NHS
Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

Tuesday 1st November 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 who will provide details and guidance on observing the meeting. Should you wish to ask a question about the issues on the Board Agenda please send your question prior to the meeting. The papers, minutes and any questions and answers to the items on the Board Agenda will be published on the DIHC website.

Item No	Agenda Item			Presented by	Time
Formalities: to declare the meeting open, quorate and in accordance with the standing orders:					
1.	**Chair's Welcome**		Verbal	Mr. H Turner	09:30
	1.1 Apologies	To Receive	Verbal	Mr. H Turner	
	1.2 Declarations of Interest	To Receive	Verbal	Mr. H Turner	
	1.3 Board of Directors' Register of Interests	To Receive	Enc 1.3	Mr. H Turner	
	1.4 Public Board Minutes – meeting held on 4th October 2022	For Approval	Enc 1.4	Mr. H Turner	
	1.5 Action Register and Matters Arising	For Approval	Enc 1.5	Mr. H Turner	
2.	**Standing Items**				09:35
	2.1 Chair's Update	For Information	Verbal	Mr. H Turner	
	2.2 Chief Executive's Report	For Information	Enc 2.2	Ms. P Harris	
	2.3 Agenda for Part Two – Private Board	For Information	Enc 2.3	Mr. H Turner	
Delivering and Driving DIHC Strategy					
3.	**Primary Care Strategy**	For Approval	Enc 3	Ms. S Cartwright	09:50

Delivering safe and quality services, supported by integrated governance that drives quality clinical improvements

4.	**Quality and Safety Performance Report**	For Information	Enc 4	Ms K Lennon	10:20
5.	**Quality and Safety Committee Assurance Report**	For Assurance	Enc 5	Ms. V Little	10:25
The best place to work, supported by a new leadership and workforce culture, organically co-developed, together					
6.	**Workforce Performance Report**	For Information	Enc 6	Ms. S Cartwright	10:35
7.	**People Committee Assurance Report**	For Assurance	Enc 7	Mr. M Evans	10:40
Doing the best with what we have, to be affordable today and sustainable tomorrow					
8.	**Finance Report**	For Information	Enc 8	Mr. M Gamage	10:50
9.	**Performance Report**	For Information	Enc 9	Mr. P King	10:55
10.	**Finance, Performance and Digital Committee Assurance Report**	For Assurance	Enc 10	Mr. I Buckley	11:00
Help and Empower the People of Dudley to live longer and healthier lives through fully integrated community-based healthcare					
11.	**Report from the Primary Care Integration Committee**	For Assurance	Enc 11	Dr. G Solomon	11:10
Fair, Accountable, Responsible and Transparent					
12.	**Audit and Risk Committee Assurance**	For Assurance	Enc 12	Mr. D Gilburt	11:20
13.	**Board Assurance Framework and Corporate Risk Register**	To Receive	Enc 13	Mr. P King/ Ms. S Nicholls/ Ms. E Doyle	11:30
Our Services					
14.	**Infection, Prevention and Control Update Report**	For Assurance	Enc 14	Ms. S Nicholls Ms. K Lennon Ms.T Vig	12:00
15.	**Service Story** Infection, Prevention and Control	To Receive	Presentation	Ms. T Vig	12:15
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: 6th December 2022 Time: 9:30 am – 1:30 pm Venue: Dudley College of Technology, The Broadway, Dudley, DY1 4AS.				13:00

Dudley Integrated Health and Care NHS Trust
Declaration of Interest Register

NHS Dudley Integrated Health and Care NHS Trust

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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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	
			Associate Non-Executive Director at Robert Jones and Agnus Hunt NHS FT	✓				Sep 2022	
Mr	Matthew Gamage	Interim Director of Finance, Performance and Digital	CIMA Member		✓			2012	

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Mrs	Penelope Ann Harris	Interim Chief Executive Officer	Director of Kerr Darnley Ltd	✓				Sept 2013	
			Specialist Consultant for PwC	✓				Dec 2021	
Mr	Philip King	Chief Operating Officer	Visiting lawyer and lecturer, Birkbeck School of Law, University of London	✓				Sept 2002	
			Member of Liberty Lawyers Group		✓			Sept 2002	
			Member of The Inner Temple		✓			Sept 2000	
			Registrant Member of the Bar of England and Wales		✓			Sept 2002	
			Member of the Royal College of Nursing		✓			Jan 1987	
			Director of Audenmark Ltd	✓				Jan 1993	
			Non Clinical Partner Chapel Street		✓			2022	
			Equi-Librium Coaching	✓				Sep 2022	

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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	
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

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

MEETINGS OF THE PUBLIC BOARD MEETING HELD OF 4th OCTOBER 2022
TIME 0930 – 1300hrs

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

Present:

Mr H Turner (HT) (Chair)	Chair, DIHC
Ms P Harris (PH)	Interim CEO, DIHC
Mr I Buckley (IB)	Non-Executive Director, DIHC
Ms S Cartwright (SC)	Director of Strategy, People and Partnerships, DIHC
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
Dr L Martin (LM)	Joint Medical Director, DIHC
Ms S Nicholls (SN)	Director of Nursing and AHPs, DIHC
Dr G Solomon (GS)	Non-Executive Director DIHC

In Attendance:

Ms S Basu (SB)	Corporate Governance Manager, DIHC (minutes)
Mrs H Codd (HC)	Head of Communications, Engagement & Partnerships
Mr A Houliston (AH)	Deputy Director of Finance
Ms K Lennon (KL)	Deputy Director of Nursing
Mr A Race (AR)	Interim Associate Director of People, DIHC
Mr Ed Garner (EG)	EPR System Manager (Agenda item 2 only)
Mr. Tom Robinson (TR)	EPR System Manager (Agenda item 2 only)

Item No	Agenda Item
1.	**Chair's Welcome** Harry Turner (HT), the Chair welcomed all attendees to the October Public Board meeting at Dudley College of Technology. **1.1 Apologies** Formal apologies were received from Dr Richard Bramble, Acting Joint Medical Director and Dr Stephen Cartwright, Associate Non-Executive Director and the Board noted apologies from Karen Wright of Dudley Metropolitan Borough Council, David Pitches of Public Health of Dudley Council and Jason Griffiths of Healthwatch Dudley.

1.2 Declarations of Interest

The Board received the following declarations of interest:

- ME informed about his new position as an Associate Non-Executive Director at Robert Jones and Agnus Hunt NHS Foundation Trust, Shropshire commenced on 07.09.22.
- MG informed that he was no longer seconded from Dudley CCG

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 6th September 2022

The Board approved the minutes subject to the following amendments:

- On page 13 of the pack 'DG suggested using improved data quality to address the data completeness issue as there were numerous nondisclosures in relation to disability.'
- BL highted a typo on page 13 and corrected the spelling to 'Lloyd Baron'.

1.5 Action Register and Matters Arising

Reference: PUB/SEP22/001

PH to report on the updated Anti Racism Statement: AR updated the Anti-Racism Statement would be presented before the EDI Committee on 14th October 2022 and then sent to PH for sign off. PH informed to update the Board regarding this through the CEO's report. **It was agreed to close this action.**

Reference: PUB/SEP22/002

Impact of Industrial Action: PH informed the ballots were going ahead on a different date and once the outcome was known, its impact would be assessed by the Executives. **It was agreed to close this action.**

Reference: PUB/SEP22/003

Cost Improvement Programme and Agency Expenditure: MG updated the Finance, Performance and Digital (FP&D) Committee would be receiving the report in its October meeting. This action was due for the November Public Board and shall be considered a routine report since then as part of the Finance update. **It was agreed to close this action.**

Reference: PUB/SEP22/004

Monthly financial performance in relation to commissioning budgets managed on behalf of the ICB: MG reported a section was included in the pack, however due to the timing issue month 5 figures could not be included in the report. The ICB and the FP&D Committee meeting were on the same day. It was agreed at the FP&D Committee that the Trust would report the ICB Budgets retrospectively, starting next month. **It was agreed to close this action.**

Reference: PUB/SEP22/005

EFD to review the NED Chair Committee assurance reports: EFD informed the updated recommendations were included in the current pack and there was some ongoing work in relation to developing the reporting templates for NED Chairs to the Board. **It was agreed to close this action.**

PH updated on the 100-day discharge and reported the Trust was looking at Virtual Integrated discharge reporting which was also being followed at Sandwell and Dudley. This reporting showed for every PCN, practice, social care and hospital, patient information regarding admissions, discharges, expected date and delays in discharge.

2.0 Service Story – Electronic Patient Record (EPR)

MG reported every month the Board receives service stories from patient facing services, however this month the Board would receive a story from an effective service support in the background. Tom Robinson (TR) and Ed Garner (EG), the two EPR System Managers focussed on existing EPR services as well as assisted in expanding support to Primary Care.

TR provided an overview of role of EPR managers along with a brief case study on school nursing and future projects in the pipeline. The responsibilities of EPR Managers included supporting, maintenance and development of the following services:

- Dudley Quality Outcomes for Health (DQOFH): This framework has been developed to include details of patients with long term conditions delivered by Primary Care. The EPR Managers would support GP's with the delivery of the model in terms of templates on EMIS.
- Local Incentive Schemes to support PCNs with data recording and extraction
- Pharmaceutical to support with the population health model
- Additional Roles Reimbursement Scheme (ARRS) to improve service consistency, data quality and extraction
- School Nursing which followed a system migration
- Primary Care Mental Health
- DIHC General Practices are supported with EMIS and general queries with Primary Care

2.

EG presented before the Board a case study on the Dudley School Nursing. This service used to be delivered by Shropshire Community Health NHS Trust and was transferred to DIHC in 2021. This involved migration of the clinical system from RiO to EMIS Web, which is the clinical system for patient record used by DIHC and all GP practices across Dudley. The School Nursing project was a big undertaking and had stakeholder involvement that spanned multiple organisations: DIHC, Shropshire Community Health NHS Trust, Servelec (who provide the RiO clinical system), EMIS Health, Midlands and Lancashire Commissioning Support Unit, Hayne (for performance management and business intelligence) and TeraFirma (for infrastructure and hardware).

The Board noted the process mapping session and the EPR managers involvement in data migration in scoping the data requirements for capture and reporting and scoping the user requirements to establish the most effective solutions. The team assisted with data checking for quality and consistency and over 3000 progress notes on patient records were checked and rectified. The process of data migration and monitoring resulted in approximately 21000 documents migration. The team worked on creating clinical system protocols and documents for School Nurses in conjunction with the Business Intelligence team and trained 40 school nurses working across the 125 schools in Dudley. This resulted in ensuring a smooth and successful go live.

EG updated the Dudley School Nursing Service went live with EMIS Web in October 2021 and highlighted the challenge of deployment posed by the COVID pandemic. However, the project was deemed to be a success and shared with the Board the user feedbacks illustrating the teams value addition to the project.

EG highlighted the benefits of the school nurses migrating to clinical systems which included them being on the same clinical system as Dudley GP's which helps in data sharing between organisations, timely access to patient data and robust safeguarding of patients as EMIS had inbuilt clinical safety functionality alerts such as the child protection. Using clinical template for data entry also provided structured data improving efficiencies and enhanced reporting capabilities using business intelligence tools by reporting on real time data and analysis used to measure a wide range of things such as statistics relating to school nurses' intervention and identify areas of communicable disease outbreaks. Regular and ongoing engagement with the service allowed for optimisation to incorporate new requirements and further service improvements.

TR further highlighted the current and future projects undertaken by the EPR Managers. The two current projects being worked on was around ARRS and Headache and Migraine clinic. Workshops were undertaken across ARRS services to understand current processes and requirements of EPR

solution, curating options and recommendations and finally implementing the recommendations. Creating templates for data standardising of patient record is useful to centrally extract data to better understand patient outcomes. The Headache and Migraine clinic project is a service provided by DIHC as advice and guidance for Primary Care which helps in reducing the wait time to secondary care. Data entry template based on the services' EPR requirement was created to record patient information across Dudley and the next phase would be data extraction for monitoring patient outcomes.

Future projects in the pipeline included the DQOFH and EPR solutions for all DIHC services. Post transfer of DQOFH from the Integrated Care Board (ICB), EMIS templates would be updated to support Primary Care to deliver the framework. Lastly, developing EPR solutions for DIHC services was a huge project which already started in the background. The team had already received over 5000 EPR requirement which would then be analysed to develop, procure and deliver appropriate EPR solutions.

HT thanked the team for joining and sharing their commendable work and opened the Board for discussion.

LM thanked the team for their support at High Oak and Chapel Street practice in resolving data issues and coding to deliver high quality data in GP record which was essential for patient safety.

In response to a question raised by ME regarding staff engagement in developing solutions, EG responded that during the school nurses project, the team worked closely with the school nurses throughout the project promoting a two-way communication network along with regular reviews. MG updated, the team conducted drop-in sessions with ARSS staff which was also attended by other practice staff that weren't ARRS and the team intend to continue such drop-in sessions regularly.

In response to a question raised by PK regarding multiple access to EMIS for ARRS staff, TR updated that an interim and a long-time solution had to be developed. In the interim, engagement with services was ongoing to understand current processes of each PCN and it would be addressed by having one host practice per PCN and the longer-term solution would be a standard EPR solution for all DIHC services.

In response to a question raised by SC regarding access to data for DQOFH migration, TR updated the process had been slow, however work had started with Information Governance and other steering groups.

SN extended invitation to the team to join the Digital Board and the Nursing and AHP forum which had clinical representation for engagement with clinical staff.

In response to a question raised by IB, PK updated on the integration of hospitalisation and discharge data which was currently driven by a management system called Patient Administration System (PAS) and would ultimately be available through EMIS. TR informed about a wider piece by the ICB with the shared care record to which DIHC was linked and would provide inputs when required.

In response to a question raised by DG regarding obstacles to data sharing between NHS organisations, TR updated the Information Governance restrictions were still in place with the ICS and this was tackled through multiple engagement sessions between providers, IG steering groups across the system implementing the sharing agreements and receiving approvals from data controllers.

The Board thanked the EPR team for all their good work in patient health and looked forward to hearing from them again in the near future.

3.	**Standing Items**
	3.1 Chair's Update

HT thanked everyone for their contribution to the Annual General Meeting (AGM) held on 27th September 2022, and congratulated MG on his substantive appointment with DIHC as Director of Finance, Performance and Digital. HT updated about the Trusts engagements with multiple stakeholders and assured reporting back anything significant to Board colleagues.

HT informed about meeting Value Circle, who were appointed for CQC External Assessment, the coming week to discuss their input into Well-Led and stated the Value Circle colleagues could not attend this Board meeting due to clash in diaries but would be observing Board meetings from November onwards.

3.2 Chief Executive's Report

The Board took the paper as read and PH highlighted the key points contained in the report.

PH updated that due to the changing position of the new government guidance around Primary Care access, it was not included in the report, and she would report back after receiving detailed requirements for DIHC. At the Quarterly System Review meeting, which was also attended by ICB Non-Executive Directors, the ICB was commended for its distributive leadership across the system. The biggest concern from the regional point of view was the financial position within the Black Country which is quite challenging and recommended some good work around elective recovery (led by Diane Wake).

PH updated that the Joint Executive meeting with Dudley Council was well received with the local authority being supportive of the Trust's work and there were positive conversations about opportunities for collaboration. PH highlighted the opportunity of engaging with Value Circle who were appointed as external assessment for Well-Led and updated that the Well-Led work would be fed back to the Board with its first Board development session scheduled on 17th October 2022.

PK outlined the ongoing work around winter planning and highlighted the role of DIHC in a place-based approach working closely with DGFT, Local authority and the ICB. SC and PK attend the Place Executive meeting which took place on 30th September, and it was reiterated that the plan needs to work as a place-based model. PK highlighted DIHC's work in linking PCN DES to Intermediate Health care particularly around pathway 1 hospital discharge and the proposal that AR, Will Overfield - Strategy and Transformation Lead – Older Adults and Jenny Cale - Head of CHC/Intermediate Care Team, had been working in terms of the potential for reablement services which had previously been commissioned from domiciliary care.

PK further highlighted about the ARRS workforce. The predicted fund being spend on ARRS roles next year would be £2.1 million and Daniel King, Head of Primary Care was working on planning this process. Discussions with PCNs and ensuring alignment with the system and place-based priorities was being undertaken by SN, Kelly Lennon – Deputy Director of Nursing and Zoe Dixon - Professional Lead for AHPs and Clinical Support Services. Estates was a particular challenge and understanding the requirements assessing whether community assets such as community centres could be used was ongoing. PK highlighted this was a potential funding opportunity for the Trust and DIHC must ensure allocations were being appropriately geared between practices, PCNs, DIHC place and system.

PK further updated on discussions around the potential need to liberate space for Russells Hall and the priority around ambulance hand over times, some choices had to be made and one option was to take some capacity from Urgent Treatment Centres to Brierley Hill.

PH updated that the NHS Communications and Involvement Concordat had been signed alongside other partners and the details would be circulated to Board colleagues.

In response to a question raised by VL, PK responded that in terms of DES there were plans of transferring and registering majority of the care home patients in Dudley area to Chapel Street. The next stage of the plan would be to ascertain consent from the patients, their applicants or attorneys. Further responding to GS's query regarding capacity, PK updated on a work plan being developed and AR had been working on GP recruitment within Chapel Street.

ME as Chair of People Committee requested AR to ensure the seven suggestions for sustaining engagement in tough times was taken into consideration through the People Committee and AR provided assurance that some of the recommendations were already considered in the staff survey action plan and would cover all recommendations.

Action PUB/OCT22/001:PK/HC to circulate to Board colleagues the NHS Communications and Involvement Concordat.

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.	**Nursing and Allied Health Professionals Strategy**

The Board took the report as read and SN highlighted the key points contained in the report.

SN outlined the Trusts first Nursing and AHP Strategy which sets out the vision for 2022-24 and the reflected the needs of the clinical workforce. The strategy was co-produced in collaboration with the Nursing and AHP forum, specific focus groups, clinical support staff and Executives.

SN thanked BL for her challenge in developing an innovative strategy. The three (3) agreed core commitments were around providing a high quality, safe, effective, and compassionate care, being recognised as an employer of choice for Nursing and AHPs and investing in the Trust's Nursing and AHP workforce. This had been extended to other patient facing teams such as the health coaches and social prescribers. GP nurses across all practices in Dudley would be enabled to benefit from the work within the strategy, where practical and appropriate. The commitments detailed how and what the Trust would do to act as enablers to the Nurses and AHPs.

The Board noted that the strategy was further supported by a delivery plan and SN and her team would provide updates to the bi-monthly Nursing and AHP forum on progress, challenges and solutions.

SN highlighted Ruth May, Chief Nursing Officer (CNO) launched at the CNO Conference an engagement around a new Chief Nursing Strategy and identified four core strategic themes namely workforce and people, system leadership and integration, health equalities prevention and poor health and person-centred practice and improving outcomes. SN provided assurance that the Strategy was aligned to these engagement themes and as the new CNO Strategy is released, engagement processes will start again with the Trust's team.

The Strategy focused on core elements such as digital champions, supporting nurses and AHPs to be involved in clinical audit, research and innovation, promoting excellence in nursing and clinical care and education and training to assist the clinical staff in ongoing professional development.

The Strategy had been shared with NHS England's Regional Director and the Chief Nurse in the ICB and was well received by both. SN further stated subject to the Board's approval an annual or more frequent update would be presented at future meetings.

AR elaborated around systems leadership and stated the development agenda of systems leadership was ongoing and additional content was expected in November through the ICS People Board. AR further stated the ICS had commissioned the Leadership Academy to do a piece of work on what does system leadership look like and updated that DIHC had made a good. A formal proposal was being developed by the Leadership Academy and would be presented before the November Board. AR highlighted the opportunity for Nurses and AHPs to receive good systems leadership development.

DG recommended including sustainability in the Trusts Strategic Priority diagram as building on being sustainable could help the Trust attract and recruit people including from colleges. SN updated on the work to attract students and conversations with the local FE has commenced with a focus on T'level placements. SN stated that work was required and reflected that the Trust has recently undertook the Health Education England's self-assessment against the education contract and the respective Quality standards.

GS stated that retention of staff especially in relation to new roles and skills was as important as celebrating career progression and recommended opting for shared roles with other organisations in the system.

PK commended on the thoughtful intervention of ensuring that Primary Care colleagues not employed by DIHC being represented by the Nursing and AHP strategy with work within DIHC being well received.

SC recommended linking the Nursing and AHP Strategy with the Communications and engagement team regarding promotion amongst staff.

PH stressed the importance of publishing this document appropriately and highlighted the gap that DIHC had the potential to fill around system leadership for this professional group for Primary Care and out of hospital.

SN thanked KL, the Nursing and AHP teams and the Clinical support team for their contribution in developing the strategy.

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The Board approved the Nursing and Allied Health Professionals Strategy.

5.	**Board Assurance Framework (BAF) and Corporate Risk Register (CRR)**

The Board took the paper as read and EFD highlighted the key points contained in the report.

EFD updated that the Trust had made a commitment to review the BAF and following the Board Development session on 12th July 2022 it was agreed to close three (3) BAF Risks, reword the four (4) remaining risks and the addition of new BAF risks aligned to the Trust's Strategic objectives. Post discussions, eleven strategic risks were developed, and work was ongoing to develop the risk rationale, gaps and controls, assurances and mitigations and would be presented before the Executive and Board committees in October.

EFD proposed to re table the revised BAF at November Board for the Board to take assurance from the controls and mitigations and review the revised template of reporting. The updated BAF would be reviewed at Committees during October.

EFD outlined there was one (1) change in the Corporate Risk Register proposed by the Quality and Safety Committee around revision and review of corporate policies in which the likelihood was reduced and the impact remained the same, reducing the risk from twelve to ten.

PH confirmed the BAF would be reported to the November Board and thereafter would only be reported on a quarterly basis.

PK updated that there was now a process in place to discuss the service risks at the service review meetings which were all reported to the Trust Management Board on 30th September and a summary would be tabled before the Executive Committee on 5th October. PK provided assurance there were no new risks or risks for escalation to the CRR.

	In response to a question from HT, it was confirmed that all risks included in the CRR have an Executive owner and a named committee and it was confirmed that the risk discussions were included on the committee escalation reports and risk discussions included in the committee minutes which are shared with the Board in Private session. In response to a question raised by DG, PH confirmed all workforce risks would be reviewed including capacity and shortage. DG confirmed that the BAF and the Risk Management process will be reviewed at the October Audit and Risk Committee meeting including receiving the strategic risks reported through the BAF and the operational risks as reported in the CRR in advance of the November Board. **The Board approved the eleven BAF Strategic Risks and the recommendation of the Quality and Safety Committee to reduce the risk scoring of the corporate risk C-207.**
6.	**Quality and Safety Performance Report**
	The Board took the paper as read and SN highlighted the key points contained in the report. SN updated the reporting period was for August 2022 and there were no concerns for escalation to the Board and no serious incidents reported. There was a reduction in formal complains for August and one formal complaint reported relating to Continuing Health Care and was managed on behalf of the ICB. Following discussions at September Board, information relating to actual classifications of safeguarding reports were now included and many of the safeguarding concerns were around historical abuses that had been reflected on and discussed through the Primary Care Mental Health and IAPT services. SN reported regarding Children's safeguarding, specifically around school nursing, there was a challenge to find another peer organisation that reported on Datix and directly to the local authority. The Board noted the report now included details regarding vaccinations undertaken at Chapel Street and High Oak surgery. The team was in discussions with the Business Intelligence team regarding how to reflect on the autumn booster and the flu campaign. SN stated the November Board would be updated with information around collective lessons learnt as there was an infrastructure within the Trust focussed on quarterly lessons learnt meetings and the Quarter 1 reported would be presented before the October Q&S Committee. SN further updated that a total of eight (8) incidents were reported for August, however not all related to clinical incidents, and included health and safety and estates related incidences. In response to a question by BL, SN updated the Board on the System Quality Oversight Committee attended by her on a bi-monthly basis, lessons are shared which currently focussed on urgent and emergency care lessons, however, the group will have different disciplines sharing their learning. In terms of the patient safety implementation framework, the ICB reflected on conducting system wide meetings around the implementation of the new framework which would move into the learning lessons at a wider level. The process had started but was yet to be formally embedded and SN would engage with the ICB in the implementation of the new patient safety framework. ME flagged a concern around data capturing and suggested better capturing of feedback compliments based on the good work done by the organisation. The Board discussed ways of recording formal compliments and PH recommended recording

	verbal compliments. In response to a question raised by GS, SN updated rechecking the Covid Vaccinations – High Oak surgery data under the not vaccinated column. HT recommended revisiting the Corporate Risk Register belonging to the Quality and Safety Committee and requested Committee Chairs to include in the assurance reports that risks had been reviewed at the respective assurance committee meetings. **Action PUB/OCT22/002: Committee Chair's to include in their Committee assurance reports that risks had been reviewed at their respective committee meetings.** **The Board noted the Quality and Safety Performance Report.**
7.	**Quality and Safety Committee Assurance Report**
	The Quality and Safety Committee assurance report was taken as read. VL provided assurance that the Q&S Committee had reviewed the risks and there were no escalations to the Board. VL highlighted the gap around areas of operation where the Trust was unable to extract data and get quality indicators which now being worked on. VL further stated that benchmarking was a work in progress, and it was imperative to gain better benchmarking firstly within the ICS and with comparable peer organisations. VL drew the Board attention to the flu campaign in preparedness for winter. The Q&S Committee reviewed the best practice guidance and made certain recommendations to the Board around its commitment to achieving the ambition of vaccinating all frontline healthcare workers, Board champion, Board members receiving influenza vaccination and evaluation of last year's campaign. A report will be presented to Board in November **The Board noted the Quality and Safety Committee Assurance Report.**
8.	**Workforce Performance Report**
	The workforce report was taken as read and SC highlighted the key points contained in the report. SC updated there had been continuing improvement in performance indicators such as mandatory training, appraisals and sickness rates. Based on a comparative analysis performed by AR, the Trust's workforce data was comparing extremely well to our partners. AR confirmed a good trend reporting this quarter with the staff turnover headed in the right direction and the normalised turnover at 11% was particularly good as compared to system partners. Sickness absence continued to meet the target and below and AR thanked all colleagues for assisting in improving the mandatory training and appraisal compliance. **The Board took assurance from the Workforce Performance Report.**
9.	**People Committee Assurance Report**
	The people committee assurance report was taken as read. ME provided assurance that the risks assigned to the People Committee had been reviewed and there was no proposed change recommended. ME updated on the new ESR system refresh scheduled to take place at the end of October which would help to improve the quality of equality data recorded on the system to better understand progress against the EDI Strategy.

	ME further updated on the report presented before the People Committee regarding agency spend chalking area leads for reductions. Further update was requested by the committee to receive assurance around agency spend, plans for each area and projected targets for reduction. ME provided assurance on the work being done by the Trust to extend financial wellbeing support to the staff and engagement with staff was undergoing to better understand if there is a need for additional support. ME informed the Seven suggestions for sustaining engagement in tough times was reviewed and an action plan was being developed, resulting from the Pulse survey, articulating work around health and wellbeing support, staff engagement opportunities and communication. ME reflected on the survey and confirmed there was more work that needs to be done, however when compared to its peers, the Trust was in a good position. **The Board noted the People Committee Assurance Report.**
10.	**Finance Report for the period April to August 2022**
	The Finance report was taken as read and MG highlighted the key points contained in the report. MG updated the Trust was on track to deliver break even position by the end of the financial year. There remained an underspend in Mental Health due to vacancies and an overspend of £373k in corporate services which was linked to the increased digital agenda the Trust had signed up to. MG updated that the Trust was managing budgets on behalf of the ICB which amounted to £107 million, however due to the clash in timing of the Trust's Finance, Performance and Digital (FP&D) Committee meeting and the ICB Finance Committee meeting this information was not available for month 5. To address this issue the FP&D Committee proposed that the ICB budget be reported one (1) month in arrears. MG further updated on the system financial position and stated for M5, there had been an enhanced reporting collection from the ICB and details around expenditure and monthly run rate for the rest of the year had been provided. MG stated the Trust had provided assurance to the ICB that the Trust would achieve break even by the end of the year. They were satisfied with the position which included the delivery of efficiency plan. However, the major challenge remained the agency expenditure and developing a plan to reduce agency costs. MG stated that the FP&D Committee would monitor the agency expenditure and efficiency program and the People Committee would seek assurance regarding the processes around achieving that. MG is meeting with AR to go through every single post to assess the confidence levels of the plans being achieved. The Trust reported a cash balance of £2.8m. The goods and services contract still awaits final signature from the ICB. In response to a question by HT, MG provided feedback from the contract review meeting with the ICB and stated all individuals who assisted in populating the goods and services contract were happy with their elements. PH updated there was an existing good and service agreement in place which was a two (2) year agreement, however the proposed agreement would clarify the commissioning and contracting roles and is currently going through the ICB's internal governance. Thus, from Board perspective there was no risk but was just for clarity of roles. **The Board took assurance from the Finance Report.**
11.	**Performance Report**
	The Performance report was taken as read and PK highlighted the key points contained in the

	report. PK reported during August, IAPT performance was unexpectedly low primarily due to the holiday period and expected a spike in coming months. ARRS continued to perform strongly with 9000 appointments, excluding additional appointments from Pharmacy contacts. PK updated continued utilisation around extended access to winter hub. Recovery still posed a challenge and needed working with Black Country Healthcare and also reported due to change in senior leadership at Black Country Healthcare, reforms around issues were needed. PK updated on the Primary Care Mental Health team feeling the positive impact of the First Contact Mental Health Practitioners and seemed to influence the referral rates of other services. Further conversations took place with PCNCDs regarding additional ARRS spend and requirements. PH stressed around data and the reporting period for the First Contact Mental Health Practitioners as they had been for a short period of time and had an impact on longevity. PH updated of her ICB quarterly review meeting, and flagged the data used by the Trust for some of the services was slightly different to neighbouring trusts and she requested a check on the data used in Performance reports and urged the need to use the same data as the ICB. DG recommended inclusion of the recovery trajectory in future reporting to provide assurance that performance matched with target. Following a wider conversation, it was agreed to relook and simplify the Primary Care data. **Action PUB/OCT22/003**: **MG to review and simplify the Finance and Performance Board reports and ensure where relevant same data sets as the ICB are used.** **The Board took assurance from the Performance Report.**
12.	**Finance, Performance and Digital Committee Assurance Report**
	The Finance, Performance and Digital Committee Assurance Report was taken as read. IB reported the Digital deep dive provided reassurance around processes and commended the work done by Terrafirma, however highlighted there were some issues around accessing EMIS. Regarding the agency spend, IB updated additional information illustrating the cost and volume variances was requested and more detailed work around this would be picked up at the October committee meeting. **The Board noted the Finance, Performance and Digital Committee Assurance Report.**
13.	**Report from the Primary Care Integration Committee**
	The report from the Primary Care Integration Committee was taken as read. GS informed the Committee met on 21st September and was updated that the organising and delivery of the Covid booster vaccination programme was an area of concentration for the PCNs. Regarding discussions with Medical Directors, GP engagements continued to be an important issue and it was agreed to organise events specifically for GP's to update and discuss strategic developments in relation to Primary Care and receive their feedback. GS updated that the committee met in bi-monthly meeting development sessions, and it was agreed to take up the formal Committee effectiveness review at the October meeting and reported no changes to the risk register or matters for escalation to the Board. PH stated that there would be an expectation that the Trust would update on progress against the Fuller Report and suggested PCIC would be the appropriate committee and GS agreed to include it in the PCIC agenda.

	PH added the need to discuss Primary Care access in its broadest sense for Dudley population and GS advised it was covered as part of the DQOF discussions and assured that if additional discussion was needed then the committee would include in the agenda. GS outlined further discussions on the Primary Care Strategy and the committee was introduced to the interim Primary Care Programme Director. The Primary Care Strategy would be further developed reflecting on the conversations with the Dudley Primary Care Collaborative and the ICB and SC stated that the Primary Care Strategy would be presented at the November Board for approval. The strategy would outline the implementation of the recommendations of the Fuller Report and it was appropriate to expect it to be monitored through the PCI Committee. SC further stated the PCI Committee effectiveness review and updating the terms of reference was due in October and the Fuller Report assessment and Primary Care access could be included in its cycle of business. HT suggested that the effectiveness review for this committee be conducted profoundly as the committee was set up two years ago and there may be changes to its tasks and roles. **Action PUB/OCT22/004**: **PCIC to include the implementation of the Fuller Report and Primary Care access in its forward agenda and cycle of business.** **The Board noted the report from the Primary Care Integration Committee.**
14.	**Communications, Engagement and Partnership update**
	The report was taken as read and HC highlighted the key points contained in the report. HC highlighted the work about the successful celebration event with Healthwatch and the Syrian community and the Walk with a Doc with Integrated Plus and the migrant and asylum seeker community. Dr Lloyd Baron - Clinical Lead for Health Inequalities and Jodie Jones - Primary Care Business Manager from High Oak had joined the events along with health care assistants to conduct health checks and had been well received by both groups. HC updated regarding a live podcast with local charity, the Black Country Blokes which focused on men's mental health. DIHC colleagues had attended the podcast and as a result, DIHC now had standing invite to attend live podcasts and radio shows to talk about any health and wellbeing issues. The Trust would take this opportunity to discuss around population health, obesity, school nursing and all other topic around health inequalities. Jessica Colley - Communications & Engagement Assistant would be co-ordinating future events. HC further updated in addition to the Communications and Engagement team, the wider team including Grace Namwanje - Social Prescribing Link Worker and Mwamba Bennett - Senior Contracts Manager and Freedom to Speak Up Guardian had participated in a video and local work for No Barriers Here and this was also shared on the Trust's Friday Round Up. The Board noted many other notable events such as talks amongst Asian ladies about smear tests. It was also noted that several members of staff had been in social media clips and videos with NHSEI and Black Country ICB to promote services and health messaging. HT suggested the Trust should be sharing more and strengthening its social media presence and pick newsworthy content from Board meetings such as the Nursing and AHP Strategy. PH recommended it was important to not just share positive stories but also information about the work done by the Board in value addition needed covering. This would help to boost the staff confidence and promote system relationship. ME recommended linking the work of the Communications and Engagement team to the Trust's Strategic priorities as this could assist the staff resonate how their work would link to the Trust's strategic priority. PH informed work was ongoing to update the front cover sheet of the Board reports to link every agenda item to the Trust's strategic priority. PH also recommended the layout of the Communications

	and Engagement update report must be more focused around strategic objectives given all items presented before the Board be aligned to the strategic objectives and broadly shared for everyone to witness the Trust's progress. **The Board took assurance from the Communications, Engagement and Partnership update report.**
15.	**Report from the Extraordinary Audit and Risk Committee**
	The report from the Audit and Risk Committee was taken as read. DG reminded the Board that the 20th September committee meeting was an extra-ordinary meeting to receive the Auditor's Report, Value for Money (VFM) opinion. No serious concerns were raised, however the report included six improvement recommendations as summarised in the paper. The improvement recommendations were accepted by the management and will be monitored through future committee meetings to provide assurance to the Board. PH added it was a very positive report with no serious concerns identified. MG further added that the management had already identified and started addressing some of these recommendations. DG updated the committee also reviewed the BAF and was assured by the update on the development of the revised BAF. In response to a question by VL, MG responded in order to address the strengthening of Business Intelligence, the Board had already approved additional funding for recruitment which was ongoing. There was a challenge around the recruitment of data analyst, but the Trust remained committed to this area. The digital deep dive included Business Intelligence and the need for developing the Business Intelligence team was recognised and data warehouse was being implemented to shift away from manual processes. **The Board noted the report from the Audit and Risk Committee.**
16.	**Any Other Business**
	None stated.
17.	**Questions from the public**
	There were no questions received from the public.
18.	**Risk Review**
	There were no further risk matters raised
	Date of next meeting: Tuesday, 1st November 2022, 09.30 – 13.00 **Venue**: Dudley College of Technology, The Broadway, Dudley, DY1 4AS.

DIHC Public Board Action Register

NHS
Dudley Integrated Health and Care
NHS Trust

Ref	Date Raised	Details	Action Lead	Due Date	Update	Status
PUB/OCT22/001	04-Oct-22	PK/HC to circulate to Board colleagues the NHS Communications and Involvement Concordat.	PK/HC	01-Nov-22	This has been circulated by Helen Codd	To be closed
PUB/OCT22/002	04-Oct-22	Committee Chair's to include in their Committee assurance reports that risks had been reviewed at their respective committee meetings.	Committee Chairs	01-Nov-22	This has been included in assurance reports	To be closed
PUB/OCT22/003	04-Oct-22	MG to review and simplify the Finance and Performance Board reports and ensure where relevant same data sets as the ICB are used	MG	01-Nov-22	MG confirmed the scorecard has been reviewed and a number of measures have been reduced (see performance report). A review of the data sets being used by the ICB compared to DIHC reporting will be undertaken and reported back to Board in December.	Open
PUB/OCT22/004	04-Oct-22	PCIC to include the implementation of the Fuller Report and Primary Care access in its forward agenda and cycle of business.	GS/ EFD	01-Nov-22	EFD confirmed this was now included in the cycle of business and received by the PCI Committee in its meeting held on 19th October 2022.	To be closed

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH & CARE NHS TRUST BOARD

REPORT TITLE:	Chief Executive Officer Report
DATE OF MEETING:	1st November 2022
PURPOSE OF REPORT:	To provide the Board with an update on CEO Activities and current issues
RESPONSIBLE EXECUTIVE:	Penny Harris
AUTHOR OF REPORT	Penny Harris
SUMMARY OF KEY POINTS:	**1. Summary of CEO Activities October 2022** **2. Chief Operating Officer Update** 2.1 Winter Resilience Plans **3. Dudley Health and Care Partnership Board** **4. Primary Care Engagement Event** **5. DIHC Anti Racist Statement** **6. National Allied Health Professions Day** **7. Staff Flu Vaccination Campaign** **8. Dudley Safeguarding Children Partnership Group Annual Report 2021/22** **9. New NHS England Operating Framework** **10. Potential Industrial Action**
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	Not Applicable
FUNDING/ COST IMPLICATIONS:	☒None Identified
DoF / Finance Approval	☐ Yes ☐ In Progress

ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None Identified
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: *Tick as appropriate*	☒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 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 / Greener NHS
CQC DOMAINS: *Tick as appropriate*	☒Safe ☒Effective ☒Caring ☒Responsive ☒Well Led
LIST KEY RISKS IDENTIFIED: *Select none identified **or** outline the risks identified and mitigations taken* *(if addressing existing risk on the corporate risk register please provide reference number)*	☒None Identified No new significant risks not already recorded within the corporate risk register
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	☐Executive ☐People ☐Finance Performance & Digital ☐Digital Board ☐Quality and Safety/ QSSG ☐Audit & Risk ☐Primary Care Integration ☐Strategy and Transformation ☐EDI ☐Trust Management Board ☐Well Led ☐Other (Please state) ☒Not Applicable
CONSIDERATIONS / IMPACTS: *Select none identified **or** outline the potential impact and considerations undertaken*	Quality and Equality Impact Assessment ☒None Identified Equality, Diversity and Inclusion ☒None Identified Greener NHS Sustainability Impact Assessment ☒None Identified Other Regulatory Requirements ☒None Identified
PRESENTED TO:	☒Public Board ☐Private Board ☐Assurance Committee *(state)* - ☐Other Committee *(state)* -

RECOMMENDATION: *Tick as appropriate*	☐ For Approval / Decision ☒For Assurance ☒For Information / Discussion

1. Summary of CEO Activities – October 2022

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

There were no CEO service visits planned during October due to planned annual leave and my next service visit will be with the School Nursing Team. A programme of service visits will be planned for the new year in due course.

I have worked with our Trust Secretary and my Executive Assistant to produce a new reporting front sheet which the Board will see we are trialling throughout November and this should ensure a more effective and consistent process across Board and Committee reports.

2. Chief Operating Officer Update

2.1 Winter Resilience Plans

Further winter planning guidance was issued this on 19 October 2022. ***Going further on our winter resilience plans*** is a detailed set of guidance which, at the time of writing this report, we are actively considering.

As a direct response we have set up a further DIHC task and finish group to facilitate this. We have already asked our operational teams to review their resilience plans against the new guidance with a return by 27 October 2022.

Some of the headlines from the new guidance, which we are working through are:

- Combined adult and paediatric acute respiratory infection hubs (previously RCAS hubs) – DIHC are already ahead of the national guidance on this. The access hub already incorporates both adults and children with RSV as a priority. The LCB have agreed to extend the funding for this until March 2023

- Going further for winter: Care homes ambulance conveyance avoidance – We are looking to build on the 2 Hour Urgent Care Response that we commission DGFT to provide through the Clinical Hub. We are considering basing workers within the WMAS control centre to assist with this approach.
- Going further for winter: Community-based falls response – As above.
- Supporting High Frequency Users through proactive personalised care, delivered by Social Prescribing Link Workers, Health and Wellbeing Coaches and Care Coordinators – We currently commission High Intensity Social Prescribing Link Workers for High Frequency Support into the ICTs, provided by Integrated Plus. We will look to see how this model can be built on and linked with our ARRS plans (See below)
- System control centres – We have committed to the ICB to be part of this. At the time of writing the ICB are setting up the centres.

Further winter plans

The Reablement Service - The team have worked hard to formulate a plan for a reablement service provided by DIHC. This will assist with Discharge to Assess and Pathway One patients requiring discharge from hospital. The LCB have agreed to provide £54589 on a recurrent basis and £22400 on a one off basis to support this model. The Local Authority are looking to commission the service through the Better Care Fund. The request is for £1.4 million. This will be considered at a meeting on 2 Nov. We will now look to recruit on that basis and we are also exploring how we might utilise these monies at pace in the meantime with independent social care organisations.

The Care Home DES – It has now been agreed that the PCNs will look to transfer those patients in care homes to Chapel Street as part of the GMS contract. We will now recruit primary care staff to support Chapel Street. Nurses and other staff who will support ward rounds etc will link operationally with the Intermediate Healthcare Team.

Creation of additional capacity for Ambulance Handover at DGFT – DIHC have been working closely with Malling Health and other partners to put forward plans to increase capacity at Brierley Hill and to link with our booked capacity through our hub. These plans were created at speed and have been waiting for consideration by the ICB and partners.

ARRS future plans

DIHC, the PCNs and the Dudley Primary Care Collaborative hosted an engagement event on ARRS future plans and developments on 19/10/22. There was thematic support for the organisations to work collaboratively to plan the use of the ARRS additional funding for next year to the tune of £2.1 million.

DIHC will now work up plans to recruit staff, and to put in place service based ways of working around training, supervision, cross cover, estates etc to reflect Primary Care and Place health priorities along side Secretary of State's statement on strengthening Primary Care through greater use of ARRS.

We have also suggested that the service be renamed the Extended Primary Care Service. These plans will now be taken forward as part of a plan of continuous engagement with Primary Care.

3. Dudley Health and Care Partnership Board

The Board meeting took place on 13th October and one of the main areas for discussion was the presentation from the Children and Young People Transformation Group that have been working as part of the development of the integrated care model for Dudley. The group presented the model which focuses on the iThrive model of care. The model demonstrates a "no wrong door" for children and young people in Dudley and is built on a population health rather than referral based approach. The Board supported the model that has been developed and have asked the Transformation Group to develop an implementation plan. The Group were also commended on the progress that they have made.

Another key item for the Board was agreement to the recommendation from the Health Inequalities Group on the priority areas for spend against the allocated funds to address health inequalities. The priority areas include the first 1001 days project, the carers hub at Russells Hall Hospital and the Lye Neighbourhood development.

The Board also discussed the plan for developing and submitting the Place Winter Plan, and received updates from the First 1001 days, development of the Integrated Care Partnership, Dudley Primary Care Collaborative and the Integrated Model of Care Implementation Group. The Dudley Place Executive Team has also now been established and will be meeting on a fortnightly basis. The Board will review a set of recommended priorities from the Executive Team at its next meeting.

4. Primary Care Engagement Event

A Primary Care Engagement Event was held on Wednesday 19th October 2022 for all practices across the Dudley system. The event included an update on the development of the Primary Care Strategy, and focussed on a detailed discussion about the provision of the ARRS staff and services to primary care. A set of initiatives and plans have been agreed with primary care colleagues, and a revised Service Level Agreement will be produced to reflect the proposed changes and developments. The events will continue to be held face to face and will take place on a bi-monthly basis.

5. Our Anti-Racist Statement

Further to the discussion at the last Board meeting, the EDI committee have reviewed our current Anti Racism statement which sets out the Board's commitment to tackling racism and I have provided the updated statement below for completeness.

"As a Trust we know that the care of our patients is strengthened through diversity of thought, approach, and culture, delivered by staff from rich and different backgrounds. A lack of diversity will stifle true innovation and transformation.

Systemic racism is deeply ingrained in our society and whilst attempts have been made to address this reality, actual change is long overdue. Public institutions such as ours have a crucial role to play in promoting anti-racism, and in tackling inequalities in health, through building a more tolerant, inclusive, equal, and empathetic culture.

Our Equality, Diversity and Inclusion Strategy focuses on how we tackle inequalities for our patients and population, and outlines our commitment to ensure that those from black, Asian or other ethnic backgrounds receive services and support that meet their needs, and begins tackle the health inequalities traditionally experienced by these groups.
We are deeply aware of the extent to which black, Asian, or other ethnically diverse people are underrepresented across our staff teams, the senior management team and on our Board. Ensuring that this situation changes, not only through a genuinely held commitment, but also through robust and proactive action, is a priority for us. We wish to go beyond the legal requirements for equality, so we are a truly inclusive and fair organisation.

We know we might make mistakes along the way, and we commit to acknowledge them and strive to do better. The board have committed to tackle racism, to be allies for our patients and our staff, and to see growth in diversity across the organisation, providing employment, where feasible, to people from our communities.

We believe we have to be proactively anti-racist, and this means every one of us standing up against racism or any discriminatory behaviour. As an organisation, we will not tolerate racist or discriminatory behaviours or beliefs.

'We Stand' against Racism"

6. National Allied Health Professions Day

The 14th October 2022 was National Allied Health Professions day. There are 14 nationally defined allied health professions and AHPs are the third largest clinical workforce in the NHS. DIHC current employs 34 AHPs across 5 disciplines (paramedics, physiotherapists, occupational therapists, dieticians and podiatrists and they provide clinical services within Primary Care and Community settings. Sue Nicholls the Trusts Director of Nursing, AHPs and Quality together with Zoe Dixon the Trusts Professional Lead for AHPs and Clinical Support Services spent the day visiting several our AHP teams. Sue and Zoe thanked the teams for their continuing focus on patient care and for the difference they are making to our patients and communities. It was a great opportunity to hear about the work our teams are delivering and the impact they are having on patients and our population.

7. Staff Flu Vaccination Campaign

The Trusts staff flu vaccination campaign has commenced and this year we are providing a peer vaccination approach based on feedback received from our teams. The peer vaccination campaign is being led through the Trusts infection prevention and control service with clinical support and oversight from our pharmacy team. Regular communications are being sent to our teams to encourage them to receive the flu vaccination to protect themselves, their families, our patients and our population.

8. Dudley Safeguarding Childrens Partnership Group Annual Report

The Dudley Safeguarding Children Partnership Group (DSCPG) has published their annual report 2021/22. It reflects the safeguarding commitment of all partners. This includes services provided by Dudley Integrated Health and Care NHS Trust. The DSCPG Annual Report for 2021/22 has now been published on the DSPP website, please access the report via the link below:
https://dudleysafeguarding.org.uk/partnership/meetings/dscpg/

Preventing neglect, exploitation and harm across the life course are the priorities of the partnership and DIHC contribute to these priorities by recognising and responding to abuse, engaging in the Early Help/prevention agenda and through attendance at the Multi-Agency Child Exploitation(MACE) panels. The DIHC Safeguarding Team attend and participate in the multi-agency sub-groups, forums, learning reviews and audits on behalf of the organisation contributing to the delivery of the partnership's strategic plan.

The Board has previously received the Trusts Safeguarding Annual Report 2021/22 and more recently the Dudley Safeguarding Childrens Partnership Group has published their annual report. The report was prepared by the Business Support Unit of behalf of the Dudley Safeguarding Partnership in line with its statutory accountabilities.

9. New NHS England Operating Framework

NHS England have published a new NHS England operating framework which sets out how the NHS will operate in the new structure created by the 2022 Health and Care Act.

The Health and Care Act formally established ICSs on a statutory basis, enabling local systems to plan and deliver health and care services more effectively. The new operating framework sets out the roles that NHS England, ICSs and providers will now play in the new structure. It describes how these parts of the health and care system will work together and the accountabilities and responsibilities.

The framework can be viewed at the following link

NHS England Operating Framework

10. Potential Industrial Action

Board colleagues will be aware of the situation in relation to potential industrial action across the health and care sector, which continues to develop. A number of unions have recently announced further details on their intention to proceed with statutory ballots.

The Royal College of Nursing (RCN) and UNISON have taken steps to move ahead with plans for a statutory ballot of its membership for industrial action. These ballots take place between 6 October and 2 November and, 27 October 2022 and closes on 25 November respectively.

The GMB Union is conducting a statutory industrial action ballot for its Ambulance Service Members from 24 October to 29 November.

The Chartered Society of Physiotherapists and Royal College of Midwives have advised that they will be moving ahead with statutory ballots for industrial action in the coming weeks, with the CSP taking initial steps to notify employer Trusts of their intentions directly.

Outcomes of the consultative ballots conducted by some of the other NHS Staff Council trade unions, including Unite are awaited.

The Junior Doctor Committee of the BMA has now confirmed its intention to open a ballot for industrial action on or around 9 January 2023.

Whilst the extent of any industrial action is not yet known, the Board will need to be aware of the industrial relations environment, which may in the future impact both Trust services and those in the wider system. The executive has considered an update on this matter and any response will be managed through the established business continuity arrangements to ensure the maintenance of safe services to our patients. The Trust will continue to work in partnership with recognised Trade

Unions over the coming weeks and months including to seek agreements in respect of any derogations to protect essential services. There may be some national agreement to this effect, but that should not be relied upon.

Based on current timescales the earliest possible date for any industrial action is mid-November for the RCN and mid-December for UNISON.

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

Tuesday 1st November 2022
13:30hrs to 15:00hrs

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

PRIVATE AGENDA

Item No	Agenda Item			Presented By	Time
Formalities: to declare the meeting open, quorate and in accordance with the standing orders:					
1.	**Chair's Welcome** 1.1 Apologies	To Receive	Verbal	Mr. H Turner	13:30
	1.2 Declarations of Interest	To Receive	Verbal		
	1.3 Private Board Minutes – meeting held on 4th October 2022	For Approval	Enc 1.3		
	1.4 Action Register and Matters Arising	For Approval	Enc 1.4		
	1.5 Items Carried Forward from Part One	For Discussion	Verbal		
2.	DIHC Development	For Discussion	*To follow*	Ms. P Harris	13:40
3.	System financial position	For Information	Enc 3	Mr. M Gamage	14:30

4.	**Committee Minutes** ***(to be taken as read)*** 4.1 Quality and Safety Committee – meeting held on 20th September 2022 4.2 Finance, Performance and Digital Committee – meeting held on 22nd September 2022 4.3 People Committee – meeting held on 27th September 2022 4.4 Audit and Risk Committee – meeting held on 20th September 2022 4.5 Primary Care Integration Committee – meeting held on 21st September 2022 4.6 Strategy and Transformation Forum – meeting held on 13th September 2022	 For Information For Information For Information For Information For Information For Information	 Enc 4.1 Enc 4.2 Enc 4.3 Enc 4.4 Enc 4.5 Enc 4.6		14:45
5.	**Board Meeting Reflections**	To Receive	Verbal	Mr. H Turner	14:50
6.	**Any Other Business**	To Receive	Verbal	Mr. H Turner	14:55
	Date of next meeting: 6th December 2022 Time: 13:30 pm to 15:00 pm Venue: Dudley College of Technology, The Broadway, Dudley, DY1 4AS.				15:00

Dudley Integrated Health and Care NHS Trust

PUBLIC BOARD

REPORT TITLE:	Primary Care Strategy (PCS)
DATE OF MEETING:	1st November 2022
PURPOSE OF REPORT:	To recommend the PCS for approval of the Board
RESPONSIBLE EXECUTIVE:	Stephanie Cartwright, Director of Strategy, People and Partnerships
AUTHOR OF REPORT	Daniel King, Head of Primary Care
SUMMARY OF KEY POINTS:	The PCS has been in development since June 2022 and has been through extensive consultation and engagement which is set out within the document. The attached PCS was considered by Primary Care Integration Committee (PCIC) on 19th October 2022 and the Executive Committee on 26th October 2022. The PCIC and Executive Committee are recommending the PCS to the Board for approval. The PCIC and Executive Committee noted that: To take forward the Strategy: • A programme management function is being established with development workshops taking place in October and November 2022 to prioritise the offers of support with practices, PCNs and ICB, aligned to available resources. • There will be one implementation plan for the Dudley place that brings together the strategic action plan for the DIHC PCS and ICB actions in Dudley place for Primary Care. • The PCN CDs have committed £133k of non-recurrent resource from PCN surplus in 2022/23 to support the implementation of the PCS in Dudley • In anticipation of Board approval, a face to face 'launch' event is being planned along with webinars and offers of face to face meetings with practices and PCNs to discuss the PCS.

LIST BENEFITS AND/OR EXPECTED OUTCOMES:	The Vision set out within the Strategy is: • To address the challenges of access, workforce and estates whilst embracing the opportunities afforded by the Fuller recommendations, best practice and national policy. • To support and enable general practice and PCNs to offer a sustainable model of primary care that is the first point of contact and principle point of continuing care for the population • To support and enable general practice and PCNs to provide a consistently high level of care, address unwarranted variation, and improve access, quality and population health outcomes as measured through the DQOFH • To develop a model of care that is multi-disciplinary and responsive to the specific needs of the population, focussed on prevention, self-care and shared health outcomes, supported by appropriate estate and facilities. • To support patients to take a more active role in improving and managing their own health and be better informed about which professional is best able to help them. • To deliver the national, regional and local requirements in partnership with the ICB and general practice. • To represent and enable primary care to lead the development of the transformation strategy for primary care within the ICB. • To provide an organisational model to support the resilience and sustainability of primary care with innovative workforce models and a range of support offers
FUNDING/ COST IMPLICATIONS:	• A resource plan is being developed as part of the programme management approach and will be brought forward for Board approval as part of the annual planning process. • If some or all of the roles and functions described in the PCS require expansion beyond Dudley, then additional resources would be required and would be scoped dependent on the requirements of other places with the Black Country.
DoF / Finance Approval	☐ Yes ☒ In Progress N/A The funding and resourcing implications will be developed and approved as part of the programme management and annual planning process.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	• Dr Lucy Martin, practising GP in Dudley • Dr Richard Bramble, practising GP in Dudley • Dr Stephen Cartwright, practising GP in Dudley • Dr Gillian Love, practising GP in Dudley
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS:	☒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

Tick as appropriate	☒Support 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 / Greener NHS
CQC DOMAINS: *Tick as appropriate*	☒Safe ☒Effective ☒Caring ☒Responsive ☒Well Led
LIST KEY RISKS IDENTIFIED: *Select none identified **or** outline the risks identified and mitigations taken* *(if addressing existing risk on the corporate risk register please provide reference number)*	☐None Identified Risks will be identified and mitigated as part on the implementation programme.
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	☒Executive ☐People ☐Finance Performance & Digital ☐Digital Board ☐Quality and Safety/ QSSG ☐Audit & Risk ☒Primary Care Integration ☐Strategy and Transformation ☐EDI ☐Trust Management Board ☐Well Led ☒Dudley Primary Care Collaborative ☐Other (GP engagement events)
CONSIDERATIONS / IMPACTS: *Select none identified **or** outline the potential impact and considerations undertaken*	Quality and Equality Impact Assessment ☐None Identified The Strategy supports the aim of improving quality and access to care and to addressing health inequalities. Equality, Diversity and Inclusion ☒None Identified Greener NHS Sustainability Impact Assessment ☐None Identified The enabling estates strategy will support the sustainability agenda. Other Regulatory Requirements

	☐None Identified The Strategy will support delivery to required CQC standards
PRESENTED TO:	☒Public Board ☐Private Board ☐Assurance Committee *(state)* - ☐Other Committee *(state)* -

RECOMMENDATION: *Tick as appropriate*	☒ For Approval / Decision ☐For Assurance ☐For Information / Discussion

Dudley Integrated Health and Care NHS Trust
Primary Care Strategy
Final Draft - Version 13

Consultation Summary

Engagement	Date	Version	Purpose	Feedback
Executive Committee	8/6/22	Version 1	Draft presented for discussion and feedback by Daniel King and Dr Lucy Martin.	• Align to Fuller review • Clearer on role and function and benefits to date • Source business intelligence for benefits realisation and comparative primary care performance across the ICB.
Primary Care Integration Committee	20/6/22	Version 2	Presentation by Stephanie Cartwright, Daniel King and Dr Lucy Martin	• Supported vision, aims, objectives and proposed offers. • PCN CDs agreed reimburse GP and Practice Manager attendance at DIHC engagement events on the development of the strategy.
Board Seminar	12/7/22	Version 3	Presentation by Daniel King and Dr Lucy Martin	• Additional capacity agreed to support the production of strategy (Tony Bruce) • Benefit and replicability for ICB to be clearer. • Definition of the offers in respect of delivering planning and priorities guidance and Fuller stocktake
Dudley Practice Management Alliance (DPMA)	13/7/22	Version 3	Presentation by Daniel King and Dr Lucy Martin	• DPMA will reflect and feedback to Daniel King and Dr Lucy Martin • DPMA Chair reflected support and view that support to practices has been 'lost' with changes from CCG (Clinical Commissioning Groups) to ICB • Some DPMA members reflected their lack of knowledge and understanding as to the role and function of DIHC.
Chief Executive	15/7/22	Version 4	Proposed re-structure of strategy from	• Structure for strategy agreed to reflect feedback and discussion from Board seminar following

			Tony Bruce agreed by Penny Harris	discussions between Steph Cartwright, Dr Lucy Martin, Daniel King and Tony Bruce with agreement from Penny Harris.
GP engagement event	20/7/22	Version 5	Presentation and discussion	• Feedback collected from practices on offers of support required from General Practice • Acceptance that provision of same day urgent access and management of LTC could not be continued to be provided by individual practices. • Differences of opinion as to what services should be provided 'at scale' at PCN
GP engagement event	10/8/22	Version 6	Discussion and feedback on role and function of DIHC and areas of support required by practices	• Feedback collected from practices on offers of support required from General Practice • Key areas of support identified for more assistance managing ARRS staff, estates management, GP retention from training and development of operating model for at scale working
Primary Care Integration Committee	17/8/22	Version 6	Presentation for feedback and discussion	• Support from PCN CDs on current draft • Agreement that feedback from GP engagement events is reflected in the proposed offers with the exception of the following to be added to the table of offers set out in Chapter 5 ○ Estates ○ GP retention ○ Patient engagement
Medical Directors and Director of Strategy, People and Partnerships	28/8/22	Version 6	Review and alignment with current development discussions	• Alignment with system conversations on the future role of DIHC in the Black Country system • Updated following discussion with various GPs across the Black Country on the expansion of DIHC across the Black Country
Dudley Primary Care Collaborative	15/9/22	Version 7	Discussion and feedback	• More description and clearer message on benefit to the system and links with partners • More description on links to provider collaborative, lead provider and partnership

				working to improve community services – how primary care collaborates with partners to deliver services that are wrapped around primary care • Specific reference to Capgemini and the work programmes
Head of Primary Care	12/10/22	Version 8	Review and amendments	• An executive summary has been included • An addition has been made to chapter 5 (page 25) describing the programme management approach and work themes. • A new chapter (chapter 6) has been included defining our relationship between all providers in place, and the work areas agreed through 'Capgemini' • The primary care operating model has been removed as an appendix at the request of the Executive Committee due to its commercial confidentiality • A new Chapter 7 has been produced to align the strategy to the paper being presented to the ICB Board in November on DIHC role within the Black Country.
Programme Director for Primary Care	13/10/22	Version 9	Review and amendments	• Align to DIHC paper to ICB Board
Head of Primary Care	13/10/22	Version 10	Review and amendments	• Minor amends and front sheet for PCIC and Executive Committee
Director of Strategy, Partnerships and People	14/10/22	Version 11	Final review and edit	• Recommendation to PCIC and Executive Committee to recommend for Board approval
Primary Care Integration Committee	19/10/22	Version 12	Discussion and feedback on final edit	• Further amendments to describe how workforce model enables access improvements, reductions in unwarranted variation in DQOFH, Fuller requirements and enabling functions including estates.

Executive Summary

Dudley Integrated Health and Care NHS Trust is an organisation created by Primary Care to focus on improving population health, and to support the development and sustainability of Primary Care as the first point of contact and principle point of continuing care for the population.

DIHC is entirely focussed on improving primary care and integrated out of hospital services as a means of supporting patients and communities to stay well and healthy, support those with ill health in their communities wherever possible; and enable secondary care and specialist services to maintain access and focus for those who need them most.

The cornerstone of the Trust's role is supporting the development and sustainability of Primary Care both within Dudley, and across the Black Country ICS.

In developing this Primary Care Strategy, the Trust has been working with its key partners:

- in Dudley - to develop the future strategy for primary care delivery as a key component of the Dudley integrated model of care, together with proposals for how DIHC can further support primary care practices and PCNs achieve their goals and,
- across the Black Country - with Primary Care Network Clinical Directors (PCN CDs) and Primary Care Collaborative members in response to a request from them to explore and determine the potential role for DIHC in supporting the development and sustainability of primary care across the Black Country ICS.

As the only NHS Trust in the Black Country entirely focussed on out of hospital services, the ambition for its future role set out in this Strategy is:

- in Dudley, to ensure people are cared for within their communities and proceed to hospital only, when necessary, based on integrated teams, organised around sustainable modern primary care, achieved with the Trust's support
- across the Black Country, to support the success of the clinically led Black Country Primary Care Collaborative to discharge the full range of its purposes and functions including expressing the single primary care voice in the Integrated Care System (ICS), shaping the primary care and supporting out of hospital strategies and plans, and implementing agreed plans. The Trust would adapt accordingly to provide the governance and managerial support to the Collaborative.

The Strategy highlights:

- The achievements of the Trust and Primary Care in Dudley, together building trusted enduring relationships, and delivering service sustainability and improvements to patients and communities
- Proposals for the further development of primary care in Dudley addressing the challenges of access, workforce and estates whilst embracing the opportunities afforded by national policy, including the Fuller recommendations.
- Our vision to support and enable general practice and PCNs to offer a sustainable model of primary care that is multi-disciplinary and responsive to the specific needs of the population, focussed on prevention, self-care and shared health outcomes.
- The approach to implement an operating model that achieves consistently high standards of access, quality and health outcomes as measured by the Dudley Quality Outcomes for Health Framework (DQOFH); that optimises the totality of the workforce, supported by appropriate estate and facilities, and enables the service development and sustainability of primary care,
- Proposals, co-produced with Primary Care in Dudley, for a range of support offers to practices and PCNs which DIHC can provide in support of primary care, taken up based on practice and PCN wishes
- An outline proposal, co-produced in response to interest expressed from Primary Care across the Black Country, for DIHC to partner with the clinically led BC Primary Care Collaborative. The

Trust, as partner, would provide the governance, managerial and administrative support to the Black Country Primary Care Collaborative. It is proposed to work collaboratively to explore and develop these proposals further.

- A proposal that the support offers developed with and in support of Dudley practices should be made available, on request, to those Black Country Practices who would find such support of value; and to respond constructively to further requests for support from Black Country practices.
- Our approach to programme and resource management to take forward this Strategy, based on agreed priorities and available resources, within annual programmes of support.

This strategy describes the work undertaken so far with regards to the development of primary care in Dudley, and the plans to both further develop primary care in Dudley and the support that can be offered to wider primary care across the Black Country.

For further information about the strategy, please contact:

Daniel King
Head of Primary Care
daniel.king@nhs.net

Chapter 1: Introduction and Purpose of the Strategy

DIHC is an NHS Trust created at the request of general practice in Dudley to support primary care sustainability and development.

Our principal role is to support primary care to play its full role locally, and in the wider system, to support population health improvement and health and care services delivery and improvement, supporting primary care in addressing local challenges and meeting local needs within a national and ICB policy context.

The Black Country Integrated Care System (ICS) has delegated its functions in developing and supporting primary care in Dudley to DIHC.

This strategy has been developed with the engagement of primary care in Dudley and demonstrates their support, confidence, and ownership.

There has also been effective engagement with primary care leaders from across the Black Country in shaping our proposed role across the ICS.

Primary care involvement in DIHC is strong; with extensive primary care participation in the Trust's governance structures (including the Trust Board and Primary Care Integration Committee), a formal Integration Agreement between practices and the Trust, and formal agreements for provision of support services to Primary Care Networks (PCNs).

There is strong and effective engagement with primary care through multiple engagement channels and together this means that primary care has a strong and influential voice in shaping how DIHC supports primary care and how they hold the Trust to account for this.

This strategy describes

- An overview of Dudley as a place and within the Black Country: its geography, demographics, characteristics and overall health and care services indicators and priorities; together with an overview of general practice and PCNs.
- The "Dudley approach and model" to primary care and system sustainability and development; including our role in the system and success to date.
- Proposals for the further development of primary care in Dudley addressing the challenges of access, workforce and estates whilst embracing the opportunities afforded by national policy, including the Fuller recommendations.
- Our vision to support and enable general practice and PCNs to offer a sustainable model of primary care that is multi-disciplinary and responsive to the specific needs of the population, focussed on prevention, self-care and shared health outcomes.
- The approach to implement an operating model that achieves consistently high standards of access, quality and health outcomes as measured by the Dudley Quality Outcomes for Health Framework (DQOFH); that optimises the totality of the workforce, supported by appropriate estate and facilities, and enables the service development and sustainability of primary care
- The future role of DIHC in supporting primary care and the offers of support that we intend to develop and implement within Dudley,
- The future role of DIHC in supporting primary care across the Black Country
- Our approach to programme and resource management and to collaboration with ICS partners in delivering this strategy

GP leadership and involvement / The Journey to create DIHC

Prior to the formation of PCNs, practices in Dudley were organised into locality groups along a similar geographical distribution. In 2017, GPs in Dudley elected a GP from each locality group to form a

GP collaborative steering group with a remit to represent the views of general practice in the development of a new organisation which has now become DIHC. The GP collaborative was deliberately not a federation or GP provider organisation at the request of the local GPs.
The view of Dudley general practice was they wanted a collaborative approach that focussed on the integration of primary and community-based services, within a single NHS Trust focussed solely on the delivery of out-of-hospital care and improving the sustainability of primary care. They made commitments to lead and develop the way in which general practice would integrate with the Trust.
The GP collaborative steering group was responsible for leading on the engagement with general practice, negotiating the details of the Primary Care Integration Agreement between Dudley General Practices and DIHC, and representing the views of general practice in the development of DIHC as an NHS Trust. The PCN Clinical Directors Group have over time taken over the role previously held by the GP collaborative steering group.

The outcome is that over the course of the last five years, general practice has been involved in developing the first of its kind in the country; a new NHS Trust in the form of DIHC and has shaped the way in which DIHC and general practice(s) work with one another to create a sustainable model of primary care in Dudley.

The strength of GP leadership in the creation, and now governance, of the Trust is that practices and PCNs feel a sense of ownership, trust and buy-in to an NHS Trust that collaborates with them. General Practices in Dudley understand and have been part of a long journey in creating and developing the organisation that understands and supports primary care.

After being in existence since 2020, primary care in Dudley now wants DIHC to go further in the way that DIHC supports and enables them to deliver sustainable, high quality, integrated services. They have actively contributed and engaged in the development of this strategy because it is a natural evolution of joint thinking in the way that DIHC operates as a Trust in support of primary care.

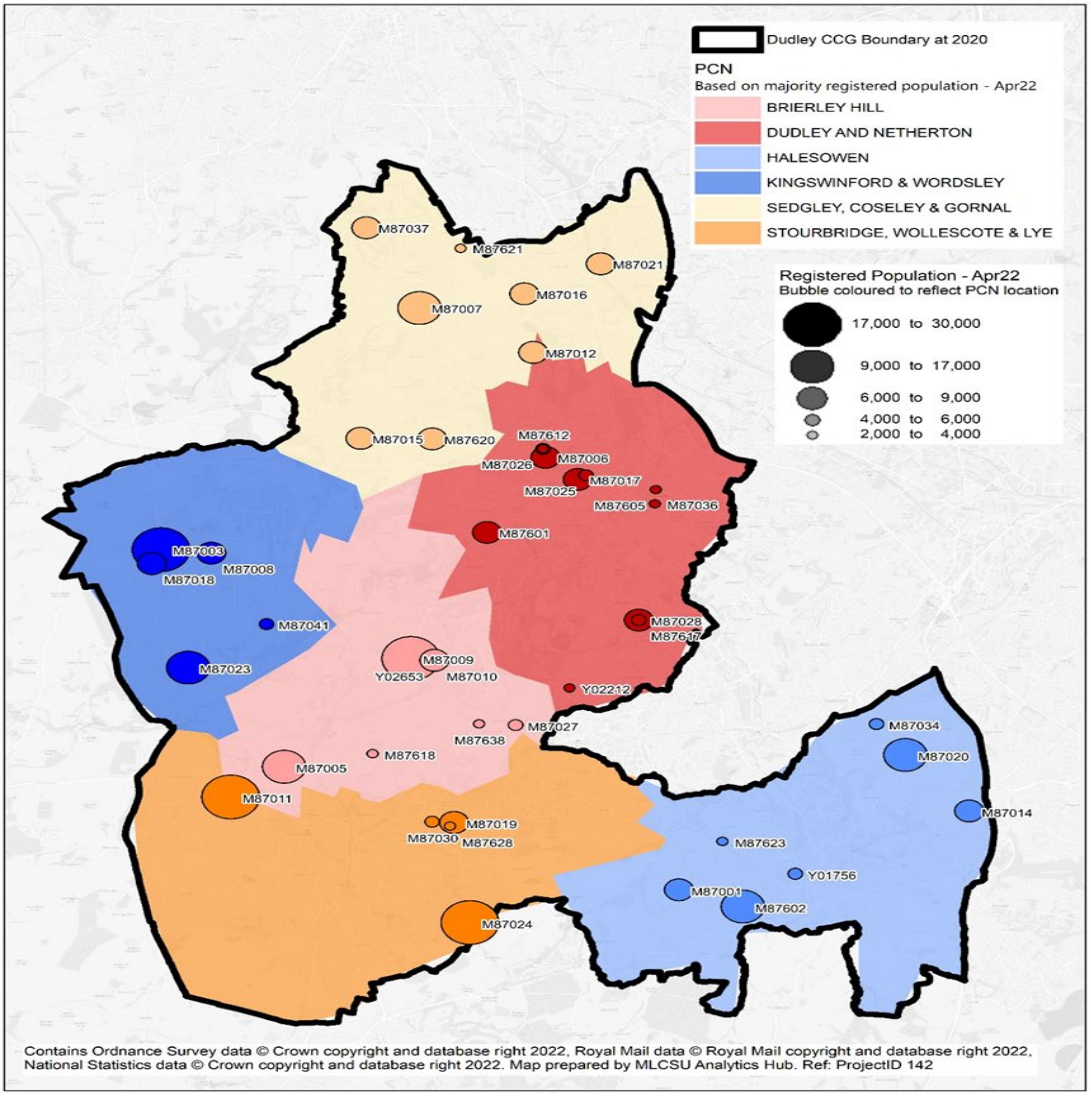
Our strategic vision for primary care is:

- To address the challenges of access, workforce and estates whilst embracing the opportunities afforded by best practice and national policy, including the Fuller recommendations.
- To support and enable general practice and PCNs to offer a sustainable model of primary care that is the first point of contact and principle point of continuing care for the population
- To support and enable general practice and PCNs to provide a consistently high level of care, address unwarranted variation, and improve access, quality and population health outcomes as measured through the DQOFH.
- To develop a model of care that is multi-disciplinary and responsive to the specific needs of the population, focussed on prevention, self-care and shared health outcomes and supported by appropriate estate and facilities
- To support patients to take a more active role in improving and managing their own health and be better informed about which professional is best able to help them.
- To deliver the national, regional and local requirements in partnership with the ICB and general practice.
- To represent and enable primary care to lead the development of the transformation strategy for primary care within the ICB.
- To provide an organisational model to support the resilience and sustainability of primary care with innovative workforce models and a range of support offers

Chapter 2: An overview of Dudley as a Place

Within Dudley there are 43 practices (two of which are directly provided by DIHC) within 6 PCNs serving a population of approximately 331,000 people as set out in map below.

The diagram below sets out the boundaries for each PCN, and the practices within each PCN are denoted by a bubble based on the registered list of the practice.



Appendix One: Dudley PCN Profiles
The profiles contained within appendix one set out a map of the PCN area, number of practices, age profile, Care Quality Commission (CQC) status of each practice, life expectancy and access measures from the GP survey 2020-21.

DIHC exits to support the sustainability of primary care, and to help and enable the practices and PCNs understand the different needs of their population and their practices and provide a range of

offers and support to enable them to meet these needs. Examples of this are described in more detail further into the strategy.

Appendix Two: Black Country Integrated Care System (ICS) Summary (available on request)

DIHC is part of the Black Country Integrated Care System (ICS). ICSs bring together the organisations responsible for providing health and care across an area, so that they can work in collaboration for the benefit of the system and place population.

The ICS has an Integrated Care Board (ICB) that brings together 13 organisations in planning and providing NHS services. [1] The ICS takes a collaborative approach to agreeing and delivering ambitions for the health of our population across Dudley, Sandwell, Walsall and Wolverhampton.

The summary contained in appendix two sets out some key statistics regarding the population needs across the ICS and challenges with health inequalities and life expectancy.

Appendix Three: Workforce and Workload Challenges

GP practices across the country are experiencing significant and growing strain with declining numbers of GPs and other practice staff and a rising demand in terms of patient numbers, complexity and workload. The combination of workforce and workload pressures have significant effects on patients experience of care, the ability of general practice to deliver sustainable services, and the wellbeing of the primary care workforce. The position in Dudley is no different and reflected in appendix 3 are a series of charts and graphs which in summary show that:

- The overall number of GPs has seen little growth since 2015, with the number of GP partners declining by 20% over that time.
- In the year between March 2021 and April 2022, Dudley lost 7 GP partners and 9 salaried and locum GPs. This means that the number of fully qualified GPs by headcount decreased by 16 net in just under a year.
- Each practice has on average 642 more patients than in 2015, with some individual practices experiencing a large shift in registered population
- General practice appointment bookings reached record highs over the winter of 2021 with GPs seeing more patients than ever, which did not drop at the end of the winter period
- The ratio of F2F (face-to-face) versus remote appointments has shifted with the waves of the pandemic, but the majority of appointments have been delivered in person. Currently, two thirds of appointments are face to face.

[1] Black Country Healthcare NHS Foundation Trust, Black Country Integrated Care Board, Dudley Metropolitan Borough Council, Sandwell Metropolitan Borough Council, Sandwell and West Birmingham Hospitals NHS Trust, The Dudley Group NHS Foundation Trust, Walsall Council, Walsall Healthcare NHS Trust, City of Wolverhampton Council, The Royal Wolverhampton NHS Trust, West Midlands Ambulance Service University NHS Foundation Trust

Chapter 3: The "Dudley approach and model" to primary care and system sustainability and development

We are the first NHS Trust to have integrated with general practice – that is, we have 40 practices with a registered list size of 300,000 patients that have committed and entered into an Integration Agreement to collaborate with us to achieve a set of health improvements for the registered population of Dudley.

In addition to our role in supporting primary care practices and PCNs we also directly deliver a range of community-based services, commission a range of other services on behalf of the ICB; and enable and facilitate collaboration and integration of local services with a range of statutory and voluntary partners.

An organisation established by General Practice, for General Practice

DIHC was established at the request of general practice, to support and enable general practice to deliver a more integrated and sustainable model of primary care.

The key components that enabled GP support, confidence and ownership has been achieved through our culture of engagement and understanding of the issues that mattered most to general practice and PCNs and responding to these. For example;

- GP participation in the Trusts Governance structures, including the Trust Board (there are currently 5 GPs on the Trust Board) and the Primary Care Integration Committee (a committee where all 6 PCN Clinical Directors are members)
- Our clinical services and teams are organised in 'Integrated Community Teams' (ICTs) around the needs of each of our PCNs, with clinical and operational teams from across the Dudley system working together to look after the most vulnerable in the population. DIHC provide the GP leads to the ICTs who lead and co-ordinate the ICTs.
- A formal agreement (referred to as the Primary Care Integration Agreement) which 40 practices, representing 300,000 registered patients, have voluntarily entered into with DIHC. This agreement sees those practices opting out of the National Quality and Outcomes Framework (QoF) to collaborate with DIHC in delivering a more integrated model of primary care that sees a greater focus on care planning, prevention and outcomes delivered by multidisciplinary teams focussed on the needs of the population of Dudley. We are the first and only NHS Trust in the country that has this arrangement in place with general practice.
- An agreement in place at the request of each PCN, with each PCN, that sees them pass on their responsibility and resources for the management of staff and provision of services that can be best organised and delivered at a scale that they would not otherwise be able to achieve. The provision of extended access GP appointments from winter 2021 onwards and the employment and operational management of all additional role reimbursement scheme (ARRS) staff are two examples. This method of employment sees DIHC, on behalf of PCNs, achieve the highest levels of ARRS recruitment and service provision within the ICB.
- The responsibility for the direct provision of primary medical services for the patients of High Oak surgery and Chapel Street surgery. Since assuming responsibility for both services, we can evidence improvement in some clinical outcomes and patient experience, with plans in place to address and improve specific areas of population health need. Both surgeries were in difficulty before being taken on by DIHC, and as well as the improvements made to patient care, this has also prevented further pressure on other local practices, which would have been an inevitable consequence if a disbursement of registered patients had occurred.

These examples illustrate that general practice and PCNs have a strong and influential voice in shaping how DIHC supports primary care. It also demonstrates how DIHC can provide the governance of an NHS Trust, and consequently how PCNs and the Trust can mutually hold each other to account. The examples demonstrate how DIHC has responded to practice requirements to

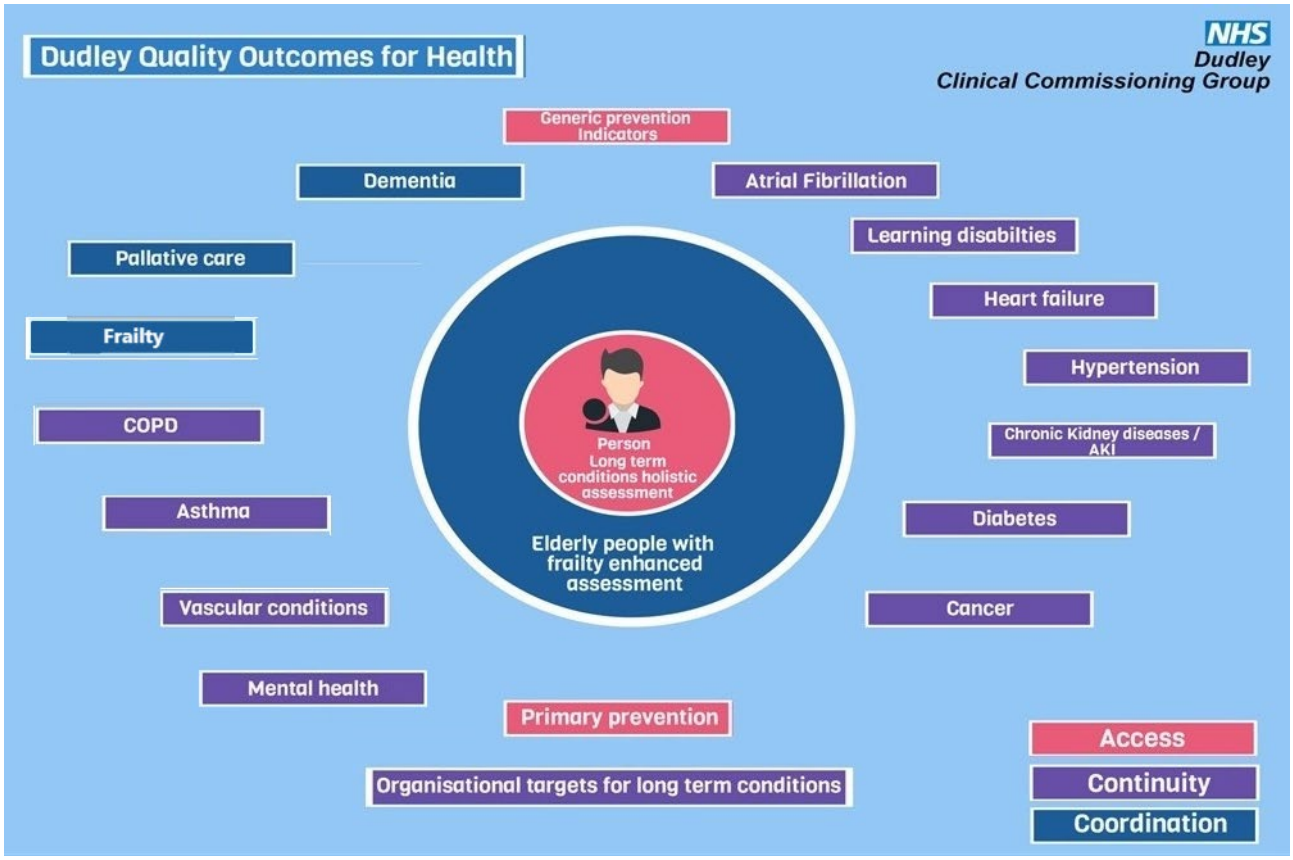
the extent that general practice is prepared to commit and trust DIHC to partner with them to deliver improvements in the way that services are provided, organised, developed and supported in the future.

National Recognition

The role of DIHC and its creation as an NHS Trust to support the sustainability of primary care is unique. The Dudley approach is recognised in the 'next steps for integrating primary care' Fuller stocktake review as an example of good practice. DIHC is an NHS Trust established by local GPs for the purpose of supporting them to develop a more sustainable model of primary care and will provide primary care with the support required to implement the recommendations of the Fuller stocktake review. This will be undertaken by further developing high quality primary care as the bedrock of NHS care, to enable integration of services in the community, to ensure provision of same day access and long-term continuity of care, and to better serve local people and improve their health services and outcomes through integrated neighbourhood teams. DIHC provides primary care with the opportunity to develop a wider range of service provision and provides primary care with a stronger voice in the local and wider system.

The Dudley Quality Outcomes for Health Framework (DQOFH)

Table inserted as requested



DQOFH was co-created with Public Health and acute consultants, bringing in NICE evidence-based targets over and above the national Quality Outcomes Framework. It rewards "Evidence-based Holism," promoting patient education, patient-led goal setting and lifestyle support for anyone with any long-term condition. The DQOFH was developed to drive up standards, address unwarranted variation and facilitate the holistic management of patients with long term conditions. This includes

an increased focus on care planning, measures and incentives for holistic reviews and personalised care planning, along with outcomes defining access requirements that exist over and above the National GP contract and Quality and Outcomes Framework (QoF).

The DQOFH was developed as part of a wider system outcomes framework and is a key component to the way in which Dudley general practice contributes to population health outcomes, supported by DIHC in the provision of a range of services that enable patients to manage their own long-term conditions.

The DQOFH provides DIHC and general practice with the mechanism to reduce variation- through standardising the way in which DQOFH is supported with DIHC clinical services, developing and sharing best practice and the primary care operating model from DIHC operated practices, providing centralised functions for DQOFH support e.g., clinical coding, templates, call and recall, policies and procedures.

The Primary Care Integration Agreement
This agreement sets out how DIHC and general practice will work together, including adherence to the objectives for service integration and the principles for joint working including the Dudley Quality Outcomes for Health Framework. The purpose of the agreement is to improve quality and drive a more sustainable model of primary care with a workforce and clinical model organised around the needs of each PCN.

Key Elements – for Practices

- Delivering the DQOFH – a core requirement is that each practice participates in a framework that is based on addressing health inequalities and improving outcomes for the patients of Dudley, rather than the national QOF.
- Working to common clinical protocols and with other DIHC services, for example with the pharmaceutical public health team within formulary, with the integrated care teams (ICTs) to reduce hospital admissions, with health coaches to support delivery of DQOFH outcomes for setting and achieving personalised health goals (to achieve weight management, control blood pressure, manage cholesterol and HbA1c levels)
- Agreeing to improve areas where data suggests practice activity is abnormal – e.g., high use of A&E or high rates of secondary care utilisation
- Delivering general practice access requirements with the support of DIHC – e.g., having a consistent method of online access for signposting and triage, delivering on the access requirements of DQOFH in respect of delivering urgent same day access for children and those over the age of 75, provision of a minimum of 75 contacts per week per 1000 population, utilising the support of extended access appointments provided by DIHC.

Key Elements – for DIHC

- To support and enable the development and sustainability of primary care to deliver improvements to the health of the Dudley population and to build a robust out of hospital care model; put simply: community where possible, hospital when necessary.
- To support and enable general practice and PCNs to deliver a consistent model of care that that is multi-disciplinary and responsive to the specific needs of the population, focussed on prevention, self-care and shared health outcomes
- To support patients to take a more active role in improving and managing their own health and be better informed about which professional is best able to help them
- To support individual practices with bespoke support through a range of offers including back-office support, management arrangements, turnaround support etc.

Achievements to Date

- A primary care Integration Agreement co-produced between DIHC and general practice and signed by DIHC and 40/43 practices covering 300,000 patients. It describes the mutual ambition and commitment to addressing population health improvement and how primary care and DIHC work together to achieve this common purpose.
- A quality improvement framework (DQOFH) in place that addresses the population health needs in relation to access, continuity and co-ordination – a framework that sees Dudley general practice operating to standards over and above those that are Nationally defined.
- One of the largest pharmaceutical public health team employed in the country operating to achieve population health outcomes at a practice, PCN and borough level demonstrating quality improvement and return on investment on £4.73 for every £1 spent on prescribing efficiencies.
- An agreement in place with PCNs that sees DIHC rapidly employ and deploy ARRS staff and services – achieving the highest level of ARRS employment for Dudley PCNs compared to all other PCNs across the ICS.
- A team of health coaches employed and operating in support of the DQOFH standards that sees every patient with a long-term condition supported to have holistic review and goals identified as part of a personalised care plan – in 2021/22 45,594 patients had a review and were set personalised goals, with pilot studies showing demonstrable improvements in blood pressure, cholesterol, weight loss and HbA1C levels.
- Integrated Community Teams (ICTs) established and successfully managing the health and wellbeing of patients with high clinical risk.
- The commissioning of 'Integrated Plus' from the Dudley Council for Voluntary Services – a service that works within the ICTs to co-ordinate the voluntary sector and community assets – resulting in demonstrable improvements to the wellbeing of patients and reductions in attendances to hospital - at 6 and 12 months pre and post referral data shows a 37% reduction in A&E attendances at 6 months, and 50% reduction in A&E attendances at 12 months.
- Two practices (High Oak and Chapel Street Surgery) in deprived communities taken into direct provision and management by DIHC to ensure continuity of provision for populations with significant challenges
- Improvements in the delivery of primary care medical services at the two practices provided by DIHC – including relative improvements in DQOFH outcomes and patient satisfaction as measured in the National GP survey.
- Clinical and managerial support provided to general practice - putting in place robust systems and process that address issues identified by the CQC and enable the practice to operate whilst maintaining GP ownership.
- Establishing an extended access GP service mobilised and operating at two weeks' notice that sees in excess of 1200 patients a month since January 2022 with capacity for direct booking from 111 and GPs, with 91% of patients being seen within 5-15 minutes of arrival, and 88% of patients being very satisfied with the service. Capacity for this service was increased within 24 hours for locally driven need such as heat wave and winter capacity.
- A Covid Assessment Centre rapidly mobilised on behalf of practices and PCNs that provided 6,668 face-to-face consultations and an oximetry at home monitoring service for patients with confirmed or suspected Covid during the first 15 months of the pandemic. 95% of patients were very satisfied with the service they received, and the at-home digital monitoring service won the 'Driving Digital Transformation Innovation Award' from the West Midlands Academic Health Science Network along with the Covid assessment centre team being awarded the Freedom of the Dudley Borough.
- Supported practices and PCNs with the co-ordination, management, and delivery of the Covid vaccination programme – achieving the highest achievement of COVID vaccinations and boosters in the ICS.

- Produced development, workforce development and estates plans for all PCNs that have enabled DIHC to achieve the highest level of ARRS employment and service provision for Dudley PCNs across the ICB.
- Enabled PCNs to secure additional investment to support training, education, and support to maintain sustainable service provision.
- At the request of the Brierley Hill PCN, employed the PCN Clinical Director and provide management support for all aspects of the PCN under a service level agreement (SLA).
- Provide the leadership and co-ordination of regular GP Education and Engagement sessions to both enable professional development and to support the knowledge base in a range of subjects across primary care. This includes operating an arrangement with the local Urgent Treatment Centre to enable practices to close early to guarantee attendance.
- Establishment of new services including a community-based headache clinic led by a GPSI which provides a quicker route to assessment for people suffering with headaches, and a team of primary care mental health first contact practitioners to support general practice on a daily basis with additional mental health\ support
- Successfully managed service transfers for school nurses, safeguarding and primary care mental health teams into Brierley Hill and Stourbridge Health and Social Care Centres.
- On behalf of general practice, and in consultation with patients, selected a Digital First system (Footfall) and supported its roll out and introduction across general practice in Dudley
- Created additional clinical rooms to support High Oak surgery, and created additional non-clinical rooms to support PCN staff in Brierley Hill and Dudley and Netherton
- Improved the estate condition, security, and compliance for services operated from Chapel Street surgery
- Provided estate and supporting infrastructure to deliver the extended access Hub
- Provided estate and supporting infrastructure to support the Special Assessment Service (a service for patients that have been removed from the registered list of general practice)
- Worked collaboratively with PCNs and practices to produce estates strategies for each PCN, these strategies
    - Have ensured that all ARRS staff employed by DIHC have the clinical and non-clinical space that allows them to work closely as part of the extended primary care services in support of practices and PCNs
    - Have identified the additional space and capital required to meet the additional requirements for the increasing number of ARRS staff from 2024 onwards
    - Have informed the development of the DIHC Estates Strategy expected to be finalised in 2022

Chapter 4: The Future Strategy for Primary Care in Dudley – Implementing the Fuller Review

Vision

Our strategic vision for primary care is:

- To address the challenges of access, workforce and estates whilst embracing the opportunities afforded by best practice and national policy, including the Fuller recommendations.
- To support and enable general practice and PCNs to offer a sustainable model of primary care that is the first point of contact and principle point of continuing care for the population
- To support and enable general practice and PCNs to provide a consistently high level of care, address unwarranted variation, and improve access, quality and population health outcomes as measured through the DQOFH set out in Appendix 4.
- To develop a model of care that is multi-disciplinary and responsive to the specific needs of the population, focussed on prevention, self-care and shared health outcomes, supported by appropriate estate and facilities.
- To support patients to take a more active role in improving and managing their own health and be better informed about which professional is best able to help them.
- To deliver the national, regional and local requirements in partnership with the ICB and general practice.
- To represent and enable primary care to lead the development of the transformation strategy for primary care within the ICB.
- To provide an organisational model to support the resilience and sustainability of primary care with innovative workforce models and a range of support offers
- That general practice is supported and enabled to achieve

Our approach to implementing the Fuller stocktake review: next steps for integrating primary care in Dudley

In order to deliver our vision, our fundamental approach is to fully embrace the Fuller stocktake review, building on the progress we have already made. We have set out below our progress to date and our next steps for fully realising the opportunities that exist for the population and the sustainability of primary care. We have described our developing service model, together with our progress and future plans for workforce, estate and digital enablers to support delivery

The Fuller stocktake report: Next Steps for Integrating Primary Care reflects on the current model of primary care delivery and outlines a vision for primary care that reorientates the health and care system to a local population health approach through building neighbourhood teams, streamlining access and helping people to stay healthy.

The Fuller stocktake report recognises and references our role and the role of the Black Country Primary Care Collaborative in supporting the development of primary care, describing the way in which DIHC has provided the opportunity to enable general practice and PCNs to operate at scale – delivering improvements in sustainability, access and population health improvement – all of which are aligned to the recommendations contained within the report.

The three key areas described in the report are set out below, along with progress to date and next steps for further development:

Personalised Care
Providing more proactive, personalised care with support from a multidisciplinary team of professionals - integrated neighbourhood 'teams of teams' need to evolve from Primary Care Networks (PCNs) and be rooted in a sense of shared ownership for improving the health and wellbeing of the population. They should promote a culture of collaboration and pride, create the time and space within these teams to problem solve together, and build relationships and trust between primary care and other system partners and communities.

Progress:

- Dudley has the expertise and experience of implementing multidisciplinary teams (MDTs) within each General Practice since 2015 as part of the NHS New Models of Care Vanguard Programme
- DIHC has evolved and developed the MDT model (teams without walls) to an ICT model – these are neighbourhood teams operating within each PCN to manage those with the greatest needs and at the highest risk of admission.
- The ICT comprises a core team within each PCN as follows
    - ICT lead - GP or designated AHP/community nurse
    - Community nurse
    - Long term conditions nurse
    - Mental health nurse or specialist
    - Social work and local authority
    - Voluntary sector lead from integrated plus
    - Care coordinator
    - Integrated Plus Voluntary Sector Link Worker
- The ICT comprises an extended team that includes, but is not limited to
    - Specialist Palliative Care nurses
    - Respiratory specialist nurses
    - Diabetic specialist nurses
    - Clinical pharmacists
    - Allied Health Professionals
    - Safeguarding support (social services)
    - Health Visitor – where there are complex cases or children
    - Specialist consultant support for key ICT sessions including (Cardiology and Heart failure, Diabetes and Endocrinology, Learning Disabilities, Nephrology, Respiratory Medicine, Vascular Conditions, Palliative Care and Mental Health)
- Within the DQOFH (operating since 2016) Dudley general practice and patients are now familiar with annual holistic reviews and personalised care planning, supporting with health coaching those patients with long term conditions.

Next Steps:
The DIHC primary care operating model to be shared with wider primary care to optimise the way in which personalised care planning is supported and delivered e.g., developing the way in which all clinical teams are aligned and operating to support patients achieve their personalised health goals.

The ICT model will be enhanced and developed to include a broader and more wide-reaching input from community asset and council/public health provided teams

Same Day Access to Urgent Care
Providing streamlined access to urgent, same-day care and advice from an expanded multi-disciplinary team, using data and digital technology to enable patients to quickly find the right support to meet their needs.

Progress:

- The DQOFH already sets access requirements over and above the National GP contract i.e., provision of a minimum of 75 contacts per week per 1000 population, practices offering same day access to children under 5 years and adults 75 years and over ensuring they are assessed by a clinician and seen within 6 hours of contact, practices actively identifying patients at high risk of admission, participating in ICT meetings to ensure patients at high risk of admission have an appropriate preventative strategy.
- The DIHC extended access hub for the provision of urgent same day GP and Advanced Nurse Practitioner (ANP) appointments was rapidly mobilised and is in place and accepting referrals from GPs and directly booking from 111 the Dudley Urgent Treatment Centre, seeing over 1200 patients a month since January 2022. This has significantly supported urgent care capacity across the Dudley system.
- DIHC has mobilised a digital-first platform (Footfall) across all practices – an online offer, accessed through an individual practice's website, which is available to all patients and capable of enabling them to navigate their way to find help in exactly the way they would if they walked into reception.

Next Steps:

DIHC will develop and expand the provision of the access hub, to increase the provision of GP and ANP appointments to cover a more extensive range of primary medical services e.g., phlebotomy, diagnostics, imaging that will be accessible for direct booking for 111, Urgent Treatment Centre and GPs.

DIHC will provide an enhanced access offer to primary care across Dudley to assist them in providing their enhanced access requirements.

DIHC will be reviewing, with patients and practices, the best way to utilise the digital-first platform for the purposes of navigation and triage.

DIHC will develop a standard way in which Footfall is used for triage, consultations and all other aspects of the 'digital offer' to patients in Dudley

Prevention

To ensure that those who would most benefit from continuity of care in general practice (such as those with long term conditions) can access more proactive, personalised support from a named clinician working as part of a team of professionals.

To help people to stay well for longer as part of a more ambitious and joined-up approach to prevention -taking a more active role in creating healthy communities and reducing incidence of ill health by working with communities, making more effective use of data and developing closer working relationships with local authorities and the voluntary sector.

Progress:

- The DQOFH was developed with a specific focus on addressing and reducing variation in population health outcomes, driving a more preventative approach that supports and enables patients take a more active role in managing their own health.
- DIHC commissions a service called 'Integrated Plus' that supports people aged 16 and over who frequently visit their GP, who are at high-risk of hospital admission and/or who are vulnerable and could benefit from social prescribing and/or community asset-based interventions. The service aims to look at the whole needs of a person, regardless of what those needs might be and jointly find solutions to problems they face.
    - The Integrated Plus team operates within each PCN and accepts referrals from GP surgeries and via weekly ICT meetings.

- The team also works closely with Russell's Hall hospital and West Midlands Ambulance Service to provide longer and more intensive social prescribing support to frequent attenders of A&E services and frequent callers of 999.
- A project development worker oversees and manages the voluntary sector social prescribing fund and develops and maintains relationships between the voluntary and community sector, link workers, GPs and NHS teams.
- The PCNs support DIHC to commission this service at a scale because of the significant benefits that are seen in operating one team, which supports people to become less reliant on medical services and encourages and supports people to get connected into wellbeing services and activities, often delivered by the voluntary sector.
- The team work closely with the DIHC Listening and Guidance and Social Prescribing service

Next Steps

There is a consensus between patients, general practice and National policy that access to and continuity of care is a challenge, with frustrations shared by both patients and staff alike.

There is a recognition and desire from general practice that in order to progress and develop a population health approach to prevention and continuity of care for long term conditions, urgent same day access could be organised and delivered at scale – either at PCN or borough-wide level; with long term conditions management (prevention and continuity) continuing to be delivered at a practice level. The view of general practice is that such a change would support a sustainable model of care going forwards.

DIHC would take a lead in collaboratively developing/co-producing a primary care operating model for general practice and primary care that ensures that same day access, personalisation and prevention could be delivered efficiently, sustainably and to a high standard; ensuring agreement with general practice and patients alike.

DIHC would work with the ICB and the national primary care transformation team to be a Fuller Review accelerator site to drive transformation and help shape national policy to embed these changes into business as usual – particularly in areas such as existing legislative, contractual, commissioning, and funding frameworks.

Enablers

In order to deliver our vision, and the implementation of the Fuller recommendations, we recognise the importance and critical inter-dependencies of having the following enabling strategies in place

Workforce

Our achievements to date reflect the way in which we have developed integrated care teams around the needs of the population, and how we are organising and operating those teams in support of practices and PCNs to enable improvements to access, quality and population health (as measured through the DQOFH). These teams will be transformed to include the full neighbourhood team approach described in the Fuller recommendations.

We have made significant progress in developing ARRS workforce plans on behalf of each PCN, and the development and implementation of a nursing and allied health professional strategy.

We recognise the significant challenges presented by a reducing GP workforce alongside an increasing demand for primary care services. We will lead the development of a primary care workforce strategy for Dudley – building upon our work to date to ensure that there is a

collaborative, multiskilled workforce, working cohesively to implement a co-designed model of care with general practice, PCNs, and the wider system.

Estates

Our achievements to date reflect our progress in working collaboratively with PCNs to develop their estates strategies, providing additional estate for new services (access hub, chapel street surgery) and supporting PCNs to plan and identify opportunities for capital.

We are in the process or developing an Estates Strategy that will be in place in 2022 built upon the PCN strategies that we have already developed. The DIHC Estate Strategy will outline the future estate required to support our primary care operating model. The strategy will ensure that the PCN's are in a position, with our support, to access funding through the premises costs directions to create additional accommodation to support the PCN extended activities and deliver the primary care operating model. The Estates Strategy will include a prioritised list of estates projects in readiness for any capital funding becoming available.

The fundamental principles that guide our Estates Strategy for primary care are consistent with those set out in the NHS Long Term Plan (LTP) and align with the ICS priorities for

- Boosting out of hospital care delivering it closer to the community
- Supporting the development of the PCN's
- Redesigning and reducing pressure on emergency hospital services
- Providing more personalised care
- Providing digitality enhanced care
- Increasing focus on population health with a more integrated approach to health

Digital First

Digital First is a nationally funded, transformational programme of work with a focus on delivering equitable access to digital services, for all patients

There is a Digital First Primary Care programme across the ICS that aims to embed and build on the digital transformation advances made in primary care as part of the pandemic response.

The role of DIHC is to work in support of the ICS to deliver a strategy and programme of support to general practice and PCNs to optimise and enhance their current level of Digital First solutions and improve overall patient access in the following areas

- offering online consultations that can be used by patients, carers and by practice staff on a patient's behalf,
- to gather submitted structured information and to support triage, enabling the practice to allocate patients to the right service for their needs
- the ability to hold a video consultation between patients, carers and clinicians
- two-way secure written communication between patients, carers and practices
- shared record access, including patients being able to add to their record
- request and management of prescriptions online
- online appointment booking

A Digital Strategy will be developed in 2022, along with a programme of work and projects that will see DIHC continue to develop and enhance the range of support to general practice and PCNs to include

- Reviewing the existing range of Digital First solutions
- Developing a digital operating model or “digital blueprint” that supports and enables improved access through definition of and driving towards best practice and consistency of digital services
- Developing and enhancing existing support functions to general practice and PCNs to identify key areas for improvement and training to implement and optimise a digital operating model

We are fully committed to aligning our enabling strategies and functions with the ICB to achieve a whole system benefit and have agreed a process where there is one strategic action plan between DIHC and the ICB that is overseen by the Dudley Primary Care Collaborative Group.

Chapter 5: The Future Role of DIHC Supporting Primary Care Sustainability and Development in Dudley

DIHC has solid credentials on which to build further on its relationship with primary care; these are based on insight into the primary care world, established trust and a joint ambition with primary care to see it not only sustain but to flourish, step into and up to the roles set out in the Fuller review, working at scale and collaboratively within primary care and with wider partners.

DIHC already has responsibility to support the development of primary care within Dudley; within each of the other places within the ICS that responsibility still remains with the ICB.

The benefit of having DIHC assume this responsibility in Dudley has been our ability to engage with general practice and PCNs to co-produce and provide a range of support offers that are valued and support the sustainability of general practice and PCNs.

Support provided to date

We have engaged extensively with general practice and PCNs in order to respond to their challenges and needs over the past two years. The consensus in respect of what is most appreciated and valued is:

- The way in which DIHC has embraced having GPs involved in its leadership and governance at the highest levels, in its Board, its Committees and its Executive Team; ensuring a strong primary care voice in the leadership of the Trust.
- The way in which DIHC engages with practices and PCNs in the development of its services.
- The way in which DIHC understands the challenges and the opportunities for the development of primary care – a feeling that they are supported to lead the transformation of primary care as opposed to being led.
- The ability for DIHC to offer both support and services at scale when required, bringing the structure and governance of an NHS Trust, whilst also being agile to the needs of primary care and communities.
- The provision of the extended access GP through the DIHC access hub – this has created capacity for general practice to triage and refer patients in need of same day urgent appointment when practices urgent access slots are already fully booked. It has also supported diversion of patients from 111 and Urgent Treatment Centre, supporting urgent care throughout place.
- The provision of the pharmaceutical public health 'practice-based pharmacists' with structured medication reviews, clinical audit, patient consultations, management of medicines-related correspondence, problem solving and reviewing patients' repeat prescriptions. This adds value to the primary care pharmaceutical offer and supports enhanced patient safety and cost reduction in prescribing. The pharmacists also provide support for ICTs who ensure that appropriately co-ordinated care is provided to patients with complex healthcare needs – having one team with one work plan has achieved productivity gains of 20% and achieved a £4.73 return on investment for every £1 spent on achieving prescribing efficiencies. The teams also model health inequality work and lead the governance of non-medical prescribers.
- The DQOFH is valued as a better set of population health and clinical outcomes and targets than the National QOF. It is focussed on jointly agreed local priorities, remains consistent over time and drives a more multi-disciplinary approach in general practice that is more responsive to patient need.
- The quality improvement support to practices that have been at imminent risk of closure. The GP Partners and their surrounding practices within the PCN have appreciated the intervention and support from DIHC that has seen the turnaround of these practices, thus avoiding the loss of service to communities in need and an unmanageable influx of patients into other practices in the PCN due to closure / list dispersal.

- The support in co-ordinating and delivering the Covid vaccination programme, working closely with PCNs and Dudley MBC to set up vaccination sites and provide a comprehensive range of management support.
- The support to undertake contacting those that had refused vaccination from ethnically diverse groups, using people proficient in different languages and able to address specific concerns through in-depth calls where uptake was often lower in areas of social deprivation and resulting in a 60-70% conversation rate.
- The Service Level Agreements in place with PCNs that sees DIHC employ and deploy ARRS staff, along with the operational management of those staff with professional leadership, workforce provision and planning, supervision and training all provided as an NHS employer under Agenda for Change Terms and Conditions. The PCNs appreciate and value this service and consider it to be excellent value for money based on the overhead charged by DIHC. The ARRS staff appreciate, and value employment protections and rights provided by working for an NHS Trust under Agenda for Change terms and conditions.

General practice and PCNs have told us where they require further support –

Opportunities

The areas of support described above have been valued and appreciated by general practice and PCNs. Building on this, our engagement activities within individual practices, with PCNs and specific engagement events exploring the implications of the Fuller review and next steps have identified a number of areas where general practice, PCNs and DIHC have identified the opportunities for further DIHC support. These are:

- Leading the design of a primary care operating model that supports the sustainability of general practice on a day-to-day basis.
- The separation of urgent same day access and long-term conditions management – with suggestions that this is tested and evaluated in one PCN with support from the ICB and National support as part of an accelerator programme to assess new ways of working resulting from the Fuller review.
- A CQC support function for all practices – up until now intervention and support has been provided to those practices where there are challenges – the practices and PCNs would like to see a universal offer of support to provide standardised policies and procedures, with readiness assessments and audits.
- A greater focus on growing our own workforce with a workforce strategy that provides incentives and offers to retain GP trainees with career portfolio, training, supervision and support. Working in partnership with our Urgent Treatment Centre providers and West Midlands Deanery and other providers locally such as Mary Stevens Hospice developing innovative GP training roles for post GP training to support new doctors into local jobs.
- A greater role to provide back-office support in particular, a model that sees DIHC take on employment and functions of practice administrative staff as part of a business partnering offer, for those practices that would be interested.
- A greater level of management support functions for all PCNs to include; workforce planning, estates planning, training needs analysis, development planning, business case development, project management and implementation.
- DIHC and PCNs to align their clinical workforce and teams to deliver the health outcomes set out in the National requirements of the PCN impact and investment fund (IIF)[2]
- Service provision for the enhanced care in care homes as per the NHSE framework and specification requirements.[3]

[2] https://www.england.nhs.uk/wp-content/uploads/2022/03/B1357-investment-and-impact-fund-2022-23-updated-guidance-march-2022.pdf

[3] https://www.england.nhs.uk/wp-content/uploads/2020/03/the-framework-for-enhanced-health-in-care-homes-v2-0.pdf

- DIHC and primary care to partner and offer to take on newly commissioned community and out of hospital services.
- Support the development of an operating model for online triage and appointment booking – beginning with the review of the existing system (Footfall) that was mobilised rapidly at the beginning of the pandemic.
- DIHC to further develop the role and functions of the Urgent Treatment Centre (UTC) with a view to integrating it with the DIHC extended access services, and primary medical service provision.

The role of DIHC in supporting primary care development

We will support and develop primary care in the context of building upon what we have achieved to date, where the direction of National Policy and the Fuller review is directing us, and the response of general practice and PCNs in how they see our role supporting them. This role exists in the following four areas:

- To support and develop primary care devolved from the ICB
- As a provider of community-based services, both clinical and non-clinical
- As a commissioner of a range of community services, devolved from the ICB
- As a collaborative leader in the system, alongside others and in support of the place-based leads

The offers to general practice, PCNs, place and system

The offers described below are the output of extensive engagement with general practice, PCNs, place-based system leads and the leaders across the ICS.

The offers are constructed to meet the requirements of National Policy and the Fuller review and consequently the ICB priorities for primary care whilst at the same time, providing practical support that has been identified by practices and PCNs in supporting them achieve a sustainable model of primary care in the context of increasing demand, and reducing GP workforce.

The offers provide support at every part of the system – starting with the registered list of patients at a practice, through to PCNs, place and system and reflect the clinical and non-clinical support requirements. They would include support on the following basis:

- No support – where support is not required
- Advisory/mentorship
- Educational/facilitative - learn from others and each other
- Direct support/creation - doing it with you or for you on a project basis
- Ongoing delivery of a function or service, or suite of functions/services, either clinical or back office/administrative
- A fully managed suite of services and practice management
- Assuming responsibility for the provision of the GMS contract

DIHC can provide the following range of offers; expressed for clarity as “we will” statements.

General Practice

Clinical and Operational Service Support	Managerial
• We will ensure that our clinical teams and ARRS staff are operating in support of practices to deliver the population health outcomes set out in the DQOFH i.e., health coaching to support patients achieve personalised health goals • We will develop proposals and service offers at the request of GP partners that	• We will develop and provide practices with templates, reports and training on EMIS for managing the DQOFH. • We will develop a standard operating model for Footfall i.e., the ‘digital offer’ for patients

enable us to take on the provision of services that practices may wish to sub-contract to DIHC i.e., the enhanced care in care homes • We will provide a quality improvement support function to support and enable practices to reach good and outstanding in every CQC domain and high levels of DQOFH performance i.e., a more preventative and proactive approach to quality improvement • We will provide a range of clinical governance support to practices, sharing standard policies and operating procedures supported with training and education. • We will develop a primary care operating model within our directly provided practices and share the learning and resources with all other practices • We will negotiate with any practice wanting to move to a salaried model with DIHC taking on full responsibility for the provision of the GMS contract (based on our learning from taking on direct provision for two practices). This is entirely at the discretion of any individual practice. • We will ensure that clinical staff have personal and professional development support by partnering with the training hub to provide peer mentorship support, portfolio career development and access to financial support to develop and upskill clinical staff. • We will lead the process of annually reviewing and making recommendations to the ICB on the indicators within the DQOFH.	• We will co-produce and provide a range of business partnering offers with practice staff i.e., CQC and other regulatory requirements, finance, staffing, quality improvement and assurance support. • We will ensure that all practice staff are supported with professional and personal development as part of place-based training needs analysis and plan, as part of a workforce strategy. • We will work with practices via the Dudley Practice Management Alliance (DPMA) to create a bank of clinical and non-clinical staff. • We will support practices with their estates planning – contributing to the development of a PCN estates plan and place-based estates strategy developed by DIHC. • We will support practices by co-ordinating access to GP training and retention schemes – partnering with the Black Country Training Hub. • We will support practices in developing and operating their patient participation groups (PPGs).

PCNs

Clinical	Managerial
• We will provide workforce planning and training needs analysis on behalf of each PCN. • We will continue to employ and operationally manage ARRS staff at scale to achieve agreed population health outcomes on behalf of the PCNs. • We will support the delivery of the ICTs by employing clinical leads to organise and co-ordinate the ICTs within each PCN. • We will review and evaluate the ICT operating model, with a view to standardising the way the ICT operates across all PCNs to optimise the way in which they support patients. • We will ensure that our clinical teams and ARRS staff are organised to support the delivery of the PCN impact and investment fund (IIF) • We will operate in support of PCNs to directly provide the enhanced access components of the PCN DES i.e., the provision of primary medical services beyond 6.30pm weekdays and on Saturdays (where required by PCNs) • We will operate in support of PCNs as a sub-contractor to provide other aspects of the PCN DES beyond enhanced access, at the request of the PCN.	• We will review and update our SLAs with each PCNs on an annual basis to reflect our offers of support and the key outcomes to be expected from our arrangements. • We will provide each PCN with business intelligence and population health data analytics. • We will support each PCN in producing an annual development plan to secure development funding from the ICB. • We will support each PCN by producing an estates plan (as required by NHSE) • All PCN Clinical Directors will have the option to become 'hosted' and employed by DIHC • We will work with the ICB to 'host' primary care development resources on behalf of PCNs and ensure that all PCNs are maximising the opportunity to access development resources. • We will support PCNs in developing and operating patient participation groups (PPGs) at a PCN level.

Place

Clinical	Managerial
• To represent and reflect the 'voice' of primary care when responding to policy direction and opportunities – to operate	• To lead the Dudley primary care collaborative, supported with a mutually agreed workplan with place- based leads and the ICB.

in a way that is understanding and supportive of the needs of primary care. • To develop and implement a range of supporting and interdependent strategies in relation to workforce, estates, training and education that are co-produced and carry the support of primary care. • To develop a primary care operating model for DIHC practices for clinical and non-clinical activities supported by an independent academic evaluation • To work with the office of public health to undertake a qualitative study and economic impact assessment on the benefits of the DQOFH. • To actively lead and participate in National accelerator and development programs to attract additional resource and support for strategy implementation. • Facilitating shared clinical and non-clinical practice education, learning and development to maximise individual and collective performance and shared learning • Developing potential models of operating at scale across primary care and with partners to achieve and deliver on the requirements of Fuller review • Responsible for the employment, leadership, management, development and governance responsibilities of additional primary care and aligned services e.g., ARRS, access hub using the structure and scale of an NHS Trust to discharge these	• To support wider Black Country primary care place collaboratives to enhance the voice of primary care at place and to support with primary care expertise the place development agenda • To develop place-based functions for the training hub to support the development of one workforce plan and training needs analysis for Dudley. • To develop and implement the programme management governance for the implementation of this strategy – scoping and mobilising key projects for delivery. • Developing and implementing a range of leadership and development programmes for primary care in partnership with training hub and ICB in support of the implementation of this strategy. • Leading a programme of GP engagement and development sessions supported and incentivised in partnership with PCNs specifically related to the implementation of this strategy. • Supporting primary care to be informed and influential in the system e.g., to facilitate the collective informed voice of primary care at place and at system level, to chair the place based and system based primary care collaborative • To develop and produce, in partnership with practices and PCNs, a place-based estates strategy for primary care.

The Programme Management Approach to Delivery

The strategy will be delivered by organising all the required activity into a defined set of projects and workstreams that are aligned into one programme plan to deliver the overall vision and intended outcomes of the strategy.

All the offers within the Dudley strategy have been categorised into 12 themes. The programme will work with stakeholders to identify and agree all the key priorities and dependencies within and between these themes to create one plan then continue to engage and update all stakeholders throughout delivery.

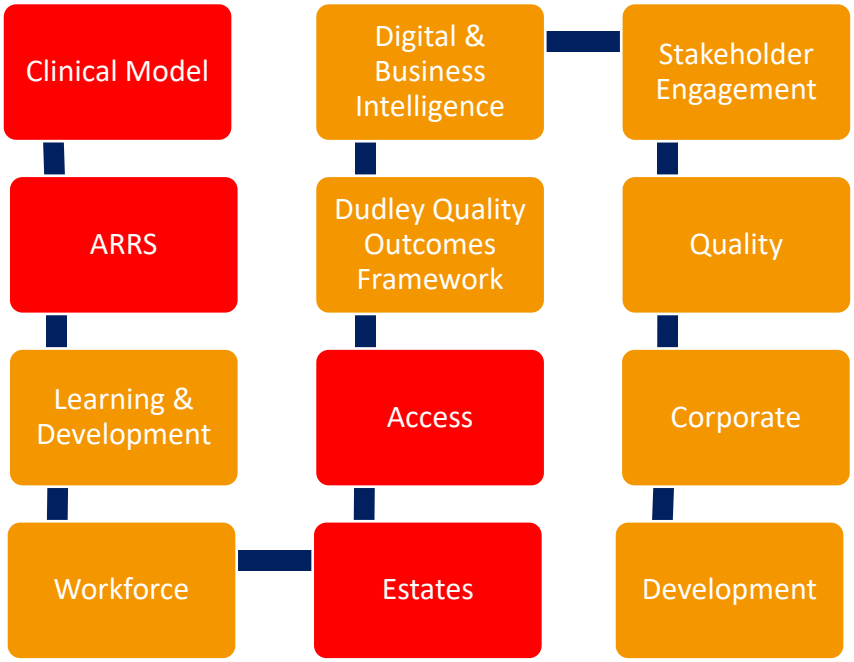
All the defined projects and workstreams will report progress regularly into key forums and committees to ensure all activity is proactively managed, dependencies tracked, and risks can be escalated promptly. A series of benefits will be defined and reported on to enable us to track progress against the vision and intended outcomes of the strategy so we know not only if we delivered the defined project or workstream but whether it delivered the required change to patients and/or staff.

A resource plan will define all the roles and responsibilities of all required staff to deliver this programme of work who will adopt the working practices of the programme into a one team approach.

A 'virtual team' working to one strategic action plan with consistent reporting will be established.

An initial prioritisation and dependency exercise has been undertaken that has highlighted, below, the themes as high priority (red) or medium priority (amber):

Workstreams and Priorities



Chapter 6: Collaborative Working

We recognise that primary care cannot be supported and developed in isolation. The way in which we describe our support to primary care is dependent on having a model of care (and operating model) that is designed, supported, enabled and operated between all NHS providers and system partners with a view to delivering the Triple Aim of improvements to population health, quality of services and use of resources.

Within Dudley, all system partners recognise the importance of developing an integrated care model that builds upon our existing ways of integrated working.

In 2022 the Dudley Health and Care Partners (DHCP) comprising the organisations set out below, commissioned Capgemini Invent consulting services and their Accelerated Solutions Environment (ASE) to create and plan two separate two-day events to bring clinicians and wider health and care providers together to redefine and design a new model of integrated care for the local system

- NHS Black Country and West Birmingham Clinical Commissioning Group (CCG)
- The Dudley Group NHS Foundation Trust
- Dudley Integrated Health and Care NHS Trust (DIHC)
- Black Country Healthcare NHS Foundation Trust
- Dudley Primary Care Networks
- Dudley Metropolitan Borough Council
- Dudley Council for the Voluntary Sector

There are five key target outcomes set out below that have been agreed between DHCP

Integration	The system works seamlessly as one around the needs of citizens, so that they do not notice organisational boundaries. Every contact counts and positively impacts our citizens.
Clinical Outcomes / Better Health and Wellbeing	Prevention is inherent across the system and quality of care when it is needed is high. Dudley has a happier and healthier population.
Universal Proportionalism	Everybody in the borough has equal access, quality of care and improved wellbeing. Sometimes this will mean warranted variation to support those who have unequal access or poorer quality of care now.
Collaboration	Collaborative and MDT ways of working are effective and support the integrated system at both a strategic and operational level.
Sustainability	The system is sustainable financially, environmentally and in terms of the workforce pipeline.

There are four priority transformation groups that have been established as follows:

Integrated Care Teams (ICTs) and Care Co-Ordination	To lead the review and development of our existing ICT structures, considering staff feedback and national best practice with a view to refreshing the ICT operating model to realise the benefits of the Fuller stocktake review.

The Clinical Hub	To implement a coordinated system of demand and risk management which delivers safe and effective care in the community by default and in hospital when necessary.
Children and Young People	To develop the clinical model based on an increase in the universal offer to help Dudley's children to thrive, and with intervention aimed early in the life of the child and early in the problem. To recognise the central role of parents and carers and aim to "think family." The model will be integrated across the Dudley system, utilising the multidisciplinary team, sharing knowledge, and creating seamless transitions for families.
Mental Health	To review, explore and define the Dudley Mental Health model, with a seamless delivery of service by enhancing the connection across primary, secondary care, and the range of community-based interventions to support a reduction in escalation of needs.

Governance of Collaborative Working between Providers

Each workstream has clinical and executive leadership with dedicated management support – there is a programme management approach in place with each workstream having clear terms of reference with accountability through to the Integrated Model of Care Implementation Group which reports directly into the Dudley Health and Care Partnership Board.

Primary care is committed to and is actively engaged in shaping the design work of integrated services through the Capgemini process and in being an active partner in future collaborative delivery. Our commitment is to support primary care to ensure they have an equal and influential voice and role in both design and future delivery.

Chapter 7: The Potential Role of DIHC within the Black Country

The pressures in relation to rising demand and decreasing GP workforce presents the same fundamental challenge to general practice in the Black Country as that experienced in Dudley, and indeed across England.

The aspirations for the roles of primary care in the future NHS, as expressed in the Fuller Review and national policy, and the opportunities to support primary care and communities to seize those aspirations are similar too.

While the specific population health needs, and specific local challenges and solutions vary across places, fundamentally there is a significant opportunity for primary care providers to work together, and with others, to address those challenges. This will benefit communities, patients and both primary care practitioners and system partners.

DIHC exists to support primary care in its future development, building on the Trusts early success in Dudley and partnering with primary care providers across the Black Country.

Our intention is to be the trusted partner of the Black Country Primary Care Collaborative, and a resource on offer to practices, to PCNs, to places, collaboratives and to the ICS to support the sustainability and the positive development of primary care as a crucial component of the health and care system.

The Black Country Primary Care Collaborative (the Collaborative), PCNs, and practices from across the Black Country have proactively approached DIHC to request their support to take forward the work of the Collaborative, to enable them to be on an equal footing and to develop and sustain primary care across the ICS.
We recognise that our relationship with primary care across the Black Country is not as well developed as it is in Dudley, and we are committed to developing these relationships over the foreseeable future by drawing on our knowledge and experience.

As an organisation, we:

- Were created by primary care to support primary care,
- Have extensive primary care clinical leadership in our Board, Committees and Executive team
- Have the benefit of our local and practical experience,
- Have mutually respectful and trusted relationships with primary care
- Have the credentials and capabilities of an NHS Trust
- Have a track record of early success

We have a positive contribution to offer, alongside others, to the future sustainability and development of a thriving primary care offer across the ICS.

In further developing our relationship with primary care across the Black Country we will be respectful that:

- as independent Practices, PCNs, and Collaboratives, primary care has a choice of whether to seek support, and if so, from whom
- different places across the Black Country have developed differently in response to local circumstances and preferences. They have different arrangements for supporting practices, PCNs and Collaboratives, for provision of the ARRS staff, and for developing ICTs. That diversity is to be respected and embraced. We have no intention of promoting a “Dudley model”

to other places. Our offer is to work in partnership to co-design and implement the best models in response to local circumstances.

- a number of the support roles we fulfil in Dudley, and can offer more widely, are currently the role or function of another organisation in the other Places (e.g., the ICB, federations etc). We would wish to explore any potential changes with primary care, and with those organisations, on a collaborative basis.
- our relationship with primary care, and our support for primary care is based on an inclusive, mutually respectful, and trusted partnership. As we develop our relationship and work with Practices, PCNs and Collaboratives across the ICS we recognise the need to adapt both our name and our governance systems to reflect our changing role. We will wish to explore with new primary care partners how we ensure their voice is heard in the leadership and governance of the Trust, how they can bring their talents to our collective work, and how partners will hold the Trust to account for the support we offer. One option currently being explored is a membership model, together with appropriate representation on a new primary care led leadership Committee and wider Black Country representation on the Trust Board.

Our Proposals

In response to enquiries and requests from primary care practices, PCNs and the Black Country Primary Care Collaborative we have been working with primary care colleagues to explore and co-produce our possible future roles in supporting primary care across the ICS.

There are 2 areas of possible future support and development that we have co-produced together:

1. A role to support the strategic development of the Black Country Primary Care Collaborative as their trusted partner
2. A role in supporting Practices and PCNs with operational and development support where this is requested by primary care:
    a. Adapting and offering those services provided in Dudley to Black Country partners
    b. Responding positively to new requests for support and development, and co-producing new solutions

Each of these is set out more fully below.

Support to the Black Country Primary Care Collaborative

It is widely recognised that primary care is a key player in determining the success of the overall health and care system and that those areas which have strong and effective primary care have both better outcomes and lower costs. Primary care is also a key focus of risk and development priority nationally as recognised by the Fuller Review and emerging national policy and priorities.

The clinical leadership of primary care across the Black Country ICS has signalled a clear desire to engage fully and positively with the ICS to influence the strategic development of the overall health and care system; to ensure that patients primary care needs are heard, acknowledged, and resourced; and to have a leading role in the development and implementation of the future strategy for primary care across the Black Country.

Primary Care leaders have established the Black Country Primary Care Collaborative, a clinically led leadership forum with an agreed Terms of Reference and defined “Purposes.” It aims to achieve the above goals, whilst also connecting with and representing the primary care voice across all 181 GP Practices. As other primary care services (Optometry, Dentistry and Pharmacy) commissioning is delegated to the ICS those professions will also be invited to join the Collaborative.

The Terms of Reference of the BC PCC have been agreed and include the following “Purposes”: extracted below. The full Terms of Reference are attached at Appendix 5.

- To act as an expert reference group to the ICB on all primary care issues, initially representing all GP practices
- To expand the above to include Pharmacies, Optometry and Dentistry, and out of hospital services as part of “extended” primary care as part of the integration programme
- To act as a single point of contact for primary care engagement in the Black Country system
- To effectively influence ICS changes and have a single co-ordinated primary care voice at system, place and neighbourhood level
- To have a key role in the design and development of the out-of-hospital model
- To play an active and leading role in the design and development of the primary care transformation strategy and support the implementation programme once it is approved
- To act as the out-of-hospital clinical reference group for other formal ICS Boards and groups
- To act as the clinical network for the development of strategic commissioning and drive the transformation of primary care in the future
- To represent grassroot general practice views and public and patient needs and inequalities in the planning and delivery of services.

Primary care clinical leaders have expressed trust and confidence in DIHC to partner effectively with them. They wish the Trust to complement their own clinical leadership with governance, leadership and the managerial and administrative capabilities which DIHC can offer; and which will be essential to the success of the Collaborative. To enable this DIHC will:

- transition to a Black Country NHS Trust whose role is the support and development of Primary Care
- provide Primary Care, the Primary Care Collaborative, and the ICS with the much-needed support that primary care and the wider system needs
- act as trusted partner for the Black Country Primary Care Collaborative
- enable the Collaborative to take forward its agenda with the associated governance and infrastructure of the NHS Trust supporting the Collaborative to mature and operate as an equal partner in the ICS

DIHC has confirmed its willingness to work with the Collaborative and to amend both its name and its governance arrangements to reflect such a role.

The next steps in taking this forward are to seek the confirmation of this role with the ICB, consistent with the expressed wishes of both Primary Care leaders and DIHC; and to co-produce the proposed arrangements in more detail, including working with the ICB.

Support to Practices and PCNs

As referenced above, in addition to being approached to support the development and work of the Collaborative the Trust has also been approached by practices, PCNs and federations across the Black Country to explore the potential for the Trust to provide operational and development support to primary care.

We can both expand the range and scale up our support to primary care, in response to such interest. In doing so we can adjust and flex our governance and our operations to: maintain a local primary care focus and expertise, maintain our culture of primary care support and mutual trust, and achieve economies of scale in respect of business partnering support, providing value to practices and PCNs.

Our approach will always be to respond positively to requests for support and to work in partnership with primary care leaders to adapt or co-produce solutions that meet the real needs of practices, PCNs and collaboratives.

In part we will be able to build forward from the support services already offered and provided in Dudley, whilst flexing them to local circumstances specific to practices and PCNs needs. Our current

support offers, co-produced with practices and PCNs in Dudley, is set out in Chapter 5. We understand the realities and issues of primary care and can provide the necessary support that meets the real needs of primary care practitioners and practices.

Resourcing and Delivery
We recognise that the development of our role across the Black Country will mean expanding both the range and scale of our activities.

We are currently in discussion with the ICB, ICS and primary care partners about the extent to which the additional resources to support this role can be legitimately sourced from a refocussing of DIHCs existing resources, or the extent to which they will need to be met from existing or new resources from within the wider system.

A range of possible resource/ funding streams have been identified to support the roles above, either from existing mainstream budgets or developmental funding.

We recognise that resources are constrained and that, irrespective of the size of resource available, there will be a need make decisions on priorities, to organise work to achieve maximum positive impact in addressing primary care needs, and to ensure effective accountability.

Our commitment is that we will work with primary care leaders, as partners, in pursuing all appropriate opportunities for support and development resource, that we will co-produce annual support and development plans to take forward our shared strategy and priorities, and that we will develop both effective programme management and accountability arrangements to ensure we succeed in our joint plans.

Chapter 8 – Conclusion and Next Steps

This bold and ambitious strategy embraces and develops existing ways of working in Dudley that have been built by and are trusted and valued by practices and PCNs; builds on our track record of positive impact; and have been referenced as good practice within the Fuller stocktake review.

Our intention is to support Primary Care in Dudley to both sustain and develop, and, building on this; to offer similar support to Practices, PCNs, Places and the system across the Black Country. We aim to support Primary Care, as a critical part of the health and care system not only to sustain, but to flourish, overcoming the challenges of workload, workforce and estates and embracing the new roles and opportunities set out in the Fuller Review and national policy.

Our strategy is matched by:

- An innovative, tested, and credible model of support and collaboration between primary care and DIHC which will support primary care and the system to deliver the strategy for the benefit of patients, system partners and primary care professionals.
- The opportunity to roll out the same support and collaboration offer between DIHC and practices, PCNs and place within the ICS at pace - appropriate to their needs and aspirations, choosing from the menu of support offers to match their own needs.

Appendices

Appendix One:	Dudley PCN Profiles (attached)
Appendix Two:	Black Country Integrated Care System (ICS) Summary (available on request)
Appendix Three:	Workload and Workforce Challenge Profile for Dudley (attached)
Appendix Four:	The Dudley Quality Outcomes for Health Framework (attached)
Appendix Five:	Black Country Primary Care Collaborative Terms of Reference

Brierley Hill PCN

Registered Patients **51,808**

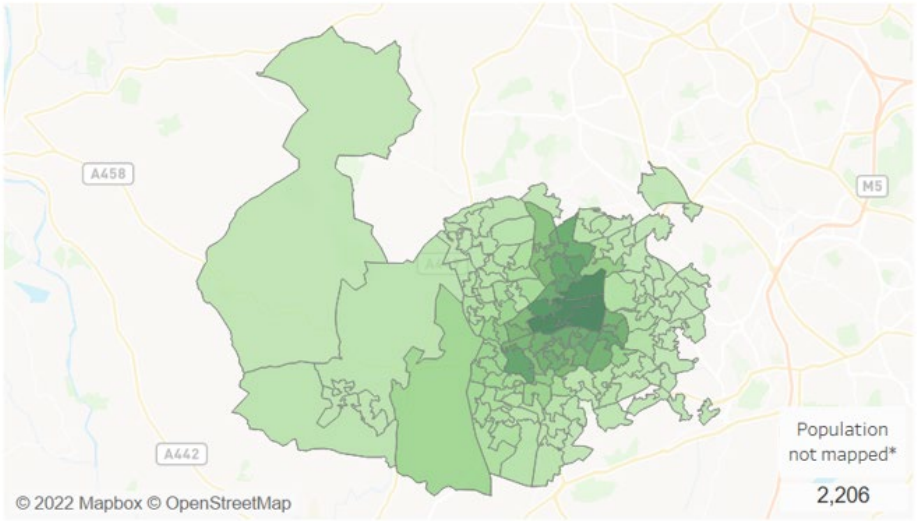
Number of patients registered as at 3/31/2022
Source: NHS Digital, General Practice Hub

Life Expectancy 78.64 82.65

Source: ONS

Residence map for BRIERLEY HILL PCN population (darker colour indicates higher numbers of people)

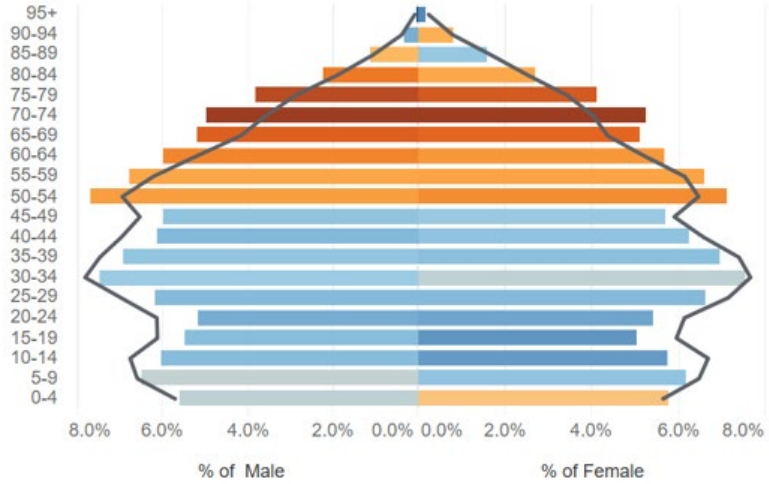
Source: NHS Digital Population by LSOA



* LSOAs with population < 10 are not included

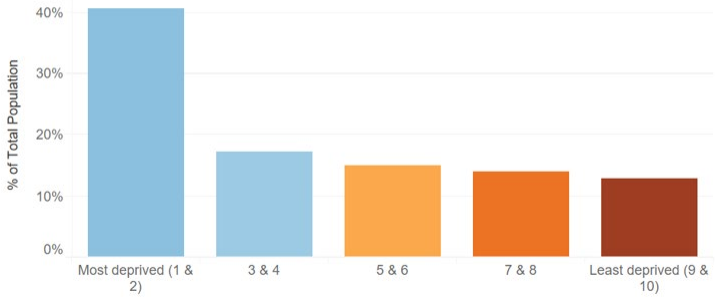
Registered population by age group

Chart colours show comparison with the CCG (orange higher/blue lower, than the CCG)
Source: NHS Digital, General Practice Hub



Deprivation

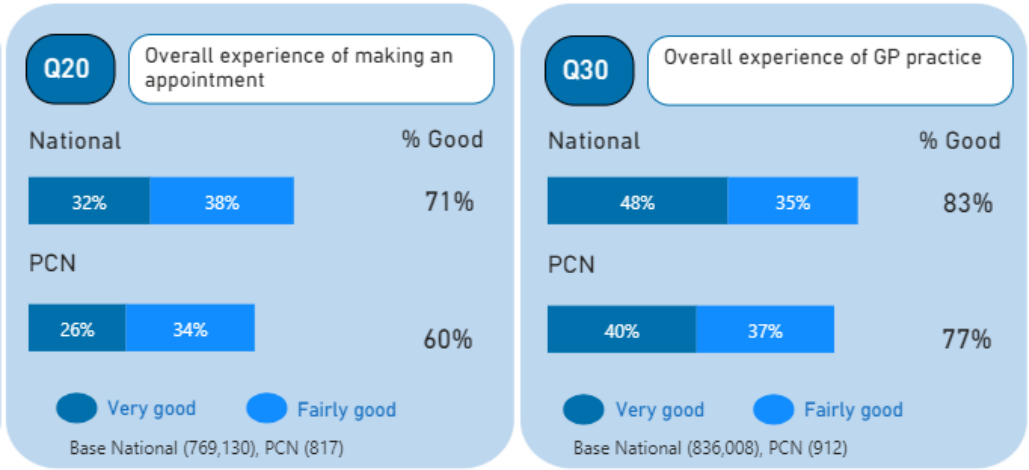
Source: NHS Digital & ONS IMD 2019
Population by IMD decile (Decile 1 = Most deprived, Decile 10 = Least deprived)



There are **7** practices in the PCN

GP Name and Code	CQC Inspection Rating	List Size
M87005 Three Villages Medical Practice	Good	11,174
M87009 Aw Surgeries	Good	17,139
M87010 The Waterfront Surgery	Good	8,342
M87027 Quarry Bank Medical Centre	Good	4,609
M87618 Quincy Rise Surgery	Good	2,949
M87638 Dr. R. M. Shah	Good	3,636
Y02653 High Oak Surgery	---	3,959

GP Patient Survey



Appendix 1

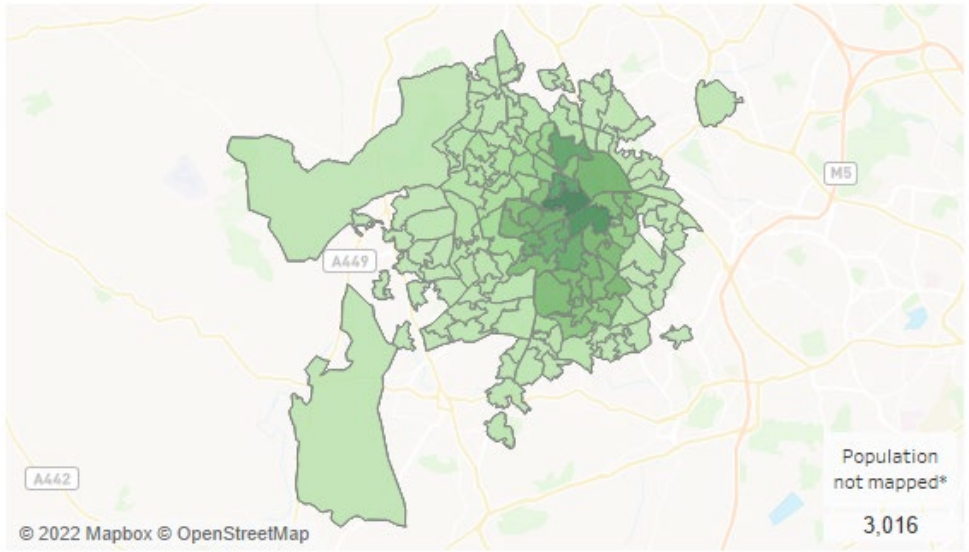
Dudley and Netherton PCN

Registered Patients 55,720
Number of patients registered as at 3/31/2022
Source: NHS Digital, General Practice Hub

Life Expectancy 76.83 80.79
Source: ONS

Residence map for DUDLEY AND NETHERTON PCN population

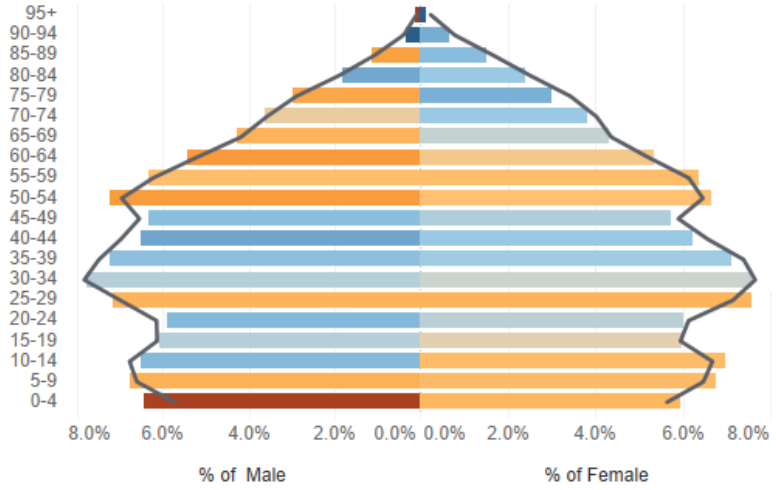
(darker colour indicates higher numbers of people)
Source: NHS Digital Population by LSOA



* LSOAs with population < 10 are not included

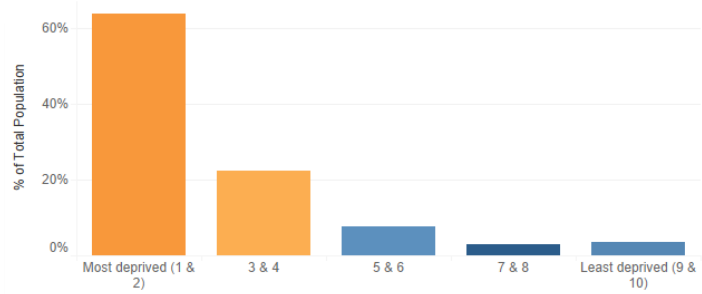
Registered population by age group

Chart colours show comparison with the CCG (orange higher/blue lower, than the CCG)
Source: NHS Digital, General Practice Hub



Deprivation

Source: NHS Digital & ONS IMD 2019
Population by IMD decile (Decile 1 = Most deprived, Decile 10 = Least deprived)

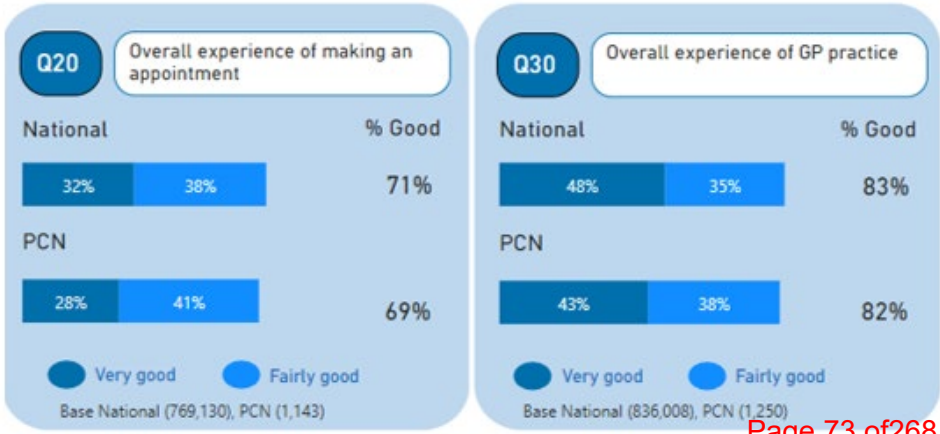


There are **10** practices in the PCN

GP Name and Code	CQC Inspection Rating	List Size
M87006 Eve Hill Medical Practice	Outstanding	8,306
M87017 Steppingstones Medical Practice	Good	8,397
M87025 Cross Street Health Centre	Good	5,203
M87026 St James Medical Practice2	Good	5,090
M87028 ANCHOR MEDICAL PRACTICE	Good	7,868
M87036 Bean Medical Practice	---	3,816
M87601 Keelinge House	Good	6,766
M87612 St James Medical Practice1	Good	2,455
M87617 Dr P D Gupta	Good	5,157
Y02212 Dudley P'ships For Health LLP	Good	2,662

Overall CQC Rating

GP Patient Survey



Halesowen PCN

Registered Patients 40,980

Number of patients registered as at 3/31/2022
Source: NHS Digital, General Practice Hub

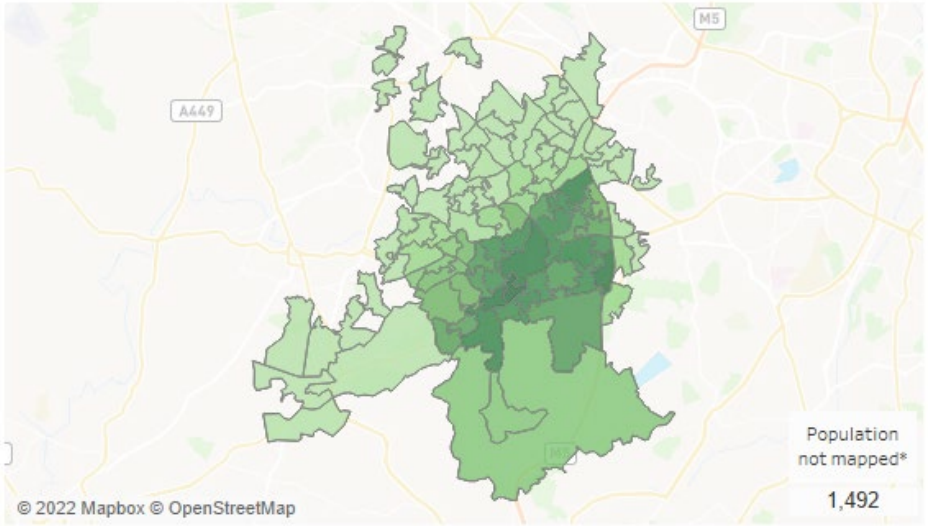
Life Expectancy

Source: ONS

80.12 84.46

Residence map for HALESOWEN PCN population (darker colour indicates higher numbers of people)

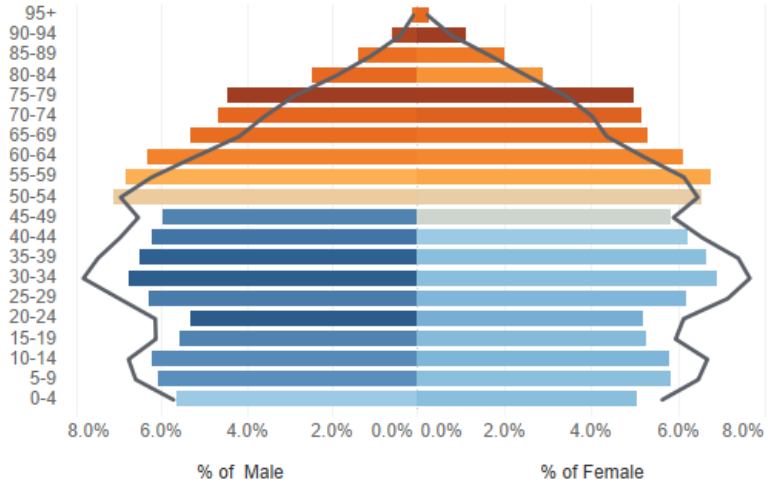
Source: NHS Digital Population by LSOA



* LSOAs with population < 10 are not included

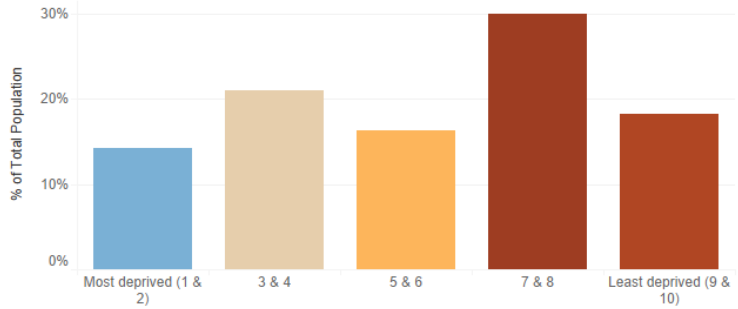
Registered population by age group

Chart colours show comparison with the CCG (orange higher/blue lower, than the CCG)
Source: NHS Digital, General Practice Hub



Deprivation

Source: NHS Digital & ONS IMD 2019
Population by IMD decile (Decile 1 = Most deprived, Decile 10 = Least deprived)

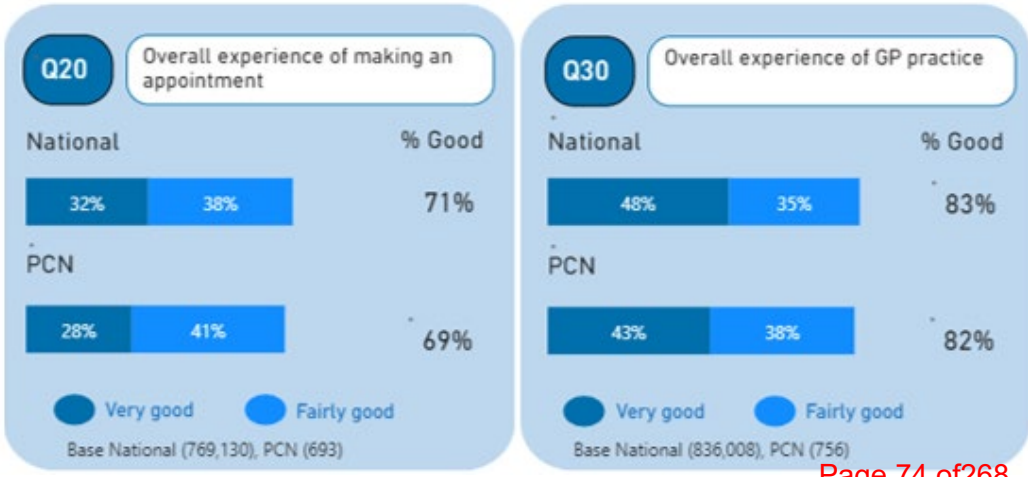


There are **6** practices in the PCN

GP Name and Code	CQC Inspection Rating	List Size
M87014 Lapal Medical Practice	Good	7,533
M87020 Feldon Lane Practice	Good	9,578
M87034 Clement Road Medical Practice	Good	4,998
M87602 Halesowen Medical Practice	Good	9,987
M87623 Alexandra Medical Centre	Good	3,012
Y01756 Stourside Medical Practice	Good	5,872

Overall CQC Rating

GP Patient Survey



Kingswinford & Wordsley PCN

Registered Patients **49,527**

Number of patients registered as at 3/31/2022

Source: NHS Digital, General Practice Hub

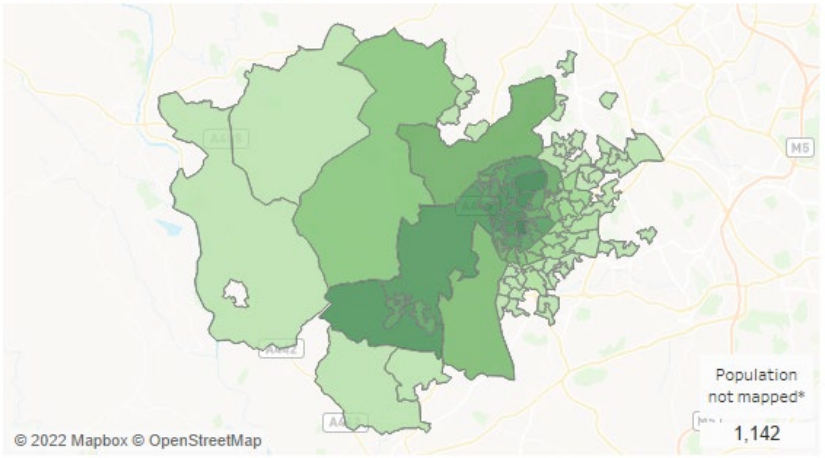
Life Expectancy 80.00 83.22

Source: ONS

Residence map for KINGSWINFORD & WORDSLEY PCN

population (darker colour indicates higher numbers of people)

Source: NHS Digital Population by LSOA

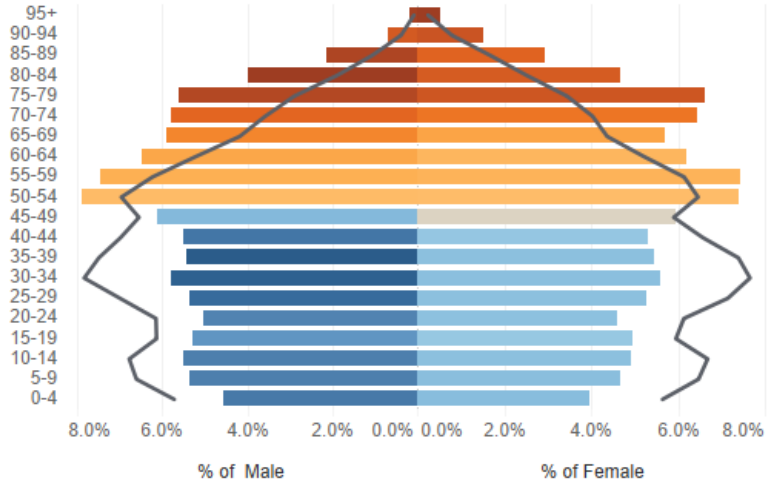


* LSOAs with population < 10 are not included

Registered population by age group

Chart colours show comparison with the CCG (orange higher/blue lower, than the CCG)

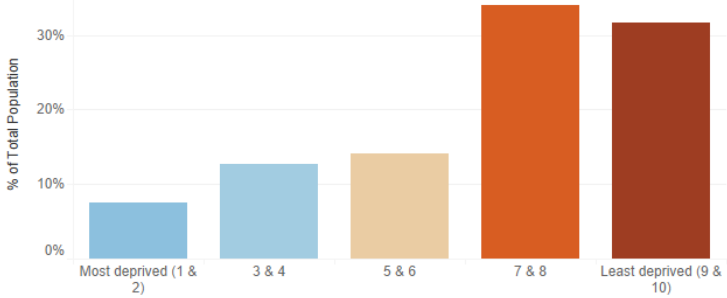
Source: NHS Digital, General Practice Hub



Deprivation

Source: NHS Digital & ONS IMD 2019

Population by IMD decile (Decile 1 = Most deprived, Decile 10 = Least deprived)

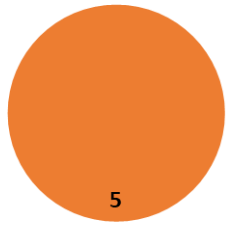


There are **5** practices in the PCN

GP Name and Code	CQC Inspection Rating	List Size
M87003 Moss Grove Surgery	Good	19,790
M87008 Kingswinford Medical Practice	Good	8,113
M87018 The Summerhill Surgery	Good	6,429
M87023 Wordsley Green Health Centre	Good	9,565
M87041 Rangeways Road Surgery	Good	5,630

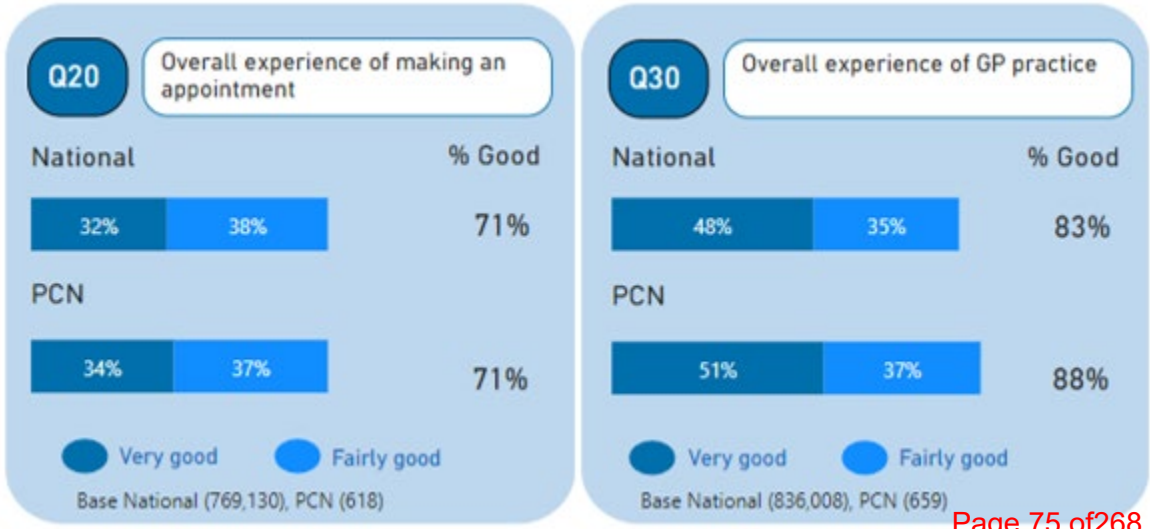
Overall CQC Rating

Outstanding Good Requires Improvement Inadequate



Number of practices

GP Patient Survey



Sedgley, Coseley & Gornal PCN

Registered Patients 56,886

Number of patients registered as at 3/31/2022
Source: NHS Digital, General Practice Hub

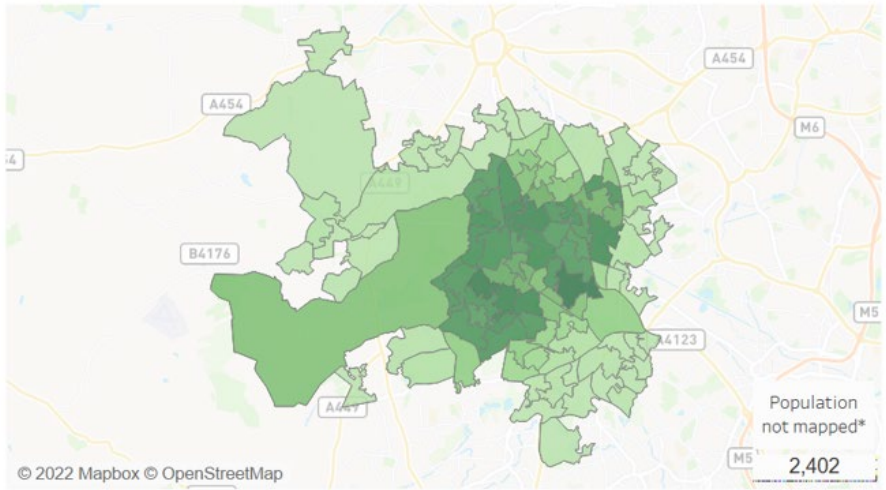
Life Expectancy

Source: ONS

78.47 83.06

Residence map for SEDGLEY, COSELEY & GORNAL PCN population (darker colour indicates higher numbers of people)

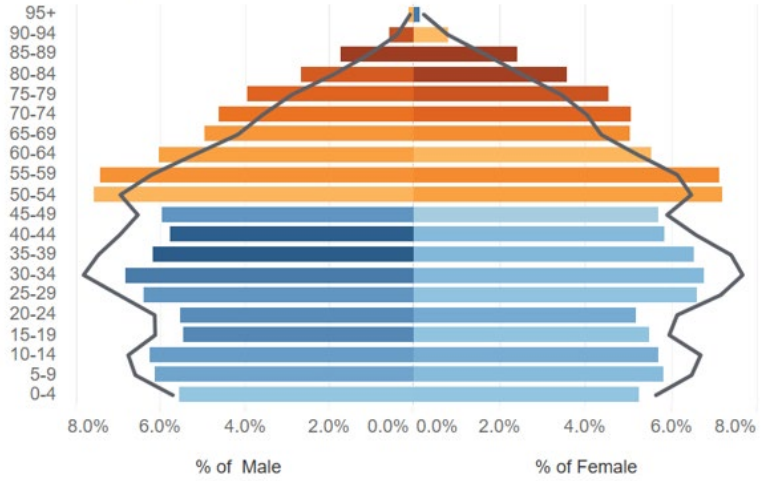
Source: NHS Digital Population by LSOA



* LSOAs with population < 10 are not included

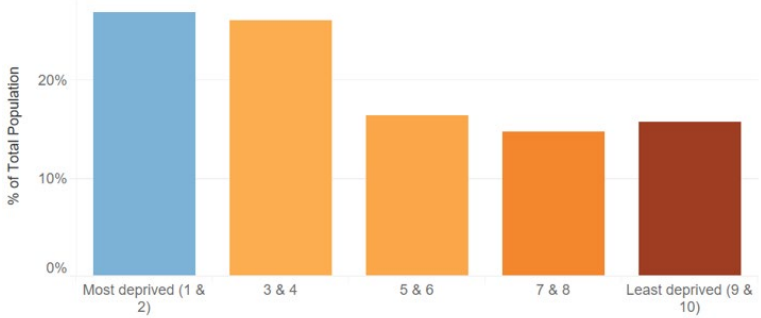
Registered population by age group

Chart colours show comparison with the CCG (orange higher/blue lower, than the CCG)
Source: NHS Digital, General Practice Hub



Deprivation

Source: NHS Digital & ONS IMD 2019
Population by IMD decile (Decile 1 = Most deprived, Decile 10 = Least deprived)

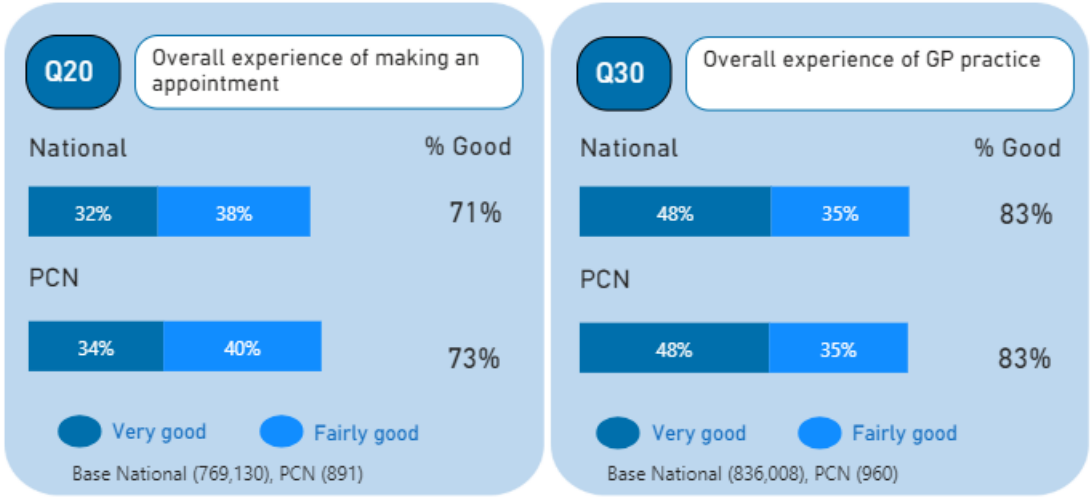


There are **8** practices in the PCN

GP Name and Code	CQC Inspection Rating	List Size
M87007 The Ridgeway Surgery	Good	11,411
M87012 The Greens Health Centre	Good	7,380
M87015 Lower Gornal Medical Practice	Good	8,537
M87016 Woodsetton Medical Centre	Good	6,948
M87021 Coseley Medical Centre	Good	7,057
M87037 Northway Medical Centre	Good	6,591
M87620 Castle Meadows Surgery	Good	6,017
M87621 Bath Street Medical Centre	Good	2,945

Overall CQC Rating

GP Patient Survey



Stourbridge, Wollescotte & Lye PCN

Registered Patients 65,281

Number of patients registered as at 3/31/2022
Source: NHS Digital, General Practice Hub

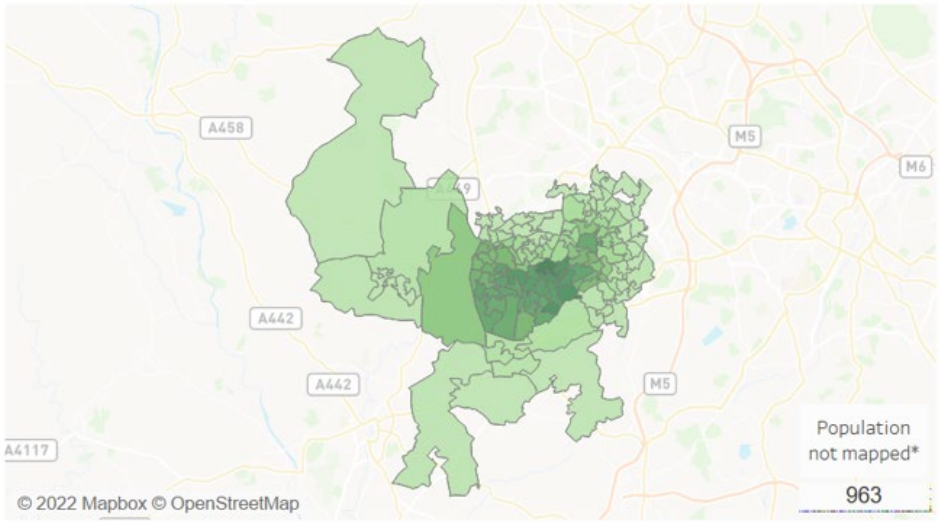
Life Expectancy 79.33 (male) 83.90 (female)

Source: ONS

Residence map for STOURBRIDGE, WOLLESCOTE & LYE PCN

population (darker colour indicates higher numbers of people)

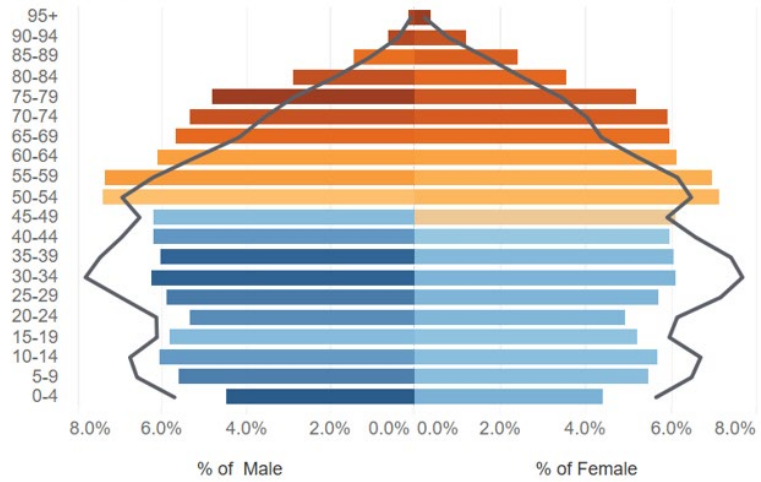
Source: NHS Digital Population by LSOA



* LSOAs with population < 10 are not included

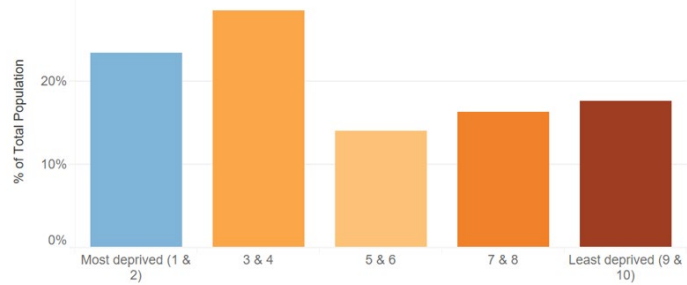
Registered population by age group

Chart colours show comparison with the CCG (orange higher/blue lower, than the CCG)
Source: NHS Digital, General Practice Hub



Deprivation

Source: NHS Digital & ONS IMD 2019
Population by IMD decile (Decile 1 = Most deprived, Decile 10 = Least deprived)

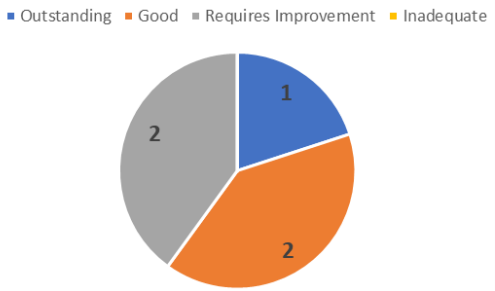


There are **5** practices in the PCN

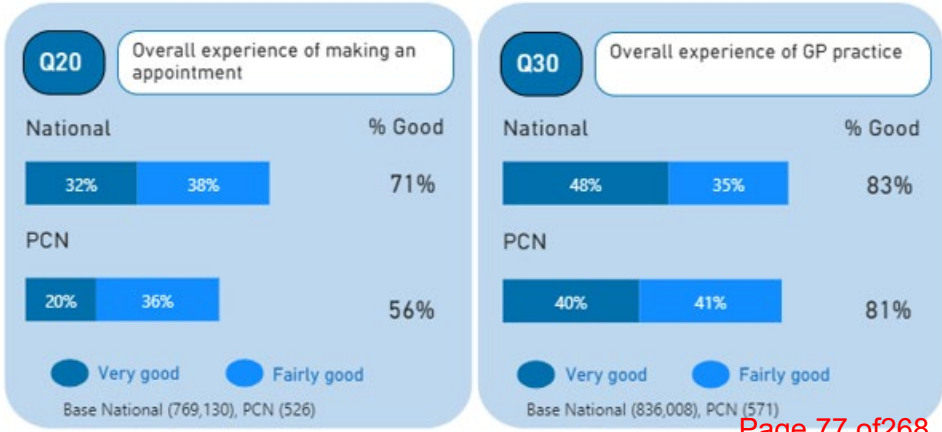
GP Name and Code	CQC Inspection Rating	List Size
M87011 Lion Health	Outstanding	30,054
M87019 The Limes Surgery Medical Centre	Requires improvement	6,514
M87024 Wychbury Medical Group	Good	21,960
M87030 Pedmore Medical Practice	Good	4,114
M87628 Dr. B. K. Prashara	Requires improvement	2,639

Overall CQC Rating

Number of practices

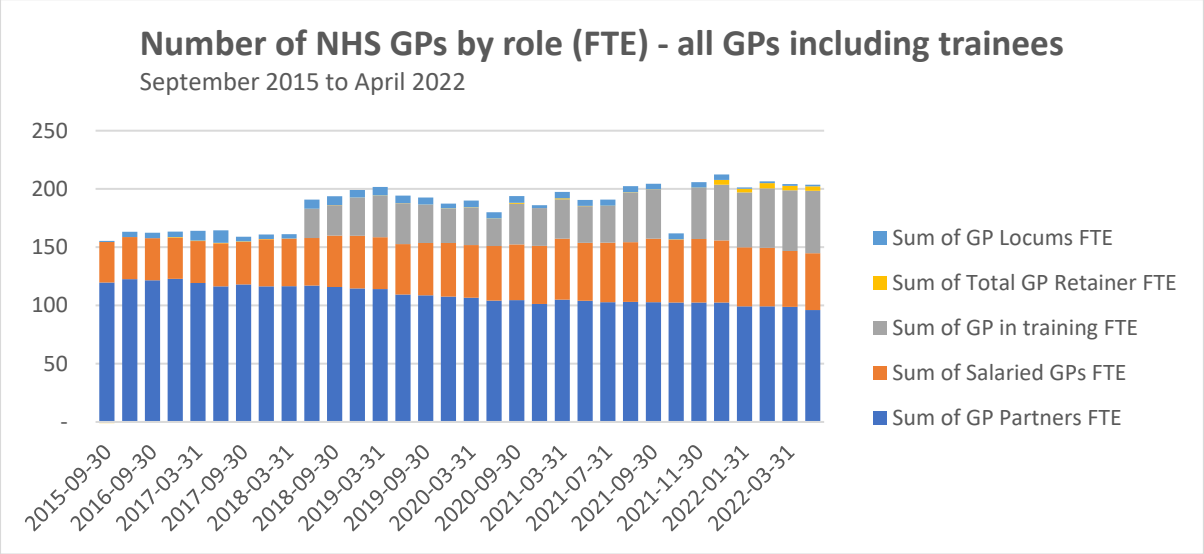


GP Patient Survey



Appendix Three: Workforce and Workload Statistics for Dudley

Diagram: Number of GPs by role (FTE (Full Time Equivalent)) including trainees shows there are fewer GP partners

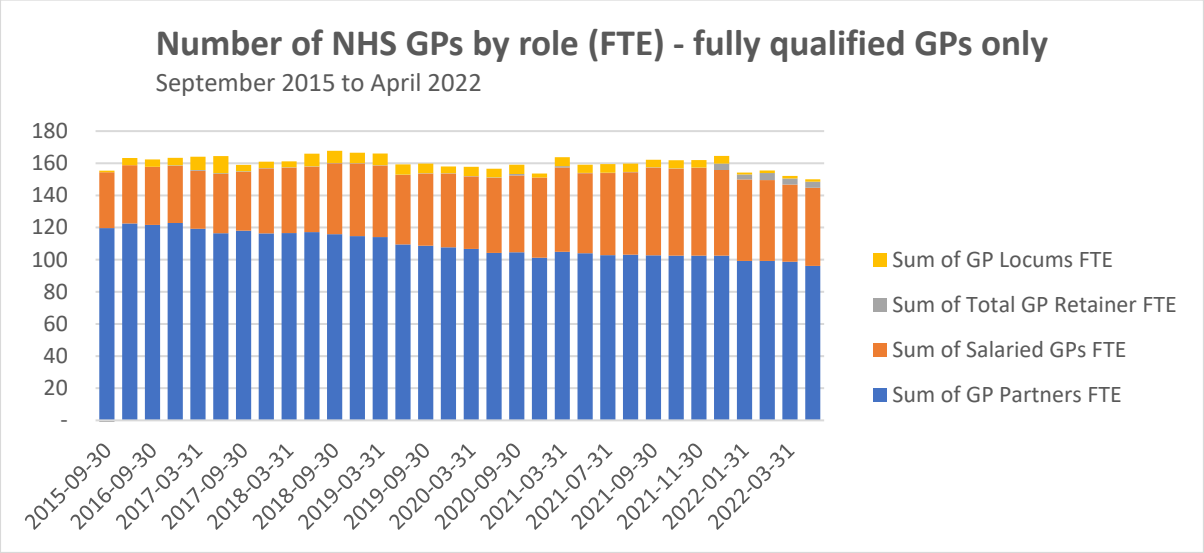


- The overall number of GPs has seen little growth since 2015, with the number of GP partners declining significantly over that time.

  GP Partners 2015 = 119.68

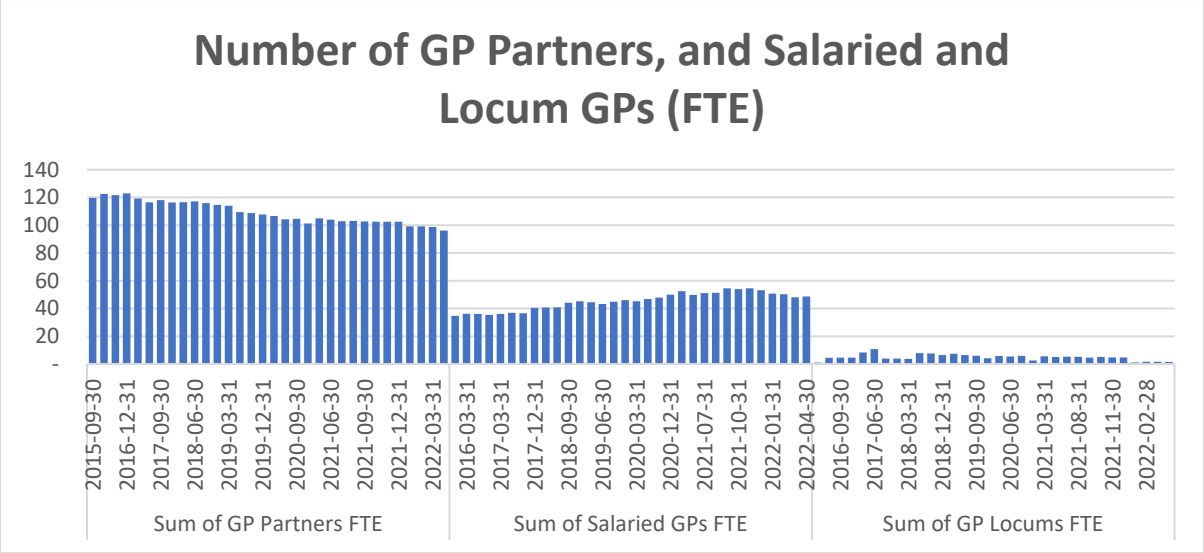
  GP Partners 2022 = 96.11

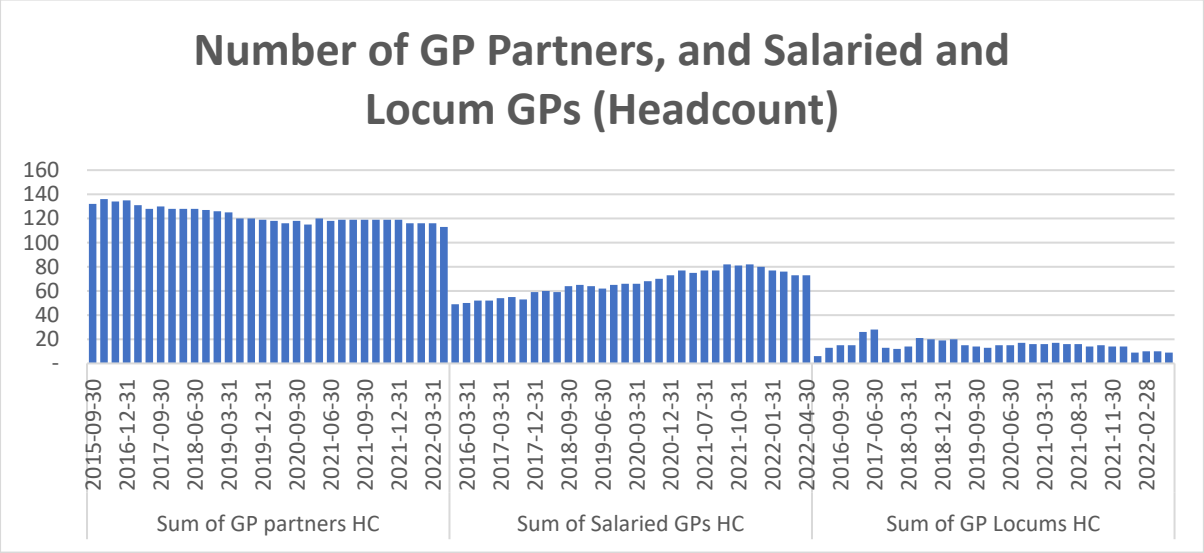
Diagram: Number of GPs by role for fully qualified GPs only shoes there are fewer full time GPs



- Dudley has the equivalent of 4.37 fewer fully qualified full-time GPs compared to 2015.

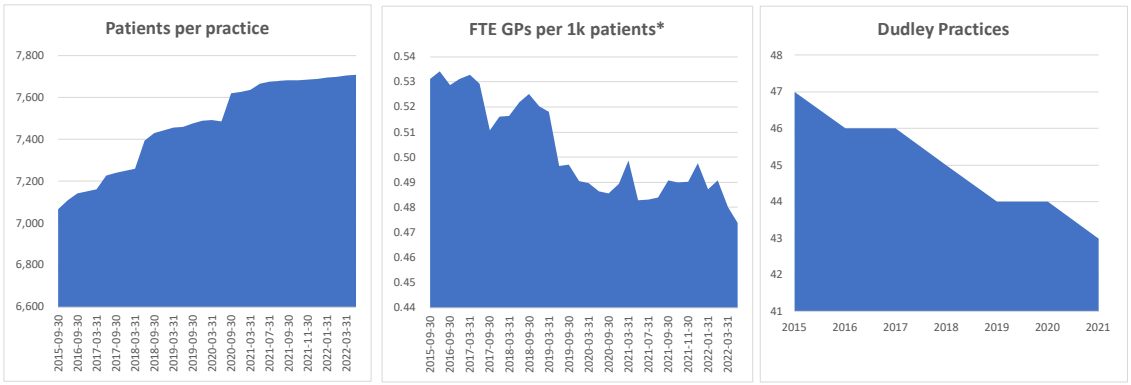
Diagrams: Number of GP Partners, and Salaried and Locum GPs (FTE) and headcount





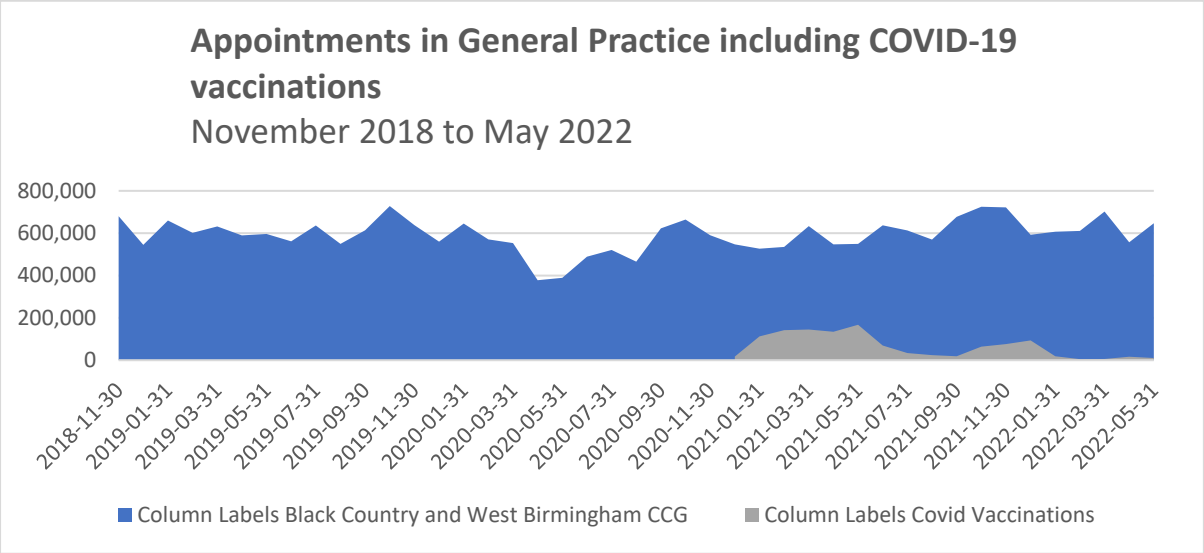
- In the year between March 2021 and April 2022, Dudley lost 7 GP partners and 9 salaried and locum GPs. This means that the number of fully qualified GPs by headcount decreased by 16 net in just under a year.

Diagrams: Patients by practice, FTE GPs per 1000 patients and number of Dudley practices shows that fewer doctors are looking-after greater numbers of patients



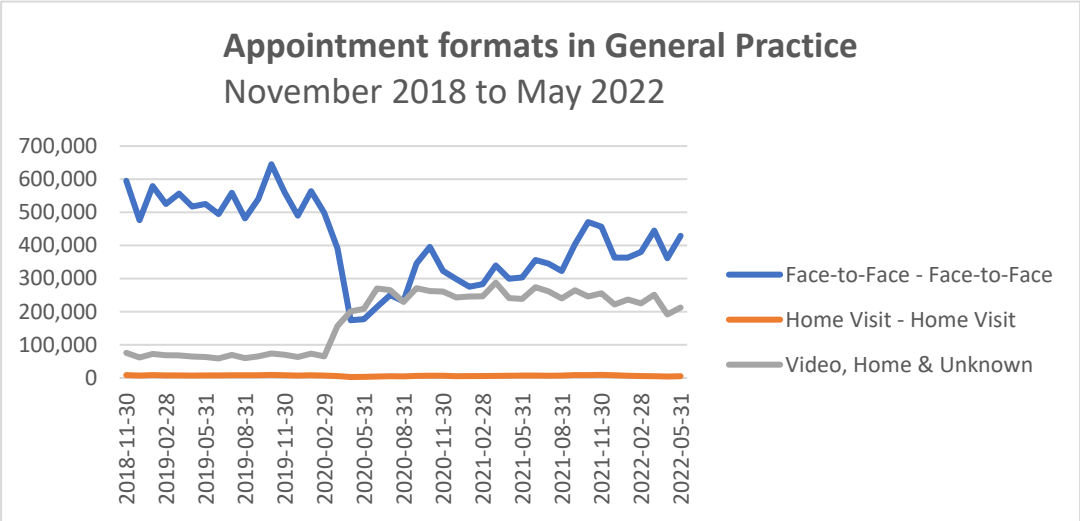
- Despite there being 4.37 fewer fully qualified FTE GPs today than there were in 2015, each practice has on average 642 more patients than in 2015.

Diagram: Appointment levels in Dudley General Practice including COVID-19 vaccinations shows that appointment levels are high

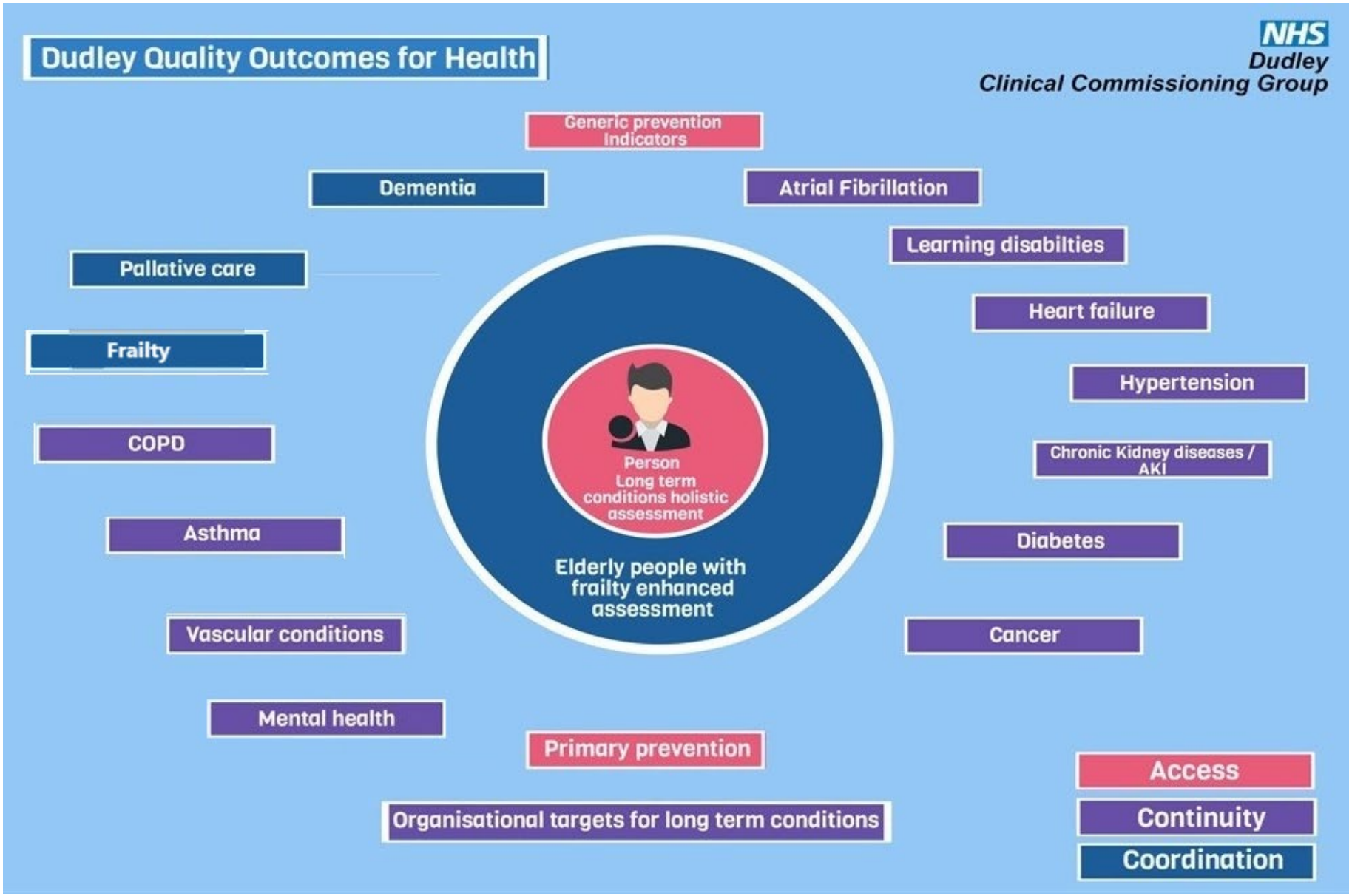


- General practice appointment bookings reached record highs over the winter of 2021 with GPs seeing more patients than ever.

- **Chart: Appointment formats in General Practice shows the way in which appointments are delivered in General Practice is changing**



- The ratio of F2F (face-to-face) versus remote appointments has shifted with the waves of the pandemic, but most appointments have always been delivered in person. Currently, two thirds of appointments are face to face


Dudley Quality Outcomes for Health
NHS
Dudley
Clinical Commissioning Group
Generic prevention Indicators
Dementia
Atrial Fibrillation
Learning disabilties
Pallative care
Heart failure
Frailty
Hypertension
COPD
Chronic Kidney diseases / AKI
Person
Long term conditions holistic assessment
Asthma
Diabetes
Elderly people with frailty enhanced assessment
Vascular conditions
Cancer
Mental health
Primary prevention
Access
Continuity
Organisational targets for long term conditions
Coordination

Dudley CCG Quality Outcomes for Health Indicators

ACCESS STANDARDS

	Indicator
ACC1	All practices are required to be open between the core hours of 08.00 – 18.30 Monday to Friday with a clinician on site. As a minimum, you will need to have a system in place so that patients can access the full range of services listed below that we expect will be in place to meet the reasonable needs of your patients: • Ability to attend a pre-bookable appointment (face to face) • Ability to book / cancel appointments • Ability to collect/order a prescription • Access urgent appointments / advice as clinically necessary • Home visit (where clinically necessary) • Ring for telephone advice • Ability to be referred to other services where clinically urgent (including for example suspected cancer). • Ability to access urgent diagnostics and take action in relation to urgent results Collaborative arrangements agreed between practices to provide cross cover are acceptable providing the appropriate governance and access to medical records are in place. Accredited Out of Hours (OOHs) provider cover should **not** routinely be utilised in core hours.
ACC2	Provide a minimum of 75 contacts per week per 1000 population. Contacts may be provided by a clinician (as defined above) and may be triage, face to face, online access or by telephone consultation.
ACC3	Educational sessions will be run on a regular basis for which the practice will be allowed to close to enable all practice staff to attend CCG approved education sessions. (These dates will be provided in advance). The practice may choose to remain open however if the practice closes it is compulsory for attendance at these sessions.
ACC4	The practice will offer same day access to children under 5 years and adults 75 years and over ensuring they are assessed by a clinician and seen within 6 hours of contact (during the same day within core hours) where clinically appropriate.
ACC5	The practice will identify patients at high risk of admission (through a combination of risk stratification and clinical judgement). The practice will actively participate in multidisciplinary team meetings where the consultants are contributing to the Population based health model or Integrated Community Team meetings on a weekly basis in accordance with CCG ICT specification to ensure patients at high risk of admission have an appropriate preventative strategy.

PRIMARY PREVENTION

Smoking

Ref	QoF ref	Indicator	Threshold	Evidence Base
SMOK1		The percentage of people aged 15 and over who are recorded as current smokers who have been offered referral for stop smoking support and treatment within previous 12 months	71 – 92%	Stop smoking interventions and services NICE guidelines (NG92) March 2018 https://www.nice.org.uk/guidance/ng92 Behaviour change: individual approaches NICE guidelines (PH49) January 2014 http://www.nice.org.uk/guidance/ph49 Stop smoking services NICE guidelines (PH10) November 2013 http://www.nice.org.uk/guidance/ph10 Smoking : stopping in pregnancy and after childbirth NICE guidelines (PH26) June 2010 http://www.nice.org.uk/guidance/ph26

CVD Prevention

Ref	QoF Ref	Indicator	Threshold	Evidence Base
CVDPP1		The percentage of people aged 40 - 74 with no current vascular condition or diabetes as of 1.4.2020 offered an NHS Health Check within the preceding 5 years	70 - 89%	Cardiovascular Disease Prevention NICE guidelines (PH25) June 2010 https://www.nice.org.uk/guidance/ph25
CVDPP2		The percentage of people aged 40 - 74 with no current vascular condition or diabetes as of 1.4.2020 completing an NHS Health Check within the preceding 5 years	39 – 54%	Cardiovascular Disease Prevention NICE guidelines (PH25) June 2010 https://www.nice.org.uk/guidance/ph25
CVDPP3.1		The percentage of people with a QRISK2 score of 20% or more at risk of developing CVD in the next 10 years who are treated with lipid lowering medication	28 – 56%	Cardiovascular Disease Prevention NICE guidelines (PH25) June 2010 https://www.nice.org.uk/guidance/ph25
CVDPP3.2		The percentage of people with a QRISK2 score of 10% or more at high risk of developing CVD in the next 10 years who are treated with lipid lowering medication	28 – 56%	Cardiovascular Disease Prevention NICE guidelines (PH25) June 2010 https://www.nice.org.uk/guidance/ph25

Diabetes Prevention

Ref	QoF Ref	Indicator	Threshold	Evidence Base
DIAPP1		The percentage of people who are identified as high risk of developing diabetes who are reviewed on an annual basis to assess if they are still at high risk, utilising a HbA1c test	54 – 74%	Type 2 diabetes :prevention in people at high risk NICE guidelines (PH38) September 2017 https://www.nice.org.uk/guidance/ph38
DIAPP2		The percentage of people who are identified as high risk of developing diabetes who are offered referral an education session to include structured education, health coaching or group consultation in the last 12 months	44 – 75%	Type 2 diabetes :prevention in people at high risk NICE guidelines (PH38) September 2017 https://www.nice.org.uk/guidance/ph38

Blood Pressure

Ref	QoF Ref	Indicator	Threshold	Evidence Base
BP1	BP002	The percentage of patients aged 45 or over who have a record of blood pressure in the preceding 5 years	50 – 90%	Hypertension in adults: diagnosis and management NICE guidelines (NG136) August 2019 https://www.nice.org.uk/guidance/ng136

Obesity

Ref	QoF Ref	Indicator	Threshold	Evidence Base
OBES1		The percentage of people with a BMI ≥30 (≥27.5 if of South Asian origin) in the last 3 years who have been offered the appropriate advice or weight management intervention	76 – 89%	Weight management : lifestyle services for overweight or obese adults NICE guidelines (PH53) May 2014 https://www.nice.org.uk/guidance/ph53

Cervical screening

Ref	QoF Ref	Indicator	Threshold	Evidence Base
CERVS1	CS005	The percentage of women aged 25 to 49 at the end of the reporting period whose notes record that an adequate cervical screening has test has been performed in the preceding 3 years and 6 months.	45 - 80%	Cervical screening NICE CKS August 2017 http://cks.nice.org.uk/cervical-screening

CERVS2	CS006	The percentage of women aged 50 to 64 at the end of the reporting period whose notes record that an adequate cervical screening has test has been performed in the preceding 5 years and 6 months.	45 - 80%	

Vaccination and Immunisations

Ref	QoF Ref	Indicator	Threshold	Evidence Base
VACC1	VI001	The percentage of babies who reached 8 months old in the preceding 12 months, who have received at least 3 doses of a diphtheria, tetanus and pertussis containing vaccine before the age of 8 months.	90 - 95%	Immunisations: reducing differences in uptake in under 19s (2009, updated 2017) NICE public health guideline PH21, recommendations 1, 2 and 3. Immunisations – childhood (2020) NICE clinical knowledge summary Diphtheria, tetanus and pertussis (whooping cough) are acute infectious diseases that can have severe complications. The routine immunisation schedule states that the hexavalent (6-in-1) vaccine is due at 8, 12 and 16 weeks old (Public Health England 2020). (NICE 2020 menu ID: NM197)
VACC2	VI002	The percentage of children who reached 18 months old in the preceding 12 months, who have received at least 1 dose of MMR between the ages of 12 and 18 months	90 - 95%	Immunisations: reducing differences in uptake in under 19s (2009, updated 2017) NICE public health guideline PH21, recommendations 1, 2 and 3. Immunizations – childhood (2020) NICE clinical knowledge summary MMR is the combined vaccine that protects against measles, mumps and rubella. These are highly infectious conditions that can have serious complications such as meningitis and encephalitis. The first MMR vaccine (MMR1) is due as part of the routine vaccination schedule for England within a month of the child's first birthday (Public Health England 2020). (NICE 2020 menu ID: NM198)

VACC3	VI003	The percentage of children who reached 5 years old in the preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR between the ages of 1 and 5 years.	87 – 95%	Immunisations: reducing differences in uptake in under 19s (2009, updated 2017) NICE public health guideline PH21, recommendations 1, 2 and 3. Immunizations – childhood (2020) NICE clinical knowledge summary DTaP/IPV is the vaccine that protects against diphtheria, tetanus, pertussis (whooping cough) and poliomyelitis. MMR is the combined vaccine that protects against measles, mumps and rubella. These are highly infectious conditions that can have serious complications. The first MMR vaccine (MMR1) for children is due within a month of their first birthday as part of the routine vaccination schedule for England, and a second dose (MMR2) is due at around 3 years and 4 months of age. A reinforcing vaccination for protection against diphtheria, tetanus, pertussis and poliomyelitis is also due at around 3 years and 4 months of age (Public Health England 2020). (NICE 2020 menu ID: NM199)
VACC4	VI004	The percentage of patients who reached 80 years old in the preceding 12 months, who have received a shingles vaccine between the ages of 70 and 79 years.	50 – 60%	Shingles (2019) NICE clinical knowledge summary Shingles is caused by the reactivation of a latent varicella zoster virus infection. Incidence and severity of disease are associated with increasing age. The routine immunisation schedule states that the shingles vaccine is due at 70 years old (Public Health England 2020). (based on NM201)

LONG TERM CONDITIONS

Secondary Prevention

Ref	QoF Ref	Indicator	Threshold	Evidence Base
G1		The percentage of people coded with a Long Term Condition receiving a holistic comprehensive assessment on an annual basis including a medication review Level 2 or 3 (*excluding patients on no medication)	64 – 81%	Delivering better services for people with long-term conditions – Kings Fund 2013 http://www.kingsfund.org.uk/sites/files/kf/field/field_document/managing-people-long-term-conditions-gp-inquiry-research-paper-mar11.pdf Dudley CCG-Medication Review – Best Practice Guidelines
G3		The percentage of people coded with a LTC receiving a care plan which has been co-developed with the person and details individualised personal goals which are reviewed on an at least an annual basis	68 – 82%	Improving the health and well-being of people with long term conditions – DH/long term conditions 2010 http://www.yearofcare.co.uk/sites/default/files/pdfs/dh_improving%20the%20h%26wb%20of%20people%20with%20LTCs.pdf Care planning – improving lives of people with a long term condition http://www.rcgp.org.uk/~/media/Files/CIRC/Cancer/Improving%20the%20Lives%20of%20people%20with%20LTC%20-%202012%2005%2009.ashx
G4		The percentage of people coded with a LTC (under 75 years) receiving a physical activity assessment in the last 12 months	69 – 80%	Cardiovascular disease prevention NICE guidelines (PH25) June 2010 https://www.nice.org.uk/guidance/ph25 Obesity prevention NICE guidelines (CG43) March 2015 https://www.nice.org.uk/guidance/cg43
G5		The percentage of people coded with a LTC with a blood pressure reading recorded in the last 12 months	87 – 93%	Hypertension in adults: diagnosis and management NICE guidelines (NG136) August 2019 https://www.nice.org.uk/guidance/ng136 Hypertension pathway
G7		The percentage of people coded with a LTC receiving a documented assessment of smoking status in the last 12 months	83 – 91%	Stop smoking services NICE guidelines (PH10) November 2013 http://www.nice.org.uk/guidance/ph10

Ref	QoF Ref	Indicator	Threshold	Evidence Base
G8		The percentage of people coded with a LTC with a documented BMI in the last 12 months	75 – 87%	Weight management : lifestyle services for overweight or obese adults NICE guidelines (PH53) May 2014 https://www.nice.org.uk/guidance/ph53
G9		The percentage of people coded with a LTC receiving an alcohol screen using AUDIT C in the last 12 months	65 – 80%	Alcohol-use disorders: prevention NICE guidelines (PH24) June 2010 https://www.nice.org.uk/guidance/ph24/chapter/appendix-c-the-evidence
G10		The percentage of people coded with a LTC who are offered referral to the self-management programme in the last 12 months	67 – 82%	EPP CICa (2010).'Self-Care Reduces Costs and Improves Health - The Evidence' http://www.livinghealthynortheast.ca/Portals/0/Documents/self-care-reduces-cost-and-improves-health-evidence.pdf Department of Health (2011). Making the case for self care education https://www.gov.uk/government/case-studies/the-expert-patients-programme Lorig KR, Sobel DS, Ritter PL, et al (2001). 'Effect of a self management program on patients with chronic disease.' Eff Clin Pract 4(6):256-62 http://www.researchgate.net/publication/11589140_Lorig_KR_Sobel_DS_Ritter_PL_Laurent_D_Hobbs_M._Effect_of_a_self-management_program_on_patients_with_chronic_disease
G11		The percentage of people with an LTC who have identified themselves as carers receiving a carers screening assessment in the last 12 months	17 – 54%	Involving and Supporting Carers and Families RCGP January 2014

CLINICAL

Hypertension

Ref	QoF Ref	Indicator	Threshold	Evidence Base
HTN1	HYP003	The percentage of people with Hypertension (without moderate and severe frailty) in whom the last blood pressure reading is ≤140/90 mmHg in the last 12 months	45 – 80%	Hypertension in adults: diagnosis and management NICE guidelines (NG136) August 2019 https://www.nice.org.uk/guidance/ng136 Dudley CCG- Hypertension pathway

Atrial Fibrillation

Ref	QoF Ref	Indicator	Threshold	Evidence Base
AF1	AF006	The percentage of people with atrial fibrillation in whom stroke risk has been assessed using CHA2DS2-VASc in the last 12 months	40 – 90%	Atrial Fibrillation : management NICE guidelines (CG180) August 2014 http://www.nice.org.uk/guidance/CG180 Local guidance: http://www.dudleyformulary.nhs.uk/page/26/2-cardiovascular-system-guidelines
AF2	AF007	Of those people with atrial fibrillation and a record of a CHA2DS2-VASc score of 2 or more, the percentage who are currently treated with anticoagulation drug therapy	40 – 70%	

Vascular Conditions (to include Coronary heart disease, Stroke/TIA and Peripheral artery disease)

Ref	QoF Ref	Indicator	Threshold	Evidence Base
VAS1.2		The percentage of people with vascular disease (without moderate and sever frailty) in whom the last blood pressure reading is treated to target of ≤140/90mmHg in the preceding 12 months	70 – 82%	Hypertension in adults: diagnosis and management NICE guidelines (NG136) August 2019 https://www.nice.org.uk/guidance/ng136 Dudley CCG- Hypertension pathway
VAS2.1		The percentage of people with vascular disease whose cholesterol is treated to target of ≤ 5 mmol/l	58 – 76%	Cardiovascular disease: risk assessment and reduction, including lipid modification NICE guidelines (CG181) September 2016 https://www.nice.org.uk/guidance/cg181

				Lipid Management Guidelines for CVD Risk Reduction within Dudley Health Economy Lipid Management Flowchart
VAS3		The percentage of people with all forms of vascular disease (excluding haemorrhagic Stroke) with a record in the previous 12 months that either an antiplatelet agent or an anticoagulant has been prescribed	83 – 88%	Clopidogrel and modified-release dipyridamole for the prevention of occlusive vascular events NICE Technology appraisal guidance (TA210) http://www.nice.org.uk/guidance/TA210 National Clinical Guideline for Stroke, Prepared by the Intercollegiate Stroke Working Party. Fifth Edition 2016 https://www.rcplondon.ac.uk/guidelines-policy/stroke-guidelines Local guidelines: http://www.dudleyformulary.nhs.uk/page/26/2-cardiovascular-system-guidelines
VAS4		The percentage of people with vascular disease who have been offered referral to cardiovascular rehabilitation programme within 6 months of diagnosis	11 – 40%	Myocardial infarction: Cardiac rehabilitation and further prevention of MI NICE guidelines (CG172) November 2013 http://www.nice.org.uk/guidance/cg172 National service framework for Coronary heart Disease https://www.gov.uk/government/publications/quality-standards-for-coronary-heart-disease-care
VAS5		The percentage of people with vascular disease who are treated with a statin in the last 6 months	81 – 87%	Cardiovascular disease: risk assessment and reduction, including lipid modification NICE guidelines (CG181) September 2016 https://www.nice.org.uk/guidance/cg181 Lipid Management Guidelines for CVD Risk Reduction within Dudley Health Economy Lipid Management Flowchart

Heart Failure

Ref	QoF Ref	Indicator	Threshold	Evidence Base
HF1	HF005	The percentage of patients with a diagnosis of heart failure after 1 April 2021 which has been confirmed by:	50 – 90%	Chronic heart failure in adults : diagnosis and management

		1. an echocardiogram or by specialist assessment between 3 months before or 6 months after entering on to the register; or 2. if newly registered in the preceding 12 months, with a record of an echocardiogram or a specialist assessment within 6 months of the date of registration.		NICE guidelines (NG106) September 2018 https://www.nice.org.uk/guidance/ng106
HF2		In those people with a current diagnosis of heart failure due to left ventricular systolic dysfunction who are currently treated to maximal effective dose with an ACE-I or ARB, the percentage of patients who are additionally currently treated with a beta-blocker licensed for heart failure	40 – 65%	Chronic heart failure (quality standard 9) September 2018 https://www.nice.org.uk/guidance/qs9 Chronic heart failure in adults : diagnosis and management NICE guidelines (NG 106) September 2018 https://www.nice.org.uk/guidance/ng106 based on NM173

Diabetes

Ref	QoF Ref	Indicator	Threshold	Evidence Base
DM1		The percentage of people with diabetes (whose HbA1c ≥ 48mmol/mol) receiving an additional 6 month assessment which includes review for the appropriateness of remaining in a shared care arrangement	41 – 67%	Type 2 diabetes in adults: management NICE guidelines (NG28) August 2019 https://www.nice.org.uk/guidance/ng28
DM2.1	DM020	The percentage of people with a diagnosis of diabetes (without moderate or severe frailty) in whom the last IFCC-HbA1c has been measured and recorded in the last 12 months as 58mmol/mol or less	35 - 75%	Blood Glucose Targets (ref our local guidelines: http://www.dudleyformulary.nhs.uk/page/30/6-endocrine-system-guidelines Type 2 diabetes in adults: management NICE guidelines (NG28) August 2019 https://www.nice.org.uk/guidance/ng28 Dudley CCG- Diabetes Guidelines Type 1 diabetes in adults: diagnosis and management NICE guidelines (NG17) July 2016 https://www.nice.org.uk/guidance/ng17
DM2.3	DM021	The percentage of people with a diagnosis of diabetes(with moderate or severe frailty) in whom the last IFCC-HbA1c has been measured and recorded in the last 12 months as 75mmol/mol or less	52 - 92%	

Ref	QoF Ref	Indicator	Threshold	Evidence Base
				Diabetes (type 1 and type 2) in children and young people: diagnosis and management NICE guidelines (NG18) November 2016 https://www.nice.org.uk/guidance/ng18
DM3.2	DM019	The percentage of people with diabetes (without moderate or severe frailty)with a blood pressure which is treated to target of ≤140/80mmHg (≤130/80mmHg with retinopathy, CKD or CVD complications)	38 - 78%	Hypertension in adults: diagnosis and management NICE guidelines (NG136) :August 2019 https://www.nice.org.uk/guidance/ng136 Dudley CCG- Hypertension pathway
DM4.1	DM004	The percentage of people with diabetes whose cholesterol is treated to target ≤5 mmol/l	40 – 75%	Cardiovascular disease risk assessment and reduction, including lipid modification NICE guidelines (CG181) September 2016 https://www.nice.org.uk/guidance/cg181 Lipid Management Guidelines for CVD Risk Reduction within Dudley Health Economy Lipid Management Flowchart
DM5		The percentage of people with a diagnosis of diabetes who have been offered referral to structured education in the last 12 months programmes where appropriate	85 – 96%	Diabetes in adults NICE quality standard (QS6) August 2016 https://www.nice.org.uk/guidance/qs6 Type 2 diabetes in adults: management NICE guidelines (NG28) August 2019 https://www.nice.org.uk/guidance/ng28 Diagnosis and management of type 1 diabetes in children, young people and adults NICE guidelines (CG15) July 2004 http://www.nice.org.uk/guidance/cg15 Dudley CCG- Diabetes Guidelines
DM6		The percentage of people who have received a diagnosis of diabetes in the last 12 months who have attended a structured education programme in the last 12 months	0 – 24%	
DM7		The percentage of people with a diagnosis of diabetes who have achieved all three NICE defined treatment targets for HbA1c (58 mmol/mol or less (75 mmol/mol or less in moderate/severe frailty)), blood pressure and cholesterol in the last 12 months	32 – 44%	Type 2 diabetes in adults: management NICE guidelines (NG28) May 2017 https://www.nice.org.uk/guidance/ng28

Ref	QoF Ref	Indicator	Threshold	Evidence Base
				Diabetes (type 1 and type 2) in children and young people: diagnosis and management NICE guidelines (NG18) Novemeber 2016 https://www.nice.org.uk/guidance/ng18 Diabetes in adults NICE (QS6) August 2016 https://www.nice.org.uk/guidance/qs6 https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/03/ccg-iaf-mar16.pdf
DM8		The percentage of people with a diagnosis of diabetes who have received all nine, NICE recommended care processes in the last 12 months(HbA1c, BP, Cholesterol, Creatinine, ACR, foot risk surveillance, BMI, Smoking history and retinopathy screening)	51 – 75%	Diabetes in adults NICE (QS6) August 2016 https://www.nice.org.uk/guidance/qs6 Type 2 diabetes in adults: management NICE guidelines (NG28) May 2017 https://www.nice.org.uk/guidance/ng28 Diabetes (type 1 and type 2) in children and young people: diagnosis and management NICE guidelines (NG18) Novemeber 2016 https://www.nice.org.uk/guidance/ng18 Dudley CCG- Diabetes Guidelines
DM9		The percentage of people with type 1 diabetes over the age of 40 years currently treated with a statin	57 – 77%	
DM10		The percentage of patients with a diagnosis of type 2 diabetes aged 40 years and over, ,and a recorded CVD risk assessment score of ≥ 10% (without moderate or severe frailty) who are currently treated with a statin (unless there is a contraindication or statin therapy is declined).	74 – 83%	
DM11		4WW new diabetes review: The percentage of people who have received a diagnosis of diabetes in the last 12 months who have been 'reviewed' within 4 weeks of their diagnosis and invited to an education programme	50-75%	

Ref	QoF Ref	Indicator	Threshold	Evidence Base
DM12		The percentage of people with a diagnosis of diabetes who have been screened using PHQ2 who score 3 and above who are offered/referred for Digital psychological well-being intervention	65-80%	

Chronic Kidney Disease / Acute Kidney Injury

Ref	QoF Ref	Indicator	Threshold	Evidence Base
CKD1		The percentage of people with CKD 3, 4 & 5 (without moderate and sever frailty) with a blood pressure which is treated to target <140/90 (<130/80 if urine albumin creatinine ratio 70 or more)	28 – 38%	Hypertension in adults: diagnosis and management NICE guidelines (NG136) :August 2019 https://www.nice.org.uk/guidance/ng136 Dudley CCG- Hypertension pathway
CKD2		The percentage of people with CKD 3, 4 & 5 who have a record of a urine albumin creatinine ratio in the last 12 months	66 – 84%	Chronic kidney disease in adults: assessment and management NICE guidelines [CG182] : January 2015 https://www.nice.org.uk/guidance/cg182
CKD3		The percentage of people (under 85 years) with CKD 3 & 4 in which their ACR >70 (ACR >3 with diabetes or ACR >30 with hypertension) are appropriately treated with and ACE or ARB	78 – 94%	Chronic kidney disease in adults: assessment and management NICE guidelines [CG182] : January 2015 https://www.nice.org.uk/guidance/cg182
AKI1		The percentage of people treated with an ACE-I, ARB and/or Diuretic with renal monitoring in the last 12 months.	81 – 92%	https://www.thinkkidneys.nhs.uk/aki/

Asthma

Ref	QoF Ref	Indicator	Threshold	Evidence Base
AST1		The percentage of patients aged 6 and over with asthma on the register from **1 April 2021** with 2 objective measures recorded 1) a record of: spirometry: Feno: Peak Flow or FEV1 reversibility: Peak Flow Variability: A validated questionaire:	45 – 80%	BTS/SIGN British guideline on the management of asthma November 2016 https://www.brit-thoracic.org.uk/standards-of-care/guidelines/btssign-british-guideline-on-the-management-of-asthma/

Ref	QoF Ref	Indicator	Threshold	Evidence Base
		trial of treatment with ICS between 3 months before or **6 months** after diagnosis; or 2) if newly registered in the preceding 12 months with a diagnosis of asthma recorded on or after 1 April 2021 but no record of objective tests being performed at the date of registration, 2 objective measures recorded: which may include a record of: spirometry: Feno: Peak Flow or FEV1 reversibility: Peak Flow Variability: A validated questionaire: trial of treatment with ICS recorded within 6 months of registration.		based on NM166 July 2019 Local guidance: http://www.dudleyformulary.nhs.uk/page/27/3-respiratory-system-guidelines
AST2	AST007	The percentage of patients with asthma on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using a validated asthma control questionnaire, **a recording of the number of exacerbations**, an assessment of inhaler technique and a written personalised action plan	45 – 80%	BTS/SIGN British guideline on the management of asthma November 2016 https://www.brit-thoracic.org.uk/standards-of-care/guidelines/btssign-british-guideline-on-the-management-of-asthma/ NM167 July 2019 Local guidance: http://www.dudleyformulary.nhs.uk/page/27/3-respiratory-system-guidelines
AST3		The percentage of people with a diagnosis of Asthma in the last 12 months who have been offered a referral to an Asthma education session	53 – 93%	

Chronic obstructive pulmonary disease (COPD)

Ref	QoF Ref	Indicator	Threshold	Evidence Base
COPD1	COPD009	The contractor establishes and maintains a register of: 1. Patients with a clinical diagnosis of COPD before **1 April 2021** and 2. Patients with a clinical diagnosis of COPD on or after **1 April 2021** whose diagnosis has been confirmed by a quality assured post bronchodilator spirometry FEV1/FVC ratio below 0.7	45 – 70%	Chronic obstructive pulmonary disease in over 16s: diagnosis and management NICE guidelines (NG115) July 2019 https://www.nice.org.uk/guidance/NG115 GOLD COPD 2017 http://www.goldcopd.org/

		between 3 months before or **6 months** after diagnosis (**or if newly registered in the preceding 12 months a record of an** FEV1/FVC ratio below 0.7 recorded within 6 months of registration); and Patients with a clinical diagnosis of COPD on or after 1 April 2020 who are unable to undertake spirometry		based on NM169 July 2019 Dudley CCG-COPD treatment guidelines
COPD2	COPD010	The percentage of patients with COPD on the register, who have had a review in the preceding 12 months, **including a record of the number of exacerbations** and an assessment of breathlessness using the Medical Research Council dyspnoea scale	45 – 80%	Chronic obstructive pulmonary disease in over 16s: diagnosis and management NICE guidelines (NG115) July 2019 https://www.nice.org.uk/guidance/NG115 based on NM170 July 2019 GOLD COPD 2017 http://www.goldcopd.org/.
COPD3	COPD008	The percentage of people with COPD with a MRC 3 or above or consider themselves functionally disabled who are offered pulmonary rehabilitation services in the last 12 months	40 – 90%	BTS Guideline on Pulmonary Rehabilitation in Adults British Thoracic Society Pulmonary Rehabilitation Guideline Group https://www.brit-thoracic.org.uk/document-library/clinical-information/pulmonary-rehabilitation/bts-guideline-for-pulmonary-rehabilitation/
COPD4		The percentage of people with a diagnosis of COPD in the last 12 months who have been offered a referral to a COPD education session	53 – 93%	

Cancer

Ref	QoF Ref	Indicator	Threshold	Evidence Base
CAN1		The percentage of people with a diagnosis cancer in the last 5 years who have been offered a cancer care review in the last 12 months	71 – 92%	National Cancer Survivorship Initiative Evaluation of Adult Cancer Aftercare Services Wave 1 Report Holistic Needs Assessment for people with cancer, A practical guide for healthcare professionals

CAN2	CAN005	The percentage of people with cancer diagnosed within the preceding 12 months, who have had the opportunity for a discussion and informed of the support available from primary care, within 3 months of diagnosis	70 – 90%	Patient experience in adult NHS services CG138 recommendations 1.1.1, 1.3.4 and 1.3.5 This indicator aims to ensure patients are aware of the support available from their GP and wider practice team soon after their diagnosis and how this can complement the care they are receiving in secondary care. The intention is to facilitate early and supportive conversations and ensure patients are aware of what help is available.

Mental Health (to include schizophrenia/ bipolar affective disorder/other psychoses)

Ref	QoF Ref	Indicator	Threshold	Evidence Base
MH1		The percentage of people with a diagnosis of severe mental illness who have a mental health review in the last 12 months	44 – 70%	Psychosis and schizophrenia in adults: prevention and management NICE guidelines (CG178) March 2014 http://www.nice.org.uk/guidance/CG178 Bipolar disorder: assessment and management NICE guidelines (CG185) February 2020 https://www.nice.org.uk/guidance/cg185
MH2		The percentage of people with a diagnosis of severe mental illness who have a cardiovascular disease risk assessment (QRISK2) in the last 12 months	59 – 89%	Psychosis and schizophrenia in adults: prevention and management NICE guidelines (CG178) March 2014 http://www.nice.org.uk/guidance/CG178 Bipolar disorder: assessment and management NICE guidelines (CG185) February 2020 https://www.nice.org.uk/guidance/cg185

MH3		The percentage of people with a diagnosis of severe mental illness who have a physical health review in line with guidance from NHSE in the last 12 months. To include PART 1 and 2: • BMI or BMI & waist circumference • Blood pressure & pulse check • Blood lipid including cholesterol (or QRISK2) • Blood glucose or HbA1c • Assessment of alcohol consumption • Smoking status	60 – 80%	Psychosis and schizophrenia in adults: prevention and management NICE guidelines (CG178) March 2014 http://www.nice.org.uk/guidance/CG178 Bipolar disorder: assessment and management NICE guidelines (CG185) February 2020 https://www.nice.org.uk/guidance/cg185
MH4		The percentage of people with a diagnosis of severe mental illness who have a physical health review in line with guidance from NHSE in the last 12 months. To include PART 1 to 5, All of the above plus: • assessment of nutritional status/diet and level of physical activity • assessment of use of illicit substance/non prescribed drugs • medicines reconciliation or review	50 -70%	

Learning Disabilities

Ref	QoF Ref	Indicator	Threshold	Evidence Base
LD1		The percentage of people on the health check learning disabilities register patients who receive an annual health check in the last 12 months	64 – 88%	Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (NG11) May 2015 https://www.nice.org.uk/guidance/ng11

Dementia

Ref	QoF Ref	Indicator	Threshold	Evidence Base
DEM1		The percentage of the practice's predicted dementia prevalence which is identified on the practice register *Predicted prevalence to be provided to practices	43 – 72%	Dementia: support in health and social care NICE quality standard (QS184) June 2019 https://www.nice.org.uk/guidance/qs184
DEM2	DEM004	The percentage of people with a diagnosis of dementia whose care plan has been reviewed in a face to face dementia review in the last 12 months	35 – 70%	Dementia: support in health and social care NICE quality standard (QS184) June 2019 https://www.nice.org.uk/guidance/qs184

Palliative Care

Ref	QoF Ref	Indicator	Threshold	Evidence Base
PALC 2		The percentage of people on the palliative care register who have been offered either advance care planning or who have ReSPECT documentation completed which includes a documented record of their preferred place of care	17 – 59%	End of life care for adults NICE quality standard (QS13) March 2017 https://www.nice.org.uk/guidance/qs13

Frailty

Ref	QoF Ref	Indicator	Threshold	Evidence Base
FRAIL1		The percentage of people on the frailty register who have been reviewed and clinically validated with the Rockwood tool as moderate/severe frailty in the last 12 months	50 – 90%	https://stpsupport.nice.org.uk/frailty/index.html https://www.nice.org.uk/guidance/cg161 https://www.bgs.org.uk/resources/resource-series/comprehensive-geriatric-assessment-toolkit-for-primary-care-practitioners
FRAIL2		The percentage of people on the frailty register who are categorised as moderate/severe frailty who have received an annual review in the last 12 months	64 – 81%	

QUALITY IMPROVEMENT MODULES

The practice will be expected to undertake and submit the following audits:
(Forms available on intranet – 'Dudley Quality Outcomes for Health' Audits http://intranet.dudleyccg.nhs.uk/gp/Pages/Electronic-Claim-Forms.aspx

QI1. EOL / Palliative Care

to include:
Administration: name and contact details of clinical lead and administration lead, dates of EOL / Palliative Care meetings during the previous 12 months and for the 12 months ahead, evidence how agenda and minutes are shared with members of the MDT
EOL / Palliative Care register: number of patients on the register in each of the categories blue, green, yellow and red, and the clinical category each patient is on the register, whether aspects of Advance Care Planning including preferred place of care and DNACPR status have been discussed
Deaths: the number of deaths in the practice during the previous 12 months, the proportion of those deaths that were already on the EOL / Palliative Care register, the place of death and the cause of death, if death occurred in hospital the circumstances of their admission and reflection upon whether anything could have been done differently to prevent that admission
Five Priorities of Care for the Dying Adult: an audit of 10 patient deaths which occurred in the patients home or care home (residential or nursing) showing whether the patient had the Five Priorities of Care for the Dying Adult discussed and documented in their care record.
To include other relevant data as required
Annual peer lead discussion group – review of annual data, share good practice and develop improvement plans

QI2. The Practice completes the repeat prescribing self – declaration on an annual basis

QI3. Medicines Optimisation Scheme (MOQIS) – see Appendix 1

QI4. **Advanced accredited diabetes practice onl**y (please do not complete unless the practice is accredited to do so):

An audit of insulin and GLP-1 starts which have been undertaken by the practice in the previous 12 months

QI5. The Practice completes the 'Optimising Patients Access to General Practice' Quality Improvement Scheme in line with National QoF Guidance

– *details to follow*

- The contractor can demonstrate continuous quality improvement activity as specified in the QOF guidance
- The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity as specified in the QOF guidance. This would usually include participating in a minimum of two peer review meetings

QI6. The practice completes the in line with ‘Prescription Drug Dependency’ in line with National QoF Guidance

– *details to follow*

- The contractor can demonstrate continuous quality improvement activity as specified in the QOF guidance
  The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity as specified in the QOF guidance.
  This would usually include participating in a minimum of two peer review meetings

BLACK COUNTRY

PRIMARY CARE COLLABORATIVE

TERMS OF REFERENCE

1. Introduction

In the modern NHS, up to 95% of interactions with patients, carers and other service users occur in primary care. Primary Care is a crucial component of the integrated health and care system that exists across the wider system and leads the development of care integration at a more local level.

The value of Primary Care in any healthcare system is crucial to its success and in particular to ensure the key focus of any future ICS is built around Population Health Management at scale. The nature of GP providers who have direct responsibility for the health and wellbeing of registered patient lists, will need to play a pivotal role in contributing towards and developing solutions for current and future ICS challenges.

The Black Country Primary Care Collaborative has been established to promote the interests, well being and sustainability of Primary Care services and more importantly, to ensure that a single voice for primary care is properly heard in decision making at all levels, within the new ICS structure.

The Black Country CCG is a result of the merger of four previously independent CCGs. As a result, each of these four “places” has retained a degree of autonomy and identity in the new merged CCG. Rather than create a new over-arching and remote body the aim of this new venture is to preserve the local voice and identity of each of its constituent parts. As such the Black Country Primary Care Collaborative will be composed of and accountable to its local place based collaboratives.

2. Purpose and Duties

The Collaborative has been created with the following purposes;

- To join together all primary care professionals at a Black Country level (Walsall, Wolverhampton, Dudley and Sandwell) to act as an expert reference group to the ICB with respect to primary care issues. In the first phase of development this would represent all GP practices through PCNs and their local representative bodies.
- As part of its next phase of development we will expect the inclusion of other independent contractors as the delegation of statutory responsibility shifts to the ICS this will include Pharmacies, Optometrists, and Dentistry. This extended scope will also include Community Services, as part of the integration programme.

- To act as a single point of contact for primary care engagement in the Black Country system, to enable membership to contribute and respond to all Integrated Care System (ICS) developments from now onwards.
- To develop mechanisms to ensure that primary care can effectively influence all ICS changes and has a clear and coordinated voice when participating at the ICS, Place and neighbourhood level.
- To play a key role in the design and development of the out of hospital model of care across the Black Country
- To play an active and leading role in the design and development of the primary care transformation strategy as part of the emerging ICS and support the implementation programme once it is approved.
- To also act as the out of hospital clinical expert reference group for other formal boards and groups i.e. the Out of Hospital Care board / ICS PC Restoration, Recovery & Transformation Board.
- To act as the clinical network for the development of primary care strategic commissioning that we drive the transformation of primary care in the future.
- To represent grassroot general practice views and in turn reflect patient and public needs and inequalities in the planning and delivery of services

3. Key relationships

- All BCWB ICS partner organisations, PCNs, LCBs, LMCs.

4. Powers and Authority

- The Black Country Primary Care Collaborative will have the mandate to act on behalf of its membership in an advocacy and advisory role for primary care, influencing the developments of the emerging ICS and proposing primary care representation at all ICS levels of operation.
- Initially it will not have any delegated authority to act in a commissioning capacity or replace existing governance, engagement or partnership structures within the Black Country area. However, such delegated powers and authority could be explored in the future, as deemed appropriate by the new and emerging healthcare structure.
- The Collaborative has the ability to develop sub-groups to take forward elements of its work if deemed appropriate.

5. Place Based Primary Care Collectives and their Membership

The Black Country Primary Care Collaborative will act on behalf of all the 'places' in the Black Country and its core will be representation from its placed based teams. For this it is vital that each place has a cohesive appropriately governed collective from which the BCPCC's members are appointed. These could simply be named after their places e.g Walsall Primary Care Collaborative, Sandwell PCC etc. The placed based collaboratives would allow for appropriate local representation and communication with the grass roots membership. Each Collaborative should consist of the following:

- **Core Members (voting members)**
    - Clinical Directors from each of its PCNs
- **Non-Core Members (voting rights agreed at each individual place)**
    - Chair of the LCB
    - LMC representation (Chair or Secretary or both depending on local preference)
    - Local Place Managing Director from the CCG (if there are concerns about this being a provider group this could be as a non-voting member – but their inclusion would be helpful)
    - Other primary care bodies e.g. local representatives of the community providers such as DIHC and other contractors eg. dentists, community pharmacists, opticians etc.

6. Membership of the Black Country Primary Care Collaborative

The first phase the membership of the Black Country Collaborative will consist of general practice representatives with each local collaborative appointing persons to represent it.

Local collaboratives will elect 3 of their members to represent them. One must be a PCN Clinical Director and one could be the current chair of the LCB.

In addition, the BCPCC will include positions for the following if not already represented:

- Black Country LMCs – 1 representation. The Black Country LMCs should nominate one committee member to attend the meetings
- Exec representation from Primary Care team for BCWB CCG- Primary care director.
- A lay member who has a current portfolio that includes primary care (i.e. a member of PCCC)

During the next phase the membership will be extended to include;

- Dental representation
- Optometrist representation
- Pharmacy representation
- Community service provider representation

Note; As representative general practice members you are representing general practice as whole and the interests of primary care in each respective place and not your own practice, PCN or GP provider organisation.

All Members should make every effort to attend or send a suitable representative to the meetings.

7. Review period

These terms of reference will be reviewed annually and also at the start of the 2022/23 financial year when ICS arrangements and governance structures will be clearer.

8. Quoracy

A minimum of 8 members must attend for a Quorate meeting. I minimum of one PCN CD and another representatives from each Local PCC must be present ie 2 reps per place.

9. Voting Arrangements

All members are entitled to vote. Allocated votes are as follows:

i) Local PCC Reps – 1 vote each (12 in total)

ii) LMC Reps – 1 vote each (1 in total)

iii) BCWB CCG- Primary care director – 1 vote

iv) Lay member BCWB LMC – 1 vote

Decisions must be decided by a majority vote of those in attendance or providing prior notice of proxy to the Chair. In the case of an equality of votes, the Chair of the meeting shall be entitled to a casting vote. All votes shall be recorded. Co-opted members may not vote.

10. Meeting Arrangements

The Collaborative shall meet monthly with ad hoc meetings arranged, as necessary, to respond to engagement requests. The chair of BCWB CCG will initially Chair until April 2023. The collaborative will interact with all necessary boards and groups including the quarterly system wide PCN CDs meeting. It will also be responsible to coordinating and planning a series of future Primary Care Summits.

11. Accountability and Reporting Arrangements

The Black Country Collaborative is accountable to each Local Collaborative, which in turn is accountable to its GP Practice members. All collaboratives Local and System level are in addition accountable to those delivering primary care services in the Black Country region. Feedback from all the local collaboratives will be fed into the ICS through the Black Country Primary Care Collaborative.

Each PCN will sign an MoU in agreement to support the Local and Black Country Collaboratives. Any decision that is made by the Collaboratives (Local and Black Country) will be fed back to GP Practices on a regular basis via their Local Boards and PCN Clinical Directors.

The Collaborative will be the primary point of contact for all ICS development engagement for Primary Care.

April 2022

Dudley Integrated Health and Care NHS Trust

Quality and Safety Report

Reporting Period: September 2022

Reported to: October 2022, Quality and Safety Committee

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

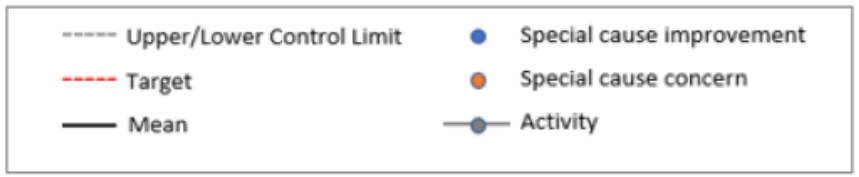
Key:

Variation and Assurance Icons

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

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

Statistical Process Chart (SPC)



Summary

Data / Quality Indicators

- No Serious Incidents reported this period
- Four formal complaints reported this period
- FFT data now provided for High Oak; some technical issues being resolved regarding Chapel Street data

Other

- Q1 Learning Lessons update presented to Quality and Safety Committee October 2022. Summary enclosed

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**

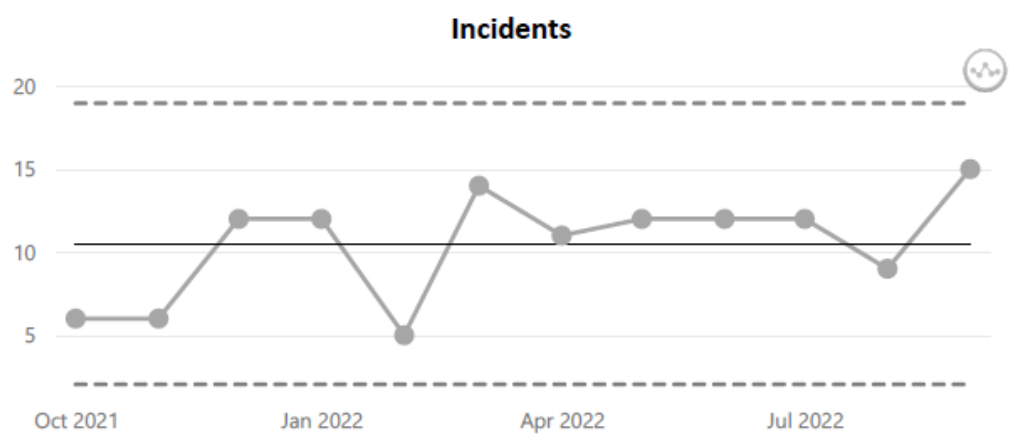
DIHC Performance Scorecard 2022/23

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	YTD	Target	Variation	Assurance
Q&S	Feedback	Mental Health Friends and Family Test – % Positive	Local	Sep 2022	100%	100%	-		
		Mental Health Friends and Family Test – % Positive (Qtr)	Local	Sep 2022	100%	100%	-		
		Primary Care Friends and Family Test – % Positive - High Oak Surgery	Local	Sep 2022	88.28%	89.55%	-		
		Primary Care Friends and Family Test – % Positive - High Oak Surgery (QTR)	Local	Sep 2022	89.57%	89.55%	-		
		Feedback - Informal Concern	Local	Sep 2022	3	19	-		
		Feedback - Compliments	Local	Sep 2022	3	14	-		
		Feedback - Complaints	Local	Sep 2022	4	22	-		
		An acknowledgment of the complaints within 3 days	National	Sep 2022	75%	94.12%	-		
		A formal response to the complaint sent within 45 days	Local	Sep 2022	100%	100%	-		
	Incidents	Duty of Candour	National	Jun 2022	100%	100%	100%		
		Occurrence Of Any Never Event	National	Sep 2022	0	0	-		
		Incidents	Local	Sep 2022	15	71	-		
		Serious Incidents	Local	Sep 2022	0	0	-		
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	Sep 2022	100%	100%	-		
	Safeguarding	Number of Safeguarding Concerns - Adults	Local	Sep 2022	44	312	-		
		Number of Safeguarding Concerns - Child	Local	Sep 2022	13	116	-		
		Number of Safeguarding Concerns - Age unknown	Local	Sep 2022	0	2	-		
		Number of SARs - Open	Local	Sep 2022	4	4	-		
		Number of CSPRs - Open	Local	Sep 2022	3	3	-		
		Number of S42s - Open	Local	Sep 2022	1	1	-		
		Number of S42s - Overdue	Local	Sep 2022	2	2	-		

Footnotes

There are were no incidents requiring Duty of Candour in September 2022
One complaint breached the 3 day acknowledgement timescale

Incidents



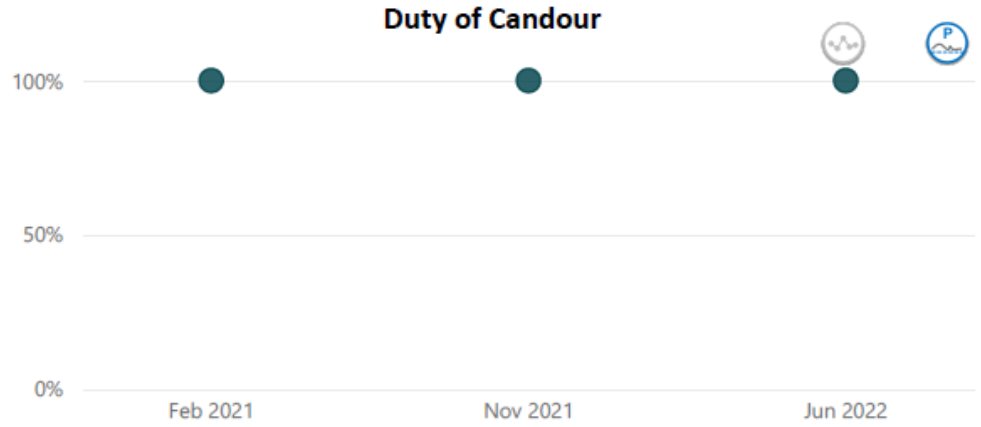
Sep 2022
Date

15
Value

-
Target

Common Cause
Variation

No Target
Assurance



Jun 2022
Date

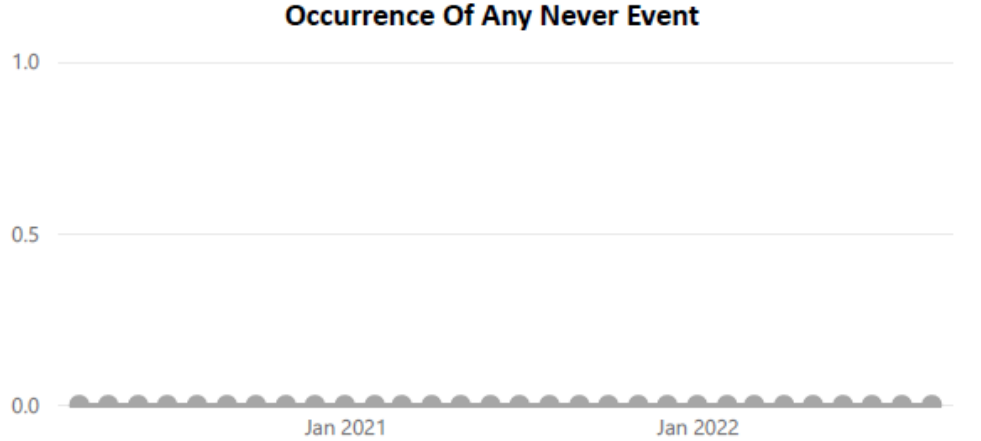
100%
Value

100%
Target

Sep 2022
Date

0
Value

-
Target



Sep 2022
Date

0
Value

-
Target

Service comments

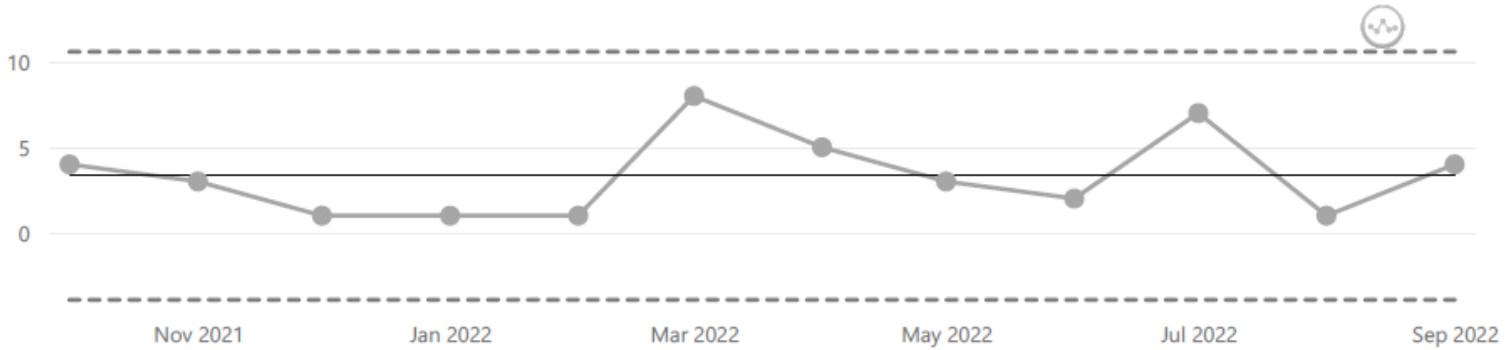
- No significant concerns to escalate; six incidents relate to confidentiality of records across a number of services. These relate to different issues

Actions

- IG team are reviewing incidents to identify any opportunities for improvement and wider dissemination of learning

Feedback

Feedback - Complaints



Sep 2022
Date

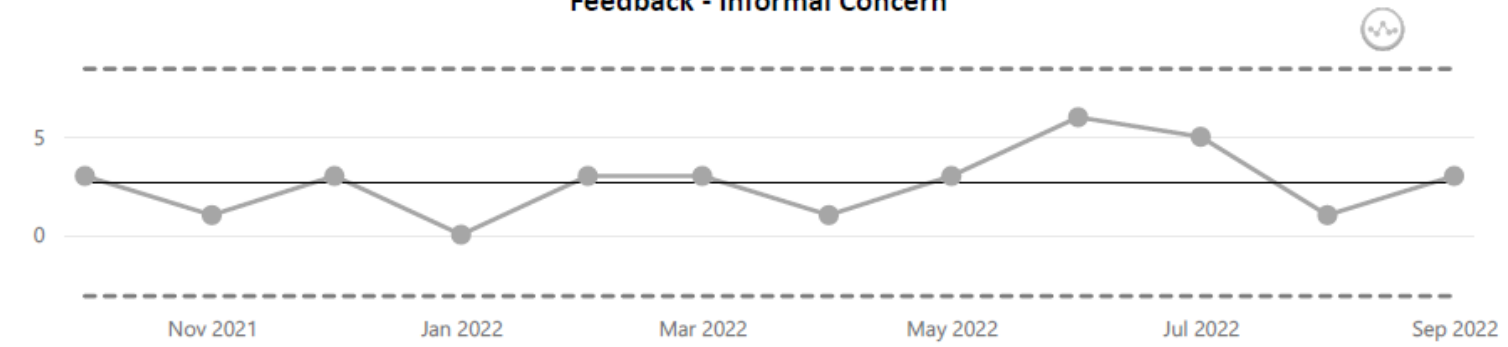
4
Value

-
Target

Common Cause
Variation

No Target
Assurance

Feedback - Informal Concern



Sep 2022
Date

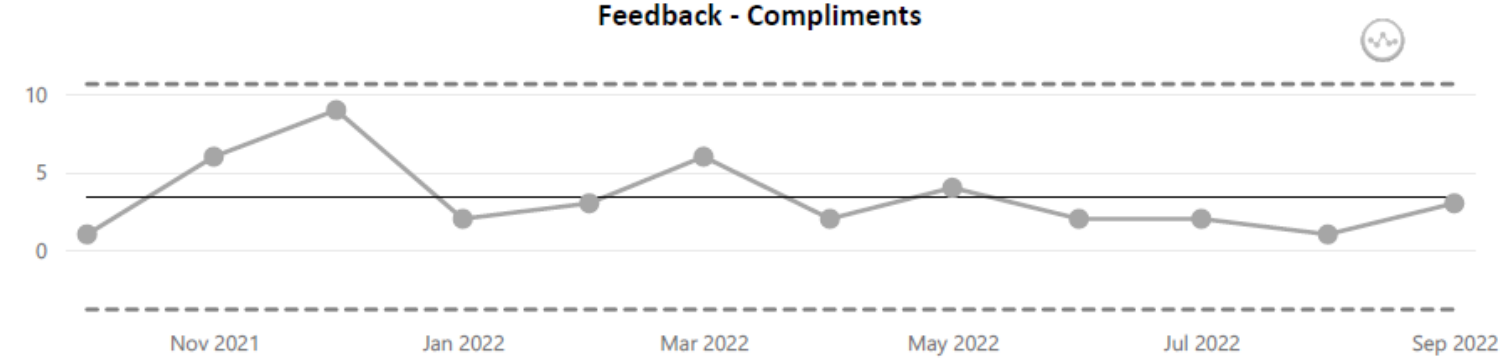
3
Value

-
Target

Common Cause
Variation

No Target
Assurance

Feedback - Compliments



Sep 2022
Date

3
Value

-
Target

Common Cause
Variation

No Target
Assurance

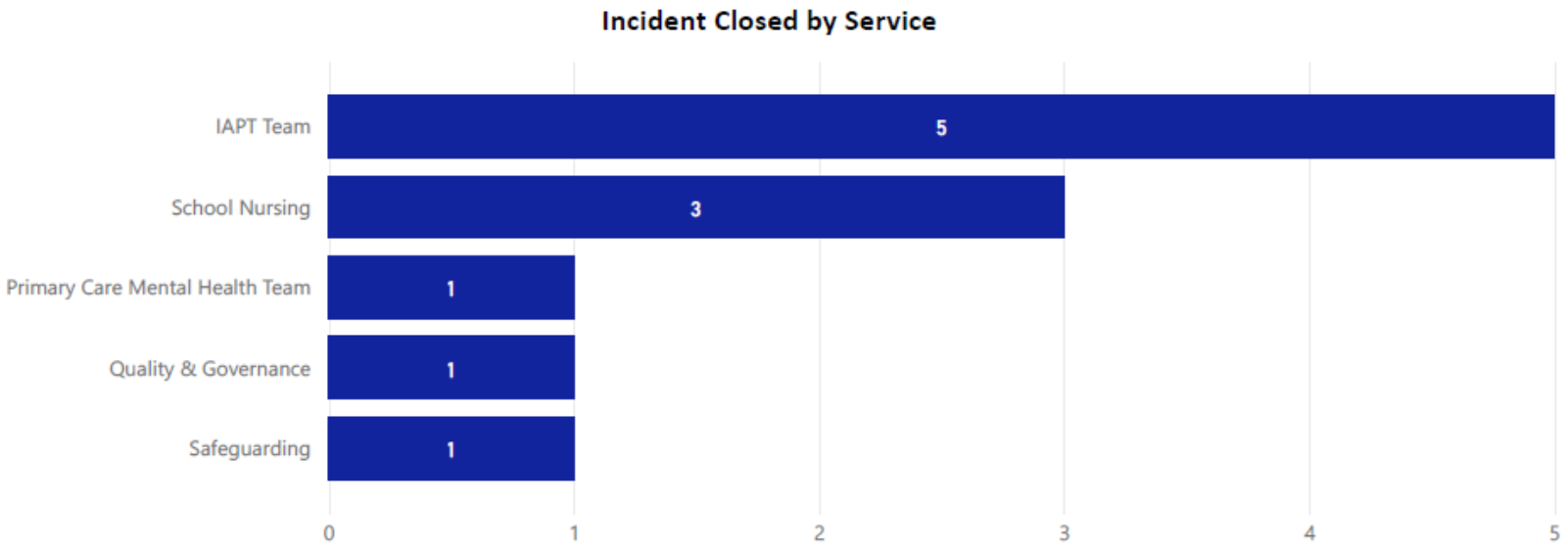
Service comments

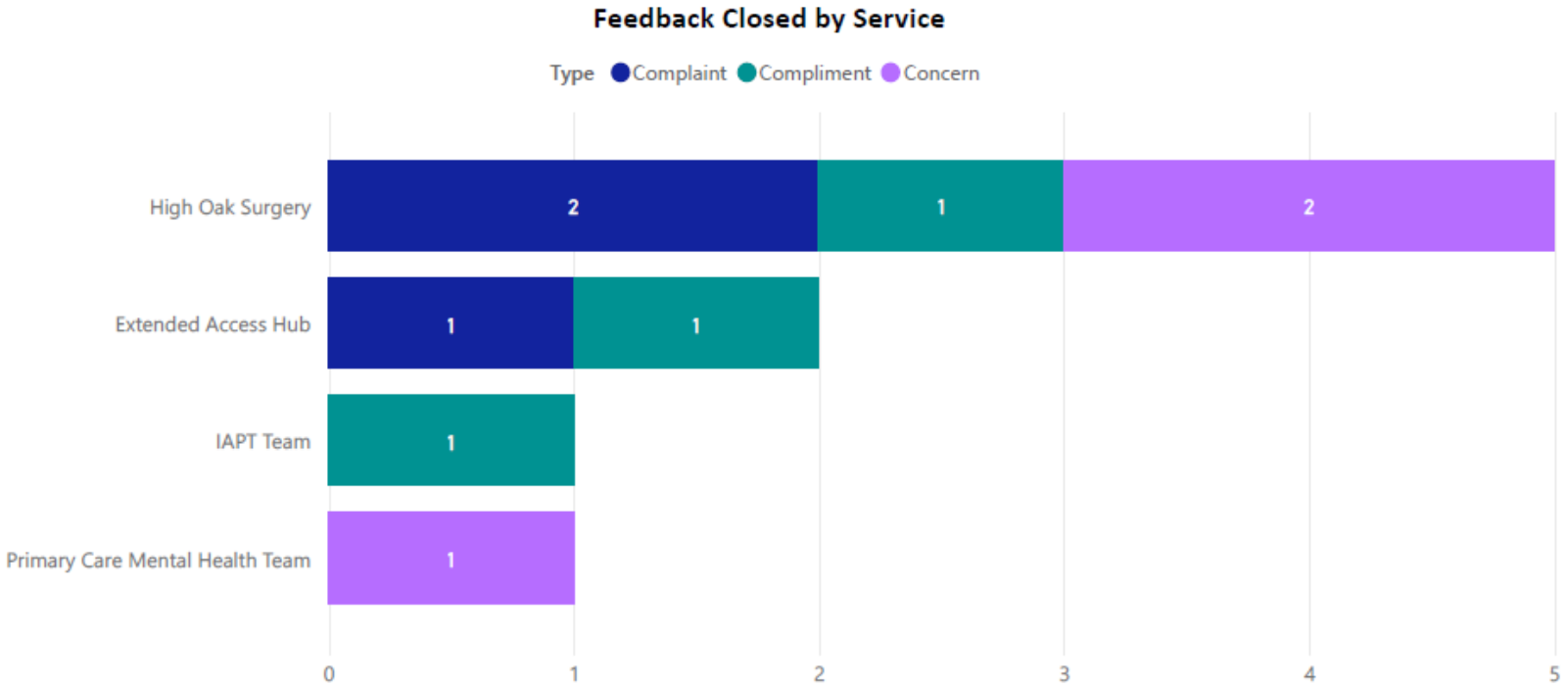
- No obvious trends or themes; all four complaints relate to primary care services but different subject matters
- Of the complaints closed in September 22, one was not upheld and two were partially upheld

Actions

- No specific actions currently required. Support continues to be given to services on the management and response of complaints

Incidents and Feedback Closed Within: September 2022





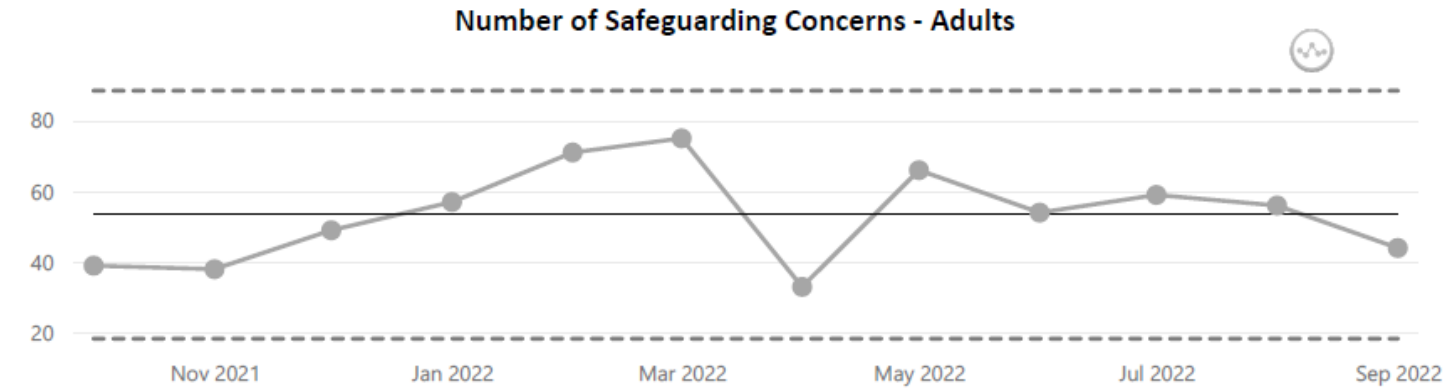
Key Lessons Learnt

- Review induction and support provided to new members of clerical staff regarding answering patient queries and signposting
- Improve communication and information provided to patients regarding different types of appointment available e.g. face to face, telephone, etc.

Actions

- See above

Safeguarding



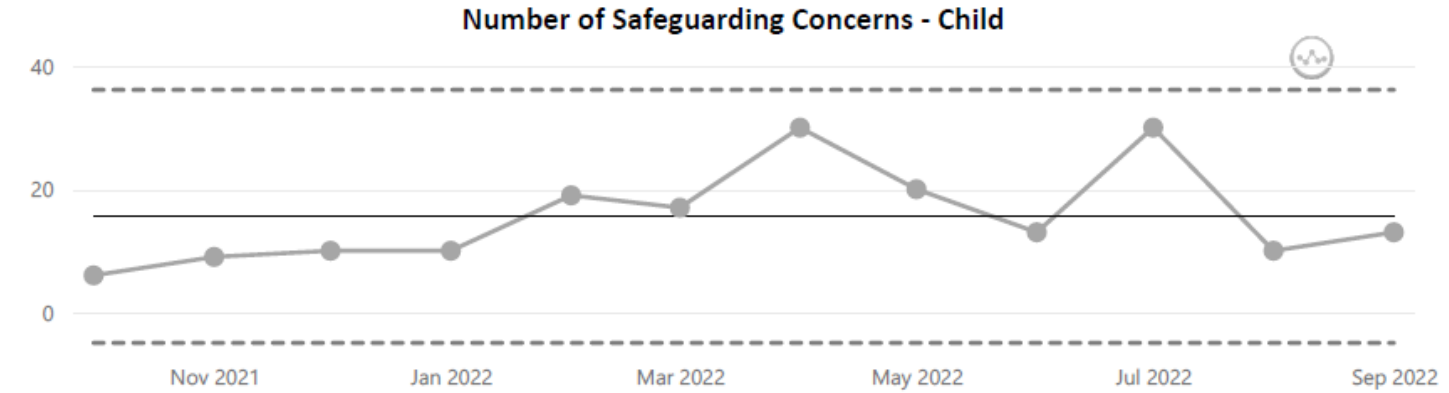
Sep 2022
Date

44
Value

-
Target

Common Cause
Variation

No Target
Assurance



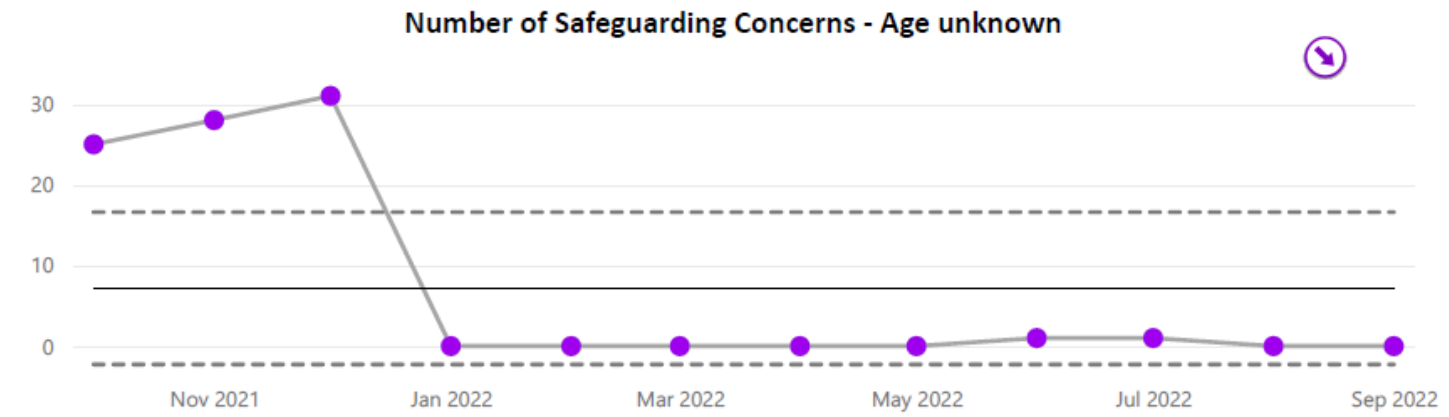
Sep 2022
Date

13
Value

-
Target

Common Cause
Variation

No Target
Assurance



Sep 2022
Date

0
Value

-
Target

Neither
Variation

No Target
Assurance

Service comments

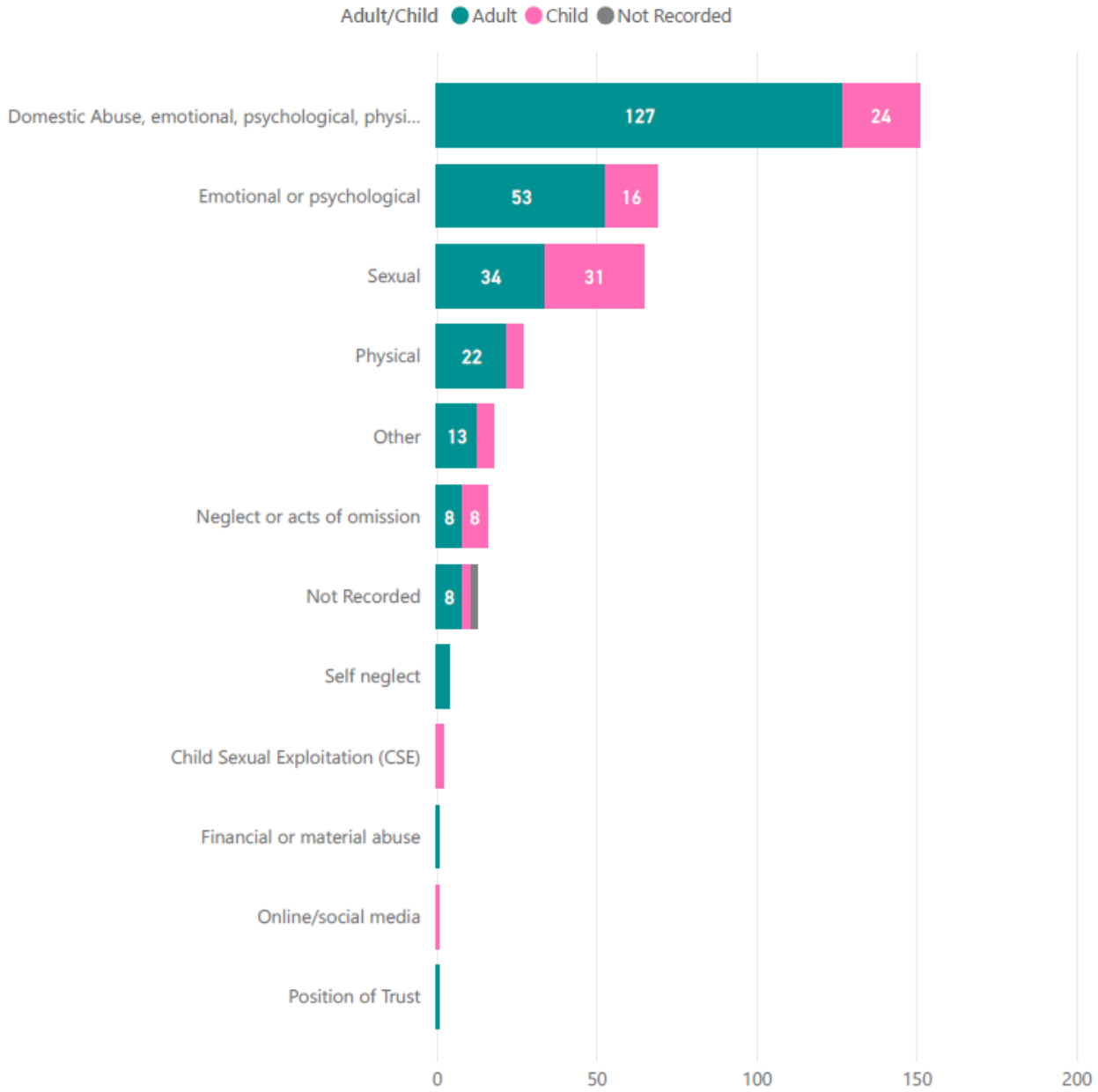
- IAPT continue to report the highest number of safeguarding incidents of which many are historical incidents.
- There continue to be very few reported safeguarding incidents from other DIHC services (GP, SNs, IC and CHC) and this is currently under review to determine any barriers to reporting.
- Safeguarding supervision sessions with CHC and IC Teams has continued in Q2. The emerging themes are practical MCA support and S42 process/feedback to families. Support is being provided
- Quarterly safeguarding supervision is now delivered to pharmacy staff.
- The Large scale investigation of a nursing home has completed and task and finish group has ended. The rating from CQC is awaited. Once the suspension is lifted, there will be a phased approach and continuous quality oversight and monitoring.

Actions

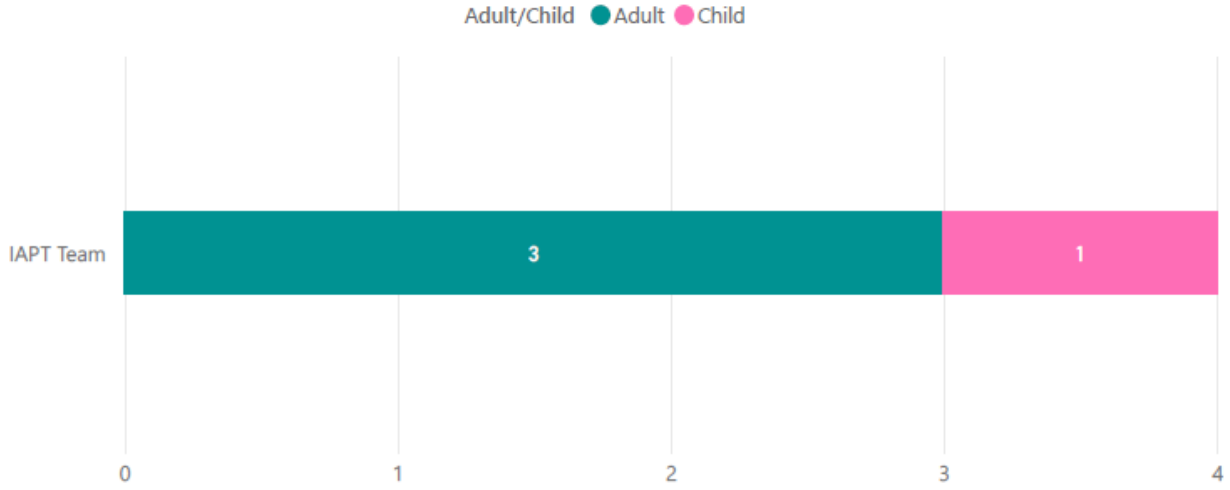
- Lead Named Nurse for Safeguarding is meeting with Deputy Operational Managers for ARRS to discuss the safeguarding process/RLDatix™ reporting with a view to commencing safeguarding supervision in January 2023 for ARRS staff.

Safeguarding

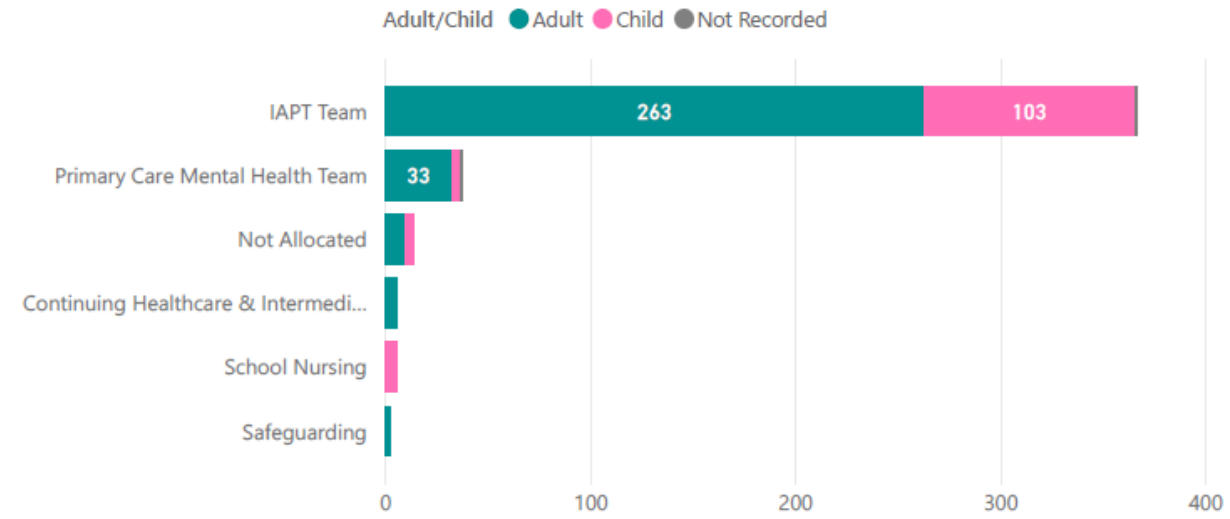
Safeguarding Concerns by Type of Abuse (YTD)



Safeguarding Concerns (Sept 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 03/10/2022):

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	4	100%	100%	75%	0	0
02. Age 80y+ and HSC Workers	184	95%	94%	92%	5	5
03. Age 75-79y (excl care home)	122	95%	93%	91%	3	3
04. Age 70-74y or Covid High Risk (excl care Home)	234	94%	93%	83%	5	9
05. Age 65-69y (excl Care home)	148	95%	94%	87%	2	5
06. Age 16-64y with UHC (excl care home)	674	86%	83%	70%	15	70
07. Age 60-64y or UHC (excl care home)	90	100%	91%	80%	2	6
08. Age 55-59y (excl care home)	129	90%	88%	77%	3	10
09. Age 50-54y (excl care home)	138	83%	82%	64%	2	20
10. Age 40-49y (excl care home)	289	77%	74%	55%	5	61
11. Age 30-39y (excl care home)	536	70%	64%	42%	17	140
12. Age 18-29y (excl care home)	458	68%	58%	28%	3	144
13. Age 16-18y, no UHCs	67	41%	28%	6%	0	39
14. Age 12-15y with specific UHC or household contact	17	36%	30%	12%	0	11
15. Age 12-15y no UHCs	195	40%	24%	0%	0	116
16. Age 5-11y with specific UHC or household contact	34	0%	0%	0%	0	34
17. Age 5-11y no UHCs	454	7%	4%	0%	0	424

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 03/10/2022):

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	84%	79%	68%	2	0
04. Age 70-74y or Covid High Risk (excl care Home)	145	87%	84%	54%	5	12
05. Age 65-69y (excl Care home)	75	83%	79%	47%	3	10
06. Age 16-64y with UHC (excl care home)	248	72%	68%	32%	19	50
07. Age 60-64y or UHC (excl care home)	30	100%	47%	10%	4	12
08. Age 55-59y (excl care home)	44	100%	50%	34%	3	19
09. Age 50-54y (excl care home)	84	58%	57%	27%	4	30
10. Age 40-49y (excl care home)	280	59%	55%	16%	1	116
11. Age 30-39y (excl care home)	371	58%	54%	12%	4	189
12. Age 18-29y (excl care home)	491	45%	35%	6%	2	264
13. Age 16-18y, no UHCs	89	26%	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	194	18%	10%	0%	0	159
16. Age 5-11y with specific UHC or household contact	13	15%	0%	0%	0	11
17. Age 5-11y no UHCs	315	3%	2%	0%	0	307

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

Q1 Learning Lessons - summary

- The Trust is committed to an ethos of organisational learning which also embraces the development of a ‘’just culture’’ based on the core belief that the immediate organisational response to any adverse event should not be one of blame and retribution, but one of learning
- A number of review meetings exist that contribute to the identification of learning from a number of sources, such as incidents and feedback from service users, culminating in a quarterly Learning Lessons meeting
- The 2022/23 Q1 Learning Lessons meeting was held on 7th September 2022 – key points were:
  - 35 incidents were reported during Q1; no Serious Incidents were reported during this time
  - Eight new complaints were reported during Q1, all of which were acknowledged and responded to within the expected timeframes; nine concerns and eight compliments were also reported
  - Two areas of external learning were identified as having potential relevance to the Trust and therefore opportunities for learning – one report was a preventing future death report following suicide and the other report was the LeDeR report – learning from lives and deaths (of people with Learning Disabilities). The group were assured of actions and work in progress to further improve. Collation of ‘external’ learning continues
  - In addition to the standard quarterly reports the group also reviewed the key sources of learning and how these align with various meetings within the Trust, including the recently implemented Quality Improvement Group
  - The group also acknowledged the need to review current processes in light of the implementation of the new Patient Safety Incident Response Framework (PSIRF)
  - Work also continues on maximising the engagement of service leads in future discussions / meetings to ensure wider dissemination of learning

Q1 Learning Lessons – key learning points

- No major themes or trends were identified; key learning points were:
  - Improved approach to filing and managing documentation in primary care, especially with regards to the management of shared inboxes and patients with similar names; to be disseminated Trust-wide as a reminder
  - Improved task management / follow-up regarding urgent referrals from primary care; to include greater use of automatic task allocation to secretaries
  - Responsibility of MS Teams meeting administrators in the management and distribution of meeting recordings and transcripts; reminder sent out to all staff via 'Friday Round Up'
  - Better communication to staff and patients whenever maintenance work is being carried out on telephone lines

Dudley Integrated Health and Care NHS Trust

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: **Quality & Safety Committee**

Date of meeting: 18 October 2022 (via Microsoft Teams)

Significant risks/issues for escalation	There are no significant issues to escalate to the Board. The Board Assurance Framework and Corporate Risk register was reviewed in detail. Recommendations to Board are to; • **Note** the addition of the new risk BAF 22-003 (New Risk): There is a risk of slippage or failure in the delivery of transformational plan for Children's Services. (3x4) • **Increase** the score for BAF-007 There is a risk we fail to deliver and evidence safe, high quality care to our patients in line with CQC requirements. It was recommended to increase this risk from 9 (3x3) to 12 (3x4) • **Close** corporate risk C-101 Risk of COVID-19 affecting staff and impact on delivery on services and/or management of DIHC
Key issues/matters discussed at the Committee	The Committee was quorate **Quality and Safety Report** No Serious Incidents reported this period. Four formal complaints relating to Primary Care reported this period. No obvious themes or trends identified. GP practice FFT data now provided for High Oak Surgery. Chapel Street Practice data, along with data for IAPT, PCMH and School Nursing expected to be more formally collected by December. Committee discussed future development of quality indicators. 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 Committee received the report. **Q1 2022/23 Learning Lessons** As part of the Trusts quality oversight arrangements there is a quarterly lessons learnt meeting. Committee received a detailed report from the Q1 meeting and discussed how the information should flow through to Board assurance oversight. Committee noted that Dudley Integrated Health and Care NHS Trust is committed to an ethos of organisational learning which also embraces the development of a "Just Culture'' based on the core

belief that the immediate organisational response to any adverse event should not be one of blame and retribution.

It was reflected that governance processes exist that contribute to the identification of learning from incidents and feedback from service users..

In addition to the standard quarterly reports for incidents and feedback, Committee received a summary of the key sources of learning within the Trust together with a collation of 'external' learning.

Committee received the report of the lessons learnt group and commended the team for the work undertaken. Committee recognised the need for formal assurance routes to Board and recommended quarterly Lessons Learnt reports to Committee with Biannual reports to Board, plus a standalone annual report.

Integrated Clinical Governance Development

Committee received a detailed update aligned to the Clinical Governance Development plan.

The N365 policy management system has undergone its first round of testing with go live planned for 1 November. Application of the N365 system to service-level procedural documents is now being actively discussed further with service leads.

The review of systems and processes against the CQC standards is underway with clear reporting provided to the oversight group.

A detailed brief was provided regarding the implementation of the Patient Safety Incident Response Framework as per below.

Committee received the paper and were assured.

Implementation of Patient Safety Incident Response Framework (PSIRF)

Committee received a detailed brief regarding the implementation of the Patient Safety Incident Response Framework (PSIRF). The PSIRF sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

It replaces the Serious Incident Framework with a less prescriptive approach to investigation. It comprises new systems and processes and is centred on culture, supported by appropriate training and education for all levels of the organisation

PSIRF is a contractual requirement under the NHS Standard Contract with organisations expected to transition to PSIRF within 12 months from Sept 2022.

	Committee were informed that the implementation of LFSPE (**L**earning **F**rom **P**atient **S**afety **E**vents) and the Patient Safety Specialist role is key. A number of organisations have appointed to the Patient safety Specialist role. It was acknowledged that the role is currently being held across the Deputy Director of Nursing and the Associate Director of Quality and Governance. Initial planning review undertaken so far has identified a number of questions and challenges that need to be further explored as part of defining a clear and robust plan for implementation. Committee noted that PSIRF was not easily applicable to Primary Care and that DIHC has extended offer of support to the Integrated Care Board to pilot within our primary care services. **Board Assurance Framework (BAF) & Risk Register** The Board Assurance Framework and Corporate Risk register was reviewed in detail with committee asked to consider that the assurances, controls, mitigations and supporting actions are appropriate. Recommendations were made as noted below. The Committee was asked to note that following the Auditor's Annual Report there is one improvement recommendation relating to the migration of all risk registers into Datix. This work is progressing at pace by the Associate Director of Quality and Governance and Trust Secretary with oversight through the Executive Committee. **Quality and Safety Steering Group (QSSG)** QSSG met in development mode during October with a focus on effectiveness review and scoping the Trusts Quality Strategy. It is envisaged that the quality strategy will focus on the three domains of quality – safe, effective and experience together with how we can further utilise the voice of patients and service users to improve our service delivery. It will also align to the ICB quality strategy. A draft strategy will be shared at committee in November. Committee received the update for assurance. Committee Chair gave specific thanks to all authors of the papers for the thorough updates and thanked committee members for their discussion.
Recommendations made by the Committee	Committee recommended a formal reporting route and timeframe to the Board for lessons learnt reports. It is recommended that Board receive a bi-annual lessons learnt report, building to an Annual Lessons Learnt report.

Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	The Board Assurance Framework and Corporate Risk register was reviewed in detail. Recommendations to Board are to; • **Note** the addition of the new risk BAF 22-003 (New Risk): There is a risk of slippage or failure in the delivery of transformational plan for Children's Services. (3x4) • **Increase** the score for BAF-007 There is a risk we fail to deliver and evidence safe, high-quality care to our patients in line with CQC requirements. It was recommended to increase this risk from 9 (3x3) to 12 (3x4) • **Close** corporate risk C-101 Risk of COVID-19 affecting staff and impact on delivery on services and/or management of DIHC. The impact of the pandemic is continually reviewed and will be reported through the service operational risks and discussed by the Executive team, this is supported by robust Infection, Prevention and Control response, workforce reporting of absence and sit-reps at team and service level as well as stepping up of the gold and silver command structures.
Items/Issues for referral to other Committees	No issues for referral to other Committees.

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

REPORT TITLE:	Workforce Performance Report
DATE OF MEETING:	1 November 2022
PURPOSE OF REPORT:	To provide update and assurance to the Trust Board on workforce performance information for September 2022
RESPONSIBLE EXECUTIVE:	Stephanie Cartwright, Director of Strategy, People and Partnerships
AUTHOR OF REPORT	Faye Duncan – BI Service Delivery Manager Heather Rees – People Partner Lashauna Vaughan – People Systems and Reporting Manager

SUMMARY OF KEY POINTS:	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.
	
	<u>Staff Establishment and Turnover</u>
	
	There has been good progress across the reporting period in relation to vacancies with the number of starters being far greater than the number of leavers with 27 (almost 25 WTE) new starters in month.
	
	• The Trust Vacancy Rate (actual staff in post compared to the establishment) decreased to 8.9% which now under the Trust target of 10%.
	• Both metrics of Staff Turnover (12 months) have continued to decrease:
	  ○ Turnover (all resignations) decreased to 12.6%
	  ○ Normalised Turnover (voluntary resignations only) decreased 9.9%.
	
	<u>Sickness Absence</u>
	
	Sickness Absence during September was reported as 2.1%, whilst Sickness Absence over the last 12 months was reported as 3.4%. Both these metrics remain under the Trust targets.
	
	The People Team continue to monitor support line managers and staff with affected by long term sickness.
	
	<u>Training and Development</u>
	
	Both Appraisal and Mandatory Training compliance remain above their 85% targets:
	• Appraisal compliance within the last 12 months is at 92.2%
	• Mandatory training compliance increased slightly to 92.1%

	Compliance for new training modules introduced for all staff in August 2022 are: • Hand Hygiene Virtual Classes – 60% compliance • Freedom To Speak Up e-Learning – 57% compliance 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. A review of mandatory training is underway and will be considered by the executive over the coming month.
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	The board are asked to note the report and its contents. There continues to be a focus on filling vacancies, particularly hard to fill vacancies, along with maintenance and further improvements in relation to other indicators; turnover, appraisal compliance and mandatory training.
FUNDING/ COST IMPLICATIONS:	None identified
DoF / Finance Approval	☐ Yes ☐ In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: *Tick as appropriate*	☐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 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 / Greener NHS
CQC DOMAINS: *Tick as appropriate*	☒Safe ☒Effective ☒Caring ☒Responsive ☒Well Led
LIST KEY RISKS IDENTIFIED: *Select none identified **or** outline the risks identified and mitigations taken* *(if addressing existing risk on the corporate risk register please provide reference number)*	☐None Identified BAF22-005 There is a risk we are unable to ensure our staff are skilled and appropriately equipped to work autonomously in delivery of our services. C-064 Risk of substantive workforce shortages (through vacancies, absence or excess demand) result in additional premium costs being incurred.

	C-106 Not having approval from NHSEI to recruit substantively to key posts prior to potential transfers.
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	☐Executive ☒People ☐Finance Performance & Digital ☐Digital Board ☐Quality and Safety/ QSSG ☐Audit & Risk ☐Primary Care Integration ☐Strategy and Transformation ☐EDI ☐Trust Management Board ☐Well Led ☐Other (Please state)
CONSIDERATIONS / IMPACTS: *Select none identified **or** outline the potential impact and considerations undertaken*	Quality and Equality Impact Assessment ☒None Identified Equality, Diversity and Inclusion ☒None Identified Greener NHS Sustainability Impact Assessment ☒None Identified Other Regulatory Requirements ☒None Identified
PRESENTED TO:	☒Public Board ☐Private Board ☒Assurance Committee *(state)* – People Committee ☐Other Committee *(state)* -

RECOMMENDATION: *Tick as appropriate*	☐ For Approval / Decision ☒For Assurance ☐For Information / Discussion

Dudley Integrated Health and Care NHS Trust

Workforce Performance Report

Reporting Period: September 2022

Reported to: November 2022, Trust Board

Reported by: Adam Race, Interim Associate Director of People

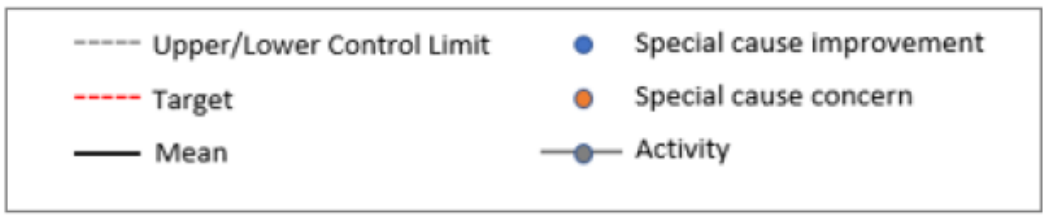
High Level Key:

Variation and Assurance Icons

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

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

Statistical Process Chart (SPC)



DIHC Performance Scorecard 2022/23

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	YTD	Target	Variation	Assurance
Workforce	Staff in Post	Vacancy %	Local	Sep 2022	8.88%	13.85%	10%		
		Turnover % (12 Months)	Local	Sep 2022	12.58%		13%		
		Normalised Turnover % (12 Months)	Local	Sep 2022	9.86%	11.32%	-		
		Turnover % (In Month)	Local	Sep 2022	0.97%		1.1%		
		Normalised Turnover % (In Month)	Local	Sep 2022	0.97%	0.68%	-		
	Development	Appraisal %	Local	Sep 2022	92.21%	92.21%	85%		
		Training Compliance %	Local	Sep 2022	92.08%	92.08%	85%		
	Absence	Sickness % (In Month)	Local	Sep 2022	2.13%	3.1%	3.8%		
		Sickness % (12 Months)	Local	Sep 2022	3.39%		3.8%		
		Short Term Sickness (In Month)	Local	Sep 2022	40.17%	31.5%	-		
		Long Term Sickness (In Month)	Local	Sep 2022	59.83%	68.5%	-		
		Maternity % (In Month)	Local	Sep 2022	1.26%	1.18%	-		

Key

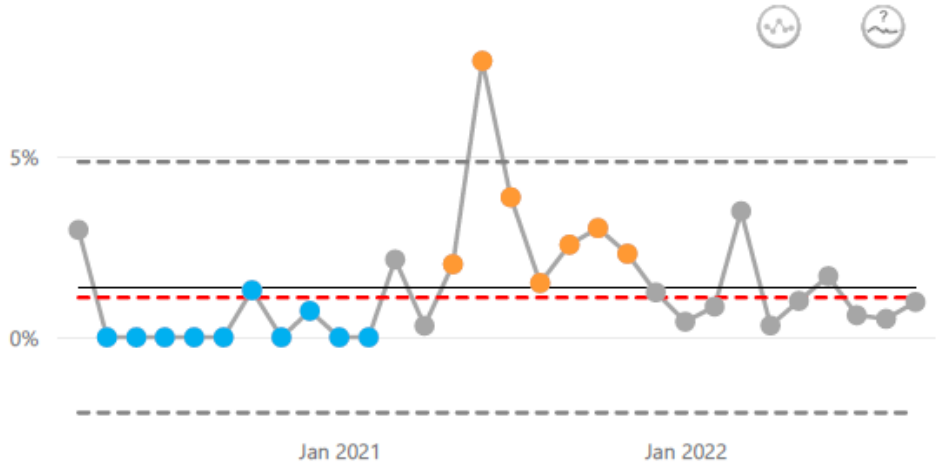
Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the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

Footnotes

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

Workforce - Staff in Post

Turnover % (In Month)



Sep 2022
Date

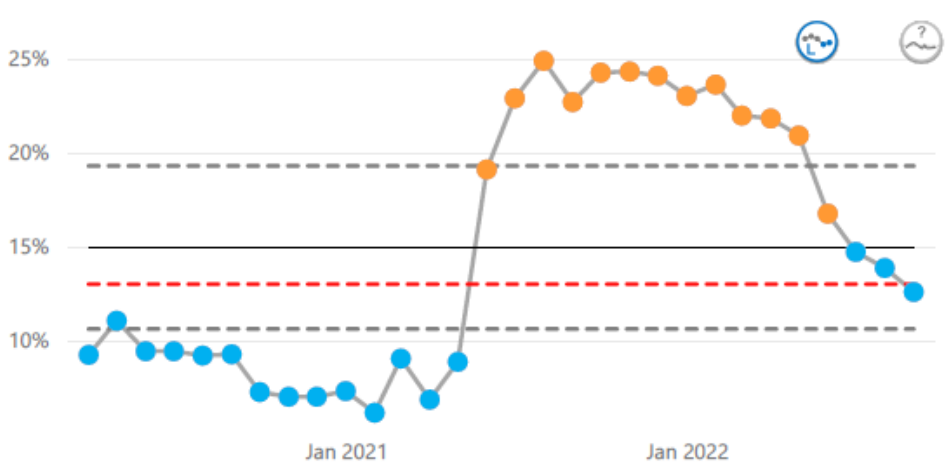
0.97%
Value

1.1%
Target

Common Cause
Variation

Hit or Miss
Assassance

Turnover % (12 Months)



Sep 2022
Date

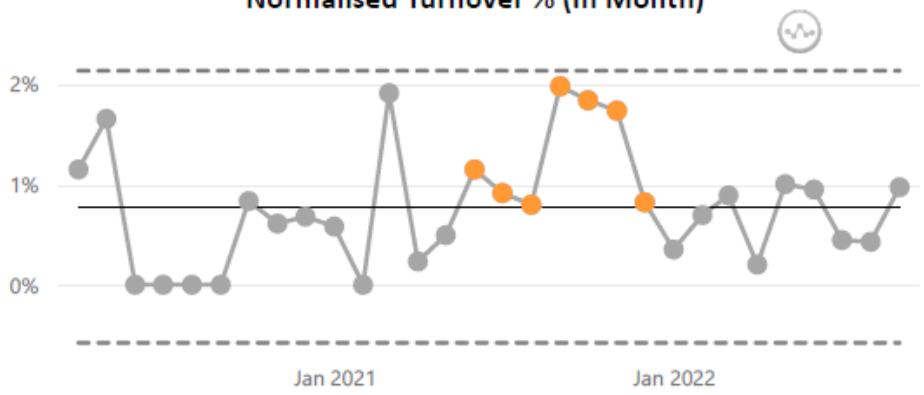
12.58%
Value

13%
Target

Improvement
Variation

Hit or Miss
Assassance

Normalised Turnover % (In Month)



Sep 2022
Date

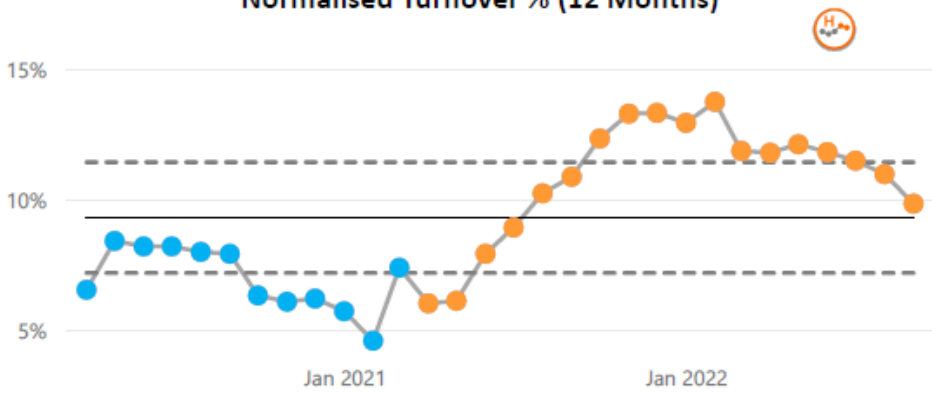
0.97%
Value

-
Target

Common Cause
Variation

No Target
Assassance

Normalised Turnover % (12 Months)



Sep 2022
Date

9.86%
Value

-
Target

Concern
Variation

No Target
Assassance

Service comments

Staff in Post, Vacancy and Turnover

- The funded establishment as at the end of September 2022 was 387.24 (WTE) and there were 419 staff in post (351.86 WTE).
- The vacancy rate (actual staff in post compared to the funded establishment) for August 2022 was 8.88% after the Trust saw 27 new staters (24.89 FTE) in September 2022.
- There were 6 leavers in month (3.32 FTE).
- Turnover reduced to 12.58% and Normalised Turnover (voluntary leavers) reduced to 9.86%

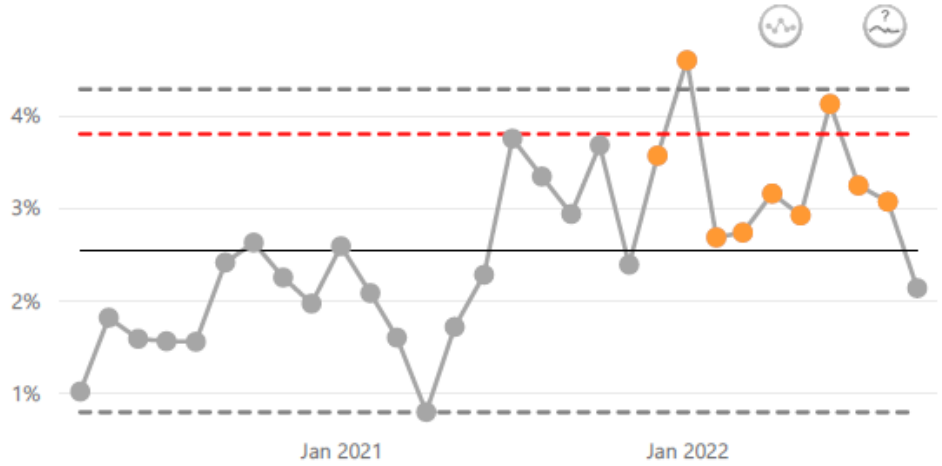
Actions

Recruitment Activity in September 2022

- 10 vacancies were advertised
- 12 conditional job offers were made
- 11 unconditional job offers were issued with start dates over the next few months

Workforce - Absence

Sickness % (In Month)



Sep 2022
Date

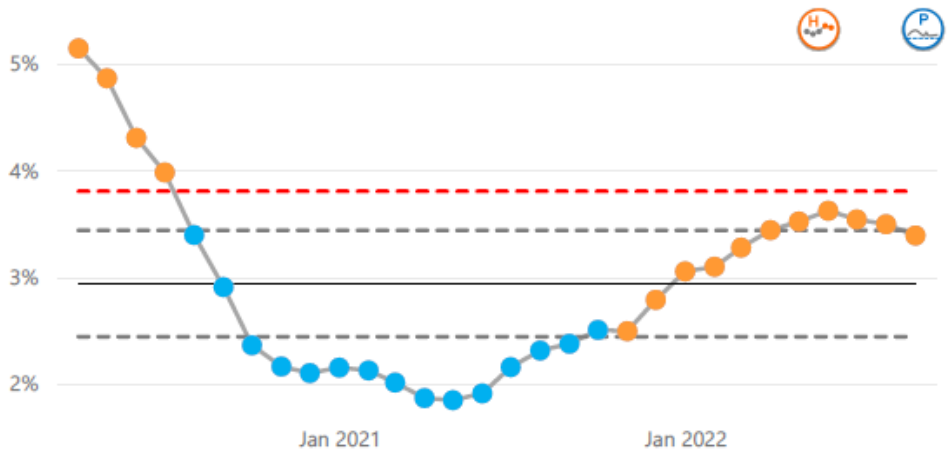
2.13%
Value

3.8%
Target

Common Cause
Variation

Hit or Miss
Assurance

Sickness % (12 Months)



Sep 2022
Date

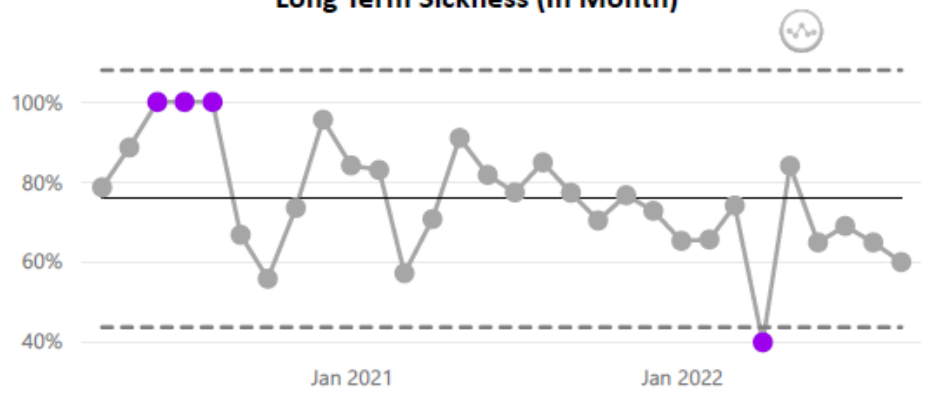
3.39%
Value

3.8%
Target

Concern
Variation

Pass
Assurance

Long Term Sickness (In Month) *



Sep 2022
Date

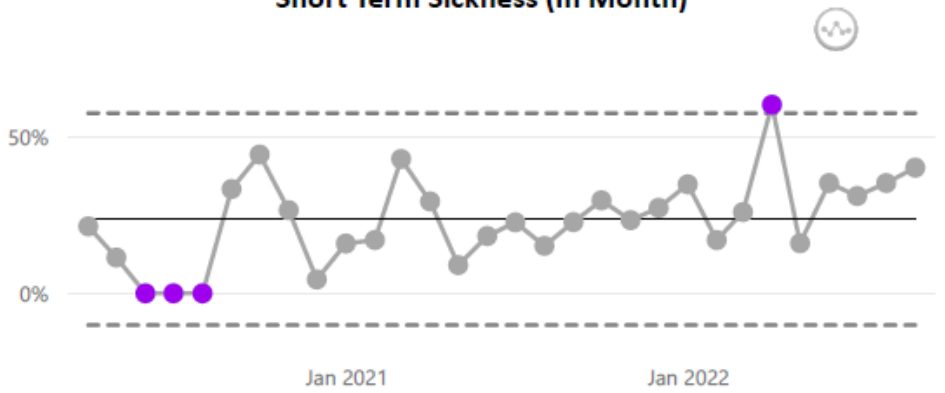
59.83%
Value

-
Target

Common Cause
Variation

No Target
Assurance

Short Term Sickness (In Month) *



Sep 2022
Date

40.17%
Value

-
Target

Common Cause
Variation

No Target
Assurance

* Long Term/Short Term Sickness is a proportion of the Sickness % e.g. 59.83% of the 2.13% were classed as long term absences

Service comments

Sickness Absence Over The Last 12 Months

The most prevalent sickness absence reasons over the last 12 months remain consistent with previous months reporting:

- Cold, cough, flu related (73 episodes – 351 FTE Days Lost)
- Gastrointestinal problems (49 episodes – 180 FTE Days Lost)

Sickness Absence During September 2022

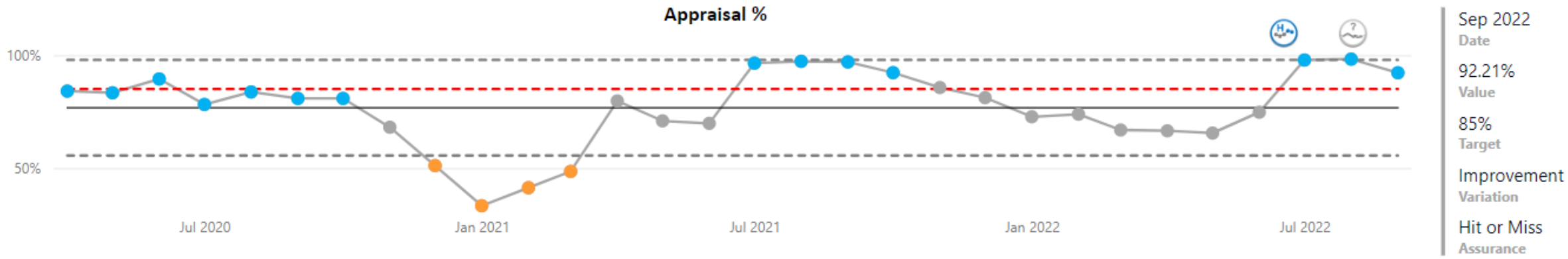
- 10 staff were on long term sickness, and * staff returned from long term sickness.
- There were 32 episodes of sickness absence (206 FTE Days Lost) with 63% of absences experienced by patient facing staff
- The most common absence reason was anxiety, stress, depression and other psychiatric related illnesses 6 episodes – 56 FTE Days Lost)
- The majority of the lost time in September 2022 was long term absence (60%)

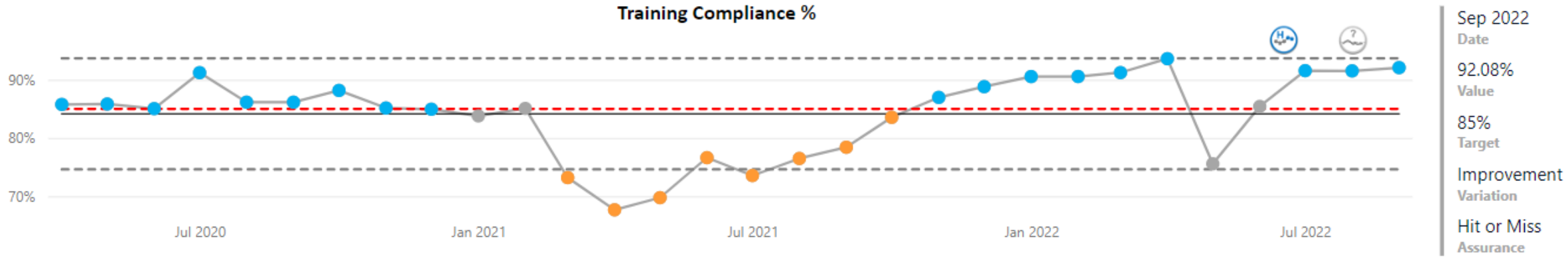
Actions

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

The Flu Vaccination Campaign commenced in October 2022, uptake will be strongly encouraged as a preventative action to reduce potential high sickness absence in the coming months. Vaccination % will be reported in future reports.

Workforce - Training





Service comments

Mandatory training compliance for August remained above target at **92.08%.**

It was also noted at a national meeting that DIHC had the highest percentage of e-Learning completion nationally and regionally in July as a comparison against their headcount (85% learning uptake) which shows the commitment of our staff in embracing the new training modules launched over the last few months.

Freedom To Speak Up and Hand Hygiene Training were introduced at the start of August 2022, compliance as of 30th September 2022 is:

- Freedom To Speak Up e-Learning – **57%** of staff have engaged with the courses and completed the All Workers module
- Hand Hygiene Virtual Training Session - **60%** of staff have attended a training session

Leadership, Learning and Development Training
Restorative Just Learning Culture Training for All Staff and Managers launched in September with good turnout and feedback from staff. All of the developmental courses available continue to be advertised on the HR Bookings Calendar

The People Team will be undertaking a piece of work over the next month to boost engagement over the coming months, starting with an individualised campaign to understand their training needs

Actions

An SLA with The Royal Wolverhampton NHS Foundation Trust to support the delivery of a number of training modules was signed this month, the training needs analysis carried out over the last few months will be a starting point for the delivery of modules through the SLA.

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

A review of mandatory training is underway and will be considered by the executive over the coming month.

Appraisals by Directorate

Appraisal Rate Compliance by Directorate and Team

Directorate	Total Compliant	Due Soon	Overdue	Eligible Employee	% Compliance
Directorate of Finance, Performance & Contracting	5			5	100.00%
Contract Management Team	3			3	100.00%
Finance Team	2			2	100.00%
Directorate of Nursing, AHPs & Quality	5			5	100.00%
Nursing Directorate	4			4	100.00%
Quality and Governance Team	1			1	100.00%
Directorate of Operations	111	31	18	160	88.75%
ARRS PCN	38	19		57	100.00%
Continuing Healthcare and Intermediate Care Team	17			17	100.00%
High Oak Practice	5		2	7	71.43%
IAPT Team	37	3	4	44	90.91%
Operations Management Team	2			2	100.00%
Primary Care Mental Health Team	9	1	1	11	90.91%
Primary Care Network Business Support					0.00%
School Nursing Team	3	8	11	22	50.00%
Directorate of Strategy, People & Partnerships	11			11	100.00%
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%
Executives Directorate	14		1	15	93.33%
Chair and Non-Executives Team	9			9	100.00%
Corporate Administration and Business Support Team	1		1	2	50.00%
Executive Management Team	4			4	100.00%
Medical Directorate	45	3		48	100.00%
GP Clinical Leads	9			9	100.00%
Medical Directorate Management Team	1			1	100.00%
Pharmaceutical Public Health Team	27	3		30	100.00%
Prescribing Ordering Direct (POD) Team	8			8	100.00%
Total	191	34	19	244	92.21%

Appraisals and Developmental Reviews

Appraisal compliance for September 2022 reduced to **92.21%** although this continues to remain above the 85% target. The appraisal figure excludes all new staff and internal job movers who are within the first 12 months of their new role with the Trust.

For teams with compliance under 85%:

- High Oak - the remaining appraisals have been scheduled and support will continue to be offered to aid with the completion of these.
- School Nursing – there were a large amount of appraisals due over the August – September 2022 period however with a large proportion of staff on term time contracts these appraisals are now scheduled to be completed over the next month
- Corporate Administration and Business Support – the outstanding appraisal is being scheduled 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 Directorate

Mandatory Training Compliance

Attribute	Total Compliant	Total Expiring Soon	Total Not Compliant	% Total Compliance
NHS|CSTF|Resuscitation - Level 2 - Adult Basic Life Support - 1 Year|	119	17		100.00%
NHS|CSTF|Fire Safety - 2 Years|	395	4	5	98.75%
NHS|CSTF|Safeguarding Adults (Version 2) - Level 1 - 3 Years|	393	4	7	98.25%
NHS|CSTF|Equality, Diversity and Human Rights - 3 Years|	390	10	10	97.50%
NHS|CSTF|Health, Safety and Welfare - 3 Years|	389	8	11	97.25%
NHS|CSTF|Moving and Handling - Level 1 - 3 Years|	389	10	11	97.25%
NHS|CSTF|Preventing Radicalisation - Basic Prevent Awareness - 3 Years|	389	1	11	97.25%
NHS|CSTF|Infection Prevention and Control - Level 1 - 3 Years|	232	15	9	96.27%
NHS|CSTF|Safeguarding Children (Version 3) - Level 1 - 3 Years|	382	5	18	95.50%
NHS|MAND|Deprivation of Liberty Safeguards - 3 Years|	212		10	95.50%
445|LOCAL|Learning Disabilities Awareness - Level 1|Information and Knowledge	378		22	94.50%
NHS|CSTF|Safeguarding Children (Version 3) - Level 2 - 3 Years|	74		5	93.67%
NHS|CSTF|Preventing Radicalisation - Prevent Awareness - 3 Years|	172	3	15	91.98%
NHS|CSTF|Information Governance and Data Security - 1 Year|	366	75	34	91.50%
NHS|CSTF|Dementia awareness - 3 Years|	363	2	37	90.75%
NHS|CSTF|Safeguarding Adults (Version 2) - Level 2 - 3 Years|	72	1	8	90.00%
NHS|CSTF|Infection Prevention and Control - Level 2 - 1 Year|	139	16	20	87.42%
445|LOCAL|Domestic Abuse Awareness - Level 1|Information and Knowledge	324		76	81.00%
NHS|CSTF|Safeguarding Children (Version 3) - Level 3 - 3 Years|	150		37	80.21%
NHS|CSTF|Safeguarding Adults (Version 2) - Level 3 - 3 Years|	137	1	50	73.26%
NHS|MAND|Mental Capacity Act - 3 Years|	136	1	86	61.26%
Total	**5601**	**173**	**482**	**92.08%**

*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.

Dudley Integrated Health and Care NHS Trust

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: People Committee

Date of meeting: 25th October 2022 (via Microsoft Teams)

Presented By: Martin Evans, Non-Executive Director – Value Circle in attendance

Significant risks/issues for escalation	Nil The Board Assurance Framework and Corporate Risk register was reviewed in detail.
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. Further work was requested on BAF22-05 around articulating the gaps in controls and assurances as well as capturing the mitigating actions with clear owners and deadline dates. • The committee was delighted to hear that the Trust has nominated five members of staff for the Midlands Inclusivity and Diversity Awards Scheme 2022, the awards ceremony being held virtually on 28th November 2022. • The workforce performance report was reviewed, the majority of which was noted as being extremely positive. There was a focused discussion in relation to the Safeguarding Adults and Children Level 3 mandatory training which is an outlier in relation to compliance levels. The committee was provided some assurance that this training is made up of a number of modules which are completed over a twelve month period however it has requested a more detailed summary of the ongoing work with staff, including temporary and agency staff before being fully assured. • The quarterly report on quality of appraisals was received which included feedback on the process from 21 staff. The committee was assured that the data showed a generally positive position with staff and managers in relation to the appraisal process. The committee will continue to monitor the quality on a quarterly basis. • The committee received an overview of the Trust's current people focus on reducing agency costs. It was informed that individual leads are taking action to reduce agency costs in 2022/23 but has requested further detail per department, including a trajectory target before assurance can be given in relation to required reductions being achievable. • The committee again reviewed the Trust's Health and Wellbeing support available to staff. It was assured on the services available including the Occupational Health service provision which is achieving its agreed

	performance indicators. It noted the recent staff engagement in relation to financial wellbeing and that consideration is being given by the Executive team to suggestions made. • The committee received the quarterly FTSU report. It noted that there has been an increase in the number of reports, 7 compared to 4 in the previous quarter. The increased level of engagement and visibility of the FTSU guardian across the Trust during the quarter was acknowledged and the committee felt that the increased number of reports was to be seen as positive in relation to the FTSU role. • The EDI Chair provided an assurance update to the committee on the work of the EDI committee. It was noted that the EDI strategy had now been approved, following some minor amendments being made, and the committee was assured that it will be published and communicated across the Trust very soon. The committee agreed to receive an update on the progress of the EDIC delivery plans aligned to the strategy at the December meeting. • The committee reviewed and agreed the People committee cycle of business.
Recommendations made by the Committee	Nil
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	Nil
Items/Issues for referral to other Committees	Nil

Dudley Integrated Health and Care NHS Trust

PUBLIC BOARD

REPORT TITLE:	Finance Report for the period April to September 2022
DATE OF MEETING:	1st November 2022
PURPOSE OF REPORT:	The report details the financial performance for period April to September 2022.
RESPONSIBLE EXECUTIVE:	Matthew Gamage – Operational Director of Finance/Acting Director of Finance
AUTHOR OF REPORT	Matthew Gamage – Operational Director of Finance/Acting Director of Finance
SUMMARY OF KEY POINTS:	• The Trust is reporting a break-even position for the period April to September 2022 and a forecast breakeven position for the financial year. • The report now includes financial performance for budgets managed by DIHC on behalf of the ICB. Due to timing, this position will always be reported one month in arrears. For the period July – August 2022 the report shows an underspend of £280k. • There are divisional financial performance exception items in respect of Mental Health & LD services, where vacancies result in a forecast underspend of £317k and Primary Care where Income and expenditure is greater than plan due to the extension of the extended access hub and the commencement of the new primary care headache service. • The Trust has met the requirement to deliver the Better Payment Code The cash position continues to be healthy at £2.8m ahead of a loan repayment of c£0.6m which will be made on 1 October 2022
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	• Delivery of breakeven position for capital and revenue • Forecast reduction in agency expenditure • Better Payment Practice achievement ensures that providers of services are paid on time • Delivery of efficiency target
FUNDING/ COST IMPLICATIONS:	N/A
DoF / Finance Approval	☒ Yes ☐ In Progress

ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	N/A
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: *Tick as appropriate*	☐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 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 / Greener NHS
CQC DOMAINS: *Tick as appropriate*	☐Safe ☐Effective ☐Caring ☐Responsive ☒Well Led
LIST KEY RISKS IDENTIFIED: *Select none identified **or** outline the risks identified and mitigations taken* *(if addressing existing risk on the corporate risk register please provide reference number)*	☒None Identified The report provides assurance in relation to the following corporate risks; • C-073 – CHC Placement Costs • C-070 – Increase in drug volume and prices • C-063 – Financial Overspend due to insufficient financial controls • C-031 – Financial envelope less that cost of provision
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	☐Executive ☐People ☒Finance Performance & Digital ☐Digital Board ☐Quality and Safety/ QSSG ☐Audit & Risk ☐Primary Care Integration ☐Strategy and Transformation ☐EDI ☐Trust Management Board ☐Well Led ☐Other (Please state)
CONSIDERATIONS / IMPACTS: *Select none identified **or** outline the potential impact and considerations undertaken*	Quality and Equality Impact Assessment ☒None Identified Equality, Diversity and Inclusion ☒None Identified Greener NHS Sustainability Impact Assessment ☒None Identified Other Regulatory Requirements ☒None Identified
PRESENTED TO:	☐Public Board ☐Private Board ☒Assurance Committee *(state)* – Finance, Performance and Digital ☐Other Committee *(state)* -

RECOMMENDATION: *Tick as appropriate*	☐ For Approval / Decision ☒For Assurance ☐For Information / Discussion

Dudley Integrated Health and Care

Finance Report

Reporting period: April – September 2022

Reported to: October 2022 Finance, Performance and Digital Committee

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

Contents

Finance Dashboard – NHS Oversight Framework

The finance dashboard shows performance against finance elements of the national NHS Oversight Framework for Dudley Integrated Health and Care NHS Trust for the period to April to September 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)	42 Days	1
I&E Margin Rating	I&E surplus or deficit/total revenue	>1%	1-0%	0-(1)%	<(1)%	1.60%	1
Distance from Financial Plan	Year to date actual I&E surplus/deficit in comparison to Year-to-date plan I&E surplus/deficit	>0%	(1)-0%	(2)-(1)%	<(2)%	0.00%	1
Overall Score						2	

Exception Report – Capital Service Cover

The **Capital Service Cover** rating measures the ability of the Trust to pay for any financial obligations, such as loan principal and interest repayments, from its surplus. The Trust is currently reporting actual capital service cover of 0.1x liabilities, which indicates that its reported surplus is not sufficient to cover the capital element of the Trust's financial obligations, and as a result is reporting a score of 4 and red rating.

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

The loan repayments are also the cause of a long-term reduction in the trust's **liquidity rating**, which although green rated has reduced from 139 days in March 2021 to 42 days in September 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 as at month 6, 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 NHSE.

Divisional Position

The table to the right shows the divisional position of the Trust and highlights key variances at a divisional level. A cost level breakdown of financial performance is included in appendix 1.

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 £317k (8.4%)**
  Mental Health services continue to see underspends due to a high level of vacancies within the team, with 17 posts currently vacant, partially offset by the use of agency staff where these are available.

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

- **Primary Care Income – Forecast over recovery £498k (54.7%)**
  Income and expenditure is greater than plan due to the extension of the extended access hub and the commencement of the new primary care headache service.

	WTE Budget	WTE Actual	WTE Variance	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Actual £000's	Forecast Variance £000's
MAIN CONTRACT INCOME									
INCOME	0	0	0	(8,207)	(8,319)	112	(16,414)	(16,545)	131
MAIN CONTRACT INCOME Total	**0**	**0**	**0**	**(8,207)**	**(8,319)**	**112**	**(16,414)**	**(16,545)**	**131**
CHILDREN & YOUNG PEOPLE									
EXPENDITURE	29.06	24.6	4.46	653	566	87	1,307	1,176	130
CHILDREN & YOUNG PEOPLE Total	**29.06**	**24.6**	**4.46**	**653**	**566**	**87**	**1,307**	**1,176**	**130**
MENTAL HEALTH & LEARNING DISABILITY									
INCOME	0	0	0	(57)	(93)	36	(115)	(303)	188
EXPENDITURE	83.83	66.8	17.03	1,946	1,797	149	3,892	3,763	129
MENTAL HEALTH & LEARNING DISABILITY Total	**83.83**	**66.8**	**17.03**	**1,889**	**1,704**	**185**	**3,778**	**3,460**	**317**
PCN SERVICES									
INCOME	0	0	0	(2,766)	(2,593)	(173)	(5,532)	(5,659)	127
EXPENDITURE	88.76	86.28	2.48	1,973	2,012	(39)	3,946	4,231	(285)
PCN SERVICES Total	**88.76**	**86.28**	**2.48**	**(793)**	**(581)**	**(213)**	**(1,586)**	**(1,428)**	**(158)**
PHARMACEUTICAL & PUBLIC HEALTH									
INCOME	0	0	0	(19)	10	(29)	(38)	(38)	-
EXPENDITURE	51.3	47.87	3.43	1,384	1,353	31	2,769	2,721	48
PHARMACEUTICAL & PUBLIC HEALTH Total	**51.3**	**47.87**	**3.43**	**1,366**	**1,364**	**2**	**2,731**	**2,683**	**48**
PHYSICAL HEALTH									
INCOME	0	0	0	-	(63)	63	-	(125)	125
EXPENDITURE	22.61	24.6	-1.99	787	882	(95)	1,574	1,810	(236)
PHYSICAL HEALTH Total	**22.61**	**24.6**	**-1.99**	**787**	**819**	**(32)**	**1,574**	**1,686**	**(111)**
PRIMARY CARE									
INCOME	0	0	0	(445)	(865)	420	(912)	(1,410)	498
EXPENDITURE	14.61	12.55	2.06	424	873	(448)	870	1,297	(426)
PRIMARY CARE Total	**14.61**	**12.55**	**2.06**	**(21)**	**7**	**(28)**	**(41)**	**(113)**	**72**
CORPORATE SERVICES									
INCOME	0	0	0	(227)	(291)	63	(259)	(374)	115
EXPENDITURE	83.72	57.42	26.3	4,553	4,536	18	8,912	9,261	(349)
CORPORATE SERVICES Total	**83.72**	**57.42**	**26.3**	**4,326**	**4,245**	**81**	**8,652**	**8,887**	**(234)**
Grand Total	**373.89**	**320.12**	**53.77**	**0**	**(195)**	**195**	**-**	**(195)**	**195**
Adjustments as per NHSEI Reported Position					195	(195)		195	(195)
Adjusted Financial Position Reported to NHSEI	**373.89**	**320.12**	**53.77**	**0**	**0**	**(0)**	**-**	**0**	**(0)**

Income and Expenditure Run Rate

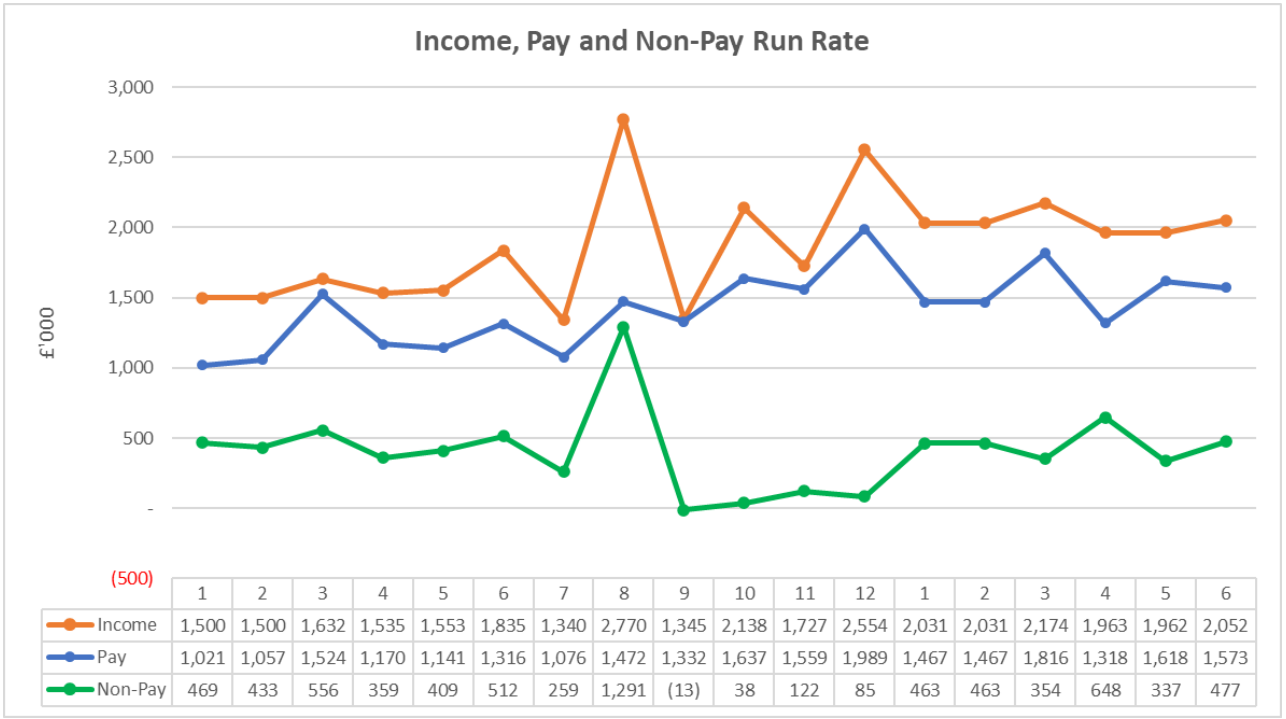
The chart on the right provides detail of the Trust's income and expenditure run rate for the 21/22 financial year and first six months of the 22/23 financial year.

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 therefore this period 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 from the average of months 7-11 in the previous financial year, at £2,035k 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. Plans are in place to reduce expenditure over the remaining months of the year. Further detail is included in the separate efficiency report.
- **Non-pay costs** of £457k 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 and the extension of non recurrent services such as the extended access hub.



	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
Income	1,500	1,500	1,632	1,535	1,553	1,835	1,340	2,770	1,345	2,138	1,727	2,554	2,031	2,031	2,174	1,963	1,962	2,052
Pay	1,021	1,057	1,524	1,170	1,141	1,316	1,076	1,472	1,332	1,637	1,559	1,989	1,467	1,467	1,816	1,318	1,618	1,573
Non-Pay	469	433	556	359	409	512	259	1,291	(13)	38	122	85	463	463	354	648	337	477

Managed Service Reporting

Service Area	Part Year Budget July 22 - Mar 23 £000's	Year to Date Budget Jul - Aug £000's	Year to Date Actual Jul - Aug £000's	Variance £000's
Community Services	2,994	792	679	112
Hospices	633	121	144	(23)
Intermediate Care	5,838	1,405	1,316	89
Long Term Conditions	788	171	202	(31)
Palliative Care	517	115	115	0
Childrens Services	5,611	1,270	1,410	(140)
Sub Total - Community Services	**16,382**	**3,874**	**3,866**	**8**
CHC Fully Funded	11,373	2,251	2,601	(350)
CHC Personal Health Budget	1,511	326	336	(10)
CHC Fully Funded (Fast Track)	2,040	804	466	338
CHC Team	2	1	0	1
CHC Adult Joint Funded	255	140	93	46
Childrens CHC	402	69	129	(60)
Childrens CHC - PHB	179	17	59	(42)
CHC Funded Nursing Care	3,459	804	709	95
Sub Total - CHC	**19,222**	**4,411**	**4,393**	**18**
Oxygen	509	113	114	(0)
Central Drugs	1,491	331	326	6
Prescribing	43,214	9,603	9,354	249
Sub Total - Prescribing	**45,214**	**10,048**	**9,793**	**254**
Grand Total	**80,818**	**18,333**	**18,052**	**280**

The table on the left shows performance against the budgets managed by DIHC on behalf of the ICB.

The ICB commenced on the 1st July 2022 and therefore budgets have been set for the 9 month period between 1st July 2022 to 31st March 2023. Expenditure related to the 1st Quarter of the year were included in the final accounts of Black Country Clinical Commissioning Group.

The table shows a surplus of £280k for the period July to August 2022.

DIHC will be working with budget holders and the finance team at the ICB to reconcile values on a monthly basis and agree forecast outturn positions for 2022/23.

The table confirms that the prescribing budgets are reporting a favourable variance of 249k which provides assurance regarding the delivery of the efficiency target which has been top-sliced from the budgets.

The overspend against children's services relates to increased expenditure on residential short breaks and joint finance agreements.

Agency Expenditure

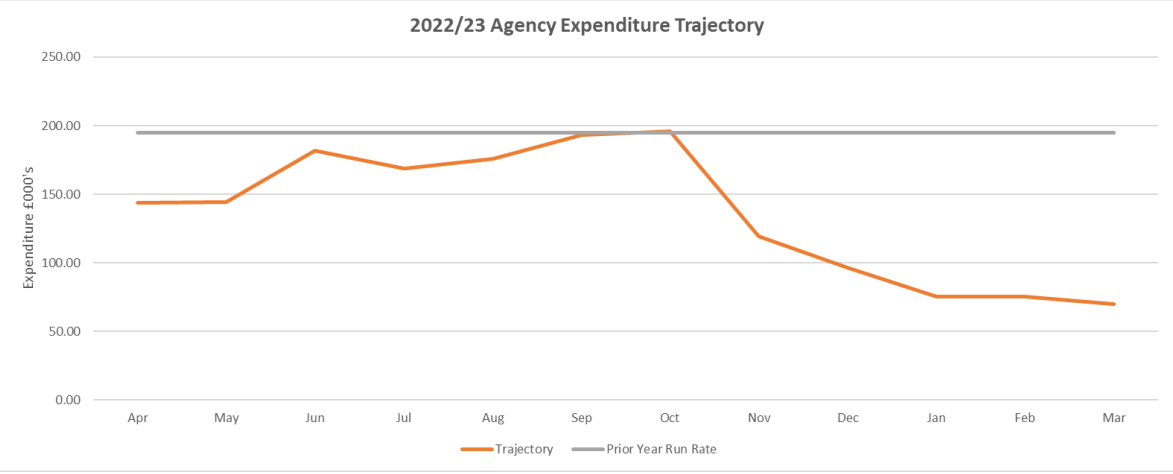
Service	Apr-22 £000's	May-22 £000's	Jun-22 £000's	Jul-22 £000's	Aug-22 £000's	Sep-22 £000's	Total YTD £000's	Forecast Total £000's	Current Run Rate £000's	Forecast Run Rate £000's	2021/22 Run Rate £000's
Clinical Services											
HIGH OAK PRACTICE	13.35	25.99	42.48	10.46	39.80	41.88	173.96	268.19	28.99	22.35	56.00
IAPT	24.34	21.91	24.43	41.80	36.72	30.55	179.75	381.56	29.96	31.80	10.75
CONTINUING HEALTHCARE AND INTERMEDIATE CARE	21.83	14.02	16.80	23.21	10.96	8.64	95.46	177.70	15.91	14.81	17.75
CHAPEL STREET SURGERY	0.00	10.29	21.06	19.97	13.49	15.08	79.89	85.17	13.32	7.10	0.00
PRIMARY CARE MH TEAM	3.47	11.69	9.95	14.33	14.59	12.15	66.18	139.08	11.03	11.59	6.25
BRIERLEY HILL & AMBLECOTE PCN	0.00	0.00	0.00	0.00	0.00	9.40	9.40	18.80	1.57	1.57	0
HALESOWEN PCN	6.84	4.56	5.70	1.14	0.00	0.00	18.24	18.24	3.04	1.52	0.00
STOURBRIDGE WOLLESCOTE LYE PCN	0.00	0.00	0.00	3.56	0.00	0.00	3.56	3.56	0.59	0.30	0.00
KINGSWINFORD WORDSLEY PCN	0.00	0.00	1.23	1.23	0.00	0.00	2.46	2.46	0.41	0.21	0.00
COVID RED CENTRE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11.58
Sub total - Clinical	**69.83**	**88.45**	**121.65**	**115.72**	**115.55**	**117.70**	**628.90**	**1094.76**	**104.82**	**91.23**	**102.33**
Non Clinical											
FINANCE	27.88	33.99	28.22	23.96	28.14	40.14	182.33	275.68	30.39	22.97	22.92
CLINICAL GOVERNANCE	14.54	12.71	21.32	19.87	21.25	29.96	119.65	167.65	19.94	13.97	13.42
OPERATIONS MANAGEMENT	47.49	33.54	35.87	26.96	22.83	-123.43	43.27	43.27	7.21	3.61	0.00
BUSINESS DEVELOPMENT	57.93	0.00	0.00	0.00	0.00	-50.23	7.69	10.69	1.28	0.89	39.83
ADMIN & BUSINESS SUPPORT	6.23	4.78	5.67	5.67	5.67	7.18	35.20	42.38	5.87	3.53	5.00
PCN INVESTMENT FUNDING	-8.04	0.00	0.00	0.00	0.00	0.00	-8.04	4.56	-1.34	0.38	0.00
EXEC MANAGEMENT							0.00	0.00	0.00	0.00	4.83
OTHER							0.00	0.00	0.00	0.00	6.67
Sub total - Non Clinical	**146.02**	**85.02**	**91.08**	**76.46**	**77.89**	**-96.38**	**380.10**	**544.24**	**63.35**	**45.35**	**92.67**
Grand Total	**215.85**	**173.48**	**212.73**	**192.17**	**193.45**	**21.32**	**1009.00**	**1639.00**	**168.17**	**136.58**	**195.00**

The Trust is focussed on reducing agency costs and Executive leads are taking action through a number of measures, such as recruiting to posts on fixed term contracts or permanent contracts where appropriate.

The table on the left shows the current agency expenditure by service during 2022/23. It shows that the current run rate is £27.5k per month lower than the monthly run rate for 2021/22.

The main areas of agency usage in clinical services are within the primary care and IAPT services. The services are continuing to try and recruit to posts on a permanent basis, however agency expenditure is required at present to ensure that access can be maintained for patients and that performance targets are being delivered.

The Finance team has had a number of vacancies during 2022/23 which have now been recruited to and therefore the forecast run rate is expected to reduce significantly.



The chart on the left shows the forecast trajectory for agency expenditure if all of the plans are delivered as expected. Please note a number of costs were reclassified in the month of September and retrospective adjustments have been made to the charts to show the correct trend in expenditure.

The finance and HR teams are working with service leads to deliver the plan and performance against the trajectory will be monitored at the People Committee and the Finance, Performance and Digital Committee.

The following key actions need to be delivered over the next three month period;

September

- Review of agency expenditure to ensure costs are correctly classified – Complete
- Recruitment to two band 5 support posts in Finance on a permanent basis – Complete

October - December

- Corporate and Clinical Governance support to be recruited on a fixed term basis - Complete
- Recruitment of permanent GPs and Nurses for Primary Care services – Outstanding
- Proposal to be developed and implemented in relation to Health & Safety and EPRR support – On track

Capital Summary

Summary

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

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

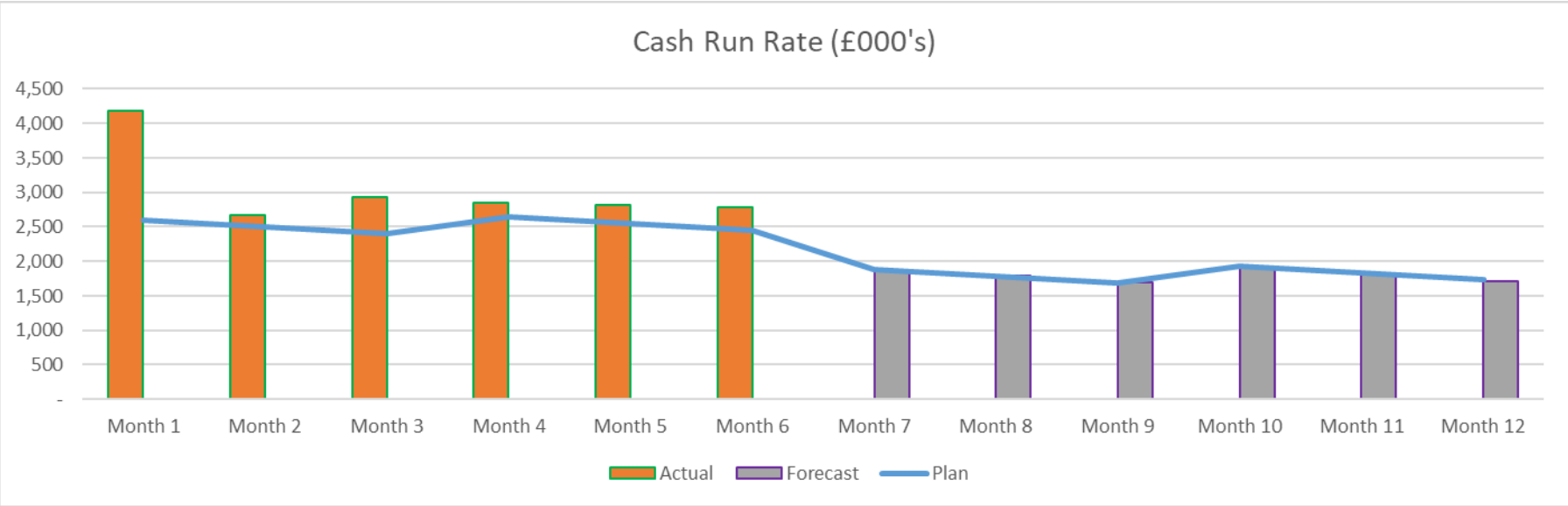
Scheme	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Plan £000's	Forecast Actual £000's	Forecast Variance £000's
Network Infrstructure Refresh	-	-	-	50	50	-
Mobile technology	-	-	-	40	40	-
EPR Levelling Up	-	-	-	143	143	-
Total	**-**	**-**	**-**	**233**	**233**	**-**

Balance Sheet Summary

	Actual Closing 2021/22	Actual May-22 Closing	Actual Jun-22 Closing	Actual Jul-22 Closing	Actual Aug-22 Closing	Actual Sep-22 Closing	Month on Month Movement
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Non-current assets							
Intangible assets	-	-	-	-	-	-	-
Property, plant and equipment	503	688	677	633	687	686	(1)
Other investments / financial assets	14	14	14	14	14	14	-
	517	**702**	**691**	**647**	**701**	**700**	**(1)**
Current assets							0
Inventories	-	-	-	-	-	-	-
NHS receivables	1,056	18	785	918	716	1,220	504
Non-NHS receivables	460	2,691	1,840	1,941	2,305	1,543	(762)
Other current assets	-	-	-	-	-	-	-
Cash and cash equivalents	4,186	2,677	2,934	2,850	2,824	2,785	(39)
	5,702	**5,386**	**5,559**	**5,709**	**5,845**	**5,548**	**(297)**
Current liabilities							0
Capital trade payables	(47)	-	-	(7)	(7)	(7)	-
Revenue trade payables	(3,335)	(3,343)	(3,843)	(4,019)	(3,803)	(3,184)	619
Borrowings	(1,133)	(1,147)	(1,147)	(1,147)	(1,147)	(1,147)	-
Deferred income	(180)	(82)	(82)	-	(82)	(294)	(212)
Other financial liabilities	-	(328)	-	(6)	(330)	(439)	(109)
Provisions	(53)	(53)	(53)	(53)	(53)	(53)	-
	(4,748)	**(4,953)**	**(5,125)**	**(5,232)**	**(5,422)**	**(5,124)**	**298**
Net Current Assets	**954**	**433**	**434**	**477**	**423**	**424**	**1**
Non-current liabilities							-
Capital payables	-	-	-	-	-	-	-
Revenue payables	-	-	-	-	-	-	-
Borrowings	(567)	(14)	(14)	(14)	(14)	(14)	-
Deferred Income	-	-	-	-	-	-	-
Other financial liabilities	-	-	-	-	-	-	-
Provisions	(41)	(41)	(41)	(41)	(41)	(41)	-
	(608)	**(55)**	**(55)**	**(55)**	**(55)**	**(55)**	**-**
Total Net Assets Employed	**863**	**1,080**	**1,070**	**1,069**	**1,069**	**1,069**	**-**
Financed by							-
Public dividend capital	2,568	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)	(1,499)	0
Total Taxpayers' Equity	**863**	**1,080**	**1,070**	**1,069**	**1,069**	**1,069**	**0**

- 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 £1.7m.
- 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;
  - £0.6m invoiced income, the majority of which is PCN recharges
  - £2.1m prepayments and accrued income, which mainly relate to LA, ICB and CSU
- Significant payables are being recorded in relation to;
  - £0.1m invoiced payables without a purchase order
  - £0.4m goods received not yet invoiced
  - £2.0m accrued expenditure
  - £1.5m other, including payroll related balances

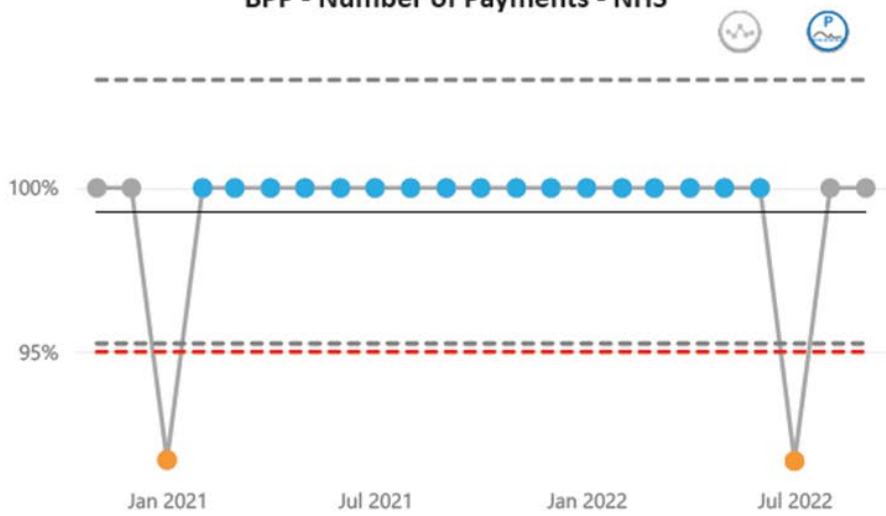
Cashflow



- The overall cash position is tracking slightly better than plan and is expected to track in line with plan for the year (£1.7m by the 31st March 2023).
- The forecast cash position provides the Trust with sufficient headroom to manage working capital requirements.
- The final loan repayment will be incurred on the 1st April 2023. This will reduce the level of cash to £1.1m.
- To prepare for the lower cash balance, scenario modelling is currently being undertaken in order to provide a range of forecasts and proposed actions in each scenario.

Finance - Better Payment Practice

BPP - Number of Payments - NHS



Sep 2022
Date

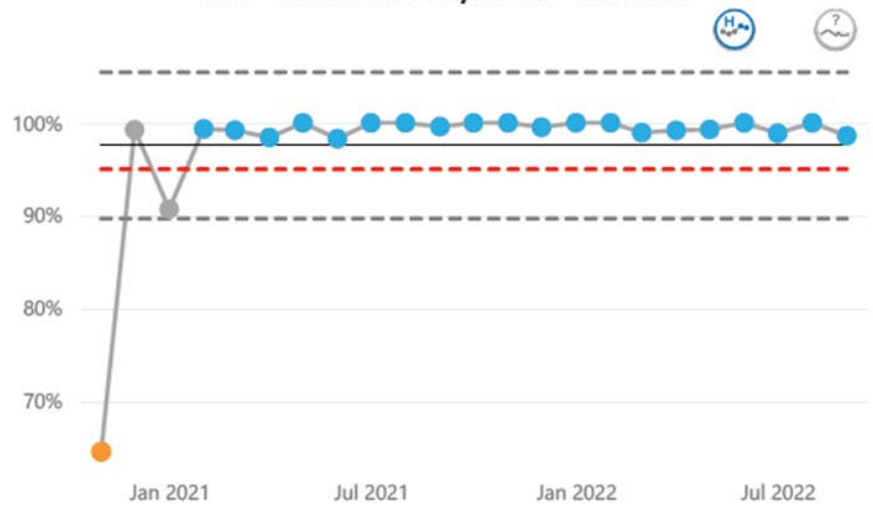
100%
Value

95%
Target

Common Cause
Variation

Pass
Assurance

BPP - Number of Payments - Non NHS



Sep 2022
Date

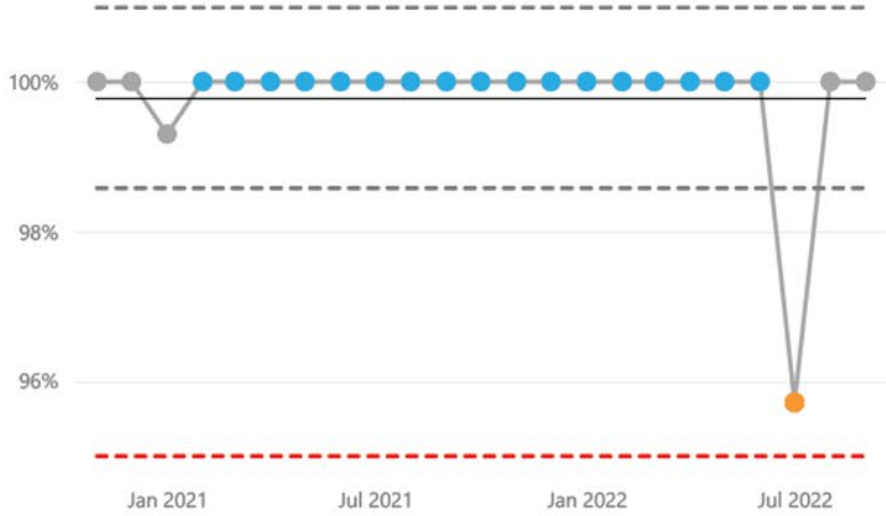
98.62%
Value

95%
Target

Improvement
Variation

Hit or Miss
Assurance

BPP - Value of Payments - NHS



Sep 2022
Date

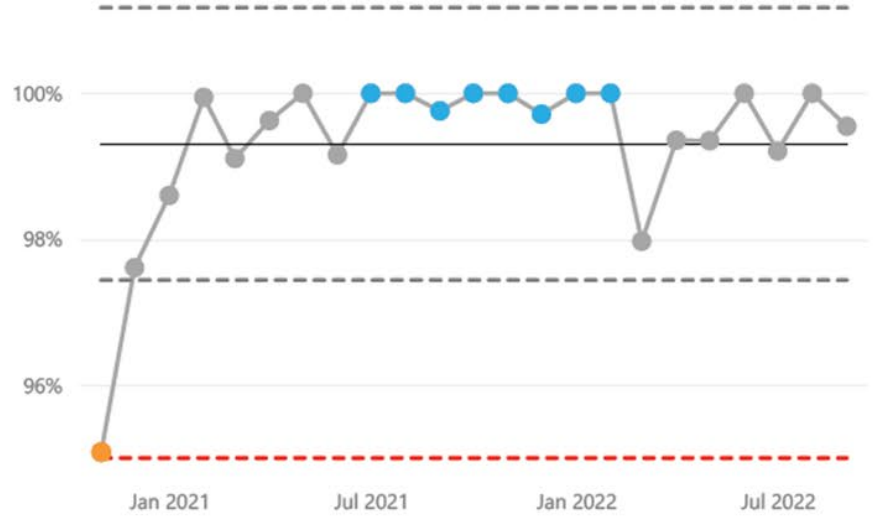
100%
Value

95%
Target

Common Cause
Variation

Pass
Assurance

BPP - Value of Payments - Non NHS



Sep 2022
Date

99.55%
Value

95%
Target

Common Cause
Variation

Pass
Assurance

Dudley Integrated Health and Care NHS Trust

PUBLIC BOARD

REPORT TITLE:	Performance Report
DATE OF MEETING:	1st November 2022
PURPOSE OF REPORT:	The report details the performance information for September 2022.
RESPONSIBLE EXECUTIVE:	Philip King - Chief Operating Officer
AUTHOR OF REPORT	Philip King - Chief Operating Officer Faye Duncan – BI Service Delivery Manager
SUMMARY OF KEY POINTS:	• CHC received 25 referrals in September 2022. 84% of these referrals were eligible for a full assessment. 100% of the assessments were completed within 28 days and outside of an acute setting. • A revised trajectory has been approved by NHS England for 2022/23. The IAPT service have achieved 114% of the expected access rate in September 2022. • Although recovery has improved slightly in September, the recovery target continues to be missed, with 36% of people who have completed treatment moving to recovery against a target of 50%. • Further Key Lines of Enquiry are ongoing in relation to the recovery rate. There does appear to be an element about early disengagement from the service. However, more detailed examination has opened a new KLOE about the nature of recovery. • There are two measurements of recovery which are recorded in the standard data set. For patients with complex needs there is higher threshold for recovery. In effect patients may have recovered on the standard metric but not on the higher threshold. This matter will be taken further into the ICS IAPT forum to consider how to address this as a system. • In September 2022, the ARRS PCN service has seen just over 8,200 patients with an attendance rate of 95%. *Please note, this data excludes Pharmacy and some ARRS contacts completed within the GP surgeries and Stourbridge, Wollescote and Lye PCN as the data was not available at the time of reporting.*

	• Extended Access has received 1,078 referrals with 91% attending an appointment. 95% of patients were discharged home.
	
	• Extended Access Phlebotomy clinic received 196 referrals with an 88% patient attendance rate. From October 2022 the Phlebotomy clinic has transferred to the Enhanced Access Hub which will provide other clinical services.
	
	• The overall Dudley QOF performance for Chapel Street Surgery was 39% and High Oak Surgery achieved 49%. It is not unusual to see low QOF performance at this point in the financial year as the GP often schedule programmatically into Q4 which will significantly improve the overall performance. For next year the activity will be planned more equitably across all four quarters.
	
	• Following discussion at the previous Board meeting, a review has been undertaken of the current scorecard and the following metrics have now been removed to ensure sharper focus on essential metrics by exception;
	
	  • Better Payment Practice Scores
	  • Data Quality Maturity Index for IAPT
	  • Extended Access % seen within 5 minutes
	  • Extended Access % seen within 5-15 minutes
	
	• These metrics will continue to be monitored at the committee meetings.

LIST BENEFITS AND/OR EXPECTED OUTCOMES:	• Achievement of key performance targets for service delivery ensuring that our population receive an effective service.
FUNDING/ COST IMPLICATIONS:	N/A
DoF / Finance Approval	☐ Yes ☐ In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	N/A
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: *Tick as appropriate*	☐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 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 / Greener NHS
CQC DOMAINS: *Tick as appropriate*	☒Safe ☒Effective ☒Caring

	☒Responsive ☒Well Led
LIST KEY RISKS IDENTIFIED: *Select none identified **or** outline the risks identified and mitigations taken* *(if addressing existing risk on the corporate risk register please provide reference number)*	☒No new significant risks not already recorded within the corporate risk register
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	☐Executive ☐People ☒Finance Performance & Digital ☐Digital Board ☐Quality and Safety/ QSSG ☐Audit & Risk ☐Primary Care Integration ☐Strategy and Transformation ☐EDI ☒Trust Management Board ☐Well Led ☐Other (Please state)
CONSIDERATIONS / IMPACTS: *Select none identified **or** outline the potential impact and considerations undertaken*	Quality and Equality Impact Assessment ☒None Identified Equality, Diversity and Inclusion ☒None Identified Greener NHS Sustainability Impact Assessment ☒None Identified Other Regulatory Requirements ☒None Identified
PRESENTED TO:	☐Public Board ☐Private Board ☒Assurance Committee *(state)* – Finance, Performance and Digital ☐Other Committee *(state)* -

RECOMMENDATION: *Tick as appropriate*	☐ For Approval / Decision ☒For Assurance ☐For Information / Discussion

NHS
Dudley Integrated Health and Care
NHS Trust

Performance Report

Reporting period: September 2022

Reported to: November 2022, Trust Board

Reported by: Philip King, Director of Operations

Introduction

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

Exception Reports

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

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

Additional Caveats

- SPC charts and Icons require a minimum of 15 data points to create a robust analysis, Due to the infancy of the organisation we are using 2+ data points in some cases e.g. CHC, Intermediate Care, High Oak Surgery. Winter Access, NCMP. Therefore, Please take this into consideration when reviewing the information.
- Targets are still being developed for some of the new measures. These targets will reviewed and agreed by individual services and the executive
- 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.
- The Flu campaign does not start until 1st October 2022.
- There were no incidents of Duty of Candour in September 2022
- The ARRS PCN figures exclude Pharmacy contacts completed within the GP surgeries and Stourbridge, Wollescote and Lye PCN.
- The ICB have sponsored a review of Primary Care Mental Health Services.

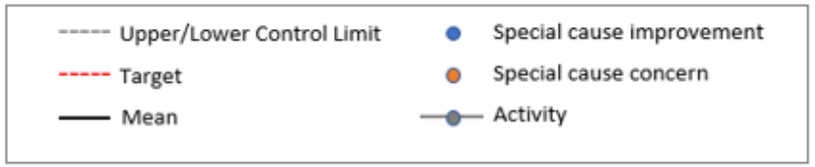
Key:

Variation and Assurance Icons

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

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

Statistical Process Chart (SPC)



DIHC Integrated Performance Scorecard 2022-23

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Q&S	Safeguarding	Number of Safeguarding Concerns - Adults	Local	Sep 2022	44	-	312	-		
		Number of Safeguarding Concerns - Child	Local	Sep 2022	13	-	116	-		
		Number of Safeguarding Concerns - Age unknown	Local	Sep 2022	0	-	2	-		
		Number of SARs - Open	Local	Sep 2022	4	-	4	-		
		Number of CSPRs - Open	Local	Sep 2022	3	-	3	-		
		Number of S42s - Open	Local	Sep 2022	1	-	1	-		
		Number of S42s - Overdue	Local	Sep 2022	2	-	2	-		
	Q&S	Staff Flu Vaccinations (2022/23)	CQUIN	Sep 2022	0%	0%	0%	90%		
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	Sep 2022	100%	-	100%	-		
	Incidents	Duty of Candour	National	Jun 2022	100%	100%	100%	100%		
		Occurrence Of Any Never Event	National	Sep 2022	0	-	0	-		
		Incidents	Local	Sep 2022	15	-	71	-		
		Serious Incidents	Local	Sep 2022	0	-	0	-		
	Feedback	Mental Health Friends and Family Test – % Positive (Qtr)	Local	Sep 2022	100%	-	100%	-		
		Primary Care Friends and Family Test – % Positive - High Oak Surgery (QTR)	Local	Sep 2022	89.57%	-	89.55%	-		
		Feedback - Informal Concern	Local	Sep 2022	3	-	19	-		
		Feedback - Compliments	Local	Sep 2022	3	-	14	-		
		Feedback - Complaints	Local	Sep 2022	4	-	22	-		
		An acknowledgment of the complaints within 3 days	National	Sep 2022	75%	-	94.12%	-		
		A formal response to the complaint sent within 45 days	Local	Sep 2022	100%	-	100%	-		
Workforce	Staff in Post	Vacancy %	Local	Sep 2022	8.88%	10%	13.85%	10%		
		Turnover % (12 Months)	Local	Sep 2022	12.58%	13%		13%		
		Normalised Turnover % (12 Months)	Local	Sep 2022	9.86%	-	11.32%	-		
		Turnover % (In Month)	Local	Sep 2022	0.97%	1.1%		1.1%		
		Normalised Turnover % (In Month)	Local	Sep 2022	0.97%	-	0.68%	-		
	Development	Appraisal %	Local	Sep 2022	92.21%	85%	92.21%	85%		
		Training Compliance %	Local	Sep 2022	92.08%	85%	92.08%	85%		
	Absence	Sickness % (In Month)	Local	Sep 2022	2.13%	3.8%	3.1%	3.8%		
		Short Term Sickness (In Month)	Local	Sep 2022	40.17%	-	31.5%	-		
		Long Term Sickness (In Month)	Local	Sep 2022	59.83%	-	68.5%	-		
		Maternity % (In Month)	Local	Sep 2022	1.26%	-	1.18%	-		

DIHC Integrated Performance Scorecard 2022/23

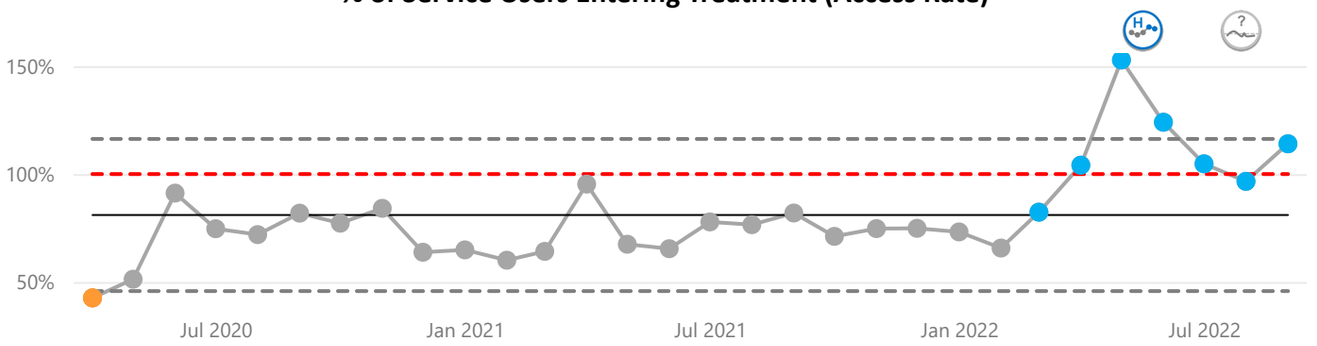
Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Operational Performance	CHC	Number of Referral for CHC	Local	Sep 2022	25	-	253	-		
		% of Referrals Eligible for a Full CHC Assessment	Local	Sep 2022	84%	-	64.82%	-		
		% of CHC Assessments Completed Within 28 Days	National	Sep 2022	100%	80%	99.11%	80%		P
		% of Assessments Completed in an Acute Setting	National	Sep 2022	0%	15%	0%	15%		P
	CHC - End of life	Number of Fast Track Referrals	Local	Sep 2022	77	-	428	-		
		% of Newly Eligible Fast Track Patients	Local	Sep 2022	70.13%	-	65.19%	-		
	CHC - Pathway 3	Number of Patients in a Pathway 3 Bed	Local	Sep 2022	27	-		-		
		Number of Patients Discharged from Pathway 3	Local	Sep 2022	4	-	32	-		
	IAPT	Number of Service Users Referred for Psychological Therapies	Local	Sep 2022	711	-	4336	-		
		% of Referrals for Older People 65+	National	Sep 2022	11.39%	-	10.15%	-		
		% of Service Users Entering Treatment (Access Rate)	Local	Sep 2022	114.03%	100%	115.87%	100%	H	?
		% of Service Users Who Complete Treatment Who Are Moving to Recovery	National	Sep 2022	36.31%	50%	39.72%	50%	L	?
		IAPT Recovery Rate for BME Groups	National	Sep 2022	31.03%	50%	38.66%	50%		?
		% of Service Users Who Are Treated Within 6 Weeks of Referral	National	Sep 2022	98.42%	75%	90.8%	75%		P
		% of Service Users Who Are Treated Within 18 Weeks of Referral	National	Sep 2022	99.82%	85%	98.96%	85%		P
		90+ Day Wait Between 1st and 2nd Appt	Local	Sep 2022	5.39%	10%	4.58%	10%		?
		Use of Anxiety Disorder Specific Measures in IAPT	CQUIN	Sep 2022	85.48%	65%	82.37%	65%		?
	Intermediate Care	Number of Patients in a Step Down Facility	Local	Sep 2022	129	-	833	-		
		Number of New Patients Admitted to Step Down	Local	Sep 2022	42	-	260	-		
		Average Length of Stay	National	Sep 2022	64	42	51.67	42		?
		Number of Patients Discharged	Local	Sep 2022	37	-	196	-		
	Primary Care Mental Health	Number of Referrals to Primary Care Mental Health	Local	Sep 2022	170	-	1045	-		
	School Nursing	Number of Referrals to School Nursing Service	Local	Sep 2022	307	-	1324	-		
		NCMP - Year 6 Status	Local	Jul 2022	100%	100%		100%		?
		NCMP - Reception Status	Local	Jul 2022	100%	100%		100%	H	F
		Number of Child In Need on Caseload	Local	Sep 2022	126	-	126	-		
		Number of Looked After Child on Caseload	Local	Sep 2022	259	-	259	-		
		Number of Looked After Child Health Assessments Completed	Local	Sep 2022	23	-	23	-		
		Number of Child Protection on Caseload	Local	Sep 2022	118	-	118	-		
		Number of Young Carers Identified as Needing Support	Local	Sep 2022	1	-	1	-		

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	Sep 2022	95.84%	-	95.13%	-		
		% Utilisation Rate	Local	Sep 2022	71.85%	-	68.19%	-		
	Extended Access	Number of Referrals to Extended Access Hub	Local	Sep 2022	1078	-	7131	-		
		% Utilisation Rate	Local	Sep 2022	74.42%	75%	79.86%	75%		
		% of Patient Attendance	Local	Sep 2022	91.47%	-	92.97%	-		
		Outcome - % Discharged Home	Local	Sep 2022	94.83%	-	95.64%	-		
		Outcome - % Referred to GP	Local	Sep 2022	10.75%	-	3.54%	-		
		Outcome - % Referred to Hospital	Local	Sep 2022	6.49%	-	3.38%	-		
	GP - Chapel Street Surgery	CERVS1 - Aged 25-49 adequate smear last 3 years and 6 months..... [45-80%]	National	Sep 2022	56.44%	80%	56.44%	80%		
		CERVS2 - Aged 50-64 adequate smear last 5 years and 6 months..... [45 - 80%]	National	Sep 2022	71.28%	80%	71.28%	80%		
		DM7 - HbA1c, BP & Cholesterol treated to target..... [32 - 44%]	National	Sep 2022	27.31%	22%	27.31%	44%		
		MH3 - Received comprehensive physical health assessment... [60 - 80%]	National	Sep 2022	16.67%	40%	16.67%	80%		
		LD1 - Learning Disabilty annual review completed..... [64 - 88%]	National	Sep 2022	0%	44%	0%	88%		
		CVDPP3.2 - Eligble for annual review (QRisk 10%)..... [28 - 56%]	National	Sep 2022	59.02%	56%	59.02%	56%		
		DQOF - Overall (Chapel Street Surgery)	Local	Sep 2022	38.84%	-	38.84%	-		
		% 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	Sep 2022	57.89%	80%	57.89%	80%		
		CERVS2 - Aged 50-64 adequate smear last 5 years and 6 months..... [45 - 80%]	National	Sep 2022	65.31%	80%	65.31%	80%		
		DM7 - HbA1c, BP & Cholesterol treated to target..... [32 - 44%]	National	Sep 2022	23.3%	22%	23.3%	44%		
		MH3 - Received comprehensive physical health assessment... [60 - 80%]	National	Sep 2022	15.38%	40%	15.38%	80%		
		LD1 - Learning Disabilty annual review completed..... [64 - 88%]	National	Sep 2022	16.67%	44%	16.67%	88%		
		CVDPP3.2 - Eligble for annual review (QRisk 10%)..... [28 - 56%]	National	Sep 2022	59.25%	56%	59.25%	56%		
		DQOF - Overall (High Oak Surgery)	Local	Sep 2022	49.28%	-	49.28%	-		
		% 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)



Sep 2022
Date

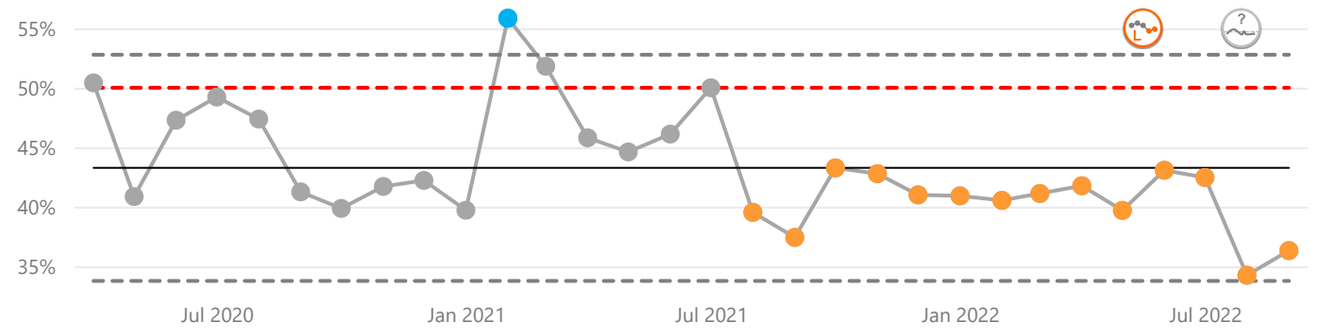
114.03%
Value

100%
Target

Improvement
Variation

Hit or Miss
Assurance

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



Sep 2022
Date

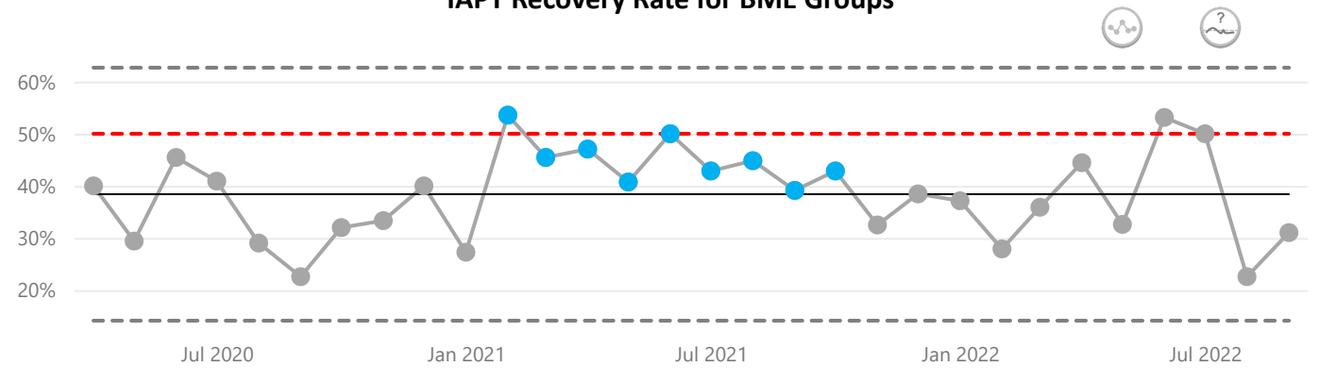
36.31%
Value

50%
Target

Concern
Variation

Hit or Miss
Assurance

IAPT Recovery Rate for BME Groups



Sep 2022
Date

31.03%
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 approved by NHS England for 2022/23.
  The Trajectory for 2022/23 is below:
  Q1 - 1459, Q2 - 1516, Q3 - 1773, Q4 - 1836, Total - 6584
- Recovery has improved slightly in September. The service has seen several patients with complex needs who have recovered, but they have not met the standard recovery scores for the national recovery metric which expects clients to be below a set threshold at discharge. This lower threshold is not achievable for someone with complex needs

Actions

- August data has been refreshed as per the national submission timetable. September 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.

COMMITTEE ASSURANCE REPORT TO THE BOARD

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

Author of the Report: Ian Buckley, Non-Executive Director

Date of meeting: 20th September 2022

Significant risks/issues for escalation	The Board Assurance Framework and Corporate Risk register was reviewed in detail.
Key issues/matters discussed at the Committee	• The Committee received a report in relation to the Board Assurance Framework and reviewed the controls, mitigations and supporting actions, robust discussion was had and assurance taken that the strategic risks had been well developed whilst recognising that work still needed to be done to develop the Board Assurance for Population Health. • Assurance was taken that the corporate risks were reviewed by the Executive Director as owner of the risks and updated accordingly with no proposals for changes being recommended to the Board. • The Chief Operating Officer committed to reviewing the Estates risks to ensure the primary care engagement discussions and the accommodation plans matched the plans for expansion and an emerging risk was highlighted to be reviewed at the next meeting. • Robust discussion was had in relation to D-002 and assurances from the Chief Information Officer that the risk, although still rated as 16 (4x4) was a reflection of availability of network switches and timing of the solution rather than an uncontrolled risk and confirmed Terrafirma remained fully engaged. • The committee received the month 6 finance report for assurance. The report confirmed that the Trust is achieving a breakeven position for the period April – September 2022 and forecasting to achieve breakeven by the end of the financial year. • The committee received the September 2022 performance report for assurance. • The committee received an update report in relation to Digital and BI for assurance. • The committee received a report which provided assurance that the efficiency target for 2022/23 is on track to be achieved. • The committee received an update on the development of the primary care dashboard for information. • The committee received a verbal update from the Director of Finance, Performance and Digital on the system DoFs meeting and the actions being undertaken to address the

	financial position being reported. A further report to Board will be made.
Recommendations made by the Committee	• Recommend to Board the BAF and assurances that the current scores, mitigations, controls, and assurances assigned to the Committee are appropriate • No changes are recommended but assurance given that the operational risks managed by the committee through the Corporate Risk Register are being reviewed by the Executive Director as risk owner and score, controls and mitigations remain appropriate
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

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: **Primary Care Integration Committee**

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

Date of meeting: 1st November 2022

Significant risks/issues for escalation	• There is a potential emerging risk associated with the possible change of leadership of up to 50% of the Primary Care Network Clinical Directors (PCN CDs) over the next 12 months. This may have an impact on working relationships and arrangements between DIHC and PCNs and can be mitigated with a workshop with PCN CDs.
Key issues/matters discussed at the Committee	• The Committee held a meeting on the 19th October 2022 • The Committee discussed the final draft of the Primary Care Strategy. A number of additions to strengthen the strategy were agreed including workforce, estates and access. The Committee recommended the Primary Care Strategy to the Board for approval, subject to the Executive Committee approving final amendments at its meeting on 26th October 2022. • The Committee discussed the programme management approach to implementation of the strategy, and also a prioritisation exercise for implementation. • The Committee considered committee effectiveness and received a revised Terms of Reference. The Terms of Reference were discussed and recognised that they may need to be revised again if governance arrangements of DIHC change in the future. The Terms of Reference were agreed.
Recommendations made by the Committee	• The Committee approved revised Terms of Reference. • The Committee recommended the Primary Care Strategy for approval by the DIHC Board
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• An emerging risk emerging risk associated with the possible change of leadership of up to 50% of the Primary Care Network Clinical Directors (PCN CDs) over the next 12 months. This may have an impact on working relationships and arrangements

	between DIHC and PCNs and can be mitigated with a workshop with PCN CDs
Items/Issues for referral to other Committees	• None

Dudley Integrated Health and Care

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: **Audit and Risk Committee**

Author of the Report: David Gilburt, Non-Executive Director

Date of meeting: 24th October 2022

Significant risks/issues for escalation	None identified
Key issues/matters discussed at the Committee	• The Committee met virtually on Monday 24th October 2022 and the meeting was quorate. The Value Circle observed the meeting. • Martin Evans, NED chaired the meeting although David Gilburt, Chair of Committee was in attendance. • The Committee reviewed the Board Assurance Framework in detail and robust discussions were held on the controls, assurances and supporting actions and requested Executive Directors complete the actions, outcomes and review of the RAG status for all strategic risks particularly reflecting on the capacity of resources, especially on business intelligence and analytical particularly around Population Health. • Assurance was taken that the BAF and strategic risks are appropriate, are reflective of the controls, assurances and actions and are regularly reviewed at Board Committees. • The risk management development programme was received and the committee looked for further assurance that milestone dates were achievable. Assurance was given that Executive Committee are monitoring this weekly. • Assurance was taken that the corporate risks were reviewed by the Executive Directors and discussed by committees, with recommendations being made to Board routinely. The recommendations of the Q&S Committee to close Corporate Risk C-101 Impact of Covid was supported with assurance that the operational risks would continue to be reflected and escalated as appropriate. • The Committee received an update on the results of the financial sustainability self-assessment and agreed to receive Internal Auditors findings. The deadline for 30th November for the report was noted. The Final Action Plan and Internal Audit recommendations would be received at the next meeting. FP&D would monitor the HFMA Action Plan whilst this committee would maintain oversight. • The progress update and governance arrangements for the External Auditor's Improvement Recommendations was received and assurance taken on the progress made to date.

- The Policy and Procedure Management update was received and assurance taken on the progress made to date. A number of policies had passed their review date and assurance was given that these are in the process of being reviewed. The committee proposed aligning the corporate policies with the HR policies to have one central list.
- The Finance Report for month 6 was received for information
- The Waiver Report was received for the period April to September 2022.
- Internal Audit colleagues presented the Progress Report and associated audit reports.
- The Committee approved a change to the audit plan to accommodate the delivery of the HFMA Self Assessment and noted that this was not foreseen when the plan was originally approved.
- The Operational Director of Finance agreed to feedback to Executive Directors the importance of ensuring timeliness of submitting management responses following conclusion of the audits as it was noted that 3 out 4 had been later than the KPI.
- The Committee noted that two of the recommendations were past the due date and the Operational Director of Finance and the Trust Secretary would review these as a priority. The actions related to a declaration on conflicts of interest relating to the procurement of Datix and ESR and IT Business Continuity Plans.
- The Committee noted the results of the Internal Audit annual customer satisfaction survey.
- The Committee received the final Internal Audit Reports for
    - Data Security and Protection Toolkit Compliance – Moderate Assurance
    - Review of Safeguarding Arrangements – Significant Assurance
- The Committee noted the follow up reviews:
    - Health and Safety Arrangements
    - Sustainability: Pathway to Net Zero
- The Head of Counter Fraud presented the Annual Counter Fraud Report and confirmed that the Chair of Audit and Risk Committee and the Operational Director of Finance had approved the submission which was made by the deadline of 10th June 2022.
- The Committee received the Counter Fraud work plan and were assured by the progress to date, noting that the development of outcomes based metrics remained a national focus.
- The Cycle of Business and Forward Planner was received and it was stressed that Executive Director ownership was needed to ensure co-ordination between committees on timing of items did not slip and interdependencies between reporting to committees clarified.
- The Chair of the Committee reflected that the timeliness of papers was paramount to ensure that the committee members had enough time to go through them in

	appropriate detail and the absence of key Executive Directors was noted. It was agreed that this would be fed back to the Chair and Chief Executive to ensure the Audit and Risk Committee was prioritised.
Recommendations made by the Committee	Recommend to Board the BAF and assurances that the current scores, mitigations, controls, and assurances assigned to the Committee are appropriate. Endorsed the recommendations made by the Quality and Safety Committee to close the operational risk and assured that the operational risks escalated to the Corporate Risk Register have been reviewed by the Executive Directors and Committee remained appropriate. Are assured by the ongoing work of the Executive supported by the Trust Secretary and Associate Director of Quality and Governance as reported though the Risk Management Development milestone plan.
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

REPORT TITLE:	**Board Assurance Framework**
DATE OF MEETING:	1st November 2022
PURPOSE OF REPORT:	To review the Board Assurance Framework
RESPONSIBLE EXECUTIVE:	Philip King, Chief Operating Officer Sue Nicholls, Director of Nursing, AHPs and Quality Elaine Doyle, Trust Secretary
AUTHOR OF REPORT	Philip King, Chief Operating Officer Sue Nicholls, Director of Nursing, AHPs and Quality Elaine Doyle, Trust Secretary
SUMMARY OF KEY POINTS:	The Board Assurance Framework (BAF) and Corporate Risk Register forms part of the overall risk management and assurance process of the Trust and allows the committee to maintain oversight of the principal risks to delivery of the Trust's strategic objectives and an overview of the management and impact of risks on the operational workings of the Trust. The BAF and Strategic Risks are reported in summary below with two reported changes following scrutiny and review of the Board assurance committees:

BAF Strategic Risks	Current score End Sep-22
BAF22-001 – There is a risk we fail to demonstrate our value as measured in health outcome to our system partners	High 16 (4x4)
BAF22-002 – There is a risk we are unable to agree our role in the delivery of Integrated Care Model	High 16 (4X4)
BAF22-003 – There is a risk in slippage or failure in the delivery of transformational plan for Children's Services for Dudley	Moderate 12 (3X4)
BAF22-004 – There is a risk we are unable to provide sufficient evidence of our impact to Primary Care in Dudley	Moderate 12 (3X4)

Refined wording BAF22-005 – There is a risk we are unable to ensure we have sufficient staff with the right skills such that they are appropriately equipped to work autonomously in delivery of our services	Moderate 12 (3X4)
BAF22-006 – There is a risk we are unable to develop a clear prioritised and innovative program around population health	Moderate 12 (3X4)
Change to score, increased from 9 (3x3) BAF22-007 – There is a risk we fail to deliver and evidence safe, high-quality care to our patients in line with the CQC requirements	Moderate 12 (4X3)
BAF22-008 – 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)
BAF22-009 – There is a risk our organisation's reputation is understated and our role undervalued	Moderate 12 (3X4)
BAF22-010 – There is a risk our organisational activities are not environmentally sustainable	Low 9 (3X3)
BAF22-011 – There is a risk our organisation's sustainability is measured in terms of direct service provision rather than impact	Moderate 12 (3X4)

The Board to note the most recent audit opinion on the Trusts BAF including the assurance on controls. These are acknowledged, understood and accepted. It is considered however that the controls and the assurance ratings aligned to the controls are reviewed in full given the significant pace of change.

Post helpful and informative discussions within several Board sub committees, there was a support for further review of any gaps in assurances. This review of the BAF contains a number of recommendations to shape discussions at the next cycle of Committee meetings in advance of the December Board.

The Executive Committee at its meeting held on 26th October 2022 conducted a detailed review of the BAF, the inherent and target risk scores, controls, mitigations and assurances and there are a number of recommendations to be considered by the Board in order to adequately reflect the current position of the Trust as detailed in the paper.

The Board is asked to:

- Note the Governance Risk Structure enclosed as Appendix 1
- Note and approve the inclusion of the Risk Management Operational flowchart within its Risk Management Policy. The Operational flowchart is enclosed as Appendix 2

	• Review the current Risk Management Strategy and assess its guidance on risk tolerance levels. The Risk Management Strategy is enclosed as Appendix 3
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	• Review the BAF and RM Strategy and confirm whether the risk tolerances are still appropriate • To recommend that Board subcommittees review the risk scores during December with consideration to increasing the risk scores for BAF 22-01, BAF 22-03 and BAF 22-09 due to the fast pace of change. • Approve the recommendations in the BAF mitigations, controls, assurances and actions to address any gaps in controls and take assurance that risk owners and assurance committees to action the recommendations in their next cycle of Committee meeting and in advance of the December Board
FUNDING/ COST IMPLICATIONS:	N/A
DoF / Finance Approval	☐ Yes ☐ In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	N/A
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: *Tick as appropriate*	☒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 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 / Greener NHS
CQC DOMAINS: *Tick as appropriate*	☒Safe ☒Effective ☒Caring ☒Responsive ☒Well Led
LIST KEY RISKS IDENTIFIED: *Select none identified **or** outline the risks identified and mitigations taken (if addressing existing risk on the corporate risk register please provide reference number)*	☐None Identified All risks included within the Board Assurance Framework
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	☒Executive ☐People ☐Finance Performance & Digital ☐Digital Board

	☐Quality and Safety/ QSSG ☐Audit & Risk ☐Primary Care Integration ☐Strategy and Transformation ☐EDI ☐Trust Management Board ☐Well Led ☐Other (Please state)
CONSIDERATIONS / IMPACTS: *Select none identified **or** outline the potential impact and considerations undertaken*	Quality and Equality Impact Assessment ☒None Identified Equality, Diversity and Inclusion ☒None Identified Greener NHS Sustainability Impact Assessment ☒None Identified Other Regulatory Requirements ☒None Identified
PRESENTED TO:	☒Public Board ☐Private Board ☐Assurance Committee *(state)* - ☐Other Committee *(state)* -

RECOMMENDATION: *Tick as appropriate*	☒ For Approval / Decision ☐For Assurance ☐For Information / Discussion

Board Assurance Framework

The Board to note the most recent audit opinion on the Trusts BAF including the assurance on controls. These are acknowledged, understood and accepted. It is considered however that the controls and the assurance rating aligned to the controls are reviewed in full given the significant pace of change.

Following a detailed review of the BAF template by the Executive Committee on 26th October 2022, the Board is requested to:

- Note the Governance Risk Structure enclosed as Appendix 1
- Note and approve the inclusion of the Risk Management Operational flowchart within its Risk Management Policy. The Operational flowchart is enclosed as Appendix 2
- Review the current Risk Management Strategy and assess the basis of its guidance on the Trust's risk tolerance level/ Risk appetite, and if it provides the necessary flexibility of approach to the variability of risk score across the twelve-month period. The Risk Management Strategy is enclosed as Appendix 3

The Board is recommended to review the appendices and take assurance that any discussions and actions from this paper at Board be considered by the Board assurance committees in their next cycle of meetings.

Recommendations on the BAF template Assurance on controls:

The Board is asked to review and approve the following recommendations on the BAF assurances on controls:

Sr No.	BAF Risk No.	Risk Descriptor	Recommendations
1	BAF 22-001	There is a risk we fail to demonstrate our value as measured in health outcomes to our system partners	It is recommended to review all the 'assurance on controls' which is currently rate as 'Strong'. This is because system discussions are continuing in relation to the integrated models of care and further work is to be undertaken.
2	BAF 22-002	There is a risk we are unable to agree our role in the delivery of Integrated Care Model	It is recommended that 'assurance on controls' be downgraded from 'Strong' in discussion with Transformation Forum for the following: • Item 1 - Partnership Board • Item 2 - Business Plan Further there is currently a gap in mitigations and output and shall be addressed and resubmitted for December Board.
3	BAF 22-003	There is a risk of failure or slippage in the delivery of transformational plan for Children's Services in Dudley	It is recommended that 'assurance on controls' be downgraded from 'Strong' for: • Item 1- Children's Strategy and programme of transformation, as it is not possible to further the mitigations and output, pending a decision on the future of Children's services.
4	BAF 22-004	There is a risk we are unable to provide sufficient	It is recommended that 'assurance on controls' be downgraded from 'Strong' for:

		evidence of our impact to Primary Care in Dudley	• Item 5 - Agreement on organisational form for the integrated models of care. This is because system discussions are continuing in relation to the integrated models of care and further work is to be undertaken recognising there are still limitations in our access to measurable data on outcomes.
5	BAF 22-005	There is a risk we are unable to ensure our staff are skilled and appropriately equipped to work autonomously in delivery of our services	The Executives have considered that there is a gap in mitigations which will be addressed by the owner and submitted through the December Board.
6	BAF 22-006	There is a risk we are unable to develop a clear prioritised and innovative program around population health	The Executives have considered that further mitigations and output are required, and this will be addressed by the owner and submitted through the December Board.
7	BAF 22-007	There is a risk we fail to deliver and evidence safe, high-quality care to our patients in line with the CQC regulations	It is recommended that assurances on controls in relation to: • Item no. 5 (RLDatix), be reviewed in detail at the next quality and safety committee and further assurances sought on the progress relating to the use of risk management module on RLDatix given this is rapidly being rolled across the organisation and training provided.
8	BAF 22-008	There is a risk we fail to make best use of our resources to demonstrate our value to system partners and Dudley population	No change recommended
9	BAF 22-009	There is a risk our organisation's reputation is understated and our role undervalued	Given the fast pace of discussions in relation to DIHC's strategic role within the system, it is recommended that this risk be reviewed following the ICB development session scheduled for 14 November 2022.
10	BAF22-010	There is a risk our organisational activities are not environmentally sustainable	No change recommended
11	BAF22-011	There is a risk our organisation's sustainability is measured in terms of direct service provision rather than impact	No change recommended

Board Assurance Framework (BAF)

November Board

Elaine Doyle, Trust Secretary

BAF TRACKER DASHBOARD FOR ALL STRATEGIC RISKS

Strategic Priorities 2022/23	BAF Risk No	Risk Descriptor	Exec Lead	Risk Oversight Committee	Inherent Risk Score (LXC)	Risk Score Q1 Apr 2022 Inc Movement	Risk Score Q2 Jun 2022 Inc Movement	Risk Score Q3 Sep 2022 Inc Movement	Risk Score Q4 Dec 2022 Inc Movement	Risk Appetite Domain	Risk Tolerance Level	Assurance on Controls	Actions on Track
Develop our role in the Dudley Place	BAF 22-01 *(Old risk ref BAF 006)*	There is a risk we fail to demonstrate our value as measured in health outcomes to our system partners	Steph Cartwright, Director of Strategy, People and Partnerships	Board	Moderate 12 (4x3)	Low 9 (3x3)	Low 9 (3x3)	High 16 (4x4)		**Reputational** Collaboration	Low 6 to 11	High	Green
Implementation of an Integrated Care Model for Dudley	BAF 22-02	There is a risk we are unable to agree our role in the delivery of Integrated Care Model	Steph Cartwright, Director of Strategy, People and Partnerships	Board	High 16 (4x4)			High 16 (4X4)		**Reputational** Collaboration	Low 6 to 11	Moderate	Green
Improve Outcomes of Children and Young People in Dudley	BAF 22-03	There is a risk of slippage or failure in the delivery of transformational plan for Children's Services in Dudley	Sue Nicholls, Director of Nursing, AHPs	Quality and Safety Committee	High 16 (4x4)			Moderate 12 (3X4)		**Safety** Quality and Experience Reputational Collaboration	Very Low 5 and below	Moderate	Green

Strategic Priorities 2022/23	BAF Risk No	Risk Descriptor	Exec Lead	Risk Oversight Committee	Inherent Risk Score (LXC)	Risk Score Q1 Apr 2022 Inc Movement	Risk Score Q2 Jun 2022 Inc Movement	Risk Score Q3 Sep 2022 Inc Movement	Risk Score Q4 Dec 2022 Inc Movement	Risk Appetite Domain	Risk Tolerance Level	Assurance on Controls	Actions on Track
Support the Sustainability of Primary Care	BAF 22-04	There is a risk we are unable to provide sufficient evidence of our impact to Primary Care in Dudley	Lucy Martin, Acting Joint Medical Director	Primary Care Integration Committee	Moderate 12 (3x4)			Moderate 12 (4x3)		**Reputational** Collaboration	Low 6-11	High	Green
Best and happiest place to work	BAF 22-05 *(Old risk ref BAF 008)*	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, Director of Strategy, People and Partnerships	People Committee	Low 9 (3x3)	Low 9 (3x3)	Low 9 (3x3)	Moderate 12 (4x3)		**Reputational** Collaboration	Low 6-11	High	Green
Improve health of our population and reduce inequalities	BAF 22-06	There is a risk we are unable to develop a clear prioritised and innovative program around population health	Dr Richard Bramble, Medical Director	Finance, Performance and Digital Committee	High 16 (4x4)			Moderate 12 (3X4)		Transformation and Innovation	High	High	Green
Improve health of our	BAF 22-07	There is a risk we fail to deliver and evidence safe,	Sue Nicholls, Director	Quality and Safety Committee	Moderate 12	Low 9 (3x3)	Low 9 (3x3)	Moderate 12		**Safety** Quality	Very Low 5 and below	High	Green

Strategic Priorities 2022/23	BAF Risk No	Risk Descriptor	Exec Lead	Risk Oversight Committee	Inherent Risk Score (LXC)	Risk Score Q1 Apr 2022 Inc Movement	Risk Score Q2 Jun 2022 Inc Movement	Risk Score Q3 Sep 2022 Inc Movement	Risk Score Q4 Dec 2022 Inc Movement	Risk Appetite Domain	Risk Tolerance Level	Assurance on Controls	Actions on Track
population and reduce inequalities	*(Old risk ref BAF 004)*	high-quality care to our patients in line with the CQC requirements	of Nursing, AHPs and Quality		(4x3)			(3x4)		Reputational			
Demonstrate value	BAF 22-08 *(Old risk ref BAF 007)*	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, Director of Finance, Performance and Digital	Finance, Performance and Digital Committee	Moderate 12 (3x4)	Moderate 12 (3x4)	Moderate 12 (3x4)	Moderate 12 (3x4)		Sustainability (Resources)	Low 6 to 11	High	Green
Demonstrate value	BAF 22-09	There is a risk our organisation's reputation is understated and our role undervalued	Steph Cartwright, Director of Strategy, People and Partnerships	Board	Moderate 12 (3x4)			Moderate 12 (3x4)		**Reputational**	Low 6 to 11	Moderate	Green
Demonstrate value	BAF 22-10	There is a risk our organisational activities are not	Matt Gamage, Director of	Finance, Performance and	Low 9 (3X3)			Low 9 (3X3)		Sustainability (Resources)	Low 6 to 11	High	Green

Strategic Priorities 2022/23	BAF Risk No	Risk Descriptor	Exec Lead	Risk Oversight Committee	Inherent Risk Score (LXC)	Risk Score Q1 Apr 2022 Inc Movement	Risk Score Q2 Jun 2022 Inc Movement	Risk Score Q3 Sep 2022 Inc Movement	Risk Score Q4 Dec 2022 Inc Movement	Risk Appetite Domain	Risk Tolerance Level	Assurance on Controls	Actions on Track
		environmentally sustainable	Finance, Performance and Digital	Digital Committee									
Demonstrate value	BAF 22-11	There is a risk our organisation's sustainability is measured in terms of direct service provision rather than impact	Matt Gamage, Director of Finance, Performance and Digital	Finance, Performance and Digital Committee	Moderate 12 (3x4)			Moderate 12 (3x4)		Sustainability (Resources)	Low 6 to 11	High	Green

Strategic Objective: Develop our role in the Dudley Place	**Strategic Risk:** There is a risk we fail to demonstrate our value as measured in health outcomes to our system partners	**Risk Accountability** **NED Oversight:** Harry Turner, Chair **Assurance Committee:** Board **Executive Lead:** Steph Cartwright, Director of Strategy, People and Partnerships	BAF22-001 *(Old risk ref BAF 006)*

Rationale for Risk:

System partners not fully aligned with the clinical vision and concerns of partners long term sustainability impacts on relationships

- Poor stakeholder management and lack of engagement from partners and stakeholders
- Lack of clarity and purpose
- Lack of defined funding and income streams
- Lack of business intelligence and metrics
- Poor programme management
- Inadequate risk identification and mitigations

Risk Appetite: Moderate (6 – 11)

Risk Movement Graph

Risk Rating

	Inherent July 2022	Q2 Oct 2022	Q3 Jan 2023	Q4 Apr 2023	Target 6 to 11
Total	Moderate 12	High 16			Low
C x L	3x4	4x4			

Rational for Current Risk Score

Risk Proximity Active and happening now

CONTROLS	**ASSURANCES ON CONTROLS**	**ASSURANCES**

1. Integrated Model of Care for Dudley	Strong	• Accelerated Solutions (Cap Gemini) events and output • System agreed integrated model of care across community and secondary care pathways
2. DIHC Development Strategy	Strong	• ICB Development Seminar 14th November 2022 • Support from ICB Board • ICB papers and minutes • Support of system partners
3. Long Term Financial Plan	Strong	• Alignment to the ICS plan
4. ICS Joint Forward Plan	Strong	• Defined contribution within the five year plan
5. Agreement on organisational form for the integrated models of care	Strong	• Business Cases for changes • Heads of Terms for Transfers • NHSEI Risk Rating and assessment of business cases to enact changes
6. PMO	Strong	• Programme and project management aligned to NHSEI Transaction Guidance • Reporting to Strategy and Transformation Forum • Strategy and Transformation Forum papers and minutes
GAPS IN CONTOLS AND ASSURANCES		
•		

	ACTIONS (mitigations)	OUTCOME (OUTPUT)	ACTION OWNER	DEADLINE	ACTION STATUS
1	Ensure continued engagement of clear strategy to stakeholders.	All stakeholders support and engage in transfer of services and development of DIHC	**Steph Cartwright**	**31/03/2023**	G
2	Cap Gemini Accelerated Solutions Environment events during 2022 to develop co-produced integrated clinical model for Dudley, supported by all partners and aligned to national direction for integration. • First events held in March 2022 • Second events scheduled for May 2022 • Report to Chair and CEOs July 2022 • Pathways defined October 2022	System wide support for DIHC and development of agreed integrated clinical models	**Steph Cartwright**	**31/10/2022**	G

Strategic Objective:	**Strategic Risk:**	**Risk Accountability:**	**BAF Ref:**
Implementation of an Integrated Care Model for Dudley	There is a risk we are unable to agree our role in the delivery of Integrated Care Model	**NED Oversight:** Harry Turner as Chair **Assurance Committee:** Board **Executive Lead:** Steph Cartwright, Director of Strategy, People and Partnerships	BAF22-002

Rationale for Risk:

There is a risk that the Trust fails to demonstrate what it has and what it plans to deliver at place and the benefits to the wider system leading to lack of confidence in the Trusts ability to deliver the integrated care model

- A failure to define our contribution to the system and our role within place
- Failure to measure incremental successes over time
- Lack of support from the system and place partners to our role
- Lack of involvement partners in development of plans

Risk Appetite: Low (1 – 5)

Risk Movement Graph

Risk Rating

	Inherent July 2022	Q2 Oct 2022	Q3 Jan 2023	Q4 Apr 2023	Target 6 to 11
Total	High 16	High 16			Very Low
C x L	4x4	4x4			

Rational for Current Risk Score

Plans for mitigation being developed, waiting for NHSEI approval

Risk Proximity

Active and happening now

CONTROLS	ASSURANCES ON CONTROLS	ASSURANCES
1. Partnership Board	Medium	• Governance framework embedded into Board and Committee structures • System Risk Register • Partnership Board papers and minutes
2. Business Plan	Strong	• NHSEI feedback on Business Plan
3. DIHC Development Strategy	Strong	• Support from Partnership Board • Support of system partners
4. Case for change agreed by all partners supported by system	Medium	• Place based model recognised by system

GAPS IN CONTROLS AND ASSURANCES

- Place based commissioning aligned to the White Paper
- Place based partnerships supported by governance, accountabilities and responsibilities

	ACTIONS (mitigations)	OUTCOME (OUTPUT)	ACTION OWNER	DEADLINE	ACTION STATUS
1					On Hold
2					On Hold
3					On Hold

Strategic Objective:	**Strategic Risk:**	**Risk Accountability:**	**BAF Ref:**
Improve Outcomes of Children and Young People in Dudley	There is a risk of failure or slippage in the delivery of transformational plan for Children's Services in Dudley	**NED Oversight:** Val Little, NED as Chair **Assurance Committee:** Quality & safety **Executive Lead:** Sue Nicholls, Director of Nursing, AHPs and Quality	BAF22-003

Rationale for Risk:

Fragmentation of services within Dudley are impacting on outcomes for Children, leading to too many changes of worker and hand overs from team to team, the 1001-day programme is a priority. The current pause in delivering the Children's Transformation impacts on the ambition integrate health and care services for people in the borough. post-covid there is evidence that children's development is hampered.

- A failure to design and transform services
- Lack of resource, capacity, and capability to deliver and embed change
- Service disruption during transformation
- Significant and unforeseen variances in accessing services and activity levels
- Poor programme and project management
- Inadequate risk identification
- Stakeholder and system engagement and commitment to transformation

Risk Appetite: Low (1 – 5)

Risk Movement Graph

Risk Rating

	Inherent July 2022	Q2 Oct 2022	Q3 Jan 2023	Q4 Apr 2023	Target 5 or less
Total	High 16	Moderate 12			Very Low

Rational for Current Risk Score

Plans for mitigation being developed, waiting for NHSEI approval

C x L	4x4	3x4				**Risk Proximity** Active and happening now

CONTROLS	ASSURANCES ON CONTROLS	ASSURANCES
1. Children's Strategy and programme of transformation	Strong	• Cap Gemini Output • Strategy approved by Board • ICB support for transformation • Stakeholder assurances on clinical and operational capacity to deliver
2. Long Term Plan for Children's with workforce and funding mechanisms	Medium	• Approved workforce and financial plans
3. Robust programme plan	Strong	• Supported by stakeholders • Approved by Board • Reporting on progress to Strategy and Transformation Forum • Director of Strategy, People and Partnerships report to Board through Chief Executive Officer Reports • Children's Working Group papers and minutes • Strategy and Transformation Forum papers and minutes
4. System wide roadmap for Children's and Young Peoples services in Dudley	Medium	• Cap Gemini output • Sponsor Group output • ICB Board approvals

GAPS IN CONTROLS AND ASSURANCES

- To be discussed

	ACTIONS (mitigations)	OUTCOME (OUTPUT)	ACTION OWNER	DEADLINE	ACTION STATUS
1	Due diligence		Steph Cartwright, Director of Strategy, People, and Partnerships	31st December 2022	On Hold
2	Outcomes based contract		Matt Gamage, Director of Finance, Performance and Digital	31st March 2023	On Hold

3	Skills review of current workforce		Steph Cartwright, Director of Strategy, People, and Partnerships	31st March 2023	On Hold
4	Comprehensive review of Estates		Philip King, Chief Operating Officer	31st March 2023	On Hold
5	Development of Communications and Engagement plan		Steph Cartwright, Director of Strategy, People, and Partnerships	31st December 2022	On Hold
6	Development of programme workstreams		Sue Nicholls, Director of Nursing, AHPs and Quality	31st December 2022	On Hold

Strategic Objective: Support the Sustainability of Primary Care	**Strategic Risk:** There is a risk we are unable to provide sufficient evidence of our impact to Primary Care in Dudley	**Risk Accountability** **NED Oversight:** Dr George Solomon, NED as Chair **Assurance Committee:** Primary Care Integration Committee **Executive Lead:** Dr Lucy Martin, Medical Director	BAF22-004

Rationale for Risk:

Primary Care and System partners not fully aligned with the Primary Care Strategy and impact is support of primary care withdrawn

- Poor stakeholder management and lack of engagement with primary care including PCN CDs and individual practices
- Ineffective solutions within the Primary Care Strategy
- Lack of business intelligence and metrics
- Poor programme management
- Inadequate risk identification and mitigations

Risk Appetite: Moderate (6 – 11)

Risk Movement Graph

Risk Rating

	Inherent July 2022	Q2 Oct 2022	Q3 Jan 2023	Q4 Apr 2023	Target 6 to 11
Total	Moderate 12	Moderate 12			Low
C x L	3x4	3x4			

Rational for Current Risk Score

Risk Proximity Active and happening now

CONTROLS	ASSURANCES ON CONTROLS	ASSURANCES
1. Primary Care Strategy	Strong	• Primary Care support for strategy

2. Integration Agreement	Strong	• ICB Development Seminar • Support from ICB Board • Agreement to the system development of clinical pathways • Success of the Cap Gemini Accelerated Solutions Environment Events • Support of system partners
3. Long Term Financial Plan	Strong	• Alignment to the ICS plan
4. ICS Joint Forward Plan	Strong	• Defined contribution within the five year plan
5. Agreement on organisational form for the integrated models of care	Strong	• Business Cases for changes • Heads of Terms for Transfers • Programme and project management aligned to NHSEI Transaction Guidance • NHSEI Risk Rating and assessment of business cases to enact changes
6. Primary Care Integration Committee	Medium	• Terms of Reference for Primary Care Integration Committee • Primary Care Integration Committee papers and minutes

GAPS IN CONTOLS AND ASSURANCES

- Operating Model for Primary Care
- Formal governance to support primary care voice in decision making
- Updated Integration Model

	ACTIONS (mitigations)	OUTCOME (OUTPUT)	ACTION OWNER	DEADLINE	ACTION STATUS
1	Ensure continued engagement of clear strategy to stakeholders.	All stakeholders support and engage in transfer of services and development of DIHC	Steph Cartwright, Director of Strategy, People and Partnerships	31st March 2023	G
2	Cap Gemini Accelerated Solutions Environment events during 2022 to develop co-produced integrated clinical model for Dudley, supported by all partners and aligned to national direction for integration. • First events held in March 2022 • Second events scheduled for May 2022 • Report to Chair and CEOs July 2022 • Pathways defined October 2022	System wide support for DIHC and development of agreed integrated clinical models	Steph Cartwright, Director of Strategy, People and Partnerships	31st October 2022	G
3	Develop Primary Care Operating Model	Was agreed at Executive meeting on 26th Oct 22 a	Dr Lucy Martin, Medical Director	6th December 2022	G

		summary of the model will be presented before the Board in December 2022			
4	Updated Integration Agreement	An engagement meeting was held with Primary Care practices to scope out future strategy and operation direction, particularly in relation to ARRS. This will result in an updated Integration agreement as an output of this process.	Dan King, Head of Primary Care/ Philip King - COO	31st December 2022	G

Strategic Objective:	Strategic Risk:	Risk Accountability	BAF Ref:
Best and happiest place to work	There is a risk we are unable to ensure our staff are skilled and appropriately equipped to work autonomously in delivery of our services	**NED Oversight:** Martin Evans, NED as Chair **Assurance Committee:** People **Executive Lead:** Steph Cartwright, Director of Strategy, People and Partnerships	BAF22-005 *(Old risk ref BAF-008)*

Rationale for Risk:

DIHC requires a workforce that is experienced, capable and flexible to deliver the services now and is supportive and agile enough to meet the needs of transformation and innovation ambitions outlined in the Business Plan, all workforce plans developed would need to align and reflect the work DIHC is doing collaboratively with our partners and on a local / national level.

The timeline for delivery is short and for primary care is dependent on clinical strategies and pathways being sufficiently developed to meet the needs for service users and patients with increasing complexities that also addresses increasing demand and reduces variation and health inequalities. This needs a workforce that meets the clinical and professional skills and capabilities required but is also supportive and agile enough to meet the needs of any transformation.

- Uncertainty regarding organisations who will deliver the transformation agreed through the Cap Gemini process
- Lack of clarity on commissioning responsibilities
- Incomplete or poorly implemented workforce plans
- Impact of ICB and financial plans across the system

Risk Appetite: Moderate (6 – 11)

Risk Movement Graph

Risk Rating

	Inherent July 2022	Q2 Oct 2022	Q3 Jan 2023	Q4 Apr 2023	Target Score 6-11
Total	Low	Moderate			Low

Rational for Current Risk Score

	9	12				**Risk Proximity** Active and happening now in some services
C x L	3x3	3x4				

CONTROLS	ASSURANCES ON CONTROLS	ASSURANCES
1. ICS Workforce planning	Strong	• Collaboration with ICS and system partners • Membership of ICS People Committee
2. Board and Leadership development	Medium	• Annual programme of training and development programme for Board including seminars supported by The Value Circle and The Kings Fund • Well Led Independent Review by The Value Circle

3. People Strategy	Strong	• Director of Strategy, People and Partnerships Report to Board through Chief Executive Officer Reports
		• Reporting on progress to People Committee
		• People Committee papers and minutes
		• Reports to People Committee including key performance indicators and metrics
		  ○ Appraisal rates
		  ○ Staff exit interviews
		  ○ Promotion data (leavers and current workforce)
		  ○ Sickness data
		• Training and development for staff and managers and reports to People Committee
		  ○ GREAT Framework for managers
		  ○ Appraisal training

4. Equality, Diversity and Inclusion Strategy	Strong	• Associate NED for EDI • Inclusion, Anti-Racism and Allyship Network for Staff • Reporting on progress to the EDI Committee • EDI Workforce and Health Inequalities Steering Groups papers and minutes • EDI Committee papers and minutes • Disability Confident Employer • Anti-Racism Statement • WRES and WDES data and trend analysis
5. Freedom to Speak Up	Strong	• Guardian appointed

		• NED for FTSU • FTSU Mandatory training for all staff • Reports to People Committee and Board • Policy in place • FTSU and speaking up performance
6. Appointments and Remuneration Committee	Strong	• Clear terms of reference • Appointments and Remuneration Committee papers and minutes

7. Vacancies rates and plan for managing recruitment focussed on hard to recruit areas	Strong	• Associate Director of People Reports to People Committee
		• Reports to People Committee including key performance indicators and metrics
		  ○ Number of applicants per post
		  ○ Recruitment times from advert to in-post
		  ○ Staff retention
		  ○ Turnover
		• Trend analysis and benchmarking for KPIs and metrics

8. Values and Behavioural Framework	Strong	• Aims, purpose and commitments in place
9. Focus on Health and Well-Being for staff	Strong	• Staff Network • Well-Being Support for staff including financial well-being guidance
10. National Annual Staff Survey Results and NHSEI Quarterly Pulse Survey	Strong	• Results and action plans reported to Board through People Committee • People Committee papers and minutes • Staff Survey data over time and quartile performance • Pulse Survey data
11. Recruitment policies and procedures	Strong	• Staff side engagement on development and sign-off off policies • Policies Development overseen by Audit and Risk, People and Quality and Safety Committees
12. Talent management and career development pathways	Medium	•

GAPS IN CONTROLS	GAPS IN ASSURANCES
• TBC	• TBC

	ACTIONS (mitigations)	OUTCOME (OUTPUT)	ACTION OWNER	DEADLINE	ACTION STATUS
1					R
2					A
3					G

4					**Completed**
					On Hold

Strategic Objective:	**Strategic Risk:**	**Risk Accountability**	**BAF Ref:**
Improve health of our population and reduce inequalities	There is a risk we are unable to develop a clear prioritised and innovative program around population health	**NED Oversight:** Ian Buckley, NED as Chair of Committee **Assurance Committee:** Finance, Performance and Digital Board **Executive Lead:** Dr Richard Bramble, Medical Director	BAF22-006

Rationale for Risk:
A need to develop at pace a clear view of the health inequalities for Dudley aligned to effective intervention across health and social care

- Lack of outcomes driven decisions and investment
- Lack of cultural change
- Lack of data and business intelligence

Risk Appetite: Low (6 – 11)

Risk Movement Graph

Risk Rating

	Inherent July 2022	Q2 Oct 2022	Q3 Jan 2023	Q4 Apr 2023	Target Score 6-11
Total	High 16	Moderate 12			Low
C x L	4x4	3x4			

Rational for Current Risk Score

Risk Proximity Active and happening now

CONTROLS	ASSURANCES ON CONTROLS	ASSURANCES
1. Prevention agenda and interventions	Strong	• NICE Case Study for hypertension • National recognition for atrial fibrillation detection • Vaccinations programme

2. Dudley Quality Outcomes Framework (DQOF)	Strong	• Performance against the DQOF
3. Integration Agreement	Strong	• Practices signed
4. Health Outcomes Framework	Strong	• Endorsed by Partnership Board
5. PMO	Medium	• Reporting of projects and interventions
6. Partnership Board	Medium	• Governance framework embedded into Board and Committee structures • Partnership Board papers and minutes

GAPS IN CONTOLS AND ASSURANCES

- Clear view of health inequalities for Dudley population
- Population Health Management Strategy
- Prevention Board for Dudley

	ACTIONS (mitigations)	OUTCOME (OUTPUT)	ACTION OWNER	DEADLINE	ACTION STATUS
1	Refresh of Health Outcomes	All components are still relevant and accessible and volume of outcomes and metrics to be prioritised against need and capacity	Duncan Jenkins, Clinical Divisional Director, Pharmacy and Population Health Management	31st March 2023	G
2					G

Strategic Objective:	Strategic Risk:	Risk Accountability	BAF Ref:
Improve health of our population and reduce inequalities	There is a risk we fail to deliver and evidence safe, high-quality care to our patients in line with the CQC regulations	**NED Oversight:** Val Little, NED as Chair **Assurance Committee:** Quality & safety **Executive Lead:** Sue Nicholls, Director of Nursing, AHPs and Quality	BAF22-007 *(Old Ref BAF-004)*

Rationale for Risk:

Quality and safety is at the heart of everything that DIHC does and maintaining this at an appropriate level through periods of change and transformation is essential. In our third year of development, we continue to develop agile processes to support and embed quality and safety-first principles in all we do. Supported most recently by a robust programme of CQC Readiness, including an independent Well Led Review by The Value Circle, this will identify any actions needed to address gaps in assurance as we prepare for our first CQC Inspection.

Given the system impact on our future we need to still be acknowledging the impact of any incremental expansion of service transfers, each with their own existing governance arrangements, whilst enabling a safe transfer, can create challenges. There is a need to avoid inflexible assurance and reporting frameworks which will not support a continuous improvement culture or support timely and effective decision-making. This is a risk to the current CQC inspection regime. In addition, with the transformational ambition of developing system wide integrated services and pathways, this then could further impact on the ability of DIHC to deliver safe, high-quality care to service users, with services and pathways potentially not being aligned or service users experience significant variation in services.

The effective development of the Trust governance arrangements will continue to be aligned, and supported by the right staff to manage them, in accordance with regulatory, NHSE, ICB and Trust priorities

- Variation of clinical practice leading to inefficiencies and differing levels of service experience
- Lack of processes and standard operating procedures
- Lack of understanding and sharing of best practise and learning
- Lack of business intelligence and data impacting of understanding of services delivery and performance
- Insufficient staff with correct capabilities
- Lack of engagement with service users leading to poorly designed clinical strategies and services

Risk Appetite: Low (1 – 5)

Risk Movement Graph	Risk Rating					Rational for Current Risk Score Number of strategies and initiatives underway
		Inherent July 2022	Q2 Oct 2022	Q3 Jan 2023	Q4 Apr 2023	Target 5 or less
	Total	Moderate 12	Moderate 12			Very Low
	C x L	3x4	3x4			
						Risk Proximity Less than six months (imminent)

CONTROLS	ASSURANCES ON CONTROLS	ASSURANCES
1. Board Assurance Framework and Risk Management Strategy	Strong	• BAF Internal Audit – Level A assurance and fully compliant with Assurance Framework Checklist • Head of Internal Audit Opinion – Significant Assurance • BAF and Corporate Risks reviewed by Committees and Executive Leads ensure bottom up and top-down review of all risks • Board and Committee papers and minutes • Audit and Risk Committee regularly review the process • KLOE's embedded into governance processes (Terms of references, Policies and Procedures, front sheets for Committees and Board papers)
2. Quality Priorities	High	• Reporting on progress to QSSG and Q&S Committee • Director of Nursing, AHPs and Quality Report to Board through Chief Executive Officer Reports • Quality & Safety Steering Group papers and minutes • Quality & Safety papers and minutes • Quality Framework Internal Audit – Significant Assurance • Friends and Family Test Results • Nursing and AHP Forum
3. Clinical governance processes including Governance Review Meetings (clinical governance, performance and risk reviews)	High	• Governance Review Meetings decisions and action logs • Trust Management Board minutes • Quality & Safety Steering Group papers and minutes • Quality & Safety papers and minutes • Quarterly Learning Review Meetings paper and decision and action logs • Workplan monitored and reported to Q&S

		• Performance information and Business Intelligence reported to Committees and Board • Performance for Never Events, Serious Incidents and other quality and safety metrics
4. NHSEI scrutiny and assessment of Business Cases including plans for Governance	High	• Equality and Quality Impact Assessments for service transfers included within Business Cases • Commissioner Quality Visits and Meetings
5. RLDatix	High	• Embedded incident management process including regular and thematic review and development of Risk Management module
6. Clear Executive Leadership and Committee Oversight	High	• Clear reporting processes in place and discussion at Committees through to Board • Non-Executive Director Visits and Feedback • Terms of References for Committees and supporting governance
7. CQC Readiness	High	• Self-assessed performance against KLOEs • Programme Management of the CQC Readiness Workstream and supporting action plans • Well-Led Review by the Value Circle and supporting recommendations
8. Recruitment and induction of clinical staff including nursing, AHPs and ARRS staff groups	Medium	• Workforce plans • Induction • Nursing and AHP Forums • ARRS Staff Forums
9. Primary Care Operating Model	High	• SLA with PCNs • Integration Agreement with practices
10. Nursing and AHP Strategy	High	• Approved by Board in October 2022 • Nursing and AHP Forums
GAPS IN CONTROLS		**GAPS IN ASSURANCES**
• Absence of detailed clinical strategies and plans to support the innovation and transformation outlined through the Cap Gemini process meaning that the governance processes will be developed before clinical plans and transferring staff not confirmed or known		• Clinical strategy • Clinical plans are being developed and timelines assessed alongside dependencies with other workstreams, it is expected these will be in place for end of November 2022 subject to ICB decision in November • Transferring services plans are to be developed and interdependencies and engagement with project team on impact on the governance arrangements (working group for Children's Services is in place)
• Development of ARRS Governance systems		• Operating model for ARRS provision of service supported by a suite of policy and procedures for ARRS staff
• Development of data and business intelligence to support quality and safety and our evidence-based assessment of performance		• Integrated performance report for all appropriate quality and safety metrics for all services
• Lack of continuous quality strategy and process to support understanding and sharing of best practice and learning		• Quality Strategy

• Lack of engagement with and, implementation of service user feedback and co-designed /co-produced transformation of services		• Service User Engagement Strategy recognising DIHC signed up to ICB Concordat for Communications and Involvement			
ACTIONS (mitigations)		**OUTCOME (OUTPUT)**	**ACTION OWNER**	**DEADLINE**	**ACTION STATUS**
1	Implementation of Cap Gemini and Integrated Clinical Model for Dudley (Place partnership process) Four transformation groups, reporting to the Integrated Model of Care Implementation Group 3/4 pathways reported		Dr Richard Bramble, Medical Director	30th November 2022	**A**
2	Develop ARRS operating model	A model is currently being developed by Alec Gandy and Zoe Dixon	Philip King, Chief Operating Officer	31st December 2022	**A**
3	Continued development of Quality and Safety metrics for all services		Matt Gamage, Director of Finance, Performance and Digital	31st March 2023	**A**
4	Quality Strategy development	In progress	Sue Nicholls, Director of Nursing, AHPs and Quality	31st December 2022	**G**
5	Change Management and Service Development and supporting policy		Steph Cartwright, Director of Strategy, People, and Partnerships	30th November 2022	**A**
6	Implementation of the Clinical Governance Development programme		Jim Young, Associate Director of Governance and Quality	31st March 2023	**G**
7	Implementation of the Auditor's improvement recommendation on migrating all risks to RLDatix		Jim Young, Associate Director of Governance and Quality	31st December 2022	**A**
8	CQC Readiness Programme established and supported by governance and assurance framework		Sue Nicholls, Director of Nursing, AHPs and Quality	31st March 2023	**A**
9	Development of a Physicians Associate Strategy		Dr Richard Bramble, Medical Director	31st December 2022	**G**

Strategic Objective:	Strategic Risk:	Risk Accountability	BAF Ref:
Demonstrate value	There is a risk we fail to make best use of our resources to demonstrate our value to system partners and Dudley population	**NED Oversight:** Ian Buckley, NED as Chair of Committee **Assurance Committee:** Finance, Performance and Digital Board **Executive Lead:** Matt Gamage, Director of Finance, Performance and Digital	BAF22-008 *(Old Ref BAF-007)*

Rationale for Risk:

- A failure to demonstrate measurable benefits of current services
- A failure to not deliver a balanced budget
- Impact of system deficits is disproportionate to financial plan and sustainability of DIHC
- Inadequate financial risk identification and management both at place and system leading to financial grip within the system
- Lack of clarity in commissioning and funding arrangements
- Uncertainty in system collaboration specifically in provider and primary care

Risk Appetite: Low (6 – 11)

Risk Movement Graph

Risk Rating

	Inherent July 2022	Q2 Oct 2022	Q3 Jan 2023	Q4 Apr 2023	Target Score 6-11
Total	Moderate 12	Moderate 12			Low
C x L	3x4	3x4			

Rational for Current Risk Score Trust reporting break even and plans for 2021/22 being developed in Q4

Risk Proximity Active and happening now

CONTROLS	ASSURANCES ON CONTROLS	ASSURANCES
1. Active participation and involvement in the ICS CFOs / DoFs Forum	High	• Reporting to ICB Board and Committees • Membership of appropriate ICB Boards and meetings • Consideration of all new guidance and financial planning driven by ICS and national assumptions • Feedback and support of system partners • Attendance at the system DoF and DDoFs meetings
2. Clear Executive Leadership and Committee Oversight of financial and performance	High	• Reporting on performance and financial plans to FP&D Committee • Finance and Performance Reports to Board • Finance, Performance and Digital papers and minutes • Financial Governance Internal Audit – Full Assurance • Financial Systems Internal Audit – Significant Assurance • HFMA Self-Assessment Internal Audit Findings
3. Clear support from PCN and Local Authority Partners and key stakeholders	High	• SLA agreements with PCN and Local Authority partners • Service line reporting and appropriate cost allocations demonstrating contributions to overheads for services commissioned • Regular engagement with PCNs and Local Authority partners
4. Financial Plan and Budget Setting	High	• Financial plan including financial risks • Break-even / balanced budget outturn and forecast • Long term financial model • In-year budgets and monitoring • Implementation of HFMA Self-Assessment Action Plan
5. Benefits reporting through the efficiency programme	High	• Efficiencies programme monitored and reported centrally • Plan to reduce Agency expenditure • Finance and Performance Reports to Board • Finance, Performance and Digital papers and minutes • HFMA Self-Assessment Action Plan
6. Underlying financial position	Medium	• Consistent system methodology for calculation of underlying position • Underlying position included in financial plans • HFMA Self-Assessment Action Plan
7. Risk Share Agreement across the system	High	• Fair allocation of system deficits based on organisational size as measured by income

8. Control of Capital Expenditure	High	• All expenditure subject to procurement guidelines and Standing Financial Instructions, including when relevant business case approval at appropriate level including system • Organisations capital plans feature as part of system plan
GAPS IN CONTOLS		**GAPS IN ASSURANCES**
• Benchmarking • Strengthen business and commercial decisions • Strengthening of budget setting and management processes • Improving cost improvement and efficiency plans		• Triangulation of Financial Plans to Activity and Workforce Plans • Process and templates for review of planning guidance • Scenario and sensitivity analysis in financial planning • Decision making process and business case templates • Cost pressures reporting and assurance • CIP reporting to be embedded into financial processes and service development reviews

	ACTIONS (mitigations)	OUTCOME (OUTPUT)	ACTION OWNER	DEADLINE	ACTION STATUS
1	HFMA Self-Assessment Action Plan project established and supported by governance and assurance framework through the Audit and Risk Committee	Improved financial sustainability, grip and whilst managing to business as usual activity and recovery from the impact of Covid.	Adam Houliston, Deputy Director of Finance	31st January 2023	G
2	Complete the system issued workbook on 'Grip and Control'	Improved grip and financial control processes	Adam Houliston, Deputy Director of Finance	31st January 2023	G
3	Undertake a review of financial governance as part of personal development reviews for all staff that are budget managers to promote staff responsibility in managing budgets, including reviews of job descriptions	Improved staff awareness of financial control processes leading to better management of budgets	Steph Cartwright, Director of Strategy, People, and Partnerships	31st January 2023	G

Strategic Objective: Demonstrate Value	Strategic Risk: There is a risk our organisation's reputation is understated and our role undervalued	Risk Accountability **NED Oversight:** Harry Turner as Chair **Assurance Committee:** Board **Executive Lead:** Steph Cartwright, Director of Strategy, People and Partnerships	BAF Ref: BAF22-009

Rationale for Risk:

- Inadequate and ineffective collaboration across the Dudley system
- Inability to demonstrate value add
- Lack of clarity or poorly implemented plans
- Misalignment between Trust business plan and system priorities
- Ability to deliver transformation is limited due to uncertainty of funding
- DIHC Development Strategy does not address system and partner expectations

Risk Appetite: Moderate (6 – 11)

Risk Movement Graph

Risk Rating

	Inherent July 2022	Q2 Oct 2022	Q3 Jan 2023	Q4 Apr 2023	Target Score 6-11
Total	Moderate 12	Moderate 12			Low
C x L	3x4	3x4			

Rational for Current Risk Score Trust reporting break even and plans for 2021/22 being developed in Q4

Risk Proximity Active and happening now

CONTROLS	ASSURANCES	ASSURANCES

	ON CONTROLS	
1. Business Plan	High	• NHSEI feedback on Business Plan • Alignment to system priorities
2. DIHC Development Strategy	High	• Support from ICB Board • ICB papers and minutes • Support of system partners
GAPS IN CONTOLS		**GAPS IN ASSURANCES**
•		•

	ACTIONS (mitigations)	OUTCOME (OUTPUT)	ACTION OWNER	DEADLINE	ACTION STATUS
1					**A**
2					**Complete**
3					**Complete**

Strategic Objective:	Strategic Risk:	Risk Accountability	BAF Ref:
Demonstrate value	There is a risk our organisational activities are not environmentally sustainable	**NED Oversight:** Ian Buckley, NED as Chair of Committee **Assurance Committee:** Finance, Performance and Digital Board **Executive Lead:** Matt Gamage, Director of Finance, Performance and Digital	BAF22-010

Rationale for Risk:

- A failure to demonstrate measurable progress against Green Plan
- Lack of clarity in national funding arrangements for Greener NHS Initiatives
- Lack of clarity on system priorities for Greener NHS capital spending

Risk Appetite: Low (6 – 11)

Risk Movement Graph

Risk Rating

	Inherent July 2022	Q2 Oct 2022	Q3 Jan 2023	Q4 Apr 2023	Target Score 6-11
Total	Moderate 12	Moderate 12			Low
C x L	3x4	3x4			

Rational for Current Risk Score

Risk Proximity Active and happening now

CONTROLS	ASSURANCES ON CONTROLS	ASSURANCES
1. Active participation and involvement in the ICS Sustainability Network	High	• Consideration of all new guidance • Defined contribution to the ICS Green Plan • Reporting to ICB Greener NHS Committee • Membership of appropriate ICB networks and meetings • Consideration of all new guidance and green planning driven by ICS and national guidance

		• Sharing of best practice and benchmarking with system partners • Attendance at the system Sustainability meetings
2. Green Plan	High	• Three-year Green Plan published • Reporting against Greener NHS plan to FP&D Committee • Finance and Performance Reports to Board • Finance, Performance and Digital papers and minutes • Sustainability Pathway Towards Delivering Net Zero Audit – Moderate Assurance • Milestone tracking
GAPS IN CONTOLS		**GAPS IN ASSURANCES**
• Lack of guidance from central Greener NHS team on priorities • Uncertainty regarding funding for Greener NHS agenda • Failure to demonstrate measurable impact • Incomplete and poorly implemented Green Plan • Adequate tracking of interventions to capture impact such as carbon saved		• Assurance on funding to deliver the Green Plan • Assurance on capacity to deliver the Green Plan

	ACTIONS (mitigations)	OUTCOME (OUTPUT)	ACTION OWNER	DEADLINE	ACTION STATUS
1	Development of the supporting milestone plans to deliver the Green Plan	Measurable progress towards targets set in the Green Plan with resource requirements defined	Elaine Doyle, Trust Secretary	31st December 2022	**G**
2	Attendance at the ICB Sustainability Network	Greener NHS requirements will be defined and deadlines planned for	Elaine Doyle, Trust Secretary	31st March 2023	**G**
3	Co-Chair ICS Greener Travel Working Group	Planning requirements will be defined and deadlines planned for supported by defined impact	Elaine Doyle, Trust Secretary	31st March 2023	**G**
4	An Sustainability Engagement Action Plan to promote staff involvement in sustainability and the greener NHS agenda and development of the green travel plan should be developed and implemented	Staff engagement and co-produced plans will lead to increased buy-in and progress on the initiatives within the Green Plan	Helen Codd, Head of Communications, Engagement and Partnerships	31st December 2022	**A**
5	Travel Survey is required for all NHS Provider Organisations	Greener NHS requirements will be defined and deadlines planned for	TBC	31st March 2023	**A**

Strategic Objective:	Strategic Risk:	Risk Accountability	BAF Ref:
Demonstrate value	There is a risk our organisation's sustainability is measured in terms of direct service provision rather than impact	**NED Oversight:** Ian Buckley, NED as Chair of Committee **Assurance Committee:** Finance, Performance and Digital Board **Executive Lead:** Matt Gamage, Director of Finance, Performance and Digital	BAF22-011

Rationale for Risk:

Future ICB decisions and stakeholders continued support for DIHC may be based on 'traditional' models of sustainability

- Current income of DIHC
- Percentage of corporate overheads
- Maturity and development timeline of DIHC not recognised
- Scalability of organisation not recognised by the system and key stakeholders
- Lack of measurable impacts of DIHC interventions and support

Risk Appetite: Moderate (6 – 11)

Risk Movement Graph

Risk Rating

	Inherent July 2022	Q2 Oct 2022	Q3 Jan 2023	Q4 Apr 2023	Target Score 6-11
Total	Moderate 12	Moderate 12			Low
C x L	3x4	3x4			

Rational for Current Risk Score Trust reporting break even and plans for 2021/22 being developed in Q4

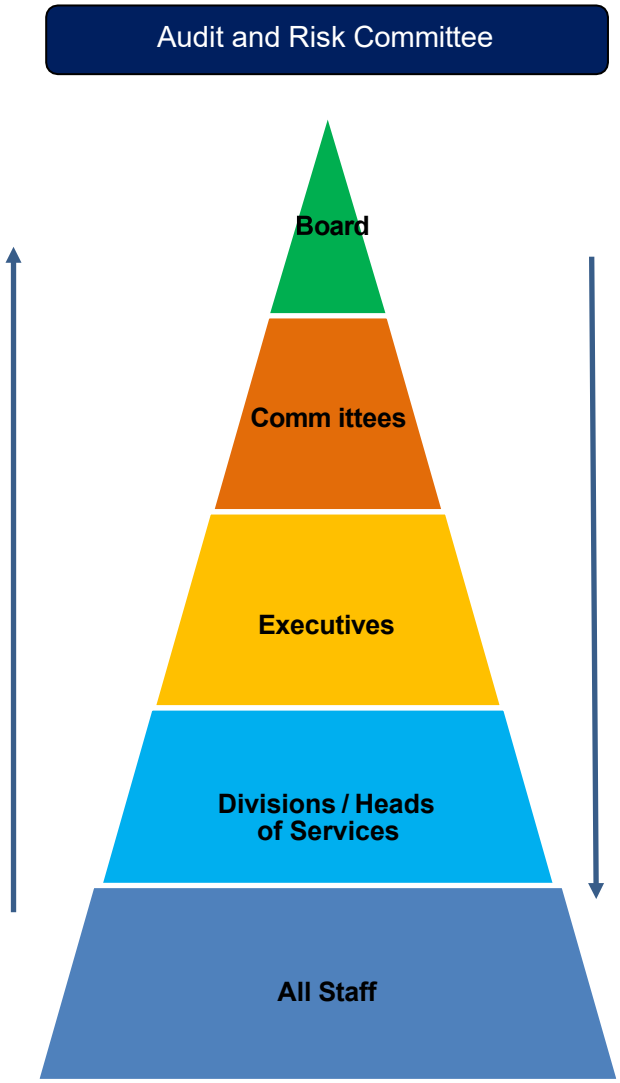
Risk Proximity Active and happening now

CONTROLS	ASSURANCES	ASSURANCES

	ON CONTROLS	
1. Agreement of the Chair and Chiefs of Dudley on 17th June 2022 following the conclusion of the Cap Gemini process	Medium	• Agreement reached that all partners have a role to play in the system and will commit to work collaboratively to deliver a sustainable Dudley Place
2. Development of a Development Plan for DIHC	High	• ICB support for the strategic direction and outcome of ICB Board in November 2022 • Development Plan includes five-year plan for growth
3. Planned reduction corporate expenditure	High	• Plan for reduction in overhead rates over five years with significant reduction in second year of plan
4. Stakeholder management	Medium	• Exec to Exec with Dudley MBC • Exec to Exec with Royal Wolverhampton • Stakeholder management
5. Demonstrating value	High	• Financial performance over first two years as reported in Annual Report and Accounts • Balance budget forecast for year 3 2022/23 • Increase in primary care capacity through ARRS workforce • Decrease in onward referral to secondary care • Delivery of Extended Access Hub • Performance of services post transfer
6. Goods and Services Contract	High	• Contract in place until 31st March 2023
GAPS IN CONTOLS		**GAPS IN ASSURANCES**
•		•

	ACTIONS (mitigations)	OUTCOME (OUTPUT)	ACTION OWNER	DEADLINE	ACTION STATUS
1	Revised Goods and Services Contract with ICB for approval now includes in-direct income managed on behalf of ICB	Clarity on the services and commissioning budgets managed on behalf of ICB	Matt Gamage, Director of Finance, Performance and Digital	31st December 2022	A

Governance Risk Structure



Accountability

Seeking assurance on behalf of the Board that the processes in place for risk management are fit for purpose.

Seeking assurance through committees that risks are being managed effectively, to acceptable levels

Seeking assurance for the Board that strategic risks are being effectively managed and receiving recommendations to changes in risk

Scrutiny and challenge of high-level risks
Holding services to account for timely and appropriate management of risk
Recommending risks for addition to BAF

Scrutiny and challenge of risks
Holding teams and services to account for effective and timely management of risk

Ensuring the effective and timely management of risks

RISK MANAGEMENT OPERATIONAL FLOWCHART

A potential risk is identified following an incident, near miss, identification of a service failure or identification of a failure to meet a service or Trust objective.

↓

The Service inputs details of risk onto Datix IQ following the steps detailed in the 'Reporting a Risk' guide. The status will automatically be set to 'Awaiting Final Approval'.

↓

The risk is then reviewed by the Quality and Safety Assurance Team to ensure the risk is completed, articulated and scored. This will be discussed with the Service Lead to review the risk.

↓

Once reviewed, the status will be set to 'Active'. Risk grading confirmed. Any additional controls and further actions will be discussed and the risk will be updated accordingly. Risks scored 9 to 15 will require quarterly updates as a minimum. Risks scored 1 to 9 will require annual updates as a minimum.	If the service and the Quality and Safety Assurance Team agree that the risk should be downgraded it will be closed by the Quality and Safety Assurance Team.	If the risk requires additional information the risk owner will be informed and the status will remain set to 'Awaiting Final Approval'.

↓

The risks for each service will be reviewed at the Service Review meetings with support from the Quality and Safety Assurance Team.

↓

The service risk registers are reviewed at the Trust Management Board. Following discussion, those scoring 16 or above; or those which for some other reason (such as having thematic effect, or affecting more than one service) will be considered for escalation to the Corporate Risk Register.

↓

The Corporate Risk Register and any suggestions for inclusions from emerging risks will be provided to the Executive Meeting and form there considered for escalation and inclusion to Trust Board. on a monthly basis as a standing agenda item. Datix will be updated by the Quality and Safety Assurance Team, with updates communicated to the Risk Owner

↓

↓

Risk updates will require an update of the Controls, Assurances, Gaps in Controls and Gaps in Assurances, a review of the risk score, an update of the actions on a regular basis, the frequency of this/next review date will be noted within the Corporate Risk Register.

↓

If risk has reached its target score, is no longer applicable or has been effectively mitigated, the reasons for this are updated on Datix IQ and the risk can be considered for closure by the relevant service level governance / performance meeting.

Dudley Integrated Health and Care NHS Trust

Board Assurance Framework and Risk Management Strategy

Policy Reference Number:	**POL-CORP-003**
Version Number:	**2.0**
Policy Author:	**Trust Secretary**
Responsible Department:	**Governance, Quality and Risk**
Executive Director:	**Chief Executive**

	Day	Month	Year
Policy Ratification Date:	31	03	2022
Policy Review Date:	31	12	2023

Strategy Summary Page

Title of Strategy:	Board Assurance Framework and Risk Management Strategy
Is this a new or existing Strategy	Existing
Disclosure status:	To be published on website
Ratification Group/Committee:	Trust Board

What is the purpose of this document?

The Trust's Board Assurance Framework and Risk Management Strategy sets out the Trust's risk management arrangements defining a framework that enables the effective management of risks across the Trust and in particular those relating to the achievement of strategic, corporate and clinical objectives and how it derives assurance that these risks are being appropriately and effectively managed.

The process of risk management is a continuous process and involves the identification, evaluation and treatment (control and mitigation) of risks, aiming to reduce either the severity or the likelihood of a risk occurring.

Which areas of service does this document apply to?

This strategy applies to all staff working within Dudley Integrated Health and Care NHS Trust.

What other policies, guidance and directives both locally and nationally should this document be read in conjunction with

All strategies and policies under development:

- Risk Management Policy for Datix
- Incident Reporting and Investigating Policy
- Major Incident and Business Continuity Plans
- Health and Safety Policy

Version and Amendment History

Version	Editor	Details of Change	Date
0.1	Elaine Doyle	**Early draft of new policy outlining structure, contents, risk appetite statements and risk and assurance statement**	**20/10/2020**
0.2	Elaine Doyle	Early Draft updated for comments following Board Development Session	22/10/2020
0.3	Elaine Doyle	Circulated for comments to: • Harry Turner, Chair • Paul Assinder, Chief Executive Officer • Steph Cartwright, Interim Director of Operations, Strategy and Partnerships	23/10/2020
0.4	Elaine Doyle	Reviewed following Internal Audit Comments	16/11/2020
0.5	Elaine Doyle	Shared with committees for comment	Throughout November 2020
0.6	Elaine Doyle	Editorial review following comments received from committees	01/12/2020
1.0	**Elaine Doyle**	**Approved by Board in Private Session**	**01/12/2020**
1.0	Elaine Doyle	Circulated for final comments: • Harry Turner, Chair • Paul Assinder, Chief Executive Officer • Steph Cartwright, Interim Director of Operations, Strategy and Partnerships • David Gilburt, Non-Executive Director and Chair of Audit and Risk Committee	07/12/2020
1.0	Elaine Doyle	**Submitted to Audit and Risk Committee**	09/12/2020
1.0	Elaine Doyle	**Approved by Board in Public Session**	14/01/2021
2.0	Hedley Bucktin	Minor formatting updates approved by PPDG 16/03/22	31/03/2022
2.0	Elaine Doyle	**Submitted to Audit and Risk Committee for review**	23/05/2022

Contents Page

Dudley Integrated Health and Care NHS Trust (DIHC)
Risk and Assurance Statement

Dudley Integrated Health and Care NHS Trust recognises that our future sustainability depends upon the successful delivery of our aims and ambitions, our relationships with service users, their families, the residents of Dudley and our staff and strategic partners.

We will not accept risks that could result in poor quality care or unacceptable clinical risk, noncompliance with standards or poor clinical or professional practice. We will consider accepting risks to service users experience in the short term if they are consistent with the ongoing achievement of high-quality patient safety and care improvements within our ambitious transformation programme.

We are committed to recruit and retain the best workforce with staff that meet the high-quality standards of the organisation, will provide on-going training to ensure staff reach their full potential and will endeavour to provide staff with appropriate space and supporting infrastructure in which to perform their duties.

We recognise that the long-term sustainability of the organisation lies is in the successful achievement of the integrated services and pathways development for the Dudley population and as such we will work innovatively and creatively with our system partners but are not willing to accept risks that significantly impact on the reputation of our Trust or the care provided to our service users and patients.

The Trust is willing consider taking risks in relation to organisational development, especially when pursuing transformation and innovation within the constraints of the regulatory environment in which the Trust operates, recognising the overarching aim of 'community where possible; hospital where necessary'.

1. Strategic Risk Management

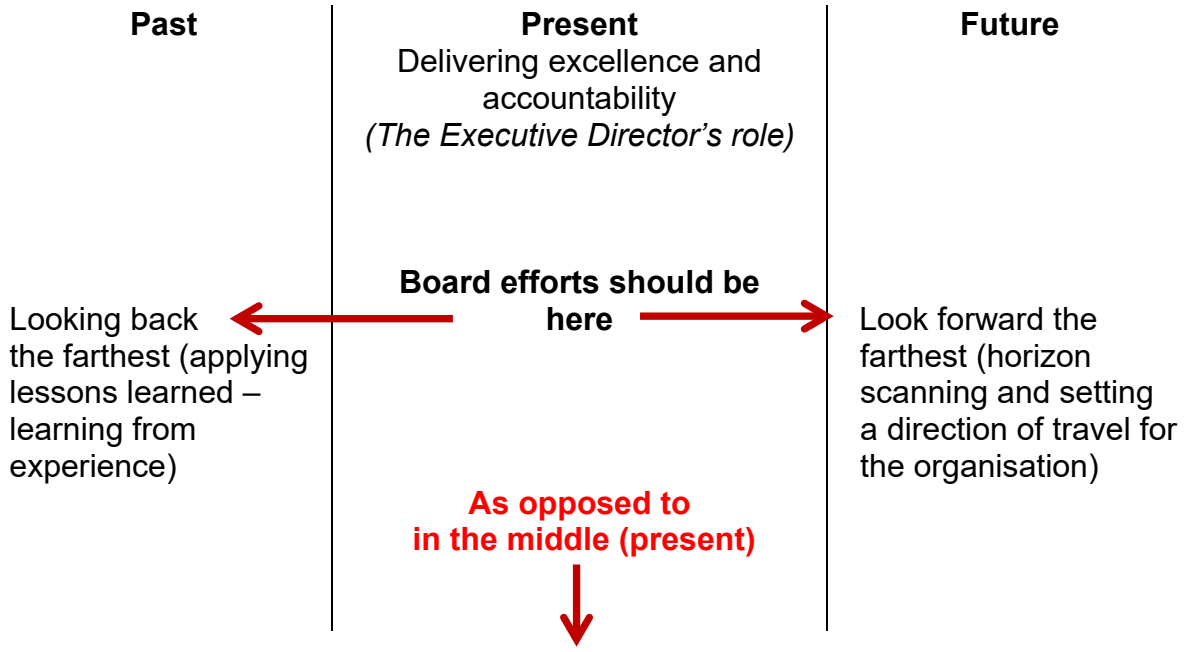
The Institute of Risk Management defines Risk Management as: "The process which aims to help organisations understand, evaluate and take action on all their risks with a view to increasing the probability of success and reducing the likelihood of failure".

Dudley Integrated Health and Care NHS Trust (DIHC) is committed to a proactive and dynamic risk and assurance approach, supported by a clearly defined and considered approach to risk management.

The Trust's strategic direction is evolving and as such so are the risks impacting on the Trust's ability to deliver its strategic objectives. As part of the Trust's strategic development the Trust Board will undertake horizon scanning exercises and strategic risk development sessions through their programme of Board Seminars.

Whilst the role of the Executive Directors is outline the planned tactical priorities, short term objectives and strategic ambitions that have been signed off by the Board. It is still the role of the Board to verify and scrutinise the operational delivery against these plans and the information reported by managers and Executives.

The Board also has a duty to be reflective and look back further to assist with future planning but also a responsibility to plan strategically and look forward into the future. It is also the responsibility of the Board to address the greatest levels of uncertainty in both the current environment and the future, whilst continually thinking about the risk appetite of the organisation.



The systems of internal control within an organisation are an important component in the successful management of its risks. Integrating risk management and ensuring processes are in place to allow staff to identify, monitor and communicate risks that may affect the delivery of strategic ambitions, supports the Board in being able to receive and provide assurance that the Trust is meeting all external compliance targets and legislation responsibilities, including standards of clinical quality, NHSI compliance requirements and Trust's licence. In doing this DIHC recognises:

- The Board has a statutory responsibility towards its service users, residents of Dudley, system partners and local health economy and staff to ensure that it has effective processes, policies and resources in place to deliver its objectives and to, as far as is possible, control or mitigate any risks that it may face in achieving these.
- Risk is an essential component of change and improvement and the Board does not consider the absence of risk as a necessarily positive position.
- Risks present both challenges and opportunities and is integral to DIHC's governance, quality and performance management processes.
- Risk is considered in terms of potential financial consequences alongside impact on quality performance to be effective and as such will be integral to achieving the ambitious and innovative programme of strategic outcomes for service users, staff and resources.
- Our risk appetite statement helps all our staff and our stakeholders understand the level of risk that we are prepared to accept. It describes the levels of risk we are prepared to tolerate and how they will be treated and by whom.
- The Board understand that risk management is a continuous process that ensures the safety of services users and staff, and is an effective way to ensure that all staff are responsible for identifying risk and through the effective evaluation, control and mitigation, establishes an environment where no risk is unforeseen by management or the Board.
- Assurance is the bedrock of evidence that gives confidence that risk is being controlled effectively, or conversely, highlights that certain controls are ineffective or there are gaps that need to be addressed. Where controls are ineffective, or gaps are identified it focuses action on bringing the risk into control or is tolerated.

To be outstanding the Trust recognises that it must have fully embraced and embedded risk management from Board to front line services as the CQC starting point for the well-led framework assessment is leadership, governance and risk management. To this end it has an ambition to support greater devolution of decision making and accountability for management of risk throughout the organisation from Trust Board to point of delivery, front line service to Board.

To support this ambition all staff are required to understand the principles of risk management and have a working knowledge on how to identify, escalate and manage risk in their own area of responsibility. It is important to create a culture in which all staff are enabled to influence decisions, support process improvement and

outcomes, to reduce risk and improve quality of services. Bringing decision making as close as possible to the Service Delivery.

This strategy should also be read in conjunction with the Trust's Risk Management Policy which sets out in detail how risks are escalated and managed through the Trust's risk management system and the Trust's structures, as well as providing more detailed guidance around risk assessment, risk analysis and risk treatment.

Strategic Risk – is something uncertain that if it does happen it will have an effect on the achievement of the strategic objectives.

Risk Appetite – Has been defined by HM Treasury as 'The amount of risk that an organisation is prepared to accept, tolerate or be exposed to at any point' and is the decision on the appropriate exposure to risk it will accept in order to deliver its strategy over a given time frame. It should address several dimensions:

- The nature of the risks to be assumed
- The amount of risk to be taken on
- The desired balance of risk versus reward

Risk appetite is the level of risk the Trust Board deem acceptable or unacceptable based on the specific risk category and circumstances / situation facing the Trust. This allows the Trust to measure, monitor and adjust, as necessary, the actual risk positions against the agreed risk appetite.

Using a risk appetite matrix the Trust Board has adopted a risk appetite statement which is the amount of risk it is willing to accept in seeking to achieve its Strategic Ambitions. As well as the overall risk appetite statement, separate statements are provided for each risk category in the table overleaf.

Domains	Trust Board Agreed Appetite
Safety (encompassing Statutory and Regulatory Compliance)	Very Low
DIHC has a VERY LOW risk appetite for risks that may compromise safety or for Compliance / Regulatory risk which may compromise the organisation's statutory or regulatory compliance.	
Quality	Low
DIHC has a LOW risk appetite for risk that may compromise the delivery of outcomes for our service users or for risks that may affect the experience of our service users.	
Workforce	Low
DIHC has a LOW risk appetite for actions and decisions taken in relation to workforce.	
Infrastructure (Estates and IT)	Low
DIHC has a LOW risk appetite for risks or decisions that may compromise the organisation's operational delivery including operational, IT and estates and facilities management.	
Sustainability (Resources)	Low
DIHC has a LOW risk appetite for financial / Value for Money risks which may affect the long-term sustainability of the organisation or result in the harming of the environment or harm to the health and safety of the service users, carers, staff and the population we serve.	
Reputational	Low
DIHC has a LOW risk appetite for actions and decisions taken against the interest of ensuring quality and sustainability which may affect the reputation of the organisation.	
System Partnerships (including Role in System)	Moderate
DIHC has a MODERATE risk appetite for actions and decisions taken to undermine the overall integrated place-based agenda and against the interests of the Dudley population we serve.	
Commercial	High
DIHC has a HIGH risk appetite for risks financial / Value for Money which may grow the size of the organisation whilst ensuring we minimise the possibility of financial loss or compromise the organisation's statutory or regulatory compliance.	
Transformation and Innovation	High
DIHC has a HIGH risk appetite for Organisational Transformation and Clinical Innovation that does not compromise quality of care.	

The table below shows risk appetite tolerance scores for each risk appetite. When a risk exceeds a risk appetite tolerance score this will be used as a framework for a risk to be communicated and reported upwards. The suggested target risk is also added to help inform target risk scoring discussions. The target risk is provided as a guide and not an absolute expectation.

Risk Levels	1 Minimal	2 Cautious	3 Open	4 Seek	5 Mature
Risk Appetite	Very Low	Low	Moderate	High	
Risk Tolerance Score (Net L x C)	1 - 5	6 - 11	12 - 15	16 - 25	

On an annual basis the Trust will publish its risk appetite statement in respect to the organisation covering the overarching areas aligned to the domains of:

- Risk to Service Users (Safety and Quality)
- Workforce Risk (Workforce)
- Organisational Risk (Infrastructure, Sustainability and Commercial)
- Reputational Risk (System Partnership, Stakeholder, Transformation and Innovation)
- Opportunistic Risk (Sustainability and Commercial)

To facilitate this annual review and to recognise the maturity of risk management within the organisation the Board have developed a risk matrix to support risk sensitivity in decision making and this is at Appendix C Risk Appetite Sensitivity Matrix by Domain.

2. Aims and Implementation

This strategy is a Trust-wide document and it applies equally to all members of staff, either permanent or temporary and to those working within, or for, the Trust under contracted services.

This Strategy takes its lead from the main areas of influence which require Trusts to be able to evidence a robust BAF:

- The Care Quality Commission (CQC) Well Led domain requires providers to demonstrate that the “leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture”.
- Guidance from the NHSEI encourages providers to undertake reviews of these requirements approximately every three years. The NHSEI publication, “Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts” reports that

the requirement for a BAF is within the Key Lines of Enquiry (KLOE). The KLOE asks the questions:

- "Are there clear and effective processes for managing risks, issues and performance". The underpinning descriptor asks if "there is an effective and comprehensive process to identify, understand, monitor and address current and future risks". This is supported by the requirement for senior leaders to be able to evidence that a BAF and dynamic risk registers are in place and assessed by the board at least quarterly. KLOE asks,
- "Does the governance framework ensure that responsibility is clear and that quality performance and risks are understood and managed". The supporting prompts ask; "is there an effective governance framework to support the delivery of the strategy and good quality care"? "Are the governance framework and management systems regularly reviewed and improved"?

It recognises that managers have a key role to play in promoting good risk practice to front line staff and keeping up to date with the Trust's risk management developments, acting as an enabler to embed learning from lessons, building risk management expertise and to continuously improve risk management within the Trust.

Implementation of this strategy will help the to make risk management an integral part of all staff's daily activities, encouraging appropriate assessment and management of risk in order to provide a safe and quality service for all.

The Trust's ambition to ensure appropriate resources are available, including training to effectively control, mitigate and where possible eliminate risks wherever possible. In support, the Board are committed to:

- A robust framework for the proactive and reactive management of risks within the Trust with systems and structures for identifying, assessing, managing, and reporting risk in a consistent manner across all services across the Trust
- Outlining the mechanisms for ensuring that the Trust Board receive necessary assurances in respect to the management of the Trust's strategic risks
- Facilitating the development of an embedded culture of risk management and risk awareness throughout all levels of the Trust, supported by a framework for the escalation of organisational risk from front line service delivery to Board
- Evidencing that the Trust has in place a clear and effective process for the management of risks, issues and performance in line with the CQC Well-Led inspection framework

To achieve these ambitions, the Trust has identified three core principles around which this risk management strategy and the associated risk management policy have been developed:

- Delegate responsibility to risk owners to manage risk pertinent to their service areas and directly document this management on the Trust's risk management system

- Empower / Enable people to feel comfortable discussing risk and risk management and enabling them to make decisions at a local level to manage risk and ensuring that staff are confident in utilising the Trust's risk management system
- Support staff to ensure that they are appropriately skilled in risk management through workshops, training and supporting policies

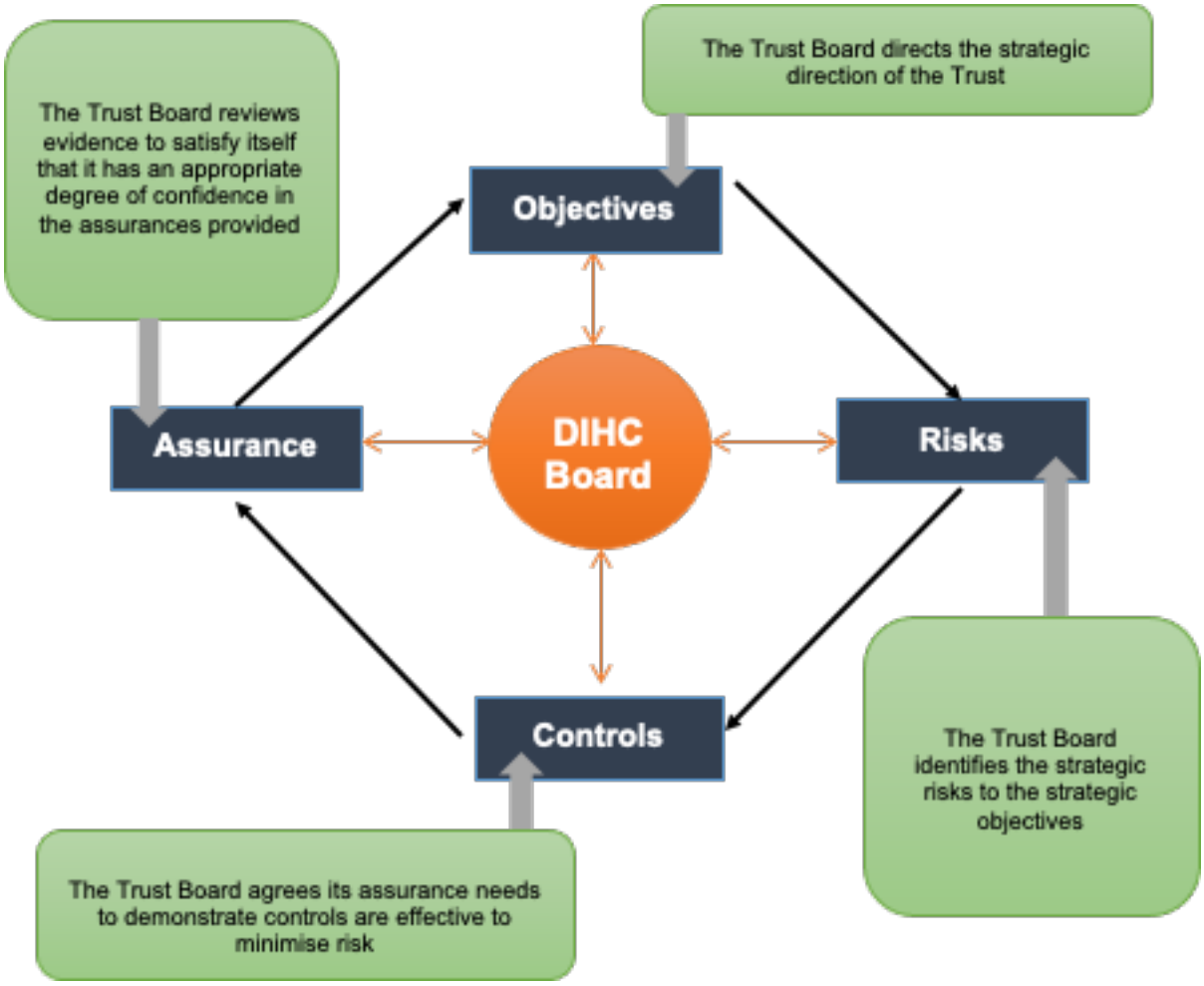
To meet the risk management ambitions the Trust will deliver:

- Review and implementation of a new risk management policy and strategy aligned to the implementation of Datix on 1st April 2021
- Risk Management Development sessions to support a change in risk culture, supported by risk awareness sessions to support risk management culture change as part of the induction training and supported by a programme of awareness events by 30th September 2021
- All staff to have access to training, guidance and support in the delivery of effective risk management systems by 30th April 2022
- Ongoing monitoring and review of assurance limitations of internal audits to ensure good governance is maintained, initial programme by 31st January 2021 and annually thereafter

3. Assurance Overview

The assurance system enables the Trust Board and managers to review plans, performance, governance, risk management, the internal control framework and assess strengths and weaknesses whilst offering context, insight and solutions.

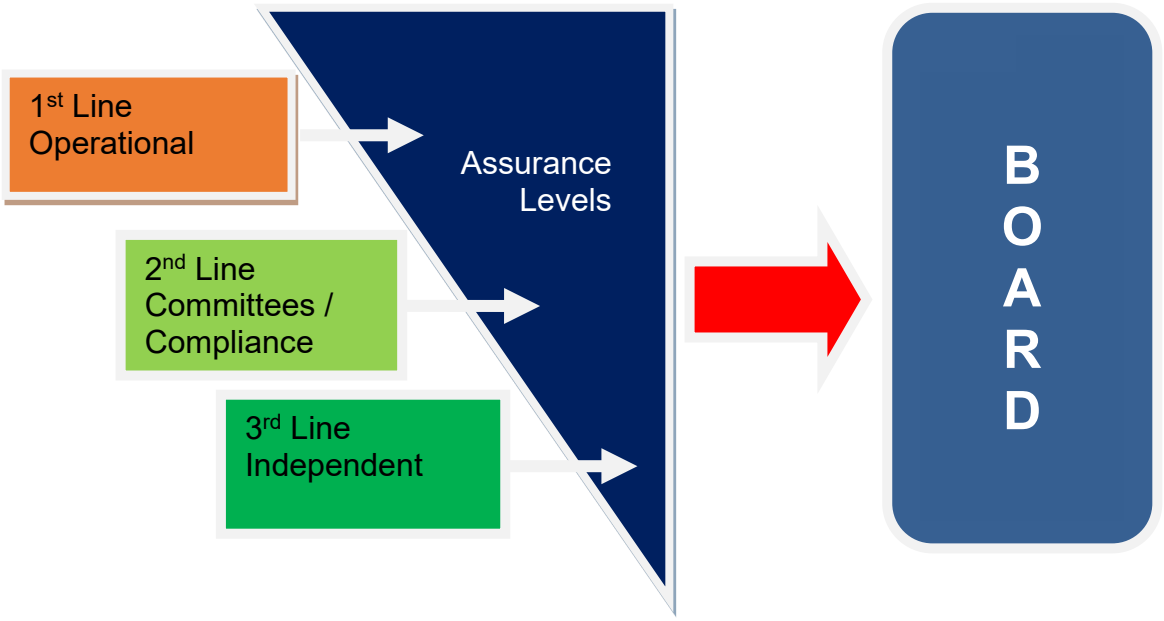
It is the responsibility of the Trust to ensure that there is a robust methodology for enabling evidence-based assurances to be provided to the Trust Board against the key risks. The assurances should be supported by the key controls within the organisation. The following diagram summarises a model of assurance widely used within the NHS:



There are various types of assurance: verbal, written and empirical. All can be of use depending on the circumstances. Each will be valued differently depending on the necessity of the risk. However, it must be noted that verbal assurance in isolation can be the least relevant and must be substantiated as it may be deemed reassurance rather than assurance.

In line with HM Treasury Assurance Framework guidance 2012 – 'Three Lines of Defence', the Trust has adopted the following levels of assurance to be applied:

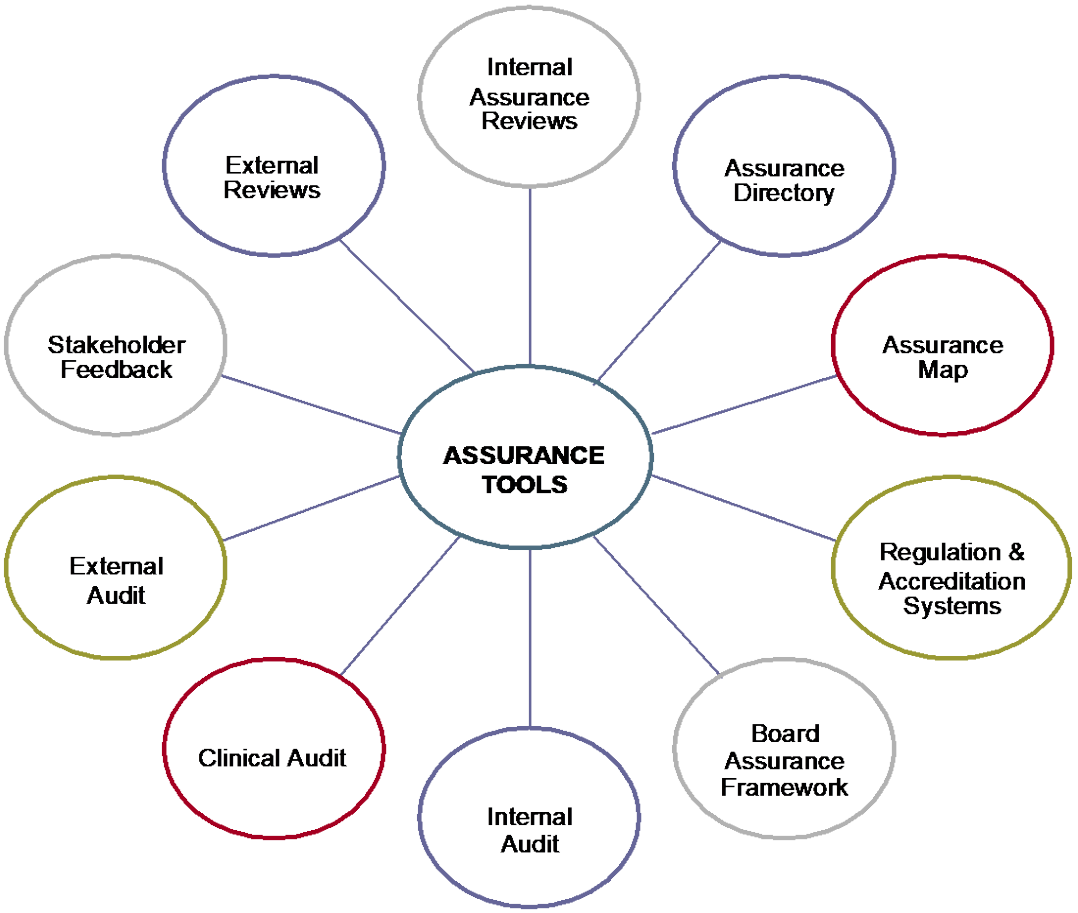
- Level 1 – Operational (routine local management/monitoring, performance data)
- Level 2 – Oversight functions (Committees, internal compliance assessment)
- Level 3 – Independent (External Audits / Reviews / Inspections etc



Regardless of the type, source and level of assurance the following further impact on assurance value and need to be considered:

- Age – the time elapsed since assurance obtained
- Durability – whether it endures as a permanent assurance on an historical matter e.g. Auditors' Report on Financial Statements, or work that loses relevance over passage of time e.g. clinical audit
- Relevance – the degree to which assurances aligns to the specific area or objective over which it is required
- Reliability – trustworthiness of the source of assurance
- Independence – the degree of separation between the function over which assurance is sought and the provider of assurance

There are various assurance tools which feed into the overall system of assurance. Through the mapping of sources of assurance, issues can be identified relating to gaps in control or gaps in assurance, and duplication of effort. Where the need for additional control measures or assurances are recognised, these will be reported through an appropriate mechanism, e.g. addition to risk register, performance reporting, or the Board Assurance Framework.



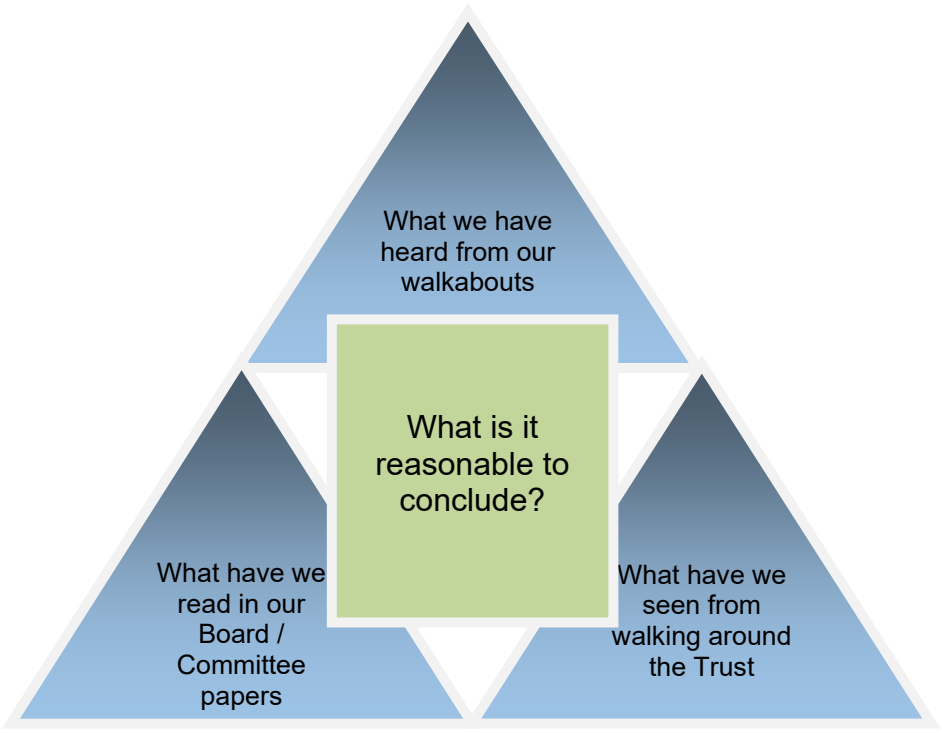
Example Assurance Tools

The benefits of an effective assurance system:

- Gives confidence in the operational working of the Trust, to the Board and management, to external regulatory bodies, CQC, NHSEI, Department of Health and Social Care, stakeholders and partners
- Maximizes the use of resources available in terms of audit planning, avoiding duplication of effort and educating members of staff across all disciplines which is very important with a unitary board
- Ensures assurances are appropriately demonstrated, reported and that the governance structure is working as intended
- Identifies any potential gaps in assurances relating to the key risks and key controls, and that these are understood and accepted, and addressed as necessary
- Supports the preparation of the Annual Governance Statement and regular governance reports

A key element of the Trust's risk management system is providing assurance that we manage risks effectively by ensuring the effectiveness of controls and actions being put in place to mitigate the impact of any risks.

Below is a diagram of the triangulation of evidence assurances:



To support and embed assurance at all levels, the Trust has identified three core supporting strategies and frameworks:

- Development of an Integrated Governance Framework, supported by a Corporate Data Quality Strategy by 31st January 2021
- Ongoing development of the business intelligence and information workstream to develop strategy and supporting workplan for implementation by 31st March 2021
- Fit for the Future business intelligence model by 30th September 2021

The Trust Board have defined the levels for effectiveness assurance and controls and are outlined as:

Effectiveness of Control Descriptors

STRONG	HIGH	MEDIUM	LOW
Controls are suitably designed, being consistently applied and are effective in practice	Some issues identified that if not addressed could increase the likelihood of risk materialising	Some assurances in place or controls are still maturing so effectiveness cannot be fully assessed but should improve	Assurance indicates poor effectiveness of controls

Assurance Descriptor Levels

LEVEL 3 High	LEVEL 2 Medium	LEVEL 1 Low
Independent (Third Party) External / Internal / Clinical Audits / Reviews / Inspections	**Oversight** Committees / Internal compliance assessments / Performance Reports / Benchmarking	**Operational** Routine management reports / Monitoring and performance data / Evidence of meetings

4. Governance Structures to Support Risk Management

There are different operational levels of risk governance in the organisation. Risk Management by the Trust Board is underpinned by a number of interlocking systems of control. The Trust Board reviews risk principally through the following related mechanisms:

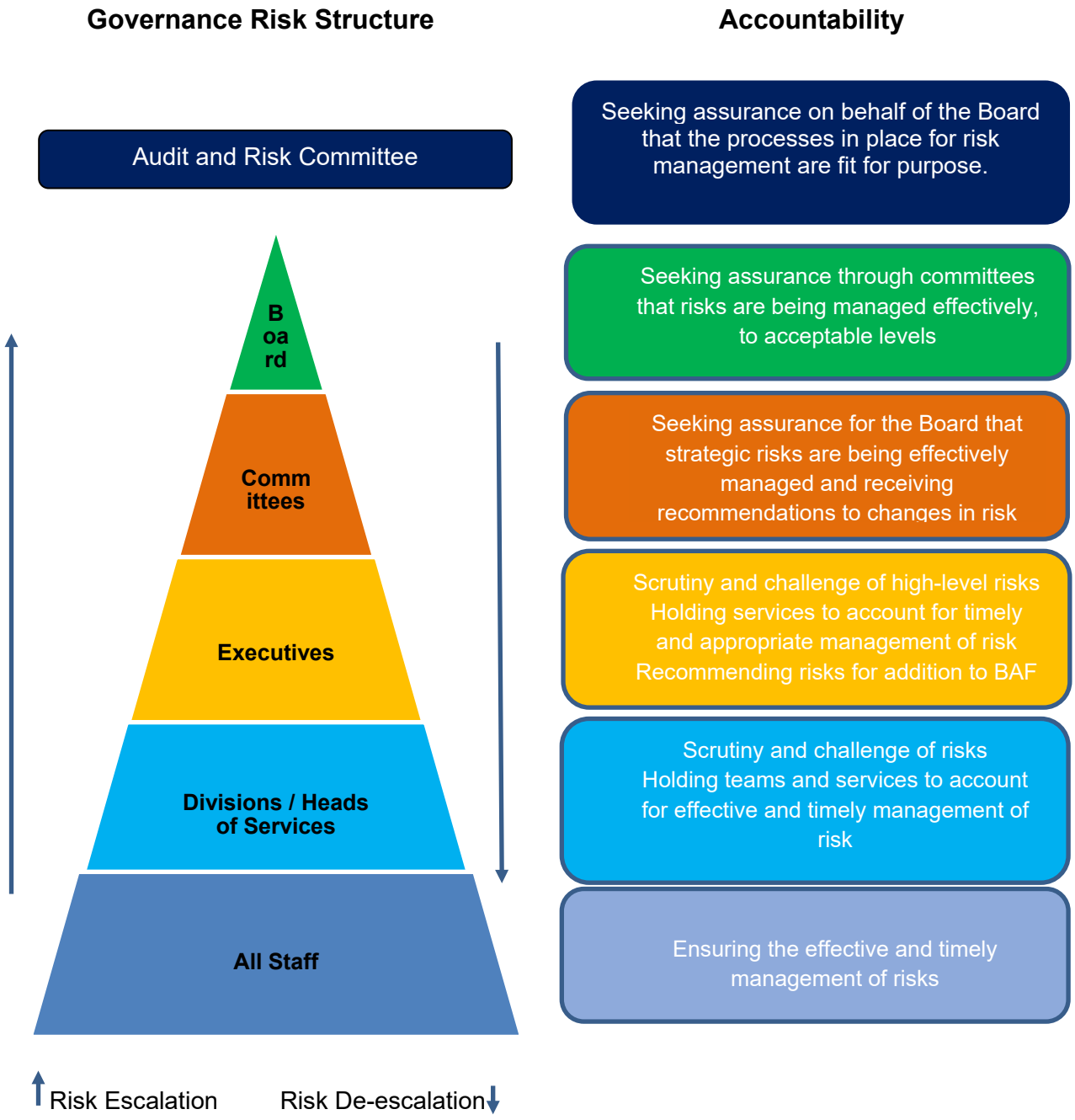
- Board Assurance Framework (informed by Executive)
- Corporate Risk Register (informed by Divisions and Services)
- Audit and Risk Committee (informed by internal audit reports and oversight of systems of internal control)
- Annual Governance Statement

The Board Assurance Framework sets out the strategic objectives, identifies risks in relation to each strategic objective along with the controls in place and assurances available on their operation. The BAF can be used to drive the Trust Board agendas.

The Corporate Risk Register is the corporate high level operational risk register used as a tool for managing risks and monitoring actions and plans.

The Audit and Risk Committee as a sub-committee of the Board and is responsible for providing an independent and objective view of internal control.

The Annual Governance Statement is signed by the Accountable Officer and sets out the organisational approach to internal control. This is produced at the year-end (following regular reviews of the internal control environment during the year) and scrutinised as part of the Annual Accounts. This process is undertaken by the Audit and Risk Committee and brought to the Trust Board with the Annual Report and Accounts.



5. Key Roles and Responsibilities

All staff in the trust have responsibilities relating to risk management.

The Trust Board retains overall responsibility for ensuring that appropriate risk management systems are in place to enable the organisation to deliver its objectives. It delegates the overall management and evaluation of risks to the most appropriate committee. The Trust Board does however set the risk appetite for the organisation and in respect to the balance between the potential benefits of innovation or change and the threats that this innovation or change will potentially bring.

Whilst the management of risks remains the responsibility or risk owners, the Executive Team and Board Committees play a part in the risk management process. There are a number of committees that hold the delegated responsibility for monitoring and reviewing certain risks in line with the Trust's reporting framework and it is their responsibility to further inform the Trust Board of assurances and actions taken through agreed esclation mechanisms. All of these sub committees share exception reports with the Trust Board. The risk reporting requirements for these committees are outlined within the Trust's Risk management policy.

The role of the Trust's Non-Executive Directors (NEDs) is to work with the members of the Trust Board and share responsbibiliy with the other direcotrs for the decision made. To enact this duty they are expected to provide an independent judgment, scrutiny and challenge in relation to the workings of the Trust's risks management programme. NEDs have a responsibility to ensure they have a working knowledge of risks across the Trust and as such are members of a number of the Board Committees.

NEDs Chair the Board Committees and will hold the responsible Executive Director to account on the management of risks relevant to the committee business. Allocation of NEDs to appropriate committees is undertaken by the Trust Board. These committees include:

Title	Role / Responsibility
Trust Board	The board of directors are accountable and responsible for ensuring that the Trust has and effective process for identifying and managing risk of all types. The Board of Directors receive and consider reports from its committees as necessary.
Quality and Safety Committee	Holds the delegated responsibility for ensuring that clinical and operational risks are managed appropriately. The Trust's Quality and Safety Committee will also review and scrutinise any high level (red risks) which pertain to Quality and Operational issues.
Finance, Performance and Digital	Will review the Trust's financial management arrangements and performance and make recommendations and provide advice to the Trust Board. The Trust's Finance and Performance Committee will also be responsible for reviewing the Trust's performance against key financial and operational targets.
Audit and Risk Committee	Responsible for advising and providing assurance to the Trust Board on strategic and operational risk and ensuring effective mechanisms are in place to manage these risks. It also has the role to provide an objective opinion to the Trust's Board on whether there are effective internal financial control systems in place within the organisation.

	The Audit and Risk Committee also presides over the organisations internal audit programme which verifies the suitability and effectiveness of internal controls in respect to risk management.
Other Board Committees	Each committee of the board has a role for risks pertaining to their area of focus. They have roles in reviewing and the management of the risks held on the Corporate risk register, board assurance framework and trust wide risks. They review the Board Assurance Framework and ensure that the board of directors receive assurance that effective controls are in place to manage corporate risk and report on any significant risk management and assurance issues.

The Executive Team provides executive and senior management input and discussion into key decisions to implement Trust strategy.

The Executive Committee will also act as a forum in which the Trust's Executive Directors can formally raise concerns and issues for discussion with colleagues, making decisions on these issues, where appropriate.

The key risk management responsibilities including Executive Roles and Responsibilities are documented below:

Title	Role / Responsibility
Chief Executive	As Accountable Officer has overall responsibility for the Trust's risk management programme and for ensuring that this system operates effectively and that there is a sound system of place to manage risks within the organisation.
Trust Secretary	Retains the delegated responsibility for the development of the Trust's Board Assurance and Risk Management Strategy and ensures integration of key policies and procedures around risk management to the wider framework arrangements. It is also their role to prepare a Board Assurance and Risk Management Report for Board.
Medical Director	Responsible for maintaining effective governance arrangements which support the appropriate escalation and management of risks within the clinical divisions and service treams, including risks surrounding medication management, pharmacy, etc. The Medical Director also acts as the Trust's Caldicott Guardian. It is the role of the Caldicott Guardian to be responsible for the oversight of the arrangements in that organisation for the use and sharing of clinical information.

Director of Nursing, Allied Health Professionals and Quality	The designated Board member with overall responsibility for the the Trust's organisational risk management systems, the Trust's Clinical Governance arrangements and is responsible for ensuring that there are sufficient resources directed to ensuring they are appropraitely managed and mitigated.
Chief Operating Officer Operations	Responsible for ensuring the Trust's Health and Safety and operational risks held by the Trust's services and clinical teams are appropriatly managed and there are sufficient resources directed to ensuring these risks are appropraitely managed and mitigated.
Director of Strategy, People and Partnerships	Responsible for ensuring that interagency risks and risks associated with partnership working are shared with other organisations and the future strategic direction of the organisation are appropriately mitigated. In addiiton, holds the responsibility for ensuring risks within the People Directorate are appropriatly managed and there are sufficient resources directed to ensuring they are appropraitely managed and mitigated.
Director of Finance, Performance and Digital	Responsible for advising the Trust Board on all aspects of financial risk ensuring effective mechanisms are in place to manage the and is also the Trust's Senior Information Risk Officer (SIRO). It is the role of the SIRO to take ownership of the organisation's information risk policy.
Associate Director of Governance, Quality and Risk	Retains the delegated responsibility for the development of the Trust's risk management policy and for the development of key policies and procedures for risk management utilising the Datix RL Risk Management system. They are also responsible for integrating these risk management systems with other clinical governance processes.
Governance / Risk Manager	Ensures the day to day running of the Trust's Risk Processes within the organisation and has the delegated responsibility to ensure that the Trust's approach to risk management is robust and complies with best practice and that risk management systems are maintained to manage risk effectively. It is also their role to prepare a number of 'risk reports' for appropriate committees to facilitate the Chair in the execution of their duties as defined within the Board Committee Terms of Reference.
Heads of Service / Divisional Management	It is the role of divisonal management to ensure that routine reviews of all divisional / service risks are completed, in collaboration with their respective Heads of Nursing / AHPs / Heads of Service. Ensuring that all divisional / Service high

	level risks are routinely reviewed and escalated according to the internal governance processes and risk management and assurance framework.
All Staff	Management of risk is a fundamental duty of all staff. All staff must ensure that identified risks and incidents are reported in order to ensure appropriate actions are taken. These requirements also extend to agency staff.
Partner Organisations and Contractors	Specific risks identified in the Trust will be shared with any other relevant organisation working in partnership with the Trust.

Further process specific roles and responsibilities are outlined within the Trust's Risk Management Policy.

6. Risk Management System

The Trust acknowledges that the delivery of healthcare services can never be risk free. Reducing both clinical and non-clinical risk is a part of everyday decision making, however, the Trust recognises that there is sometimes no single, simple solution and therefore risk needs to be managed using a robust and consistent framework.

Along with a robust structure/framework for risk management, the Trust's risk management strategy should be further underpinned through effective communication of risk including the use of risk registers and through suitable risk management education and training. The use of a robust framework will allow the organisation to identify, assess, record, prioritise and escalate risk in a systematic and consistent manner, thus allowing risks to be managed to a level which is seen as acceptable.

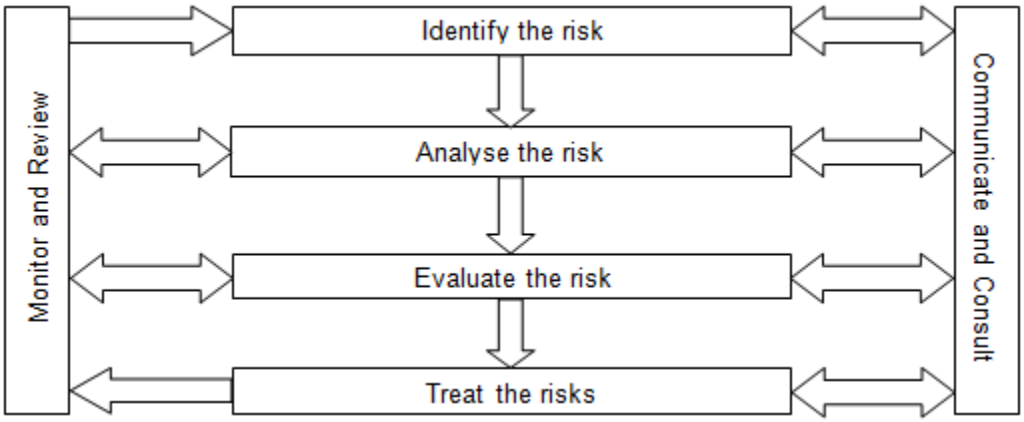
There are several types of possible risk that the organisation may experience, these include:

- **Strategic Risk –** Risks associated with the Trust maintaining its long-term viability in respect to changes in both the national and local health economies, including risks bought about by the changing strategies of our commissioners and our stakeholders
- **Financial Risk –** Risks associated with the Trust's failure to maintain financial control, impacting on the Trust's financial viability and its ability provide/maintain services
- **Safety Risk –** Risks associated with ensuring that the safety of staff and service users are not adversely affected by the way services are operated

- **Operational Risk –** Risks associated with the day-to-day operation of the organisation such day-to-day clinical services activity, or operational activity in relation to specified quality metrics
- **Reputational Risk –** Risks that the organisation may receive negative publicity, impacting upon the public's and stakeholders' perception of the organisation
- **Contingent Risks –** Risks that will only come into existence if a certain contingent event takes place
- **Programme / Project Risks** – Risks associated to the delivery of programmes or projects, whether they are internal, such as resources or external factors determining the outcome or impacting on project delivery

Risk management involves the identification, analysis, evaluation and treatment of risks or more specifically recognises which events may lead to harm and therefore minimising the likelihood (how often) and consequences (how bad) of these risks occurring.

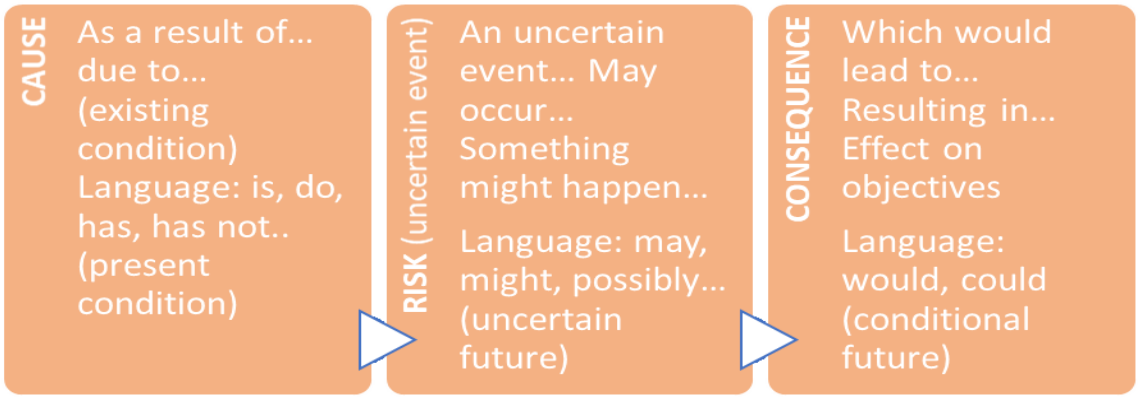
The diagram below broadly outlines the Trust's processes and identifies that risk management involves the identification, analysis, evaluation and treatment of risk.



Identification of Risk – through a variety of external and internal sources. DIHC will take the widest possible approach to the identification of risks with risks identified at all levels throughout the organisation. Below is a risk management model that is widely used to provide a simple and intuitive way of visualising and managing risks.

Sources of risk may be proactive or reactive. Appendix A Risk Management Operational Flowchart is a decision flowchart showing how the high-level process.

Describing of Risks – must advise the risk by describing the cause, the uncertain event and the effect and consequence.



Analysis of Risks – is a central element in the process of managing risk. Current controls in place to mitigate the risk should be assessed. Once the existing control measures have been assessed the risk should be risk rated. Risks should be assessed using the Trust's agreed risk assessment matrix, which enables the organisation to assess the level of risk based upon the measurement of the likelihood and consequence of the occurrence. The risk matrix for scoring Likelihood x Consequence is below and detailed processes are outlined within the Trust's Risk Management Policy.

	CONSEQUENCE

		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
LIKELIHOOD	1. Rare	1	2	3	4	5
	2. Unlikely	2	4	6	8	10
	3. Possible	3	6	9	12	15
	4. Likely	4	8	12	16	20
	5. Almost Certain	5	10	20	20	25

The purpose of assessing and scoring a risk is to estimate the level of exposure to a particular risk, which will then help to inform where responses to reduce or better manage a risk can be taken.

When assessing a risk, you will need to:

- Identify who is affected and what is the potential impact should the risk occur (i.e. the consequences (how bad) a risk occurring could be)
- Estimate the likelihood (how often) of a risk occurring once plans to control or mitigate the impact of a risk have been put in place
- Consider whether this is a standalone risk or whether this could combine with other potential risks
- Assess and score the exposure to that risk
- Escalate as necessary

Evaluation of Risk – action should always be taken to reduce risks unless this involves measures that are clearly disproportionate in relation to the risk. The risk should therefore be evaluated and a series of actions drawn up to mitigate the risk. Identifying if actions are clearly disproportionable often requires the application of common sense and judgment, rather than a formal cost-benefit analysis. Some risks will remain more than minimal even after being mitigated in this way. Such risks may be deemed acceptable provided the risk:

- Is maintained at a level which is both 'as low as reasonably practicable' and is deemed to be acceptably low
- The control measures are communicated to staff / management /service users

- Undergoes a review

Treatment of Risk – a risk assessment a risk action plan should be drawn up, this will take the form of a series of actions designed to mitigate the risk. For identified risks, there are a range of actions which can be used to manage and control the risks. The following are widely accepted approaches to risk control:

- Reduce/mitigate – taking of action to reduce risk as far as is possible, either through reducing the likelihood of the occurrence or reducing its severity
- Eliminate – taking of action to completely eliminate the risk of the occurrence
- Avoid – whether a particular task can be undertaken in a different way so that the risk does not occur or decide not to proceed with the activity likely to generate the risk
- Transfer – the movement of risk from one party to another party through the other party bearing or sharing some part of the risk by the use of contracts, insurance, outsourcing, joint ventures or partnerships (department/individual/organisation) etc
- Acceptance/Retention – if the risk is small or cannot be reduced, eliminated, avoided or transferred the Trust will need to accept it and prepare an action plan to avoid its exposure or after controls are put in place, the remaining risk may be deemed acceptable to the organisation and can hence be retained

Constant Monitoring and Review – this is done through the routine and regular review and scrutiny of risks held on risk registers. A risk register acts a repository for risks identified within a specified area of working and should be used as tool for risk owners to detail and track management of risk.

Risk Register – provides an up-to-date picture of risk within the organisation and the risks the Trust is currently facing. The risk register also details the current controls to mitigate the risk and details of the actions to further reduce the risk. The Trust operates a tiered approach to the management of risk registers which are all interlinked via an escalation process.

Standardised Approach – prescribed formats and templates are used across the organisation for risk management, allowing for a consistent approach to be taken in the escalation of risks and allowing risks from different areas of service to be assimilated into a common document utilizing a common system to capture risks.

Risk Escalation – Central to the robust and effective management of risk is the escalation of risks throughout the organisation to Executive Meetings and Board Committees. This is supported by a process of oversight and scrutiny by Management, Executives and Board Committees. Risks identified will be escalated in line with the framework outlined in Appendix B Risk Escalation Framework.

The Trust adopts a structured approach to risk management, whereby risks are identified, assessed and controlled and if appropriate, escalated or de-escalated through the governance mechanisms of the Trust. Below is the Risk Matrix for

escalating risks (the product of the risk scores for likelihood and severity to calculate consequence) and detailed processes are outlined within the Trust's Risk Management Policy.

Communication – this will maximise the learning through near misses, incidents and serious incidents as well as ensuring awareness of the risk management process is an essential part of change and improvement. This will be done by ensuring staff have access to the Trust's risk management system and the inclusion of risks within reports and the business of various committees due to agreed reporting and escalation framework.

Risk Resilience and Capture of Emerging Risks – The Trust operates an emergency planning function under the NHS England Emergency Planning, Resilience and Response framework. The purpose of this function is to prepare and mitigate against risks and business disruptions that affect the organisation and to support other responder organisations in line with our duties under the Civil Contingencies Act 2006.

Nationally, existing and emerging risks are captured by the National Security Risk Assessment (NSRA) and worked through the National Planning Assumptions (NPA) to determine reasonable worst-case scenarios. The NSRA is then considered at a regional level to determine the Community Risk Register (CRR). The CRR and NHS England EPRR framework determine the emergency plans by the Trust to mitigate against these risks to the reasonable worst-case scenario. The Trust has these plans evaluated by NHS England annually.

Emerging risks are determined either by the Cabinet Office Civil Contingencies Secretariat, the regional West Midlands Local Resilience Forum, or by existing partner responding agencies under the Civil Contingencies Act 2006. Our emergency planning function contributes to and captures these risks and maintains an 'emergency planning risk register' embedded within the corporate risk register.

In addition to the Trust's emergency plans, our business continuity plans and business continuity design solutions will aim to mitigate existing and emerging risks. Local emergency planning risks are captured in each business continuity plan to embed these design solutions with service teams.

7. Training

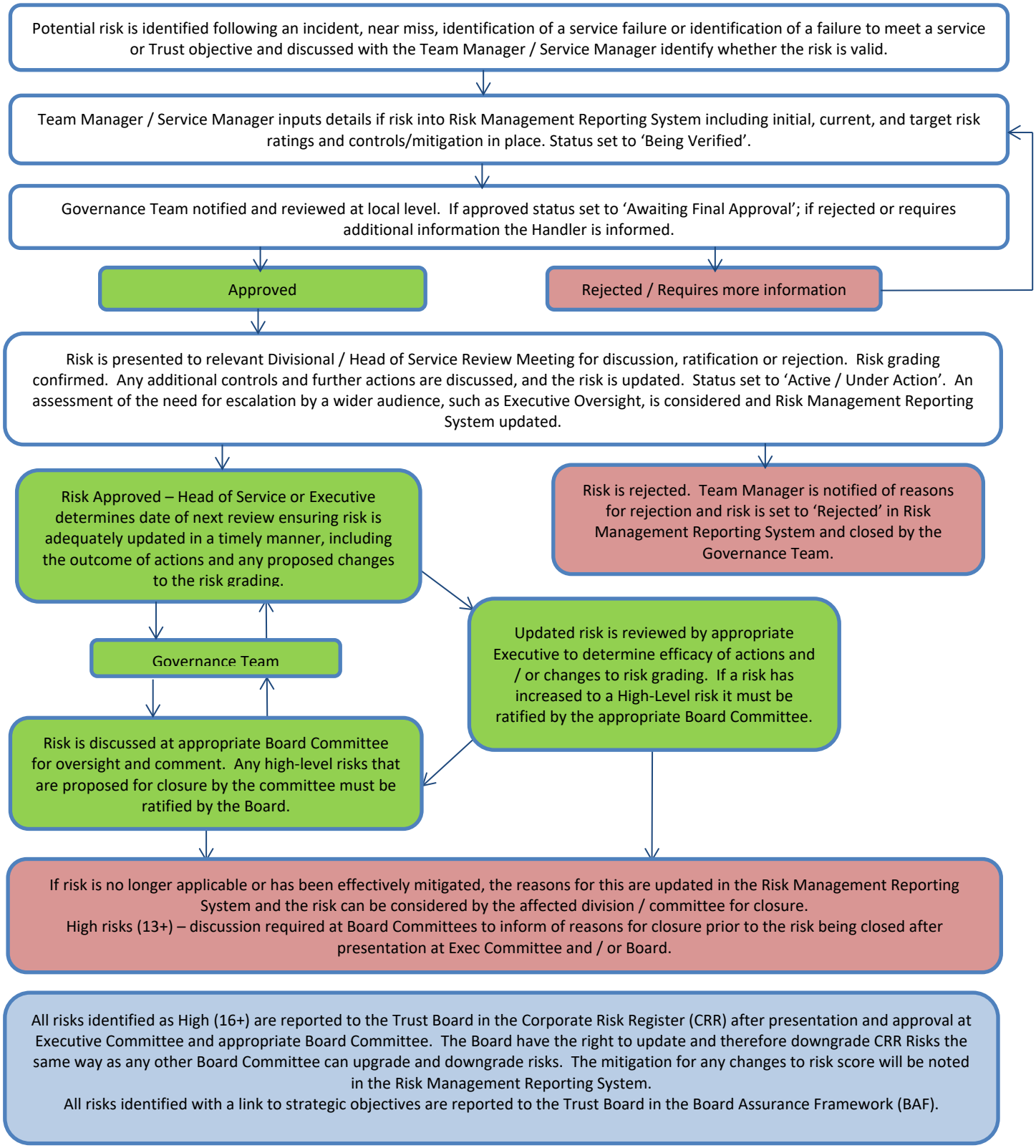
To ensure that DIHC has sufficient capacity to implement effective risk management systems and processes, staff need to be skilled and supported in the application of the principles and the practice of risk management. The Trust will adopt a structured and pragmatic approach to risk management training and will provide a comprehensive programme of risk management training.

Training on utilising the risk and incident management system will be provided by Datix who will provide training to individuals identified as being responsible for managing risks on the Trust's risk management system.

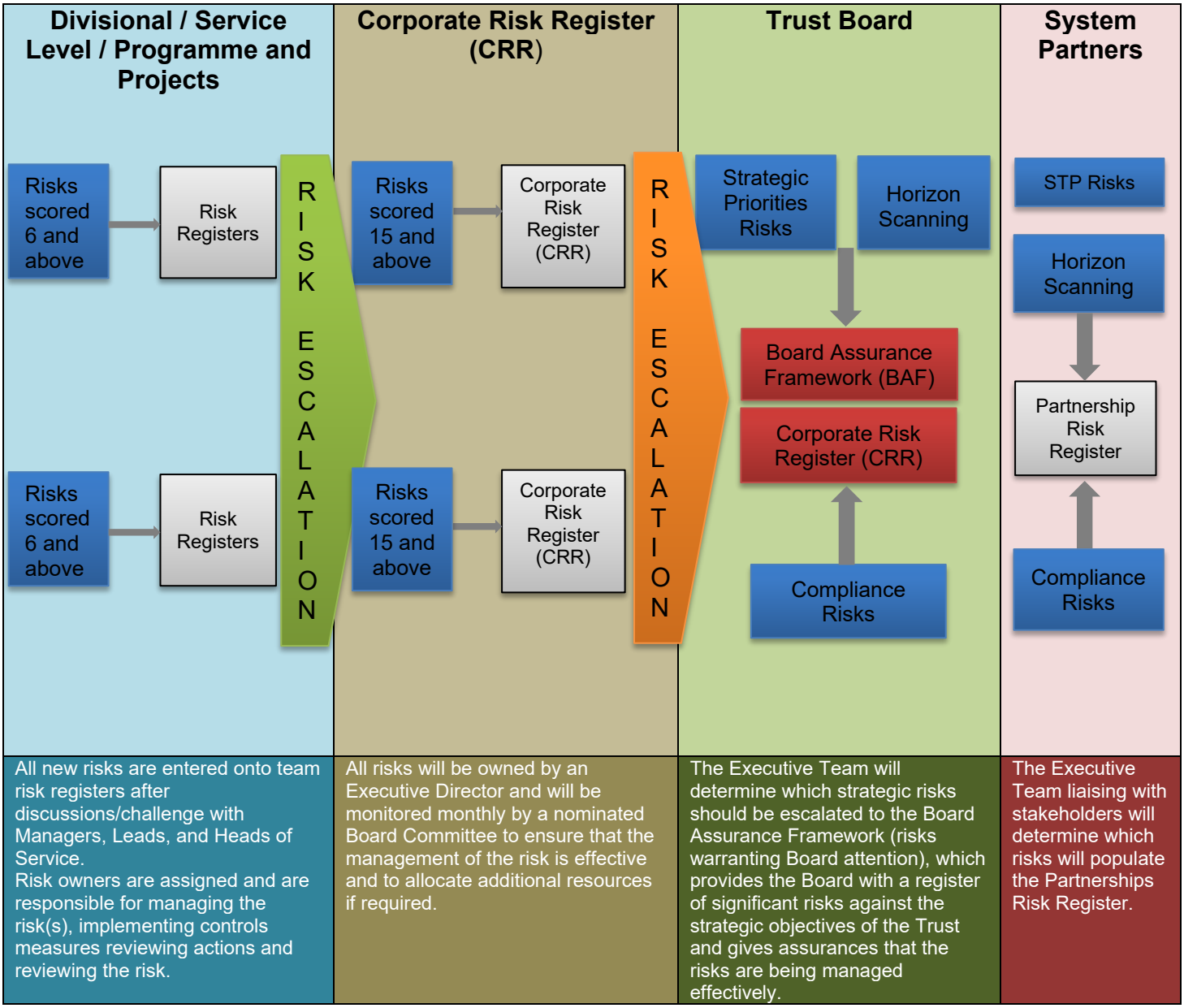
All board members and senior managers will undergo specialist risk management training as a mandatory requirement. This will be supported by a programme of different platforms and formats.

Staff groups	Training need	Frequency	Format
Executive and non-Executive Directors of the Trust Board	Risk Awareness, Appetite and Tolerance training	Annual	Trust Board Seminars
Senior managers	Risk register training Management of risk for senior managers	Every 2 years Every 2 years	PowerPoint presentation/workshop
Middle Managers	General Risk Awareness Training Risk register training Management of risk for senior managers	Every 1 year	PowerPoint presentation/workshop
All new staff	Risk awareness training and an understanding of the role of risk management in the organisation	As part of induction	PowerPoint presentation/workshop and hand-out
Existing staff	Ad hoc bespoke training Risk assessment training	As required Ad hoc /as required	Variable according to need- PowerPoint/workshop
Staff involved in risk management	Individually addressed according to individual needs	Dependent on individual needs	As required

Appendix A Extract from the Risk Management Policy: Datix Risk Management Operational Flowchart



Appendix B Risk Escalation Framework



All new risks are entered onto team risk registers after discussions/challenge with Managers, Leads, and Heads of Service. Risk owners are assigned and are responsible for managing the risk(s), implementing controls measures reviewing actions and reviewing the risk.	All risks will be owned by an Executive Director and will be monitored monthly by a nominated Board Committee to ensure that the management of the risk is effective and to allocate additional resources if required.	The Executive Team will determine which strategic risks should be escalated to the Board Assurance Framework (risks warranting Board attention), which provides the Board with a register of significant risks against the strategic objectives of the Trust and gives assurances that the risks are being managed effectively.	The Executive Team liaising with stakeholders will determine which risks will populate the Partnerships Risk Register.

Appendix C Risk Appetite Sensitivity Matrix by Domain

Risk Levels	1 Minimal Preference for ultra-safe delivery options	2 Cautious Preference for safe delivery options that have a low degree of inherent risk	3 Open Willing to consider all potential delivery options while also providing an acceptable level of reward	4 Seek Eager to be innovative and to choose options offering higher business rewards	5 Mature Confident in setting a high level of risk appetite because of controls, forward scanning and systems are robust
Risk Appetite	Very Low	Low	Moderate	High	
Risk Tolerance Score (Net L x C)	1 - 5	6 - 10	12	15 - 25	
Safety encompassing Statutory and Regulatory Compliance)	**Avoid anything that could be challenged, even successfully**	Want to be very sure any challenge would be won, similar situations elsewhere have not breeched compliances	Challenge would be problematic, but likely to be won and the gain would outweigh the adverse consequences	Consistently pushing back on regulatory burden, front foot approach and able to inform better regulation	
Quality – Supported by three of the five fundamental pillars: Safe, Effective and Good Experience	Quality innovations avoided unless essential or common place	**Innovations in practice supported, commensurate improvements in management and control systems**	Innovation pursued, desire to 'break the mould' and challenge working practice	Innovation seen as s priority, consistently challenging working practices and 'breaking the mould'	
Workforce	All decision-making authority held by senior management	**Decision making generally held by senior management**	Some devolved decision making	Management by trust and devolved decision making	
Infrastructure (Estates and IT)	Only essential information technology	**Technological developments limited to**	Technological developments used routinely	Investment in new technologies as catalyst for operational delivery	

	developments to protect current service operations	**improvements to protection of current service operations**	to enable operational delivery	
Sustainability (Resources) Supported by two of the five fundamental pillars: Affordable and Sustainable	Only prepared to accept the possibility of very limited financial loss if essential, value for money (VfM) primary concern	**Prepared to accept possibility of some limited financial loss, willing to consider other benefits or constraints other than VfM**	Prepared to invest for return and minimise financial loss by managing financial risks to tolerable level, value and benefits fully considered and resources allocated accordingly	Investing in the best possible return for service users and accepting of financial loss with controls in place, investment capital type approach to resources recognising 'social capital'
Reputational	Tolerance for risk taking limited to those events where there is limited chance of any significant repercussion for organisation, senior management limit exposure	**Appetite to take decisions with potential to expose the organisation to additional scrutiny / interest, with mitigations in place for undue interest**	Willingness to take decisions with potential to expose the organisation to additional scrutiny / interest, with active management of reputation	Track record and investment in communications has built confidence by public, stakeholders including media and politicians; will take difficult decisions for the right reasons with benefits outweighing the risks
System Partnerships (Role in System)	Tolerance for risk taking limited to those events where there is no chance of any significant repercussion for impact on stakeholders within wider system	**Appetite to take decisions with potential to expose the organisation to additional scrutiny / interest, with mitigations in place for any adverse impact on stakeholders within wider system**	Willingness to take decisions with potential to expose the organisation to additional scrutiny / interest, balancing the impact on stakeholders within the system with benefits in the longer term and for service users	Track record and investment in communications has built stakeholder confidence; will take difficult decisions for the right reasons with benefits outweighing the risks and short-term impact on stakeholders accepted for longer term benefits for wider system and for service users
Collaboration with individual stakeholders	Play safe and avoid risk taking, compromises made by	Tolerance to take decisions with potential impact on individual stakeholder to benefit system	Appetite to take decisions with potential to impact on individual stakeholders	**Willingness to take decisions with potential to impact on individual stakeholders to benefit system partnerships and benefits for**

	organisation at financial cost	partnerships and benefits for organisation and service users	to benefit system partnerships and benefits for organisation and service users	**organisation and service users**
Commercial	Only prepared to accept the possibility of very limited financial loss if essential, value for money (VfM) primary concern	Prepared to accept possibility of some limited financial loss, willing to consider other benefits or constraints other than VfM	Prepared to invest for return and minimise financial loss by managing financial risks to tolerable level, value and benefits fully considered and resources allocated accordingly	**Investing in the best possible return for service users and accepting of financial loss with controls in place, investment capital type approach to resources recognising 'social capital'**
Transformation and Innovation	Innovation and transformation avoided unless essential or common place, strategy developed by senior management	Innovation and transformation supported, strategies generally developed by senior management	Innovation pursued, desire to 'break the mould', some co-production of strategy	**Innovation seen as s priority, consistently challenging and 'breaking the mould', management by trust and co-production of strategies**

Appendix D Extract from Risk Management Policy: Tables for Likelihood, Severity and Consequence Matrix

LIKELIHOOD – Taking into account the controls in place and their adequacy, how likely is it that such an incident could occur by applying a score according to the following scale:

Level	Descriptor	Description	Timeframe
5	Almost Certain **> 60%**	Likely to occur on many occasions, a persistent issue	Active and happening now
4	Likely **26-60%**	Will probably occur but it is not a persistent issue	Less than six months (imminent)
3	Possible **6-25%**	May occur occasionally	Six to 12 months
2	Unlikely **1-5%**	Do not expect it to happen but it is possible	Over 12 months
1	Rare **<1%**	Can't believe this will ever happen	Horizon scanning, years away

CONSEQUENCE – Taking into account the controls in place and their adequacy, how severe would the consequences be of such an incident? Apply a score according to the following scale.

Level	Descriptor	Actual or Potential Impact on Individual(s)	Actual or Potential Impact on Organisation
5	Catastrophic	DEATH	National adverse publicity Investigation Litigation expected/certain
4	Major	PERMANENT INJURY: e.g., RIDDOR reportable injury/ Ill health retirement/redeployment	RIDDOR reportable Long-term sickness. Litigation expected/certain

Level	Descriptor	Actual or Potential Impact on Individual(s)	Actual or Potential Impact on Organisation
3	Moderate	SEMI-PERMANENT INJURY/DAMAGE e.g., injury that takes up to one year to resolve or requires Occupational Health involvement/rehabilitation	Litigation possible but not certain. High potential for complaint
2	Minor	SHORT-TERM INJURY/DAMAGE eg, injury that has been resolved within one month Short-term sickness	Minimal risk to organisation Litigation unlikely. Complaint possible
1	Negligible	NO INJURY OR ADVERSE OUTCOME	No risk at all to organization Unlikely to cause complaint Litigation risk remote

Appendix E Glossary of Terms

Acceptable Risk. An everyday risk, minor in nature, occurring on a routine basis.

Adverse Event. Any incident / near miss, event or circumstance arising during NHS service provision that could have or did lead to unexpected harm, loss or damage.

Assurance. High degree of confidence, evidence based showing that risks are being well managed.

Contingency. An action or arrangement that can be implemented to minimise impact and ensure continuity of service when things go wrong.

Consequence. Most predictable consequence to the individual or organisation if the circumstances in question were to occur.

Controls. An existing process, policy, device, practice or other action that acts to minimise negative risk or enhance positive opportunities.

Governance. The system by which organisations are directed and controlled to achieve objectives and meet the necessary standards of accountability, probity and openness in all areas of governance.

Current Risk. Based on the likelihood x consequence, this is the assessed level of risk remaining after implementation of controls.

Initial Risk. Based on the likelihood x consequence, this is the assessed level of risk if no controls were in place

Internal Control. Corporate governance arrangements designed to manage the risk of failure to meet objectives.

Likelihood. Used as a general description of probability or frequency which can be expressed quantitatively or qualitatively.

Mitigating Controls. Something done to minimise risk to an acceptable level either by reducing the likelihood of an adverse event or the severity if its consequences or both.

Partnership. Way of working where staff at all levels, and their representatives, are involved in developing and putting into practice the decisions and policies which affect their working lives.

Re-Assurance - reassurance (when someone tells you that all is well) and assurance (telling you what's happening and showing you the evidence so that you can judge for yourself if all is well).

Risk. The chance of something happening that will have an impact on the organisations ability to achieve its objectives.

Risk Appetite. The level of risk that an organisation is prepared to accept in pursuit of its objectives and before action is deemed necessary to reduce the risk. It represents a

balance between the potential benefits of innovation and the threats that change will without doubt bring.

Risk Assessment. The overall process of risk identification, risk analysis, risk evaluation.

Risk Control Measure. An action undertaken that will reduce risk to an acceptable level either by reducing the likelihood of an adverse event or the severity of its consequences or both.

Risk Escalation. The process of delegating upward, ultimately to the Board, responsibility for the management of a risk deemed to be impossible or impractical to manage locally.

Risk Level. The classification of a risk expressed as a combination of its likelihood and severity of consequence.

Risk Management. The culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects.

Risk Management Framework. Set of elements of an organisation's management system concerned with managing risk. These include strategic planning, decision making and other strategies, processes and practices for dealing with risk.

Risk Register. A risk management portfolio which allows the register and active management of risks. Its purpose is to help managers prioritise available resources to minimise risk to best effect and provide assurances that progress is being made.

Risk Tolerance. The acceptable level of variation relative to the achievement of a specific objective, and will be set at the time of assessment of a risk.

Root Cause Analysis. Structured techniques to establish the true systematic causes of an event as opposed to its apparent causes.

Severity. Most predictable consequences to the individual or organisation were the circumstances in question to occur.

Significant Risk. A risk with a grading of high (orange) or very high (red) determined by using the Risk Grading matrix.

Stakeholder. Those people and organisations who may affect, be affected by, or perceive themselves to be affected by a decision, activity or risk.

Dudley Integrated Health and Care NHS Trust

PUBLIC BOARD

REPORT TITLE:	**Corporate Risk Register**
DATE OF MEETING:	1st November 2022
PURPOSE OF REPORT:	To review the Corporate Risk Register
RESPONSIBLE EXECUTIVE:	Elaine Doyle, Trust Secretary Philip King, Chief Operating Officer Sue Nicholls, Director of Nursing, AHPs and Quality
AUTHOR OF REPORT	Elaine Doyle, Trust Secretary Philip King, Chief Operating Officer Sue Nicholls, Director of Nursing, AHPs and Quality
SUMMARY OF KEY POINTS:	The Corporate Risk Register (CRR) has been reviewed in its entirety by the Chief Operating Officer and the Director of Nursing, AHPs and Quality and corresponds to the request of the Chair and the Chief Operating Officer at the October Board meeting. The Executive Committee have been conducting a challenge and review sessions during October to strengthen the risk management processes including refreshing the Corporate Risks, scores, controls and mitigations in advance of its timetabled review before the December Board. The current Corporate Risk Register does not have a specified next review date it is thus recommended all risks are reviewed by the accountable directors (risk sponsors) in preparation for future Board meetings. It is further recommended that following the next cycle, each risk have an individual and specific review date. The Board is requested to review the recommendations detailed in the paper, noting the further action required by the risk owners and respective assurance committees in advance of December Board. The risk reviewers have an overall recommendation in relation to the removal of those risks which have been mitigated within the accepted tolerances and are now surpassed by time and no longer operant. The risks recommended for closure are as follows: 1. C-070 Risk of increase in drug volume and prices in excess of planned growth and inflation

	2. C-076 Risk of restricted access to investment funds due to other financial pressures. 3. C-207 Insufficient subject matter expert capacity adversely affecting the progress of the planned review and revision of corporate policies 4. T-047 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 5. C-084 Risk of uncoordinated care delivered to the population by various service providers and patient access points, due to clinicians unwilling to change practices 6. C-206 Lack of progress on the development of the Prescription Ordering Service (POD) 7. C-046 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.
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	Risk owners and assurance committees to action the recommendations in their next cycle of Committee meeting and in advance of the December Board.
FUNDING/ COST IMPLICATIONS:	N/A
DoF / Finance Approval	☐ Yes ☐ In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	N/A
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: *Tick as appropriate*	☒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 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 / Greener NHS
CQC DOMAINS: *Tick as appropriate*	☒Safe ☒Effective ☒Caring ☒Responsive

	☒Well Led
LIST KEY RISKS IDENTIFIED: *Select none identified **or** outline the risks identified and mitigations taken* *(if addressing existing risk on the corporate risk register please provide reference number)*	☐None Identified All risks included within the Corporate Risk Register
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	☒Executive ☐People ☐Finance Performance & Digital ☐Digital Board ☐Quality and Safety/ QSSG ☐Audit & Risk ☐Primary Care Integration ☐Strategy and Transformation ☐EDI ☐Trust Management Board ☐Well Led ☐Other (Please state)
CONSIDERATIONS / IMPACTS: *Select none identified **or** outline the potential impact and considerations undertaken*	Quality and Equality Impact Assessment ☒None Identified Equality, Diversity and Inclusion ☒None Identified Greener NHS Sustainability Impact Assessment ☒None Identified Other Regulatory Requirements ☒None Identified
PRESENTED TO:	☒Public Board ☐Private Board ☐Assurance Committee *(state)* - ☐Other Committee *(state)* -

RECOMMENDATION: *Tick as appropriate*	☒ For Approval / Decision ☐For Assurance ☐For Information / Discussion

Corporate Risk Register

Following a detailed review of the Corporate Risk Register (CRR) by the Executive Committee on 26th October 2022, the Board is recommended to approve the following suggestions in relation to each risk entailed within the CRR.

Sr No.	Risk Ref	Risk Description	Recommendations
1	D-002	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	It is recommended that the rating for 'Assurance (RAG) on the strength of controls' be reviewed from the current **'Strong Green'** due to the nature of third-party relation with Terrafirma.
2	C-106	Not having approval from NHSEI to recruit substantively to key posts prior to potential transfers	No change recommended
3	C-107	Insufficient system-wide support for DIHC	• It is recommended the risk be reviewed and the 'Likelihood' of the Inherent risk score be upgraded to 4, thus raising the Inherent Risk rating to 16 • It is recommended that the 'Likelihood' of the current risk score be upgraded to four, resulting in an increased current risk rating of 16 • It is recommended that the assurances be reviewed as it currently reads '**Strong green'** • It is recommended that the process relating to the ICB Board Development session on 14th Nov 22 be added to the Step 3 – Plan column
4	C-064	Risk of substantive workforce shortages (through vacancies, absence or excess demand) result in additional premium costs being incurred.	• It is recommended that the 'risk description' be refined to reflect the specific risk of shortage of substantive medical staff • It is recommended that the 'impact/consequence' be reviewed to reflect potential risk to patient safety and experience • It is recommended that the 'Controls in Place' be reviewed to further detail the presence of a long-term locum workforce which provides a great degree of stability and safety. Plans for recruitment through agents are in place. Further remodelling of clinical workforce being strengthened through the extended use of advance nurse practitioners. • It is recommended that the ability to offer NHS Terms and Conditions/ Primary Care workforce represents a significant attraction • It is recommended that the 'Controls' be upgraded from 'weak yellow'

5	C-102	Risk of lack of system alignment	• It is recommended that the risk be reviewed and merged with risk C-107
6	C-204	Failure to develop a primary care operating model at scale and in part is dependant on transfer of community services	• It is recommended that the 'Risk Description' be reviewed: - The Primary Care operating model has now been developed - The Primary Care operating model is not dependent on transfer of community services, rather the system decision on DIHC's future strategic purpose
7	C-073	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.	• It is recommended that the Quality and Safety Committee be added as an assurance committee for this risk as it is not just a financial risk • It is recommended that the risk owner be transferred from Matt Gamage to the Chief Operating Officer • It is recommended that the 'Risk description' be reviewed on the basis that the principle risk relates to availability and cost in relation to system pressures rather than unforeseen changes in eligibility criteria
8	C-070	Risk of increase in drug volume and prices in excess of planned growth and inflation	Recommended for removal
9	C-076	Risk of restricted access to investment funds due to other financial pressures.	Recommended for removal
10	C-078	Risk of delayed implementation of clinical service strategy	• It is recommended that the 'Impact/ Consequences' be reviewed to consider removing the reference to expenditure above planned trajectory • It is recommended that the current risk score be reviewed to increase above 8
11	C-207	Insufficient subject matter expert capacity adversely affecting the progress of the planned review and revision of corporate policies	Recommended for removal
12	T-047	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	Recommended for removal
13	C-202	Lack of business intelligence information to target ICTs to support PCNs and links to ICS / CCG (F,P&D)	• It is recommended that this continues to be a significant risk to the organisation, thus the current risk rating be reviewed and upgraded • It is recommended that the controls be downgraded from 'Strong green' • It is recommended that the risk 'Impact/ Consequence' be reviewed to reflect the potential

			inability to have full visibility of quality, safety and performance
14	C-057	Risk of reduction in annual payments due to factors beyond the control of DIHC.	No change recommended
15	C-084	Risk of uncoordinated care delivered to the population by various service providers and patient access points, due to clinicians unwilling to change practices	Recommended for removal
16	C-060	Risk of planned efficiencies and benefits not delivered in full due to restricted investment, following the formation of the ICB.	• It is recommended that the 'current risk rating' be reviewed with the potential to upgrading • It is recommended that the 'risk description' be reviewed to include restriction on DIHC's potential to innovate and expand given its current inability to develop new services at scale
17	C-063	Risk of financial overspend due to insufficient financial controls.	No change recommended
18	C-201	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	• It is recommended that the 'risk description' be reviewed to reflect potential issues around alignment between DIHC and Primary Care, until there is an agreement and settlement with the ICB and system on DIHC's Strategic direction and place • It is recommended that the 'current risk score' be upgraded from six • It is recommended that the assurance committee be transferred to PCIC
19	C-203	DIHC failure to develop an acceptable full integration strategy and agreement	• It is recommended that the risk be reviewed and consider recommendation to merge with risk C-107
20	C-031	Risk of contract financial envelope less than the cost of providing the services	• It is recommended that the 'risk description' be reviewed and particularised to further describe which sources of funding and contracts are operant within this risk
21	C-205	Lack of infrastructure for ARRS staff including IT, accommodation, supervision and management especially HR support over next 6 to 12 months	• It is recommended that the 'Accountable Director (Risk Sponsor)' be changed from Matt Gamage to Philip King and the 'Responsibility of' be changed from Steph Cartwright to Matt Gamage • It is recommended that this risk be transferred from PCIC to Quality and Safety Committee
22	C-206	Lack of progress on the development of the Prescription Ordering Service (POD)	Recommended for removal
23	C-088	Risk to the health care estates function	• It is recommended that the 'current risk score' be upgraded from six to twelve (3X4)
24	C-046	Risk of failure to identify and manage cultural differences between organisations coming	Recommended for removal

		together and as a result causes continuation of siloed working in different sectors.	
25	C-104	Risk of legal action as a result of decisions made in response to COVID-19	No change recommended
26	C-082	Risk to the continuity of business due to not fully formed and robust business continuity plans	No change recommended
27	T-045	Risk of occupation/lease agreements for required premises are not in place.	• It is recommended to review and alter the 'risk description' to specify Chapel Street

Dudley Integrated Health and Care NHS Trust

Corporate Risk Register October 2022

Dudley Integrated Health and Care NHS Trust

														STEP 2 - EVALUATE											STEP 3 - PLAN							
					Committees									Inherent / Initial Risk Score				Current Score											Target Risk Rating			
Date Last Reviewed	Next review date	Ref	COVID-19	System (Place Based)	Audit and risk	Primary Care Integration	Q&S	F, P & D	People	Strategy & Transformation	Accountable Director (Risk Sponsor)	Risk Description			(L)ikelihood Score	(I)mpact Score	Risk Rating (L x I)	Controls in Place	Assurance (RAG) rating for the strength of controls	(L)ikelihood Score	(I)mpact Score	Risk Rating	Risk Movement from last assessment	Risk Response Tolerate / treat / transfer / terminate	Actions to address the risks:	Responsibility of	Domain	(L)ikelihood	(I)mpact Score	Risk Rating (L x I)	Above or Below Tolerance
												RISK OF:	IMPACT/CONSEQUENCES					i.e. arrangements that are already in place and are helping to control the risk – please provide evidence of the risk being controlled							i.e. What actions are you going to take to strengthen control of the risk and achieve the target risk rating. SMART actions: S = Specific M= Measurable A= Attainable R= Relevant T= Timely							
11/10/2022	25/11/2022	D-002	✗	✗	✗	✗	✗	✓	✗	✗	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	Downtime for those sites affected by the failure. Extent of the impact will be dependent upon the extent of failure.	4	4	16	Infrastructure assets register Cyber security notices and compliance	Strong - Green	4	4	16	→	Treat	Replace out-dated infrastructure in collaboration with DGFT as part of 22/23 capital plan. Some kit replacement is being undertaken. Potential capital allocation being received for cyber security.	Stuart Lea	Reputational	3	3	9	Above
17/10/2022	25/11/2022	C-106	✗	✓	✗	✗	✗	✗	✓	✗	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.	Significant gaps in corporate structure could result in the Trust being unable to manage core functions and any potential service transfers. Concerns of existing staff and staff due to transfer into the Trust that the Trust is not viable or sustainable leading to staff uncertainty that sees staff leave, staff due to transfer not supporting the service transfers and the Trust being unable to fill existing vacancies. Lack of organisational memory without continuity and stability of senior leadership team impacting on success of future transactions or business case.	4	4	16	Developed an organisation structure fit for the future including strengthening of existing services and corporate functions SLAs in place to support core 'back-office' functions recognising where partners are already providing a 'best in system' approach, such as Information Governance and Payroll Additional interim external support already being used to support PMO, Digital and Business Intelligence with other NHS organisations Priority posts for recruitment have been reviewed by the DIHC Executive Team and future structures agreed Escalation to NHSEI and CCG and a plan is in place ready to substantively recruit to existing and required infrastructure once able Support of NHSEI to explore joint roles with system partners	Strong - Green	3	4	12	→	Treat	Business Critical posts (current state) agreed and recruitment ongoing Recruitment timeframes shared with NHSEI for senior leadership posts and appointment of two Programme Directors for Primary Care and Children's. SLA for IG function in place for 2022/23 Extended external support for CSU for Digital and BI. Feedback from NHSEI & ICB on way forward with mechanisms in place including the opportunity for joint posts with system partners (Associate Director of People shared with RWT)	Steph Cartwright	Safety	1	5	5	Above
12/10/2022	25/11/2022	C-107	✗	✓	✗	✗	✗	✗	✗	✓	Steph Cartwright	Insufficient system-wide support for DIHC	This creates a visible adverse reaction from one or more partners, potentially reflected in a public arena, which could result in NHSEI not supporting any potential transfer of services. Perceived lack of support from NHSEI for the integrated care model and future development of DIHC creates system partners to withdraw their support and engagement resulting in delays to planned service transfers.	3	4	12	Continuous partner engagement, supported by system-level meetings with ICS, CCG and NHSEI regional team Strong engagement with clinical representatives within the local system Risks to DIHC sustainability managed through system risk management process as part of Place Based development. Participation in discussions led by the ICS by identifying a plan that all system partners are aligned to	Strong - Green	3	4	12	→	Treat	Cap Gemini events planned for March to agree Dudley Clinical Model (only then will organisational form be explored with system partners to ensure wider alignment to national direction of travel, planned for May 2022) Contribute to the mitigation of risks identified by partners with acknowledgement by partners that the DIHC risks are system risks and should be flagged and shared across the system Maintain appropriate engagement with all partners in individual conversations Regular review on progress overseen by ICS, CCG and regional NHSEI team	Steph Cartwright	Partnerships	2	3	6	Above

														STEP 2 - EVALUATE												*STEP 3 - PLAN*								
Date Last Reviewed	Next review date	Ref	COVID-19	System (Place Based)	Committees						Accountable Director (Risk Sponsor)	Risk Description		*Inherent / Initial Risk Score*			Controls in Place i.e. arrangements that are already in place and are helping to control the risk – please provide evidence of the risk being controlled	Assurance (RAG) rating for the strength of controls	*Current Score*			Risk Movement from last assessment	Risk Response Tolerate / treat / transfer / terminate	Actions to address the risks: i.e. What actions are you going to take to strengthen control of the risk and achieve the target risk rating. SMART actions: S = Specific M= Measurable A= Attainable R= Relevant T= Timely	Responsibility of	Domain	*Target Risk Rating*			Above or Below Tolerance
					Audit and risk	Primary Care Integration	Q&S	F, P & D	People	Strategy & Transformation		RISK OF:	IMPACT/CONSEQUENCES	(L)ikelihood Score	(I)mpact Score	Risk Rating (L x I)			(L)ikelihood Score	(I)mpact Score	Risk Rating						(L)ikelihood	(I)mpact Score	Risk Rating (L x I)	
17/10/2022	25/11/2022	C-064	✗	✓	✗	✗	✗	✗	✓	✗	Steph Cartwright	Risk of substantive workforce shortages (through vacancies, absence or excess demand) result in additional premium costs being incurred.	Reduced service quality and restricted ability to implement service change. Expenditure above plan and failure to meet control total.	3	4	12	Staff support mechanisms in place; strong HR practices. Retention rates are good.	Weak - Yellow	3	4	12	→	Treat	Robust recruitment plans to fill vacancies in teams such as PCMH and IAPT and we continue working with partners at a system level. We acknowledge the difficulty in GP recuitment, however we work with FPH in recruiting locum GPs to cover our practices and extended access services. IAPT recuitment and training plans being developed as part of a system response. Workforce metrics, turover and vacancy management support currnet scoring, turnover increasing largely due to retirement but will continue to be closely monitored. Evidence supports high number of applicants received for every post advertised.	Steph Cartwright	Workforce	1	4	4	Above
12/10/2022	25/11/2022	C-102	✗	✓	✗	✗	✗	✗	✗	✓	Steph Cartwright	Risk of lack of system alignment	This has the potential to lead to organisational, board and/or procurement challenges and could impact on trust amongst partners.	3	4	12	Cap Gemini events planned for March 2022 to develop system co-produced clinical model and pathways for Dudley Active engagement with partners Regular engagement meetings involving representation from all key partners	Strong - Green	3	4	12	→	Treat	Continued engagement and stakeholder involvement at system through the Chair and CEO forum, ICS Executive Groups and Exec to Execs. Membership of the Cap Gemini Sponsor Group and active participation in the events.	Steph Cartwright	Partnerships	1	4	4	Above
12/10/2022	25/11/2022	C-204	✗		✗	✓	✗	✗	✗	✗	Richard Bramble / Lucy Martin	Failure to develop a primary care operating model at scale and in part is dependant on transfer of community services	This results in no practices supporting full integration	4	4	16	Suite of options being developed and co-produced with PC Co-produced place based integrated model of care for Dudley	Strong - Green	3	4	12	→	Treat	Relationship management of stakeholders Accelerated Solutions Environment (Cap Gemini Process) to develop the agreed integrated care model for Dudley	Steph Cartwright	Innovation	3	3	9	Above
11/10/2022	25/11/2022	C-073	✗	✗	✗	✗	✗	✓	✗	✗	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.	Subsequently the unplanned cost increases will result in failure to achieve control total or increased CIP requirement	4	4	16	Regular reviews to ensure care packages match requirements. Consider alternative provision options. CHC expenditure will be monitored at F,P&D as part of Commissioning Budget Reporting Due diligence on service transfer.	Strong - Green	3	3	9	→	Treat	ICB financial performance information including continuing healthcare expenditure presented to DIHC FP&D committee from March 2022. Service Line reporting being developed and will be included in Financial Planning for 2022/23.	Matt Gamage	Sustainability	3	3	9	Below

															STEP 2 - EVALUATE												STEP 3 - PLAN							
Date Last Reviewed	Next review date	Ref	COVID-19	System (Place Based)	Committees						Accountable Director (Risk Sponsor)	Risk Description		Inherent / Initial Risk Score			Controls in Place i.e. arrangements that are already in place and are helping to control the risk – please provide evidence of the risk being controlled	Assurance (RAG) rating for the strength of controls	Current Score			Risk Movement from last assessment	Risk Response Tolerate / treat / transfer / terminate	Actions to address the risks: i.e. What actions are you going to take to strengthen control of the risk and achieve the target risk rating. SMART actions: S = Specific M= Measurable A= Attainable R= Relevant T= Timely	Responsibility of	Domain	Target Risk Rating			Above or Below Tolerance
					Audit and risk	Primary Care Integration	Q&S	F, P & D	People	Strategy & Transformation		RISK OF:	IMPACT/CONSEQUENCES	(L)likelihood Score	(I)mpact Score	Risk Rating (L x I)			(L)likelihood Score	(I)mpact Score	Risk Rating							(L)likelihood	(I)mpact Score	Risk Rating (L x I)	
11/10/2022	25/11/2022	C-070	✗	✗	✗	✗	✗	✓	✗	✗	Matt Gamage	Risk of increase in drug volume and prices in excess of planned growth and inflation	This will impact recurrent cost base to increase and restrict margins for investments and service developments and Unplanned cost increases resulting in failure to achieve control total or increased CIP requirement	4	4	16	Strong medicines management practices to ensure appropriate and consistent use. Prescribing expenditure is being monitored at F,P&D as part of Commissioning Budget Reporting Prescribing performance will be monitored at a PCN level Practice Based Pharmacists and medicines management team will have budget responsibility.	Strong - Green	3	3	9	→	Treat	ICB financial performance information including prescribing expenditure presented to DIHC FP&D committee from March 2022. Prescribing budgets to transfer to DIHC, timeline to be agreed.	Matt Gamage	Sustainability	3	2	6	Above
11/10/2022	25/11/2022	C-076	✗	✗	✗	✗	✗	✓	✗	✗	Matt Gamage	Risk of restricted access to investment funds due to other financial pressures.	This will subsequently delay in implementation of clinical strategy, and under-achievement of outcomes.	3	4	12	Re-prioritisation or re-phasing of investments. Use of non-recurrent funds if possible.	Weak - Yellow	3	3	9	→	Treat	Progress discussions with NHSEI and NHSD regarding external funding options for IT investment. Availability of SDF for implenting new schemes.	Matt Gamage	Sustainability	2	3	6	Above
12/10/2022	25/11/2022	C-078	✗	✓	✗	✗	✗	✗	✗	✓	Richard Bramble / Lucy	Risk of delayed implementation of clinical service strategy	This may result in expenditure above planned trajectory and variation in care pathways	4	4	16	Management and system focus on delivery (not organisational form) through the Cap Gemini Process. Use of external independent consultants for the OD and transition processes that are included in financial plan.	Weak - Yellow	2	4	8	→	Treat	Outcome of Cap Gemini process clearly defines required activities. Outcome of the contract and financial planning processes.	Matt Gamage	Quality	1	4	4	Above
17/10/2022	25/11/2022	C-207	✗	✗	✗	✗	✓	✗	✓	✗	Sue Nicholls	Insufficient subject matter expert capacity adversely affecting the progress of the planned review and revision of corporate policies	Lack of clear guidance for staff resulting in incorrect or inadequate services being provided	4	4	16	Policies prioritised for review Executive Director ownership identified for all policies Clear workstream established as part of wider clinical governance development programme Establishment of a Policies and Procedures Development Working Group Established reporting and oversight through Board, relevant, Committees and Audit and Risk HR policy review and harmonisation being managed as a dedicated workstream Dedicated resource within central Q&S team Additional capacity already secured to support HR policy reviews	Strong - Green	2	4	8	→	Treat	*Review underway following Q3 Deadline with impact on scoring to be reported during August.* *Assurance reporting through Audit and Risk Committee and standing agenda items on Q&S and People Committee* Priorities and detailed plans agreed with each Executive Directors Additional resource brought in to support Reporting to committees for assurance Regular review at weekly Executive Committee meetings and at Trust Management Board Development of a automated process to facilitate records and information management is ongoing	Jim Young	Quality	2	2	4	Above

															STEP 2 - EVALUATE												STEP 3 - PLAN							
Date Last Reviewed	Next review date	Ref	COVID-19	System (Place Based)	Committees						Accountable Director (Risk Sponsor)	Risk Description		Inherent / Initial Risk Score			Controls in Place i.e. arrangements that are already in place and are helping to control the risk – please provide evidence of the risk being controlled	Assurance (RAG) rating for the strength of controls	Current Score			Risk Movement from last assessment	Risk Response Tolerate / treat / transfer / terminate	Actions to address the risks: i.e. What actions are you going to take to strengthen control of the risk and achieve the target risk rating. SMART actions: S = Specific M= Measurable A= Attainable R= Relevant T= Timely	Responsibility of	Domain	Target Risk Rating			Above or Below Tolerance
					Audit and risk	Primary Care Integration	Q&S	F, P & D	People	Strategy & Transformation		RISK OF:	IMPACT/CONSEQUENCES	(L)likelihood Score	(I)mpact Score	Risk Rating (L x I)			(L)likelihood Score	(I)mpact Score	Risk Rating							(L)likelihood	(I)mpact Score	Risk Rating (L x I)	
07/06/2022	25/11/2022	T-047	✗	✓	✗	✗	✗	✗	✗	✓	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	Resistance to proposals and change. Benefits of DIHC not delivered. Stakeholders not aware of DIHC services and transformation / supporting activities. Public do not engage with DIHC in co-production of service transformation or utilise existing services.	5	4	20	Utilise existing channels e.g. Healthcare Forum, PPGs to share the developments. Work is ongoing through COVID with regular public engagement taking place. Communications and Engagement Strategy.	Strong - Green	2	4	8	→	Treat	Refresh the Communications and Engagement Strategy for DIHC. Fully utilise the DIHC website and social media to keep the public engaged. Continue work on public engagement through COVID by using virtual mechanisms. Ensure public involved and co-create details of new service models and fully informed stakeholders and community via the development of the dedicated new web-site and focused communication activities.	Helen Codd	Reputational	1	4	4	Above
11/10/2022	25/11/2022	C-202	✗		✗	✓	✗	✗	✗	✗	Matt Gamage	Lack of business intelligence information to target ICTs to support PCNs and links to ICS / CCG (F,P&D)	This will result in the blurring of lines between DIHC and the ICS / CCG leading to being unable to report and demonstrate positive interventions Lack of population health data	4	4	16	BI informing objective setting that are then delivered in partnership with demonstrable positive health outcomes by tailoring interventions to target populations Services being able to monitor performance and aid innovation in service delivery BI informing the intelligence and direction of our interventions (including identifying gaps in service delivery) Tracking whether we are making a difference, sharing data with PCNs and configuring response to match the	Strong - Green	2	4	8	→	Treat	Ongoing development of the business intelligence support for primary care	Matt Gamage	Reputational	3	3	9	Below
11/10/2022	25/11/2022	C-057	✗	✗	✗	✗	✗	✓	✗	✗	Matt Gamage	Risk of reduction in annual payments due to factors beyond the control of DIHC.	This will impact in maintaining a positive balance between the income growth against the growth in demand.	4	4	16	Contract Meetings are in place with the ICB to monitor the terms of the contract.	Strong - Green	2	3	6	→	Treat	Service line reporting of current services is being developed and will be included in the Financial Planning for 2022/23. ICS is looking to continue risk and gain share agreement for 2022/23.	Matt Gamage	Sustainability	3	2	6	Below

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19/10/2022	25/11/2022	C-084	✗	✓	✗	✗	✗	✗	✗	✓	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	This will result in creating inefficiencies and reduced ability to create the opportunity and effective care delivery to the population, subsequently leading to the Inability for DIHC to deliver consistent and robust clinical care model.	3	4	12	Clinical Strategy Board (CSB) to provide assurance. This will be underpinned by Integrated Care Pathways and improved care planning for those at greatest risk as developed through the Cap Gemini Events.	Strong - Green	2	3	6	→	Treat	Participation in the Cap Gemini events to develop a place based co-produced system integrated care model for Dudley. Clarify and confirm future CSB and Clinical Advisory Group role.	Steph Cartwright	Quality	2	4	8	Below
11/10/2022	25/11/2022	C-060	✗	✗	✗	✗	✗	✓	✗	✗	Matt Gamage	Risk of planned efficiencies and benefits not delivered in full due to restricted investment, following the formation of the ICB.	Recurrent cost base erodes contribution margin and restrict investment in service developments.	4	4	16	CIP plans and savings schemes will be monitored through Finance, Performance and Digital Committee	Weak - Yellow	2	3	6	→	Treat	Savings and efficiency plans quantified as part of the business planning process. Monitor delivery of efficiencies and other benefits through FP&D.	Matt Gamage	Sustainability	1	4	4	Above
11/10/2022	25/11/2022	C-063	✗	✗	✗	✗	✗	✓	✗	✗	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.	Loss of financial control and failure to meet control total. Impact on service delivery.	3	4	12	Robust financial control environment, with regularly reviewed procedures. SFIs, SoRD and SOs agreed at Board & reviewed at A&R Committee. Internal Audit Report on Financial Controls gave full assurance in 2021/22. Full assurance on financial governance for 2021/22, significant assurance on financial systems for 2021/22. HFMA self assessment checklist and Audit findings.	Weak - Yellow	2	3	6	→	Treat	Interim Financial Controller review of financial policies and procedures ongoing as part of year end reviews. HFMA action plan	Matt Gamage	Sustainability	1	4	4	Above

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19/10/2022	25/11/2022	C-201	✗		✗	✓	✗	✗	✗	✗	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	This will result in practices operating outside of the integration agreement and PCNs operating outside of the SLA and DIHC model of care not delivered, quality of care in inconsistent and worsens	3	4	12	Maintaining financial incentives and practices signing SLA and agreement Alignment of model of care leading to improved quality of care and increased consistency in service provision	Strong - Green	2	3	6	→	Treat	Ongoing Development and implementation of the model of care Practice engagement visits ongoing	Steph Cartwright	Sustainability	3	3	9	Below
19/10/2022	25/11/2022	C-203	✗		✗	✓	✗	✗	✗	✗	Steph Cartwright	DIHC failure to develop an acceptable full integration strategy and agreement	This results in no practices signing up to full integration agreement	2	5	10	Check and balance, conscious not developing in isolation, large element of ICP contract and one of the fundamental reasons for DIHC, developing a new PC model at scale	Strong - Green	2	3	6	→	Treat	Following a Board Development Day 23th February 2022 work in ongoing to develop a range of options to support primary care	Steph Cartwright	Partnerships	2	4	8	Below
11/10/2022	25/11/2022	C-031	✗	✗	✗	✗	✗	✓	✗	✗	Matt Gamage	Risk of contract financial envelope less than the cost of providing the services.	This may result in a financial deficit, limited ability to hit the control total and restrict investment opportunities.	5	4	20	Due diligence has been undertaken on the services transferred to DIHC to ensure costs of services are robust. Financial model and budgets are signed off by the Board. Financial monitoring to be reported to F,P&D committee.	Strong - Green	2	3	6	→	Treat	Risk share arrangements will be in place with the ICS.	Matt Gamage	Sustainability	2	2	4	Above
19/10/2022	25/11/2022	C-205	✗		✗	✓	✗	✗	✗	✗	Matt Gamage	Lack of infrastructure for ARRS staff including IT, accommodation, supervision and management especially HR support over next 6 to 12 months	Leading to an inability to recruit, retain and support ARRS recruitment on behalf of PCNs, leading to practises withdrawing support	3	4	12	PCN CDs identification of priority roles HR recruitment / workforce plan for ARRS staff	Strong - Green	2	3	6	→	Treat	SLA in place and ARRS Staff in post PCN feedback Appointed PCN Operational Managers with ongoing development of procedures to support practices and ARRS Staff	Steph Cartwright	Reputational	3	3	9	Below

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07/06/2022	25/11/2022	C-206	✗		✗	✓	✗	✗	✗	✗	Richard Bramble / Lucy Martin	Lack of progress on the development of the Prescription Ordering Service (POD)	Leading to inequity in the access and provision of the service and increase in hospital HARMs admissions	3	4	12	Recognition on the need to develop the service to provide equity and access for all practices	Strong - Green	2	3	6	→	Treat	Proposal developed and will be reviewed by Execs on11th May 2022 at the Executive Committee	Richard Bramble / Lucy Martin	Reputational	3	3	9	Below
11/10/2022	25/11/2022	C-088	✗	✗	✗	✗	✗	✓	✗	✗	Phillip King	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	Unable to secure the premises needed to provide the desired clinical care model.	2	4	8	Local Delivery plan process is designed to identify service estate needs, gaps in the current estate and prioritised options to address these gaps. Integration of requirements into CCG-led primary care premises developments offers a potential route to ETTF and other NHS capital, as well as Local Authority funding sources and potential third party development.	Weak - Yellow	2	3	6	→	Treat	Estates strategy approved in August 2020; plans being developed to consider current and future estates requirements in line with strategy for 2022.	Mike Nicklin	Infrastructure	2	2	4	Above
17/10/2022	25/11/2022	C-046	✗	✓	✗	✗	✗	✗	✓	✗	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.	This will result in strategic benefits of DIHC not realised/delivered	5	4	20	Development of People and OD Strategy. Results of staff surveys and supporting actions plans. Funding for a learning culture programme in partnership.	Weak - Yellow	2	3	6	→	Treat	People Strategy developed. Staff Away day and supporting action plan reported through People Committee. Results of Staff Surveys and actions plans developed. Develop clinical leadership programme and support for frontline staff and utilise the engagement opportunities the development of the ICT/PCN offers and create a clear OD Development Plan.	Steph Cartwright	Quality	1	4	4	Above

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20/10/2022	25/11/2022	C-104	✓	✗	✓	✗	✗	✗	✗	✗	Penny Harris	Risk of legal action as a result of decisions made in response to COVID-19	Potential financial penalties and/or adverse media attention	3	3	9	Decisions log being maintained regarding key COVID-related decisions. Decisions log entries aligned with commissioning process to ensure all relevant information is captured. Risk assessments for staff and venues, supported by HR, H&S and IPC and Estates. Impact of Covid is routinely part of the risk reflections for all committees of the Board and visible on the Board agendas. Development of service level risk registers on Datix Risk Management Module to strengthen oversight and reporting of covid related risks at service level.	Strong - Green	2	2	4	→	Treat	Auditor's report concluded no significant weaknesses in the Trust's arrangements to adapt and respond to the pandemic. Continue to reflect and review existing governance processes to ensure fit for purpose as the impact of response escalates. Reiterate to the Executive Team the need to discuss and capture key decisions. Effective use of minutes and decision logs for all committees and groups. Update decisions log on a regular basis. Worked closely with system partners including GPs, participate in Gold Calls with BCH and as a system (including ICS and NHSEI). Engagement in the Covid Enquiry update sessions by the Senior Leadership Team.	Elaine Doyle	Reputational	2	3	6	Below
12/10/2022	25/11/2022	C-082	✗	✗	✗	✗	✓	✗	✗	✗	Philip King	Risk to the continuity of business due to not fully formed and robust business continuity plans	This will have an impact and possible causing an effect on provision of patient care	1	4	4	In-house support for business continuity / emergency preparedness Business continuity plans EPRR and business continuity training	Strong - Green	1	4	4	→	Tolerate	EPRR and business continuity training for Executives to be undertaken and is on Board Forward Planner Business continuity plans being actively reviewed and revised alongside relevant policies	Philip King	Safety	1	4	4	Below
11/10/2022	25/11/2022	T-045	✗	✗	✗	✗	✗	✓	✗	✗	Philip King	Risk of occupation/lease agreements for required premises are not in place.	This will ilead to a lack of clarity around responsibilities and costs.	3	4	12	NHS PS premises all Dudley tenants are undocumented and DIHC is part of a health economy-wide process for lease regularisation. Specific discussions are taking place with the landlord with clear plans in place.	Weak - Yellow	2	2	4	→	Tolerate	Ensure space continues to be reviewed and any potential future service transfers estates are included in the early discussion. The regularisation process completes prior to 31st March 2023.	Mike Nicklin	Infrastructure	2	2	4	Below

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

REPORT TITLE:	Infection Prevention and Control – Healthcare Influenza Vaccination
DATE OF MEETING:	01 November 2022
PURPOSE OF REPORT:	To present to the Board for assurance the healthcare worker influenza vaccination best practice management checklist
RESPONSIBLE EXECUTIVE:	Mrs S Nicholls. Director of Nursing, AHPs and Quality
AUTHOR OF REPORT	Ms Timea Vig, Infection Prevention and Control Specialist Nurse
SUMMARY OF KEY POINTS:	• All frontline health care workers, including both clinical and non-clinical staff who have contact with patients, should be offered the influenza vaccine by their employer as part of the organisation's policy to prevent the transmission of infection. • Good practice guidance to encourage staff flu vaccine uptake was published by the Department of Health and Social Care, NHS England, and the UK Health Security as part of their Influenza immunisation programme plan for 2022 to 2023. It is a requirement to present this to Trust Boards during November 2022. • The healthcare influenza vaccination best practice management checklist was completed for Dudley Integrated Health and Care NHS Trust and presented to the Quality and Safety Committee during September 2022 and updated during October for final presentation to Board.
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	DIHC Trusts Infection Prevention and Control Nurse Specialist and The Trusts Pharmaceutical Adviser – Head of PCN services. is operating a peer vaccination programme. This commenced in October and is led by the The programme is designed to protect the reliance of service provision and our communities through reducing the transmission of influenza
FUNDING/ COST IMPLICATIONS:	The staff flu vaccination programme is subject to CQUIN funding. Vaccination is an occupational responsibility and to support Trusts maximise uptake an additional payment will be made under the Commissioning for Quality and Innovation (CQUIN) for 2022-2023 Guidance framework for those trusts achieving more than 70% uptake amongst HCWs

DoF / Finance Approval	☐ Yes ☐ In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	No conflicts of interest identified
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: *Tick as appropriate*	☒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 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 / Greener NHS
CQC DOMAINS: *Tick as appropriate*	☒Safe ☒Effective ☒Caring ☒Responsive ☐Well Led
LIST KEY RISKS IDENTIFIED: *Select none identified **or** outline the risks identified and mitigations taken* *(if addressing existing risk on the corporate risk register please provide reference number)*	☒None Identified
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	☐Executive ☐People ☐Finance Performance & Digital ☐Digital Board ☒Quality and Safety/ QSSG ☐Audit & Risk ☐Primary Care Integration ☐Strategy and Transformation ☐EDI ☐Trust Management Board ☐Well Led ☐Other (Please state)
CONSIDERATIONS / IMPACTS: *Select none identified **or** outline the potential impact and considerations undertaken*	Quality and Equality Impact Assessment ☒None Identified

	Equality, Diversity and Inclusion ☒None Identified Greener NHS Sustainability Impact Assessment ☒None Identified Other Regulatory Requirements ☒None Identified
PRESENTED TO:	☒Public Board ☐Private Board ☐Assurance Committee *(state)* - ☐Other Committee *(state)* -

RECOMMENDATION: *Tick as appropriate*	☐ For Approval / Decision ☒For Assurance ☐For Information / Discussion

NHS
Dudley Integrated Health and Care
NHS Trust

Healthcare worker influenza vaccination best practice management checklist Dudley Integrated Health and Care NHS Trust		
A.	**Committed leadership**	**Trust self-assessment**
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers (both clinical and non-clinical staff who have contact with patients)	The Trust is committed to offer flu vaccinations to all staff employed by DIHC that are under the age of 65. Staff members over the age of 65 (10 staff members) are encouraged to have their flu vaccine via their GP practice or local pharmacy to ensure that they receive the first line vaccine as recommended for this age group (aQIV – Adjuvanted quadrivalent influenza vaccine). The Trust aims to complete the 2022/23 Influenza vaccination for frontline healthcare workers during quarter 3 and 4 in accordance with the module of the Commissioning for Quality and Innovation (CQUIN) scheme. The target of the CQUIN is to achieve 90% uptake of flu vaccination by frontline staff with patient contact between the 1st of September 2022 and the 28th of February 2023, with a minimum of 70% uptake set as a payment basis.
A2	Trust has ordered and provided a quadrivalent (QIV) influenza vaccine for healthcare workers	The Trust has ordered 400 doses of Cell-based Quadrivalent Influenza Vaccine (Seqirus Ltd.) via Dudley Group NHS Foundation Trust. This vaccine is a surface antigen, inactivated influenza vaccine that was propagated in Madin Darby Canine Kidney (MDCK) cells, being suitable for people with egg allergy. Suitable for Vegans. Contains the following strains/ 0.5 ml dose, in pre-filled syringes: ○ A/Wisconsin/588/2019 (H1N1) ○ A/Darwin/6/2021 (H3N2) ○ B/Austria/1359417/2021 ○ B/Phuket/3073/2013
A3	Board receives an evaluation of the influenza programme 2021 to 2022, including data, successes, challenges and lessons learnt	The first DIHC organised staff flu vaccination campaign was delivered to all DIHC staff between September 2021-February 2022. The Infection Prevention and Control Specialist Nurse (IPCSN) led the coordination of the programme from October 2021. A multimodal approach was adopted in the delivery of flu vaccines, including three flu clinics led by PAM Group, Occupational Health Service Provider; Boots Corporate Flu vaccination clinics and staff were also offered flu jabs by their GP's if within the eligible category or when they were attending to have their COVID-19 booster jabs administered.

Attendance to the occupational health flu clinics was poor, with only 25 DIHC staff receiving their flu vaccines across the three clinic dates.

There were 100 Boots flu vaccination vouchers purchased for those who would find it difficult to attend the above three flu vaccination clinic dates, later rolled out to all DIHC staff. However, only 59 Boots vouchers were issued, despite these being regularly offered to staff. 6 of the issued vouchers were still showing as unclaimed on the Boots corporate system on the 31st of January,2022 that was the expiration date of these vouchers.

At the end of the 2021-2022 staff flu vaccination season the following uptake was reported (1st of March 2022):

March-22	Total Influenza (flu) vaccine uptake %	Total employees on ESR – 02/2022
Patient facing employees	57.5% (168 staff)	292 patient facing
Non-patient facing staff	57.8% (26 staff)	45 non-patient facing
DIHC NHS Trust Total	57.6% (194 staff)	337 DIHC employees in total

The following lessons were learned from the 2021/2021 staff flu vaccination campaign:

- The planning of the campaign should commence early in the year to secure early clinic dates
- Should be a multidisciplinary approach and effort
- Having the flu vaccination clinics delivered by Occupational Health wasn't cost effective due to poor attendance
- Occupational Health (PAM group) did not have access to the NIVS point of care reporting system, so DIHC had to allocate a member of staff to enter this on the system
- The clinic dates were offered late (November/December 2021) in the season due to vaccinator availability

		• Boots flu vouchers were wasted due to not being requested or redeemed. Other issues reported as feedback were that staff had to wait quite a long time before being able to book in to have their vaccines. • The vouchers had an expiry date, that was the 31st of January 2022. • Flu vaccines administered by Boots to those that were using corporate flu vaccination vouchers, were not entered on NIVS or shared in any form externally. These couldn't be entered by DIHC on NIVS due to lack of the required details. • An incentive scheme was introduced with the aim to encourage flu vaccine uptake and internal reporting among staff; however, this did not achieve the desired effect and staff reflected it did not act as an encouragement.
A4	Agree on a board champion for influenza campaign	The Trusts Director of Nursing, AHPs and Quality (Director of Infection Prevention and Control) is the Board champion
A5	All board members receive influenza vaccination and publicise this	All board members are encouraged to have their flu vaccines and publicise it via the FRU and the Trust's Infection Prevention and Control Intranet page with photos and pledges as consented. There will be a session for Board members to receive their vaccination.
A6	Influenza team formed with representatives from all directorates, staff groups and trade union representatives	The initial planning meetings were attended by the Pharmacy team, Infection Control, People team and Director of Nursing, AHP's and Quality. The Pharmacy team, People Team, Infection Prevention and Control team (Infection Prevention and Control Specialist Nurse (IPCSN) and Director of Nursing, AHPs and Quality (Director of Infection Prevention and Control), Communications team and Business Intelligence team attended the last planning meeting where the final details were discussed including the communication campaign. The details of the campaign were also shared with the Medical Director who takes responsibility for the campaign by signing the written instruction based on which the peer vaccinators are delivering the clinics. The details of the campaign has been shared with the staff side representatives and the IPC Champions.
A7	Influenza team to meet regularly from September 2022	Meetings are in place.
B. Communication plans		
B1	Rationale for the influenza vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	Information was shared with DIHC staff via the Friday Roundup, The IPC team's MS Team Channel and Intranet page. Regular communications are e communicated to staff. Screen savers with the flu clinic dates are being organised. A refresher session about influenza and the 2022-2023 DIHC peer vaccinator programme was shared with the IPC Champions, and they were asked to disseminate it to their teams. Posters and leaflets promoting flu vaccinations and covid booster uptake were ordered via the national campaign and they are currently being disseminated to the DIHC teams.

B2	Drop-in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Clinics are shared electronically via FRU, screen savers, IPC Intranet page, and IPC Calendar and sent to all staff via IPC MS Teams page. Printed resources promoting flu vaccination and COVID booster uptake ordered via the national campaign and displayed in office areas. They are also being distributed across the Trust's teams.
B3	Board and senior managers having their vaccinations to be publicised	Board and Directors are having their picture and/or testimony publicised via the Friday Roundup and the IPC Intranet Page
B4	Influenza vaccination programme and access to vaccination on induction programmes	DIHC has organised their first peer vaccinator programme this year with support of the Trust's Pharmacy team. The flu vaccines are being offered to staff at clinics organised at Brierley Hill Health and Social Care Centre, however pending on vaccinator availability, mobile vaccinations could also be offered to our teams.
B5	Programme to be publicised on screensavers, posters and social media	Printed posters have been distributed. With support from the communications team, screensavers and social media sites will also be used to promote the uptake.
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Feedback will be provided; with updates via FRU regarding DIHC staff uptake. DIHC will be relying on staff informing the IPC team if they had their vaccines at a different venue than the clinics offered by DIHC as uptake will have to be reported monthly via ImmForm.
C. Flexible accessibility		
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	The DIHC pharmacy team will be supporting the peer vaccinator programme, but peer vaccinators from other backgrounds are considered if required. Training and competency documents have been completed as nationally recommended by each peer vaccinator.
C2	Schedule for easy access drop-in clinics agreed	A book-in system will be in place for the clinics, but drop ins are also welcome on the day.
C3	Schedule for 24 hour mobile vaccinations to be agreed	N/A
D. Incentives		
D1	Board to agree on incentives and how to publicise this	N/A based on feedback no incentive has been offered
D2	Success to be celebrated weekly	Progress to be publicised in the FRU, including uptake against CQUIN targets.

Department of Health and Social Care, NHS England, UK Health Security Agency (2022) *National flu immunisation programme plan 2022 to 2023. Appendix H: healthcare worker influenza vaccination best practice management checklist.* Online. Available at: Appendix H: healthcare worker influenza vaccination best practice management checklist - GOV.UK (www.gov.uk) [Accessed: 18th of October 2022].