇨		4	Above
C-078	Quality	Strategy and Transformation	Richard Bramble	Risk of delayed implementation of clinical service strategy	12	12	12	12	12	12	12	12	12	12	8	8	⇨		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	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	0	6	6	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	Strategy and Transformation	Matt Gamage	Risk to the health care estates function due to isufficent captial funding	6	6	6	6	6	6	6	6	6	6	6	6	⇨		4	Above
C-046	Quality	Strategy and Transformation	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	Failure to develop a primary care operating model at scale and in part is dependant on transfer of community services	12	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	16	16	12	12	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	0	0	0	0	0	0	0	0	16	16	16	16	⇨		9	Above

Dudley Integrated Health and Care NHS Trust - Corporate Risk Register
Appendix 3 Coporate Risks BELOW Tolerance
Latest Month: Jun-22

NHS Dudley Integrated Health and Care NHS Trust

Ref	Domain	Committee	Accountable Director (Risk Sponsor)	RISK OF:	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-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 to the eligibility criteria and sufficiently robust	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	20	16	16	16	12	12	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	6	6	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	Strategy and Transformation	Steph Cartwright	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	6	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 (F,P&D)	8	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	6	6	6	6	6	6	6	6	6	6	6	6	⇨		8	Below
C-205	Reputational	PCI	Steph Cartwright	Lack of infrastructure for ARRS staff including IT, accommodation, supervision and management especially HR support over next 6 to 12 months	6	6	6	6	6	6	6	6	6	6	6	6	⇨		9	Below
C-206	Reputational	PCI	Richard Bramble	Lack of progress on the development of the Prescription Ordering Service (POD)	12	12	12	12	6	6	6	6	6	6	6	6	⇨		9	Below

Enc 6

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

TITLE OF REPORT:	**Health & Safety Annual Report – 2021/22**
PURPOSE OF REPORT:	This report looks back over the period 2021/22 and summarises the key achievements and performance with regard to the management of Health & Safety during that time period, including details of incidents reported and actions taken to develop and further improve the Trust Health and Safety management systems and approach.
AUTHOR OF REPORT:	Jim Young – Associate Director of Quality & Governance
DATE OF MEETING:	5 July 2022
KEY POINTS:	Despite the challenges of Covid-19 and capacity issues, a number of systems and processes have been developed and implemented and all identified H&S concerns have been acted upon. This year has represented the first year using RLDatix for reporting all incidents including H&S-related ones following its implementation on 1st April 2021. This year has also seen the Trust working in collaboration with Black Country Healthcare NHS Foundation Trust (BCH) to bring an interim H&S lead into the Trust from October 2021 as part of the transition from all H&S support being provided via a Service-Level Agreement (SLA) by BCH. During this time there have been no visits from the HSE. A total of 7 H&S-related incidents were reported during the year; all involved no or a low level of harm and none requiring RIDDOR reporting. The incidents reported and reviewed have not identified any trends or themes of concern, and any individual issues have been addressed in order to keep patients and staff safe. It is recognised that during much of this period some staff were still largely working remotely although face to face clinical work had restarted in a number of areas; this may have impacted on the number of H&S-related incidents being identified. From October 2021, a workplan was developed and subsequently implemented as part of developing the Trust's own H&S management systems and processes. Further development is planned for 2022/23 including the establishment of a robust and meaningful audit schedule and a clear plan for the substantive recruitment of in-house H&S resource.
RECOMMENDATION:	That the Board are assured with regards to the management of H&S systems and processes, the progress made during the year to develop

	these systems and that staff and patients have been kept safe as a result of the work and associated actions taken.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision ☐
	Approval ☐
	Assurance ☒

Health & Safety Annual Report – 2021/22

1. Executive Summary

This report looks back over the period 2021/22 and summarises the key achievements and performance with regard to the management of Health & Safety during that time period, including details of incidents reported and actions taken to develop and further improve the Trust Health and Safety management systems and approach. Despite the challenges of Covid-19 and capacity issues, a number of systems and processes have been developed and implemented and all identified H&S concerns have been acted upon.

This year has represented the first year using RLDatix for reporting all incidents including H&S-related ones following its implementation on 1st April 2021. This year has also seen the Trust working in collaboration with Black Country Healthcare NHS Foundation Trust (BCH) to bring an interim H&S lead into the Trust from October 2021 as part of the transition from all H&S support being provided via a Service-Level Agreement (SLA) by BCH.

During this time there have been no visits from the HSE.

A total of 7 H&S-related incidents were reported during the year; all involved no or a low level of harm and none requiring RIDDOR reporting. The incidents reported and reviewed have not identified any trends or themes of concern, and any individual issues have been addressed in order to keep patients and staff safe.

It is recognised that during much of this period some staff were still largely working remotely although face to face clinical work had restarted in a number of areas; this may have impacted on the number of H&S-related incidents being identified.

From October 2021, a workplan was developed and subsequently implemented as part of developing the Trust's own H&S management systems and processes. Further development is planned for 2022/23 including the establishment of a robust and meaningful audit schedule and a clear plan for the substantive recruitment of in-house H&S resource.

2. Summary of incidents reported

Between 1st April 2021 and 31st March 2022, a total of seven H&S-related incidents were reported, via the RLDatix system that was implemented into the Trust on 1st April 2021. This represented approximately 5% of the total number of incidents reported during the same period of time. No incidents were reported during Q3.
The incidents reported and reviewed have not identified any trends or themes of concern and any individual issues have been addressed in order to keep patients and staff safe.

It is recognised that during much of this period some staff were still largely working remotely although face to face clinical work had restarted in a number of areas; this may have impacted on the number of H&S-related incidents being identified.

***Figure 1**: Number of incidents reported - by quarter*

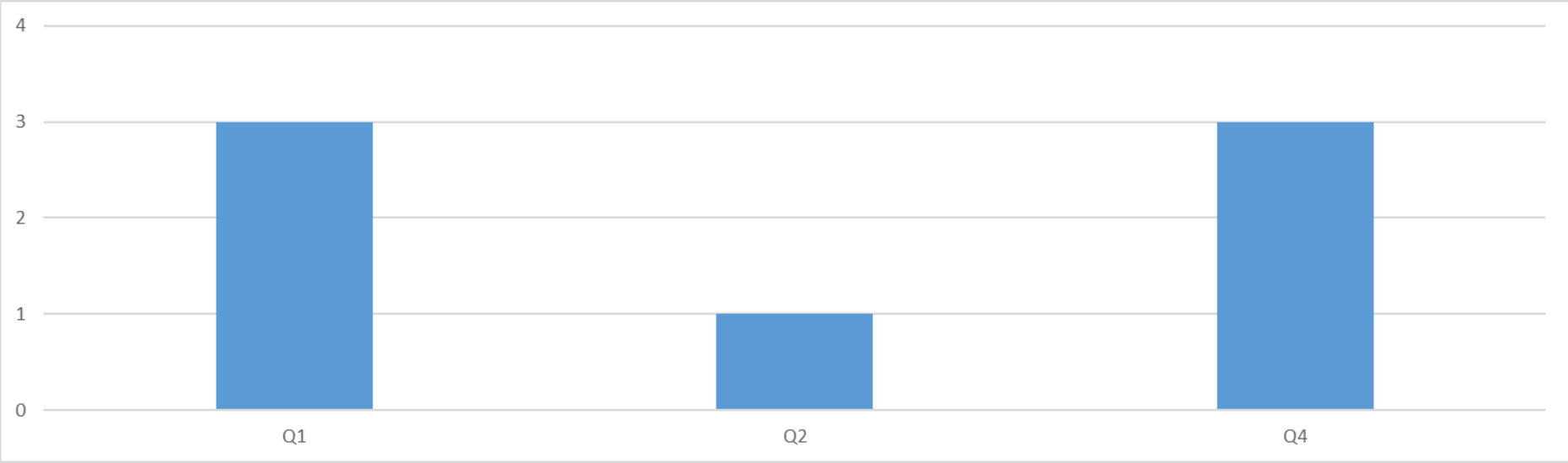
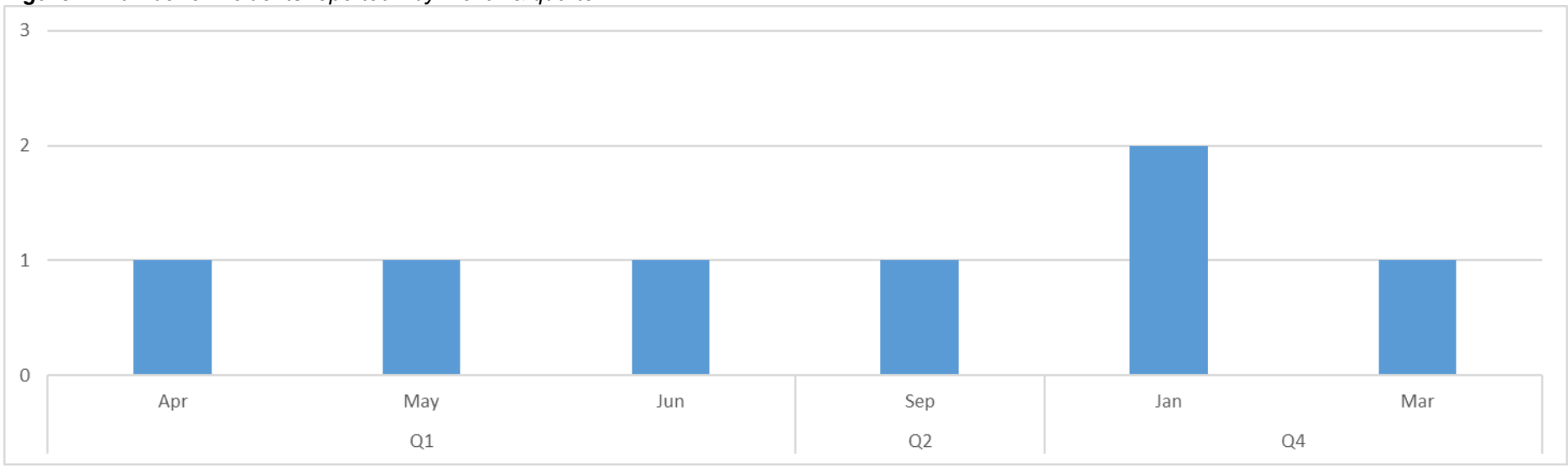


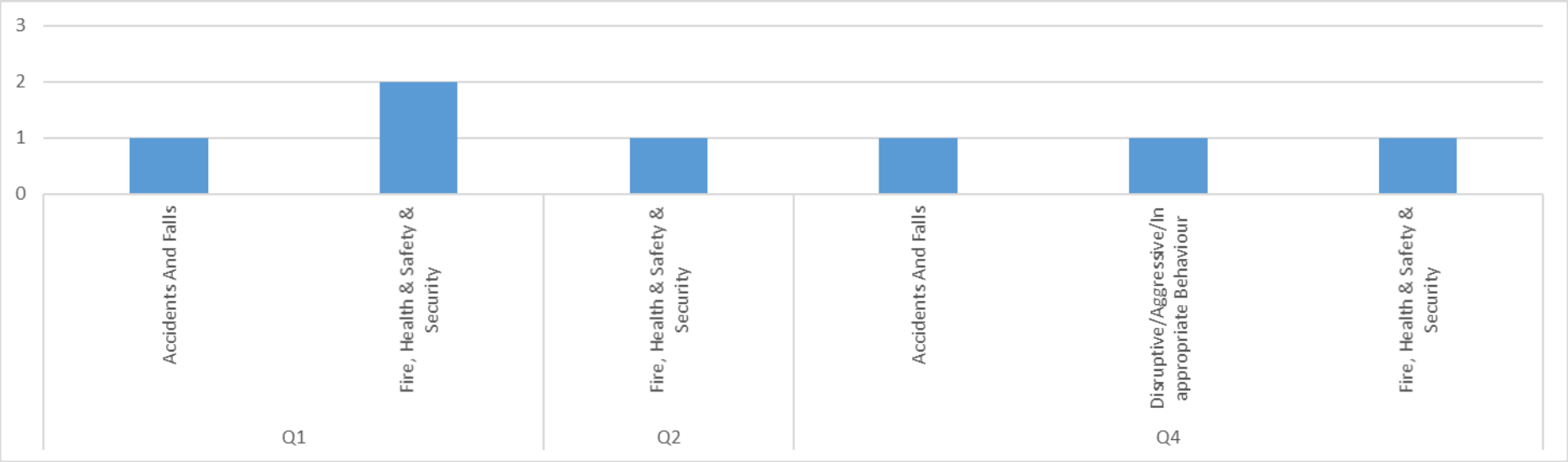
Figure 2: *Number of incidents reported - by month & quarter*



2.1 Categories and severity (level of harm)

All incidents reported fell into one of three main categories. There was only one instance involving an issue with behaviour which related to an IAPT patient not wearing a mask when exhibiting cold symptoms. No harm was caused and no further action required.
The 'Accidents and Falls' incident reported in Q4 related to a member of staff collapsing in pain and requiring medical assistance resulting in an ambulance being called; the cause of the medical emergency was not related to work.

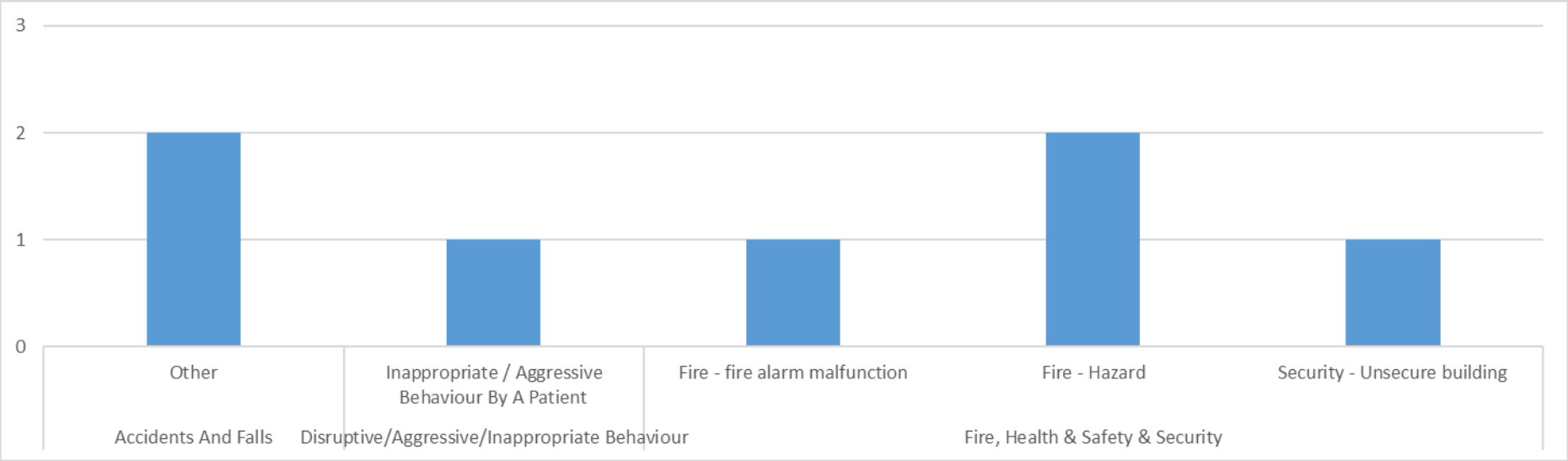
***Figure 3**: Incidents reported - by category & quarter*



All incidents fell into one of five different sub-categories. The two fire hazard-related incidents both refer to the School Nursing team and subsequently resulted in proactive action being taken to relocate some of the team to a different location (see 'Improvement actions taken' below).

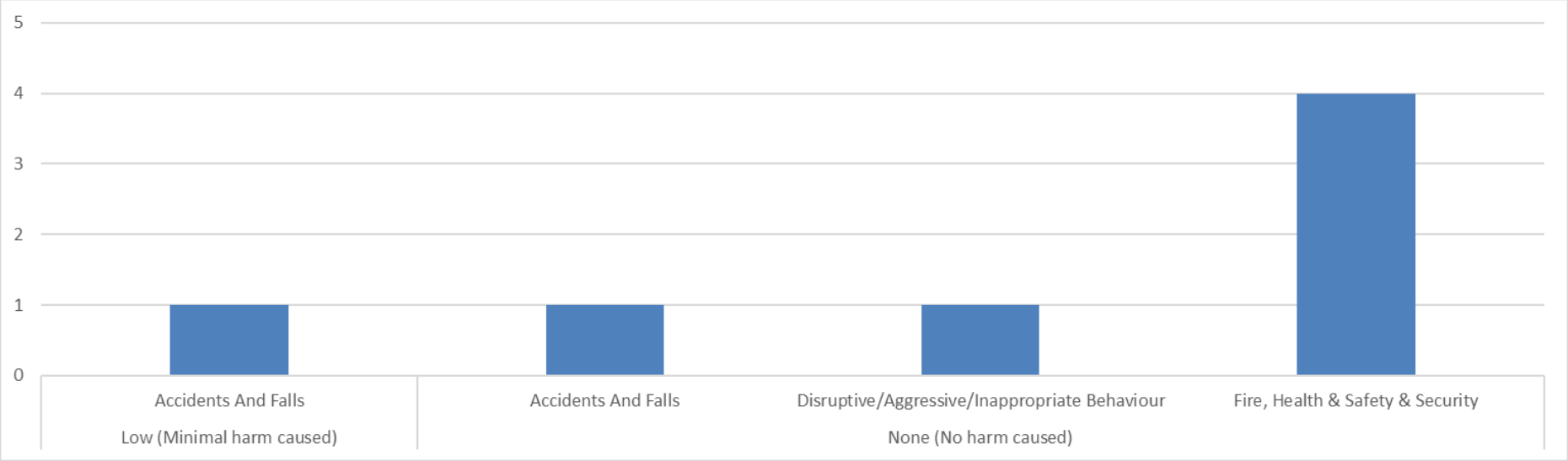
The fire alarm malfunction related to a technical issue that affected a number of other DIHC services within the same location which was subsequently addressed by the landlord.

***Figure 4**: Incidents reported - by category & sub-category*



Only one incident reported resulted in any actual harm; it related to a member of staff injuring their finger on a padlock. This was identified as a genuine accident and no further action was required.

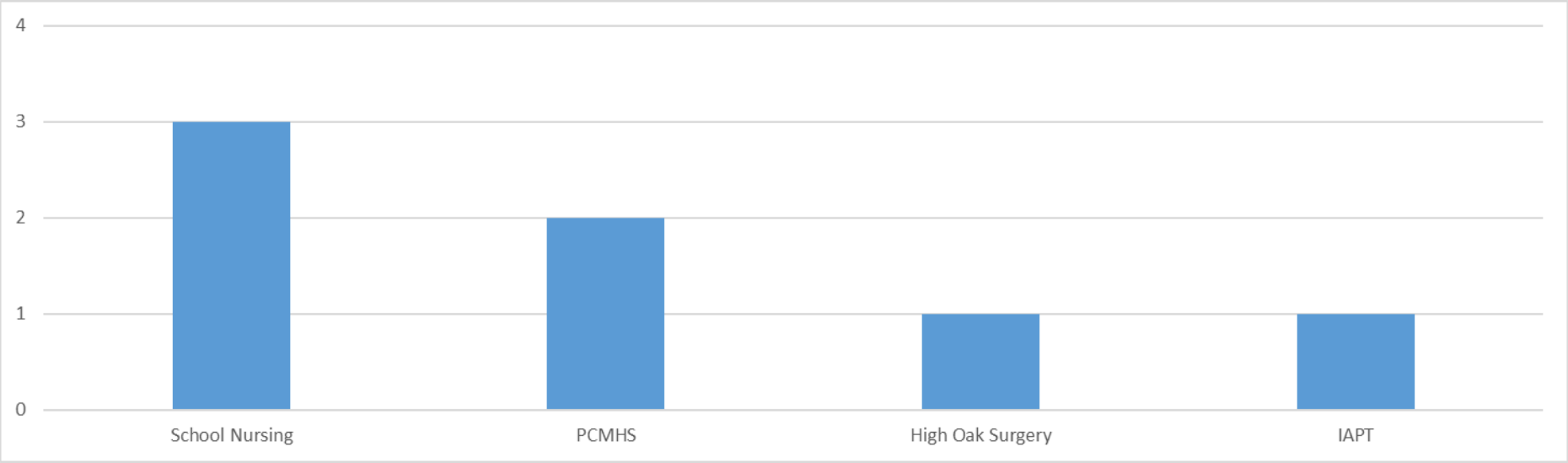
***Figure 5**: Incidents reported - by category and level of harm*



2.2 Services reporting incidents

As described above, two of the School nursing team incidents related to fire safety concerns which were subsequently addressed.

***Figure 6**: Incidents reported - by service*



2.3 Reporting Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) incidents

No incidents required reporting to RIDDOR during this time period.

2.4 Trends & themes

The low number of incidents reported cannot be the basis for any meaningful trend regarding the type of incidents being reported.
The majority of incidents appear to represent genuine, 'one off' issues that have been readily addressed.
The low number of reported H&S incidents is potentially of concern but is likely linked at least in part to a large proportion of staff working from home for a significant period of the timeframe being reviewed (see below). In addition, where there have been genuine concerns these have been clearly and promptly reported by services However, the volume of H&S incidents being reported will continue to be monitored.

2.5 Impact of Covid and remote working on incident reporting

During this time, a proportion of work undertaken by staff was still home-based due to the ongoing Covid pandemic although it is recognised that more face to face work was gradually being introduced over this same period.

This clearly continued to reduce the opportunity for work-based H&S-related incidents, such as falls, but did still provide some potential for more staff experiencing musculoskeletal problems associated with their working environment and potentially not having access to the same desks and office equipment as would be available in the normal workplace.
However, despite this potential for harm there have been no instances of work-related injury of this nature being reported.

Given the open reporting culture generally exhibited by our staff, it would seem reasonable to equate this to there being no such work-related injuries actually being experienced by our staff during this time. This is further supported by the fact that regular individual risk assessments have been undertaken which considered the working environment, as well as equipment being offered to staff; this included desks and chairs.

3. Audits & visits

Audits of our services provide a valuable opportunity to identify opportunities for improvement and identification of potential hazards.
Due to capacity issues there have been limited proactive visits carried out over this year. However, six audits have been undertaken in response to specific objectives or concerns that had been raised – these audits and the key findings are summarised in Table 1 below.

Table 1: *Summary of audits & key findings*

Quarter completed	Location / service	Reason for visit	Summary of findings / actions taken
Q1	Halesview – Primary Care Mental Health Service	Preparation for returning to face to face consultations	A number of improvements identified in line with the Covid guidance in place at the time
Q1	Progress Point – School Nursing team	In response to a request for help to improve file storage and associated environment	A number of changes implemented including de-cluttering the site, removal of loads at height and improved flow and walkways created
Q1	Leasowes School – School Nursing team	In response to issues raised by the team	A small number of improvements identified – engaged with school to address
Q1	St James Academy – School Nursing team	In response to issues raised by the team	An ongoing concern regarding the location used solely by the School Nursing team – not in use by any school staff or students. An alternative base location was therefore identified and the team moved offsite.
Q3	Stourbridge Health & Social Care Centre	Reviewing potential suitability of additional clinical space	A small number of improvements identified to maximise the clinical use of the available space
Q4	Chapel Street Medical Centre	Baseline audit undertaken as part of management support being provided to the GP practice	A number of improvement actions identified which were shared with the landlord for taking forward with regards to the building.

4. Mandatory training compliance

As of 31st March 2022, the Trust compliance rates were as summarised in Table 2 below.

Table 2: *End of 2021/22 Mandatory training compliance*

Training	% Compliance
Health, Safety & Welfare	96.38%
Fire Safety	93.31%
Moving & Handling Level 1	92.48%
Infection Prevention & Control Level 1	85.79%
Infection Prevention & Control Level 2	100%

Table 3*: Summary of H&S mandatory training compliance rates*

Overall, this shows a good level of compliance; mandatory training data is routinely provided to all managers to aid improving compliance and the more recent recruitment of a dedicated Infection Prevention & control lead is already having an impact on improving IPC-related awareness.

5. Development plan

Recognising that there were a number of aspects of H&S management that required further development and improvement, during May & June a work plan was developed with BCH for the first six months of 2021/22, designed to address these areas and strengthen the Trust arrangements for H&S management. This work plan was tabled and agreed at the June 2021 Quality & Safety Committee, although capacity issues meant that progress was slower than planned during Q2.

Following the interim H&S lead starting in post in October, the work plan was reviewed and refreshed and significant progress was subsequently made in order to establish robust systems and processes for safely and effectively managing Health and Safety within the Trust.

A summary of some of the key actions defined in the workplan and its status at the end of 2021/22 is provided in **Table 3** below; some of the key developments included:

- A full revision of all H&S-related policies to ensure that they were fit for purpose for the Trust
- The implementation of a dedicated H&S Committee, chaired by the Trust Chief Operating Officer
- Working in collaboration with Black Country Healthcare NHS Foundation Trust (BCH) an interim H&S lead brought into the Trust from October 2021 as part of the transition from all H&S support being provided via a Service-Level Agreement (SLA) by BCH.

Despite the challenges of Covid-19 and capacity issues, a number of systems and processes have clearly been developed and implemented and all identified H&S concerns have been acted upon.

Further development is planned for 2022/23 including the establishment of a robust and meaningful proactive audit schedule and a clear plan for the further development of dedicated, substantive in-house H&S resource.

Table 3: *Summary of 2021/22 H&S workplan and end of year status*

Description / key objective	Status as of 31/03/2022
Review H&S work plan for 2021/22	Workplan revised & agreed **Complete**
Complete COVID Secure Workplace Risk Assessments / Support additional return to face-to-face work	Services supported to undertake all required assessments **Complete**
Implementation of Risk Assessment tool	Developed and implemented as part of H&S policy work **Complete**
Review and revise suite of H&S Policies	Overarching H&S policy and supporting policy documents fully reviewed and updated **Complete**
Implement H&S Committee	First meeting held November 2021; established on a bimonthly basis **Complete**
Develop robust approach to audit	Six visits undertaken and actions taken accordingly (see above) Templates developed including baseline compliance checklist **Complete** ***Schedule to be implemented as part of 2022/23 workplan***
Develop in-house H&S function	Interim support in place **Substantive workforce plan carried over to 2022/23 workplan**
Define 2022/23 work plan	Developed and approved at March H&S Committee **Complete**

Enc 7

Dudley Integrated Health and Care NHS Trust

Quality and Safety Report

Reporting Period: May 2022

Reported to: June 2022, Trust Board

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

Key:

Variation and Assurance Icons

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

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

Statistical Process Chart (SPC)

Summary

Data / Quality Indicators	Other
• No Serious Incidents reported this period • Three formal complaints reported this period	• Support provided to a multiagency review of a nursing home following a large scale enquiry

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**

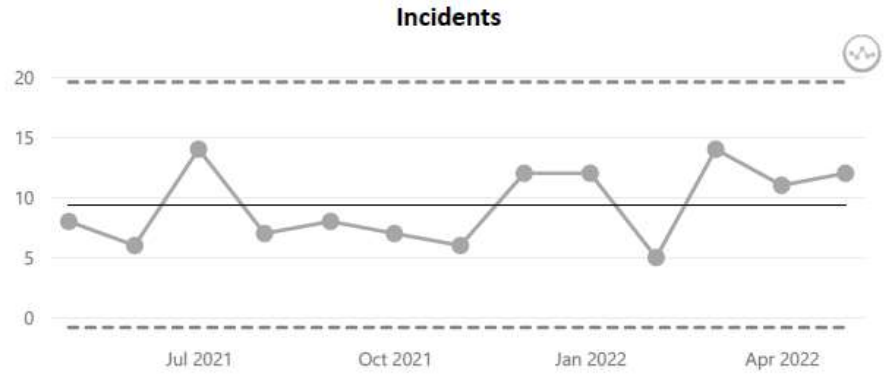
DIHC Performance Scorecard 2022/23

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	YTD	Target	Variation	Assurance
Q&S	Feedback	Mental Health Friends and Family Test – % Positive	Local	May 2022	100%	100%	-		
		Mental Health Friends and Family Test – % Positive (Qtr)	Local	Mar 2022	100%	99.62%	-		
		Feedback - Informal Concern	Local	May 2022	3	4	-		
		Feedback - Compliments	Local	May 2022	4	6	-		
		Feedback - Complaints	Local	May 2022	3	8	-		
	Incidents	Duty of Candour	National	Nov 2021	100%	100%	100%		
		Occurrence Of Any Never Event	National	May 2022	0	0	-		
		Incidents	Local	May 2022	12	23	-		
		Serious Incidents	Local	May 2022	0	0	-		
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	May 2022	100%	100%	-		
	Q&S	Staff Flu Vaccinations (2022/23)	CQUIN	May 2022	0%	0%	0%		
	Safeguarding	Number of Safeguarding Concerns - Adults	Local	May 2022	72	114	-		
		Number of Safeguarding Concerns - Child	Local	May 2022	14	34	-		
		Number of Safeguarding Concerns - Age unknown	Local	May 2022	0	1	-		
		Number of SARs - Open	Local	May 2022	5	9	-		
		Number of CSPRs - Open	Local	May 2022	2	5	-		
		Number of S42s - Open	Local	May 2022	3	10	-		
		Number of S42s - Overdue	Local	May 2022	1	5	-		

Footnotes

There are were no incidents of Duty of Candour in May 2022

Incidents



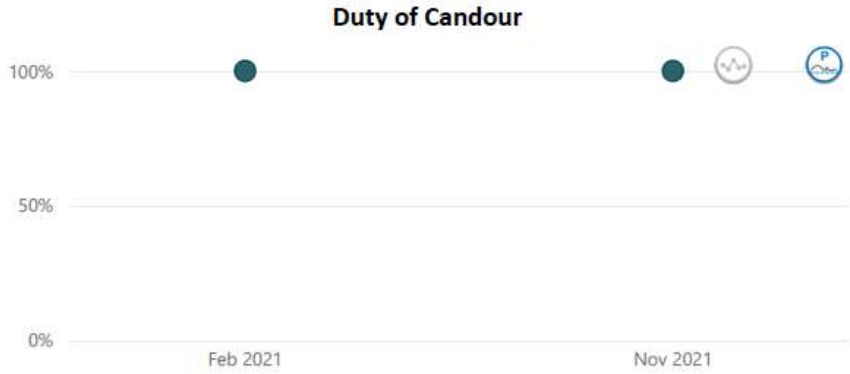
May 2022
Date

12
Value

-
Target

Common Cause
Variation

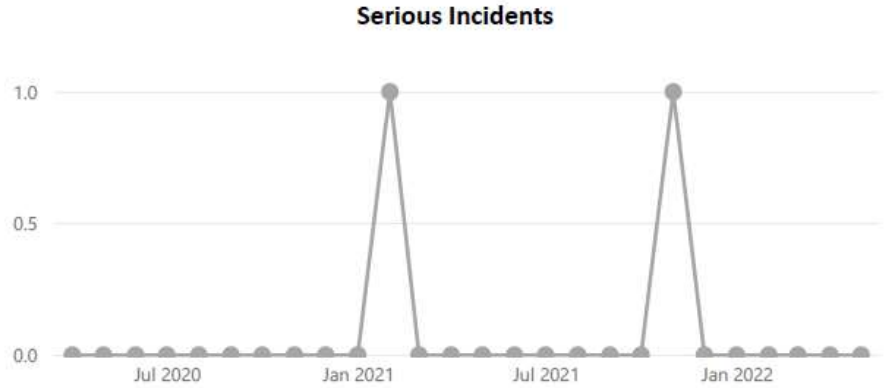
No Target
Assurance



Nov 2021
Date

100%
Value

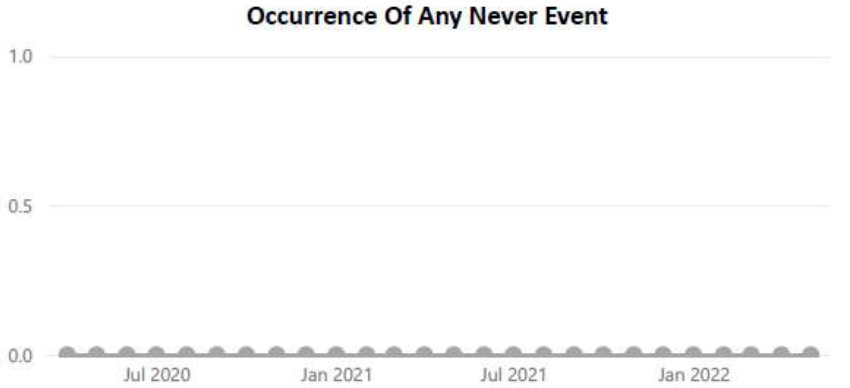
100%
Target



May 2022
Date

0
Value

-
Target



May 2022
Date

0
Value

-
Target

Service comments	Actions
No obvious trends or concerns; three incidents relate to an issue with staff within the mental health service accessing patient records on the Rio system. These issues were expedited and resolved	• All incidents are reviewed via the weekly datix review meeting with actions undertaken as required.

Feedback

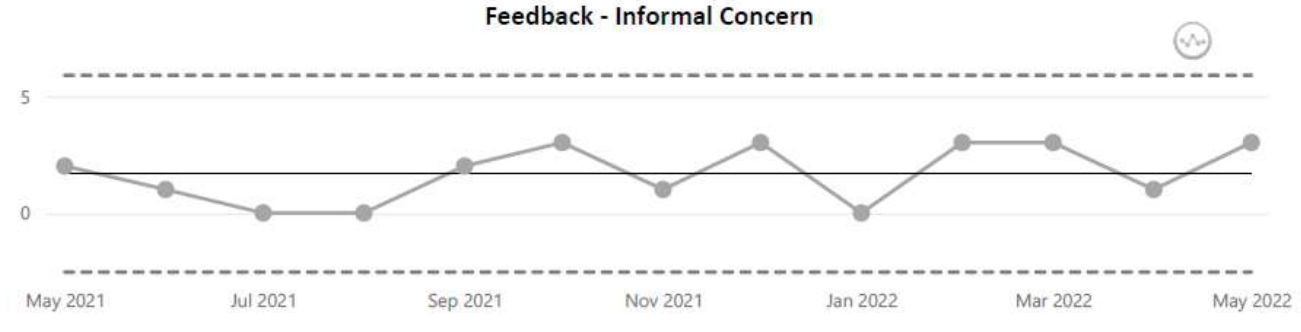
May 2022
Date

3
Value

-
Target

Common Cause
Variation

No Target
Assurance



May 2022
Date

3
Value

-
Target

Common Cause
Variation

No Target
Assurance

May 2022
Date

4
Value

-
Target

Common Cause
Variation

No Target
Assurance

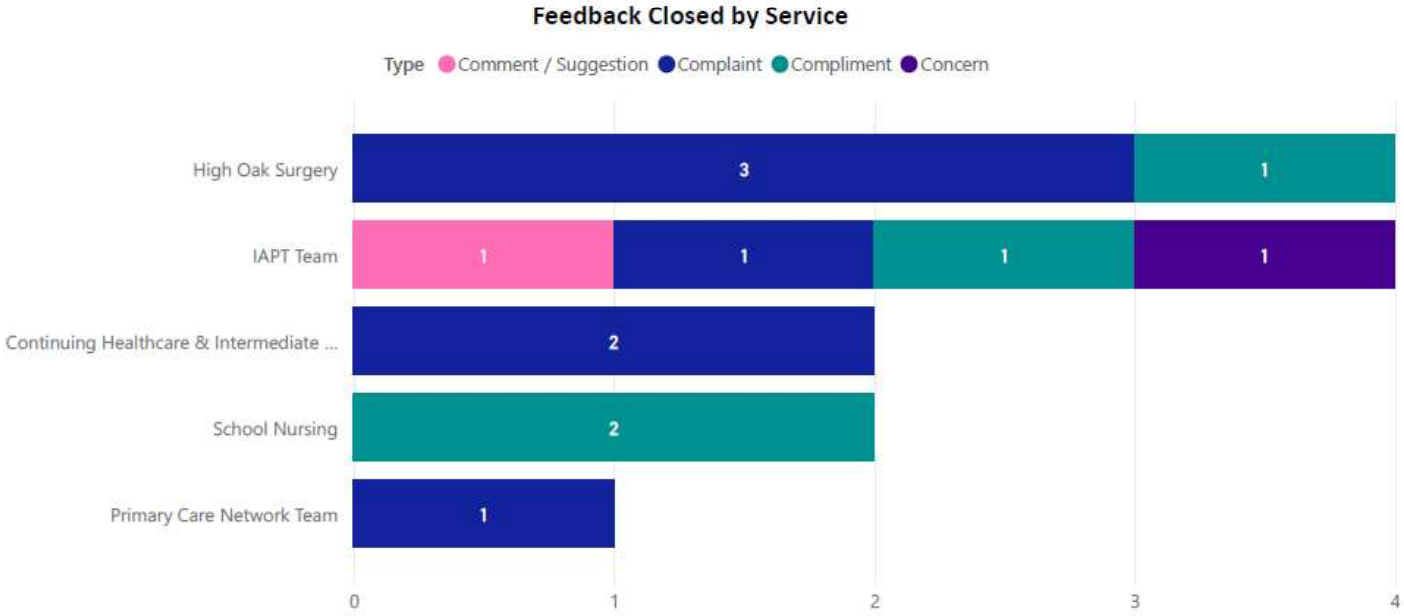
Service comments

- No significant trends or themes identified
- One complaint relates to CHC and is being managed on behalf of the CCG
- Compliments provided to School Nursing and the Winter Access Hub
- All complaints received acknowledged within 3 days as per regulations.

Actions

- No specific actions currently required; investigations may identify further actions

Incidents and Feedback Closed Within: May 2022



Key Lessons Learnt

- A clear process for managing and actioning clinical emails in primary care is required to prevent delays
- Meeting administrators to ensure they oversee and manage the recording of MS Teams meetings
- Awareness of application of IPC guidance re mask wearing and patient exemptions in primary care

Actions

- Email process in primary care service revised with additional checks in place. This ensures requests are reviewed and actioned
- Learning to be shared with staff via Friday Round Up communications regarding the management of MS Teams meeting recordings
- The Director of Nursing, AHPs and Quality (the Trusts Director of Infection Prevention and Control) has spoken with the service lead to clarify the understanding regarding exemptions to the requirement to wear a mask in healthcare settings in accordance with guidance.

- Further reported and closed incidents related to clinical and support interventions actioned in a crisis response to support individuals with escalating mental health

Safeguarding

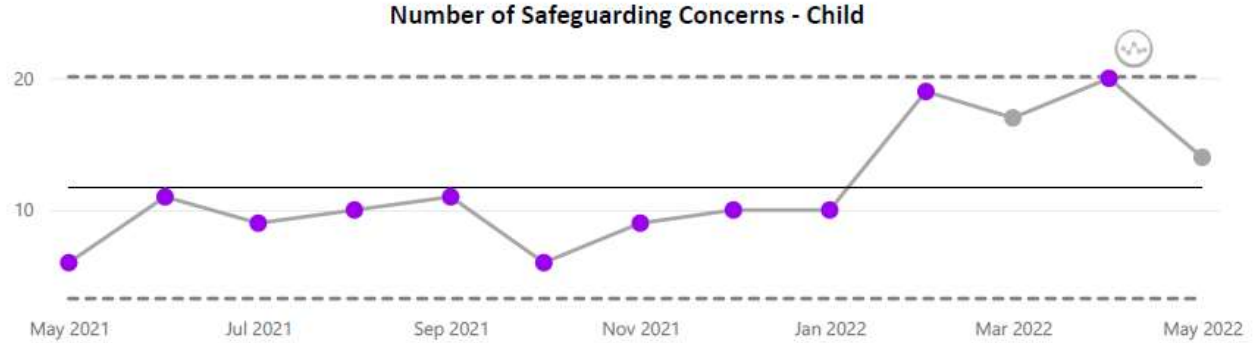
May 2022
Date

72
Value

-
Target

Common Cause
Variation

No Target
Assurance



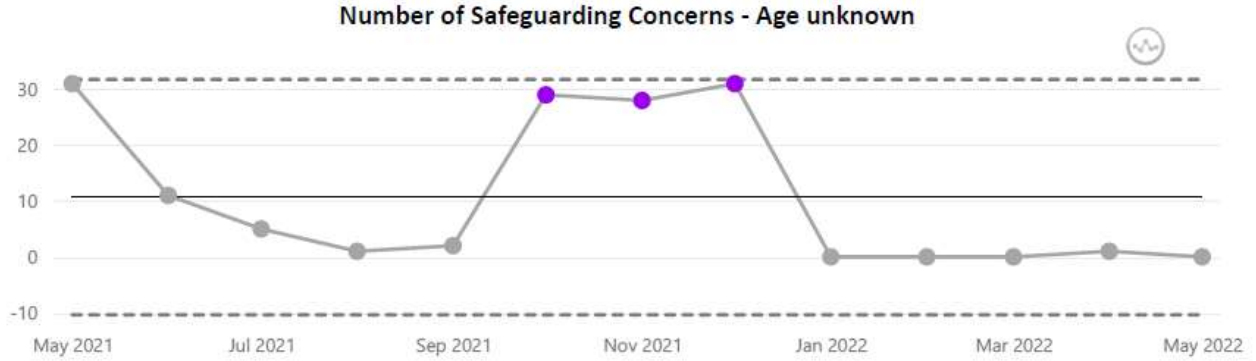
May 2022
Date

14
Value

-
Target

Common Cause
Variation

No Target
Assurance



May 2022
Date

0
Value

-
Target

Common Cause
Variation

No Target
Assurance

Service comments

- Practitioners are becoming better at recognising the impact of parental issues on children following the introduction of safeguarding supervision to the adult workforce.
- IAPT continue to report the highest number of safeguarding incidents. There continue to be very few reported safeguarding incidents from other DIHC services (GP, SNs, IC and CHC) and this will be reviewed and analysed going forward in order to determine any barriers to reporting.
- Safeguarding supervision sessions with CHC and IC Teams commenced in Q1 and supervision sessions delivered to all services have included a training session around what to include in a safeguarding referral which should increase the number of safeguarding alerts being recorded on Datix.

Actions

Support provided to a multiagency review of a nursing home following concerns raised and a multiagency large scale inquiry meeting

COVID VACCINATIONS – Patients (High Oak Surgery)

- Covid vaccination programme at High Oak continues; latest uptake data (as of 31/05/2022):

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	7	100%	100%	86%	0	0
02. Age 80y+ and HSC Workers	179	95%	94%	92%	6	4
03. Age 75-79y (excl care home)	115	94%	92%	89%	3	4
04. Age 70-74y or Covid High Risk (excl care Home)	325	94%	92%	81%	7	14
05. Age 65-69y (excl Care home)	136	96%	95%	87%	2	4
06. Age 16-64y with UHC (excl care home)	577	86%	83%	68%	11	73
07. Age 60-64y or UHC (excl care home)	84	100%	89%	77%	2	7
08. Age 55-59y (excl care home)	130	92%	90%	78%	2	8
09. Age 50-54y (excl care home)	145	85%	83%	62%	3	19
10. Age 40-49y (excl care home)	275	80%	77%	56%	2	54
11. Age 30-39y (excl care home)	520	72%	65%	42%	17	129
12. Age 18-29y (excl care home)	448	69%	58%	27%	3	46
13. Age 16-18y, no UHCs	71	46%	31%	6%	0	0
14. Age 12-15y with specific UHC or household contact	13	54%	31%	0%	0	6
15. Age 12-15y no UHCs	200	45%	23%	0%	2	110
16. Age 5-11y with specific UHC or household contact	23	0%	0%	0%	0	23
17. Age 5-11y no UHCs	464	5%	0%	0%	0	437

Age groups exclude care homes unless otherwise stated
UHC – underlying health conditions
HSC – health and social care

Enc 8

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: **Quality & Safety Committee**

Date of meeting: 21 June 2022 (via Microsoft Teams)

Significant risks/issues for escalation	No significant risk/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 May 2022 data. • 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 May 2022. • Three formal complaints reported this period; these are being managed in accordance with the NHS complaints regulations. • Committee were informed of the support DIHC are giving to a local Nursing Home to support quality improvement. **Infection Prevention and Control (IPC)** The bi-monthly IPC was presented to committee to provide assurance on the activities undertaken. Committee were appraised of the hand hygiene audits that are currently being undertaken across clinical services together with the IPC audit that was recently undertaken within the High Oak primary care service. An update against the IPC workplan was provided together with the planning in progress for the 22/23 staff flu vaccination campaign. The Committee received the report for assurance. **Quality Account** The final draft Quality Account was received by the Committee. Statements have been received from stakeholders. Committee received the report and the Chair of the Committee was happy to approve it under the authority delegated to her from the Board. The Committee thanked everyone involved in the preparation of the report and reflected on the positive progress made over the year 2021/2022.

IAPT report – Deepdive

The service lead for IAPT attended to provide Committee with an overview of the IAPT service focussing on the challenges and opportunities. Discussions centred on the work the service had undertaken with NHSE/I to review access targets and workforce. The Black Country as a system have developed a five-year workforce plan. The team are currently covering vacancies with agency staff however there are several staff due to qualify in September. The limited number of commissioned training places was highlighted as a concern.

Committee were informed of progress in regard to restoration and recovery with an increase in face to face appointments being offered. Face to face group sessions have also been restored. It was reflected that there are some clients who prefer the digital option.

The team are reviewing recovery rates and are undertaking a piece of work to understand why clients disengage early from the service. The team will also engage with diverse communities to ensure the service meets their needs. The team are currently piloting a service to support the needs of patients with diabetes, there are plans to extend this across to individuals with long-term conditions.

Committee commended the work of the team.

Clinical Audit

The Joint Medial Director (Dr Martin) introduced a suite of documents including;

- The clinical audit policy (approved via the Trusts Policies and Procedures Group)
- The clinical audit strategy – recommended to Board
- The audit proposal form

The Director of Nursing, AHPs and Quality committed to launching the clinical audit strategy and policy at the Nursing and AHP forum scheduled for 8th July 2022. Committee received the report and recommended the report to Board.

Clinical Governance Development:

Committee noted the workplan and the update provided. The Associate Director of Governance and Quality informed Committee of the accelerated work relating to service level risk management. A policy update was provided. Committee were assured on the progress of policy development.

Board Assurance Framework & Risk Register:

A verbal update was provided. The BAF is currently being refreshed in line with the Trusts Business plan. A focussed piece of work is being undertaken to strengthen service level risk reporting.

	Quality and Safety Steering Group The Medical Director alerted Committee to the extraordinary QSSG held 14th June 2022. This focussed on the improvement plans for High Oak surgery. Committee were informed of the new clinical leadership arrangements and the workforce plans which include a newly qualified salaried GP who has commenced in post. Committee were appraised of the progress and received the report for assurance. **Health and Safety Update** The Health and Safety Committee meets bi-monthly lead by the Chief Operating Officer. The Quality and Safety Committee will remain appraised of the activities on Health and Safety.
Decisions made by the Committee	The Quality Account was received. The Chair approved the content under the delegated authorities given to her by Trust Board.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	No implications to note/escalate.
Items/Issues for referral to other Committees	No issues to refer. It was recommended that the Board receive the Clinical Audit Strategy.

Enc 9

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TITLE OF REPORT:	Workforce Performance Report
PURPOSE OF REPORT:	To update the Board on workforce performance information for May 2022
AUTHOR OF REPORT:	Faye Duncan – Business Intelligence Service Delivery Manager Heather Rees – People Partner Lashauna Vaughan – People Systems & Reporting Manager
DATE OF MEETING:	5th July 2022
KEY POINTS:	• In the report an * has been added to the commentary to suppress any figures which relate to 5 or less people. This is to prevent any information being identifiable. • In May 2022, there was an increase to the in-month turnover figure which is reported as 1.16% compared to 0.33% in April. This is due to * staff members leaving the Trust in May 2022 for the following reasons: retirement, promotion and voluntary resignation. • The vacancy rate has decreased from last month to 15.4%, which is above the 10% target. The increase in the prior month is due to budget setting in April 2022 which increased the establishment for the Trust by 33.87 WTE and a phased recruitment process, 9.9% of the overall budget establishment. There was a net increase in the number of staff employed of 16.05 WTE in May as the organisation had 28 new starters during the month. • The monthly sickness rate is 2.87% and the target of 3.8% has been achieved. Of the 2.87% sickness absence, 37.86% was attributed to long term illness and 62.14%% was attributed to short term illness largely due to Covid-19, coughs and flu like symptoms. • Appraisal rates have declined slightly to 65.5% which was predicted by the People Committee due to transfers of staff in April 2021 and appraisals for those staff due in the first quarter of 2021/22. This will improve during the next month with 70% compliance expected in June. The People Team will continue to work with managers to ensure appraisals are scheduled, cascading from the leadership team appraisals. Advanced notifications of those due / expiring within the next 3 months together with more detailed oversight reports of appraisal compliance by department is being provided to executive leads. The People Committee will request exception reports from responsible executive directors for department where the target is not being met for the July meeting. • To ensure quality of appraisals, the People Team are in the process of producing an appraisee and appraiser feedback survey and will be spot checking appraisals which were completed in the previous month.

	• The People Team have introduced appraisal specific training which will run in tandem with the Leadership Training which was launched in May 2022. • Mandatory training compliance has declined to 75.56% against the 90% target. This reduction in compliance is largely due to the additional mandatory training modules that were introduced over the last month and the short timeline for staff to complete. The People Team continue to monitor individual team compliance and offer support where necessary.
RECOMMENDATION:	The Board 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 due and planned between May, June, and July 2022.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None
ACTION REQUIRED:	Decision ☐
	Approval ☐
	Assurance ☒

Enc 9

Dudley Integrated Health and Care NHS Trust

Workforce Performance Report

Reporting Period: May 2022

Reported to: July 2022, Trust Board

Reported by: Adam Race, Interim Associate Director of People

High Level Key:

Variation and Assurance Icons

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

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

Statistical Process Chart (SPC)

DIHC Performance Scorecard 2022/23

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	YTD	Target	Variation	Assurance
Workforce	Staff in Post	Vacancy %	Local	May 2022	15.4%	17%	10%		
		Turnover % (12 Months)	Local	May 2022	20.91%		13%		
		Turnover % (In Month)	Local	May 2022	1.16%		1.1%		
	Development	Appraisal %	Local	May 2022	65.5%	65.5%	85%		
		Training Compliance %	Local	May 2022	75.56%	75.56%	90%		
	Absence	Sickness % (In Month)	Local	May 2022	2.87%	3.01%	3.8%		
		Sickness % (12 Months)	Local	May 2022	3.52%		3.8%		
		Short Term Sickness (In Month)	Local	May 2022	62.14%	61.21%	-		
		Long Term Sickness (In Month)	Local	May 2022	37.86%	38.79%	-		
		Maternity % (In Month)	Local	May 2022	1.28%	1.25%	-		

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

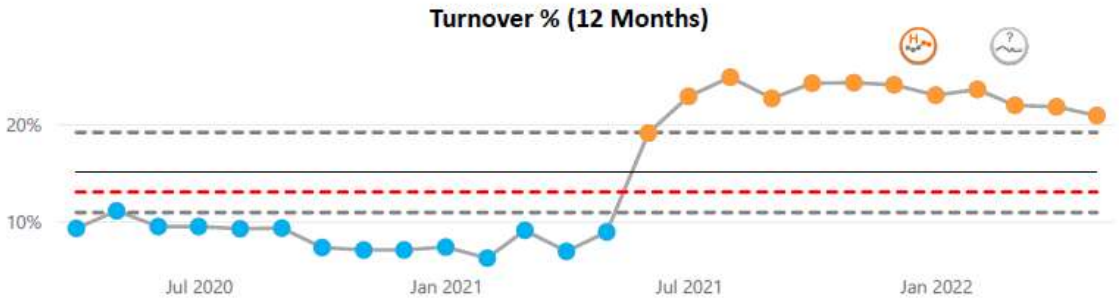
May 2022
Date

1.16%
Value

1.1%
Target

Common Cause
Variation

Hit or Miss
Assurance



May 2022
Date

20.91%
Value

13%
Target

Concern
Variation

Hit or Miss
Assurance

May 2022
Date

15.4%
Value

10%
Target

Common Cause
Variation

Hit or Miss
Assurance

Service comments

The funded establishment for May 2022 was 382.89 (WTE) and the staff in post was 321.18 (WTE).

Staff Movements and Turnover

- 28 new starters (20.37 FTE) commenced throughout May 2022, a large proportion of these roles being Health and Wellbeing Coaches who operate in the PCNs.
- The Trust also saw * staff leaving the organisation due Voluntary Resignation – Other / Not Known & Retirement.
- There was a net increase in the number of staff employed of 16.05 WTE in May.
- Due to having few leavers for May 2022, compared with the same point in 2021, the turnover (12 months) figure has reduced slightly to 20.91%.
- As a result of growing staff numbers, The Trust vacancy percentage has also reduced to 15.4%. This should be considered against the impact of the increased establishment following budget setting from April 2022.

Recruitment and Resourcing

As of 21st June 2022:

- 12 posts out to advert
- 3 posts in shortlisting stage
- 3 posts in the interview stage
- 13 appointees going through employment checks and 3 pending start dates
- 5 appointees due to start up until September 2022

Please note: * represents suppressed data as 5 or less

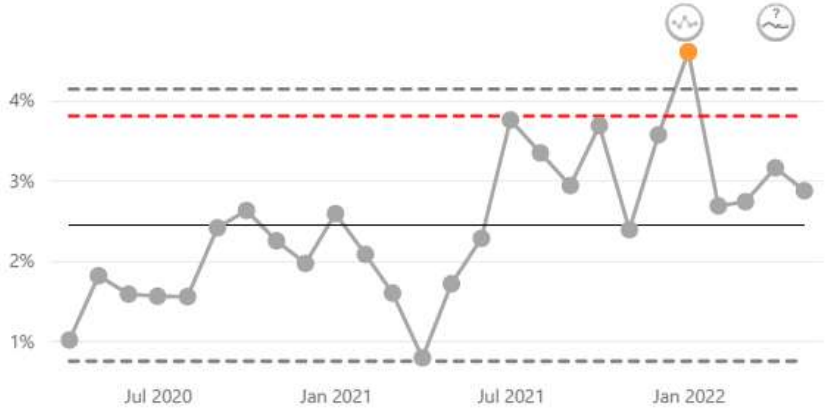
Actions

An electronic exit questionnaire has been launched which is sent direct to staff in order to gather additional information for reasons for leaving. This will enable the People team to identify any trends and take action accordingly.

The People Team have launched anonymous recruitment surveys for new starters and recruiting managers who went through the process from 1st April onwards. Findings will be reported at the end of each quarter.

Workforce - Absence

Sickness % (In Month)



May 2022
Date

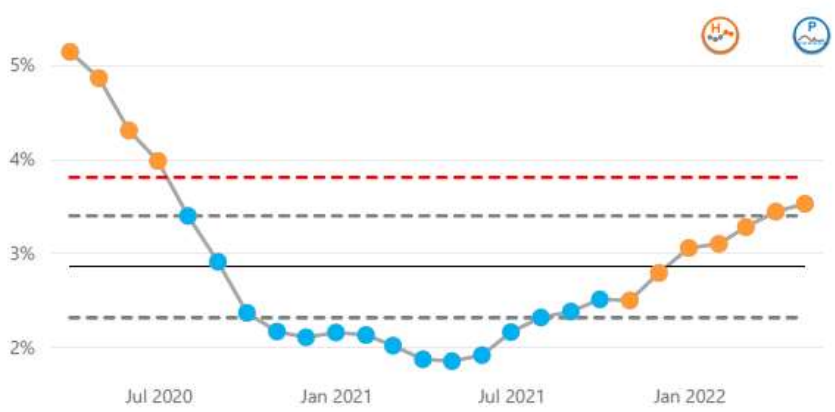
2.87%
Value

3.8%
Target

Common Cause
Variation

Hit or Miss
Assurance

Sickness % (12 Months)



May 2022
Date

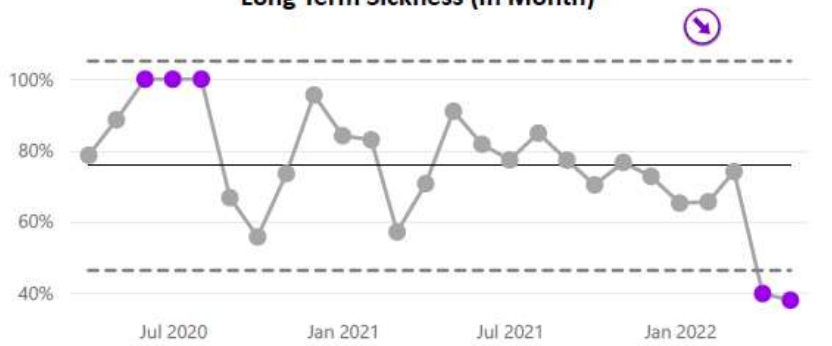
3.52%
Value

3.8%
Target

Concern
Variation

Pass
Assurance

Long Term Sickness (In Month) *



May 2022
Date

37.86%
Value

-
Target

Neither
Variation

No Target
Assurance

Short Term Sickness (In Month) *

May 2022
Date

62.14%
Value

-
Target

Neither
Variation

No Target
Assurance

* Long Term/Short Term Sickness is a proportion of the Sickness % e.g. 50.08% of the 3.16% were classed as long term absences

Service comments

- Absence reporting shows that since January 2022, the sickness absence (12 months) % has slowly been increasing, and is close to the Trust threshold of 3.8%. This increase reflects the increase of short term absences mainly due to Cold, Cough, Flu & COVID-Related absences (58 absences - 220 FTE Days Lost); and gastrointestinal problems (51 absences – 266 FTE Days Lost)
- Long Term Sickness episodes during the month have decreased significantly as of April 2022, and this pattern continues throughout May 2022.

Sickness absence during May 2022

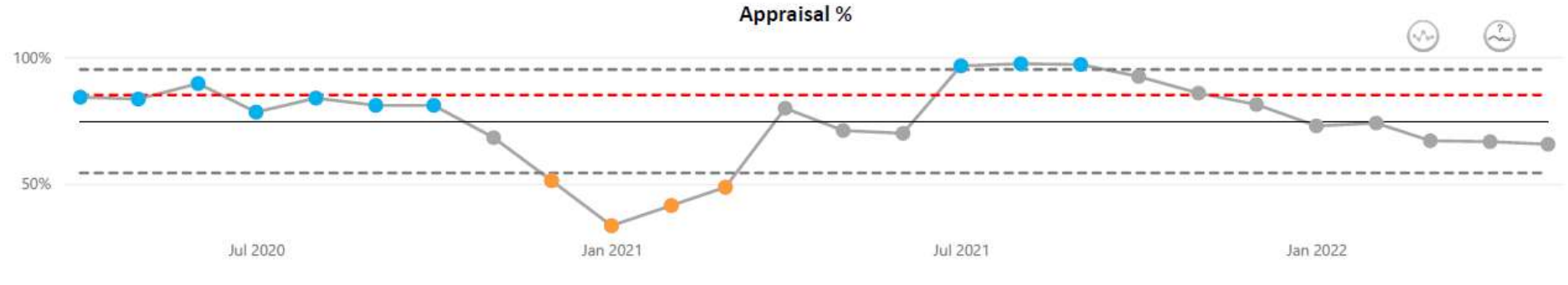
- There were 32 episodes of sickness absence, 25 were experienced by patient facing staff and 7 were experienced by non-patient facing staff.

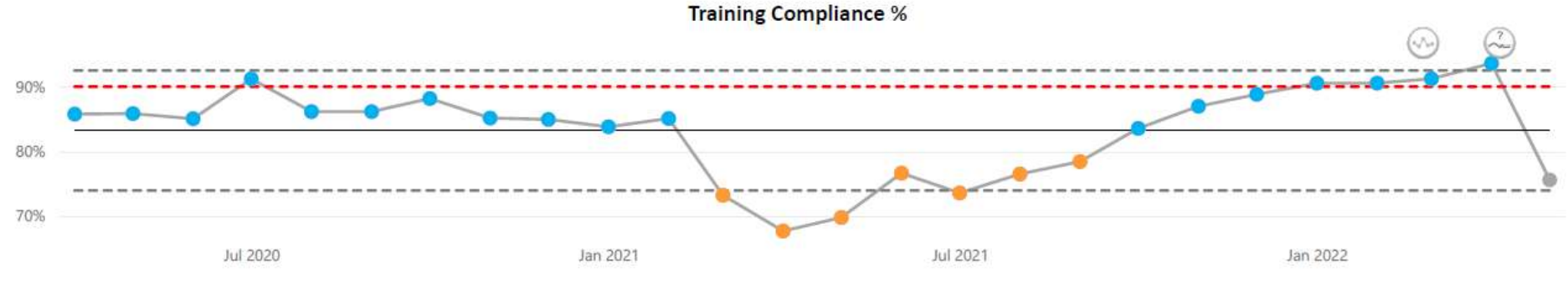
Please note: * represents suppressed data as 5 or less

Actions

- Sickness absence is being reported 3 times a week in order to track the levels of sickness absence due to the pandemic . Based upon reporting to the People Team, as of 21st June 2022, there was 1 episode of long COVID and 2 episodes of confirmed COVID
- The People Team continue to activity monitor and support managers with long term sickness within departments

Workforce - Training





Service comments

Mandatory training compliance in May 2022 decreased in performance to 75.56%.

The reduction in compliance stems from the training needs analysis being undertaken by numerous clinical / expert leads within the Trust, who identified additional mandatory training requirements that would benefit staff including: Dementia Awareness e-Learning, Learning Disability Awareness e-Learning, Domestic Abuse Awareness e-Learning, Mental Capacity Act Awareness (Clinical Staff Only) and Deprivation of Liberty Safeguards Awareness (Clinical Staff Only). In addition to this, there was a refresh of the training requirements for Infection Prevention and Control Level 2 and Safeguarding Level 2 and 3 training, which saw more staff needing to complete these modules. A deadline of 31st May 2022 was set for completion of the additional modules however staff feedback highlighted that staff faced time constraints and capacity issues in trying to complete all the new training requirements within the timeline. Further communications and ongoing BI reporting continues to stress the requirement of completing the additional modules and the People team will continue to monitor compliance closely.

Leadership Training – the People team have attended many team/Trust meetings to continue the launch of the new Leadership Programme and the first sessions are fully booked. Additional dates are being commissioned for the Northumbria Just and Learning Culture Programme and the Anti Racism training.

Actions

- The People Team have made the e-Learning courses available through ESR where possible, and continue to work with IT Services where any issues arise with staff attempting to complete these courses.
- An appropriate e-Learning course for Medicines Management is still being sourced and there is still further work to determine which staff require Resuscitation (BLS) Training and Conflict Resolution Training. BLS Training Sessions are planned to be offered monthly and staff are encouraged to sign up for a course where they feel it would be appropriate for their role.
- The People Team continue to promote the training and development programme available through Friday Round Up and Internal Communications

Training by Directorate

Mandatory Training Compliance

Attribute	Total Compliant	Total Expiring Soon	Total Not Compliant	% Total Compliance
NHS|CSTF|Resuscitation - Level 2 - Adult Basic Life Support - 1 Year|	101			100.00%
NHS|CSTF|Health, Safety and Welfare - 3 Years|	373	12	13	96.63%
NHS|CSTF|Safeguarding Adults (Version 2) - Level 1 - 3 Years|	370	5	16	95.85%
NHS|CSTF|Fire Safety - 2 Years|	368	1	18	95.34%
NHS|CSTF|Equality, Diversity and Human Rights - 3 Years|	366	12	20	94.82%
NHS|CSTF|Preventing Radicalisation - Basic Prevent Awareness - 3 Years|	366	2	20	94.82%
NHS|CSTF|Moving and Handling - Level 1 - 3 Years|	360	9	26	93.26%
NHS|CSTF|Safeguarding Children (Version 3) - Level 1 - 3 Years|	359	7	27	93.01%
NHS|CSTF|Infection Prevention and Control - Level 1 - 3 Years|	189	5	17	91.75%
NHS|CSTF|Information Governance and Data Security - 1 Year|	342	64	44	88.60%
NHS|CSTF|Safeguarding Children (Version 3) - Level 2 - 3 Years|	54		24	69.23%
NHS|CSTF|Safeguarding Adults (Version 2) - Level 2 - 3 Years|	53	2	25	67.95%
445|LOCAL|Mental Capacity Act Awareness - Level 1|Information and Knowledge	147	7	91	61.76%
445|LOCAL|Learning Disabilities Awareness - Level 1|Information and Knowledge	231		155	59.84%
NHS|CSTF|Preventing Radicalisation - Prevent Awareness - 3 Years|	120	10	87	57.97%
NHS|CSTF|Infection Prevention and Control - Level 2 - 1 Year|	104	10	76	57.78%
NHS|CSTF|Dementia awareness - 3 Years|	219	8	167	56.74%
445|LOCAL|DoLS (LPS) Awareness - Level 1|Information and Knowledge	132		106	55.46%
445|LOCAL|Domestic Abuse Awareness - Level 1|Information and Knowledge	148	2	238	38.34%
NHS|CSTF|Safeguarding Children (Version 3) - Level 3 - 3 Years|	64	1	143	30.92%
NHS|CSTF|Safeguarding Adults (Version 2) - Level 3 - 3 Years|	57		150	27.54%
Total	**4523**	**157**	**1463**	**75.56%**

*Safeguarding Adults & Children Level 3 compliance is based upon completion of e-Learning modules only. Work remains on-going to record Safeguarding Training Passports onto ESR which will reflect full completion of the requirements for these courses

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.

Appraisals

Appraisals and Development

Appraisal compliance for May 2022 reached 65.50% which remains below the Trust target of 85%. The appraisal figure excludes all new staff and internal job movers who are within the first 12 months of their new role.

The reason for the slight decrease in compliance is due to a number of service transfers and recruitment into the organisation during April 2021 – June 2021, meaning that more appraisals were due through April 2022 and May 2022, which activity has not quite kept pace with as appraisals have been cascaded into the Trust. It is anticipated that there will be some continued impact from this in the reporting for June 2022 and July 2022, due to the transfer of the Pharmacy services in June 2021.

The People Team have actively supported teams who are non compliant and continue to provide data to managers of those due an appraisal within the next 3 months in order to assist with their planning. A review of the paperwork for appraisals has also taken place with feedback from managers and appraisal training sessions are being provided to focus on the quality of appraisals being undertaken as well as the recording component.

The People Committee have reviewed detailed data by departments where there is reduced compliance and will request exception reports from the responsible executives for these departments at the July meeting of the People Committee. On current trajectory, appraisal compliance is expected to achieve 70% by the end of June and at least 78% by the end of July.

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

The People Team are in the process of developing an appraisal feedback survey for appraisees and appraisers to measure the quality of appraisals which will be reported on in future months.

Enc 10

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: People Committee – Development session

Date of meeting: 28th June 2022 (in person)

Presented By: Martin Evans, Non-Executive Director

Significant risks/issues for escalation	Nil
Key issues/matters discussed at the Committee	This month the People Committee held a development session for committee members rather than the usual monthly committee meeting. The session was well attended and worked through the People agenda considering the national, ICS and local context. The committee quite rightly reflected and talked through achievements to date since DIHC became a Trust in April 2020 and acknowledged the significant progress that has been made – it was agreed that there would be real value in capturing some of the 'People' related progress. In considering the People priorities for 2022/23, the discussions built upon the DIHC Business Plan 2022/23 Strategic Priorities in particular the priority 'Be the best and happiest place to work' which the People committee need to play a lead role in to enable the organisation to deliver against. The content of discussions was captured during the session. A summary report will be developed by the People team which will be further reviewed at the July People committee. It was agreed that there is a need to identify priority areas for delivery with a clear understanding of how progress against each area will be measured.
Decisions made by the Committee	Nil
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	Nil
Items/Issues for referral to other Committees	Nil

Enc 11

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TITLE OF REPORT:	Finance Report for the period April to May 2022
PURPOSE OF REPORT:	The report details the financial performance for period April to May 2022.
AUTHOR OF REPORT:	Matthew Gamage – Director of Finance, Performance and Digital
DATE OF MEETING:	5th July 2022
KEY POINTS:	• The Trust is reporting a break-even position for the period to April to May 2022. • There are divisional financial performance exception items in respect of Mental Health & LD services, where vacancies result in a forecast underspend of £617k, and Corporate Services, linked to the additional infrastructure required to support the developing Business Intelligence requirements of the organisation resulting in a forecast overspend of £320k. This is expected and plans are in pace to continue recruitment over the next six to nine months. • Run rate analysis shows that income has grown slightly from the previous financial year, with pay costs broadly static and non-pay expenditure increasing as outlined above. • The Trust is reporting a cash balance of £2.7m as at the end of May 2022. • The Trust achieved over 99.5% against all Better Payment Practice Code targets in the financial year, with in-month NHS achievement at 100% and non-NHS above 98%
RECOMMENDATION:	The Board is asked to receive the report for assurance
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision ☐
	Approval ☐
	Assurance ☒

NHS
Dudley Integrated Health and Care

Finance Report

Reporting period: April – May 2022

Reported to: June 2022 Finance, Performance and Digital Committee

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

Contents

Finance Dashboard – NHS Oversight Framework

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

Indicator	Definition	Scoring criteria				Actual	Score
NHS Oversight Framework		**1**	**2**	**3**	**4**		
Capital Service Cover Rating	Degree to which the provider's generated income covers its financial obligations	>2.5x	1.75-2.5x	1.25-1.75x	<1.25x	0.2	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)	42 Days	1
I&E Margin Rating	I&E surplus or deficit/total revenue	>1%	1-0%	0-(1)%	<(1)%	4.80%	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)%	0.00%	2
Agency Rating	Distance from providers cap	<0%	0%-25%	25-50%	>50%	Agency cap not included in provider returns M02	
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 0.2x 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 £1.1m outstanding balance of the working capital loan received from BCH at the Trust's inception is greater than the surplus generated by the Trust. Due to the current NHS financial regime the Trust has set a breakeven expenditure plan for 2022/23, and it is for this reason that the rating is as reported.

The loan repayments are also the cause of a long-term reduction in the trust's **liquidity rating**, which although green rated has reduced from 139 days in March 2021 to 42 days in May 2022. However, the Trust's actual cash balance remains sufficient to repay the outstanding loan balance while still ensuring the Trust retains acceptable liquidity.

Income and Expenditure Summary – DIHC Services

Overall Surplus/(Deficit)

The Trust is reporting a breakeven position to NHSE/I as at month 2, and also to the end of the financial year. The Trust makes a technical surplus due to the IFRS16 impact of Peppercorn rents of occupied premises, but this is removed for reporting purposes when calculating the position reported to NHSEI

Divisional Position

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

In a change to reporting in the 21/22 financial year, the table shows the income and expenditure position of each division. In the current month this itemises only specific service-level income, however future reports will also itemise main contract income to divisional level.

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

- **Mental Health and LD Services – Forecast Underspend £617k (16%)**
  Mental Health services continue to see underspends due to a high level of vacancies within the team, with 20 posts currently vacant, partially offset by the use of agency staff where these are available.

  The Trust has recently re-advertised a number of posts within these teams, however recruitment has proven difficult and the forecast assumes that vacancies will persist for some time.

- **Corporate Services – Forecast Overspend £320k (3.7%)**
  Corporate Services are forecast to overspend by £320k, with the main cause for this being a £300k overspend on IM&T linked to the proposed additional infrastructure required to support the developing Business Intelligence requirements of the organisation.

	WTE Budget	WTE Actual	WTE Variance	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Actual £000's	Forecast Variance £000's
MAIN CONTRACT INCOME									
INCOME	0	0	0	(2,736)	(2,736)	0	(16,414)	(16,314)	(100)
MAIN CONTRACT INCOME Total	**0**	**0**	**0**	**(2,736)**	**(2,736)**	**0**	**(16,414)**	**(16,314)**	**(100)**
CHILDREN & YOUNG PEOPLE									
EXPENDITURE	29.06	24.77	4.29	218	191	27	1,307	1,204	103
CHILDREN & YOUNG PEOPLE Total	**29.06**	**24.77**	**4.29**	**218**	**191**	**27**	**1,307**	**1,204**	**103**
MENTAL HEALTH & LEARNING DISABILITY									
INCOME	0	0	0	(19)	(19)	-	(115)	(115)	-
EXPENDITURE	83.83	63.61	20.22	649	539	110	3,892	3,275	617
MENTAL HEALTH & LEARNING DISABILITY Total	**83.83**	**63.61**	**20.22**	**630**	**520**	**110**	**3,778**	**3,160**	**617**
PCN SERVICES									
INCOME	0	0	0	(922)	(810)	(112)	(5,532)	(4,971)	(561)
EXPENDITURE	88.76	89.05	-0.29	658	588	69	3,946	3,564	382
PCN SERVICES Total	**88.76**	**89.05**	**-0.29**	**(264)**	**(221)**	**(43)**	**(1,586)**	**(1,408)**	**(179)**
PHARMACEUTICAL & PUBLIC HEALTH									
INCOME	0	0	0	(6)	(0)	(6)	(38)	(38)	-
EXPENDITURE	51.3	47.65	3.65	461	421	40	2,769	2,588	181
PHARMACEUTICAL & PUBLIC HEALTH Total	**51.3**	**47.65**	**3.65**	**455**	**421**	**34**	**2,731**	**2,551**	**181**
PHYSICAL HEALTH									
INCOME	0	0	0	-	(21)	21	-	(124)	124
EXPENDITURE	22.61	23.34	-0.73	262	285	(23)	1,574	1,736	(162)
PHYSICAL HEALTH Total	**22.61**	**23.34**	**-0.73**	**262**	**264**	**(2)**	**1,574**	**1,612**	**(38)**
PRIMARY CARE									
INCOME	0	0	0	(134)	(170)	37	(912)	(1,098)	186
EXPENDITURE	14.61	10.61	4	127	219	(93)	870	1,125	(255)
PRIMARY CARE Total	**14.61**	**10.61**	**4**	**(7)**	**49**	**(56)**	**(41)**	**28**	**(69)**
CORPORATE SERVICES									
INCOME	0	0	0	(206)	(307)	101	(259)	(325)	65
EXPENDITURE	92.72	56.78	35.94	1,648	1,624	24	8,912	9,297	(386)
CORPORATE SERVICES Total	**92.72**	**56.78**	**35.94**	**1,442**	**1,317**	**125**	**8,652**	**8,973**	**(320)**
Grand Total	**382.89**	**315.81**	**67.08**	**0**	**(195)**	**195**	**-**	**(195)**	**195**
Adjustments as per NHSEI Reported Position					**195**	**(195)**		**195**	**(195)**
Adjusted Financial Position Reported to NHSEI	**382.89**	**315.81**	**67.08**	**0**	**0**	**0**	**-**	**0**	**(0)**

Income and Expenditure Run Rate

The chart on the right provides detail of the Trust's income and expenditure run rate for the 21/22 financial year and first two months of the 22/23 financial year.

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

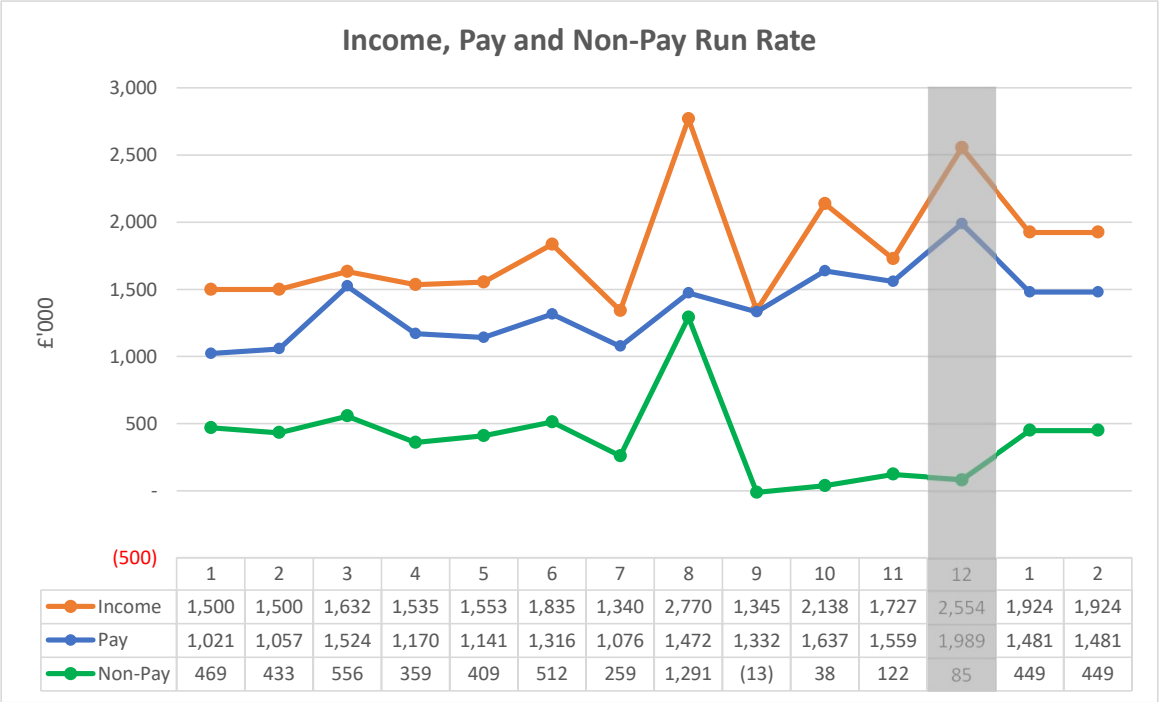
As financial information was not reported in month 1, costs reported at month 2 are split evenly across each month

Key messages from this adjusted data are as follows:

- **Income** has grown slightly from the average of months 7-11 in the previous financial year, at £1,924k per month compared to £1,864 in months 7-11

- **Pay costs** have plateaued after increasing in the second half of the 21/22 financial year. There continue to be a number of vacancies within operational and corporate teams, driving a high level of agency usage. There will be a growing national focus on Agency usage in coming months, and reviews of agency expenditure will be built into the budget meetings the finance team hold with budget managers with corrective actions being monitored through the Trusts efficiency programme.

- **Non-pay costs** of £449k per month are above the average of £377k seen in the the 21/22 financial year. This is due to expected increased Digital costs noted in the I&E summary



	1	2	3	4	5	6	7	8	9	10	11	12	1	2
Income	1,500	1,500	1,632	1,535	1,553	1,835	1,340	2,770	1,345	2,138	1,727	2,554	1,924	1,924
Pay	1,021	1,057	1,524	1,170	1,141	1,316	1,076	1,472	1,332	1,637	1,559	1,989	1,481	1,481
Non-Pay	469	433	556	359	409	512	259	1,291	(13)	38	122	85	449	449

Capital Summary

Summary

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

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

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

Balance Sheet Summary

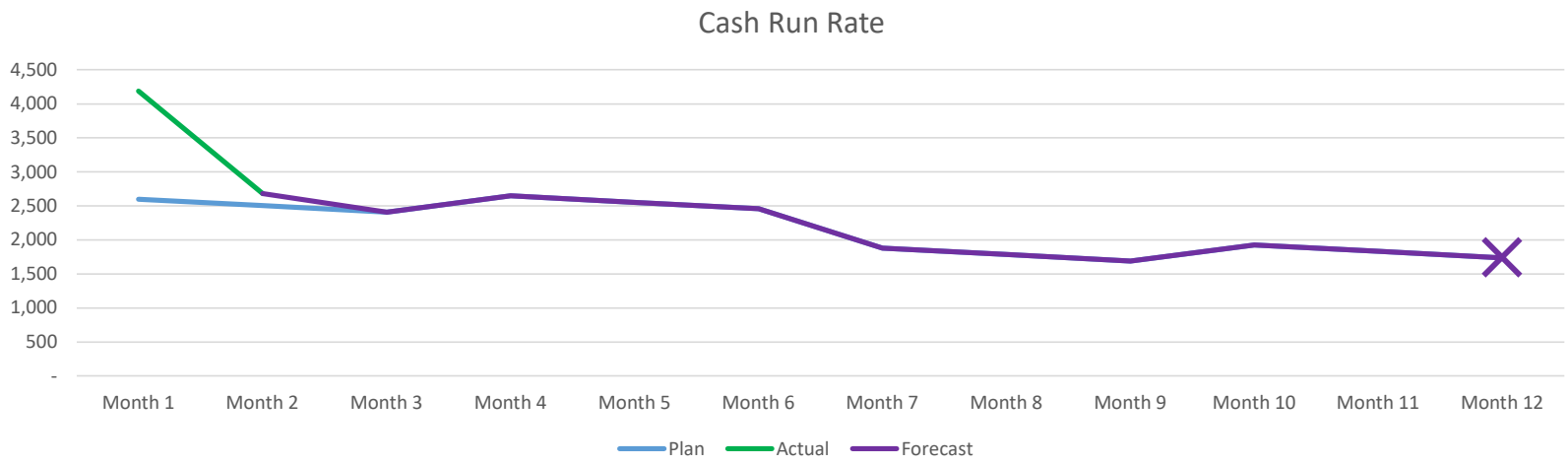
	Actual Closing 2021/22	Actual May-22 Closing	Month on Month Movement
	£'000	£'000	£'000
Non-current assets			
Intangible assets	-	-	-
Property, plant and equipment	503	688	185
Other investments / financial assets	14	14	-
	517	**702**	**185**
Current assets			
Inventories	-	-	-
NHS receivables	1,056	1,043	(13)
Non-NHS receivables	460	1,666	1,206
Other current assets	-	-	-
Cash and cash equivalents	4,186	2,677	(1,509)
	5,702	**5,386**	**(316)**
Current liabilities			
Capital trade payables	(47)	-	47
Revenue trade payables	(3,324)	(3,671)	(347)
Borrowings	(1,133)	(1,147)	(14)
Deferred income	(180)	(82)	98
Other financial liabilities	-	-	-
Provisions	(53)	(53)	-
	(4,737)	**(4,953)**	**(216)**
Net Current Assets	**965**	**433**	**(532)**
Non-current liabilities			
Capital payables	-	-	-
Revenue payables	-	-	-
Borrowings	(567)	(14)	553
Deferred Income	-	-	-
Other financial liabilities	-	-	-
Provisions	(41)	(41)	-
	(608)	**(55)**	**553**
Total Net Assets Employed	**874**	**1,080**	**206**
Financed by			
Public dividend capital	2,568	2,568	(0)
Revaluation reserve	-	-	-
Other reserves	-	-	-
Income and expenditure reserve	(1,694)	(1,488)	206
Total Taxpayers' Equity	**874**	**1,080**	**206**

- The overall net assets position has increased since the pre-audit 2021/22 closing position, as follows:
  - £11k relating to an adjustment made for the post audit 2021/22 closing position
  - £195k YTD surplus, which relates to the recognition of notional income to fund a right of use asset, capitalised under IFRS16. This is adjusted out in the adjusted financial performance of the Trust.

- The cash position continues to be healthy at £2.7m. A loan repayment to Black Country Healthcare was made on 1 April 2022 of £590k (£567k principal), leaving only £1.1m remaining on this loan, payable in October 2022 and April 2023.

- As a result of the implementation of IFRS 16, £223k of 'right of use' assets have been recognised, which are offset by borrowings where a lease exists and notional income where the arrangement is a peppercorn lease.

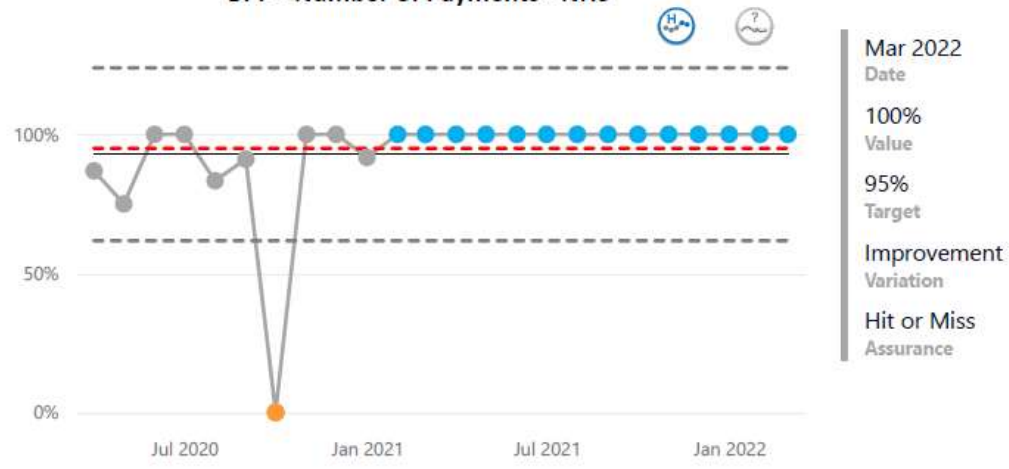
Cashflow



- The overall cash position is in line with plan at 31 May 2022 and is expected to track in line with plan for the year.
- The forecast cash position provides the Trust with sufficient headroom to manage working capital requirements.

Finance - Better Payment Practice

BPP - Number of Payments - NHS



Mar 2022
Date

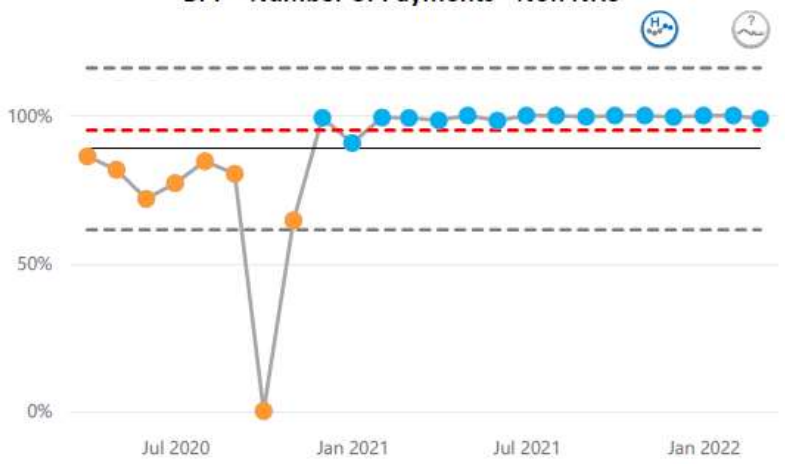
100%
Value

95%
Target

Improvement
Variation

Hit or Miss
Assurance

BPP - Number of Payments - Non NHS



Mar 2022
Date

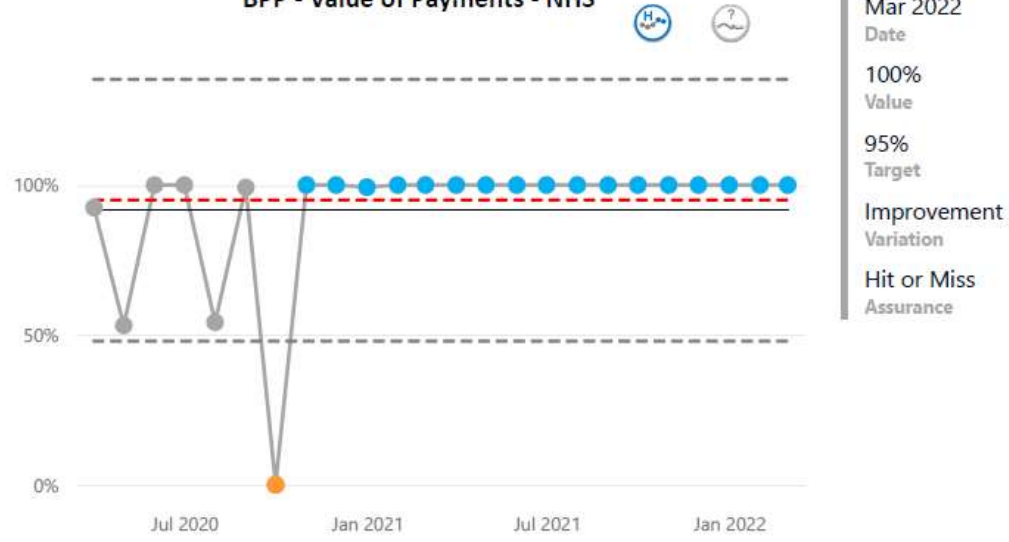
98.95%
Value

95%
Target

Improvement
Variation

Hit or Miss
Assurance

BPP - Value of Payments - NHS



Mar 2022
Date

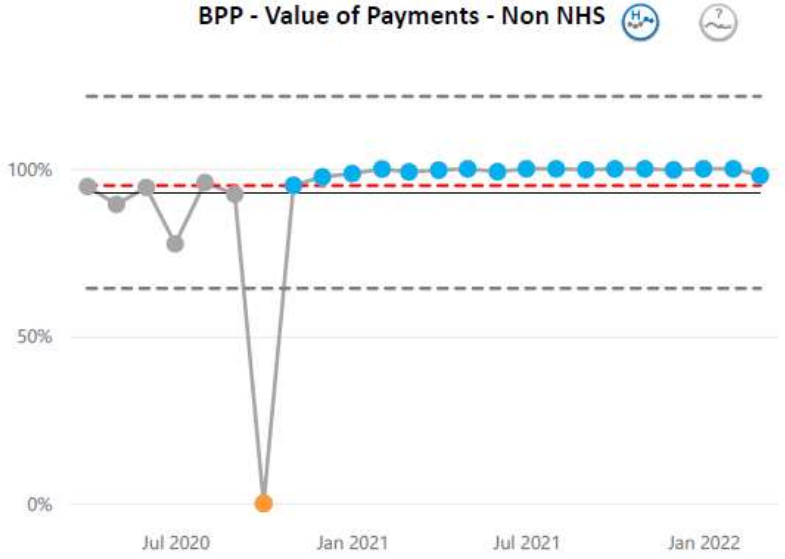
100%
Value

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

Enc 12

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TITLE OF REPORT:	Performance Report
PURPOSE OF REPORT:	The report details the performance information for May 2022.
AUTHOR OF REPORT:	Philip King - Chief Operating Officer Faye Duncan – BI Service Delivery Manager
DATE OF MEETING:	5th July 2022
KEY POINTS:	• CHC received 62 referrals in May 2022.59.68% of these referrals were eligible for a full assessment. 100% of the assessments were completed within 28 days and outside of an acute setting. • A new revised trajectory has been submitted to NHS England alongside a 3–5-year recovery plan. This is subject to change. However, the IAPT service have achieved 98.15% of the new expected access rate in May 2022. • The recovery target continues to be missed, with 43.33% of people who have completed treatment moving to recovery in the year-to-date against a target of 50%. The BI Team and IAPT service are developing an internal metric to monitor IAPT recovery which excludes early dropouts. • All IAPT waiting time targets were achieved although there is a cause for concern regarding service users being treated within 6 weeks. The service is continuing to see a high number of a DNAs at the assessment stage and they have onboarded some additional resource to complete the assessments. • Primary Care Mental Health (PCMH) is under review. This is as a result of the Cap Gemini ACE event. • The National Child Measurement Programme (NCMP) which is conducted by the school nursing team have achieved 99.27% of the Year 6 measurement. However, only 86.6% have been completed for the reception children. Staff are measuring cohort 3 and any remaining children who were absent at the time of measuring. The service is confident they will meet the target by the end of July 2022.

	• In May 2022, the ARRS PCN service has a utilisation rate of 71.27%, with 95.07% patient attendance rate. *Please note, this data excludes activity from Brierley and Amblecote, and Stourbridge, Wollescote and Lye PCN.* • Following the recent transfer of Chapel Street Surgery to DIHC, the key metrics have been included in the scorecard. • Extended Access has received 1,127 referrals with 91.48% attending an appointment. 95.44% of patients who attend in person were discharged home. A patient survey has taken place for those patients who visited the hub between February and April 2022 with 93% of patients saying they would use the hub again and 95% of patients rating the service as very good or good. • Extended Access Phlebotomy ran from 19th Feb 2022 to 2nd April 2022 on Saturdays and in this time carried out 361 bloods from an available 442 slots. The service recommenced on 30th April 2022 and currently up to 25th June have carried out 739 out of a potential 829 slots. • High Oak Surgery has seen a deterioration in cervical screening due to long term sickness within the nursing team. An additional nursing post is out for advert which will help to improve the performance of screening, and this is being monitored at the weekly Primary Care Improvement Group which is chaired by Dr. Lucy Martin – Medical Director. The MMR (5yrs) 1st dose performance variance reflects 3 children not receiving their vaccination in the expected timeframe
RECOMMENDATION:	The board is asked to receive the report for assurance
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision ☐
	Approval ☐
	Assurance ☒

NHS
Dudley Integrated Health and Care
NHS Trust

Performance Report

Reporting period: May 2022

Reported to: July 2022, Trust Board

Reported by: Philip King, Director of Operations

Introduction

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

Exception Reports

The full Integrated Performance Scorecard will 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 reviewed and agreed by individual services and the executive
- CQC Rating - 2 refers to Good
- NCMP - National Child Measurement Programme runs until the end of July. Therefore, the annual target has been set using the trajectory required by end of July 2022.
- Data Quality Maturity Index for IAPT is published via NHS Digital in arrears.
- The Flu campaign does not start until 1st October 2022.
- There were no incidents of Duty of Candour in May 2022
- ARRS PCN - Brierley Hill and Amblecote PCN and Stourbridge, Wollescote and Lye PCN data is not available at the time of reporting.
- Child Immunisations are reported a month in arrears. However, the April data is not available at the time of reporting.
- The ICB have sponsored a review of Primary Care Mental Health Services.

Key:

Variation and Assurance Icons

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

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

Statistical Process Chart (SPC)

DIHC Integrated Performance Scorecard 2022-23

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Finance	Best Practice Payment	BPP - Number of Payments - NHS	Local	May 2022	100%	95%	100%	95%		
		BPP - Number of Payments - Non NHS	Local	May 2022	99.29%	95%	99.24%	95%		
		BPP - Value of Payments - NHS	Local	May 2022	100%	95%	100%	95%		
		BPP - Value of Payments - Non NHS	Local	May 2022	99.35%	95%	99.35%	95%		
Q&S	Safeguarding	Number of Safeguarding Concerns - Adults	Local	May 2022	72	-	114	-		
		Number of Safeguarding Concerns - Child	Local	May 2022	14	-	34	-		
		Number of Safeguarding Concerns - Age unknown	Local	May 2022	0	-	1	-		
		Number of SARs - Open	Local	May 2022	5	-	9	-		
		Number of CSPRs - Open	Local	May 2022	2	-	5	-		
		Number of S42s - Open	Local	May 2022	3	-	10	-		
		Number of S42s - Overdue	Local	May 2022	1	-	5	-		
	Q&S	CQC Rating - Community MH Services	Local	Apr 2020	2	-	2	-		
		CQC Rating - High Oak Surgery	Local	Apr 2020	2	-	2	-		
		Staff Flu Vaccinations (2022/23)	CQUIN	May 2022	0%	0%	0%	90%		
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	May 2022	100%	-	100%	-		
	Incidents	Duty of Candour	National	Nov 2021	100%	100%	100%	100%		
		Occurrence Of Any Never Event	National	May 2022	0	-	0	-		
		Incidents	Local	May 2022	12	-	23	-		
		Serious Incidents	Local	May 2022	0	-	0	-		
	Feedback	Mental Health Friends and Family Test – % Positive	Local	May 2022	100%	-	100%	-		
		Mental Health Friends and Family Test – % Positive (Qtr)	Local	Mar 2022	100%	-	99.62%	-		
		Feedback - Informal Concern	Local	May 2022	3	-	4	-		
		Feedback - Compliments	Local	May 2022	4	-	6	-		
		Feedback - Complaints	Local	May 2022	3	-	8	-		
Workforce	Staff in Post	Vacancy %	Local	May 2022	15.4%	10%	17%	10%		
		Turnover % (In Month)	Local	May 2022	1.16%	1.1%		1.1%		
	Development	Appraisal %	Local	May 2022	65.5%	85%	65.5%	85%		
		Training Compliance %	Local	May 2022	75.56%	90%	75.56%	90%		
	Absence	Sickness % (In Month)	Local	May 2022	2.87%	3.8%	3.01%	3.8%		
		Short Term Sickness (In Month)	Local	May 2022	62.14%	-	61.21%	-		
		Long Term Sickness (In Month)	Local	May 2022	37.86%	-	38.79%	-		
		Maternity % (In Month)	Local	May 2022	1.28%	-	1.25%	-		

DIHC Integrated Performance Scorecard 2022/23

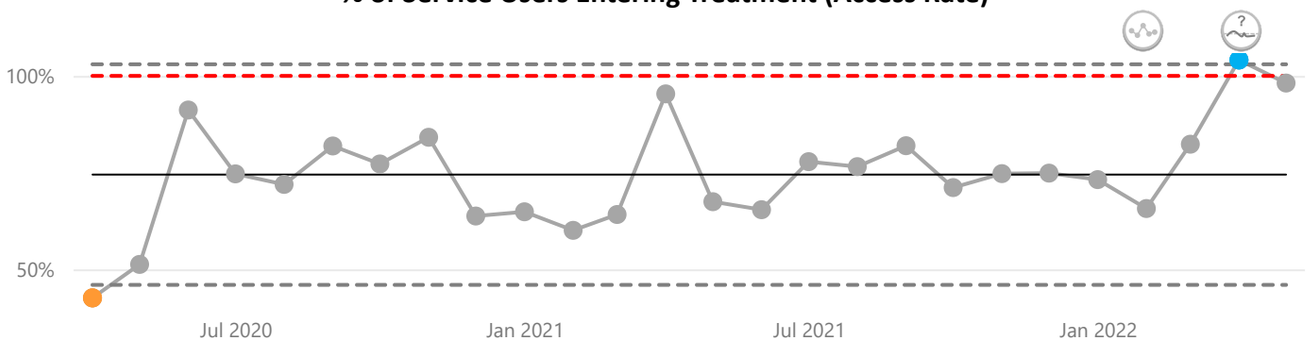
Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Operational Performance	ARRS PCN	% of Patient Attendance	Local	May 2022	95.07%	-	95.07%	-		
		% DNA Rate	Local	May 2022	4.93%	-	4.92%	-		
		% Utilisation Rate	Local	May 2022	71.27%	-	71.26%	-		
	CHC	Number of Referral for CHC	Local	May 2022	62	-	114	-		
		% of Referrals Eligible for a Full CHC Assessment	Local	May 2022	59.68%	-	57.02%	-		
		% of CHC Assessments Completed Within 28 Days	National	May 2022	100%	80%	98.36%	80%		?
		% of Assessments Completed in an Acute Setting	National	May 2022	0%	15%	0%	15%		P
	CHC - End of life	Number of Fast Track Referrals	Local	May 2022	64	-	137	-		
		% of Newly Eligible Fast Track Patients	Local	May 2022	76.56%	-	73.72%	-		
	CHC - Pathway 3	Number of Patients in a Pathway 3 Beds	Local	May 2022	50	-	91	-		
		Number of Patients Discharged from Pathway 3	Local	May 2022	8	-	14	-		
	Extended Access	Number of Referrals to Extended Access Hub	Local	May 2022	1127	-	2335	-		
		% Utilisation Rate	Local	May 2022	82.48%	75%	82.14%	75%		?
		% of Patient Attendance	Local	May 2022	91.48%	-	89.42%	-		
		% DNA Rate	Local	May 2022	6.03%	-	6.3%	-		
		Outcome - % Discharged Home	Local	May 2022	95.44%	-	94.25%	-		
		Outcome - % Referred to GP	Local	May 2022	1.75%	-	2.68%	-		
		Outcome - % Referred to Hospital	Local	May 2022	2.91%	-	3.11%	-		
	Extended Access – Phlebotomy	Number of Referrals	Local	May 2022	366	-	494	-		
		% Utilisation Rate	Local	May 2022	90.71%	-	92.93%	-		
		% of Patient Attendance	Local	May 2022	98.81%	-	95.69%	-		
		% DNA Rate	Local	May 2022	8.74%	-	9.72%	-		
	IAPT	Number of Service Users Referred for Psychological Therapies	Local	May 2022	721	-	1430	-		
		% of Referrals for Older People 65+	National	May 2022	8.66%	-	9.55%	-		
		% of Service Users Entering Treatment (Access Rate)	Local	May 2022	98.15%	100%	101.13%	100%		?
		% of Service Users Who Complete Treatment Who Are Moving to Recovery	National	May 2022	43.33%	50%	42.56%	50%	L	?
		IAPT Recovery Rate for BME Groups	National	May 2022	33.33%	50%	38.89%	50%		?
		% of Service Users Who Are Treated Within 6 Weeks of Referral	National	May 2022	81.4%	75%	82.07%	75%	L	P
		% of Service Users Who Are Treated Within 18 Weeks of Referral	National	May 2022	99.43%	85%	99.04%	85%		P
		90+ Day Wait Between 1st and 2nd Appt	Local	May 2022	4.06%	10%	3.99%	10%		?
		Data Quality Maturity Index for IAPT	Local	Feb 2022	97.4%	95%	95.07%	95%		?
		Use of Anxiety Disorder Specific Measures in IAPT	CQUIN	May 2022	69.09%	65%	72.12%	65%		?
	Intermediate Care	Number of Patients in a Step Down Facility	Local	May 2022	154	-	323	-		
		Number of New Patients Admitted to Step Down	Local	May 2022	41	-	98	-		
		Average Length of Stay	National	May 2022	56	42	78	42		?
		Number of Patients Discharged	Local	May 2022	16	-	68	-		
	Primary Care Mental Health	Number of Referrals to Primary Care Mental Health	Local	May 2022	134	-	266	-	L	
	School Nursing	Number of Referrals to School Nursing Service	Local	May 2022	215	-	534	-		
		NCMP - Year 6 Status	Local	May 2022	99.27%	100%	98.03%	100%		?
		NCMP - Reception Status	Local	May 2022	86.6%	100%	70.38%	100%		F

DIHC Integrated Performance Scorecard 2022/23

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Operational Performance	Chapel Street Surgery	% Utilisation Rate	Local	May 2022	69.99%	-	69.99%	-		
		% DNA Rate	Local	May 2022	5.13%	-	5.13%	-		
		CERVS1 - Aged 25-49 adequate smear last 3 years and 6 months..... [45-80%]	National	May 2022	53.59%	80%	53.59%	80%		
		CERVS2 - Aged 50-64 adequate smear last 5 years and 6 months..... [45 - 80%]	National	May 2022	68.37%	80%	68.37%	80%		
		DM7 - HbA1c, BP & Cholesterol treated to target..... [32 - 44%]	National	May 2022	4.57%	7.33%	4.57%	44%		
		MH3 - Received comprehensive physical health assessment... [60 - 80%]	National	May 2022	10%	13.33%	10%	80%		
		LD1 - Learning Disabilty annual review completed..... [64 - 88%]	National	May 2022	0%	14.67%	0%	88%		
		CVDPP3.2 - Eligble for annual review (QRisk 10%)..... [28 - 56%]	National	May 2022	58.76%	56%	58.76%	56%		
		DQOF - Overall (Chapel Street Surgery)	Local	May 2022	25.08%	-	25.08%	-		
	High Oak Surgery	% Utilisation Rate	Local	May 2022	85.98%	-	83.56%	-		
		% DNA Rate	Local	May 2022	6.98%	-	7.35%	-		
		Total Vaccinated - Covid 1st Dose %	Local	May 2022	69.61%	-	69.55%	-		
		Total Vaccinated - Covid 2nd Dose %	Local	May 2022	64.04%	-	64.02%	-		
		Total Vaccinated - Covid Booster Dose %	Local	May 2022	48.46%	-	48.36%	-		
		Total Vaccinated - Flu %	Local	May 2022	0%	-	0%	-		
		CERVS1 - Aged 25-49 adequate smear last 3 years and 6 months..... [45-80%]	National	May 2022	52.44%	80%	52.44%	80%		
		CERVS2 - Aged 50-64 adequate smear last 5 years and 6 months..... [45 - 80%]	National	May 2022	61.9%	80%	61.9%	80%		
		DM7 - HbA1c, BP & Cholesterol treated to target..... [32 - 44%]	National	May 2022	6.47%	7.33%	6.47%	44%		
		MH3 - Received comprehensive physical health assessment... [60 - 80%]	National	May 2022	5.26%	13.33%	5.26%	80%		
		LD1 - Learning Disabilty annual review completed..... [64 - 88%]	National	May 2022	3.7%	14.67%	3.7%	88%		
		CVDPP3.2 - Eligble for annual review (QRisk 10%)..... [28 - 56%]	National	May 2022	55.05%	56%	55.05%	56%		
		DQOF - Overall (High Oak Surgery)	Local	May 2022	32.05%	-	32.05%	-		
		% Vaccinated - MMR (5 yrs) - 2nd dose	National	Mar 2022	83.33%	95%	90.28%	95%		

Exception Report: IAPT Access Rate and Recovery

% of Service Users Entering Treatment (Access Rate)



May 2022
Date

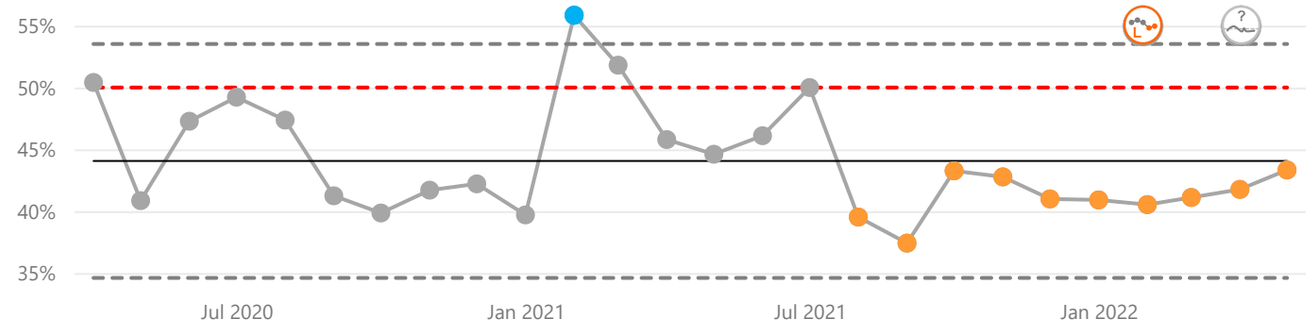
98.15%
Value

100%
Target

Common Cause
Variation

Hit or Miss
Assassurance

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



May 2022
Date

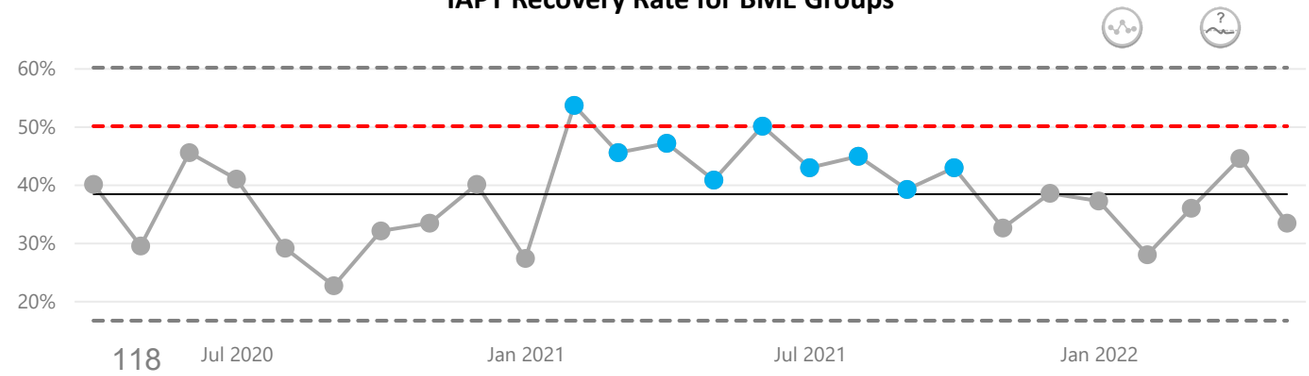
43.33%
Value

50%
Target

Concern
Variation

Hit or Miss
Assurance

IAPT Recovery Rate for BME Groups



May 2022
Date

33.33%
Value

50%
Target

Common Cause
Variation

Hit or Miss
Assurance

Service comments

- The impact of the introduction of a First Contact Practitioner for Mental Health in each PCN is currently being reviewed. The DIHC early implementer FCP role evaluation has shown that approximately 25% of patients seen are referred on to the IAPT service.
- The design of the delivery of mental health services within DIHC continues to be under review.
- The ICS Mental Health Programme Board have recognised the difficulties in achieving the IAPT performance targets across the Black Country and therefore a revised trajectory for access has been submitted to NHS England, alongside a 3-5 year recovery plan looking at increasing staffing to meet the national ambition.

  The Trajectory for 2022/23 (*subject to change*) is below:

  Q1 - 1459

  Q2 - 1516

  Q3 - 1773

  Q4 - 1836

  Total - 6584

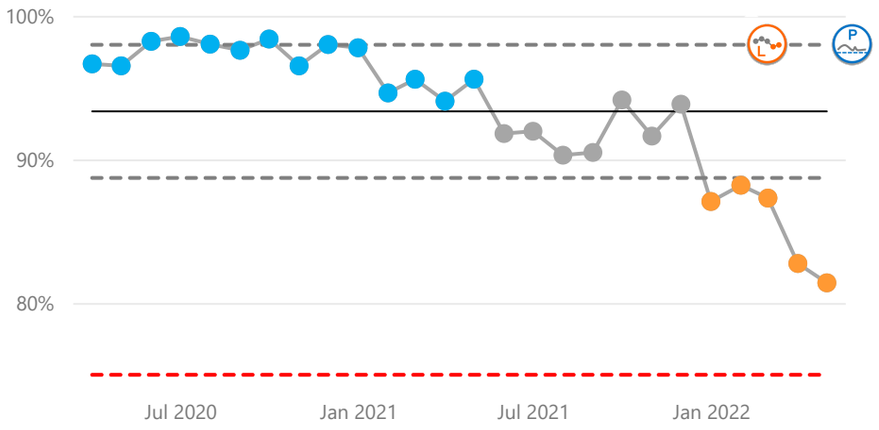
- Recovery rates are improving as treatment engagement improves, however those stopping treatment in the early stages of therapy are impacting on our recovery rate.

Actions

- April data has been refreshed as per the national submission timetable. May 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.
- Recruitment is currently underway for this year's low and high intensity trainees.
- Development of an internal recovery metric which will exclude early drop-outs.

Exception Report: IAPT Waiting Time

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



May 2022
Date

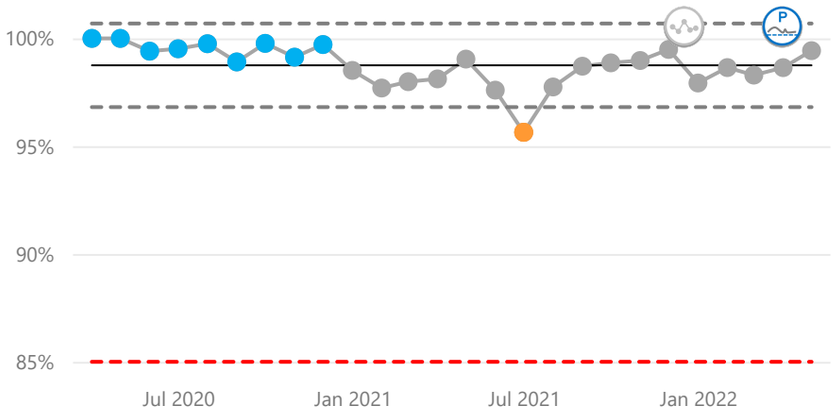
81.4%
Value

75%
Target

Concern
Variation

Pass
Assurance

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



May 2022
Date

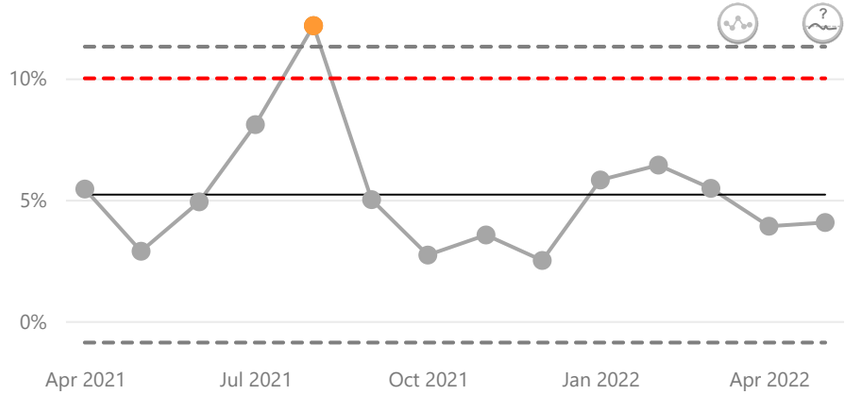
99.43%
Value

85%
Target

Common Cause
Variation

Pass
Assurance

90+ Day Wait Between 1st and 2nd Appt



May 2022
Date

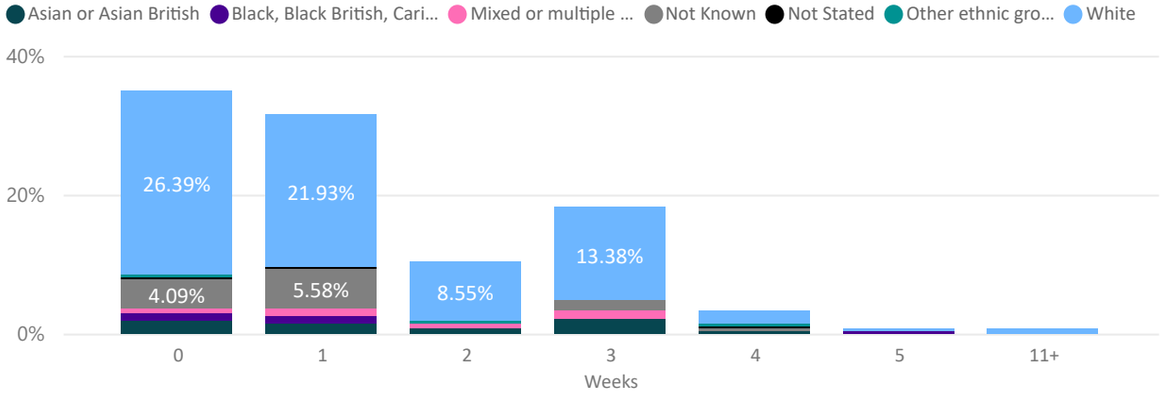
4.06%
Value

10%
Target

Common Cause
Variation

Hit or Miss
Assurance

Current Service Users Waiting For 1st Treatment (as of 14/06/22)



Service comments

- The 6 weeks target has fallen due to a high number of DNAs at assessment stage. The service have recently onboarded some agency staff to assist with completing assessments.

Actions

Exception Report

Metric

NCMP - Reception Status

May 2022
Latest Date

86.6%
Value

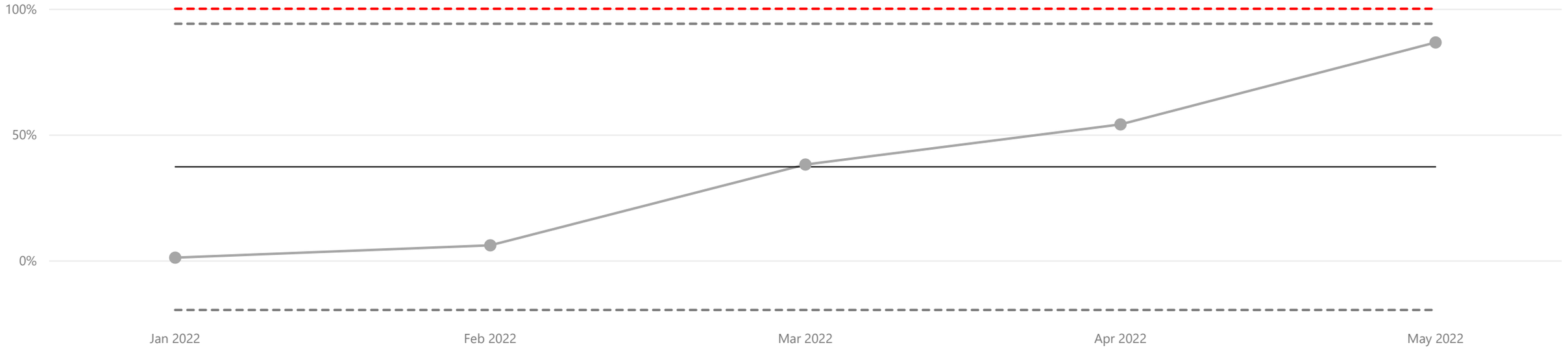
100%
Target

Variation

Assurance

F

Operational Performance: NCMP - Reception Status



Service comments

The commissioner of the service have agreed to change the way the service complete NCMP this year to enable year 6 to be completed before their exams begin in school, to avoid any unnecessary stress to pupils. All year 6 children have now been completed and the reception children will be completed by the end of the summer term. The commissioner is satisfied that the team have never failed to reach their targets and are confident they will achieve the targets again this year. The only difference this year is that reception cohort 1 and cohort 2 have been done at the same time. The service commenced cohort 3 after the 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.)

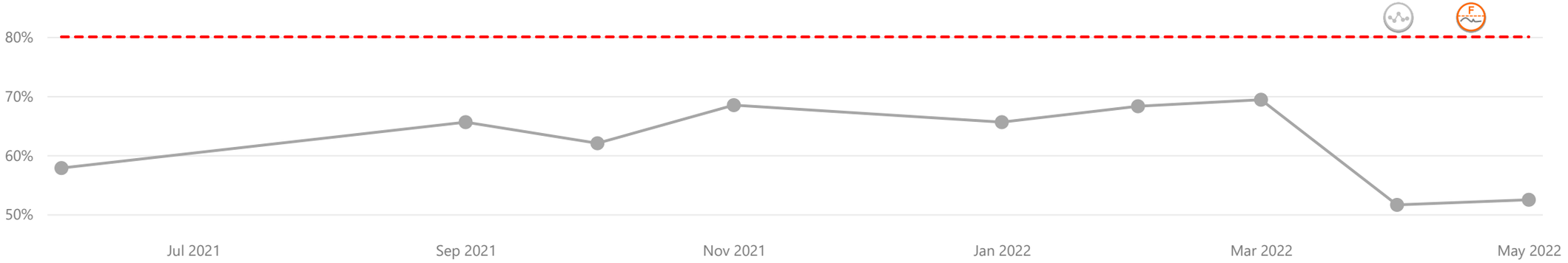
120

Actions

- Complete Cohort 3 and any outstanding measurements from other cohorts.

Exception Report

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



May 2022
Date

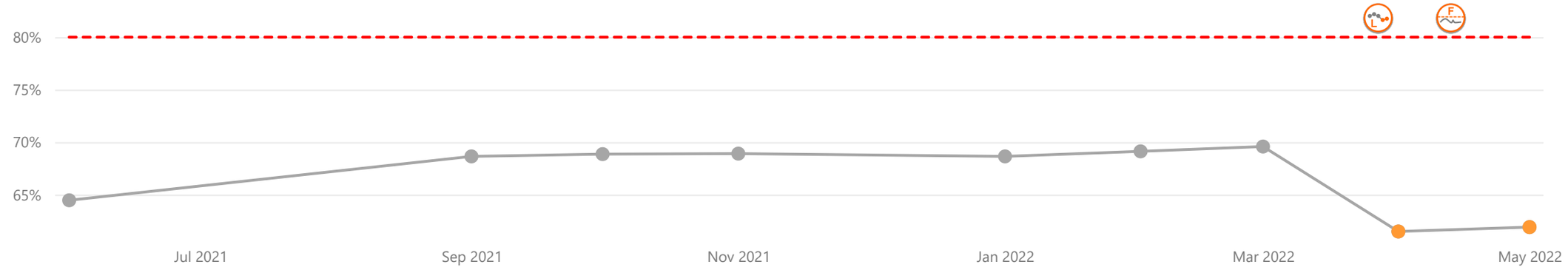
52.44%
Value

80%
Target

Common Cause
Variation

Fail
Assurance

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



May 2022
Date

61.9%
Value

80%
Target

Concern
Variation

Fail
Assurance

Service comments	Actions
The service has been unable to meet the target due to the lack of nursing availability due to sickness. The overall Dudley GP Practice performance was CERVS1 - 74.8%, CERVS2 – 78.5% .	Improve QOF recall by focussing on more nursing time. An additional nursing post is out for advert which will help improve cervical screening as this post will create more capacity within the team.

Enc 13

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: **Finance, Performance and Digital Committee**

Date of meeting: 23rd June 2022

Significant risks/issues for escalation	None identified
Key issues/matters discussed at the Committee	• The committee received a verbal update in relation to the Board Assurance Framework and Corporate Risk Register for assurance. • The committee received the month 2 finance report for assurance. The report confirmed that the Trust is achieving a breakeven position for the period April – May 2022 and forecasting to achieve breakeven by the end of the financial year. • The committee also received confirmation that the financial statements in relation to 2021/22 had received an unqualified opinion and were submitted on the 22nd June 2022. • The committee received the May 2022 performance report for assurance • The committee received a verbal progress update on the system financial planning position for assurance. • The committee received an update report in relation to Digital and BI for assurance. The committee agreed to schedule a digital 'deep dive' report for the August committee. • The committee received a verbal update in relation to Information Governance and agreed to receive a more in-depth report on a quarterly basis. • The committee received a verbal update on Greener NHS for assurance.
Decisions made by the Committee	
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	
Items/Issues for referral to other Committees	

Enc 14

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: **Extraordinary Audit and Risk Committee**

Date of meeting: 20th June 2022

Significant risks/issues for escalation	None to escalate
Key issues/matters discussed at the Committee	• The Committee was well attended and quorate • The Committee received the Audit Findings Report for the year ended 31st March 2022. This confirmed that the external auditors anticipated issuing an unqualified audit opinion subject to a few outstanding final queries being resolved. • The Value for Money work is yet to be completed and therefore the Auditors Annual Report is not expected to be issued until September 2022. This is in line with the National Audit Office's revised deadline of 22nd September 2022 • The committee approved the Annual Governance statement • The committee approved the Annual Report and Accounts prior to submission to NHSEI on the 22nd June 2022 ○ These were subsequently submitted to NHSEI by the above deadline • The committee received an update on the corporate policy development for assurance. • The committee members received the Quality Accounts for information prior to there approval at Quality and Safety Committee
Decisions made by the Committee	• The committee approved the Annual Report, Financial Statements and Annual Governance statement following delegation being received at the Board meeting on the 7th June 2022 to the Chief Executive, Trust Chair and Director of Finance.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	No specific implications identified
Items/Issues for referral to other Committees	Quality Accounts for approval by Q&S Committee

Enc 15

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

TITLE OF REPORT:	Development of a Population Health Management approach in DIHC and Dudley place
PURPOSE OF REPORT:	To provide a position statement on population health management and propose an outline plan for developing the approach in Dudley place
AUTHOR OF REPORT:	Dr Duncan Jenkins, Clinical Divisional Director, Pharmacy and Population Health
DATE OF MEETING:	5th July 2022
KEY POINTS:	This paper outlines: • Achievements in Population Health Management, particularly by the Pharmacy Team. • Proposed priorities in terms of targeted populations and development priorities for DIHC a Dudley place. • A high-level action plan outlining the next steps for developing Population Health in Dudley.
RECOMMENDATION:	The board note progress and plans with respect to Population Health Management.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None
ACTION REQUIRED:	Decision ☐
	Approval ☐
	Assurance ☐
	Information ☒

Development of a Population Health Management approach in DIHC and Dudley place

1. Introduction

Population health management (PHM) is an emerging technique which strives to improve health outcomes and (importantly) reduce inequalities. A key element is the use of data to design new models of proactive care and deliver improvements in health and wellbeing which make best use of the collective resources. It relies on understanding and insight into what factors are driving poor outcomes and to be successful requires both partnership working and cultural alignment. Key tools and techniques include case-finding, risk stratification and population segmentation. These are important to take the focus from a population level to interventions which target individual patients and allow a tailored approach.

Successful PHM will require a collective societal effort to tackle the wider determinants of health and from this perspective we need to be mindful of our limitations if we focus solely on healthcare provision. See figure 1 which summarises the wider determinants of health – "the causes of the causes." This means we should embrace the opportunities presented through redesigning our clinical model and align our perspective at both a patient-facing level and a strategic one. This will involve our continued and extended focus on lifestyle, social inclusion, health literacy and patient self-care and activation. Where wider determinants are beyond our control, we should challenge our local partners to address health improvement in their planning processes. DIHC can play a key role in PHM in Dudley in three ways:

- **Do** – We develop and redesign our directly provided services using PHM principles.
- **Lead** – We engage with other stakeholders to help us plan and deliver services and interventions to improve the health of our population.
- **Support** – We support other stakeholders to plan and deliver interventions.
- **Influence** – We influence others to improve the health of our population by addressing those wider determinants of health which are not under our direct control.

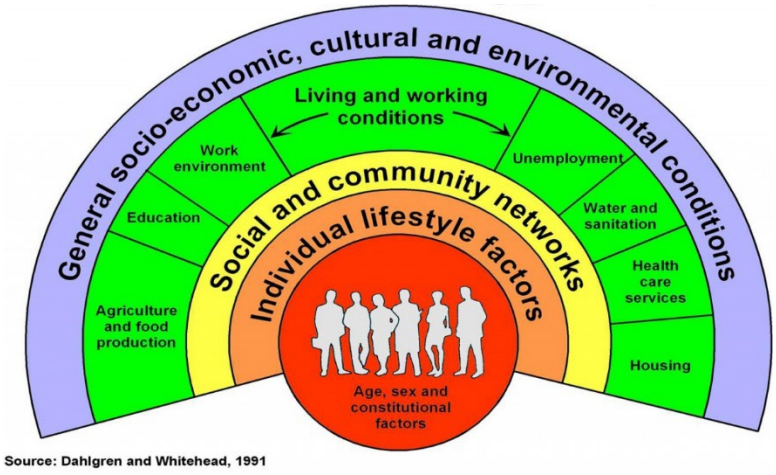


Figure 1. The wider determinants of health

Appendix 1 provides a high-level insight into the health status of the Dudley population. There is a gap in both healthy life expectancy and life expectancy between Dudley and England and between deprived and affluent areas of the borough. The latter is more significant and is a symptom of a mixed population of deprived and affluent. The main reasons for differences in life expectancy are deaths due to cancer, circulatory disorders (this includes cardiovascular and diabetes), respiratory disease and COVID-19.[1] Essentially, populations in deprived areas of the Borough have both a shorter life expectancy and spend more years of life in poor health. This in turn places greater demand on health services and emphasises the importance of PHM.

This paper has been written to provide a position statement of PHM within DIHC. It provides a summary of achievements to date, our aspirations for developing PHM in Dudley, proposed priority areas for PHM and a top-line development plan.

2. Achievements in population health management to date

Dudley has a strong foundation in PHM, with the DIHC Pharmaceutical Public Health team having been recognised nationally for achievements in hypertension and atrial fibrillation (AF) detection and management. A link to the hypertension case study published by NICE is provided in appendix 2. More recently work on the vaccination programme has given us valuable experience in PHM. Early in the COVID-19 vaccination programme, the Pharmaceutical Public Health Team worked with analysts at DMBC to develop a surveillance methodology which allowed assessment of uptake by geography/deprivation and by ethnicity. Useful experience was gained through working effectively as a place (DIHC, PCNs,

[1] The reasons for the gap in healthy life expectancy are likely to be similar but may include disabilities such as musculoskeletal conditions. This merits further investigation.

Public Health and the wider DMBC, voluntary sector, not for profit organisations and local communities). This provides a robust foundation for developing PHM further.

The prevention agenda is being developed with the introduction of health coaches into the PCN based teams and a continued focus on social prescribing aims to address factors such as social isolation.

Other early steps have been made in developing a PHM approach in specific specialty areas such as respiratory, diabetes, end-of-life care and frailty.

3. Developing Population Health Management in Dudley

a. A common set of outcomes

An original aim of reforming health and care in Dudley through service integration was to improve the health of the population. This was driven by widening health inequalities, an aging population placing increasing demands on all services and the reality that traditional models of health and social care would become unsustainable. It was seen as critical that all stakeholders were working to a common set of outcomes and a comprehensive Health Outcomes Framework was developed (see appendix 4). This underwent extensive stakeholder Consultation. The expectation was that this framework would be the main focus of PHM activities in Dudley place. Contained within the framework is the Dudley Quality Outcomes Framework for Health (DQOFH) which is incorporated into the integration agreement between DIHC and Dudley practices. It provides a financial incentive framework for long term conditions management as an alternative to the Quality and Outcomes Framework (QOF) which is part of the national General Medical Services Contract between NHS England and GP practices. An important aspect of the Health Outcomes Framework is that the healthy life expectancy was positioned as the most important outcome, followed by slope index in healthy life expectancy.[2] For healthcare, this recognises an important shift in focus from activity and process-based metrics, to include high level population health status.

The Health Outcomes Framework has recently been re-endorsed by the Partnership Board, with the caveat that it is refreshed to ensure metrics and outcomes are still relevant. There are also concerns that there are too many outcomes and that a prioritisation exercise should be undertaken.

b. Developing the philosophy and culture

The focus on outcomes should drive most of our decision making. The case for service developments should be based on evidence for improving priority outcomes and the cost of each unit of improvement. Quality improvement methodology should drive the continual refinement of services over time to maximise the impact on patient outcomes. In order to

[2] Slope index is the difference in life expectancy between the most and least deprived areas in the borough.

tackle and not widen health inequalities we should extend our clinical audit and service review scope to include health equity.

To achieve these objectives, the DIHC will need to embrace population health management at all levels in order to drive a cultural change. With respect to resource allocation, an ethical approach based on proportionate universalism (the Marmot principle) should be adopted. This will require a shift from a crude capitation-based approach to resource allocation to one where greater resource is directed towards more disadvantaged populations. This may be at odds with the funding of PCNs and our provision of the centrally funded workforce (the ARRS roles) and may require considered negotiation. Programme based budgeting should be explored as a vehicle for redistributing resources within a programme of care (and between organisations where desirable), for example to shift from low value treatment interventions to higher value prevention.

Finally, DIHC (and partners) should embrace being held to account for improving outcomes at all levels of the local system. With this accountability should come the permission to challenge external partners to improve health and wellbeing, for example, housing conditions, the built environment, air quality and school meals.

c. Population Health Management and the evolving clinical model

The recent Capgemini ASE events have established a direction of travel for designing and refining the clinical model for integrated care. There was universal support for the PHM approach to optimising patient care which endorses rather than modifies existing ideas and plans. A key requirement of the ongoing work on the clinical model will be the juxta-positioning of DQOFH with the activities of ICTs and embedding PHM approach within this. A description of how PHM could apply to the clinical model is provided in appendix 5.

d. The role of DIHC

As an integrated care provider DIHC has a remit for service redesign (the devolved commissioner function) as well as a service provider. The Trust's contribution to this can be summarised under four headings:

- As a direct provider of services – for example, the pharmacy team which has a track record of achievement in PHM and the ARRS roles such as social prescribers and health coaches which play a key part in improving health and wellbeing outcomes in our population.
- As a provider of Primary care services – High Oak and Chapel Street.
- As a commissioner of services – for example mental health, end-of-life, older persons and the Pharmacy team oversight of primary care prescribing.
- As a system leader with an influence on the wider determinants of health.

As a commissioner and provider of key services, DIHC is both flexible and nimble in the approach to service design, delivery and quality improvement, allowing a focus on what we achieve and not only on what we do.

Any plans will need to complement those by other stakeholders where necessary to ensure a consistent approach and to avoid duplication of effort. Stakeholders include the voluntary sector, the ICS and especially those of DMBC and the Public Health Team. This is particularly relevant to impacting on the wider determinants of health.

4. Proposed priorities for PHM in Dudley

a. Priority populations and conditions

The main reasons for differences in life expectancy are deaths due to cancer, circulatory disorders (this includes cardiovascular and diabetes), respiratory disease and COVID-19[3]. These are 4 areas which should form the foundation of a population health management (PHM) plan, with the dual aim of improving health outcomes for the population overall but impacting to a greater extent on deprived areas. Other proposed priorities based on national policy and local health needs are summarised in figure 2. With respect to health inequalities, the Partnership Board has identified First 1001 days and hypertension detection as priority areas. Other areas of focus for DIHC and partners are also proposed. A summary of the proposed priorities and objectives is provided in appendix 3.

b. Priorities for developing the infrastructure for PHM in Dudley

A common feature of successful PHM and integrated care worldwide is that services are patient-centred and data-driven. There are a number of key requirements:

- Business intelligence (BI) – this is required at 3 different levels:
    - Operational – case finding, risk stratification and segmentation, usually as real-time snapshots.
    - Quality improvement – metrics and dashboards which provide services and clinical communities with performance data, refreshed regularly to provide timely feedback on quality improvement initiatives.
    - Population surveillance – higher level metrics which provide a track of overall progress against, for example healthy life expectancy. These also provide early insight into health issues within the population. This also includes the wider determinants of health.
- Public health intelligence – The BI challenge goes beyond making data visible. Health data is extremely complex and requires expert analysis and interpretation. Further expertise is required to carry out ad-hoc analyses.
- Programme management – PHM is a cross-cutting programme which potentially impacts on all of Dudley health and care services. The outcomes of interest are

[3] The reasons for the gap in healthy life expectancy are likely to be similar but may include disabilities such as musculoskeletal conditions. This merits further investigation.

numerous and wide-ranging. Programme management expertise is required to co-ordinate, track and report progress of PHM going forward.

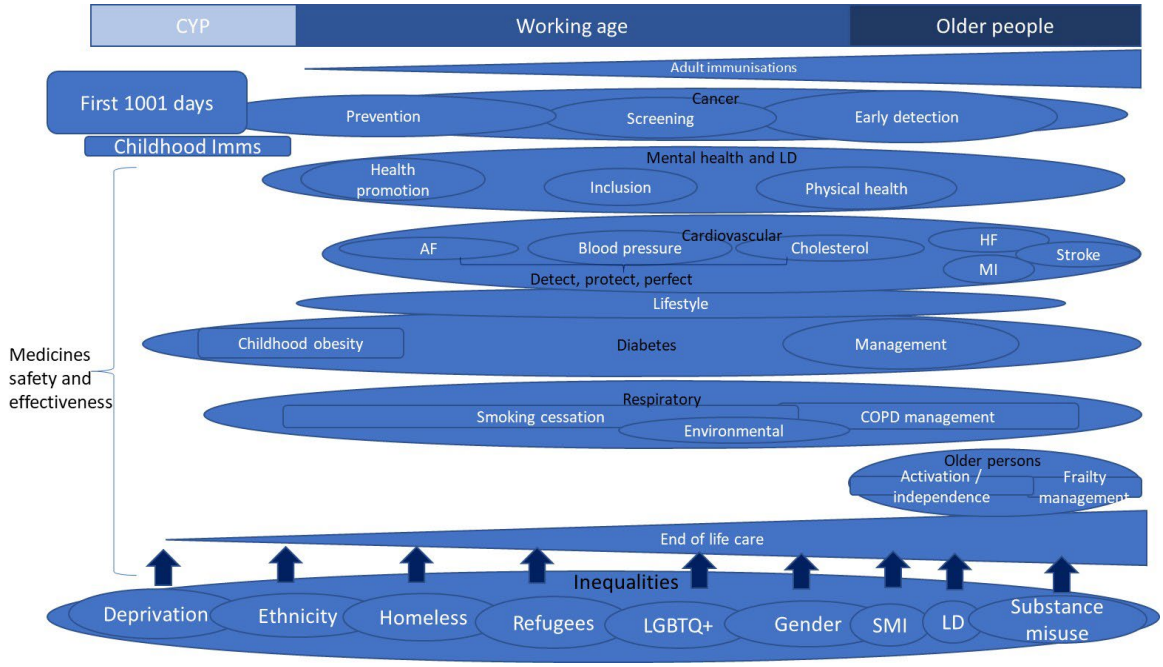


Figure 2. Proposed PHM priorities for Dudley

The resources required to achieve the above have yet to be fully quantified. The local BI requirements will depend on the ICB offer to providers and places. Programme management support could be provided centrally for Dudley place, be organisation-based or be diffused throughout clinical services. An assessment of these requirements is needed with some urgency.

c. Proposed governance arrangements

It is proposed that governance for PHM in Dudley is provided by the Dudley Partnership Board. This will ensure that all commissioning and provider bodies, including DMBC have a stake and voice in developing this ongoing programme. The Board already has ownership of prioritised health inequalities. At the recent ASE event it was proposed that Dudley also requires a prevention board – this could either sit alongside a PHM committee or be included in its terms of reference.

5. Next steps – a top-line action plan

DIHC in partnership with DMBC Public Health have been asked to conduct a refresh of the Health Outcomes Framework to confirm components are still relevant and accessible and to review the volume of outcomes and metrics, to prioritise against need and capacity. A key part of this process will be a consideration of the timelines required to observe changes in

population health outcomes – in other words the staging of PHM activities. This activity will be undertaken through a combination of technical assessment and stakeholder consultation. The proposed priorities will provide a starting point to develop a series of more detailed plans which are owned by stakeholders (clinicians and wider stakeholders). An important part of this exercise will be to identify priorities for restoration and recovery in the tail of the pandemic.

At the same time, discussions will be undertaken to establish a committee structure for PHM. A final part of this work will be to undertake an assessment of the infrastructure and resource requirements for place-based PHM, including IT, analytics, business intelligence and programme management. A summary of the actions and timescales is provided in table 1.

Action	Timescale
1. Agree proposed governance arrangements with Partnership Board	By September 2022
2. Review and update Outcomes Framework through stakeholder engagement.	By December 2002
3. Review priority areas within PHM programme through stakeholder engagement.	By December 2022
4. Assess local infrastructure and resource requirements.	By December 2022

Table 1. Actions and timescales for PHM action plan

6. Request from DIHC board

DIHC board is asked to note the progress that has been made in PHM and the plans to contribute to the place-based delivery of PHM in Dudley.

Dr Duncan Jenkins
Clinical Divisional Director, Pharmacy and Population Health Management
Dudley Integrated Health and Care NHS Trust
July 2022

Appendix 1 – Life expectancy and healthy life expectancy in Dudley

Figure 3 shows recent trends in healthy life expectancy[4] for the Dudley resident population compared with that of the population of England and Figure 4 shows recent trends in life expectancy at birth. Similar to the national picture, female life expectancy is longer than that of males. However, there is less difference in healthy life expectancy between males and females, meaning that women experience more life years in poor health than men. Also of note is the impact of the COVID-19 pandemic on life expectancy, with a pronounced dip in the most recent 3-year period reported.

Inequalities in life expectancy across Dudley Borough remain a concern. Figure 5 shows life expectancy versus deprivation by electoral ward. There is a clear relationship with people in deprived areas having a shorter life expectancy than those in affluent areas. Figure 6 shows trends in slope index of life expectancy,[5] with a gap in life expectancy of around 8 to 9 years. Over recent years there has been a reduction in slope index of life expectancy relative to the England population for Dudley Males, though there has been an increase in this gap for Dudley females. A further feature of inequalities data is that slope index of healthy life expectancy for Dudley (not shown) is around twice that for life expectancy, meaning that in deprived areas people are both living shorter lives and living more years in poor health.

The reasons for the gap in life expectancy within the Borough are summarised in figure 7. There are 4 main causes of death - cancer, circulatory disease, respiratory disease and COVId-19 - that contribute to the life expectancy gap.[6] For DIHC, these are 4 areas which should form the foundation of a population health management (PHM) plan, with the dual aim of improving health outcomes for the population overall but impacting to a greater extent on deprived areas.

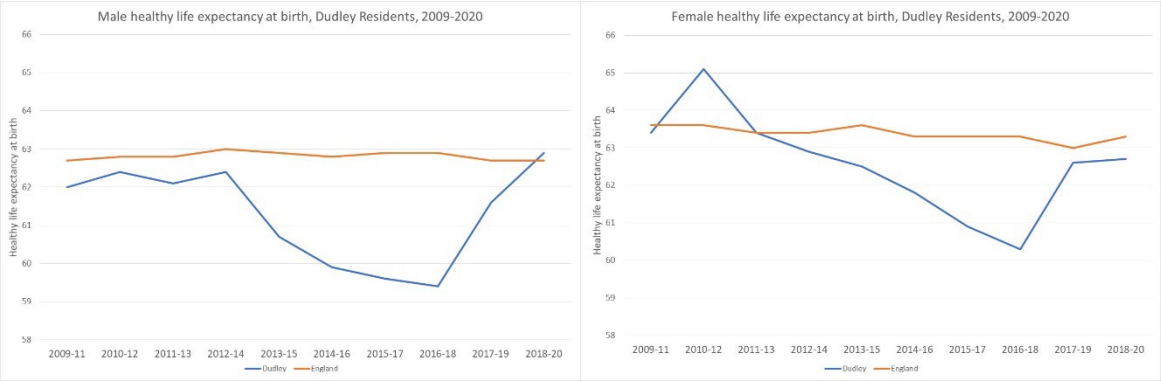


Figure 3. Trend in healthy life expectancy at birth.

[4] The average number of years that an individual is expected to live in a state of self-assessed good or very good health, based on current mortality rates and prevalence of good or very good health.
[5] Slope index is the difference in life expectancy between the most and least deprived areas in the borough.
[6] The reasons for the gap in healthy life expectancy are likely to be similar but may include disabilities such as musculoskeletal conditions. This merits further investigation.

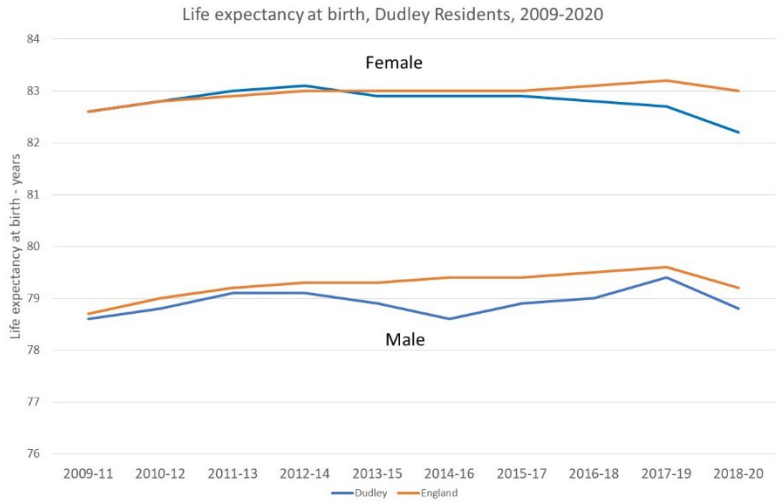


Figure 4. Trend in life expectancy at birth

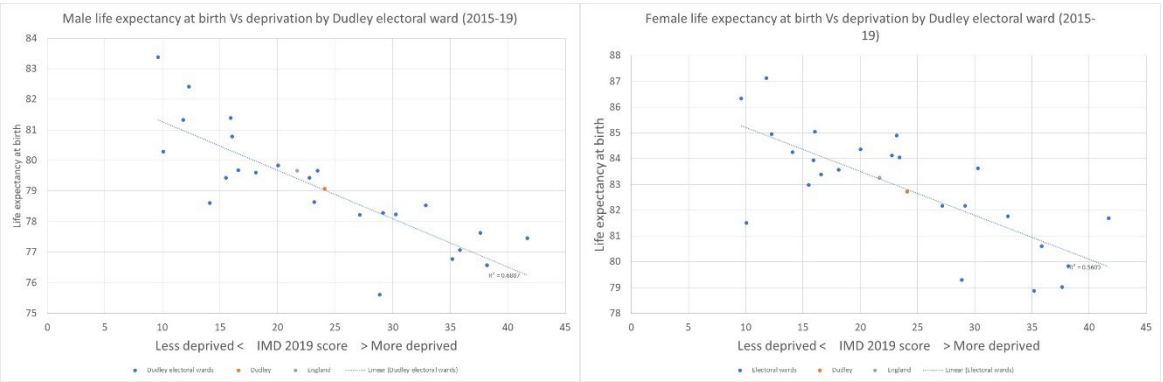


Figure 5. Life expectancy versus deprivation by electoral ward.

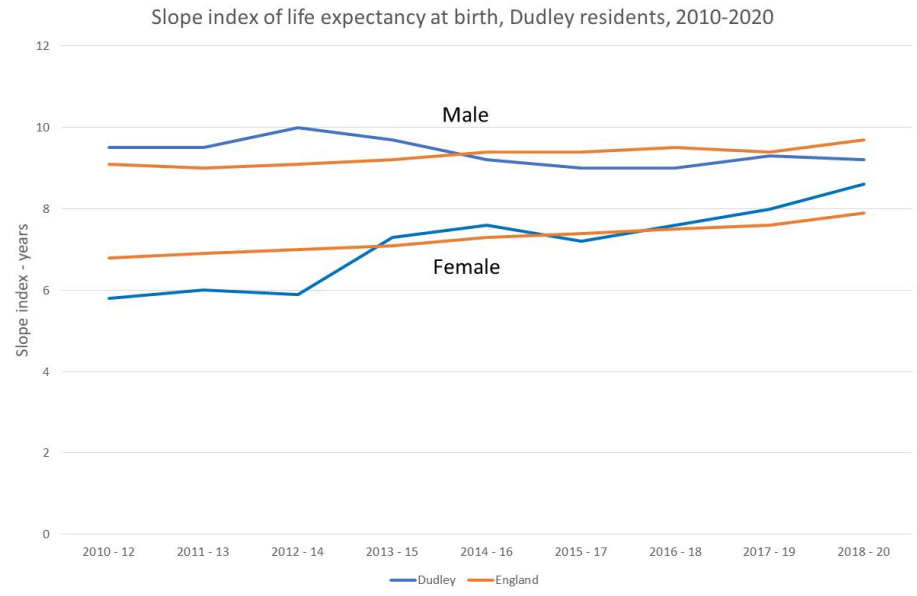


Figure 6: Trend in slope index of life expectancy

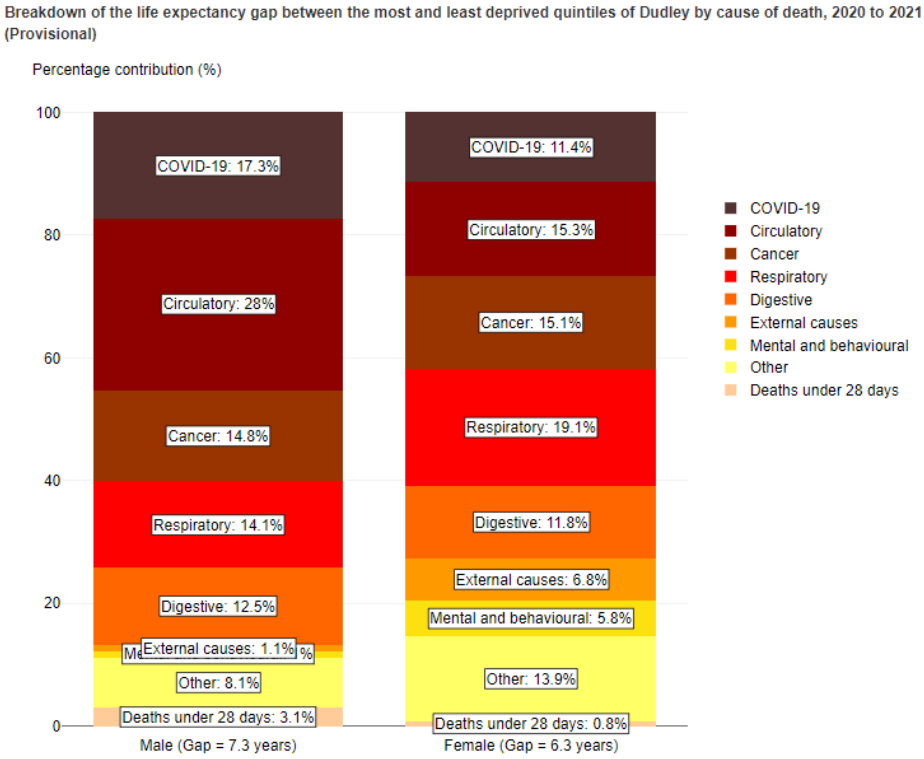


Figure 7. Scarf chart showing breakdown of life expectancy gap within Dudley by cause of death 2020/21 (provisional data) Source: Office for Health Improvement and Disparities.

Appendix 2 – Dudley Hypertension case study

This link provides access to a case study published by NICE.

[Implementing NICE Guidelines to reduce inequalities and improve the healthy life expectancy of the population of Dudley – Optimising Hypertension management in Dudley | NICE]

Work has continued to detect and diagnose hypertension, with the pharmacy team playing a key role. Figure 8 shows that Dudley has second highest ratio of observed to detected hypertension in England.

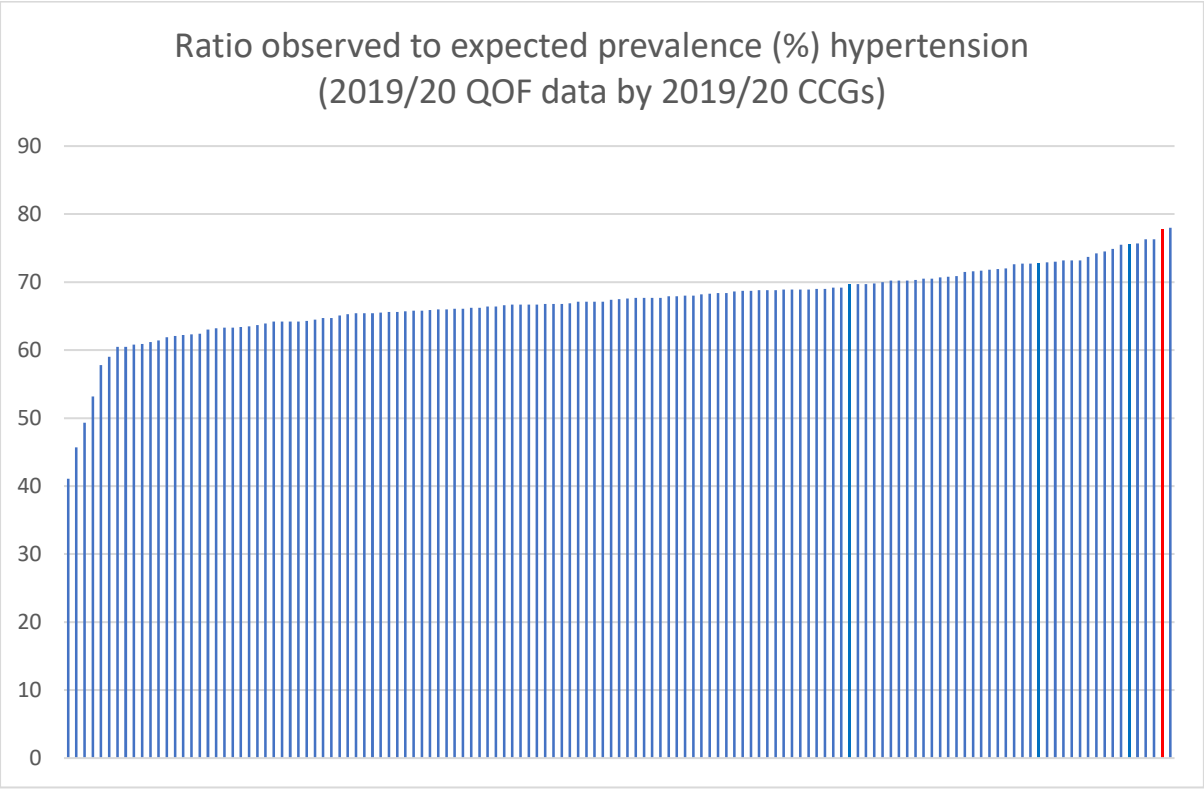


Figure 8. Ratio observed to expected prevalence by 2019/20 CCG (Dudley CCG is red bar)

Appendix 3 - Proposed priority areas for population health management

Programme or target population	Proposed priorities for PHM
First 1001 days – runs from conception and through the first 2 years of life. Identified as a priority for Dudley Place by the Partnership Board.	• Identification of individuals in populations at risk of adverse childhood experiences (ACEs). These are shown to have a strong influence of health and wellbeing later in life. Interventions are currently being designed but are likely to include support for parenting skills and focused interventions to address mental health issues.
Childhood immunisations	• Increase and maintain vaccination rates which have dipped over pandemic.
Adult immunisations	• Support for continued COVID-19 and 'flu vaccination programmes, including targeted work with deprived and hesitant communities.
Lifestyle and wellbeing	• Build on provision of social prescribing, health coaching. • Utilise MECC and ensure co-ordinated and consistent approach. • Ensure joined up approach with DMBC Public Health. • Align DIHC communications and health promotion campaigns to the Health Outcomes Framework.
Mental health	• Increase number of patients with severe mental illness receiving annual health checks. • Improve management / prevention of type 2 diabetes in patients with diagnosis of schizophrenia. Prevalence of type 2 diabetes in 15% in this population compared to 7% in general population. • Continued improvement in mental wellbeing support for those with long term physical health conditions.
Cancer	• Scoping work to identify opportunities to prevent, detect earlier and increase screening uptake.
Cardiovascular disease	• Improve hypertension detection (a priority for Partnership Board) and management to reach 80:80 target (80% of patients identified, 80% treated to target). • Improve atrial fibrillation detection and management. • Implement NHS England cholesterol pathway and PHM programme.
Respiratory	• Develop data driven approach to respiratory ICTs and improve on management metrics.
Frail elderly	• Further develop population risk stratification, including identification of patients at high risk of developing frailty.
Diabetes	• Develop data driven approach to diabetes ICTs and improve management metrics.
End of life care	• Further develop use of metrics. • Improve care planning (advanced care plans, treatment escalation and Respect).
Inequalities	• Adoption of Core20PLUS5. • Focussed work to improve care of people with LD, substance misuse clients, homeless, refugees and LGBTQ+. • Scope gender inequalities, particularly deteriorating metrics for female population.

Appendix 4 – Dudley Health Outcomes Framework

The Dudley Health Outcomes Framework is structured across 4 themes:

1. Population Health
2. Access, Continuity and Coordination
3. Empowering People and Communities
4. System and Staff

See figure 9 below for the four themes and high-level outcome descriptors.

Figure 9. Summary of the Dudley Health Outcomes Framework.

Population health outcomes include:

- Improved healthy life expectancy
- Reduced inequality in life expectancy
- Reduced stroke mortality
- Reduction in childhood obesity
- Reduction in smoking prevalence
- Reduction in admissions for alcohol related conditions
- Increased childhood vaccination coverage
- Increased ‘flu vaccination coverage

The Health Outcomes Framework also incorporates a comprehensive set of long-term conditions management metrics - the Dudley Quality Outcomes Framework for Health (DQOFH) which is incorporated into the integration agreement between DIHC and Dudley practices. It provides a financial incentive framework for long term conditions management as an alternative the Quality and Outcomes Framework (QOF) which is part of the national General Medical Services Contract between NHS England and GP practices.

Appendix 5 - Population Health Management and the evolving clinical model

The recent Capgemini ASE events have established a direction of travel for designing and refining the clinical model for integrated care. There was universal support for the PHM approach to optimising patient care which endorses rather than modifies existing ideas and plans. A key requirement of the ongoing work on the clinical model will be the juxtaposition of DQOFH with the activities of ICTs, and embedding PHM approach within this.

In order to both deliver high quality services which respond to these demands and to impact on wider determinants of health, clinical team activities are being organised broadly into 3 domains (see figure 10 below):

- Front line and routine care
- Integrated care teams
- Clinical communities[7]

Front line and routine care is well established, with general practice providing access to patients with acute needs as well as delivering holistic care under the established DQOFH. This has provided a step up from the GMS Quality and Outcomes Framework, supporting patients with multiple long-term conditions as a one-stop process. The continued integration and quality improvement of shared clinical pathways with acute and specialist mental health providers will further develop increasingly good health outcomes for the Dudley community.

Integrated Care Teams, wrapping care around patients
To support those with more complex needs ICTs have already been created, aligned to PCN neighbourhoods. These have allowed a multi-disciplinary focus on the individual needs of patients, with initial progress in supporting the frail elderly. The scope of the ICT model is being expanded to include other long-term conditions such as diabetes and respiratory care and early work has pioneered the multi-disciplinary approach. There will be a shift away from a system of outpatient referral and advice and guidance towards more pro-active care planning and clinical leadership – "care through conversation not correspondence."

A specialty-aligned ICT will advise on patients with complex and demanding needs so that those patients that can benefit will have more intensive support and guidance. The data-driven approach will enable a shift from reactive to proactive care, using risk stratification and segmentation approaches to identify those patients who will benefit the most from ICTs. ICTs will be able to focus on cohorts of patients with similar clinical needs, patients with 'red flags' (for example, escalating use of reliever inhalers or failure to order repeat long term medication) and to follow up vulnerable patients who have been discharged from hospital. This will provide a vehicle for clinical leadership from specialist staff by creation of a learning environment, focused on increasing the competence and confidence of team members whilst improving clinical outcomes.

A key principle is that ICTs will facilitate individualised plans, wrapping care around the patient to meet their specific needs, drawing on the ICT members as well as the wider range of services available within the mutual network, meeting lifestyle and social needs as well as medical ones. This will also mean that specialists will be in control of their own case-loads, working to a principle of advising and guiding others and only seeing those patients where clinical need or uncertainty dictates.

[7] This is a generic term; existing groups such as those focussing on EOL care, diabetes and respiratory are examples of 'clinical communities' which strive to improved outcomes and will naturally meet this need.

The role of clinical communities

'Clinical communities' – groups of health professionals and other stakeholders with an interest in specific sub-populations (for example, based on specialties, age specific groups or neighbourhoods) will play a key role in monitoring and improving health status and reducing the impact of disease. A broad remit will complement the established focus on clinical guidelines, education and training and clinical audit, by co-ordination of quality improvement programmes across the system, as well as the formulation of strategies for supporting patients with digital technologies.

These clinical communities will be held to account for population specific improvements in health status. With this accountability will come a legitimacy to address the wider determinants of health, with a supporting culture that encourages clinical leaders to act as vocal advocates for the population of Dudley. There will be an emphasis on staging of primary prevention interventions across a time horizon so that improvements in health 'land' at the right time.

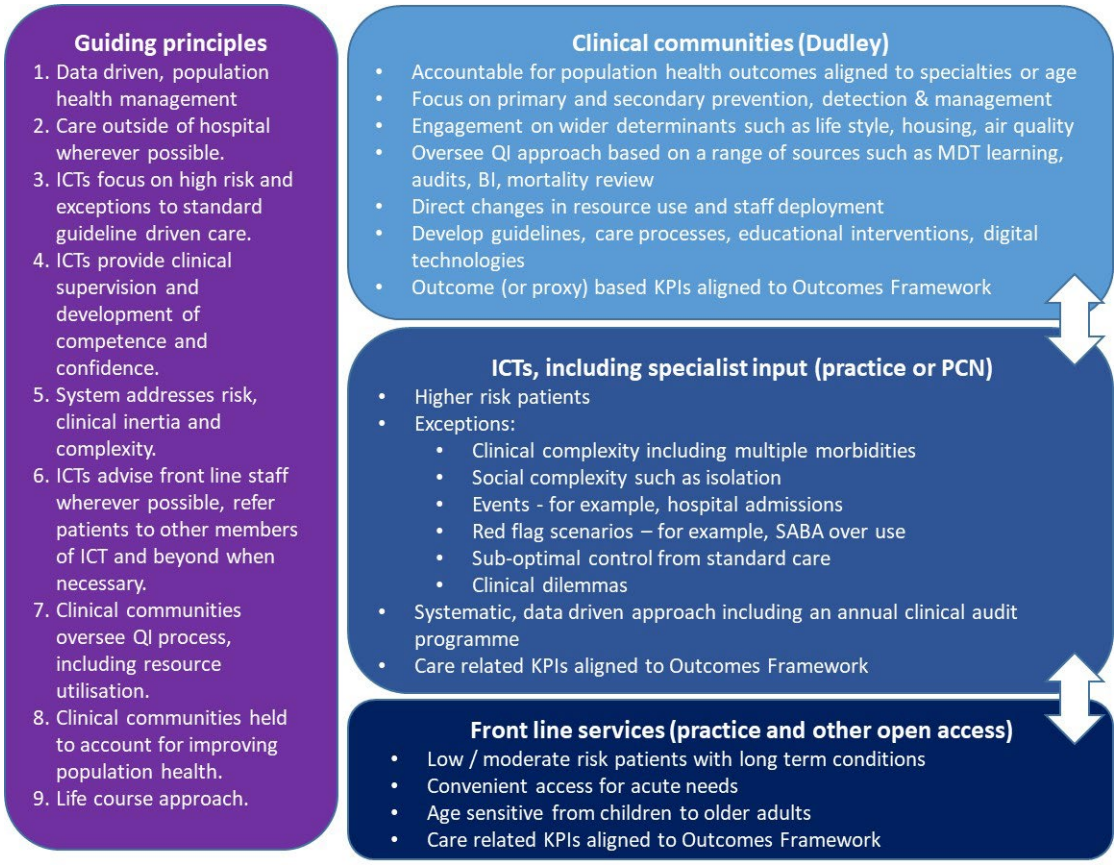


Figure 10. Population health management approach to integrated care

Enc 16

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: **Primary Care Integration Committee**

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

Date of meeting: 5th July 2022

Significant risks/issues for escalation	• None

Key issues/matters discussed at the Committee	• The Committee held a development session on the 22nd June 2022 focussed on the development of the DIHC Primary Care Strategy.
	• The Committee received the two presentations:
	  ○ A summary of Dr Claire Fuller review 'Next steps for integrating primary care: Fuller stocktake report' by the Director of Strategy, People and Partnerships
	  ○ The proposed content and structure for the DIHC Primary Care Strategy by the Head of Primary Care
	• The PCN CDs supported the proposed structure, and content of the Primary Care Strategy. They agreed the vision, aims, objectives and proposed offers of support from DIHC to General Practice.
	• The Committee agreed with the proposed next steps and timescales for developing the Primary Care Strategy;
	  ○ There will be two face-to-face engagement events with General Practice on 20th of July and 10th of August to seek feedback on Primary Care Strategy and proposed offers from DIHC to General Practice
	  ○ There will be further discussions within the ICS to align respective Primary Care Strategies
	  ○ The PCN CDs have agreed to fund ongoing GP engagement events with Primary Care colleagues; the first of which will be focussed on the strategy development
	• The Committee noted that the Executive Committee had already provided feedback on the key issues to be reflected in the Primary Care Strategy such as;
	  ○ The need to describe how DIHC has already implemented a significant part of the Dr Claire Fuller stocktake review, and is well

	placed to implement all of the recommendations ○ The need to evidence the benefits of this work to date, and describe the continuing benefits realisation of developing a range of support offers to General Practice • The Committee agreed that the Primary Care Strategy would be presented to the Board for approval in September 2022. • A Board Development session has been organised in July 2022 to discuss the development of the Primary Care Strategy.
Decisions made by the Committee	• Not applicable.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• None identified
Items/Issues for referral to other Committees	• None

Enc 17

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Strategy and Transformation Committee held on 14th June 2022

Date of meeting: 5th July 2022 (via Microsoft Teams)

Significant risks/issues for escalation	None identified
Key issues/matters discussed at the Committee	• The committee held a development session on 14th June 2022 to discuss the role and purpose of the meeting moving forwards and to refresh the terms of reference. • The committee agreed that the role of the previously named Transaction Committee had come to a natural end with regards to its place in the Trust assurance committee governance arrangements. • The committee agreed that the value of the meeting moving forwards was a place where the ongoing development of DIHC can be debated between Executive and Non-Executive Directors with associated programme, business and project plans being agreed and monitored with regards to progress. • The committee agreed that the membership of the group would stay the same but that it would step down from being a formal assurance committee of the Board. • It was agreed that the Committee would be re-named as a Strategy and Transformation Forum • A revised terms of reference for the Strategy and Transformation Forum are attached for ratification by the Board.
Decisions made by the Committee	• To change the committee to a Strategy and Transformation Forum.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	None identified.
Items/Issues for referral to other Committees	None identified.

Dudley Integrated Health and Care NHS Trust

Strategy and Transformation Forum
Terms of Reference

Document no. Version	Approval Date	Review Date
1.0	5th July 2022	31/03/2023
Executive lead	Director of Strategy, People and Partnerships	
Ratified by Board / Committee *(if applicable)*	Public Board – 2022 5th July 2022	
Document Supports Standards and Legislation	***(reference to any CQC & NHSLA standards supported)*** **Annual Governance Statement** CQC Well Led Domain specifically on culture, quality improvement and collaborative leadership development: • Key Lines of Enquiry (KLOE)1: Leadership, capacity, capability to deliver high-quality sustainable care • KLOE 3: Culture of high-quality sustainable care • KLOE 7: Are people who use services, public, staff and external partners engaged and involved to support high quality sustainable services • KLOE 8: Robust systems and processes for learning, continuous improvement, and innovation	

Purpose and Objectives:

The Strategy and Transformation Forum has been established by the Board of Dudley Integrated Health and Care NHS Trust (DIHC) to oversee service transformation and the development of DIHC.

It has no executive powers, other than those specifically described in these Terms of Reference.

The Strategy and Transformation Forum exists to provide a forum for the collective ownership and oversight by senior executive leads of DIHC strategy and the supporting transformational programme. The purpose of the Forum is to:

a) Ensure that strategic and transformational plans are being progressed and will escalate to the Board or appropriate assurance committee any significant concerns or variance to plans that have the potential to adversely impact delivery of DIHC strategy.

b) Ensure there are appropriate systems and processes in place to oversee service transformation activities across DIHC services and, to the extent that DIHC performs a commissioning function, services commissioned from other providers.

c) Receive and review comprehensive project plans with supporting performance metrics in respect of quality and finance and to oversee the suitability of the programme and project arrangements in advance of any potential service transfers.

d) Ensure change management systems and processes are established and operating effectively within DIHC.

e) Ensure there are appropriate systems and processes in place to deliver against DIHC's Strategic Priorities and Objectives and receive regular updates on the implementation of the DIHC Business Plan.

f) Monitor and review performance against agreed transformation plans and to provide critical challenge and support to colleagues in pursuit of their delivery within agreed deadlines, referring to assurance committees for assurance where appropriate to do so.

g) Ensure alignment of key programmes and projects to DIHC strategy and facilitating cross-organisational opportunities where appropriate are identified and enabled.

h) To agree any strategic or transformational areas that are prioritised by the Dudley Partnership Board are prioritised by DIHC with the associated plans required.

i) Support assurance committees to ensure that Quality Impact Assessments and Equality Impact Assessments are undertaken when required and completed effectively.

j) Ensure any areas of service change or development (including both commissioning and provision) are engaged and consulted on appropriately with the local population.

Duties:

Strategy

The Strategy and Transformation Forum shall:

a) To consider that there are appropriate systems and processes in place to deliver against DIHC's Strategic Objectives and Business Plan.

b) Ensure that DIHC's Strategic Objectives and Priorities are supported by appropriate delivery plans and that adequate resource has been identified to monitor and deliver against these plans.

c) Consider the assessment of any identified risks to achievement of the Strategic Objectives and review and assure the adequacy of associated mitigation plans.

d) On an annual basis, review the strategic priorities developed by the Executive Team prior to sharing with the Trust Board

Transformation

The Strategy and Transformation Forum shall:

e) Ensure that the Trust is effectively delivering on a successful approach to transformation and overseeing delivery of the major transformation programmes (internal and external).

f) Ensure prioritisation of transformation initiatives across the Trust to support the effective delivery of the Trust's strategic objectives.

g) Consider the change management approach put in place for the development, delivery, and reporting against the overall programme.

h) Support the delivery of the transformation programme through management and mitigation of issues and risks regarding delivery of projects and taking actions to address the same.

i) Provide a forum for horizon scanning with regards to national policy and directives, with particular focus and discussion on impacts for DIHC

j) Ensure that the benefits of each project are clearly articulated and tracked.

k) Consider external impacts on the development and delivery of the Strategic Transformation Programme / DIHC Development Programme and how these can be managed.

l) Support the Executive Team to ensure that resource requirements to deliver projects are clear and identify additional resources to support the Programme as required, and that any statutory obligations to consult on major change are appropriately followed.

m) Provide the opportunity to reflect on delivery of the programme through Lessons Learnt and checkpoint reviews in order to further improve delivery and to report any implications to the appropriate assurance committee as required.

n) Provide wholistic oversight to ensure programmes of work are aligned to support the

direction of DIHC and are progressing adequately

Risk

Identify any risks to completion of programmes of work and development areas and escalate accordingly to appropriate assurance committees.

Membership

The Strategy and Transformation Forum is a meeting of Executives and Non-Executives and will consist of not less than three Executive and Non-Executive Director attendees.

The Chair will be appointed Chair of the Strategy and Transformation Forum.

If the Chair of the meeting is absent from the meeting, another Non-Executive Director will preside as chair.

Core Membership

- Chair
- Three Non-Executive Directors
- Chief Executive Officer
- Director of Strategy, People and Partnerships
- Medical Director
- Director of Nursing, AHPs and Quality
- Director of Finance, Performance and Digital

Attendees

- Programme Director(s)
- Trust Secretary
- Associate Director of People
- Head of Communications, Engagement and Partnerships

The Director of Strategy, People and Partnerships shall act as Executive lead for the Forum and shall attend all meetings. If there is an occasion where the Director of Strategy, People and Partnerships cannot attend, the Interim Chief Executive Officer will attend in their place.

Only members of the Strategy and Transformation Forum have the right to attend meetings. Other persons may be invited to attend and assist the Strategy and Transformation Forum as appropriate, to support particular items being considered and discussed.

The Strategy and Transformation Forum 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 to discuss particular areas of development.

External advisors/experts may also attend the Forum on an adhoc basis to provide guidance on areas of development pertinent to DIHC.

Minimum Membership:

The minimum membership for the Strategy and Transformation Forum to proceed shall be if there is a representation of a minimum of two Non-Executive members and two Executive Directors or nominated deputies, one of whom shall be the Director of Strategy, People and Partnerships or Interim Chief Executive Officer in their absence.

Members unable to attend a meeting may nominate a deputy to attend on their behalf, agreed with the Chair of the meeting.

Frequency

The Strategy and Transformation Forum shall meet every month. The Strategy and Transformation Strategy Forum shall review its own performance, membership, and terms of reference annually and shall make any changes it considers necessary.

Administration:

The Executive Assistant to the Director of Strategy, People and Partnerships will act as secretary to the Strategy and Transformation Forum.

Any conflicts of interest regarding any items will be declared at the beginning of the meeting and managed accordingly by the Chair of the Forum.

The agenda will be set in advance by the Chair and Executive Lead of the Forum.

The Executive Lead will present an update on the Forum through the report of the Chief Executive to the DIHC Board.

Relationship with Board and Committees

The Strategy and Transformation Forum shall 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.

Equality Statement

The Strategy and Transformation Forum will that these terms of reference recognises DIHC commitment 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.

Greener NHS Statement

The Strategy and Transformation Forum will ensure that these terms of reference recognise DIHCs 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 minimise travel where possible, printing of papers avoided and document management electronic wherever possible.

Counter Fraud

In creating these terms of reference, the authors, reviewers, and Forum 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.

Author:	Elaine Doyle, Trust Secretary Stephanie Cartwright, Director of Strategy, People and Partnerships
Date:	13th June 2022
Lead Executive:	Stephanie Cartwright, Director of Strategy, People and Partnerships
Reviewed by:	Strategy and Transformation Board
Reviewed on:	8th March 2022 and 12th April 2022
Approved by:	
Approved on:	

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

TITLE OF REPORT:	Communications, Engagement and Partnerships Report
PURPOSE OF REPORT:	To update Board of activities that have taken place between April 2022 through to June 2022 including relevant statistics
AUTHOR OF REPORT:	Helen Codd, Head of Communications, Engagement & Partnerships Luke Dunn, Communications and Engagement Specialist
DATE OF MEETING:	5th July 2022
KEY POINTS:	• The team have undertaken a range of engagement activities, externally with the public and internally with our own teams and staff • Our wider teams are also working out in our communities and sharing their engagement and partnership activities • We have promoted several campaigns and localised them to DIHC • We continue to manage a large amount of requests for design work and updates to the intranet
RECOMMENDATION:	The Board is reassured of our continued efforts to build relationships and strengthen partnership working and raise the profile of DIHC in the local system
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None
ACTION REQUIRED:	Decision ☐
	Approval ☐
	Assurance ☒

Communications and Engagement Update

April - June 2022

NHS
Dudley Integrated Health and Care
NHS Trust

Communications, Engagement and Partnerships Quarterly Update

- Sue Nicholls, Director of Nursing, Quality and AHPs met with our Patient Opportunity Panel to discuss engaging in patient safety. We wanted to know how to make involvement meaningful and to discuss what the group believed the safety priorities should be. The group explored the topic with Sue and had the opportunity to ask questions.

- We have continued to meet with local councillors and Mike Wood, MP regarding High Oak Surgery.

- We attended the Mayor's Chambers twice to meet with award winners from the Kindness Awards hosted by Dudley Council for Voluntary Services (DCVS) earlier in the year. Winners had a tour of the chamber and learnt about the history of the Mayor and Dudley.

- We attended the DCVS Friends Reunited event. This event was hosted by DCVS as the first face to face meeting since the pandemic. It was an opportunity to re-establish links and discuss ways of working together in the future.

- The School Nursing Team hosted an event with The Dudley Group NHS Foundation Trust at Chilly Kids in Stourbridge. The event attracted 31 families and focussed on asthma, smoke free homes and support. The feedback has been shared with the Integrated Care System (ICS).

- We facilitated a live radio interview as part of Mental Health Awareness week with local charitable group, The Black Country Blokes (BCB). Michelle and Ravi from Dudley Talking Therapies attended the radio station and chatted for 2 hours with the BCB who focus on men's mental health and reducing stigmas.

- The team who ran the Pensnett Assessment Centre during Covid attended the Mayor's garden party at Himley Hall. They were awarded the Freedom of the Borough on behalf of DIHC for their efforts and contribution during Covid.

- The team attended an online meeting with Patient Participation Group (PPG) representatives from the Sedgley, Coseley and Gornal Primary Care Network (PCN).

- Lisa and Stephanie, Dementia and Frailty Link Workers in Halesowen PCN attended two events in Halesowen town centre to support Dementia Awareness week. The team wanted to promote their service and provide information and support around dementia and diagnosis. They were also joined by our Admiral Nurses, Carol and Claire, Edith from Listening and Guidance and Lee from the Alzheimer's Society.

- We attended an event at the local library hosted by colleagues in Public Health. The event featured a hand stitched quilt which represented stories of local people and their experiences during Covid.

- We attended the Health and Adult Social Care Overview and Scrutiny Committee to discuss the issues around High Oak Surgery. This was a single scrutiny item

- We attended Sports Day at Saltbrook Place in Lye. This is an ongoing partnership with local people who may be experiencing rough sleeping and homelessness and other issues.

- We held an online Dying Natters Café – The End of Life Show via Zoom. The session was supported by Dr Poonam Tank, Clinical Lead for End of Life & Macmillan GP. We were joined by 15 participants from a range of backgrounds and we wanted to provide a context of the services and support available locally and to encourage conversations about death and grief. We received positive feedback and the comments will be fed into the ongoing development of services and literature.

- Some of the Halesowen PCN team attended an open day in Halesowen Farmers Market to promote their services to the community.

- We joined in with the fun at the Big Health Day which was hosted by Dudley Voices for Choice. The group supports people who have learning disabilities and/or autism and it was aimed at highlighting some of the issues that patients can experience and also an opportunity to meet face to face.

- The School Nurses attended Himley Hall Under 5's Day to promote their services and support. The event was hugely success

- Members of staff met with New Zealand Minister for Health Andrew Little.

- Various design work, for example; Green Plan, EDI Strategy and Quality Accounts brochures. Pop up Banners and Business Cards (School Nurses), posters and print for service user feedback (Quality and Safety Assurance Team) as well as posters for the Wellbeing Team.

- We wrote an article which featured in the local press:

Dudley groups unite to promote Dying Matters Awareness Week

- And also shared the following press releases:

Dudley Integrated Health and Care NHS Trust Chair Reappointed

Local Students Land Apprenticeships with Dudley Integrated Health and Care NHS Trust

Halesowen: Let's talk about dementia this May

Dudley Pays Tribute to Pandemic Health Care Response

Staff Updates

- Supported the People Team with the Staff Awards and Long Service Awards on 5th April held at the Black Country Living Museum.
- Continued with the monthly Staff Briefings and have continued to see a larger proportion of staff joining the sessions. There is also the option to post questions or feedback anonymously during the briefing so that these are addressed in real time.
- Developing and growing our Staff Forum. The forum is representative of different teams including ARRS staff and are invaluable in providing constructive challenge, highlighting issues and providing solutions.
- Our Corporate Staff Inductions continue on a monthly basis and we regularly see many new faces who have joined DIHC.
- Delivered a weekly newsletter to staff – The Friday Round Up
- Delivered the fortnightly Practice Bulletin to Primary Care
- Continued to support the GP Education sessions, bi-monthly DIHC/CCG and Primary Care sessions and the Joint Working Group meetings between Primary and Secondary Care
- The People Team continue to meet with the Inclusion and Allyship staff group
- Continued to encourage our teams to take part in the Mental Health Awareness sessions that we have set up in collaboration with Dr Rebecca Lewis and Black Country Healthcare NHS Foundation Trust. This was in response to the Suicide – Reasons for Living workshop we hosted.
- Anna Baker Barnes and colleagues from the Listening & Guidance Team and Social Prescribing Team attended the National Association of Link Workers Awards. They were nominated and made it to the finals. They were highly commended for how they are engaging and listening to social prescribing link workers and co-designing solutions. The judges said they showed compassionate leadership.
- Created and shared computer screensavers for the first time.

Digital Campaigns

Public and staff facing campaigns designed inhouse

- Hand Hygiene Day
- Mental Health Awareness Week
- International Nurses Day
- Passover
- Eid
- Pride Month
- Dying Matters Awareness Week
- Volunteers Week
- Queens Jubilee
- World Blood Donor Day
- Mens Health Awareness Week
- National Walking Month
- Bike Week
- Windrush Day
- Armed Forces Day
- Ongoing Job Vacancy Promotion
- Number change - Primary Care Mental Health
- Bank Holiday Opening Times (Extended Access Hub, Pharmacy Opening Times, Anchor Medical Practice)

NHS campaigns shared through our channels

- Green Plan
- Monkeypox
- NHS 111
- Sickle Cell
- Pharmacy first
- Early signs of a heart attack (help us to help you)
- Mental health (help us to help you)
- Wear masks in medical settings (Covid)
- Plasma donations
- We are the NHS (recruitment drive)
- Clear on cancer
- The new NHS shared care record

Communication Statistics

Online

76,048 staff intranet page views

22,639 Website page views.

102,696 Social media impressions

1,680 Total social media followers

Friday Round Up

13 Friday Round Ups sent

12,355 Total email opens

3,925 Total link clicks

Practice Bulletin

7 Practice Bulletins sent

4,059 Total email opens

896 Total link clicks

A Few Snapshots

Green Plan

Quality Accounts 2021 -22

EDI Strategy

Meeting the Mayor

World Asthma Day - Chilli Kiddies

Social Campaigns

Dementia Awareness - Halesowen