Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TUESDAY 7th MARCH 2023
09:30am – 11:30pm
Halesowen Cultural Centre, Highfield Lane, Halesowen, B63 4SG

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 Sayoni Basu, Corporate Governance Manager on sayoni.basu@nhs.net who will provide details and guidance on observing the meeting. Should you wish to ask a question about the issues on the Board Agenda please send your question prior to the meeting. The papers, minutes and any questions and answers to the items on the Board Agenda will be published on the DIHC website.

Item No	Agenda Item			Presented by	Time
Formalities: to declare the meeting open, quorate and in accordance with the standing orders:					
1.	**Chair's Welcome**		Verbal	Mr. H Turner	09:30
	1.1 Apologies	To Receive	Verbal	Mr. H Turner	
	1.2 Declarations of Interest	To Receive	Verbal	Mr. H Turner	
	1.3 Board of Directors' Register of Interests	To Receive	Enclosure 1.3	Mr. H Turner	
	1.4 Public Board Minutes – meeting held on 7th February 2023	For Approval	Enclosure 1.4	Mr. H Turner	
	1.5 Action Register and Matters Arising	For Approval	Enclosure 1.5	Mr. H Turner	
2.	**Service Story** Healthy Hearts and Sexual Health Campaign	For Information	Video	Mr. Luke Dunn	09:35
3.	**Standing Items**				09:55
	3.1 Chair's Update	For Information	Verbal	Mr. H Turner	
	3.2 Chief Executive's Report	For Information	Enclosure 3.2	Ms. P Harris	
	3.3 Agenda for Part Two – Private Board	For Information	Enclosure 3.3	Mr. H Turner	
Our Services					
4.	**Board Assurance Framework & Corporate Risk Register**	To Approve	Enclosure 4	Mr. P King and Ms. S Nichols	10:10

Item No	Agenda Item			Presented by	Time
Delivering safe and quality services, supported by integrated governance that drives quality clinical improvements					
5.	**Quality and Safety Performance Report**	For Information	Enclosure 5	Ms. S Nicholls/ Ms. K Lennon	10:20
6.	**Quality and Safety Committee Assurance Report**	For Assurance	Enclosure 6	Ms. V Little	10:30
The best place to work, supported by a new leadership and workforce culture, organically co-developed, together					
7.	**Workforce Performance Report**	For Information	Enclosure 7	Ms. S Cartwright	10:35
8.	**People Committee Assurance Report**	For Assurance	Enclosure 8	Mr. M Evans	10:45
Doing the best with what we have, to be affordable today and sustainable tomorrow					
9.	**Finance Report**	For Information	Enclosure 9	Mr. M Gamage	10.50
10.	**Performance Report**	For Information	Enclosure 10	Mr. P King	11:00
11.	**Finance, Performance and Digital Committee Assurance Report**	For Assurance	Enclosure 11	Mr. I Buckley	11.10
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	Enclosure 12	Dr G Solomon	11:15
End of Meeting Formalities: to bring the meeting to an end and include reflections on the meeting before inviting an opportunity for questions from the public. Normally pre-submitted in advance of the meeting and answered during the allotted time or in writing following the meeting.					
13.	**Any Other Business**	To Receive	Verbal	Mr. H Turner	11:20
14.	**Questions from the public** pre-submitted	To Receive	Verbal	Members of Public	11:25
15.	**Risk Review**	To Receive	Verbal	Mr. H Turner	11:30
16.	**Date of next meeting:** 9th May 2023, 09.30 – 12.30 Venue - TBC				

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 2023
			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	

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NHS Dudley Integrated Health and Care NHS Trust

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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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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	
Mr	Philip King	Chief Operating Officer	Visiting lawyer and lecturer, Birkbeck School of Law, University of London	✓				Sept 2002	
			Member of Liberty Lawyers Group		✓			Sept 2002	

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			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						

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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	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	

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

MINUTES OF THE PUBLIC BOARD MEETING HELD ON TUESDAY 7 FEBRUARY 2023
TIME 0930 – 1300hrs

Brierley Hill Health & Social Care Centre, Venture Way, Brierley Hill, West Midlands, DY5 1RU

Present:

Mr H Turner (HT) (Chair)	Chair, DIHC
Ms P Harris (PH)	Interim CEO, DIHC
Dr R Bramble (RB)	Joint Medical Director, DIHC
Mr I Buckley (IB)	Non-Executive Director, DIHC
Ms S Cartwright (SC)	Director of Strategy, People and Partnerships, DIHC
Dr S Cartwright (STC)	Associate Non-Executive Director, DIHC
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
Dr G Love (GL)	Associate Non-Executive Director, DIHC
Ms V Little (VL)	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 A Bevington (AB)	Executive Assistant, DIHC (minutes)
Ms H Codd (HR)	Head of Communications, Engagement & Partnerships, DIHC
Mr L Dunn (LD)	Communications and Engagement Specialist, DIHC
Ms S Hemming (SH)	Lead First Contact Practitioner – Mental Health, DIHC (part)
Mr A Race (AR)	Interim Associate Director of People, DIHC
Councillor R Collins	Ward of Brockmoor and Pensnett
Councillor J Foster	Ward of Brockmoor and Pensnett
Mr A Davies	on behalf of Mr Mike Wood, MP Dudley South

Item No	Agenda Item
1.	**Chair's Welcome** Harry Turner (HT), the Chair, opened the meeting and welcomed all attendees, particularly members of the public, to the February Public Board meeting at Brierley Hill Health & Social Care Centre. The Chair made all attendees aware that the meeting would be recorded to ensure accuracy of the minutes; these would be destroyed when the minutes have been completed. HT informed Board colleagues that: Agenda item 5 – Media Communications re High Oak Surgery - will be moved forwards to be discussed following agenda item 1. Agenda item 8 – Appointments and Remuneration Committee, Terms of Reference - to be withdrawn from the agenda. Agenda item 12 – Risk Review – HT asked Board colleagues to raise any concerns regarding

	risk during this agenda item.
1.1	**Apologies** The Board noted apologies from Jason Griffiths - Healthwatch Dudley. HT noted that VL would be joining the meeting late.
1.2	**Declarations of Interest** No declarations of interest were raised.
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. **Public Board Minutes for the meeting held on 10th January 2023** The Board approved the minutes from the meeting held on 10th January 2023
1.4	**Action Register and Matters Arising** **PUB/JAN23/001:** Board Development session on the new Patient Safety Incident Reporting Framework. SN confirmed that this had been arranged. **It was agreed to close this action.** **PUB/JAN23/002:** SN to confirm whether email responses by the team were being uploaded on the patient's clinical record. SN confirmed that this was taking place. **It was agreed to close this action**. **PUB/JAN23/003:** Executive Committee to consider a structured process for hot debriefs, post occurrence of an incident having impact on staff. SN confirmed that work being undertaken aligns to the Patient Safety Framework and will be reported to the Quality & Safety Committee. **It was agreed to close this action.** **PUB/JAN23/004:** To slot a future board development session on EDI Training. SC confirmed that this had been diarised. In response to a query by HT, SC responded that feedback from the Value Circle regarding the Well-Led work would be incorporated. **It was agreed to close this action.**
2.	**Service Story - Lead First Contact Practitioner – Mental Health**
	PK welcomed SH and provided Board colleagues with the background to the service. SH thanked the Trust Board for the opportunity to share the team's story. SH expanded on the information provided in the presentation: • SH was employed directly by Kingswinford PCN in 2020 • The role proved to be an effective way of working and was subsequently rolled-out across other PCNs. • The only referral criteria is that the patient is above 16 years of age • Same-day appointments are available and are directly bookable with the service • The model is a unique way of working • The service eliminates the need for a patient to have an appointment with their GP • The service supports GPs to enhance their understanding of mental health • The importance of employing staff with the right values is crucial to the success of the service • Members of the team are encouraged and supported to develop their areas of interest and passion • A weekly 'team huddle' takes place to ensure that team members are supported • Members of the team are allocated a non-clinical day on a monthly basis for reflection, personal/professional development and the opportunity to meet staff from other practices within their allocated PCN • Team members take part in regular clinical supervision • The teams consists of 3 wfe who offer clinical appointments, SH who has a reduced clinical role due to the leadership role and a new member of staff who is currently on reduced appointments.

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- The team is well established within the PCNs
- Recruitment is on-going and it is encouraged that a representative from the PCN is involved
- A template is being written on EMIS to enable the team to capture relevant data
- The team undertake training with colleagues across the Trust

SH presented details of a patient's story outlining the positive impact engagement with the service had including being able to stop their medication.

HT thanked SH for the presentation and asked for any questions or comments.

Members of the board offered positive comments regarding the work being undertaken by the service.

PH requested that SH encourage colleagues to log compliments via DATIX.

SH provided Board colleagues with additional background and stated how fundamental SH was to the service.

In response to a question from GS regarding support from the wider team to address mental and physical health, SH responded that colleagues worked together to manage mental and physical health.

The Board received the presentation for information.

3.	**Standing Items**

3.1 Chair's Update

The Chair provided a brief update on continued conversations with the system and partners.

3.2 Chief Executive's Report

PH apologised for not providing a written report.

Work in on-going regarding the financial plan for 2023-2024 and a plan will be issued in due course. There is more clarity around recovery, elective care and the number of key targets. The national announcement regarding Urgent and emergency care focuses on investment in ambulance services and beds. As part of her role as Out of Hospital SRO PH has been asked to carry out a piece of work looking at the consistency of the community offer for urgent response.

Industrial action continues; the Trust has not been hugely affected. PH made Board colleagues aware that the extent of the returns on actions was significant.

PH made Board colleagues aware of the Trust's participation in the project teams regarding the ICB's options appraisal.

PH alerted Board colleagues to decisions that are about to be made about direct delegation of primary care monies to the ICB. The significance is that some of the delegation can be made from the ICB to others.

PH formally congratulated Katie Weston on her appointment as Executive Assistant to the Chief Operating Executive and Chair of the Board.

PK provided Board colleagues with an update regarding industrial action.

PK informed Board colleagues of the continued work around the Southampton Hospital Care in the Community response; particularly around the reablement team. Monies that were previously with the Local Authority and some health care funding are being used appoint people that are multi-skilled who are able to take people out of hospital. Jenny Cale, Deputy Chief Operating Officer, has been using the funds to try and secure placements. Discussions are taking place

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	with the local authority to explore co-localities with the admission avoidance team. A meeting is scheduled with the local authority to explore further options. **The Board noted the Chief Executive's report for information.**
3.3	**Agenda for Part Two – Private Board** The Board noted the agenda for part two.
4.	**Quality Strategy**
	HT confirmed that SN was asking the Trust Board to approve the strategy based on recommendation from the Executive Committee and Quality & Safety Committee. SN highlighted the key points of the report. This is the Trust's first dedicated Quality Strategy and includes interdependencies with other Trust strategies and workstreams within the organisation. The strategy focuses on the core domains of quality as referenced in the National Quality Board whilst recognising how the Trust supports team members to provide the best quality of care. There is a focus on health inequalities and equity recognising this as one of the Trust's core strategic ambitions. The delivery of the strategy will be overseen by the Quality & Safety Committee but can be presented at other Trust Committees and the Trust Board. There are a number of core quality commitments which form part of the Trust's Quality & Governance Plan for the forthcoming year and also references how the Trust will continue to engage with patients and staff regarding the Quality Priorities. It is hoped that the inclusion of the Trust's Quality & Governance Framework provides an insight into the strong mechanisms that are in place to hear what team members are saying, to hear the views of patients and population and to use this information to do something meaningful around quality. VL provided assurance to Board colleagues that the Quality & Safety Committee had been involved in the development of the strategy and had agreed to its content with a recommendation that it be presented at Executive Committee and the Trust Board. In response to a question from SC asking if the strategy had been shared with ICB colleagues, SN responded that the strategy will be included in the Trust's papers to CQRM. The strategy has had regard to the ICB Quality Strategy. In response to a question from BL regarding expecting staff to take responsibility to continuously improve quality and including this in the appraisal paperwork, SN responded that she was unsure if this was included in the paperwork. SC responded that this wasn't included in the current paperwork, but it could be amended. In response to a question from ME regarding reviewing key deliverables in the strategy, SN responded that the Quality & Safety Committee will have frequent oversight of the strategy with the Trust Board reviewing it annually. VL explained that the strategy components are reflected in the Committees cycle of business and the Quality and Governance framework will discharge the key deliverables. PH made positive comment regarding the strategy and stated the importance of the ICB having the opportunity to add to the strategy, particularly Sally Roberts, Chief Nursing Officer, ICB. PH suggested that the Board accept the strategy recognising that it must go through the ICB. SN gave her thanks for the support offered by James Young, Associate Director of Quality &

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	Safety. **The Board agreed conditional approval of the strategy with the proviso that the document was sent to the ICB for comment.** **Action PUB/FEB23/001: SN to share the Quality Strategy with ICB**
5.	**Media Communications re High Oak Surgery (HOS)**
	The paper was taken as read and PK highlighted the key points contained in the report. PK provided board colleagues with a brief background. An APMS contract was placed in High Oak Surgery (HOS) as a Darzi practice to try and address health inequalities and deprivation. At the time of the initial COVID outbreak a decision was made by health partners that HOS should temporarily move to Brierley Hill Health and Social Care Centre (BHHSCC) and a Red Centre would be set up at HOS in Pensnett. The car park is owned by the local authority and the surgery is sited in a temporary building. There is a general view that the building is not suitable in the long-term. It is recognised through the health needs analysis that the population of Pensnett and Brockmoor that has access to a car is significantly lower than for Dudley overall leading to difficulties with access. It is recognised that rates of unemployment in the area is above the national average. The proportion of patients living in the most deprived conditions is significantly highly for HOS than for Dudley as a whole and can be correlated with a lower life expectancy of 3 years than the general Dudley population. Approximately 77% of current patients live within a 15-minute walk of the existing site with 7% of patients living within a 15-minute walk of BHHSCC. It is the view of Dr Abufan that there is a requirement that health services are required within the area of Pensnett to include a GP presence, supporting clinicians and a degree of diagnostic services i.e. the ability to have blood tests. During the public conversation engagement took place via public meetings, questionnaire and the internet. It was noted that the local community was not digitally enabled, and PK acknowledged the help provided by the local authority and council representatives to aid engagement. It was recognised that some conversations had proved difficult but had been positive in terms of dealing with the issues. Representatives from DIHC attended a HASC meeting in the Autumn of 2022 and there was agreement from the local authority councillors that services should be re-established in Pensnett. PK stated at the meeting that the Trust would need to explore the practicalities and safety of the recommendation. The public conversation established that whilst it was recognised that BHHSCC provided an improved environment and better-quality services this was a secondary concern to access and addressing health inequalities within the community. PK paid tribute to the strength of engagement from the local community. Healthwatch Dudley was commissioned to carry out a piece of work on behalf of DIHC. The report was presented at the most recent single agenda item HAS meeting held in Pensnett. This mirrored the health deprivation issues and the views expressed by the local community on how these were best met. The most up-to-date planning guidance sets out, very clearly, maximising community-based resources, including community pharmacy, and how health care organisations should partner with those.

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PK invited LM, RB & SC to comment.

RB made Board colleagues aware that DIHC is responsible for Dudley's pharmaceutical needs assessment on behalf of the Local Authority. DIHC's Pharmaceutical Public Health Team is interested in the role of the local pharmacist in Pensnett in terms of addressing health inequalities as a pharmacy.

SC commented that the recent published planning guidance made reference to supporting primary care, and particularly access to primary care for those suffering with long-term conditions. DIHC is awaiting a further publication to support the planning guidance specifically around primary care which will focus on access and continuity of care. This will underline the importance of providing and improving access to the local population and encouraging further integration with the local pharmacy. It is anticipated, through the publication, that there will be a strong emphasis on looking at the wider workforce that can support people. SC made reference to this at the most recent HASC meeting.

LM commented that progressing integration and the next steps at pace was the priority and it is DIHC's role to improve the disadvantages suffered by the population.

PK made Board colleagues aware that as part of the process himself and LM visited the community centres, the Galleria Pharmacy and the local school. Unfortunately, the community centres were not suitable in meeting Infection, Prevention and Control guidance and privacy. The school did have long-term plans but unfortunately these did not coincide with this timescale. LM & PK were interested in the plans put forward by the owner of Galleria Pharmacy from a clinical and operational point of view.

PK informed Board colleagues that today's meeting was the formal decision-making forum from DIHC's point of view. A conversation had taken place with colleagues as part of HASC to set out the Trust's intentions. Any formal proposals would be presented to the Primary Care Committee of the ICB.

PK invited HC to comment.

HC informed board colleagues that a meeting had been held on the evening of Monday 6 February 2023 and new information had been received. The population of Pensnett was likely to live 9 years less than people living in the more affluent wards within Dudley and suffer 14 years of poorer health. Discussion look place around community connectors and how the people living in the area were trusted with these relationships. Attendees were inspired to work with the community, understand its aspirations and to make a change in how health and wellbeing services are delivered to impact positively on health inequalities.

PK asked Board colleagues to remember that HOS is temporarily sited at BHHSCC. It is the view of colleagues involved in the process from the executive team and others that GP appointments should be moved to the Pensnett area as soon as possible, notionally before the end of February 2023.

Two options are currently being investigated.
Option One
DIHC's estate team is in conversation with the local pharmacy regarding a short-term resolution. Discussions need to take place regarding practicalities and finance. Early indications suggest that this would be a viable option.

Option Two
The portacabin was inspected by the Royal Wolverhampton Trust and colleagues from DIHC including Timea Vig, Infection Prevention & Control Specialist, 6 months ago. The building itself is not ideal but there is a possibility of setting up 1 or 2 consulting rooms in the short-term.

PK proposed that the second option is taken forward as soon as possible. DIHC's estate team will work on this alongside LM and the clinical team. Helen Blakemore, Primary Care Operations Manager, is working on staffing etc for this model.

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PK proposed that if approved the second option is taken to the Primary Care Committee of the ICB and work is undertaken with local stakeholders and Galleria Pharmacy to progress the model during the next 12/18 months.

Other clinical and back-office functions will remain at BHHSCC and be reassessed as the model progresses.

Currently, there is no business model and finances have to be worked through.

HT asked for any questions or comments from Board colleagues.

STC declared a conflict of interest as a GP in the area.

In response to a question by STC about whether resources in other wards had been considered to provide help and support, PK responded that Keelinge House had been considered but the view was that there was a need to be present in Pensnett High Street due to issues with community pharmacy etc.

In response to a question by GS about the plan for looking at cancer screening, long-term conditions etc in 18 months to 2 years, PK responded that GP appointments were one small piece of the plan. LM assured Board colleagues that a work programme has been instigated to improve the deprivation issues around HOS over the next 12/24 months. This is being led by Matthew Wilkinson, Programme Manager, Primary Care, and reported through the General Practice Improvement Group. Following the successful engagement with the community it is hoped to re-start and re-fresh the Patient Participation Group.

VL made Board colleagues aware of supporting the proposals and commented on the need for a presence in the local community, including outreach services. The need for a conversation with the ICB was reiterated as it was unclear how DIHC progressed estates. PK responded that the Trust had been fully engaged with ICB colleagues and was confident that this could be moved forwards successfully.

PH expressed her thanks to everyone involved in the process.

PH asked for clarification of what the Trust Board was being asked to accept was an interim proposal that would reinstate GP services but did not address the long-term health inequalities. This would involve a broader piece of work to identify the full range of services needed for the area.

PH sought clarification that from the point of the Trust's interim proposal, it was not seen to cut across the ICB's decision making process as the commissioner of the services. Recognition is required that a more permanent solution is required around the clarity of services needed. The decision made by the Trust Board today should not have an impact on finding a long-term solution.

PK responded that this was the first step in getting a long-term solution and there is a clear way forward. The decision regarding service change will need to be made at the Primary Care Committee of the ICB but lengthy discussion has taken place. It is PK's understanding that as the move was temporary it is DIHC's decision whether or not services continue to be delivered from the existing site.

SC confirmed that following a meeting on 6 February 2023, confirmation had been received from the Managing Director of Dudley Place, that it was the decision of DIHC to restore GP services at the existing site.

A proposal of what is agreed at Trust Board will be discussed at the Primary Care Committee of the ICB in March 2023. This will include the interim solution whilst a long-term solution is developed.

HT asked members of the public for any questions or comments.

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Councillor Collins expressed difficulties travelling to BHHSCC today due to the inability to be able to travel by public transport and the cost involved in having to travel by taxi. The decision to explore a partnership arrangement with the local pharmacy was welcomed. It was crucial that DIHC did not over promise to the local community.

Councillor Foster expressed the disappointment that the population of Pensnett had experienced over broken promises. Disappointment was expressed regarding Dudley's unsuccessful bids for Levelling Up funding and asked DIHC to challenge the decisions made from a clinical perspective. A request was made for a consistence approach regarding information that is released to the public with regards to the short-term and long-term perspective.

PK stated that DIHC understood the issues of over promising and the community feeling left behind. Discussions are taking place regarding how information will be effectively communicated to the local population regarding the short-term and long-term plans.

HT stated that the ICS has 4 national objectives:
1. Improving outcomes and access
2. Remove health inequalities
3. Contribute to health, social and economic development
4. Provide better value for money

This project covers all of the above and collaboration is needed with all organisations, including the community, to push levelling up.

HT clarified the next steps as detailed on page 10 of the report:
1. That GP appointments be available at Pensnett either as a temporary solution working alongside pharmacy or the use of other appropriate premises in the short term
2. Other clinical and support functions remain at BHHSCC where they have been temporarily based for the last two years

HT asked the Trust Board if it was content with the above proposals.

3. The longer-term solution will integrate primary care GP services with pharmacy and is to be taken forward by a further business case - to be prepared

HT asked the Trust Board if it was contents with the above proposal.
HT requested the PK a quarterly update to the Trust Board on progress regarding the above element.

4. That this approach is confirmed to the BCICB Primary Care Sub Committee by way of an application for service change

HT thanked all parties involved for their support.

The board approved the report.

Action PUB/FEB23/002: PK to speak with Sayoni Basu, Corporate Governance Manager, to schedule updates to coincide with HASC updates.

6.	**New Code of Governance**

The report was taken as read and PH highlighted key points contained in the report.

An updated code of governance for NHS Trusts will come into effect on 1 April 2023. Clear public statements need to be available on the Trust's website. Trusts must comply with the updated Code of Governance and explain any reasons behind non-compliance. The report was considered by the Audit and Risk Committee on 23 January 2023. Sayoni Basu, Corporate Governance Manager, is examining Committee Terms of Reference as part of the committee

	effectiveness reviews and will inform Chairs of Committees if any amendments need to be made. DG asked if it was possible to bring forward the date for reviewing the SFIs and Standing Orders at the Trust Board in July 2023, MG responded that there was a need to review what was currently in place whilst the process was being carried out. PH commented that there was an understanding that it was a two-stage process and any amendments required will be flagged immediately with the formal review completed in July. **The Board took assurance from the report.**
7.	**Recommendation for Reducing the Regularity of Board and Board Committee Meetings**
	The report was taken as read and PH highlighted key points contained in the report. PH expressed thanks to all committee chairs for the work carried out with executive leads regarding the cycle of business. Detailed cycles of business have been prepared for each committee and crosschecks have taken place to ensure that, as a consequence of changing meeting regularity, committees are not affecting other committees' duties. This will relieve pressures during March whilst the Trust supports the ICB with the options appraisal. SC informed Board colleagues that in light of the primary care agenda, the work that is being carried out with the Black Country Primary Care Collaborative and the significant change in the PCN CD leadership the Primary Care Integration Committee will continue to meet monthly. DG asked Board colleagues to hold the May date of the Audit & Risk Committee in diaries. It is hoped that the agenda will be managed, and this meeting can be cancelled. In response to a question by DG regarding the need to approve the budget before the beginning of the new financial year MG responded that this would be kept under constant review. The plan was to take a draft of the financial plan to the Finance Performance & Digital Committee on Thursday 23 February 2023 which will be presented at Trust Board on Tuesday 7 March 2023 for approval. **The Board approved the report.**
8.	**Appointments and Renumeration Committee – Terms of Reference**
	It was agreed that this item would be discussed at the Private Board Meeting.
9.	**Committee Assurance Reports:**
9.1	**Quality and Safety Committee** The report was taken as read. VL highlighted the emerging risk in relation to the increasing system capacity issues which were impacting on the school nursing service and IAPT. This was discussed at Trust Management Board. Committee requested that this was reviewed by the Executive Committee for possible inclusion on the Corporate Risk Register with an appropriate score. PK commented that a meeting was being held with the Chief Executive, Black Country Healthcare NHS Foundation Trust w/c 13 February 2023 to discuss this matter. SC gave assurance that this risk was raised at the CQRM meeting, particularly in relation to the clarity of data. **The Board noted the Quality and Safety Committee assurance report.**

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9.2	**People Committee** The report was taken as read. ME informed Board colleagues that committee had discussed the need to consider including reduced staff moral on the risk register. It was agreed that Executives would consider appropriate indicators to establish if this should be included as a risk. It will be discussed again at the meeting being held on Tuesday 28 February 2023. PH made Board colleagues aware that staff morale had been flagged as a system risk. The workforce performance report was noted as extremely positive. Appraisal data was flagged for discussion, specifically ARRS PCN staff. In response to a question by ME regarding the descriptor of ARRS, PK responded that a request had been put to the teams regarding what they wanted to be called. ME advised Board colleagues that an Education & Steering Group would be formed which will provide feedback to the People Committee. **The Board noted the People Committee assurance report.**
9.3	**Finance, Performance and Digital Committee** The report was taken as read. IB informed Board colleagues that the Committee received a prescribing performance report from the Pharmaceutical Adviser. There were concerns discussed at the committee regarding agreement of on-going contracts. In response to a question by PH regarding contracts, MG responded that discussion had taken place around the mismatch of income for the Trust's main Healthcare contract with the ICB, which would impact on next year's contract. The greatest concern was around the 200+ contracts that the Trust manages on behalf of the ICB and being able to complete them all in time for the end of March. Following the committee meeting in January 2023 the ICB had confirmed that the main NHS contracts will need to be concluded by the end of March 2023, with the remainder of the contracts being dealt with by the end of Quarter 1. In response to a question by DG regarding the misunderstanding between the Trust and the ICB about the value of the contract, MG responded that the Trust had clear documentation stating that the Trust should expect the income, but the ICB had interpreted things differently. MG informed Board colleagues that there was a significant level of performance information included in the prescribing performance report and that the committee agreed to consider it being added to the development agenda or being discussed at a separate meeting. **The Board noted the Finance, Performance and Digital Committee assurance report.**
9.4	**Primary Care Integration Committee** The report was taken as read. GS informed Board colleagues that the Committee supported the recommendation from the Trust Management Board to increase the risk score relating to '*lack of sufficient estates for future ARRS staff*' from 8 (2x4) to 12 (3x4). The mitigations are that there are plans across Place and working with ICB colleagues to look at any estates projects. PCNs are currently working on workforce plans for ARRS requirements for 2023/24. Committee recorded its thanks to Dr Ranvir Sandhu and Dr Steve Pritchard who stood down as PCN CDs at the end of January 2023. The implementation of the Primary Care Strategy remains on schedule.

	Work is being undertaken to develop a proposal to support PCNs to manage their strategic requirements. SC informed Board colleagues that the Trust had recruited Dr Sarah Fung to the role of PCN CD for Dudley and Netherton as from 1st February 2023. Dr Girish Narasimhan is now in post as the PCN CD for Sedgley, Coseley and Gornal. PH made Board colleagues aware that the Primary Care Strategy had not formally been taken to the Dudley Place Health and Care Partnership Board and this will be undertaken in due course. **The Board noted the Primary Care Integration Committee assurance report.**
9.5	**Audit and Risk Committee** The report was taken as read. DG informed Board colleagues that the committee reviewed the corporate risk register and recommended the closure of risk number C-104. The committee received a waiver report for the period of April-December. Committee felt that these were appropriate and authorised in accordance with the SFIs. The Board approved closure of risk number C104. **The Board noted the Audit and Risk Committee assurance report.**
10.	**Any Other Business**
	None.
11.	**Questions from the public**
	There were no questions received from the public.
12.	**Risk Review**
	DG asked if the risk regarding the potential dispute with the ICB regarding the mismatch of income was included in on risk register. MG commented that the risk was included, and the score had been increased. PH commented that the Trust Board was not sighted of the full set of risks regarding the ICB project process which are being held by the system project board. It was agreed to make these available at the next Private Board Meeting. **Action PUB/FEB23/003: SC to share full set of risks regarding the ICB project process being held by the system project board.**
	Date of next meeting: Tuesday, 7h March 2023, 09:30–13:00 Venue: Halesowen Cultural Centre, Highfield Lane, Halesowen, B63 4SG

DIHC Public Board Action Register

NHS
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NHS Trust

Ref	Date Raised	Details	Action Lead	Due Date	Update	Status
PUB/FEB23/001	07-Feb-23	SN to share the Quality Strategy with ICB	SN	07/03/2023	SN confirmed the Quality Strategy was shared with the ICB CNO on 8th February 2023	**To be Closed**
PUB/FEB23/002	07-Feb-23	PK to speak with Sayoni Basu, Corporate Governance Manager, to schedule updates to coincide with HASC updates	PK	07/02/2023	PK confirmed this has been actioned	**To be Closed**
PUB/FEB23/003	07-Feb-23	SC to share full set of risks regarding the ICB project process being held by the system project board	SC	07/02/2023	Included in the Private Board papers	**To be Closed**

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH & CARE NHS TRUST BOARD

REPORT TITLE:	Chief Executive Officer Report
DATE OF MEETING:	7th March 2023
PURPOSE OF REPORT:	To provide the Board with an update on Chief Executive Officer (CEO) activities and current issues
RESPONSIBLE EXECUTIVE:	Penny Harris, Chief Executive Officer
AUTHOR OF REPORT	Penny Harris, Chief Executive Officer
SUMMARY OF KEY POINTS:	**1. Summary of CEO Activities February 2023** **2. Industrial Action** **3. Black Country Integrated Care System Financial Planning 2023/24** **4. Black Country ICB Options Appraisal Process** **5. Dudley Health and Care Partnership Board**
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 – February 2023

The following provides an overview of activities throughout the month of February and also provides some further detail throughout the report of business activities.

1.1 Primary Care Conference

On Wednesday 22nd February as Chief Executive I attended the NHS Confederation Primary Care Conference in London along with Dr Salma Reehana as Chair of the Black Country Primary Care Collaborative which focused on the significance of collaborative working. The event was well attended and enabled opportunities to network with colleagues working within Primary Care and learn about their plans.

1.2 NHS Staff Survey

The NHS Staff Survey results will be published on 9th March which will be reported to the May Board. The results will be reviewed at the People Committee in April and action plans will be developed to address any particular concerns that arise.

1.3 NHS Workforce Race Equality Standard Report

On 22nd February the NHS Workforce Race Equality Standard (WRES) 2022 data analysis report for NHS Trusts was published. The report provides a national and regional picture of workforce race equality. The Trust published its WRES data and action plan in line with national timelines and will be undertaking 2022/23 report during April and May 2023.

2. Industrial Action

The operational teams have continued to work with trade unions. Industrial actions have had little to no direct effect on DIHC services or staff. At the time of writing RCN action has been paused to allow for talks with the Department of Health. Equally Industrial Action by the teaching unions has had little effect on services. The BMA have indicated industrial action as in other areas is unlikely to be any direct effect on our services, but we will continue to offer support to the system.

3. Black Country Integrated Care System Financial Planning 2023/24

The financial plans for the system were submitted on the 23rd February. The system is required to achieve a breakeven financial position, however the current plans are showing a significant deficit. Urgent work is being undertaken by system partners to understand the key drivers of the financial position and mitigate the deficit as part of a system triangulation exercise prior to submission of the final plans in March 2023.

4. Black Country ICB Options Appraisal Process

As the Board are aware, work is currently ongoing with regards to the Black Country ICB Options Appraisal Process to determine how Dudley Integrated Health and Care NHS Trust will operate in the future. The review is working through three project teams (focussed on functions of a primary care vehicle, integrated children's services and organisational arrangements) at this stage, with a Coordinating Group and a Project Board overseeing the process. The teams/groups are meeting regularly as all partners are keen to conclude the options review process as swiftly as possible and

at this time it is expected that there will be recommendations made by the end of March. The Board will be updated as progress continues.

5. Dudley Health and Care Partnership Board

At the February meeting of the Dudley Health and Care Partnership Board, the Board discussed the work that is take place across the Black Country system currently on the production of the system Operational Plan and Joint Forward Plan. The Board also discussed resources that would be needed to support the place-based partnership. The Board agreed that to assist in planning resource requirements for the next financial year, it would be beneficial to reflect on achievements of the partnership during the last 12 months. An annual report is therefore being developed which will be presented at the Dudley Health and Care Partnership Board in March and will also be shared with partner organisation Boards.

The Board received an update on the development of the Dudley Health Inequalities Strategy that is being led by Council and ICB colleagues with input from all partner organisations, and also on the development of the place based Executive Team that was established in the latter part of 2022. Both the Place Executive Team and Dudley Health and Care Partnership Board will be reviewing their Terms of Reference which one of the governance requirements from the ICB in advance of April 2023 and any delegated responsibilities that may follow.

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TUESDAY 7th March 2023
11:30 to 16:00pm

Halesowen Cultural Centre, Highfield Lane, Halesowen, B63 4SG

PRIVATE AGENDA

Item No	Agenda Item			Presented By
1	**Chair's Welcome** 1.1 Apologies 1.2 Declarations of Interest 1.3 Private Board Minutes – meeting held on 7th February 2023 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
2	**Financial Plan 2023-24**	For Approval	Enc 2	Mr. M Gamage
3	**Standing Financial Instructions, Standing Orders & Scheme of Delegation**	For Discussion	Enc 3	Mr. M Gamage
4	**Business Plan 2023-24**	For Approval	Enc 4	Ms S Cartwright
5	**DIHC Development**	For Discussion	Enc 5	Ms. P Harris
6	**Committee Minutes** ***(to be taken as read)*** 6.1 Quality and Safety Committee –	For Information	Enc 6.1	Mr H Turner

	meeting held on 17th January 2023 6.2 Primary Care Integration Committee – meeting held on 18th January 2023 6.3 Finance, Performance and Digital Committee – meeting held on 19th January 2023 6.4 People Committee – meeting held on 24th January 2023	 For Information For Information For Information	 Enc 6.2 Enc 6.3 Enc 6.4	
7	**Board Meeting Reflections**	To Receive	Verbal	Mr H Turner
8	**Any Other Business**	To Receive	Verbal	Mr H Turner
9	**Date of next meeting:** 9th May 2023, 13:00 – 15:00 Venue - TBC			

NHS
Dudley Integrated Health and Care
NHS Trust

PUBLIC BOARD

REPORT TITLE:	**Board Assurance Framework**
DATE OF MEETING:	7th March 2023
PURPOSE OF REPORT:	To receive the Board Assurance Framework
RESPONSIBLE EXECUTIVE:	Philip King, Chief Operating Officer Sue Nicholls, Director of Nursing, AHPs and Quality
AUTHOR OF REPORT	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. The Board held a development session on Risk Management on 13th December 2022 to review the Trust's risk management process and decided the BAF to be reviewed on a quarterly basis. Further, the Board in February reviewed its meeting frequency and approved bi-monthly Board meetings going forward. The strategic risks, controls, assurances, gaps and supporting actions as of the 28th February 2023 are recommended to the Board. The updated BAF, at appendix 1, is presented before March Board for assurance on its development and will continue to be reviewed quarterly. The BAF and Strategic Risks are reviewed quarterly with all strategic 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 Feb-23
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 (ON HOLD)	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)

The Board is asked to note that **BAF 22-003** Improve Outcomes of Children and Young People in Dudley is currently on hold. The Dudley Children's Transformation Workstream has been subject to a review by the ICB. Through the leadership of the ICB Chief Nurse, the Proposed Model of Care for Children's services for Dudley is being considered in line with national work and the emerging Children's strategy for the ICB. Dudley MBC are also undertaking a procurement of children's services and soft market testing has been released.

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: *Tick as appropriate*	☒Develop our role in the Dudley Place ☒Implementation of integrated care model for the Dudley population ☒Improve outcomes for children and young people in Dudley ☒Support sustainability of primary care ☒Be the best and happiest place to work ☒Improve the health of our population and reduce inequalities ☒Demonstrate value to our population / Greener NHS
CQC DOMAINS: *Tick as appropriate*	☒Safe ☒Effective ☒Caring ☒Responsive ☒Well Led
LIST KEY RISKS IDENTIFIED: *Select none identified* ***or*** *outline the risks identified and mitigations taken (if addressing existing risk on the corporate risk register please provide reference number)*	☐None Identified All risks included within the Board Assurance Framework
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	☒Executive ☐People ☐Finance Performance & Digital ☐Digital Board ☐Quality and Safety/ QSSG ☐Audit & Risk ☐Primary Care Integration ☐Strategy and Transformation ☐EDI ☐Trust Management Board ☐Well Led ☐Other (Please state)
CONSIDERATIONS / IMPACTS: *Select none identified* ***or*** *outline the potential impact and considerations undertaken*	Quality and Equality Impact Assessment ☒None Identified Equality, Diversity and Inclusion ☒None Identified Greener NHS Sustainability Impact Assessment ☒None Identified Other Regulatory Requirements ☒None Identified

PRESENTED TO:	☒Public Board ☐Private Board ☐Assurance Committee *(state)* - ☐Other Committee *(state)* -

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

Board Assurance Framework (BAF)

March Board

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-Jun 2022 Inc Movement	Risk Score Q2 Jul-Sep 2022 Inc Movement	Risk Score Q3 Oct-Dec 2022 Inc Movement	Risk Score Q4 Jan-Mar 2023 Current Score	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)	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)	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)	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-Jun 2022 Inc Movement	Risk Score Q2 Jul-Sep 2022 Inc Movement	Risk Score Q3 Oct-Dec 2022 Inc Movement	Risk Score Q4 Jan-Mar 2023 Current Score	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)	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)	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)	Moderate 12 (3X4)	Transformation and Innovation	High	High	Green
Improve health of our	BAF 22-007	There is a risk we fail to deliver and evidence safe,	Sue Nicholls, Director	Quality and Safety Committee	Moderate 12	Low 9 (3x3)	Low 9 (3x3)	Moderate 12	Moderate 12	**Safety** Quality	Very Low 5 and below	High	Green

Strategic Priorities 2022/23	BAF Risk No	Risk Descriptor	Exec Lead	Risk Oversight Committee	Inherent Risk Score (LXC)	Risk Score Q1 Apr-Jun 2022 Inc Movement	Risk Score Q2 Jul-Sep 2022 Inc Movement	Risk Score Q3 Oct-Dec 2022 Inc Movement	Risk Score Q4 Jan-Mar 2023 Current Score	Risk Appetite Domain	Risk Tolerance Level	Assurance on Controls	Actions on Track
population and reduce inequalities		high-quality care to our service users in line with the CQC requirements	of Nursing, AHPs and Quality		(4x3)			(3x4)	(3x4)	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)	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)	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,	Finance, Performance and Digital Committee	Low 9 (3X3)			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-Jun 2022 Inc Movement	Risk Score Q2 Jul-Sep 2022 Inc Movement	Risk Score Q3 Oct-Dec 2022 Inc Movement	Risk Score Q4 Jan-Mar 2023 Current Score	Risk Appetite Domain	Risk Tolerance Level	Assurance on Controls	Actions on Track
			Performance 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)	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

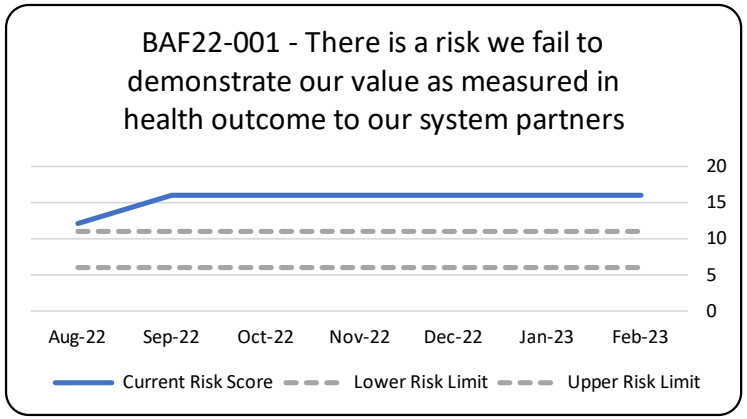
Rationale for Risk:

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	High 16		Low
C x L	3x4	4x4	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 • Place based integrated model of care group
2. DIHC Development Plan	High	• ICB Board decision from 25th November 2022 and subsequent options appraisal process for DIHC • ICB Development Seminar 14th November 2022 • Support from ICB Board to complete options appraisal • 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 • 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	ICB Options appraisal	Clarity on future direction for DIHC (including staff and services)	**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 held in May 2022 • Report to Chair and CEOs July 2022	System wide support for DIHC and development of agreed integrated	**Steph Cartwright**	**31/12/2022**	G

	• Pathways defined October 2022 • Transformation groups in place for priority areas • Place based Executive team established to oversee development and implementation	clinical models			

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

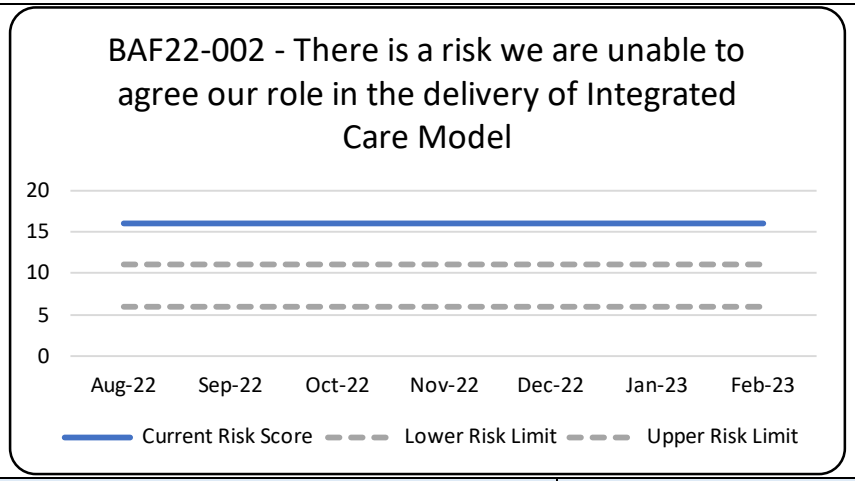
Risk Appetite: Low (1 – 5)

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	High 16		Very Low

Rational for Current Risk Score
Plans for mitigation being developed, waiting for NHSEI approval



C x L	4x4	4x4	4x4		

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	• Options appraisal process • Support from ICB Board to undertake options appraisal • 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

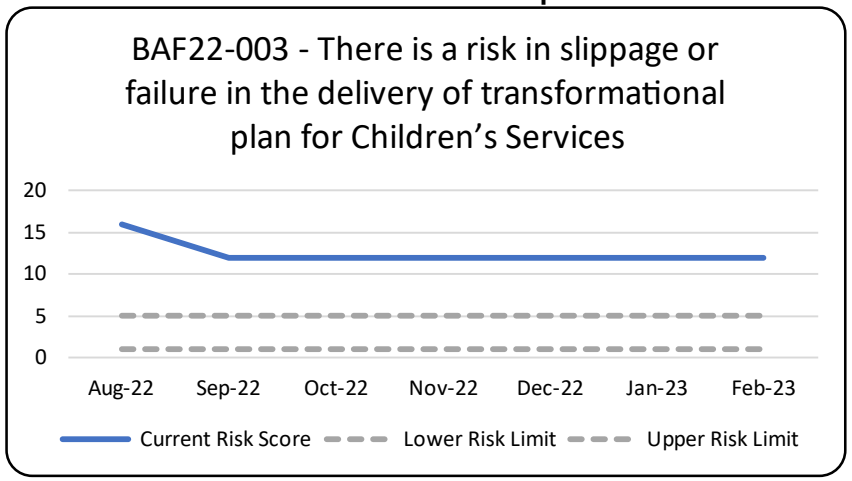
- Place based commissioning aligned to the White Paper
- Place based partnerships supported by governance, accountabilities and responsibilities

	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 and ICB Board meeting 25th Nov 22	Clarity on strategic direction of DIHC	Penny Harris, Chief Executive Officer and Steph Cartwright, Director of	31st March 2023	G

	• System Chief Executives meeting regularly • Options appraisal underway		Strategy, People, and Partnerships		
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	30th June 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 March 2023	A

Strategic Objective:	**Strategic Risk:**	**Risk Accountability:**	**BAF Ref:**
Improve Outcomes of Children and Young People in Dudley	There is a risk of failure or slippage in the delivery of transformational plan for Children's Services in Dudley	**NED Oversight:** Val Little, NED as Chair **Assurance Committee:** Quality & safety **Executive Lead:** Sue Nicholls, Director of Nursing, AHPs and Quality	BAF22-003 **ON HOLD**
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	On Hold		Very Low
C x L	4x4	3x4			

Rational for Current Risk Score
Plans for mitigation being developed, waiting for ICS determination

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

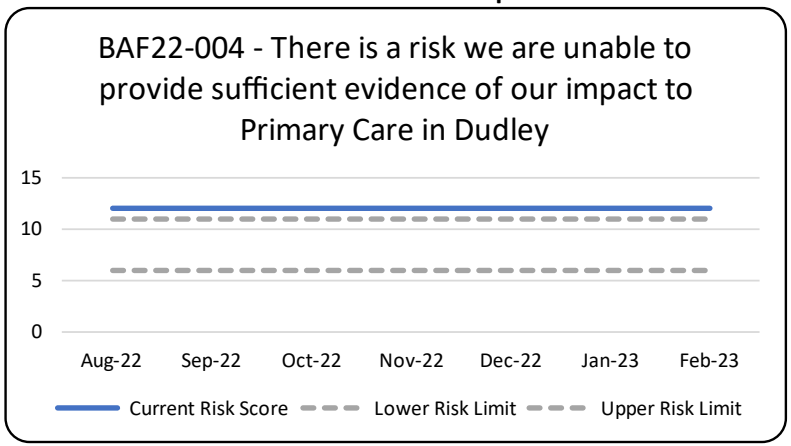
Rationale for Risk:

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
- Lack of externally peer-reviewed evaluation

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	Moderate 12		Low
C x L	3x4	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 • 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
7. Primary Care Operating Model (General Practice)	Medium	• Defined model for running our GP services in place

GAPS IN CONTOLS AND ASSURANCES

- 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 held in 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, Director of Strategy, People and Partnerships	31st December 2022	G

	• Place based Executive team established to oversee development and implementation				
3	Develop Primary Care Operating Model for General Practices	Complete and pending evaluation	Dr Lucy Martin, Medical Director	6th December 2022	G
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	30th June 2023	G
5	Develop evaluation of Primary Care Operating Model for General Practices and wider value of DIHC to the BC System	Engaged with CSU for initial scoping of project	Dan King, Head of Primary Care Services	31st December 2023	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:

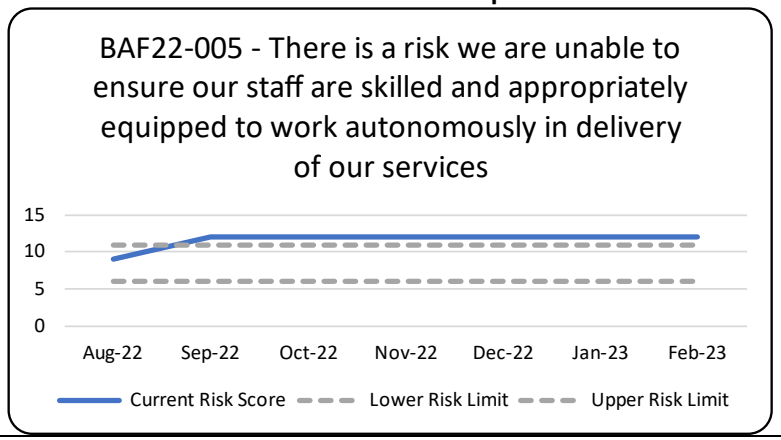
DIHC requires a workforce that is experienced, capable and flexible to deliver the services now and is supportive and agile enough to meet the needs of transformation and innovation ambitions outlined in the Business Plan, all workforce plans developed would need to align and reflect the work DIHC is 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	Moderate 12		Low
C x L	3x3	3x4	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 March 2023	**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 March 2023	**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 January 2023	**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

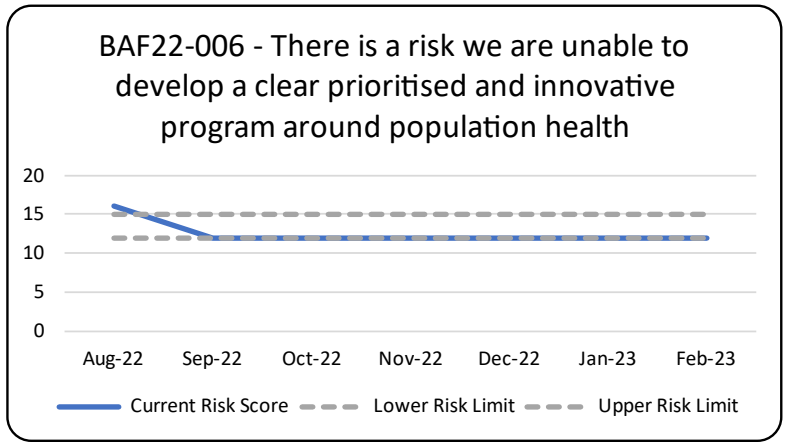
Rationale for Risk:

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	Moderate 12		Low
C x L	4x4	3x4	3x4		

Rational for Current Risk Score

Risk Proximity Active and happening now

CONTROLS	ASSURANCES	ASSURANCES

	ON CONTROLS	
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 • Local Improvement teams are aligning to outcomes
5. Dudley Health and Care Partnership Board	Medium	• Governance framework embedded into Board and Committee structures • Partnership Board papers and minutes

GAPS IN CONTOLS AND ASSURANCES

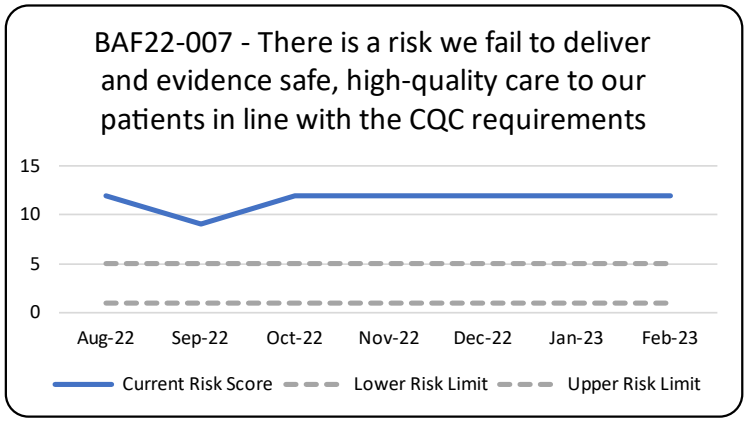
- Clear view of health inequalities for Dudley population
- Population Health Management Strategy
- Prevention Board for Dudley

	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	30th June 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 August 2023	A
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	31st March 2023	G

			and Population Health Management		
5	Intention to bid for DMBC lifestyle procurement	Become the provider for lifestyle services within Dudley Place	Richard Bramble/ Philip King	31st August 2023	G

Strategic Objective:	**Strategic Risk:**	**Risk Accountability**	**BAF Ref:**
Improve health of our population and reduce inequalities	There is a risk we fail to deliver and evidence safe, high-quality care to our service users in line with the CQC regulations	**NED Oversight:** Val Little, NED as Chair **Assurance Committee:** Quality & safety **Executive Lead:** Sue Nicholls, Director of Nursing, AHPs and Quality	BAF22-007
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
Total	Moderate 12	Moderate 12	Moderate 12		Very Low
C x L	3x4	3x4	3x4		

Rational for Current Risk Score
Number of strategies and initiatives underway

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
12. Quality Strategy	High	• Approved by Trust Board on 7th February 2023
13. Capgemini and subsequent transformation groups have completed reports with recommendations for changes to clinical pathways	High	• Integrated Model of Care for stakeholders across Dudley
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		• Clinical strategy

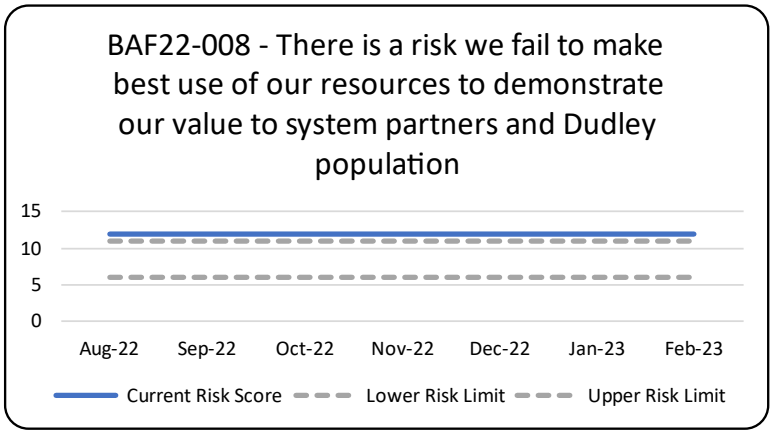
the governance processes will be developed before clinical plans and transferring staff not confirmed or known	• Clinical plans are being developed and timelines assessed alongside dependencies with other workstreams, it is expected these will be in place for end of November 2022 subject to ICB decision 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 improvement methodology to support and drive service transformation and improvement	• Lack of agreed quality improvement and transformation methodology
• 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	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**
2	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**
3	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**
4	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	31st March 2023	**G**

			Governance and Quality		
5	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 March 2023	**A**
6	Development of a Physicians Associate Strategy	Clarity of operating model by practice and improve Primary Care capacity	Dr Richard Bramble, Medical Director	31st March 2023	**G**

Strategic Objective: Demonstrate value	**Strategic Risk:** There is a risk we fail to make best use of our resources to demonstrate our value to system partners and Dudley population	**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:** BAF22-008
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	Moderate 12		Low
C x L	3x4	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 March 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 March 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 March 2023	A

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

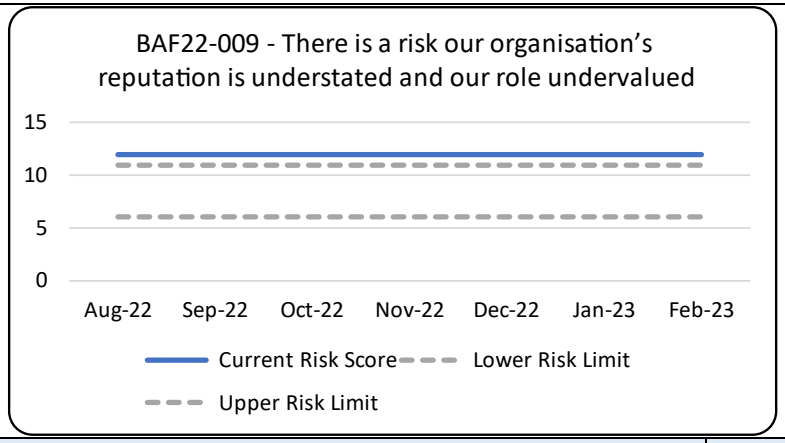
Risk Appetite: Moderate (6 – 11)

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	Moderate 12		Low
C x L	3x4	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. Business Plan	High	• NHSEI feedback on Business Plan • Alignment to system priorities
2. DIHC Development Plan	High	• Options appraisal • Support from ICB Board for options appraisal • ICB papers and minutes • Support of system partners

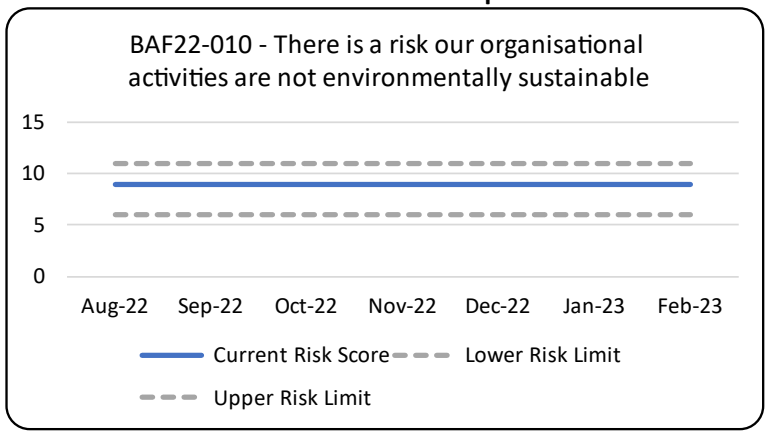
GAPS IN CONTOLS	GAPS IN ASSURANCES
• Place based partnerships supported by governance, accountabilities and responsibilities • Clear Communications and Engagement Strategy	• Clear memorandum of understanding between partner organisations • Terms of reference that empower the governance of place while 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	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	31st March 2023	G

	• ICB Board decision – 25th Nov 22 • Chair and Chief Executives fortnightly meeting • Dudley Health and Care Partnership Board, monthly meetings • Options appraisal and associated Project Board and Project Teams				
2	Develop 3-year strategic plan	Clarity of DIHC's key deliverables, timelines, milestone plan	Steph Cartwright, Director of Strategy, People, and Partnerships	30th June 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	**G**

Strategic Objective: Demonstrate value	**Strategic Risk:** There is a risk our organisational activities are not environmentally sustainable	**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:** BAF22-010
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	Moderate 12		Low
C x L	3x4	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	• Assurance on funding to deliver the Green Plan • Assurance on capacity to deliver the Green Plan

• Adequate tracking of interventions to capture impact such as carbon saved					
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	Mike Nicklin, Interim Estates Lead	31st March 2023	**G**
2	Attendance at the ICB Sustainability Network	Greener NHS requirements will be defined and deadlines planned for	Mike Nicklin, Interim Estates Lead	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	Mike Nicklin, Interim Estates Lead	31st March 2023	**G**
4	A 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 March 2023	**A**
5	Travel Survey is required for all NHS Provider Organisations	Greener NHS requirements will be defined and deadlines planned for	TBC	31st March 2023	**A**

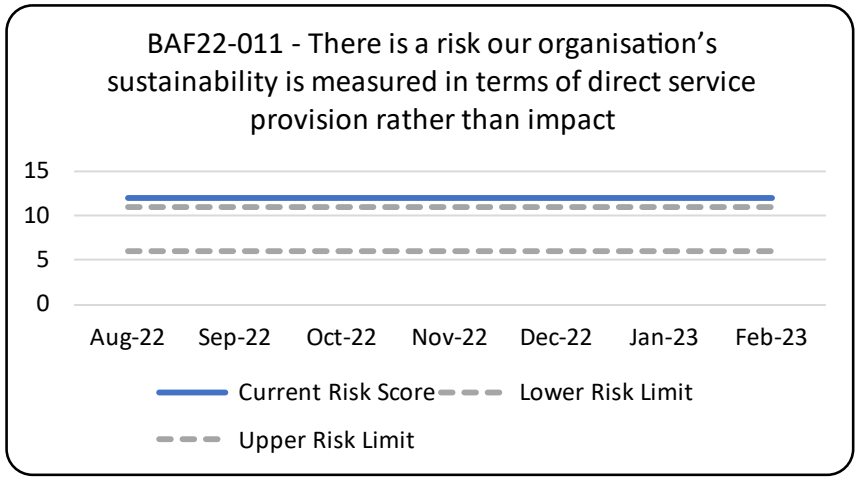
Strategic Objective:	Strategic Risk:	Risk Accountability	BAF Ref:
Demonstrate value	There is a risk our organisation's sustainability is measured in terms of direct service provision rather than impact	**NED Oversight:** Ian Buckley, NED as Chair of Committee **Assurance Committee:** Finance, Performance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

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

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

Risk Appetite: Moderate (6 – 11)

Risk Movement Graph



Risk Rating

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

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

Risk Proximity
Active and happening now

CONTROLS	ASSURANCES	ASSURANCES

	ON CONTROLS	
1. Agreement of the Chair and Chiefs of Dudley on 17th June 2022 following the conclusion of the Cap Gemini process	Medium	• Agreement reached that all partners have a role to play in the system and will commit to work collaboratively to deliver a sustainable Dudley Place
2. Development of a Development Plan for DIHC	High	• ICB Board decision from 25th November 2022 and subsequent options appraisal process for DIHC • 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 • Agreement from the ICB to extend contracts for further 12 months
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 March 2023	A

Dudley Integrated Health and Care NHS Trust

PUBLIC BOARD

REPORT TITLE:	**Corporate Risk Register**
DATE OF MEETING:	7th March 2023
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	Sayoni Basu - Corporate Governance Manager
SUMMARY OF KEY POINTS:	The Board are asked to note that following a review of the Corporate Risks by Committees during February and the Executive Committee, two (2) risks have been escalated to the corporate risk register. Further, following review by the Trust Management Board and the Executive Director the service level risk 'Lack of sufficient estates for future ARRS staff' has been escalated to the Corporate Risk Register. Existing Risk C-088 has been reworded to include the ARRS Estates risk and it has been proposed to increase the risk score for Risk C-088 from 12 (3X4) to 16 (4X4). The FP&D Committee also recommended to merge and close risk T-045. The proposed changes to the Corporate Risk register as reported below in summary;

Responsible Committee	Corporate Risks	Impact	Recommended Current risk score
Quality and Safety Committee – 21st February 2023	New Risk C-300 - Reduced capacity and inappropriate patient management for those awaiting secondary care mental health treatment	Long waits experienced by patients for specialist mental health service provision (esp. psychology) result in added pressure on the IAPT team to support patients in the interim without necessary training or competence which could potentially be detrimental to patients.	Moderate 12 (3x4)
Quality and Safety Committee – 21st February 2023	New Risk C-301 - Reduced capacity and inappropriate management of children awaiting CAMHS treatment	Long waits experienced by children for CAMHS referrals result in added pressure on school nurses to support children in the interim without necessary	Moderate 12 (3x4)

		training or competence which could potentially be detrimental to children especially around self-harm	
Operational Risk escalated and rewording of Corporate C-088 – Finance, Performance and Digital Committee	C-088 – Risk to the health care estate's function due to: - Specific risk to the expansion of the ARRS team due to lack of accommodation in Primary Care premises - 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	The Trust is unable to deploy staff to meet its planned expansion. Unable to secure the premises needed to provide the desired clinical care model.	High 16 (4x4)

It is proposed to close the following risk:

Corporate Risks – Finance, Performance and Digital Committee	Current Risk Score	Recommendation
T-045 - Risk of occupation/lease agreements for required premises are not in place.	Very Low 4 (2x2)	It is recommended this risk be merged with existing corporate risk C-088.

The Trust Management Board reviewed all operational risks on 8th February 2023 and there are no further escalations to the Corporate Risk register.

Appendix 1 and 2 details the Corporate Risks above and below tolerance.

LIST BENEFITS AND/OR EXPECTED OUTCOMES:

- Approve the recommendation of the Quality and Safety Committee to escalate operational risks C-300 and C-301 to the corporate risk register
- Approve the recommendation of the Finance Performance and Digital Committee to escalate operation risk, reword and increase score for Risk C-088 from 12 to 16

	• Approve the recommendation of the Finance Performance and Digital Committee for closure of corporate risk T-045
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. C088 - Risk to the health care estate's function
4. C106 - Not having approval from NHSEI to recruit substantively to key posts
5. C064 - Risk of substantive workforce shortages in medical staffing
6. C202 - Lack of business intelligence information to target ICTs to support PCNs

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.

Operational Risk Management and Escalation of Service Level Risks

The Board 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 risks being escalated to the Corporate Risk Register.

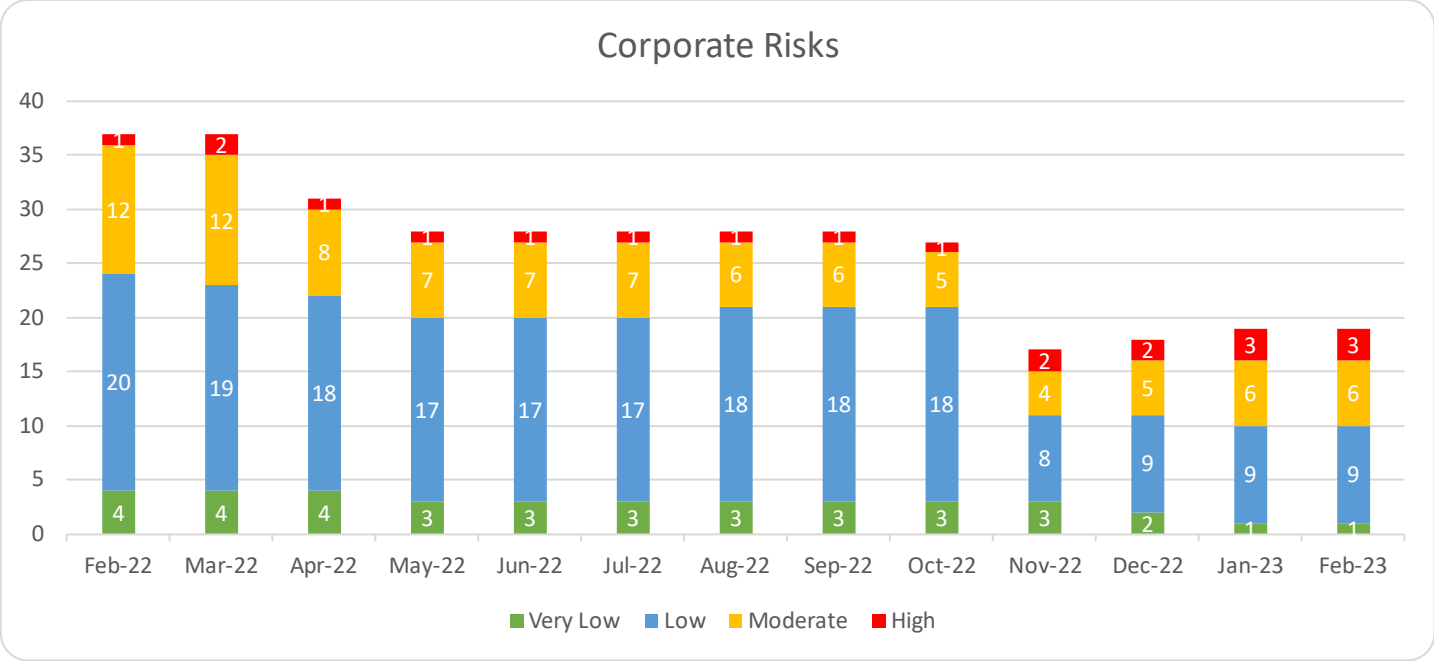
The service level risk registers have been reviewed at the Trust Management Board on 8th February 2023 and there were no escalations to the Corporate Risk register.

3. Corporate Risk Register Summary Position

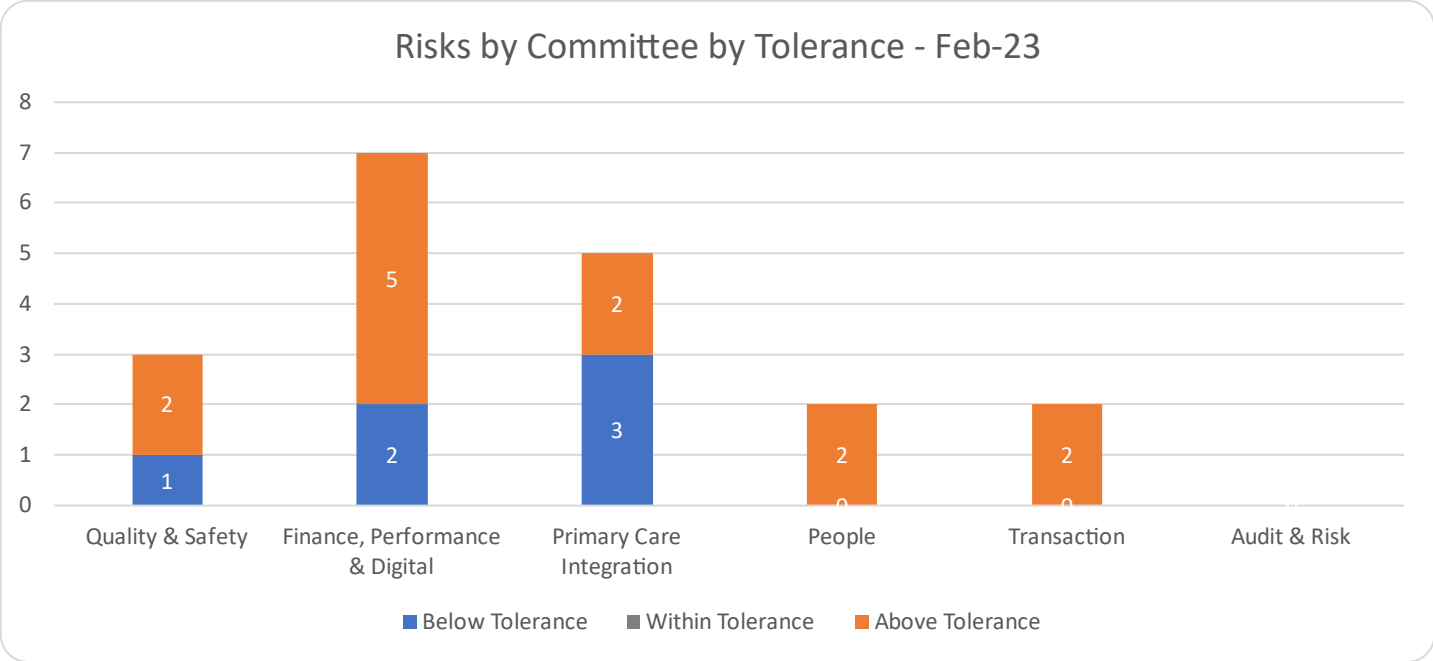
Below is a table showing the overall number and grade of risks and by domain held on the Corporate Risk Register.

Risk Levels	1 Minimal	2 Cautious	3 Open	4 Seek	5 Mature
Risk Appetite	Very Low	Low	Moderate	High	
Corporate Risks Total	**1**	**9**	**6**	**3**	

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.



4. Recommended Changes to the Corporate Risks

Following robust review of the strategic risks during December 2022, two (2) risks have been escalated to the corporate risk register and two (2) proposed change to the current score as reported below:

Responsible Committee	Corporate Risks	Impact	Recommended Current risk score
Quality and Safety Committee –	New Risk C-300 - Reduced capacity and inappropriate patient management for those awaiting secondary	Long waits experienced by patients for specialist mental health service provision (esp. psychology) result in added	Moderate 12 (3x4)

21st February 2023	care mental health treatment	pressure on the IAPT team to support patients in the interim without necessary training or competence which could potentially be detrimental to patients.	
Quality and Safety Committee – 21st February 2023	New Risk C-301 - Reduced capacity and inappropriate management of children awaiting CAMHS treatment	Long waits experienced by children for CAMHS referrals result in added pressure on school nurses to support children in the interim without necessary training or competence which could potentially be detrimental to children especially around self-harm	Moderate 12 (3x4)
Operational Risk escalated and rewording of Corporate C-088 – Finance, Performance and Digital Committee	C-088 – Risk to the health care estate's function due to: - Specific risk to the expansion of the ARRS team due to lack of accommodation in Primary Care premises - 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	The Trust is unable to deploy staff to meet its planned expansion. Unable to secure the premises needed to provide the desired clinical care model.	High 16 (4x4)

It is proposed to close the following risk:

Corporate Risks – Finance, Performance and Digital Committee	Current Risk Score	Recommendation
T-045 - Risk of occupation/lease agreements for required premises are not in place.	Very Low 4 (2x2)	It is recommended this risk be merged with existing corporate risk C-088.

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 21st February 2023	Supporting CQC inspections and readiness	It has been discussed at the Trust Management Board and confirmed that there are no current escalations to the corporate risk register. It is proposed to no longer document this as an emerging risk and will be reviewed monthly through TMB and any emerging risks will be escalated appropriately.

6. Next Steps

The operational risk management policy including the standard operating procedures (SOP), 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 out for review by the Service Leads and Executives and going through internal governance. These will be published following a robust review at the multi-disciplinary Policy, Procedures Development Working Group and the Executive Committee.

Appendix 1

Dudley Integrated Health and Care NHS Trust - Corporate Risk Register
Appendix 1 Risks ABOVE Tolerance
Latest Month: Feb-23

NHS Dudley Integrated Health and Care NHS Trust

Ref	Strategic Objective	Domain	Committee	Accountable Director (Risk Sponsor)	RISK OF:	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Movement	Trend	Target Risk Rating (L x I)	Above or Below Tolerance
C-106	SSO5: Best and happiest place to work	Safety	Strategy and Transformation	Steph Cartwright	Not having approval from NHSEI to recruit substantively to key posts prior to potential transfers During October 2021 NHSEI requested that the programme of substantive senior leadership recruitment be paused.	12	12	12	12	12	12	12	12	12	12	12	12	→		5	Above
C-107	SSO7: Demonstrate value	Partnerships	Strategy and Transformation	Steph Cartwright	Insufficient system-wide support for DIHC	12	12	12	12	12	12	12	12	16	16	16	16	→		6	Above
C-064	SSO5: Best and happiest place to work	Workforce	People	Steph Cartwright	Risk of substantive workforce shortages (through vacancies, absence or excess demand) result in additional premium costs being incurred.	12	12	12	12	12	12	12	12	12	12	12	12	→		4	Above
C-078	SSO2:Implementation of an Integrated Care Model for Dudley	Quality	Strategy and Transformation	Richard Bramble	Risk of delayed implementation of clinical service strategy	12	12	8	8	8	8	8	8	8	8	8	8	→		4	Above
C-060	SSO7: Demonstrate value	Sustainability	F, P & D	Matt Gamage	Risk of planned efficiencies and benefits not delivered in full due to restricted investment, following the formation of the ICB.	6	6	6	6	6	6	6	6	6	6	6	6	→		4	Above
C-063	SSO7: Demonstrate value	Sustainability	F, P & D	Matt Gamage	Risk of financial overspend due to insufficient financial controls. This may result in unauthorised over spend, loss of financial control inability to meet the control total and impact on service delivery.	6	6	6	6	6	6	6	6	6	6	6	6	→		4	Above
C-031	SSO7: Demonstrate value	Sustainability	F, P & D	Matt Gamage	Risk of contract financial envelope less than the cost of providing the services.	6	6	6	6	6	6	6	6	6	9	9	9	→		4	Above
C-088	SSO7: Demonstrate value	Infrastructure	Strategy and Transformation	Matt Gamage	Risk to the health care estates function due to: - insufficient capital funding available to make necessary premises investments, as DIHC has limited capital funding of its own, and access to PFI and national capital is limited - insufficient space within the community healthcare estate to fully implement the clinical model in each locality	6	6	6	6	6	6	6	6	12	12	16	16	→		4	Above
C-202	SSO6: Improve health of our population and reduce inequalities	Reputational	PCI	Matt Gamage	Lack of business intelligence information to target ICTs to support PCNs and links to ICS / CCG (F,P&D)	8	8	8	8	8	8	8	8	12	12	12	12	→		9	Above
D-002	SSO7: Demonstrate value	Infrastructure	F, P & D	Matt Gamage	There is a risk that the existing network infrastructure will either fail or will create an unacceptable cyber security risk due to its age and current support status resulting in an inability to provide a network connection across various sites	16	16	16	16	16	16	16	16	16	16	16	16	→		9	Above
C-209	SSO4: Support the Sustainability of Primary Care	Reputational	PCI	Steph Cartwright	There is a risk that the lack of Service Level Agreement (SLA) between DIHC and PCNs results in uncertainty in the way that DIHC employs, operates and provides ARRS services on behalf of PCNs.	0	0	0	0	0	0	0	0	0	12	12	12	→		4	Above
C-300	SSO3: Improve Outcomes of Children and Young People in Dudley	Quality	Q&S	Sue Nicholls	Reduced capacity and inappropriate patient management for those awaiting secondary care mental health treatment	0	0	0	0	0	0	0	0	0	0	12	12	→		4	Above
C-301	SSO6: Improve health of our population and reduce inequalities	Quality	Q&S	Sue Nicholls	Reduced capacity and inappropriate management of children awaiting CAMHS treatment	0	0	0	0	0	0	0	0	0	0	12	12	→		4	Above

Appendix 2

Dudley Integrated Health and Care NHS Trust - Corporate Risk Register
Appendix 2 Risks BELOW Tolerance
Latest Month: Feb-23

NHS Dudley Integrated Health and Care NHS Trust

Ref	Strategic Objective	Domain	Committee	Accountable Director (Risk Sponsor)	RISK OF:	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Movement	Trend	Target Risk Rating (L x I)	Above or Below Tolerance
C-073	SSO2:Implementation of an Integrated Care Model for Dudley	Sustainability	F, P & D	Matt Gamage	Risk of placement costs relating to Continuing Health Care to be in excess of planned levels due to any unforeseen changes to the eligibility criteria and sufficiently robust system to record costs accurately.	9	9	9	9	9	9	9	9	9	9	9	9	→		9	Below
C-057	SSO7: Demonstrate value	Sustainability	F, P & D	Matt Gamage	Risk of reduction in annual payments due to factors beyond the control of DIHC.	6	6	6	6	6	6	6	6	6	6	6	6	→		6	Below
C-082	SSO6: Improve health of our population and reduce inequalities	Safety	Q&S	Philip King	Risk to the continuity of business due to not fully formed and robust business continuity plans.	4	4	4	4	4	4	4	4	4	4	4	4	→		4	Below
C-201	SSO4: Support the Sustainability of Primary Care	Sustainability	PCI	Steph Cartwright	Risk of DIHC not being in alignment with PC and not maintaining PC at the heart of its strategic direction, future planning and engagement plans	6	6	6	6	6	6	6	6	6	6	6	6	→		9	Below
C-205	SSO4: Support the Sustainability of Primary Care	Reputational	PCI	Steph Cartwright	Lack of infrastructure for ARRS staff including IT, accommodation, supervision and management especially HR support over next 6 to 12 months	6	6	6	6	6	6	6	6	6	6	6	6	→		9	Below

Dudley Integrated Health and Care NHS Trust

PUBLIC TRUST BOARD

REPORT TITLE:	Quality and Safety Report
DATE OF MEETING:	7th March 2023
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 Sue Nicholls - Director of Nursing, AHPs and Quality
SUMMARY OF KEY POINTS:	The Quality and Safety reports were presented to the Trust Quality and Safety Committee in January 2023 and February 2023, reflecting reporting periods of December 2022 and January 2023 respectively. The reports provide the quality and safety scorecard together with high level information regarding reported incidents (including Serious Incidents), complaints and concerns, safeguarding data and Covid and flu vaccination data relating to our integrated practices. The attached reports detail the following; • There were no reportable Serious Incidents (SIs) in either December or January; one SI remains open • The Trust also continues to support the investigation of five other SIs reported by other organisations to ensure system and pathway learning as appropriate; these have also been reported as internal incidents with full investigation. • Two formal complaints have been reported during January 2023; this period also saw the highest number of compliments received in a single month over the past 12 months • The disclosure of historical incidents remains the highest number of reportable safeguarding concerns. All safeguarding incidents are reviewed by the safeguarding team to ensure appropriate action/escalation is taken. For those cases that had a referral the most common themes were self-neglect for adults and parental risk factors and neglect/emotional abuse for children • The patient covid vaccination programme concluded in February 2023. A spring booster campaign has been announced following guidance from JCVI. Planning for this campaign has commenced.

	• The staff flu vaccination peer campaign concluded at the end of February 2023. Numbers have now flatlined. This is in line with the national trend and at present we are not an outlier. It has been confirmed that the flu vaccination CQUIN is only applicable to services named within the standard NHS contract. For DIHC this is the IAPT and Primary Care Mental Health Service and within these services 50% of patient facing staff had the flu vaccination. DIHC did not meet the requirements of the 2022/23 Staff flu CQUIN.
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	To ensure that the Trust focusses on continuous improvement of patient experience and maintaining the safety of services. Any areas for improvement are identified with appropriate actions taken.
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)* – Quality and Safety Committee ☐Other Committee *(state)* -

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

Enc 5b

NHS
Dudley Integrated Health and Care
NHS Trust

Quality and Safety Report

Reporting Period: December 2022

Reported to: January 2023, Quality and Safety Committee
March 2023, Trust Board

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	Other
• No Serious Incidents reported this period • No formal complaints reported this period • FFT data now provided for both High Oak and Chapel Street	

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**

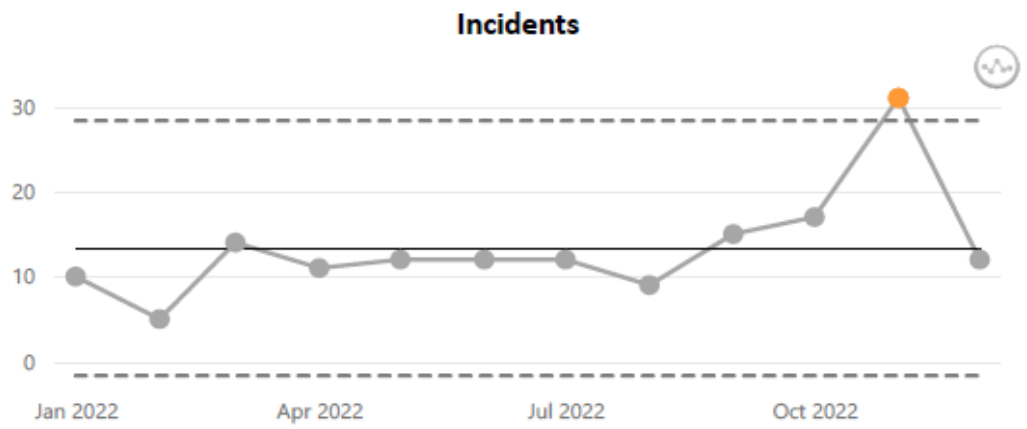
DIHC Performance Scorecard 2022/23

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	YTD	Target	Variation	Assurance
Q&S	Feedback	IAPT Friends and Family Test – % Positive	Local	Dec 2022	95%	99.59%	-		
		IAPT Friends and Family Test – % Positive (Qtr)	Local	Dec 2022	98.72%	99.59%	-		
		Primary Care Friends and Family Test – % Positive - Chapel Street Surgery	Local	Dec 2022	0%	80.77%	-		
		Primary Care Friends and Family Test – % Positive - Chapel Street Surgery (QTR)	Local	Dec 2022	72.73%	80.77%	-		
		Primary Care Friends and Family Test – % Positive - High Oak Surgery	Local	Dec 2022	88.79%	89.56%	-		
		Primary Care Friends and Family Test – % Positive - High Oak Surgery (QTR)	Local	Dec 2022	89.57%	89.56%	-		
		PCMH Friends and Family Test – % Positive	Local	Dec 2022	60%	50%	-		
		PCMH Friends and Family Test – % Positive (QTR)	Local	Dec 2022	60%	50%	-		
		Feedback - Informal Concern	Local	Dec 2022	11	38	-		
		Feedback - Compliments	Local	Dec 2022	1	27	-		
		Feedback - Complaints	Local	Dec 2022	0	23	-		
		An acknowledgment of the complaints within 3 days	National	Dec 2022	0%	94.44%	-		
		A formal response to the complaint sent within 45 days	Local	Dec 2022	0%	100%	-		
	Incidents	Duty of Candour	National	Nov 2022	100%	100%	100%		
		Occurrence Of Any Never Event	National	Dec 2022	0	0	-		
		Incidents	Local	Dec 2022	12	131	-		
		Serious Incidents	Local	Dec 2022	0	1	-		
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	Dec 2022	100%	100%	-		
	Safeguarding	Number of Safeguarding Concerns - Adults	Local	Dec 2022	48	473	-		
		Number of Safeguarding Concerns - Child	Local	Dec 2022	26	184	-		
		Number of Safeguarding Concerns - Age unknown	Local	Dec 2022	0	2	-		
		Number of SARs - Open	Local	Dec 2022	0	0	-		
		Number of CSPRs - Open	Local	Dec 2022	3	3	-		
		Number of S42s - Open	Local	Dec 2022	1	1	-		
		Number of S42s - Overdue	Local	Dec 2022	1	1	-		

Footnotes

- There were zero incidents requiring Duty of Candour in December 2022; SI number dropped from last report due to an SI being downgraded following discussion with the ICB
- There were zero complaints received or closed in month

Incidents



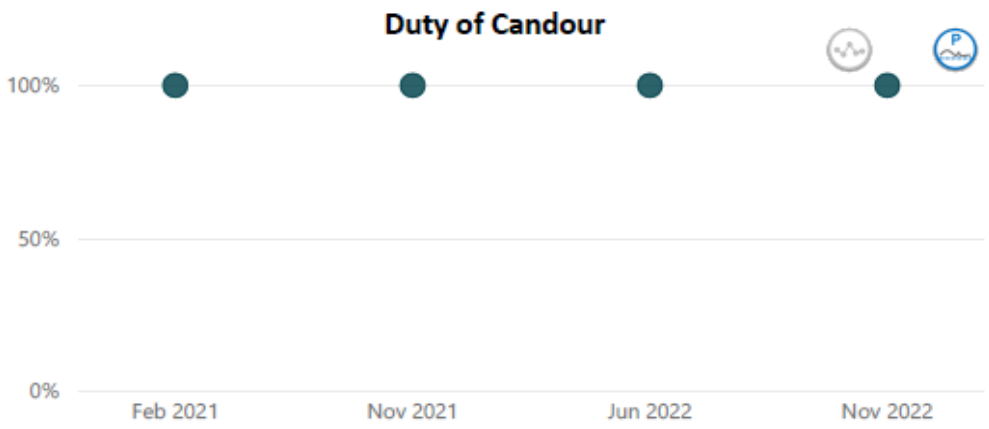
Dec 2022
Date

12
Value

-
Target

Common Cause
Variation

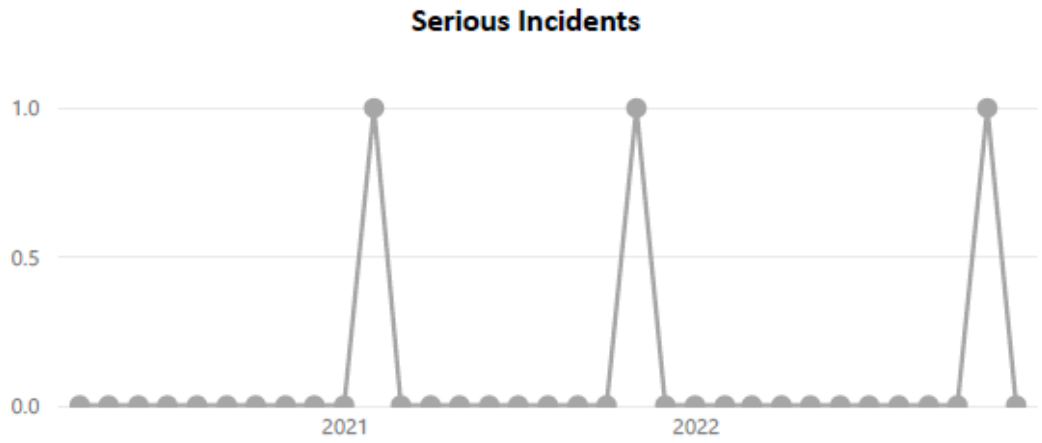
No Target
Assurance



Nov 2022
Date

100%
Value

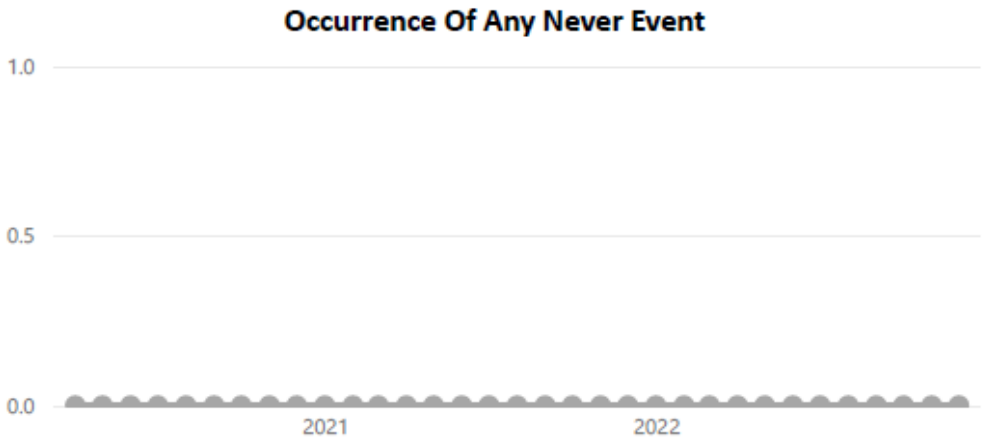
100%
Target



Dec 2022
Date

0
Value

-
Target



Dec 2022
Date

0
Value

-
Target

Service comments

- No obvious trends or concerns; spread across several clinical and corporate services
- SI number dropped from last report due to an SI subsequently being downgraded following discussion with the ICB and partner organisation

Actions

- None required in month; incidents currently being reviewed as part of Q3 quarterly learning lessons review process

Open SIs

- Currently 2 SIs open, both reported during November 2022:

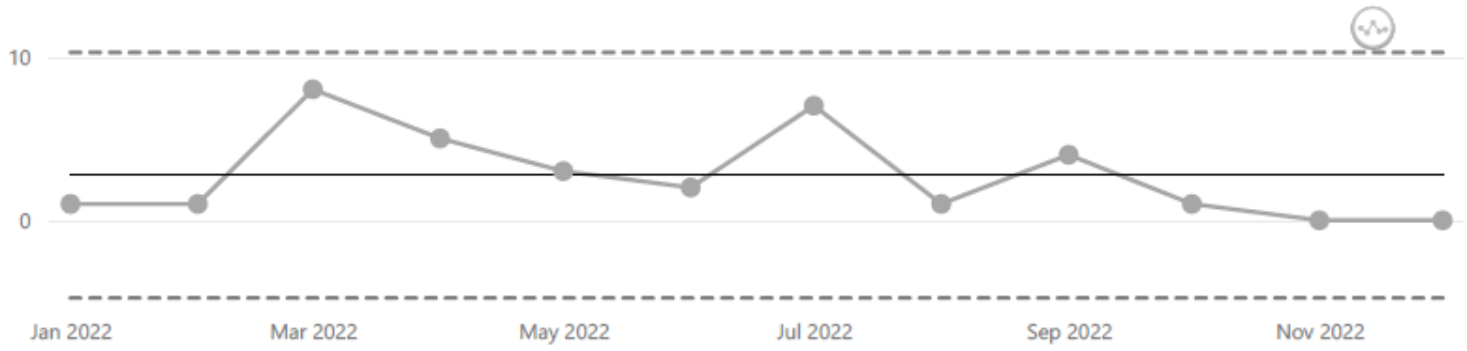
Reference	Date reported	Incident summary
2022/24186 (INC1504)	02/11/22	Unexpected death of person recently discharged from IAPT service *Scoping meeting held 12/12/2022 – identified that another organisation had significant input in to care of patient; therefore ICB agreed to downgrade as an SI for DIHC and reallocate. DIHC to continue to contribute to the investigation.*
2022/24773 (INC1553)	13/11/22	Unexpected death of a patient under the care of High Oak as the result of injuries sustained in a fall *Scoping meeting held 04/01/2023 - scope of investigation now agreed*

- In addition, DIHC are supporting the investigation of 3 SIs reported by other organisations; these have also been reported internally as incidents and are being fully investigated to help identify any opportunities for learning:

Reference	Date reported	Incident summary
INC1275	21/06/22	Unexpected death of person in receipt of care from IAPT service *Internal investigation report drafted*
INC1430	11/10/22	Non-accidental injury of infant *Draft report accepted, learning for all organisations identified*
INC1412	07/10/22	Unexpected death of patient under the care of High Oak *Investigation in progress; TTR scheduled for 25/01/2023*

Feedback

Feedback - Complaints



Dec 2022
Date

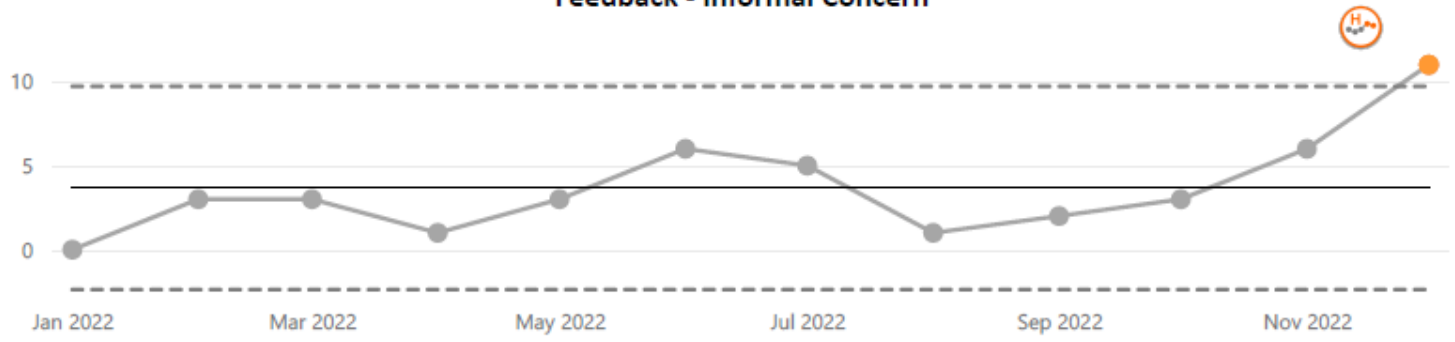
0
Value

-
Target

Common Cause
Variation

No Target
Assurance

Feedback - Informal Concern



Dec 2022
Date

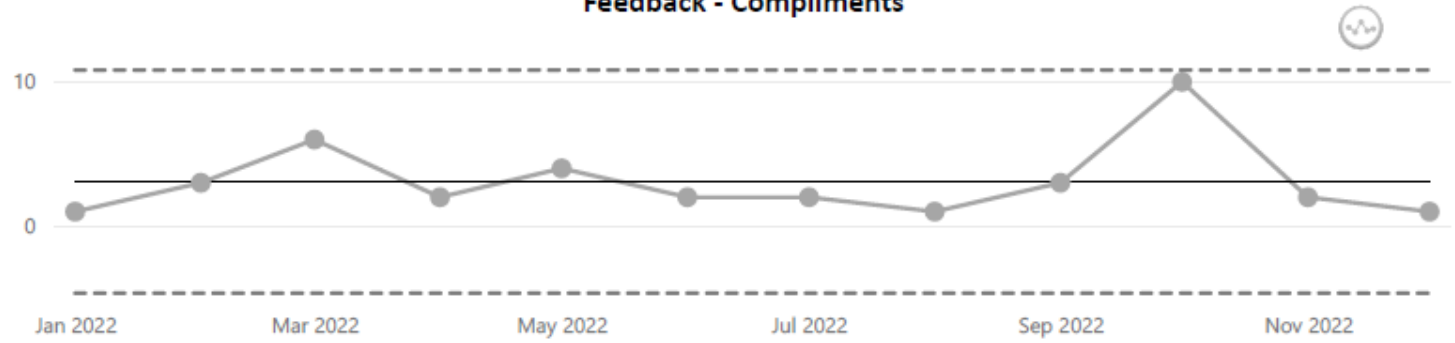
11
Value

-
Target

Concern
Variation

No Target
Assurance

Feedback - Compliments



Dec 2022
Date

1
Value

-
Target

Common Cause
Variation

No Target
Assurance

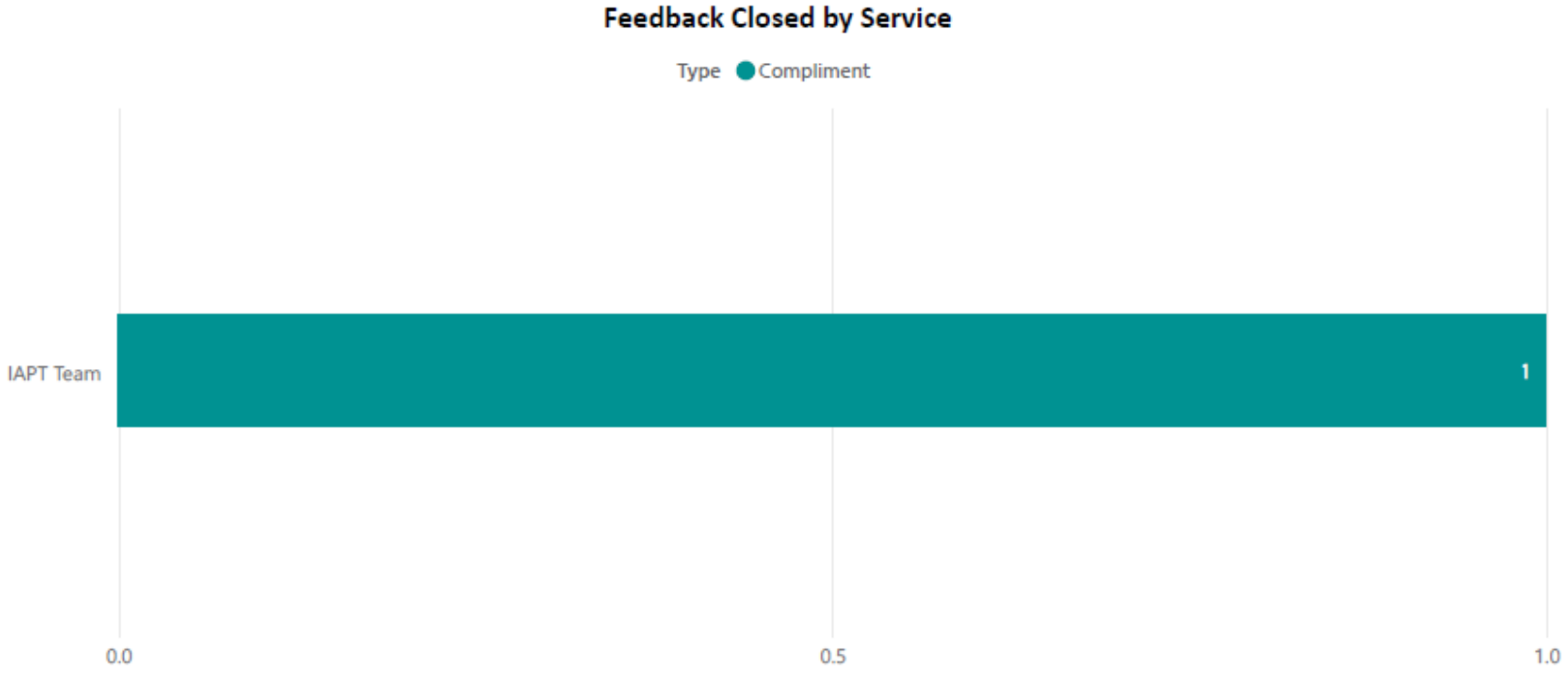
Service comments

- No obvious trends or themes; no formal complaints reported
- Number of informal concerns has increased; majority relate to primary care services but covering various different subjects

Actions

- No specific actions currently required; investigations currently in progress to identify any potential opportunities for learning
- Number of informal concerns to be monitored

Incidents and Feedback Closed Within: December 2022



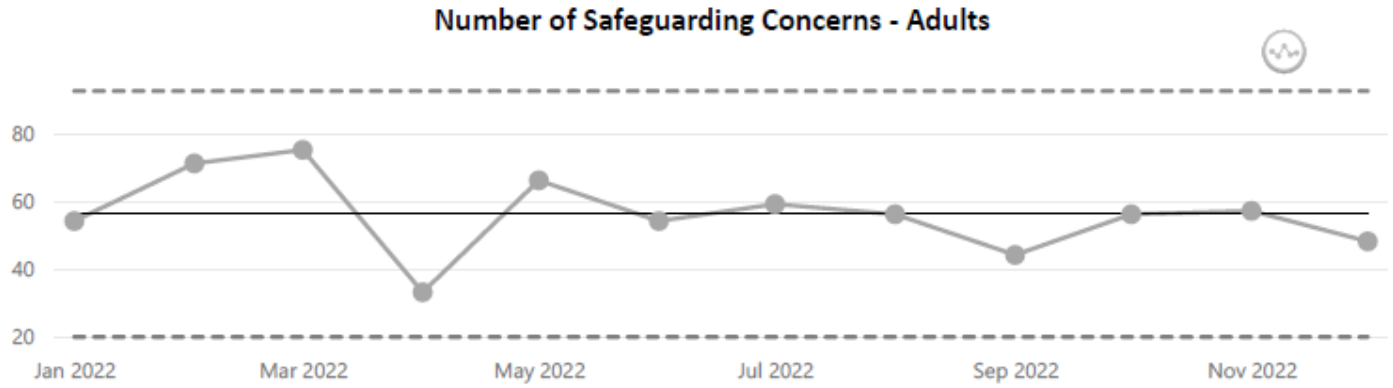
Key Lessons Learnt

- No key learning points identified this month; some information re actions / learning not yet fully updated on Datix.

Actions

- Services being contacted to ensure all information reported on Datix; any further learning not yet identified will be fed into the Q3 quarterly learning lessons process

Safeguarding



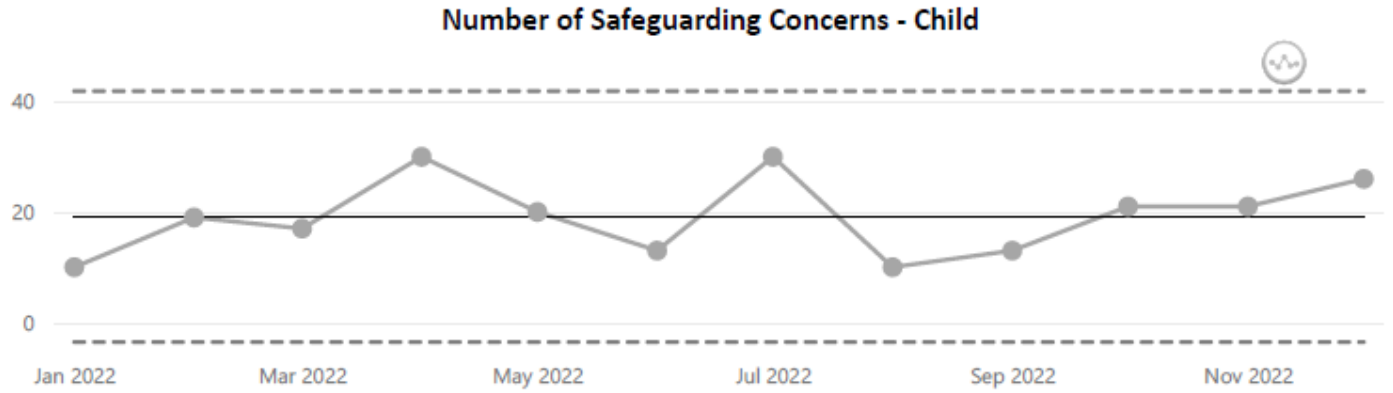
Dec 2022
Date

48
Value

-
Target

Common Cause
Variation

No Target
Assurance



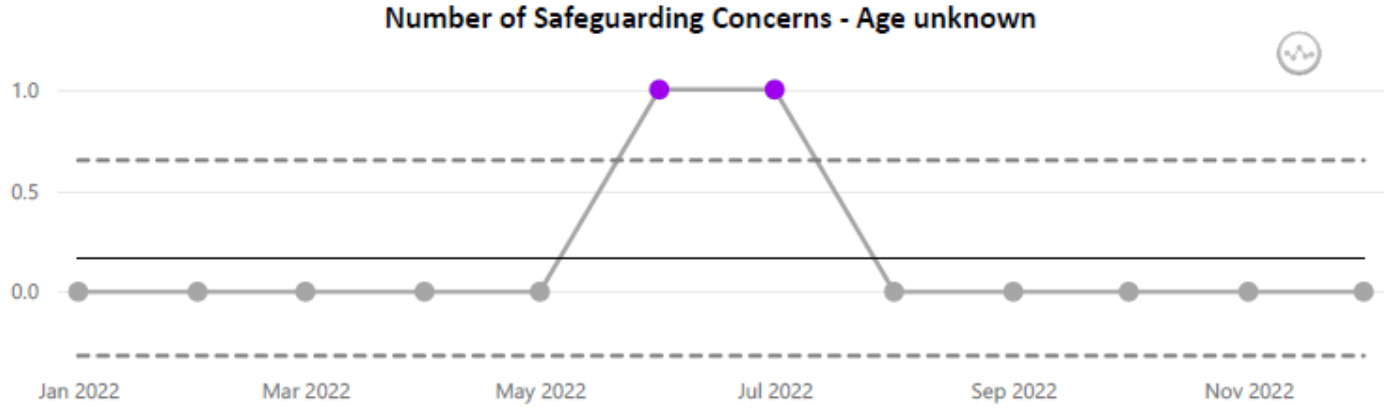
Dec 2022
Date

26
Value

-
Target

Common Cause
Variation

No Target
Assurance



Dec 2022
Date

0
Value

-
Target

Common Cause
Variation

No Target
Assurance

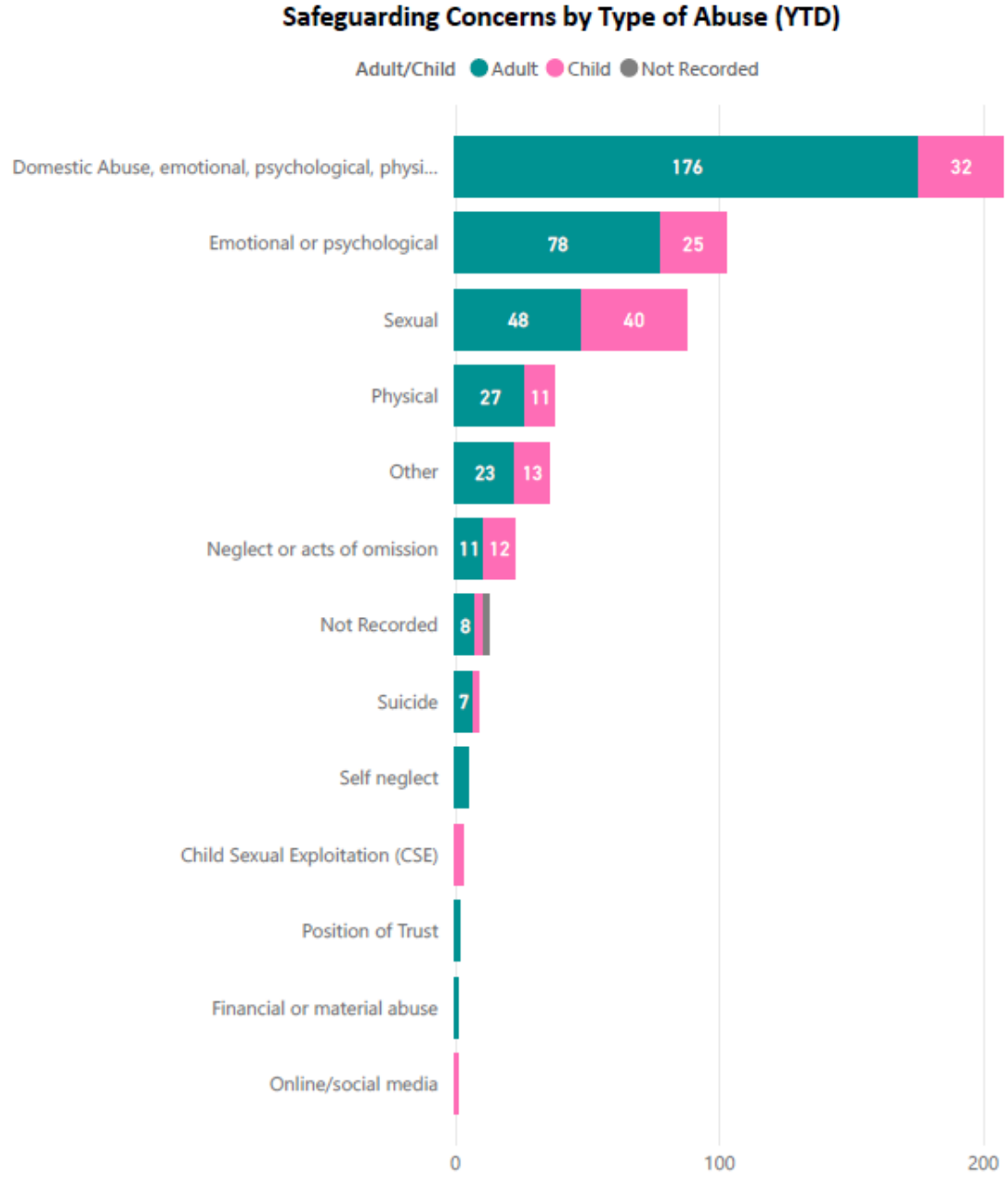
Service comments

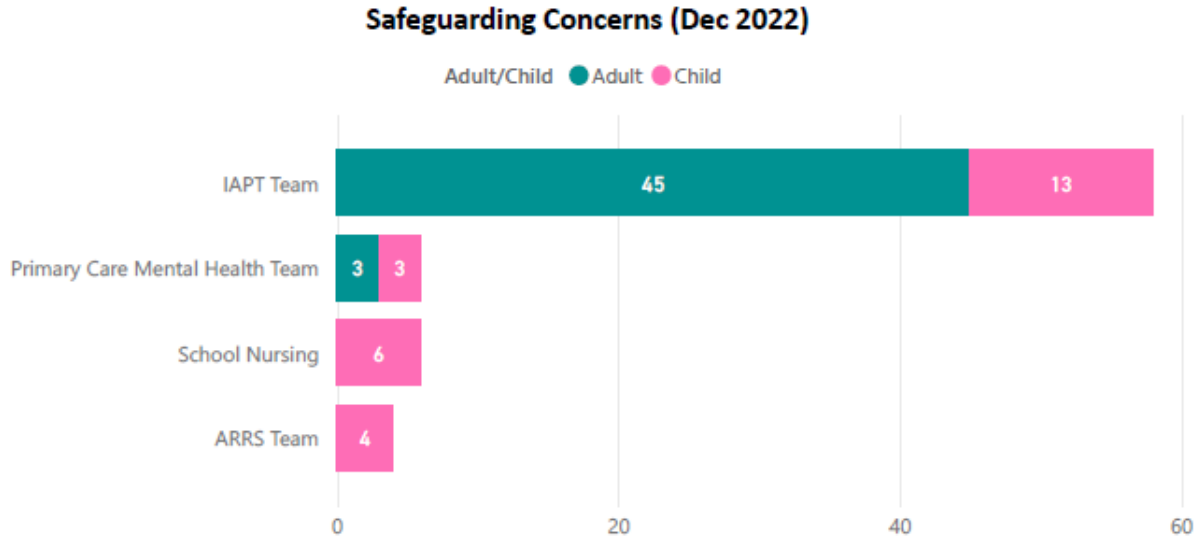
- There were 41 historic and 34 current safeguarding concerns reported via RLDatix™
- IAPT and PCMH remain the highest reporters of safeguarding incidents in relation to historical and current concerns with the most common theme of domestic abuse.
- In relation to the current concerns, 18 were adult related and 16 child concerns, which resulted in 18 referrals to social care- 5 for adults and 13 for children.
- For those cases that had a referral the most common themes were self-neglect for adults and parental risk factors and neglect/emotional abuse for children.
- However, despite IAPT and PCMH being the highest reporters, the highest number of referrals into social care was made by School Nursing and ARRS staff- 10 in total.
- There were 16 current safeguarding concerns reported that did not require a referral into social care for help and support. These are reviewed by the Named Nurses daily to ensure the appropriate actions have been taken or that the adult/child are already in receipt of services.

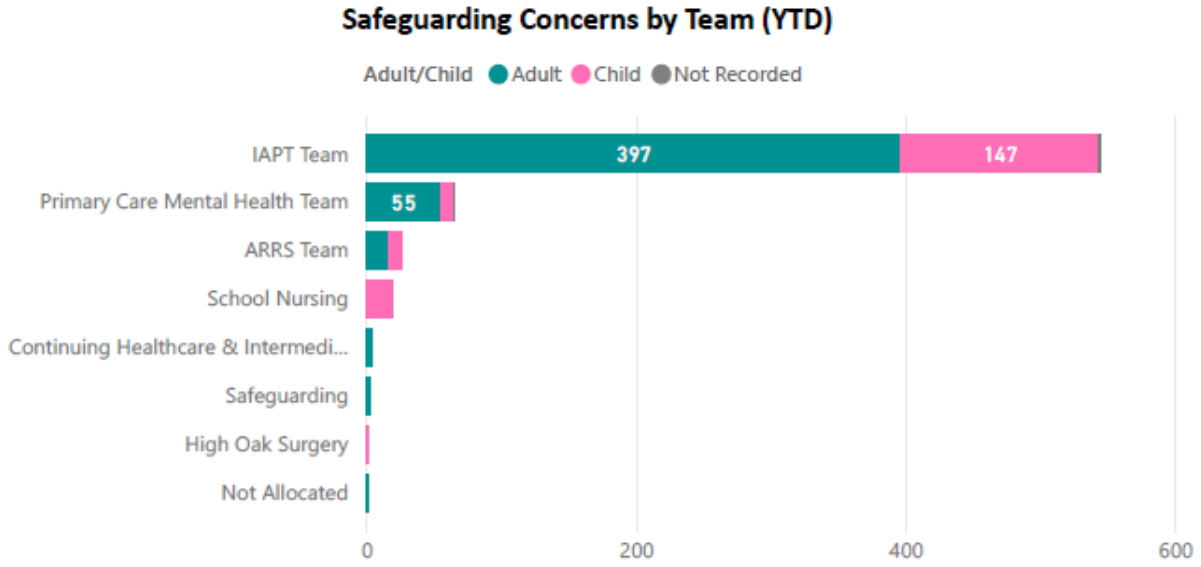
Actions

- An audit will be completed in Q4 in relation to the incidents reported as 'current' to determine if there are any gaps in advice given by the safeguarding team and to provide added assurance that the appropriate actions have been taken to safeguard the adult or child.
- A safeguarding workplan/improvement plan is being developed and will review current safeguarding policies, team working, safeguarding supervision and safeguarding training offer.

Safeguarding







VACCINATIONS

COVID VACCINATIONS – Patients (High Oak Surgery)

- Covid vaccination programme at High Oak Surgery continues; latest uptake data (as of 03/01/2023):

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	188	95%	94%	92%	5	5
03. Age 75-79y (excl care home)	115	95%	93%	91%	3	3
04. Age 70-74y or Covid High Risk (excl care Home)	234	93%	92%	82%	6	10
05. Age 65-69y (excl Care home)	148	95%	94%	87%	3	5
06. Age 16-64y with UHC (excl care home)	675	86%	83%	71%	17	81
07. Age 60-64y or UHC (excl care home)	87	100%	92%	83%	1	6
08. Age 55-59y (excl care home)	129	89%	86%	76%	3	11
09. Age 50-54y (excl care home)	136	84%	81%	63%	3	17
10. Age 40-49y (excl care home)	291	77%	74%	54%	5	63
11. Age 30-39y (excl care home)	538	71%	65%	42%	17	134
12. Age 18-29y (excl care home)	460	67%	57%	27%	3	151
13. Age 16-18y, no UHCs	72	44%	30%	4%	0	40
14. Age 12-15y with specific UHC or household contact	19	32%	27%	11%	0	13
15. Age 12-15y no UHCs	195	36%	22%	0%	0	124
16. Age 5-11y with specific UHC or household contact	34	0%	0%	0%	0	34
17. Age 5-11y no UHCs	454	7%	4%	0%	0	423

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 03/01/2023):

Age Group	Total Population Per Age Group	Total Vaccinated	% Vaccinated	Total Patient Declined	Total Vaccinated Elsewhere
Over 65 years	604	374	62%	36	116
6m-under 65 years (exc 2-3y) AT RISK	655	232	35%	4	95
50 years-under 65 years NOT AT RISK	425	95	22%	2	46
2 years - under 4 years Nasal Flu	129	28	22%	1	0
Pregnant Patients	33	10	30%	0	7
Total	**1846**	**739**	**40%**	**43**	**264**

COVID VACCINATIONS – Patients (Chapel Street Surgery)

- Covid vaccination programme at Chapel Street Surgery continues; latest uptake data (as of 03/01/2023):

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	n/a	n/a	n/a	n/a	n/a	n/a
02. Age 80y+ and HSC Workers	46	97%	95%	78%	0	0
03. Age 75-79y (excl care home)	18	84%	78%	67%	2	0
04. Age 70-74y or Covid High Risk (excl care Home)	142	88%	85%	53%	5	11
05. Age 65-69y (excl Care home)	73	83%	80%	51%	4	9
06. Age 16-64y with UHC (excl care home)	254	72%	67%	33%	18	50
07. Age 60-64y or UHC (excl care home)	27	100%	48%	37%	3	11
08. Age 55-59y (excl care home)	37	100%	57%	38%	3	13
09. Age 50-54y (excl care home)	87	61%	59%	29%	3	30
10. Age 40-49y (excl care home)	281	59%	55%	16%	1	115
11. Age 30-39y (excl care home)	362	47%	43%	12%	4	185
12. Age 18-29y (excl care home)	487	44%	35%	6%	2	270
13. Age 16-18y, no UHCs	86	23%	20%	1%	0	66
14. Age 12-15y with specific UHC or household contact	9	100%	11%	0%	1	7
15. Age 12-15y no UHCs	187	18%	7%	0%	0	153
16. Age 5-11y with specific UHC or household contact	13	23%	0%	0%	0	10
17. Age 5-11y no UHCs	306	3%	2%	0%	0	297

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 03/01/2023):

Age Group	Total Population Per Age Group	Total Vaccinated	% Vaccinated	Total Patient Declined	Total Vaccinated Elsewhere
Over 65 years	191	67	35%	8	17
6m-under 65 years (exc 2-3y) AT RISK	311	73	23%	9	10
50 years-under 65 years NOT AT RISK	149	12	8%	8	2
2 years - under 4 years Nasal Flu	73	0	0%	4	0
Pregnant Patients	23	1	4%	0	0
Total	**747**	**153**	**20%**	**29**	**29**

VACCINATIONS – Staff

- Latest uptake data Covid boosters and flu vaccinations (as of 09/01/2022):

Staff Vaccination	No. of Staff	COVID-19 Booster since 1st September 2022	Influenza vaccine since 1stSeptember 2022
Patient Facing	303	22.8%	34.0%
Non Patient Facing	119	24.4%	49.6%
Total	**422**	**23.2%**	**38.4%**

- Further workforce information will be provided and discussed at the People Committee
- The Trust is unlikely to meet the 2022/23 Flu CQUIN (70-90% patient facing staff vaccinated)

Enc 5c

NHS
Dudley Integrated Health and Care
NHS Trust

Quality and Safety Report

Reporting Period: January 2023

Reported to: February 2023, Quality and Safety Committee
March 2023, Trust Board

Key:

Variation and Assurance Icons

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Statistical Process Chart (SPC)

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

Summary

Data / Quality Indicators	Other
• No Serious Incidents reported this period • Two formal complaints reported this period • Highest number of compliments received during the past 12 months	

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

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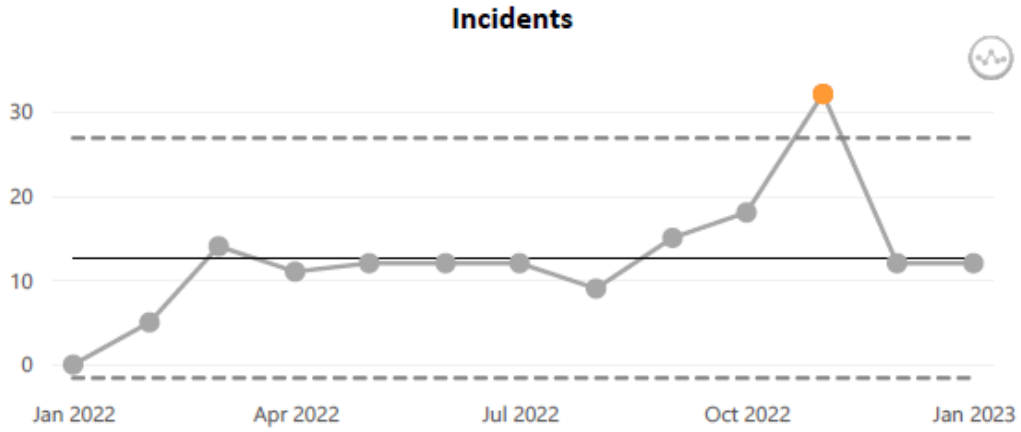
		Primary Care Friends and Family Test – % Positive - Chapel Street Surgery	Local	Jan 2023	40%	74.19%	-		
		Primary Care Friends and Family Test – % Positive - Chapel Street Surgery (QTR)	Local	Dec 2022	72.73%	80.77%	-		
		Primary Care Friends and Family Test – % Positive - High Oak Surgery	Local	Jan 2023	91.86%	89.83%	-		
		Primary Care Friends and Family Test – % Positive - High Oak Surgery (QTR)	Local	Dec 2022	89.57%	89.56%	-		
		PCMH Friends and Family Test – % Positive	Local	Jan 2023	100%	54.55%	-		
		PCMH Friends and Family Test – % Positive (QTR)	Local	Dec 2022	60%	50%	-		
		Feedback - Informal Concern	Local	Jan 2023	9	47	-		
		Feedback - Compliments	Local	Jan 2023	16	43	-		
		Feedback - Complaints	Local	Jan 2023	2	25	-		
		An acknowledgment of the complaints within 3 days	National	Jan 2023	100%	95%	-		
		A formal response to the complaint sent within 45 days	Local	Jan 2023	0%	100%	-		
	Incidents	Duty of Candour	National	Nov 2022	100%	100%	100%		
		Occurrence Of Any Never Event	National	Jan 2023	0	0	-		
		Incidents	Local	Jan 2023	12	145	-		
		Serious Incidents	Local	Jan 2023	0	1	-		
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	Jan 2023	100%	100%	-		
	Safeguarding	Number of Safeguarding Concerns - Adults	Local	Jan 2023	76	549	-		
		Number of Safeguarding Concerns - Child	Local	Jan 2023	22	206	-		
		Number of Safeguarding Concerns - Age unknown	Local	Jan 2023	0	2	-		
		Number of SARs - Open	Local	Jan 2023	0	0	-		
		Number of CSPRs - Open	Local	Jan 2023	4	4	-		
		Number of S42s - Open	Local	Jan 2023	1	1	-		
		Number of S42s - Overdue	Local	Jan 2023	1	1	-		

Footnotes

- Complaint response within 45 days trigger due to there being no formal complaints closed during January 2023

Incidents



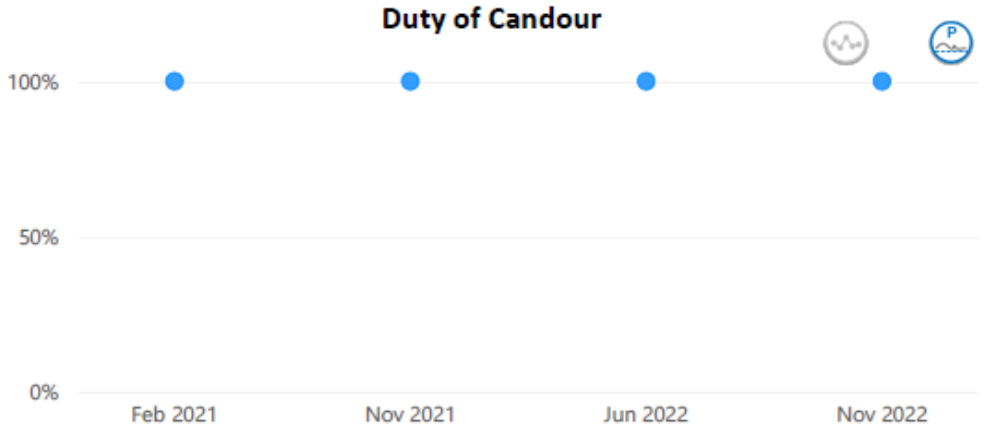
Jan 2023
Date

12
Value

-
Target

Common Cause
Variation

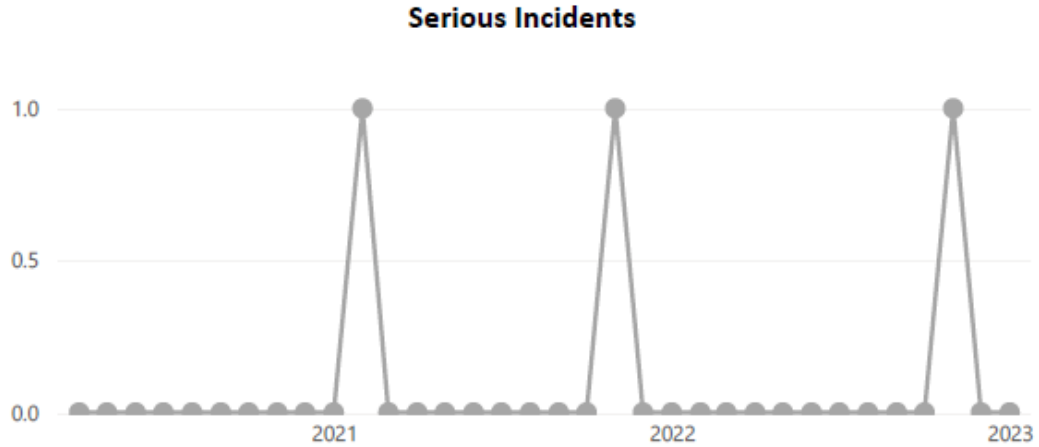
No Target
Assurance



Nov 2022
Date

100%
Value

100%
Target



Jan 2023
Date

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Value

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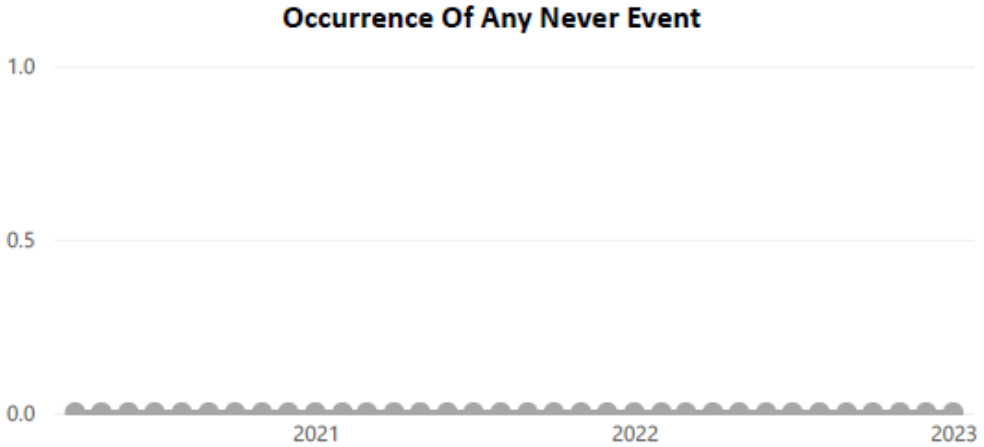
Target



Jan 2023
Date

0
Value

-
Target

Service comments

- Two incidents reported as SIs by other organisations - being investigated internally as some patient contact with our services; DIHC working with relevant organisations and will contribute to the overall SI investigations

Actions

- Investigations currently in progress to identify any opportunities for learning and improvement

Open SIs

- Currently 1 SI open, reported during November 2022:

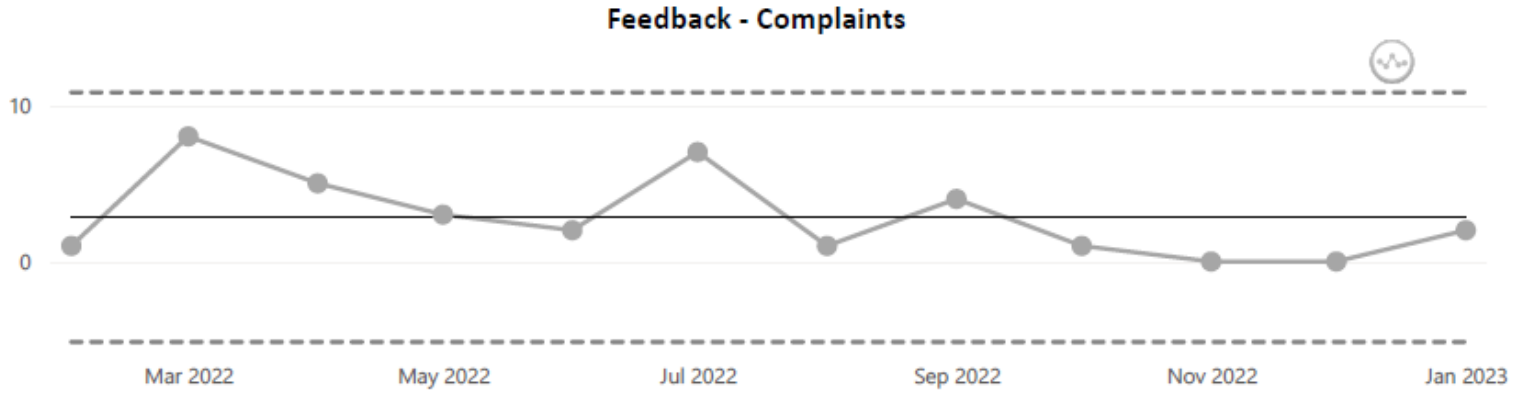
Reference	Date reported	Incident summary
2022/24773 (INC1553)	Nov 22	Unexpected death of a patient under the care of High Oak as the result of injuries sustained in a fall *RCA report drafted and currently awaiting internal approval before submitting to the ICB*

- In addition, DIHC are supporting the investigation of 5* SIs reported by other organisations; these have also been reported internally as incidents and are being fully investigated to help identify any opportunities for learning:

Reference	Date reported	Incident summary
INC1275	June 22	Unexpected death of person in receipt of care from IAPT service *Internal investigation report awaiting sign off*
INC1430	Oct 22	Non-accidental injury of infant *Awaiting final report*
INC1412	Oct 22	Unexpected death of patient under the care of High Oak *Internal TTR undertaken on 25/01/2023; RCA report currently in development*
INC1749	Jan 23	Unexpected death of patient under the care of IAPT *Awaiting scoping meeting*
INC1760	Jan 23	Unexpected death of patient under the care of PCMHS/ARRS *Awaiting scoping meeting*

* Previously reported **INC 1504** - unexpected death of person recently discharged from IAPT service – has since been downgraded by ICB following inquest conclusion

Feedback



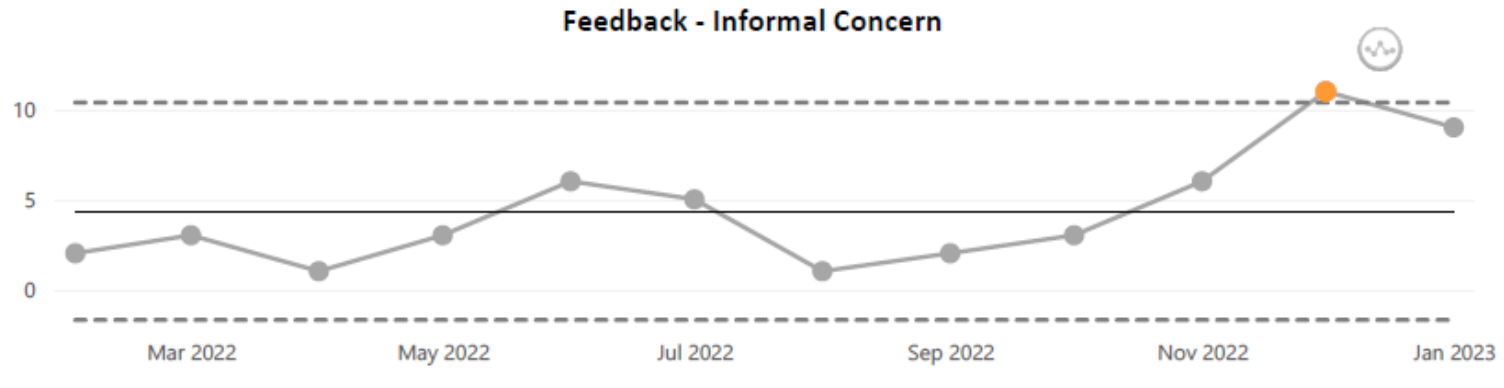
Jan 2023
Date

2
Value

-
Target

Common Cause
Variation

No Target
Assurance



Jan 2023
Date

9
Value

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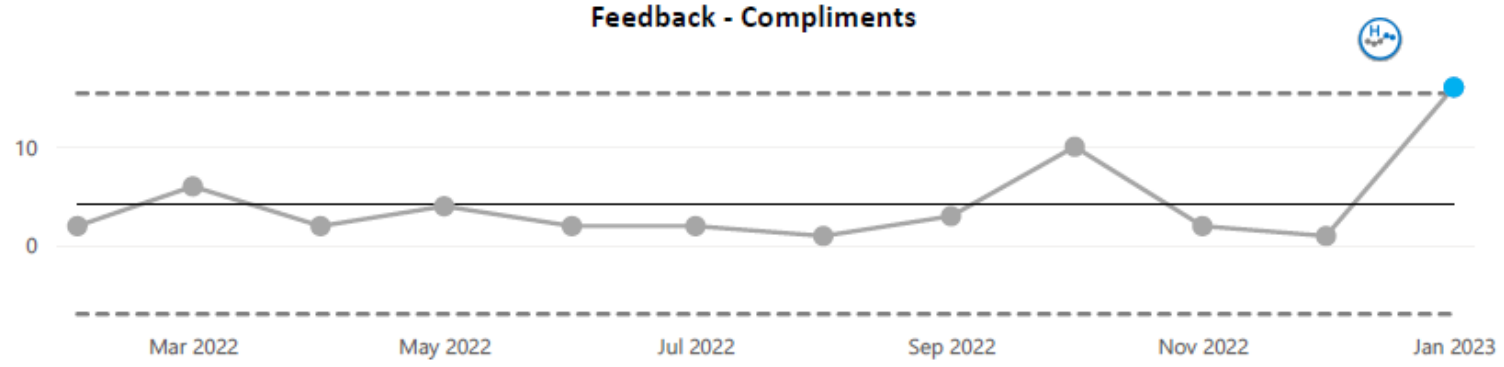
Target

Common Cause
Variation

No Target
Assurance



Jan 2023
Date

16
Value

-
Target

Improvement
Variation

No Target
Assurance

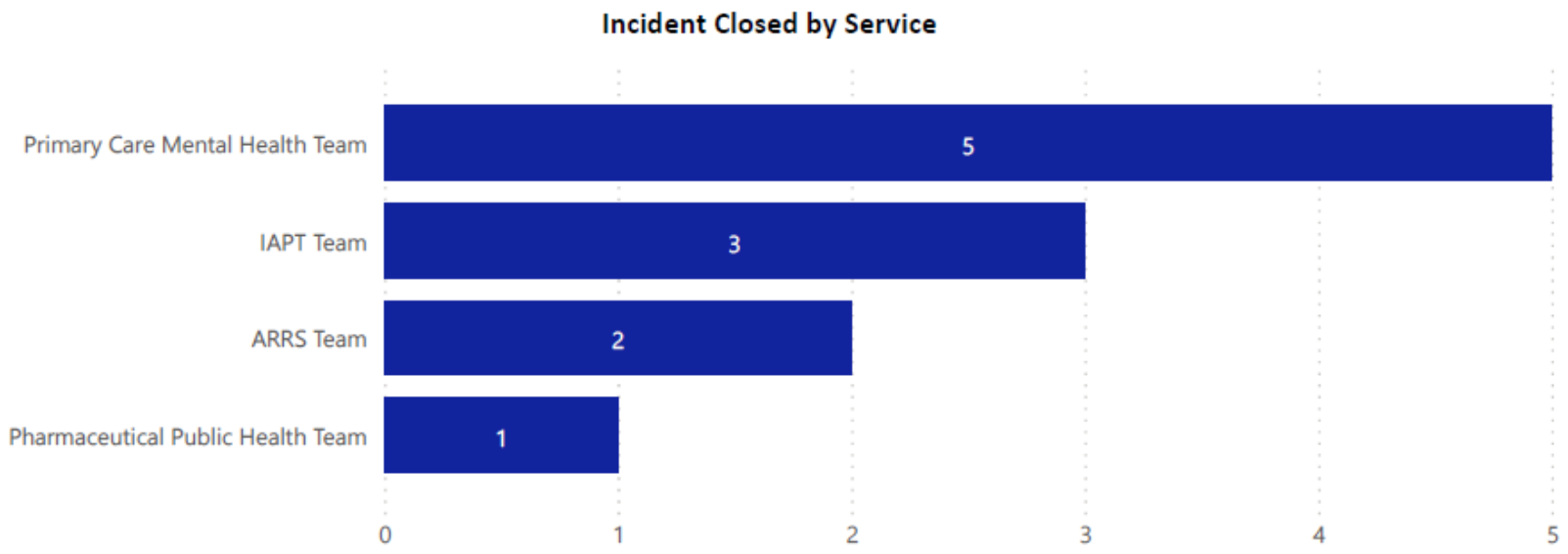
Service comments

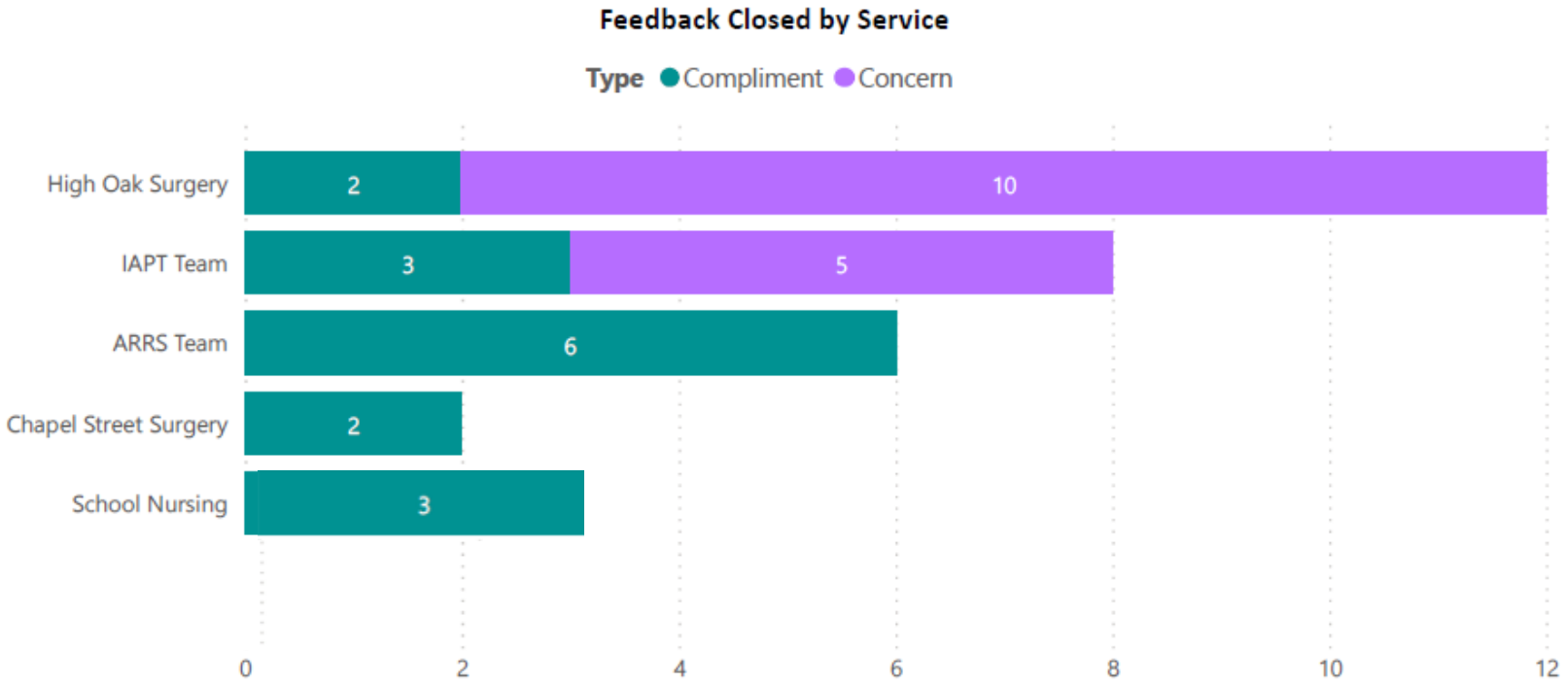
- Complaints are with regards to communication / attitude – relate to two different services
- Over half of the concerns raised have already been addressed with the individuals raising them in line with the local resolution process
- Highest number of compliments received during the past 12 months; relate to five different services

Actions

- Investigations currently in progress to identify any opportunities for learning and improvement

Incidents and Feedback Closed Within: Jan 2023





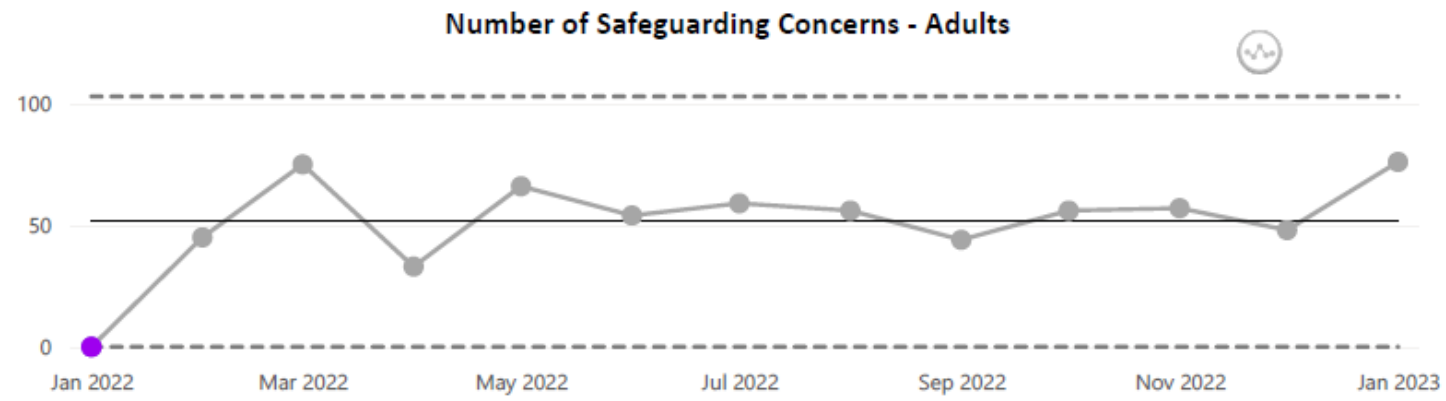
Key Lessons Learnt

- Improve awareness of patients regarding the most appropriate phone numbers to contact

Actions

- At the end of Quarter there will be a piece of work to review the information governance incidents to ensure any wider learning.

Safeguarding



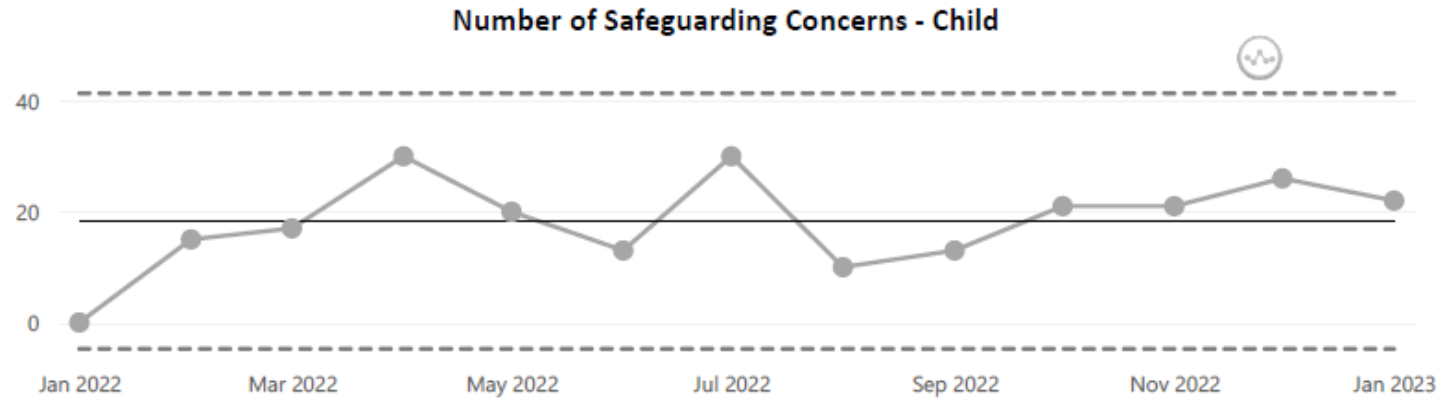
Jan 2023
Date

76
Value

-
Target

Common Cause
Variation

No Target
Assurance



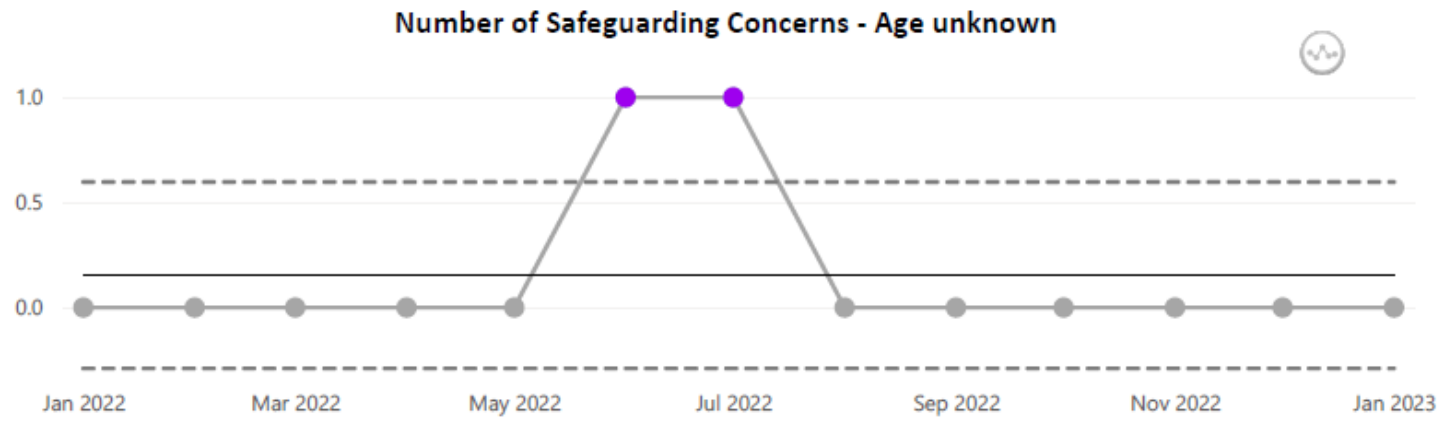
Jan 2023
Date

22
Value

-
Target

Common Cause
Variation

No Target
Assurance



Jan 2023
Date

0
Value

-
Target

Common Cause
Variation

No Target
Assurance

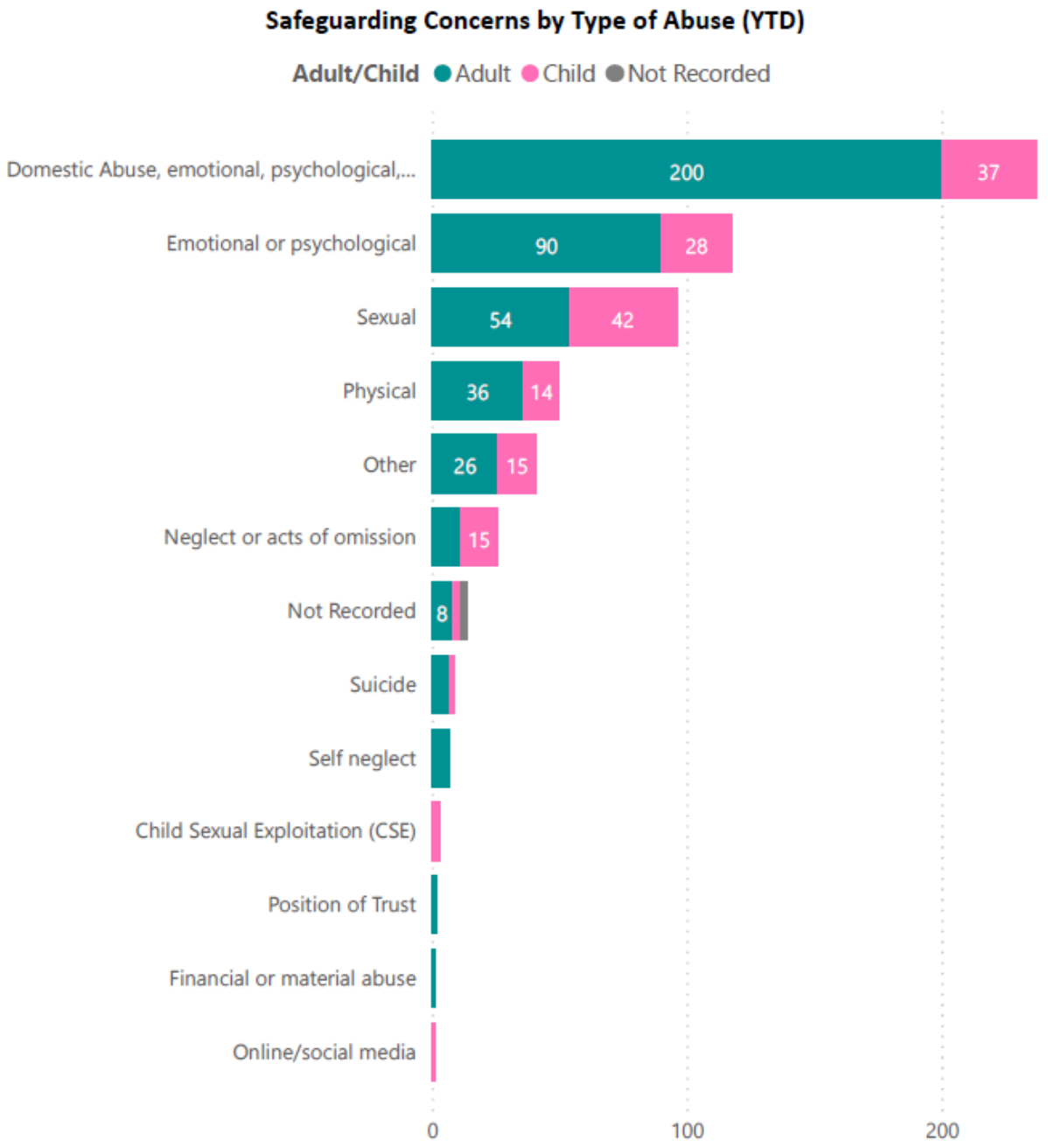
Service comments

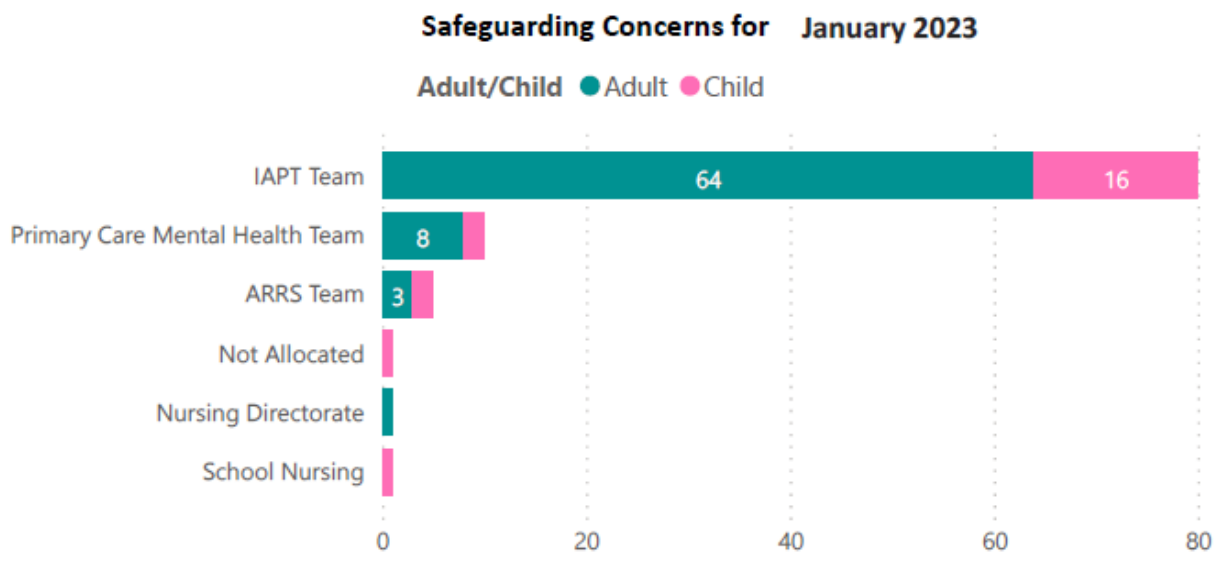
- There was a total of 98 safeguarding incidents reported, an increase of 30% compared to the previous month
- 61 were in relation to historical concerns and 37 were current concerns
- Of the current concerns, there were 29 adults and 8 children
- There were 9 referrals to social care, 3 children and 6 adults. This has decreased by 50% compared to the previous month
- IAPT remain the highest reporters, especially in relation to historical concerns of sexual abuse and domestic abuse
- The safeguarding team review the incidents reported daily to ensure appropriate actions have been taken

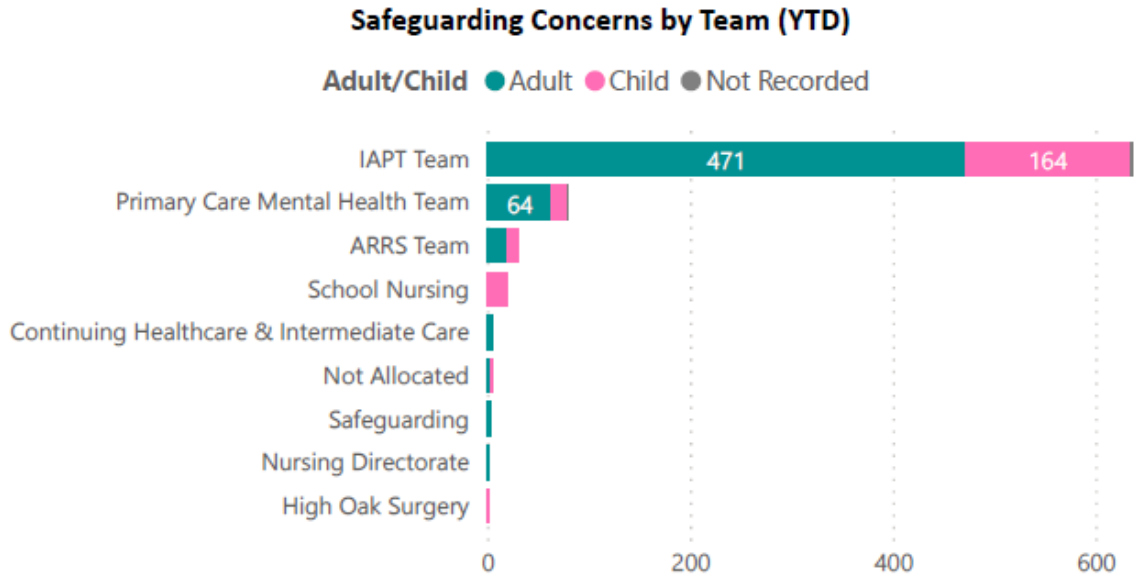
Actions

- The safeguarding team are currently completing an audit in relation to historical sexual abuse.
- To increase visibility of the safeguarding team, the Named Nurses will be attending the two GP practices on a weekly basis to raise awareness and provide advice and support in relation to safeguarding.
- A safeguarding workplan has been devised and includes a review of existing safeguarding policies, team working, training and supervision.

Safeguarding







VACCINATIONS

COVID VACCINATIONS – Patients (High Oak Surgery)

- Covid vaccination programme at High Oak Surgery continues; latest uptake data (as of 02/02/2023):

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	188	95%	94%	92%	14	5
03. Age 75-79y (excl care home)	117	95%	93%	91%	5	6
04. Age 70-74y or Covid High Risk (excl care Home)	234	93%	92%	82%	16	12
05. Age 65-69y (excl Care home)	150	95%	94%	88%	9	5
06. Age 16-64y with UHC (excl care home)	676	86%	82%	70%	49	81
07. Age 60-64y or UHC (excl care home)	87	100%	92%	83%	5	6
08. Age 55-59y (excl care home)	131	90%	87%	76%	10	11
09. Age 50-54y (excl care home)	134	85%	82%	63%	12	16
10. Age 40-49y (excl care home)	295	76%	73%	54%	7	67
11. Age 30-39y (excl care home)	541	71%	65%	42%	23	140
12. Age 18-29y (excl care home)	460	66%	56%	26%	11	151
13. Age 16-18y, no UHCs	70	44%	30%	4%	0	39
14. Age 12-15y with specific UHC or household contact	19	26%	21%	5%	0	14
15. Age 12-15y no UHCs	204	35%	22%	0%	0	133
16. Age 5-11y with specific UHC or household contact	33	0%	0%	0%	0	33
17. Age 5-11y no UHCs	464	6%	4%	0%	0	435

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 02/02/2023):

Age Group	Total Population Per Age Group	Total Vaccinated	% Vaccinated	Total Patient Declined	Total Vaccinated Elsewhere
Over 65 years	609	404	66%	92	130
6m-under 65 years (exc 2-3y) AT RISK	660	257	39%	25	103
50 years-under 65 years NOT AT RISK	422	103	24%	25	48
2 years - under 4 years Nasal Flu	128	28	22%	56	0
Pregnant Patients	37	12	32%	1	8
Total	**1856**	**804**	**43%**	**199**	**289**

COVID VACCINATIONS – Patients (Chapel Street Surgery)

- Covid vaccination programme at Chapel Street Surgery continues; latest uptake data (as of 02/02/2023):

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	n/a	n/a	n/a	n/a	n/a	n/a
02. Age 80y+ and HSC Workers	44	97%	95%	77%	1	0
03. Age 75-79y (excl care home)	18	84%	78%	67%	3	0
04. Age 70-74y or Covid High Risk (excl care Home)	148	88%	85%	52%	14	12
05. Age 65-69y (excl Care home)	72	82%	78%	53%	5	11
06. Age 16-64y with UHC (excl care home)	258	73%	68%	5%	19	51
07. Age 60-64y or UHC (excl care home)	26	100%	43%	31%	3	12
08. Age 55-59y (excl care home)	37	100%	58%	38%	3	13
09. Age 50-54y (excl care home)	86	61%	59%	30%	4	29
10. Age 40-49y (excl care home)	282	59%	55%	16%	4	116
11. Age 30-39y (excl care home)	361	47%	43%	12%	6	184
12. Age 18-29y (excl care home)	487	44%	35%	6%	6	271
13. Age 16-18y, no UHCs	84	21%	19%	1%	0	66
14. Age 12-15y with specific UHC or household contact	10	1%	1%	0%	1	8
15. Age 12-15y no UHCs	189	16%	11%	0%	0	155
16. Age 5-11y with specific UHC or household contact	12	25%	0%	0%	0	9
17. Age 5-11y no UHCs	305	3%	2%	0%	0	296

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 02/02/2023):

Age Group	Total Population Per Age Group	Total Vaccinated	% Vaccinated	Total Patient Declined	Total Vaccinated Elsewhere
Over 65 years	190	67	35%	9	17
6m-under 65 years (exc 2-3y) AT RISK	319	73	23%	10	10
50 years-under 65 years NOT AT RISK	147	12	8%	8	2
2 years - under 4 years Nasal Flu	70	0	0%	4	0
Pregnant Patients	27	1	4%	0	0
Total	**753**	**153**	**20%**	**31**	**29**

VACCINATIONS – Staff

- Latest uptake data Covid boosters and flu vaccinations (as of 06/02/2022):

Staff Vaccination	No. of Staff	COVID-19 Booster since 1st September 2022	Influenza vaccine since 1stSeptember 2022
Patient Facing	320	25.6%	35.0%
Non Patient Facing	132	24.2%	46.2%
Total	**452**	**25.2%**	**38.3%**

- The figures above are those which are reportable via NIVs. The Trust also receives weekly data reported via NHSE which has detailed that we have 43.3% of staff vaccinated.
- The staff vaccination flu CQUIN is unlikely to be met. This requires 70-90% of patient facing staff to be vaccinated. The Trust CQUIN is only applicable to 2 services contracted via the NHS standard contract (IAPT and PCMH). 50% of patient facing staff in theses services have received the flu vaccination

Next Steps

- The staff flu peer vaccination programme will be evaluated
- Planning will commence during April/May for the 23/24 staff flu vaccination programme

Dudley Integrated Health and Care NHS Trust

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: **Quality & Safety Committee**

Date of meeting: 21 February 2023 (- via Microsoft Teams)

Significant risks/issues for escalation	No significant risks or issues to for escalation.

Key issues/matters discussed at the Committee

The Committee was quorate

Corporate Risk Register

The Committee supported the recommendation from its previous discussion and further review by the Executives and Trust Management Board two of the emerging risks to escalate to the Corporate Risk Register.

Corporate Risk Register – Quality and Safety Committee	Impact	Current Score Feb 2023
New Risk C-300 - Reduced capacity and inappropriate patient management for those awaiting secondary care mental health treatment	Long waits experienced by patients for specialist mental health service provision (esp. psychology) result in added pressure on the IAPT team to support patients in the interim without necessary training or competence which could potentially be detrimental to patients	Moderate 12 (3x4)
New Risk C-301 - Reduced capacity and inappropriate management of children awaiting CAMHS treatment	Long waits experienced by children for CAMHS referrals result in added pressure on school nurses to support children in the interim without necessary training or competence which could potentially be detrimental to children especially around self-harm	Moderate 12 (3x4)

Both risks have been escalated by the Chief Operating Officer and Director of Nursing, AHP and Quality at system level. Both teams are supporting increasing numbers of individuals, providing additional support and sign-posting as appropriate.

In addition, all operational risks were reviewed by the Trust Management Board on 8th February.

Quality and Safety Performance Report

The Quality, Safety and Performance report was presented. This reported on January 2023 data. Committee were informed that there were no reportable serious incidents during January 2023. Committee were updated on the current serious incident investigations with several of them being in the report finalisation stage.

There is currently one serious incident attributable to DIHC. The incident investigation has concluded and has been submitted to the ICB for review. Learning has been identified and this will be cascaded across all Dudley practices via the Medical Directors primary care bulletin. All other current investigations are being undertaken as part of a joint collaborative approach to incident review with the SIs being attributable to partner organisations.

Following some targeted work with teams committee were pleased to note a significant increase in recorded compliments alongside the new 'thankful Thursday' initiative which showcases a service compliment across the organisation.

A discussion was held regarding the vaccination data aligned to Chapel Street and High Oak and the difference in performance was noted. The Medical Director explained that some work will be undertaken with the population of Chapel Street to understand concerns relating to both vaccination and screening uptake. This will be received and reviewed by the quality and safety steering group in due course.

Infection Prevention and Control

The Infection Prevention and Control Nurse Specialist provided a summary of the work carried out by the Infection Prevention and Control Service during the months of January and February 2023

Regular hand hygiene training sessions are continuing together with quarterly hand hygiene audits. Services which scored under 80% were generally as a result of staff not being 'bare below the elbow.' The hand hygiene training slides have been updated to better emphasise this practice.

The IPC service level risk register has been updated, there are no risks for escalation.

The IPC team continues to review the existing policies to ensure that the content is in line with the National IPC Manual which has recently been updated.

The IPC Intranet page has been reviewed and updated, making it user friendlier. Additional content has been added including the National IPC manual to ensure it is accessible to our teams.

There were no suspected or confirmed outbreaks reported among DIHC staff during December 2022.

Audits and site visits – audits and site visits have been undertaken for Chapel Street Surgery and High Oak Surgery. Action plans are in place for both surgeries.

Committee also received a presentation reflecting on the progress of the staff peer vaccination campaign which concluded 28th February.

Whilst the flu campaign was offered to all DIHC staff (clinical and non-clinical) the flu CQUIN was only attributable to IAPT and Primary Care Mental Health – those services delivered via the standard NHS contract. Unfortunately whilst 50% of the patient facing staff received the flu vaccination the CQUIN requirement of 70-90% was not achieved. The IPC nurse specialist continued to provide the opportunity of a vaccine up to and including 28th February.

A full evaluation of the 2022/23 staff flu vaccination campaign including a staff survey will be undertaken. Committee gave their thanks to the peer vaccination team comprising of our pharmacy staff and the IPC nurse specialist. The project team were also thanked for their input.

Quality and Safety Steering Group (QSSG)

The Medical Director presented the minutes of the January 2023 QSSG.

Quality Improvement Group

Committee received an update from The Quality Improvement Group (QIG) which was established in July 2022 as part of the implementation of the DIHC Clinical Audit Strategy.

The QIG has oversight of the clinical audit programme, mortality reviews, research and innovation reports, internal and external visits, service reviews and other agreed quality improvement activities.

Committee were assured of the processes established for clinical audit and it was confirmed that the learning and recommendations arising form audits are monitored. Work is currently focussing on the development of the clinical audit programme for 23/24.

Independent Well-Led Governance Review

Committee received a report to consider the feedback of the Independent Well-led Governance review. As part of the review the Quality Committee was observed, together with the Trust Board and other subcommittees of the Board. A detailed review of Trust documentation was undertaken.

Whilst the review has identified areas for further work, many of these were captured in a work programme and it was reflected that significant progress had been made. Key highlights centred on the ratification of the Trusts Quality Strategy, the enhancement of the Trusts Risk Management processes, the extension of the lessons learnt review meeting to service leads and increased incident reporting and awareness.

	It was suggested that as the committee attendance was reduced (due to half term) the paper should be recirculated for a further discussion in April.. **Cycle of Business** Following review the committee cycle of business (bi-monthly) was presented having previously been agreed with the Committee Chair and Trust Board. A review of the Terms of Reference will be undertaken and presented at a future meeting for approval. The effectiveness of the revised meetings and cycle of business will initially be reviewed by the Executive Committee in consultation with the Chair in May 2023. The Committee was assured that the cycle of business will not reduce the quality of information available to committee members necessary for them to carry out their duties . In a case of significant incident or specific development affecting the quality and safety, or any such concerns, the Committee shall convene an extra ordinary meeting. Committee were assured with the cycle of business as presented.
Recommendation made by the Committee	To escalate risk C-300 and C-301 to the Corporate Risk Register.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	There were no further implications for the Corporate Risk Register or the Board Assurance Framework.
Items/Issues for referral to other Committees	No items or issues for referral to other Committees.

Dudley Integrated Health and Care NHS Trust

TRUST BOARD

REPORT TITLE:	Workforce Performance Report
DATE OF MEETING:	7th March 2023
PURPOSE OF REPORT:	To update the Board on workforce performance information for December 2022 and January 2023.
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:	The Board are asked to note that workforce indicators continue to meet the agreed targets across the board.
	
	Staff Establishment and Turnover
	• The Trust Vacancy Rate (actual staff in post compared to the establishment) at the end of January 2023 stood at 5.28% which remains under the Trust target of 10%, this is reduced from 6.99% in December 2022.
	• Both metrics of Staff Turnover (12 months to end of January) slightly decreased:
	  ○ Turnover (all resignations) decreased by 0.19% to 12.04% from 12.23 in December.
	  ○ Normalised Turnover (voluntary resignations only) decreased by 0.21% to 9.54% from 9.75% in December.
	
	Sickness Absence
	Sickness Absence during January was reported as 3.27%, which was reduced from 3.56% in December. Sickness Absence over the last 12 months was reported as 3.20% at the end of January, slightly down on the figure in December 2022. Both these metrics remain under the Trust targets for both December 2022 and January 2023
	
	The People Team continue to monitor and support line managers and staff affected by long term sickness.
	
	Training and Development
	Mandatory training compliance remains above the 85% target, as does appraisal compliance:

	▪ Appraisal compliance within the last 12 months was 86.18% at the end of January, marking a slight improvement on the position at the end of December (86.01%).
	▪ Mandatory training compliance was to 91.39% at the end of January, improved on the position at the end of December of 91.24%:
	  ▪ Core mandatory modules for all staff: 91.75% remaining almost unchanged over the month.
	  ▪ Role specific mandatory modules: 91.39%; an improvement of 2.26% on the prior month.
	
	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.
	
	It should be noted that Freedom to Speak Up Training and Hand Hygiene training have only recently been introduced. Some improvements have been seen over the last month, however, further focus is required on these areas.

LIST BENEFITS AND/OR EXPECTED OUTCOMES:	The Board are asked to note the report and its contents. There continues to be an ongoing push for mandatory training and appraisal compliance.
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*	☐None Identified 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

please provide reference number)	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)* - ☒Other Committee *(state)* – People Committee

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

Enc 7b

Dudley Integrated Health and Care NHS Trust

Workforce Performance Report

Reporting Period: December 2022

Reported to: March 2023, 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	Dec 2022	6.99%	11.55%	10%		
		Turnover % (12 Months)	Local	Dec 2022	12.23%		13%		
		Normalised Turnover % (12 Months)	Local	Dec 2022	9.75%	10.71%	-		
		Turnover % (In Month)	Local	Dec 2022	1.2%		1.1%		
		Normalised Turnover % (In Month)	Local	Dec 2022	1.04%	0.87%	-		
	Development	Appraisal %	Local	Dec 2022	86.01%	86.01%	85%		
		Training Compliance %	Local	Dec 2022	91.24%	91.24%	85%		
	Absence	Sickness % (In Month)	Local	Dec 2022	3.56%	3.24%	3.8%		
		Sickness % (12 Months)	Local	Dec 2022	3.32%		3.8%		
		Short Term Sickness (In Month)	Local	Dec 2022	28.78%	36.08%	-		
		Long Term Sickness (In Month)	Local	Dec 2022	71.22%	63.92%	-		
		Maternity % (In Month)	Local	Dec 2022	2.2%	1.57%	-		

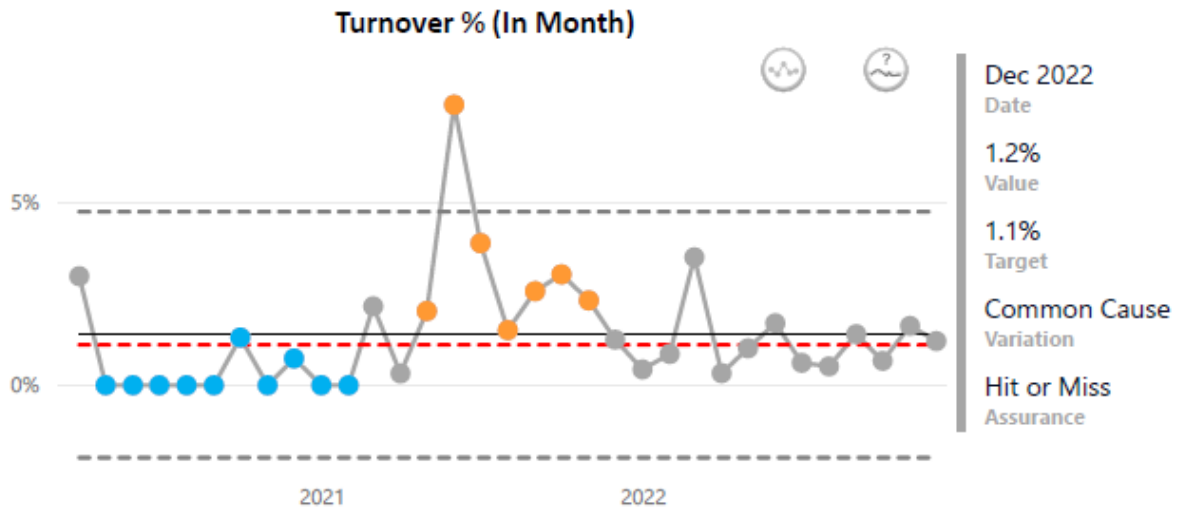
Key

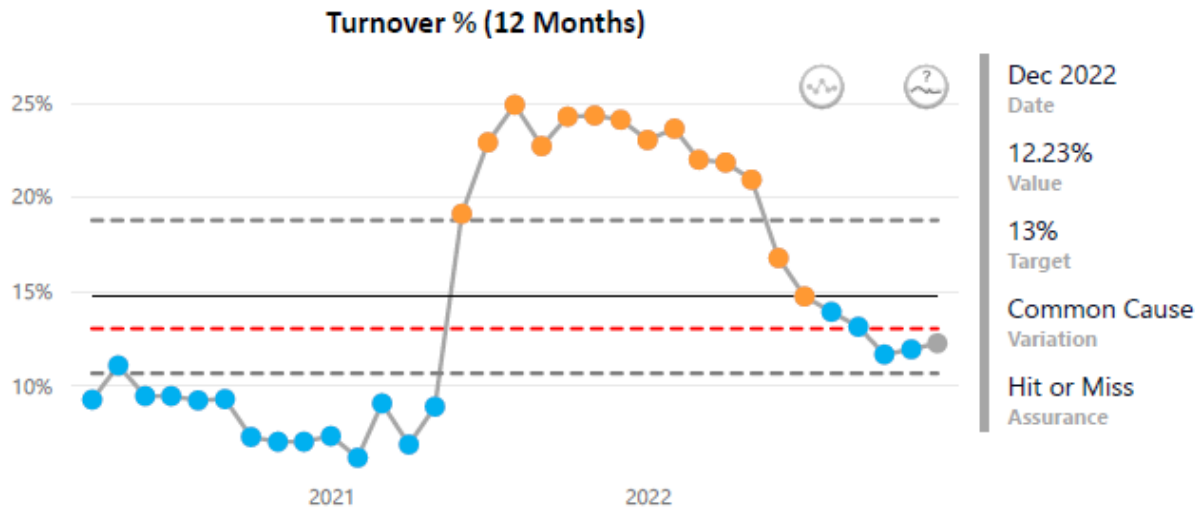
Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the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

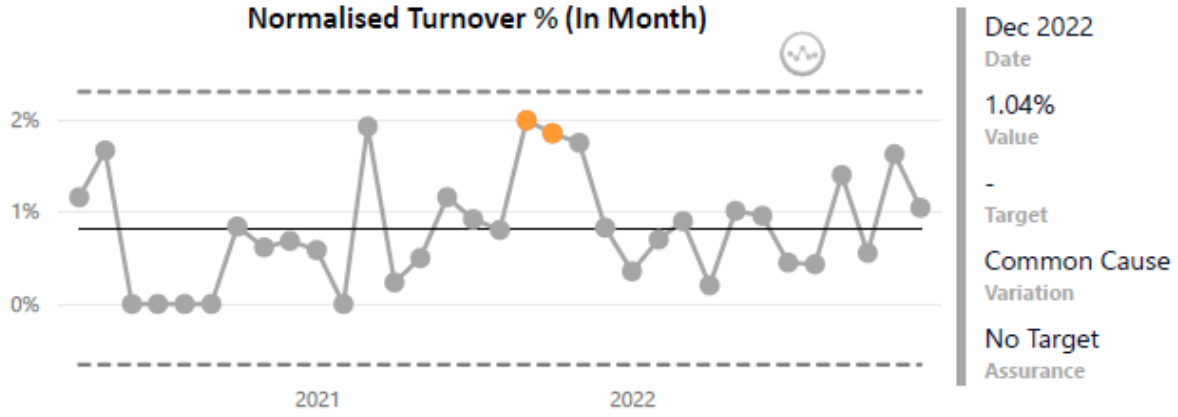
Footnotes

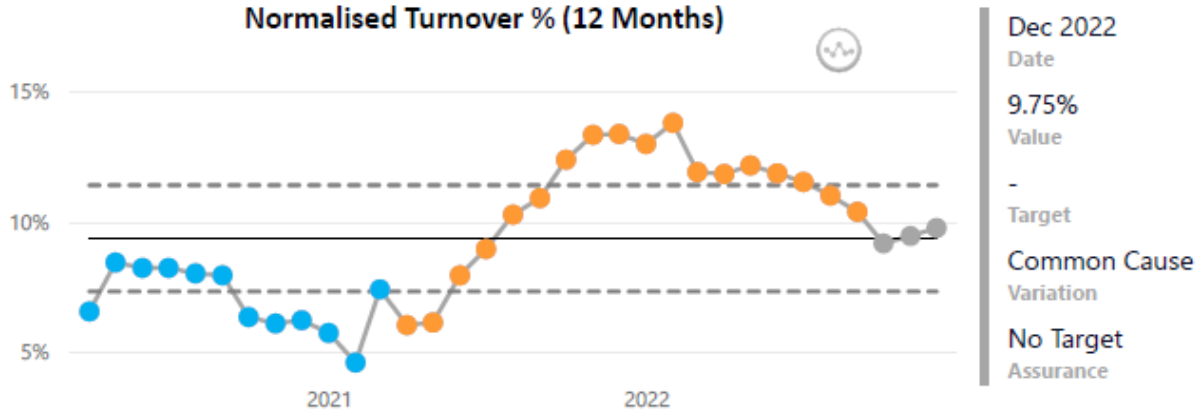
- A " - " has been used to represent that no target is available at the time of reporting

Workforce - Staff in Post









Service comments

Staff in Post, Vacancy and Turnover

- The funded establishment as at the end of December 2022 was 392.84 (WTE) and there were 432 staff in post (365.38 WTE).
- The vacancy rate (actual staff in post compared to the funded establishment) for December 2022 was 6.99% after the Trust saw 6 new staters (5.40 FTE) and * leavers in the month (4.40 FTE).
- 12 Month Turnover for December 2022 was 12.33% and 12 Month Normalised Turnover (voluntary resignations only) was 9.75%

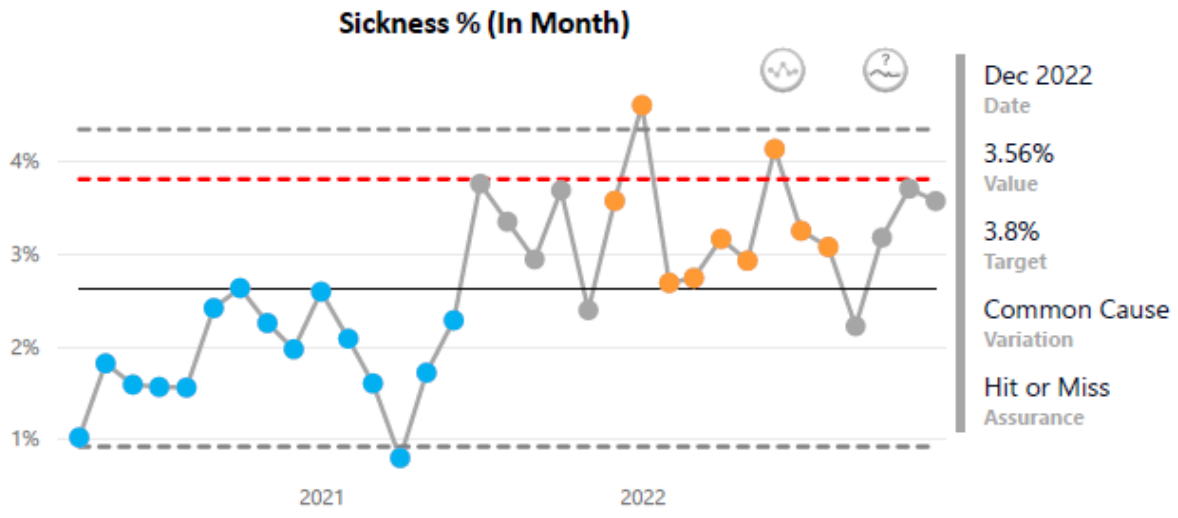
Please note: * represents suppressed data as 5 or less

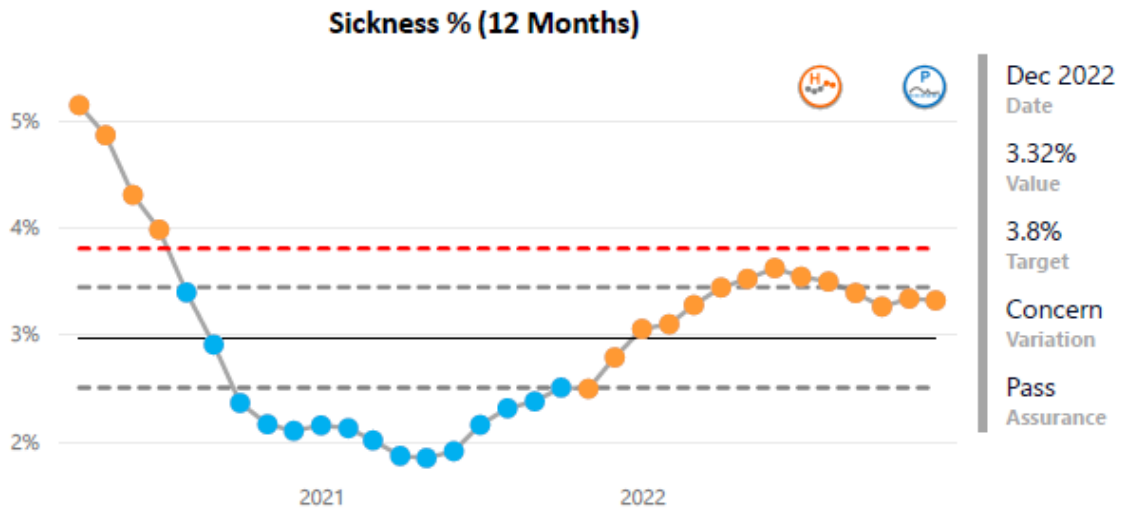
Actions

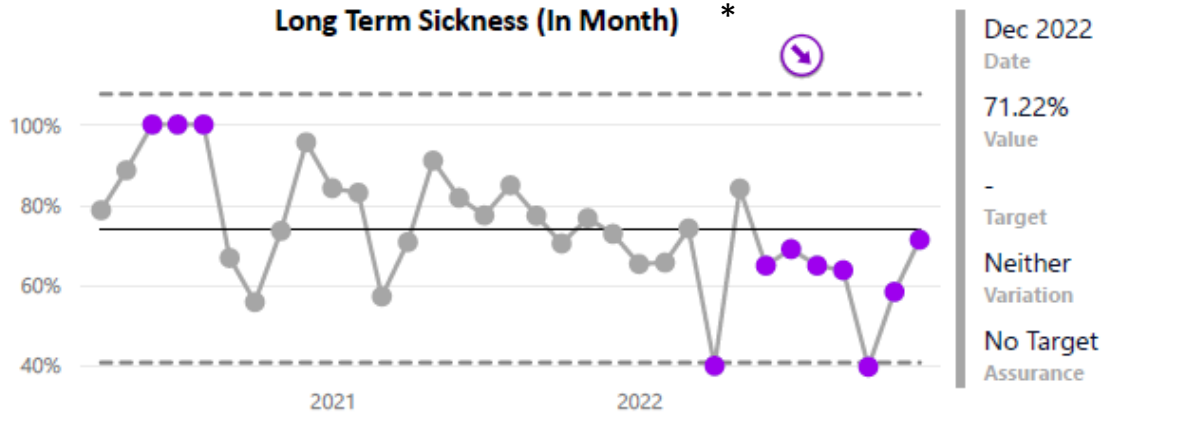
Recruitment Activity in December 2022

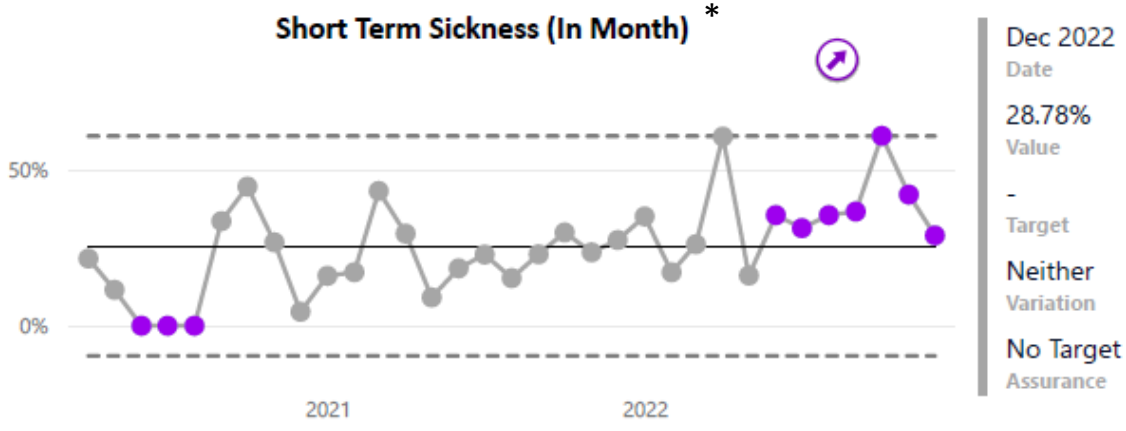
- 16 vacancies were advertised (including re-advertisements)
- 17 conditional job offers were made
- 13 unconditional job offers were issued with start dates over the next few months

Workforce - Absence









* Long Term/Short Term Sickness is a proportion of the Sickness % e.g. 71.22% of the 3.56% 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 (98 episodes – 365 FTE Days Lost)
- Gastrointestinal problems (59 episodes – 231 FTE Days Lost)

Please note: * represents suppressed data as 5 or less

Sickness Absence During December 2022

- 13 staff were on long term sickness, and * staff returned from long term sickness.
- There were 46 episodes of sickness absence (379 FTE Days Lost) with 65% of absences experienced by patient facing staff
- The most common absence reason was cold, cough and flu (16 episodes – 50 FTE Days Lost), which has caused the anticipated increase as seasonal impact of such illness.
- The majority of the lost time was long term absence (71%)

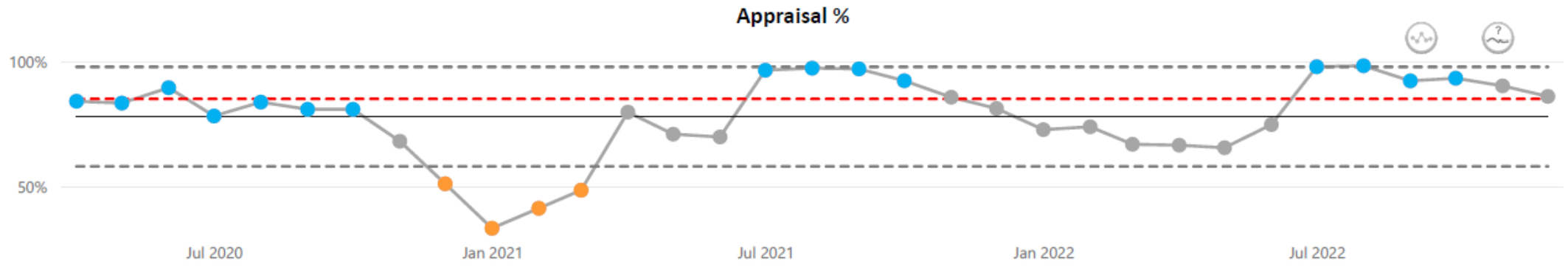
Actions

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

National Vaccination Campaign - As of 31st December 2022:

- 33% of staff have received the Flu Vaccine since 01/09/2022
- 22% of staff have received the COVID-19 Booster since 01/09/2022

Workforce - Training



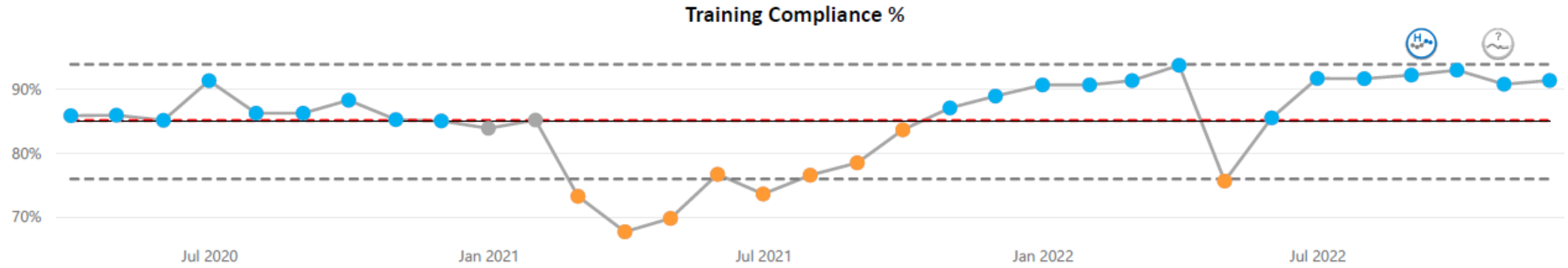
Dec 2022
Date

86.01%
Value

85%
Target

Common Cause
Variation

Hit or Miss
Assurance



Dec 2022
Date

91.24%
Value

85%
Target

Improvement
Variation

Hit or Miss
Assurance

Service comments

Summary

Overall mandatory training compliance for December remained above the 85% target at **91.24%**.

- Compliance for core mandatory modules for all staff was **91.77%**
- Compliance for core role specific mandatory modules was **89.13%**

***compliance figures now include Hand Hygiene Training and Freedom To Speak Up e-Learning which was introduced in August 2022 (please see page 9)**

Leadership, Learning and Development Training

- All developmental training for staff, managers and leaders continue to be advertised on the HR Bookings Calendar with colleagues regularly encouraged to take up this training.

Conflict Resolution and Basic Life Support Training

At the end of December 2022, where appropriate for the role, staff were assigned Conflict Resolution and / or Basic Life Support competencies on ESR, as per the new Mandatory Training Policy and Guidance which was finalised in November 2022.

Recommended Role Specific Training Courses

The People Team continue to signpost and spotlight any recommended training courses on the Learning and Development Intranet Page, and ESR. These course include Moving and Handling Training, Complaints Management and Suicide Awareness Training

Actions

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

The People Team continue to provide escalation reports on training compliance by module and department to managers and directors.

The online Oliver McGowan learning disabilities ESR module has been allocated to all staff for future L&D awareness training and the Trust are awaiting further guidance. Training sessions will be held nationally at ICB level to roll out the face tot face training for level 1 and 2 in Q1 2023/24.

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	**112**	**11**	**29**	**152**	**80.92%**
ARRS PCN	34	2	24	60	60.00%
Continuing Healthcare and Intermediate Care Team	17			17	100.00%
High Oak Practice	3	3	1	7	85.71%
IAPT Team	29	1	3	33	90.91%
Operations Management Team	1			1	100.00%
Primary Care Mental Health Team	6	3	1	10	90.00%
Primary Care Network Business Support	1			1	100.00%
School Nursing Team	21	2		23	100.00%
Directorate of Strategy, People & Partnerships	**10**	**4**	**1**	**15**	**93.33%**
Communications Team	1	1		2	100.00%
People Team	3	2	1	6	83.33%
Strategy and Development Team	2			2	100.00%
Strategy and Transformation Team	4	1		5	100.00%
Executives Directorate	**16**		**3**	**19**	**84.21%**
Chair and Non-Executives Team	9			9	100.00%
Corporate Administration and Business Support Team	2		2	4	50.00%
Executive Management Team	5		1	6	83.33%
Medical Directorate	**28**	**17**	**1**	**46**	**97.83%**
GP Clinical Leads	6	2		8	100.00%
Pharmaceutical Public Health Team	14	14	1	29	96.55%
Prescribing Ordering Direct (POD) Team	8			8	100.00%
Total	**177**	**32**	**34**	**243**	**86.01%**

Appraisals and Developmental Reviews

Appraisal compliance for December 2022 was **86.01%** which is above the Trust target of 85%. The appraisal figure excludes all new staff and internal job movers who are within the first 12 months of their new role with the Trust.

For teams with compliance under the 85% target:

- **PCN Staff** – due to annual leave and staff pressures in December these appraisals have been scheduled for completion in January.
- **Corporate Administration and Business Support** – following a recent review of the Executive Assistants the outstanding appraisals was raised and actions are being undertaken to ensure all appraisals are up to date.
- **Executive Management Team** – the outstanding appraisal has been scheduled for 6 February 2023.
- **People Team** – 1 outstanding appraisal scheduled for January, not completed in December due to absence and annual leave.

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

Training Requirement	Attribute	Total Compliant	Total Expiring Soon	Total Not Compliant	% Total Compliance
Core	Dementia awareness - 3 Years	381	1	27	93.38%
	Equality, Diversity and Human Rights - 3 Years	396	1	12	97.06%
	Fire Safety - 2 Years	398	5	10	97.55%
	* Freedom to Speak Up - All Workers - No Specified Renewal	298		110	73.04%
	* Hand Hygiene - 1 Year	121		38	76.10%
	* Hand Hygiene - 3 Years	194		55	77.91%
	Health, Safety and Welfare - 3 Years	397	2	11	97.30%
	Infection Prevention and Control - Level 1 - 3 Years	234	7	16	93.60%
	Infection Prevention and Control - Level 2 - 1 Year	143	21	15	90.51%
	Information Governance and Data Security - 1 Year	363	62	45	88.97%
	Introduction To Domestic Abuse - DSPP - 3 Years	347		61	85.05%
	Learning Disabilities Awareness - Level 1	383		25	93.87%
	Moving and Handling - Level 1 - 3 Years	395	6	13	96.81%
	Preventing Radicalisation - Basic Prevent Awareness - 3 Years	400	2	8	98.04%
	Safeguarding Adults (Version 2) - Level 1 - 3 Years	399	1	9	97.79%
	Safeguarding Children (Version 3) - Level 1 - 3 Years	393	1	15	96.32%
	Total	**5242**	**109**	**470**	**91.77%**
Role Specific	Deprivation of Liberty Safeguards - 3 Years	219	1	6	97.33%
	* Freedom to Speak Up - Managers - No Specified Renewal	52		37	58.43%
	* Freedom to Speak Up - Senior Managers - No Specified Renewal	8		8	50.00%
	Mental Capacity Act - 3 Years	188		37	83.56%
	Preventing Radicalisation - Prevent Awareness - 3 Years	183	5	7	96.32%
	Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	119	35		100.00%
	Safeguarding Adults (Version 2) - Level 2 - 3 Years	75		5	93.75%
	Safeguarding Adults (Version 2) - Level 3 - 3 Years	176		34	83.81%
	Safeguarding Children (Version 3) - Level 2 - 3 Years	75		5	93.75%
	Safeguarding Children (Version 3) - Level 3 - 3 Years	192	1	18	91.43%
	Total	**1287**	**42**	**157**	**89.13%**
Total		**6529**	**151**	**627**	**91.24%**

** - New Training Module*

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.

Training and Development

Training is meeting the required standard with 91.77% of staff compliant with core mandatory training and 89.133% of staff compliant with role specific training.

Two elements of training are newly introduced; Freedom to Speak Up Training and Hand Hygiene. Whilst these training modules are included in the mandatory training compliance figure overall, which continues to meet the target, it is recognised that there is s an initial lead time whilst colleagues achieve compliance with these aspects of training.

This continues to be managed, along with all aspects of training compliance with reminders being sent to staff, alongside reports to line managers and directors.

Enc 7c

Dudley Integrated Health and Care NHS Trust

Workforce Performance Report

Reporting Period: January 2023

Reported to: March 2023, 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	Jan 2023	5.28%	10.92%	10%	L	?
		Turnover % (12 Months)	Local	Jan 2023	12.04%		13%		?
		Normalised Turnover % (12 Months)	Local	Jan 2023	9.54%	10.58%	-		
		Turnover % (In Month)	Local	Jan 2023	0.27%		1.1%		?
		Normalised Turnover % (In Month)	Local	Jan 2023	0.27%	0.79%	-		
	Development	Appraisal %	Local	Jan 2023	86.18%	86.18%	85%	H	?
		Training Compliance %	Local	Jan 2023	91.39%	91.39%	85%	H	?
	Absence	Sickness % (In Month)	Local	Jan 2023	3.27%	3.25%	3.8%		?
		Sickness % (12 Months)	Local	Jan 2023	3.2%		3.8%	H	P
		Short Term Sickness (In Month)	Local	Jan 2023	44.12%	37.14%	-	↗	
		Long Term Sickness (In Month)	Local	Jan 2023	55.88%	62.86%	-	↘	
		Maternity % (In Month)	Local	Jan 2023	2.03%	1.62%	-		

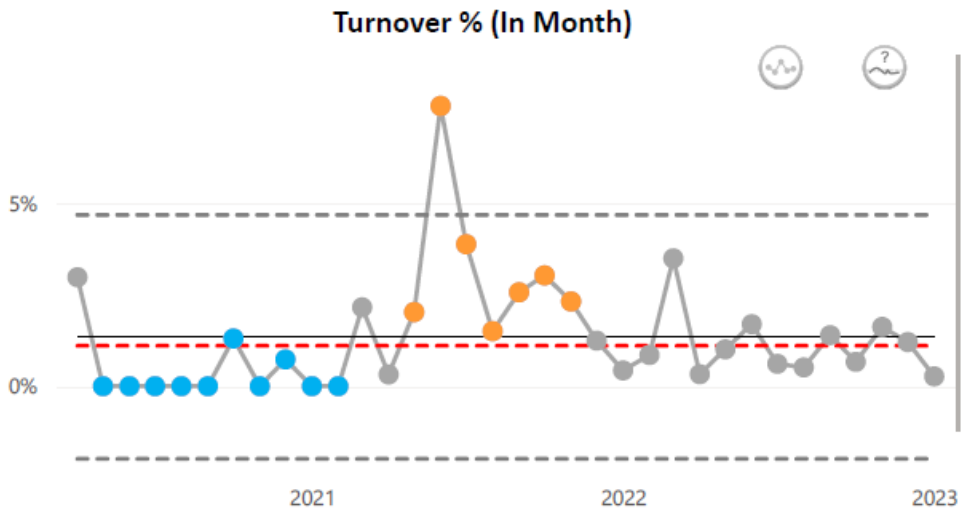
Footnotes

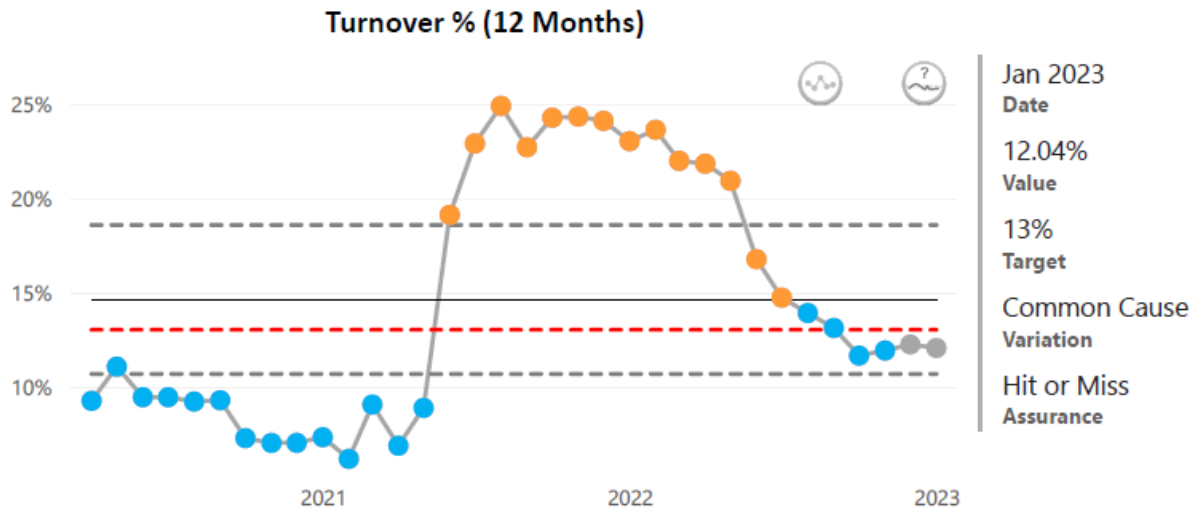
- A " - " has been used to represent that no target is available at the time of reporting

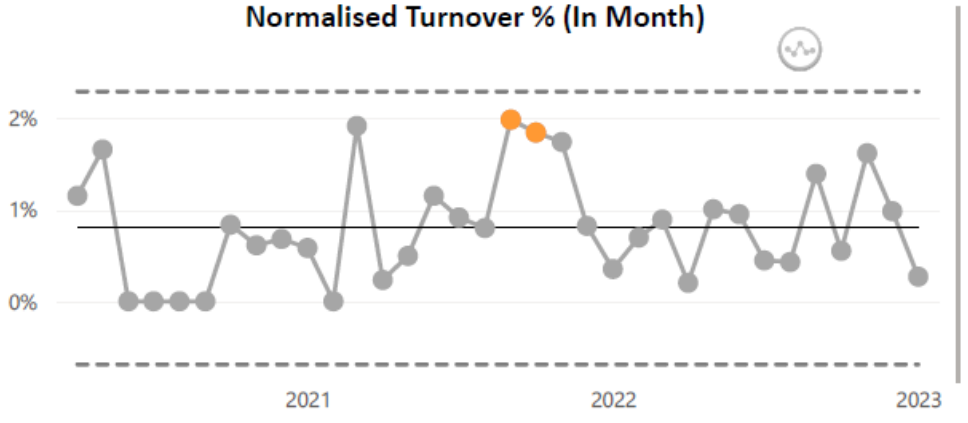
Key

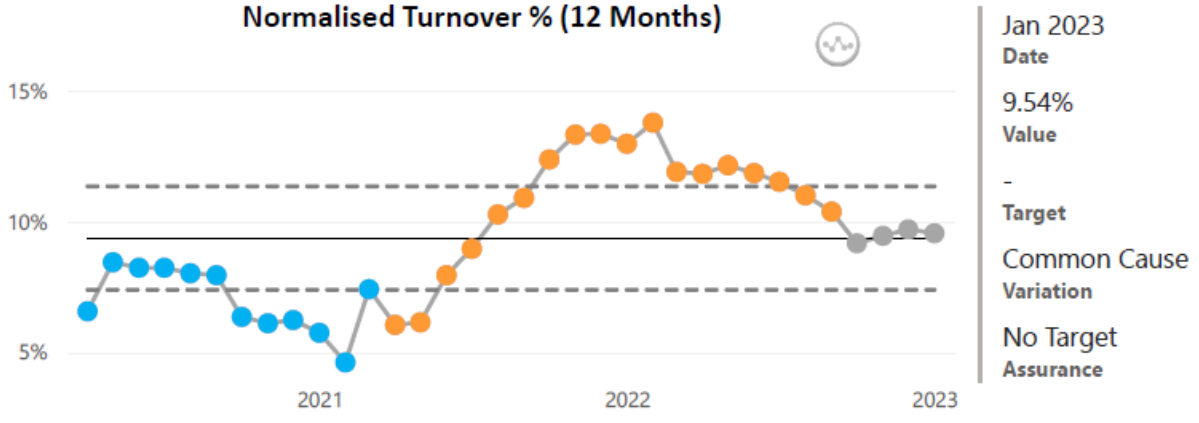
Variation			Assurance		
	H L	H L	?	P	F
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling 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 January 2023 was 396.14 (WTE) and there were 445 staff in post (375.24 WTE).
- The vacancy rate (actual staff in post compared to the funded establishment) for January 2023 was 5.28% after the Trust saw 16 new staters (12.73 FTE) and * leaver in the month (* FTE).
- 12 Month Turnover for January 2023 was 12.04% below the target of 13% and 12 Month Normalised Turnover (voluntary resignations only) was 9.54%

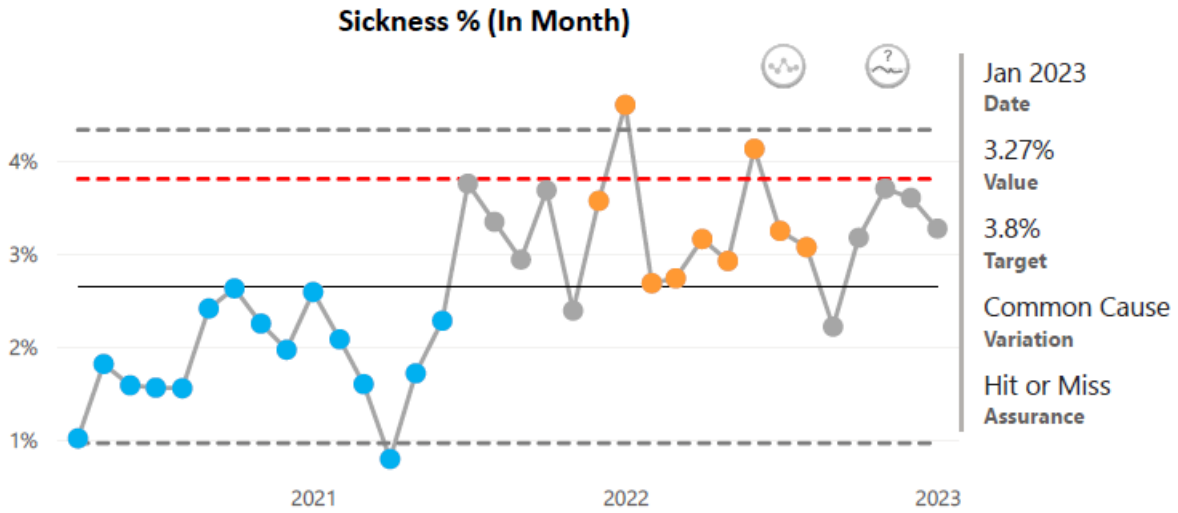
Please note: * represents suppressed data as 5 or less

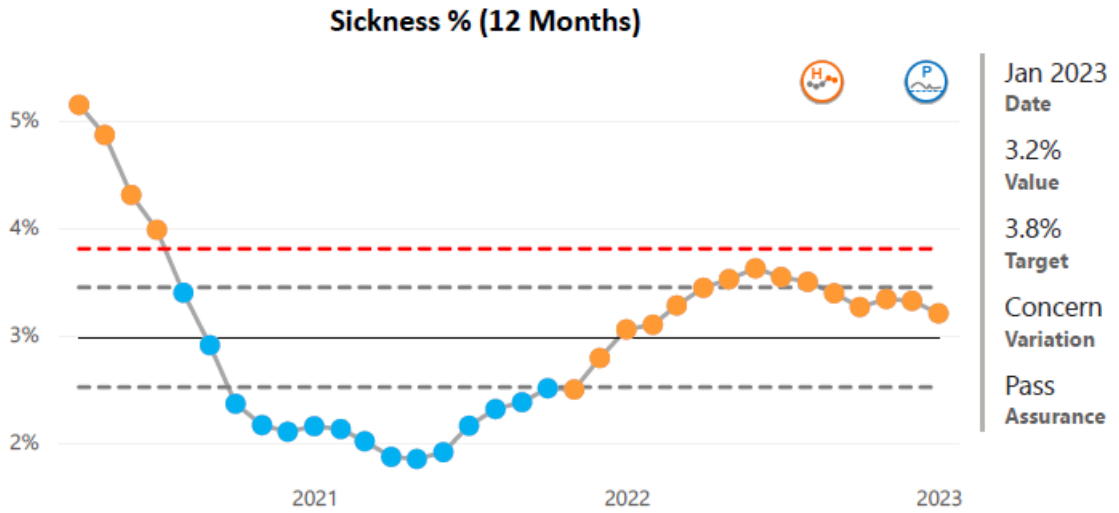
Actions

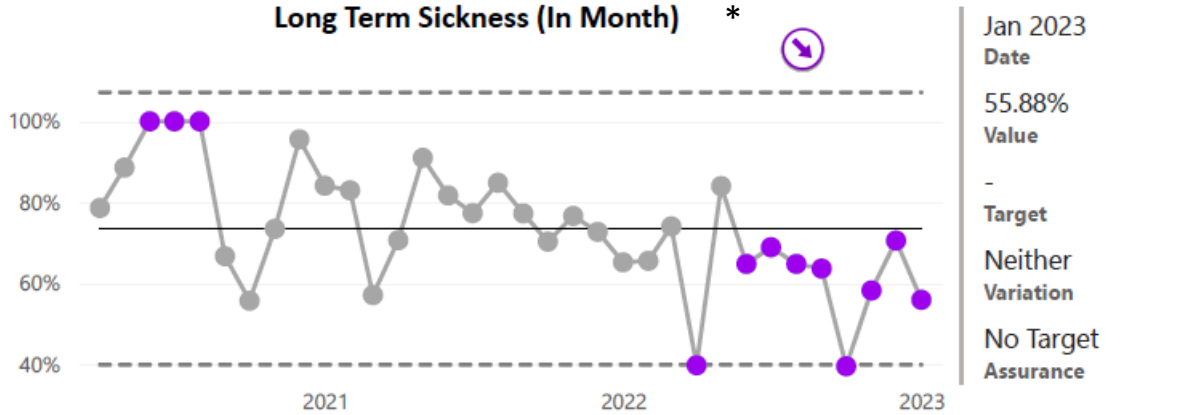
Recruitment Activity in January 2023

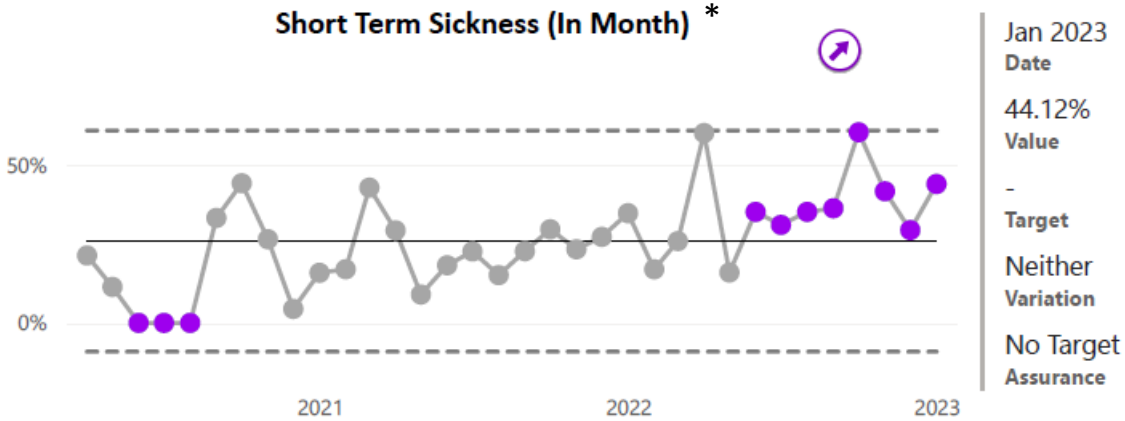
- 8 vacancies were advertised (including re-advertisements)
- 16 conditional job offers were made
- 7 unconditional job offers were issued with start dates over the next few months

Workforce - Absence









* Long Term/Short Term Sickness is a proportion of the Sickness % e.g. 71.22% of the 3.56% 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 (98 episodes – 387 FTE Days Lost)
- Gastrointestinal problems (59 episodes – 247 FTE Days Lost)

Please note: * represents suppressed data as 5 or less

Sickness Absence During December 2022

- 12 staff were on long term sickness, and 6 of those have since returned to work.
- There were 43 episodes of sickness absence (350 FTE Days Lost) with 81% of absences experienced by patient facing staff
- The most common absence reason was cold, cough and flu (11 episodes – 43 FTE Days Lost), which has caused the anticipated increase as seasonal impact of such illness.
- The majority of the lost time was long term absence (56%)

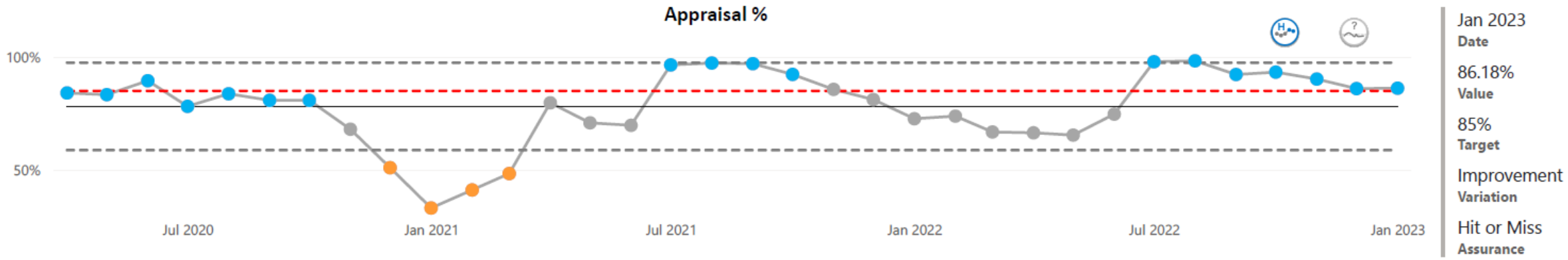
Actions

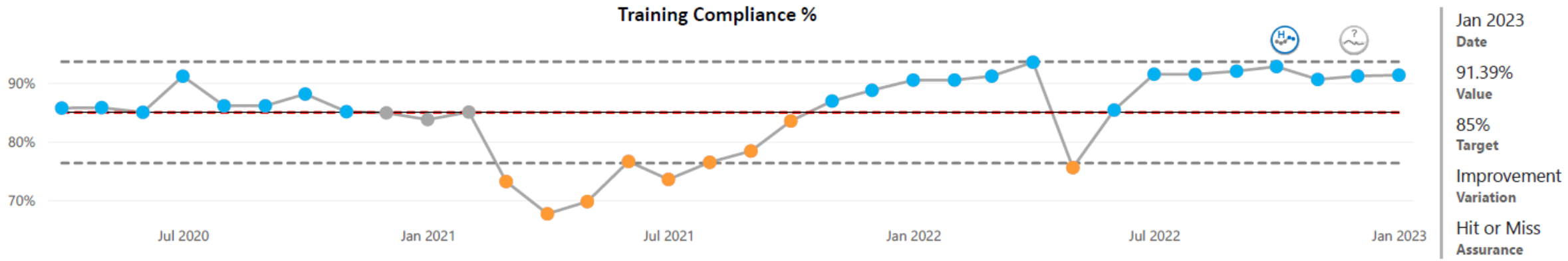
The People Team continue to actively monitor and support managers with long term sickness.

National Vaccination Campaign - As of 31st January 2023:

- 38% of staff have received the Flu Vaccine since 01/09/2022
- 25% of staff have received the COVID-19 Booster since 01/09/2022.

Workforce - Training





Service comments

Summary

Overall mandatory training compliance for December remained above the 85% target at **91.36%**.

- Compliance for core mandatory modules for all staff was **91.75%**
- Compliance for core role specific mandatory modules was **90.16%**

Leadership, Learning and Development Training

- All developmental training for staff, managers and leaders continue to be advertised on the HR Bookings Calendar with colleagues regularly encouraged to take up this training.

Conflict Resolution, Basic Life Support Training

During January 2023, staff were encouraged to complete new training for Conflict Resolution and Basic Life Support training where relevant to their role and compliance will be formally monitored from 1st April 2023. Additional dates for Basic Life Support training have been commissioned to support staff achieve compliance with this.

Recommended Role Specific Training Courses

The People Team continue to signpost and spotlight any recommended training courses on the Learning and Development Intranet Page, and ESR. These course include Moving and Handling Training, Complaints Management and Suicide Awareness Training

Actions

The People Team continue to undertake pre-liminary reports to ensure that competency modules align with the requirements set for each individual, and provide escalation reports on training compliance by module and department to managers and directors.

The online Oliver McGowan learning disabilities ESR module has been allocated to all staff and the Trust are awaiting further guidance regarding completion of the second part of the course. Training sessions will be held nationally at ICB level to roll out the face to face training for level 1 and 2 in Q1 2023/24.

Appraisals by Directorate

Appraisal Rate Compliance by Directorate and Team

Directorate	Total Compliant	Due Soon	Overdue	Eligible Employee	% Compliance
Directorate of Finance, Performance & Contracting	**4**	**1**		**5**	**100.00%**
Contract Management Team	2	1		3	100.00%
Finance Team	2			2	100.00%
Directorate of Nursing, AHPs & Quality	**6**	**1**	**2**	**9**	**77.78%**
Nursing Directorate	4	1		5	100.00%
Quality and Governance Team	2			2	100.00%
Safeguarding Team			2	2	
Directorate of Operations	**136**	**11**	**29**	**176**	**83.52%**
ARRS PCN	47	3	22	72	69.44%
Continuing Healthcare and Intermediate Care Team	19			19	100.00%
High Oak Practice	3	4	1	8	87.50%
IAPT Team	37		5	42	88.10%
Operations Management Team	2			2	100.00%
Primary Care Mental Health Team	7	1	1	9	88.89%
School Nursing Team	21	3		24	100.00%
Directorate of Strategy, People & Partnerships	**10**	**7**		**17**	**100.00%**
Communications Team		2		2	100.00%
People Team	5	2		7	100.00%
Strategy and Development Team	1	1		2	100.00%
Strategy and Transformation Team	4	2		6	100.00%
Executives Directorate	**12**	**4**	**3**	**19**	**84.21%**
Chair and Non-Executives Team	9			9	100.00%
Corporate Administration and Business Support Team	2		2	4	50.00%
Executive Management Team	1	4	1	6	83.33%
Medical Directorate	**24**	**21**	**4**	**49**	**91.84%**
GP Clinical Leads	2	6		8	100.00%
Medical Directorate Management Team		1		1	100.00%
Pharmaceutical Public Health Team	14	14	4	32	87.50%
Prescribing Ordering Direct (POD) Team	8			8	100.00%
Total	**192**	**45**	**38**	**275**	**86.18%**

Appraisals and Developmental Reviews

Appraisal compliance for January 2023 was **86.18%** which is above the Trust target of 85%. The appraisal figure excludes all new staff and internal job movers who are within the first 12 months of their new role with the Trust.

For teams with compliance under the 85% target:

- **PCN Staff** – due to annual leave and staff pressures in December these appraisals have been scheduled for completion throughout Q4 22/23. This has improved by 9% over the last month.
- **Safeguarding** – due to sickness absence and staff pressures, these appraisals have been scheduled for completion throughout Q4 22/23.
- **IAPT** – due to staff pressures, the outstanding appraisals have been scheduled for completion during the remainder of Q4 22/23
- **Corporate Administration and Business Support** – following a recent review of the Executive Assistants the outstanding appraisals was raised and relevant actions will be taken.
- **Executive Management Team** – this appraisal was scheduled for completion, but re-scheduled due to organisational commitments
- **Pharmaceutical Public Health Team** – due to annual leave, the outstanding appraisals have been scheduled for completion during the remainder of Q4 23/24

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

Training Requirement	Total Compliant	Total Expiring Soon	Total Not Compliant	% Total Compliance
Core	**5435**	**95**	**489**	**91.75%**
Dementia awareness - 3 Years	395		29	93.16%
Equality, Diversity and Human Rights - 3 Years	410	3	14	96.70%
Fire Safety - 2 Years	409	8	15	96.46%
* Freedom to Speak Up - All Workers - No Specified Renewal	327		97	77.12%
* Hand Hygiene - 1 Year	127	4	41	75.60%
* Hand Hygiene - 3 Years	196		60	76.56%
Health, Safety and Welfare - 3 Years	413	4	11	97.41%
Infection Prevention and Control - Level 1 - 3 Years	245	7	13	94.96%
Infection Prevention and Control - Level 2 - 1 Year	144	10	22	86.75%
Information Governance and Data Security - 1 Year	376	45	48	88.68%
Introduction To Domestic Abuse - DSPP - 3 Years	359		65	84.67%
Learning Disabilities Awareness - Level 1	395		29	93.16%
Moving and Handling - Level 1 - 3 Years	409	9	15	96.46%
Preventing Radicalisation - Basic Prevent Awareness - 3 Years	412	2		100.00%
Safeguarding Adults (Version 2) - Level 1 - 3 Years	412	2	12	97.17%
Safeguarding Children (Version 3) - Level 1 - 3 Years	406	1	18	95.75%
Role Specific	**1511**	**63**	**165**	**90.16%**
Deprivation of Liberty Safeguards - 3 Years	227	1	10	95.78%
* Freedom to Speak Up - Managers - No Specified Renewal	55		32	63.22%
* Freedom to Speak Up - Senior Managers - No Specified Renewal	8		8	50.00%
Mental Capacity Act - 3 Years	201		36	84.81%
NHS Conflict Resolution (England) - 3 Years	179	4		100.00%
Preventing Radicalisation - Prevent Awareness - 3 Years	185			100.00%
Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	121	56		100.00%
Safeguarding Adults (Version 2) - Level 2 - 3 Years	79		6	92.94%
Safeguarding Adults (Version 2) - Level 3 - 3 Years	182		40	81.98%
Safeguarding Children (Version 3) - Level 2 - 3 Years	79		6	92.94%
Safeguarding Children (Version 3) - Level 3 - 3 Years	195	2	27	87.84%
Total	**6946**	**158**	**654**	**91.39%**

** - New Training Module*

The non-compliant and due soon compliance notifications continue to be circulated with teams to improve compliance and mandatory training continues to be discussed at monthly managers meeting to reinforce the need for compliance.

Dudley Integrated Health and Care NHS Trust

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: People Committee

Date of meeting: 28th February 2023 (via Microsoft Teams)

Presented By: Martin Evans, Non-Executive Director

Significant risks/issues for escalation	Nil The Corporate Risk register was reviewed in detail.
Key issues/matters discussed at the Committee	• The committee was quorate. • The Corporate risks pertaining to the People Committee were reviewed, no changes were proposed however the committee asked for the risk score for C-064 "Risk of substantive workforce shortages in medical staff…' to be reviewed at the next meeting in light of the recent successful recruitment of 3 newly qualified GPs. • The committee were provided with a further update on Industrial action and were again assured by the work that the organisation is carrying out to consider any impact from strike action including any action outside of the Trust such as teachers strikes. • The committee were updated on the HR & OD Anti-Racist Leadership Programme that West Midlands Healthcare People Management Association (HPMA) has launched which is targeted towards senior HR/OD professionals with the aim of increasing their competence and confidence in tackling racism. The committee expressed their desire for the most appropriate DIHC member of staff to be supported to enrol on the programme. • The committee reviewed the quarterly policies update and were assured of the robust process that is now in place to ensure that all HR policies are current, and reviews are conducted in a timely manner. • The committee received an update and provided feedback on the current review and refresh of the People Strategy and the Communications and Engagement strategy which will be presented to the committee again, alongside a refreshed OD strategy anticipated to be at the June meeting. • The workforce performance report was reviewed and the committee acknowledged the extremely positive data throughout the report. The committee were pleased to see an improvement of 9% in current staff appraisals within the PCN staff, this being an area that the committee had requested some concentrated focus on at the last meeting. • Assurance was provided to the committee via the chair of the EDI committee on the work being overseen by that committee. A key part of this work is overseeing the development of the delivery plans for the 4 priority areas detailed within the recently approved EDI strategy. The

	committee were assured that, even though quite new, this work and the recently formed sub groups are progressing well. • The committee had a preview of the results of the National Staff Survey which is embargoed until 9th March. The committee discussed the need for a clear communication plan to be developed for the release date and requested that this be picked up and overseen by the Executive team. The committee acknowledged the importance of the work that is taking place within the People team to analyse and understand the data and identify the key areas of focus needed by the organisation. • The Freedom to Speak Up quarterly report was presented and reviewed by the committee. The increase in the number of cases brought to the Freedom to Speak Up Guardian were noted and the themes discussed. The committee were assured by the reason for a significant number of the reports which related to the ICB decision in November regarding DIHC. They were also assured by the subsequent ownership of responses by the Director of Strategy, People and Partnerships. The committee acknowledged the increased commitment and work requirements of the FTSU Guardian and were assured that their time is being managed to ensure that they have the capacity and time to perform this crucial role.
Recommendations made by the Committee	• Nil
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• Risk score for C-064 “Risk of substantive workforce shortages in medical staff…’ to be reviewed at the next meeting in light of the recent successful recruitment of 3 newly qualified GPs.
Items/Issues for referral to other Committees	• Nil

Dudley Integrated Health and Care NHS Trust

PUBLIC BOARD

REPORT TITLE:	Finance Reports for the period April to January 2023 (Month 10) and April to December (Month 9)
DATE OF MEETING:	7th March 2023
PURPOSE OF REPORT:	The report details the financial performance for the Month 10 and Month 9 reporting periods
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 £22k surplus for the period April 2022 to January 2023 and a financial breakeven position for the financial year.
	• The system is continuing to report a break-even position to plan in 2022/23.
	• Discussions are ongoing with the ICB in relation to 769k income mismatch for PbP's (£600k) and LIS Schemes (£169k), however initial discussions have identified opportunities to close the gap by approximately £320k.
	• The report includes the Month 9 financial performance of the budgets managed by DIHC on behalf of the ICB. For the period July to December 2022, the forecast year end is showing an overspend of £3m which represents a significant adverse movement from previous forecasts. The main driver of the forecast overspend relates to Prescribing, Intermediate Care and Neurorehabilitation costs.
	  ▪ The DIHC Pharmacy team are supporting practices through an integrated work plan (Quality, and Prescribing Efficiency Interventions). The opportunities identified include Formulary adherence, better value medicines and treatment optimisation.
	  ▪ The Trust is currently working with the Local Authority to implement a reablement service which aims to reduce the level of spot purchasing costs.
	• The Black Country ICS is reporting a forecast breakeven position as at month 9. This includes the ICB which despite the overspends reported above is also forecasting a breakeven position.
	• There are divisional financial performance exception items in respect of Mental Health &LD services, where vacancies result in a forecast underspend of £400k.
	• The Trust has met the requirement to deliver the Better Payment Practice Code in both month 9 and 10.
	• The cash balance is £2.2m at month 10 with a forecast year end cash balance of £1.7m.

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 The Trust will continue to work with the ICB to resolve the income mismatches.
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

Finance Report

Reporting period: April – December 2022 (Month 9)

Reported to: January 2023 Finance, Performance and Digital Committee

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

Contents

- Finance Dashboard — Page 3
- Income and Expenditure Reporting — Page 4-6
- Capital Summary — Page 7
- Balance Sheet Reporting — Pages 8 - 9
- Better Payment Practice — Page 10

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 December 2022.

Indicator	Definition	Scoring criteria				Actual	Score
NHS Oversight Framework		**1**	**2**	**3**	**4**		
Capital Service Cover Rating	Degree to which the provider's generated income covers its financial obligations	>2.5x	1.75-2.5x	1.25-1.75x	<1.25x	0.1	4
Liquidity Rating	Days of operating costs held in cash or cash equivalent forms, including wholly committed lines of credit available for drawdown	>0	(7)-0	(14)-(7)	<(14)	33 Days	1
I&E Margin Rating	I&E surplus or deficit/total revenue	>1%	1-0%	0-(1)%	<(1)%	1.06%	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)%	1.54%	1
Overall Score						2	

Exception Report – Capital Service Cover

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

As previously reported, the reason for this rating is that the £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 33 days in December 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 £2k as at month 9, 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.

The Month 9 DIHC position includes the £300k improvement, as described last month, that is required to ensure the overall system achieves break even. The improvement relates to release of balance sheet flexibility and a reduction in the annual leave accrual. The ICB will reduce the Trusts income by the same amount and therefore the final position remains at breakeven.

There remains a £769k risk regarding an income mismatch with the ICB relating to PbP and LIS payments expected by DIHC. The Trust has a clear audit trail in relation to its expectations regarding this income both in the NHS standard contract and in separate communications with the ICB. The Finance team will aim to resolve this issue as part of the month 9 agreement of balances exercise due to be completed by the end of January.

Divisional Position

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

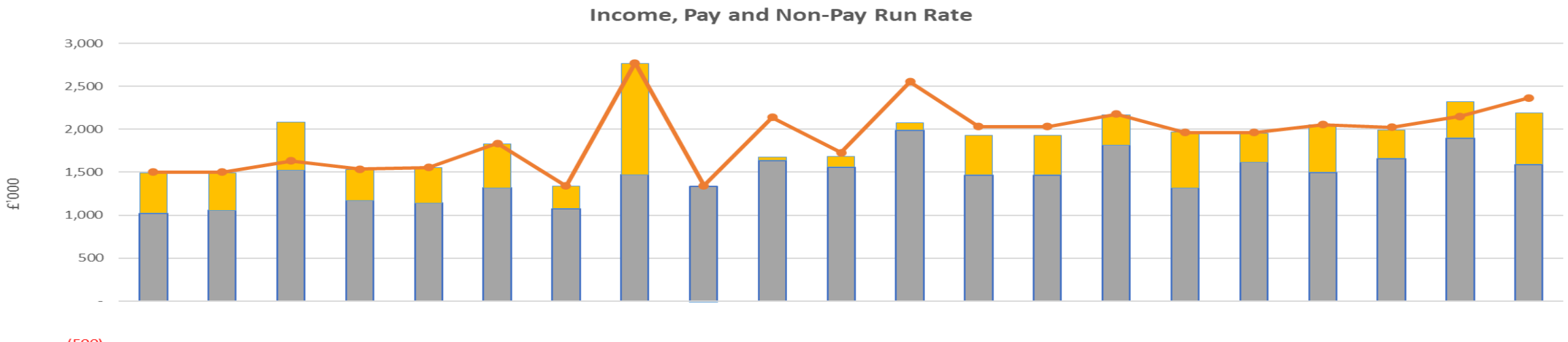
Exceptions are reported where a forecast variance to the net plan exceeds £250k or 25% of the annual plan value, resulting in exceptions in respect of:

- **Mental Health and LD Services – Forecast Underspend £296k (7.8%)**
  Mental Health services continue to see underspends due to a high level of vacancies within the team, with 9.8 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 and has employed recently qualified IAPT Trainees on a substantive basis, however recruitment continues to prove difficult and the forecast assumes that vacancies and agency use will continue to the year end.

	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	(12,310)	(12,085)	(225)	(16,414)	(16,245)	(169)
MAIN CONTRACT INCOME Total	**0**	**0**	**0**	**(12,310)**	**(12,085)**	**(225)**	**(16,414)**	**(16,245)**	**(169)**
CHILDREN & YOUNG PEOPLE									
INCOME	0	0	0	-	(33)	33	-	(40)	40
EXPENDITURE	29.06	27.48	1.58	980	865	114	1,307	1,256	50
CHILDREN & YOUNG PEOPLE Total	**29.06**	**27.48**	**1.58**	**980**	**833**	**147**	**1,307**	**1,216**	**90**
MENTAL HEALTH & LEARNING DISABILITY									
INCOME	0	0	0	(86)	(253)	167	(115)	(338)	223
EXPENDITURE	83.83	74.03	9.8	2,919	2,789	130	3,892	3,819	73
MENTAL HEALTH & LEARNING DISABILITY Total	**83.83**	**74.03**	**9.8**	**2,833**	**2,536**	**297**	**3,778**	**3,482**	**296**
PCN SERVICES									
INCOME	0	0	0	(4,149)	(4,311)	162	(5,532)	(6,235)	703
EXPENDITURE	88.76	98.59	-9.83	2,959	3,429	(470)	3,946	4,831	(886)
PCN SERVICES Total	**88.76**	**98.59**	**-9.83**	**(1,190)**	**(882)**	**(308)**	**(1,586)**	**(1,404)**	**(183)**
PHARMACEUTICAL & PUBLIC HEALTH									
INCOME	0	0	0	(28)	8	(36)	(38)	(38)	-
EXPENDITURE	51.3	46.96	4.34	2,077	2,006	71	2,769	2,664	105
PHARMACEUTICAL & PUBLIC HEALTH Total	**51.3**	**46.96**	**4.34**	**2,048**	**2,014**	**35**	**2,731**	**2,627**	**105**
PHYSICAL HEALTH									
INCOME	0	0	0	-	(167)	167	-	(198)	198
EXPENDITURE	22.61	25.53	-2.92	1,181	1,417	(236)	1,574	1,883	(309)
PHYSICAL HEALTH Total	**22.61**	**25.53**	**-2.92**	**1,181**	**1,250**	**(70)**	**1,574**	**1,686**	**(112)**
PRIMARY CARE									
INCOME	0	0	0	(678)	(1,426)	747	(912)	(1,919)	1,007
EXPENDITURE	14.61	11.42	3.19	645	1,363	(718)	867	1,815	(948)
PRIMARY CARE Total	**14.61**	**11.42**	**3.19**	**(34)**	**(63)**	**29**	**(45)**	**(104)**	**59**
CORPORATE SERVICES									
INCOME	0	0	0	(243)	(496)	253	(259)	(634)	375
EXPENDITURE	83.72	71.95	11.77	6,735	6,695	40	8,915	9,182	(266)
CORPORATE SERVICES Total	**83.72**	**71.95**	**11.77**	**6,492**	**6,200**	**292**	**8,656**	**8,547**	**109**
Grand Total	**373.89**	**355.96**	**17.93**	**0**	**(197)**	**197**	**-**	**(195)**	**195**
Adjustments as per NHSEI Reported Position					195	(195)		195	(195)
Adjusted Financial Position Reported to NHSEI	**0**	**0**	**0**	**0**	**(2)**	**2**	**-**	**(0)**	**(0)**

Income and Expenditure Run Rate



	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
Non-Pay	469	433	556	359	409	512	259	1,291	(13)	38	122	85	463	463	354	648	337	550	329	425	602
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	1,499	1,660	1,898	1,591
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	2,177	1,963	1,962	2,052	2,022	2,151	2,366

The chart above provides detail of the Trust's income and expenditure run rate for the 21/22 financial year and nine 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 £2,084k 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, the pay costs are expected to increase over the remainder of the year as vacancies are filled. There are currently a number of vacancies within operational and corporate teams, driving a high level of agency usage. Plans are in place to reduce agency expenditure over the remaining months of the year. Further detail is included in the separate efficiency report.
- **Non-pay costs** of £463k 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.

Managed Service Reporting

Service Area	Part Year Budget July 22 - Mar 23 £000's	Year to Date Budget Jul - Nov £000's	Year to Date Actual Jul - Nov £000's	Year to date Variance £000's	Total Forecast Spend	Forecast Variance	Previous Month Forecast Spend	Movement in Forecast
Community Services	2,934	1,704	1,811	(106)	2,995	(61)	2,996	1
Hospices	633	340	358	(18)	561	72	646	85
Intermediate Care	5,839	3,306	3,240	65	6,523	(684)	6,463	(59)
Long Term Conditions	789	436	429	7	795	(6)	825	30
Palliative Care	517	288	287	0	517	0	534	17
Childrens Services	5,611	3,130	3,388	(258)	5,986	(375)	5,938	(48)
Sub Total - Community Services	**16,324**	**9,205**	**9,513**	**(309)**	**17,377**	**(1,053)**	**17,403**	**26**
CHC Fully Funded	11,373	4,857	4,570	288	11,298	75	11,298	0
CHC Personal Health Budget	1,511	664	537	127	1,428	83	1,428	0
CHC Fully Funded (Fast Track)	2,040	1,157	608	549	1,457	583	1,457	0
CHC Team	2	1	0	1	0	2	0	0
CHC Adult Joint Funded	255	173	140	33	335	(79)	335	0
Childrens CHC	405	166	180	(14)	396	9	396	0
Childrens CHC - PHB	179	63	4	60	119	59	119	0
CHC Funded Nursing Care	3,341	1,510	1,384	126	3,298	43	3,298	0
Sub Total - CHC	**19,106**	**8,592**	**7,422**	**1,170**	**18,331**	**775**	**18,331**	**0**
Oxygen	509	283	285	(2)	512	(3)	512	0
Central Drugs	1,491	829	826	2	1,480	11	1,470	(10)
Prescribing	43,214	24,008	24,789	(781)	44,514	(1,300)	43,149	(1,365)
Sub Total - Prescribing	**45,214**	**25,119**	**25,900**	**(781)**	**46,506**	**(1,292)**	**45,131**	**(1,375)**
Grand Total	**80,644**	**42,916**	**42,835**	**81**	**82,213**	**(1,569)**	**80,865**	**(1,349)**

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 was included in the final accounts of Black Country Clinical Commissioning Group.

The table shows a surplus of £81k for the period July to November 2022 and a deficit of (£1,569k) to the year end. This is an adverse forecast movement of (£1,349k) from the previous month which driven by a worse forecast within prescribing of (£1,365k).

The previous months prescribing budgets reported a favourable forecast variance of £83k. At month 8 this has deteriorated to an adverse forecast variance of (£1,300k). This is driven by the Month 8 YTD value which is showing a (£781k) over spend compared to a (£17k) overspend the previous month. The finance team will work with the ICB. The DIHC Pharmacy team are supporting practices through an integrated work plan (Quality, and Prescribing Efficiency Interventions). The opportunities identified include Formulary adherence, better value medicines and treatment optimisation.

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

The forecast overspend on Intermediate Care has improved by £59k but is till showing a YTD underspend of £65k compared to a forecast over spend of (£684k). 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 aims to 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 final quarter of the year relating to the Electronic Patient Record (EPR) project.

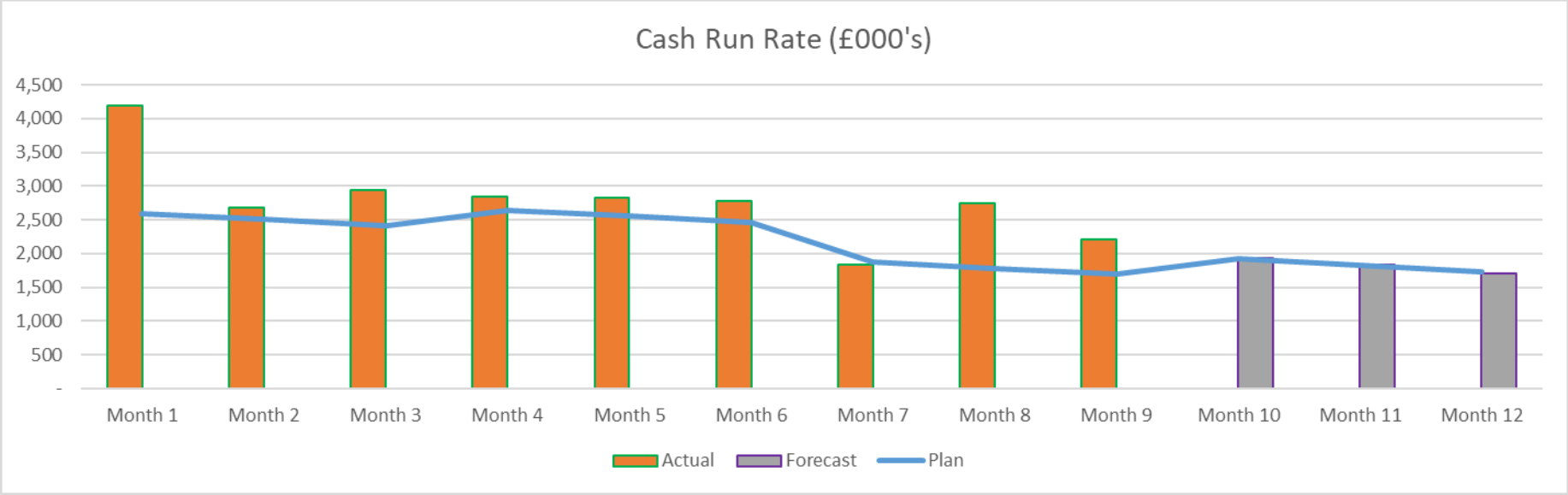
Scheme	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Plan £000's	Forecast Actual £000's	Forecast Variance £000's
Network Infrstructure Refresh	-	-	-	50	50	-
Mobile technology	-	-	-	40	40	-
EPR Levelling Up	-	-	-	143	143	-
Total	**-**	**-**	**-**	**233**	**233**	**-**

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	Actual Nov-22 Closing	Actual Dec-22 Closing	Month on Month Movement
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Non-current assets										
Intangible assets	-	-	-	-	-	-	-	-	-	-
Property, plant and equipment	503	688	677	633	687	686	680	673	672	(1)
Other investments / financial assets	14	14	14	14	14	14	14	14	14	-
	517	**702**	**691**	**647**	**701**	**700**	**694**	**687**	**686**	**(1)**
Current assets										
Inventories	-	-	-	-	-	-	-	-	-	-
NHS receivables	1,056	18	785	918	716	1,220	1,070	1,181	1,603	422
Non-NHS receivables	460	2,691	1,840	1,941	2,305	1,543	2,441	801	1,253	452
Other current assets	-	-	-	-	-	-	-	-	-	-
Cash and cash equivalents	4,186	2,677	2,934	2,850	2,824	2,785	1,832	2,748	2,209	(539)
	5,702	**5,386**	**5,559**	**5,709**	**5,845**	**5,548**	**5,343**	**4,730**	**5,065**	**335**
Current liabilities										
Capital trade payables	(47)	-	-	(7)	(7)	(7)	(7)	(7)	(7)	-
Revenue trade payables	(3,335)	(3,343)	(3,843)	(4,019)	(3,803)	(3,184)	(3,565)	(2,987)	(3,164)	(177)
Borrowings	(1,133)	(1,147)	(1,147)	(1,147)	(1,147)	(1,147)	(580)	(580)	(580)	-
Deferred income	(180)	(82)	(82)	-	(82)	(294)	(294)	(294)	(451)	(157)
Other financial liabilities	-	(328)	-	(6)	(330)	(439)	(385)	(366)	(370)	(4)
Provisions	(53)	(53)	(53)	(53)	(53)	(53)	(53)	(53)	(53)	-
	(4,748)	**(4,953)**	**(5,125)**	**(5,232)**	**(5,422)**	**(5,124)**	**(4,884)**	**(4,287)**	**(4,625)**	**(338)**
Net Current Assets	**954**	**433**	**434**	**477**	**423**	**424**	**459**	**443**	**440**	**(3)**
Non-current liabilities										
Capital payables	-	-	-	-	-	-	-	-	-	-
Revenue payables	-	-	-	-	-	-	-	-	-	-
Borrowings	(567)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	-
Deferred Income	-	-	-	-	-	-	-	-	-	-
Other financial liabilities	-	-	-	-	-	-	-	-	-	-
Provisions	(41)	(41)	(41)	(41)	(41)	(41)	(41)	(41)	(41)	-
	(608)	**(55)**	**(55)**	**(55)**	**(55)**	**(55)**	**(55)**	**(55)**	**(55)**	**-**
Total Net Assets Employed	**863**	**1,080**	**1,070**	**1,069**	**1,069**	**1,069**	**1,098**	**1,075**	**1,071**	**(4)**
Financed by										
Public dividend capital	2,568	2,568	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)	(1,493)	(1,497)	(4)
Total Taxpayers' Equity	**863**	**1,080**	**1,070**	**1,069**	**1,069**	**1,069**	**1,098**	**1,075**	**1,071**	**(4)**

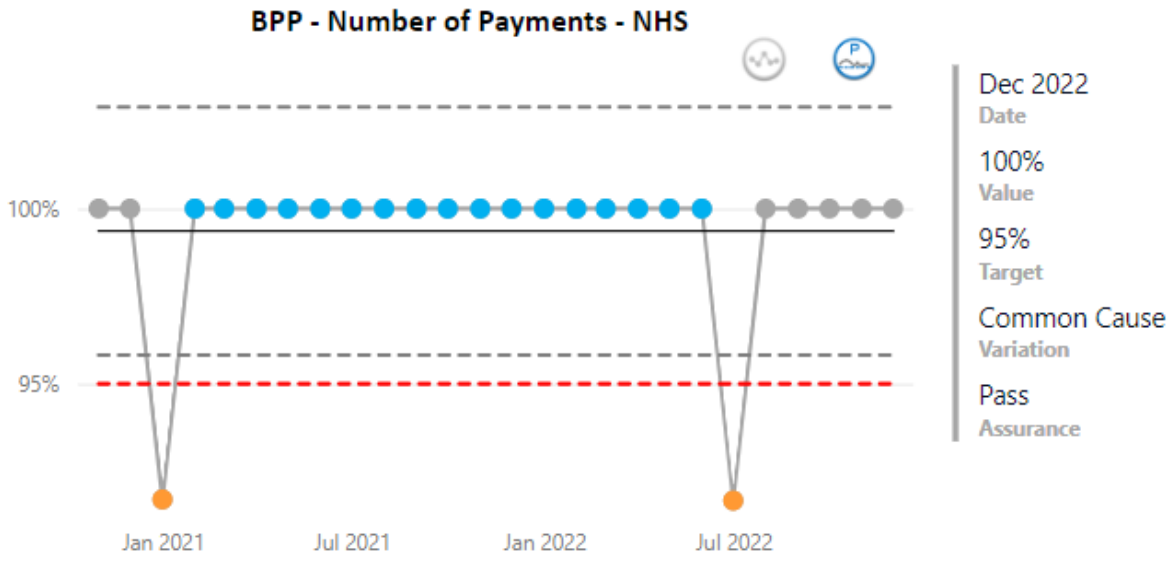
- The overall net assets position has increased since the pre-audit 2021/22 closing position, as follows:
  - £11k relating to an adjustment made for the post audit 2021/22 closing position
  - £197k YTD surplus, which relates to the recognition of notional income to fund a right of use asset, capitalised under IFRS16. This is adjusted out in the adjusted financial performance of the Trust.
  - £2k YTD reported surplus
- The cash position continues to be healthy at £2.2m. 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;
  - £2.4m invoiced income, invoiced to PCNs, ICB and LA
  - £0.4m prepayments and accrued income, which mainly relate to LA, ICB and CSU
- Significant trade payables are being recorded in relation to;
  - £0.4m invoiced payables without a purchase order
  - £0.4m goods received not yet invoiced
  - £1.9m accrued expenditure
  - £0.5m other, including payroll related balances

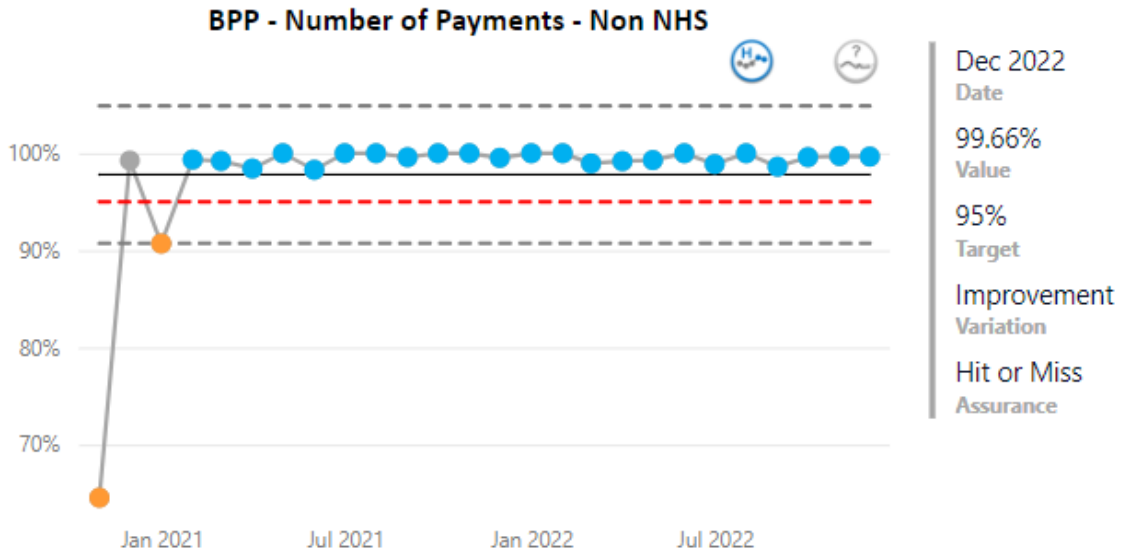
Cashflow

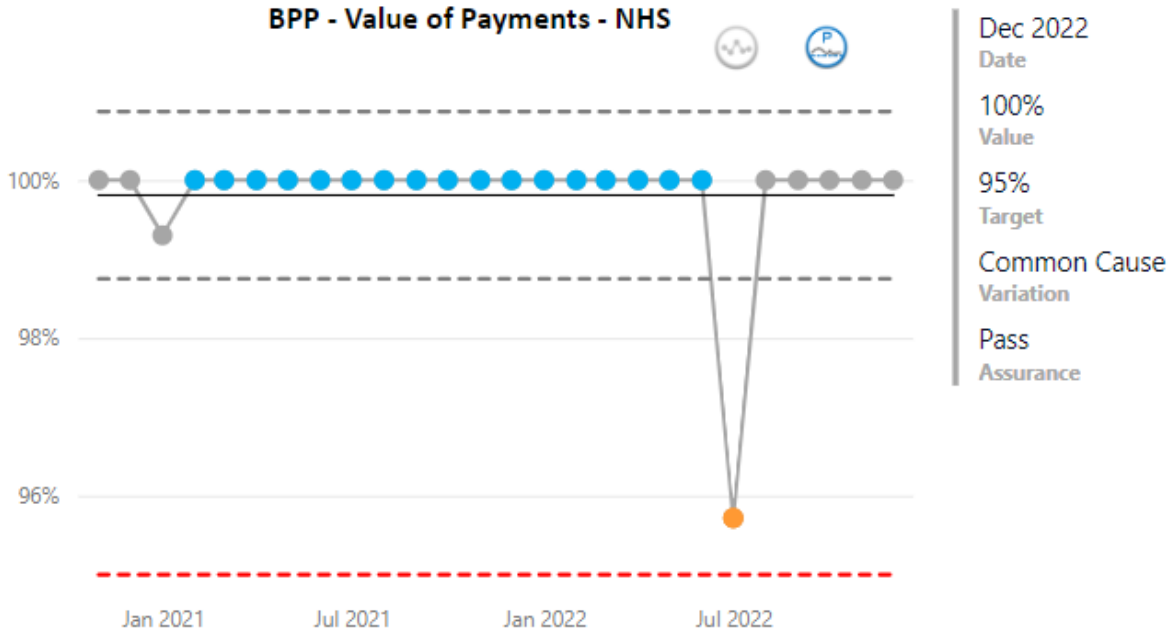


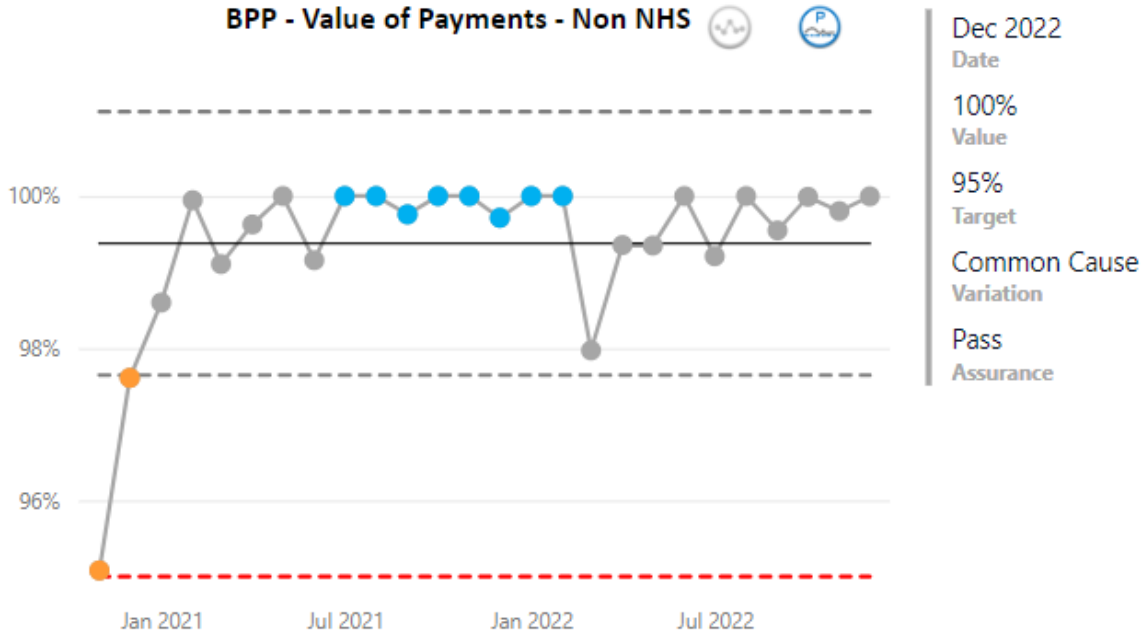
- The overall cash position of £2.2m is tracking slightly better than plan and is expected to track in line with plan for the year.
- The forecast cash position provides the Trust with sufficient headroom to manage working capital requirements.
- Cash scenario modelling is currently being undertaken in order to provide a range of forecasts.

Finance - Better Payment Practice









NHS
Dudley Integrated Health and Care

Finance Report

Reporting period: April 2022 – January 2023 (Month 10)

Reported to: February 2023 Finance, Performance and Digital Committee

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

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- Income and Expenditure Reporting — Page 4-6
- Capital Summary — Page 7
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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 January 2023.

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)	32 Days	1
I&E Margin Rating	I&E surplus or deficit/total revenue	>1%	1-0%	0-(1)%	<(1)%	1.04%	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)%	11.73%	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 0.2x 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 32 days in January 2023. 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 £22k as at month 10, 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.

There remains a £769k risk regarding an income mismatch with the ICB relating to PbP and LIS payments expected by DIHC. The Trust has a clear audit trail in relation to its expectations regarding this income both in the NHS standard contract and in separate communications with the ICB. Discussions have been held with the ICB which have identified potential opportunities to close the gap by approximately £320k. This leaves a balance of £449k which is still to be resolved.

Divisional Position

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

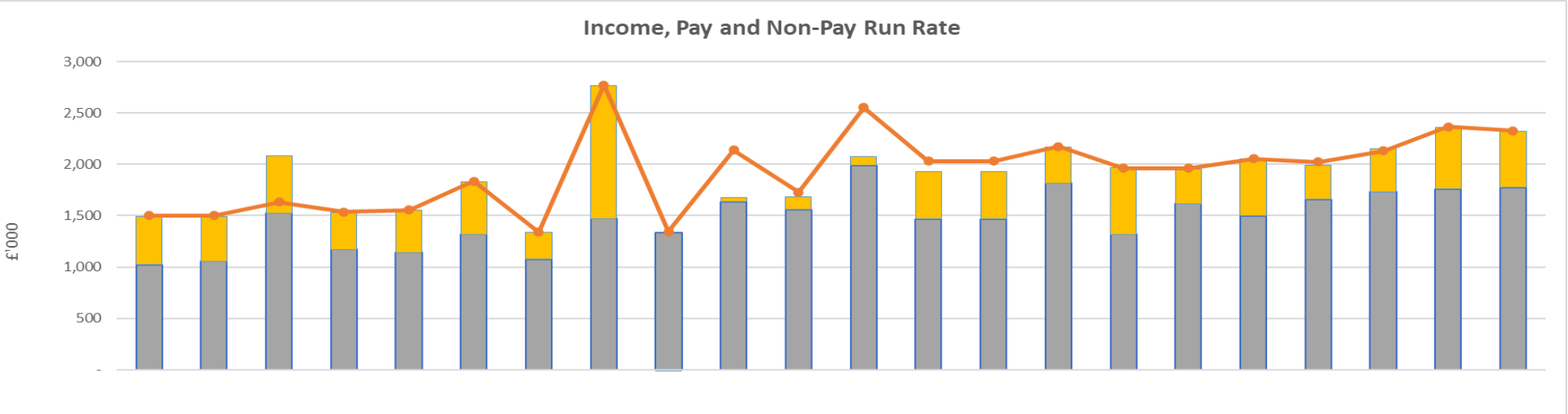
Exceptions are reported where a forecast variance to the net plan exceeds £250k or 25% of the annual plan value, resulting in exceptions in respect of:

- **Mental Health and LD Services – Forecast Underspend £400k (10.59%)**
  Mental Health services continue to see underspends due to vacancies within the team, with 5.29 posts currently vacant, partially offset by the use of agency staff where these are available.

  The Trust has recently recruited to 5 posts within the Primary Care Mental Health Team, however the forecast assumes that vacancies and agency use will continue to the year end with the new posts commencing in 2023/24 financial year.

	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	0.00	0.00	0.00	(13,678)	(13,415)	(263)	(16,414)	(16,238)	(176)
MAIN CONTRACT INCOME Total	**0.00**	**0.00**	**0.00**	**(13,678)**	**(13,415)**	**(263)**	**(16,414)**	**(16,238)**	**(176)**
CHILDREN & YOUNG PEOPLE									
INCOME	0.00	0.00	0.00	-	(36)	36	-	(43)	43
EXPENDITURE	29.06	27.28	1.78	1,089	960	129	1,307	1,221	85
CHILDREN & YOUNG PEOPLE Total	**29.06**	**27.28**	**1.78**	**1,089**	**924**	**165**	**1,307**	**1,178**	**128**
MENTAL HEALTH & LEARNING DISABILITY									
INCOME	0.00	0.00	0.00	(96)	(380)	285	(115)	(457)	342
EXPENDITURE	83.83	78.54	5.29	3,244	3,125	119	3,892	3,834	58
MENTAL HEALTH & LEARNING DISABILITY Total	**83.83**	**78.54**	**5.29**	**3,148**	**2,744**	**404**	**3,778**	**3,378**	**400**
PCN SERVICES									
INCOME	0.00	0.00	0.00	(4,610)	(4,882)	272	(5,532)	(6,223)	691
EXPENDITURE	88.76	102.67	-13.91	3,288	3,903	(615)	3,946	4,819	(873)
PCN SERVICES Total	**88.76**	**102.67**	**-13.91**	**(1,323)**	**(979)**	**(344)**	**(1,586)**	**(1,405)**	**(182)**
PHARMACEUTICAL & PUBLIC HEALTH									
INCOME	0.00	0.00	0.00	(31)	6	(37)	(38)	(11)	(26)
EXPENDITURE	51.30	48.16	3.14	2,307	2,224	84	2,769	2,662	107
PHARMACEUTICAL & PUBLIC HEALTH Total	**51.30**	**48.16**	**3.14**	**2,276**	**2,229**	**47**	**2,731**	**2,650**	**81**
PHYSICAL HEALTH									
INCOME	0.00	0.00	0.00	-	(167)	167	-	(198)	198
EXPENDITURE	22.61	28.03	-5.42	1,312	1,595	(283)	1,574	1,883	(309)
PHYSICAL HEALTH Total	**22.61**	**28.03**	**-5.42**	**1,312**	**1,428**	**(117)**	**1,574**	**1,686**	**(112)**
PRIMARY CARE									
INCOME	0.00	0.00	0.00	(756)	(1,603)	847	(912)	(1,875)	963
EXPENDITURE	16.61	12.81	3.80	722	1,551	(829)	870	1,852	(981)
PRIMARY CARE Total	**16.61**	**12.81**	**3.80**	**(34)**	**(52)**	**17**	**(41)**	**(23)**	**(18)**
CORPORATE SERVICES									
INCOME	0.00	0.00	0.00	(249)	(593)	344	(259)	(641)	382
EXPENDITURE	81.72	67.45	14.27	7,459	7,496	(37)	8,912	9,221	(309)
CORPORATE SERVICES Total	**81.72**	**67.45**	**14.27**	**7,210**	**6,903**	**307**	**8,652**	**8,579**	**73**
Grand Total	**373.89**	**364.94**	**8.95**	**(0)**	**(218)**	**217**	**-**	**(195)**	**195**
Adjustments as per NHSEI Reported Position					195	(195)		195	(195)
Adjusted Financial Position Reported to NHSEI	**373.89**	**364.94**	**8.95**	**(0)**	**(23)**	**22**	**-**	**(0)**	**(0)**

Income and Expenditure Run Rate



	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10
Non-Pay	469	433	556	359	409	512	259	1,291	(13)	38	122	85	463	463	354	648	337	550	329	425	602	549
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	1,499	1,660	1,730	1,759	1,772
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	2,131	2,366	2,328

The chart above provides detail of the Trust's income and expenditure run rate for the 21/22 financial year and ten 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 £2,106k per month compared to £1,864k in months 7-11 last year.
- **Pay costs** have plateaued after increasing in the second half of the 21/22 financial year, the pay costs have increased over the year as vacancies have been filled, with the first 6 months averaging £1,531k per month to £1,730k per month over the last 4 months. There are currently a number of vacancies within operational and corporate teams, driving a high level of agency usage. Plans to reduce agency expenditure have been implemented with the use of agency staff reducing from last year. Further detail is included in the separate efficiency report.
- **Non-pay costs** of £472k 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.

Managed Service Reporting

Service Area	Part Year Budget July 22 - Mar 23 £000's	Year to Date Budget Jul - Nov £000's	Year to Date Actual Jul - Nov £000's	Year to date Variance £000's	Total Forecast Spend	Forecast Variance	Previous Month Forecast Spend	Movement in Forecast
Community Services	2,934	2,017	2,314	(296)	3,338	(404)	2,995	(344)
Hospices	633	414	430	(16)	561	72	561	0
Intermediate Care	5,839	3,939	4,254	(315)	6,525	(686)	6,523	(2)
Long Term Conditions	789	524	521	3	797	(8)	795	(2)
Palliative Care	517	345	293	52	448	69	517	69
Childrens Services	5,611	3,751	4,052	(302)	6,008	(397)	5,986	(21)
Sub Total - Community Services	**16,324**	**10,990**	**11,865**	**(875)**	**17,677**	**(1,354)**	**17,377**	**(300)**
CHC Fully Funded	11,373	7,464	7,970	(506)	12,102	(728)	11,749	(353)
CHC Personal Health Budget	1,511	1,003	919	84	1,454	57	1,333	(121)
CHC Fully Funded (Fast Track)	2,040	1,510	1,053	457	1,512	529	1,607	95
CHC Team	2	1	0	1	0	2	0	0
CHC Adult Joint Funded	255	206	261	(56)	444	(189)	436	(8)
Childrens CHC	405	261	370	(109)	416	(12)	420	4
Childrens CHC - PHB	179	110	50	59	119	59	119	0
CHC Funded Nursing Care	3,341	2,242	2,085	157	3,115	226	3,114	(2)
Sub Total - CHC	**19,106**	**12,797**	**12,708**	**90**	**19,163**	**(57)**	**18,777**	**(386)**
Oxygen	509	340	343	(4)	512	(3)	512	0
Central Drugs	1,491	994	1,011	(16)	1,505	(14)	1,480	(25)
Prescribing	43,214	28,809	29,796	(986)	44,829	(1,615)	44,514	(315)
Sub Total - Prescribing	**45,214**	**30,143**	**31,149**	**(1,007)**	**46,846**	**(1,632)**	**46,506**	**(340)**
Grand Total	**80,644**	**53,930**	**55,722**	**(1,792)**	**83,686**	**(3,042)**	**82,660**	**(1,026)**

The table on the left shows performance for July 22 to March 23 against the budgets managed by DIHC on behalf of the ICB.

The table shows a deficit of £1,792k for the period July to December 2022 and a deficit of £3,042k (3.7%) to the year end. This is an adverse forecast movement of £1,026k from the previous month which is driven by 3 main areas, Community Services (£344k), CHC Fully Funded (£353k) and Prescribing (£315k).

The forecast movement within Community Services relates solely to the spot purchase of Neuro Rehabilitation. The movement is currently being queried by the Commissioning Lead and an update will be provided at the committee.

The movement within CHC Fully Funded relates to Private Care Home placements (£125k) and Hospital Discharge Programme (£171k). The Trust is currently working with the Local Authority to implement a reablement service which aims to reduce the level of spot purchasing costs.

The ICB are currently forecasting a deficit of (£1,615k) based on their own forecasting methodology using a 12 month rolling average adjusted for known changes. This is a worsening position of £315k based on a national issue relating the cost of concessions in support of community pharmacy that relates to national drug price rises. The ICB have seen a 3.51% increase in items prescribed at a cost increase of 6%. Overall there is a saving of £135k against the QIPP value removed from the prescribing budgets. The DIHC Pharmacy team are supporting practices through an integrated work plan (Quality, and Prescribing Efficiency Interventions). The opportunities identified include Formulary adherence, better value medicines and treatment optimisation.

DIHC are 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 to use the Capital in support of the EPR Project.

The year-to-date plan is zero, with expenditure planned into the final quarter of the year relating to the Electronic Patient Record (EPR) project.

The Trust has also received additional allocations for:-

Frontline Digitisation EPR Readiness Funding £150k
This funding is to be used for mobile devices to support the roll out of the EPR Programme. This funding will be utilised in 2022/23.

Cyber Capital – To Procure & Implement Network Switches £44k
This Capital will not be utilised by DIHC as the network switches required will be purchased and implemented by DGFT. This will secure the network being used by DIHC.

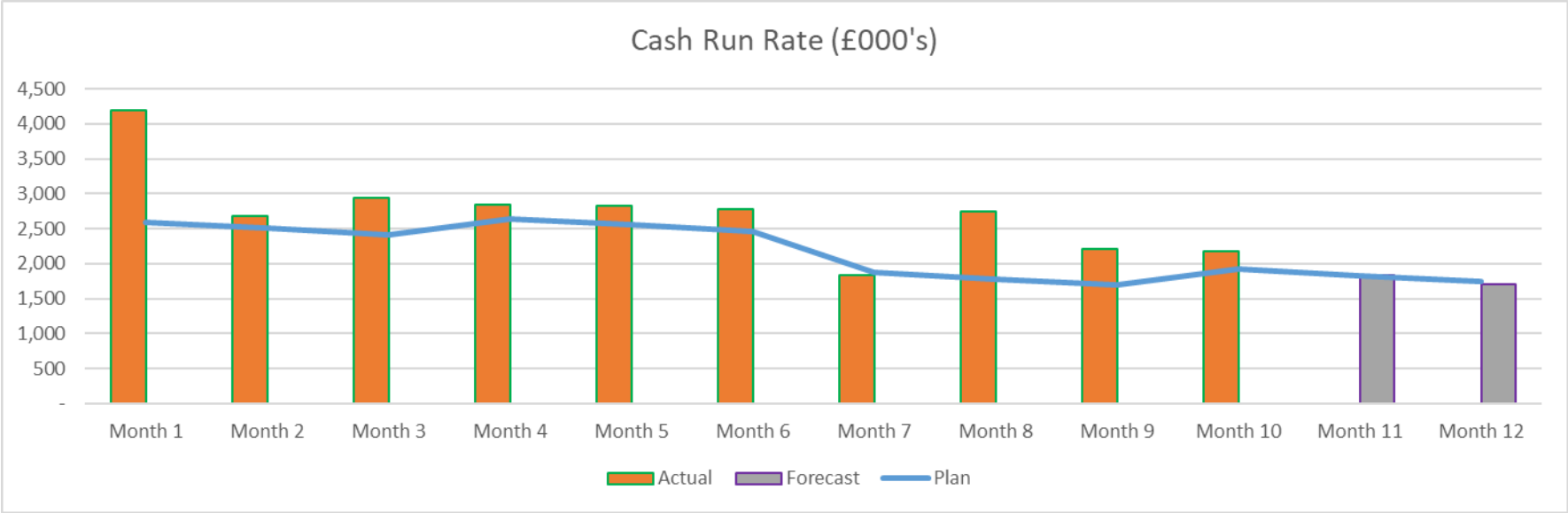
Scheme	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Plan £000's	Forecast Actual £000's	Forecast Variance £000's
Network Infrstructure Refresh	-	-	-	-	-	-
Mobile technology	-	-	-	-	-	-
EPR Levelling Up	-	-	-	233	233	-
Total Capital Plan	**-**	**-**	**-**	**233**	**233**	**-**
Additional Capital Allocation						
Mobile Digitisation				150	150	-
Cyber Security				44	-	44
Total Additional Capital Allocations				**194**	**150**	**44**

Balance Sheet Summary

	Actual Closing 2021/22	Actual Apr-22 Closing	Actual May-22 Closing	Actual Jun-22 Closing	Actual Jul-22 Closing	Actual Aug-22 Closing	Actual Sep-22 Closing	Actual Oct-22 Closing	Actual Nov-22 Closing	Actual Dec-22 Closing	Actual Jan-23 Closing	Month on Month Movement
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Non-current assets												
Intangible assets	-	-	-	-	-	-	-	-	-	-	-	-
Property, plant and equipment	503	688	688	677	633	687	686	680	673	672	659	(13)
Other investments / financial assets	14	14	14	14	14	14	14	14	14	14	14	-
	517	**702**	**702**	**691**	**647**	**701**	**700**	**694**	**687**	**686**	**673**	**(13)**
Current assets												
Inventories	-	-	-	-	-	-	-	-	-	-	-	-
NHS receivables	1,056	18	18	785	918	716	1,220	1,070	1,181	1,593	1,550	(43)
Non-NHS receivables	460	2,691	2,691	1,840	1,941	2,305	1,543	2,441	801	1,267	921	(346)
Other current assets	-	-	-	-	-	-	-	-	-	-	-	-
Cash and cash equivalents	4,186	2,677	2,677	2,934	2,850	2,824	2,785	1,832	2,748	2,209	2,169	(40)
	5,702	**5,386**	**5,386**	**5,559**	**5,709**	**5,845**	**5,548**	**5,343**	**4,730**	**5,069**	**4,640**	**(429)**
Current liabilities												
Capital trade payables	(47)	-	-	-	(7)	(7)	(7)	(7)	(7)	(7)	-	7
Revenue trade payables	(3,335)	(3,343)	(3,343)	(3,843)	(4,019)	(3,803)	(3,184)	(3,565)	(2,987)	(3,538)	(2,872)	666
Borrowings	(1,133)	(1,147)	(1,147)	(1,147)	(1,147)	(1,147)	(1,147)	(580)	(580)	(580)	(580)	-
Deferred income	(180)	(82)	(82)	(82)	-	(82)	(294)	(294)	(294)	(451)	(287)	164
Other financial liabilities	-	(328)	(328)	-	(6)	(330)	(439)	(385)	(366)	-	(373)	(373)
Provisions	(53)	(53)	(53)	(53)	(53)	(53)	(53)	(53)	(53)	(53)	(53)	-
	(4,748)	**(4,953)**	**(4,953)**	**(5,125)**	**(5,232)**	**(5,422)**	**(5,124)**	**(4,884)**	**(4,287)**	**(4,629)**	**(4,165)**	**464**
Net Current Assets	**954**	**433**	**433**	**434**	**477**	**423**	**424**	**459**	**443**	**440**	**475**	**35**
Non-current liabilities												
Capital payables	-	-	-	-	-	-	-	-	-	-	-	-
Revenue payables	-	-	-	-	-	-	-	-	-	-	-	-
Borrowings	(567)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	-
Deferred Income	-	-	-	-	-	-	-	-	-	-	-	-
Other financial liabilities	-	-	-	-	-	-	-	-	-	-	-	-
Provisions	(41)	(41)	(41)	(41)	(41)	(41)	(41)	(41)	(41)	(41)	(41)	-
	(608)	**(55)**	**(55)**	**(55)**	**(55)**	**(55)**	**(55)**	**(55)**	**(55)**	**(55)**	**(55)**	**-**
Total Net Assets Employed	**863**	**1,080**	**1,080**	**1,070**	**1,069**	**1,069**	**1,069**	**1,098**	**1,075**	**1,071**	**1,093**	**22**
Financed by												
Public dividend capital	2,568	2,568	2,568	2,568	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)	(1,488)	(1,498)	(1,499)	(1,499)	(1,499)	(1,470)	(1,493)	(1,497)	(1,475)	22
Total Taxpayers' Equity	**863**	**1,080**	**1,080**	**1,070**	**1,069**	**1,069**	**1,069**	**1,098**	**1,075**	**1,071**	**1,093**	**22**

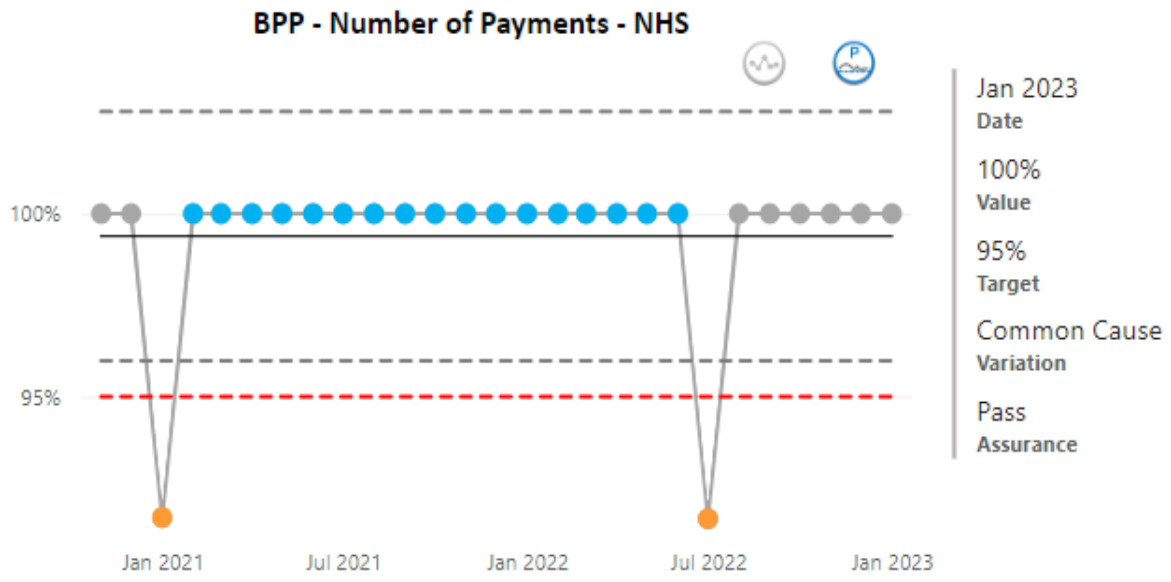
- The overall net assets position has increased since the pre-audit 2021/22 closing position, as follows:
  - £11k relating to an adjustment made for the post audit 2021/22 closing position
  - £218k YTD surplus, which relates to the recognition of notional income to fund a right of use asset, capitalised under IFRS16. This is adjusted out in the adjusted financial performance of the Trust.
  - £22k YTD reported surplus
- The cash position continues to be healthy at £2.2m. 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;
  - £1.7m invoiced income, invoiced to PCNs, ICB and LA
  - £0.5m prepayments and accrued income, which mainly relate to LA, ICB and CSU
- Significant payables are being recorded in relation to;
  - £0.2m invoiced payables without a purchase order
  - £0.1m goods received not yet invoiced
  - £2.4m accrued expenditure and deferred income
  - £0.8m other, including payroll related balances

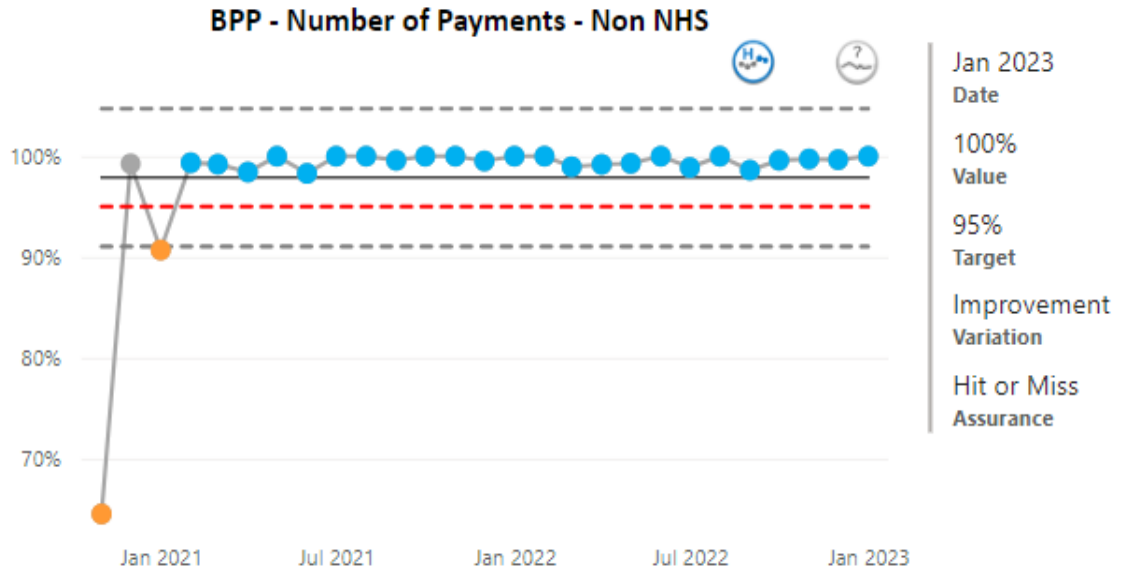
Cashflow

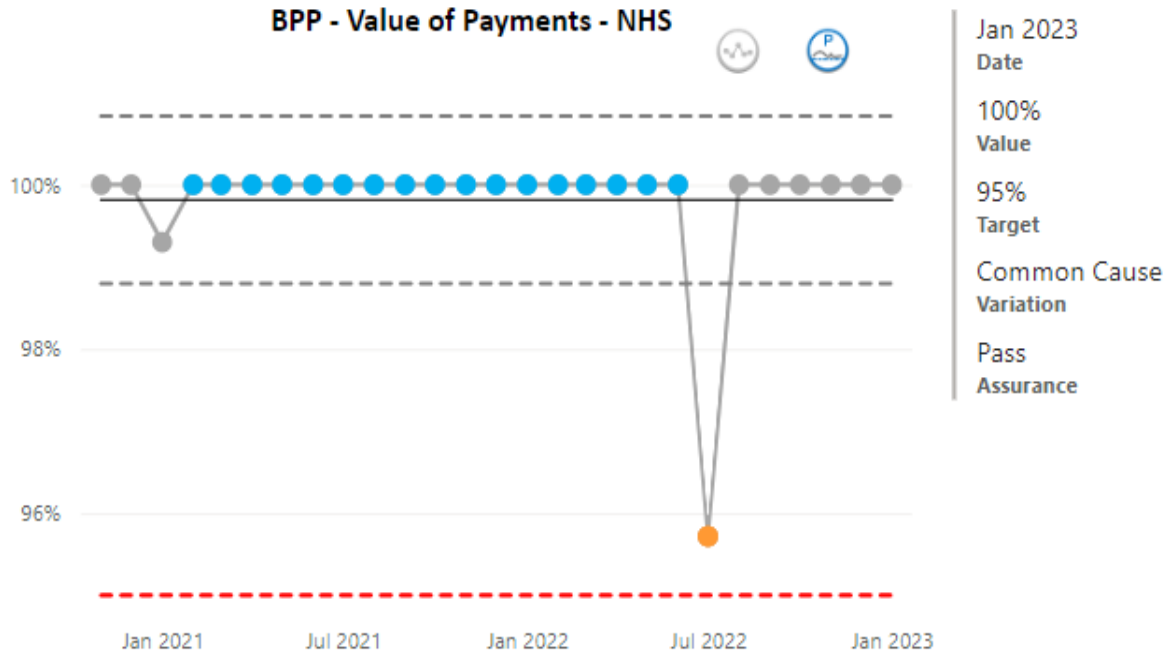


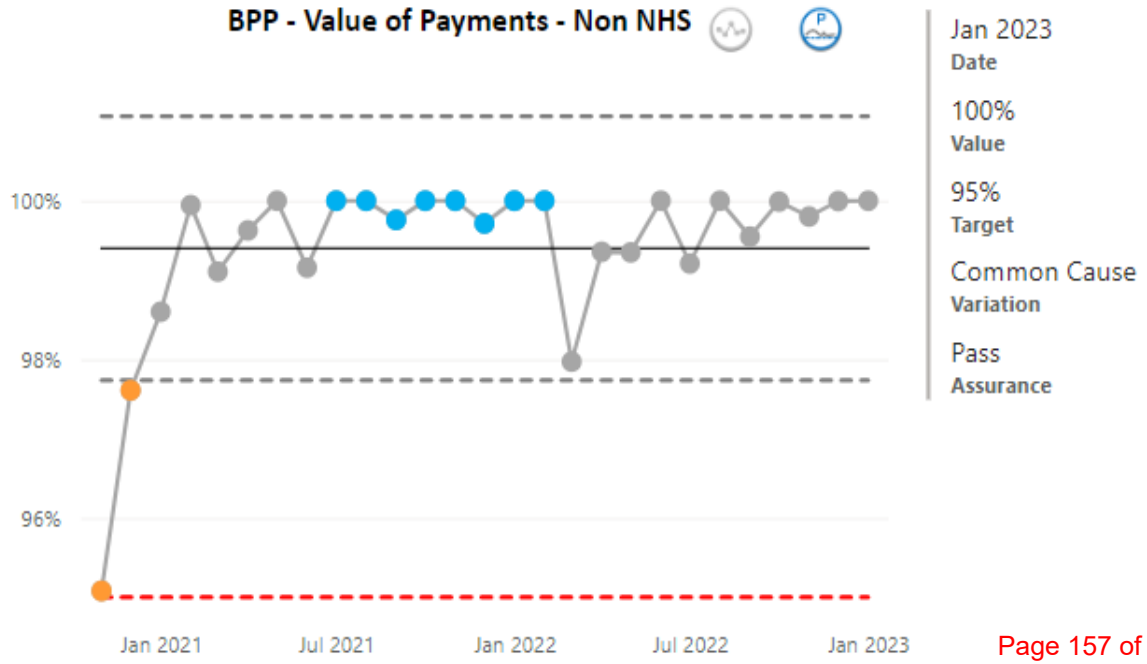
- The overall cash position of £2.2m is tracking slightly better than plan and is expected to track in line with plan for the year.
- The forecast cash position provides the Trust with sufficient headroom to manage working capital requirements.
- Cash scenario modelling is currently being undertaken in order to provide a range of forecasts.

Finance - Better Payment Practice









Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

REPORT TITLE:	Performance Report
DATE OF MEETING:	7th March 2023
PURPOSE OF REPORT:	The report details the performance information for December 2022 and January 2023.
RESPONSIBLE EXECUTIVE:	Philip King – Chief Operating Officer
AUTHOR OF REPORT	Faye Duncan – BI Service Delivery Manager
SUMMARY OF KEY POINTS:	• CHC received 25 referrals in December 2022 and 32 referrals in January 2023. 81% of these referrals were eligible for a full assessment. 100% of the assessments were completed within 28 days and outside of an acute setting. • The IAPT service achieved 79% of the expected access rate in December 2022. Pleasingly performance has since improved back to expected rates of 106% of the access rate in January 2023. • Although recovery has improved in January, the recovery target continues to be missed, with 45% of people who have completed treatment moving to recovery against a target of 50%. Unfortunately, the demand for the service continues to exceed its current capacity which is impacting on the waiting list size. The Trust is working with the system to understand if development funding will be made available to help address the waiting list and deliver any increased access targets for 2023/24. • The NHS Digital data quality measure (DQMI) for the national IAPT submission has significantly increased to 99% in October 2022. • The 2022/23 National Child Measurement Programme (NCMP) was delayed. However, the service has measured 73% of year 6 children and 4% of reception children in January. After half term the service will focus on the reception children and those who were absent at the time of the measurement. • In December 2022, the ARRS PCN service has seen just over 11000 patients and in January 10,000 patients. In both months attendance rates remained strong at 96 %.

	• Performance on Extended Access/Winter hub remains consistently strong. In December the Winter Hub received 1,411 referrals with 95% attending an appointment. 98% of patients were discharged home. In January they received 1,421 referrals with 92% attending an appointment. 95% of patients were discharged home. • The enhanced access hub (on behalf of the PCN's) has a utilisation rate of 39% with 86% of patients attending the appointment in January 2023. Most of the appointments which are being utilised are to see a GP or Advanced nurse practitioner. The Operations Team will be looking at this as a Key Line of Enquiry to see how performance can be improved.
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	• Improved Access to Psychological Therapies • Improved Access to Primary Care • Improved DQOF Performance • Achievement of Child Measurement Programme • Increased CHC and Intermediate Assessments
FUNDING/ COST IMPLICATIONS:	
DoF / Finance Approval	☐ Yes ☐ In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: *Tick as appropriate*	☐Develop our role in the Dudley Place ☐Implementation of integrated care model for the Dudley population ☒Improve outcomes for children and young people in Dudley ☒Support sustainability of primary care ☐Be the best and happiest place to work ☒Improve the health of our population and reduce inequalities ☐Demonstrate value to our population / Greener NHS
CQC DOMAINS: *Tick as appropriate*	☐Safe ☒Effective ☐Caring ☐Responsive ☒Well Led
LIST KEY RISKS IDENTIFIED: *Select none identified **or** outline the risks identified and mitigations taken* *(if addressing existing risk on the corporate risk register please provide reference number)*	☐None Identified BAF22-008 - There is a risk we fail to make best use of our resources to demonstrate our value to system partners and Dudley population BAF22-004 - There is a risk we are unable to provide sufficient evidence of our impact to Primary Care in Dudley BAF22-001 - There is a risk we fail to demonstrate our value as measured in health outcomes to our system partners

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

Enc 10b

NHS
Dudley Integrated Health and Care
NHS Trust

Performance Report

Reporting period: December 2022

Reported to: March 2023, Trust Board

Reported by: Philip King, Director of Opera ons

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 2023.
- The ICB have sponsored a review of Primary Care Mental Health Services.
- There were no complaints received in December 2022.

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	Dec 2022	48	-	473	-		
		Number of Safeguarding Concerns - Child	Local	Dec 2022	26	-	184	-		
		Number of Safeguarding Concerns - Age unknown	Local	Dec 2022	0	-	2	-		
		Number of SARs - Open	Local	Dec 2022	0	-	0	-		
		Number of CSPRs - Open	Local	Dec 2022	3	-	3	-		
		Number of S42s - Open	Local	Dec 2022	1	-	1	-		
		Number of S42s - Overdue	Local	Dec 2022	1	-	1	-		
	Q&S	Staff Flu Vaccinations (2022/23)	CQUIN	Dec 2022	38.39%	45%	34.38%	90%		
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	Dec 2022	100%	-	100%	-		
	Incidents	Duty of Candour	National	Nov 2022	100%	100%	100%	100%		
		Occurrence Of Any Never Event	National	Dec 2022	0	-	0	-		
		Incidents	Local	Dec 2022	12	-	131	-		
		Serious Incidents	Local	Dec 2022	0	-	1	-		
	Feedback	IAPT Friends and Family Test – % Positive	Local	Dec 2022	95%	-	99.59%	-		
		IAPT Friends and Family Test – % Positive (Qtr)	Local	Dec 2022	98.72%	-	99.59%	-		
		Primary Care Friends and Family Test – % Positive - Chapel Street Surgery	Local	Dec 2022	0%	-	80.77%	-		
		Primary Care Friends and Family Test – % Positive - Chapel Street Surgery (QTR)	Local	Dec 2022	72.73%	-	80.77%	-		
		Primary Care Friends and Family Test – % Positive - High Oak Surgery (QTR)	Local	Dec 2022	89.57%	-	89.56%	-		
		PCMH Friends and Family Test – % Positive	Local	Dec 2022	60%	-	50%	-		
		PCMH Friends and Family Test – % Positive (QTR)	Local	Dec 2022	60%	-	50%	-		
		Feedback - Informal Concern	Local	Dec 2022	11	-	38	-		
		Feedback - Compliments	Local	Dec 2022	1	-	27	-		
		Feedback - Complaints	Local	Dec 2022	0	-	23	-		
		An acknowledgment of the complaints within 3 days	National	Dec 2022	0%	-	94.44%	-		
		A formal response to the complaint sent within 45 days	Local	Dec 2022	0%	-	100%	-		
Workforce	Staff in Post	Vacancy %	Local	Dec 2022	6.99%	10%	11.55%	10%		
		Turnover % (12 Months)	Local	Dec 2022	12.23%	13%		13%		
		Normalised Turnover % (12 Months)	Local	Dec 2022	9.75%	-	10.71%	-		
		Turnover % (In Month)	Local	Dec 2022	1.2%	1.1%		1.1%		
		Normalised Turnover % (In Month)	Local	Dec 2022	1.04%	-	0.87%	-		
	Development	Appraisal %	Local	Dec 2022	86.01%	85%	86.01%	85%		
		Training Compliance %	Local	Dec 2022	91.24%	85%	91.24%	85%		
	Absence	Sickness % (In Month)	Local	Dec 2022	3.56%	3.8%	3.24%	3.8%		
		Short Term Sickness (In Month)	Local	Dec 2022	28.78%	-	36.08%	-		
		Long Term Sickness (In Month)	Local	Dec 2022	71.22%	-	63.92%	-		
		Maternity % (In Month)	Local	Dec 2022	2.2%	-	1.57%	-		

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	Dec 2022	25	-	349	-		
		% of Referrals Eligible for a Full CHC Assessment	Local	Dec 2022	80%	-	65.33%	-		
		% of CHC Assessments Completed Within 28 Days	National	Dec 2022	100%	80%	99.34%	80%		
		% of Assessments Completed in an Acute Setting	National	Dec 2022	0%	15%	0%	15%		
	CHC - End of life	Number of Fast Track Referrals	Local	Dec 2022	70	-	654	-		
		% of Newly Eligible Fast Track Patients	Local	Dec 2022	71.43%	-	68.81%	-		
	CHC - Pathway 3	Number of Patients in a Pathway 3 Bed	Local	Dec 2022	23	-		-		
		Number of Patients Discharged from Pathway 3	Local	Dec 2022	0	-	40	-		
	Enhanced Access On Behalf of PCN	% Utilisation Rate	Local	Dec 2022	40.11%	-	46.39%	-		
		% of Patient Attendance	Local	Dec 2022	76.03%	-	82.31%	-		
	IAPT	Number of Service Users Referred for Psychological Therapies	Local	Dec 2022	591	-	6501	-		
		% of Referrals for Older People 65+	National	Dec 2022	11.51%	-	10.35%	-		
		% of Service Users Entering Treatment (Access Rate)	Local	Dec 2022	78.51%	100%	106.13%	100%		
		% of Service Users Who Complete Treatment Who Are Moving to Recovery	National	Dec 2022	41.11%	50%	40.28%	50%		
		IAPT Recovery Rate for BME Groups	National	Dec 2022	58.06%	50%	42.05%	50%		
		% of Service Users Who Are Treated Within 6 Weeks of Referral	National	Dec 2022	96%	75%	92.07%	75%		
		% of Service Users Who Are Treated Within 18 Weeks of Referral	National	Dec 2022	99.79%	85%	99.25%	85%		
		90+ Day Wait Between 1st and 2nd Appt	Local	Dec 2022	3.87%	10%	4.74%	10%		
		Use of Anxiety Disorder Specific Measures in IAPT	CQUIN	Dec 2022	87.23%	65%	83.47%	65%		
	Intermediate Care	Number of Patients in a Step Down Facility	Local	Dec 2022	136	-	1219	-		
		Number of New Patients Admitted to Step Down	Local	Dec 2022	53	-	389	-		
		Average Length of Stay	National	Dec 2022	47	42	54.11	42		
		Number of Patients Discharged	Local	Dec 2022	49	-	312	-		
	Primary Care Mental Health	Number of Referrals to Primary Care Mental Health	Local	Dec 2022	151	-	1545	-		
	School Nursing	Number of Referrals to School Nursing Service	Local	Dec 2022	264	-	2122	-		
		NCMP - Year 6 Status	Local	Dec 2022	12.17%	40%		100%		
		NCMP - Reception Status	Local	Dec 2022	0%	40%		100%		
		Number of Child In Need on Caseload	Local	Dec 2022	146	-	146	-		
		Number of Looked After Child on Caseload	Local	Dec 2022	275	-	275	-		
		Number of Looked After Child Health Assessments Completed	Local	Dec 2022	14	-	14	-		
		Number of Child Protection on Caseload	Local	Dec 2022	150	-	150	-		
		Number of Young Carers Identified as Needing Support	Local	Dec 2022	0	-	0	-		

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	% Utilisation Rate	Local	Dec 2022	68.65%	-	70.28%	-		
		% of Patient Attendance	Local	Dec 2022	95.5%	-	95.35%	-		
	Enhanced Access On Behalf of PCN	% Utilisation Rate	Local	Dec 2022	40.11%	-	46.39%	-		
		% of Patient Attendance	Local	Dec 2022	76.03%	-	82.31%	-		
	Extended Access	Number of Referrals to Extended Access Hub	Local	Dec 2022	1411	-	11196	-		
		% Utilisation Rate	Local	Dec 2022	88.97%	75%	82.55%	75%		
		% of Patient Attendance	Local	Dec 2022	94.9%	-	92.74%	-		
		Outcome - % Discharged Home	Local	Dec 2022	98.21%	-	95.88%	-		
		Outcome - % Referred to GP	Local	Dec 2022	0.9%	-	3.02%	-		
		Outcome - % Referred to Hospital	Local	Dec 2022	0.9%	-	2.72%	-		
	GP - Chapel Street Surgery	CERVS1 - Aged 25-49 adequate smear last 3 years and 6 months..... [45-80%]	National	Dec 2022	58.51%	-	58.51%	-		
		CERVS2 - Aged 50-64 adequate smear last 5 years and 6 months..... [45 - 80%]	National	Dec 2022	75%	-	75%	-		
		DM7 - HbA1c, BP & Cholesterol treated to target..... [32 - 44%]	National	Dec 2022	31.25%	-	31.25%	-		
		MH3 - Received comprehensive physical health assessment... [60 - 80%]	National	Dec 2022	33.33%	-	33.33%	-		
		LD1 - Learning Disabilty annual review completed..... [64 - 88%]	National	Dec 2022	0%	-	0%	-		
		CVDPP3.2 - Eligble for annual review (QRisk 10%)..... [28 - 56%]	National	Dec 2022	59.78%	-	59.78%	-		
		DQOF - Overall (Chapel Street Surgery)	Local	Dec 2022	46.34%	-	46.34%	-		
		% Vaccinated - MMR (5 yrs) - 2nd dose	National	Nov 2022	66.67%	95%	68.42%	95%		
	GP - High Oak Surgery	CERVS1 - Aged 25-49 adequate smear last 3 years and 6 months..... [45-80%]	National	Dec 2022	62.14%	-	62.14%	-		
		CERVS2 - Aged 50-64 adequate smear last 5 years and 6 months..... [45 - 80%]	National	Dec 2022	66.9%	-	66.9%	-		
		DM7 - HbA1c, BP & Cholesterol treated to target..... [32 - 44%]	National	Dec 2022	23.7%	-	23.7%	-		
		MH3 - Received comprehensive physical health assessment... [60 - 80%]	National	Dec 2022	21.05%	-	21.05%	-		
		LD1 - Learning Disabilty annual review completed..... [64 - 88%]	National	Dec 2022	0%	-	0%	-		
		CVDPP3.2 - Eligble for annual review (QRisk 10%)..... [28 - 56%]	National	Dec 2022	60.27%	-	60.27%	-		
		DQOF - Overall (High Oak Surgery)	Local	Dec 2022	51.99%	-	51.99%	-		
		% Vaccinated - MMR (5 yrs) - 2nd dose	National	Nov 2022	87.5%	95%	85.71%	95%		

Exception Report - Chapel Street Surgery

Metric

LD1 - Learning Disabilty annual review comp...

Dec 2022
Latest Date

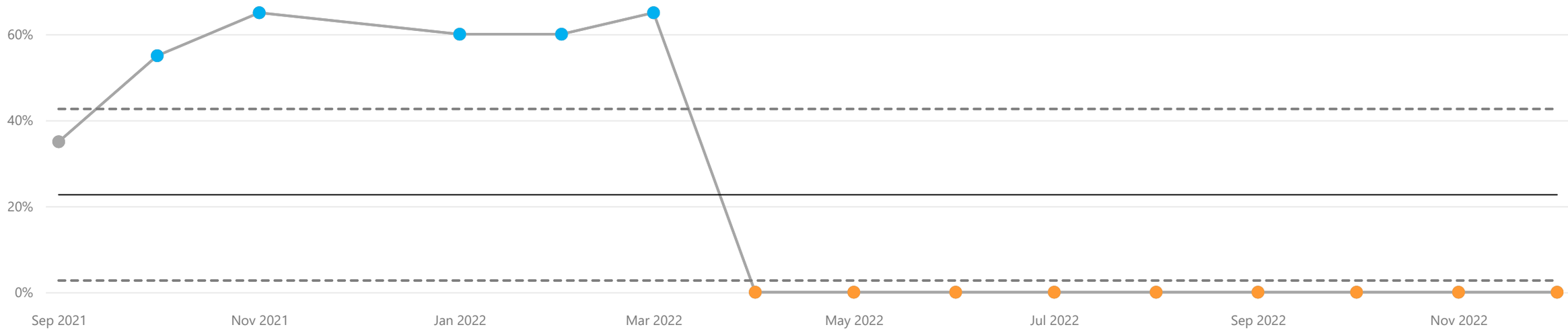
0%
Value

88%
Target

Variation

Assurance

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



Service comments	Actions
There are 18 patients this metric impacts. All patients will be invited to attend an appointment for a programmed review in Q4. We will telephone the patient, write to them and text them. Only when we have exhausted all options will we code as declined. We have a robust plan of searches with a dedicated member of staff who is checking these patients on a weekly basis.	

Exception Report - Chapel Street Surgery

Metric

CERVS1 - Aged 25-49 adequate smear last 3 ...

Dec 2022
Latest Date

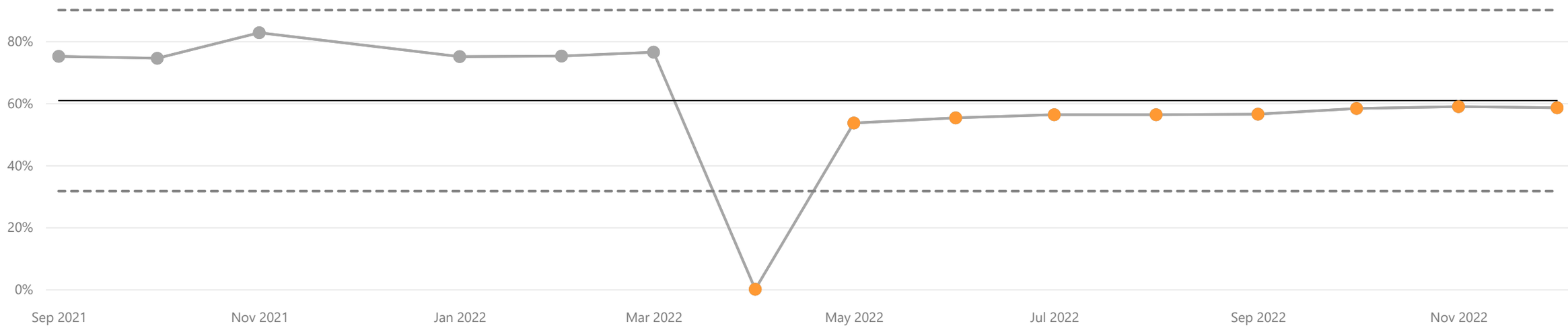
58.51%
Value

80%
Target

Variation

Assurance

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



Service comments	Actions
The number of eligible patients is 311. This is an area where we have done some community outreach work to explain cervical screening to our Pakistani women and the importance of it. As of the 11th January 2023, 193 (62%) patients have had their test. Looking into the detail, the 20 -29 age group is the most under-represented (31 have had their test) 30 -39 is better (85 have had their test) 40 -49 (79 have had their test) the comparable figure in January 2022 was 173 performed by this stage, in January 2021 was 117 performed by this stage and in January 2020 44 patients performed by this stage in the year, so there is still improvement on previous years performance. This is unlikely to make the upper target of 80% by year end	

Enc 10c

Dudley Integrated Health and Care NHS Trust

Performance Report

Reporting period: January 2023

Reported to Trust Board: March 2023

Reported by: Philip King, Director of Operations

Introduction

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

Exception Reports

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

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

Additional Caveats

- SPC charts and Icons require a minimum of 15 data points to create a robust analysis, Due to the infancy of the organisation we are using 2+ data points in some cases e.g. CHC, Intermediate Care, High Oak Surgery. Winter Access, NCMP. Therefore, Please take this into consideration when reviewing the information.
- Targets are still being developed for some of the new measures. These targets will reviewed and agreed by individual services and the executive
- CQC Rating - 2 refers to Good
- NCMP - National Child Measurement Programme runs until the end of July. Therefore, the annual target has been set using the trajectory required by end of July 2022.
- Data Quality Maturity Index for IAPT is published via NHS Digital in arrears.
- The ICB have sponsored a review of Primary Care Mental Health Services.

Key:

Variation and Assurance Icons

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

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

Statistical Process Chart (SPC)

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	Jan 2023	76	-	549	-		
		Number of Safeguarding Concerns - Child	Local	Jan 2023	22	-	206	-		
		Number of Safeguarding Concerns - Age unknown	Local	Jan 2023	0	-	2	-		
		Number of SARs - Open	Local	Jan 2023	0	-	0	-		
		Number of CSPRs - Open	Local	Jan 2023	4	-	4	-		
		Number of S42s - Open	Local	Jan 2023	1	-	1	-		
		Number of S42s - Overdue	Local	Jan 2023	1	-	1	-		
	Q&S	CQC Rating - Community MH Services	Local	Apr 2020	2	-	2	-		
		CQC Rating - High Oak Surgery	Local	Apr 2020	2	-	2	-		
		Staff Flu Vaccinations (2022/23)	CQUIN	Jan 2023	38.27%	60%	35.41%	90%		
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	Jan 2023	100%	-	100%	-		
	Feedback	IAPT Friends and Family Test – % Positive	Local	Jan 2023	100%	-	100%	-		
		IAPT Friends and Family Test – % Positive (Qtr)	Local	Dec 2022	100%	-	100%	-		
		Primary Care Friends and Family Test – % Positive - Chapel Street Surgery	Local	Jan 2023	40%	-	74.19%	-		
		Primary Care Friends and Family Test – % Positive - Chapel Street Surgery (QTR)	Local	Dec 2022	72.73%	-	80.77%	-		
		Primary Care Friends and Family Test – % Positive - High Oak Surgery (QTR)	Local	Dec 2022	89.57%	-	89.56%	-		
		PCMH Friends and Family Test – % Positive	Local	Jan 2023	100%	-	54.55%	-		
		PCMH Friends and Family Test – % Positive (QTR)	Local	Dec 2022	60%	-	50%	-		
		Feedback - Informal Concern	Local	Jan 2023	9	-	47	-		
		Feedback - Compliments	Local	Jan 2023	16	-	43	-		
		Feedback - Complaints	Local	Jan 2023	2	-	25	-		
		An acknowledgment of the complaints within 3 days	National	Jan 2023	100%	-	95%	-		
		A formal response to the complaint sent within 45 days	Local	Jan 2023	0%	-	100%	-		
Workforce	Staff in Post	Vacancy %	Local	Jan 2023	5.28%	10%	10.92%	10%		
		Turnover % (12 Months)	Local	Jan 2023	12.04%	13%		13%		
		Normalised Turnover % (12 Months)	Local	Jan 2023	9.54%	-	10.58%	-		
		Turnover % (In Month)	Local	Jan 2023	0.27%	1.1%		1.1%		
		Normalised Turnover % (In Month)	Local	Jan 2023	0.27%	-	0.79%	-		
	Development	Appraisal %	Local	Jan 2023	86.18%	85%	86.18%	85%		
		Training Compliance %	Local	Jan 2023	91.39%	85%	91.39%	85%		
	Absence	Sickness % (In Month)	Local	Jan 2023	3.27%	3.8%	3.25%	3.8%		
		Short Term Sickness (In Month)	Local	Jan 2023	44.12%	-	37.14%	-		
		Long Term Sickness (In Month)	Local	Jan 2023	55.88%	-	62.86%	-		
		Maternity % (In Month)	Local	Jan 2023	2.03%	-	1.62%	-		

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	Jan 2023	32	-	381	-		
		% of Referrals Eligible for a Full CHC Assessment	Local	Jan 2023	81.25%	-	66.67%	-		
		% of CHC Assessments Completed Within 28 Days	National	Jan 2023	100%	80%	99.39%	80%	H	P
		% of Assessments Completed in an Acute Setting	National	Jan 2023	0%	15%	0%	15%		P
	CHC - End of life	Number of Fast Track Referrals	Local	Jan 2023	87	-	741	-		
		% of Newly Eligible Fast Track Patients	Local	Jan 2023	77.01%	-	69.77%	-		
	CHC - Pathway 3	Number of Patients in a Pathway 3 Bed	Local	Jan 2023	28	-		-		
		Number of Patients Discharged from Pathway 3	Local	Jan 2023	8	-	48	-		
	Enhanced Access On Behalf of PCN	% Utilisation Rate	Local	Jan 2023	38.69%	-	44.67%	-		
		% of Patient Attendance	Local	Jan 2023	86.15%	-	83.05%	-		
	IAPT	Number of Service Users Referred for Psychological Therapies	Local	Jan 2023	811	-	7312	-		
		% of Referrals for Older People 65+	National	Jan 2023	10.36%	-	10.35%	-	H	
		% of Service Users Entering Treatment (Access Rate)	Local	Jan 2023	106.37%	100%	106.16%	100%		?
		% of Service Users Who Complete Treatment Who Are Moving to Recovery	National	Jan 2023	45.02%	50%	40.74%	50%		?
		IAPT Recovery Rate for BME Groups	National	Jan 2023	79.41%	50%	46.06%	50%	H	?
		% of Service Users Who Are Treated Within 6 Weeks of Referral	National	Jan 2023	92.44%	75%	92.11%	75%		P
		% of Service Users Who Are Treated Within 18 Weeks of Referral	National	Jan 2023	99.39%	85%	99.27%	85%		P
		90+ Day Wait Between 1st and 2nd Appt	Local	Jan 2023	6.83%	10%	4.95%	10%		?
		Data Quality Maturity Index for IAPT	Local	Oct 2022	99%	95%	90.51%	95%		?
		Use of Anxiety Disorder Specific Measures in IAPT	CQUIN	Jan 2023	80.56%	65%	83.09%	65%		P
	Intermediate Care	Number of Patients in a Step Down Facility	Local	Jan 2023	134	-	134	-		
		Number of New Patients Admitted to Step Down	Local	Jan 2023	51	-	440	-		
		Average Length of Stay	National	Jan 2023	47	42	53.4	42		?
		Number of Patients Discharged	Local	Jan 2023	50	-	362	-		
	Primary Care Mental Health	Number of Referrals to Primary Care Mental Health	Local	Jan 2023	172	-	1717	-		
	School Nursing	Number of Referrals to School Nursing Service	Local	Jan 2023	249	-	2371	-		
		NCMP - Year 6 Status	Local	Jan 2023	73.08%	40%		100%		?
		NCMP - Reception Status	Local	Jan 2023	3.91%	50%		100%		F
		Number of Child In Need on Caseload	Local	Jan 2023	155	-	155	-		
		Number of Looked After Child on Caseload	Local	Jan 2023	320	-	320	-		
		Number of Looked After Child Health Assessments Completed	Local	Jan 2023	18	-	18	-		
		Number of Child Protection on Caseload	Local	Jan 2023	155	-	155	-		
		Number of Young Carers Identified as Needing Support	Local	Jan 2023	6	-	6	-		

DIHC Integrated Performance Scorecard 2022/23

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Enhanced Access	Bloods	% Utilisation Rate	Local	Jan 2023	15.67%	-	36.44%	-		
		% of Patient Attendance	Local	Jan 2023	89.36%	-	84.72%	-		
	Child Imms	% Utilisation Rate	Local	Jan 2023	48.59%	-	37.28%	-		
		% of Patient Attendance	Local	Jan 2023	85.51%	-	85.71%	-		
	GP/ANP Apt	% Utilisation Rate	Local	Jan 2023	74.78%	-	72.67%	-		
		% of Patient Attendance	Local	Jan 2023	86.39%	-	82.15%	-		
	Smears	% Utilisation Rate	Local	Jan 2023	23.26%	-	28.46%	-		
		% of Patient Attendance	Local	Jan 2023	82.5%	-	79.91%	-		
Operational Performance	ARRS PCN	% Utilisation Rate	Local	Jan 2023	69.46%	-	70.54%	-		
		% DNA Rate	Local	Jan 2023	3.83%	-	4.51%	-		
		% of Patient Attendance	Local	Jan 2023	96.17%	-	95.49%	-		
	Enhanced Access On Behalf of PCN	% Utilisation Rate	Local	Jan 2023	38.69%	-	44.67%	-		
		% of Patient Attendance	Local	Jan 2023	86.15%	-	83.05%	-		
	Extended Access	Number of Referrals to Extended Access Hub	Local	Jan 2023	1421	-	12617	-		
		% Utilisation Rate	Local	Jan 2023	83.39%	75%	82.64%	75%		
		% of Patient Attendance	Local	Jan 2023	92.19%	-	92.68%	-		
		% DNA Rate	Local	Jan 2023	7.81%	-	7.2%	-		
		Outcome - % Discharged Home	Local	Jan 2023	95.5%	-	95.84%	-		
		Outcome - % Referred to GP	Local	Jan 2023	2.52%	-	2.97%	-		
		Outcome - % Referred to Hospital	Local	Jan 2023	1.98%	-	2.64%	-		
	GP - Chapel Street Surgery	CERVS1 - Aged 25-49 adequate smear last 3 years and 6 months..... [45-80%]	National	Jan 2023	60.44%	-	60.44%	-		
		CERVS2 - Aged 50-64 adequate smear last 5 years and 6 months..... [45 - 80%]	National	Jan 2023	75%	-	75%	-		
		DM7 - HbA1c, BP & Cholesterol treated to target..... [32 - 44%]	National	Jan 2023	33.82%	-	33.82%	-		
		MH3 - Received comprehensive physical health assessment... [60 - 80%]	National	Jan 2023	33.33%	-	33.33%	-		
		LD1 - Learning Disabilty annual review completed..... [64 - 88%]	National	Jan 2023	137.5%	-	137.5%	-		
		CVDPP3.2 - Eligble for annual review (QRisk 10%)..... [28 - 56%]	National	Jan 2023	62.16%	-	62.16%	-		
		DQOF - Overall (Chapel Street Surgery)	Local	Jan 2023	70.82%	-	70.82%	-		
		% Vaccinated - MMR (5 yrs) - 2nd dose	National	Dec 2022	100%	95%	71.43%	95%		
	GP - High Oak Surgery	CERVS1 - Aged 25-49 adequate smear last 3 years and 6 months..... [45-80%]	National	Jan 2023	63.94%	-	63.94%	-		
		CERVS2 - Aged 50-64 adequate smear last 5 years and 6 months..... [45 - 80%]	National	Jan 2023	67.48%	-	67.48%	-		
		DM7 - HbA1c, BP & Cholesterol treated to target..... [32 - 44%]	National	Jan 2023	24.91%	-	24.91%	-		
		MH3 - Received comprehensive physical health assessment... [60 - 80%]	National	Jan 2023	27.78%	-	27.78%	-		
		LD1 - Learning Disabilty annual review completed..... [64 - 88%]	National	Jan 2023	81.25%	-	81.25%	-		
		CVDPP3.2 - Eligble for annual review (QRisk 10%)..... [28 - 56%]	National	Jan 2023	60.82%	-	60.82%	-		
		DQOF - Overall (High Oak Surgery)	Local	Jan 2023	272.85%	-	272.85%	-		
		% Vaccinated - MMR (5 yrs) - 2nd dose	National	Dec 2022	78.57%	95%	83.67%	95%		

Exception Report

Metric

NCMP - Reception Status

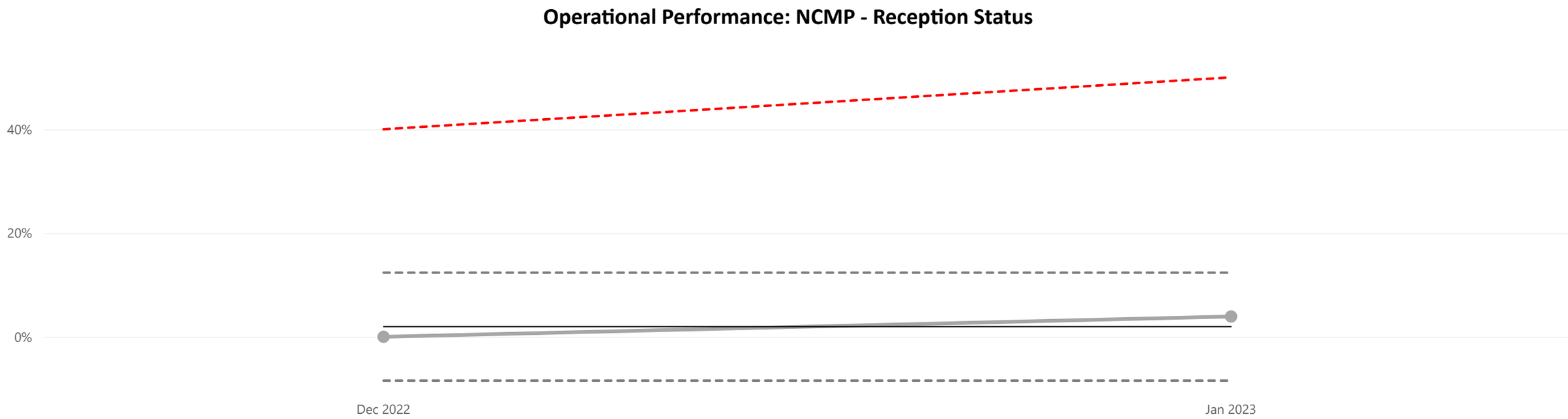
Jan 2023
Latest Date

3.91%
Value

50%
Target

Variation

Assurance



Service comments	Actions
The 2022/23 National Child Measurement Programme was delayed until early December 2022, due to the data not being available on the HSCIC system. Therefore, the School Nursing Team are currently finishing off year 6 measurements and after February half term they will focus on the reception aged children. The Commissioners are aware and they have agreed for us to carry out the programme like we did last academic year by completing Year 6 children first then starting reception once the majority of Year 6's have been measured. Absentees will continue to be captured throughout the remaining academy year. As a service we are confident that will achieve 100% by the end of the academic year.	•

NHS
Dudley Integrated Health and Care

COMMITTEE ASSURANCE REPORT TO THE BOARD

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

Date of meeting: 23rd February 2023

Significant risks/issues for escalation	None identified

Key issues/matters discussed at the Committee	

- The committee received a report in relation to Corporate Risk Register for assurance.
  - The committee recommend to the Board the closure of risk T-045 (Risk of occupation/lease agreements required for required premises are not in place) following the merger of this risk with C-088 (Risk to Healthcare Estates Function)
  - The Committee also recommended to the Board that the score for C-088 should be increased from 12 to 16 reflecting the challenge of accommodating a significant increase in ARRS staff in 2023/24.
- The committee received the month 10 finance report for assurance.
  - The report confirmed that the Trust is achieving a £22k surplus for the period April 2022 – January 2023 and forecasting to achieve breakeven by the end of the financial year.
  - The committee received an update in relation to discussions held with the ICB which have identified potential opportunities to close the £769k income mismatch by approximately £320k.
  - There is an overspend of £1.8m for period Jul to December 2022 and are forecasting to overspend by £3.0m by the end of the financial year due to forecast movements in prescribing, continuing healthcare and neuro rehabilitation. Whilst these budgets are forecasting to overspend it should be noted that the ICB remain on course to deliver a breakeven financial position on its total budgets portfolio. The following items describe the ongoing work undertaken by DIHC to mitigate the overspends in these areas;
    - The DIHC Pharmacy team are supporting practices through an integrated work plan (Quality, and Prescribing Efficiency Interventions). The opportunities identified include Formulary adherence, better value medicines and treatment optimisation.
    - The Trust is currently working with the Local Authority to implement a reablement service which aims to reduce the level of spot purchasing costs.

	• The committee received a report which provided assurance that the internal efficiency target for 2022/23 is on track to be achieved, however there continues to be a shortfall against the prescribing target for the budgets managed on behalf of the ICB. • The committee received a report which provided an update on the progress made in developing the financial plan for 2023/24. ○ The committee were assured by the planned **breakeven** revenue position but recognised the challenges in delivering the 5% efficiency target included within the plan. • The committee received the January 2023 performance report for assurance. • The committee received update reports from Digital, Contracts, Primary Care and Information Governance for assurance. • The committee received proposed updates to the standing orders, standing financial instructions and scheme of delegation following an internal review by the Director of Finance and Corporate Governance manager. The documents were reviewed by the committee and recommended to the Board for approval.
Decisions made by the Committee	• Recommend the Financial Plan and updated Standing Orders, SFIS and SORD for approval by the Board. • Recommend the closure of risk T-045 and increased score for Risk C-088
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• Closure of Risk T-045 • Increased score to 16 for Risk C-088
Items/Issues for referral to other Committees	N/A

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: 15th **February 2023**

Significant risks/issues for escalation	• None

Key issues/matters discussed at the committee	The Committee held a meeting on the 15th February 2023 and was quorate. **Corporate Risk Register** • The committee received and discussed the corporate risk register. • The committee did not propose any changes to the existing risks, scores or mitigations. **DIHC Position Update** • The committee received and discussed an update on the options appraisal process being led by the ICB on the future arrangements for DIHC and the development of a primary care vehicle for the Black Country. • The committee noted and took assurance from the ICB positive feedback on the DIHC approach to primary care development. • The committee noted that the implementation of the Primary Care Strategy and workplan remain unchanged. **PCN CD Update** • The committee acknowledged the ongoing pressures PCN CDs, and their teams, are currently facing. • The committee welcomed Dr Sarah Fung, and Dr Girish Narasimhan as the recently appointed Clinical Directors for Dudley and Netherton and Sedgley, Coseley and Gornal PCNs respectively. • PCNs are currently working on workforce plans for ARRS staff requirements for 2023/24. • PCN CDs are considering a proposal from DIHC in relation to the ARRS SLA for 2023/24 with further meetings scheduled during March. • The PCN CDs informed committee that each PCN had entered into a Memorandum of Understanding (MoU) with DIHC whilst the SLA was being finalised. • The PCN CDs informed the committee that the introduction of EMIS community should be paused on the basis that

	ARRS recording on practice systems is being attributed to DIHC rather than the practice, thus resulting in under reporting of Nationally of practice appointments. It was agreed that Dr Mann would raise this with the project leads, and that Mr D King would report this issue to Finance, Performance and Digital Committee.
	
	Primary Care Strategy Progress
	• The committee received a Primary Care Strategy programme highlight report.
	• The committee noted that the programme is moving into delivery, and that project definitions and timescales are in place for all activities.
	• The highlight report provided assurance that all but one workstream had commenced, with risks identified regarding the lack of capital funding within the ICB to support PCN estates plans.
	• The key areas of work for the remainder of this financial year are
	  ○ concluding the ARRS SLA and service offer with PCNs
	  ○ establishing a team to support the Black Country Primary Care Collaborative at the request of the ICB
	  ○ responding to a request from a GP practice to discuss how the practice can become provided by DIHC via a sub-contract, and initiating a conversation and process related to this.

Recommendations made by the Committee	• None
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• None
Items/Issues for referral to other Committees	• It was agreed that the issue relating to EMIS community was reported to the Finance, Performance and Digital Committee.