

# DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TUESDAY 4<sup>th</sup> October 2022

09:30– 13:00

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

## PUBLIC AGENDA

Please note, as part of DIHC's commitment to openness and accountability, members of the public are able to attend, but will need to notify in advance to do so. Should you wish to join the meeting please email Elaine Doyle, Trust Secretary on [elaine.doyle6@nhs.net](mailto:elaine.doyle6@nhs.net) who will provide details and guidance on observing the meeting. Should you wish to ask a question about the issues on the Board Agenda please send your question prior to the meeting. The papers, minutes and any questions and answers to the items on the Board Agenda will be published on the DIHC website.

Item No	Agenda Item			Presented by	Time
<b>Formalities:</b> to declare the meeting open, quorate and in accordance with the standing orders:					
1.	<b>Chair's Welcome</b>		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	<a href="#">Enc 1.3</a>	Mr. H Turner	
	1.4 Public Board Minutes – meeting held on 6 <sup>th</sup> September 2022	For Approval	<a href="#">Enc 1.4</a>	Mr. H Turner	
	1.5 Action Register and Matters Arising	For Approval	<a href="#">Enc 1.5</a>	Mr. H Turner	
2.	<b>Service Story</b>			Tom Robinson and Ed Garner	09:40
	2.1 Electronic Patient Record	For information	Presentation		
3.	<b>Standing Items</b>				10:10
	3.1 Chair's Update	For Information	Verbal	Mr. H Turner	
	3.2 Chief Executive's Report	For Information	<a href="#">Enc 3.2</a>	Ms. P Harris	
	3.3 Agenda for Part Two – Private Board	For Information	<a href="#">Enc 3.3</a>	Mr. H Turner	
<b>Delivering and Driving DIHC Strategy</b>					
4.	<b>Nursing and AHP Strategy</b>	For Approval	<a href="#">Enc 4</a>	Ms. S Nicholls	10:20

Our Services					
5.	Board Assurance Framework and Corporate Risk Register	For Approval	<a href="#">Enc 5</a>	Ms. E Doyle	10:40
Delivering safe and quality services, supported by integrated governance that drives quality clinical improvements					
6.	Quality and Safety Performance Report	For Information	<a href="#">Enc 6</a>	Ms. S Nicholls	11:50
7.	Quality and Safety Committee Assurance Report	For Assurance	<a href="#">Enc 7</a>	Ms. V Little	12:05
The best place to work, supported by a new leadership and workforce culture, organically co-developed, together					
8.	Workforce Performance Report	For Assurance	<a href="#">Enc 8</a>	Ms. S Cartwright	11:15
9.	People Committee Assurance Report	For Assurance	<a href="#">Enc 9</a>	Mr. M Evans	11:30
Doing the best with what we have, to be affordable today and sustainable tomorrow					
10.	Finance Report	For Assurance	<a href="#">Enc 10</a>	Mr. M Gamage	11:40
11.	Performance Report	For Assurance	<a href="#">Enc 11</a>	Mr. P King	11:55
12.	Finance, Performance and Digital Committee Assurance Report	For Assurance	<a href="#">Enc 12</a>	Mr. I Buckley	12:10
Help and Empower the People of Dudley to live longer and healthier lives through fully integrated community-based healthcare					
13.	Report from the Primary Care Integration Committee	For Assurance	<a href="#">Enc 13</a>	Dr G Solomon	12:20
14.	Communications, Engagement and Partnerships update	For Assurance	<a href="#">Enc 14</a>	Ms. H Codd	12:30
Fair, Accountable, Responsible and Transparent					
15.	Audit and Risk Committee Assurance	For Assurance	<a href="#">Enc 15</a>	Mr. D Gilburt	12:40
End of Meeting Formalities: to bring the meeting to an end and include reflections on the meeting before inviting an opportunity for questions from the public. Normally pre-submitted in advance of the meeting and answered during the allotted time or in writing following the meeting.					
16.	Any Other Business	To Receive	Verbal	Mr. H Turner	12:45
17.	Questions from the public pre-submitted	To Receive	Verbal	Members of Public	12:50
18.	Risk Review	To Receive	Verbal	Mr. H Turner	12:55
	Date of next meeting: 1 <sup>st</sup> November 2022 Time: 9:30 am – 1:00 pm Venue: TBC				13:00

**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	

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Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To
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	
			Son working as a scrub nurse in Acute Trusts across Black Country				✓	Jul 2022	
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

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Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To
Mrs	Penelope Ann Harris	Interim Chief Executive Officer	Director of Kerr Darnley Ltd	✓				Sept 2013	
			Specialist Consultant for PwC	✓				Dec 2021	
Mr	Philip King	Chief Operating Officer	Visiting lawyer and lecturer, Birkbeck School of Law, University of London	✓				Sept 2002	
			Member of Liberty Lawyers Group		✓			Sept 2002	
			Member of The Inner Temple		✓			Sept 2000	
			Registrant Member of the Bar of England and Wales		✓			Sept 2002	
			Member of the Royal College of Nursing		✓			Jan 1987	
			Director of Audenmark Ltd	✓				Jan 1993	
			Non Clinical Partner Chapel Street		✓			2022	
			Equi-Librium Coaching	✓				Sep 2022	

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Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To
Dr	Richard Bramble	Acting Joint Medical Director	GP Partner, Links Medical Practice	✓				2013	
			Shareholder, Futureproof Health	✓				2015	
			Revival Fires Church			✓		2008	
			GMS Contract Holder- GP Partner Chapel Street		✓			May 2022	
Mrs	Stephanie Cartwright	Director of Strategy, People and Partnerships	None						
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	

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Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To
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	

# DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

**MEETINGS OF THE PUBLIC BOARD MEETING HELD OF 6<sup>TH</sup> SEPTEMBER 2022**  
**TIME 0930 – 1300hrs**

**Dudley Canal & River Tunnel Trust, 501 Birmingham New Road, Dudley, West Midlands, DY1 4SB**

**Present:**

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

**In Attendance:**

Ms S Basu (SB)	Corporate Governance Manager, DIHC (minutes)
Mrs H Codd (HC)	Head of Communications, Engagement & Partnerships
Mr A Race (AR)	Interim Associate Director of People, DIHC
Mr D Jenkins (DJ)	Associate Director of Pharmacy and Population Health Management
Ms Laura Bickley (LB)	School Nurse Team Lead
Ms Lisa Worth (LW)	School Nurse Practice Educator
Mr Jason Griffiths (JG)	Healthwatch Dudley
Ms Justine Morris (JM)	Head of Safeguarding

Item No	Agenda Item
1.	<p><b>Chair's Welcome</b></p> <p>Harry Turner (HT), the Chair welcomed all attendees to the September Public Board meeting at Dudley Canal and River Tunnel Trust.</p> <p><b>1.1 Apologies</b></p> <p>Formal apologies were received from Dr Lucy Martin, Acting Joint Medical Director and Dr George Solomon, Non-Executive Director and the Board noted apologies from Karen Wright of Dudley Metropolitan Borough Council, David Pitches of Public Health and Mayada Abuaffan of Dudley Council.</p>



## 1.2 Declarations of Interest

PK updated the Board on his commercial interest in Equi-Librium Coaching which provides executive and leadership coaching activities.

## 1.3 Board of Directors' Register of Interests

The chair asked the board to note the schedule of Declarations of Interest contained in the papers.

## 1.4 Public Board Minutes for the meeting held on 5<sup>th</sup> July 2022

DG advised on the inclusion of Dr Lucy Martin in the list of attendees for the July Board meeting.

Subject to the above amendment, the Board accepted the minutes as a true and accurate record of the meeting.

## 1.5 Action Register and Matters Arising

### Reference: PUB/JUL22/01

Benchmarking of safeguarding metrics: SN updated that safeguarding information regarding trends and metrics used by Dudley People Partnership Board along with DIHC's contribution was included in the CEO's report. Further, with the appointment of Justine Morris, the new Head of Safeguarding, benchmarking exercise of our Trust's services across other trusts would be done. **It was agreed to close this action.**

### Reference: PUB/JUL22/02

Comms & Engagement post Board Meeting press release: HC updated about promotion of positive stories of public interest about the good work being delivered by DIHC. PH requested an active programme issuing releases after Board Meetings highlighting the meeting updates and encourage people to be a part of future public meetings. **It was agreed to close this action.**

## 2.0 Service Story – School Nursing

PK welcomed Laura Bickley (LB), School Nurse Team Lead and Lisa Worth (LW), School Nurse Practice Educator from the School Nursing Team. The Board noted that the Nursing team worked tirelessly towards the objective of addressing health inequalities. The team currently have 365 children who are Looked after Children in local authority care and have 244 children and their families with a child protection plan. PK requested the team to present their ongoing work.

LB elaborated on the current School Nursing Structure and updated that all the nurses were registered with both clinical and community background, had experience in practice and were regulated by NMC. During Covid, the nursing staff backed the pandemic by returning to clinical practice and supporting with Covid screening in the west midlands network.

2. The team provide a service to approx. 45,000 5–16-year-olds across the borough and are split into 5 teams covering Dudley North, Dudley Central, Brierley Hill and Kingswinford, Stourbridge and Halesowen. The team cover a total of 104 schools in Dudley which include special schools and alternative provisions for children who have not found mainstream schools suitable for example, for behavioral reasons, or specific health issues. The caseload for each school nurse equates to approx. 600 – 2500 pupils.

LB appraised the Board that the team aim to improve the health and wellbeing of children and young people in Dudley borough and are also responsible for delivering on the public health agenda to improve health outcomes for school aged children and young people by following the Healthy Child Programme 5-19. The team also support with smoking, obesity, healthy eating, weight management, oral health, sexual health, emotional health and wellbeing (anxiety, anger management, self-esteem,) and many more.

School Nurses support families with early intervention i.e., extending support when a problem first emerges. In its attempt to reduce health inequalities and support early interventions, the team provide a wide range of health-related topics to primary and secondary school which include subjects such as puberty, growing up, healthy relationships, contraception, healthy lunch boxes, hand hygiene, oral health, etc.

LB presented a case study of a 7-year-old boy to illustrate how their service positively impacted the children and people of Dudley. The young boy had a learning disability and the piece of work focused around keeping safe and puberty, appropriate and not appropriate touching and keeping your child safe from sexual abuse. Post completion of work by the nursing team, the child's parent reported no further concerns and the child's school reported the young boy had gained good understanding from the sessions.

HT thanked the team for joining and sharing their commendable work and experiences.

In response to a question from SN regarding the workforce crisis, LW responded we could look at working with transitional groups such as sixth form children on careers days to promote employment within the NHS, furthermore we could look to support young people in gaining opportunities for placements and apprenticeships in NHS settings.

Responding to a question raised by ME regarding addressing inequalities in Dudley, LW responded that from a safeguarding perspective due to the increasing cost of living crisis, the number of referrals to social care and multi-agency referrals, have been increasing over the last three years.

Responding to GL's concern regarding anxiety and mental health issues within growing children, LB responded that the nursing service could not refer directly into Child and Adolescent Mental Health Services (CAMHS), but the nurses receive referrals to provide tier 1 support, there are other services such as Here for Youth and EMHST's (Reflections Team), and a Positive Steps Team to support further. The next project in the pipeline, would be work around joining all the support networks together. The team have done a lot of supporting work around anxiety and self-harm with schools and parents of children dealing with these difficulties.

PK updated that LB had come up with a scheme to address the workforce crisis and effectively grow our own by offering staff the opportunity to take up the Specialist Community Public Health Course for School Nursing, resulting in appropriate career development. PK further commended LB for being the recipient of the Queen's Nurse Award.

LB updated that the school nurses were extremely passionate about their work, and many wished to return even after retirement. The Board discussed the nurses working with BHSC Lead teachers at lower and secondary levels across the borough and discussed about the gap prevalent in the age group between 16- to 19-year-olds. The team updated that their services support CYP in colleges as an alternative provision from mainstream school.

The Board thanked the school nursing team for all their good work in public health and invited them to stay for the rest of the meeting.

### **3. Standing Items**

#### **3.1 Chair's Update**

HT updated the Board about the Trusts engagements and meetings with Dudley leadership on the direction of travel for DIHC, Primary Care and colleagues across the Black Country and about the

broader conversation taking place across the ICS which had scheduled its first board meeting at the end of September.

The Chair formally welcomed Sir David Nicholson, the new Chair of DGFT from the 1<sup>st</sup> of September 2022 and looked forward to working with him in the future.

### **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 the arrangements for performance assurance across the system within the changing scenario and the ICB taking a bigger role. Our Joint oversight meeting resulted in supportive outcome and provided an opportunity to comment on the Trust's business plan.

PH highlighted her Out of Hospital Care SRO role and the various workstream programme including 2HR UCR, community service waiting list, discharge and flow, remote monitoring, palliative & end of life care, dementia, EHCH and anticipatory care. Working alongside the Urgent Care Programme Board on the monitoring and management of the Winter Plan would be an insightful agenda. It had been agreed that the winter plan process would be developed from all the four places across the Black Country. This is an important agenda for DIHC.

The Board noted the 10 (ten) best practice initiatives to improve discharge. Whilst PK and colleagues had been working on the detail as part of place-based arrangements, PH in her SRO role was overseeing from the Black Country delivery in totality.

PK outlined the work undergoing in winter planning. At the partners meeting, DIHC introduced the 100-day discharge metrics and further detailed plans would be reported at the next board meeting. Specific area of work included extended access to GP appointments through High Oak Surgery which would start from 1<sup>st</sup> October and Joe Taylor, Strategic Commissioning and Transformation Lead would be looking at the commissioning details.

A national concern during winter is Ambulance handover and the Trust was in conversation with DGFT colleagues discussing assistance. The three areas of concern for winter were firstly hospital admission avoidance, combating the ambulance issue and lastly moving patients back to their homes as soon as possible.

Stressing on the importance of working together as Dudley place alongside the involvement of the local authorities, PK updated on the ongoing conversations with current providers at Saltwell and DGFT regarding repurposing of the Care Home which currently had two residents and had suspended admissions. PK confirmed he would be producing a full report combining the commissioning, primary care and operational elements at a future meeting. Karen Kelly, Chief Operating Officer DGFT reached out to DIHC regarding attaining potential options and solutions and the Trust had been responding appropriately.

RB updated on the Trust's direct provision in Primary care which was approved and the GP patient survey result which came out in July, DIHC scored well thus providing reassurance that the Trust's patients were able to make appointments and experienced a good service. Good engagements took place from both Chapel Street and High Oak. Reporting further on the development of clinical model at place level, RB updated that DIHC made great progress in integrated care teams and clinical hub.

SN updated regarding the Children's and Young Persons Transformation Work Stream scheduled to take place on Friday, wherein a number of service experts would talk through the proposed model and discuss the challenges faced by services such as the school nursing team.

Updating on Covid, SN informed about the change across NHS and that NHSEI confirmed to a risk-based assessment within every organisation and the Trust had provided rapid communications to its

teams regarding the current guidance. The Covid boosters would commence this week, starting with care home residents. High Oak and Chapel Street had plans in place for delivery of Covid boosters which would be reflected through the Quality and Safety performance reports. The Trust was in line with its Flu planning for staff campaign and was undertaking a peer vaccination program.

SN updated on the work for the implementation of the Patient Safety Incidence Response Framework (PSIRF) which has recently been published. Implementation of the PSIRF will move the reporting system away from the current national serious incident framework with an emphasis on local priorities for improving patient safety. the implementation plan will be reported to the Quality and Safety Committee with assurance to the Board in due course.

In response to BL's query regarding feedback received from GP engagements, SC informed that this would be going through the PCIC Committee and some of the feedback would be implemented in the Primary Care Strategy which was developing currently. The operational feedback would be captured separately, and the Trust would be continuing with face-to-face GP engagement events and at the start of each event, actions undertaken based on feedbacks would be discussed.

Responding to BL's query, SN updated on the new framework from CQC was due to commence next year. The new standards published on the website; its interpretation would be similar to the current approach as the regulations weren't changing. On a positive note, there would be a single framework for all of the Trust's services and the teams coming into the organisation would be multi-disciplinary and multi-specialty which would be beneficial for the organisation given the diverse set of clinical services. A relationship meeting with the CQC was scheduled in October and there would be further discussions on how the CQC would apply standards on the Trust.

In response to DG's query regarding measuring the impact of winter planning, PH updated that the A&E Delivery Board had submitted monitoring metrics and those metrics would be used in Winter Plan and shared with the Board in due course.

Regarding the 100 Day Discharge, STC questioned if all GP practices would be receiving communications about the implication of the 100 Day Discharge and reports on patient's discharge and PK assured to read back and report on the flow of work. RB updated that the Integrated Care Team Transformation team was developing this specifically for every PCN to have all the information.

In response to VL's query regarding the impact and availability of quality housing options, SC responded that in recognition of the importance of families situations on discharge was part of Capgemini and Dudley Group and the local authority were working with the Trust in support of that aspect.

**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.

#### **4.1 Equality, Diversity and Inclusion Strategy**

HT thanked SC, BL, ME and all others involved in the delivery of such a robust document.

4. The Board took the paper as read and SC welcomed Duncan Jenkins (DJ), Associate Director of Pharmacy and Population Health Management for the development of the strategy from clinical and population health perspective.

SC highlighted that the strategy has both clinical and patient focus. As part of the submission to the EDI Committee and management of this agenda, there were two specific working groups, one focused on workforce, chaired between AR and Sara Brown and the other focused on Population health which

	<p>was chaired by DJ.</p> <p>Publishing this strategy demonstrated the organisation's commitment to equality, diversity and inclusion as a good employer and provider and commissioner of health services. The strategy had gone through and was recommended by both the EDI and People Committee.</p> <p>AR updated that the strategy addressed the challenges faced by DIHC from a workforce perspective and the read across between the workforce and population health demonstrated a good anchor employer creating opportunities for the people.</p> <p>BL as Chair of the EDI Committee provided assurance that this strategy would direct the future agendas of the EDI Committee and the Trust as a whole.</p> <p>HT queried the lack of demographics that reflected EDI under the heading 'The Population We Serve – 2022' and questioned if it were wise to have a single document address two major issues. Further, PH stated that the document was strongly focused on workforce staff and detailed health inequalities, however it could demonstrate a clearer understanding of our community. PH stated it was imperative to ensure the Trust was monitoring its own provision of services and to make sure that inequalities in demographics were addressed and getting equal access to services. PH suggested further work in the document to highlight that the Trust's services were open to everybody equally.</p> <p>DJ stated that the patient's ethnicity coding was an enormous amount of work with there being 70 odd ethnicity codes and LM was working towards it. RB updated that the Trust was considering this agenda very seriously and had now recruited a clinical lead specifically for Health Inequalities and Lloyd Barren had contributed hugely towards this agenda.</p> <p>DG suggested using better data formatting in graphs considering the proportion of disabled staff employed.</p> <p>PH requested the Anti Racism Statement to be rewritten and broadened to not just focus on staff but also include patients. The Board delegated authority to PH to approve the amended Anti Racism Statement, once approved by the EDI Committee.</p> <p>The Board commended the work put into this strategy and agreed it to be a good document, however recognised the need to develop it further.</p> <p><b>The Board approved the Equality, Diversity and Inclusion Strategy 2022-2025, subject to the updated Anti-Racism statement.</b></p> <p>Action: PUB/SEP22/01: PH to report on the updated Anti Racism Statement as per the Board delegation.</p>
	<p><b>4.2 Equality, Diversity and Inclusion Annual Report</b></p> <p>The Board took the EDI Annual Report as read and SC highlighted the key points contained in the report.</p> <p>SC informed the Board that in contrast to the EDI Strategy, which was a look forward, the EDI Annual Report was a 2021-22 look back report and highlighted that the report was a Workforce Annual Report.</p> <p>GL pointed out an inconsistency between this document and other documents regarding the Dudley population size and SC assured verifying this figure.</p> <p><b>The Board approved the Equality, Diversity and Inclusion Annual Report, subject to GL's comment.</b></p>



5.	<b>Board Assurance Framework (BAF) and Corporate Risk Register (CRR)</b>
	<p>PH informed the Board that there was no BAF paper in this meeting and the reason for delay was the need to reflect fully on the discussions which took place at the Board Seminar on 12<sup>th</sup> July 2022 and at the Executive Committee on 24<sup>th</sup> August 2022.</p> <p>The revised BAF would go to the Audit and Risk Committee before being presented to the Board.</p>
6.	<b>Quality and Safety Performance Report</b>
	<p>The Board took the paper as read and SN highlighted the key points contained in the report.</p> <p>SN outlined that the incidents reported in the month of July were mainly through the mental health service and the reporters had either undertaken self-harm behaviour or considered self-harm behaviour. Assurance was provided to the Board that the individuals were managed appropriately, and crisis referrals escalated where needed.</p> <p>The Learning Lessons Group was undertaking a detailed review and checking for commonalities within service provision, however early review did not indicate any. SN updated that due to the cost-of-living crisis throughout the country, there was a possibility of increased safeguarding and self-harming behaviours, hence significant focus on reviewing was undertaken.</p> <p>The Board further noted that all staff were encouraged through the ESR system to undertake the suicide awareness training and help play a positive role in the community. Further, Saturday, 10<sup>th</sup> of September 2022 was the Suicide Prevention Day and SN encouraged staff to look out for the information the Trust would be tweeting and requested spreading of awareness by retweeting and making this an everyday conversation.</p> <p>SN highlighted the three main themes around safeguarding namely domestic abuse, historic sexual abuse, and psychological/ emotional abuse. During Q2, the team had been focusing on spreading awareness around domestic abuse and undergoing additional training in understanding the science around domestic abuse.</p> <p>PK suggested on account of World Mental Health on 10<sup>th</sup> October, Communications and Engagements team could work on raising awareness both internally and externally.</p> <p>In response to ME's query regarding monitoring of increased safeguarding referrals, SN reported that the action plan would include looking at how other organizations were reporting on safeguarding referrals. It was also noted that the level of severity was also an important factor to be considered.</p> <p><b>The Board noted the Quality and Safety Performance Report.</b></p>
7.	<b>Quality and Safety Committee Assurance Report</b>
	<p><b>The Quality and Safety Committee assurance report was taken as read.</b></p> <p>VL informed that the Q&amp;S Committee was proposing a reduction in corporate risk score regarding risk C-207, 'Revision and review of corporate policies' from 12 to 8. The Board decided to consider the recommendation and update after receiving the revised BAF.</p> <p>On Clinical Audit, VL updated that in addition to the approval of strategy, there had been positive movement in implementation processes and the Quality Improvement Group had now been established. Also, the patient safety framework was now published and the implementation of this is a key workstream of the clinical governance development plan.</p>

	<b>The Board noted the Quality and Safety Committee Assurance Report.</b>
<b>8.</b>	<b>Workforce Performance Report</b>
	<p>The workforce report was taken as read and SC highlighted the key points contained in the report.</p> <p>SC updated that both appraisals and mandatory training compliance were above target for July 2022. The People Committee had been reviewing the mandatory training target which was considerably high as compared to other NHS Trusts. The vacancy rates had improved and was nearing its target.</p> <p>AR introduced to the Board a new indicator introduced in relation to turnover which was the 'normalised turnover'. It was considered to be a more accurate measure as it accounted for only voluntary turnover and not where people left due to health retirement, dismissal or end of contract terms.</p> <p>AR further informed that the sickness absence was continuing to meet target, although it had been higher than earlier, but this trend was observed across the system.</p> <p><b>The Board took assurance from the Workforce Performance Report.</b></p>
<b>9.</b>	<b>People Committee Assurance Report</b>
	<p>The people committee assurance report was taken as read.</p> <p>ME reported on the pay award discussion for NHS staff and that the Executives had provided assurance to give due consideration of industrial action in the coming months. However, there was a need to discuss which oversee committee would provide assurance on the work and preparation of this action as it impacted not just the People Committee but also Finance Performance and Digital Committee and the Quality and Safety Committee.</p> <p>ME provided assurance that HR Policy management was now business as usual and there was an ongoing system for review and re-approval of HR policies in place. The People Committee would from now onwards receive updates on quarterly basis.</p> <p>ME reported an above target compliance with the 'Appraisal' and 'Mandatory training' targets both in the month of July and August. However, the Trust desired to consistently keep achieving targets and realised its mandatory training target was higher than neighbouring trusts. ME announced the People Committee's proposal that the compliance target for mandatory training should be changed to 85% making it consistent with neighbouring Black Country Trusts.</p> <p>The outcome of the Quarter 2 Pulse survey evidenced further work was required in areas of communication, Health &amp; Wellbeing and staff engagement. ME suggested it was important for the organisation to capture stories evidencing that the staff had a voice and could initiate change. ME further stated that the story of school nurses presented today could also be captured to validate that the organisation was welcoming and encouraging innovation staff suggestions.</p> <p>The Board discussed which committee would be most appropriate to oversee the Trust's preparation of protection from any disruption from industrial action. PH confirmed the Executives are to follow the Business Continuity Plan and assurance would be provided by the Executive Committee and reported through the CEO's report. The Board agreed with this approach.</p> <p>The Board accepted the recommendation of the People Committee that the compliance target for mandatory training should be made consistent with other neighbouring Black Country Trusts and changed to 85%.</p> <p><b>The Board noted the People Committee Assurance Report.</b></p>

	<b>Action: PUB/SEP22/002: Assurance on impact of any Industrial Action to be reported through the Chief Executive's report.</b>
<b>10.</b>	<b>Strategic Commissioning and Transformation Team Assurance Report</b>
	<p>The Strategic Commissioning and Transformation Team Assurance report was taken as read and SC highlighted the key points contained in the report.</p> <p>The Board noted that this was a first report describing the activities of the Trust's Commissioning function and intended reporting on a quarterly basis going forward.</p> <p>SC highlighted an error on the front sheet and confirmed 30 out of 101 contract reviews due in the first quarter were completed. All the contracted reviewed during April to June 2022 were classified into four areas of commissioning namely; Children, Young People and Families, Mental Health, Primary Care, Adults and Long term conditions and Older Adults.</p> <p>SC stated brining further updates and reporting to the Board in its November on the status of the contracts after the end of second quarter and monitor the progress of the business strategy transformation forward. The Transaction and Transformation committee had been converted into the Strategy Transformation Forum which would receive regular monthly updates on the business plan.</p> <p>HT suggested that as the commissioning landscape was subject to many changes and suggested a Board development session. PH further suggested setting clear deliverables and against each team would help in determining the impact of these services.</p> <p>The Board discussed its capacity in providing assurance on the report and whether it would be for the ICB to provide assurance, and this could also be explored in the development session.</p> <p>In response to GL's query, SC updated that as part of the ICB development, the ICB was working towards determining the commissioning responsibilities, however it was clear that the statutory responsibility stayed with the ICB. PH clarified that the ICB still had commissioning responsibilities, however the planning and development of services was a be joint activity between commissioners and providers.</p> <p>BL queried regarding the presence of digital inclusion in virtual ward extending from paediatrics to adults and SC confirmed taking the feedback and discussing with the team. SN updated regarding virtual wards, that people were provided with equipment's and upskilled in reporting back to the clinical teams. However, with the increased cost of living there was a challenge faced regionally and nationally with people required to use medical equipment in their own homes and this had been escalated through the Chief Nursing Officer.</p> <p>MG clarified that DIHC only provided commissioning support, but the primary responsibility for commissioning resided with the ICB. Regarding the Primary Care commissioning, the Trust was updating the service contract which was an item due for September and working towards gaining full responsibility for QOF monitoring.</p> <p><b>The Board noted the Strategic Commissioning and Transformation Team Assurance Report.</b></p>
<b>11.</b>	<b>Finance Report for the period April to July 2022</b>
	<p>The Finance report was taken as read and MG highlighted the key points contained in the report.</p> <p>MG updated the reporting period was April-July 2022 and the Trust continued to report a break-even position. MG further highlighted exceptions contained in the report regarding the underspend in Mental Health due to vacancies and forecasted overspend in relation to additional IT and digital infrastructure required to support the developing Business Intelligence requirements</p>



	<p>of the organisation.</p> <p>MG highlighted the new inclusions in the report, firstly regarding the inclusion of provision of services for Chapel Street and the draft commissioning budget values for 2022-23 held by the ICB which amounts to £107 million.</p> <p>The commissioning budgets are currently in draft form and are awaiting finalization of the budgets by the ICB Board, which was expected to meet next month. Following the approval by the ICB, the Trust will then be able to report monthly performance information against these areas.</p> <p>The Board noted that although the cash position remained healthy as an organization at £2.9m, the system position is experiencing financial pressures. MG highlighted the quarterly stock take process with NHSEI, and two of the main areas of focus were delivery of the efficiency program and the need to decrease agency expenditure. Regarding the agency costs there have been conversations with executive leads and plans are being implemented.</p> <p>PH suggested specific reporting on both areas of cost improvement delivery and agency spend in the future meetings going forward.</p> <p>In response to concerns regarding systems pressure, PH updated that risk share was carried across the system, and it was important to determine the exposure provided by the risk share. The Director of Finance was responsible for agreeing the workings of the risk share and monitoring impact was a part of the process.</p> <p><b>The Board took assurance from the Finance Report.</b></p> <p><b>Action: PUB/SEP22/03: MG to report on Cost Improvement Programme and Agency Expenditure for future Board Meetings.</b></p> <p><b>Action: PUB/SEP22/04: MG to report on monthly financial performance in relation to commissioning budgets managed on behalf of the ICB</b></p>
12.	<p><b>Performance Report</b></p>
	<p>The Performance report was taken as read and PK highlighted the key points contained in the report.</p> <p>PK updated that CHC continued to perform strongly achieving 100% of assessment, and additionally assisting the system partners with hospital discharges.</p> <p>IAPT performed strongly as well, managed assessments and waiting lists efficiently. The IAPT team functioned ethically and provided intervention to people on a waiting list even on a lower intensity. Mostly of the IAPT metrics were healthy and the team was treating 98% of service users within 18 weeks where the national target was 90%. However, there was continued issues regarding recovery and this related to people dropping out of treatment early. This issue was raised with Black Country colleagues, and this needed a specific improvement plan drawn up collectively.</p> <p>In terms of Mental Health, the Trust had four out of six First Contact Practitioner for Mental Health now in post. The challenge was regarding the pathway and the waiting list in Dudley for specialist psychological services which was around 2-3 years. PK further reported that the Mental Health pathway for Capgemini was reported to the Sponsor group and was very well received.</p> <p>PK updated that the ARSS staff reported 6500 patient contacts monthly, however, there had been a reporting glitch and the actual number was higher than that. Majority of the contacts were made by three groups namely the paramedics, physicians, and nurses.</p> <p>Lastly, PK updated about the DQOF Performance for High Oak and Chapel Street and reminded the Board that it was a cumulative process and the national issue about the EMIS data had been addressed.</p>

	<p>PH suggested there was a need to better capture and monitor the positive impact made by the increased number of contacts seen by the ARSS staff in proportion to the totality in Primary Care and its resultant impact in relieving the Primary Care. PH further suggested clarifying in future reports that dropout rate for IAPT and the reasons for drop out were different issues as compared to the recovery rate and the importance of capturing the real recovery rate.</p> <p>The Board reflected on the role played by first contact practitioners and RB updated that a previous audit on social prescribing network, 6 months before and after intervention suggested reduced GP appointments by 33%.</p> <p>The Board discussed the importance of gathering feedback from patients and practices regarding the positive impact made by the first contact practitioners.</p> <p><b>The Board took assurance from the Performance Report.</b></p> <p><b>Action: PUB/SEP22/05: HT requested EFD reviews the NED Chair Committee assurance reports for consistency.</b></p>
<b>13.</b>	<b>Finance, Performance and Digital Committee Assurance Report</b>
	<p>The Finance, Performance and Digital Committee Assurance Report was taken as read.</p> <p>IB informed about the upcoming deep dive on Digital and BI at the next FP&amp;D meeting and an update regarding the status and forward plans would be provided at the October Board meeting.</p> <p><b>The Board noted the Finance, Performance and Digital Committee Assurance Report.</b></p>
<b>14.</b>	<b>Report from the Primary Care Integration Committee</b>
	<p>The report from the Primary Care Integration Committee was taken as read.</p> <p>SC updated on the 17th August PCIC Development session which received feedback of the two face to face GP engagement events. The events were attended by several practices who were very supportive of DIHC's success and were interested and suggested improvements for Chapel Street and High Oak. SC highlighted the positive impact of face-to-face events as compared to online and announced the next series of events would be face to face.</p> <p>The latest version of the draft Primary Care Strategy was discussed and received constructive feedback. The Primary Care Strategy was intended to be presented before the Primary Care Integration Committee on the 21st September 2022 and would be coming to the Board in October.</p> <p>ME reflected on some of the pushback received on the Fuller Report at the event and wished to understand DIHC's perspective on all the recommendations made in the Fuller report. PH clarified there had been some misunderstanding amongst GP colleagues regarding urgent care recommendations within the Fuller report. SC further updated there being a vacuum following the publication of the report and a follow up paper relating to its implementation was expected.</p> <p>HT suggested the Non-Executive Directors continue to have engagement sessions with broader Black Country to better understand implications of the Fuller Report on Primary Care.</p> <p><b>The Board noted the report from the Primary Care Integration Committee.</b></p>
<b>15.</b>	<b>Dudley Place Arrangements</b>

	<p>The report was taken as read and SC highlighted the key points contained in the report.</p> <p>SC reported the paper evidenced the work undertaken and recommendations made through the Dudley Health and Care Partnership Board in relation to place based arrangements in Dudley. This exhibited the change from CCG to ICB and further development of place and was circulated across all the partner Board to support the recommended arrangements. The Board changed its name to the Dudley Health and Care Partnership Board and approved the updated terms of reference.</p> <p>SC clarified the people representing DIHC on the Dudley Place Executive team would be SC and PK and the Executive team would start functioning from October. SC further reported on the recommendation made for the Integrated Model of Care Implementation Group, also known as the Sponsor Group, to report to the Dudley Health and Care Partnership Board who would be overseeing the implementation of the Care Model developed through the Capgemini process.</p> <p>SC mentioned a typo on the front sheet and updated the Dudley Health and Care Partnership Board approved the recommendation of option 1.</p> <p>SC drew to Board's attention to page 145 of the pack which illustrated the values of the Partnership Board based on the place-based development program. These values had been committed to by all partner organisations within the Partnership Board.</p> <p>SC highlighted that the governance arrangements would be reflected at the Chair and Chief Executive meeting which was attended fortnightly by HT and PH.</p> <p>SN commented on the absence to include clinicians in either the Executive team or the IMC Implementation Group and SC updated this would be taken to the first Executive team meeting. PH stated that it was in its developmental stage and provided assurance that DIHC would influence positive discussions.</p> <p><b>The Board took assurance from the Dudley Place Arrangements report.</b></p>
<b>16.</b>	<b>Provider Declarations</b>
	<p>The report was taken as read and EFD highlighted the key points contained in the report.</p> <p>EFD updated the report was an evidence-based declaration enticing around Internal Audit, Head of Internal Audit Opinion, Annual Governance Statement and the Annual Report. The new NHSEI framework regarding provider trusts self-certification was introduced in July 2021. The declarations were not for submission but had to be published on the Trust's website and could be made available to NHSEI on demand.</p> <p><b>The Board approved the provider license for publication on the website.</b></p>
<b>17.</b>	<b>Use of Trust Seal</b>
	<p>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 29<sup>th</sup> June 2022.</p> <p>The seal was used to sign the Deed of Indemnity for Chapel Street between PK and DIHC.</p>
<b>18.</b>	<b>Any Other Business</b>
	None stated.
<b>19.</b>	<b>Questions from the public</b>

	Jason Griffiths, from Healthwatch Dudley questioned about public attendance at the meetings and offered to discuss better modes of public engagement with HC.
<b>20.</b>	<b>Risk Review</b>
	There were no further risk matters raised
	<b>Date of next meeting:</b> Tuesday, 4 <sup>th</sup> October 2022, 09.30 – 13.00 <b>Venue:</b> Dudley College of Technology, The Broadway, Dudley, DY1 4AS.

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## DIHC Public Board Action Register



**Dudley Integrated  
Health and Care**  
NHS Trust

Ref	Date Raised	Details	Action Lead	Due Date	Update	Status
PUB/SEP22/001	06-Sep-22	PH to report on the updated Anti Racism Statement as per the Board delegation.	PH	04-Oct-22	EDI Committee meeting on 14th October 2022 and the amended statement will be shared with Board for information.	<b>Open</b>
PUB/SEP22/002	06-Sep-22	Assurance on impact of any Industrial Action to be reported through the Chief Executive's report.	PH	04-Oct-22	We are awaiting the outcome of ballots, Executives will be reflecting within their business continuity plans.	<b>To be closed</b>
PUB/SEP22/003	06-Sep-22	MG to report on Cost Improvement Programme and Agency Expenditure for future Board Meetings.	MG	01-Nov-22	This information is now being reported at FPD Committee and will be included in Board reports from November.	<b>Open</b>
PUB/SEP22/004	06-Sep-22	MG to report on monthly financial performance in relation to commissioning budgets managed on behalf of the ICB	MG	04-Oct-22	This is now included in the pack. However, due to the timing of the ICB Finance committee month 5 figures were not available for inclusion in the report. To resolve this issue we will be reporting this information one month in arrears.	<b>To be closed</b>
PUB/SEP22/005	06-Sep-22	HT requested EFD reviews the NED Chair Committee assurance reports for consistency.	EFD	04-Oct-22	This has now been done and Reports have been shared with the Trust Secretary for review, further work on developing the reporting template for Board for the NED Chairs is ongoing.	<b>To be closed</b>

# DUDLEY INTEGRATED HEALTH & CARE NHS TRUST BOARD

<b>TITLE OF REPORT:</b>	Chief Executives Report
<b>PURPOSE OF REPORT:</b>	To provide the Board with an update on CEO Activities and current issues
<b>AUTHOR OF REPORT:</b>	Penny Harris, Chief Executive Officer
<b>DATE OF MEETING:</b>	4 <sup>th</sup> October 2022
<b>KEY POINTS:</b>	<p><b>1. Summary of CEO Activities September 2022</b></p> <p>1.1 Service Visits</p> <p>1.2 Quarterly System Review Meeting</p> <p>1.3 Joint Executive Meeting Dudley Council</p> <p>1.4 CQC/Well Led Oversight Group</p> <p><b>2. Chief Operating Officer Update</b></p> <p>2.1 Winter Planning</p> <p>2.2 ARRS Workforce</p> <p><b>3. Dudley Health and Care Partnership Board</b></p> <p><b>4. Sustaining Staff Engagement in Tough Times</b></p>
<b>RECOMMENDATION:</b>	The Board is asked to note contents of the report for information
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	None identified
<b>ACTION REQUIRED:</b>	Approve <input type="checkbox"/>
	Assurance <input type="checkbox"/>
	Information <input checked="" type="checkbox"/>

## 1. Summary of CEO Activities – September 2022

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

### 1.1 Service Visits

Many of the key leads from our services were returning from summer leave and therefore no service visits were scheduled during the month of September to allow teams to refocus as we move into the winter planning period and supporting primary care during the months ahead. The School Nursing team who presented to Board in September have invited me to go out into the community with them in November and I am very much looking forward to seeing the wider team in action.

### 1.2 Quarterly System Review Meeting

I attended the QSRM meeting on 14<sup>th</sup> September and there was good praise on the elective work carried out across the system, the good recovery of primary care and the LD Autism leadership role provided by Black Country Healthcare FT. Other areas of discussion included focus on financial challenge across the system, performance, health inequalities and distributed leadership being developed as part of the ICB operating model.

### 1.3 Joint Executive Meeting with Dudley Council

We held a joint executive meeting with local authority chief officers on 15<sup>th</sup> September which included Balvinder Heran (Deputy Chief Executive) Catherine Driscoll (Director of Childrens Services) Matthew Bowsher (Director of Adult Social Care), Luisa Fulci (Director of digital, customer and commercial services). We agreed a number of areas of shared interest including addressing Health Inequalities and approach to Fuller locally, progress with the model of care developed through the events facilitated by Cap Gemini, DIHC Development & Procurement, and Winter planning. The meeting was well received on both sides and we agreed a number of areas where we would want to collaborate more especially in relation to the development of neighbourhood teams and opportunities for sharing corporate and back office functions. The latter will be taken forward through the place executive.

### 1.4 CQC / Well Led Oversight Group

I and our Director of Nursing, Sue Nicholls jointly chair this group and we meet fortnightly with representation from across the trust which includes the group leads (Associate Director of Quality & Governance and the Trust Secretary and NED colleagues namely Martin Evans, David Gilbert and Harry Turner. The Well-led Oversight Group is accountable to the Executive Committee to oversee, facilitate and manage services by reviewing against the relevant CQC standards.

You will note a date of 17<sup>th</sup> October has been scheduled for a Board development session where we will provide a detailed overview of the Well Led workstream and developments for the benefit of the Board in readiness for any CQC inspection. There will be a monthly board development session to provide the Board with an overview of all Five CQC domains which include Well Led, Safe, Responsive, Effective and Caring. The Board should also be aware that in line with best practice we have commissioned an external assessment of our progress across the well led domain.



## 2. Chief Operating Officer Update

### 2.1 Winter Planning

DIHC is working alongside other partner organisations in terms of the overall plans for Place.

Plans include:

- Extended GP Access - collocated with High Oak at Brierley Hill. This commences from the 1 October 2022.
- Further extension of the commissioned arrangements at High Oak for the “Winter Hub”, which includes children’s out of hospital RSV and Adult GP access. It is hoped that this will be extended until spring 2023. The service has been cited by NHS England as an example of good practice in draft guidance.
- Liberating capacity at DGFT to assist ambulance handovers. The options being considered include creating more internal space at Russells Hall. Alongside this Malling Health (who operate the UTC) are scoping how additional booked capacity could be offered at Brierley Hill, building on the success of our winter Hub GP appointment capacity which is run out of the High Oak Surgery. Additional work is taking place to consider the potential of walk in capacity alongside this. These options will be discussed with the ICB as an options paper.
- The planned transfer of patients resident in care homes on GMS lists throughout Dudley to Chapel Street. DIHC would then consider how the Enhanced Care in Care Homes (DES) should be delivered. This is currently with the Hub. Consideration is being given to any efficiencies that might be created with our CHC and intermediate healthcare teams.
- Discussions are nearing a conclusion in terms of DIHC providing a Reablement service in Domiciliary Care commissioned by Dudley Council. We are exploring a further health component to a potential team that would provide a swift discharge process for patients in hospital who can be discharged home with further assessment and support (Pathway One).
- DIHC are reviewing, with PCN colleagues, any in year funding for ARRS staff in the current provision. This includes any estates options in relation to accommodating further staff.
- Pharmacy support for the autumn vaccine programme.
- Support to BCH in terms of their in patient mental health population.

At the time of writing this report, further discussions continue in terms of pooled resource to speed discharge to ensure that health and social care funding decisions can be taken in a timely fashion. DIHC are working with the Out of Hospital Care Programme to explore the use of real time information on discharge and other enablers and how these can assist primary care, the care home sector and domiciliary services.

### 2.2 ARRS Workforce

The funds for ARRS staff increases significantly next year by a further £2.1 million. The planning process is now underway with PCNs to ensure that this is used effectively to address the needs of primary care as an essential element of Dudley Place, given the pressures within the whole health and social care system. Estate is a key factor in these plans and discussion will need to take place around investment with the ICB. DIHC are currently looking at suggestions for working with



community assets and the third sector at utilising community centres and similar premises for outreach models.

### **3. Dudley Health and Care Partnership Board**

The Board met on 8th September and discussed a number of areas including the winter planning submission that is being made on behalf of place. The Board also received an update on the work of the first 1001 days project which is the top priority for the Health and Care Partnership Board for 2022/23. An agreement was reached as part of this discussion to fund some analyst time to produce the appropriate data for the workstream. The Board received presentations on a proposal to review the health and wellbeing outcomes for Dudley, a process for agreeing health inequalities priorities for investment and on the financial expenditure against the place based development monies. The Board also considered the progress being made by the provider and primary care collaboratives, and the implementation group for the integrated model of care.

The Dudley system are currently advertising for a Programme Director to support the work of the Dudley Health and Care Partnership. Further details on this are available from Stephanie Cartwright ([stephanie.cartwright1@nhs.net](mailto:stephanie.cartwright1@nhs.net)).

The Dudley Place Executive has now been formed and held its inaugural meetings in September. The first meeting was a “getting to know each other” discussion and agreeing priorities for agenda setting and discussion. The first formal meeting was held on 30th September 2022 which is after the publication of this paper, and therefore a further update will be provided at the next Board meeting.

### **4. Sustaining Staff Engagement in Tough Times**

You will recall in our Business Plan that one of DIHC’s Seven key strategic priorities is “Be the best and happiest place to work” and I felt it would be useful to share some useful feedback gathered following the 2021 NHS staff survey. NHS Employers have had discussions with organisations that maintained or increased their staff engagement scores and they have usefully captured some feedback and lessons learned from the best performing organisations in the 2021 NHS Staff Survey.

There was an overall decline in staff engagement levels in the NHS Staff Survey 2021 and this was clearly linked to the workload pressures on the service, COVID-19, and the wider cumulative impact of the pandemic. The suggestions concentrate on what trusts can do locally to sustain engagement and I have provided a link below to the document for your further information and interest.

[Seven suggestions for sustaining engagement in tough times | NHS Employers](#)

# DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

**TUESDAY 4<sup>th</sup> October 2022**  
**13:30hrs to 15:00hrs**

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

## PRIVATE AGENDA

Item No	Agenda Item			Presented By	Time
<b>Formalities: to declare the meeting open, quorate and in accordance with the standing orders:</b>					
<b>1.</b>	<b>Chair's Welcome</b>				
	1.1 Apologies	To Receive	Verbal		
	1.2 Declarations of Interest	To Receive	Verbal		
	1.3 Private Board Minutes – meeting held on 6 <sup>th</sup> September 2022	For Approval	<a href="#">Enc 1.3</a>	Mr. H Turner	13.30
	1.4 Action Register and Matters Arising	For Approval	<a href="#">Enc 1.4</a>		
	1.5 Items Carried Forward from Part One	For Discussion	Verbal		
<b>2.</b>	High Oak Surgery – Draft Public Conversation	For Approval	<a href="#">Enc 2</a>	Ms. Helen Codd/ Mr. Philip King	13:40
<b>3.</b>	DIHC Development	For Approval	To follow	Ms. P Harris	14:00

4.	<b>Committee Minutes (to be taken as read)</b>				
	4.1 Finance, Performance and Digital Committee – meeting held on 22 <sup>nd</sup> August 2022	For Information	<a href="#">Enc 4.1</a>		14:40
	4.2 Quality and Safety Committee – meeting held on 16 <sup>th</sup> Aug 2022	For Information	<a href="#">Enc 4.2</a>		
	4.3 People Committee – meeting held on 23 <sup>rd</sup> August 2022	For Information	<a href="#">Enc 4.3</a>		
5.	<b>Board Meeting Reflections</b>	To Receive	Verbal	Mr. H Turner	14:50
6.	<b>Any Other Business</b>	To Receive	Verbal	Mr. H Turner	14:55
	<b>Date of next meeting:</b> 1 <sup>st</sup> November 2022 Time: 1330 to 1500 Venue: TBC				15:00

## DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

<b>TITLE OF REPORT:</b>	Nursing and Allied Health Professionals Strategy
<b>PURPOSE OF REPORT:</b>	This is the Trusts first Nursing and AHP strategy and sets out our vision for 2022 – 2024. The strategy is aligned to the priorities of the CNO for England and the Chief AHP for England. The strategy details our 3 core commitments as agreed through consultation with our teams.
<b>LEAD EXECUTIVE:</b>	Sue Nicholls, Director of Nursing, AHPs and Quality
<b>AUTHOR OF REPORT:</b>	Sue Nicholls, Director of Nursing, AHPs and Quality
<b>DATE OF MEETING:</b>	4 <sup>th</sup> October 2022
<b>KEY POINTS:</b>	<p>The joint strategy was developed collaboratively and co-produced with input from all levels across Nursing and AHP staff members.</p> <p>Our commitments are firmly aligned with national and local direction and several documents have been used to inform our commitments.</p> <p>The 3 commitments agreed are</p> <ul style="list-style-type: none"> <li>• We will provide high quality, safe, effective and compassionate care</li> <li>• We will be recognised as an excellent employer of choice for our Nursing and AHP and an organisation where nurses and AHPs are proud to belong</li> <li>• We will invest in our Nursing and AHP workforce ensuring professional development</li> </ul> <p>The strategy equally applies to our staff who deliver clinical support services and are employed by DIHC together with recognising the role of DIHC to provide a supportive offer of professional leadership within Primary Care Services.</p> <p>A delivery plan has been developed. This will be monitored through the Nursing and AHP forum to ensure the Trust is delivering on its commitments. An annual report of progress will be submitted to the Trust Board.</p> <p>The Strategy has been shared with NHSE regional Chief Nurse and the ICB Chief Nurse.</p>

<b>RECOMMENDATION:</b>	<ul style="list-style-type: none"> <li>For approval</li> </ul>
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	None identified
<b>ACTION REQUIRED:</b>	Approve <input checked="" type="checkbox"/>
	Assurance <input type="checkbox"/>
	Information <input type="checkbox"/>



# Nursing and Allied Health Professionals

Strategy  
2022 - 2024



**NHS**  
Dudley Integrated  
Health and Care  
NHS Trust

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# Foreword

## From Sue Nicholls, Director of Nursing, Allied Health Professionals and Quality

I am proud to introduce our Trusts first Nursing and Allied Health Professional (AHP) Strategy. This strategy sets out our vision for 2022 – 2024 and was coproduced with our clinical teams. It will be regularly reviewed in line with best practice guidance and national direction.

Whilst aligned to the current national Nursing and AHPs strategies, the strategy equally applies to our clinical support services employed within DIHC. The strategy also recognises Nurses, AHPs and clinical staff within wider Primary Care services acknowledging the role of DIHC to provide a supportive offer of professional leadership. We will ensure that the opportunities, as far as practical are offered and available to all.

The strategy identifies three core commitments agreed through engagement and consultation with our clinical teams. Through the feedback we identified our priorities for the next two years. Our commitments are also aligned with the priorities of the Chief Nursing Officer for England and the areas of focus identified by the Chief AHP for England.

I would like to thank our Nursing and AHPs colleagues who dedicated their time and energy to develop this strategy and ensured that our organisational culture and values are entrenched within our aspirations and our commitments. Through this strategy I will support the delivery of the commitments and ensure you are supported in the work that you undertake.





# Introduction

## Dudley First: Community where possible, hospital where necessary

Dudley Integrated Health and Care NHS Trust (DIHC) is committed to improving healthy life expectancy and reducing inequalities of our communities. DIHC was created by the local system partnership to integrate primary care with community-based services, focussing on sustainability and development while providing optimum opportunity to care for people in their own homes.

Our first Nursing and Allied Health Professional (AHP) Strategy outlines the standards of care and professionalism we will deliver at Dudley Integrated Health and Care NHS Trust over the next 2 years. It will help us to embed our standards, build on our values and focus on our community. DIHC is dedicated in ensuring that we are providing outstanding care that our people and service users would recommend to their friends and family.

Fundamentally, DIHC recognises to address health inequalities through a population health management approach, there needs to be a commitment to ensuring the right care is delivered at the right time in the right place with teams who are confident and competent.

Working collaboratively with our health and care partners in Dudley, our Nurses and AHPs are pivotal in the delivery of the new integrated model of health and care which will ensure our Dudley population live longer, happier and healthier lives.



# National Priorities

Looking at the National picture, our Nursing and AHP strategy is aligned to the Chief Nursing Officer for England national three-point strategy which was designed to enable nurses to deliver the NHS Long Term Plan.

The three national priorities as set out by Ruth May (CNO) and announced in March 2019 are:

- A workforce that is 'fit for the future'
- To renew the reputation of the profession
- A collective voice that is powerful and heard

The Allied Health Professionals (AHP) Strategy for England: AHPs Deliver was published in June 2022 and this details five 'Areas of Focus'

- People First
- Optimising Care
- Social Justice: addressing health and care inequalities
- Environmental sustainability
- Strengthening and promoting the AHP community

Our commitments are firmly aligned with national and local direction and several strategic documents have been used to inform our commitments.

Our strategy upholds and promotes the key components of the professionalism of our Nurses and AHPs and underpins the therapeutic and trusting relationships necessary for delivering high quality, safe and compassionate care.

DIHC therefore expects all nursing staff demonstrate these qualities and act in accordance with Nursing, Midwifery Council Code (2015) principles of:

- Prioritise people
- Practice effectively
- Preserve safety
- Promote professionalism and trust

And all AHP staff to follow the Health and Care Professions Council (2016) standards of conduct, performance and ethics.

- Promote and protect the interests of the service users and carers
- Communicate appropriately and effectively
- Work within the limits of your knowledge and skills
- Delegate appropriately
- Respect confidentiality
- Manage risk
- Report concerns about safety
- Be open when things go wrong
- Be honest and trustworthy
- Keep records of your work



# Our Nursing and AHP Teams

We have a number of diverse Nursing and AHP teams working within DIHC, examples of roles include;

- Childrens Nurses
- Mental Health Nurses
- General Practice Nurses
- Continuing Healthcare Nurses
- Nursing Associates
- Safeguarding Nurses
- Infection Prevention Nurses
- Adult Care Nurses
- Physiotherapists
- Paramedics
- Dieticians
- Occupational Therapists
- Podiatrists

The strategy also recognises Nurses, AHPs and clinical support staff within wider Primary Care Services acknowledging the role of DIHC to provide a supportive offer of professional leadership.



# Our People Promise – An Open and Learning Culture

Aligned with our expectation of professionalism and to support the delivery of high quality, safe and compassionate care, our Trust is committed to developing an open learning culture aligned to the Restorative, Just and Learning culture approach. It has endorsed the view that, wherever possible, members of staff who report or are involved in near misses and adverse incidents, will be supported and encouraged to be open and learn from error. We will apply compassionate, kind and respectful support.

## Developing and Co-Producing the Strategy

DIHC is proud of its diverse workforce. We employ a number of new and innovative roles recognising the intricacies and distinctions of each profession.

The importance of a collaborative, multiskilled workforce, working cohesively to implement a co-designed model of care ensures our community receives the right care at the right time. Using key enablers such as compassionate and visible leadership, professional development and the promotion of equality, diversity and inclusion, we will ensure our Nursing and AHPs feel valued, happy and motivated to deliver our collective aim.

Our collective aim is to ensure that our population are achieving better health outcomes, living longer happier and healthier lives through the delivery of personalised, holistic, seamless care.

The strategy was developed openly and collaboratively and co-produced with input from all levels across all Nursing and AHP groups. Engagement and consultation was sought through a variety of phases.

## Phase 1

The initial consultation was discussed at the Trust's Nursing and AHP Forum where professionals agreed that the strategy should be a combined Nursing and AHP Strategy to ensure collaborative direction and vision. The provisional commitments were agreed and open invite focus groups were convened.

## Phase 2

The focus groups were attended by several Nursing and AHP professionals who ensured the vision and commitments were aligned to both local and national direction and the Trust's culture and vision.

**Phase 3**

An engagement session was held for the final draft strategy at the Nursing and AHP Forum to ensure attendees had the opportunity to provide feedback and amend the strategy. This is important as this is a strategy that is to be owned and delivered through our Nursing and AHP teams.

**Phase 4**

Following the above engagement the final draft strategy was presented to the Trusts Executive Committee.

**Phase 5**

The final strategy was presented to Trust Board for information, assurance and approval. The implementation of the strategy and the delivery plan will be monitored through the Nursing and AHP forum.



# Our Nursing and AHP Commitments

During the development of our professional commitments we focused on the core strategic priorities of the Trust and considered the role of our Nursing and AHP workforce in the delivery of those objectives. The commitments we have identified will enable our professional teams to support the delivery of the Trusts strategic priorities.



# Our Commitments into Practice

Putting our commitments into practice means that we are able to develop our Nursing and AHP workforce to deliver in the rapidly changing modes of modern healthcare. This includes supporting them to adapt and enhance their skills to deliver for rapidly changing patient needs and technological advances. This implementation of this strategy will enable our teams to deliver care that is safe, effective and achieves positive patient and service user experience.

Our Nursing and AHP commitments are;

## Commitment 1

We will provide high quality, safe, effective and compassionate care

## Commitment 2

We will be recognised as an excellent employer of choice for our Nursing and AHPs and an organisation where our Nursing and AHPs are proud to belong

## Commitment 3

Invest in our Nursing and AHP workforce ensuring professional development

Through our consultation, our Nursing and AHP colleagues have identified the areas of focus and the key practical steps required to enable them to deliver on the commitments. The next section will identify;

- What we will do
- How we will do it
- How we will know we have been successful

# Commitment 1

**We will provide high quality, safe, effective and compassionate care.**

## What we will do:

- Provide person centred care co-produced with patients and communities ensuring health promotion is integral to the service users journey
- Use digital advances to enable a seamless, coordinated health and care management approach
- Provide safe care, learning from incidents and feedback
- Provide safe environments for staff and patients
- Drive continuous improvements in quality and safety processes to reduce harm
- Provide teams with the skills and equipment to continuously improve care

## How we will do it:

- Use the NMC code and HCPC principles as a reinforcer of best practice
- Develop a skills and training framework for clinical and non-clinical requirements
- Use Quality Improvement methodology and service improvement techniques
- Enable opportunities for our Nurses and AHPs to lead on research and clinical audit
- Ensure our people are fully trained to deliver all aspects of care; physical, emotional wellbeing and psychological wellness
- Adopt the Just Learning Culture
- Ensure a visible and approachable Freedom to Speak Up Guardian
- Establish and maintain positive working relationships with our health and care partners within the Integrated Care System
- Provide training for Personalised care planning
- Provide enhanced Datix training including implementation of the patient safety syllabus

## We will know we are successful when:

- ✓ Our service users receive high quality, safe, effective and compassionate care that reflects our Trust values consistently
- ✓ Our Nurses and AHPs and service users tell us that they would recommend our organisation for care and treatment
- ✓ Our data tells us that we are reducing harm and improving quality
- ✓ Our data tells us that we are reducing the gap in health inequalities for our population
- ✓ We receive fewer complaints and more compliments relating to our care and treatment



## Commitment 2

**We will be recognised as an excellent employer of choice for our Nursing and AHPs and an organisation where our Nursing and AHPs are proud to belong.**

### **What we will do:**

- Implement new roles and support development opportunities
- Ensure there are clear escalation routes for Nurses and AHPs to report concerns about patient safety including staffing
- Be at the forefront of new developments and opportunities for Nursing and AHPs
- Ensure our people feel a sense of belonging
- Create a suite of career development opportunities
- Empower our people to share best practice initiatives and support them to make changes necessary in delivering advances in care
- Support more Nurses and AHPs to be recognised for their achievements

### **How we will do it:**

- Clear career frameworks
- Open door to Executives
- Datix incident reporting and Freedom to speak up awareness
- Be involved in the national community nursing plan
- Ensure our Nurses and AHPs have a clear professional identity
- Ensure all leaders are providing compassionate, visible leadership
- Annual Clinical Skills Training Analysis
- Opportunities to participate in the Black Country Nursing and AHP Faculty
- Opportunities to participate in the Trusts Nursing and AHP forum

### **We will know we are successful when:**

- ✓ Our Nurses and AHPs feel valued, listened to, empowered, and embraced
- ✓ Our Nurses and AHPs tell us that they supported by compassionate, visible, accessible leaders
- ✓ Diversity is celebrated
- ✓ We recognise success – staff awards
- ✓ We excel through clinical audit and the high standard and quality of services is evident
- ✓ Our Nurses and AHPs are supported to drive innovation that improves and enhances patient care
- ✓ Our Nurses and AHPs are empowered to be involved in shared professional decision making and collective leadership

## Commitment 3

**We will invest in our Nursing and AHP workforce ensuring professional development**

### **What we will do:**

- Work with research and innovation teams to engage more Nurses and AHPs in research
- Implement the professional nurse advocate programme within national parameters
- Upskill our people to be effective clinical supervisors
- Ensure all Nurses and AHPs can access clinical supervision (including safeguarding supervision)
- Ensure clinical supervision opportunities for patient facing staff in clinical support services
- Ensure our Nurses and AHPs are supported to engage and utilise technology both for professional development and for patient care

### **How we will do it:**

- Link the Nursing and AHP workforce into our Research and Innovation Group
- Increase our clinical supervisor training thus increasing capacity for supervision
- Provide agile opportunities to access training as appropriate exploiting the use of technology to be more efficient
- Implement the digital champion programme
- Encourage our Nurses and AHPs to be engaged in clinical audit and research
- Seek funding opportunities for further training and education
- Embed the Trust's clinical supervision programme within our Nursing and AHP teams
- Provide research, audit and training opportunities

### **We will know we are successful when:**

- ✓ We promote inclusivity and progression through leadership development
- ✓ Support our people to enhance their career progression
- ✓ Our Nurses and AHPs are celebrated for leading research in clinical audits

## Conclusion

A delivery plan will be developed to support this strategy. This will be made available on the Trusts intranet and will be reviewed and monitored through the Nursing and AHP forum. An annual report of progress will be presented to the Trust Board.



## Related Documents

Community Nursing Plan 2021-2026 engagement document.

[NHS England » Community nursing](#)

The Allied Health Professionals (AHPs) Strategy for England: AHPs Deliver 2022-2027

[The Allied Health Professions \(AHP\)for England: 2022 to 2027 AHPs Deliver](#)

NHS Long Term Plan (2019)

[NHS England » NHS Long Term Plan](#)

NHS People Plan 2020-2021

[NHS England » NHS People Plan](#)

Queens Nursing Institute Strategic Plan 2021-2025

[Strategic Plan 2021-25 – The Queen’s Nursing Institute \(qni.org.uk\)](#)

NHS England Operational Planning Guidance 2022/2023

[NHS England » 2022/23 priorities and operational planning guidance](#)

Joining Up Care for People, Places and Populations (2022)

[Health and social care integration: joining up care for people, places and populations - GOV. UK \(www.gov.uk\)](#)

Making Research Matter Nov 2021

[B0880-cno-for-englands-strategic-plan-fo-research.pdf](#)

# DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

<b>TITLE OF REPORT:</b>	<b>Board Assurance Framework and Corporate Risk Register</b>						
<b>PURPOSE OF REPORT:</b>	To review the BAF and Corporate Risk Register						
<b>AUTHOR OF REPORT:</b>	Elaine Doyle, Trust Secretary						
<b>DATE OF MEETING:</b>	4 <sup>th</sup> October 2022						
<b>KEY POINTS:</b>	<p>The Board Assurance Framework (BAF) and Corporate Risk Register forms part of the overall risk management and assurance process of the Trust and allows the committee to maintain oversight of the principal risks to delivery of the Trust's strategic objectives and an overview of the management and impact of risks on the operational workings of the Trust.</p> <p>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.</p> <p>Following the Board Development session on 12<sup>th</sup> July 2022, several actions to develop the BAF and Strategic Risks were discussed, and it was agreed that the new BAF would be reported through the relevant Committee structures during September following review by the Executive. The refreshed BAF were taken to Executive Committee on 24<sup>th</sup> August and a further review undertaken by the Executives. This work was shared with the Audit and Risk Committee on 20<sup>th</sup> September, Finance, Performance and Digital Committee on 22<sup>nd</sup> September and People Committee on 27<sup>th</sup> September.</p> <p>The Board are asked to approve the 11 proposed BAF strategic risks reported in summary below:</p> <table border="1"> <thead> <tr> <th>BAF Strategic Risks</th><th>Recommended inherent risk score</th></tr> </thead> <tbody> <tr> <td>There is a risk we fail to demonstrate our value as measured in health outcome to our system partners</td><td>High 16 (4x4)</td></tr> <tr> <td>New risk – There is a risk we are unable to agree our role in the delivery of Integrated Care Model</td><td>High 16 (4X4)</td></tr> </tbody> </table>	BAF Strategic Risks	Recommended inherent risk score	There is a risk we fail to demonstrate our value as measured in health outcome to our system partners	High 16 (4x4)	New risk – There is a risk we are unable to agree our role in the delivery of Integrated Care Model	High 16 (4X4)
BAF Strategic Risks	Recommended inherent risk score						
There is a risk we fail to demonstrate our value as measured in health outcome to our system partners	High 16 (4x4)						
New risk – There is a risk we are unable to agree our role in the delivery of Integrated Care Model	High 16 (4X4)						

	New risk – There is a risk our organisation’s reputation is understated and our role undervalued	Moderate 12 (3X4)						
	New risk – There is a risk in slippage or failure in the delivery of transformational plan for Children’s Services for Dudley	Moderate 12 (3X4)						
	There is a risk we fail to deliver and evidence safe, high-quality care to our patients in line with the CQC requirements	Low 9 (3X3)						
	New risk – There is a risk we are unable to provide sufficient evidence of our impact to Primary Care in Dudley	Moderate 12 (4X3)						
	New risk – There is a risk we are unable to develop a clear prioritised and innovative program around population health	Moderate 12 (3X4)						
	There is a risk we fail to make best use of our resources to demonstrate our value to system partners and Dudley population	Moderate 12 (3X4)						
	New risk – There is a risk our organisational activities are not environmentally sustainable	Low 9 (3X3)						
	New risk – There is a risk our organisation’s sustainability is measured in terms of direct service provision rather than impact	Moderate 12 (3X4)						
	There is a risk we are unable to ensure our staff are skilled and appropriately equipped to work autonomously in delivery of our services	Moderate 12 (4X3)						
<p>With reference to the corporate risks, and following review by Committees during August and September, there is one (1) proposed change to the current Corporate Risk Register and is reported below in summary;</p>								
<table><tr><th>Responsible Committee</th><th>Corporate Risk</th><th>Recommended current risk score</th></tr><tr><td>Quality and Safety Committee – 16<sup>th</sup> August 2022</td><td>C-207 - Revision and review of corporate policies</td><td>Low 8 (2x4)</td></tr></table>	Responsible Committee	Corporate Risk	Recommended current risk score	Quality and Safety Committee – 16 <sup>th</sup> August 2022	C-207 - Revision and review of corporate policies	Low 8 (2x4)		
Responsible Committee	Corporate Risk	Recommended current risk score						
Quality and Safety Committee – 16 <sup>th</sup> August 2022	C-207 - Revision and review of corporate policies	Low 8 (2x4)						
<p>Appendix 1 maps the portfolio of the strategic and corporate risks to the strategic objectives against the domain tolerance.</p> <p>Appendix 2 and 3 details the Corporate Risk Tracker by risks above and below tolerance. The dashboard clearly shows the current risk rating, the tolerance level, and the movement over time.</p>								

<b>RECOMMENDATION:</b>	<ul style="list-style-type: none"> <li>• Approve the 11 BAF strategic risks, noting that they have been received by the Audit and Risk Committee on 20<sup>th</sup> September and receive the next quarterly report at the December 2022 meeting.</li> <li>• Note that the detailed mitigations, controls, assurances and actions to address any gaps in controls will be reviewed in full by the Committees in October and the Audit and Risk Committee will also be conducting a full review of the BAF and Risk Management processes at their October meeting.</li> <li>• Approve the recommendation of the Quality and Safety Committee to reduce the risk scoring of the corporate risk C-207 – Revision and review of corporate policies.</li> </ul>
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	None identified
<b>ACTION REQUIRED:</b>	Decision <input type="checkbox"/>
	Approval <input checked="" type="checkbox"/>
	Assurance <input type="checkbox"/>



## Board Assurance Framework and Corporate Risk Register

### 1. Risk Management Review Cycle and Changes

Following the Board Development session on 12th July 2022 and the Executive Committee review on 24th August 2022, a number of actions to develop the BAF and Strategic Risks were discussed. The output of these development actions were received at the Audit and Risk Committee in its meeting on 20th September 2022, this committee reviewed the Draft Board Assurance Framework and support the further development of the 11 revised BAF strategic risks.

The Board are asked to note the existing BAF had eight strategic risks of which the Board had agreed to close four strategic risks (two risks on insufficient resources and the strategic risks relating to Award of ICP Contract and Impact of Covid-19). The refreshed BAF now has eleven strategic risks aligned to the seven strategic priorities, four (4) strategic risks have been redefined, based on the existing BAF, and seven new risks developed based on the discussions at the Board Development Session and discussions with the Executive. Risks remain aligned to the nominated assurance committees which should facilitate the Board and Committee Chairs to continue to identify the key issues that drive the agendas and cycles of business.

For ease of reference, the new risks are developed based on the following seven strategic priorities:

- Develop our role in the Dudley Place
- Implementation of Integrated Care Model for the Dudley population
- Improve outcomes for children and young people in Dudley
- Support the sustainability of Primary Care
- Be the best and happiest place to work
- Improve the health of our population and reduce inequalities
- Demonstrate value to our population

The Board are asked to be aware that following the Auditor's Annual Report (Value for Money Audit) only one of the six improvement recommendations relates to the Governance and Risk Management element of the audit. The improvement recommendation is the migration of risk management to the Datix risk management module and ensuring staff training for appropriate risk recording and reporting into the Datix system. This development work will form part of a project plan being developed by the Associate Director of Quality and Governance and the Trust Secretary and will be reported into the Executive Committee for approval. The wider assurance work for Board Assurance and Risk Management will be received at the October meeting of the Audit and Risk Committee and reported through the nominated assurance committees in November.

Work to strengthen the reporting of service level risks through Datix continues and 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.

The Committee are asked to be aware that the Service Risk Registers are being reported using the Datix Risk Module and are considered at the regular service review meetings with escalation through both Executive Committee and the Trust Management Board where appropriate. The escalation process remains unchanged, risk 16 and above or reputational being escalated to the Corporate Risk Register. The Corporate (operational) Risk Management process is managed by the Quality and Governance Team by Associate Director of Quality and Governance and the Risk and Compliance Manager.

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

Appendix 1 details the Board Assurance Framework (BAF) 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 Board is asked to review the 11 current strategic risks reported through the Board Assurance Framework as follows:

**BAF Strategic Risks as September 2022**

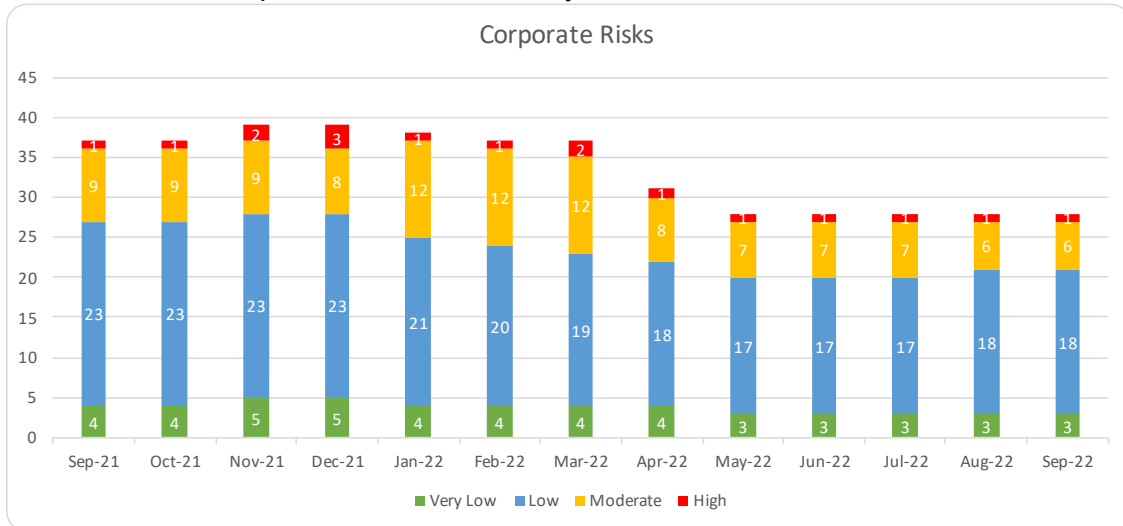
Oversight Committee	Risk Descriptor	Exec Lead	Risk Score Q3 / Inherent Score for new risks
Board	There is a risk we fail to demonstrate our value as measured in health outcome to our system partners	Steph Cartwright	High 16 (4x4)
	New risk – There is a risk we are unable to agree our role in the delivery of Integrated Care Model	Steph Cartwright	High 16 (4X4)
	New risk – There is a risk our organisation's reputation is understated and our role undervalued	Steph Cartwright	Moderate 12 (3X4)
Quality and Safety Committee	New risk – There is a risk in slippage or failure in the delivery of transformational plan for Children's Services for Dudley	Sue Nicholls	Moderate 12 (3X4)
	There is a risk we fail to deliver and evidence safe, high-quality care to our patients in line with the CQC requirements	Sue Nicholls	Low 9 (3X3)
Finance, Performance and Digital Committee	New risk – There is a risk we are unable to provide sufficient evidence of our impact to Primary Care in Dudley	Lucy Martin	Moderate 12 (4X3)
	New risk – There is a risk we are unable to develop a clear prioritised and innovative program around population health	Philip King	Moderate 12 (3X4)
	There is a risk we fail to make best use of our resources to demonstrate our value to system partners and Dudley population	Matt Gamage	Moderate 12 (3X4)
	New risk – There is a risk our organisational activities are not environmentally sustainable	Matt Gamage	Low 9 (3X3)
	New risk – There is a risk our organisation's sustainability is measured in terms of direct service provision rather than impact	Matt Gamage	Moderate 12 (3X4)
People Committee	There is a risk we are unable to ensure our staff are skilled and appropriately equipped to work autonomously in delivery of our services	Steph Cartwright	Moderate 12 (4X3)

Overleaf is a table showing the overall number and grade of risks and by domain held on the Board Assurance Framework and Corporate Risk Register:

Risk Levels	1 Minimal	2 Cautious	3 Open	4 Seek	5 Mature
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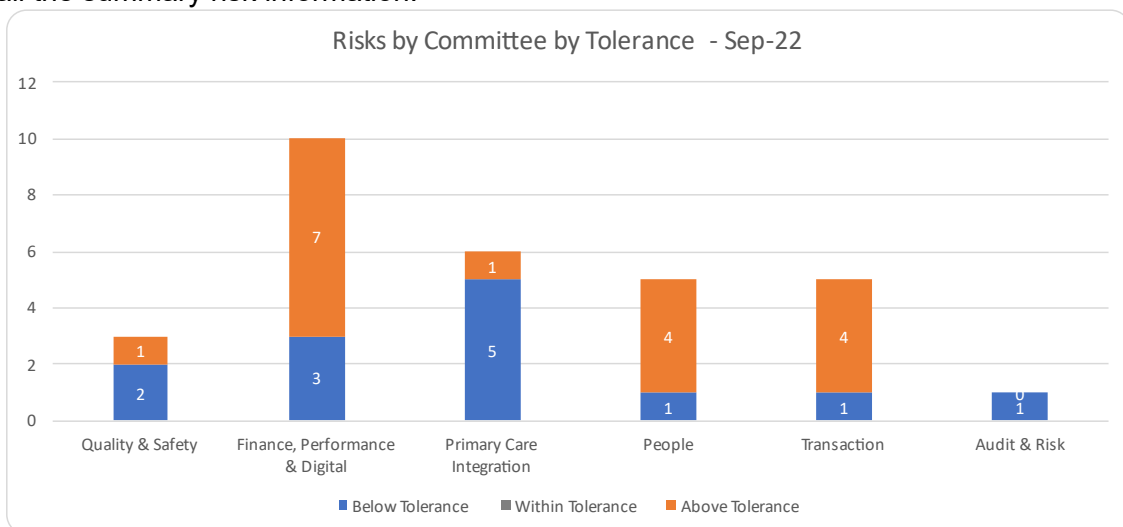
Risk Appetite	Very Low	Low	Moderate	High
Risk Tolerance Score (Net L x C)	1 - 5	6 - 11	12 - 15	16 - 25
No of BAF Risks	0	2	7	2
No of Corporate Risks	3	18	6	1

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 August and September 2022, there is one (1) recommended change proposed by the Committees.

Responsible Committee	Corporate Risks	Recommended current risk score
Quality and Safety Committee – 16 <sup>th</sup> August 2022	C-207 - Revision and review of corporate policies	Low 8 (2x4)

The Board are asked to note that at the August People Committee meeting a robust discussion around risk C-064 Risk of substantive workforce shortage was had. The Committee recognised considerable progress had been made in recruiting staff into the organisation, there remained some challenges such as the need to replace agency staff and recruitment of GPs so it was agreed that this risk should remain at 12 at this time.

#### 4. New and Emerging Risks

The impact of Covid-19 and the impact of the pandemic is reflected throughout corporate Risk Registers and is under constant review by the Chief Operating Officer and Executive Team. The Committee is asked to continually reflect on the impact of the pandemic and the Trust response.

Robust discussions are held at Committee and at Board to continue to reflect on the portfolio of risks relating to relationships and the development of the ICB. Supporting actions are agreed to gain assurance that the current ratings, controls and mitigations adequately reflect the current position. System, leadership and stakeholder meetings take place regularly and in recognition of the dynamic nature of the risks within the Committee Risk Register, the Committee are asked to further reflect on the current scores and recommend any changes to the existing Corporate Risk Register scores.

Emerging Corporate Risks		
Supporting CQC inspections and readiness	Programme of work including supporting action plan has been developed and is being managed through working groups through to Executive Committee and Board	Programme of work including a supporting action plan has been developed and is being managed through the Well Led Steering Group supported by four working groups aligned to the CQC Domains, Safe, Effective, Responsive and Caring. The progress is reported through to Executive Committee weekly.  Several emerging risks have been identified and Executive leads identified, and risks are currently being reviewed and assurances, mitigations and actions identified for inclusion in the appropriate risk registers, either at service level, through programmes of work and digital risk registers.
The Digital Programme including developing Business Intelligence	Digital Programme developed and being managed through Digital Board and Executive Committee to Finance, Performance and Digital Committee	The digital deep dive report was received at the September FP&D meeting and no further risks emerged following the meeting. Programme of work has been developed by the Chief Information officer and is being managed by the Digital Board. The Digital Risk Register will be shared with the FP&D for assurance.

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

The Board are asked to note that following approval of the 11 BAF risks, further work on developing the controls, assurances and actions will be undertaken by the Trust Secretary and Executive Directors. This will be shared with the relevant committees during October. The Audit and Risk Committee will also review

the full detailed BAF at the October meeting, including a comprehensive review of the Risk Management processes and programme plan for migration of risks to Datix.

Work on implementing the improvement recommendation to migrate all risk register to Datix is underway. Committees will receive the project plan during October, following review by the Executive Committee. This plan is being developed by the Associate Director of Quality and Governance and the Trust Secretary outlining how the embedding of risk management within the Datix system supported by the technical training sessions will be implemented. For assurance training sessions have been completed for all clinical services, and a programme of dates for further sessions are already planned. Technical guides and standard operating processes are being developed to support robust governance and assurance processes to document the risk management process for service level risks. These will be published in October following robust review at the multi-disciplinary Policy, Procedures Development Working Group.

The Board are asked to note that there are already a number of risk registers in place including Digital Programme and development of Business Intelligence, implementation of the Green Plan, Health and Safety and Estates and Information Governance, these risk registers were subject to audit by Internal Audit as part of the BAF and Risk Management Checklist (Level A Assurance) and as part of the Value for Money audit. as well as risks relating to the CQC Preparedness Programme of work with several other risk registers are Further risk register are under development, including risks relating to the implementation of the Equality, Diversity and Inclusion Strategy, Primary Care Strategy, Business Case and Service Transformations under development. It is planned that all risk registers will be managed through Datix Risk Management Module and importance of this has been further strengthened by the Auditor's improvement recommendation in the Auditors Annual report (Value for Money Audit).

The Board will receive the next report at the December meeting.

### BAF and Corporate Risk by Strategic Objective - Sep-22

Appendix 1 Average Risk Score by Strategic Objective against Tolerance

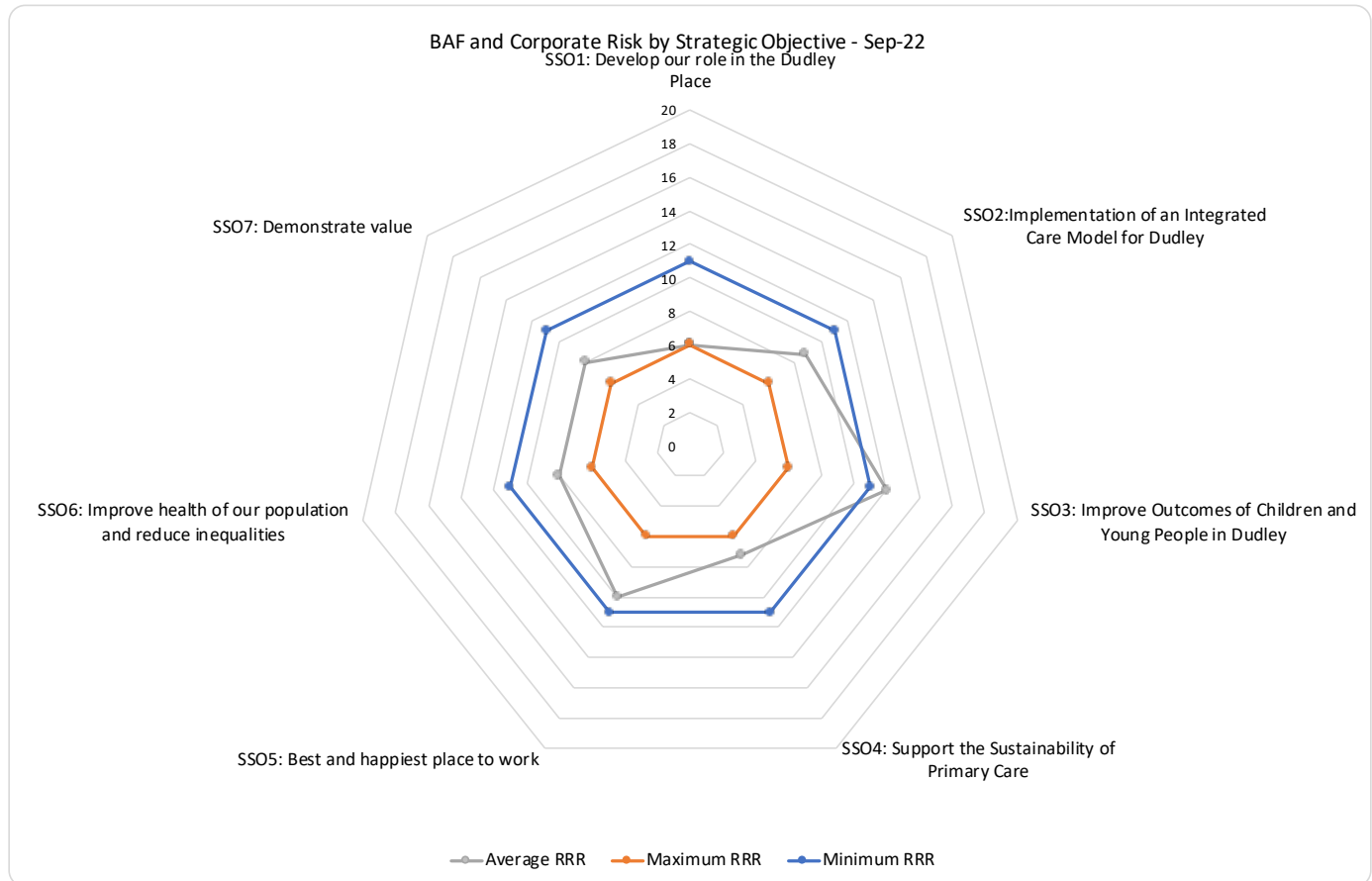
Latest Month: Sept 22

Strategic Objective	Average RRR	Maximum RRR	Minimum RRR
SSO1: Develop our role in the Dudley Place	6	6	11
SSO2: Implementation of an Integrated Care Model for Dudley	9	6	11
SSO3: Improve Outcomes of Children and Young People in Dudley	12	6	11
SSO4: Support the Sustainability of Primary Care	7	6	11
SSO5: Best and happiest place to work	10	6	11
SSO6: Improve health of our population and reduce inequalities	8	6	11
SSO7: Demonstrate value	8	6	11

#### Commentary:

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

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



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

Appendix 2 Corporate Risks ABOVE Tolerance

Latest Month: Sep-22

Ref	Domain	Committee	Accountable Director (Risk Sponsor)	RISK OF:	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-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  During October 2021 NHSEI requested that the programme of substantive senior leadership recruitment be paused.	8	8	8	12	12	12	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	12	12	12	12	12	12	12	12	12	→		4	Above
C-070	Sustainability	F, P & D	Matt Gamage	Risk of increase in drug volume and prices in excess of planned growth and inflation	9	9	9	9	9	9	9	9	9	9	9	9	→		6	Above
C-102	Partnerships	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	8	8	8	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	6	6	6	6	6	6	6	→		4	Above
C-063	Sustainability	F, P & D	Matt Gamage	Risk of financial overspend due to insufficient financial controls. This may result in unauthorised over spend, loss of financial control inability to meet the control total and impact on service delivery.	8	8	8	8	0	6	6	6	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 services in Dudley	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:  - insufficient capital funding available to make necessary premises investments, as DIHC has limited capital funding of its own, and access to PFI and national capital is limited  - insufficient space within the community healthcare estate to fully implement the clinical model in each locality	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	16	16	12	12	12	12	12	12	12	8	8	→		4	Above
D-002	Reputational	F, P & D	Matt Gamage	There is a risk that the existing network infrastructure will either fail or will create an unacceptable cyber security risk due to its age and current support status resulting in an inability to provide a network connection across various sites	0	0	0	0	0	16	16	16	16	16	16	16	→		9	Above



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

Appendix 3 Corporate Risks BELOW Tolerance

Latest Month: Sep-22

Ref	Domain	Committee	Accountable Director (Risk Sponsor)	RISK OF:	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-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 system to record costs accurately.	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	20	16	16	16	12	12	12	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	6	6	6	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	6	6	6	6	6	6	6	6	6	6	6	→		9	Below

# Quality and Safety Report

**Reporting Period:** August 2022

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

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

Variation and Assurance Icons

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

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

Statistical Process Chart (SPC)

----- Upper/Lower Control Limit

----- Target

— Mean

● Special cause improvement

● Special cause concern

—● Activity

# Summary

## Data / Quality Indicators

- No Serious Incidents reported this period
- One formal complaint reported this period - relates to CHC and managed on behalf of the ICB

## Other

- GP practice FFT data extraction issues now mostly resolved; expected to restart routine reporting from October

## 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

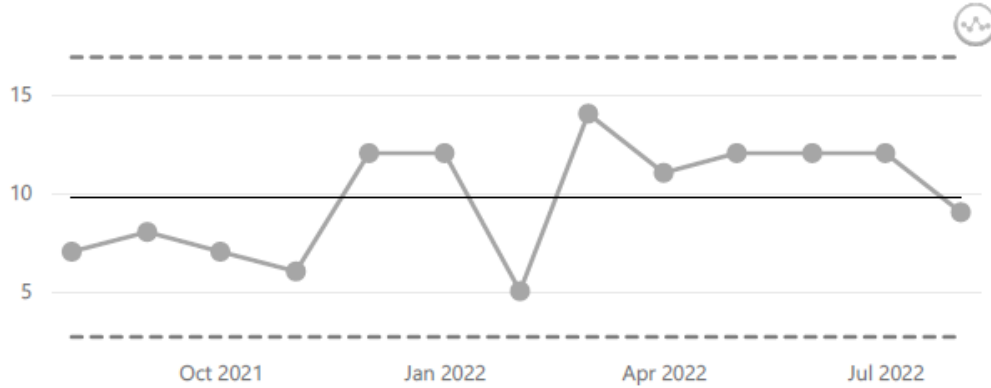
Domain	Sub domain	Metric	Metric Type	Latest Date	Value	YTD	Target	Variation	Assurance
Q&S	Feedback	Mental Health Friends and Family Test – % Positive	Local	Aug 2022	100%	100%	-		
		Mental Health Friends and Family Test – % Positive (Qtr)	Local	Jun 2022	100%	100%	-		
		Feedback - Informal Concern	Local	Aug 2022	1	16	-		
		Feedback - Compliments	Local	Aug 2022	1	11	-		
		Feedback - Complaints	Local	Aug 2022	1	18	-		
		An acknowledgment of the complaints within 3 days	National	Aug 2022	100%	100%	-		
		A formal response to the complaint sent within 45 days	Local	Aug 2022	100%	100%	-		
	Incidents	Duty of Candour	National	Jun 2022	100%	100%	100%		
		Occurrence Of Any Never Event	National	Aug 2022	0	0	-		
		Incidents	Local	Aug 2022	9	56	-		
		Serious Incidents	Local	Aug 2022	0	0	-		
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	Aug 2022	100%	100%	-		
	Safeguarding	Number of Safeguarding Concerns - Adults	Local	Aug 2022	57	269	-		
		Number of Safeguarding Concerns - Child	Local	Aug 2022	9	102	-		
		Number of Safeguarding Concerns - Age unknown	Local	Aug 2022	0	2	-		
		Number of SARs - Open	Local	Aug 2022	2	2	-		
		Number of CSPRs - Open	Local	Aug 2022	4	4	-		
		Number of S42s - Open	Local	Aug 2022	3	3	-		
		Number of S42s - Overdue	Local	Aug 2022	1	1	-		

## Footnotes

- There are were no incidents requiring Duty of Candour in August 2022
- Variations identified for SIs and MH F&FT relate to improvement over time to the current position of meeting the targets for both indicators

# Incidents

Incidents



Aug 2022

Date

9

Value

-

Target

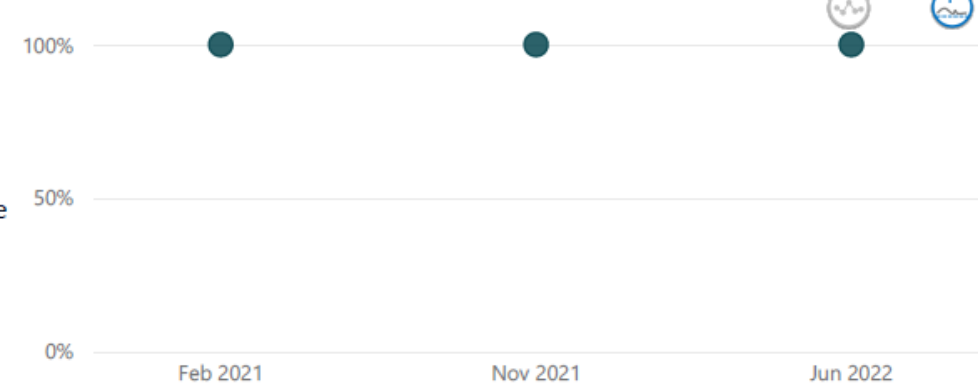
Common Cause

Variation

No Target

Assurance

Duty of Candour



Jun 2022

Date

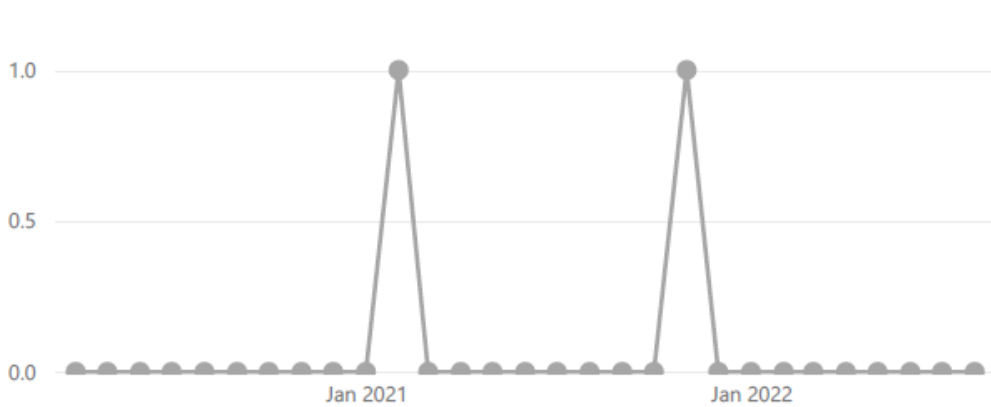
100%

Value

100%

Target

Serious Incidents



Aug 2022

Date

0

Value

-

Target

Occurrence Of Any Never Event



Aug 2022

Date

0

Value

-

Target

## Service comments

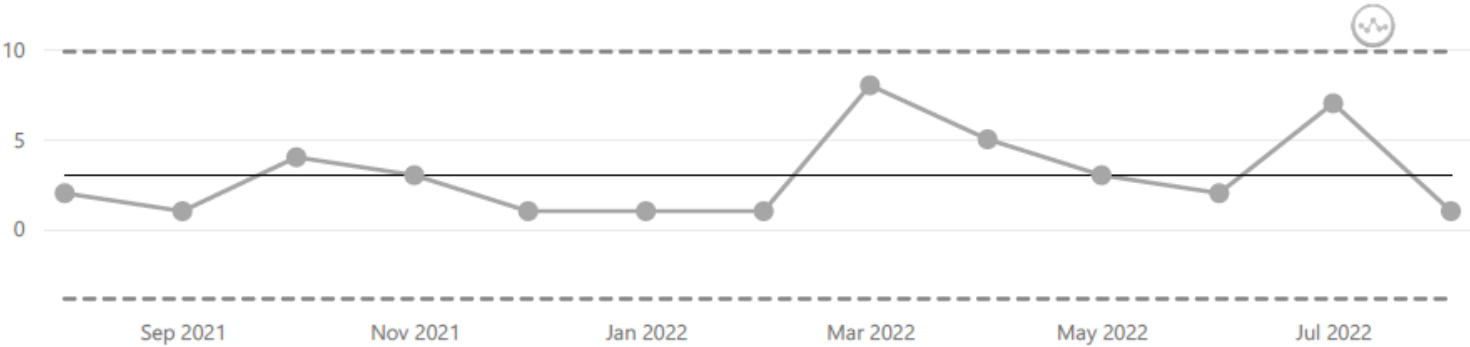
- No obvious trends or concerns

## Actions

- No specific actions currently required

# Feedback

Feedback - Complaints



Aug 2022

Date

1

Value

-

Target

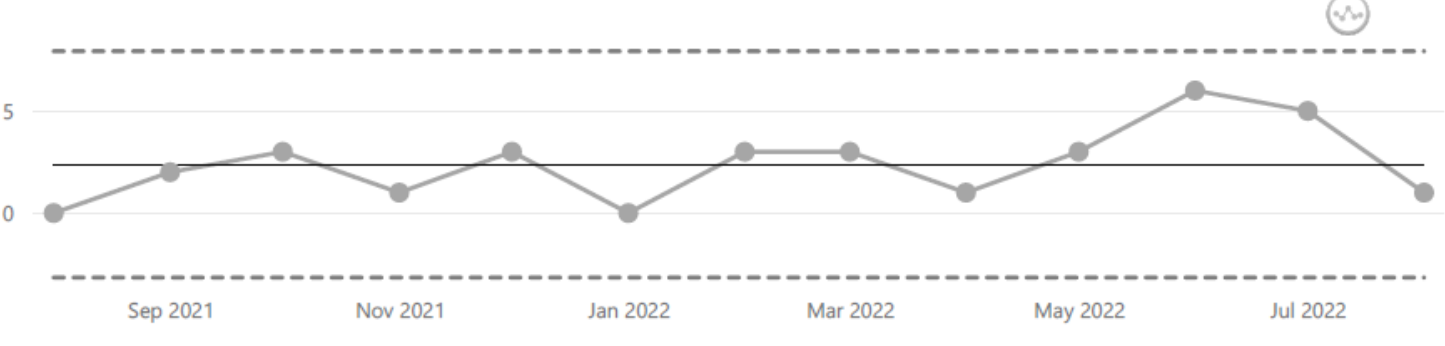
Common Cause

Variation

No Target

Assurance

Feedback - Informal Concern



Aug 2022

Date

1

Value

-

Target

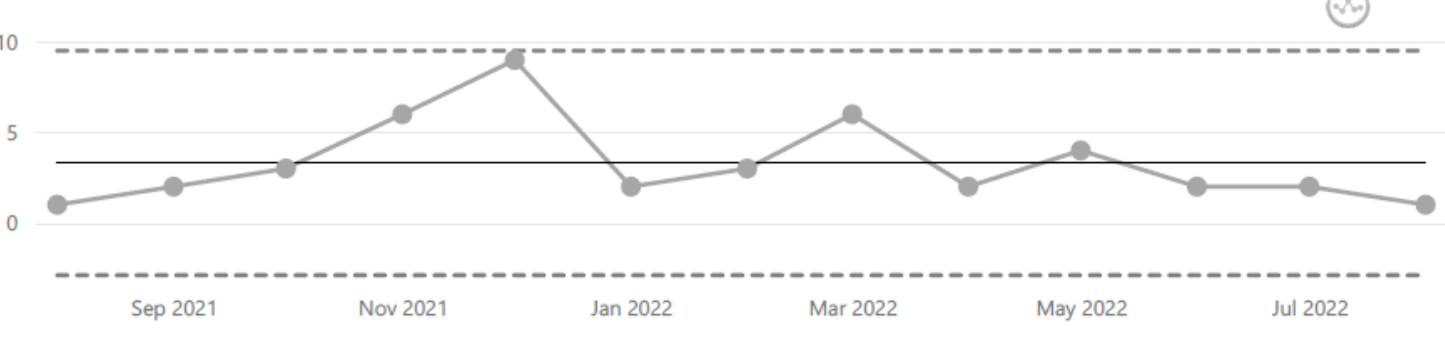
Common Cause

Variation

No Target

Assurance

Feedback - Compliments



Aug 2022

Date

1

Value

-

Target

Common Cause

Variation

No Target

Assurance

## Service comments

- No obvious trends or themes
- Compliment related to thanks from a patient for the support provided to them by an IAPT staff member during a very difficult time

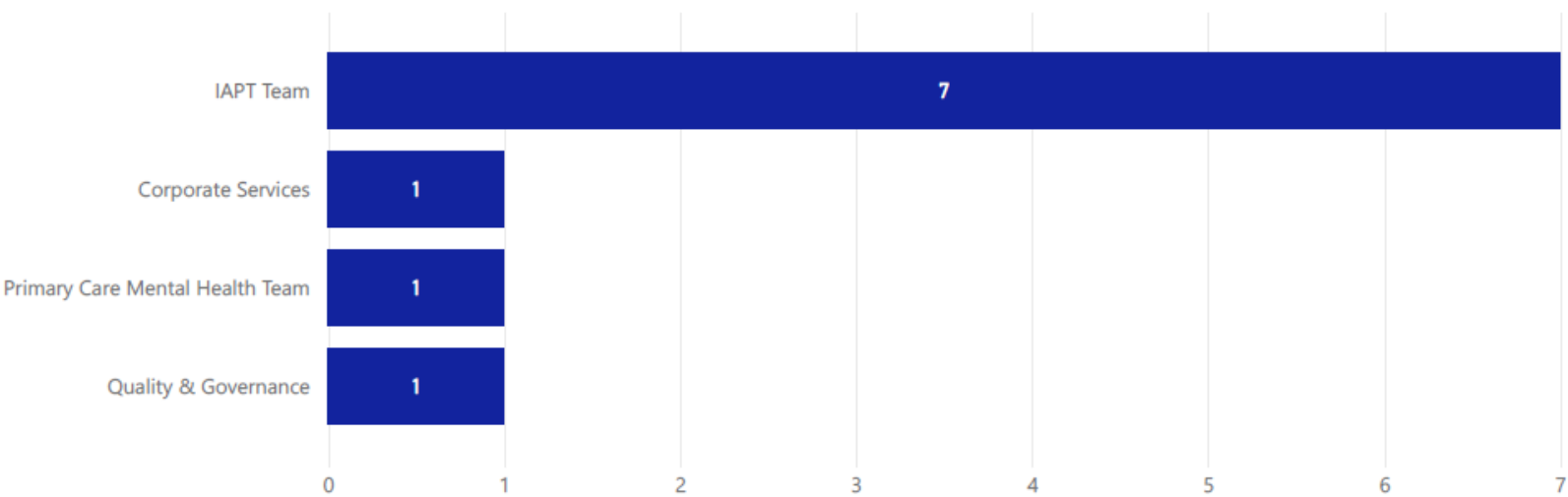
## Actions

- No specific actions currently required

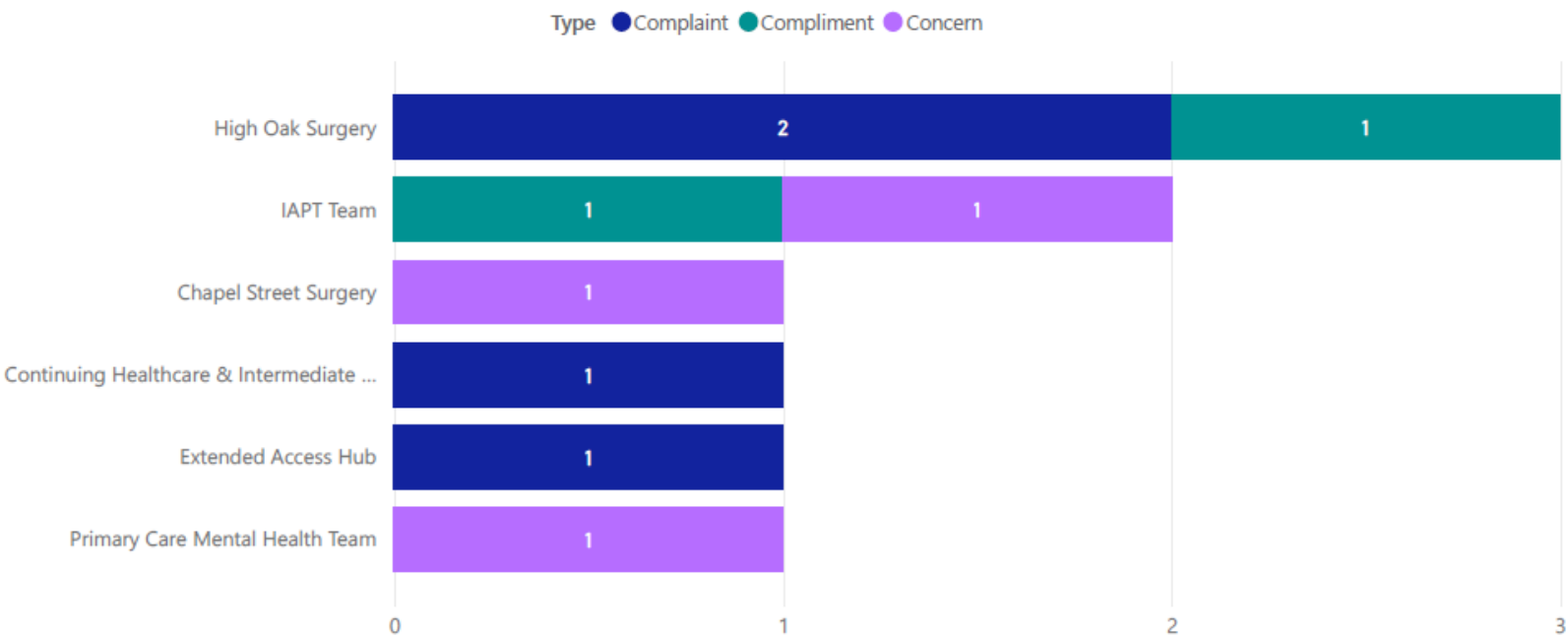


# Incidents and Feedback Closed Within: August 2022

Incident Closed by Service



Feedback Closed by Service



## Key Lessons Learnt

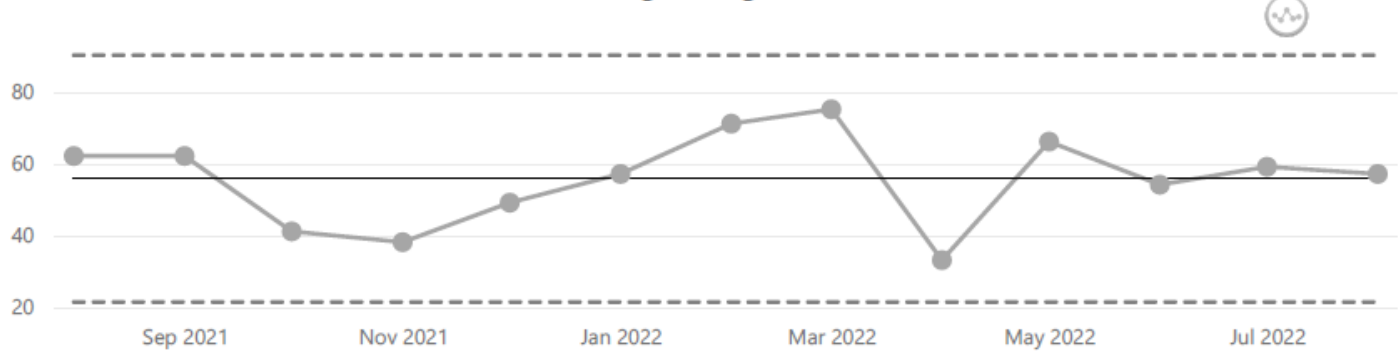
- Better use of shared mailboxes to enable appointment management when individual staff members are absent
- Focussed piece of work identified to look at improved task management activities within primary care
- Learning Lessons group met in September to review all data from Q1

## Actions

- See above

# Safeguarding

Number of Safeguarding Concerns - Adults



Aug 2022

Date

57

Value

-

Target

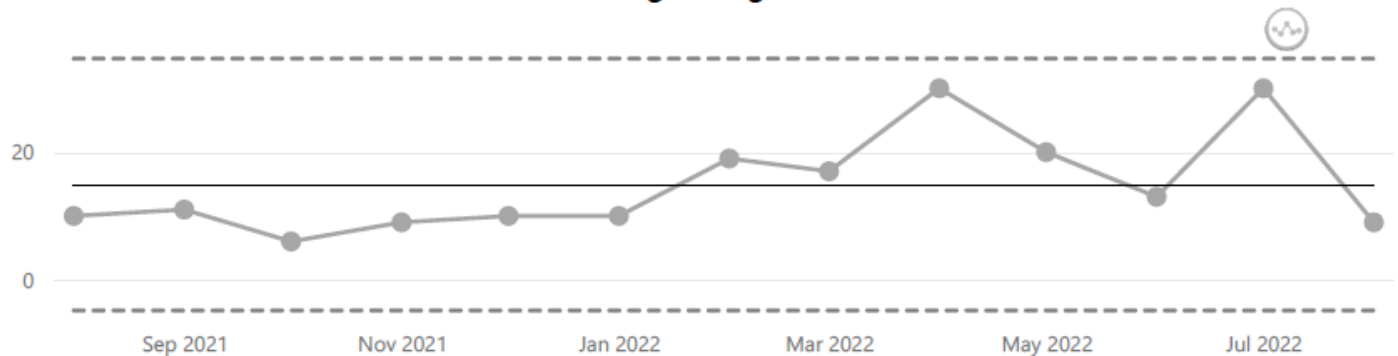
Common Cause

Variation

No Target

Assurance

Number of Safeguarding Concerns - Child



Aug 2022

Date

9

Value

-

Target

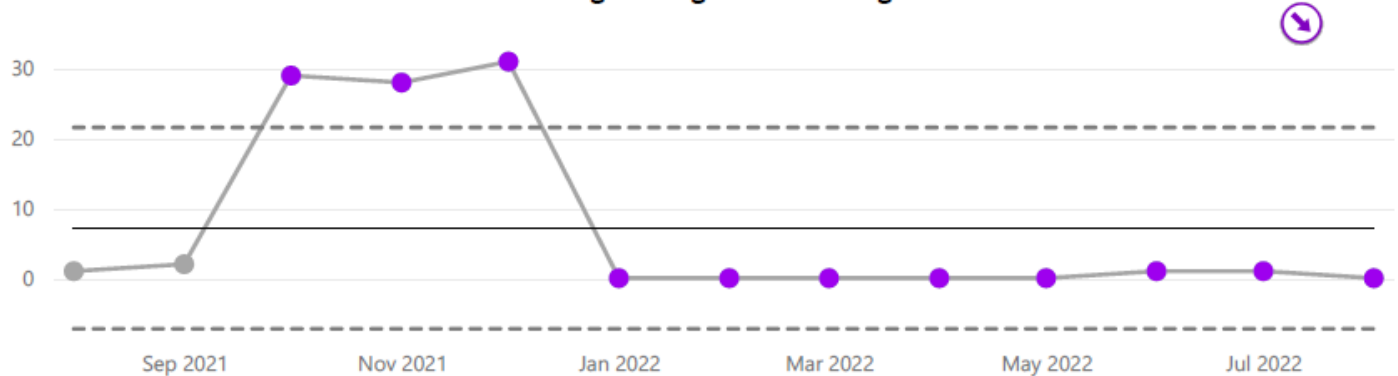
Common Cause

Variation

No Target

Assurance

Number of Safeguarding Concerns - Age unknown



Aug 2022

Date

0

Value

-

Target

Neither

Variation

No Target

Assurance

## Service comments

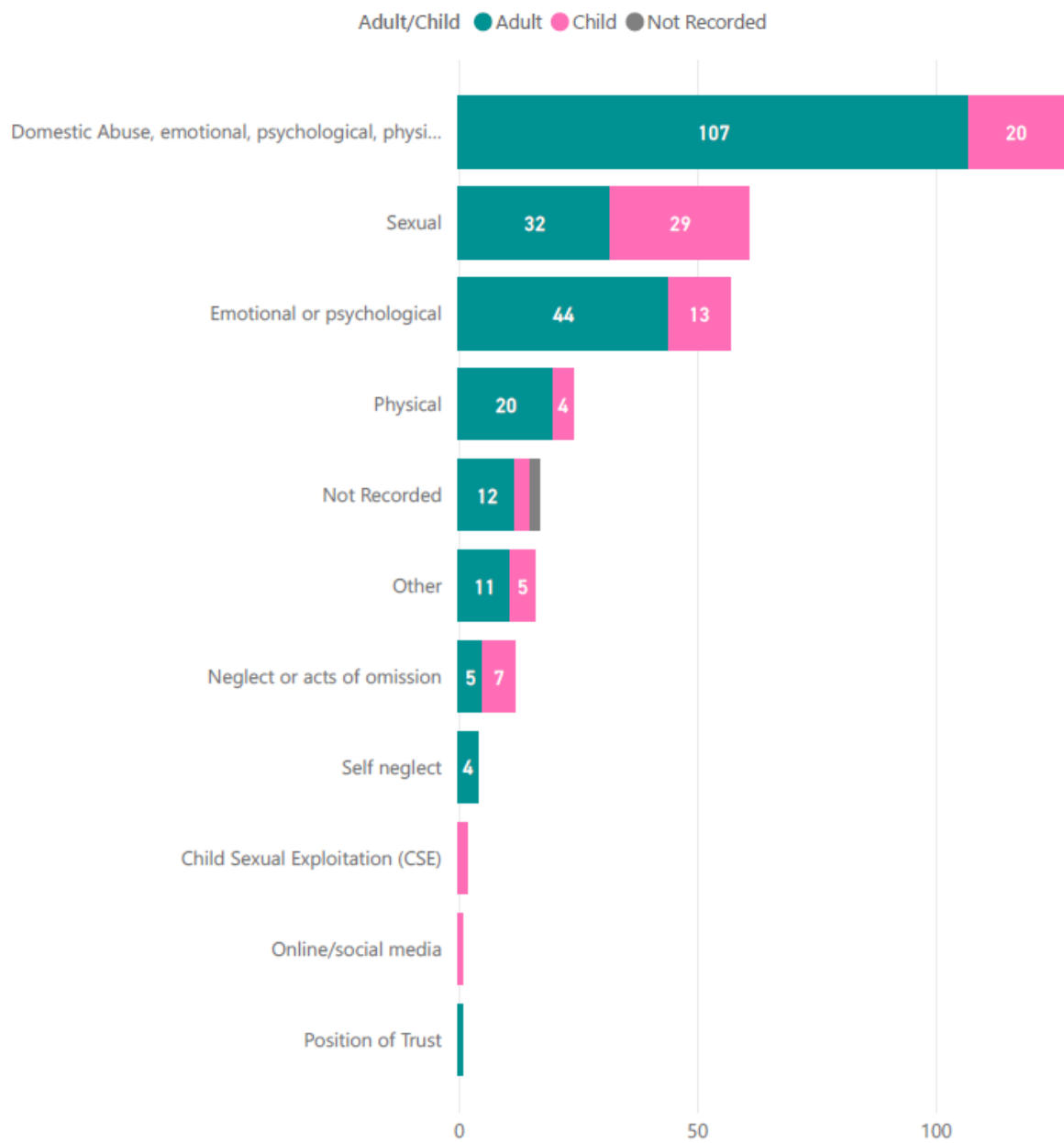
- The predominant theme across all adult safeguarding Datix continues to be historical abuse.
- IAPT continue to be the most prolific reporters due to the nature of the service.
- Staff are recognising the impact that parental behaviours and issues can have on children within the household and are referring as appropriate.
- Child safeguarding concerns were down for August and this may be due to the school holidays

## Actions

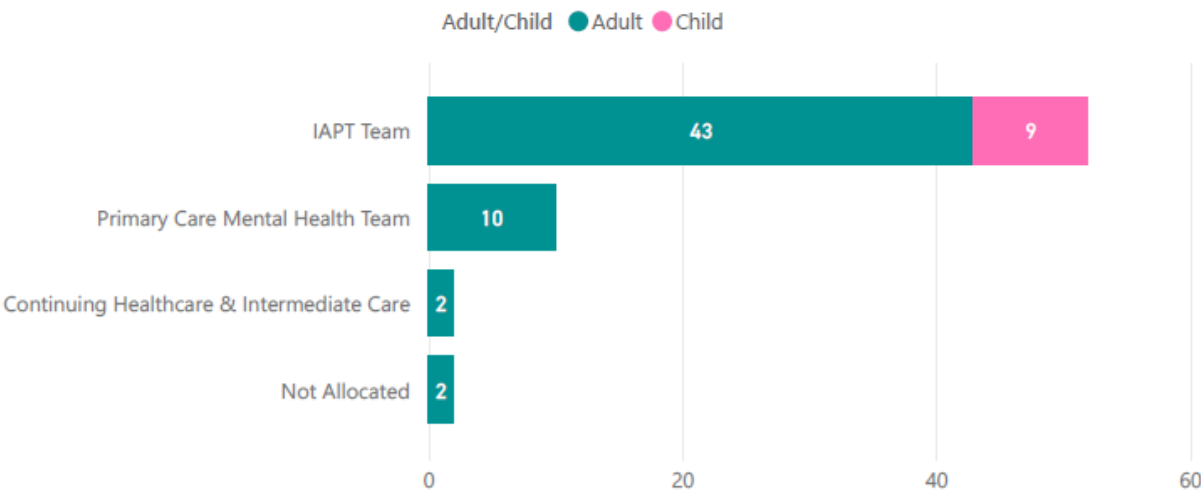
- Safeguarding Datix incidents have been reviewed for completeness and any deficits have been shared with service leads; this has resulted in more accurate data in order to determine themes and trends and an improvement on previous months recording
- Only 2 Datix reports had missing data fields and of the 4 referrals made only 1 referral form remains outstanding

# Safeguarding

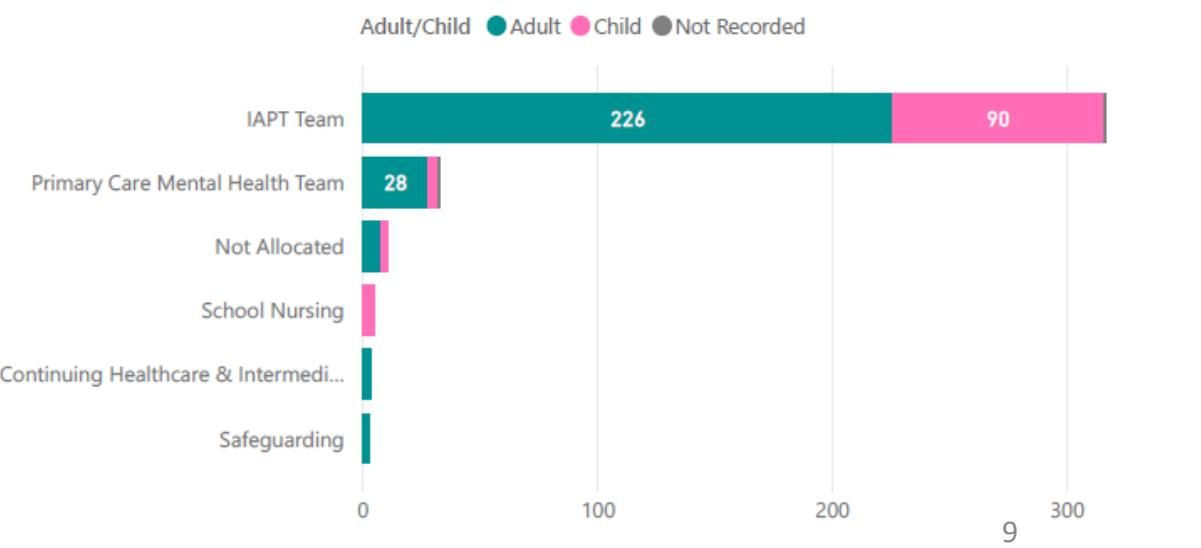
Safeguarding Concerns by Type of Abuse (YTD)



Safeguarding Concerns (August 2022)



Safeguarding Concerns by Team (YTD)



# COVID VACCINATIONS – Patients (High Oak Surgery)

- Covid vaccination programme at High Oak Surgery continues; latest uptake data (as of 01/09/2022):

Group	Population in Cohort	Vaccinated 1st Dose	Vaccinated 2nd Dose (%)	Total Vaccinated Booster Dose (%)	Total Declined / contraindicated	Not Vaccinated
01. Residential Care Home Patients	6	100%	100%	83%	0	0
02. Age 80y+ and HSC Workers	183	95%	94%	92%	5	5
03. Age 75-79y (excl care home)	119	96%	94%	91%	3	3
04. Age 70-74y or Covid High Risk (excl care Home)	239	94%	93%	83%	5	10
05. Age 65-69y (excl Care home)	143	95%	94%	87%	2	4
06. Age 16-64y with UHC (excl care home)	658	86%	83%	70%	14	77
07. Age 60-64y or UHC (excl care home)	92	100%	90%	79%	2	7
08. Age 55-59y (excl care home)	125	92%	80%	78%	2	8
09. Age 50-54y (excl care home)	143	83%	82%	64%	2	21
10. Age 40-49y (excl care home)	285	78%	74%	55%	4	59
11. Age 30-39y (excl care home)	531	71%	65%	42%	19	135
12. Age 18-29y (excl care home)	465	67%	58%	29%	3	148
13. Age 16-18y, no UHCs	68	44%	28%	7%	0	38
14. Age 12-15y with specific UHC or household contact	11	54%	45%	9%	0	5
15. Age 12-15y no UHCs	206	41%	25%	0%	0	122
16. Age 5-11y with specific UHC or household contact	23	0%	0%	0%	0	23
17. Age 5-11y no UHCs	459	6%	3%	0%	0	429

Age groups exclude care homes unless otherwise stated

UHC – underlying health conditions

HSC – health and social care

# COVID VACCINATIONS – Patients (Chapel Street Surgery)

- Covid vaccination programme at Chapel Street Surgery continues; latest uptake data (as of 01/09/2022):

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	0	0%	0%	0%	0	0
02. Age 80y+ and HSC Workers	45	98%	96%	76%	0	0
03. Age 75-79y (excl care home)	19	85%	79%	68%	2	0
04. Age 70-74y or Covid High Risk (excl care Home)	147	88%	85%	55%	5	12
05. Age 65-69y (excl Care home)	74	82%	79%	45%	3	11
06. Age 16-64y with UHC (excl care home)	246	73%	69%	33%	20	47
07. Age 60-64y or UHC (excl care home)	31	100%	48%	35%	4	12
08. Age 55-59y (excl care home)	45	100%	54%	38%	3	18
09. Age 50-54y (excl care home)	84	58%	57%	27%	4	30
10. Age 40-49y (excl care home)	283	58%	54%	16%	1	118
11. Age 30-39y (excl care home)	369	47%	43%	12%	4	188
12. Age 18-29y (excl care home)	490	45%	35%	6%	3	44
13. Age 16-18y, no UHCs	90	27%	20%	3%	0	66
14. Age 12-15y with specific UHC or household contact	9	100%	11%	0%	1	7
15. Age 12-15y no UHCs	193	19%	11%	0%	0	157
16. Age 5-11y with specific UHC or household contact	6	33%	0%	0%	0	4
17. Age 5-11y no UHCs	324	3%	2%	0%	0	316

Age groups exclude care homes unless otherwise stated

UHC – underlying health conditions

HSC – health and social care

## COMMITTEE ASSURANCE REPORT TO THE BOARD

**Committee:** Quality & Safety Committee

**Date of meeting:** 20 September 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

There were no Serious Incidents reported this period

One formal complaint reported this period which related to Continuing Health Care and was managed on behalf of the Integrated Care Board.

General Practice (GP) Friends and Family Test data extraction issues now mostly resolved; expected to restart routine reporting from October

Based on the quality indicator data currently available, together with the area-specific narrative, there do not appear to be any concerns regarding the quality of services currently provided by the Trust

Data performance metrics being explored to provide more service level data and quality and performance outcome measures to committee.

Committee received the report for assurance.

#### Infection Prevention and Control (IPC)

Committee received a report which provided an update of the IPC workplan undertaken within the month of August 2022 along with the priorities identified for September 2022.

A follow up audit, using the yearly IPC audit tool was completed for Chapel Street Medical Practice which highlighted some areas for focus in relation to decontamination, environment and cleaning processes however committee were informed that a new external company had been commissioned and improvements expected to be seen.

214 Dudley Integrated Health and Care (DIHC) NHS Trust staff have completed their hand hygiene training and quarterly hand hygiene audits are being requested for submission by the clinical teams.

The staff flu vaccination campaign planning is in progress. Committee received the Healthcare Influenza Vaccination Best Practice Management Checklist (Department of Health, NHS England, UK Health Security Agency, 2022) which refers to requirements of the Board by way of commitments. A DIHC draft self-assessment has been completed.

The Committee agreed to recommend to the Board that:

- the Board records its commitment to achieving the ambition of vaccinating all frontline healthcare workers (clinical and non-clinical staff who have contact with patients)
- agrees that the Board Champion for the influenza campaign be the Director of Nursing, Allied Health Professionals and Quality
- Board members receive influenza vaccination (unless contra indicated) and publicise this
- The Board notes that an evaluation of the 2021-22 influenza campaign was discussed in full at Quality and Safety Steering Group and subsequently assured by this Quality and Safety Committee

The Sharps Policy and Aseptic None Touch Technique Policy (ANTT) have been published on the Intranet. Policies that are currently being reviewed/written are the Seasonal Influenza Policy and the Emergency Preparedness, Resilience and Response (EPRR) DIHC Infectious Disease Plan Policy.

The IPC Service is recruiting an Infection Prevention and Control Associate Practitioner on a temporary basis until the end of March 2023 to support with the implementation of the IPC workplan and administrative duties.

The Committee received the report for assurance and made the recommendation regarding the best practice checklist.

### **Safeguarding**

Comprehensive performance data was received by Committee for assurance and information. Further clarity was requested from the team into the plan for improving the rate of those completing Level 3 Safeguarding Training – Children and Adults, and Domestic Abuse Awareness.

### **Quality Assurance Review in Commissioned Care Homes**

Committee received the paper outlining the processes undertaken to complete the quality assurance visits to two care homes for which the Trust has commissioning and quality responsibilities. The paper highlighted areas of good practice noted within the homes and



outlined the Red, Amber, Green (RAG) rated actions required for reassurance monitoring. A workplan to address required improvements is in place and subject to regular monitoring.

Issues highlighted included difficulties ordering medication from Prescription Ordering Direct (POD), which, on further examination, were found to be procedural issues within the homes themselves and the DIHC Lead Pharmacist is now supporting the care home group to rectify the problem.

Committee requested quality assurance processes include notifying the relevant GP practice where there is a single practice covering all residents of a home.

Committee accepted the report for assurance and expressed their appreciation for the in-depth report.

### **Extended Access Hub – Patient Feedback Report**

Committee received the report which provided a summary of responses from patients using the Extended Access Hub between February 2022 and June 2022.

During the survey period, a total of 825 responses had been received; 95% of all respondents stated that they were either 'very' or 'somewhat' satisfied.

These results provide an encouraging and very positive view of the service; some areas for improvement were identified and these were rectified after the first review in March.

Committee accepted the report for assurance and gave thanks for the paper.

### **Integrated Clinical Governance Development**

Committee were updated on the N365 policy management system with attention being given to its application to service-level procedural documents. Both policies and service level procedures can be managed via this system and remain a feature of the workplan.

Patient Safety Specialist development which includes both Learning from Patient Safety Events (LFPSE) and the implementation of the Patient Safety Incident Response Framework (PSIRF) represents a significant undertaking for the Trust with a number of aspects being very resource-intensive. A workplan is in development outlining all relevant requirements including training, communication and engagement with all levels of the organisation.

Care Quality Commission (CQC) standards work programme is well underway with a clear process and structure identified and established; consideration now needs to be given to how this work programme is routinely reported across the wider organisation.

	<p>The current risk score relating to CQC readiness was discussed and the Committee asked that Executives review the score in the light of any emerging findings from this workstream.</p> <p>Committee were updated upon the significant workstream dedicated to governance of the Additional Roles Reimbursement Staff (ARRS) and is being supported by the CQC standard reviews.</p> <p>Committee received the paper and were assured.</p> <p><b>Board Assurance Framework &amp; Risk Register</b></p> <p>Committee were informed that the new Board Assurance Framework (BAF) risks have been approved at Audit and Risk Committee and will be presented to Board in October and subsequently to Committees.</p> <p><b>Quality and Safety Steering Group</b></p> <p>Committee received a verbal update relating to the progress being made following the September meeting.</p> <p>Both July 2022 and August 2022 minutes were presented along with the Terms of Reference (TOR) for the Quality Improvement Group which formalises clinical audit and clinical quality improvement items and reports to the Quarterly Learning Lessons Group.</p> <p>Quarterly Learning lessons Group will report to Committee in October.</p> <p>Committee approved the minutes and the Quality Improvement Group TOR and were assured.</p>
<p><b>Recommendations made by the Committee</b></p>	<p>Recommendation that, in line with the Influenza campaign Good Practice Checklist,</p> <ul style="list-style-type: none"> <li>the Board records its commitment to achieving the ambition of vaccinating all frontline healthcare workers (clinical and non-clinical staff who have contact with patients)</li> <li>agrees that the Board Champion for the influenza campaign be the Director of Nursing, AHPs and Quality</li> <li>Board members receive influenza vaccination (unless contra indicated) and publicise this</li> <li>The Board notes that an evaluation of the 2021-22 influenza campaign was discussed in full at QSSG and subsequently assured by the Quality and Safety Committee</li> </ul> <p>Agreement of Terms of Reference for the Quality Improvement Group</p>

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

No implications for the Corporate Risk Register or Board Assurance Framework

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

No items or issues for referral to other committees.

The current risk score relating to CQC readiness was discussed and the Committee asked that Executives review the score in the light of any emerging findings from this workstream.

# DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

<b>TITLE OF REPORT:</b>	Workforce Performance Report
<b>PURPOSE OF REPORT:</b>	To update the trust board on workforce performance information for August 2022
<b>AUTHOR OF REPORT:</b>	Faye Duncan – BI Service Delivery Manager Heather Rees – People Partner Lashauna Vaughan – People Systems & Reporting Manager
<b>DATE OF MEETING:</b>	4 <sup>th</sup> October 2022
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>In the report an * has been added to the commentary to suppress any figures which are 5 or less. This is to prevent any information being identifiable.</li> </ul> <p><b><u>Staff Establishment and Turnover</u></b></p> <ul style="list-style-type: none"> <li>The Trust Vacancy Rate (actual staff in post compared to the establishment) increased slightly to 13.8%.</li> <li>Both metrics of Staff Turnover (12 Months) have continued to decrease:               <ul style="list-style-type: none"> <li>Turnover (all resignations) decreased to 13.9%</li> <li>Normalised Turnover (voluntary resignations only) decreased 11.0%.</li> </ul> </li> <li>Recruitment activity continues to outpace leavers and turnover continues to reduce.</li> <li>The most common reason for leaving is 'Voluntary Resignation – Other/Unknown' further information is being gathered on this following the recent introduction of the leaver questionnaire.</li> </ul> <p><b><u>Sickness Absence</u></b></p> <p>Sickness Absence during August was reported as 2.9%, whilst Sickness Absence over the last 12 months was reported as 3.5%. Both these metrics remain under the Trust targets.</p> <p>The People Team continue to monitor support line managers and staff with affected by long term sickness.</p> <p><b><u>Training and Development</u></b></p> <p>Both Appraisal and Mandatory Training compliance remain above their 85% target:</p> <ul style="list-style-type: none"> <li>Appraisal compliance within the last 12 months reached 98.25%</li> <li>Mandatory training compliance fell slightly to 91.52%</li> </ul> <p>The Trust introduced two new mandatory training requirements for all staff:</p>

	<ul style="list-style-type: none"> <li>▪ Hand Hygiene virtual classes (annual renewal for clinical staff, three-year renewal for non-clinical staff)</li> <li>▪ Freedom to Speak Up e-Learning Courses (one-off completion courses)</li> </ul> <p>The People Team continue to support teams with non-compliance through on-going reporting, pre-liminary reporting, and circulating non-compliant and due soon notifications to line managers.</p> <p>Further work will be undertaken over the coming months to ensure all mandatory training is reviewed as to its appropriateness and a process established to ensure robust consideration of any additional mandatory training that may be proposed.</p>
<b>RECOMMENDATION:</b>	The board are asked to note the report and its contents.
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	None
<b>ACTION REQUIRED:</b>	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

# Workforce Performance Report

**Reporting Period:** August 2022

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

## Statistical Process Chart (SPC)

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

# DIHC Performance Scorecard 2022/23

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	YTD	Target	Variation	Assurance
Workforce	Staff in Post	Vacancy %	Local	Aug 2022	13.8%	14.84%	10%		
		Turnover % (12 Months)	Local	Aug 2022	13.86%		13%		
		Normalised Turnover % (12 Months)	Local	Aug 2022	10.99%	11.65%	-		
		Turnover % (In Month)	Local	Aug 2022	0.51%		1.1%		
		Normalised Turnover % (In Month)	Local	Aug 2022	0.43%	0.61%	-		
	Development	Appraisal %	Local	Aug 2022	98.25%	98.25%	85%		
		Training Compliance %	Local	Aug 2022	91.52%	91.52%	85%		
	Absence	Sickness % (In Month)	Local	Aug 2022	2.91%	3.27%	3.8%		
		Sickness % (12 Months)	Local	Aug 2022	3.49%		3.8%		
		Short Term Sickness (In Month)	Local	Aug 2022	32%	29.29%	-		
		Long Term Sickness (In Month)	Local	Aug 2022	68%	70.71%	-		
		Maternity % (In Month)	Local	Aug 2022	1.16%	1.13%	-		

## Key

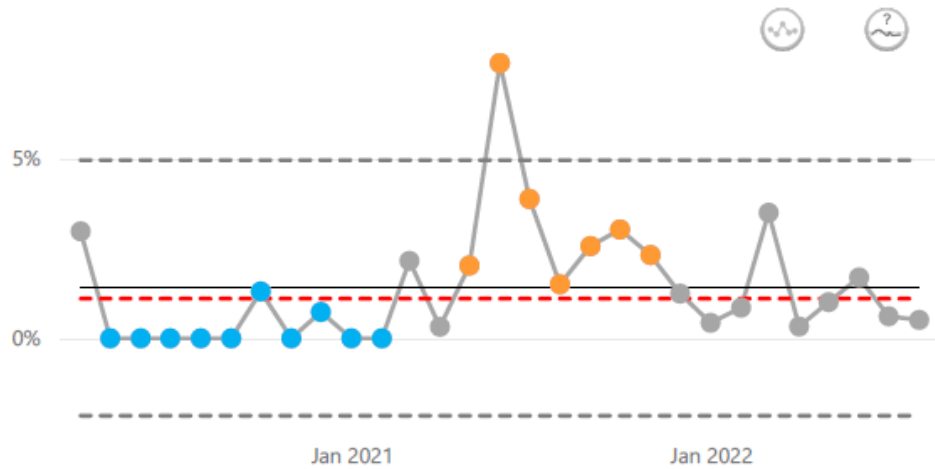
Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H) higher or (L) lower values	Special cause of improving nature or lower pressure due to (H) higher or (L) lower values	Variation indicates inconsistently passing and falling short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

## Footnotes

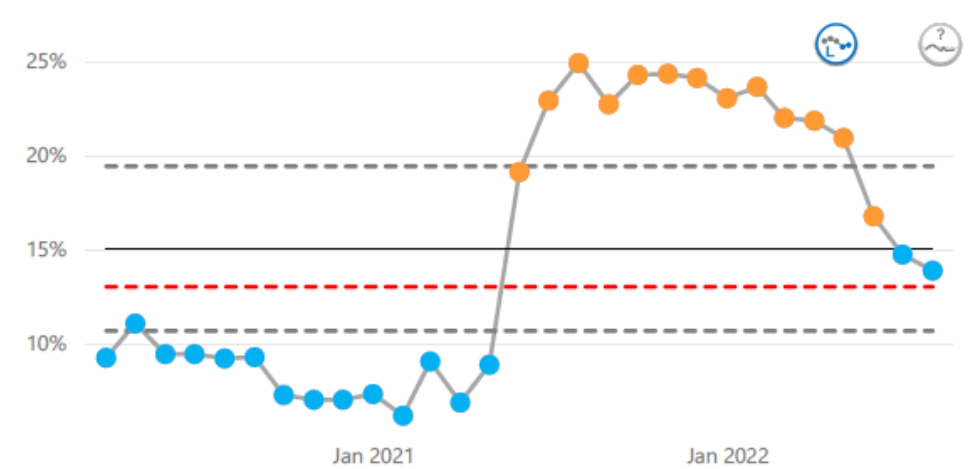
- A “ - ” has been used to represent that no target is available at the time of reporting

# Workforce - Staff in Post

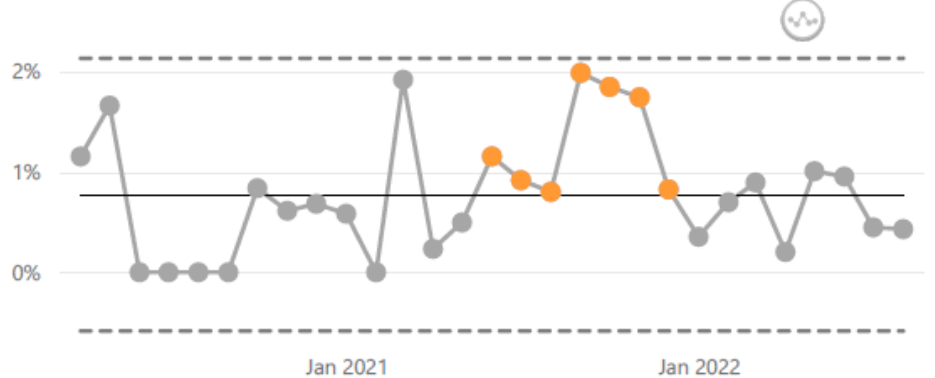
Turnover % (In Month)



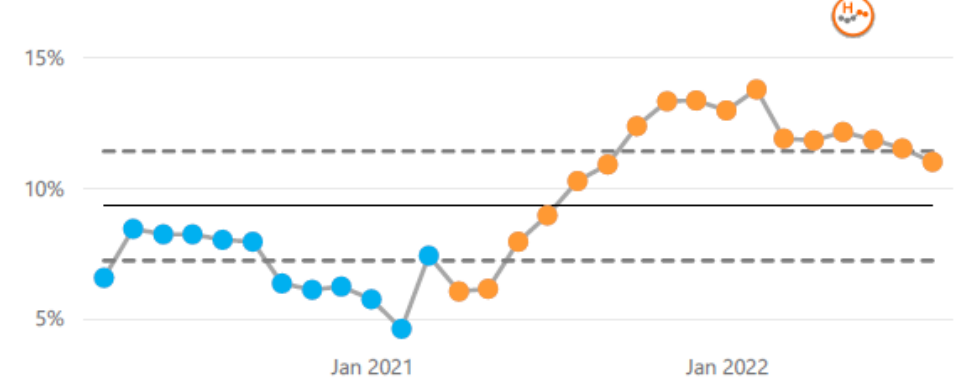
Turnover % (12 Months)



Normalised Turnover % (In Month)



Normalised Turnover % (12 Months)



## Service comments

## Actions

### Staff in Post, Vacancy and Turnover

- The funded establishment as at the end of August 2022 was 382.89 (WTE) and there were 398 staff in post (326.06 WTE).
  - The vacancy rate (actual staff in post compared to the funded establishment) for August 2022 was 13.80%, and it is anticipated that this will continue to improve over the coming months.
  - There were \* leavers in month (1.67 FTE).
- Please note: \* represents suppressed data as 5 or less

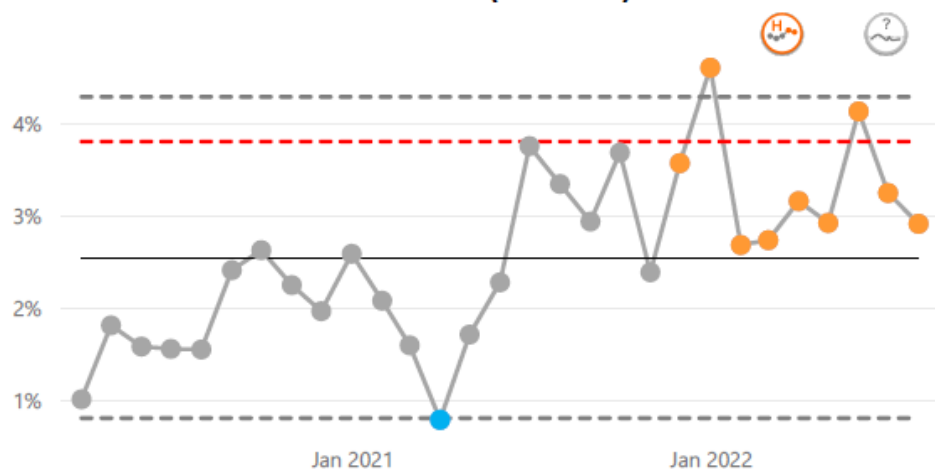
- Turnover reduced to 13.86% and normalised turnover (voluntary resignations) reduced to 10.99%

### Recruitment Activity in August

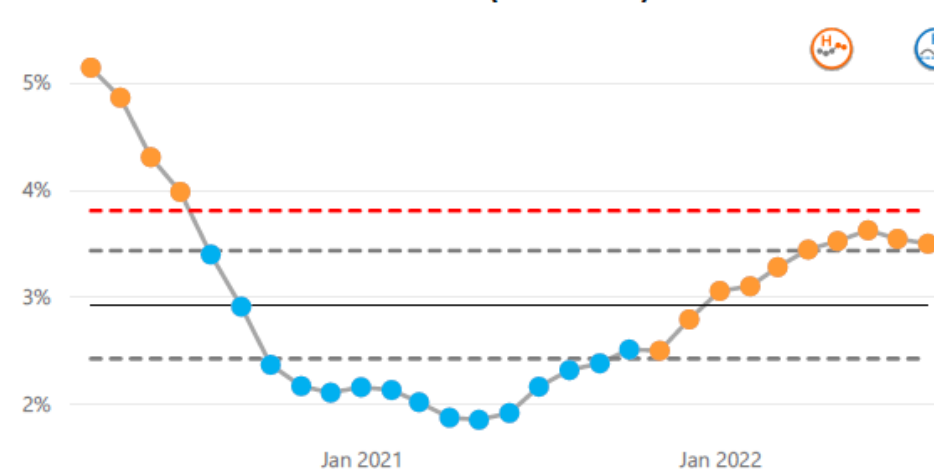
- There were \* new starters (2.53 FTE)
- 9 vacancies were advertised (including re-adverts)
- 17 conditional job offers were made
- 24 unconditional job offers were issued with start dates over the next few months

# Workforce - Absence

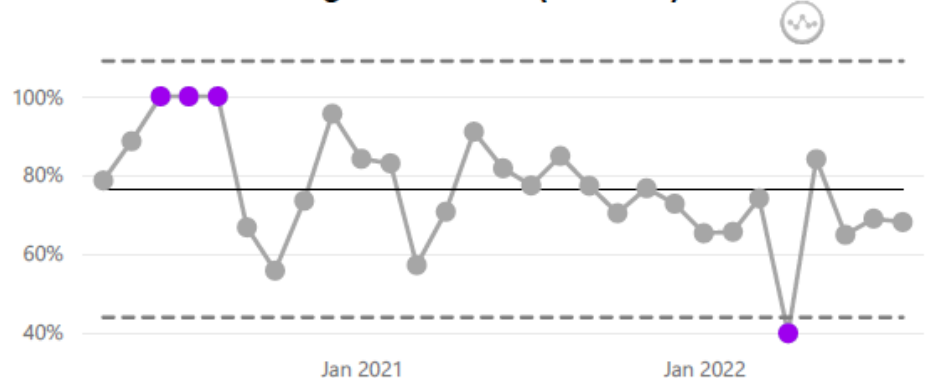
Sickness % (In Month)



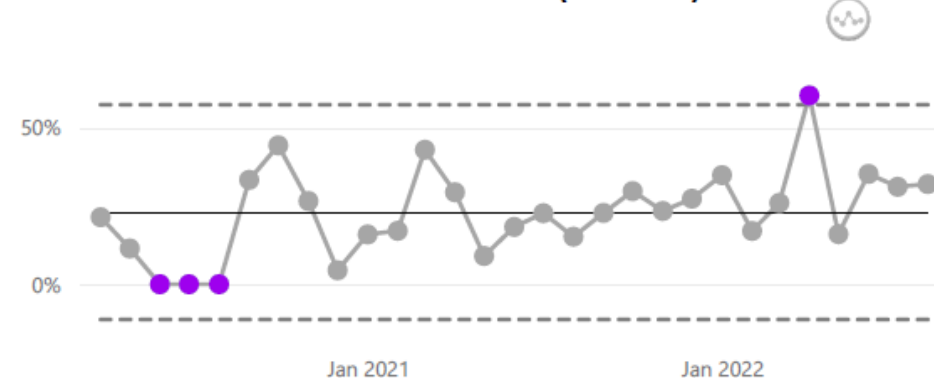
Sickness % (12 Months)



Long Term Sickness (In Month) \*



Short Term Sickness (In Month) \*



\* Long Term/Short Term Sickness is a proportion of the Sickness % e.g. 68.00% of the 2.91% were classed as long term absences

## Service comments

### Sickness Absence Over The Last 12 Months

The most prevalent sickness absence reasons were:

- Cold, cough, flu related (74 episodes – 334 FTE Days Lost)
- Gastrointestinal problems (46 episodes – 191 FTE Days Lost)

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

### Sickness Absence During August 2022

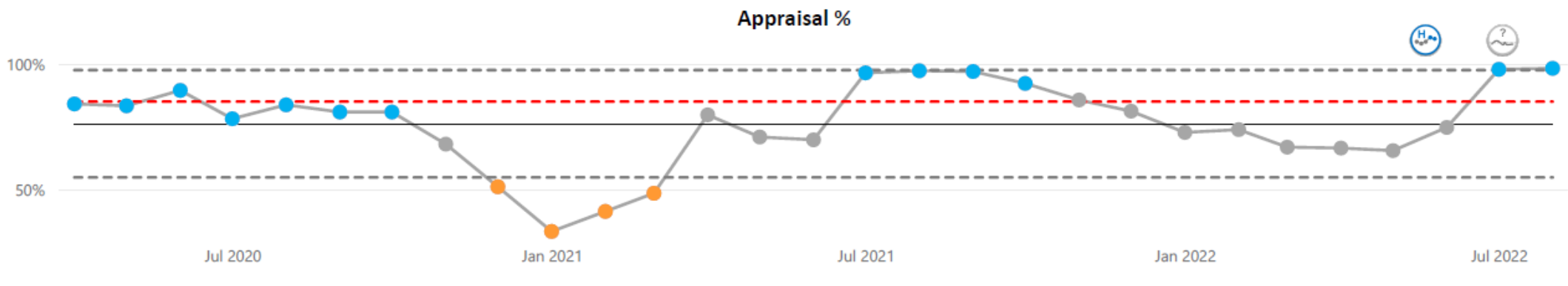
- 8 staff were on long term sickness and \* staff returned from long term sickness during August
- There were 42 episodes of sickness absence (294 FTE Days Lost)
- 88% of August absences were experienced by patient facing staff
- The most common reason being gastrointestinal problems (8 episodes – 21 FTE Days Lost)
- Throughout August, 8 staff were reported to the People Team as experiencing COVID
- The majority of the lost time in August 2022 was long term absence (68%)

## Actions

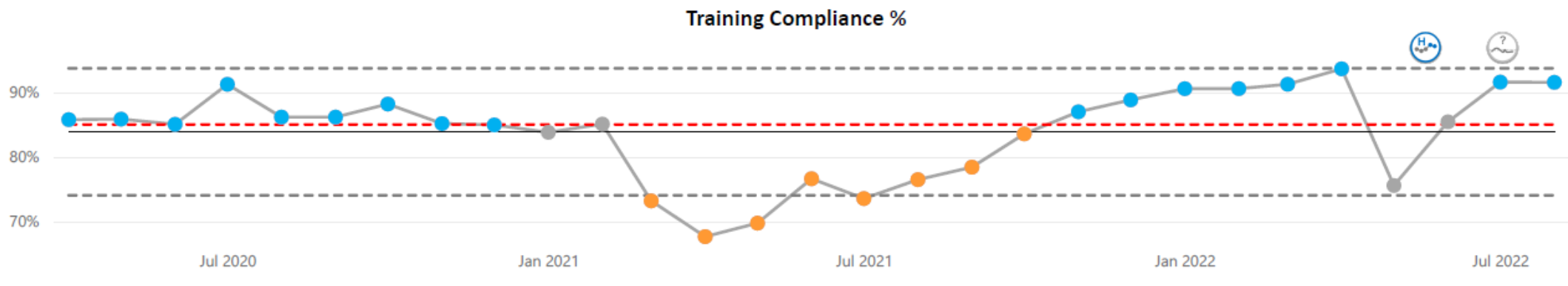
The People Team continue to actively monitor and support managers with long term sickness within departments.

Sickness absence continues to be reported 3 times a week in order to track the levels of sickness absence.

# Workforce - Training



Aug 2022  
Date  
98.25%  
Value  
85%  
Target  
Improvement  
Variation  
Hit or Miss  
Assurance



Aug 2022  
Date  
91.52%  
Value  
85%  
Target  
Improvement  
Variation  
Hit or Miss  
Assurance

## Service comments

Mandatory training compliance for August remained above target at **91.52%**.

Since introducing new training modules, it is pleasing to see staff engaging with the new courses and demonstrating commitment to improving their knowledge and compliance.

The People Team will continue to ensure that mandatory training requirements align with the CSTF Framework and other nationally emerging requirements.

**Hand Hygiene Training**  
This was introduced as a short mandatory course for all staff to attend following the national drive of Hand Hygiene awareness following the pandemic.

**Freedom to Speak Up Training**  
Speak Up, Listen Up and Follow Up courses were launched to staff as a one-off requirement to support with awareness of Freedom to Speak Up.

**Leadership, Learning and Development Training**  
A range of developmental courses for staff continue to be advertised on the HR Bookings Calendar which staff been actively using and booking on to.

Restorative Just Learning Culture Training for Managers and Culture Training sessions for all staff will be launched in September.

## Actions

Discussions continue with Royal Wolverhampton NHS Trust to support the delivery of a number of training modules. An SLA is in process and on track to signed in September 2022.

A further piece of work will be undertaken to ensure all mandatory training is reviewed as to its appropriateness and a process for consideration of addition of mandatory training established.

The People Team continue to undertake pre-liminary reports to ensure that competency names align with the requirements set for each individual.

# Appraisals by Directorate

Appraisal Rate Compliance by Directorate and Team

Directorate	Total Compliant	Due Soon	Overdue	Eligible Employee	% Compliance
<b>Directorate of Finance, Performance &amp; Contracting</b>	<b>5</b>			<b>5</b>	<b>100.00%</b>
Contract Management Team	3			3	100.00%
Finance Team	2			2	100.00%
<b>Directorate of Nursing, AHPs &amp; Quality</b>	<b>2</b>		<b>1</b>	<b>3</b>	<b>66.67%</b>
Nursing Directorate	2		1	3	66.67%
<b>Directorate of Operations</b>	<b>116</b>	<b>29</b>	<b>3</b>	<b>148</b>	<b>97.97%</b>
ARRS PCN	50	5	1	56	98.21%
Continuing Healthcare and Intermediate Care Team	14			14	100.00%
High Oak Practice	4		2	6	66.67%
IAPT Team	37	1		38	100.00%
Operations Management Team	2			2	100.00%
Primary Care Mental Health Team	8	2		10	100.00%
School Nursing Team	1	21		22	100.00%
<b>Directorate of Strategy, People &amp; Partnerships</b>	<b>11</b>			<b>11</b>	<b>100.00%</b>
Communications Team	1			1	100.00%
People Team	3			3	100.00%
Strategy and Development Team	2			2	100.00%
Strategy and Transformation Team	5			5	100.00%
<b>Executives Directorate</b>	<b>13</b>			<b>13</b>	<b>100.00%</b>
Chair and Non-Executives Team	9			9	100.00%
Executive Management Team	4			4	100.00%
<b>Medical Directorate</b>	<b>49</b>			<b>49</b>	<b>100.00%</b>
GP Clinical Leads	9			9	100.00%
Medical Directorate Management Team	1			1	100.00%
Pharmaceutical Public Health Team	31			31	100.00%
Prescribing Ordering Direct (POD) Team	8			8	100.00%
<b>Total</b>	<b>196</b>	<b>29</b>	<b>4</b>	<b>229</b>	<b>98.25%</b>

## Appraisals and Developmental Reviews

Appraisal compliance for August remained high at 98% and above the Trust target for appraisal completion. The appraisal figure excludes all new staff and internal job movers who are within the first 12 months of their new role.

For teams with compliance under 85%:

- Nursing Directorate – the outstanding appraisal has been scheduled for completion
- High Oak - the remaining appraisals have been scheduled and support will continue to be offered to aid with the completion of these.
- ARRS PCN – this appraisal has been scheduled in for completion

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.



# Training by Module

**Mandatory Training Compliance**

Attribute	Total Compliant	Total Expiring Soon	Total Not Compliant	% Total Compliance
NHS CSTF NHS Conflict Resolution (England) - 3 Years	39	1		100.00%
NHS CSTF Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	119	17		100.00%
NHS CSTF Fire Safety - 2 Years	373	1	4	98.94%
NHS CSTF Preventing Radicalisation - Basic Prevent Awareness - 3 Years	372	1	5	98.67%
NHS CSTF Safeguarding Adults (Version 2) - Level 1 - 3 Years	371	1	6	98.41%
NHS CSTF Health, Safety and Welfare - 3 Years	370	6	7	98.14%
NHS CSTF Moving and Handling - Level 1 - 3 Years	370	7	7	98.14%
NHS CSTF Equality, Diversity and Human Rights - 3 Years	367	6	10	97.35%
NHS CSTF Safeguarding Children (Version 3) - Level 1 - 3 Years	366	6	11	97.08%
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	196	10	7	96.55%
NHS CSTF Safeguarding Children (Version 3) - Level 2 - 3 Years	67		4	94.37%
NHS MAND Deprivation of Liberty Safeguards - 3 Years	215		13	94.30%
NHS CSTF Information Governance and Data Security - 1 Year	354	76	23	93.90%
445 LOCAL Learning Disabilities Awareness - Level 1 Information and Knowledge	351		26	93.10%
NHS CSTF Preventing Radicalisation - Prevent Awareness - 3 Years	179	8	16	91.79%
NHS CSTF Safeguarding Adults (Version 2) - Level 2 - 3 Years	66		6	91.67%
NHS CSTF Dementia awareness - 3 Years	342	5	35	90.72%
NHS CSTF Infection Prevention and Control - Level 2 - 1 Year	156	14	18	89.66%
445 LOCAL Domestic Abuse Awareness - Level 1 Information and Knowledge	303		74	80.37%
NHS CSTF Safeguarding Children (Version 3) - Level 3 - 3 Years	150	2	44	77.32%
NHS CSTF Safeguarding Adults (Version 2) - Level 3 - 3 Years	138	1	56	71.13%
NHS MAND Mental Capacity Act - 3 Years	103	2	125	45.18%
<b>Total</b>	<b>5367</b>	<b>164</b>	<b>497</b>	<b>91.52%</b>

\*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.

## COMMITTEE ASSURANCE REPORT TO THE BOARD

**Committee:** People Committee

**Date of meeting:** 27<sup>th</sup> September 2022 (via Microsoft Teams)

**Presented By:** Martin Evans, Non-Executive Director

### Significant risks/issues for escalation

Nil

### Key issues/matters discussed at the Committee

- The committee was quorate.
- The risks allocated to the People Committee were reviewed, no changes were proposed, and no further risks identified that required further consideration.
- The committee was updated on the new ESR system refresh which will take place over the weekend of 30<sup>th</sup> September which will improve the quality of equality data recorded on the system and be extremely valuable in helping to understand progress against the Equality, Diversity and Inclusion (EDI) Strategy.
- An update was provided on the review that had been carried out on the appropriate recruitment process for salaried GPs. It was acknowledged and agreed that there is a recognised appointment process for GP's which is different to Hospital Consultants but following discussion it was agreed that there would be a need to build into any such recruitment process for DIHC the need to test and ensure their suitability for a role within DIHC alongside the role of a GP.
- The committee received an initial overview report on the need to reduce agency spend and were informed that plans were in place with each area lead to make reductions. The committee, however, requested more detailed plans for individual areas with projected targets before being assured that appropriate and achievable plans were in place.
- An update was provided on the review that has been carried out regarding the financial wellbeing support being offered to staff. The review detailed the current position, considered support being provided by neighbouring NHS Trusts and sought to identify any potential gaps. Assurance was provided that the organisation currently provides a good level of support and that engagement is currently taking place with staff to establish whether there is a need for any additional support.
- The committee received an update on the action plan that has resulted from the Pulse survey and assurance was provided in relation to the improvement actions taking place around the key areas of health and wellbeing support, communications and staff engagement – particularly focused around engagement and involvement which was noted by committee members as very impressive in comparison to other organisations.
- The workforce performance report was reviewed and it was acknowledged that it contained some extremely positive

	<p>performance data around areas such as sickness levels which have been consistently low for some time, mandatory training compliance levels and appraisals which the Trust should be very proud of. There were no areas identified that provided any cause for concern.</p> <ul style="list-style-type: none"> <li>Assurance was provided that the Freedom to Speak Up Policy (FTSU) will be updated in October 2022 with a further update to be undertaken in December 2022 once the new national guidelines have been published. The committee were also updated on and welcomed the engagement that is going to take place to identify a number of FTSU Champions within the organisation. The committee welcomed some joint work that the FTSU Guardian will be undertaking with the FTSU Guardian for Royal Wolverhampton NHS Trust to carry out an assessment of FTSU arrangements within each Trust.</li> <li>The committee was provided with a verbal update on the focus for the next EDI committee which included agreeing making some amendments to the EDI strategy and rewording the anti-racism statement which will be brought to the next People committee. Final sign off will be provided by the Chief Executive Officer on behalf of Board.</li> </ul>
<b>Recommendations made by the Committee</b>	Nil
<b>Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)</b>	Nil
<b>Items/Issues for referral to other Committees</b>	Nil

# DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

<b>TITLE OF REPORT:</b>	Finance Report for the period April to August 2022
<b>PURPOSE OF REPORT:</b>	The report details the financial performance for period April to August 2022.
<b>AUTHOR OF REPORT:</b>	Matthew Gamage – Director of Finance, Performance and Digital
<b>DATE OF MEETING:</b>	4 <sup>th</sup> October 2022
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• The Trust is reporting a break-even position for the period to April to August 2022.</li> <li>• There are divisional financial performance exception items in respect of Mental Health &amp; LD services, where vacancies result in a forecast underspend of £413k, and Corporate Services, linked to the additional infrastructure required to support the developing Digital and Business Intelligence requirements of the organisation resulting in a forecast overspend of £373k.</li> <li>• In addition to the direct budgets held by DIHC, the Trust also manages a significant amount of commissioning budgets held by the ICB. <ul style="list-style-type: none"> <li>○ Draft budgets of £107m have been issued by the ICB</li> <li>○ Due to the timing of the ICB finance committee this information was not available for month 5. This will be reported in future months but one month in arrears</li> <li>○ The management of these budgets is described within the service specification schedule of the Goods and Services contract between the ICB and DIHC. The G&amp;S contract variation is currently going through the internal approval processes of the ICB and will be signed imminently.</li> </ul> </li> <li>• The Trust is reporting a cash balance of £2.8m as at the end of August 2022.</li> </ul>
<b>RECOMMENDATION:</b>	The Board is asked to receive the report for assurance
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	None identified
<b>ACTION REQUIRED:</b>	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

# Finance Report

**Reporting period:** April – August 2022

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

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

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

# Finance Dashboard – NHS Oversight Framework

The finance dashboard shows performance against finance elements of the national NHS Oversight Framework for Dudley Integrated Health and Care NHS Trust for the period to April to August 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	0.1	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)	43 Days	1
I&E Margin Rating	I&E surplus or deficit/total revenue	>1%	1-0%	0-(1)%	<(1)%	1.93%	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)%	0.51%	1
Agency Rating	Distance from providers cap	<0%	0%-25%	25-50%	>50%	Agency cap expecting to be reinstated from September	
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 43 days in August 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 5, 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 £413k (11%)**  
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. However, this does represent a reduction in the previous forecast of 16%.

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 £373k (4%)**  
Corporate Services are forecast to overspend by £373k, with the main cause for this being a £351k 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
<b>MAIN CONTRACT INCOME</b>									
INCOME	0	0	0	(6,839)	(6,839)	-	(16,414)	(16,445)	31
<b>MAIN CONTRACT INCOME Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(6,839)</b>	<b>(6,839)</b>	<b>-</b>	<b>(16,414)</b>	<b>(16,445)</b>	<b>31</b>
<b>CHILDREN &amp; YOUNG PEOPLE</b>									
EXPENDITURE	29.06	25.53	3.53	544	477	67	1,307	1,145	162
<b>CHILDREN &amp; YOUNG PEOPLE Total</b>	<b>29.06</b>	<b>25.53</b>	<b>3.53</b>	<b>544</b>	<b>477</b>	<b>67</b>	<b>1,307</b>	<b>1,145</b>	<b>162</b>
<b>MENTAL HEALTH &amp; LEARNING DISABILITY</b>									
INCOME	0	0	0	(48)	(83)	36	(115)	(150)	36
EXPENDITURE	83.83	63.55	20.28	1,622	1,433	189	3,892	3,515	378
<b>MENTAL HEALTH &amp; LEARNING DISABILITY Total</b>	<b>83.83</b>	<b>63.55</b>	<b>20.28</b>	<b>1,574</b>	<b>1,349</b>	<b>225</b>	<b>3,778</b>	<b>3,364</b>	<b>413</b>
<b>PCN SERVICES</b>									
INCOME	0	0	0	(2,305)	(1,993)	(312)	(5,532)	(5,154)	(378)
EXPENDITURE	88.76	86.42	2.34	1,644	1,559	85	3,946	3,691	254
<b>PCN SERVICES Total</b>	<b>88.76</b>	<b>86.42</b>	<b>2.34</b>	<b>(661)</b>	<b>(434)</b>	<b>(227)</b>	<b>(1,586)</b>	<b>(1,462)</b>	<b>(124)</b>
<b>PHARMACEUTICAL &amp; PUBLIC HEALTH</b>									
INCOME	0	0	0	(16)	(31)	15	(38)	(38)	-
EXPENDITURE	51.3	47.84	3.46	1,154	1,090	64	2,769	2,614	155
<b>PHARMACEUTICAL &amp; PUBLIC HEALTH Total</b>	<b>51.3</b>	<b>47.84</b>	<b>3.46</b>	<b>1,138</b>	<b>1,059</b>	<b>79</b>	<b>2,731</b>	<b>2,576</b>	<b>155</b>
<b>PHYSICAL HEALTH</b>									
INCOME	0	0	0	-	(52)	52	-	(125)	125
EXPENDITURE	22.61	25.02	-2.41	656	696	(40)	1,574	1,782	(208)
<b>PHYSICAL HEALTH Total</b>	<b>22.61</b>	<b>25.02</b>	<b>-2.41</b>	<b>656</b>	<b>644</b>	<b>12</b>	<b>1,574</b>	<b>1,657</b>	<b>(83)</b>
<b>PRIMARY CARE</b>									
INCOME	0	0	0	(367)	(885)	518	(912)	(1,374)	462
EXPENDITURE	14.61	11.86	2.75	350	839	(489)	870	1,319	(448)
<b>PRIMARY CARE Total</b>	<b>14.61</b>	<b>11.86</b>	<b>2.75</b>	<b>(17)</b>	<b>(45)</b>	<b>28</b>	<b>(41)</b>	<b>(55)</b>	<b>14</b>
<b>CORPORATE SERVICES</b>									
INCOME	0	0	0	(222)	(274)	52	(259)	(367)	107
EXPENDITURE	83.72	59.41	24.31	3,827	3,867	(40)	8,912	9,392	(480)
<b>CORPORATE SERVICES Total</b>	<b>83.72</b>	<b>59.41</b>	<b>24.31</b>	<b>3,605</b>	<b>3,593</b>	<b>12</b>	<b>8,652</b>	<b>9,025</b>	<b>(373)</b>
<b>Grand Total</b>	<b>373.89</b>	<b>319.63</b>	<b>54.26</b>	<b>0</b>	<b>(195)</b>	<b>195</b>	<b>-</b>	<b>(195)</b>	<b>195</b>
Adjustments as per NHSEI Reported Position					195	(195)		195	(195)
<b>Adjusted Financial Position Reported to NHSEI</b>	<b>373.89</b>	<b>319.63</b>	<b>54.26</b>	<b>0</b>	<b>(0)</b>	<b>(0)</b>	<b>-</b>	<b>(0)</b>	<b>0</b>

# Income and Expenditure Run Rate

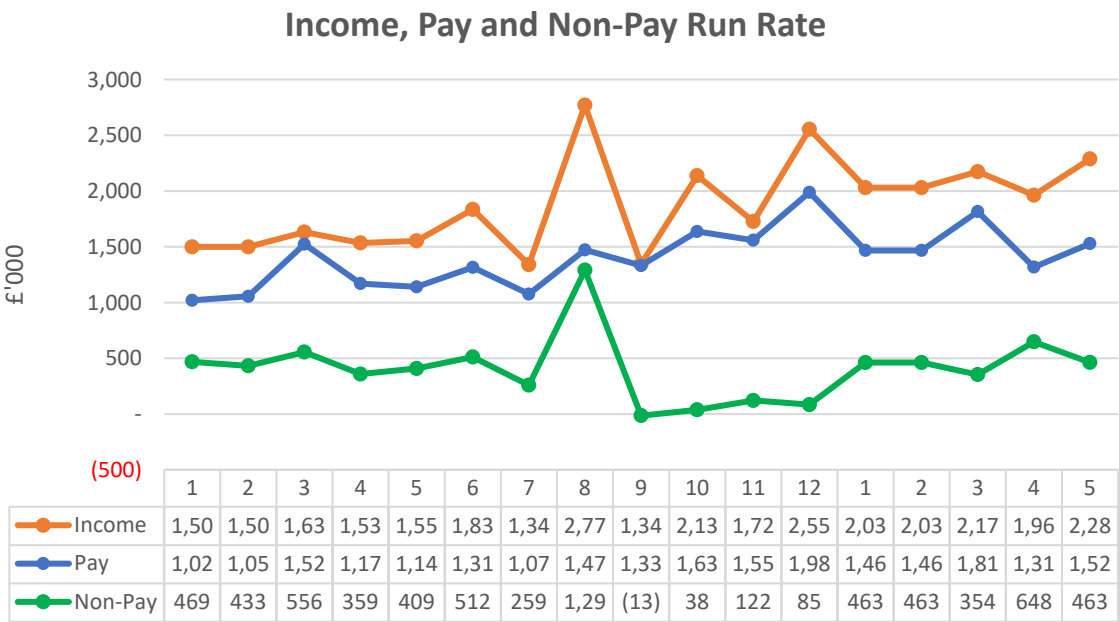
The chart on the right provides detail of the Trust’s income and expenditure run rate for the 21/22 financial year and first five months of the 22/23 financial year.

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 £2,097k 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. Agency usage is expected to decrease in future months as a result of actions taken by service and executive leads which will result in a number of posts being filled on a fixed term basis. Agency expenditure will continued to monitored as part of the Trust Efficiency programme.
- **Non-pay costs** of £478k per month are above the average of £377k seen in the 21/22 financial year. This is due to expected increased Digital costs noted in the I&E summary



## Managed Service Reporting

In addition to the direct budgets held by DIHC, the Trust also manages a significant amount of commissioning budgets held by the ICB.

The table on the right shows the draft budget values for 2022/23 and the associated budget holder within DIHC. The total value equates to £107m.

The month 5 performance data will be released to DIHC following presentation at the ICB Finance Committee on the 22<sup>nd</sup> September 2022. The FPD committee has agreed that this should be reported on a retrospective basis (month in arrears).

Service Area	Budget Holder	Draft 2022/23 Budget £
Prescribing	Duncan Jenkins	60,285,239
NHS Continuing Healthcare	Jenny Cale	24,540,259
Intermediate Care	Jenny Cale	7,599,192
Childrens Services	Linda Cropper	7,441,611
Community Services	Joanne Taylor	3,942,686
Long Term Conditions	Joanne Taylor/ William Overfield	1,060,263
Hospices	William Overfield	875,847
Childrens Continuing Care	Kellie Lennon/ Linda Cropper	847,705
Palliative Care	William Overfield	690,015
<b>Total</b>		<b>107,282,817</b>

The management of these budgets is described within the service specification schedule of the Goods and Services contract between the ICB and DIHC. The G&S contract variation is currently going through the internal approval processes of the ICB and will be signed imminently.

# 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.

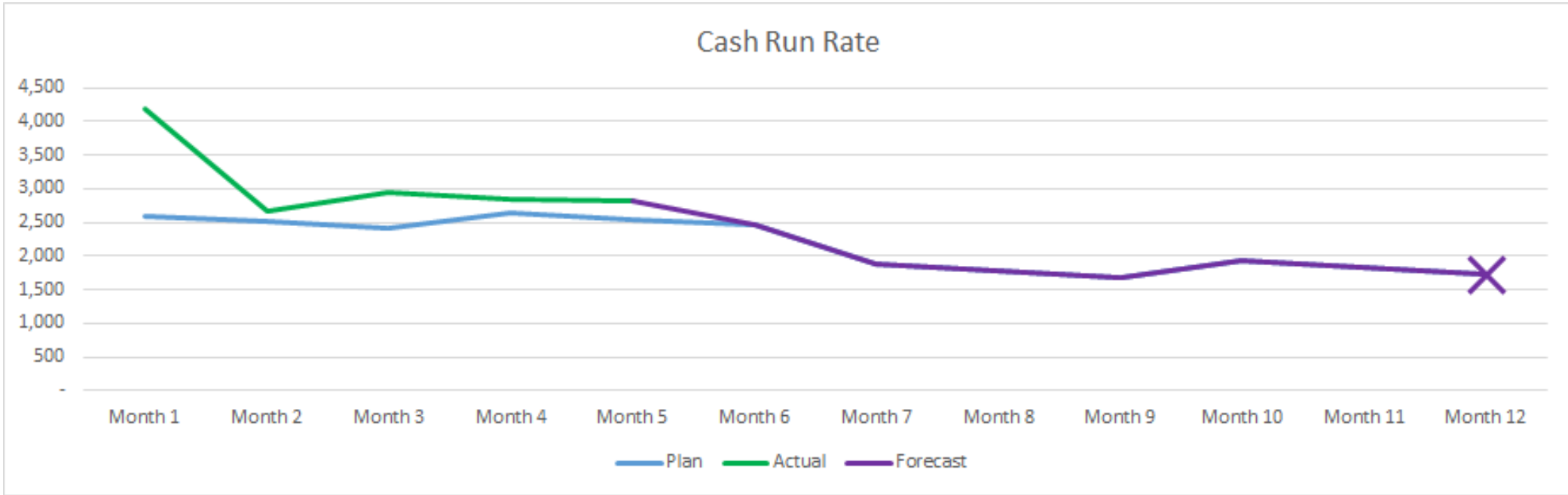
The year-to-date plan is zero, with expenditure planned into the second half of the financial year, and the Trust Digital Team continues to work on plans to utilise the allocation in full.

	YTD Budget	YTD Actual	YTD Variance	Annual Plan	Forecast Actual	Forecast Variance
Scheme	£000's	£000's	£000's	£000's	£000's	£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	Actual Jun-22 Closing	Actual Jul-22 Closing	Actual Aug-22 Closing	Month on Month Movemen t
	£'000	£'000	£'000	£'000	£'000	£'000
<b>Non-current assets</b>						
Intangible assets	-	-	-	-	-	-
Property, plant and equipment	503	688	677	633	687	54
Other investments / financial assets	14	14	14	14	14	-
	<b>517</b>	<b>702</b>	<b>691</b>	<b>647</b>	<b>701</b>	<b>54</b>
<b>Current assets</b>						0
Inventories	-	-	-	-	-	-
NHS receivables	1,056	18	785	918	716	(202)
Non-NHS receivables	460	2,691	1,840	1,941	2,305	364
Other current assets	-	-	-	-	-	-
Cash and cash equivalents	4,186	2,677	2,934	2,850	2,824	(26)
	<b>5,702</b>	<b>5,386</b>	<b>5,559</b>	<b>5,709</b>	<b>5,845</b>	<b>136</b>
<b>Current liabilities</b>						0
Capital trade payables	(47)	-	-	(7)	(7)	-
Revenue trade payables	(3,335)	(3,343)	(3,843)	(4,019)	(4,127)	(108)
Borrowings	(1,133)	(1,147)	(1,147)	(1,147)	(1,147)	-
Deferred income	(180)	(82)	(82)	-	(82)	(82)
Other financial liabilities	-	(328)	-	(6)	(6)	-
Provisions	(53)	(53)	(53)	(53)	(53)	-
	<b>(4,748)</b>	<b>(4,953)</b>	<b>(5,125)</b>	<b>(5,232)</b>	<b>(5,422)</b>	<b>(190)</b>
<b>Net Current Assets</b>	<b>954</b>	<b>433</b>	<b>434</b>	<b>477</b>	<b>423</b>	<b>(54)</b>
<b>Non-current liabilities</b>						
Capital payables	-	-	-	-	-	-
Revenue payables	-	-	-	-	-	-
Borrowings	(567)	(14)	(14)	(14)	(14)	-
Deferred Income	-	-	-	-	-	-
Other financial liabilities	-	-	-	-	-	-
Provisions	(41)	(41)	(41)	(41)	(41)	-
	<b>(608)</b>	<b>(55)</b>	<b>(55)</b>	<b>(55)</b>	<b>(55)</b>	-
<b>Total Net Assets Employed</b>	<b>863</b>	<b>1,080</b>	<b>1,070</b>	<b>1,069</b>	<b>1,069</b>	-
<b>Financed by</b>						
Public dividend capital	2,568	2,568	2,568	2,568	2,568	-
Revaluation reserve	-	-	-	-	-	-
Other reserves	-	-	-	-	-	-
Income and expenditure reserve	(1,705)	(1,488)	(1,498)	(1,499)	(1,499)	-
<b>Total Taxpayers' Equity</b>	<b>863</b>	<b>1,080</b>	<b>1,070</b>	<b>1,069</b>	<b>1,069</b>	-

- 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 £2.8m. A loan repayment of c£0.6m will be made on 1 October 2022. The forecast year end cash position is £1.1m.
- 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.
- Significant receivables are being recorded in relation to;
  - £0.8m invoiced income, the majority of which is PCN recharges
  - £2.2m prepayments and accrued income, which mainly relate to LA, ICB and CSU
- Significant payables are being recorded in relation to;
  - £0.2m invoiced payables with a purchase order
  - £0.2m invoiced payables without a purchase order
  - £2.8m accrued expenditure, of which £0.8m relates to NHS and other WGA bodies
  - £1.1m other, including payroll related balances



- The overall cash position is in line with plan at 31 August 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.

# DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

<b>TITLE OF REPORT:</b>	Performance Report
<b>PURPOSE OF REPORT:</b>	The report details the performance information for August 2022.
<b>AUTHOR OF REPORT:</b>	Philip King - Chief Operating Officer Faye Duncan – BI Service Delivery Manager
<b>DATE OF MEETING:</b>	4 <sup>th</sup> October 2022
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>CHC received 44 referrals in August 2022. 70% of these referrals were eligible for a full assessment. 100% of the assessments were completed within 28 days and outside of an acute setting.</li> <li>A 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 89.5% of the new expected access rate in August 2022.</li> <li>The recovery target continues to be missed, with 35% of people who have completed treatment moving to recovery against a target of 50%. Several factors have contributed to the reduction in August 2022: <ul style="list-style-type: none"> <li>Many staff take leave over the summer which impacts on the discharge rates.</li> <li>Higher rates of annual leave this year due to the covid as leave has been carried over.</li> <li>Higher numbers of people drop out at all stages of therapy over the summer and school holiday</li> </ul> </li> <li>The NHS Digital data quality measure (DQMI) for the national IAPT submission has fallen to 84% in May 2022 due to an error during the submission process where the source of referral field was not populated. This has been rectified from June's data and additional controls have been added to the process to ensure all relevant information is captured in the submission template.</li> <li>In August 2022, the ARRS PCN service has seen just over 9000 patients with an attendance rate of 96%. Please note, these figures exclude Pharmacy contacts completed within the GP surgeries.</li> <li>Extended Access has received 1,309 referrals with 93% attending an appointment. 94% of patients were discharged home.</li> </ul>



	<ul style="list-style-type: none"> <li>Extended Access Phlebotomy have received 385 referrals with an 87% patient attendance rate.</li> <li>The overall Dudley QOF performance for Chapel Street Surgery was 35% and High Oak Surgery achieved 46% compared to Dudley's overall performance of 43%. It is not unusual to see low QOF performance at this point in the financial year as the GP surgeries will complete a mop up process during Q4 which will significantly improve the overall performance.</li> <li>High Oak Surgery Hexavalent 6 in 1 (1st dose) performance variance reflects 1 child not receiving their vaccination in the expected timeframe</li> </ul>
<b>RECOMMENDATION:</b>	The trust board is asked to receive the report for assurance
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	None identified
<b>ACTION REQUIRED:</b>	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

# Performance Report

Reporting period: August 2022

**Reported to:** October 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 be presented to each committee to provide a balanced view of the Trusts performance. However, the exception reporting will be focussed on the areas of interest for the individual committee (as shown below)

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











## Additional Caveats

- SPC charts and Icons require a minimum of 15 data points to create a robust analysis, Due to the infancy of the organisation we are using 2+ data points in some cases e.g. CHC, Intermediate Care, High Oak Surgery, Winter Access, NCMP. Therefore, Please take this into consideration when reviewing the information.
- Targets are still being developed for some of the new measures. These targets will be reviewed and agreed by individual services and the executive
- CQC Rating - 2 refers to Good
- 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 August 2022
- The ARRS PCN figures exclude Pharmacy contacts completed within the GP surgeries.
- Child Immunisations are reported a month in arrears.
- 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 <b>inconsistently passing</b> and <b>falling</b> short of the target	Variation indicates consistently <b>(P)assing</b> the target	Variation indicates consistently <b>(F)alling</b> short of the target

Statistical Process Chart (SPC)

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

# 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	Aug 2022	100%	95%	98.51%	95%		
		BPP - Number of Payments - Non NHS	Local	Aug 2022	100%	95%	99.55%	95%		
		BPP - Value of Payments - NHS	Local	Aug 2022	100%	95%	98.98%	95%		
		BPP - Value of Payments - Non NHS	Local	Aug 2022	100%	95%	99.58%	95%		
Q&S	Safeguarding	Number of Safeguarding Concerns - Adults	Local	Aug 2022	57	-	269	-		
		Number of Safeguarding Concerns - Child	Local	Aug 2022	9	-	102	-		
		Number of Safeguarding Concerns - Age unknown	Local	Aug 2022	0	-	2	-		
		Number of SARs - Open	Local	Aug 2022	2	-	2	-		
		Number of CSPRs - Open	Local	Aug 2022	4	-	4	-		
		Number of S42s - Open	Local	Aug 2022	3	-	3	-		
		Number of S42s - Overdue	Local	Aug 2022	1	-	1	-		
	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	Aug 2022	0%	0%	0%	90%		
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	Aug 2022	100%	-	100%	-		
	Incidents	Duty of Candour	National	Jun 2022	100%	100%	100%	100%		
		Occurrence Of Any Never Event	National	Aug 2022	0	-	0	-		
		Incidents	Local	Aug 2022	9	-	56	-		
		Serious Incidents	Local	Aug 2022	0	-	0	-		
	Feedback	Mental Health Friends and Family Test – % Positive	Local	Aug 2022	100%	-	100%	-		
		Mental Health Friends and Family Test – % Positive (Qtr)	Local	Jun 2022	100%	-	100%	-		
		Feedback - Informal Concern	Local	Aug 2022	1	-	16	-		
		Feedback - Compliments	Local	Aug 2022	1	-	11	-		
		Feedback - Complaints	Local	Aug 2022	1	-	18	-		
		An acknowledgment of the complaints within 3 days	National	Aug 2022	100%	-	100%	-		
		A formal response to the complaint sent within 45 days	Local	Aug 2022	100%	-	100%	-		
Workforce	Staff in Post	Vacancy %	Local	Aug 2022	13.8%	10%	14.84%	10%		
		Turnover % (12 Months)	Local	Aug 2022	13.86%	13%		13%		
		Normalised Turnover % (12 Months)	Local	Aug 2022	10.99%	-	11.65%	-		
		Turnover % (In Month)	Local	Aug 2022	0.51%	1.1%		1.1%		
		Normalised Turnover % (In Month)	Local	Aug 2022	0.43%	-	0.61%	-		
	Development	Appraisal %	Local	Aug 2022	98.25%	85%	98.25%	85%		
		Training Compliance %	Local	Aug 2022	91.52%	85%	91.52%	85%		
	Absence	Sickness % (In Month)	Local	Aug 2022	2.91%	3.8%	3.27%	3.8%		
		Short Term Sickness (In Month)	Local	Aug 2022	32%	-	29.29%	-		
		Long Term Sickness (In Month)	Local	Aug 2022	68%	-	70.71%	-		
		Maternity % (In Month)	Local	Aug 2022	1.16%	-	1.13%	-		

# DIHC Integrated Performance Scorecard 2022/23

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Operational Performance	CHC	Number of Referral for CHC	Local	Aug 2022	44	-	228	-		
		% of Referrals Eligible for a Full CHC Assessment	Local	Aug 2022	70.45%	-	62.72%	-		
		% of CHC Assessments Completed Within 28 Days	National	Aug 2022	100%	80%	99.04%	80%		
		% of Assessments Completed in an Acute Setting	National	Aug 2022	0%	15%	0%	15%		
	CHC - End of life	Number of Fast Track Referrals	Local	Aug 2022	68	-	351	-		
		% of Newly Eligible Fast Track Patients	Local	Aug 2022	63.24%	-	64.1%	-		
	CHC - Pathway 3	Number of Patients in a Pathway 3 Bed	Local	Aug 2022	28	-	182	-		
		Number of Patients Discharged from Pathway 3	Local	Aug 2022	6	-	28	-		
	IAPT	Number of Service Users Referred for Psychological Therapies	Local	Aug 2022	747	-	3585	-		
		% of Referrals for Older People 65+	National	Aug 2022	10.06%	-	9.83%	-		
		% of Service Users Entering Treatment (Access Rate)	Local	Aug 2022	89.5%	100%	114.78%	100%		
		% of Service Users Who Complete Treatment Who Are Moving to Recovery	National	Aug 2022	35.19%	50%	40.65%	50%		
		IAPT Recovery Rate for BME Groups	National	Aug 2022	24%	50%	40.88%	50%		
		% of Service Users Who Are Treated Within 6 Weeks of Referral	National	Aug 2022	96.06%	75%	89.31%	75%		
		% of Service Users Who Are Treated Within 18 Weeks of Referral	National	Aug 2022	99.38%	85%	98.82%	85%		
		90+ Day Wait Between 1st and 2nd Appt	Local	Aug 2022	4.95%	10%	4.43%	10%		
		Data Quality Maturity Index for IAPT	Local	May 2022	84.2%	95%	84.2%	95%		
		Use of Anxiety Disorder Specific Measures in IAPT	CQUIN	Aug 2022	93.75%	65%	81.65%	65%		
	Intermediate Care	Number of Patients in a Step Down Facility	Local	Aug 2022	143	-	704	-		
		Number of New Patients Admitted to Step Down	Local	Aug 2022	32	-	218	-		
		Average Length of Stay	National	Aug 2022	63	42	246	42		
		Number of Patients Discharged	Local	Aug 2022	46	-	159	-		
	Primary Care Mental Health	Number of Referrals to Primary Care Mental Health	Local	Aug 2022	257	-	878	-		
	School Nursing	Number of Referrals to School Nursing Service	Local	Aug 2022	31	-	1017	-		
		NCMP - Year 6 Status	Local	Jul 2022	100%	100%		100%		
		NCMP - Reception Status	Local	Jul 2022	100%	100%		100%		
		Number of Child In Need on Caseload	Local	Aug 2022	115	-	115	-		
		Number of Looked After Child on Caseload	Local	Aug 2022	161	-	161	-		
		Number of Looked After Child Health Assessments Completed	Local	Aug 2022	9	-	9	-		
		Number of Child Protection on Caseload	Local	Aug 2022	88	-	88	-		
		Number of Young Carers Identified as Needing Support	Local	Aug 2022	8	-	8	-		

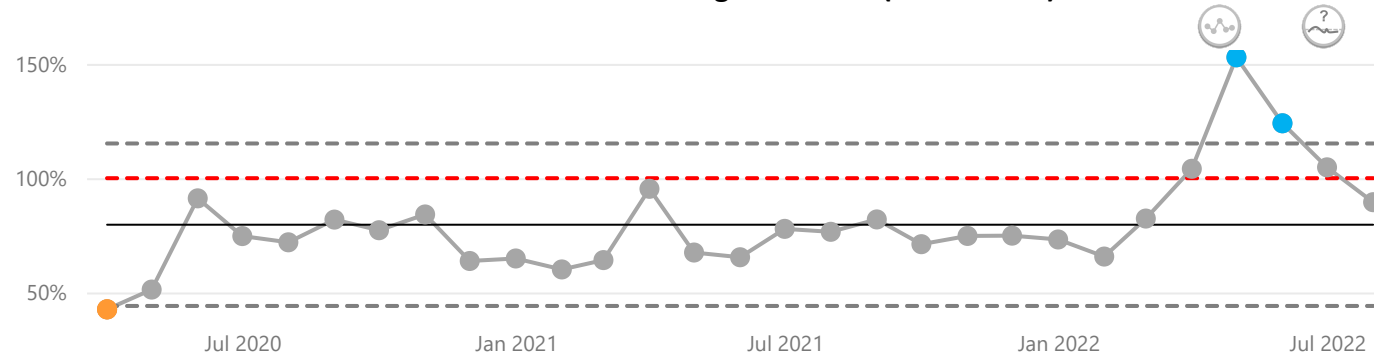
# DIHC Integrated Performance Scorecard 2022/23

Domain	Sub domain	Metric ▲	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Operational Performance	ARRS PCN	% of Patient Attendance	Local	Aug 2022	96.02%	-	94.99%	-		
		% DNA Rate	Local	Aug 2022	3.98%	-	5.01%	-		
		% Utilisation Rate	Local	Aug 2022	68.83%	-	67.54%	-		
	Extended Access	Number of Referrals to Extended Access Hub	Local	Aug 2022	1309	-	6053	-		
		% Utilisation Rate	Local	Aug 2022	78.99%	75%	80.89%	75%		
		% of Patient Attendance	Local	Aug 2022	92.74%	-	93.24%	-		
		% of Patients seen in under 5 minutes	Local	Aug 2022	57.17%	-	60.24%	-		
		% of Patients seen in 5-15 minutes	Local	Aug 2022	35.83%	-	35.05%	-		
		% DNA Rate	Local	Aug 2022	7.56%	-	6.92%	-		
		Outcome - % Discharged Home	Local	Aug 2022	94.48%	-	95.78%	-		
		Outcome - % Referred to GP	Local	Aug 2022	3.21%	-	2.29%	-		
		Outcome - % Referred to Hospital	Local	Aug 2022	2.31%	-	2.83%	-		
	Extended Access – Phlebotomy	Number of Referrals	Local	Aug 2022	385	-	1579	-		
		% Utilisation Rate	Local	Aug 2022	89.53%	-	87.35%	-		
		% of Patient Attendance	Local	Aug 2022	86.75%	-	90.19%	-		
		% DNA Rate	Local	Aug 2022	10.91%	-	10.07%	-		
	GP - Chapel Street Surgery	CERVS1 - Aged 25-49 adequate smear last 3 years and 6 months..... [ 45-80% ]	National	Aug 2022	56.27%	80%	56.27%	80%		
		CERVS2 - Aged 50-64 adequate smear last 5 years and 6 months..... [ 45 - 80% ]	National	Aug 2022	69.79%	80%	69.79%	80%		
		DM7 - HbA1c, BP & Cholesterol treated to target..... [ 32 - 44% ]	National	Aug 2022	20.55%	18.33%	20.55%	44%		
		MH3 - Received comprehensive physical health assessment... [ 60 - 80% ]	National	Aug 2022	15.79%	33.33%	15.79%	80%		
		LD1 - Learning Disability annual review completed..... [ 64 - 88% ]	National	Aug 2022	0%	36.67%	0%	88%		
		CVDPP3.2 - Eligible for annual review (QRisk 10%)..... [ 28 - 56% ]	National	Aug 2022	60.54%	56%	60.54%	56%		
		DQOF - Overall (Chapel Street Surgery)	Local	Aug 2022	35.39%	-	35.39%	-		
		% Vaccinated - MMR (5 yrs) - 2nd dose	National	Jul 2022	100%	95%	60%	95%		
	GP - High Oak Surgery	CERVS1 - Aged 25-49 adequate smear last 3 years and 6 months..... [ 45-80% ]	National	Aug 2022	55.49%	80%	55.49%	80%		
		CERVS2 - Aged 50-64 adequate smear last 5 years and 6 months..... [ 45 - 80% ]	National	Aug 2022	64.73%	80%	64.73%	80%		
		DM7 - HbA1c, BP & Cholesterol treated to target..... [ 32 - 44% ]	National	Aug 2022	19.93%	18.33%	19.93%	44%		
		MH3 - Received comprehensive physical health assessment... [ 60 - 80% ]	National	Aug 2022	15.38%	33.33%	15.38%	80%		
		LD1 - Learning Disability annual review completed..... [ 64 - 88% ]	National	Aug 2022	13.79%	36.67%	13.79%	88%		
		CVDPP3.2 - Eligible for annual review (QRisk 10%)..... [ 28 - 56% ]	National	Aug 2022	59.34%	56%	59.34%	56%		
		DQOF - Overall (High Oak Surgery)	Local	Aug 2022	45.67%	-	45.67%	-		
		% Vaccinated - MMR (5 yrs) - 2nd dose	National	Jul 2022	85.71%	95%	81.25%	95%		



# Exception Report: IAPT Recovery

% of Service Users Entering Treatment (Access Rate)



Aug 2022

Date

89.5%

Value

100%

Target

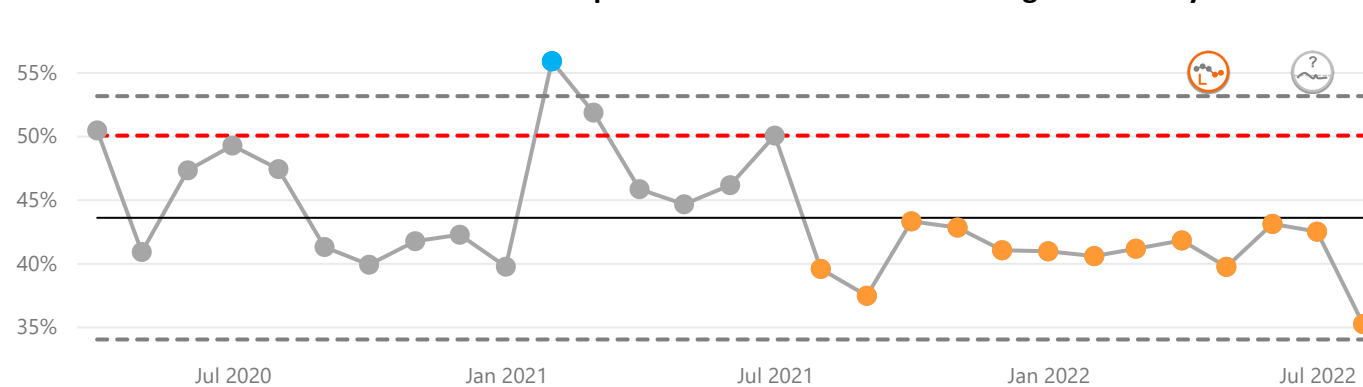
Common Cause

Variation

Hit or Miss

Assurance

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



Aug 2022

Date

35.19%

Value

50%

Target

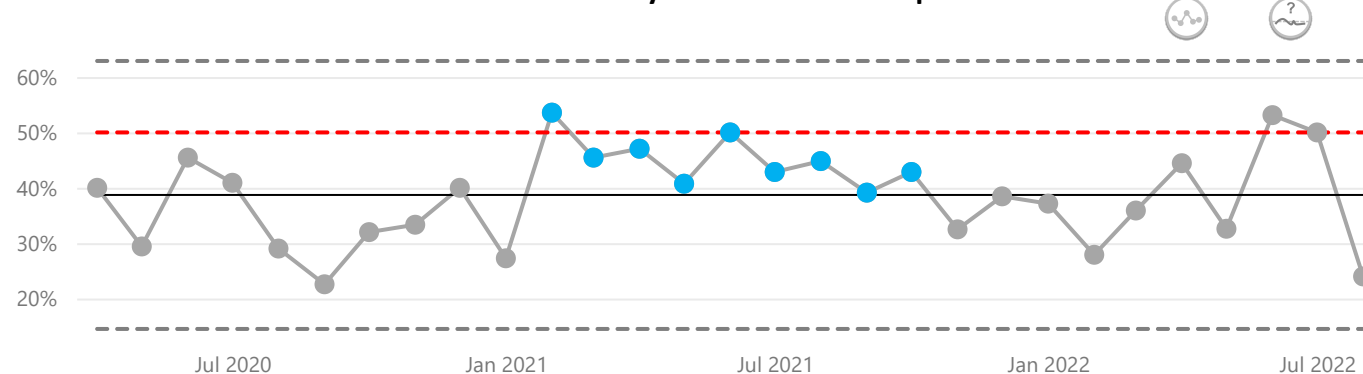
Concern

Variation

Hit or Miss

Assurance

IAPT Recovery Rate for BME Groups



Aug 2022

Date

24%

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 have declined in August due to a number of factors:
  - Many staff take leave over the summer which impacts on the discharge rates
  - Higher rates of annual leave this year due to the covid as leave was carried over
  - Higher numbers of people drop out at all stages of therapy over the summer and school holiday

## Actions

- July data has been refreshed as per the national submission timetable. August 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.
- The first wave of recruitment for trainees is complete and due to start onboarding in September 2022. The recruitment for the trainees in the spring is underway.
- Development of an internal recovery metric which will exclude early drop-outs.

# Exception Report

Metric



Data Quality Maturity Index for IAPT



May 2022

Latest Date

84.2%

Value

95%

Target

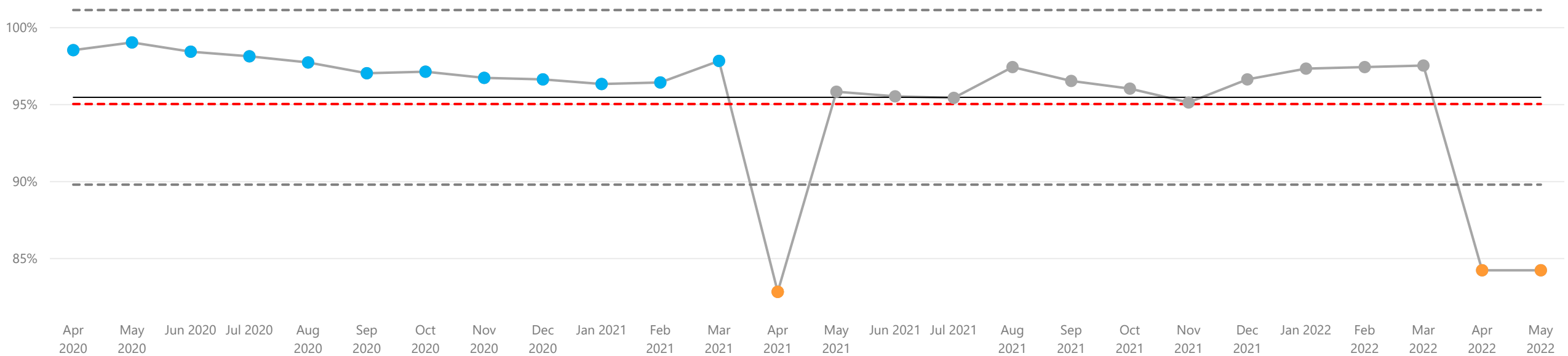
Variation



Assurance



## Operational Performance: Data Quality Maturity Index for IAPT



### Service comments

- The overall IAPT DQMI metric has fallen to 84.2% in May 2022 due to an error during the submission process which caused the source of referral to not be populated. This has been rectified from June 2022 onwards.

### Actions

- To add additional controls to the process to ensure all relevant information is captured.

# Exception Report

Metric ▼

% Vaccinated - Hexavalent 6 in 1 (6 mths) - 1... ▼

Jul 2022

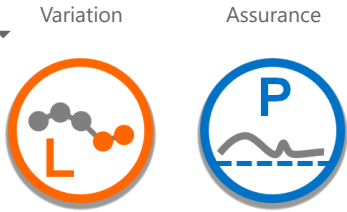
Latest Date

80%

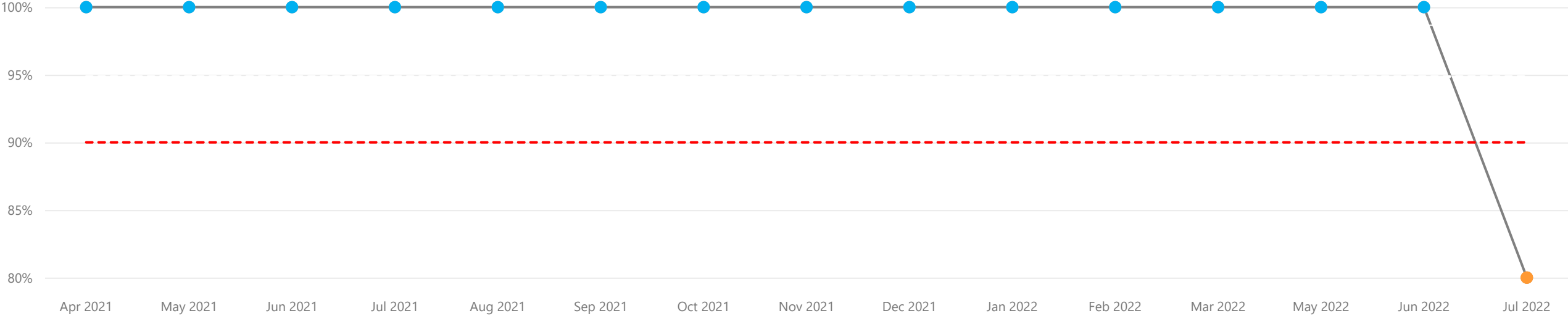
Value

90%

Target



Operational Performance: % Vaccinated - Hexavalent 6 in 1 (6 mths) - 1st dose



Service comments	Actions
The Hexavalent 6 in 1 (1st dose) performance variance reflects 1 child not receiving their vaccination in the expected timeframe	

## COMMITTEE ASSURANCE REPORT TO THE BOARD

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

**Date of meeting:** 22<sup>nd</sup> August 2022

<b>Significant risks/issues for escalation</b>	None identified
<b>Key issues/matters discussed at the Committee</b>	<ul style="list-style-type: none"> <li>• The committee received a report in relation to the Board Assurance Framework and Corporate Risk Register for assurance.</li> <li>• The committee received the month 5 finance report for assurance. The report confirmed that the Trust is achieving a breakeven position for the period April – August 2022 and forecasting to achieve breakeven by the end of the financial year.</li> <li>• The committee received the August 2022 performance report for assurance</li> <li>• The committee received an update report in relation to Digital and BI for assurance.</li> <li>• The Digital team presented a 'deep dive' report to the committee which covered the following areas; <ul style="list-style-type: none"> <li>○ Overview of Digital and Business Intelligence</li> <li>○ Service Delivery and Operating Model</li> <li>○ Digital Programme</li> <li>○ Cyber Security</li> <li>○ Black Country ICS</li> <li>○ Digital and BI Issues, Risks and Challenges</li> <li>○ End of Year (2021/22) BI Report</li> </ul> </li> <li>• The committee were assured by the report and requested a follow up session in a 3-4 months' time.</li> <li>• The committee received a report which provided assurance that the efficiency target for 2022/23 is on track to be achieved <ul style="list-style-type: none"> <li>○ The committee also received an update from the prescribing service in relation to the delivery of the budgets and efficiency programme for assurance</li> </ul> </li> </ul>
<b>Recommendations made by the Committee</b>	N/A
<b>Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)</b>	<ul style="list-style-type: none"> <li>• Director of Finance to review Information Governance Risk Register with Information Governance team</li> </ul>

<b>Items/Issues for referral to other Committees</b>	
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## COMMITTEE ASSURANCE REPORT TO THE BOARD

**Committee:** Primary Care Integration Committee

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

**Date of meeting:** 4<sup>th</sup> October 2022

### Significant risks/issues for escalation

- None

### Key issues/matters discussed at the Committee

- The Committee held a meeting on the 21<sup>st</sup> September 2022.
- The Committee received updates from the
  - PCN Clinical Directors
  - Medical Directors
  - Head of Primary Care and Primary Care Programme Director
- The PCNs updated on the delivery of the Covid booster vaccination programme, and the priority being given to organising and delivering the booster programme.
- The joint Medical Directors provided an update in relation to the following
  - GP engagement: It was agreed that the joint Medical Directors would organise an event specifically for GPs to update and discuss the strategic developments in relation to primary care.
  - Care Homes: It was noted that DIHC has responded to a request from PCNs and Practices to provide the advanced care in care homes enhanced service with a view to mobilising a service with effect from January 2023.
- The Head of Primary Care and Primary Care Programme Director updated on the current draft of the Primary Care Strategy, setting out timescales and next steps with a view to finalising the strategy for the approval of public Board in December 2022.
- The current draft of the Primary Care Strategy will be presented and discussed at a Board development session.
- The Committee noted for assurance the work undertaken to date on the development of the Primary Care Strategy, recognising that further drafting and iterations would be required to reflect conversations with the Dudley Primary Care Collaborative and ICB.
- The Committee agreed to use the next meeting and development session to undertake the formal Committee effectiveness review.
- There were no changes to the risk register arising from the meeting.

**Recommendations  
made by the  
Committee**

- None

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

- None

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

- None



# DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

<b>TITLE OF REPORT:</b>	Communications, Engagement and Partnerships Update
<b>PURPOSE OF REPORT:</b>	To update Board of activities that have taken place between July - September 2022 including statistics
<b>AUTHOR OF REPORT:</b>	Helen Codd, Head of Communications, Engagement & Partnerships Luke Dunn, Communications and Engagement Specialist
<b>DATE OF MEETING:</b>	4 <sup>th</sup> October 2022
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• The team have undertaken a range of engagement activities, externally with the public and internally with our own teams and staff</li> <li>• Notable events and engagement exercises include a successful talk about smear tests to a group that had not previously engaged with the procedure and a `Friends of High Oak Surgery` event. We also worked collaboratively with Solutions4Health and Healthwatch to engage with the Syrian community, as well as presented a stall at Saltbrook Place to speak with residents and other providers</li> <li>• The team have produced videos for teams across the Trust</li> <li>• Requests for design work continue, with the largest project this quarter being the Annual Report and Accounts document</li> <li>• The team have worked with colleagues from the ICB and have begun work preparing for the public conversation around High Oak Surgery</li> </ul>
<b>RECOMMENDATION:</b>	That Board note the activities undertaken.
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	None
<b>ACTION REQUIRED:</b>	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>



# Communications and Engagement Update

July - September 2022



# Communications, Engagement and Partnerships Quarterly Update

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- Our Board meetings continued to be held in public places. We heard from DIHC teams covering School Nursing and the impact of their services with young people, and the Listening and Guidance Social Prescribers and the Lead Dietician about their roles within primary care and the support they offer to patients.
- We have continued to meet with local councillors, Mike Wood - MP and Healthwatch Dudley, regarding High Oak Surgery to provide updates. They also took part in the options appraisal process regarding the future of the Surgery.
- The team facilitated a live podcast with local charity the Black Country Blokes. Dr Rebecca Lewis, Clinical Lead for Mental Health, First Contact Mental Health Practitioner, Jon Clarke and Liz James Otokiti, Trainee Psychological Wellbeing Practitioner all took part and discussed the stigmas around men's mental health and wider and the ups and downs of social media. Following this successful podcast and the live radio show previously, DIHC now have a standing invite to attend the live podcast and radio shows to talk about any health and wellbeing issues. The Black Country Blokes were very impressed with the honesty and vulnerability shown by DIHC staff.
- We held a Friends of High Oak event in the Pensnett area to try and encourage registered patients of the surgery to come along and develop a modern day Patient Participation Group (PPG). We were also joined by the Mayoress and local ward councillors. Around twenty people attended and showed an interest in further involvement. Another meeting will take place to encourage more members.
- We held our first face to face Patient Opportunity Panel since Covid. As a group we discussed what we thought the achievements had been in recent years, perceptions of primary care and how we could continue as we move into the future. The group asked for information from other PPGs and practices so they could understand what was happening across Dudley and where support may be needed. A survey has recently been completed by practices and we will be looking at the feedback shortly.
- We met with local charity Topchurch Training to understand their role in the local community and how we might collaborate in future.
- We attended an event at Saltbrook Place, a centre for homelessness and rough sleepers, to meet with their clients and understand their issues around health and wellbeing. We have now received a regular invite to pop in and speak with the centre.
- Our Clinical Lead for Health Inequalities, Dr Lloyd Baron Walk and Primary Care Business Manager, Jodie Jones supported Integrated Plus with delivering health checks to the Walk and Draw group, renamed Walk with a Doc for this session. Migrants and asylum seekers were invited to have a health check at the Priory Pharmacy to

encourage discussion around health and wellbeing and build relationships of the Trust. The data collected was shared with the practices that patients are registered with.

- On Saturday 22nd August, DIHC supported a Syrian Celebration event hosted by Healthwatch at a Community Centre in Dudley. Around twenty families attended the event and took part in health checks to look at their blood pressure, cholesterol and blood sugar. Dr Lloyd Baron worked with Solutions4Health to focus on male attendees and Jodie Jones worked with Health Care Assistants to look after female attendees. We were helped by some of the Syrian teenagers in explaining the health checks in Arabic and creating an appointment sheet. The day provided a marvellous experience, and we were invited to eat Syrian food and partake in cultural activities. Our attendance was asked for by the Syrian community and appreciated by Healthwatch. All of the data collected at the event was shared with individual practices that patients were registered with.
- Staff participation (Grace Namwanje - Social Prescribing Link Worker and Mwamba Bennett - Senior Contracts Manager and Freedom to Speak Up Guardian) in a video for the No Barriers Here Study. The film premiered at the Public Health Palliative Care International Conference on Wednesday 21st September where the team shared their award-winning practice about challenging inequity, accessible advance care planning, and addressing barriers to palliative and end of life care. Link: <https://youtu.be/G-ToRCT3UiU>
- Chapel Street staff and Care Co-ordinators from Stourbridge, Wollescote and Lye attended a session with local community project Diyya to talk about cervical smears. The group is for local Asian women and they meet in the Lye community centre.

On 14th September, staff presented statistics and explained reasons why the test is so important as well as everything that is involved in the procedure, using a tag line "5 minutes of your time could save your life". Speculums and brushes used in the procedure were showcased, so people could see the equipment. The girls that organise the project translated and then translated questions back from the ladies. It was truly amazing the prejudgement people had of the procedure but by the end of it, one lady who had avoided her smear for 14 years agreed to have hers done. The team have been invited back for future events.

# Staff Updates

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- Our Health Coaches were filmed by colleagues in the Black Country ICB to promote the different roles in primary care. The videos will be shared on the Black Country Training Hub for primary care and also on social media.
- NHSE/I have undertaken filming of the High Intensity Service Users project. They have focussed on a patient who was supported by the service and has since taken up voluntary work at Hawbush Gardens. NHSE/I, supported by DIHC Communications team, also filmed Piotr Gass, Strategic Commissioning and Transformation Lead for Mental Health and Dr Lloyd Baron to understand their views on some of the issues facing the local population and how the different roles across primary care can really support our communities. We will share the filming once finalised
- The Staff Forum continues to meet monthly and is starting to see the membership grow. Staff feel comfortable to bring issues forward and discuss solutions together with shared responsibility.
- Continued with the monthly Staff Briefings and encouraging staff to attend. We ask staff in advance of any topics or issues they would like to see addresses and there is always the opportunity for questions.
- Our Infection Prevention and Control Nurse attended a regional conference to talk about their role within DIHC.
- Our Corporate Staff Inductions continue on a monthly basis and we regularly see many new faces who have joined DIHC.
- Our Dudley Talking Therapy Team continue to provide quarterly mindfulness sessions for DIHC staff. The sessions are well attended and really appreciated by the staff as an opportunity for reflection and self-care
- 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
- The People Team continue to meet with the Inclusion and Allyship staff group

# Digital Campaigns

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## Public and staff facing campaigns designed inhouse

- Hajj (Islamic Calendar)
- Disability Pride Month
- Paramedics Day
- World Suicide Prevention Day
- International Day of Sign Languages
- National Inclusion Week
- Internal Recruitment Posts (Jobs)
- Advertising AGM
- Friends of High Oak Surgery
- Queen Elizabeth II Statement

## 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)
- Plasma donations
- Clear on cancer
- The new NHS shared care record
- Better Health (Get Active)
- One Health and Care (Healthier Futures)
- Young people living with diabetes
- Keeping people in care homes safe (Heatwave)
- Long Covid
- Dudley Family wellness coaches (Dudley Group and Solutions for Health)








# Communication Statistics




## Online

-  87,619 staff intranet page views
-  21,176 Website page views.
-  64,950 Social media impressions
-  1,792 Total social media followers

## Friday Round Up

-  13 Friday Round Ups sent
-  12,052 Total email opens
-  3,384 Total link clicks

## Practice Bulletin

-  7 Practice Bulletins sent
-  3,234 Total email opens
-  812 Total link clicks

# A Few Snapshots

Annual Report and Accounts



Nursing and Allied Health Professional Strategy



High Intensity User social prescribing filming



Suicide Awareness Videos



Infection Prevention and Control Videos



Social Campaigns



Syrian Event - Healthwatch Dudley



## COMMITTEE ASSURANCE REPORT TO THE BOARD

**Committee:** Extraordinary Audit and Risk Committee

**Date of meeting:** 20<sup>th</sup> September 2022 (via Microsoft Teams)

### Significant risks/issues for escalation

None

### Key issues/matters discussed at the Committee

- The Committee was quorate.
- The Committee was assured by the update on the development of the revised BAF and supported the 11 strategic risks by shared with the Board at the next meeting.
- Assurance was taken on the ongoing development of the controls, mitigations and supporting actions and welcomed a further review of the Board Assurance Framework and Risk Management processes at the October meeting.
- The Committee received the final Auditor's Annual Report incorporating Value for Money (VFM) Opinion and accepted the findings within the report.
- The report concluded that there were no significant weaknesses in arrangements identified, however, six (6) improvement recommendations in a number of areas:
  - Widen Financial Planning Analysis
  - Medium and Long Term Financial Plans
  - Migration of risk management on to Datix
  - Strengthen business intelligence and performance reporting
  - Long term sustainability of the Trust
  - Contract management arrangements
- The Committee noted that management have already started to address some of these recommendations and had provided responses within the report.
- The Committee confirmed that the progress to implement the improvement recommendations will be monitored throughout the year.
- Further review of the previous year improvement recommendations, of which one had been closed and six (6) only been partially closed at year end would continue.
- The Committee were assured by the plans to complete the HFMA Self-Assessment and looked forward to receiving the Internal Audit findings and was happy to receive the engagement letter outlining the approach in correspondence.

**Recommendations made  
by the Committee**

The Committee recommended publication of the Annual Report and Accounts, following delegation by the Board at the September meeting to the Chief Executive Officer and Director of Finance, Performance and Digital.

The Committee asked that the Executive Team review the Internal Audit plan and update the October meeting on the impact of the HFMA Self-Assessment Audit.

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

No specific implications identified

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

None