Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

Tuesday 6th December 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 1st November 2022	For Approval	Enc 1.4	Mr. H Turner	
	1.5 Action Register and Matters Arising	For Approval	Enc 1.5	Mr. H Turner	
2.	**Service Story** **Clinical Advisors Team**	To Receive	Presentation	Dr Richard Bramble	9:40
3.	**Standing Items**				10:00
	3.1 Chair's Update	For Information	Verbal	Mr. H Turner	
	3.2 Chief Executive's Report	For Information	Enc 3.2	Ms. P Harris	
	3.3 Agenda for Part Two – Private Board	For Information	Enc 3.3	Mr. H Turner	

Our Services					
Delivering safe and quality services, supported by integrated governance that drives quality clinical improvements					
4.	**Integrated Model of Care** Update with a picture of the Model and the workstreams	To Receive	Enc 4	Dr. R Bramble	10:30

5.	**Quality and Safety Performance Report**	For Information	Enc 5	Ms. S Nicholls	10:50
6.	**Quality and Safety Committee Assurance Report**	For Assurance	Enc 6	Ms. V Little	11:05
The best place to work, supported by a new leadership and workforce culture, organically co-developed, together					
7.	**Workforce Performance Report**	For Information	Enc 7	Ms. S Cartwright	11:15
8.	**People Committee Assurance Report**	For Assurance	Enc 8	Mr. M Evans	11:25
Doing the best with what we have, to be affordable today and sustainable tomorrow					
9.	**Finance Report**	For Information	Enc 9	Mr. M Gamage	11:35
10.	**Performance Report**	For Information	Enc 10	Mr. P King	11:50
11.	**Finance, Performance and Digital Committee Assurance Report**	For Assurance	Enc 11	Mr. I Buckley	12:05
Help and Empower the People of Dudley to live longer and healthier lives through fully integrated community-based healthcare					
12.	**Report from the Primary Care Integration Committee**	For Assurance	Enc 12	Dr G Solomon	12:15
Fair, Accountable, Responsible and Transparent					
13.	**Board Assurance Framework & Corporate Risk Register**	For Assurance	Enc 13	Mr. P King and Ms. S Nichols	12:25
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.					
14.	**Any Other Business**	To Receive	Verbal	Mr. H Turner	12:40
15.	**Questions from the public** pre-submitted	To Receive	Verbal	Members of Public	12:45
16.	**Risk Review**	To Receive	Verbal	Mr. H Turner	12:50
	Date of next meeting: 10th January 2023 Time: 9:30 am – 1:00 pm Venue: Dudley Canal & River Tunnel Trust, 501 Birmingham New Road, Dudley DY1 4 SB.				

Enclosure 1.3

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	Dec 2022
			Non-Executive Director at Liverpool University Hospitals NHS Foundation Trust	✓				Dec 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	

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
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	
Mr	Harry Turner	Chair	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						

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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
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	Director of Finance, Performance and Digital	CIMA Member		✓			2012	
Mrs	Penelope Ann Harris	Interim Chief Executive Officer	Director of Kerr Darnley Ltd	✓				Sept 2013	
			Specialist Consultant for PwC	✓				Dec 2021	
			Visiting lawyer and lecturer, Birkbeck School of Law, University of London	✓				Sept 2002	
			Member of Liberty Lawyers Group		✓			Sept 2002	

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
Mr	Philip King	Chief Operating Officer	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	
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						

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
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	
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	

Enclosure 1.4

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

MINUTES OF THE PUBLIC BOARD MEETING HELD OF 1st NOVEMBER 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
Dr R Bramble (RB)	Joint Medical Director, DIHC
Ms S Cartwright (SC)	Director of Strategy, People and Partnerships, DIHC
Dr S Cartwright (STC)	Associate Non-Executive Director, DIHC
Ms E Doyle (EFD)	Trust Secretary
Mr M Evans (ME)	Non-Executive Director DIHC
Mr D Gilburt (DG)	Non-Executive Director, DIHC
Mr M Gamage (MG)	Interim Director of Finance, Performance and Digital, DIHC
Mr P King (PK)	Chief Operating Officer, DIHC
Ms B Lam (BL)	Associate Non-Executive Director, DIHC
Ms V Little (VL)	Non-Executive Director DIHC
Dr G Love (GL)	Associate Non-Executive Director, DIHC
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)
Ms J Cale (JC)	Deputy Chief Operating Officer
Mr L Dunn (LD)	Communications and Engagement Specialist
Ms W Grainger (WG)	Infection Prevention and Control Associate Practitioner
Mr D King (DK)	Head of Primary Care
Ms K Lennon (KL)	Deputy Director of Nursing
Mr A Race (AR)	Interim Associate Director of People, DIHC
Ms R Sidhu (RS)	Observer from Value Circle
Ms W Saviour (WS)	Observer from Value Circle
Ms T Vig (TG)	Infection Prevention and Control Specialist Nurse
Mr M Wilkinson (MW)	Programme Manager - Primary Care

Item No	Agenda Item
1.	**Chair's Welcome** Harry Turner (HT), the Chair welcomed all attendees to the November Public Board meeting at Dudley College of Technology. The Chair welcomed new joiners Matt Wilkinson and Wendy Grainger and congratulated Jenny Cale in her new role as Deputy COO and Kelly Lennon in her new role as Queen's Nurse. Wendy Saviour and Ravinder Sidhu, observers from Value Circle were introduced to the Board.

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1.1 Apologies

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

PH informed SB had been working to verify the Declarations of Interest categorisation across GP Practices for consistency.

DG informed about his new position as Non-Executive Director at Liverpool University Hospitals NHS Foundation Trust starting December 2022.

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 4th October 2022

The Board approved the minutes as a true and accurate record of the meeting.

1.5 Action Register and Matters Arising

Reference: PUB/OCT22/001

PH to circulate NHS Communications and Involvement Concordat to Board colleagues: The Board noted this had been circulated by Helen Codd and i**t was agreed to close this action.**

Reference: PUB/OCT22/002

Committee Assurance Reports: EFD confirmed that Committee Chair's Assurance reports now specifically cites whether risks had been reviewed at the respective committee meeting. **It was agreed to close this action.**

Reference: PUB/OCT22/003

To review and simplify the Finance and Performance Board reports and ensure where relevant same data sets as the ICB were used: MG reported this action had two parts; and confirmed the first part around the Performance scorecard was reported to the Board with reduced metrices, and an audit trail was maintained on account of the metrices removed. Regarding the second part, using similar data sets for IAPT review as the ICB, work was undergoing and would be reported back to December Board. **It was agreed to close the first part of this action and the second part would remain open to be reviewed in December.**

Reference: PUB/OCT22/004

PCIC to review its forward agenda and cycle of business: GS provided assurance that the implementation of Fuller Report and Primary Care access was included in the Committee's forward agenda and cycle of business and reviewed by the Committee on 19th October 2022. **It was agreed to close this action.**

2.	**Standing Items**

2.1 Chair's Update

HT updated about system engagements and the Integrated Care Summit attended by himself and PH. The Board noted colleagues' interest in the works undergoing in Dudley.

2.2 Chief Executive's Report

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

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PH provided an update on the outcome of the Health and Care Partnership Board and informed that the revised Anti Racist Statement which was delegated to herself and the People Committee at the last Board Meeting was now updated and attached for completeness and sought Board's confirmation.

PH drew the Board's attention to the new NHS England's Operating Framework and highlighted there would be change in roles and responsibilities which was critical, and this would play out through the quarterly service review meetings.

AR provided an update on the Potential Industrial Action across the Health and Care sector. The Royal College of Nursing (RCN) ballot would close on 2nd November and UNISON was balloting their membership within the Trust and ballot closes on 25th November. The Trust anticipated some news on the Industrial Action following their ballot closures. Other unions such as 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.

AR highlighted that not just NHS Provider organisations but also the GMB Union for its Ambulance Service Members were conducting industrial action ballot which would conclude on 29th November and could have a significant impact on the patients around the system particularly using the non-emergency transport services, including for discharges. The Trust continued to plan for Industrial Action and the operational colleagues would provide an update on 7th November on the landscape and ongoing work to fully understand which service would be classed as those that would need to sustain. The Trust would work in partnership with recognised Trade Unions to seek agreements to protect essential services.

PK updated on the various elements to winter planning and paid tribute to the Trust's operational and commissioning colleagues. The two elements of the winter plan, was firstly the plans put in place guided by the ICB, falling under the Partnership Board which was attended by himself and SC. The second element was DIHC's own winter plan and a guidance was issued recently called 'Going further on our winter resilience plans' which elaborated the Trust's resilience plan on an operational level around emergency preparedness, business continuity and four (4) additional headlines listed in the report.

PK provided assurance on the Trust's winter planning and highlighted the respiratory infection hub which looked at GP appointments from Brierley Hill. 50% of the extended hub focussed on paediatric acute infection with RSV Virus as a priority and showcased a community response. PK further updated on the joint working with the Clinical hub headed by DGFT and WMAS. The Trust commissioned the Integrated Plus to consider the needs of high frequency services were met.

PK outlined the ongoing work in formulating a plan for reablement service in response to a request from the local authority. DIHC was working through a proposal which would be an out of hospital care offer and will assist the Trust with discharge to assess and pathway one. Significant funding, both recurring and a one-off basis was received from the Local Commissioning Board and further discussion with the Better Care Fund colleagues on 2nd Nov for a further £1.4 million fund was ongoing. DIHC was looking at co-location with local authority teams to make a robust offer.

The Board noted that DIHC was working on alternatives for Ambulance Handover with Malling Health. DGFT in conjecture with the ICB had looking into this and these plans would not be activated at present however, other plans on place-based response to winter was being looked at. A plan on further assessment capacity with the acute hospitals, once approved by the Partnership Board would be circulated to the Board colleagues to form a part of the public documents.

PK informed several Board colleagues met with the PCNs to look into the extended PC team (ARRS) plan in utilising the additional £2.1 million and unanimous support was received to have a co-ordinated approach across all six (6) PCNs in terms of recruiting around the health priorities including winter. A recruitment process had to be developed to work out plans to recruit staff and PK emphasised putting in place service-based ways of working of receiving people into GP practices with all the requirements around professional guidance. Follow up discussions would take place with GPs to work through specific proposals which would then be reviewed by the Executive Committee and presented before the Board in due course. PK requested ME, as Chair of People Committee to have an oversight over

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this piece of work.

PK updated that confirmation was received from LCB that the winter hub which had been operating since last winter will continue to be funded both for adults and children with RSV until 31st March 2023.

In response to a question by ME on reablement, PK responded recruitment plans are yet to be developed but firstly the Trust wanted to ensure appropriate funding was in place. Amongst other expected performance outcomes, the most important matrix was focussed around timely and effective discharge of patients regarded as no criteria to reside in general hospital. Early plans around quality measures and speed of discharge using the discharge to assess were in place and a full business plan would be submitted to the Executive Committee.

In response to a further question by ME on extended PC service resource, SC responded that at the 19th Oct event attended by GP's and PC representatives with the PCNCDS, conversation started around the staffing requirements. The next Primary Care Integration Committee development session would work with the PCNCDs to develop service requirements in relation with them and the Trust would also use the population health data to map the resource requirement for each PCN. PK further updated that the next step would be developing a project management plan which includes workforce and estates and look into the national, ICB, Dudley and PC priorities to work collaboratively.

ME recommended being conscious of the wider Health and Care system in staff recruitment and PK advised many of the roles would be recruited and trained through apprenticeship route, support from PC and some through the health route.

In response to a question by VL, PK confirmed the reablement service would be a distributive model operating in people's homes and will have a single office base which was being determined with the local authority and the outcome measures would include patient generated experience measures.

PH updated the detail of the winter plan was not included in the report as it needed to go through the Partnership Board and will be presented formally before the Board in due course and the Executive Committee would sign off the business cases.

The Board took assurance on the process for winter plan and the amended Anti Racist Statement.

The Board noted the Chief Executive's report.

2.3 Agenda for Part Two – Private Board

HT referred the Board to the agenda for Private Board which was available for information and transparency.

3.	**Primary Care Strategy**

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

SC outlined that the Primary Care Strategy (PCS) had been in development for around four (4) to five (5) months and paid credit to Daniel King, Head of Primary Care, Tony Bruce, Programme Director for Primary Care for their work on the strategy and Matt Wilkinson, Programme Manager - Primary Care who would be focusing on the programme management aspect in implementing the strategy.

SC updated the Board that the Strategy was shared with the Chair of Black Country PC Collaborative and the Director of PC to the ICB for their feedback. A programme management function for strategy implementation is being developed and the PCNCDs committed to £133k non-recurring funding to support implementation of the Strategy in Dudley and this would be managed by DK and his team.

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SC drew the Board's attention towards the sections of the strategy and highlighted that primary care being the unique selling point of DIHC, the purpose of the strategy sets out how the Trust would develop primary care. The document currently focused on developing primary care within Dudley, however there were references in the document how this could be used across Black Country depending on the ICB decision. SC updated that the Primary Care Strategy picked up the recommendations of the Fuller Review and focusses on implementing those recommendations within Dudley. Over the last 2.5 years, DIHC has developed an Integration Agreement with 40 practices across Dudley and the document summarises progress made regarding that. Another section of the document focussed on collaborative working with partners concerning implementation of the strategy and picking up the work of Capgemini with regards to the Integrated Model of Care and DIHC's role across implementation of that model across Dudley particularly around PC and first point of contacts.

SC informed there was reference within the strategy to DIHC's potential expansion within the Black Country and should the ICB support DIHC's proposal then the strategy would be refreshed to recognise the Black Country role.

The Board noted that once approved the document would be put into the strategy template and marketed appropriately to provide clarity to the practices and PCNs with regards to the range of offers available to them.

In response to BL's question on capturing benefits, SC responded benefits would be demonstrated by making assessment on the practices' current state and enter into agreement with the practices' for working with its wider teams to set expectations and outcomes and this would be detailed in the implementation plan. SC further updated on funding and stated that should a practice contract DIHC for a provide service, that would then be charged to the practices, however supporting the general sustainability of Primary Care would require discussions with the ICB around the Trust's contract to provide service support. LM commented that this document could support GP's and practices around Black Country having one formal version for governance, and benefit from a reputational aspect.

MG stated an important aspect of this strategy would be agreeing the service development funding and resource allocation with the ICB, which would then form a part of the strategy implementation phase.

ME recommended the executive summary should endorse the Trust's Aims, Purpose and Commitment and PH advised linking the document with the Trust's strategic objectives.

VL advised inclusion of quantified ambitions, conversation of a few statements from we would to we will and regarding the measurement of benefits to include achievements to date including the potential in relation to Dudley Quality Outcomes for Health measurements.

GS highlighted this document was unique because the strategy enlisted doing things with and for PC and suggested being mindful of the qualitative and quantitative outcome measurements in the implementation plan which would follow this document.

STC applauded the document and stated it illustrated how governance can be developed in GP and then transformed into clinical care to make a difference and depict the need for investment in PC.

LM updated subject to the Board's approval the document would be sent to the recruitment agency and made public.

HT summarised the next focus being presentation of the document in lieu of the above recommendations and its launch to PC. DK updated the implementation plan was being developed and a launch event being planned. Webinars, visits to practices, partners and GPs would be organised and this document intended on addressing health inequalities and highlight the critical workstreams in establishing the priorities were around its operating model, workforce plan and estates.

The Board approved the Primary Care Strategy.

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4.	**Workforce Performance Report**
	The workforce report was taken as read and AR highlighted the key points contained in the report. AR reported satisfactory performance across all workforce performance indicators, particularly around the vacancy rate which had reduced to 8.9%. Turnover continued to reduce, and sickness absence continued to meet the target and recorded good performance as compared to system partners. Training and development continued to meet target and new modules around hand hygiene and freedom to speak up e-learning were introduced. **The Board took assurance from the Workforce Performance Report.**
5	**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. The Committee requested further work on BAF22-05 around articulating the gaps in controls and assurances as well as capturing the mitigating actions with clear owners and deadline dates at its next meeting. ME applauded the Trust for nominating five members of staff for the Midlands Inclusivity and Diversity Awards Scheme 2022 scheduled to be held virtually on 28th November and suggested if the link for the event be circulated for wider participation. Focussed discussions on Safeguarding Adults and Children Level 3 mandatory training took place and a detailed summary around specific training had been requested. Regarding reducing agency spend, the Committee requested further details including trajectory targets and detail per department. ME further updated the Q2 Freedom to Speak Up report was received and reviewed by the Committee, there had been an increase in the number of referrals and demonstrated increased engagement of the FTSU Guardian across the Trust. ME outlined the assurance report provided by the EDI Chair and stated that the Anti Racism Statement within the EDI Strategy was now approved and would be published soon. PH stated that the agency challenge was a system wide challenge, and the Trust was committed to the requirement to reducing the spend. The Executive Committee was fully sighted on this agenda and will be take on vital decisions. PK clarified from an operational point of view there was a difference between clinical and non-clinical agency. Good plans were in development around agency use for the non-clinical centred services but regarding clinical agency spend there were long term people who were on a similar footing with the Trust's own staff, particularly in GPs and any decisions around this would consider the quality and equality impact assessment. **The Board noted the People Committee Assurance Report.**
6	**Finance Report for the period April to September 2022**
	The Finance report was taken as read and MG highlighted the key points contained in the report. MG updated the agency expenditure was included in the Finance report and when compared with previous financial year, the run rate last year was £195k per month and currently at £168k per month. The agency cost had started to reduce, however, to achieve the targeted 30% deduction it needed to reduce to £137k per month by the end of the year. MG assured the Board that he would be working

	closely with AR and budget leaders to ensure that the Trust are effectively monitoring recruitment processes. MG reported the Trust was on track to deliver break even position by the end of the financial year. Budgets managed on behalf of the ICB was now included in the report and MG clarified that the ICB budgets were for a nine-month period and that the financial year started in July for the ICB. Over the two-month period of July-August, budgets managed on behalf of the ICB reported a £280k surplus. MG further updated that there remained an underspend in Mental Health services, but recruitment plans were developing. The Primary Care income/ expenditure was better than expected which linked to the extension of the clinical hub and services commenced during the year such as PC headache service. Reporting on the Balance sheet, cash remained at £2.8 million ahead of a loan repayment of £0.6m due on 1st October 2022 and a final loan repayment on 1st April 2023. **The Board took assurance from the Finance Report.**
7	**Performance Report**
	The Performance report was taken as read and PK highlighted the key points contained in the report. PK reported in relation to Community and Intermediate Healthcare, placements were being reviewed and there had been historical lag due to lack of facilities in terms of out of hospital care and inpatient beds. The IAPT performance improved and continues to remain strong at 114% after a drop in performance during August due to holiday period. Improvement in recruitment of Primary Care Mental Health nurses and the impact of the First Contact Mental Health Practitioners seemed to influence and reduce the referral rates of other services except for IAPT. The First Contact Mental Health Practitioners was one of the occupational groups in deliberations regarding the future of extended Primary Care team and has demonstrated positive impact. PK further reported slight improvement in recovery during September, however it continued to miss target. There was now a SRO for IAPT services within Black Country Health Care which was helpful as we work as a system on IAPT, even though the Trust operates its our own IAPT service. Responding to an earlier concern around comparability of the Trust's IAPT performance measure, PK updated one of the issues was around the actual recovery rate as there were two levels of recovery depending on the kind of service received and assured further work in this area was being undertaken by Faye Duncan and the Businesses Intelligence team. PK updated that the DQOF performance for Chapel Street and High Oak was low at this point of the financial year as several measures were scheduled towards Q4 and it was agreed to improve this next year. LM advised the ethnicity work was approaching completion with 98% work completed for both practices and reported to the Q&S Committee. ME recommended the committees to link the papers to the strategic ambitions of the Trusts and highlight which of the strategic ambition was being followed by the respective committee. **The Board took assurance from the Performance Report.**
8	**Finance, Performance and Digital Committee Assurance Report**
	The Finance, Performance and Digital Committee Assurance Report was taken as read. IB reported the BAF, and Corporate Risk Register were reviewed in detail and provided a fair reflection of the Trust's position. IB commended the Trust on achieving break even and emphasised on the hard work deliberated in achieving it. IB updated that the proposed Primary Care performance dashboard was received at the committee

	and would be focused on monitoring its impact on performance and practices. **The Board noted the Finance, Performance and Digital Committee Assurance Report.**
9	**Report from the Primary Care Integration Committee**
	The report from the Primary Care Integration Committee was taken as read. GS reported on the Committee's meeting held on 19th October which majorly discussed and reviewed the final draft of the Primary Care Strategy. A programme management approach to implementing the strategy and prioritisation exercise for its implementation was discussed. GS highlighted 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 and may have implications on working relationships. It was decided to schedule a workshop with the PCN CDs to develop a plan of action. The Committee reviewed its effectiveness, cycle of business and recommended the Board to approve its revised terms of reference. In response to a question by HT, SC responded that currently the PCIC was the oversight committee for the PCN CDs risk, however this would be discussed at the Executive Committee considering the significance of the emerging risk. SC advised the Committee had been following an alternate month development session and would now revert to formal monthly committee meetings. **The Board noted the Primary Care Integration Committee Assurance Report.**
10	**Quality and Safety Performance Report**
	The Board took the paper as read and SN highlighted the key points contained in the report. SN informed during September 2022 there were no serious incidents reported. Four (4) formal complaints were received related to Primary Care services. However, it was reflected that a number of issues raised with regards to PC services relate to informal complaints and be routed through local resolution route. The main themes and trend was in relation to communication which needed to be picked through the learning lessons group to smoothen communication with patients and public. SN highlighted a drop in acknowledgement of complaints within 3 days in the performance scorecard on one occasion as the complaint was reported through the incident reporting process as opposed to complaints reporting process which impacted on the timescale. The Safeguarding supervision was being extended incrementally across the Trust's clinical services and Primary Care teams will commence from January 2023. SN further informed the flu vaccination data was not included because officially the flu campaign started on 1st October and the Board was presented with September data. SN shared summary from the lessons learnt meeting held in Q1, papers of which were presented to the Quality and Safety Committee for assurance and advised the terms of reference particularly around membership needed to be reviewed. The lessons learnt meeting also focussed on external learning and focussed particularly on two reports having potential relevance to the Trust, one was preventing future death report following suicide of an individual outside of the Black Country system and the other report was the LeDeR report – learning from lives and deaths (of people with Learning Disabilities). People Committee and the Quality and Safety Committee reflected on the Kirkup report and SN assured that learnings from the Kirkup report will be included in the Ockenden report for committees in December and presented before January Board. In response to a question by BL on dissemination of learning through the learning lessons group, SN responded clinical audit would cover the implementation of learning and include in its clinical audit programme. The Trust was also testing against implementation through the CQC readiness piece of work and using screen savers and various other forums like staff briefing, Nursing and AHP forums to reflect on some of the learnings. SN reported further work was needed and the membership had to be

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	reviewed to include the right people and non-executive directors. VL added it was discussed at committee to develop a meaningful action plan in lines with the new patient safety framework. The Board noted to include a Board Development session on new patient safety framework. PH advised the service review meetings to link with the lessons learnt group. PH highlighted the issue around the titles given to long term contractors within Primary Care and informed LM and AR were working on this piece of work. In response to a question by ME, SN responded the need for communication and protocol access for clinical staff had been identified to make effective clinical decision and this was now included in induction packs for staff. The Board noted the Q&S Committee would receive quarterly lessons learnt report and bi-annual detailed lessons learnt report would be presented to the Board. In response to a question by STC, SN responded in order to embed incident reporting onto Datix within practices and extended primary care teams it was key to work in collaboration with the ICB. HT recommended development of the quality improvement strategy and the lessons learnt group to be an element included within the strategy for successful embeddedness. **Action PUB/NOV22/001**: SN to converse with ICB regarding sharing of information with Dudley practices focussing on incident reporting and health inequalities. **The Board noted the Quality and Safety Performance Report.**
11.	**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 BAF and corporate risks and supported the inclusion of the new risk, BAF 22-003 - There is a risk of slippage or failure in the delivery of transformational plan for Children's Services, increase in score for BAF -007 and content with the closure of corporate risk C-101. VL updated on Safeguarding there was a need to focus on level 3 and the Internal Audit report on Safeguarding provided an overall significant assurance, but moderate assurance was provided on training. VL stressed on the importance of focusing on the performance indicators for smooth delivery of service. **The Board noted the Quality and Safety Committee Assurance Report.**
12	**Audit and Risk Committee Assurance Report**
	The report from the Audit and Risk Committee was taken as read. DG thanked ME for Chairing the meeting as he was suffering from Covid. Mr. W Leech from Value Circle observed the meeting and provided constructive feedback at the end of the meeting. The BAF and Corporate Risk register was reviewed in detail and the Committee provided feedback on actions and mitigations. DG further acknowledged the recommendation of the Q&S Committee to close Corporate Risk C-101 was endorsed by the A&R Committee. DG commended James Young, Associate Director of Quality and Governance on his work on the Policy and Procedure Management and provided assurance in the Policy review and management process. **The Board noted the Audit and Risk Committee Assurance Report.**

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13.	**Board Assurance Framework and Corporate Risk Register**
	The Board took the paper as read and PK highlighted the key points contained in the report. PK updated the formal review of the Bord Assurance Framework (BAF) was scheduled in December Board, however in order to triangulate the discussions at last Board meeting and assurance committee reviews in October the process was revisited and presented before November Board. PK informed that PH had invited the Executive team to review the risks associated with the BAF and to link it to the Corporate Risk register. PK and SN supported an early review of the process and proposed several recommendations for discussion with Risk owners and associated assurance committees. The Executive leads were reviewing the risks which would be fed into the November cycle of committee meetings and presented before the Board in December. PK drew the Board's attention within the appendices of the BAF paper and stated the pyramid diagram marked as Appendix 1 depicted the Trust's governance structure for Risk Management. Appendix 2 illustrated the operational risk management process through the service reviews, Trust Management Board and further escalated through the Executive team and the CRR. PK revisited the existing BAF and Risk Management Strategy and recommended reviewed the guidance for managing the Trust's risk appetite to provide flexibility in order to adequately reflect the current position of the Trust. SN added given the change in circumstance of the NHS both at system and organisation level, it was considered necessary to approach risk with agility. HT recommended the Trust to consider the ICB's risk appetite and risk management process and to link the Trust's risk management process with the ICB. PK added it was important to review DIHC's strategic position within the ICB which was fluid currently. PK advised the CRR had been reviewed in detail with regards to the risk descriptions, gaps and assurances, review of the risks in line with change in scenario, amalgamation and closure of similar risks and risks which have been mitigated or were within tolerance. HT recommended a Board Development session on risk management process to demonstrate responsibilities of every individual and committee and to review the risk implementation process linking the service level risks (operational), corporate risks and BAF. PK requested all Board colleagues to review the risks and feedback their responses within the next two weeks, in order to action changes in the November cycle of committee meetings. The Board approved the BAF and CRR recommendations subject to feedback received within the next two weeks. **Action PUB/NOV22/002:** PK/ SN to organise a Board Development session on risk management process and to reassess the Trust's risk appetite.
14.	**Infection Prevention and Control – Healthcare Influenza Vaccination**
	The IPC report was taken as read and SN highlighted the key points contained in the report. SN advised the IPC report provided assurance to the Board regarding the Trust's peer vaccination programme around vaccinating DIHC's own staff regarding the flu campaign. This self-assessment document is NHS England's requirement and was presented before the Q&S Committee and presented to Board for information.

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The Trust had undertaken a peer vaccination programme and flu vaccination was provided at the Board meeting by Timea Vig. The peer vaccination was born out of staff feedback and had an 18% uptake within a period of 1 month.

SN highlighted the Board's commitment to vaccinate the Trust's staff and added there was a quality payment accompanying if the Trust vaccinated 70-90% of its frontline staff. Regular messages to staff and 2-3 vaccination clinics were being run per week.

The Board noted the report from the Audit and Risk Committee.

15.	**Service Story**

Infection, Prevention and Control

SN introduced Timea Vig, Infection Prevention and Control Specialist Nurse, DIHC.

TV shared an overview of her professional journey and added the IPC Service was being supported by other departments such as communications, People, Estates and Pharmacy teams. TV introduced Wendy Grainger, IPC Associate Practitioner who would be joining the team from 1st November 2022.

The IPC team reviewed and updated all the Policies and procedures to keep the staff, patients and service users safe. TV updated the World Health Organisation (WHO) defined IPC as a practical evidence-based approach which prevents patients and healthcare workers from avoidable infection, however it was everybody's responsibility to contribute to preventing infections. TV stressed the importance of hand hygiene and vaccination uptake in order to prevent diseases such as Covid, and the encouragement provided by the IPC team to spread awareness by regarding vaccine uptake. This was done by ensuring appropriate policies and procedures were in place, educating staff, robust audit and surveillance programme and aligning with various departments for achieving the common objective.

The Health and Social Care Act 2008 has a code of practice on IPC and guidance outlining compliance criterions against which the Trust's progress can be measured. A gap analysis was conducted by DIHC in March 2022 to set out the premises of the Trust's Infection prevention programme along with continual review which recorded satisfactory progress. The team worked closely with the Communications team and develop a Microsoft Teams IPC Channel to communicate closely with staff, update the Intranet page and implemented an IPC Champions programme. Regular IPC reports were being reviewed at the Q&S Steering Group and Q&S Committee and was currently working on creating training videos to demonstrate key information to staff. In addition to L1 and L2 IPC e-learning via ESR, there was now a robust hand hygiene training delivered both face to face where possible and virtually otherwise. Videos promoting the Covid vaccination uptake in Hungarian and Romanian languages was undertaken in the previous year and the same model will be used this year to promote the Influenza vaccine uptake. Fit testing programme had been rolled out and service was in place for larger capacity roll out. The PPE donning and doffing teaching video and FFP3 mask fit testing demonstrational video was work in progress.

Regular monthly meetings providing updated status on Flu, Covid, Monkeypox and other infections were being fed back to teams through the IPC Champions. The IPC Audit Programme included quarterly Hand Hygiene Audits, quarterly IPC audits with DIHC's GP Practices in line with the ICB's recommendation and Yearly IPC Audits plan in place for all team with a base to ensure safe premises and availability of necessities to keep staff and patients safe. Support to clinical teams was provided by SN and the team was working closely with GP practices to ensure everything was in place. Surveillance work was in progress and the team would work with ICB to ensure completion of surveillance requirement. The Infection Control Board Assurance Framework was being reviewed in line with the latest edition released in September 2022 and TV who was also the deputy Communications Officer for West Midlands Infection Prevention Society had been engaging in networking with the other IPC practitioners with the ICB and West Midlands.

TV outlined the Staff Influenza (Flu) Campaign and invited Board colleagues for having their vaccination jabs after the Board meeting. The IPC team was committed to a robust, high standard and

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	sustainable IPC Programme implemented across the Trust to reduce risk to patients, staff and visitors from avoidable harm. In response to a question by MG, TV responded to demonstrate the link between the Primary Care and IPC policies. While drafting the IPC policies, the ICB policies across GP practices and national guidance were considered and work towards training staff within GP practices and working closely with the ICB's IPC team was ongoing. SN added monthly meetings were ongoing to discuss the ICB's policies versus individual Trust's policies to work in collaborating with the Health Protection team in Dudley Council and the ICB IPC team. GL suggested receiving a practical hand washing session for the Board. In response to HT's question, SN responded a self-assessment was taken earlier this year against the IPC Board Assurance Framework and a refreshed framework was published by NHSE. Work was ongoing and will be presented before the Q&S Committee in December and the Board in due course. SN added in addition to under 65 flu jabs to be provided by TV, over 65 vaccinations were also available for Board colleagues which would be provided by Dr Lucy Martin should anyone require. The Board thanked TV for her support throughout tough times and applauded her contribution towards IPC.
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, 6th December 2022, 09.30 – 13.00 **Venue**: Dudley College of Technology, The Broadway, Dudley, DY1 4AS.

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Enclosure 1.5

DIHC Public Board Action Register

NHS
Dudley Integrated Health and Care
NHS Trust

Ref	Date Raised	Details	Action Lead	Due Date	Update	Status
PUB/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	06-Dec-22	MG reported this action had two parts; and confirmed the first part around the Performance scorecard was reported to the Board with reduced metrices, and an audit trail was maintained on account of the metrices removed. Regarding the second part, using similar data sets for IAPT review as the ICB, work was undergoing and would be reported back to December Board.	**Partially Open**
PUB/NOV22/001	01-Nov-22	SN to converse with ICB regarding sharing of information with Dudley practices focussing on incident reporting and health inequalities.	SN	06-Dec-22	The Director of Strategy, People and Partnerships and Director of Nursing, AHP and Quality are meeting with the CNO of the ICB 14thDecember and will discuss this further. SN has reflected to the ICB that they may wish to learn from the experience of DIHC re datix reporting in our internal practices together with an offer to support the implementation of PSIRF into primary care.	**Open**
PUB/NOV22/002	01-Nov-22	PK/ SN to organise a Board Development session on risk management process and to reassess the Trust's risk appetite.	PK/SN	06-Dec-22	Face to Face Board development session scheduled on 13th December at Lion Health	**To be closed**

Enclosure 3.2

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH & CARE NHS TRUST BOARD

REPORT TITLE:	Chief Executive Officer Report
DATE OF MEETING:	6th December 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 November 2022** **2. Chief Operating Officer Update** **3. Autumn Statement** **4. Dudley Health and Care Partnership Board** **5. Safety Culture – Learning from Best Practice** **6. GP Contract – Standard Documentation**
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 – November 2022

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

1.2 Health Service Journal (HSJ) Awards 2022

I was invited earlier this year to partake in judging for the 2022 HSJ Awards for a new category looking at Performance Recovery, this involved reviewing several case studies and partaking in group discussions with other judges. HSJ has a world class and multi-disciplinary and representative panel of experts and leaders from across the health service, so the experience and opportunities for learning at judging days are invaluable. I also had the pleasure of representing DIHC through presenting the performance recovery award in London on 17th November.

1.3 Executive Review of Mandatory Training Modules

Following a thorough review by the People team, the executive committee discussed the range of mandatory training requirements this month to provide assurance that it is at the correct level for the Trust and is in line with other NHS organisations. The committee was asked to consider the creation of a forum to oversee the education and training agenda and if appropriate to consider the delegation of decisions in relation to mandatory training to such a forum. This matter remains under review and I will update the board when I have more details

2. Chief Operating Officer Update

2.1 ARRS/Extended Primary Care Team

A new national job profile, that of the GP Assistant is now available. DIHC and our PCN/Primary care colleagues have moved swiftly on this and we have already appointed three roles with a further 7 to come in soon.

The work on Business Information continues at pace with outcome based templates being put in place for all the various job families. As this work reaches completion into Q 4 it is envisaged that this will give us valuable, reliable and systemic outcomes based metrics

2.2 High Oak Consultation

The consultation conversations continue. The Chief Operating Officer and Joint Medical Director (Dr Martin) continue to lead these events. At the most recent event there was good discussion about the specific community concerns about health inequalities and the Chief Operating Officer has reached out to the Council's Interim Director of Public Health to consider supporting a community based alliance for Pensnett. This includes greater use of the Pensnett Community Centre and exploratory conversations alongside our school nurses to look at vaccination programmes at St Mark's School in the future.

2.3 Industrial Action

DIHC has submitted its situation update to the ICB and NHS England. The RCN has now confirmed that industrial action days will be 15 th and 20th December 2022 unless a further agreement is progressed. There are 19 RCN members working in DIHC and each service is producing its strike plans, which include derogations and risk assessments. Weekly silver calls are already in place chaired by the Chief Operating Officer. It has been agreed that DIHC and the ICB will share both Gold Command and an Ops room at Wolverhampton Civic Centre.

It should be noted that Unison and CSP are balloting for strike action. Again staff membership is in relatively low numbers with the largest union membership being 29 members of Unison.

2.4 The Adult Social Care Discharge Fund

£500 million has been announced to contribute to social care discharge, with a focus on Discharge to Assess and Care Home support. The allocation will come through Local Authorities (£200 million) and ICBs (£300 million). It is anticipated that these funding streams will come together through the Better Care Fund. Our Deputy Chief Operating Officer will work with commissioners and place partners to look at where these monies are best invested. It is anticipated that 40% of the monies will be released in December 2022, with the balance in January 2023.

3. Autumn Statement

The Autumn Statement was delivered by the Chancellor on the 17th November 2022. The two biggest issues for Health and Social Care are workforce shortages and pressures in social care.

In response to these pressures the Department of Health and Social Care and the NHS will publish an independently verified plan for the number of doctors, nurses and other professionals needed in 5,10 and 15 years time taking full account of the need for better retention and productivity improvements.

Additional social care grant funding of £1bn next year and £1.7bn the year after has been allocated which combined with other council funding will contribute towards an extra 200,000 more packages being delivered over the next two years.

The NHS Budget will increase, in each of the next two years, by an extra £3.3bn. The Chief Executive of the NHS, Amanda Pritchard, has said this should provide sufficient funding for the NHS to fulfil its key priorities.

Following the Autumn Statement the Director of Finance attended a national briefing session. The briefing covered three specific asks for the NHS;

1. Publication of recovery plans for UEC and Primary Care
2. Continue to deliver Elective Care Recovery
3. Publish comprehensive workforce plan for next year

More detail will be published on these requirements within the annual planning guidance.

4. Dudley Health and Care Partnership Board

The meeting of the Dudley Partnership Board took place on 10th November and I also took over the role as Chair of this Board for the next six months, as part of the joint chairing we share with colleagues at The Dudley Group NHS Foundation Trust.

Key areas of discussion included an overview of the budget and spending to date across the various programmes. The Local Authority provided an overview of an inclusion toolkit which partner organisations can use to ensure their process are inclusive and allows for organisations to work towards a culture change for inclusion which will help to develop capacity and understanding of inclusion for all relevant partners individuals and stakeholders. The toolkit will also help to create/maintain and embed inclusive practices across Dudley, inform and shape current policy, practice and services and highlight areas of good practice and aid in Contributing to reducing inequalities.

The Board also had a thorough update of the Dudley system winter plans that have been approved, and actions that each partner organisation within Dudley is taking. The A&E Delivery Board will monitor the delivery of the plan and hold partner organisations to account for what has been agreed, with escalation to the Partnership Board Executive Team.

Progress updates on the various programmes was also provided by leads including First 1001 Days, the work of the Integrated Model of Care Implementation Group and Dudley Primary Care Collaborative Provider Collaborate, Mental Health Provider Collaborative and the ICB Board

5. Safety culture - learning from best practice

This safety culture best practice guidance highlights what acute, specialist, mental health, community and primary care organisations, rated outstanding/good by the CQC for the safe domain, have done to support a patient safety culture. It includes the role of leadership, continuous learning and improvement and narrowing health inequalities.

6. GP contract - Standard Documentation

Following changes to 2022/23 GP contract that will apply in England, NHSE have issued further guidance and resources to support implementation of the change. These can be found at the following link https://www.england.nhs.uk/gp/investment/gp-contract/

Enclosure 3.3

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

Tuesday 6th December 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 1.2 Declarations of Interest 1.3 Private Board Minutes – meeting held on 1st November 2022 1.4 Action Register and Matters Arising 1.5 Items Carried Forward from Part One	 To Receive To Receive For Approval For Approval For Discussion	 Verbal Verbal Enc 1.3 Enc 1.4 Verbal	Mr. H Turner	13.30
2.	Primary Care Operating Model Executive summary	For Discussion	Enc 2	Dr L Martin	13:45
3.	DIHC Development	For Discussion	Verbal	Ms. P Harris	14:00

3.	**Committee Minutes** ***(to be taken as read)*** 3.1 Quality and Safety Committee – meeting held on 18th October 2022 3.2 Primary Care Integration Committee – meeting held on 19th October 2022 3.3 Finance, Performance and Digital Committee – meeting held on 20th October 2022 3.4 People Committee – meeting held on 25th October 2022	For Information For Information For Information For Information	Enc 3.1 Enc 3.2 Enc 3.3 Enc 3.4		14:45
4.	**Board Meeting Reflections**	To Receive	Verbal	Mr. H Turner	14:50
5.	**Any Other Business**	To Receive	Verbal	Mr. H Turner	14:55
	Date of next meeting: 10th January 2023 Time: 13:30 pm to 15:00 pm Venue: TBC – Dudley Canal and River Trust				15:00

Enclosure 4

NHS
Dudley Integrated Health and Care
NHS Trust

PUBLIC BOARD

REPORT TITLE:	**Integrated Model of Care Update**
DATE OF MEETING:	6th December 2022
PURPOSE OF REPORT:	To update Board Members on the progress made with place partners towards an effective Integrated Model of Care.
RESPONSIBLE EXECUTIVE:	Dr Richard Bramble, Joint Acting Medical Director
AUTHOR OF REPORT	Dr Richard Bramble

SUMMARY OF KEY POINTS:	- The Sponsor Group for the Capgemini facilitated conversations in March and May has become the "Integrated Model of Care Implementation Group" (IMOCIG).
	- In the last quarter, clear governance of the IMOCIG has been agreed with
	  o Terms of Reference, Workplan, Reporting Framework (RAID log)
	  o Independent Chair (Dr Hugo Mascie-Taylor)
	  o Programme Director (Sally Cornfield)
	  o Reporting to Dudley Health & Care Partnership Board
	- The IMOCIG supports four cross-organisational Transformation Groups / Local Improvement Teams (LITs).
	  o Children's Model of Care
	  o Mental Health Model of Care
	  o Integrated Care Teams & Care Coordination
	  o Dudley Clinical Hub
	Three LITs have agreed improvement plans. The fourth LIT has produced a Project Initiation Document.
	- The LITs have attempted to focus only on the clinical model and to remain organisationally agnostic.
	- The Medical Directors of DIHC and DGFT are meeting frequently and have agreed to expand the number of LITs. The new LITs will have joint clinical leadership from DIHC and DGFT to improve other key pathways, including End of Life Care, Lung Cancer Care and COPD.

LIST BENEFITS AND/OR EXPECTED OUTCOMES:	The progress made by the IMOCIG and LITs supports DIHC's **Aim** ("Dudley first: Community where possible; hospital when necessary"), our **Purpose** ("…by ensuring everyone involved in the provision of care works together…") and our **Commitments** (to "…simplify what can be complex…"). Further, the progress helps to reduce our risk against BAF 002 "..to agree our role in the delivery of Integrated Care Model" and BAF 006 "…to develop a clear prioritised and innovative program around population health".
FUNDING/ COST IMPLICATIONS:	Dudley Health and Care Partnership manages resource assigned by the ICB for place development and for Health Inequalities. This resource is currently supporting the governance and programme management of DHCP and the IMOCIG.

	DIHC Executives, Clinical Leads, Commissioning Managers, Administrators and others provide frequent input to the LITs.
DoF / Finance Approval	☐ Yes ☐ In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None
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 There has been significant progress in partnership working this year. However, relationships with partners remain unclear until the role of DIHC within Dudley is more clearly defined by the ICB.
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 A QIA has not been completed. However, improved partnership working is likely to have a positive impact on the quality of Preventative, Primary and Community Services in Dudley.
	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)* -

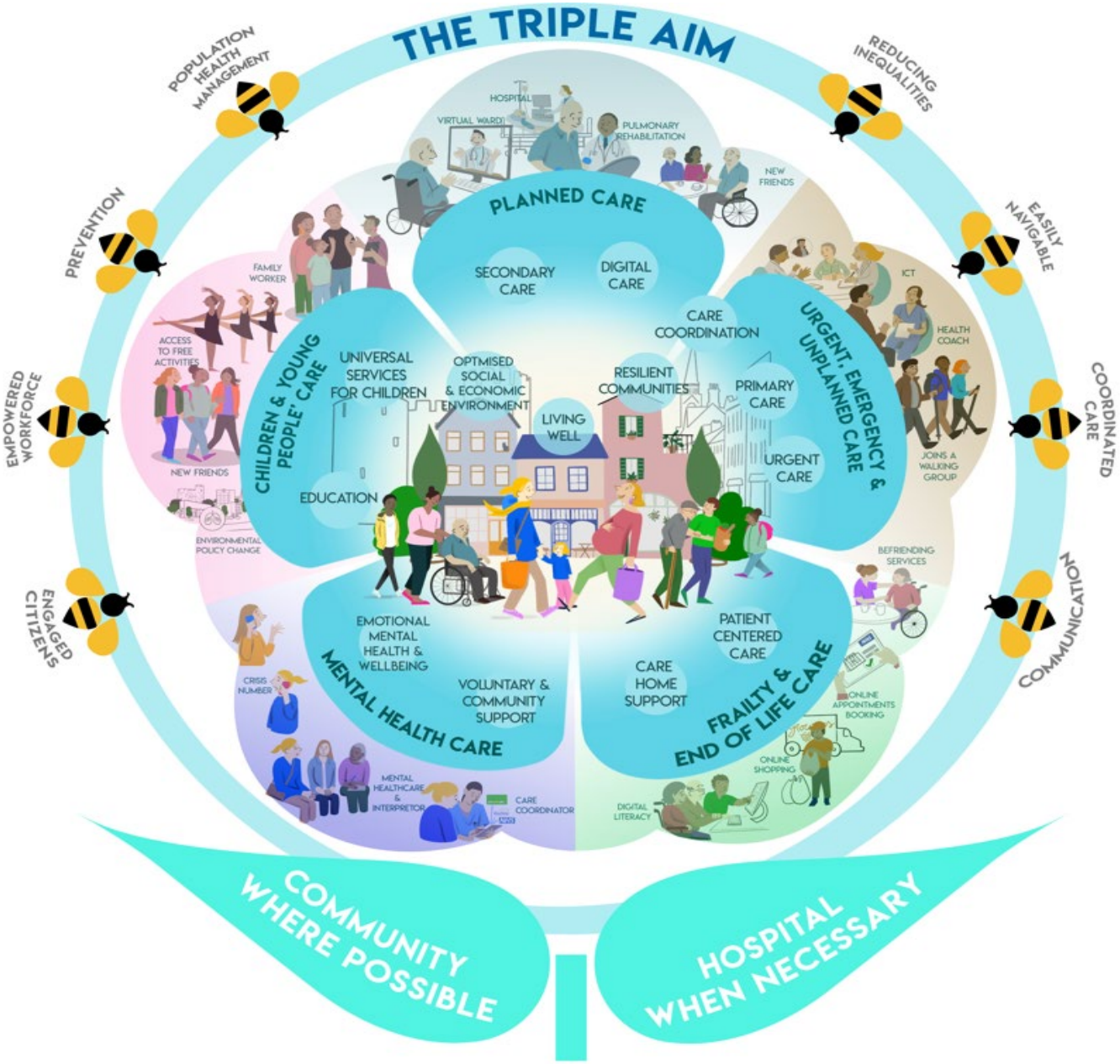
RECOMMENDATION: *Tick as appropriate*	☐ For Approval / Decision ☐For Assurance ☒For Information / Discussion

Integrated Model of Care Update for DIHC Board

Dr Richard Bramble, Joint Acting Medical Director
23rd November 2022

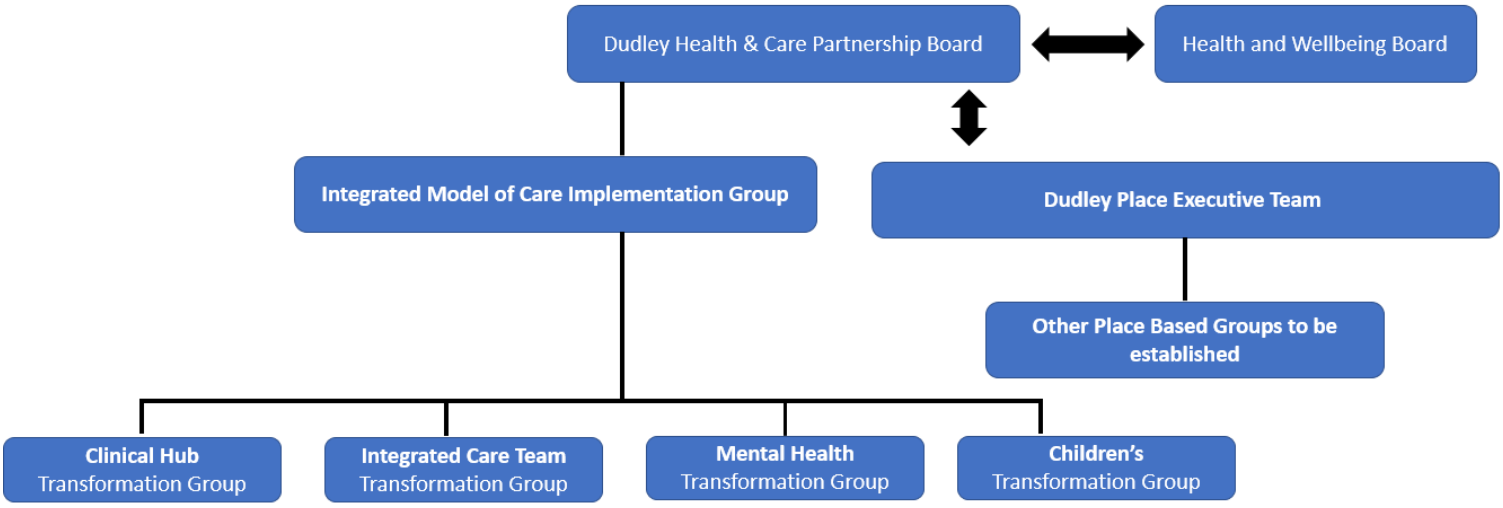
1. The Clinical Model

The following graphic illustrates Dudley's Clinical Model. This has been co-created by clinicians and managers from all participating organisations and was applauded by ICB and Trusts' Chairs and Chiefs, as well as Council and PCN leaders. A key feature of the graphic is that there are no hard lines between sectors, recognising that people's health journeys move between sectors.



2. Clinical Governance

The Integrated Model of Care Implementation Group currently receives reports from four Transformation Groups (soon to be renamed "Local Improvement Teams") and reports to the Dudley Health & Care Partnership.



At the time of writing three Transformation Groups have presented reports to the IMOCIG. One of these (Children's Model of Care) has been approved by the Dudley Health and Care Partnership Board.

3. The Transformation Groups / Local Improvement Teams

The four Local Improvement Teams (LITs) have each met multiple times through Teams. The Children's and ICT LITs have held face-to-face workshops, each involving dozens of clinicians and non-clinicians from the health and care organisations of Dudley including third sector representation. Each has attempted to distil best practice using local experience, national exemplars and guidance. The following paragraphs attempt to summarise the work done by these groups.

Children & Young People's Model of Care

New ways of working

1. **No wrong door** – Our staff want to go the extra mile and make a difference to Dudley families, but current criteria and ways of working drive referral rejection and stifle communication.
2. **Workforce empowerment** – Multiagency relationships, trust and mutual understanding will be strengthened to enable sharing of skills, feedback loops and empowerment of the whole workforce.
3. Services need to be **flexible**, with extended hours, based in locations that are truly accessible, adopting universal proportionalism principles, and focus on empowerment and self-management. For some families there may be a role for care coordination / navigation.

4. We need to understand and support **community-based assets and services** to meet the ambition of a thriving voluntary and community sector. These assets are well placed to support education, life skills, prevention, and social integration.
5. System wide, **outcome-based commissioning** is required which is meaningful, evidence-based outcomes. Commissioning needs to be sensitive to holistic approaches that collectively demonstrate the impact on population health as opposed to activity based KPIs.
6. **Digital enablement** – for both our communities and services.

Proposed model of services for children and young people in Dudley

What will be different?

For Service Users	For Staff	For the system
A focus on prevention will help reduce the widening gap in health inequalities. Promotion of universal services will remove stigma and barriers to access. Families will be supported by the right people, at the right time and staff satisfaction will increase when they are able to put their families at the heart of what they do.		
Increased focus on the health and wellbeing of families as opposed to illness focused services.	Manageable caseloads.	Improved staff satisfaction with work, which will increase recruitment and retention.
Increased knowledge and empowerment regarding caring for themselves and their children.	Staff able to use their knowledge and skills in creative ways.	Reduced need for highly specialist and intensive services
Involvement in their own solutions facilitated by	Increased partnership working and	Improved population level health and

improved confidence in navigating services.	understanding of other services	wellbeing, which is lifelong
Early identification and intervention, reducing risk that families find themselves in crisis situations.	Decreased frustration with the referral process and rejected referrals.	Reduced service user frustration and complaints.
Planned transition to adult services. CYP are supported to get to the next "point" by Team Dudley throughout their lives	Access to wider continuing professional development.	Reduced duplication of services, reducing resource loss

Recommendations

1. Long term, outcome based**, joint commissioning** of services
2. A strategic approach to **early identification and intervention**
3. A comprehensive long-term **strategy for health promotion and prevention**
4. The system requires an **emphasis on health literacy**
5. **Urgent investment** in children's health provision to tackle inequalities and to reverse increases in perinatal and infant mortality. Children and young people account for 25% of our population but are allocated less than 10% of the health budget.
6. A**ssessment of waiting times** for services such as paediatrics and children's mental health services and direction of additional resources to ensure services can assess and treat promptly.
7. There needs to be a system wide, shared, interoperable, secure **IT systems**
8. **Trust our people** to make appropriate referrals without needing to go through several individuals or organisations. Increase communication between professionals and agencies by integrated working. The development of a "no wrong front door, and "no wrong referral" culture is required to improve care, experience, and outcomes.
9. S**eamless transition to adult services**

<u>Integrated Care Team Transformation Group</u>

There are currently 11 ICTs across Dudley. Each ICT includes between one and seven practices with roughly twenty GPs and ten GP Nurses in the team, serving approximately 30,000 patients. There is significant variation in GP Leadership and Participation. In some PCNs we have heard feedback that ICTs would benefit from clearer GP Leadership.

Each ICT is supported by a named ICT care coordinator (DGFT) plus ARRS staff (DIHC), Community nurses (DGFT), a Social Worker (DMBC), PCMH nurse (DIHC), Integrated Plus (DCVS) and often Specialist nurses and consultants (DGFT). Attendance is variable

A large survey of ICT participants showed:

- Strong belief in ICT's benefit to patients
- Desire to work as one cross–organisational team

- Interest in shared EPR and communication apps throughout the week
- General comments about the need for more resource across the system

A half-day workshop agreed the following cross-organisational intentions and actions:

Our ICTs will be improved by	Agreed intention	Actions / next steps
Standardisation of core elements of ICT Meetings with flexibility which is driven by population need	Leadership - ICT Lead GP / ANP in every ICT	Review of current ICT service specification and commissioning arrangements to ensure dedicated leadership in each ICT DIHC and PCNs to review DQOFH rules and rewards for GP leadership and attendance
	Representation - All practices to attend ICT Meetings (GP, ANP or GPN)	
	Use of standardised Agenda	
	Use of standardised referral criteria	
Digital is a key enabler	Shared EPR would save substantial clinical time	Joint working group to scope requirements and design shared EPR: "1 system in a perfect world, otherwise a system to see each other's EPRs" Current EMIS template to be reviewed
	Shared EPR would improve "care by conversation"	
	Shared EPR would reduce inappropriate admissions / referrals	
	Community staff would benefit from mobile EPR	
	Social workers and some social prescribers do not need access to shared EPR	
	Task messaging could happen through shared EPR, apps or a well-governanced phone system	

Our ICTs will be improved by	Agreed intention	Actions/ Next steps
Define core roles, especially around Care Coordination	"Joint formal agreement" (all teams to understand and agree a shared ICT specification)	Shared review of ICT service specification

	Define administrative workload	Shared review of resource Shared review of discharge pathways
	Identify ICT administrators rather than using Care Coordinators for admin	
	Closer relationship with Discharge CCs, to increase discharge capacity	
	Define PCN roles in relation to the ICT (health coach, social prescriber, care coordinators)	
	Consider increasing ICT in-reach (to RHH & Intermediate Care)	
	Define ICT role in prevention and inequalities	
Culture	Patient engagement in ICT design	Further events & communications Involve Healthwatch & public Involve our comms teams
	ICT Monthly news	
	Shared system to feed up suggestions / problems	
	Repeated staff engagement / surveys	
	ICT contact protocol (staff and DOS)	
Outcomes	Agree ICT outcomes/metrics and BI	Outcomes group
	Refresh data template in EMIS	

Mental Healthcare Transformation Group

There is cross-organisational agreement to use national guidance from the Kings Fund for evidence-based, best-practice, Primary Care Mental Healthcare (PCMH). The group scoped current practice against this guidance. The Primary Care Mental Health Team bridge the gap between Primary and Secondary Care by:

- Using the PCN ICT to offer advice & guidance
- Provide MH interventions in primary care to prevent the need for navigation to tier 2 of the 3-2-1 model
- Support better signposting & access to the wider community offer.
- Having close links to the CMHT to support transition from tier 2 to tier 1 to ensure flow through MH pathways.

There was agreement that the PCMH model used across the Black Country can be used in Dudley "with local nuances (e.g. FCPs, Dudley QOF, wider wellbeing offer with social prescribing & VCSE)." The Dudley Model will approach this through:

- Common assessment, 'no wrong door'.
- Mirroring the BC model in Dudley.
- ICT's functioning in a consistent way.
- Short term treatment from the PCMH team.
- Interaction with other services. Care by conversation and not just referral based.
- Develop offer for medical interventions and consultations away from the stereotypical medical venues, e.g. GP surgeries. Explore options with schools, colleges, CVS e.g. Phase Trust, What Centre, Arts for Change etc. Explore ARRS, FCPs offering services in the community/ people's houses.
- IAPT LTC, MAS and social workers available for older adults
- For people with Serious Mental Illness (Psychosis, Bipolar Disorder, etc)
    - Recruitment of ARRS First Contact MH Practitioners
    - Use of ICT to discuss cases of concern or cases to step-down from CMHT
    - Use of ARRS, PCMH & ICT to support easy access (golden ticket) back to specialist MH services.
    - Support from BCHFT Physical Health in SMI team for annual health checks.
    - Recovery college, IPS employment services, VCSE & social care services to support step down from CMHT
- For people with physical and mental comorbidity
    - Joint interventions between ICT (especially social prescribing) and IAPT
    - Sharing of information to support DQOFH SMI health checks
    - Outreach model of physical health checks shared across Primary care, DIHC and BCH
- Improved communication with GPs
    - ARRS FCPs and PCMH working in GP surgeries; ICT discussions and decision-making scrutiny. Care by conversation, not by referrals.
    - PRISM model - designed not to be a separate service for GPs to refer people into, but rather a shared resource based in primary care that GPs can access by making a 'request for service'.
- DIHC form part of wider consultations/ reviews and sharing best practice.
- Once yearly GP teaching from BCH speciality teams to Primary Care for updates and reminders with shared case studies and best practice
- Meaningful co-production and co-design with CVS- Integrated Plus, FCPs, Recovery College, local authority, PH, DWP, education, police, voluntary sector and social services.
- Social needs, substance misuse, criminality, social vulnerabilities to be considered and included.

<u>Clinical Hub Transformation Group</u>

Then Clinical Hub TG had their Project Initiation Document approved by the IMOCIG in August 2022, with the objective to "Identify, agree and deliver work plans to enhance the role of the Clinical Hub in facilitating care in the community and preventing patients from coming to hospital as a default. Working together with community partners to improve the

pathways, processes and provision which may keep appropriate patients out of ED and SDEC. Meanwhile improving access to specialist care or advice, for care homes, community providers and primary care."

Expected benefits:

- Fewer admissions of patients who do not have an acute condition
- More seamless and efficient processes improving quality of care for service users
- More seamless and efficient processes improving useability for service providers
- Care in the appropriate setting
- Release bed capacity to acute and specialist care
- Better systems and communication improving specialist care out of hospital
- Support DGFT, the acute provider, to deliver the 4 hour EAS

Further Local Improvement Teams

The Medical Directors of DGFT and DIHC are working together to develop the remaining outputs of the Capgemini process. We anticipate the establishment of LITs to address key issues in Dudley including Lung Cancer pathways, End of Life Care, reducing admissions for patients with COPD and improving musculoskeletal services. The delivery plan which will be overseen by the Place Executive Team.

Enclosure 5

NHS
Dudley Integrated Health and Care
NHS Trust

Public Board

REPORT TITLE:	Quality and Safety Report
DATE OF MEETING:	6th December 2022
PURPOSE OF REPORT:	To present the Quality and Safety Report to the Trust Board.
RESPONSIBLE EXECUTIVE:	Sue Nicholls, Director of Nursing, AHPs and Quality
AUTHOR OF REPORT	James Young, Associate Director of Governance and Quality
SUMMARY OF KEY POINTS:	The Quality and Safety report was presented to the Trusts Quality and Safety Committee in November 2022. The reporting period refereed to is October 2022. The report provides high level information regarding reported incidents (datix and serious incidents), complaints and concerns, safeguarding data and covid and flu vaccination data relating to our integrated practices. The report also provides the quality and safety scorecard information. Summary of key points includes; • No Serious Incidents reported this period; two incidents have been reported as SIs by other organisations. DIHC are contributing to the investigations. • One reported incident has met the threshold for a Child Safeguarding Practice Review. DIHC are contributing to the review. • The complaints process for our general practice services has been reviewed with a greater emphasis on local resolution. Patient facing posters and the Trusts website have been updated. This will ensure concerns/complaints are responded to more quickly. • Covid Vaccinations – the spring booster and the autumn booster are not currently differentiated. It is being ascertained whether this is a local or national recording issue. • Flu Vaccinations – the flu campaign commenced in October 2022. The staff flu vaccination campaign is progressing.
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	

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
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

Quality and Safety Report

Reporting Period: October 2022

Reported to: November 2022 Quality and Safety Committee

Reported by: Kellie Lennon, Deputy Director of Nursing

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

Statistical Process Chart (SPC)

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

Summary

Data / Quality Indicators

- No Serious Incidents reported this period; two incidents have been reported as SIs by other organisations and we are contributing to the investigations
- One formal complaint reported this period
- Chapel Street FFT data technical issues now resolved – data presented separately to this report

Other

- One incident has met the threshold for a child safeguarding practice review. DIHC are contributing to this.

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**

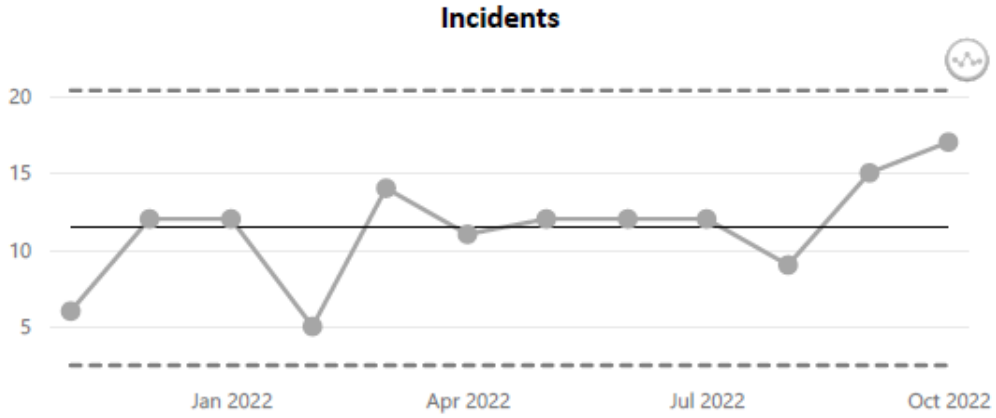
DIHC Performance Scorecard 2022/23

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	YTD	Target	Variation	Assurance
Q&S	Feedback	Mental Health Friends and Family Test – % Positive	Local	Oct 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	Oct 2022	89.58%	89.56%	-		
		Primary Care Friends and Family Test – % Positive - High Oak Surgery (QTR)	Local	Sep 2022	89.57%	89.55%	-		
		Feedback - Informal Concern	Local	Oct 2022	4	22	-		
		Feedback - Compliments	Local	Oct 2022	10	24	-		
		Feedback - Complaints	Local	Oct 2022	1	23	-		
		An acknowledgment of the complaints within 3 days	National	Oct 2022	100%	94.44%	-		
		A formal response to the complaint sent within 45 days	Local	Oct 2022	100%	100%	-		
	Incidents	Duty of Candour	National	Jun 2022	100%	100%	100%		
		Occurrence Of Any Never Event	National	Oct 2022	0	0	-		
		Incidents	Local	Oct 2022	17	88	-		
		Serious Incidents	Local	Oct 2022	0	0	-		
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	Oct 2022	100%	100%	-		
	Safeguarding	Number of Safeguarding Concerns - Adults	Local	Oct 2022	57	369	-		
		Number of Safeguarding Concerns - Child	Local	Oct 2022	20	136	-		
		Number of Safeguarding Concerns - Age unknown	Local	Oct 2022	0	2	-		
		Number of SARs - Open	Local	Oct 2022	0	0	-		
		Number of CSPRs - Open	Local	Oct 2022	1	1	-		
		Number of S42s - Open	Local	Oct 2022	2	2	-		
		Number of S42s - Overdue	Local	Oct 2022	2	2	-		

Footnotes

There are were no incidents requiring Duty of Candour in October 2022
No complaints breached the 3 day acknowledgement timescale.

Incidents



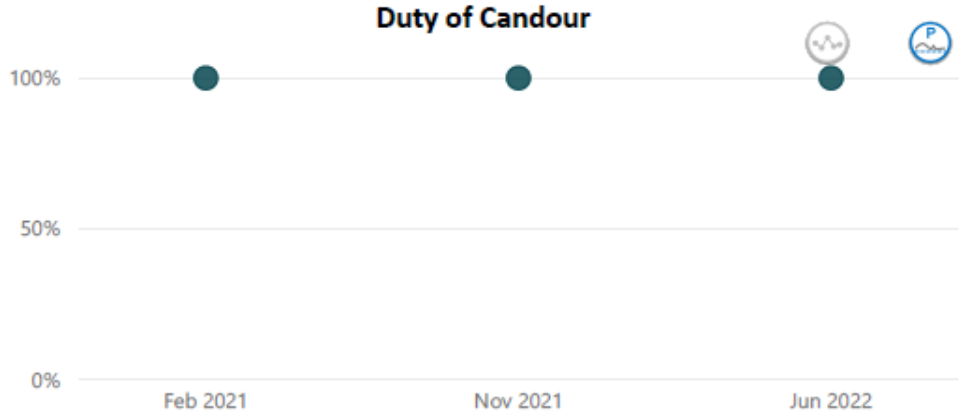
Oct 2022
Date

17
Value

-
Target

Common Cause
Variation

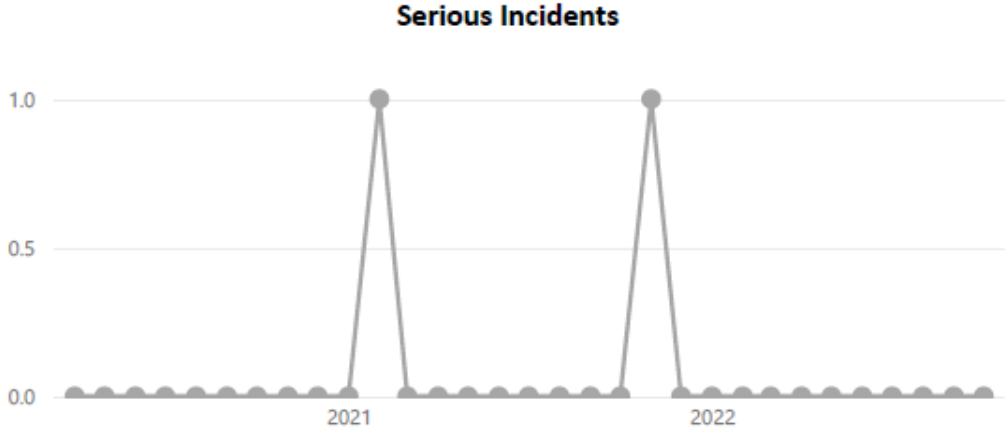
No Target
Assurance



Jun 2022
Date

100%
Value

100%
Target



Oct 2022
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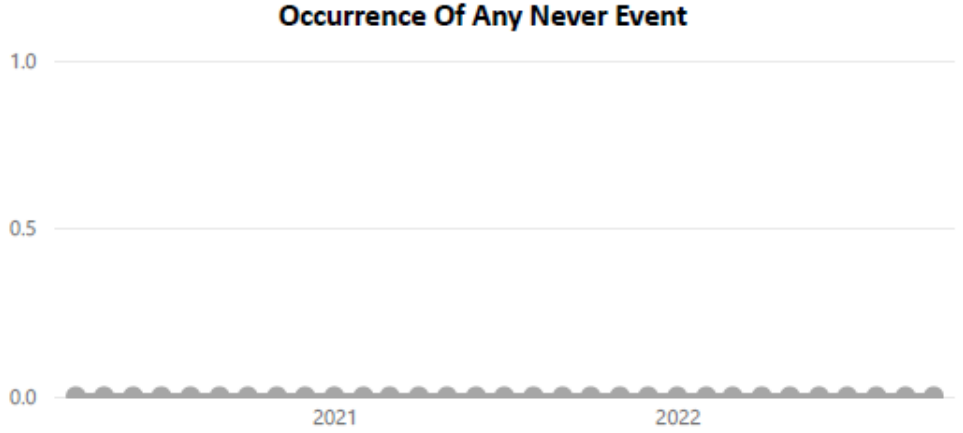

Oct 2022
Date

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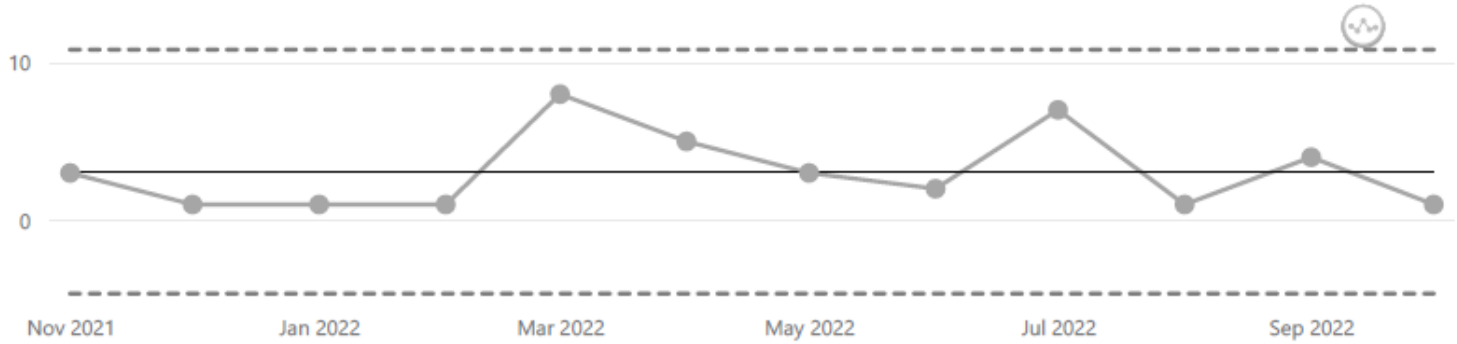
Target

Service comments	Actions
• No obvious trends or concerns; two incidents have been reported as SIs by other organisations – actively engaging with those providers as part of the incident investigations and to ensure appropriate Duty of Candour is completed. In addition one of the incidents is subject to a Child Safeguarding Practice Review. • Four incidents relate to the same IT network issue affecting the Primary Care Mental Health Team	• Discuss with other providers to ensure incident investigations are aligned for the two SIs that have been identified • IT issues all reported to the service desk for review and action to avoid reoccurrence

Feedback

Feedback - Complaints



Oct 2022
Date

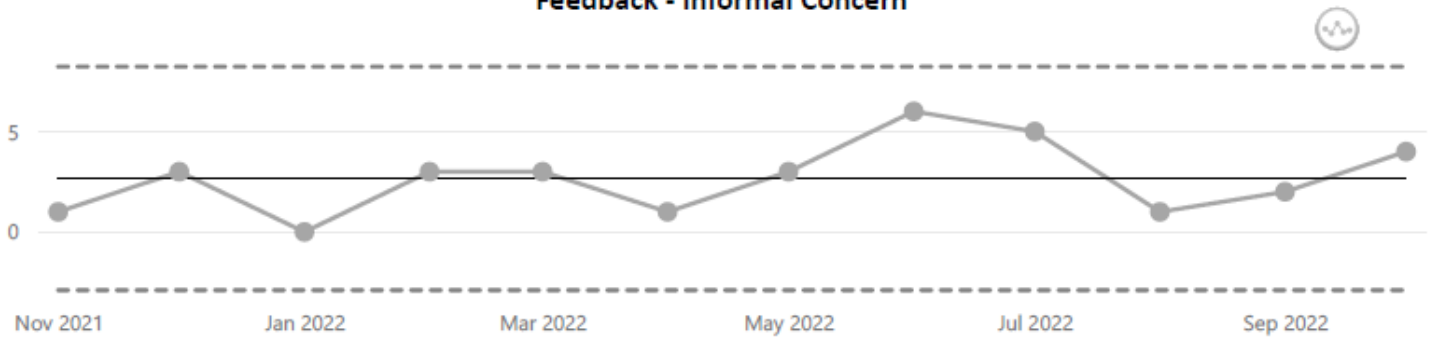
1
Value

-
Target

Common Cause
Variation

No Target
Assurance

Feedback - Informal Concern



Oct 2022
Date

4
Value

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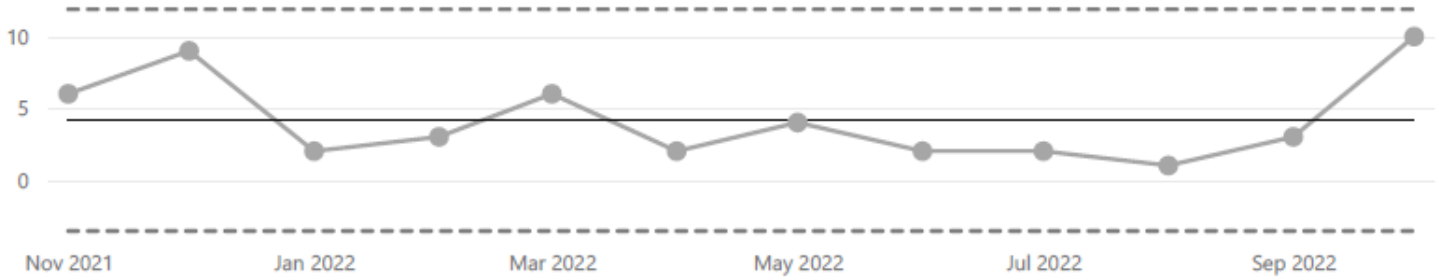
Target

Common Cause
Variation

No Target
Assurance

Feedback - Compliments



Oct 2022
Date

10
Value

-
Target

Common Cause
Variation

No Target
Assurance

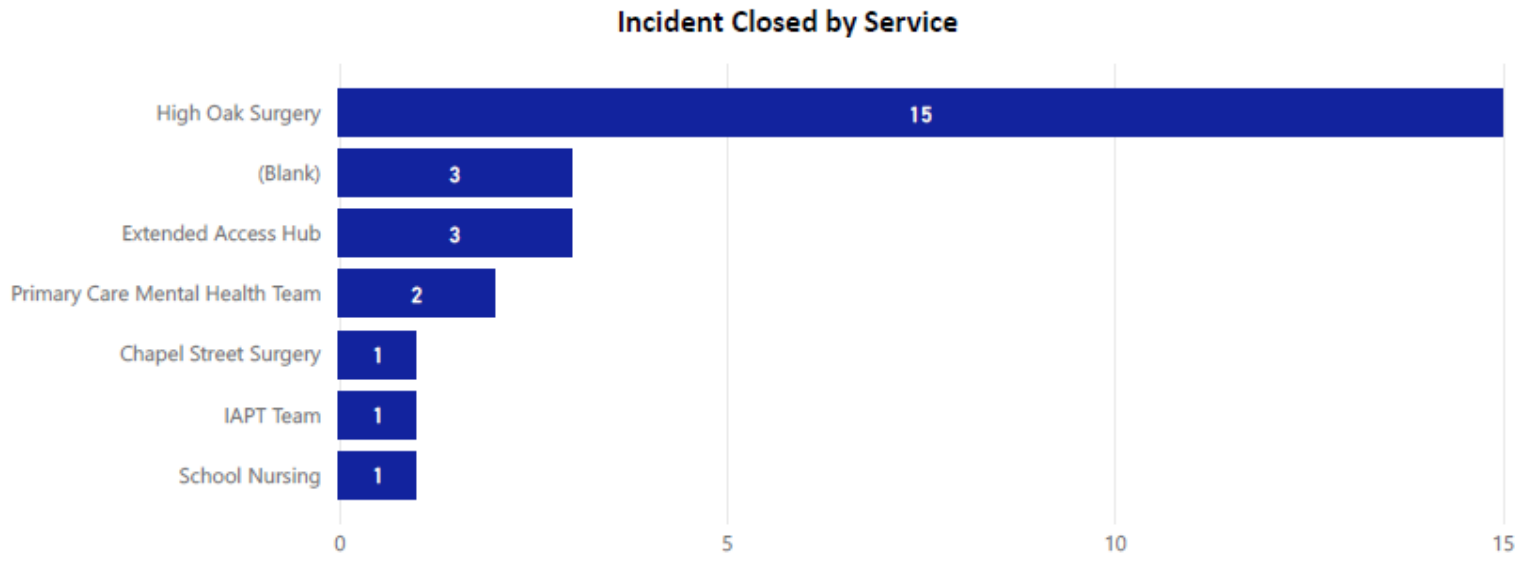
Service comments

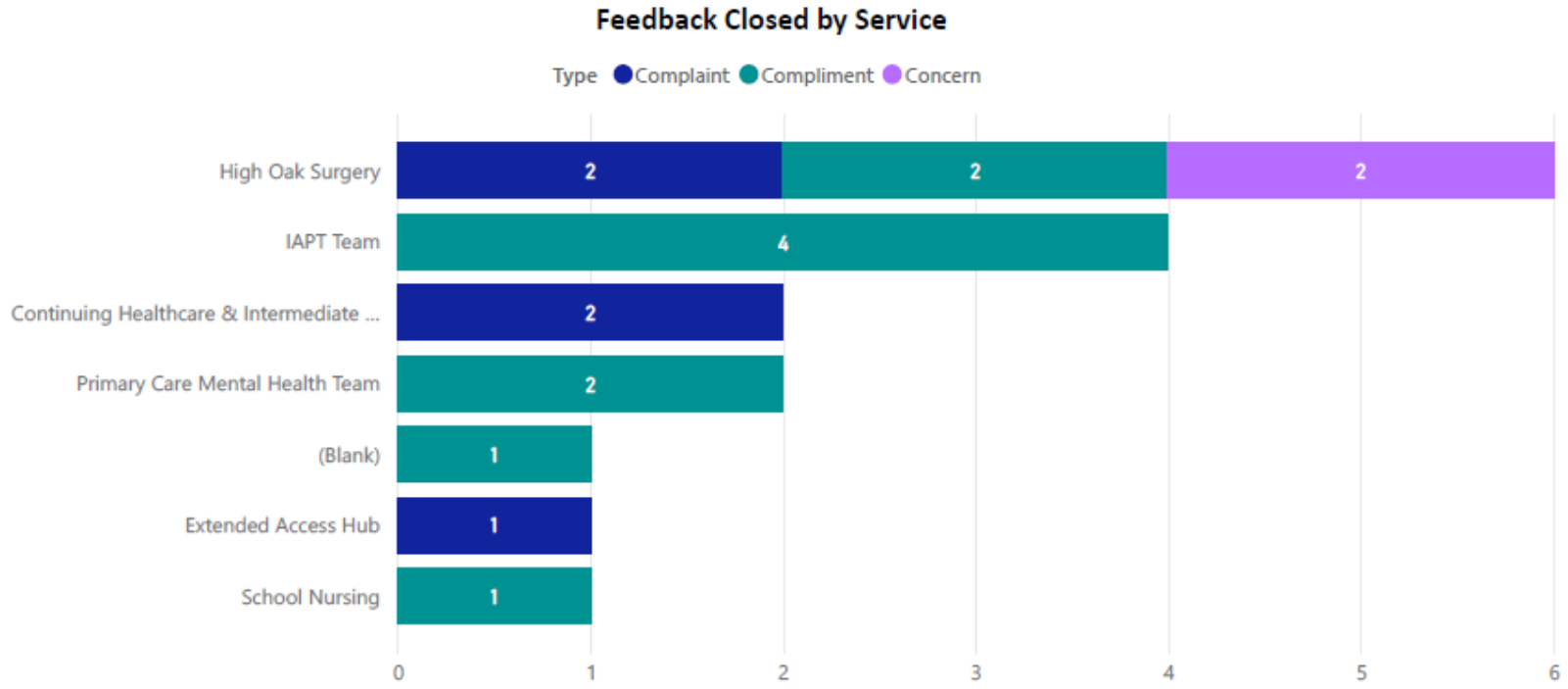
- All four concerns relate to general practice services.
- Over half of the compliments relate to the two Mental Health services
- For complaints closed in October 22, two were not upheld, two were upheld and one was partially upheld

Actions

- No immediate actions currently required; concern and complaints investigations may identify opportunities for learning once complete
- The complaints process for our general practice services has been reviewed with a greater emphasis on local resolution.

Incidents and Feedback Closed Within: October 2022





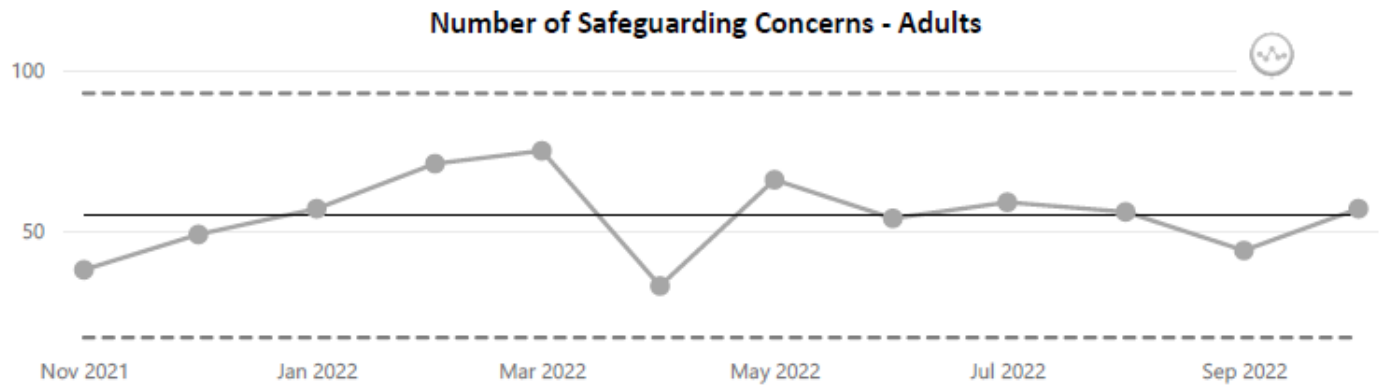
Key Lessons Learnt

- Better communication between staff and with patients when clinics cancelled or double-booked
- Explore additional 'customer service' training for staff, especially when dealing with distressed patients
- Greater consideration to be given to ensuring appropriate area identified for confidential conversations

Actions

- See above

Safeguarding



Oct 2022
Date

57
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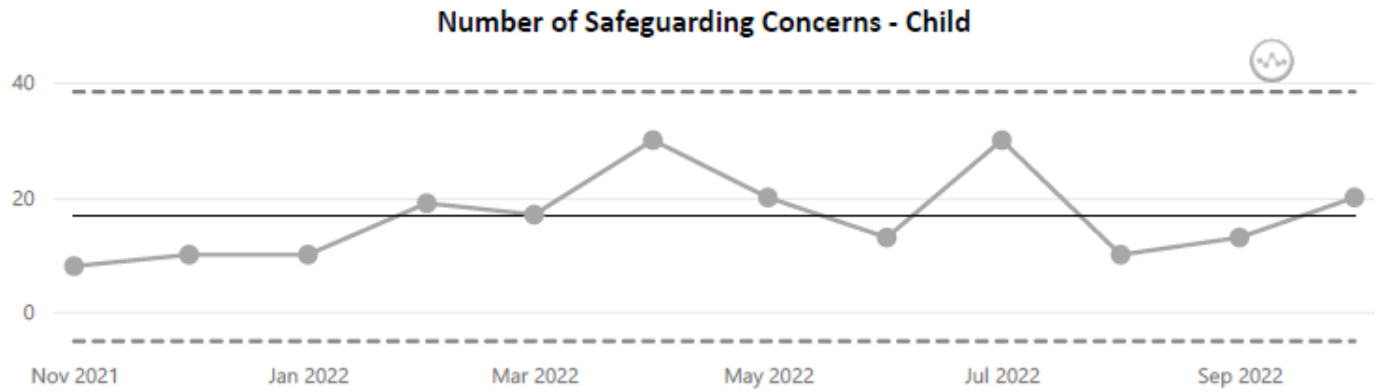
Target

Common Cause
Variation

No Target
Assurance



Oct 2022
Date

20
Value

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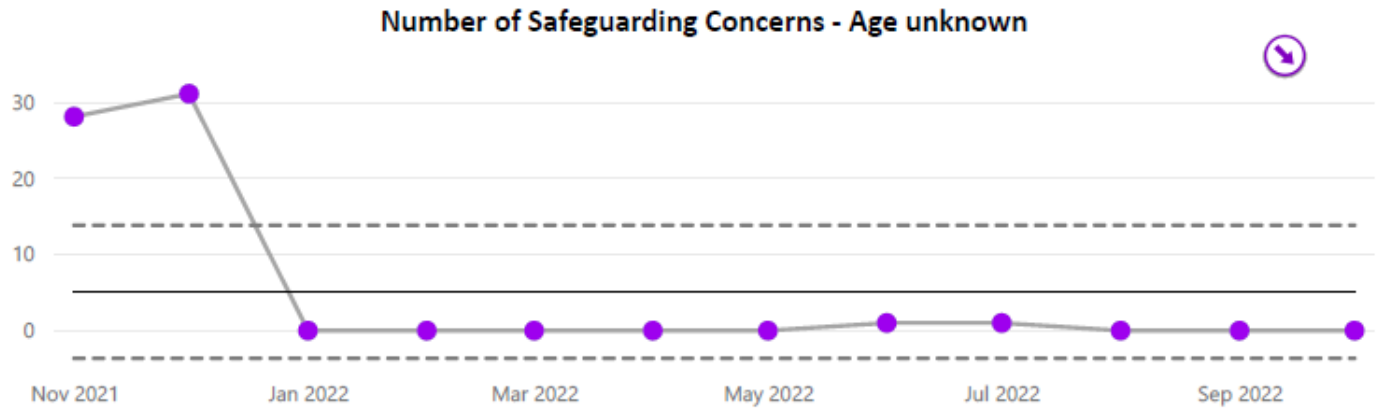
Target

Common Cause
Variation

No Target
Assurance



Oct 2022
Date

0
Value

-
Target

Neither
Variation

No Target
Assurance

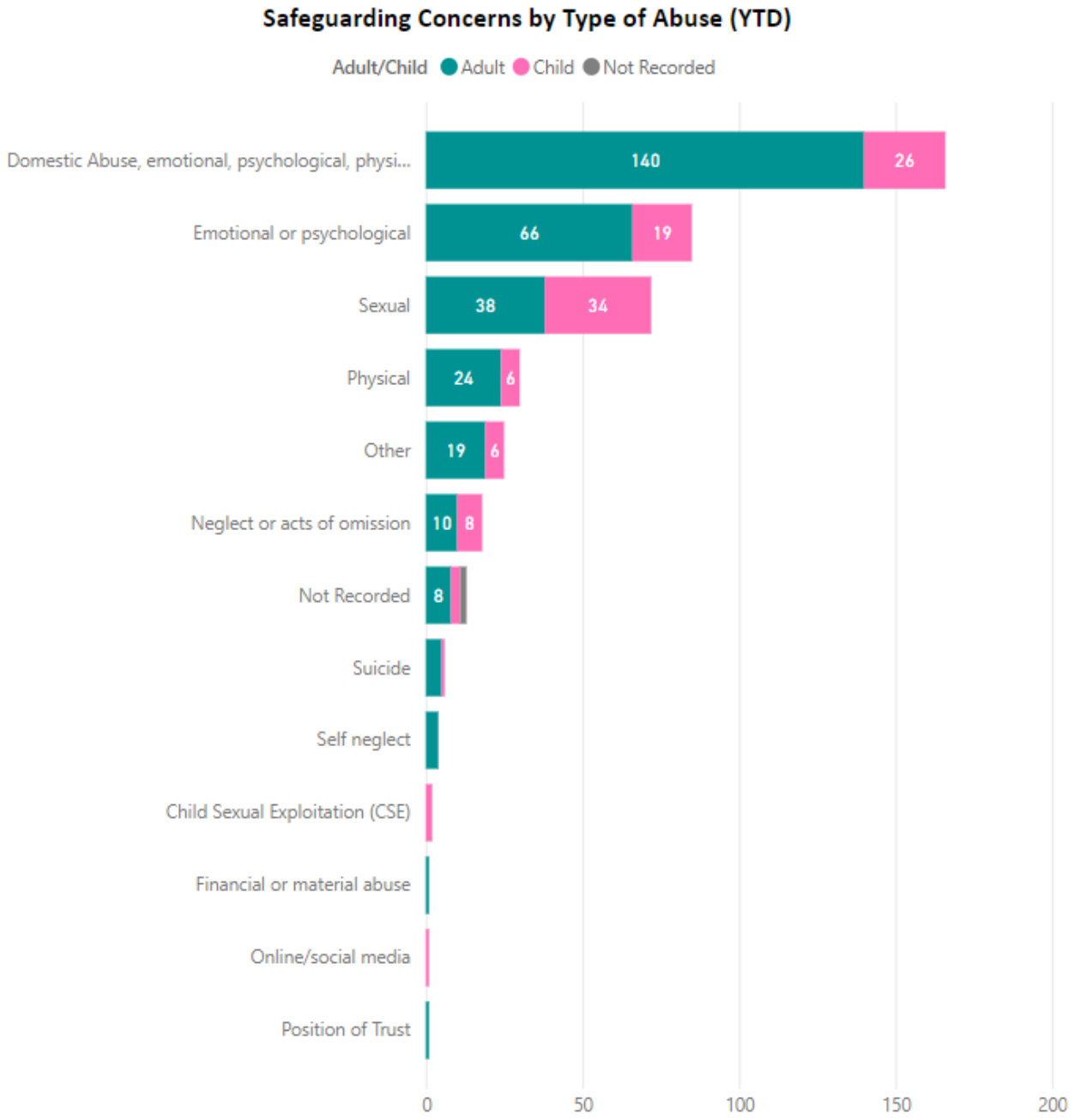
Service comments

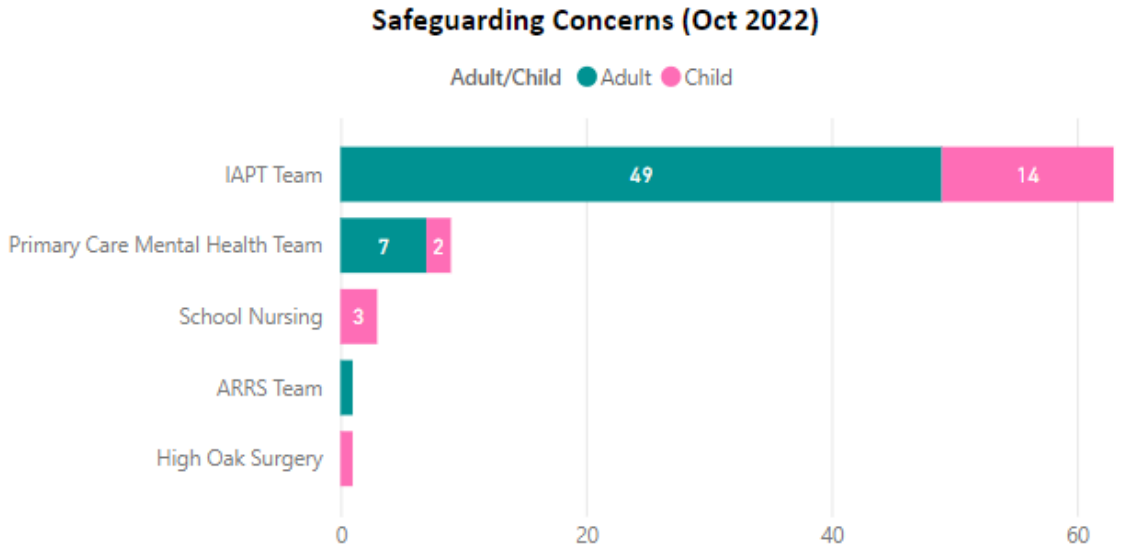
- The Safeguarding Team are working collaboratively with the Continuing Health Care Team and the MASH Team to develop further practice and escalation guidance for Section 42 safeguarding enquiries.
- Supervision compliance is currently at 97.4% overall and School Nursing compliance is 100%
- The team are contributing to an SI (reported by another organisation) and a child safeguarding practice review. Missed opportunities to identify non-accidental injury and make appropriate safeguarding referrals have been identified with immediate actions implemented

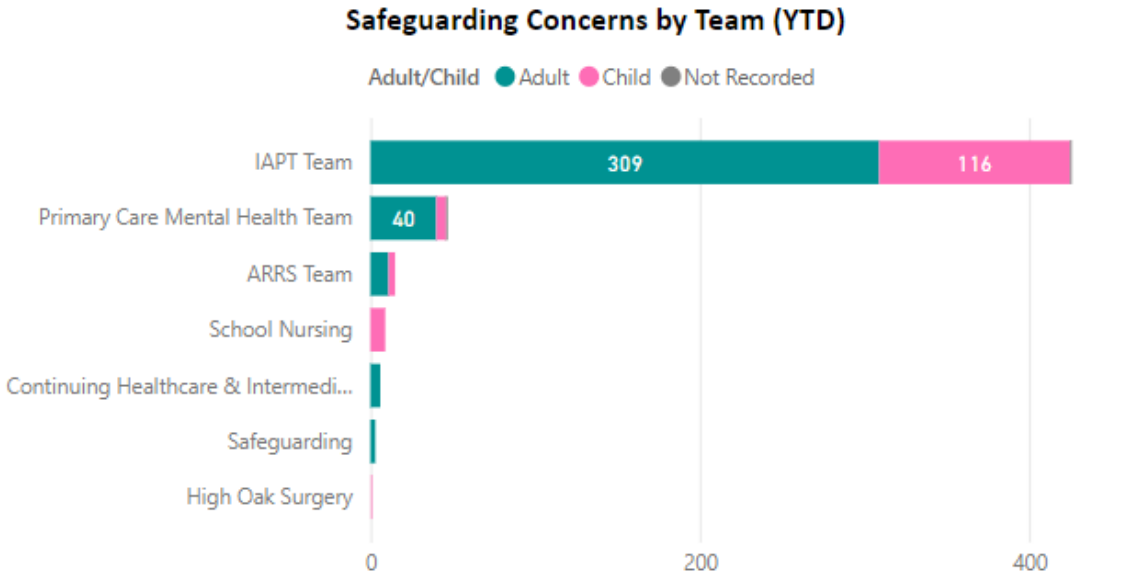
Actions

- NAI and bruising protocol recirculated and placed in clinical areas A seven minute briefing has been circulated. Learning disseminated via the Nursing and AHP forum

Safeguarding







VACCINATIONS

COVID VACCINATIONS – Patients (High Oak Surgery)

- Covid vaccination programme at High Oak Surgery continues; latest uptake data (as of 03/11/2022):

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	185	95%	94%	92%	5	5
03. Age 75-79y (excl care home)	120	96%	94%	93%	3	3
04. Age 70-74y or Covid High Risk (excl care Home)	234	93%	92%	82%	5	11
05. Age 65-69y (excl Care home)	150	96%	95%	88%	2	5
06. Age 16-64y with UHC (excl care home)	668	85%	82%	70%	15	82
07. Age 60-64y or UHC (excl care home)	90	100%	91%	81%	2	6
08. Age 55-59y (excl care home)	132	89%	87%	77%	3	11
09. Age 50-54y (excl care home)	142	85%	81%	63%	2	19
10. Age 40-49y (excl care home)	290	77%	74%	55%	5	62
11. Age 30-39y (excl care home)	531	71%	65%	42%	16	139
12. Age 18-29y (excl care home)	464	66%	56%	27%	4	151
13. Age 16-18y, no UHCs	69	42%	28%	6%	0	40
14. Age 12-15y with specific UHC or household contact	18	34%	28%	11%	0	12
15. Age 12-15y no UHCs	194	40%	24%	0%	0	117
16. Age 5-11y with specific UHC or household contact	34	0%	0%	0%	0	34
17. Age 5-11y no UHCs	456	7%	4%	0%	0	426

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

FLU VACCINATIONS – Patients (High Oak Surgery)

Latest uptake data (as of 03/11/2022):

Age Group	Total Population Per Age Group	Total Vaccinated	% Vaccinated	Total Patient Declined	Total Vaccinated Elsewhere
Over 65 years	607	244	40%	20	92
6m-under 65 years (exc 2-3y) AT RISK	629	121	19%	2	55
50 years-under 65 years NOT AT RISK	443	68	15%	0	37
2 years - under 4 years Nasal Flu	125	7	6%	1	0
Pregnant Patients	28	4	14%	0	4
Total	**1832**	**444**	**24%**	**23**	**188**

Covid Vaccinations – the spring booster and the autumn booster are not currently differentiated.
Flu Vaccinations – the flu campaign commenced in October 2022
The total vaccinated is a combined total including those vaccinated in practice and elsewhere (eg pharmacy or other healthcare provider)

COVID VACCINATIONS – Patients (Chapel Street Surgery)

- Covid vaccination programme at Chapel Street Surgery continues; latest uptake data (as of 03/11/2022):

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	46	98%	96%	76%	0	0
03. Age 75-79y (excl care home)	18	84%	78%	72%	2	0
04. Age 70-74y or Covid High Risk (excl care Home)	143	88%	85%	54%	5	11
05. Age 65-69y (excl Care home)	76	84%	81%	49%	3	10
06. Age 16-64y with UHC (excl care home)	249	72%	67%	32%	19	51
07. Age 60-64y or UHC (excl care home)	30	100%	47%	37%	4	12
08. Age 55-59y (excl care home)	42	100%	50%	33%	3	18
09. Age 50-54y (excl care home)	86	58%	57%	27%	4	31
10. Age 40-49y (excl care home)	286	57%	54%	16%	1	121
11. Age 30-39y (excl care home)	373	48%	44%	12%	4	189
12. Age 18-29y (excl care home)	491	46%	36%	7%	2	266
13. Age 16-18y, no UHCs	90	23%	20%	8%	0	69
14. Age 12-15y with specific UHC or household contact	9	100%	11%	0%	1	7
15. Age 12-15y no UHCs	193	18%	11%	0%	0	159
16. Age 5-11y with specific UHC or household contact	13	23%	0%	0%	0	10
17. Age 5-11y no UHCs	314	3%	2%	0%	0	305

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

FLU VACCINATIONS – Patients (Chapel Street Surgery)

Latest uptake data (as of 03/11/2022):

Age Group	Total Population Per Age Group	Total Vaccinated	% Vaccinated	Total Patient Declined	Total Vaccinated Elsewhere
Over 65 years	188	53	28%	4	16
6m-under 65 years (exc 2-3y) AT RISK	299	41	14%	4	4
50 years-under 65 years NOT AT RISK	159	5	3%	6	1
2 years - under 4 years Nasal Flu	74	0	0%	2	0
Pregnant Patients	22	1	5%	0	0
Total	**742**	**100**	**13%**	**16**	**21**

Covid Vaccinations – the spring booster and the autumn booster are not currently differentiated.
Flu Vaccinations – the flu campaign commenced in October 2022
The total vaccinated is a combined total including those vaccinated in practice and elsewhere (eg pharmacy or other healthcare provider)

VACCINATIONS – Staff

- Latest uptake data Covid boosters and flu vaccinations (as of 03/11/2022):

Staff Vaccinations	No. of Staff	COVID-19 Booster since 1st September 2022	Influenza vaccine since 1st September 2022
Patient Facing	300	11.3%	20.3%
Non Patient Facing	118	16.9%	43.2%
Total	**418**	**12.9%**	**26.8%**

- Following staff feedback DIHC are providing a peer staff vaccination programme for the 22/23 campaign
- The staff vaccination programme is subject to a CQUIN (target 70-90% of patient facing staff)
- Further workforce information will be provided and discussed at the People Committee
- Weekly communications/updates are provided via the Trusts staff newsletter (Friday Round Up)

Enclosure 6

Dudley Integrated Health and Care NHS Trust

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: **Quality & Safety Committee**

Date of meeting: 15th November 2022 (via Microsoft Teams)

Significant risks/issues for escalation	There are no issues or recommendations to escalate to Board

Key issues/matters discussed at the Committee	The Committee was quorate, and the Committee Action Log was reviewed. Minutes of the Committee meeting held on 18th October 2022 were approved. **Board Assurance Framework (BAF) and Corporate Risk Register** Currently the Committee oversees the following BAF risks. **BAF22-003** - There is a risk in slippage or failure in the delivery of transformational plan for Children's Services. Moderate 12 (3x4) **BAF22-007** - There is a risk we fail to deliver and evidence safe, high-quality care to our service users in line with the CQC requirements. Moderate 12 (3x4) Committee were informed that on the 26th October 2022, the Executive Committee proposed several recommendations to the Trust Board following a challenge and review session which sought to strengthen the Trust's risk management process and to adequately reflect the Trust's current position. Board approved the recommendations on the 1st November 2022. Committee were asked to take assurance that Executive Committee had and, at Boards request, conducted a detailed review of the BAF controls, mitigations and assurances including any gaps and actions. Committee reviewed the assigned BAF Risks and the Corporate Risks in detail and were assured that the assurances, controls, mitigations and supporting actions are appropriate. **Safeguarding Update Q2 2022-23** IAPT continue to report the most safeguarding incidents. It is worth noting that there continues to be few reported safeguarding incidents from other DIHC services (GP surgeries, School Nursing, CHC/ICT). This is currently under review to

determine any barriers to reporting.

The Safeguarding Team are working collaboratively with the Continuing Health Care Team and the MASH Team to develop further practice and escalation guidance for Section 42 safeguarding enquiries.

Supervision compliance is currently at 97.4% overall and School Nursing compliance is 100%.

Safeguarding level 3 training compliance for adults and children is increasing- now 73% and 80% respectively, but further improvement is sought.

DIHC are contributing to a serious incident (SI) investigation reported by a partner NHS Trust whereby a child presented with unexplained bruising. Missed opportunities to identify non-accidental injury and make appropriate safeguarding referrals have been identified by both Trusts.

Immediate actions were taken by the Dudley Safeguarding People Partnership and DIHC which included training to identify bruising and onward referrals.

Lessons learned will be presented to Committee and Board once the investigation is completed.

Safeguarding Audit Undertaken by the Trust's Internal Auditors

The audit focussed on the Trust's arrangements in place for Safeguarding. The assurance level provided was significant.

All control objectives were confirmed as full assurance with the exception of safeguarding training compliance.

The audit highlighted key messages to be addressed:

- Consideration be given to including the recruitment of a named doctor for Safeguarding children and adults within the Quality and Safety Risk Register.

This has been added to the Risk Register and is being discussed at the Executive Committee. Committee were informed of the strong mitigation in place while recruitment is undertaken.

- The Trust should continue efforts to ensure Safeguarding training is completed on a timely basis and compliance targets are met.

- Safeguarding training compliance for locum and temporary / agency staff should be monitored and reported.

The Safeguarding Team are working closely with The People Team to develop the processes and assurances for training for locum and temporary staff.

- Action should be taken to ensure that MASH requests are received, and checks are completed within the required timescales.

Committee were informed about the vast number of MASH referrals being managed by The Safeguarding Team on behalf of the ICB. Capacity and efficiencies across the place are being explored.

More GP practices have signed the Data Sharing Agreement to allow direct access to their system which allows for timely access to required information. The ICB Safeguarding Team are supporting conversations with the outstanding GP Practices.

Committee received both reports for assurance.

Quality Priorities 2022.23 – Progress Update

For 2021/22, a broad range of Quality Priorities were identified that reflected the developmental phase of the trust in its first year of being in existence.

Building on the learning from these, the priorities identified for 2022/23 represent a much more focussed approach around the three core elements of quality and safety – safe, effective and experience.

The priorities were identified initially by focussing on a commitment to further strengthening the Trusts approach to continuous quality improvement to include patient safety, clinical audit and engagement; these initial ideas were then developed further through discussion and engagement with our staff and with patient representative groups

Committee were assured on the progress made to date regarding the quality priorities identified for 2022/23.

Quality Strategy – Draft v1

Committee received a first draft of the Trust Quality strategy which sets out the approach to ensure that quality is at the heart of everything we do.

The core quality deliverables set out the overarching framework for the Trusts quality strategy, underpins the organisational culture and are aligned to the three domains of quality.

• Safe - Preventing Harm
• Effective Care
• Positive Experience

The strategy details a robust quality governance framework ensuring delivery and assurance of quality from Service to Board.

The strategy details a number of measures of success aligned to the core quality deliverables which will demonstrate incremental quality improvements.

In addition to our core quality deliverables, we will also identify and agree 3-5 annual quality priorities driven through national or local identified need.

The strategy also emphasises the Trusts role as a commissioner of services and has a focus on commissioning for quality and a positive patient experience. The implementation of this strategy will help deliver assurances about quality and safety demonstrating a systematic approach to assure the quality of all services commissioned by DIHC on behalf of the ICB.

The strategy will ensure the Trust can demonstrate a journey of continuous quality improvement, both through the implementation and ongoing monitoring of the core quality deliverables and through the implementation of the annual quality priorities.

Committee received and discussed the report, proposing additions and amendments and further agreed to the proposed next steps for development. Committee reflected on the ambition to present final draft to Committee next month and to Board in January 2023 and agreed that this should be extended to January and February 2023 respectively.

Quality and Safety Report

There have been no Serious Incidents (SI) reported this period

Two incidents have been reported as SIs by other organisations and DIHC are actively engaging with those providers as part of the incident investigations and to ensure appropriate Duty of Candour is completed.

More incidents have been reported this month and the Quality and Safety Team are monitoring them for themes and trends which predominantly have been IT related and communication both internally and with patients appearing to be a feature.

One formal complaint reported this period relating to perceived attitude of a member of staff.

Changes have been made to the complaints process to include local resolution and internal management which is working well.

Chapel Street FFT (Family and Friends Test) data technical issues are now resolved – data will be routinely reported from next month

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.

Integrated Clinical Governance Development

Good progress is being made against a number of workstreams although some planned completion dates have been revised which may affect overall progress ratings in the next report; the 'CQC' workstream has moved from green to amber since the last report

The N365 policy management system is currently being prepared for its first upload of current documents, alongside a phased implementation starting with HR documents

Patient Safety Specialist development – which includes both LFSPE and PSIRF development and management – potentially represents a significant undertaking for the Trust with a number of aspects being very resource-intensive; the approach to this work is currently being scoped out but LFSPE has recently been subject to a national delay due to issues raised by various organisations

Work continues on developing quality assurance processes to support our commissioning responsibilities

A number of CQC 'mock inspections' have been undertaken. The external resource supporting CQC and risk management contract ceased at the end of October and the team are currently reviewing impact and assessing the best approach to work with reduced resources.

ARRS governance work continue with gradual progress being made with documented policies and procedures. A particular focus recently has been on the clinical supervision and competencies of our 'non-clinical' services.

Committee received the report for assurance.

Quality and Safety Steering Group (QSSG)

Following the ICB Contracts Team external visit to Chapel Street Surgery, DIHC Quality and Safety Team have identified learning for a way to support the practices with any future visits of this type.

Committee heard about progress with DIHC's first contribution to a commercial research study (Harmonie) which will be going live in the practices in November. This is an important study in which the Trust practices are currently the only sites for delivery in the West Midlands. The study is looking at the impact of a monoclonal antibody vaccination in the first year of life and how it affects hospital admissions and other serious outcomes for babies who contract RSV (respiratory syncytial virus). The Trust will take self-referrals from the whole of the West Midlands.

	Committee received the report and the minutes for the September QSSG for assurance. **Cycle of Business** The cycle of business has been reviewed against current guidance, legislation, regulatory frameworks and benchmarked with providers rated outstanding and good in terms of Well Led. Committee were reminded for assurance that the current cycle of business, as well as the refreshed terms of reference was originally approved by this Committee meeting as part of the annual committee effectiveness review. The annual effectiveness review process will start again in January 2023. Committee received the report for assurance, reviewed the Cycle of Business made some adjustments and agreed recommendations for realignment of responsible leads. Committee gave its thanks to all authors of the reports for the detail and clarity which enabled comprehensive discussions.
Recommendations made by the Committee	Committee agreed adjustments to and recommendations for realignment of responsible leads in the Cycle of Business.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	The Board Assurance Framework and Corporate Risk register was discussed and reviewed in detail.
Items/Issues for referral to other Committees	No issues for referral to other Committees.

Enclosure 7

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

REPORT TITLE:	Workforce Performance Report
DATE OF MEETING:	6th December 2022
PURPOSE OF REPORT:	To provide update and assurance to the Trust Board on workforce performance information for October 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.
	
	Staff Establishment and Turnover
	
	• The Trust Vacancy Rate (actual staff in post compared to the establishment) decreased to 6.96% which now under the Trust target of 10%.
	• Both metrics of Staff Turnover (12 months) have continued to decrease:
	  ○ Turnover (all resignations) decreased to 11.31%
	  ○ Normalised Turnover (voluntary resignations only) decreased to 8.81%.
	
	Sickness Absence
	
	Sickness Absence during September was reported as 2.91%, whilst Sickness Absence over the last 12 months was reported as 3.26%, a reduction on the previous month. Both these metrics remain under the Trust targets.
	
	The People Team continue to monitor and support line managers and staff affected by long term sickness.
	
	Training and Development
	
	Both Appraisal and Mandatory Training compliance remain above their 85% targets:
	
	▪ Appraisal compliance within the last 12 months is at 93.27%
	▪ Mandatory training compliance increased slightly to 92.86%
	
	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.
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, including new areas of training introduced in August.
FUNDING/ COST IMPLICATIONS:	None
DoF / Finance Approval	☐ Yes ☐ In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None
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

NHS
Dudley Integrated Health and Care
NHS Trust

Workforce Performance Report

Reporting Period: October 2022

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

Statistical Process Chart (SPC)

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

DIHC Performance Scorecard 2022/23

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	YTD	Target	Variation	Assurance
Workforce	Staff in Post	Vacancy %	Local	Oct 2022	7.19%	12.9%	10%		
		Turnover % (12 Months)	Local	Oct 2022	11.31%		13%	L	
		Normalised Turnover % (12 Months)	Local	Oct 2022	8.83%	11.01%	-		
		Turnover % (In Month)	Local	Oct 2022	0.38%		1.1%		
		Normalised Turnover % (In Month)	Local	Oct 2022	0.27%	0.67%	-		
	Development	Appraisal %	Local	Oct 2022	93.27%	93.27%	85%	H	
		Training Compliance %	Local	Oct 2022	92.86%	92.86%	85%	H	
	Absence	Sickness % (In Month)	Local	Oct 2022	2.91%	3.08%	3.8%		
		Sickness % (12 Months)	Local	Oct 2022	3.26%		3.8%	H	P
		Short Term Sickness (In Month)	Local	Oct 2022	63.49%	36.57%	-	↗	
		Long Term Sickness (In Month)	Local	Oct 2022	36.51%	63.43%	-	↘	
		Maternity % (In Month)	Local	Oct 2022	1.78%	1.36%	-	L	

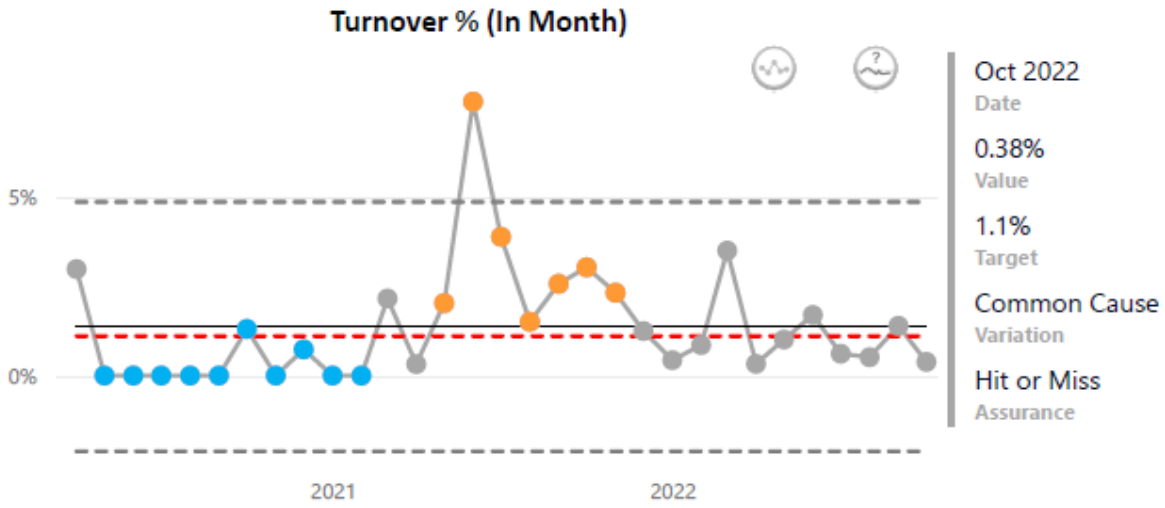
Footnotes

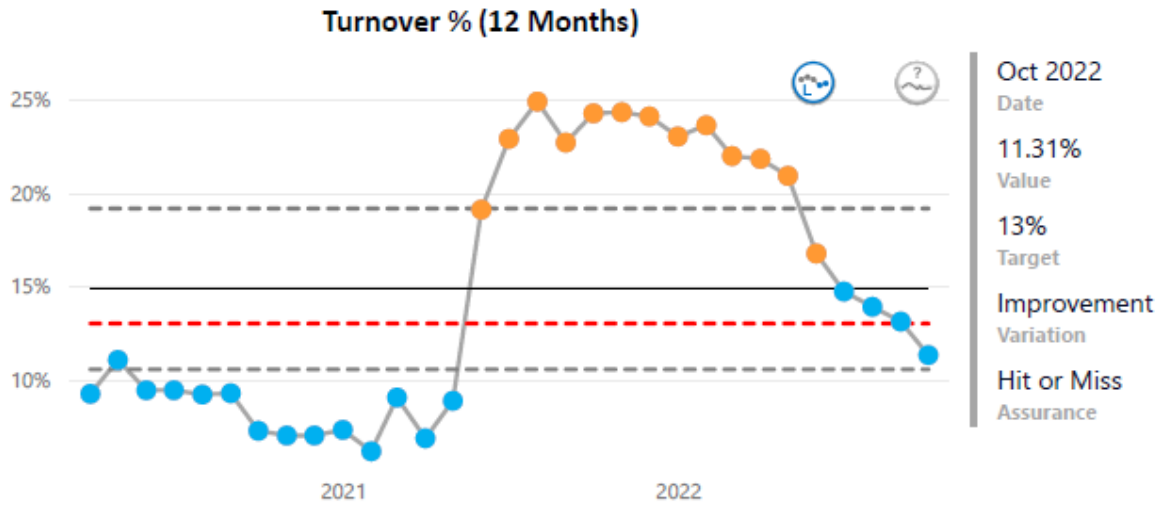
- A " - " has been used to represent that no target is available at the time of reporting

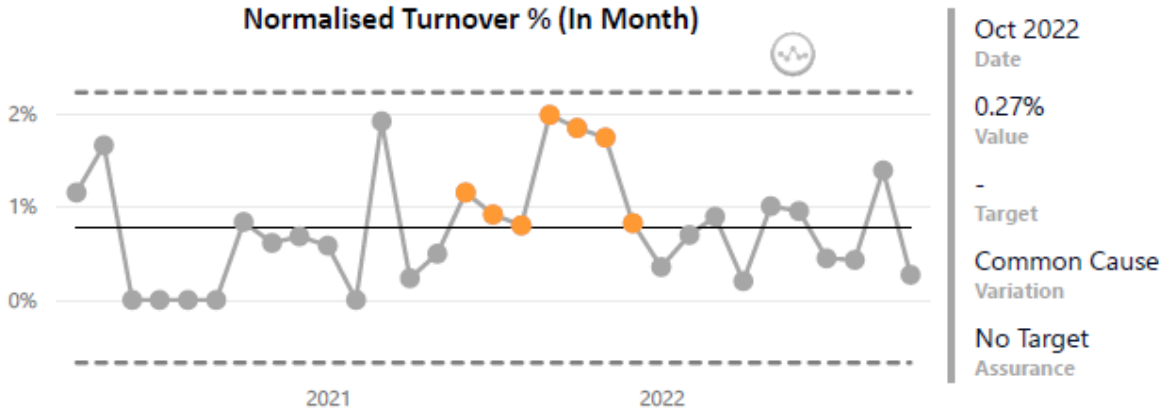
Key

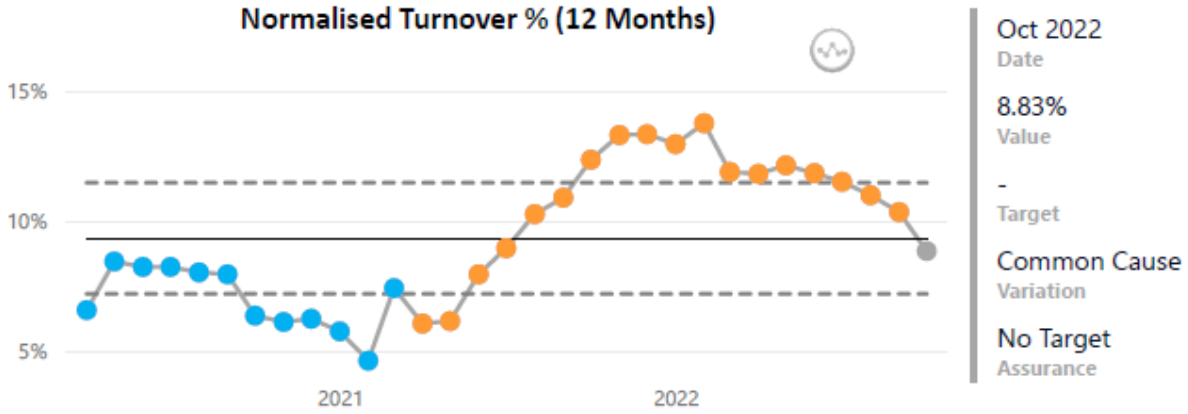
Variation			Assurance		
	H L	H L		P	F
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling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

Workforce - Staff in Post









Service comments

Staff in Post, Vacancy and Turnover

- The funded establishment as at the end of October 2022 was 387.90 (WTE) and there were 428 staff in post (360.02 WTE).
- The vacancy rate (actual staff in post compared to the funded establishment) for October 2022 was 7.19% after the Trust saw 15 new staters (12.95 FTE) in October 2022.
- There were * leavers in month (1.36 FTE).

Please note: * represents suppressed data as 5 or less

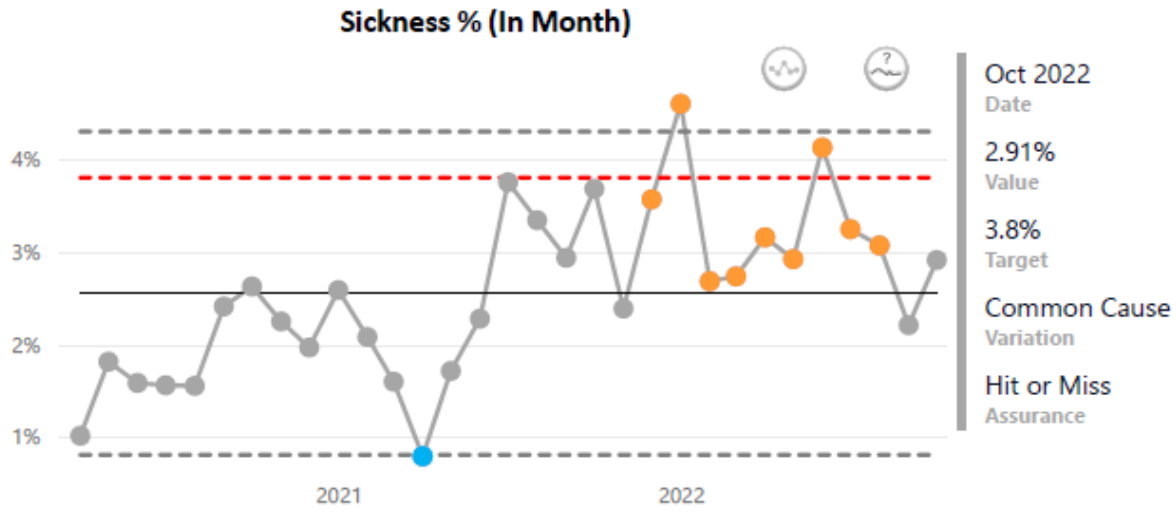
- Turnover reduced to 11.31% and Normalised
- Turnover (voluntary resignations) reduced to 8.83%

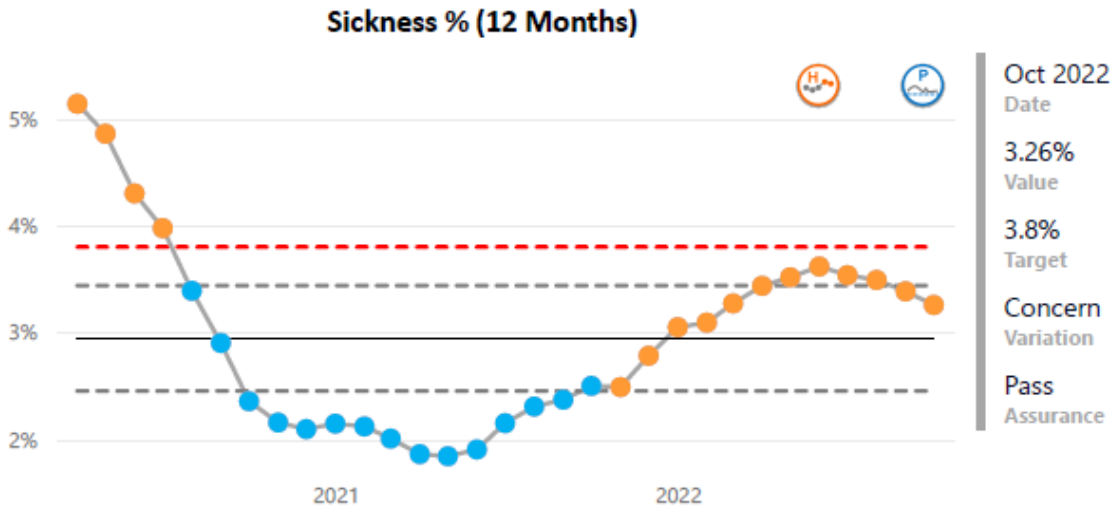
Actions

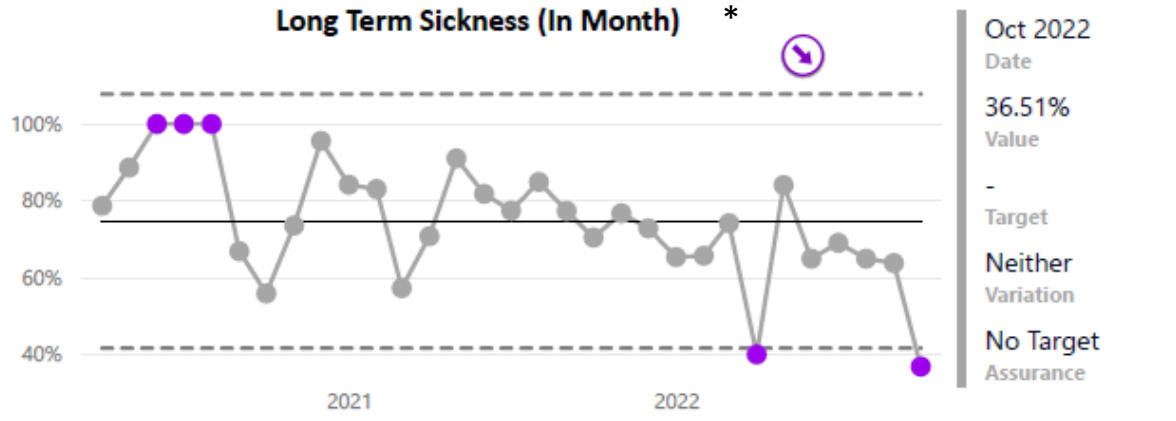
Recruitment Activity in October 2022

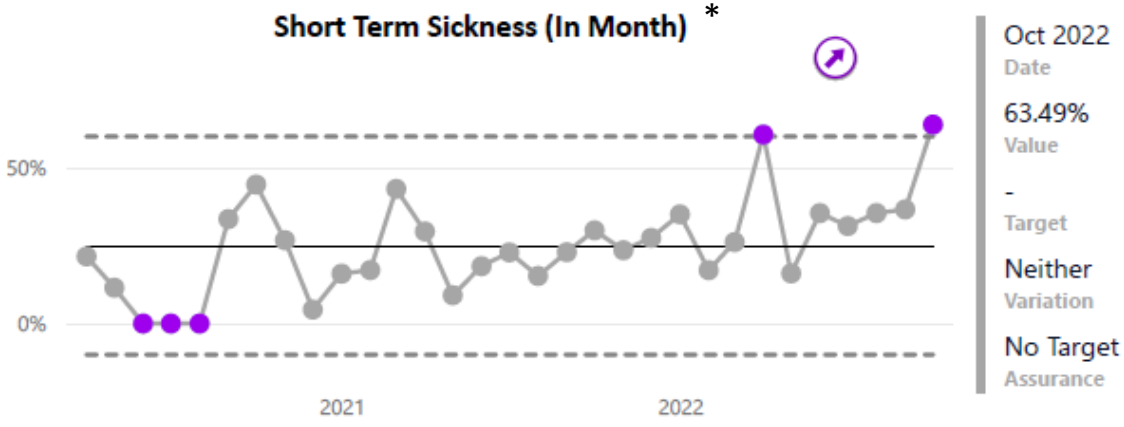
- 14 vacancies were advertised (including re-advertisements)
- 10 conditional job offers were made
- 13 unconditional job offers were issued with start dates over the next few months

Workforce - Absence









* Long Term/Short Term Sickness is a proportion of the Sickness % e.g. 36.51% of the 2.91% were classed as long term absences

Service comments

Sickness Absence Over The Last 12 Months

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

- Cold, cough, flu related (80 episodes – 402 FTE Days Lost)
- Gastrointestinal problems (53 episodes – 205 FTE Days Lost)

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

Sickness Absence During October 2022

- 7 staff were on long term sickness, and * staff returned from long term sickness.
- There were 51 episodes of sickness absence (322 FTE Days Lost) with 86% of absences experienced by patient facing staff
- The most common absence reason was cold, cough and flu (14 episodes – 63 FTE Days Lost)
- The majority of the lost time in September 2022 was short term absence (63%)

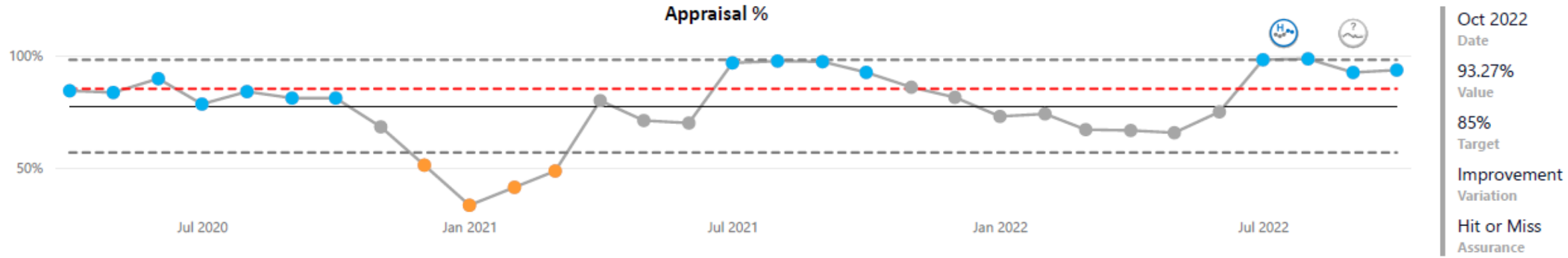
Actions

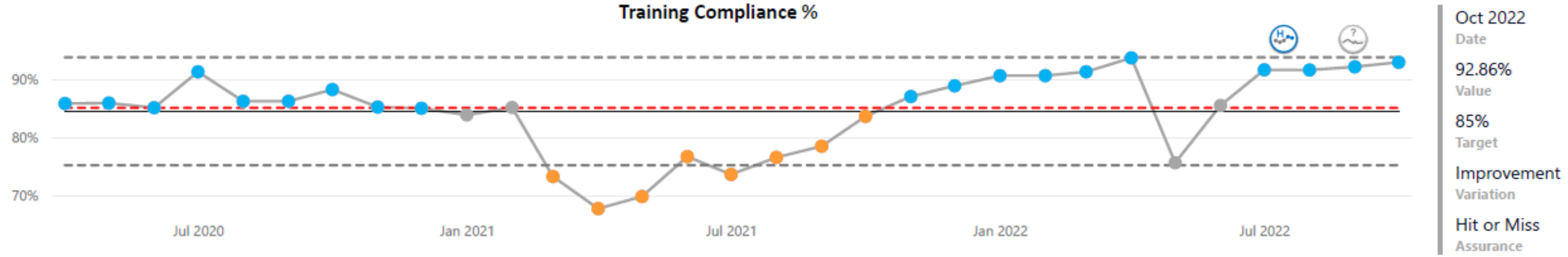
The People Team continue to actively monitor and support managers with long term sickness.

National Vaccination Campaign - As of 31st October 2022:

- 29% of staff have received the Flu Vaccine since 01/09/2022
- 15% of staff have received the COVID-19 Booster since 01/09/2022

Workforce - Training





Service comments

Summary

Overall mandatory training compliance for October remained above the 85% target at **92.86%**.

- Compliance for core mandatory modules for all staff was **94.33%**
- Compliance for role specific mandatory modules was **89.78%**

Leadership, Learning and Development Training

- All developmental training for staff, managers and leaders continue to be advertised on the HR Bookings Calendar.
- The People Team contacted all managers and leaders to provide them with overview of the leadership and managerial training portfolio available, and also the training they had completed alongside this. The result of this was significant uptake in bookings for numerous courses, for example the Inclusive Recruitment and Selection Training and Appraisal Training for Managers.

Actions

Core mandatory and role specific training requirements are scheduled to be reviewed in November 2022. The outcome of this review may lead to changes in training requirements for some staff groups.

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

Appraisals by Directorate

Appraisal Rate Compliance by Directorate and Team

Directorate	Total Compliant	Due Soon	Overdue	Eligible Employee	% Compliance
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	**6**			**6**	**100.00%**
Nursing Directorate	4			4	100.00%
Quality and Governance Team	2			2	100.00%
Directorate of Operations	**99**	**30**	**13**	**142**	**90.85%**
ARRS PCN	27	21		48	100.00%
Continuing Healthcare and Intermediate Care Team	16			16	100.00%
High Oak Practice	5		1	6	83.33%
IAPT Team	30	4	1	35	97.14%
Operations Management Team	2			2	100.00%
Primary Care Mental Health Team	7	2	1	10	90.00%
School Nursing Team	12	3	10	25	60.00%
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	**15**		**2**	**17**	**88.24%**
Chair and Non-Executives Team	8			8	100.00%
Corporate Administration and Business Support Team	2		2	4	50.00%
Executive Management Team	5			5	100.00%
Medical Directorate	**35**	**7**		**42**	**100.00%**
GP Clinical Leads	5			5	100.00%
Medical Directorate Management Team	1			1	100.00%
Pharmaceutical Public Health Team	23	7		30	100.00%
Prescribing Ordering Direct (POD) Team	6			6	100.00%
Total	**171**	**37**	**15**	**223**	**93.27%**

Appraisals and Developmental Reviews

Appraisal compliance for October 2022 remained above target at **93.27%.** 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 the 85% target:

- **High Oak** - the remaining appraisal has 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 have been completed and scheduled over the coming weeks.
- **Corporate Administration and Business Support** – the outstanding appraisals are 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|	128	31		100.00%
NHS|CSTF|Fire Safety - 2 Years|	395	6	8	98.01%
NHS|CSTF|Preventing Radicalisation - Basic Prevent Awareness - 3 Years|	392	1	11	97.27%
NHS|CSTF|Safeguarding Adults (Version 2) - Level 1 - 3 Years|	392	4	11	97.27%
NHS|CSTF|Equality, Diversity and Human Rights - 3 Years|	391	11	12	97.02%
NHS|CSTF|Health, Safety and Welfare - 3 Years|	389	7	14	96.53%
NHS|CSTF|Moving and Handling - Level 1 - 3 Years|	387	9	16	96.03%
NHS|CSTF|Safeguarding Children (Version 3) - Level 1 - 3 Years|	386	4	17	95.78%
NHS|CSTF|Safeguarding Children (Version 3) - Level 2 - 3 Years|	74		4	94.87%
445|LOCAL|Learning Disabilities Awareness - Level 1|Information and Knowledge	382		21	94.79%
NHS|MAND|Deprivation of Liberty Safeguards - 3 Years|	212		12	94.64%
NHS|CSTF|Preventing Radicalisation - Prevent Awareness - 3 Years|	176	5	10	94.62%
NHS|CSTF|Infection Prevention and Control - Level 1 - 3 Years|	227	14	16	93.42%
NHS|CSTF|Dementia awareness - 3 Years|	373	1	30	92.56%
NHS|CSTF|Safeguarding Adults (Version 2) - Level 2 - 3 Years|	72		7	91.14%
NHS|CSTF|Information Governance and Data Security - 1 Year|	366	72	37	90.82%
NHS|CSTF|Infection Prevention and Control - Level 2 - 1 Year|	145	21	15	90.63%
NHS|CSTF|Safeguarding Children (Version 3) - Level 3 - 3 Years|	176	2	34	83.81%
445|LOCAL|Domestic Abuse Awareness - Level 1|Information and Knowledge	337	1	66	83.62%
NHS|CSTF|Safeguarding Adults (Version 2) - Level 3 - 3 Years|	166	2	44	79.05%
NHS|MAND|Mental Capacity Act - 3 Years|	168	2	56	75.00%
Total	**5734**	**193**	**441**	**92.86%**

*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.

Enclosure 8

Dudley Integrated Health and Care NHS Trust

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: People Committee

Date of meeting: 22nd November 2022 (via Microsoft Teams)

Presented By: Martin Evans, Non-Executive Director

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 committee reviewed the action list and noted progress against all actions. There were ongoing actions relating to receiving assurance on the people aspects of the Reablement project and also the recruitment requirements for the Extended Primary Care Team. The committee agreed to receive an update for assurance on both of these items in due course and in the meantime to receive the project plan for the development of the Extended Primary Care Team. • The risks allocated to the People Committee were reviewed, no changes were proposed, and no further risks identified that required further consideration. • The committee was updated on the work ongoing in readiness for potential strike action and informed of the result of the Royal College of Nursing NHS Staff Council trade unions ballot where 80% of DIHC members that voted indicated that they would be prepared to take strike action. Assurance was provided regarding the Executive overview and the work ongoing with HR and each team leader to prepare for any such strike action. • The committee was informed and supportive of the Trust having signed the Employer with Heart Charter which recognises the impact of premature birth on the mother and their partner. In signing the charter the Trust has pledged to provide greater support to the mother and their partner through extended leave (maternity and compassionate) and additional support to parents returning to work following the birth of a premature baby. The committee was assured that the provisions provided for within the charter were already in place within the Trust and set out within the relevant policy document and that the signing of the charter was in accordance with the Trust's strategic objective to be the best and happiest place to work. • An update on HR policies was provided and the committee was assured in relation to the scheduling of policy reviews that is now in place. • The committee received an overview of the work that is under way to develop the People and Organisational Development Strategy which is in line with the National

	People Priorities, the People Promise and the Future of HR and OD in the NHS alongside a local context. It was agreed that the committee would receive a final draft in February 2023 prior to its submission to Board for approval. • The workforce performance report was reviewed, and again the committee acknowledged that the majority of the data within it was extremely positive. A more detailed update on the work ongoing around Safeguarding Adults and Children Level 3 mandatory training will be presented at the December meeting. • The committee was provided with an overview of the work ongoing to reduce agency spend. Details were provided on some of the work ongoing at High Oak and the committee requested more information on the work ongoing within two of the other departments that have a relatively large spend on agency staff namely IAPT and Continuing Healthcare and Intermediate care including trajectories and longer term plans which will be presented at the January meeting. • The committee was provided with an update on the People Pulse / National staff survey action plan. Assurance was provided on the work ongoing and the forward facing schedule that is in place to capture, take action and provide updates on staff feedback. The committee acknowledged the excellent response rate so far to the National Staff survey which was at 62% compared to 41% nationally. • The committee received an update on the review that has taken place regarding mandatory training and were assured that the mandatory training requirements are comparable with other Trusts and meet statutory and organisational requirements. It noted and welcomed the establishment of an education and training forum that the Trust has set up and the joint work that is underway with support from The Royal Wolverhampton NHS Trust to identify the training requirements for key roles within the Trust as well as any development opportunities.
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

Enclosure 9

NHS
Dudley Integrated Health and Care
NHS Trust

PUBLIC BOARD

REPORT TITLE:	Finance Report for the period April to October 2022
DATE OF MEETING:	6th December 2022
PURPOSE OF REPORT:	The report details the financial performance for period April to October 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 £30k surplus position for the period April to October 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 – September 2022 the report shows an underspend of £569k, however an overspend of £453k (0.6%) is expected by the end of the financial year due to increased intermediate care spot purchasing costs which were previously funded via the hospital discharge programme (ceased from the end of quarter 1) • The Trust is currently working with the Local Authority to implement a reablement service which should reduce the level of spot purchasing costs. • There are divisional financial performance exception items in respect of Mental Health & LD services, where vacancies result in a forecast underspend of £268k 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 balance is currently £1.8m, with the final loan repayment of £0.6m due in April 2023
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 The Trust will be discussing the forecast expenditure for intermediate care and potential mitigations as part of the contract review meeting with the ICB. The Local Authority and the Trust are developing proposals to provide reablement services which will help to reduce the reliance on spot purchasing
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

Finance Report

Reporting period: April – October 2022

Reported to: November 2022 Finance, Performance and Digital Committee

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

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- Income and Expenditure Reporting Page 4-7
- Capital Summary Page 8
- Balance Sheet Reporting Pages 9-10
- Better Payment Practice Page 11

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 October 2022.

Indicator	Definition	Scoring criteria				Actual	Score
NHS Oversight Framework		**1**	**2**	**3**	**4**		
Capital Service Cover Rating	Degree to which the provider's generated income covers its financial obligations	>2.5x	1.75-2.5x	1.25-1.75x	<1.25x	0.2	4
Liquidity Rating	Days of operating costs held in cash or cash equivalent forms, including wholly committed lines of credit available for drawdown	>0	(7)-0	(14)-(7)	<(14)	28 Days	1
I&E Margin Rating	I&E surplus or deficit/total revenue	>1%	1-0%	0-(1)%	<(1)%	1.59%	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)%	16.41%	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 0.2 x 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 £0.6m 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 28 days in October 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 year to date surplus of £30k as at month 7, with a forecast of break even by 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.

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 £268k (7.1%)**
  Mental Health services continue to see underspends due to a high level of vacancies within the team, with 9.78 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 & Expenditure – Forecast Underspend £133k**
  Income and expenditure is greater than plan due to the extension of the extended access hub to the end of March 2023 and the commencement of the headache service. Non Recurrent Budget will be created against the income and expenditure lines.

- **Corporate Services – Forecast Overspend (£316k) (3.65%)**
  The forecast overspend is primarily driven by an overspend against the IM&T budget due to non recurrent project costs in both IT and Business Intelligence services.

	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	(9,575)	(9,651)	76	(16,414)	(16,545)	131
MAIN CONTRACT INCOME Total	**0**	**0**	**0**	**(9,575)**	**(9,651)**	**76**	**16,414**	**16,545**	**131**
CHILDREN & YOUNG PEOPLE									-
EXPENDITURE	29.06	25.3	3.76	762	651	112	1,307	1,189	118
CHILDREN & YOUNG PEOPLE Total	**29.06**	**25.3**	**3.76**	**762**	**651**	**112**	**(1,307)**	**(1,189)**	**118**
MENTAL HEALTH & LEARNING DISABILITY									-
INCOME	0	0	0	(67)	(36)	(31)	(115)	(340)	226
EXPENDITURE	83.83	74.05	9.78	2,271	2,122	148	3,892	3,850	42
MENTAL HEALTH & LEARNING DISABILITY Total	**83.83**	**74.05**	**9.78**	**2,204**	**2,087**	**117**	**(3,778)**	**(3,510)**	**268**
PCN SERVICES									-
INCOME	0	0	0	(3,227)	(3,182)	(46)	(5,532)	(5,906)	374
EXPENDITURE	88.76	91.97	-3.21	2,302	2,441	(139)	3,946	4,418	(472)
PCN SERVICES Total	**88.76**	**91.97**	**-3.21**	**(925)**	**(741)**	**(184)**	**(1,586)**	**(1,488)**	**(99)**
PHARMACEUTICAL & PUBLIC HEALTH									-
INCOME	0	0	0	(22)	10	(32)	(38)	(38)	-
EXPENDITURE	51.3	49.66	1.64	1,615	1,577	38	2,769	2,713	56
PHARMACEUTICAL & PUBLIC HEALTH Total	**51.3**	**49.66**	**1.64**	**1,593**	**1,587**	**6**	**2,731**	**2,676**	**56**
PHYSICAL HEALTH									-
INCOME	0	0	0	-	(73)	73	-	(125)	125
EXPENDITURE	22.61	25.08	-2.47	918	1,037	(118)	1,574	1,794	(220)
PHYSICAL HEALTH Total	**22.61**	**25.08**	**-2.47**	**918**	**964**	**(45)**	**1,574**	**1,669**	**(95)**
PRIMARY CARE									-
INCOME	0	0	0	(523)	(1,026)	504	(912)	(1,857)	945
EXPENDITURE	14.61	12.54	2.07	499	1,006	(507)	870	1,683	(812)
PRIMARY CARE Total	**14.61**	**12.54**	**2.07**	**(24)**	**(20)**	**(4)**	**(41)**	**(174)**	**133**
CORPORATE SERVICES									-
INCOME	0	0	0	(233)	(278)	46	(259)	(507)	248
EXPENDITURE	83.72	78.69	5.03	5,280	5,178	102	8,912	9,475	(564)
CORPORATE SERVICES Total	**83.72**	**78.69**	**5.03**	**5,047**	**4,900**	**147**	**8,652**	**8,968**	**(316)**
Grand Total	**373.89**	**357.29**	**16.6**	**0**	**(225)**	**225**	**-**	**(195)**	**195**
Adjustments as per NHSEI Reported Position					195	(195)		195	(195)
Adjusted Financial Position Reported to NHSEI	**373.89**	**357.29**	**16.6**	**0**	**(30)**	**30**	**-**	**(0)**	**0**

Income and Expenditure Run Rate

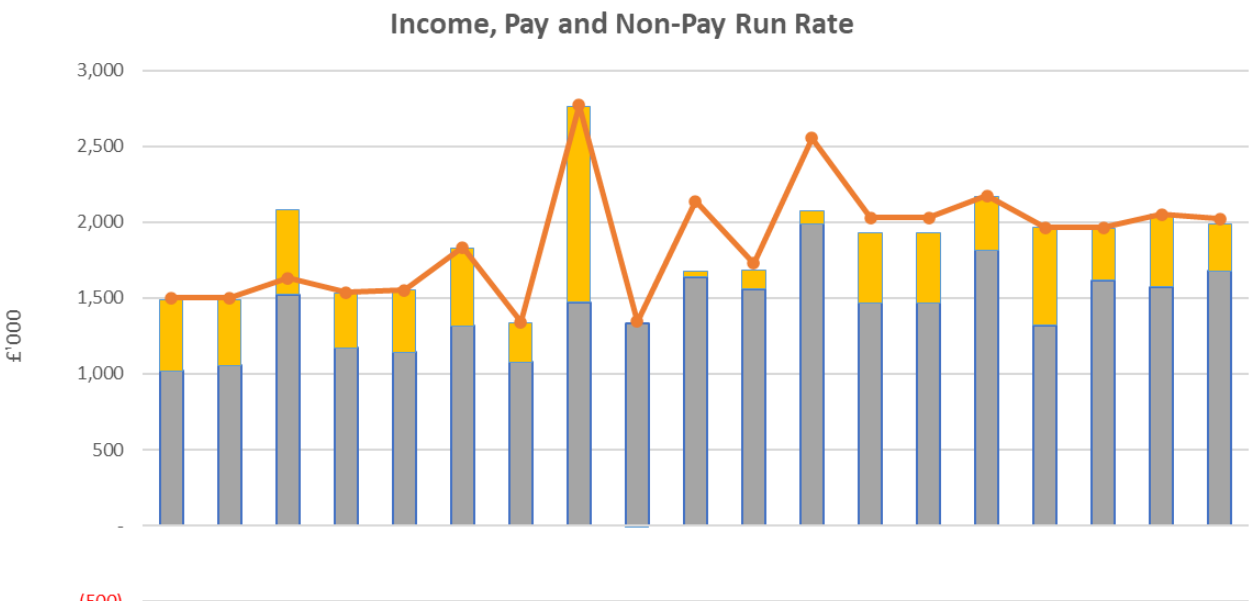
The chart on the right provides detail of the Trust's income and expenditure run rate for the 21/22 financial year and first seven months of the 22/23 financial year.

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 £2,033k per month compared to £1,864 in months 7-11 last year.
- **Pay costs** have plateaued after increasing in the second half of the 21/22 financial year, however the costs are expected to increase over the coming months as vacancies are filled resulting in reduced agency costs.
- **Non-pay costs** of £436k 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	7
Non-Pay	469	433	556	359	409	512	259	1,291	(13)	38	122	85	463	463	354	648	337	477	309
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	1,679
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	2,022

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	Oct-22 £000's	Nov-22 £000's	Dec-22 £000's	Jan-23 £000's	Feb-23 £000's	Mar-23 £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	29.81	29.05	38.96	31.62	29.70	9.78	9.78	9.78	190.10	280.75	27.16	23.40	56.00
IAPT	24.34	21.91	24.43	41.80	36.72	19.07	27.61	22.18	22.18	25.01	22.18	22.18	195.88	309.61	27.98	25.80	10.75
CONTINUING HEALTHCARE AND INTERMEDIATE CARE	21.83	14.02	16.80	25.76	17.35	15.98	15.88	24.71	21.21	18.22	13.51	13.50	127.61	218.77	18.23	18.23	17.75
CHAPEL STREET SURGERY	0.00	10.29	21.06	19.97	13.49	15.08	8.73	10.65	10.65	10.65	10.65	0.15	88.62	131.39	12.66	10.95	0.00
PRIMARY CARE MH TEAM	3.47	11.69	9.95	14.33	14.59	12.15	11.09	12.29	12.29	12.29	12.29	12.64	77.27	139.07	11.04	11.59	6.25
BRIERLEY HILL & AMBLECOTE PCN	0.00	0.00	0.00	0.00	0.59	9.40	13.00	0.00	0.00	0.00	0.00	0.00	22.99	22.99	3.28	1.92	0
HALESOWEN PCN	6.84	4.56	5.70	1.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18.24	18.24	2.61	1.52	0.00
DUDLEY & NETHERTON PCN	0.00	0.00	0.00	0.00	0.00	3.13	0.00	0.00	0.00	0.00	0.00	-8.25	3.13	-5.12	0.45	-0.43	1.00
SEDGELY COSELEY & GRONAL PCN	0.00	0.00	0.00	0.00	0.00	0.00	5.45	0.00	0.00	0.00	0.00	0.00	5.45	5.45	0.78	0.45	2.00
STOURBRIDGE WOLLESCOTE LYE PCN	0.00	0.00	0.00	3.56	0.00	0.00	1.76	0.00	0.00	0.00	0.00	0.00	5.33	5.33	0.76	0.44	0.00
KINGSWINFORD WORDSLEY PCN	0.00	0.00	1.23	1.23	0.00	0.00	1.02	0.00	0.00	0.00	0.00	0.00	3.48	3.48	0.50	0.29	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	0.00	0.00	0.00	0.00	0.00	0.00	11.58
Sub total - Clinical	**69.83**	**88.45**	**121.65**	**118.27**	**112.54**	**103.86**	**123.50**	**101.45**	**96.03**	**75.95**	**68.42**	**50.01**	**738.09**	**1129.95**	**105.44**	**94.16**	**105.33**
Non Clinical																	
FINANCE	27.88	33.99	28.22	23.96	28.14	12.07	28.83	44.47	23.77	13.27	10.27	10.02	183.09	284.88	26.16	23.74	22.92
CLINICAL GOVERNANCE	14.54	12.71	21.32	19.87	21.25	29.96	15.43	9.47	0.00	0.00	0.00	0.00	135.08	144.55	19.30	12.05	13.42
OPERATIONS MANAGEMENT	47.49	33.54	35.87	26.96	22.83	-123.43	-9.98	0.00	0.00	0.00	0.00	13.46	33.29	46.75	4.76	3.90	0.00
BUSINESS DEVELOPMENT	57.93	0.00	0.00	0.00	0.00	-50.73	0.00	0.00	0.00	0.00	0.00	3.00	7.19	10.19	1.03	0.85	39.83
ADMIN & BUSINESS SUPPORT	6.23	4.78	4.78	4.78	4.78	4.80	1.27	0.00	0.00	0.00	0.00	0.00	31.40	31.40	4.49	2.62	5.00
PCN INVESTMENT FUNDING	-8.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-8.04	-8.04	-1.15	-0.67	0.00
Sub total - Non Clinical	**146.02**	**85.02**	**90.19**	**75.56**	**77.00**	**-127.33**	**35.55**	**53.94**	**23.77**	**13.27**	**10.27**	**26.48**	**382.01**	**509.73**	**54.57**	**42.48**	**92.67**
Grand Total	**215.85**	**173.48**	**211.83**	**193.82**	**189.54**	**-23.47**	**159.05**	**155.40**	**119.80**	**89.22**	**78.68**	**76.48**	**1120.10**	**1639.68**	**160.01**	**136.64**	**198.00**

The table above shows the current agency expenditure by service during 2022/23 for the period April to October and the forecast expenditure for the remaining months of the financial year. It shows that the current run rate is £38k per month lower than the monthly run rate for 2021/22. Please note that following a review, a number of costs have been reclassified with retrospective adjustments being made in the month of September.

The main areas of agency usage in clinical services are within the primary care, IAPT and Continuing Healthcare 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 following key actions need to be delivered over the coming months;

December – March Actions

- Recruitment of permanent GPs for Primary Care services – Outstanding
- Recruitment of permanent nurses for Primary Care Services – On track
- Proposal to be developed and implemented in relation to Health & Safety and EPRR support – On track
- Long Term recruitment plans to be developed for other clinical services such as Continuing Healthcare as part of the business planning process – On track

Managed Service Reporting

Service Area	Part Year Budget July 22 - Mar 23 £000's	Year to Date Budget Jul - Sep £000's	Year to Date Actual Jul - Sep £000's	Year to date Variance £000's	Total Forecast Spend	Forecast Variance
Community Services	2,957	1,078	1,103	(25)	2,968	(11)
Hospices	633	194	213	(19)	645	(12)
Intermediate Care	5,839	2,039	1,935	104	6,365	(526)
Long Term Conditions	789	260	276	(16)	828	(39)
Palliative Care	517	173	178	(5)	517	0
Childrens Services	5,611	1,890	2,063	(172)	5,895	(284)
Sub Total - Community Services	**16,346**	**5,634**	**5,768**	**(134)**	**17,218**	**(872)**
CHC Fully Funded	11,373	3,554	3,785	(231)	11,865	(491)
CHC Personal Health Budget	1,511	495	353	142	1,413	97
CHC Fully Funded (Fast Track)	2,040	980	388	592	1,404	637
CHC Team	2	1	0	1	0	2
CHC Adult Joint Funded	255	156	128	29	345	(90)
Childrens CHC	405	118	213	(95)	409	(4)
Childrens CHC - PHB	179	40	83	(42)	217	(38)
CHC Funded Nursing Care	3,341	1,144	1,060	84	3,298	44
Sub Total - CHC	**19,106**	**6,489**	**6,009**	**479**	**18,950**	**156**
Oxygen	509	170	171	(1)	512	(3)
Central Drugs	1,491	497	478	19	1,464	27
Prescribing	43,214	14,405	14,199	206	42,975	239
Sub Total - Prescribing	**45,214**	**15,072**	**14,848**	**223**	**44,951**	**263**
Grand Total	**80,667**	**27,194**	**26,626**	**569**	**81,120**	**(453)**

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 £569k for the period July to September 2022 and a deficit of (£453k) to the year end.

The table confirms that the prescribing budgets are reporting a favourable variance of 223k 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.

Intermediate Care is moving from a year to date surplus of £140k to a forecast deficit of (£526k). This relates to the spot purchase of beds within Intermediate Care which were previously via the Hospital Discharge Programme - this additional funding has ceased from the end of Q1 2022/23. The Trust is currently working with the Local Authority to implement a reablement service which should reduce the level of spot purchasing costs.

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.

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.

The Trust has submitted a bid of £150k to NHSE for additional capital for digital infrastructure costs to be funded from national Front Line Digitisation funding

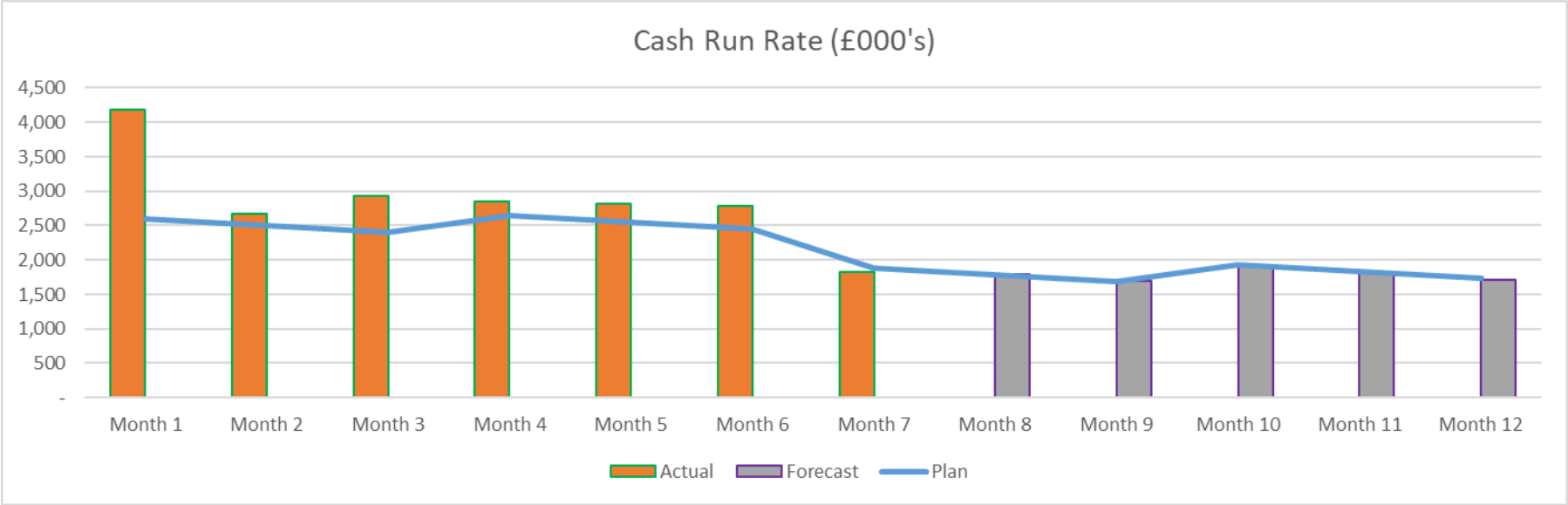
Scheme	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Plan £000's	Forecast Actual £000's	Forecast Variance £000's
Network Infrstructure Refresh	-	-	-	50	50	-
Mobile technology	-	-	-	40	40	-
EPR Levelling Up	-	-	-	143	143	-
Total	**-**	**-**	**-**	**233**	**233**	**-**

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	Actual Oct-22 Closing	Month on Month Movement
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Non-current assets								
Intangible assets	-	-	-	-	-	-	-	-
Property, plant and equipment	503	688	677	633	687	686	680	(6)
Other investments / financial assets	14	14	14	14	14	14	14	-
	517	**702**	**691**	**647**	**701**	**700**	**694**	**(6)**
Current assets								0
Inventories	-	-	-	-	-	-	-	-
NHS receivables	1,056	18	785	918	716	1,220	1,070	(150)
Non-NHS receivables	460	2,691	1,840	1,941	2,305	1,543	2,441	898
Other current assets	-	-	-	-	-	-	-	-
Cash and cash equivalents	4,186	2,677	2,934	2,850	2,824	2,785	1,832	(953)
	5,702	**5,386**	**5,559**	**5,709**	**5,845**	**5,548**	**5,343**	**(205)**
Current liabilities								0
Capital trade payables	(47)	-	-	(7)	(7)	(7)	(7)	-
Revenue trade payables	(3,335)	(3,343)	(3,843)	(4,019)	(3,803)	(3,184)	(3,565)	(381)
Borrowings	(1,133)	(1,147)	(1,147)	(1,147)	(1,147)	(1,147)	(580)	567
Deferred income	(180)	(82)	(82)	-	(82)	(294)	(294)	-
Other financial liabilities	-	(328)	-	(6)	(330)	(439)	(385)	54
Provisions	(53)	(53)	(53)	(53)	(53)	(53)	(53)	-
	(4,748)	**(4,953)**	**(5,125)**	**(5,232)**	**(5,422)**	**(5,124)**	**(4,884)**	**240**
Net Current Assets	**954**	**433**	**434**	**477**	**423**	**424**	**459**	**35**
Non-current liabilities								-
Capital payables	-	-	-	-	-	-	-	-
Revenue payables	-	-	-	-	-	-	-	-
Borrowings	(567)	(14)	(14)	(14)	(14)	(14)	(14)	-
Deferred Income	-	-	-	-	-	-	-	-
Other financial liabilities	-	-	-	-	-	-	-	-
Provisions	(41)	(41)	(41)	(41)	(41)	(41)	(41)	-
	(608)	**(55)**	**(55)**	**(55)**	**(55)**	**(55)**	**(55)**	**-**
Total Net Assets Employed	**863**	**1,080**	**1,070**	**1,069**	**1,069**	**1,069**	**1,098**	**29**
Financed by								-
Public dividend capital	2,568	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)	(1,470)	29
Total Taxpayers' Equity	**863**	**1,080**	**1,070**	**1,069**	**1,069**	**1,069**	**1,098**	**29**

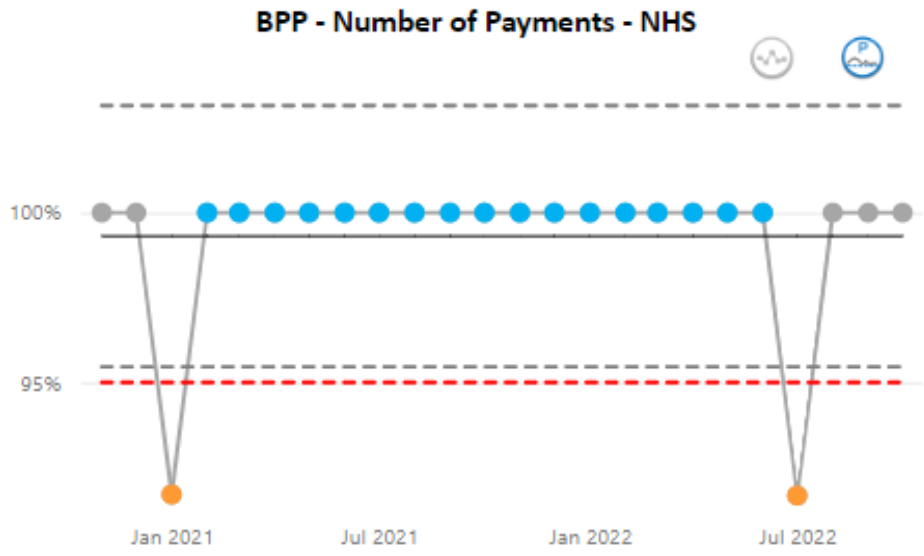
- The overall net assets position has increased since the pre-audit 2021/22 closing position, as follows:
  - £11k relating to an adjustment made for the post audit 2021/22 closing position
  - £195k YTD surplus, which relates to the recognition of notional income to fund a right of use asset, capitalised under IFRS16. This is adjusted out in the adjusted financial performance of the Trust.
  - £30k YTD reported surplus
- The cash position continues to be healthy at £1.8m. A loan repayment of c£0.6m was 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;
  - £2.5m invoiced income, invoiced to PCNs, ICB and LA
  - £1m prepayments and accrued income, which mainly relate to LA, ICB and CSU
- Significant payables are being recorded in relation to;
  - £0.8m invoiced payables without a purchase order
  - £0.4m goods received not yet invoiced
  - £2.1m accrued expenditure
  - £1.6m other, including payroll related balances

Cashflow



- The overall cash position is tracking on plan and is expected to track in line with plan for the year (£1.7m by the 31st March 2023).
- The reduction in cash at Month 7 to £1.8m relates to the penultimate instalment of the loan repayment made in October.
- 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



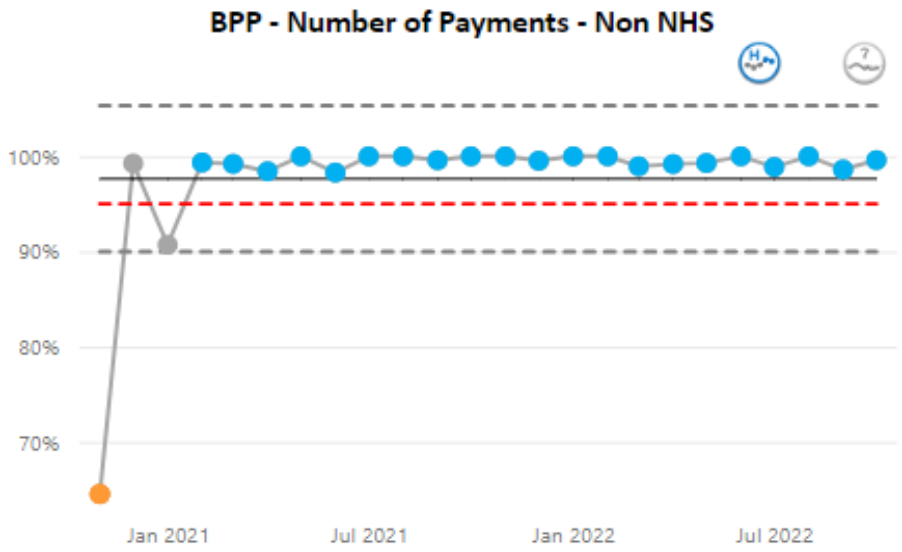
Oct 2022
Date

100%
Value

95%
Target

Common Cause
Variation

Pass
Assurance



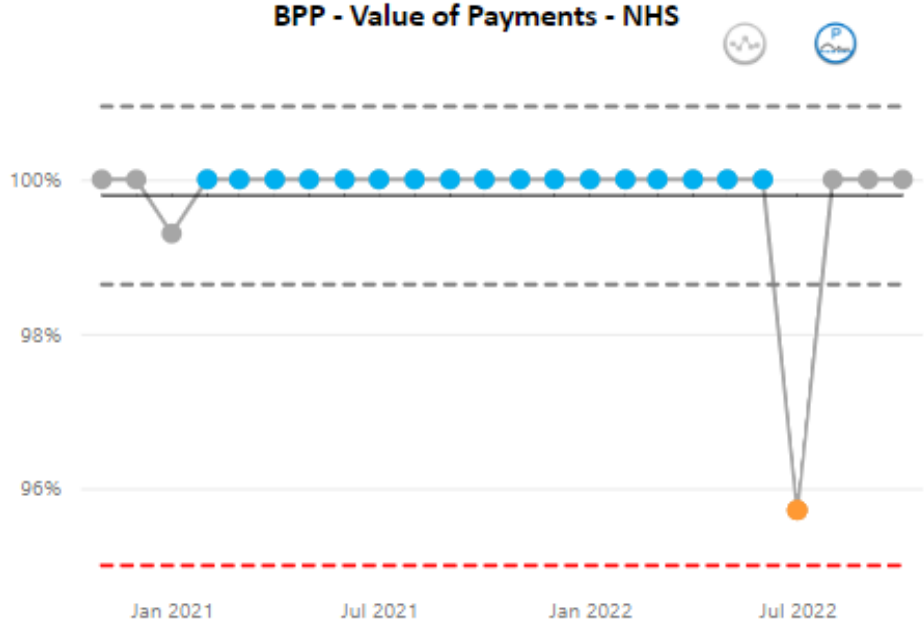
Oct 2022
Date

99.6%
Value

95%
Target

Improvement
Variation

Hit or Miss
Assurance



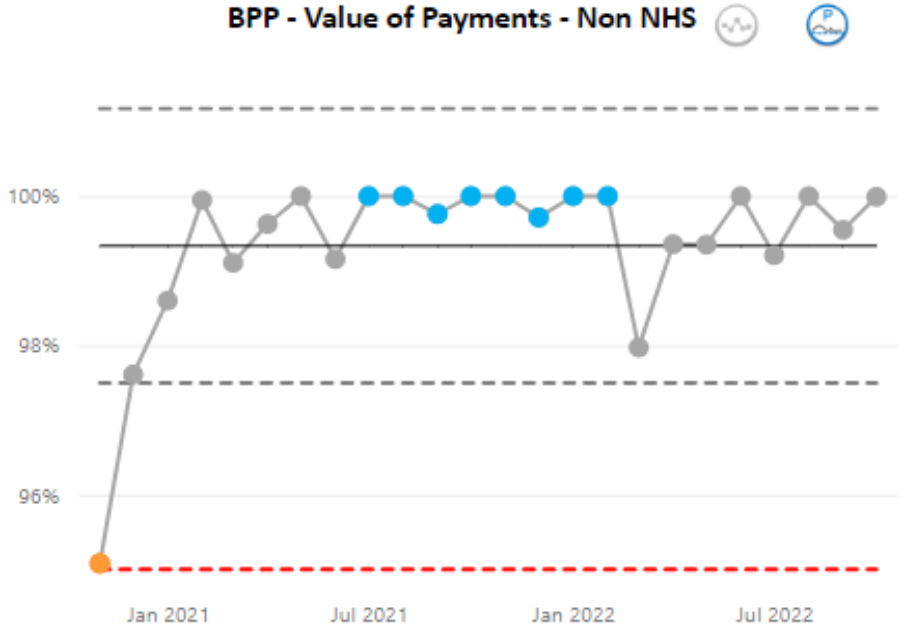
Oct 2022
Date

100%
Value

95%
Target

Common Cause
Variation

Pass
Assurance



Oct 2022
Date

99.99%
Value

95%
Target

Common Cause
Variation

Pass
Assurance

Enclosure 10

NHS
Dudley Integrated Health and Care
NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

REPORT TITLE:	Performance Report
DATE OF MEETING:	6th December 2022
PURPOSE OF REPORT:	The report details the performance information for October 2022.
RESPONSIBLE EXECUTIVE:	Philip King - Chief Operating Officer
AUTHOR OF REPORT	Philip King - Chief Operating Officer Pritesh Patel - Customer Business Intelligence Lead
SUMMARY OF KEY POINTS:	• CHC received 35 referrals in October 2022. 71% 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 101% of the expected access rate in October 2022. • Although recovery has improved slightly in October, the recovery target continues to be missed, with 44% of people who have completed treatment moving to recovery against a target of 50%. • The standard recovery scores for the IAPT service have not been met for the national recovery metric which expects clients to be below a set threshold at discharge. • In October 2022, the ARRS PCN service has seen just over 12,000 patients with an attendance rate of 96%. • Extended Access has received 1,217 referrals with 92% attending an appointment. 95% of patients were discharged home. • The overall DQOF performance for Chapel Street Surgery was 44% and High Oak Surgery achieved 53%. It is not unusual to see this level of DQOF performance at this point in the financial year for our surgeries some fo the annualised reviews that drive DQOF fall in Q4 which will significantly improve the overall performance.
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	

FUNDING/ COST IMPLICATIONS:	
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
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	☐Executive ☐People ☐Finance Performance & Digital – Stood down from Meeting ☐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

Performance Report

Reporting period: October 2022

Reported to: December 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, Chapel Street Surgery, 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.
- There were no incidents of Duty of Candour in October 2022
- The ICB have sponsored a review of Primary Care Mental Health Services.
- Due to issues obtaining data for school nursing referrals an update for October 2022 is not currently available for this metric. Other metrics relating to school nursing have not been affected.
- Friends and family test data is now shown for; Chapel Street Surgery, High Oak Surgery and IAPT.

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

Statistical Process Chart (SPC)

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

DIHC Integrated Performance Scorecard 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	Oct 2022	57	-	369	-		
		Number of Safeguarding Concerns - Child	Local	Oct 2022	20	-	136	-		
		Number of Safeguarding Concerns - Age unknown	Local	Oct 2022	0	-	2	-		
		Number of SARs - Open	Local	Oct 2022	0	-	0	-		
		Number of CSPRs - Open	Local	Oct 2022	1	-	1	-		
		Number of S42s - Open	Local	Oct 2022	2	-	2	-		
		Number of S42s - Overdue	Local	Oct 2022	2	-	2	-		
	Q&S	Staff Flu Vaccinations (2022/23)	CQUIN	Oct 2022	27.51%	15%	27.12%	90%		
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	Oct 2022	100%	-	100%	-		
	Incidents	Duty of Candour	National	Jun 2022	100%	100%	100%	100%		
		Occurrence Of Any Never Event	National	Oct 2022	0	-	0	-		
		Incidents	Local	Oct 2022	17	-	88	-		
		Serious Incidents	Local	Oct 2022	0	-	0	-		
	Feedback	Mental Health Friends and Family Test – % Positive (Qtr)	Local	Sep 2022	100%	-	100%	-		
		Primary Care Friends and Family Test – % Positive - Chapel Street Surgery	Local	Oct 2022	66.67%	-	80.95%	-		
		Primary Care Friends and Family Test – % Positive - Chapel Street Surgery (QTR)	Local	Sep 2022	86.67%	-	86.67%	-		
		Primary Care Friends and Family Test – % Positive - High Oak Surgery (QTR)	Local	Sep 2022	89.57%	-	89.55%	-		
		Feedback - Informal Concern	Local	Oct 2022	4	-	22	-		
		Feedback - Compliments	Local	Oct 2022	10	-	24	-		
		Feedback - Complaints	Local	Oct 2022	1	-	23	-		
		An acknowledgment of the complaints within 3 days	National	Oct 2022	100%	-	94.44%	-		
		A formal response to the complaint sent within 45 days	Local	Oct 2022	100%	-	100%	-		
Workforce	Staff in Post	Vacancy %	Local	Oct 2022	7.19%	10%	12.9%	10%		
		Turnover % (12 Months)	Local	Oct 2022	11.31%	13%		13%		
		Normalised Turnover % (12 Months)	Local	Oct 2022	8.83%	-	11.01%	-		
		Turnover % (In Month)	Local	Oct 2022	0.38%	1.1%		1.1%		
		Normalised Turnover % (In Month)	Local	Oct 2022	0.27%	-	0.67%	-		
	Development	Appraisal %	Local	Oct 2022	93.27%	85%	93.27%	85%		
		Training Compliance %	Local	Oct 2022	92.86%	85%	92.86%	85%		
	Absence	Sickness % (In Month)	Local	Oct 2022	2.91%	3.8%	3.08%	3.8%		
		Short Term Sickness (In Month)	Local	Oct 2022	63.49%	-	36.57%	-		
		Long Term Sickness (In Month)	Local	Oct 2022	36.51%	-	63.43%	-		
		Maternity % (In Month)	Local	Oct 2022	1.78%	-	1.36%	-		

DIHC Integrated Performance Scorecard 2022/23

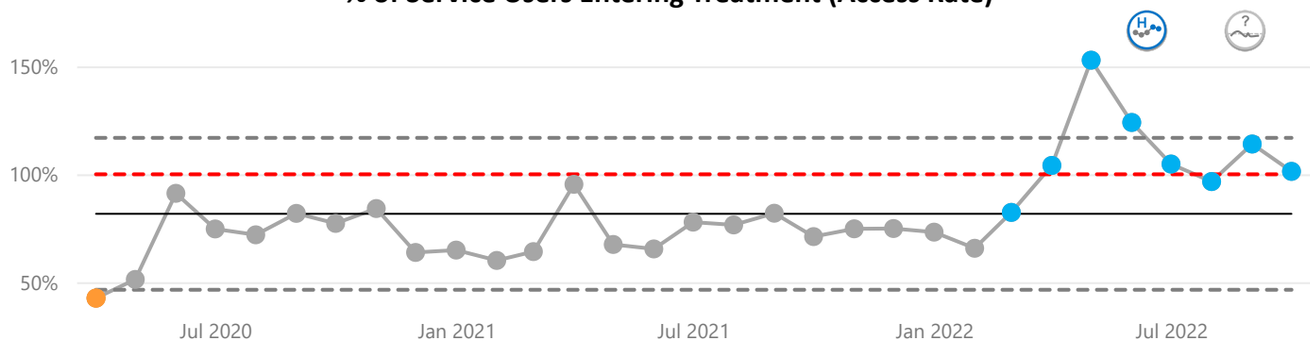
Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Operational Performance	CHC	Number of Referral for CHC	Local	Oct 2022	35	-	288	-		
		% of Referrals Eligible for a Full CHC Assessment	Local	Oct 2022	71.43%	-	65.63%	-		
		% of CHC Assessments Completed Within 28 Days	National	Oct 2022	100%	80%	99.22%	80%		
		% of Assessments Completed in an Acute Setting	National	Oct 2022	0%	15%	0%	15%		
	CHC - End of life	Number of Fast Track Referrals	Local	Oct 2022	74	-	502	-		
		% of Newly Eligible Fast Track Patients	Local	Oct 2022	75.68%	-	66.73%	-		
	CHC - Pathway 3	Number of Patients in a Pathway 3 Bed	Local	Oct 2022	24	-		-		
		Number of Patients Discharged from Pathway 3	Local	Oct 2022	4	-	36	-		
	IAPT	Number of Service Users Referred for Psychological Therapies	Local	Oct 2022	736	-	5072	-		
		% of Referrals for Older People 65+	National	Oct 2022	10.05%	-	10.13%	-		
		% of Service Users Entering Treatment (Access Rate)	Local	Oct 2022	101.35%	100%	113.46%	100%		
		% of Service Users Who Complete Treatment Who Are Moving to Recovery	National	Oct 2022	44.29%	50%	40.26%	50%		
		IAPT Recovery Rate for BME Groups	National	Oct 2022	57.14%	50%	40.99%	50%		
		% of Service Users Who Are Treated Within 6 Weeks of Referral	National	Oct 2022	93.55%	75%	91.21%	75%		
		% of Service Users Who Are Treated Within 18 Weeks of Referral	National	Oct 2022	99.83%	85%	99.09%	85%		
		90+ Day Wait Between 1st and 2nd Appt	Local	Oct 2022	6.2%	10%	4.81%	10%		
		Use of Anxiety Disorder Specific Measures in IAPT	CQUIN	Oct 2022	82.35%	65%	82.37%	65%		
	Intermediate Care	Number of Patients in a Step Down Facility	Local	Oct 2022	125	-	958	-		
		Number of New Patients Admitted to Step Down	Local	Oct 2022	35	-	295	-		
		Average Length of Stay	National	Oct 2022	70	42	54.29	42		
		Number of Patients Discharged	Local	Oct 2022	29	-	225	-		
	Primary Care Mental Health	Number of Referrals to Primary Care Mental Health	Local	Oct 2022	173	-	1218	-		
	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%		
		Number of Child In Need on Caseload	Local	Oct 2022	141	-	141	-		
		Number of Looked After Child on Caseload	Local	Oct 2022	254	-	254	-		
		Number of Looked After Child Health Assessments Completed	Local	Oct 2022	25	-	25	-		
		Number of Child Protection on Caseload	Local	Oct 2022	142	-	142	-		
		Number of Young Carers Identified as Needing Support	Local	Oct 2022	9	-	9	-		

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	Oct 2022	95.84%	-	95.26%	-		
		% Utilisation Rate	Local	Oct 2022	79.74%	-	70.13%	-		
	Extended Access	Number of Referrals to Extended Access Hub	Local	Oct 2022	1217	-	8348	-		
		% Utilisation Rate	Local	Oct 2022	87.99%	75%	80.94%	75%		
		% of Patient Attendance	Local	Oct 2022	92.11%	-	92.85%	-		
		Outcome - % Discharged Home	Local	Oct 2022	94.65%	-	95.5%	-		
		Outcome - % Referred to GP	Local	Oct 2022	2.5%	-	3.39%	-		
		Outcome - % Referred to Hospital	Local	Oct 2022	2.85%	-	3.3%	-		
	GP - Chapel Street Surgery	CERVS1 - Aged 25-49 adequate smear last 3 years and 6 months..... [45-80%]	National	Oct 2022	58.28%	80%	58.28%	80%		
		CERVS2 - Aged 50-64 adequate smear last 5 years and 6 months..... [45 - 80%]	National	Oct 2022	71.58%	80%	71.58%	80%		
		DM7 - HbA1c, BP & Cholesterol treated to target..... [32 - 44%]	National	Oct 2022	29.44%	25.67%	29.44%	44%		
		MH3 - Received comprehensive physical health assessment... [60 - 80%]	National	Oct 2022	26.32%	46.67%	26.32%	80%		
		LD1 - Learning Disabilty annual review completed..... [64 - 88%]	National	Oct 2022	0%	51.33%	0%	88%		
		CVDPP3.2 - Eligble for annual review (QRisk 10%)..... [28 - 56%]	National	Oct 2022	59.56%	56%	59.56%	56%		
		DQOF - Overall (Chapel Street Surgery)	Local	Oct 2022	44.24%	-	44.24%	-		
		% Vaccinated - MMR (5 yrs) - 2nd dose	National	Sep 2022	75%	95%	64.29%	95%		
	GP - High Oak Surgery	CERVS1 - Aged 25-49 adequate smear last 3 years and 6 months..... [45-80%]	National	Oct 2022	60.09%	80%	60.09%	80%		
		CERVS2 - Aged 50-64 adequate smear last 5 years and 6 months..... [45 - 80%]	National	Oct 2022	65.76%	80%	65.76%	80%		
		DM7 - HbA1c, BP & Cholesterol treated to target..... [32 - 44%]	National	Oct 2022	23.91%	25.67%	23.91%	44%		
		MH3 - Received comprehensive physical health assessment... [60 - 80%]	National	Oct 2022	15.38%	46.67%	15.38%	80%		
		LD1 - Learning Disabilty annual review completed..... [64 - 88%]	National	Oct 2022	0%	51.33%	0%	88%		
		CVDPP3.2 - Eligble for annual review (QRisk 10%)..... [28 - 56%]	National	Oct 2022	59.58%	56%	59.58%	56%		
		DQOF - Overall (High Oak Surgery)	Local	Oct 2022	53.27%	-	53.27%	-		
		% Vaccinated - MMR (5 yrs) - 2nd dose	National	Sep 2022	75%	95%	80%	95%		

Exception Report: IAPT Recovery

% of Service Users Entering Treatment (Access Rate)



Oct 2022
Date

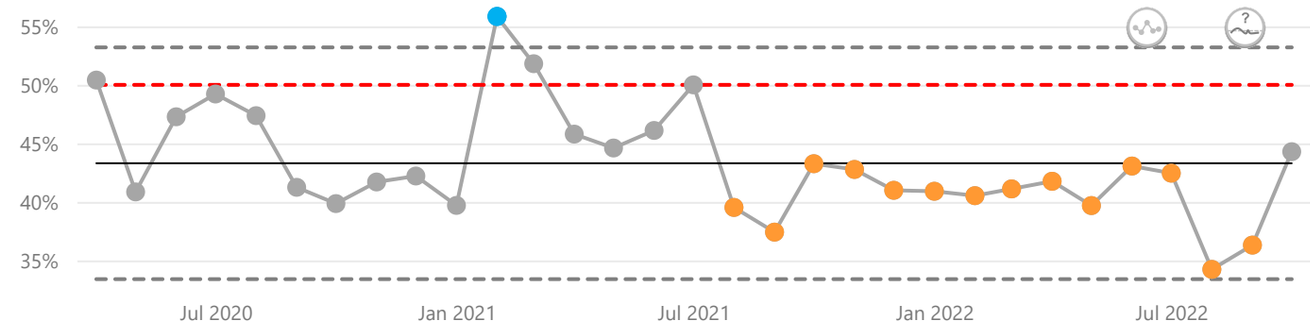
101.35%
Value

100%
Target

Improvement
Variation

Hit or Miss
Assurance

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



Oct 2022
Date

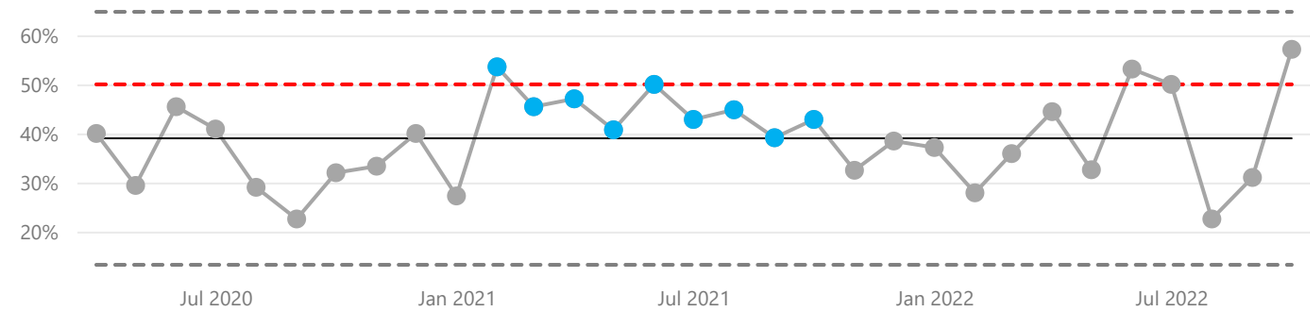
44.29%
Value

50%
Target

Common Cause
Variation

Hit or Miss
Assurance

IAPT Recovery Rate for BME Groups



Oct 2022
Date

57.14%
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

- September data has been refreshed as per the national submission timetable. October data is indicative.
- A recruitment and retention strategy for staff is underway. Agency staff are being sourced to support the work to reduce waiting lists and increase assessment numbers.
- The first wave of recruitment for trainees is complete and due to start onboarding in September 2022. The recruitment for the trainees in the spring is underway.
- Development of an internal recovery metric which will exclude early drop-outs.

Exception Report

Metric

MH3 - Received comprehensive physical hea...

Oct 2022
Latest Date

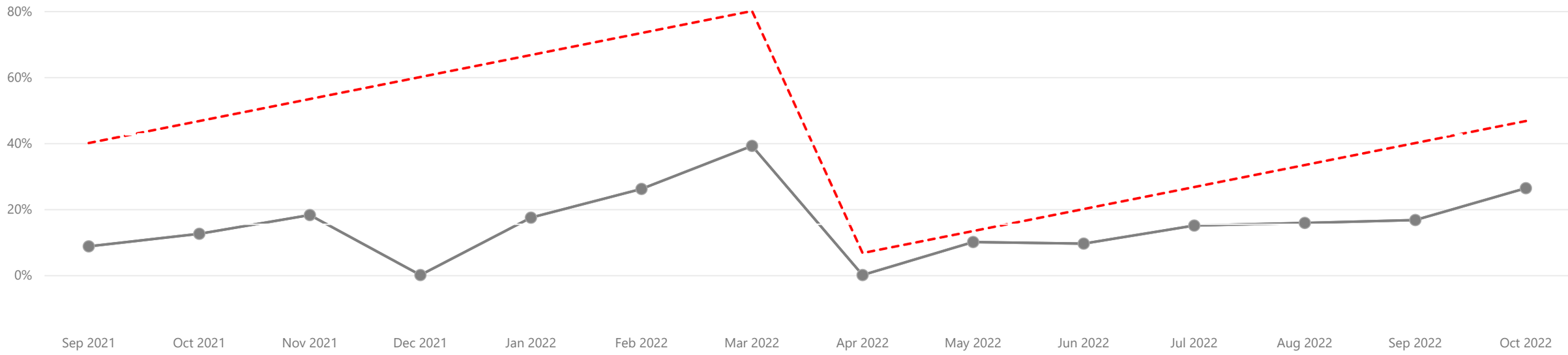
26.32%
Value

46.67%
Target

Variation

Assurance

Operational Performance: MH3 - Received comprehensive physical health assessment... [60 - 80%]



Service comments

- Following the trajectory we would expect for this time of year, maps last years and the typical approach by practices where many reviews be completed in the final quarter of the year.
- The practice population is over 80% Pakistani and many of those have birthdays attributed to January. As we recall patients in line with their birth date much of QOF achievement is programmed in for Q4 in chapel street.

Actions

- The recall patients by birth month seems to be creating a problem for the figures so we are proposing to recall all Mental Health in December so the figures will be corrected.

Exception Report

Metric

LD1 - Learning Disabilty annual review comp...

Oct 2022
Latest Date

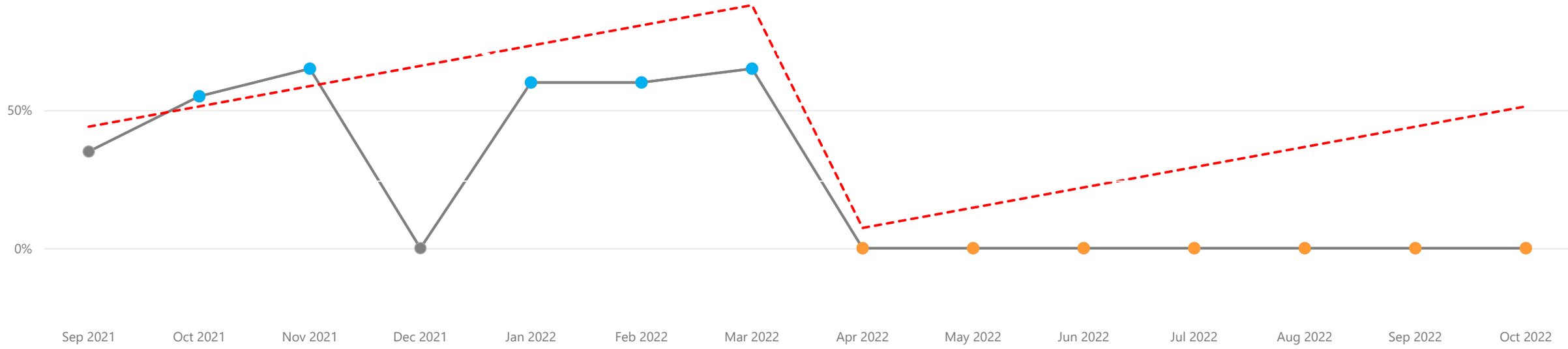
0%
Value

51.33%
Target

Variation

Assurance

Operational Performance: LD1 - Learning Disabilty annual review completed..... [64 - 88%]



Service comments

- We have only a small number of patients here, so expect achievement to be on track by the end of Quarter 4.

Actions

- The recall patients by birth month seems to be creating a problem for the figures so we are proposing to recall all LDs in November so the figures will be corrected.

Exception Report

Metric

% Vaccinated - MMR (5 yrs) - 1st dose

Sep 2022
Latest Date

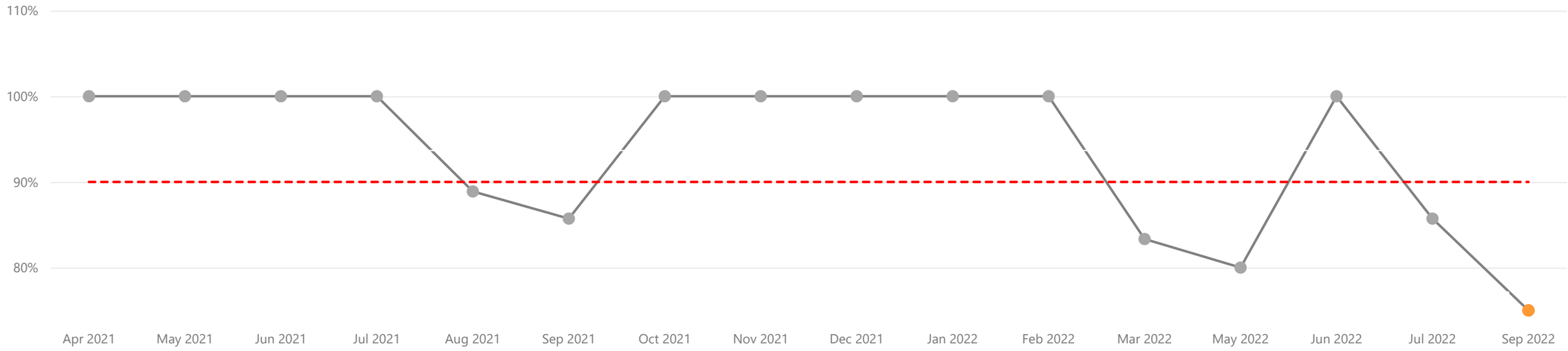
75%
Value

90%
Target

Variation

Assurance

Operational Performance: % Vaccinated - MMR (5 yrs) - 1st dose



Service comments	Actions
• The dips seen in performance is related to nurse staffing.	

Enclosure 11

Dudley Integrated Health and Care NHS Trust

COMMITTEE ASSURANCE REPORT TO THE BOARD

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

Date of meeting: 17th November 2022

Significant risks/issues for escalation	None identified

Key issues/matters discussed at the Committee	

- The committee received a report in relation to the Board Assurance Framework and Corporate Risk Register for assurance.
  - The committee reviewed the four BAF risks and were assured by the controls, mitigations and supporting actions.
  - The Acting Director of Finance, Performance and Digital provided an update on the corporate risk register, particularly in relation to where the controls had been updated and strengthened. The committee reviewed the scores, mitigations, controls and assurances for the corporate risks.
- The committee received update from the Acting Director of Finance on activities being undertaken and current issues for information. The update focussed on the following areas;
  - Draft Financial Framework issued by the ICB
  - Protocol for changes to in year revenue forecast
  - HFMA self-assessment checklist
  - Implementation of agency recruitment control process
  - Potential Digital Funding available in 2022/23
- The committee received the month 7 finance report for assurance. The report confirmed that the Trust is achieving a £30k surplus for the period April – October 2022 and forecasting to achieve breakeven by the end of the financial year.
- The committee received the October 2022 performance report for assurance
- The committee received an update report in relation to Digital and BI for assurance.
- The committee received a contracts update report 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 report from the Pharmaceutical Advisor which provided an overview of prescribing performance against budget and key prescribing efficiencies. The committee were assured by the work being undertaken by the Pharmacy team in relation to medicines management and optimisation

	• The committee received the quarter 2 Information Governance report for assurance. • Following the board approval of the Primary Care Strategy on 1 November 2022 the committee received a paper which set out the approach to mobilising a programme of work to deliver the strategy and seek guidance and/or decision on the approach. The paper was discussed, and feedback shared with the Primary Care Programme Manager. • The committee received an update on the programme of work supporting the Greener NHS agenda.
Recommendations made by the Committee	• Recommend to Board the updated scores, mitigations, controls, and assurances for the Corporate Risks assigned to the Committee.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	
Items/Issues for referral to other Committees	

Enclosure 12

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: 16th November 2022

Significant risks/issues for escalation	None

Key issues/matters discussed at the Committee	The Committee held a meeting on the 16th October 2022 and was quorate. The Committee received updates from: ○ PCN Clinical Directors ○ Medical Directors ○ Head of Primary Care **Board Assurance Framework and Corporate Risk Register** • The committee received a report in relation to the Board Assurance Framework and reviewed the controls, mitigations and supporting actions. A robust discussion was held and assurance taken that the strategic risks have been well developed. It was acknowledged that the wording of the risk could be developed to include the audience, for example ICS, system partners and Dudley population. • Assurance was taken that the corporate risks were reviewed by the Executive Director as owner of the risks and updated accordingly with one proposal for closure being recommended. ○ C204 – Primary Care Strategy and Primary Care Operating Model – closed as both have been delivered and fully supported by PCN CDs. • Robust discussion was had in relation to emerging operational risks including: ○ the existing Service Level Agreement. ○ the impact of a potential change of PCN Clinical Director leadership. ○ capacity to deliver Primary Care Operating Model. • It was agreed that the risks would be developed by the lead Executive Director and escalated to committee and Board as appropriate. • Following a review of the two risks within tolerance relating to alignment of strategy with People Committee and support to the Extended Primary Care Teams it was agreed not to recommend closure of these risks. **Dudley Quality Outcomes for Health Framework** • The committee received a performance report for assurance. • All Dudley practices are delivering over and above National requirements on access. • The performance has been shared with ICB to provide assure on restoration and recovery of primary care.

- The committee noted that:
    - the reporting needs to be updated to reflect the way in which practices 'phase the delivery of annual reviews'.
    - a process is in place to identify and share variation in specific areas with practices.
    - a primary care operating model has been developed for High Oak and Chapel Street – the committee will be reviewing the impact of this model on DQOFH improvement as part of its quarterly work plan
    - a full review of the DQOFH will be considered by the committee in quarter 4.

Primary Care Strategy (PCS) Implementation Plan

- The committee received and approved the approach to the programme mobilisation of the PCS.
- The committee noted and agreed:
    - the priority areas and projects
    - the governance of the programme
    - the communication and engagement approach
- The strategy will be launched at an engagement event in January.
- The strategy document is going through design, along with a brochure of service offers, plan on page, video blogs, and web-page.
- A PCS strategy development day with PCN CDs is being arranged in January 2023.

Update on Service Level Agreement (SLA) between DIHC and PCNs

- The PCN CDs requested that the SLA is refreshed.
- It was agreed that the PCN CDs will co-produce the SLA with Phillip King, Chief Operating Officer.
- The committee agreed that the SLA will be supported by a collaborative agreement to reflect the mutually agreed principles of collaborative working.

Update on the Integration Agreement (IA)

- The committee noted that the existing IA was dependent on the transfer of community services and award of ICP contract and in the absence of both, PCIC agreed that a new IA was required.

Medical Director Update

- The committee noted that a Primary Care Operating Model for general practice has been developed for High Oak and Chapel Street.
- The committee noted that there is a project of work within the Primary Care Strategy implementation plan that includes the development, implementation, evaluation and review of the operating model and the benefits in delivering improvements in DQOFH and reducing variation of health inequalities.

Primary Care Development Discussion

- The Committee extended its meeting by an hour to hold a development session with PCN CDs to discuss potential changes to PCN CD leadership over the next 12 months.

	• The Committee agreed to set up a strategic away day with PCN CDs in the New Year to discuss and plan our strategic approach to integrated working.
Recommendations made by the Committee	• None
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• 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 • Development of three emerging risks on SLA, PCN CD leadership and capacity to deliver the PC Operating Model
Items/Issues for referral to other Committees	• None

Enclosure 13

NHS
Dudley Integrated Health and Care
NHS Trust

PUBLIC BOARD

REPORT TITLE:	**Board Assurance Framework and Corporate Risk Register**
DATE OF MEETING:	6th December 2022
PURPOSE OF REPORT:	To receive the BAF and Corporate Risk Register
RESPONSIBLE EXECUTIVE:	Philip King, Chief Operating Officer Sue Nicholls, Director of Nursing, AHPs and Quality
AUTHOR OF REPORT	Elaine Doyle, Trust Secretary Sayoni Basu, Corporate Governance Manager
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. A detailed challenge and review session by the Executive Committee supported by robust scrutiny by the Board Committees, the strategic risks, controls, assurances, gaps and supporting actions are recommended to the Board. The updated BAF, at appendix 1, is presented before December Board for assurance on its development and will continue to be reviewed quarterly from January 2023 onwards The BAF and Strategic Risks are reviewed quarterly with all strategic and corporate risks are mapped to the strategic objectives and reported through the relevant Committee structures for challenge following review by the Executive. The eleven BAF Strategic Risks are reported in summary below for information.

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)
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)
BAF22-007 – There is a risk we fail to deliver and evidence safe, high-quality care to our service users 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)

LIST BENEFITS AND/OR EXPECTED OUTCOMES:	• Review the BAF strategic risks and are assured the BAF appropriately addresses the delivery and scope of the Trust Strategy, and the controls and assurances adequately address the risks as reported
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:	☒Develop our role in the Dudley Place ☒Implementation of integrated care model for the Dudley population

Tick as appropriate	☒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

Following a detailed challenge and review session by the Executive Committee and Board's approval of the recommendations of the Executive Committee on 1st November, the BAF controls, mitigations and assurances including any gaps and actions have been reviewed and updated in detail.

During November the focus has been to review and update the controls, assurances on controls, mitigations and supporting actions 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 and CQC requirements.

The BAF and Strategic Risks are reviewed quarterly with all strategic and corporate risks are mapped to the strategic objectives and reported through the relevant Committee structures for challenge following review by the Executive. The updated BAF is presented before December Board for assurance on its development and will continue to be reviewed quarterly from January 2023 onwards.

The Board is asked to review the 11 current strategic risks reported through the Board Assurance Framework as follows:

BAF Strategic Risks as November 2022			
Oversight Committee	**Risk Descriptor**	**Exec Lead**	**Risk Score Q3 / Inherent Score for new risks**
Board	BAF22-001 – There is a risk we fail to demonstrate our value as measured in health outcome to our system partners	Steph Cartwright	High 16 (4x4)
	BAF22-002 – There is a risk we are unable to agree our role in the delivery of Integrated Care Model	Steph Cartwright	High 16 (4X4)
	BAF22-009 – There is a risk our organisation's reputation is understated and our role undervalued	Steph Cartwright	Moderate 12 (3X4)
Quality and Safety Committee	BAF22-003 – There is a risk in slippage or failure in the delivery of transformational plan for Children's Services for Dudley	Sue Nicholls	Moderate 12 (3X4)
	BAF22-007 – There is a risk we fail to deliver and evidence safe, high-quality care to our service users in line with the CQC requirements	Sue Nicholls	Moderate 12 (3X4)
Finance, Performance and Digital Committee	BAF22-006 – There is a risk we are unable to develop a clear prioritised and innovative program around population health	Dr Richard Bramble	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	Philip King	Moderate 12 (3X4)

	BAF22-010 – There is a risk our organisational activities are not environmentally sustainable	Matt Gamage	Low 9 (3X3)
	BAF22-011 – There is a risk our organisation's sustainability is measured in terms of direct service provision rather than impact	Matt Gamage	Moderate 12 (3X4)
People Committee	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	Steph Cartwright	Moderate 12 (4X3)
Primary Care Integration Committee	BAF22-004 – There is a risk we are unable to provide sufficient evidence of our impact to Primary Care in Dudley	Dr Lucy Martin	Moderate 12 (4X3)

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

Risk Levels	1 Minimal	2 Cautious	3 Open	4 Seek	5 Mature
Risk Appetite	Very Low	Low	Moderate	High	
Risk Tolerance Score (Net L x C)	1 - 5	6 - 11	12 - 15	16 - 25	
No of BAF Risks	**0**	**1**	**8**	**2**	

Heat Map of BAF Current Score						
		CONSEQUENCE				
		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
LIKELIHOOD	1. Rare	1	2	3	4	5
	2. Unlikely	2	4	6	8	10
	3. Possible	3	6	9 010	12 003, 006, 007, 008, 009, 011	15

	4. Likely	4	8	12 004, 005	16 001,002	20
	5. Almost Certain	5	10	20	20	25

Board Assurance Framework (BAF)

December 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 22-001	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 22-002	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 22-003	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 22-004	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 22-005	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	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 22-006	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 populatio	BAF 22-007	There is a risk we fail to deliver and evidence safe, high-quality care to	Sue Nicholls, Director of	Quality and Safety Committee	Moderate 12 (4x3)	Low 9 (3x3)	Low 9 (3x3)	Moderate 12 (3x4)		**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
n and reduce inequalities		our service users in line with the CQC requirements	Nursing, AHPs and Quality							Reputational			
Demonstrate value	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	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 22-009	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 22-010	There is a risk our organisational activities are not environmentally sustainable	Matt Gamage, Director of Finance, Performa	Finance, Performance and Digital Committee	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
			nce and Digital										
Demonstrate value	BAF 22-011	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

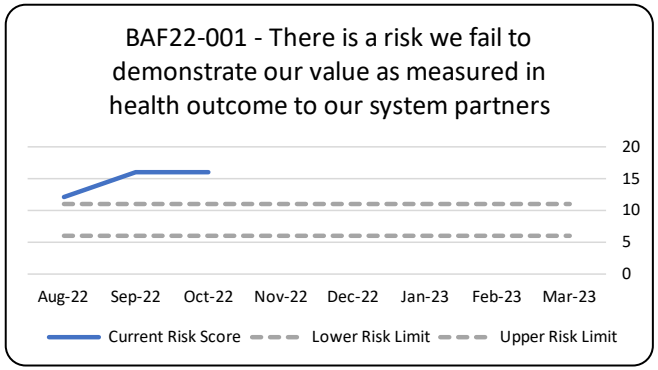
Rationale for Risk:

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

Increase in score due to continuing system discussions in relation to the Integrated Model of Care for Dudley

	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 Plan	High	• ICB Development Seminar 14th November 2022 • Support from ICB Board • ICB papers and minutes • Support of system partners
3. Long Term Financial Plan	Medium	• Alignment to the ICS plan
4. ICS Joint Forward Plan	Medium	• Defined contribution within the five year plan
5. Agreement on organisational form for the integrated models of care	Medium	• Business Cases for changes • Heads of Terms for Transfers • NHSEI Risk Rating and assessment of business cases to enact changes

GAPS IN CONTOLS	ASSURANCES
• PMO resource and increase in Project Management capacity	• Project Management approach followed • Programme and project management aligned to NHSEI Transaction Guidance • Reporting to Strategy and Transformation Forum • Strategy and Transformation Forum papers and minutes

	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 developed 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 • Transformation groups in place for priority areas	System wide support for DIHC and development of agreed integrated clinical models	**Steph Cartwright**	**31/12/2022**	G

	• Place based Executive team established to oversee development and implementation				

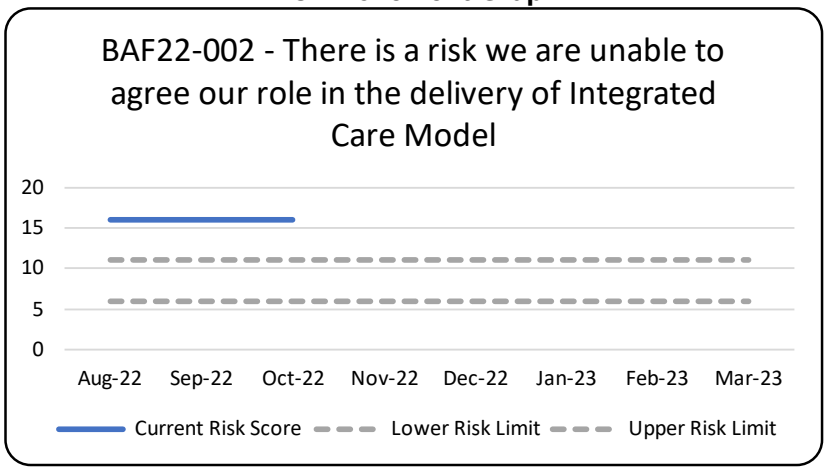
Strategic Objective: Implementation of an Integrated Care Model for Dudley	**Strategic Risk:** There is a risk we are unable to agree our role in the delivery of Integrated Care Model	**Risk Accountability:** **NED Oversight:** Harry Turner as Chair **Assurance Committee:** Board **Executive Lead:** Steph Cartwright, Director of Strategy, People and Partnerships	**BAF Ref:** 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. Health and Care Partnership Board	High	• Governance framework embedded into Board and Committee structures

		• System Risk Register • Partnership Board papers and minutes
2. Business Plan	High	• NHSEI feedback on Business Plan
3. DIHC Development Plan	Strong	• Support from ICB Board • Support of system partners
4. Case for change agreed by all partners supported by system	Medium	• Place based Integrated model of care 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	System wide support for the strategic direction for DIHC: • Development sessions with ICB Board 14th Nov 22 • Chair and Chief Executives fortnightly meeting • Consideration by ICB Board on 24th Nov	Clarity on strategic direction of DIHC, system agreement on the Integrated Model of Care for Dudley and clarity on the organisational form for who will be responsible for delivery.	Penny Harris, Chief Executive Officer and Steph Cartwright, Director of Strategy, People, and Partnerships	30th November 2022	G
2	Development of DIHC 3-year strategic plan	Clarity of DIHC's key deliverables, timelines, milestone plan	Steph Cartwright, Director of Strategy, People, and Partnerships	31st January 2023	G
3	Goods and Services contract updated to include the Commissioning work undertaken on behalf of the ICB where resources have transferred but the budget have not	Clarity of commissioning work undertaken by DIHC	Matt Gamage, Director of Finance, Performance and Digital	31st December 2022	A

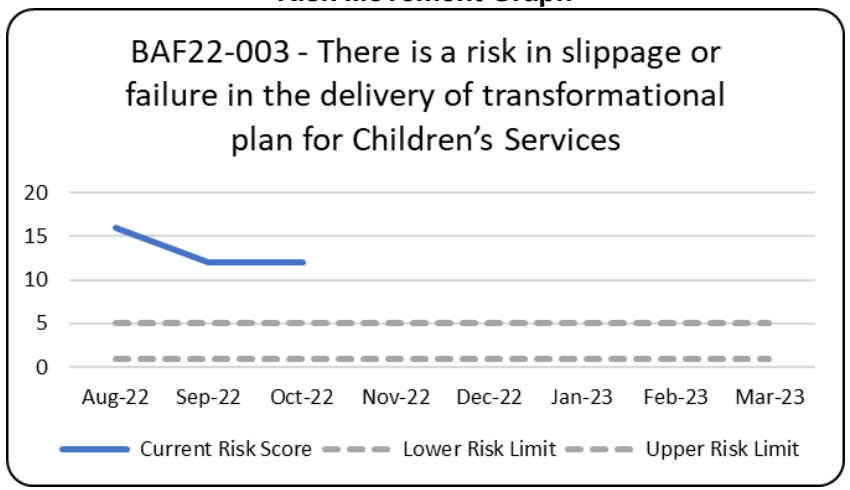
Strategic Objective: Improve Outcomes of Children and Young People in Dudley	**Strategic Risk:** There is a risk of failure or slippage in the delivery of transformational plan for Children's Services in Dudley	**Risk Accountability:** **NED Oversight:** Val Little, NED as Chair **Assurance Committee:**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

- *Reduction in score due to mitigations and assurances as reported below*

	Inherent July 2022	**Q2 Oct 2022**	**Q3 Jan 2023**	**Q4 Apr 2023**	**Target 5 or less**
Total	High 16	Moderate 12			Very Low
C x L	4x4	3x4			

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. System wide roadmap for Children's and Young Peoples services in Dudley	Medium	• Cap Gemini output • Sponsor Group output • ICB Board approvals
2. Children's Strategy and programme of transformation	Medium	• Cap Gemini Output presented to the Integrated Model of Care Group and Children and Young Peoples Partnership Board (Dudley) and implementation plan yet to be developed
3. Robust programme plan including heads of Terms	Strong	• Supported by stakeholders • Approved by DIHC 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

GAPS IN CONTROLS AND ASSURANCES

- Children and Young People (CYP) Strategy for Dudley yet to be developed
- Stakeholder assurances on clinical and operational capacity to deliver (Children's Working Group)
- Long Term Plan for Children's with workforce and funding mechanisms

	ACTIONS (mitigations)	OUTCOME (OUTPUT)	ACTION OWNER	DEADLINE	ACTION STATUS
1	Due diligence	To ensure the services are adequately resourced, funded, staffed and equipped.	Steph Cartwright, Director of Strategy, People, and Partnerships	31st December 2022	On Hold
2	Outcomes based contract	To achieve the lead provider for Children's services for Dudley	Matt Gamage, Director of Finance, Performance and Digital	31st March 2023	On Hold
3	Skills review of current workforce	To have the right skill mix of staff to deliver the best outcome for Dudley Children	Steph Cartwright, Director of Strategy, People, and Partnerships	31st March 2023	On Hold
4	Comprehensive review of Estates	To have the best infrastructure for Dudley Children	Philip King, Chief Operating Officer	31st March 2023	On Hold

5	Development of Communications and Engagement plan	To spread awareness of the transformation work to our stakeholders and staff and to engage with the Dudley population to help drive transformation based on population need	Steph Cartwright, Director of Strategy, People, and Partnerships	31st December 2022	On Hold
6	Development of programme workstreams	Programme management to ensure smooth transformation	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 to the ICS, system partners and Dudley population 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

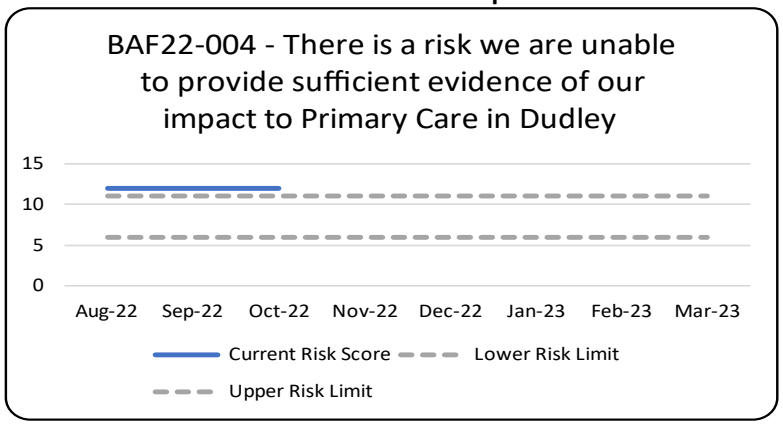
Rationale for Risk:

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	Medium	• 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 • Transformation groups in place for priority areas • Place based Executive team established to oversee development and implementation	System wide support for DIHC and development of agreed integrated clinical models	Steph Cartwright, Director of Strategy, People and Partnerships	31st December 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 we have sufficient staff with the right skills such that they are 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

Rationale for Risk:

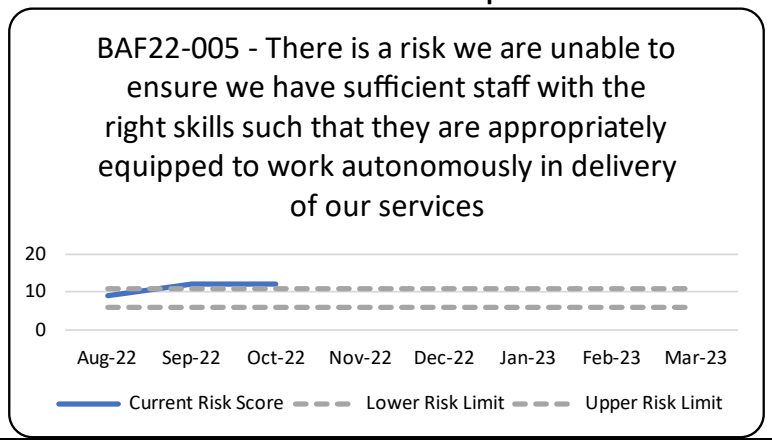
DIHC requires a workforce that is experienced, capable and flexible to deliver the services now and is supportive and agile enough to meet the needs of transformation and innovation ambitions outlined in the Business Plan, all workforce plans developed would need to align and reflect the work DIHC is 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

Risk score increased to reflect the current situation of GP vacancies and vacancies within PCMH

	Inherent July 2022	Q2 Oct 2022	Q3 Jan 2023	Q4 Apr 2023	Target Score 6-11
Total	Low 9	Moderate 12			Low
C x L	3x3	3x4			

Rational for Current Risk Score

Risk Proximity
Active and happening now in some services

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 AND ASSURANCES

- Currently reviewing Service Level Agreements with PCNs
- Developing a robust succession planning

ACTIONS (mitigations)		OUTCOME (OUTPUT)	ACTION OWNER	DEADLINE	ACTION STATUS
1	Developing Talent Management Strategy & Succession Planning	Strengthen the organisational capacity to identify critical positions and flag potential vacancies. The succession planning would assist in focusing on key competencies and skills necessary for business continuity	Adam Race, Associate Director of People	31st December 2022	**G**
2	Engagement and Retention Plan	Improved access to quality of service, patient experience, patient outcomes, smooth integration of services	Adam Race, Associate Director	31st March 2023	**A**

			of People		
3	Reviewing Service Level Agreements	Setting clear expectations from PCNs regarding mandatory training, health and safety with measurable outcomes	Philip King, Chief Operating Officer	31st December 2022	**A**
4	Active workforce planning with PCNs each year	Increased levels of collaborative working across PCN practices and shared workforce solutions	Adam Race, Associate Director of People	31st December 2022	**G**
5	Recruitment strategy for medical workforce	Considering shortage of medical staff, recruitment strategy would address both financial and quality of care being delivered to patients and service users	Lucy Martin Acting Joint Medical Director	31st December 2022	**A**

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

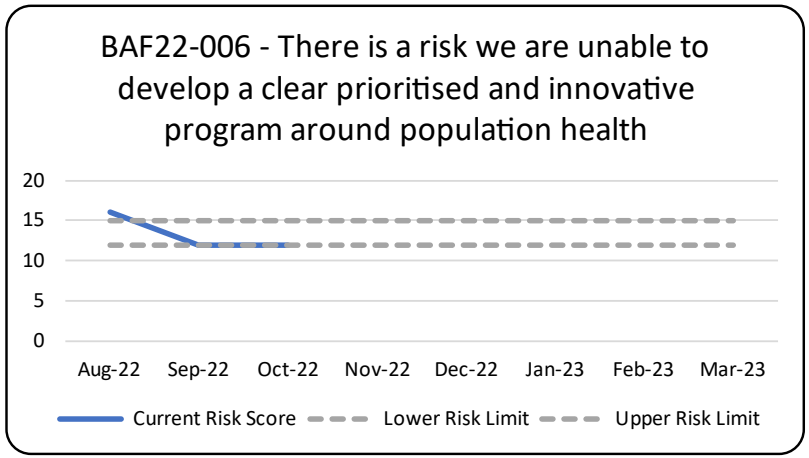
Rationale for Risk:

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

- Without prioritised and agreed PHM outcomes, investment and QI focus could lack direction and not achieve measurable gains.
- Lack of cultural change which embraces the concept of proportionate universalism and acknowledges an outcome-based approach to planning and operational delivery could widen health inequalities
- Lack of data and business intelligence will undermine both the development and tracking of QI activities designed to improve health and reduce inequalities
- Lack of collaborative working between organisations will lead to lack of a common focus and undermine progress on improving health and reducing health inequalities

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 performance
2. Dudley Quality Outcomes For Health (DQOFH)	Strong	• Performance against the DQOF
3. Integration Agreement	Strong	• Practices aligned
4. Health Outcomes Framework	Strong	• Endorsed by Partnership Board
5. PMO	Medium	• Reporting of projects and interventions through FP&D
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	Develop a PHM plan in partnership with other health and care organisations, under remit of partnership board	DIHC will either have own plan which is compatible with others in Dudley place or have specific stake in a Dudley place plan	Duncan Jenkins, Clinical Divisional Director, Pharmacy and Population Health Management	31st March 2023	A

3	Develop a common approach to business intelligence where all Dudley organisations contribute to and work to a common BI system, with enabling DSA framework	Efficient and consistent BI tools and metrics where all Dudley place organisations have 'one version of the truth	Matt Gamage, Director of Finance, Performance and Digital	31st January 2023	G
4	Ensure PHM plan is incorporated into the JSNA process	PHM is informed by the JSNA. JSNA quantifies ongoing needs being addressed by PHM	Duncan Jenkins, Clinical Divisional Director, Pharmacy and Population Health Management	31st March 2023	G

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

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

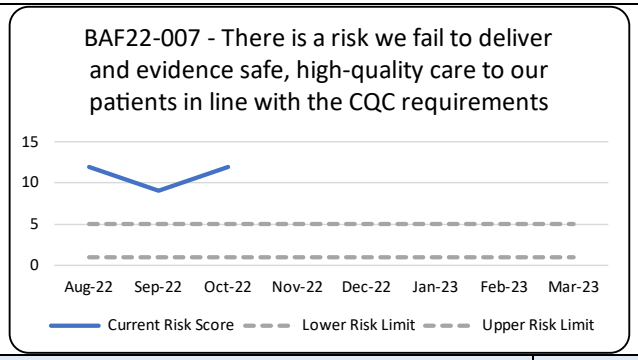
Risk Appetite: Low (1 – 5)

Risk Movement Graph

Risk Rating

	Inherent July 2022	Q2 Oct 2022	Q3 Jan 2023	Q4 Apr 2023	Target 5 or less

Rational for Current Risk Score Number of strategies and initiatives underway



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	Medium	• High assurance on incident management process and low assurance on 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	Medium	• 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 Strategy	High	• Strategy approved by the Trust Board in November and an implementation plan being developed
10. Primary Care Operating Model	High	• SLA with PCNs • Integration Agreement with practices
11. 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	Integrated Model of Care for stakeholders across Dudley	Dr Richard Bramble, Medical Director	30th November 2022	**A**
2	Develop ARRS operating model	Standardisation of pathways and clarity of operating model by practice	Philip King, Chief Operating Officer Alec Gandy and Zoe Dixon	31st December 2022	**A**
3	Continued development of Quality and Safety metrics for all services	Safe and effectives service delivery and measurable improvements over time	Matt Gamage, Director of Finance, Performance and Digital	31st March 2023	**A**
4	Quality Strategy being developed	To demonstrate that the care delivered is of the highest quality, offers value for money and recognises greater service user complexity	Sue Nicholls, Director of Nursing, AHPs and Quality	31st December 2022	**G**
5	Change Management and Service Development and supporting policy	To demonstrate commercial decisions and service transformations offer best value for money, highest quality for service users and impact on workforce is minimal	Steph Cartwright, Director of Strategy, People, and Partnerships	30th November 2022	**G**
6	Implementation of the Clinical Governance Development programme	To effectively drive safe, effective, responsive, caring and well led Clinical governance processes	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	Standardisation of the operational risk management process for all staff	Jim Young, Associate Director of Governance and Quality	31st December 2022	**A**
8	CQC Readiness Programme established and supported by governance and assurance framework	Evidence based self-assessment of the Trust's position against all CQC domains and to develop a robust governance programme	Sue Nicholls, Director of Nursing, AHPs and Quality	31st March 2023	**A**

9	Development of a Physicians Associate Strategy	Clarity of operating model by practice and improve Primary Care capacity	Dr Richard Bramble, Medical Director	31st December 2022	**G**

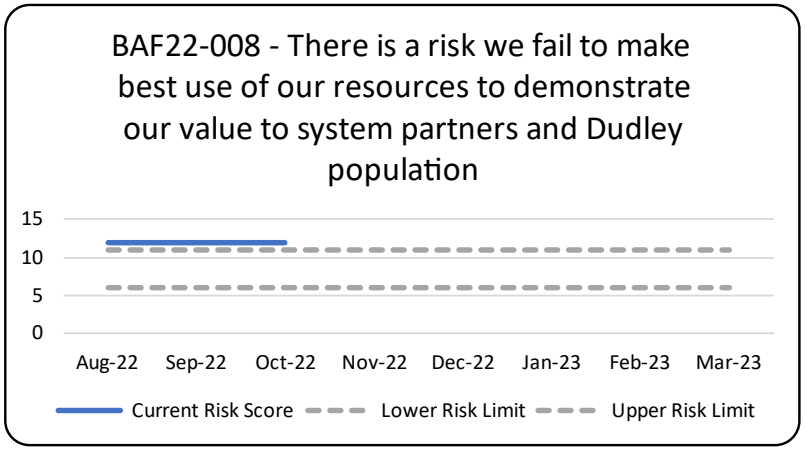
Strategic Objective:	Strategic Risk:	Risk Accountability	BAF Ref:
Demonstrate value	There is a risk we fail to make best use of our resources to demonstrate our value to system partners and Dudley population	**NED Oversight:** Ian Buckley, NED as Chair of Committee **Assurance Committee:** Finance, Performance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

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**

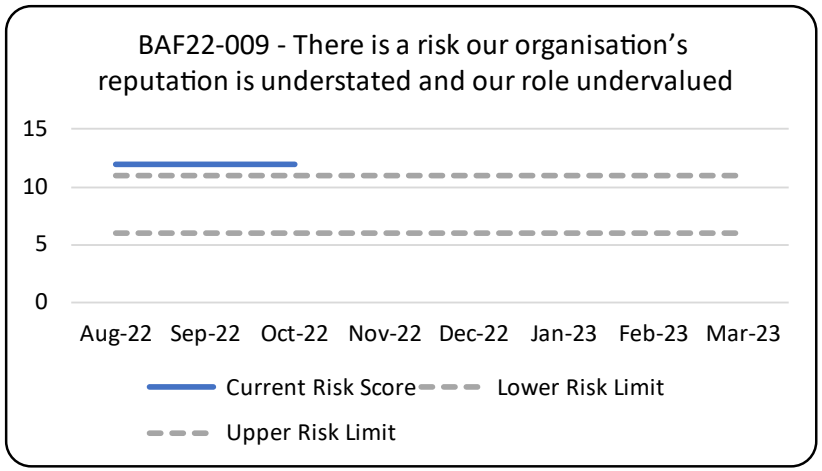
Strategic Objective: Demonstrate Value	Strategic Risk: There is a risk our organisation's reputation is understated and our role undervalued	Risk Accountability **NED Oversight:** Harry Turner as Chair **Assurance Committee:** Board **Executive Lead:** Steph Cartwright, Director of Strategy, People and 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 Plan	High	• Support from ICB Board • ICB papers and minutes • Support of system partners

GAPS IN CONTOLS	GAPS IN ASSURANCES
• Place based partnerships supported by governance, accountabilities and responsibilities • Clear Communications and Engagement Strategy	• Clear memorandum of understanding between partner organisations • Terms of reference that empower the governance of place while recognising sovereignty of partner organisations

	ACTIONS (mitigations)	OUTCOME (OUTPUT)	ACTION OWNER	DEADLINE	ACTION STATUS
1	Build positive relations with system partners in order to gain support for the strategic direction for DIHC: • Royal Wolverhampton NHS Trust Joint Executive meeting – 17th May • Dudley Metropolitan Borough Council Joint Executive meeting – 15th Sep • Development sessions with ICB Board – 14th Nov 22 • Chair and Chief Executives fortnightly meeting • Dudley Health and Care Partnership Board, monthly meetings	Positive relationships with system partners and clarity on strategic direction for DIHC	Penny Harris, Chief Executive Officer and Steph Cartwright, Director of Strategy, People, and Partnerships	**30th November 2022**	G
2	Develop 3-year strategic plan	Clarity of DIHC's key deliverables, timelines, milestone plan	Steph Cartwright, Director of Strategy, People, and Partnerships	31st January 2023	**G**
3	Develop Communications and Engagement Strategy	To communicate principles, objectives, manage challenges, reputation management and support service users and public engagement	Steph Cartwright, Director of Strategy, People, and Partnerships	**28th February 2023**	

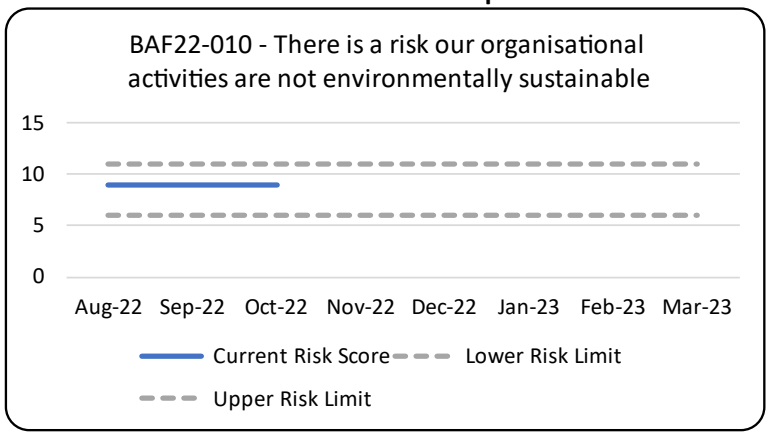
Strategic Objective:	Strategic Risk:	Risk Accountability	BAF Ref:
Demonstrate value	There is a risk our organisational activities are not environmentally sustainable	**NED Oversight:** Ian Buckley, NED as Chair of Committee **Assurance Committee:** Finance, Performance and Digital Board **Executive Lead:**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

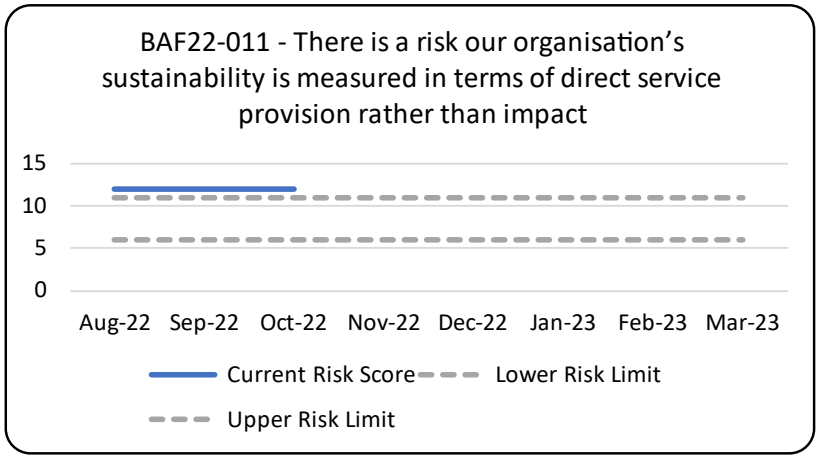
Strategic Objective: Demonstrate value	**Strategic Risk:** There is a risk our organisation's sustainability is measured in terms of direct service provision rather than impact	**Risk Accountability** **NED Oversight:** Ian Buckley, NED as Chair of Committee **Assurance Committee:** Finance, Performance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

Dudley Integrated Health and Care NHS Trust

PUBLIC BOARD

REPORT TITLE:	**Corporate Risk Register**
DATE OF MEETING:	6th December 2022
PURPOSE OF REPORT:	To review the Corporate Risk Register
RESPONSIBLE EXECUTIVE:	Philip King, Chief Operating Officer Sue Nicholls, Director of Nursing, AHPs and Quality
AUTHOR OF REPORT	Elaine Doyle, Trust Secretary Sayoni Basu - Corporate Governance Manager
SUMMARY OF KEY POINTS:	The Executive Committee conducted a challenge and review session of the Corporate Risk Register (CRR) on 26th October 2022 to strengthen the Trust's risk management process and to adequately reflect the Trust's current position. The Trust Board on 1st November 2022 approved the recommendations of the Executive Committee. The Board are asked to note that following detailed review of the current risk scores, controls, mitigations, and actions by the Committees during November, there is one (1) proposed change to the current Corporate Risk Register and is reported below in summary;

Responsible Committee	Corporate Risks	Recommendation
Primary Care Integration Committee – 16th November 2022	C-204 - Failure to develop a primary care operating model at scale and in part is dependent on transfer of community services	Closure being recommended as both have been delivered and fully supported by PCN CDs

The Trust Management Board reviewed all operational risks on 9th November and there were no escalations to the Corporate Risk register.

The Board are asked to note that a Board Development session on Risk Management is scheduled on Tuesday, 13th Dec 2022. One focus of this session will be to consider the strategic approach to risk appetite.

LIST BENEFITS AND/OR EXPECTED OUTCOMES:	Approve the recommendation of the Primary Care Integration Committee to close risk C-204 - Failure to develop a primary care operating model at scale and in part is dependent on transfer of community services
FUNDING/ COST IMPLICATIONS:	N/A
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 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 Management Report

1. Top Risks

The Board are asked to note the top six risks contained within our Corporate Risk register namely:

1. D002 - Cyber security risk
2. C107- Insufficient system-wide support for DIHC
3. C106 - Not having approval from NHSEI to recruit substantively to key posts
4. C064 - Risk of substantive workforce shortages in medical staffing
5. C202 - Lack of business intelligence information to target ICTs to support PCNs
6. C-088 - Risk to the health care estates

2. Committees Risk Management review cycle

Work to strength the reporting of all operational risks through Datix continues to be undertaken by the Associate Director of Quality and Governance and the Chief Operating Officer to work to embed and strength the process of raising service level risks through Datix.

The Executive Committee conducted a challenge and review session of the Corporate Risk Register (CRR) on 26th October 2022 to strengthen the Trust's risk management process and to adequately reflect the Trust's current position. The Executive Committee proposed several recommendations to the Trust Board which were approved on 1st November 2022.

Operational Risk Management and Escalation of Service Level Risks

The Committee are asked to be aware that the Service Risk Registers are reported using the Datix Risk Module and are considered at the regular service review meetings with escalation through both Executive Committee and the Trust Management Board where appropriate. The escalation process remains unchanged, risk 16 and above or reputational being escalated to the Corporate Risk Register.

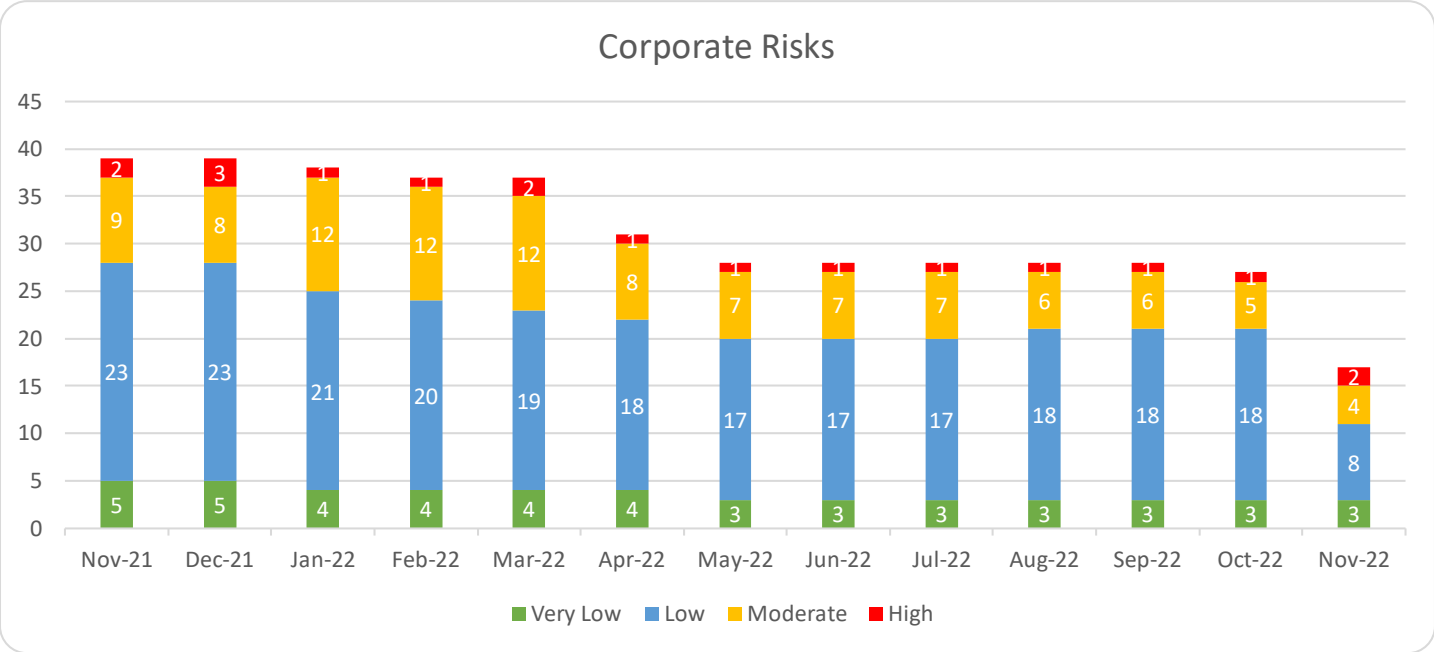
The service level risk registers were reviewed at the Trust Management Board on 9th November 2022 and there were no escalations to the Corporate Risk Register.

3. Corporate Risk Register Summary Position

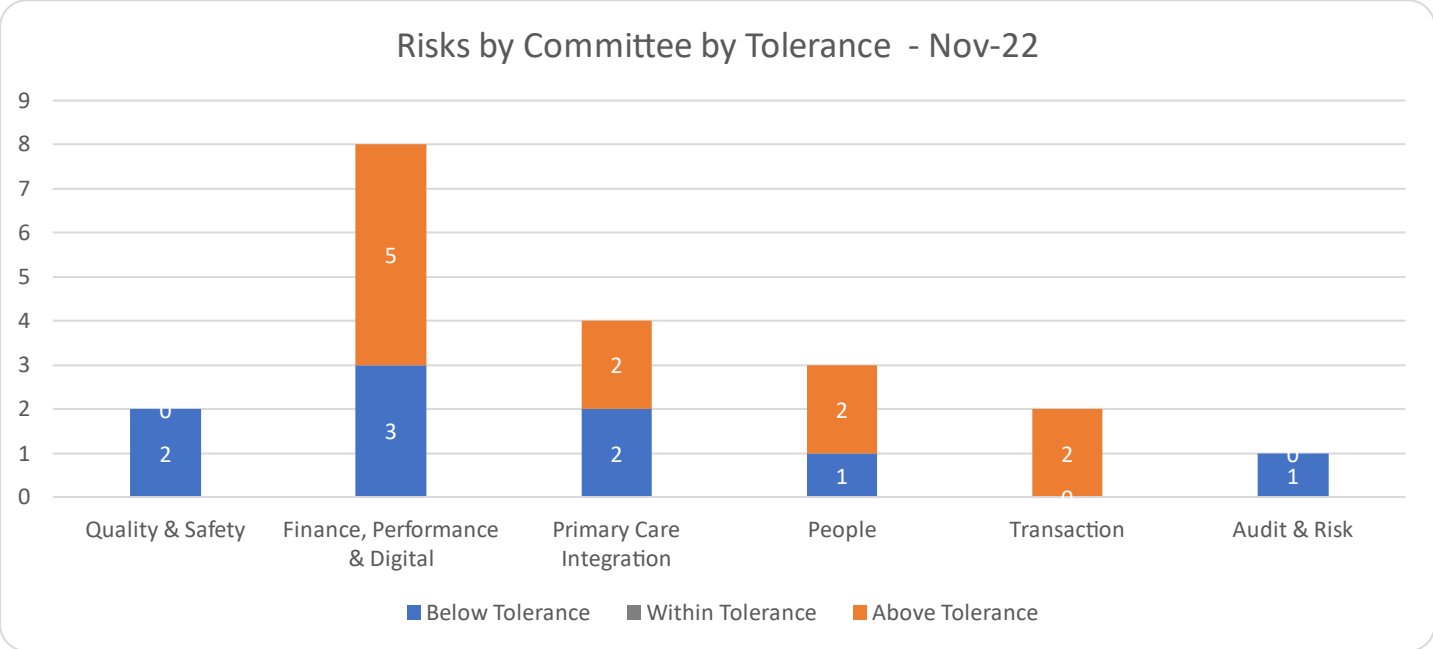
Below is a table showing the overall number and grade of risks and by domain held on the Corporate Risk Register.

Risk Levels	1 Minimal	2 Cautious	3 Open	4 Seek	5 Mature
Risk Appetite	Very Low	Low	Moderate	High	
Corporate Risks Total	**3**	**8**	**5**	**2**	

The chart overleaf shows the total number of corporate risks and the change over time by current score.



The chart below outlines the current profile of risks by committee by tolerance. The trend reports at Appendix 1 and 2 detail the summary risk information.



4. Recommended Changes to the Corporate Risks

Following robust review of the strategic risks during November 2022, there is one (1) recommended change proposed by the Committees.

Responsible Committee	Corporate Risks	Recommendation
Primary Care Integration Committee – 16th November 2022	C-204 - Failure to develop a primary care operating model at scale and in part is dependent	Closure being recommended as both have been delivered

	on transfer of community services	and fully supported by PCN CDs

The Board are asked to note that at the November Primary Care Integration Committee meeting a robust discussion around risk C-204, Failure to develop a primary care operating model at scale and in part is dependent on transfer of community services was had. The Committee recognised both the Primary Care Strategy and Primary Care Operating Model considerable progress had been made in recruiting staff into the organisation, there remained some challenges such as the need to replace agency staff and recruitment of GPs so it was agreed that this risk should remain at 12 at this time.

5. New and Emerging Risks

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

Responsible Committee	Emerging Risks	
Quality and Safety Committee 15th November 2022	Supporting CQC inspections and readiness	Programme of work including a supporting action plan has been developed and is being managed through the Well Led Steering Group supported by four working groups aligned to the CQC Domains, Safe, Effective, Responsive and Caring. The progress is reported through to Executive Committee weekly. The Associate Director of Quality and Governance along with the Head of Safeguarding have been conducting mock inspections across services and a Board Development Session held on 17th October 2022 briefing the Board on Preparing for CQC-Well Led. Programmes for further Board Developments on CQC Readiness are scheduled. A number of emerging risks have been identified and Executive leads identified, and risks are currently being reviewed and assurances, mitigations and actions identified for inclusion in the appropriate risk registers, either at service level, through risks within the programmes of work or through the digital risk register
Primary Care and Integration Committee 16th November 2022	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.

Primary Care and Integration Committee 16th November 2022	Existing Service Level Agreement	Lack of Service Level Agreement with GP's and Extended Primary Care teams (ARRS) may result in the risk of clearly identified roles.
Primary Care and Integration Committee 16th November 2022	Capacity to deliver Primary Care Operating Model	There is a risk of insufficient capacity to support practices in the delivery of Primary Care Operating Model

6. Next Steps

The Board and Audit and Risk Committee have received and approved the Board Assurance Framework and the Risk Management Strategy. The operational risk management policy including the technical guidance on how staff can report risks on Datix has been drafted by the Associate Director of Quality and Governance and is currently going through internal governance. These will be published in November following robust review at the multi-disciplinary Policy, Procedures Development Working Group and the Executive Committee.

Further review of the format of risk reporting to the Committees and Board is being undertaken with the Executive Team.

Dudley Integrated Health and Care NHS Trust
Corporate Risk Register November 2022
All Corporate Risks ABOVE Tolerance

Dudley Integrated Health and Care NHS Trust

													STEP 2 - EVALUATE										STEP 3 - PLAN						
Date Last Reviewed	Ref	COVID-19	System (Place Based)	Committees: Audit and risk	Committees: Primary Care Integration	Committees: Q&S	Committees: F, P & D	Committees: People	Committees: Strategy & Transformation	Accountable Director (Risk Sponsor)	Risk Description: RISK OF:	Risk Description: IMPACT/CONSEQUENCES	Inherent / Initial Risk Score: (L)ikelihood Score	Inherent / Initial Risk Score: (I)mpact Score	Inherent / Initial Risk Score: Risk Rating (L x I)	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: (L)ikelihood Score	Current Score: (I)mpact Score	Current Score: Risk Rating	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: (L)ikelihood	Target Risk Rating: (I)mpact Score	Target Risk Rating: Risk Rating (L x I)	Above or Below Tolerance
10/11/2022	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 Standing item in monthly Digital Board Routine reporting to FP&D Terrafirma representation at weekly digital team meeting Regular service review meetings held with Terrafirma Inclusion within the DSPT return	Strong - Green	4	4	16	→	Treat	Replace out-dated infrastructure in collaboration with DGFT as part of 22/23 capital plan. Notification that capital allocation will be received for cyber security.and kit replacement has started.	Stuart Lea	Reputational	3	3	9	Above
14/11/2022	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 Fuller review recommends the role of organisations such as DIHC and subsequent advice from NHSE shows that we are strategically well aligned to support the sustainabiliity and development of primary care.	Medium - Yellow	4	4	16	→	Treat	Cap Gemini events planned took place in March and May to agree Dudley Clinical Model Organisational form discussions underway with ICB and supported by Chairs and CEO Forum Agreement in July 2022 that all organisations in the system have a role (including DIHC) 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 Regular review on progress overseen by ICB and regional NHSEI team Presentation to ICB Board on 14th November 2022 and decision on strategic direction of DIHC at ICB Board on 24th November 2022	Steph Cartwright	Partnerships	2	3	6	Above
14/11/2022	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. As of October 2022 two Executive positions remain Interim (Chief Executive and Medical Director) and the future requirements of our corporate teams remain dependent on the unknown size of future clinical teams.	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	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	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
14/11/2022	C-064	✗	✓	✗	✗	✗	✗	✓	✗	Steph Cartwright	Risk of substantive workforce shortages in medical staffing (through difficulties in recruiting) result in additional premium costs being incurred.	Reduced service quality including provision of patient care 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. Long term locums in place. Recruitment through agents in place. Further remodelling in place including the use of Advanced Nurse Practitioners.	Medium - Yellow	3	4	12	→	Treat	Robust recruitment plans to fill vacancies in teams 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 and are also exploring other recruitment options. A recruitment plan has been agreed between Medical Director, Chief Operating Officer and Associate Director of People Workforce metrics, turover and vacancy management support currnet scoring will continue to be closely monitored.	Steph Cartwright	Workforce	1	4	4	Above

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				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)	
10/11/2022	C-202	✗		✗	✓	✗	✗	✗	✗	Matt Gamage	Lack of business intelligence information to target ICTs to support PCNs and links to ICS	This will result in the blurring of lines between DIHC and the ICS leading to being unable to report and demonstrate positive interventions Lack of population health data	4	4	16	BI Programme Plan within the wider Digital Programme and reported through to FP&D Data Quality Audit Primary Care Programme Plan Data sharing agreements Joint data controller agreements	Medium - Yellow	3	4	12	→	Treat	Ongoing development of the business intelligence support for primary care Information Governance service chasing the remaining unsigned data sharing agreement. This action is included in the IGG work plan. Recruitment process ongoing for additional BI support	Matt Gamage	Reputational	3	3	9	Above
10/11/2022	C-088	✗	✗	✗	✗	✗	✓	✗	✗	Philip 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.	Medium - Yellow	3	4	12	→	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
14/11/2022	C-078	✗	✓	✗	✗	✗	✗	✗	✓	Richard Bramble / Lucy Martin	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 Integrated Model of Care Implementation Group.	Medium - Yellow	2	4	8	→	Treat	IMOCIG has established four priority Transformation Groups that are reporting in Autumn 22, and anticipates the establishment of Local Improvement Teams that will further iterate the Integrated Model of Care. Outcome of Cap Gemini process clearly defines required activities. Outcome of the contract and financial planning processes.	Matt Gamage	Quality	1	4	4	Above
10/11/2022	C-060	✗	✗	✗	✗	✗	✓	✗	✗	Matt Gamage	Risk of planned efficiencies and benefits not delivered in full.	Recurrent cost base erodes contribution margin and restrict investment in service developments.	4	4	16	CIP plans and savings schemes are monitored through Finance, Performance and Digital Committee Implemented the Agency request process Efficiencies reported to NHSE and ICS	Medium - 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. Executive review of corporate cost in preparation for 2023-24	Matt Gamage	Sustainability	1	4	4	Above
10/11/2022	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	Medium - 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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10/11/2022	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	Financial model and budgets are signed off by the Board. Financial monitoring to be reported to F,P&D committee. Financial Performance reported to Board Financial Performance reported to NHSE and ICS Regular meeting with budget holders	Strong - Green	2	3	6	→	Treat	Risk share arrangements will be in place with the ICS. Develop and implement financial recovery plan, should DIHC's financial position deteriorate	Matt Gamage	Sustainability	2	2	4	Above

Dudley Integrated Health and Care NHS Trust
Corporate Risk Register November 2022
All Corporate Risks BELOW Tolerance

Dudley Integrated Health and Care NHS Trust

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14/11/2022	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
10/11/2022	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. The Trust is represented at the DDOFs and DOFs system group where the financial planning is being developed for future years.These groups also manage the in year financial position and risks. Intital draft of ICS Financial framework is now available	Strong - Green	2	3	6	→	Treat	ICS is looking to continue risk and gain share agreement for 2022/23. Implement the HFMA action plan Development of recovery plan, should DIHC deviate from the financial plan	Matt Gamage	Sustainability	3	2	6	Below
14/11/2022	C-201	✗		✗	✓	✗	✗	✗	✗	Steph Cartwright	Risk of DIHC not being in alignment with Primary Care and not maintaining Primary Care 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 inconsistent and potential increased unwarranted variation	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 Production of DIHC Primary Care Strategy	Strong - Green	2	3	6	→	Treat	Ongoing Development and implementation of the model of care Practice engagement visits ongoing 6 weekly face to face engagement events with Primary Care DIHC Primary Care Strategy has been approved by Board	Steph Cartwright	Sustainability	3	3	9	Below
10/11/2022	C-205	✗		✗	✓	✗	✗	✗	✗	Matt Gamage	Lack of infrastructure for Primary Care extended team (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
20/10/2022	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

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03/11/2022	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	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.	Medium - 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