

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TUESDAY 9th MAY 2023
08:30am – 11:00 am
MS Teams

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. I Buckley	08:30
	1.1 Apologies	To Receive	Verbal	Mr. I Buckley	
	1.2 Declarations of Interest	To Receive	Verbal	Mr. I Buckley	
	1.3 Board of Directors' Register of Interests	To Receive	Enclosure 1.3	Mr. I Buckley	
	1.4 Public Board Minutes – meeting held on 7 th March 2023	For Approval	Enclosure 1.4	Mr. I Buckley	
	1.5 Action Register and Matters Arising	For Approval	Enclosure 1.5	Mr. I Buckley	
2.	Service Story Research and Innovation	For Information	Presentation	Dr L Martin	08:35
3.	Standing Items				08:50
	3.1 Chair's Update	For Information	Verbal	Mr. I Buckley	
	3.2 Chief Executive's Report	For Information	Enclosure 3.2	Ms. S Cartwright	
	3.3 Agenda for Part Two – PrivateBoard	For Information	Enclosure 3.3	Mr. I Buckley	
Delivering and Driving DIHC Strategy					
4.	Physician Associate Strategy	For Information	Enclosure 4	Dr L Martin	09:00
5.	National Staff Survey Results Report	For Information	Enclosure 5	Ms. S Cartwright	09:10

Business and Financial Planning for the Future					
6.	Financial Plan 2023-24	For Information	Enclosure 6	Mr. M Gamage	09:20
Our Services					
7.	Corporate Risk Register	To Approve	Enclosure 7	Mr. P King and Ms. S Nichols	09:30
Delivering safe and quality services, supported by integrated governance that drives quality clinical improvements					
8.	Quality and Safety Performance Report	For Information	Enclosure 8	Ms. S Nicholls	09:35
9.	Quality and Safety Committee Assurance Report	For Assurance	Enclosure 9	Ms. V Little	09:40
The best place to work, supported by a new leadership and workforce culture, organically co-developed, together					
10.	Workforce Performance Report	For Information	Enclosure 10	Ms. S Cartwright	09:45
11.	People Committee Assurance Report	For Assurance	Enclosure 11	Mr. M Evans	09:50
Doing the best with what we have, to be affordable today and sustainable tomorrow					
12.	Finance Report	For Information	Enclosure 12	Mr. M Gamage	09:55
13.	Performance Report	For Information	Enclosure 13	Mr. P King	10:00
14.	Finance, Performance and Digital Committee Assurance Report	For Assurance	Verbal	Mr. I Buckley	10:05
Help and Empower the People of Dudley to live longer and healthier lives through fully integrated community based healthcare					
15.	Report from the Primary Care Integration Committee	For Assurance	Enclosure 15	Dr G Solomon	10:10
16.	Report from Communications and Engagement Team	For Information	Enclosure 16	Ms. H Codd	10:15
Governance and Assurance					
17.	Report from Audit and Risk Committee	For Assurance	Enclosure 17	Mr. D Gilburt	10:25
Ensuring we are Well Led					
18.	Audit and Risk Committee Effectiveness Review	For Assurance	Enclosure 18	Mr. M Gamage	10:30
19.	Appointments and Remuneration Committee – Terms of Reference	For Approval	Enclosure 19	Mr. A Race	10:35
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.					
20.	Any Other Business	To Receive	Verbal	Mr. I Buckley	10:40
21.	Questions from the public pre-submitted	To Receive	Verbal	Members of Public	10:45
22.	Risk Review	To Receive	Verbal	Mr. I Buckley	10:50

23.	Date of next meeting: 4 th July 2023, 09.30 – 12.30 Venue - TBC				
-----	---	--	--	--	--

Dudley Integrated Health and Care NHS Trust
Declaration of Interest Register

Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect Interest	From	To
Ms	Billie Lam	Associate Non-Executive Director	Member of Seacole Group		✓			Jun 2021	
			Non-Executive Director at University Hospitals of Derby and Burton NHS Trust	✓				May 2023	
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	
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	
			Chair – The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Trust	✓				Dec 2021	

Dudley Integrated Health and Care NHS Trust
Declaration of Interest Register

Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect Interest	From	To
Mr	Harry Turner	Chair	Presiding Magistrate Worcestershire				✓	2005	
			Son working as a scrub nurse in Acute Trusts across Black Country				✓	Jul 2022	
			Board of Sandwell Leisure Trust	✓				April 2023	
Mr	Ian Buckley	Non-Executive Director & Finance, Performance and Digital Committee Chair	N/A						
Dr	Lucy Martin	Acting Joint Medical Director	Partner Eve Hill Medical Practice	✓				2001	
			Shareholder Futureproof Health	✓	✓			Aug 2014	
Mr	Martin Evans	Non-Executive Director & People Committee Chair	Director of MJE Associates Ltd	✓				Apr 2020	
			Associate Non-Executive Director at Robert Jones and Agnus Hunt NHS FT	✓				Sep 2022	
Mr	Matthew Gamage	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	

Dudley Integrated Health and Care NHS Trust
Declaration of Interest Register

Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect Interest	From	To
			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	Accepted a new role at Walsall Healthcare NHS Trust	✓				March 2023	
Dr	Stephen Cartwright	Associate GP Non-Executive Director	Partner GP - Keeling House Surgery	✓	✓			1991	June 2022
			Part owner of Keeling House Building	✓				1998	
Ms	Susan Nicholls	Director of Nursing, Quality and AHPs	Sessional Lecturer, Birmingham City University	✓				Sep 2018	

Dudley Integrated Health and Care NHS Trust
Declaration of Interest Register

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

**DRAFT MINUTES OF THE PUBLIC BOARD MEETING HELD ON TUESDAY 7 MARCH 2023
TIME 0930 – 1130hrs**

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

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
Ms V Little (VL)	Non-Executive Director DIHC
Dr L Martin (LM)	Joint Medical Director, DIHC

In Attendance:

Ms S Basu (SB)	Corporate Governance Manager, DIHC (minutes)
Mr L Dunn (LD)	Communications and Engagement Specialist, DIHC
Mr J Griffiths (JG)	Healthwatch Dudley
Ms K Lennon (KL)	Deputy Director of Nursing
Mr A Race (AR)	Interim Associate Director of People, DIHC

Item No	Agenda Item
1.	Chair's Welcome
	Harry Turner (HT), the Chair welcomed everyone to the Board meeting.
1.1	Apologies
	The Board noted apologies from Sue Nicholls - Director of Nursing and AHPs, Dr George Solomon - Non-Executive Director and Dr Gillian Love - Associate Non-Executive Director. The Board also noted apologies from Dr Mayada Abuaffan - Dudley Council and Mr David Pitches - Health Care Public Health.
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.

1.4	<p>Public Board Minutes for the meeting held on 7th February 2023</p> <p>The Board approved the minutes from the meeting held on 7th February 2023 as true and accurate record subject to the following amendment:</p> <ul style="list-style-type: none"> On page 10, under section 3.2, 'PH formally congratulated Katie Weston to the Chief Executive Officer'. <p>Action Register and Matters Arising</p> <p>PUB/FEB23/001: SN confirmed the Quality Strategy was shared with the ICB CNO on 8th February 2023. PH requested KL to feedback on the comments received from ICB and ensure they were satisfied with the content of the Strategy. Action to remain open.</p> <p>PUB/FEB23/002: PK confirmed this was actioned. It was agreed to close this action.</p> <p>PUB/FEB23/003: SC confirmed the ICB project risk register was included in the Private Board papers. It was agreed to close this action.</p>
2.	<p>Service Story – Healthy Hearts and Sexual Health Campaign</p>
	<p>Mr. Luke Dunn (LD) - Communications and Engagement Specialist, provided a brief introduction to the service story presentation which was in a video format. DIHC in collaboration with the University of Birmingham, Brook Sexual Health Charity and the Dudley Local Pharmaceutical Committee hosted a successful community focussed public health campaign on Valentine's Day at the Merry Hill Centre promoting healthy heart and sexual health.</p> <p>Sarah Baig, Pharmacy Professional Development and Governance Lead, DIHC along with pharmacists, pharmacy students, and sexual health professionals offered free blood pressure checks, sexual health guidance, education material and the opportunity to speak with healthcare experts one-on-one to a diverse range of attendees. On that day 120 free blood pressure tests, free contraception and sexual health test kits were provided to people in a public setting that helped individuals unable to visit doctors due to work commitments seek assistance. Approx 40-50 positive feedback forms were received, and people approached the healthcare experts to seek advice on quit smoking and other health related issues.</p> <p>Sarah Baig and the pharmacy team were also hosting an event called Ramadan ready explaining safety through fasting.</p> <p>LD shared a video clipping from the event.</p> <p>HT thanked LD for the presentation and asked for any questions or comments.</p> <p>Members of the board offered positive comments regarding the positive impact delivered by the campaign.</p> <p>In response to DG's question, LD stated such campaigns had been undertaken in the past such as the Mental Health awareness event. The Ramadan ready event was scheduled this week and the team would support NHS campaigns in the future.</p> <p>BL emphasised the importance of recording such community engagements events and capture the outcomes achieved which could be published in the Trust's Annual Report.</p> <p>VL recommended evaluating the cases identified and referred to pharmacists for monitoring and linking with Duncan Jenkins to track actions from receiving pharmacies.</p> <p>ME recommended sharing the Board's positive feedback with the University of Birmingham.</p> <p>The Board received the presentation for information.</p>

3.	Standing Items
3.1	<p>Chair's Update</p> <p>The Chair provided a brief update on continued conversations with the system and partners and stated he had been asked to talk at several events regarding integration in the Black Country and there was a lot of national interest in this organisation.</p>
3.2	<p>Chief Executive's Report</p> <p>The paper was taken as read.</p> <p>PH highlighted the key points from the reported and stated that herself and Dr Salma Reehana, Chair of the Black Country Primary Care Collaborative attended the NHS Confederation Primary Care Conference in London where Professor Clair Fuller recognised the work done by DIHC in Dudley. At the oversight and assurance meeting, Rebecca Farmer from NHSE and Mark Axcell thanked for our continued focus on high quality service delivery, particularly around efficiency and finance given the ongoing options appraisal.</p> <p>PH added the Out of Hospital Programme Board took leadership in looking at the quality of community urgent and emergency care and initiated a standard triage process for standardisation across Black Country led by the clinical group.</p> <p>The Board noted the Chief Executive's report for information.</p>
3.3	<p>Agenda for Part Two – Private Board</p> <p>The Board noted the agenda for part two.</p>
4.	Board Assurance Framework & Corporate Risk Register
	<p>The paper was taken as read.</p> <p>PK reminded the Board that at the Board Development session held in December 2022, it was agreed that the BAF would be reviewed quarterly. BAF 22-003 was put on hold as the Dudley Children's Transformation Workstream was being reviewed by the ICB.</p> <p>The Corporate Risk Register (CRR) had been overseen by all assurance committees during February and two risks around the IAPT and CAMHS services had been escalated to the CRR and the estates risk reworded and rated as 16. Discussions with BCH made clear that IAPT did not fall within the lead provider arrangements, and we need to confirm proper processes were in place to ensure that investments reflected the needs of Dudley alongside the rest of Black Country.</p> <p>DG queried whether BAF 22-006 should have Finance, Performance and Digital (F,P&D) or Quality and Safety Committee as its oversight committee. The Board discussed this BAF risk in detail and stated that the actual risk related to lack of capacity to effectively examine population health data as it was too analytic heavy, and the Trust needed investment in data. Currently the data was curated by Public Health and there is a risk that the Trust is unable to measure its population data.</p> <p>MG added the risk needed to be overseen by FP&D Committee and there was an element of clarification needed from the ICB as some of the data driven analytics is at the ICB level and once the organisation's future role is determined this issue would be raised to better understand the roles and responsibilities of each organisation.</p> <p>ME suggested reviewing the action status for mitigations out of date or closer to deadline and evaluating the processes in place.</p> <p>PH stated the BAF for 2023-24 would be updated in line with the refreshed business plan.</p>

	<p>The Board took assurance from the BAF report.</p> <p>The Board approved the recommendation of the Quality and Safety Committee and the Finance, Performance and Digital Committee.</p>
5.	Quality and Safety Report
	<p>The paper was taken as read.</p> <p>KL highlighted the key points from the two reports presented to the Quality and Safety Committee in January and February 2023.</p> <p>The February report presented no reportable Serious Incidents (SIs) and one SI remained open. The investigation report was now complete, however at the time of producing this report it awaited sign off. The organisation continued to support the investigation of 5 other SI's reported by other organisations to ensure system and pathway learning.</p> <p>The January report included 2 formal complaints and since the trust implemented the local resolution process there had been reduction in the number of formal complaints and increase in informal complaints which were resolved promptly to the satisfaction of patients and services. Informal complaints mainly related to appointments and waiting times.</p> <p>As per Board's request to increase the reporting and recording of compliments, the month of January recorded the highest number of compliments following a push from the Communications and Engagement team and an initiative called 'thankful Thursdays' was launched which showcases service compliments across the organisation.</p> <p>All Safeguarding incidents both historic and current have been reviewed by the team and the most common themes continued to be self-neglect for adults, parental risk factors and emotional abuse for children. Q4 audits are being undertaken which investigate current safeguarding and historic reports of sexual abuse and are also determining the appropriate definition of the term historic to all parties.</p> <p>KL further updated this year had been very challenging to encourage people for the uptake of covid and flu vaccinations. Several initiatives were undertaken by the organisation such as roving vaccination models in diverse communities with support from communications and engagements and working in collaboration with public health for delivery of key messages and encouraging ad hoc immunisation through primary care practices.</p> <p>The patient covid vaccination program concluded in February and a spring booster campaign has been announced in April through GP practices.</p> <p>Staff flu vaccination via NIV was at 38.3%, however the NHSE report details that 43.3% staff have been vaccinated. The flu vaccination CQUIN was only applicable to our IAPT and PCMH team and within these services 50% of patient facing staff had the flu vaccination. DIHC did not meet the CQUIN target this year, however the organisation was within the top quartile of the country.</p> <p>In response to DG's query VL responded the increased safeguarding referrals included mental health historic concerns and suggested the reporting could explicitly detail service specific comparisons. PH added SN was mindful of this and had informed the board earlier about the IAPT staff training exercise and it was important to monitor the trend. It was agreed to pick up this discussion with SN and at Q&S Committee.</p> <p>The Board took assurance from the Quality and Safety report.</p>
6.	Quality and Safety Assurance Report

	<p>The paper was taken as read.</p> <p>VL thanked IB for chairing the 21st February 2023 Committee meeting as she couldn't attend due to illness. VL expressed disappointment on the national issue regarding patient facing staff's hesitance towards vaccination which was reflective of the population's hesitancy and recommended exploring ways and working on it throughout the year.</p> <p>VL suggested focussing on behavioural science and looking into national research work on promoting immunisation.</p> <p>STC suggested if this should be captured as a risk and PH stated this was discussed at Executive Committee meeting and agreed not to be escalated to the risk register yet.</p> <p>AR highlighted that a discrepancy existed between the NIVs date and the foundry date for DIHC and other organisations and the CQUIN for the currently year would be rolled forward to next year and the organisation needed to evaluate its vaccination practice to protect staff and patients.</p> <p>The Board noted the Quality and Safety Committee assurance report.</p>
7.	Workforce Performance Report
	<p>The report was taken as read and SC highlighted key points contained in the report.</p> <p>DIHC's workforce data compared well with other organisations and was on track for all metrics. Some areas for improvement were identified regarding training and the team was working on it along with ongoing work to maintain appraisal compliance.</p> <p>AR added the performance indicators met with requirements across the Board and the team was closing monitoring the appraisal process.</p> <p>The Board took assurance from the report.</p>
8.	People Committee Assurance Report
	<p>The report was taken as read.</p> <p>ME reported the risk register was reviewed in detail and informed there were no changes proposed. The committee requested Executives to review risk score for C-064 considering the recent successful GP recruitments.</p> <p>The committee took assurance from the quarterly robust policy update and acknowledged the positive performance report. The committee had requested appraisal improvement within PCN staff which now reported a 9% improvement in appraisal rate. The EDI committee provided assurance on work relating to development of the delivery plans for the 4 priority areas within the new EDI Strategy.</p> <p>The National Staff Survey results will be released on 9th March and since there won't be a People Committee meeting, the committee sought assurance from Executive Committee for communicating with staff. SC added the Executive Committee would be reviewing the results on 8th March and communication plan was prepared for release on 9th March.</p> <p>HT requested summary of the National Staff Survey report to be circulated to Board colleagues on 9th of March.</p> <p>Action PUB/MAR23/001: SC to circulate summary of the National Staff Survey report to Board colleagues on 9th of March.</p> <p>The Board noted the People Committee assurance report.</p>

9.	Finance Report
	<p>The report was taken as read and MG highlighted key points contained in the report.</p> <p>The Trust reported a £22k surplus for the period April 2022 to January 2023 and was on track to deliver a break-even position by end of financial year. MG reported positive discussions took place with the ICB regarding the previously reported income mismatch and identified opportunities to close the gap by at least 50% by the end of FY 2022-23. Discussions continued with the ICB colleagues around remainder of the gap. MG briefly outlined reassurance around financial planning for 2023-24 which would be discussed in detail in private session.</p> <p>Capital expenditure was reported to be on track for delivery within budget. The budgets managed on behalf of the ICB indicated a significant adverse movement for the period July to Dec 2022 predominantly in Prescribing where big movements was seen across the ICB largely relating to price concessions and drug price rises. Considerable assurance received from the pharmacy team in terms of prescribing report back to FP&D around the working interventions to control the spend.</p> <p>MG highlighted Intermediary care continued to be costly following the hospital discharge program that commenced during covid period. However, DIHC and the ICB were actively discussing around the areas of concern.</p> <p>DIHC continued to meet the requirement of the Better Payment Practice Code. MG reported receiving a letter from Julian Kelly - CFO NHS, thanking DIHC for achieving both the value target and the number of payments target for the whole year.</p> <p>MG stated the cash balance was £2.2m at month 10 with a forecast year end cash balance of £1.7m.</p> <p>PH suggested having a conversation with the commissioners regarding DIHC's fair proportion of the national discharge pool of money.</p> <p>In response to a question by BL, MG responded the drivers for the £3m overspend related to Prescribing, Intermediate Care and Neurorehabilitation costs and would share detailed information discussed at FP&D Committee in future reporting.</p> <p>In response to HT's question, MG responded the reason for the deterioration of cash was majorly payback for repayments to LA, ICB and CSU and the cash balance needed to be monitored closely. MG highlighted there was a national guidance needed around the payment for ARRS roles which needed to be paid before claiming the money back and the FP&D Committee was monitoring this closely.</p> <p>The Board took assurance from the report.</p>
10.	Performance Report
	<p>The report was taken as read and PK highlighted key points contained in the report.</p> <p>PK outlined the December and January report and reported a continued strong performance on delivery, the IAPT service achieved 106% of the access rate in January. Recovery remained an issue and continued to miss the 50% target, however, was now improving slowly and claims the necessity for further funding within the Black Country system.</p> <p>The National Child Measurement Programme (NCMP) which was traditionally performed strongly and received good assurance, faced some difficulties as the release of the information was delayed to DIHC. This was discussed in detail at the Q&S Committee meeting and a</p>

	<p>recovery trajectory had been developed to monitor and report.</p> <p>ARRS and the Extended Access Winter hub performed strongly with high attendance rate and very low number of referrals to secondary care. The winter hub had received 3 months' worth of funding 13 months ago and the Trust was unsure if this would continue and will discuss with commissioners.</p> <p>The enhanced access hub had a low utilisation rate, and this was being monitored closely by the manager for High Oak service to improve performance.</p> <p>LM stated receiving communication from the ICB confirming funding for extended access would end and all activities needed to be repatriated to the practices.</p> <p>In response to RB's question, PH suggested the Executive Committee conducting a risk analysis about the ICB's decision on Primary Care service withdrawal and its impact on referrals and patient health.</p> <p>Action PUB/MAR23/002: Executive Committee to undertake a risk analysis considering the implications of the service withdrawal on Primary Care.</p> <p>The Board took assurance from the report.</p>
11.	Finance, Performance and Digital Committee Assurance Report
	<p>The report was taken as read.</p> <p>IB reported the committee reviewed the corporate risk register and recommended proposals as discussed and included within the risk paper for Board.</p> <p>IB highlighted two issues being considered at the FP&D Committee were around GP concerns regarding the EMIS data which the digital team was working on and secondly around the ARRS staff and financial planning for this.</p> <p>The Board noted the Finance, Performance and Digital Committee assurance report.</p>
12.	Primary Care Integration Committee Assurance Report
	The report was taken as read and the Board noted the Primary Care Integration Committee assurance report.
13.	Any Other Business
	None stated.
14.	Questions from the public
	There were no questions received from the public.
15.	Risk Review
	<p>The Board noted the risk of low vaccination uptake and the Primary Care extended access hub.</p> <p>JG, Healthwatch informed meeting with Luke Dunn, Helen Codd, Matt Wilkinson and Dan King from DIHC to look into hosting joint engagement events with people and patients updates of which will be shared at future meetings.</p>

	Date of next meeting:
--	------------------------------

	Tuesday, 9 ^h May 2023, 08:30–11:00 am
--	--

	Venue: MS Teams
--	-----------------

DRAFT

DIHC Public Board Action Register



**Dudley Integrated
Health and Care**
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 09/05/2023	SN confirmed the Quality Strategy was shared with the ICB CNO on 8th February 2023. PH requested KL to feedback on the comments received from ICB and ensure they were satisfied with the content of the Strategy.	Open
PUB/MAR23/001	07-Mar-23	SC to circulate summary of the National Staff Survey report to Board colleagues on 9th of March	SC	09/05/2023	SC confirmed this has been actioned.	To be Closed
PUB/MAR23/002	07-Mar-23	Executive Committee to undertake a risk analysis considering the implications of the service withdrawal on Primary Care	Execs	09/05/2023		

DUDLEY INTEGRATED HEALTH & CARE NHS TRUST BOARD

REPORT TITLE:	Chief Executive Officer Report
DATE OF MEETING:	9 th May 2023
PURPOSE OF REPORT:	To provide the Board with an update on activities and current issues.
RESPONSIBLE EXECUTIVE:	Stephanie Cartwright, Acting Chief Executive Officer (from 1 st May 2023)
AUTHOR OF REPORT	Penny Harris, Interim Chief Executive Officer (until 30 th April 2023)
SUMMARY OF KEY POINTS:	<ol style="list-style-type: none"> 1. Summary of CEO Activities and Updates – March/April 2023 2. Black Country ICB Options Appraisal Process 3. Black Country Integrated Care System Financial Planning 2023/24 <ol style="list-style-type: none"> 3.1 NHS Payment Scheme 4. Industrial Action 5. Black Country Integrated Care System Financial Planning 2023/24
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	Not Applicable
FUNDING/ COST IMPLICATIONS:	<input checked="" type="checkbox"/> None Identified
DoF / Finance Approval	<input type="checkbox"/> Yes <input type="checkbox"/> In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None Identified
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Develop our role in the Dudley Place <input checked="" type="checkbox"/> Implementation of integrated care model for the Dudley population <input checked="" type="checkbox"/> Improve outcomes for children and young people in Dudley <input checked="" type="checkbox"/> Support sustainability of primary care <input checked="" type="checkbox"/> Be the best and happiest place to work <input checked="" type="checkbox"/> Improve the health of our population and reduce inequalities <input type="checkbox"/> Demonstrate value to our population / Greener NHS
CQC DOMAINS: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring

	<input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led
LIST KEY RISKS IDENTIFIED: <i>Select none identified or outline the risks identified and mitigations taken (if addressing existing risk on the corporate risk register please provide reference number)</i>	<input type="checkbox"/> None Identified No new significant risks not already recorded within the corporate risk register
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	<input type="checkbox"/> Executive <input type="checkbox"/> People <input type="checkbox"/> Finance Performance & Digital <input type="checkbox"/> Digital Board <input type="checkbox"/> Quality and Safety/ QSSG <input type="checkbox"/> Audit & Risk <input type="checkbox"/> Primary Care Integration <input type="checkbox"/> Strategy and Transformation <input type="checkbox"/> EDI <input type="checkbox"/> Trust Management Board <input type="checkbox"/> Well Led <input type="checkbox"/> Other (Please state) <input checked="" type="checkbox"/> Not Applicable
CONSIDERATIONS / IMPACTS: <i>Select none identified or outline the potential impact and considerations undertaken</i>	Quality and Equality Impact Assessment
	<input checked="" type="checkbox"/> None Identified
	Equality, Diversity and Inclusion
	<input checked="" type="checkbox"/> None Identified
	Greener NHS Sustainability Impact Assessment
	<input checked="" type="checkbox"/> None Identified
Other Regulatory Requirements	<input checked="" type="checkbox"/> None Identified
PRESENTED TO:	<input checked="" type="checkbox"/> Public Board <input type="checkbox"/> Private Board <input type="checkbox"/> Assurance Committee (state) - <input type="checkbox"/> Other Committee (state) -
RECOMMENDATION: <i>Tick as appropriate</i>	<input type="checkbox"/> For Approval / Decision <input checked="" type="checkbox"/> For Assurance <input checked="" type="checkbox"/> For Information / Discussion

1. Summary of CEO Activities and Updates – March/April 2023

The following provides an overview of activities and updates throughout the month of March and April.

NHS Leadership Event

This event on 19 April 2023 was an opportunity for chief executives across the NHS to meet and hear about key challenges for the NHS going forward. It was very well attended and covered a variety of topics but of note were some of the key messages from national leaders including the importance of focussing on future but without ignoring the realities of today, clear recognition of the good work as part of recovery agenda with details shared on delivery of improvements across elective care, A&E, improving cancer waits and some of mental health support for children and young people across the country. There were important messages about needing to now focus on the improvement agenda with a real focus on patient care but also recognised that there has been real investment into the NHS and so systems need to work together to deliver the expected financial balance.

The importance of the soon to be released workforce plan was discussed, a plan which will focus on not only addressing shortfalls in specific challenged areas but also setting out the need to lead differently to ensure inclusion, improvement, system working and delivery. Details of much that was discussed will be shared in the Healthcare leaders weekly briefing over coming months.

Delivery and continuous improvement review

As noted above the delivery and continuity review has been reported and the findings and recommendations have been combined into three actions:

- establish a national improvement board to agree a small number of shared national priorities on which NHS England, with providers and systems, will focus our improvement-led delivery work
- launch a single, shared 'NHS improvement approach' – NHS Impact 'improving patient care together' is the term we are using for this
- co-design and establish a Leadership for Improvement programme.

Business Continuity

The Board needs to be aware that NHSE England have issued a new business continuity management toolkit which highlights the importance of business continuity management to maintain key services in the face of disruption from identified local risks.

The toolkit review kit will be reviewed through the Trust Management Board and the Chief Operating Officer will report back if there are any significant actions required.

New patients potentially eligible for COVID treatments

The government's independent advisory report outlines highest risk groups under the NICE multiple technology appraisal. It has extended the availability of Covid treatments to more patients, including those with some respiratory conditions and neurological disorders. The report can be viewed [here](#).

Better care fund 2023-25 framework and planning requirements

The [Better Care Fund \(BCF\)](#) Policy Framework sets out the Government's priorities for 2023-25, including improving discharge, reducing the pressure on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers and housing adaptations.

Primary care commissioning assurance framework

The [Primary Care Commissioning Assurance Framework](#) enables ICBs to demonstrate that they are exercising their delegated functions safely, effectively and in line with legal requirements.

From 1 April 2023, all ICBs will assume delegated responsibility for primary care services, and ICBs will also enter into joint working arrangements with NHS England to jointly commission some specialised services. It is intended that NHS England will delegate further direct commissioning functions to ICBs from April 2024.

Also on 1st April 2023, responsibility for commissioning pharmaceutical, general ophthalmic services and dentistry (POD) was delegated to Integrated Care Boards (ICBs).

Changes to GMS contract 2023-24

On 6 March 2023, NHS England published an overview of changes to the GP Contract for 2023/24, the final year of Investment and Evolution: a five year framework for reform of the GP Contract to implement the Long Term Plan.

The changes fall into four categories:

- access
- performance-based funding (IIF and QOF)
- workforce flexibilities
- immunisations and vaccinations.

Full details can be found at [NHS England » Changes to the GP Contract in 2023/24](#)

2. 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 future direction for services of Dudley Integrated Health and Care NHS Trust. At the end of March, there was an update on the options appraisal to determine a model for a Black Country primary care delivery vehicle, an integrated children's service in Dudley and the potential partnering arrangements for Dudley Integrated Health and Care NHS Trust (DIHC). Work has been conducted through a series of project teams and below is a reminder of the teams:

- **Project team 1** - Primary Care Delivery - With the primary purpose to co-produce the functions, scope and model for a primary care delivery vehicle for Dudley and wider Black Country.
- **Project team 2** - Dudley Children's Services - With the primary purpose to determine how an integrated Children's service in Dudley can be achieved as part of a wider Black Country Children and Young People (CYP) model.
- **Project team 3** - DIHC strategic Partner - With the primary purpose to determine the options for strategic partnering arrangements for DIHC as an organisation.

Project Teams One and Three recommendations are due to be shared at the Project Board at the end of April. Project Team Four will be stood up by the Project Board accordingly.

DIHC will work together with the ICB, partners and NHS England to decide and agree the next steps.

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

The Trust submitted its financial plans to NHSE on the 23rd March 2023. The Trust had initially planned to deliver a breakeven position for 2023/24, however as part of series of planned improvements to the system financial position, the Trust agreed to plan to deliver an £800k surplus. This was agreed under delegated authority from the Board at the Extraordinary Finance, Performance and Digital Committee on the 23rd February 2023 and subsequently reported to all Board Members. The latest version of the system financial plans are still showing a significant deficit position and therefore further improvements are likely to be required by individual organisations. An additional planning return is now required to be submitted to NHSE on the 4th May 2023. If any changes are required for the Trust submission, arrangements will need to be put in place prior to the submission to enable sign off of the final plan.

3.1 NHS Payment Scheme

The 2023/25 NHS Payment Scheme has been set for two years (2023/24 and 2024/25). It contains rules for four payment mechanisms:

- **Aligned payment and incentive (API)** – covers almost all NHS provider activity and comprises fixed and variable elements. Almost all elective activity, and all activity which form part of the ERF, is included in the variable element and paid for using 100% of NHSPS unit prices.
- **Low volume activity (LVA)** block payments – applies to almost all NHS provider/commissioner relationships with an annual value below £0.5m. Commissioners should pay providers the nationally set LVA value, based on a three-year rolling average, with no other transactions in-year.
- **Activity-based payment** – applies to all services with NHSPS unit prices delivered by non-NHS providers. Activity is paid for using 100% of NHSPS unit prices for each unit of activity delivered.
- **Local payment arrangements** – providers and commissioners locally agree an appropriate payment approach.

The 2023/25 NHS Payment Scheme came into effect on 1st April 2023.

4. Industrial Action

The RCN have scheduled industrial action from late on 30 April 2023 to 1 May 2023.

There is a significant difference in the next phase of industrial action. There are no “derogations” agreed by the RCN. It applies to all services, including emergency, trauma etc. In addition, Unison are looking to overlap industrial action in some areas.

Within DIHC there is likely to be very little direct impact. However, we will work cooperatively with other NHS providers across our system.

5. Dudley Health and Care Partnership Board

At the April meeting of the Dudley Health and Care Partnership Board, the chairing arrangements moving forwards was discussed. Penny has chaired the Board for the last six months as a co-chair arrangement with The Dudley Group NHS Foundation Trust, and it was confirmed that a representative of the Primary Care Collaborative will Chair the Board moving forwards for a year's tenure. A process was followed for the election of the Chair through nominations and voting from members of the Board. The same process will now be followed for the election of a Vice Chair.

The draft Dudley Health and Care Partnership Board Annual Report for 2022/23 was presented to the Board. The annual report describes all the great work that has been undertaken by the Board in the past 12 months and also outlines the direction of travel for 2023/24. A one page summary will also be drafted which will detail key information.

There will be a Combined Board Away day between the Forging the Future Executive, the Health and Wellbeing Board and the Dudley Health and Care Partnership Board on 27th April and a verbal update will be given.

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TUESDAY 9th May 2023
11:15 to 12:30pm

MS Teams

PRIVATE AGENDA

Item No	Agenda Item			Presented By	Time
1	Chair's Welcome	To Receive	Verbal	Mr. I Buckley	11:15
	1.1 Apologies				
	1.2 Declarations of Interest	To Receive	Verbal		
	1.3 Private Board Minutes – meeting held on 18 th April 2023	For Approval	Enc 1.3		
	1.4 Action Register and Matters Arising	For Approval	Enc 1.4		
	1.5 Items Carried Forward from Part One	For Discussion	Verbal		
2	DIHC Next Steps	For Discussion	Enc 2	Ms. S Cartwright	11:25
3	Committee Minutes (to be taken as read)			Mr. I Buckley	12:15
	3.1 Quality and Safety Committee – meeting held on 21 st February 2023	For Information	Enc 3.1		
	3.2 Primary Care Integration Committee – meeting held on 15 th February 2023	For Information	Enc 3.2		
	3.3 Finance, Performance and Digital Committee – meeting held on 23 rd February 2023	For Information	Enc 3.3		

	3.4 People Committee – meeting held on 28 th February 2023	For Information	Enc 3.4		
	3.5 Audit and Risk Committee – meeting held on 23 rd January 2023	For Information	Enc 3.5		
4	Board Meeting Reflections	To Receive	Verbal	Mr. I Buckley	12:20
5	Any Other Business	To Receive	Verbal	Mr. I Buckley	12:25
6	Date of next meeting: TBC				



DUDLEY INTEGRATED HEALTH AND CARE PUBLIC TRUST BOARD

REPORT TITLE:	Physician Associate Strategy
DATE OF MEETING:	9 May 2023
PURPOSE OF REPORT:	Approval of the Physician Associate Strategy
RESPONSIBLE EXECUTIVE:	Dr Lucy Martin, Medical Director
AUTHOR OF REPORT	Dr Richard Bramble, Associate Medical Director Alison Braham, Chief of Office – Medical Directorate
SUMMARY OF KEY POINTS:	<p>The role of Physician Associate is still relatively new in the UK and DIHC is one of the main employers of Physician Associates across the Black Country.</p> <p>This is our first Physician Associate Strategy, it sets out our vision for 2023-25, how we will embed our standards to ensure our Physician Associates and the GP practices they support continue delivering high standards of care to our patients.</p>
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	<p>Implementation of our Physician Associate Strategy will support:</p> <ul style="list-style-type: none"> - improved quality and safety for patients, practices and Physician Associates - improved performance as a result of standardisation of working patterns
FUNDING/ COST IMPLICATIONS:	None identified at this stage.
DoF / Finance Approval	<input type="checkbox"/> Yes <input type="checkbox"/> In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	Dr Richard Bramble, practising GP in Dudley
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: <i>Tick as appropriate</i>	<input type="checkbox"/> Develop our role in the Dudley Place <input type="checkbox"/> Implementation of integrated care model for the Dudley population <input type="checkbox"/> Improve outcomes for children and young people in Dudley <input checked="" type="checkbox"/> Support sustainability of primary care <input checked="" type="checkbox"/> Be the best and happiest place to work <input checked="" type="checkbox"/> Improve the health of our population and reduce inequalities <input type="checkbox"/> Demonstrate value to our population / Greener NHS
CQC DOMAINS: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective

	<input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led
LIST KEY RISKS IDENTIFIED: <i>Select none identified or outline the risks identified and mitigations taken (if addressing existing risk on the corporate risk register please provide reference number)</i>	<input checked="" type="checkbox"/> None Identified at this stage, however risks will be identified and mitigated as part on the implementation phase.
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	<input checked="" type="checkbox"/> Executive <input type="checkbox"/> People <input type="checkbox"/> Finance Performance & Digital <input type="checkbox"/> Digital Board <input type="checkbox"/> Quality and Safety/ QSSG <input type="checkbox"/> Audit & Risk <input type="checkbox"/> Primary Care Integration <input type="checkbox"/> Strategy and Transformation <input type="checkbox"/> EDI <input type="checkbox"/> Trust Management Board <input type="checkbox"/> Well Led <input type="checkbox"/> Other (Please state)
CONSIDERATIONS / IMPACTS: <i>Select none identified or outline the potential impact and considerations undertaken</i>	Quality and Equality Impact Assessment
	<input checked="" type="checkbox"/> None Identified The Physician Associate Strategy supports the aim of improving quality and access to care.
	Equality, Diversity and Inclusion
	<input checked="" type="checkbox"/> None Identified at this stage
	Greener NHS Sustainability Impact Assessment
	<input checked="" type="checkbox"/> None Identified at this stage
PRESENTED TO:	Other Regulatory Requirements
	<input checked="" type="checkbox"/> None Identified .
RECOMMENDATION: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> For Approval / Decision <input type="checkbox"/> For Assurance <input type="checkbox"/> For Information / Discussion

Physician Associate Strategy



2023 - 2025



Dudley Integrated
Health and Care
NHS Trust



Contents

Foreword from the Medical Director	3
Introduction	5
Our Commitments	6
Conclusion	10
References	12
Appendix 1 - Clinical Induction Checklist	13
Appendix 2 - Development Plan Example	14
Appendix 3 - Job Plan Examples	16
Appendix 4 - Example Supervision Schedule	21
Appendix 5 - Supervisor Meetings Form Example	22
Appendix 6 - Example Appraisal Form	23

Foreword from the Medical Director



The Faculty of Physician Associates was launched by the Royal College of Physicians in 2015. Even before that Dudley Primary Care had a heritage of employing Physician Associates and promoting their role in General Practice. The number of Physician Associates has increased since then with many universities now helping to create a very able workforce. The ability of Primary Care to recruit PAs increased dramatically in 2020 when they became eligible for role reimbursement through the Network Contract Directed Enhanced Service.

Dudley Integrated Health and Care NHS Trust has become one of the largest employers of Primary Care Physician Associates in our region. We have built on our strong relationships with our Primary Care Networks and our PA colleagues are now seen as indispensable in dozens of practices across Dudley.

Our goal is to ensure that the service that we supply through our Physician Associates is of the highest quality, that that quality is defined and that that quality is recognised by the PCNs and practices that we serve – for the ultimate good of the people of Dudley. In aiming for that high quality we will consistently listen and respond to our PCNs and practices, to our public and to our PAs themselves. This strategy sits alongside our Nursing & AHP Strategy, our Preceptorship Policy and our Service Level Agreements with our PCNs and practices. Looking to the future we are hopeful that we will be able to support PCNs and practices across our System to optimise the many skills and assets that PAs bring to the Black Country.

Dr Richard Bramble
Acting Joint Medical Director
March 2023



Introduction

Dudley Integrated Health and Care NHS Trust (DIHC) is committed to improving healthy life expectancy, and to reducing health inequalities for our communities. Our organisation was created by local system partners with the core aim of enabling the integration of primary care with community-based services, focussing on sustainability and development, while providing optimum care for our patients.

With a decline in GP numbers and other practice staff, practices in Dudley and across the country continue to experience increasing pressures. This is set against the reality of rising patient numbers and more patients with a greater complexity of needs as people live longer.

We aim to boost out of hospital care with our GP practices working together more to deal with pressures in primary care and extend the range of convenient local services, creating genuinely integrated teams of GPs, community health, social care and other staff whose work impacts on the health of our citizens.

The challenges of workforce and workload pressures can impact on patients' experience of care; hence the ability of general practice to deliver safe sustainable services whilst ensuring the wellbeing of the primary care workforce is paramount. As an organisation we pride ourselves on the diverse range of clinical and non-clinical staff who contribute to the sustainability of GP primary care services on a daily basis.

Physician Associates (PA) are medically trained, generalist healthcare professionals, who work alongside doctors and provide medical care as an integral part of the multidisciplinary team. Physician associates are practitioners, working with a dedicated medical supervisor, and can work autonomously with appropriate support.

The role of Physician Associate is still relatively new in the UK and DIHC is one of the main employers of Physician Associates across the Black Country.

This is our first Physician Associate Strategy, it sets out our vision for 2023-25, how we will embed our standards to ensure our Physician Associates and the GP practices they support continue delivering high standards of care to our patients.

Our Commitments

DIHC has introduced a series of commitments for our Nursing and AHP workforce, which form the basis of our Nursing and AHP strategy. To maintain a cohesive approach to caring for our patients and staff these commitments have also been adopted and aligned to our PA workforce.

Through our consultation, our Physician Associate colleagues have identified the areas of focus and the key practical steps required to enable them to deliver on the commitments.

The next section will identify what we will do to achieve this, how we will do it and also how we will measure success.

Commitment 1 - We will provide high quality, safe, effective and compassionate care

What we will do

- Provide person centred care, co-produced with patients and communities, ensuring health promotion is integral to the service user's journey
- Provide safe care, learning from incidents and feedback
- Provide safe environments for staff and patients
- Drive continuous improvements in quality and safety processes to reduce harm
- Provide teams with the skills and equipment to continuously improve care

How we will do it

- Use the Faculty of Physician Associates guidance to reinforce best practice

- Ensure robust arrangements are in place to ensure collaboration and supportive working relationships between PAs and clinical supervisors
- Enable opportunities for our PAs to lead on research and clinical audit
- Ensure our people are fully trained to deliver all aspects of care, offering physical, emotional, social and psychological wellness
- Adopt the Just Learning & Restorative Culture
- Ensure a visible and approachable Freedom to Speak Up Guardian
- Establish and maintain positive working relationships with our health and care partners within the Black Country Integrated Care System
- Provide enhanced Datix training including implementation of the patient safety syllabus
- Develop a skills and training framework for clinical and non-clinical requirements
- Use Quality Improvement methodology and service improvement techniques

We will know we are successful when:

- Our service users receive high quality, safe, effective and compassionate care that reflects our Trust values consistently
- Our Physician Associates and service users tell us that they would recommend our organisation for care and treatment
- Our data tells us that we are reducing harm and improving quality
- Our data tells us that we are reducing the gap in health inequalities for our population
- Our data tells us that we are providing



- a significant and increasing number of appointments in Primary Care.
- Our PCNs and practices feedback that PAs are sharing the Access pressures in Primary Care and freeing up GP time.

Commitment 2 - We will be recognised as an excellent employer of choice for our Physician Associate workforce where our Physician Associates are proud to belong

What we will do

- Implement and support development opportunities
- Ensure there are clear escalation routes for PAs to raise concerns
- Be at the forefront of new developments and opportunities for PAs
- Ensure our people feel a sense of belonging
- Support more PAs to be recognised for their achievements

How we will do it:

- Clear career frameworks
- Open door to Executives
- Datix incident reporting and Freedom to speak up awareness
- Be involved in the national community nursing plan
- Opportunities to participate in the Black Country PA forum

We will know we are successful when:

- Our PAs feel valued, listened to, empowered, and embraced
- Our PAs tell us that they are supported by compassionate, visible and accessible leaders
- Diversity is celebrated
- We recognise success through staff awards and 'thank you's'.
- We excel through clinical audit and the high standard and quality of services is evident
- Our PAs are supported to drive innovation that improves and enhances patient care

Commitment 3 – We will invest in our Physician Associate workforce ensuring professional development

What we will do

- Work with research and innovation teams to engage more PAs in research
- Ensure all PAs can access clinical supervision
- Ensure our PAs are supported to engage and utilise technology both for professional development and for patient care

How we will do it:

- Link the PA workforce into our Research and Innovation Group
- Increase our clinical supervisor training thus increasing capacity for supervision
- Provide agile opportunities to access training as appropriate, exploiting the use of technology to be more efficient
- Encourage our PAs to be engaged in clinical audit and research
- Seek funding opportunities for further training and education
- Develop a supervision policy for our PA workforce aligned to the principles of this strategy
- Provide research, audit and training opportunities

We will know we are successful when:

- We promote inclusivity and progression through leadership development
- Support our people to enhance their career progression
- Our PAs are celebrated for leading research in clinical audits
- We have effective Service Level Agreements in place with GP practices outlining clinical supervisor arrangements

Conclusion

During 2023 we expect these commitments to be developed through a Service Level Agreement between DIHC and PCNs, to be finalised in April 2023. Alongside the SLA, we will create a detailed “Role Definition” for PAs, which will detail PA Clinical Supervision and Educational Supervision, including arrangements for Preceptorship. The Role Definition will also detail standard operational procedures, roles and responsibilities for:

- DIHC Operations Directorate
- DIHC Medical Directorate
- PCNs
- Practices
- The PA

This Physician Associate Strategy, and the associated work around it, represent a significant improvement in the management of our highly valued PA colleagues within DIHC. We anticipate

- improved job-satisfaction and recruitment through a clearer career plan for PAs
- improved quality and safety for patients, practices and the PAs themselves
- improved performance through standardising working patterns and developing PA skills

As with our Primary Care Strategy, DIHC’s new PA Strategy is breaking new ground. We are applying the strengths of an NHS Trust to think through the issues of Primary Care access and staffing. We are confident that this approach adds value to the 41 practices and the 320,000 patients that we currently support.



References

DIHC Strategic priorities, 2022

DIHC Primary Care Strategy, 2022

DIHC Clinical Supervision Policy (POL-CORP-002), issued June 2022

DIHC Preceptorship Policy, 2023

DIHC Physician Associate Role Definition (draft)

DIHC Nursing and AHP Strategy, 2022

Service Level Agreement between DIHC and PCNs, (draft)

RCP [Faculty of Physician Associates](#)

Appendix 1 - Clinical Induction Checklist

	Completed (yes/no- add note)	Signed /Initialled by GP supervisor and PA	Notes
Induction into the practice (values and strategic objectives)			
Allocation of a named medical supervisor			
Socialisation into the medical teams that they will be working with			
Job plan schedules- discussed and provided			
Proposing prescription management process – discussed and agreed with PA and all GPs in the practice			
Supervision schedules – discussed and provided			
Knowledge/skills assessment to identify where development needs are - discussed and completed			
Development plan to meet their needs over the next year - discussed and agreed			
Allocated a daily supervisor to work with from the medical team			
Regular review of patients seen with review of written notes and feedback- discussed and planned			
Access to regular, appropriate teaching sessions or educational opportunities – discussed and schedule provided			
Regular formal review (suggested minimum 3 monthly or more often if required) – discussed and schedule provided			
CPD provision- discussed and agreed			
Annual appraisal and review of PA career portfolio – discussed and dates agreed			
Completion of any required documentation over the year (e.g. feedback, case-based discussion, reflections or DOPS) – discussed and dates agreed			

Appendix 2 - Development Plan Example

Physician Associate Name		Date	
GP Supervisor Name		Date	

Development What needs to be developed?	Solution How will the need be addressed?	Measured By How will you know that the need has been met?	Priority Low, medium or high	Responsibility Who is required to progress this activity?

Physician Associate Signature		Date	
GP Supervisor Signature		Date	

Appendix 3 - Job Plan Examples

Example 1

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	3-hour clinic session (15-minute appts)	3-hour clinic session (15-minute appts)	3-hour Docman/ correspondence action session	3-hour clinic session (15-minute appts)	3-hour clinic session (15-minute appts)
Reflection on mornings clinical cases	Half an hour	Half an hour		Half an hour	Half an hour
Lunchtime meetings		Practice staff team meeting		1-hour tutorial with GP supervisor and wider PC team	
PM	3-hour clinic session (15-minute appts)	3-hour clinic session (15-minute appts)	3-hour clinic session (15-minute appts)	CPD activity	3-hour clinic session (15-minute appts)
Reflection on afternoons clinical cases	Half an hour	Half an hour	Half an hour		Half an hour

Week 1

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	3-hour clinic session Observing GP supervisor	3-hour clinic session Observing GP supervisor	3-hour Docman/ correspondence action session Observing GP supervisor	Home Visits Observing GP /paramedic practitioner	3-hour clinic session Observing GP supervisor
Reflection on mornings clinical cases	30 mins	30 mins	30 mins	30 mins	30 mins
Lunchtime meetings		Practice staff team meeting		1-hour tutorial with GP supervisor and wider PC team	
PM	3-hour clinic session Observing GP supervisor	3-hour clinic session Observing GP supervisor	Home visits Observing on call GP	CPD activity	3-hour clinic session Observing GP supervisor
Reflection on afternoons clinical cases	30 mins	30 mins	30 mins	30 mins	30 mins

Week 2

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	3-hour clinic session (15-minute appts)	3-hour clinic session (15-minute appts)	3-hour Docman/ correspondence action session	3-hour clinic session (15-minute appts)	3-hour clinic session (15-minute appts)
Reflection on mornings clinical cases	30 mins	30 mins		30 mins	30 mins
Lunchtime meetings		Practice staff team meeting		1-hour tutorial with GP supervisor and wider PC team	
PM	3-hour clinic session (15-minute appts)	3-hour clinic session (15-minute appts)	3-hour clinic session (15-minute appts)	CPD activity	3-hour clinic session (15-minute appts)
Reflection on afternoons clinical cases	30 mins	30 mins	30 mins	30 mins	30 mins

Example 2 - Week 1 Induction

Monday AM	Tuesday AM	Wednesday AM	Thursday AM	Friday AM
Introduction to the practice and the practice team	Shadow clinicians either triage/face to face consultations	Shadow clinicians either triage/face to face consultations	Shadow clinicians either triage/face to face consultations	Shadow clinicians either triage/face to face consultations
Complete any outstanding paperwork for HR purposes. Familiarise self with policies and paperwork	Sit in with any other members of the team who may be running clinics – midwife, clinical pharmacist, minor surgery etc.	Sit in with any other members of the team who may be running clinics – midwife, clinical pharmacist, minor surgery etc.	Sit in with any other members of the team who may be running clinics – midwife, clinical pharmacist, minor surgery etc.	Sit in with any other members of the team who may be running clinics – midwife, clinical pharmacist, minor surgery etc.
Get IT access and smart card. Familiarisation with IT systems	Shadow duty doc or if results line those tasked with this job	Shadow duty doc or if results line those tasked with this job	Shadow duty doc or if results line those tasked with this job	Shadow duty doc or if results line those tasked with this job
Knowledge and skills baseline assessment				End of first week review and discuss skills/ knowledge requirement. Build in time for education and support throughout the first year. CPD and local education- starting weekly and then monthly
Monday PM	Tuesday PM	Wednesday PM	Thursday PM	Friday PM
Sit in with reception/back office staff/other clinicians	Shadow on home visits – sit in consultations with other members of the GP team	Shadow on home visits – sit in consultations with other members of the GP team	Shadow on home visits – sit in consultations with other members of the GP team	Shadow on home visits – sit in consultations with other members of the GP team

Monday AM	Tuesday AM	Wednesday AM	Thursday AM	Friday AM
Start seeing patients – 30min appointments on the day acute patients	Start seeing patients – 30min appointments on the day acute patients	Start seeing patients – 30min appointments on the day acute patients	Start seeing patients – 30min appointments on the day acute patients	Start seeing patients – 30min appointments on the day acute patients
Review of patients as required and review of clinic after morning surgery	Review of patients as required and review of clinic after morning surgery	Review of patients as required and review of clinic after morning surgery	Review of patients as required and review of clinic after morning surgery	Review of patients as required and review of clinic after morning surgery
Build in administration time for paperwork, results and referrals	Build in administration time for paperwork, results and referrals	Build in administration time for paperwork, results and referrals	Build in administration time for paperwork, results and referrals	Build in administration time for paperwork, results and referrals
Monday PM	Tuesday PM	Wednesday PM	Thursday PM	Friday PM
Shadow on home visits	Shadow on home visits	Shadow on home visits	Shadow on home visits	Shadow on home visits
Evening surgery as per the morning surgery and supervisor review at end of surgery	Evening surgery as per the morning surgery and supervisor review at end of surgery	Evening surgery as per the morning surgery and supervisor review at end of surgery	Evening surgery as per the morning surgery and supervisor review at end of surgery	Evening surgery as per the morning surgery and supervisor review at end of surgery

Appendix 4 - Example Supervision Schedule

Dates	Time	Discussion Topic
Week 1: Daily	Monday-12.00 and 17.30	Daily clinical case discussion, issues and concerns following observation
	Tuesday-12.00 and 17.30	
	Wednesday – 17.30	Tutorial session Thursday lunchtime
	Thursday – 17.30	
	Friday – 12.00 and 17.30	
Week 2: Daily	Monday-12.00 and 17.30	Daily clinical case discussion, issues and concerns following observation
	Tuesday-12.00 and 17.30	
	Wednesday – 17.30	Tutorial session Thursday lunchtime
	Thursday – 17.30	
	Friday – 12.00 and 17.30	
Week 3: Daily	Monday-12.00 and 17.30	Daily clinical case discussion, issues and concerns following observation
	Tuesday-12.00 and 17.30	
	Wednesday – 17.30	Tutorial session Thursday lunchtime
	Thursday – 17.30	
	Friday – 12.00 and 17.30	
Week 4: Daily	Monday-12.00 and 17.30	Daily clinical case discussion, issues and concerns following observation
	Tuesday-12.00 and 17.30	
	Wednesday – 17.30	Tutorial session Thursday lunchtime
	Thursday – 17.30	
	Friday – 12.00 and 17.30	
	REVIEW AFTER 1ST MONTH	

Appendix 5 - Supervisor Meetings Form Example

You can provide details of your meetings with your named supervisor

Name of Clinical Supervisor	
Job Title	
Date/s of Meeting/s	
Outcome of discussion	

Appendix 6 - Example Appraisal Form

EMPLOYEE DETAILS	
Employee:	
Role:	
Base:	
CLINICAL SUPERVISOR	
Clinical Supervisor:	
Role Title:	
Appraisal Period	From: To:
REVIEW TNA/PDP/SET OBJECTIVES	
Date/Item	Summary/Comments
1	
2	
3	
4	
5	
6	

Add more lines if necessary

DEVELOPMENT ACTIVITY		
What personal development has been undertaken/is required		
Employee Detail on Progress		
Clinical Supervisor Summary		
SIGNATURES		
Employee		
Name:		
Signature:		Date
Clinical Supervisor		
Clinical Supervisor:		
Signature:		Date:

Setting Objectives:

Employee:			
Clinical Supervisor:			
Date			
No	Individual Objective	Date to be completed by:	Key measure of success
1			
2			
3			
4			
5			
6			
7			
8			

Add more lines if necessary

SIGNATURES		
Employee		
Name:		
Signature:		Date
Clinical Supervisor		
Clinical Supervisor:		
Signature:		Date:



Contact

dihc.communications@nhs.net to
request this document in another
language or a different format.





TRUST BOARD

REPORT TITLE:	National Staff Survey Results 2022
DATE OF MEETING:	9 th May 2023
PURPOSE OF REPORT:	To provide the board with the summary results of the National Staff Survey (NSS) along with a summary of the improvement actions.
RESPONSIBLE EXECUTIVE:	Stephanie Cartwright, Director of Strategy, People and Partnerships
AUTHOR OF REPORT	Sara Brown, People Partner
SUMMARY OF KEY POINTS:	<p>The National Staff Survey 2022 results were received (under embargo) into Trust on 21st February 2023.</p> <p>An analysis of high-level results was undertaken and provided in the attached PowerPoint slide summary.</p> <p>A range of actions are outlined for improvement during 2023/24.</p>
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	<ul style="list-style-type: none"> • The Board are fully aware of the outcomes of the National Staff Survey 2022 and the feedback from staff. • Board members understand the areas of improvement and worsening performance and understand the challenges going forward and the recommended areas for improvement
FUNDING/ COST IMPLICATIONS:	
DoF / Finance Approval	<input type="checkbox"/> Yes <input type="checkbox"/> In Progress (not as yet)
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	N/A
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: <i>Tick as appropriate</i>	<input type="checkbox"/> Develop our role in the Dudley Place <input type="checkbox"/> Implementation of integrated care model for the Dudley population <input type="checkbox"/> Improve outcomes for children and young people in Dudley <input checked="" type="checkbox"/> Support sustainability of primary care <input checked="" type="checkbox"/> Be the best and happiest place to work <input checked="" type="checkbox"/> Improve the health of our population and reduce inequalities <input checked="" type="checkbox"/> Demonstrate value to our population / Greener NHS
CQC DOMAINS: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led

LIST KEY RISKS IDENTIFIED: <i>Select none identified or outline the risks identified and mitigations taken</i> <i>(if addressing existing risk on the corporate risk register please provide reference number)</i>	<input type="checkbox"/> None Identified C-064 Risk of substantive workforce shortages (through vacancies, absence or excess demand) result in additional premium costs being incurred.
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	<input checked="" type="checkbox"/> Executive <input checked="" type="checkbox"/> People <input type="checkbox"/> Finance Performance & Digital <input type="checkbox"/> Digital Board <input type="checkbox"/> Quality and Safety/ QSSG <input type="checkbox"/> Audit & Risk <input type="checkbox"/> Primary Care Integration <input type="checkbox"/> Strategy and Transformation <input checked="" type="checkbox"/> EDI <input type="checkbox"/> Trust Management Board <input type="checkbox"/> Well Led <input type="checkbox"/> Other (Please state)
CONSIDERATIONS / IMPACTS: <i>Select none identified or outline the potential impact and considerations undertaken</i>	Quality and Equality Impact Assessment
	<input type="checkbox"/> None Identified Lower staff morale may impact on quality of care. Improvements seen in results for black, Asian and minority ethnic staff Results for staff with disabilities have worsened and require further exploration.
	Equality, Diversity and Inclusion
	<input type="checkbox"/> None Identified Survey results impact on WRES and WDES indicators
	Greener NHS Sustainability Impact Assessment
	<input checked="" type="checkbox"/> None Identified
	Other Regulatory Requirements
PRESENTED TO:	<input checked="" type="checkbox"/> Public Board <input checked="" type="checkbox"/> Private Board <input checked="" type="checkbox"/> Assurance Committee (<i>state</i>) – People Committee, EDI Committee <input type="checkbox"/> Other Committee (<i>state</i>) -
RECOMMENDATION: <i>Tick as appropriate</i>	<input type="checkbox"/> For Approval / Decision <input checked="" type="checkbox"/> For Assurance <input type="checkbox"/> For Information / Discussion

NATIONAL STAFF SURVEY RESULTS 2022

Introduction

The National Staff Survey (NSS) ran between September and November 2022 and the Trust achieved a 63% response rate, equivalent to 2021, and above peers. The raw results for the survey were received in December 2022 with the full benchmark results being received on 21st February, albeit under embargo until 9 March 2023.

The results have been reviewed by members of the People Team as previously outlined as the Trust seeks to develop Trust wide high-level actions alongside more local action plans in departments and directorates where possible. The board should note, detailed responses broken down by department/directorate are only available where there were 11 or more respondents.

The attached PowerPoint slide deck provides a detailed summary of the report together with details of the actions being undertaken.

High Level Summary

The results are summarised as:

- This is the second year that DIHC have been able to participate as an organisation in the National Staff Survey and therefore have our first set of results to compare against.
- The Trust's response rate was significantly higher than that of the average comparator organisation is one of the higher response rates across all comparator groups.
- The Trust is compared to Community Trusts, as the most relevant benchmark group, which may not be a direct comparator but is the nearest comparator for us within the NHS Trust definitions.
- Overall, the Trust has a positive set of results, seeing five of the nine themes internal scores improve since 2021.
- Recommender (advocacy scores) have significantly improved and are more aligned to peers than in 2021. Staff perception of organisation support for wellbeing has improved, however, perception of support from line managers has declined.
- Staff indicate dissatisfaction with pay levels and with flexible working opportunities.
- Scores around involvement and improvement have improved, with the exception of staff feeling they are unable to get involved in change within their teams or departments.
- Staff indicate some dissatisfaction with the quality of appraisals, but much greater satisfaction with development opportunities.
- Three of the four Workforce Race Equality indicators have shown improvement, whereas all of the Workforce Disability Equality indicators have shown decline which is a cause for concern and will need some specific attention.
- Improvement in scores around safety to speak up and confidence that the organisation will act on concerns raised are notable.
- People Pulse Survey results received in February for the survey that took place during January are included. The nine questions have all declined quite significantly since the NSS closed. This may be an indication of the current context in which the Trust is operating, and/or due to the much lower response rate.
- A breakdown report for the departments where there were more than 11 respondents has been provided and the PowerPoint provides a high-level summary. Departments are benchmarked against the Trust overall result in each of the People Promise themes. School Nursing and Pharmacy see the lowest comparative results and should be an area for specific focus. Dudley

Talking Therapies show extremely positive results across all themes, as does the Strategy, People and Communications Directorate.

Highlighted Areas for Improvement

- The PowerPoint report provides a set of recommended actions, both at corporate level and at department level.
- Questions aligned to indication of a restorative culture have been drawn out and were discussed at the board development session. Board members reflected that we should be above our peers across the board and therefore more focussed work was still needed.
- Given the results have declined around perceptions of line manager support in many areas, e.g. wellbeing, flexible working, appraisal quality, involvement in change, the more focus and attention that can be given at departmental level the more likely it will be that staff experience will improve across the Trust.
- Often the National Staff Survey results are seen to be something that the board/corporate teams are responsible for, however, staff satisfaction and morale will be largely driven by how individuals feel within their local team and with their managers. It will be absolutely critical that department leaders take appropriate action through discussing the results with their team, listening to feedback, and taking actions to help staff see improvement.
- The Pharmacy Team had already identified there were some morale issues and have begun work on listening to staff and addressing any concerns. A follow up session is planned where the survey results for the team can be discussed.
- There has been focus on supporting managers to improve their leadership through our leadership development programme. Not everyone has yet had opportunity to participate and attendance at sessions has been declining over the past 2-3 months particularly. Further work is being undertaken to increase participation, including offering some leadership development in a hybrid fashion.
- As part of the recommended actions, a review will be undertaken as to the content of leadership development to ensure it addresses the areas most in need of improvement.
- It may be appropriate to divert the time of the Learning and OD Manager to focussed time with teams but for this to work.

Recommendation

It is recommended that the Trust Board note the report and actions.

National Staff Survey 2022

Summary Report for Trust Board



**Dudley Integrated
Health and Care**
NHS Trust

Introduction to the Report

The benchmark report for Dudley Integrated Health and Care Trust contains results for the 2022 NHS Staff Survey.

These results are presented in the context of the best, average and worst results for similar organisations where appropriate. For DIHC there is limited historical data as this is the second time the Trust as an entity as taken part in the national survey.

Data in this report are weighted to allow for fair comparisons between organisations. This is important to note as will potentially show different scores to the 'raw' data originally shared.

The report provides an overview of the themes and sub scores, with narrative on changes and recommendations for improvement plans throughout 2023/24. It will be critical that changes begin quickly and results and improvement plans are communicated widely to ensure that the responses in the 2023 survey demonstrate the necessary improvements.

Questions in the NHS Staff Survey are aligned to the People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:

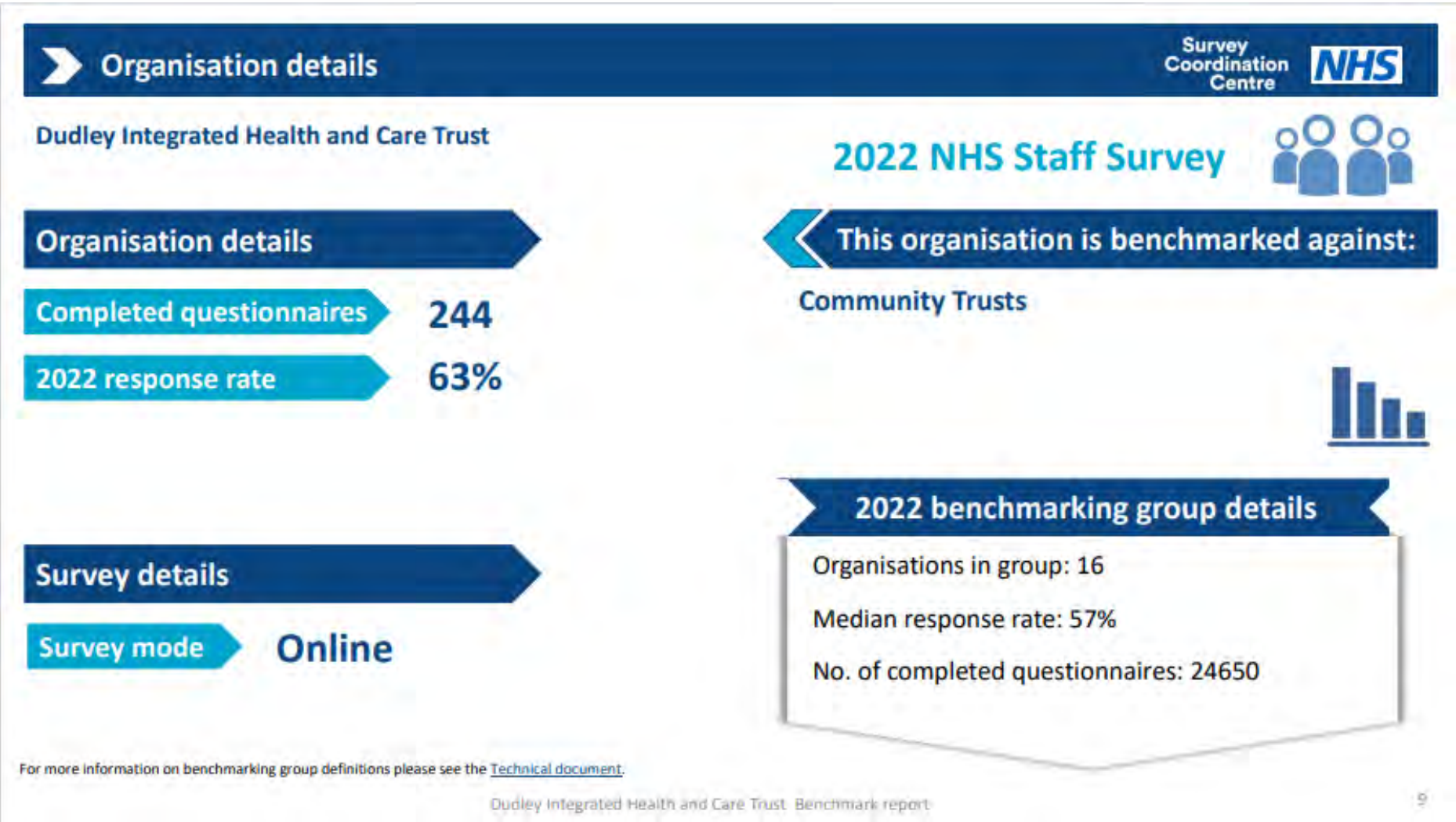


Key Information

The percentage response rate for 2022 is equivalent to that seen in 2021.

182 questionnaires were returned in 2021 compared to 244 in 2022.

We are benchmarked with Community Trusts, of which there are 16 across the NHS. Our response rate is significantly higher than the median for this group.



Summary

- This is the second year that DIHC have been able to participate as an organisation in the National Staff Survey and therefore have our first set of results to compare against.
- Our response rate was significantly higher than the average for our peer group and will possibly be one of the higher response rates across all comparator groups.
- We are compared to Community Trusts, as our benchmark group, which may not be a direct comparator but is the nearest comparator for us within the NHS Trust definitions.
- Overall, the Trust has a relatively positive set of results, seeing 5 of the 9 themes internal scores improve since 2021.
- Recommender (advocacy scores) have significantly improved and are more aligned to peers than in 2021. Staff perception of organisation support for wellbeing has improved, however, their perception of support from line managers has declined.
- Staff indicate dissatisfaction with pay levels and with flexible working opportunities.
- Scores around involvement and improvement have improved, with the exception of staff feeling they are unable to get involved in changes within their teams or departments, and also feeling a lack of involvement in changes.
- Staff indicate some dissatisfaction with the quality of appraisals, but much greater satisfaction with development opportunities.
- 3 of the 4 Workforce Race Equality indicators have shown improvement, whereas all of the Workforce Disability Equality indicators have shown decline which is a cause for concern and will need some specific attention.
- Improvement in scores around safety to speak up and confidence that the organisation will act on concerns raised are notable.

Understanding the Themes

<div> People Promise elements, themes and sub-scores </div> <div> Survey Coordination Centre </div>		
People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q23a, Q23b, Q23c, Q23d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15, Q16a, Q16b, Q20
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
	Raising concerns	Q19a, Q19b, Q23e, Q23f
We are safe and healthy	Health and safety climate	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
	Negative experiences	Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
We are always learning	Development	Q22a, Q22b, Q22c, Q22d, Q22e
	Appraisals	Q21a*, Q21b, Q21c, Q21d *Q21a is a filter question and therefore influences the sub-score without being a directly scored question.
We work flexibly	Support for work-life balance	Q6b, Q6c, Q6d
	Flexible working	Q4d
We are a team	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
	Line management	Q9a, Q9b, Q9c, Q9d
Themes	Sub-scores	Questions
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q23a, Q23c, Q23d
Morale	Thinking about leaving	Q24a, Q24b, Q24c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a
Questions not linked to the People Promise elements or themes		
Q1, Q10a, Q10b, Q10c, Q11e, Q15, Q16c, Q17, Q18a, Q18b, Q18c, Q18d, Q24d, Q30b		

The People Promise 7 theme scores are made up of questions from the survey. Each theme also has sub-scores.

Two additional themes (engagement and morale) are included in the overall results.

For this report, an overview of the theme scores and the sub-scores, has been provided together with information as to how these scores have changed since 2021, and how the Trust compares in each to its peer group (community trusts).

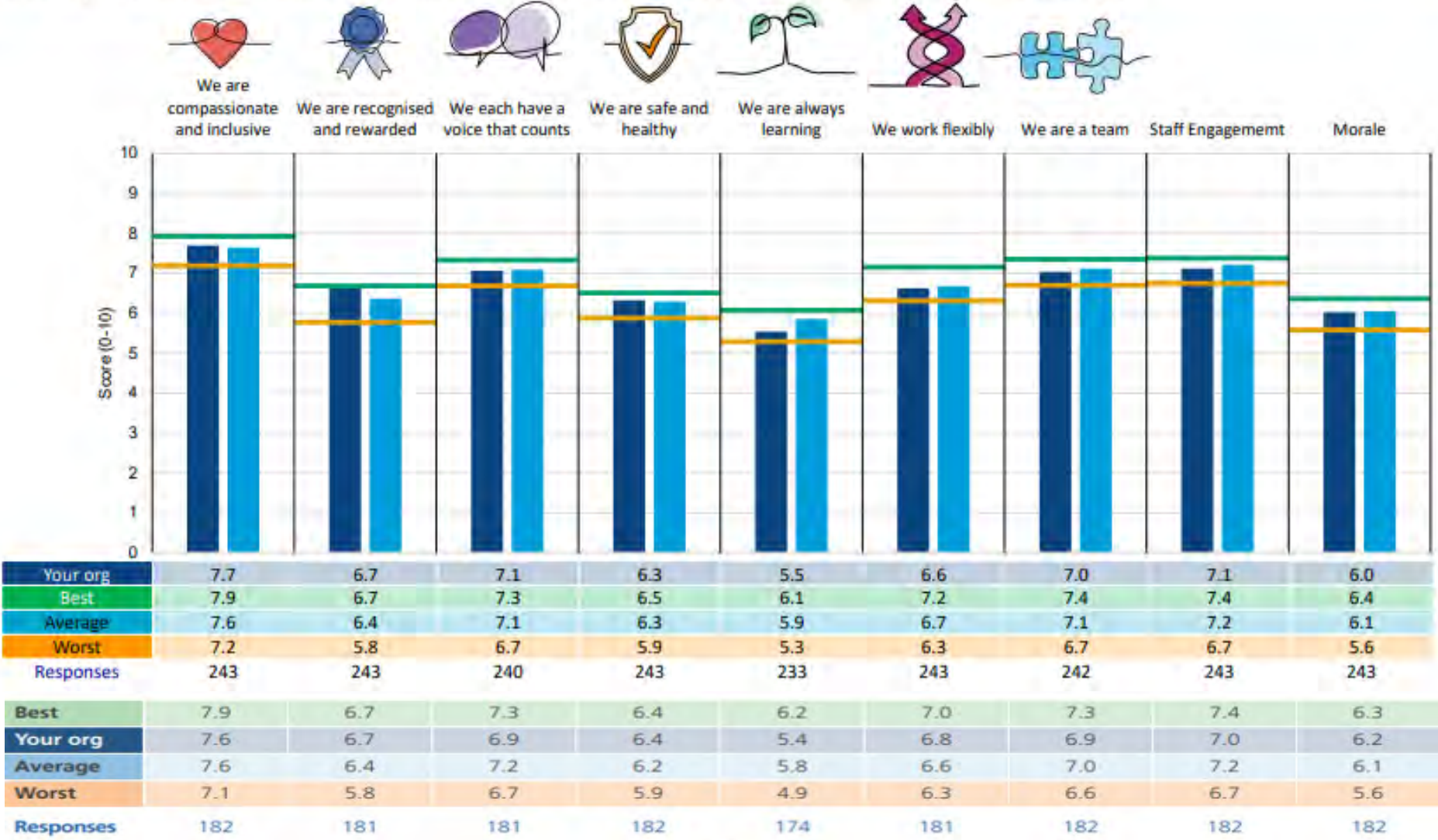
The full report provides further detail on each question referenced within the themes and how the Trust compares. These haven't been included in detail in this overview report.

Theme Scores

➤ People Promise Elements and Themes: Overview

Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Dudley Integrated Health and Care

NHS Trust

The chart shows DIHC scores (dark blue) against the average for our comparators (light blue) and where the Trust sits in terms of the best and worse scores (green and orange lines respectively).

The bottom table below shows the 2021 scores.

Since 2021, internal scores have improved slightly in 5 of the themes, no change in reward and recognition and slightly worsen in safe & healthy, flexible working and morale.

Peers scores are similar in most themes for 2022, seeing higher scores for peers in 4 themes and higher scores for DIHC in just 2 themes.

In 2021 DIHC scores were higher than peers in 4 of the 9 themes.

Theme 1 sub scores

People Promise Elements, Themes and Sub-scores: Sub-score trends

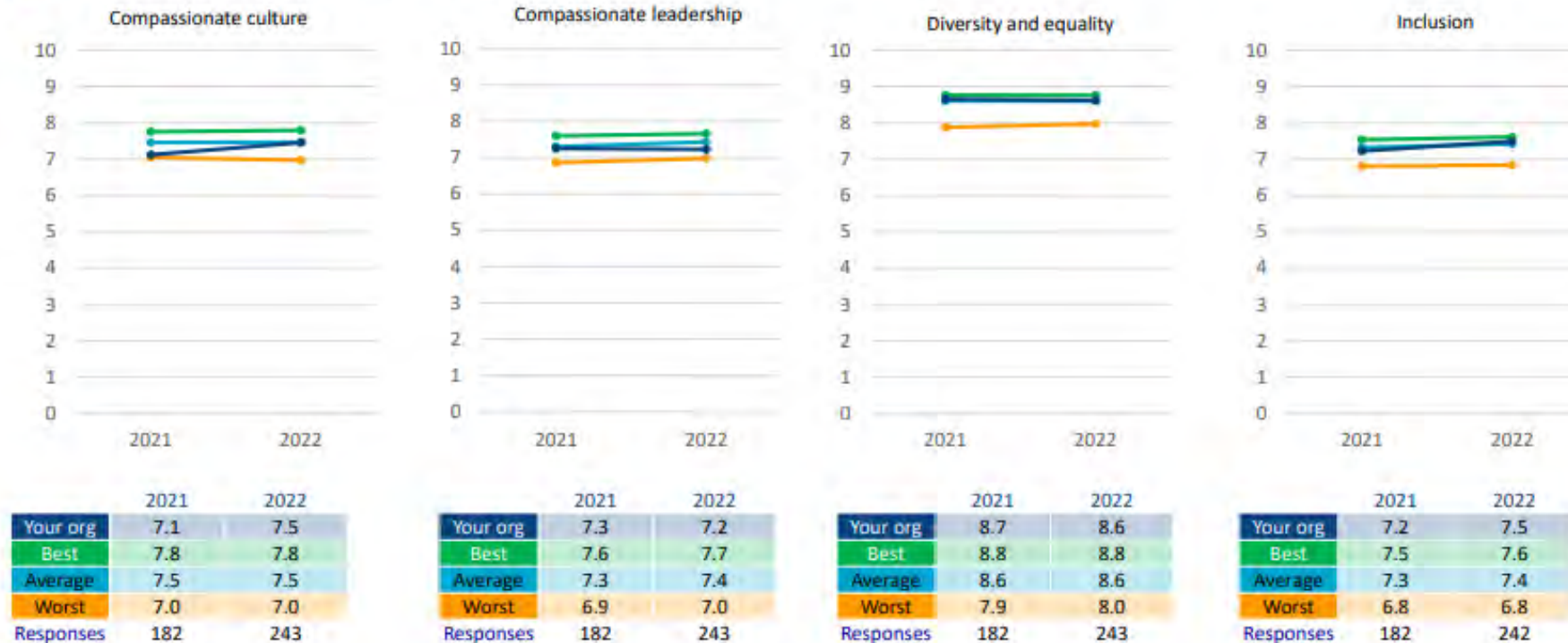
Survey
Coordination
Centre



All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 1: We are compassionate and inclusive



Areas for future focus:

- Review of leadership programme aligned to managers listening to and supporting staff
- Workshops for managers around wellbeing offers and policies to support staff
- Hold focus groups aligned to career progression expectations and ensure each department develops clear pathways

Theme 1

Compassionate culture has improved quite significantly since 2021, seeing all but one question in the sub score increase, and seeing the two recommender scores show a significant increase. Compassionate leadership and has shown a small decrease and this is driven by two questions aligned to staff feeling their managers listen to, and support their personal issues.

Diversity and equality has declined very slightly since 2021, driven by a decline in staff feeling the organisation acts fairly in relation to career progression.

Interestingly when looking at the breakdown for this question, white staff have shown significantly less positive responses, and BAME staff have shown improved responses.

Staff report positive changes around respect for culture and difference.

Inclusion has seen a positive increase driven by questions aligned to respect and kindness.

Scores align to peers generally across the sub scores but see compassionate leadership and inclusion slightly lower.

Theme 2 sub scores

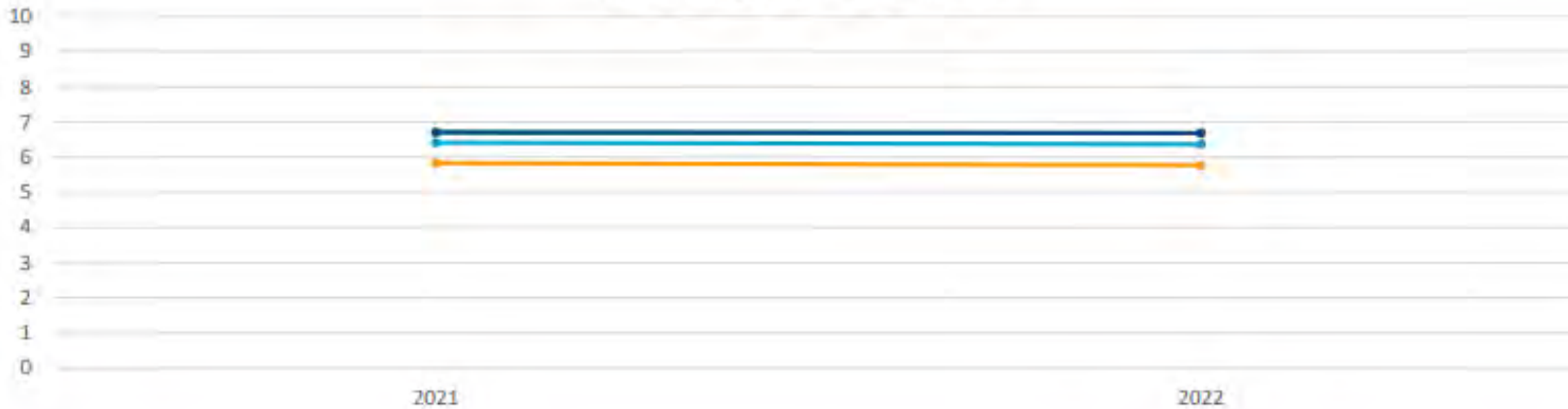
People Promise Elements and Themes: Trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 2: We are recognised and rewarded

We are recognised and rewarded



	2021	2022
Your org	6.7	6.7
Best	6.7	6.7
Average	6.4	6.4
Worst	5.8	5.8
Responses	181	243

Theme 2

The score for this theme has remained static, as it has for peers, and for which we score more favourably.

There has been a positive shift in the question asking staff if they feel the organisation values their work, many of the other questions in this theme remain relatively similar to 2021. The question aligned to pay satisfaction has significantly declined.

This level of decline around pay has been seen amongst peers also and it is likely that this aligns to the ongoing campaign around NHS pay.

Areas for future focus:

- Continue to focus on ensuring the organisation and managers give praise and recognition.
- Recommend that departments/directorates have local recognition processes in place.

Theme 3 sub scores

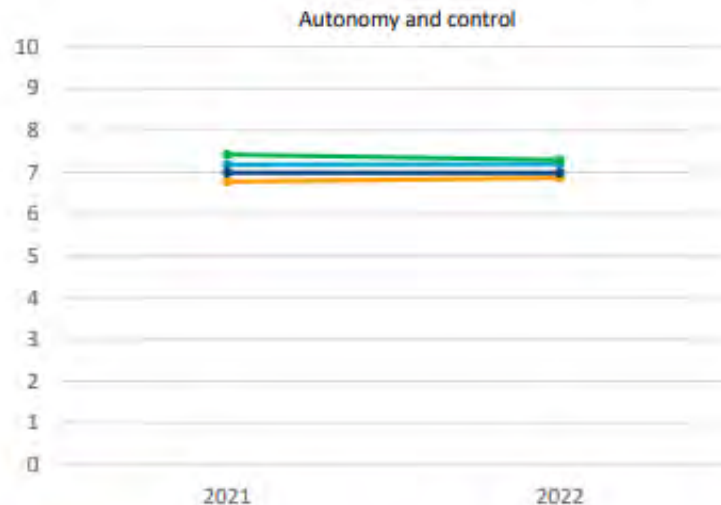
People Promise Elements, Themes and Sub-scores: Sub-score trends

Survey
Coordination
Centre

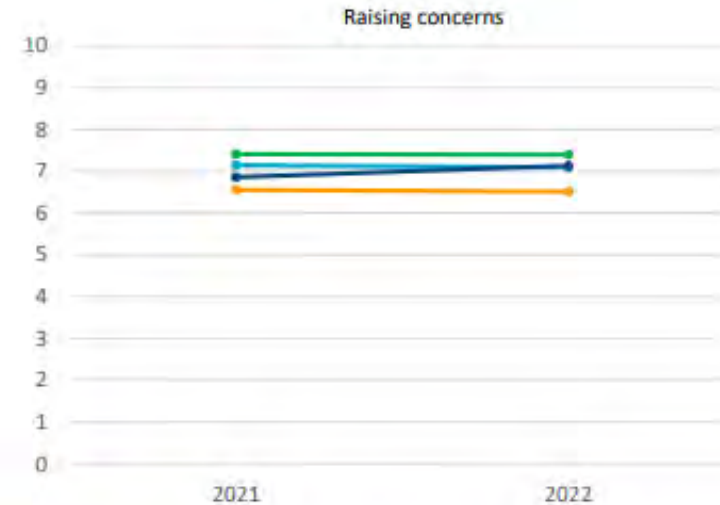
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 3: We each have a voice that counts



	2021	2022
Your org	7.0	7.0
Best	7.4	7.3
Average	7.2	7.2
Worst	6.8	6.9
Responses	182	243



	2021	2022
Your org	6.9	7.1
Best	7.4	7.4
Average	7.1	7.1
Worst	6.6	6.5
Responses	181	240

Theme 3

Autonomy and control has remained unchanged since 2021, as it has for peers, where we perform slightly below the average.

Most questions within this sub score have changed very little, however, the question around staff feeling able to make change happen within their team or department has significantly declined.

Raising concerns has improved seeing all four questions in this sub score improve, and the question around staff feeling confident that the organisation would act on concerns has significantly improved.

Areas for future focus:

- Recommend that teams and departments put significant focus on how they encourage and support staff to put forward ideas for change and empower them to lead these changes.
- Continued promotion of speaking up, sharing stories and feeding back on concerns raised.

Theme 4 sub scores

Theme 4

People Promise Elements, Themes and Sub-scores: Sub-score trends

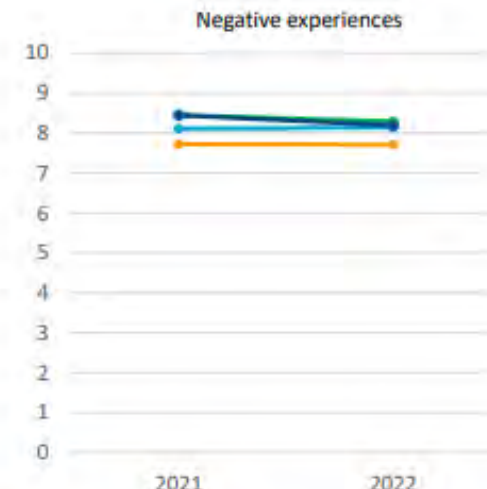
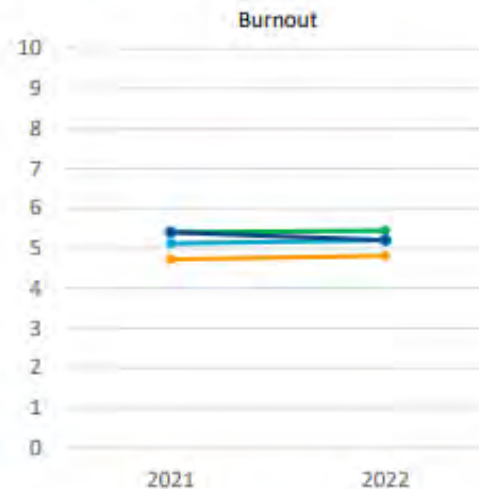
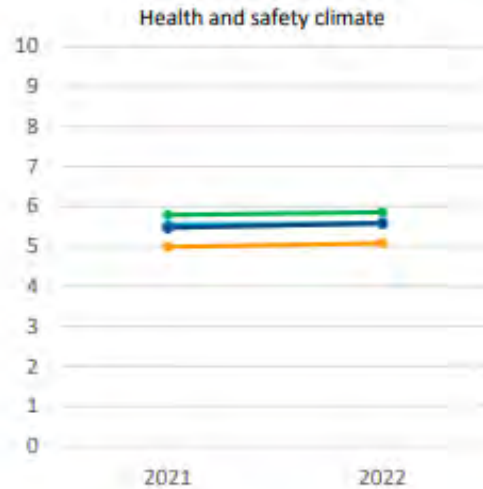
Survey
Coordination
Centre



All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 4: We are safe and healthy



	2021	2022
Your org	5.5	5.6
Best	5.8	5.9
Average	5.5	5.6
Worst	5.0	5.1
Responses	182	243

	2021	2022
Your org	5.4	5.2
Best	5.4	5.4
Average	5.1	5.2
Worst	4.7	4.8
Responses	182	243

	2021	2022
Your org	8.4	8.2
Best	8.4	8.3
Average	8.1	8.1
Worst	7.7	7.7
Responses	182	243

Areas for future focus:

- Recommend that teams and departments ensure that during 1:1's and/or appraisals and staff wellbeing checks are undertaken as well as workload reviews
- Ongoing promotion of wellbeing resources
- Ensure staff are aware of how to raise concerns around harassment and bullying

There has been a slight improvement in the health and safety climate sub score and mirrors the peer score. Most questions have seen minor change, however, the question about organisational action on health and wellbeing has significantly improved as has the question about having adequate supplies and resources.

Burnout has declined slightly, whereas peers have seen a slight improvement. All scores in this sub score area have worsened since 2021 indicating staff are finding work difficult and tiring.

Negative experience has declined but the score is slightly above peers. The scores for work related stress and feeling under pressure to come to work when unwell have worsened as has experience of harassment and bullying, particularly from service users.

Theme 5 sub scores

People Promise Elements, Themes and Sub-scores: Sub-score trends

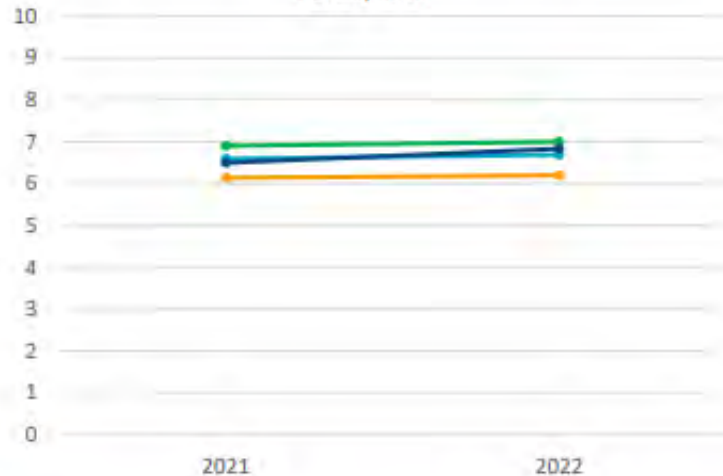
Survey
Coordination
Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 5: We are always learning

Development



	2021	2022
Your org	6.5	6.8
Best	6.9	7.0
Average	6.6	6.7
Worst	6.1	6.2
Responses	181	242

Appraisals



	2021	2022
Your org	4.3	4.3
Best	5.4	5.3
Average	5.0	5.1
Worst	3.7	4.2
Responses	175	234

Theme 5

There is an increase in development for DIHC, and the score is higher than peers.

There is no change in the appraisal score which is very low overall and significantly lower than peers.

Despite a significant increase in staff saying they have had an appraisal, there is a significant decrease in those saying it helped them improve how to do their job. The other questions around appraisal have also declined slightly.

All the questions aligned to development have improved with significant improvement in being able to access learning and development.

Areas for future focus:

- Review appraisal training for managers
- Review how we guide staff about what to expect from their appraisal
- Review the Training Needs Assessment for all teams

Theme 6 sub scores

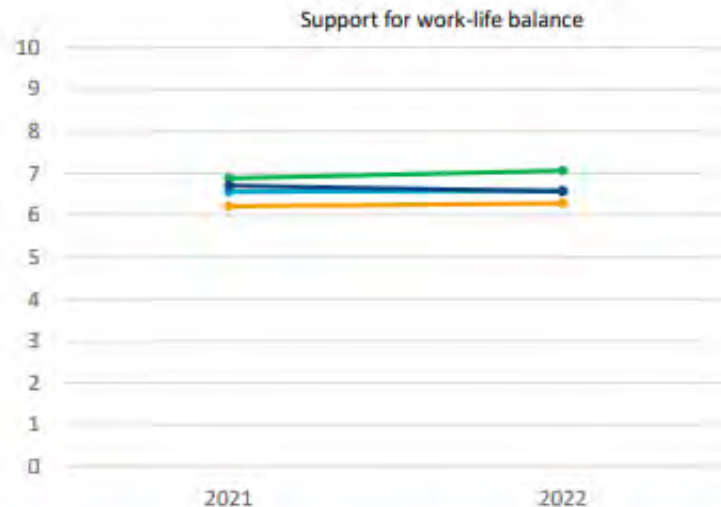
People Promise Elements, Themes and Sub-scores: Sub-score trends

Survey
Coordination
Centre

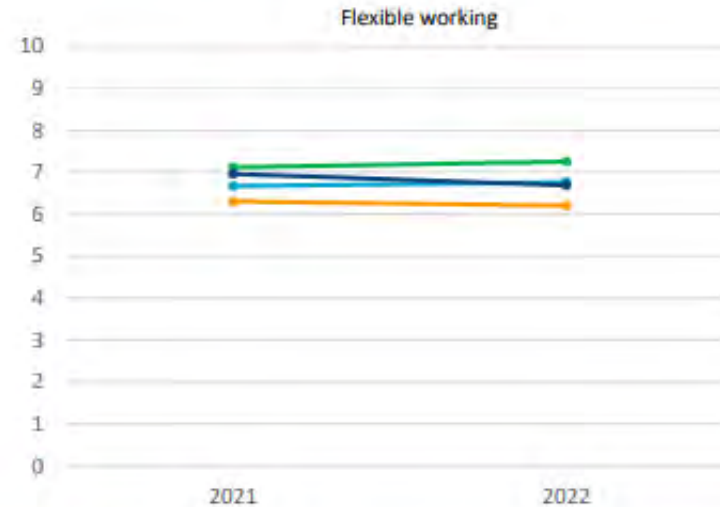
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 6: We work flexibly



	2021	2022
Your org	6.7	6.6
Best	6.9	7.1
Average	6.6	6.6
Worst	6.2	6.3
Responses	182	243



	2021	2022
Your org	7.0	6.7
Best	7.1	7.3
Average	6.7	6.8
Worst	6.3	6.2
Responses	181	243

Theme 6

Both sub scores have seen decline since 2021. Peers have seen no change in support for work-life balance and a small increase in flexible working.

All scores have declined but significant decline in staff saying they don't feel able to approach their managers about flexible working.

Looking at some of the department breakdowns, it is apparent that general practice, and the pharmacy and school nursing teams have scored these areas significantly lower than other areas of the organisation.

Areas for future focus:

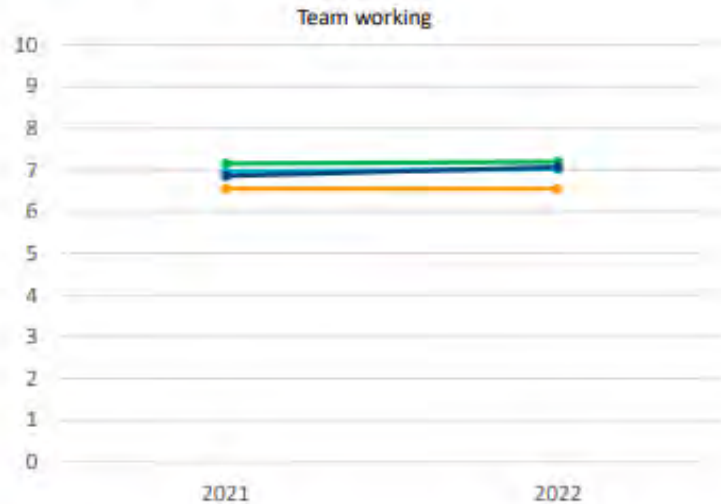
- Improved communication and promotion of the flexible working policy
- Improved guidance for manager around flexible working
- Review flexible working within general practice, school nursing and pharmacy – ensure staff are aware of flexible working options

Theme 7 sub scores

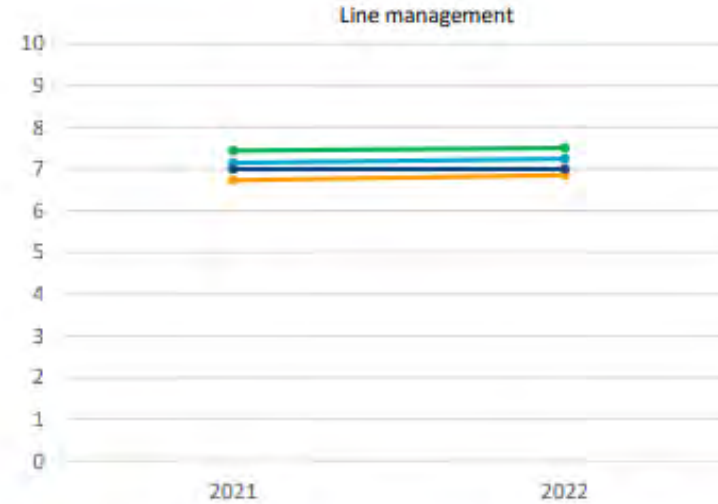
People Promise Elements, Themes and Sub-scores: Sub-score trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Promise element 7: We are a team



	2021	2022
Your org	6.9	7.1
Best	7.2	7.2
Average	7.0	7.0
Worst	6.6	6.5
Responses	182	243



	2021	2022
Your org	7.0	7.0
Best	7.4	7.5
Average	7.1	7.2
Worst	6.7	6.9
Responses	182	242

Theme 7

Team working has increased slightly and is above peers. Most scores have seen improvement in this theme, however, the score aligned to enjoying working with colleagues within teams and dealing with conflict constructively have declined slightly.

Line management remains unchanged and is below peers. There are minimal changes in most questions but significant decline in the question aligned to line manager taking an interest in health and wellbeing.

Areas for future focus:

- Roll out of the Team Culture Assessment Tool to all areas
- Improved promotion of the Resolution and Restoration Framework
- Ensure managers are aware of wellbeing resources and are discussing staff wellbeing as part of regular 1:1's, team meetings and appraisal

Staff Engagement sub scores



➤ People Promise Elements, Themes and Sub-scores: Sub-score trends

Survey
Coordination
Centre

NHS

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme: Staff Engagement



Theme Engagement

Motivation remains unchanged and slightly below peers who also remain unchanged. The score aligned to staff looking forward to going to work has reduced the most.

Involvement has seen a small increase and remains below peers as in 2021. Two of the questions within this score have improved, one has declined which is the question aligned to staff being able to make suggestions for improvement in their teams.

Advocacy has seen a significant increase and is equal to peers in 2022. All scores have improved, particularly the recommender scores.

Areas for future focus:

- Roll out of the Team Culture Assessment Tool
- Support line managers in aiding staff to bring forward suggestions for change
- Embed staff improvement group

Morale sub scores

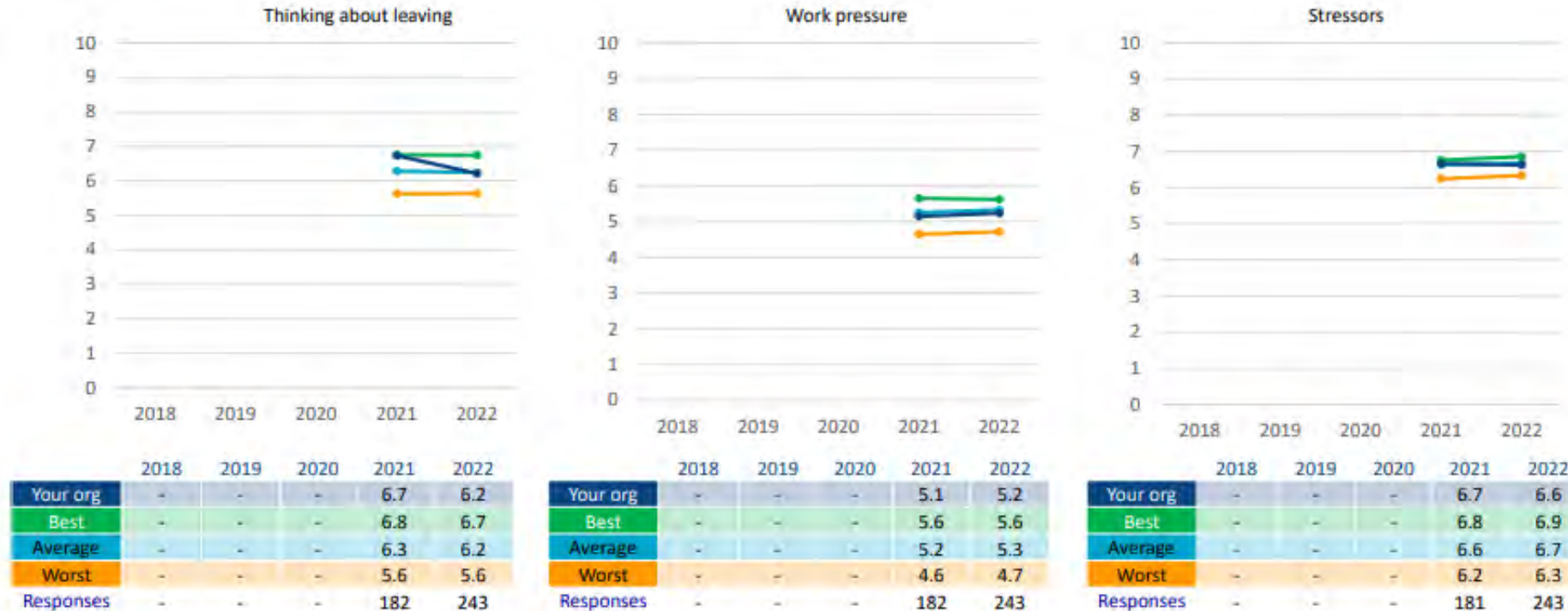
People Promise Elements, Themes and Sub-scores: Sub-score trends

Survey
Coordination
Centre



All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme: Morale



Theme Morale

More staff are thinking about leaving and the score aligns to peers, however, peers score has changed minimally since last year.

Work pressure has improved slightly which aligns with peers and this improvement is mainly driven by a significant improvement in the question about staff having adequate materials and resources to do their jobs.

The stressors score has worsened very slightly, whereas peers has improved. Scores across this area have remained mainly unchanged, with minor declines in questions aligned to staff feeling involved in change and having unrealistic time pressures, but the score aligned to staff feeling relationships are strained has improved significantly.

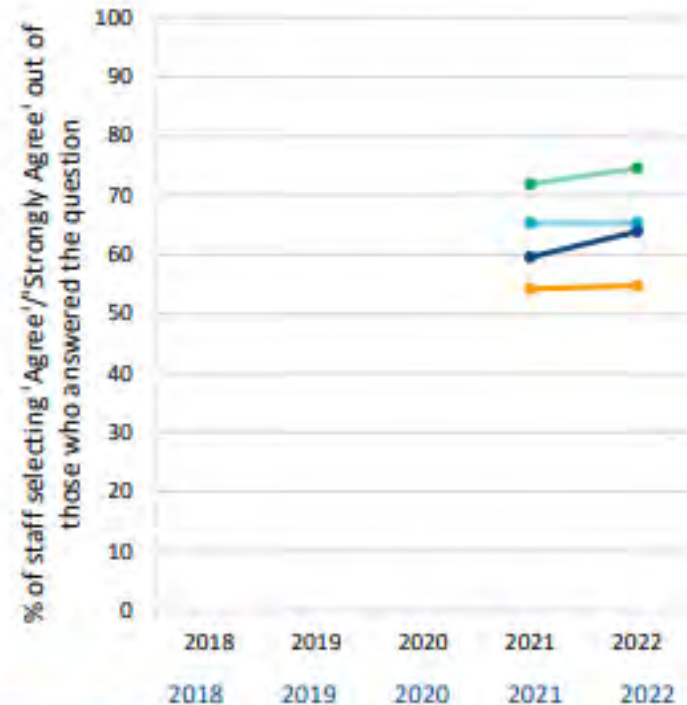
Areas for future focus:

- Ensure managers are clear on communicating with staff around change and are maintaining engagement with staff
- Recommend that teams and departments ensure that during 1:1's and/or appraisals staff wellbeing checks are undertaken as well as workload reviews

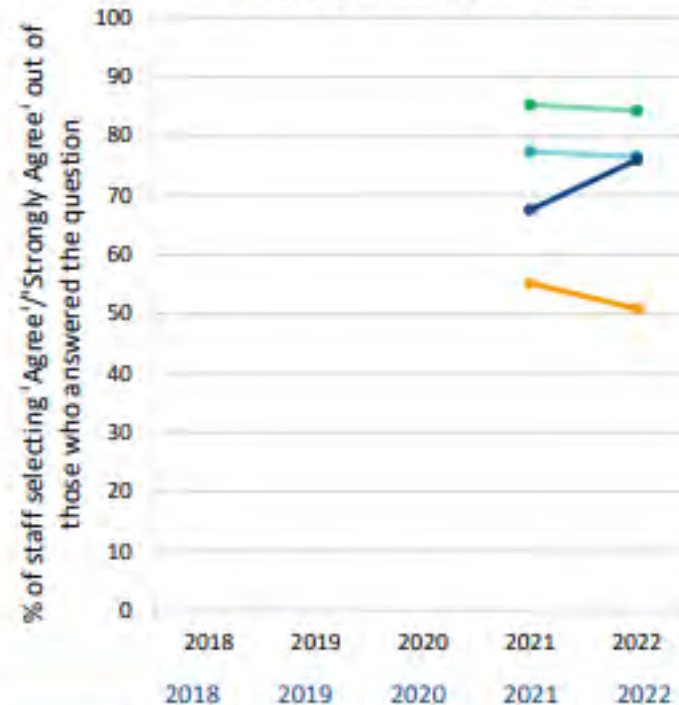
The question about staff feeling involved in decisions is low overall with only 50% responding positively compared with 55% in the average comparator organisation.

Recommender Scores

Q23c I would recommend my organisation as a place to work.



Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



Significant improvements have been seen in both recommender scores and particularly in recommend as a place for treatment.

Recommend as a place to work is slightly above peers.

Department Summary

The survey results are analysed by department where there are more than 11 respondents.

Below provides a brief summary of the theme scores for each department.

- **CEO, Finance, Contracting and Digital** - scores are all above the Trust scores, with the exception of 'we are always learning'
- **Continuing Healthcare** – 3 themes are below the Trust score 'we are passionate and inclusive', 'we each have a voice that counts', 'we are a team', the rest are above or equal
- **Dudley Talking Therapies** – all theme scores are well above the Trust scores
- **General Practice** – theme scores 'staff engagement' and 'we each have a voice that counts' are equal to the Trust scores, all others are below.
- **Medical Directorate** – all theme scores are above the Trust scores, with the exception of 'we are compassionate and inclusive' and 'we are a team' which are below
- **Nursing Directorate** – 'we each have a voice that counts' and 'we are always learning' are above the Trust scores, 'staff engagement' is equal, the rest are below.
- **PCN** – 'we work flexibly' is above the Trust score, all the others are below
- **Strategy, People and Communications** – all scores are significantly higher than the Trust scores
- **Pharmacy and POD** – 'we are always learning' is above the Trust score, 'we are rewarded and recognised' is equal to the Trust score, all others are below
- **School Nursing** – all scores are significantly below the Trust scores

Each department leader will be given their scores and asked to develop a local level action plan to focus on appropriate areas for improvement.

WRES and WDES

The survey report provides a breakdown of the questions aligned to both the WRES and WDES.
A detailed separate report will be produced for the Equality, Diversity and Inclusion Committee. A summary of the changes is below.

WRES	WDES
Staff experience of harassment, bullying or abuse from patients has worsened for BAME staff since 2021 by 1.8%. Peer scores are worse and are not changed since 2021.	Staff experience of harassment, bullying or abuse from patients has worsened for staff with a disability or LTHC* since 2021 by 1.2%. Peer scores are worse but have improved very slightly since 2021.
Staff experience of harassment, bullying or abuse from colleagues has improved for BAME staff since 2021 by 1.2%. Peer scores are worse and have increased since 2021	Staff experience of harassment, bullying or abuse from managers has significantly worsened since 2021 by 14.6% for staff with a disability or LTHC* Peers are significant better and have improved
Staff believing the organisation provides equity for career progression has improved for BAME staff by 10.9% since 2021. Peer scores are worse and have not changed since 2021.	Staff experience of harassment, bullying or abuse from colleagues has worsened since 2021 by 7.2% Peers are better and have improved slightly.
Staff experiencing discrimination from managers or colleagues has improved for BAME staff since 2021 by 5.7%. Peer scores are worse but have reduced very slightly since 2021.	The percentage of staff with a disability or LTHC* who say they reported incidences of bullying or abuse has declined by 13.9%. Peer scores are better and remained unchanged.
<p>It is pleasing to see that 3 of the 4 WRES indicators have improved and that DIHC performs better than peers in all indicators. DIHC have placed emphasis on tackling issues of racism and supporting staff from black, Asian and minority ethnic backgrounds over the past 12-18 months.</p> <p>Conversely, the results from our WDES are concerning, showing a worsening of all results since 2021 and seeing DIHC perform below peers in all indicators.</p> <p>It is clear that specific work is needed for our staff with disability or long term health conditions.</p> <p>A detailed plan will be developed as part of the EDI report and analysis, and a link in to the newly formed Disabled Staff Network.</p>	Staff believing the organisation provides equity for career progression has worsened for staff with a disability or LTHC* by 5.2% since 2021. Peer scores are similar and have not changed since 2021.
	Staff with a disability or LTHC* score for feeling under pressure to come to work when unwell has significantly worsened since 2021 by 16.1% Peer scores are better and have improved slightly since 2021.
	The percentage of staff with a disability or LTHC* who believe the organisation values their work has declined since 2021 by 9.2% Peer scores are similar in 2022 and have worsened slightly.
	The percentage of staff with a disability or LTHC* who say reasonable adjustment have been made is 64%, compared to peer score of 78.5%. (no comparison to 2021)
	The staff engagement score for staff with a disability or LTHC* has declined by 0.3 since 2021 whereas peers have seen a 0.3 increase.

Restorative Just and Learning Culture

The Trust have a strategic aim of being 'the best and happiest place to work'. Part of that aim aligns with embedding the principles of a restorative just and learning culture so that staff feel safe to own errors and know that they will be treated fairly and justly.

The below questions from the NSS have been drawn out as areas that should be positive if such a culture exists. As can be seen, some of the results have improved since 2021.

The question aligned to staff feeling they are treated fairly in relation to errors is 61.3% and lower than comparators, representing further improvement required in this area.

Furthermore, we are below peers in all but two of the questions below, indicating there is more to do.

Area	2021	2022	Change +/-	Peer result 2022
Feel safe to speak up about things of concerns	63.9%	68.5%	+4.6%	71.3%
Confident organisation would act on concerns	51.1%	58.9%	+7.8%	61%
Safe to raise unsafe clinical practice	78.3%	82.6%	+4.3%	82.1%
Confident organisation would address	67.6%	66.4%	-1.2%	70%
Team disagreements are dealt with constructively	61.5%	59.1%	-2.4%	62.4%
Treated with respect by colleagues	78.7%	81.2%	+2.5%	78.7%
Treated fairly by organisation in relation to errors	No data	61.3%	-	65.7%
Organisation takes action from errors	No data	71.5%	-	75.7%

Recommended Areas for Focus/Action

Corporate Level	Department / Team Level
<ul style="list-style-type: none"> Review of leadership programme aligned to managers listening to and supporting staff, appreciation, engagement in improvement and change, and RJLC principles as well as overall organisational culture Workshops for managers around wellbeing offers and policies to support staff, with particular focus and reference to staff with disabilities or long term health conditions 	<ul style="list-style-type: none"> Each team to hold survey feedback and engagement sessions with their staff Each department/team to have specific career progression discussions with staff to manage and support expectations Ensure each department develops clear career pathways and have training needs analysis in place
<ul style="list-style-type: none"> Review organisational approach to praise and recognition 	<ul style="list-style-type: none"> Local level recognition processes to be implemented in consultation with staff
<ul style="list-style-type: none"> Continued promotion of speaking up Sharing stories and feeding back on concerns raised / RJLC principles Development of Restoring and Resolving Relationships at Work offer incorporating supporting staff with dealing with issues of harassment and bullying 	<ul style="list-style-type: none"> Teams and departments to focus on how they encourage and support staff to put forward ideas for change and empower them to lead them.
<ul style="list-style-type: none"> Ongoing promotion of wellbeing resources 	<ul style="list-style-type: none"> Teams and departments ensure that during 1:1's and/or appraisals staff wellbeing checks are undertaken as well as workload being discussed and reviewed with individuals Teams to ensure they understand needs of all staff members, particularly with disabilities or long term conditions and have appropriate support in place
<ul style="list-style-type: none"> Review and relaunch of appraisal guidance through a 'Getting the Best from your Appraisal' workshop open to appraisers and appraisees 	<ul style="list-style-type: none"> Every appraiser to attend appraisal training
<ul style="list-style-type: none"> Improved communication and promotion of the flexible working policy including improved guidance for managers 	<ul style="list-style-type: none"> Review flexible working within general practice, school nursing and pharmacy specifically
<ul style="list-style-type: none"> Work with teams to roll out the Team Culture Assessment Tool 	<ul style="list-style-type: none"> Each team to undertake the Team Culture Assessment Tool
<ul style="list-style-type: none"> Embed staff improvement group approach 	<ul style="list-style-type: none"> Ensure managers are clear on communicating with staff around change and are maintaining engagement with staff

Quarter 4 People Pulse

42 staff responded to the Q4 PP survey that ran throughout January 2023. The pulse survey asks the 9 engagement Questions from the NSS questionnaire. An overview of how the scores have changed over the last 12 months is below.

It should be noted that the methodology for undertaking the PP is different to the NSS and response rates are significantly lower.

Engagement	All responders who selected this option (%)	National Staff Survey %of staff selecting 'Agree'/'Strongly agrees'	All responders who selected this option (%)	All responders who selected this option (%)	National Staff Survey %of staff selecting 'Agree'/'Strongly agrees'	All responders who selected this option (%)
	PP Q2 July 2021	NSS Q3 Sept 2021	PP Q1 April 2022	PP Q2 July 2022	NSS Q3 Sept 2022	PP Q4 January 2023
I look forward to going to work	61	61.8	66.7	60.7	54.1	47.6
I am enthusiastic about my job	73.2	69.3	77.8	70.5	70	59.5
Time passes quickly when I am working	82.9	79.4	80.6	73.8	71.5	61.9
There are frequent opportunities for me to show initiative in my role	78	71.0	70.8	52.5	76	69
I am able to make suggestions to improve the work of my team/ department	70.7	75.6	68.1	67.2	71.5	71.4
I am able to make improvements happen in my area of work	65.9	55.2	63.9	52.5	59.7	50
Care of patients/services is my organisations top priority	90.2	75	80.6	75.4	82.7	73.8
I would recommend my organisation as a place to work	68.3	59.6	62.5	57.4	66.9	47.6
If a friend of relative needed treatment I would be happy with the standard of care provided by this organisation	73.2	67.6	70.8	65.6	76.1	59.5

Overall Engagement Score (out of 10)

Q2 (2021/22)	Q3 (2021) - NSS	Q1 (2022/23)	Q2 (2022/23)	Q3 (2022) - NSS	Q4 (2022/23)
7.35	7.0	7.13	6.80	7.10	6.63

The results are colour coded to show if they declined or improved since the previous survey.

The 2021 NSS results had worsened from the Q2 2021 PP.

The Q1 PP in 2022 saw improvements in all but one question.

Q2 PP in July 2022 saw all scores decline.

The NSS scores for 2022 show improvement in 6 of the 9 scores, with some quite significant improvements, particularly in recommender scores and ability to show initiative.

Sadly, the scores for PP Q4 have shown decline in all scores and the decline in most is fairly significant.



PUBLIC BOARD

REPORT TITLE:	Financial Plan 2023/24
DATE OF MEETING:	9 th May 2023
PURPOSE OF REPORT:	The report summarises the process undertaken by the Trust to develop the financial plan and presents the final plan for assurance.
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:	<ul style="list-style-type: none">• The report outlines the process that has been taken to develop the service level budgets and the financial plan for 2023/24• To address the underlying financial challenge of the Black Country ICS, the Trust has been set a target to deliver a £1.1m surplus, which includes the delivery of a significant CIP target of £2.5m which equates to 9.81% of planned operating expenditure.• As a supportive system partner, the Trust will use our best endeavours to deliver this challenging plan for the benefit of the system, however there is approx. £0.5m unmitigated risk in the delivery of this position.• If the above level of risk were to materialise, the Trust would still deliver a £0.6m surplus and a significant Cost Improvement Target of 7.85%.• Whilst a proportion of the savings identified within the plan are non-recurring, the Trust is projected to remain in recurring balance and will not have an underlying deficit.• Following this process, the Trust has developed an expenditure plan for the financial year totalling £25.6m• The Trust capital plan totals £245k and is focussed on the continued rollout of the Electronic Patient Record.• Final plan submitted to NHSE on the 4th May 2023. Final amendment of £264k made to the previous submission. This was approved by way of Chairs Action.
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	<ul style="list-style-type: none">• Delivery of a surplus revenue position• Delivery of the capital plan in line with allocation• Delivery of significant efficiency target
FUNDING/ COST IMPLICATIONS:	N/A
DoF / Finance Approval	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	N/A

LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Develop our role in the Dudley Place <input checked="" type="checkbox"/> Implementation of integrated care model for the Dudley population <input checked="" type="checkbox"/> Improve outcomes for children and young people in Dudley <input checked="" type="checkbox"/> Support sustainability of primary care <input checked="" type="checkbox"/> Be the best and happiest place to work <input checked="" type="checkbox"/> Improve the health of our population and reduce inequalities <input checked="" type="checkbox"/> Demonstrate value to our population / Greener NHS
CQC DOMAINS: <i>Tick as appropriate</i>	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led
LIST KEY RISKS IDENTIFIED: <i>Select none identified or outline the risks identified and mitigations taken (if addressing existing risk on the corporate risk register please provide reference number)</i>	<input type="checkbox"/> None Identified The report provides assurance in relation to the following corporate risks; <ul style="list-style-type: none"> • C-063 – Financial Overspend due to insufficient financial controls • C-031 – Financial envelope less than cost of provision
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	<input checked="" type="checkbox"/> Executive <input type="checkbox"/> People <input checked="" type="checkbox"/> Finance Performance & Digital <input type="checkbox"/> Digital Board <input type="checkbox"/> Quality and Safety/ QSSG <input type="checkbox"/> Audit & Risk (presented for information) <input type="checkbox"/> Primary Care Integration <input type="checkbox"/> Strategy and Transformation <input type="checkbox"/> EDI <input type="checkbox"/> Trust Management Board <input type="checkbox"/> Well Led <input type="checkbox"/> Other (Please state)
CONSIDERATIONS / IMPACTS: <i>Select none identified or outline the potential impact and considerations undertaken</i>	Quality and Equality Impact Assessment
	<input checked="" type="checkbox"/> None Identified
	Equality, Diversity and Inclusion
	<input checked="" type="checkbox"/> None Identified
	Greener NHS Sustainability Impact Assessment
	<input checked="" type="checkbox"/> None Identified
PRESENTED TO:	Other Regulatory Requirements
	<input checked="" type="checkbox"/> None Identified
RECOMMENDATION: <i>Tick as appropriate</i>	<input type="checkbox"/> For Approval / Decision <input checked="" type="checkbox"/> For Assurance <input type="checkbox"/> For Information / Discussion

CONTENT

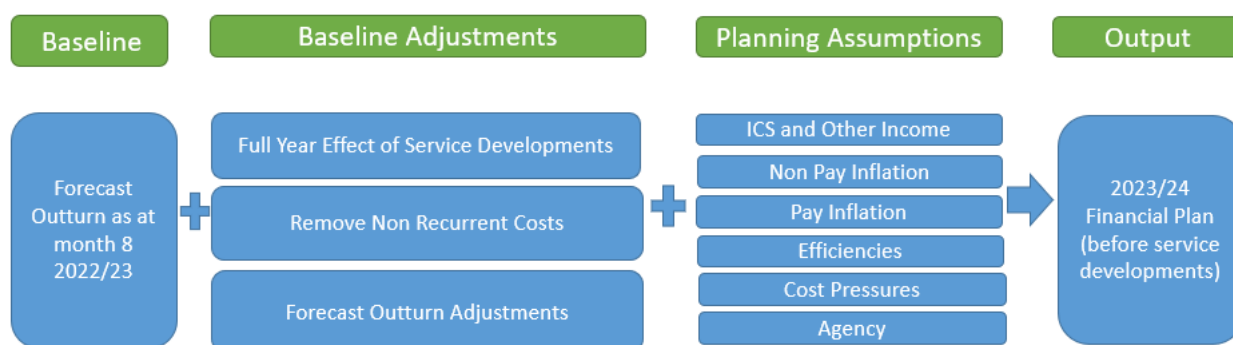
- 1. INTRODUCTION**
- 2. FINANCIAL PLANNING PROCESS**
- 3. BASELINE ADJUSTMENTS**
- 4. PLANNING ASSUMPTIONS**
- 5. INCOME AND EXPENDITURE PLAN**
- 6. CAPITAL PLAN**
- 7. RISKS AND MITIGATIONS**
- 8. RECOMMENDATION**

1.0 INTRODUCTION

- 1.1 On the 23rd December 2022, NHSEI issued the 2023/24 priorities and operational planning guidance. [PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf](https://www.england.nhs.uk/publication/prn00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf) ([england.nhs.uk](https://www.england.nhs.uk))
- 1.2 The guidance outlines three main priorities for 2023/24;
- Recovery of core services and productivity
 - Delivering the key NHS Long Term Plan ambitions and transforming the NHS
 - Continue transforming the NHS for the future
- 1.3 NHSE is issuing two year revenue allocations for 2023/24 and 2024/25. At a national level, total ICB allocations [including COVID-19 and Elective Recovery Funding (ERF)] are flat in real terms with additional funding available to expand capacity.
- 1.4 Capital allocations for 2022/23 to 2024/25 were published last financial year, however these budgets will be topped up nationally, with funding being prioritised for systems that deliver agreed budgets in 2022/23.
- 1.5 The planning guidance requires system plans to be triangulated across activity, workforce and finance, and to be signed off by ICB and partner trust and foundation trust boards before the end of March 2023.
- 1.6 ICBs are asked to work with their system partners to develop plans to meet the national objectives set out in this guidance and the local priorities set by the system. The Trust has constructed its financial plan in line with these arrangements and in collaboration with the ICS and partner organisations.
- 1.7 To address the underlying financial challenge of the Black Country ICS, the Trust has been set a target to deliver a £1.1m surplus, which includes the delivery of a significant CIP target of 9.81%. As a supportive system partner, the Trust will use our best endeavours deliver this challenging plan for the benefit of the system, however there is approx. £0.5m unmitigated risk in the delivery of this position.
- 1.8 This report summarises the process undertaken by the Trust to develop the financial plan and presents the final plan for information following approval under delegated authority from the Board.

2.0 FINANCIAL PLANNING PROCESS

2.1 The process for the development of the Financial Plan is based on a two-stage process as set out in the diagram below, with 22/23 the forecast outturn being adjusted for non-recurrent items and full-year effects to reach an underlying budget. A range of planning assumptions has then been applied to reach the final 23/24 financial plan.



2.2 The following section details the key milestones, events and engagement during the planning process.

- **January 2023** – Budget Setting Meetings
- **31st January 2023** – Initial Draft of Financial plan reviewed at Executive Committee
- **3rd February 2023** – Key headlines submitted to ICB
- **8th February 2023** – Initial plan submission to ICB
- **23rd February 2023** – Plan reviewed by FPD Committee
- **23rd February 2023** - Draft submission made to NHSE (breakeven)
- **7th March 2023** – Financial plan approved by the Board
- **7th March 2023** – Delegated Authority given to the Chief Executive and Director of Finance to approve the final plan through FP&D committee
- **22nd March 2023** – System proposals developed to improve the system financial position. This included a proposed improvement of £800k for DIHC
- **23rd March 2023** – Breakeven plan presented to FP&D committee alongside a system proposal to improve the position by £800k. The proposal was approved, however the committee acknowledged that achievement of the increased level of efficiency requirement (8% of operating expenditure) would be a significant challenge and the level of risk within the financial plan should increase accordingly.
- **30th March 2023** – Financial Plan submitted to NHSE (£800k surplus)
- **April 2023** – Series of system level discussions held regarding potential improvements required to system financial plan
- **4th May 2023** – Further submission of financial plan to NHSE with additional £260k improvement resulting in a surplus target of £1.06m. This adjustment was agreed through chairs action, however it was acknowledged that the efficiency ask has increased to 9.81% and that approximately £0.5m of the delivery of this position was at risk.

3.0 BASELINE ADJUSTMENTS

The baseline adjustments are summarised as follows:

3.1 Adjustment for full year effect (FYE) of service transfers

Expenditure budgets were adjusted to reflect the full year effect of services which started during the 2022/23 financial year.

The Trust continued to recruit to PCN roles throughout the financial year. The full year effect of these posts are included within the baseline budget prior to the addition of any further posts required to meet the 2023/24 financial allocation available through the Additional Roles Reimbursement Scheme (ARRS).

The Trust took on responsibility for the management of the Brierley Hill PCN management budget in July 2022. The budget has been adjusted to reflect the full 12 months in 2023/24.

A subcontract was agreed with Chapel Street to deliver GMS services from 1st May 2022. The baseline budget has also been adjusted to reflect the full year effect of this service.

3.2 Removal of non-recurrent costs

During the planning process, the Trust received confirmation that the Extended Access Hub will be provided until the end of March 2023. Therefore, income and expenditure relating to this service has been removed from the forecast outturn position.

During March, the Trust received a request to keep the service open for a further initial two month period. The plan has not been updated to reflect this position and will be adjusted for as an in-year budget variation following confirmation from the ICB regarding the period the service is required for.

Non-Recurrent funding was received from the PCNs to fund the RESPECT team service in 2022/23. The service will not continue into 2023/24 and has been removed from the plan.

3.3 Forecast Outturn Adjustments

Where appropriate, adjustments have been made to the forecast outturn in a number of areas to reflect the level of service expected as part of the service specification within the contract, for example the Primary Care Mental Health budget has been reinstated to the 2022/23 baseline to avoid removing funding as a result of the in-year underspend associated with the vacancies within the team.

4.0 PLANNING ASSUMPTIONS

Following the calculation of the underlying baseline position, a range of national and system planning assumptions were applied to the plan to develop the draft plan which was approved by the Executive Committee and this committee in March and presented the Board in April. The key planning assumptions included in the plan are as follows:

Income	<ul style="list-style-type: none">• ICS Income based on latest notified income envelope (2.9% inflation applied & excludes £769K disputed value)• The £769k disputed income is included in the plan within Other Income with a commitment from DIHC and the ICB to work jointly to close the gap.• DMBC income for School Nursing Services based on agreed baseline value with Local Authority<ul style="list-style-type: none">• Assumes 12 months (note contract will be 7 months + 5 months extension option)• PCN Income (ARRS) based on full year effect of the 2023/24 allocation• High Oak and Chapel Street Income based on estimated APMS and GMS values• Brierley Hill PCN Management Income based on FYE of 2022/23 allocation• Estimate of HEE income for IAPT Trainees
Inflation	<ul style="list-style-type: none">• Pay uplifted for incremental drift and planning assumption for 2.1% pay award• NHSE to fund any additional pay award costs over the 2.1% planning assumption• Non-pay uplifted by category in line with national planning assumptions
Efficiencies	<ul style="list-style-type: none">• 1.81% national efficiency requirement included within plan (1.1% efficiency and 0.71% convergence adj)• Review of corporate services undertaken and savings incorporated within plan• Non recurrent vacancy target applied to corporate services only
Cost Pressures	<ul style="list-style-type: none">• Cost Pressures collection undertaken and prioritised at Executive Committee• No avoidable cost pressures or new developments to be funded unless already committed

4.1 Income Budgets

The Trust is expecting income of £26.6m in 2023/24. The main areas are summarised in the following section.

4.2 ICB Income - £14,670k

The Trust share of the overall system envelope stands at £14.67m. This envelope now includes the funding for the Practice Based Pharmacists (PbP) and Local Improvement Schemes (LIS) which was the source of an income dispute during 2022/23.

The ICB income is assumed to be the rollover of the 2022/23 ICS Income envelope of £13,749k.

This value has then been adjusted for any non-recurrent funding which removed £261k which related to a share of system COVID funding (£201k), HEE/LA agenda for change uplift (21k) and a full year effect of the National Insurance Contribution rate change (£39k).

This gave an underlying exit income position of £13,488k.

For 2023/24 inflation has been included at 2.9% which is offset by 1.81% efficiency resulting in an additional £148k.

DIHC have also been allocated non-recurrent funding of £434k comprising of the following items;

- £160k Continuing Health brokerage team
- £68k Long COVID IAPT support
- £78k COVID costs
- £128k non-recurrent Support

The Trust is expecting to receive £600k for PbP and LIS funding bringing the total ICB income value to £14,670k of which £14,236k is recurrent.

As part of a return to normal finance and contracting arrangements, the Commissioning for Quality and Innovation (CQUIN) element of contracts is reintroduced and in line with guidance this is included in the system envelope value on the basis of full achievement. Up to £170,000 (1.25% of contract value) is therefore at risk should the Trust not achieve CQUIN in full.

4.3 DMBC Income - £1,479k

DMBC have confirmed the value for the school nursing contract in 2023/24. The planned income is based on this notified contract value.

The plan has been set using the full year value, however the contract is currently for a period of 7 months with an option to extend for a further 5 months. This agreement is in place whilst the Local Authority conducts a formal procurement exercise for the future service provision. The initial 7 month period reflects the anticipated timeline for the procurement and subsequent mobilisation to be completed. It is currently anticipated that the service will continue to be provided by the Trust beyond the initial 7 month timeline, due to a delay in the commencement of the procurement.

4.4 High Oak APMS Contract - £711k

The provision of High Oak Surgery is contracted separately to the Trust's other NHS services, under an APMS (Alternative Provider Medical Services) contract. The majority of income under this contract is based upon patient list sizes, but approximately 15% is based upon performance of the Dudley Quality Outcomes for Health (DQOFH) contract. The income shown assumes the same level of income as forecast in 2022/23 with no growth applied.

4.5 Chapel Street - £260k

The Chapel Street GP Surgery transferred to the Trust in the 1st May 2022 and is contracted separately to the Trust's other NHS services under a GMS (General Medical Services) contract. The majority of the income is based on list sizes with the same level of income forecast in 2022/23 expected to be received in 2023/24.

4.6 Chapel Street Care Homes Service - £585k

The Care Homes service will be hosted through Chapel Street with operational oversight from the continuing health care service. The patients will be registered with Chapel Street surgery and therefore the majority of the income relates to the increase in Global Sum

payments associated with the GMS contract. However, additional income will also be received for the delivery of the Care Homes Direct Enhanced Service.

4.7 Brierley Hill PCN Management - £622k

As described earlier the Trust acts as the host for the Brierley Hill PCN. As part of this arrangement the Trust receives income to fund the Clinical Director post and additional funds in relation to the management of the Primary Care Network.

4.8 PCN Income

PCN income from the provision of Additional Roles Reimbursement Scheme staff included within the plan is based on discussions with PCN regarding the required workforce for 2023/24. The income assumes that the full allocation of funding available via the ICB and NHSE will be utilised during the financial year.

4.9 Other Income

The Trust also receives income from Health Education England for IAPT trainees, which is estimated at £173,000 for planning purposes, as well as a number of smaller contracts.

4.10 Pay Inflation

The pay budgets for the established posts have been calculated using the actual salaries for people in post and the mid-point salary of the relevant Agenda for Change pay band for any vacant posts. All pay costs are based on the 2022/23 Agenda for Changes pay scales, with estimated pay inflation of 2.1% applied for 2022/23 in line with national planning guidance requirements.

Employers Pension and National Insurance contributions have been calculated on the basis of the published rates for 2023/24.

NHS England have confirmed that the employer contribution rate for the NHS pension scheme will remain at 20.6% of pensionable pay, with an additional administration levy of 0.08%, for the 2022/23 financial year. The Trust will continue to pay 14.38% of pensionable pay to the NHS Business Services Authority with the remaining 6.3% being funded centrally.

4.11 Non Pay Inflation

Non-Pay expenditure budgets are inflated in line with rates within the NHS Payment Scheme consultation document, an extract of which is reproduced below, with the exception of those items for which actual cost in 2023/24 is already known. The most significant of these items is the Trust's contribution to the Clinical Negligence Scheme for Trusts (CNST), for which the Trust has already received notice of premiums.

Cost	Estimate	Cost weight	Weighted estimate
Pay	2.1%	68.9%	1.5%
Drugs	1.3%	2.4%	0.0%
Capital	4.0%	7.1%	0.3%
Unallocated CNST	1.5%	2.2%	0.0%
Other	5.5%	19.3%	1.1%
Total			2.9% ⁸

4.11 Efficiency

The Trust has developed an efficiency plan that will deliver the national planning requirements (outlined earlier) and additional savings to improve the Black Country Integrated Care System financial planning position for 2023/24.

The efficiency plan for 2023/24 represents approx. 9.81% of the planned operating expenditure. This will be a significant challenge to deliver, however the Trust has already committed to reducing the level of corporate costs and this will be a major focus of the efficiency programme.

The Trust is also establishing an Efficiency and Innovation subcommittee which will provide greater oversight and scrutiny of the Trusts efficiency programme. The subcommittee will report into the Finance and Performance committee.

The table below shows a summary of the efficiency programme for 2023/24.

Project Ref	Project Name	£000's
Efficiency Programme		
P2324-001	Corporate Staffing Reductions	(721.0)
P2324-002	Vacancy Control	(578.0)
P2324-003	External Income	(145.0)
P2324-004	Corporate Stretch Target	(800.0)
P2324-004(a)	Corporate Stretch Target - NREC	(260.0)
Total Efficiency Programme		(2,504.0)

Whilst a proportion of the savings identified within the plan are non-recurring, the Trust is projected to remain in recurring balance and will not have an underlying deficit.

4.12 Cost Pressures

A cost pressure collection exercise was undertaken alongside the budget setting process to identify costs that may not have been identified as part of the financial planning process. These were reviewed by Executive committee in January 2023 and the exercise resulted in no additional pressures being built into the financial plan, mainly as the pressures identified related to developments which required additional funding to be sourced or the budgets were already available within the financial plan.

5. INCOME AND EXPENDITURE PLAN

The table below shows a summary of the Trust's financial plan for 2023/24.

Division	Established WTE	Income £000	Expenditure £000	Total £000
Main Contract Income	0.00	(16,149)	-	(16,149)
Children & Young People	29.23	(40)	1,525	1,485
Mental Health & Learning Disability	83.83	(173)	4,441	4,268
Pharmaceutical & Public Health	54.90	(38)	2,061	2,023
Physical Health	24.68	(29)	1,769	1,740
Primary Care	33.78	(1,557)	2,453	896
PCN Services	146.21	(8,646)	8,189	(458)
Commissioning Support	23.30	-	1,748	1,748
Corporate Services	50.86	(0)	3,449	3,449
Sub Total	446.79	(26,631)	25,634	(997)
Remove peppercorn lease I&E impact	0.00	-	67	(67)
Overall Total	446.79	(26,631)	25,701	(1,064)

Following the application of the assumptions and updates outlined above, the final plan represents a surplus position of £1.1m.

6. CAPITAL PLAN

The financial plans includes internally funded capital expenditure of £245k.

The capital plan is focussed entirely on the phased rollout of the Electronic Patient Record purchased during 2022/23. The delivery of the programme will be managed through the trust's Digital Board, with progress against expenditure plans reported through to Finance, Performance and Digital Committee.

7. RISKS AND MITIGATIONS

7.1 Risks

Although the Trust financial plan represents a breakeven position, there are a number of risks to the achievement of this plan. The key risks identified to the achievement of the Trust's financial plan are identified below:

- Non achievement of additional Cost Improvement Programme requirement – The Trust has a challenging CIP target of 9.81% of operating expenditure. Following a review of the current CIP plans the estimated level of risk associated with the programme is £400k.
- Additional improvement target – The Trust has agreed to an additional target improvement of £260k as part of a system wide proposal to improve the financial planning position for the Black Country ICS. This target will require non recurrent flexibilities to be identified within the financial year.
- CQUIN Performance – the reinstatement of the CQUIN puts a portion of the Trust's ICS income at risk (approx. £170k) should CQUIN targets not be achieved.
- Agency costs – the achievement of the financial plan will require a significant reduction in agency expenditure, with budgets in the majority of services being set on the basis of the wholesale elimination of agency staff and replacement with staff paid at agenda for change rates. Achieving this will require a strong focus from operational and corporate teams. The level of risk associated with this reduction is approx. £150k.

The above items represent a total risk in the Trust's plan of £1.53m (see table in section 7.3). An assessment has been made of the likelihood of these risks occurring resulting in an adjusted risk value of £0.8m.

7.2 Mitigations

Potential actions available to the Trust to mitigate these risks include controls on pay and non-pay expenditure and additional income generation. The key measures are:

- Additional income generation – A conservative estimate of £150k has been assumed as a potential mitigation. The finance team will work with all service areas to ensure that external income to the NHS is maximised.
- Non-Recurrent Flexibilities (£260k) – The mitigations assume that non recurrent flexibilities can be utilised to offset the risk. A review of all non-pay items will be conducted alongside a review of the balance sheet during 2023/24 to identify any potential opportunities to mitigate the risks.

7.3 Risks and Mitigations Summary

As seen in the table below, the level of risk within the plan totals £1.53m, with a risk assessed value of £0.78m. The Trust has been able to identify mitigations of £0.41m with a risk assessed value of £0.26m which leaves a net risk of £0.52m.

Risk	Value £000's	Probability £000's	Risk Assessed Value £000's
Non achievement of additional CIP (corporate stretch)	800	50%	400
Additional improvement (system wide approach)	260	50%	130
CQUIN Performance Risk	170	60%	102
Agency Costs Reduction	300	50%	150
Total Risks	1530		782

Mitigations	Value £000's	Probability £000's	Risk Assessed Value £000's
Additional Non NHS Income	150	90%	135
Non Recurrent Flexibilities	260	50%	130
Total Risks	410		265
Net Risks and Mitigations	1120	0	517

If the net risk identified above crystallises within the financial year, the Trust would end the year with a surplus of £543k and still deliver a significant CIP of 7.85%. The Trust has notified the ICB of the level of risk within the financial plan and that delivery of the planned surplus will be dependent on the outcome of the system led options appraisal process being conducted in relation to the future direction of DIHC.

The Trust will continue to explore opportunities to mitigate the remaining risk and these will be overseen and monitored by the Efficiencies and Innovation subcommittee alongside the existing efficiency programme.

8 RECOMMENDATION

It is recommended that the Board be assured by the process followed and the decision made at the FPD Committee on the 23rd March 2022 to approve the financial plan (£800k surplus) and the subsequent agreement through chairs action to improve the plan by a further £260k for the final submission on the 4th May 2023.



PUBLIC BOARD

REPORT TITLE:	Corporate Risk Register		
DATE OF MEETING:	9 th May 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 April and the Executive Committee on 3 rd May 2023, the following changes have been proposed to the corporate risk register.		
	Risks escalated to the Corporate Risk Register:		
	Operational Risk escalated to Corporate Risk Register – Finance, Performance and Digital Committee	Impact	Proposed Score April 2023
	C-302 – There is a risk that the true cost of digital is unaffordable due to the relative size of the organisation in comparison to a core level of digital and cyber support required by any organisation.	The true cost of digital as a percentage of baseline budget could be significant and result in sub-standard services being delivered and onward cyber security risks.	High 16 (4x4)
	C-303 - There is a risk that the current capacity within the Business Intelligence Team is insufficient to meet the demands of the operational and strategic developments due to the manual nature of report production taking a long time and being inefficient.	Sufficient time cannot be dedicated to strategic developments which are required to automate the processes and free up time. Furthermore, not all reporting requirements of the organisation can currently be met. Examples include missing data deadline submissions.	High 16 (4x4)
	Risk Reworded D-002 - There is a risk that the network equipment recently procured by DGFT to mitigate the cyber risk resulting from outdated and unsupported network	Downtime for those sites affected by the failure. Extent of the impact will be dependent upon the extent of failure.	High 16 (4x4)

hardware cannot be implemented in a timely fashion resulting in the existing network vulnerabilities remaining until deployment is confirmed.

Proposed changes to the existing risk scores:

Corporate Risks – Finance, Performance and Digital Committee	Current Risk Score	Proposed Risk Score	Rationale
C-031: Risk of contract financial envelope less than the cost of providing the services.	Low 9 (3X3)	Moderate 12 (4X3)	Due to increase in efficiency target at 8%.

Corporate Risks – People Committee	Current Risk Score	Proposed Risk Score	Rationale
C-604: Risk of substantive workforce shortages in medical staffing (through difficulties in recruiting) result in additional premium costs being incurred	Moderate 12 (4X3)	High 16 (4X4)	Recent recruitment to medical staffing has become more challenging, and is likely to become more challenging as a result of DIHC options appraisal.

Further, the Private Board on 4th April 2023 approved repurposing the Strategy and Transformation forum into Efficiency and Innovation sub-committee reporting through the FP&D Committee. The two risks for the Strategy and Transformation Forum as an assurance committee have been reviewed and proposed the following change:

Corporate Risks – Strategy and Transformation Forum	Current Risk Score	Proposed Recommendation
C- 107: Insufficient system-wide support for DIHC	High 12 (4X4)	The Executive lead for this risk proposed closure of this risk as it is now classified as an issue.
C-078: Risk of delayed implementation of clinical service strategy	Low 8 (2X4)	The Executive lead proposed to transfer this risk to the Quality and Safety Committee

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

LIST BENEFITS AND/OR EXPECTED OUTCOMES:	<ul style="list-style-type: none"> • Approve the recommendation to escalate Digital risks C-302 and C-303 to the corporate risk register, rewording risk D-002 and increase in score for Risk C-031 from 9 to 12 • Approve the recommendation of the People Committee to increase score for Risk C-604 from 12 to 16 • Approve the recommendation of the Executive Committee for closure of corporate risk C-107 and transferring risk C-078 to Quality and Safety Committee
FUNDING/ COST IMPLICATIONS:	N/A
DoF / Finance Approval	<input type="checkbox"/> Yes <input type="checkbox"/> In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None Identified
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Develop our role in the Dudley Place <input checked="" type="checkbox"/> Implementation of integrated care model for the Dudley population <input type="checkbox"/> Improve outcomes for children and young people in Dudley <input checked="" type="checkbox"/> Support sustainability of primary care <input checked="" type="checkbox"/> Be the best and happiest place to work <input checked="" type="checkbox"/> Improve the health of our population and reduce inequalities <input checked="" type="checkbox"/> Demonstrate value to our population / Greener NHS
CQC DOMAINS: <i>Tick as appropriate</i>	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led
LIST KEY RISKS IDENTIFIED: <i>Select none identified or outline the risks identified and mitigations taken (if addressing existing risk on the corporate risk register please provide reference number)</i>	<input type="checkbox"/> None Identified All risks included within the Corporate Risk Register
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	<input checked="" type="checkbox"/> Executive <input checked="" type="checkbox"/> People <input checked="" type="checkbox"/> Finance Performance & Digital <input type="checkbox"/> Digital Board <input type="checkbox"/> Quality and Safety/ QSSG <input type="checkbox"/> Audit & Risk <input checked="" type="checkbox"/> Primary Care Integration <input type="checkbox"/> Strategy and Transformation <input type="checkbox"/> EDI <input checked="" type="checkbox"/> Trust Management Board <input type="checkbox"/> Well Led <input type="checkbox"/> Other (Please state)

CONSIDERATIONS / IMPACTS: <i>Select none identified or outline the potential impact and considerations undertaken</i>	Quality and Equality Impact Assessment
	<input checked="" type="checkbox"/> None Identified
	Equality, Diversity and Inclusion
	<input checked="" type="checkbox"/> None Identified
	Greener NHS Sustainability Impact Assessment
	<input checked="" type="checkbox"/> None Identified
PRESENTED TO:	Other Regulatory Requirements
	<input checked="" type="checkbox"/> None Identified
	<input checked="" type="checkbox"/> Public Board <input type="checkbox"/> Private Board <input type="checkbox"/> Assurance Committee (<i>state</i>) – <input type="checkbox"/> Other Committee (<i>state</i>) -

RECOMMENDATION: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> For Approval / Decision <input type="checkbox"/> For Assurance <input type="checkbox"/> 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. C088 - Risk to the health care estate's function
3. C064 - Risk of substantive workforce shortages in medical staffing
4. C302 – Unaffordable digital cost to provide digital and cyber support to services.
5. C203 – Insufficient capacity within the Business Intelligence team

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

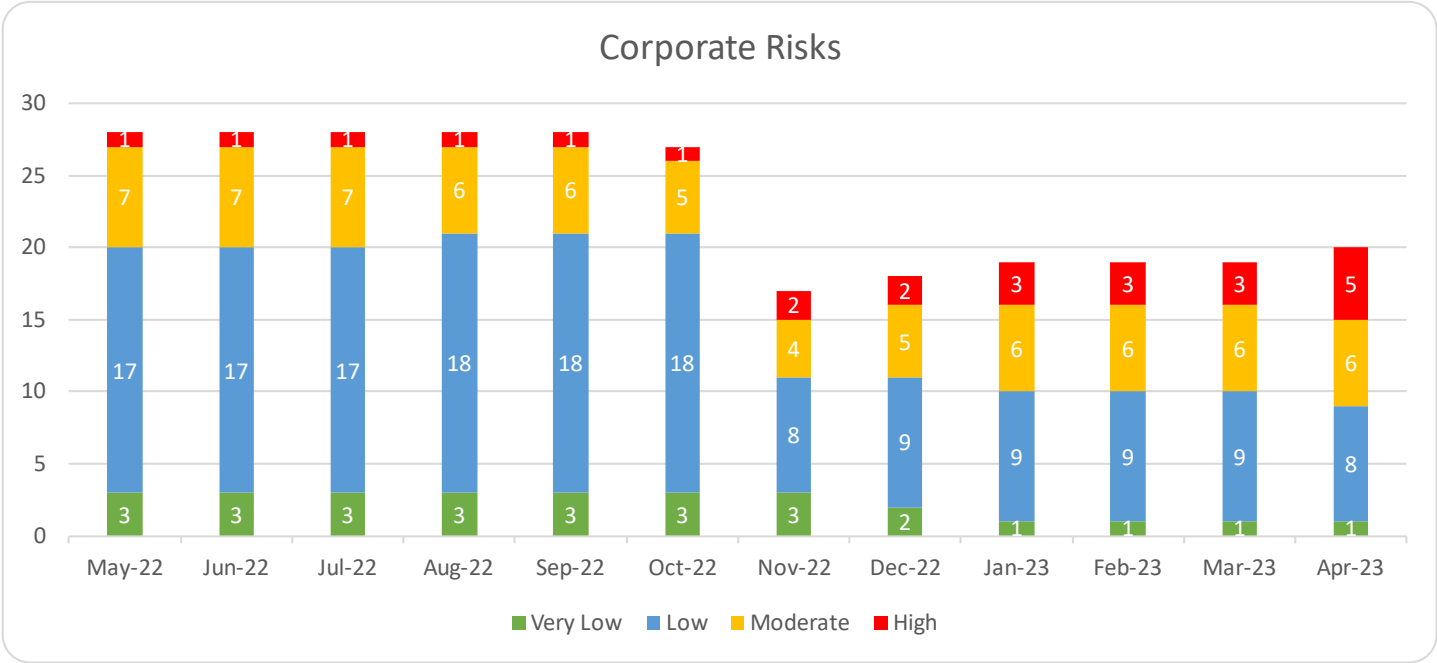
The Board are asked to be aware that the Service Risk Registers are reported using the Datix Risk Module and are considered at the regular service review meetings with escalation through both Executive Committee and the Trust Management Board where appropriate. The escalation process remains unchanged,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

3. Corporate Risk Register Summary Position

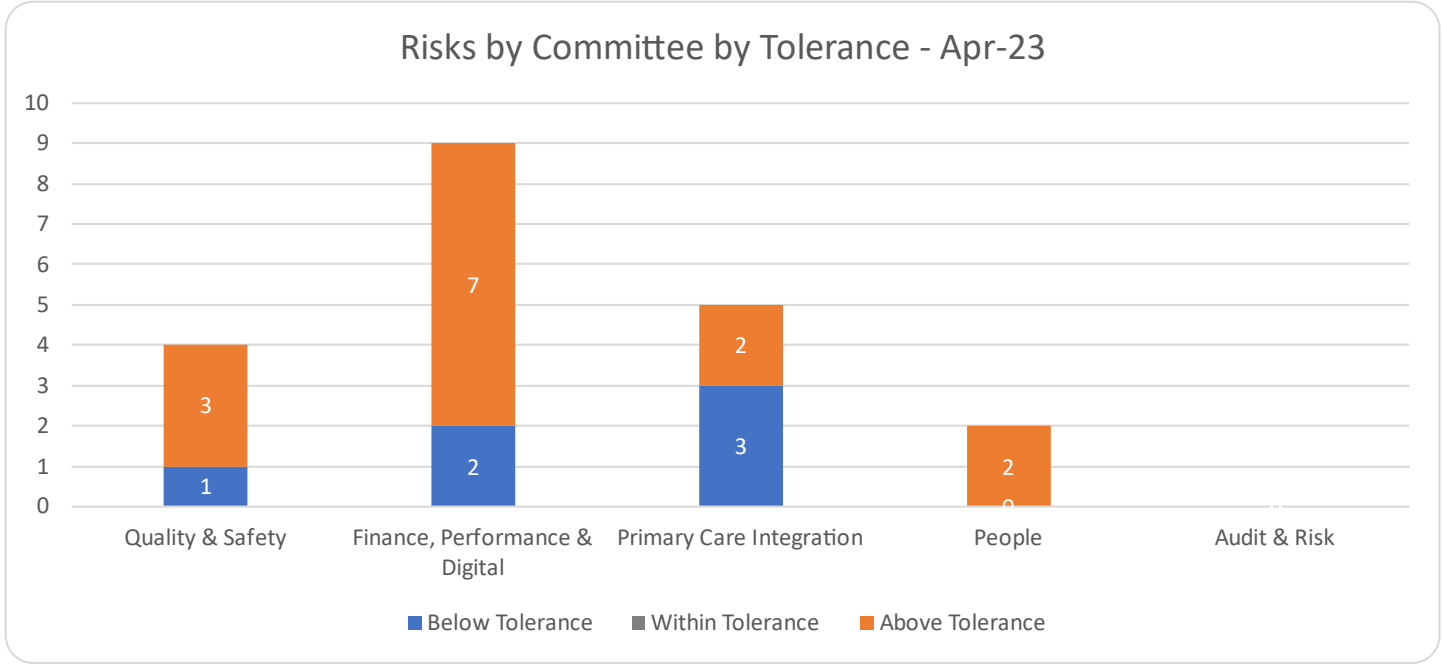
Below is a table showing the overall number and grade of risks and by domain held on the Corporate Risk Register.

Risk Levels	1 Minimal	2 Cautious	3 Open	4 Seek	5 Mature
Risk Appetite	Very Low	Low	Moderate	High	
Corporate Risks Total	1	8	6	5	

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 April 2023, the following changes have been proposed to the Corporate Risk Register.

Risks escalated to the Corporate Risk Register:

Operational Risk escalated to Corporate Risk Register – Finance, Performance and Digital Committee	Impact	Proposed Score April 2023
--	--------	---------------------------

C-302 – There is a risk that the true cost of digital is unaffordable due to the relative size of the organisation in comparison to a core level of digital and cyber support required by any organisation.	The true cost of digital as a percentage of baseline budget could be significant and result in sub-standard services being delivered and onward cyber security risks.	High 16 (4x4)
C-303 - There is a risk that the current capacity within the Business Intelligence Team is insufficient to meet the demands of the operational and strategic developments due to the manual nature of report production taking a long time and being inefficient.	Sufficient time cannot be dedicated to strategic developments which are required to automate the processes and free up time. Furthermore, not all reporting requirements of the organisation can currently be met. Examples include missing data deadline submissions.	High 16 (4x4)
Risk Reworded D-002 - There is a risk that the network equipment recently procured by DGFT to mitigate the cyber risk resulting from outdated and unsupported network hardware cannot be implemented in a timely fashion resulting in the existing network vulnerabilities remaining until deployment is confirmed.	Downtime for those sites affected by the failure. Extent of the impact will be dependent upon the extent of failure.	High 16 (4x4)

Proposed changes to the existing risk scores:

Corporate Risks – Finance, Performance and Digital Committee	Current Risk Score	Proposed Risk Score	Rationale
C-031: Risk of contract financial envelope less than the cost of providing the services.	Low 9 (3X3)	Moderate 12 (4X3)	Due to increase in efficiency target at 8%.

Corporate Risks – People Committee	Current Risk Score	Proposed Risk Score	Rationale
C-604: Risk of substantive workforce shortages in medical staffing (through difficulties in recruiting) result in additional premium costs being incurred	Moderate 12 (4X3)	High 16 (4X4)	Recent recruitment to medical staffing has become more challenging, and is likely to become more challenging as a result of DIHC options appraisal.

Further, the Private Board on 4th April 2023 approved repurposing the Strategy and Transformation forum into Efficiency and Innovation sub-committee reporting through the FP&D Committee. The two risks for the Strategy and Transformation Forum as an assurance committee have been reviewed and proposed the following change:

Corporate Risks – Strategy and Transformation Forum	Current Risk Score	Proposed Recommendation
C- 107: Insufficient system-wide support for DIHC	High 12 (4X4)	The Executive lead for this risk proposed closure of this risk as it is now classified as an issue.
C-078: Risk of delayed implementation of clinical service strategy	Low 8 (2X4)	The Executive lead proposed to transfer this risk to the Quality and Safety Committee

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	
People Committee 25 th April 2023	Retention and recruitment of staff	<p>The People Committee reviewed the risks pertaining to the Committee and recommended risks needed to be reviewed in relation to staff welfare, recruitment, and retention.</p> <p>In light of the recent decision that had been made regarding the future of DIHC services and the changes that are likely to come, an emerging risk in relation to retention and recruitment of staff needed to be escalated to the Corporate Risk Register.</p>

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, reviewed at the multi-disciplinary Policy, Procedures Development Working Group and the Executive Committee and is now available on the Trust's website.

In light of the recent decision regarding the outcome of project teams 1 and 3, the Corporate Risk register will be reviewed and refreshed by the Executive Committee.

Dudley Integrated Health and Care NHS Trust - Corporate Risk Register



Latest Month: Apr-23

Ref	Strategic Objective	Domain	Committee	Accountable Director (Risk Sponsor)	RISK OF:	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Movement	Trend	Target Risk Rating (L x I)	Above or Below Tolerance
C-106	SS05: 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-064	SS05: 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	16	↓		4	Above
C-078	SS02:Implementation of an Integrated Care Model for Dudley	Quality	Q&S	Lucy Martin	Risk of delayed implementation of clinical service strategy	8	8	8	8	8	8	8	8	8	8	8	8	⇒		4	Above
C-060	SS07: 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	SS07: 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	SS07: 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	9	9	9	9	12	↓		4	Above
C-088	SS07: 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 PF1 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	12	12	16	16	16	16	⇒		4	Above
C-202	SS06: 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	12	12	12	12	12	12	⇒		9	Above
D-002	SS07: Demonstrate value	Infrastructure	F, P & D	Matt Gamage	There is a risk that the network equipment recently procured by DGFT to mitigate the cyber risk resulting from outdated and unsupported network hardware cannot be implemented in a timely fashion resulting in the existing network vulnerabilities remaining until deployment is confirmed	16	16	16	16	16	16	16	16	16	16	16	16	⇒		9	Above
C-209	SS04: 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	12	12	12	12	12	⇒		4	Above
C-300	SS03: 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	12	12	12	12	⇒		4	Above
C-301	SS06: 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	12	12	12	12	⇒		4	Above
C-302	SS06: Improve health of our population and reduce inequalities	Infrastructure	F, P & D	Matt Gamage	There is a risk that the true cost of digital is unaffordable due to the relative size of the organisation in comparison to a core level of digital and cyber support required by any organisation.	0	0	0	0	0	0	0	0	0	0	0	16			6	Above
C-303	SS06: Improve health of our population and reduce inequalities	Infrastructure	F, P & D	Matt Gamage	There is a risk that the current capacity within the Business Intelligence Team is insufficient to meet the demands of the operational and strategic developments due to the manual nature of report production taking a long time and being inefficient.	0	0	0	0	0	0	0	0	0	0	0	16			6	Above

Dudley Integrated Health and Care NHS Trust - Corporate Risk Register



Latest Month: Apr-23

Ref	Strategic Objective	Domain	Committee	Accountable Director (Risk Sponsor)	RISK OF:	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-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



PUBLIC TRUST BOARD

REPORT TITLE:	Quality and Safety Report
DATE OF MEETING:	9th May 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:	<p>The Quality and Safety reports were presented to the Trust Quality and Safety Committee in April 2023, reflecting reporting periods of February 2023 and March 2023 respectively.</p> <p>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.</p> <p>The attached reports detail the following;</p> <ul style="list-style-type: none">• There were no reportable Serious Incidents (SIs) in either February or March. The one SI which was open and attributable to the Trust has been investigated and closed with the agreement of the Integrated Care Board• The Trust continues to contribute to 5 SIs reported by other organisations. The report provides high-level learning arising from recently completed serious incident investigations.• Following Q3 lessons learnt meeting the Trusts first Patient Safety Bulletin was disseminated. This has been included in the Board pack and includes learning from audits, incidents and feedback.• FFT data currently unavailable for both High Oak and Chapel Street following a change in the IT system used to manage messages and responses; an alternative solution is currently being developed.• There has been an increase in informal concerns raised, these have mostly centred on the cessation of the prescription ordering direct (POD) service and the implementation of the Medicines Optimisation Support Hub.• 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

	<p>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 safeguarding team continue to provide support and advice. As a result of the historical safeguarding concerns the team have recently completed an audit to ascertain whether all appropriate action has been undertaken. This will report to the Quality and Safety Committee in due course.</p> <p>The SI relating to a non-accidental injury of an infant has now been submitted to the ICB by the reporting organisation and actions are being implemented. Training and awareness has been provided to our primary care practices with further dissemination to our ARRS teams planned during May 2023</p> <ul style="list-style-type: none"> The 22/23 Covid and flu vaccination campaign has now conclude although covid remains an 'evergreen' offer. The Covid spring booster campaign commenced in April and offers the opportunity of a booster for those individuals who are immunosuppressed and/or over 75 years of age.
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	<input type="checkbox"/> Yes <input type="checkbox"/> In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	N/A
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: <i>Tick as appropriate</i>	<input type="checkbox"/> Develop our role in the Dudley Place <input type="checkbox"/> Implementation of integrated care model for the Dudley population <input checked="" type="checkbox"/> Improve outcomes for children and young people in Dudley <input checked="" type="checkbox"/> Support sustainability of primary care <input checked="" type="checkbox"/> Be the best and happiest place to work <input checked="" type="checkbox"/> Improve the health of our population and reduce inequalities <input type="checkbox"/> Demonstrate value to our population / Greener NHS
CQC DOMAINS: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective

	<input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led
LIST KEY RISKS IDENTIFIED: <i>Select none identified or outline the risks identified and mitigations taken (if addressing existing risk on the corporate risk register please provide reference number)</i>	<input checked="" type="checkbox"/> None Identified
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	<input type="checkbox"/> Executive <input type="checkbox"/> People <input type="checkbox"/> Finance Performance & Digital <input type="checkbox"/> Digital Board <input checked="" type="checkbox"/> Quality and Safety/ QSSG <input type="checkbox"/> Audit & Risk <input type="checkbox"/> Primary Care Integration <input type="checkbox"/> Strategy and Transformation <input type="checkbox"/> EDI <input type="checkbox"/> Trust Management Board <input type="checkbox"/> Well Led <input type="checkbox"/> Other (Please state)
CONSIDERATIONS / IMPACTS: <i>Select none identified or outline the potential impact and considerations undertaken</i>	Quality and Equality Impact Assessment
	<input checked="" type="checkbox"/> None Identified
	Equality, Diversity and Inclusion
	<input checked="" type="checkbox"/> None Identified
	Greener NHS Sustainability Impact Assessment
	<input checked="" type="checkbox"/> None Identified
	Other Regulatory Requirements
	<input checked="" type="checkbox"/> None Identified
PRESENTED TO:	<input checked="" type="checkbox"/> Public Board <input type="checkbox"/> Private Board <input checked="" type="checkbox"/> Assurance Committee (<i>state</i>) – Quality and Safety Committee

	<input type="checkbox"/> Other Committee (<i>state</i>) -
--	---

RECOMMENDATION: <i>Tick as appropriate</i>	<input type="checkbox"/> For Approval / Decision <input checked="" type="checkbox"/> For Assurance <input type="checkbox"/> For Information / Discussion
--	--

Quality and Safety Report

Reporting Period: February 2023

Reported to: April 2023, Quality and Safety Committee

Reported to : May 2023 Public Trust Board

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

Target

Mean

Special cause improvement

Special cause concern

Activity

Summary

Data / Quality Indicators

- No Serious Incidents reported this period
- Two formal complaints reported this period – both relate to CHC and are being managed on behalf of the ICB
- FFT data currently unavailable for both High Oak and Chapel Street following a change in the IT system used to manage messages and responses; an alternative solution is currently being developed

Other

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

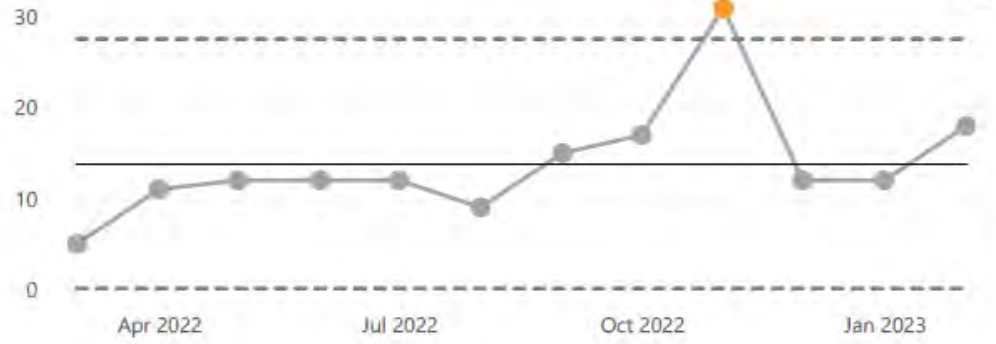
Domain	Sub domain	Metric	Metric Type	Latest Date	Value	YTD	Target	Variation	Assurance
Q&S	Feedback	IAPT Friends and Family Test – % Positive	Local	Feb 2023	96.3%	99.66%	-		
		IAPT Friends and Family Test – % Positive (Qtr)	Local	Dec 2022	100%	100%	-		
		Primary Care Friends and Family Test – % Positive - 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	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	Feb 2023	80%	59.26%	-		
		PCMH Friends and Family Test – % Positive (QTR)	Local	Dec 2022	60%	50%	-		
		Feedback - Informal Concern	Local	Feb 2023	7	54	-		
		Feedback - Compliments	Local	Feb 2023	5	48	-		
		Feedback - Complaints	Local	Feb 2023	2	27	-		
		An acknowledgment of the complaints within 3 days	National	Feb 2023	100%	95.45%	-		
		A formal response to the complaint sent within 45 days	Local	Feb 2023	100%	100%	-		
	Incidents	Duty of Candour	National	Nov 2022	100%	100%	100%		
		Occurrence Of Any Never Event	National	Feb 2023	0	0	-		
		Incidents	Local	Feb 2023	18	161	-		
		Serious Incidents	Local	Feb 2023	0	1	-		
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	Feb 2023	100%	100%	-		
Safeguarding		Number of Safeguarding Concerns - Adults	Local	Feb 2023	57	606	-		
		Number of Safeguarding Concerns - Child	Local	Feb 2023	13	219	-		
		Number of Safeguarding Concerns - Age unknown	Local	Feb 2023	2	4	-		
		Number of SARs - Open	Local	Feb 2023	0	0	-		
		Number of CSPRs - Open	Local	Feb 2023	4	4	-		
		Number of S42s - Open	Local	Feb 2023	0	0	-		
		Number of S42s - Overdue	Local	Feb 2023	0	0	-		

Footnotes

*

Incidents

Incidents



Feb 2023

Date

18

Value

-

Target

Common Cause
Variation

No Target

Assurance

Duty of Candour

100%

50%

0%

Feb 2021

Nov 2021

Jun 2022

Nov 2022

Nov 2022

Date

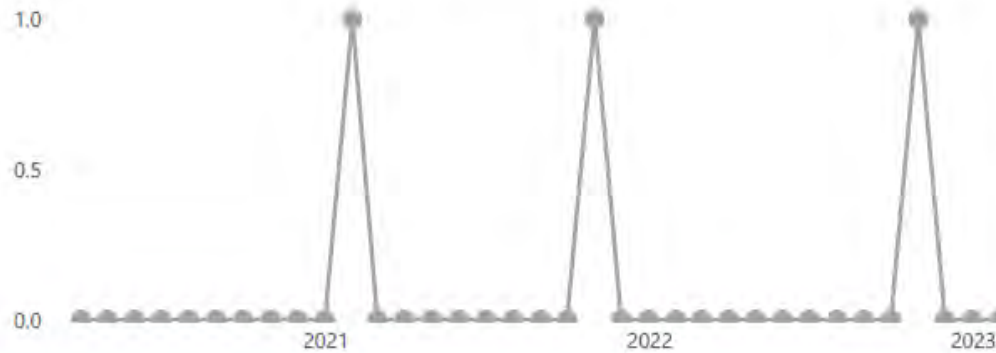
100%

Value

100%

Target

Serious Incidents



Serious incidents

DIHC reported

There is 1 SI attributable to DIHC:

2022/24773 (INC 1553) - Unexpected death of a patient under the care of the Trusts primary care services as the result of injuries sustained in a fall.

The investigation is now complete and closed internally; the report has been submitted to the ICB for review and approval for closure on STEIS.

Other

5 incidents reported as SIs by other organisations are currently open:

INC1275 – Unexpected death of person in receipt of care from IAPT service.

Internal investigation report completed; joint table top review held 16/03/23

INC1430 – Non-accidental injury of infant.

Final report received – to be reviewed

INC1412 - Unexpected death of patient under the care of the Trusts primary care services.

Internal table top review undertaken on 25/01/2023. RCA report currently in development.

INC1749 – Unexpected death of patient under the care of IAPT

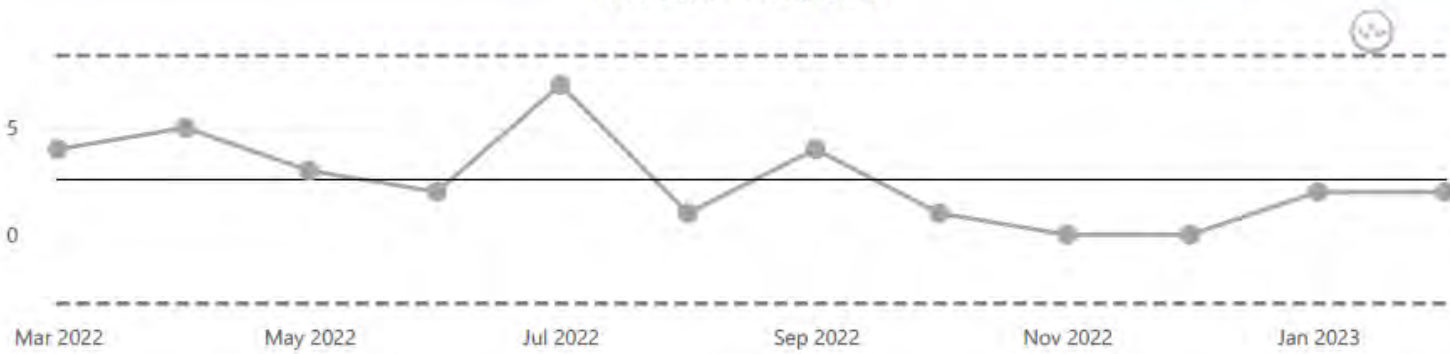
Scoping meeting held 09/03/23; investigation underway

INC1760 – Unexpected death of patient under the care of PCMHS/ARRS

Scoping meeting held 09/03/23; investigation underway

Feedback

Feedback - Complaints



Feb 2023
Date

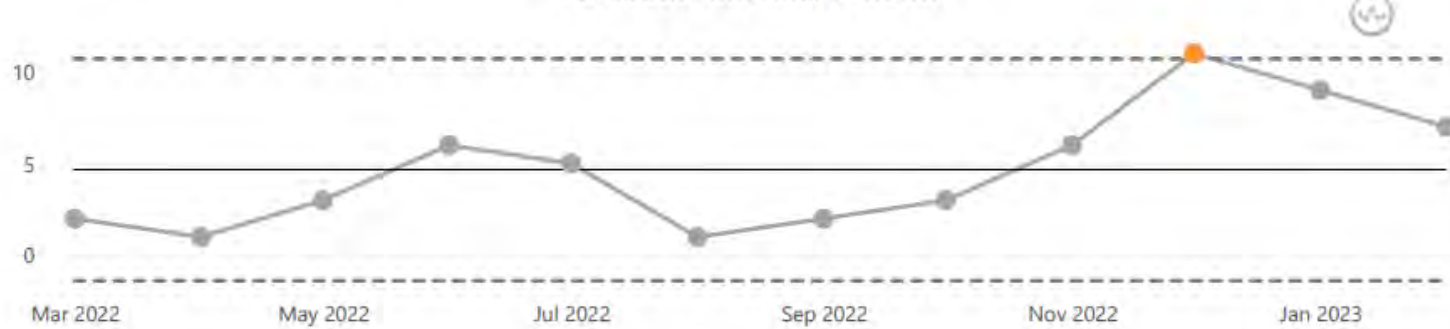
2
Value

-
Target

Common Cause
Variation

No Target
Assurance

Feedback - Informal Concern



Feb 2023
Date

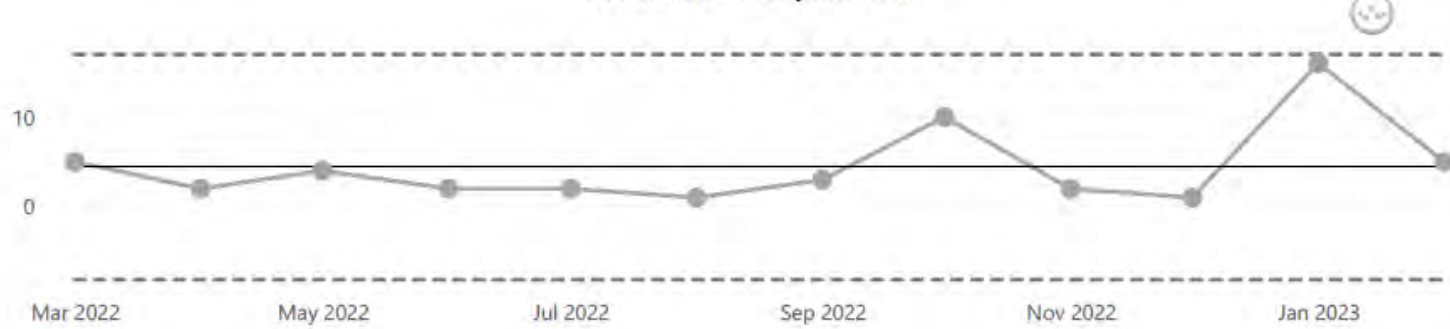
7
Value

-
Target

Common Cause
Variation

No Target
Assurance

Feedback - Compliments



Feb 2023
Date

5
Value

-
Target

Common Cause
Variation

No Target
Assurance

Service comments

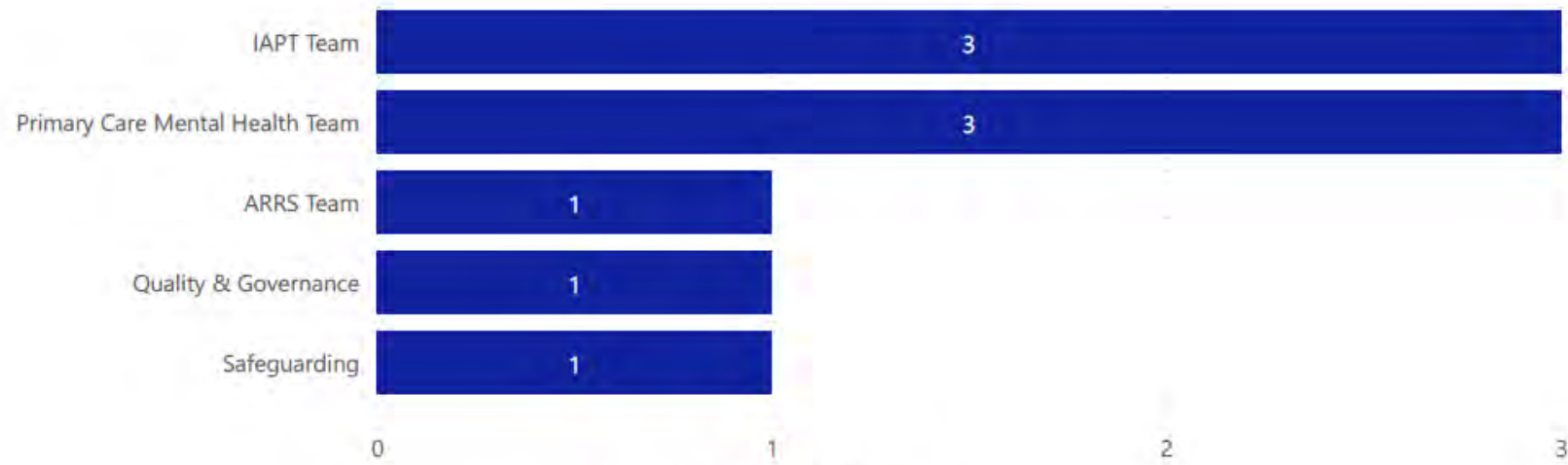
- Both complaints relate to CHC services and are being managed on behalf of Black Country ICB
- No obvious themes or trends

Actions

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

Incidents and Feedback Closed Within: February 2023

Incident Closed by Service



Feedback Closed by Service

Type ● Complaint ● Compliment ● Concern



Key Lessons Learnt

- No key learning points identified in month; some actions still being finalised
- Quarterly learning points (Q3) reviewed this month – see next slide

Actions

- Learning continues to be identified and collated

Quarterly Learning Lessons update – Q3

- Our Q3 Learning Lessons meeting was held on 22/02/23
- Key learning points have been disseminated to staff via our first 'Patient Safety Bulletin':

Patient Safety Bulletin

LEARNING FROM HAND HYGIENE AUDITS

Bare below the elbow

One of the common themes that emerged following the completion of hand hygiene audits and IPC visits (environmental audits) was noncompliance with being bare below the elbows by some colleagues that have face to face or direct contact with patient or the patients' immediate surroundings. Some colleagues wearing wrist watches/fitness trackers, rings with stones and nail varnish/ nail extension etc. when in contact with patients. Feedback was provided to the observed practitioner and in the form of an audit report. The IPC team also reviewed and updated the hand hygiene training package to better emphasize the meaning of being bare below the elbows.

The aim of being bare below the elbows (implemented across the NHS) is to improve the effectiveness of hand hygiene by health care workers, hence reducing the risk of passing on harmful microorganisms to their patients, family members or themselves.

Direct contact or care refers to hands on or face to face contact with patients. This encompasses any physical aspect of the healthcare of patients, including treatments, self-care and administration of medication. (NICE IPC Quality Standard 61, 2014)

Bare Below the Elbow

When delivering care to patients, best practice to enable effective hand hygiene is to be bare below the elbow (BBE)

DO	DON'T
<ul style="list-style-type: none">• Keep nails clean and short.• Cover cuts and abrasions with a waterproof dressing to reduce the risk of infection/colonisation.• Forearms should be exposed.• A plain band ring may be worn.• A religious bangle can be worn (move up forearm/secure during patient care).	<ul style="list-style-type: none">• Wear artificial nails or gel nails.• Wear nail polish or nail jewellery.• Leave any cuts and abrasions uncovered whilst at work.• Wear long-sleeved clothing (if worn, sleeves should be rolled above the elbows).• Wear hand or wrist jewellery (stoned rings, bracelets or wrist watches).
BBE Compliant	BBE Non-compliant
	

NHS
Dudley Integrated
Health and Care
NHS Trust

09/03/23
Issue 1

LEARNING FROM INCIDENTS

Appropriate level of system access for agency/locum staff

Where teams/services employ temporary staff to support the delivery of services it is essential to ensure that the individuals have appropriate access to shared patient information systems and understand the limits of their use of the system.

A robust induction process that covers such issues will enable them to carry out the duties they are engaged to complete competently and safely.

Avoiding errors when sending text messages to patients

Where possible automated message systems e.g. AccuRx should be used to text appointments and messages to patients to reduce the risk of entering incorrect telephone number.

Identifying patients correctly

A three-point ID check needs to be completed for every patient interaction, Name DOB Address (as often 2 people of same name live at same address) should be used or use a unique identifier - e.g., NHS number

Awareness of previous treatment/procedures

All clinicians are to review patient's records and check all details before proceeding with any procedure. This is to ensure that repeat procedures are not undertaken in error.

LEARNING FROM FEEDBACK

Appointment management

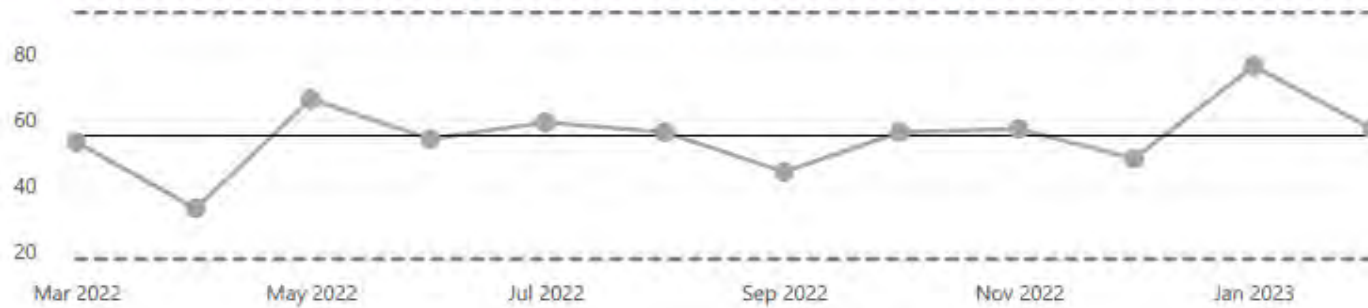
Ensure that a process is in place to inform administrative staff of clinician's annual leave so that patient appointments can be appropriately managed.

Availability of space for private conversations

Patients should be treated with courtesy and respect at all times and should be offered the opportunity to have conversations about personal medical matters in as private an area as is available

Safeguarding

Number of Safeguarding Concerns - Adults



Feb 2023

Date

57

Value

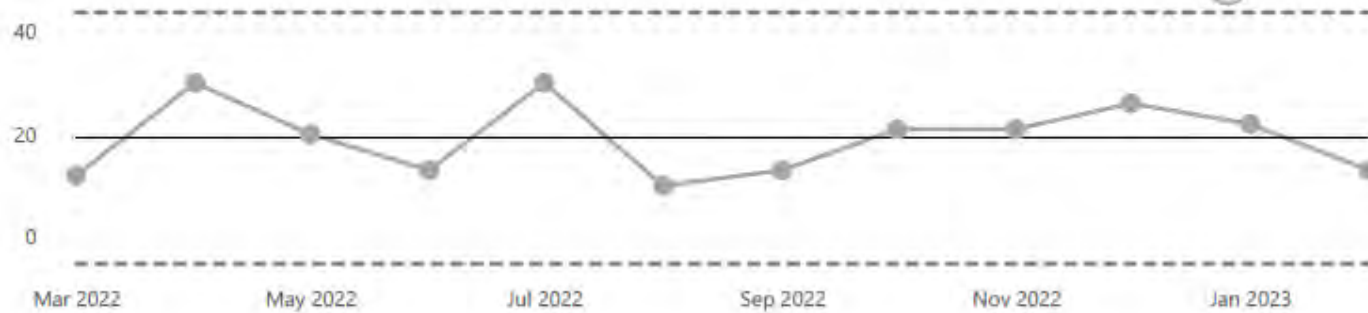
-

Target

Common Cause
Variation

No Target
Assurance

Number of Safeguarding Concerns - Child



Feb 2023

Date

13

Value

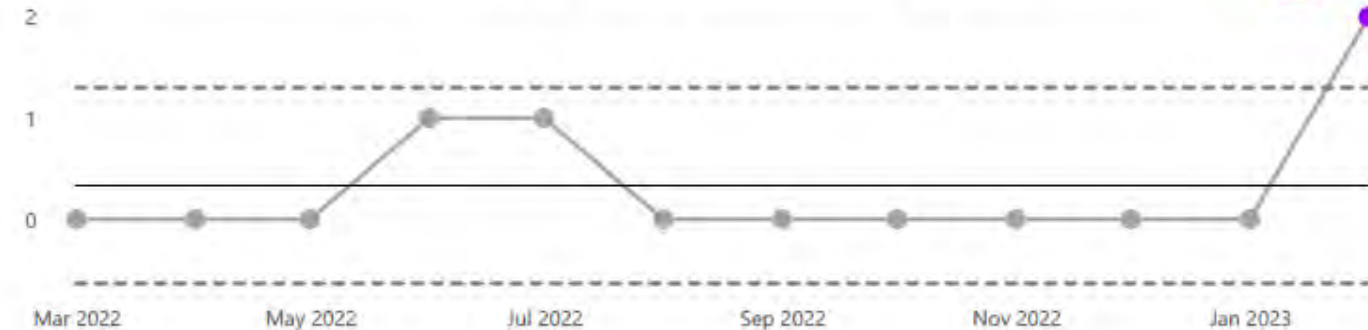
-

Target

Common Cause
Variation

No Target
Assurance

Number of Safeguarding Concerns - Age unknown



Feb 2023

Date

2

Value

-

Target

Neither
Variation

No Target
Assurance

Service comments

- There was a total of 77 safeguarding incidents reported, a drop of 21% compared to the previous month
- Of these 42% were in relation to historical concerns, a drop from last months 62%.
- Of the current concerns, there were 38 adults and 11 children
- There were 8 referrals to social care, 4 children and 4 adults. This was comparable compared to the previous month
- IAPT/DDTS remain the highest reporters, especially in relation to historical concerns of sexual abuse and domestic abuse
- There were 4 incidents with missing data fields, these have been reviewed and corrected

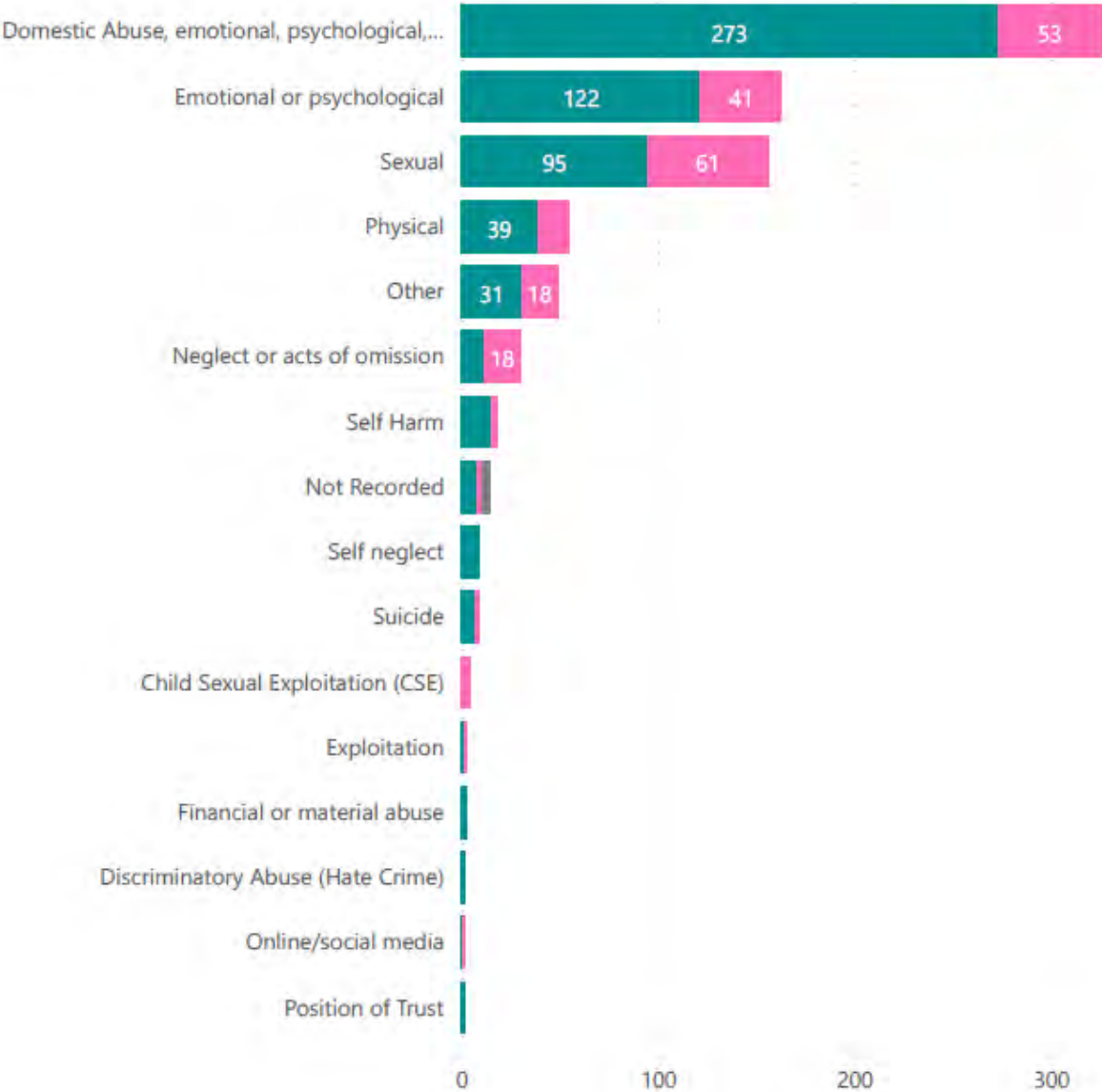
Actions

- The safeguarding team review reported incidents daily to ensure appropriate actions have been taken, alongside providing routine support and advice
- The safeguarding team to remind staff that all data fields need to be completed
- The safeguarding team have now completed an audit in relation to historical sexual abuse and hope to share it shortly
- Progress is being made on the safeguarding workplan

Safeguarding

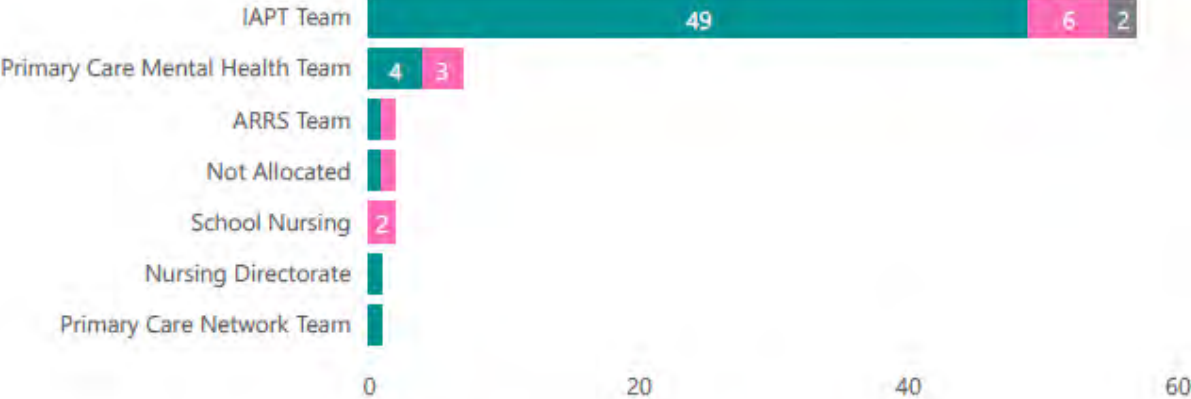
Safeguarding Concerns by Type of Abuse (YTD)

Adult/Child ● Adult ● Child ● Not Recorded



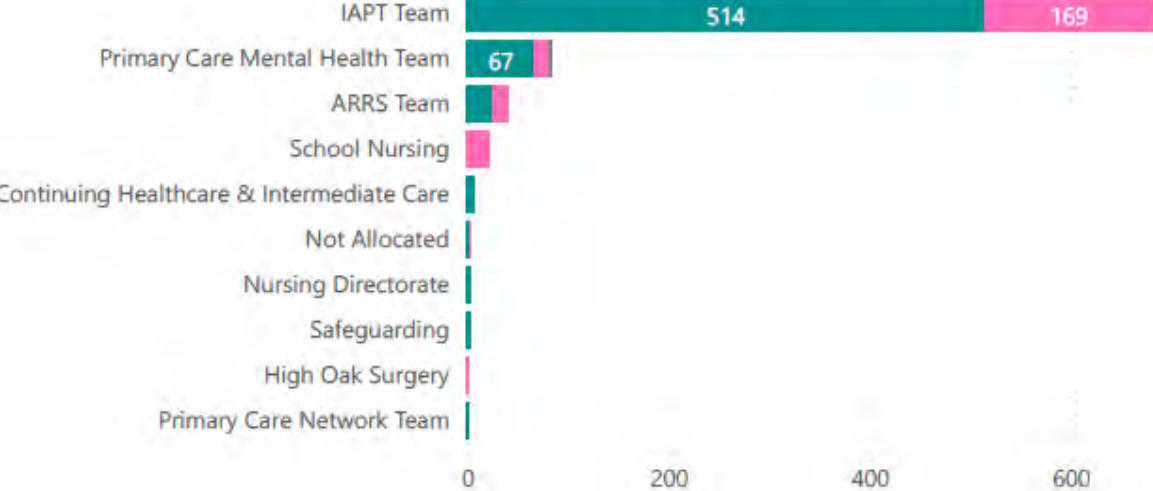
Safeguarding Concerns; February 2023

Adult/Child ● Adult ● Child ● Not Recorded



Safeguarding Concerns by Team (YTD)

Adult/Child ● Adult ● Child ● Not Recorded



VACCINATIONS

COVID VACCINATIONS – Patients (High Oak Surgery)

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

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)	116	95%	93%	91%	5	3
04. Age 70-74y or Covid High Risk (excl care Home)	235	92%	91%	81%	16	13
05. Age 65-69y (excl Care home)	148	95%	94%	88%	9	5
06. Age 16-64y with UHC (excl care home)	684	85%	82%	69%	49	81
07. Age 60-64y or UHC (excl care home)	89	100%	93%	83%	6	5
08. Age 55-59y (excl care home)	131	89%	86%	76%	12	11
09. Age 50-54y (excl care home)	131	85%	82%	63%	11	16
10. Age 40-49y (excl care home)	302	75%	71%	53%	6	71
11. Age 30-39y (excl care home)	546	70%	64%	41%	23	145
12. Age 18-29y (excl care home)	453	66%	56%	26%	11	148
13. Age 16-18y, no UHCs	69	43%	29%	4%	0	39
14. Age 12-15y with specific UHC or household contact	19	21%	16%	0%	0	15
15. Age 12-15y no UHCs	208	35%	22%	0%	0	137
16. Age 5-11y with specific UHC or household contact	33	0%	0%	0%	0	33
17. Age 5-11y no UHCs	460	6%	4%	0%	0	431

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 03/03/2023):

Age Group	Total Population Per Age Group	Total Vaccinated	% Vaccinated	Total Patient Declined	Total Vaccinated Elsewhere
Over 65 years	607	403	66%	94	132
6m-under 65 years (exc 2-3y) AT RISK	671	276	41%	32	114
50 years-under 65 years NOT AT RISK	421	104	25%	27	48
2 years - under 4 years Nasal Flu	118	23	19%	54	0
Pregnant Patients	35	12	34%	0	9
Total	1852	818	44%	207	303

COVID VACCINATIONS – Patients (Chapel Street Surgery)

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

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	43	100%	97%	79%	1	0
03. Age 75-79y (excl care home)	19	84%	79%	68%	3	0
04. Age 70-74y or Covid High Risk (excl care Home)	148	89%	86%	52%	15	11
05. Age 65-69y (excl Care home)	71	82%	78%	54%	4	9
06. Age 16-64y with UHC (excl care home)	251	73%	68%	33%	16	40
07. Age 60-64y or UHC (excl care home)	26	100%	43%	31%	3	12
08. Age 55-59y (excl care home)	38	100%	58%	37%	3	13
09. Age 50-54y (excl care home)	87	61%	59%	30%	4	30
10. Age 40-49y (excl care home)	281	59%	55%	16%	4	117
11. Age 30-39y (excl care home)	358	48%	44%	13%	6	182
12. Age 18-29y (excl care home)	495	43%	34%	6%	6	278
13. Age 16-18y, no UHCs	83	23%	19%	1%	0	64
14. Age 12-15y with specific UHC or household contact	10	0%	0%	0%	1	9
15. Age 12-15y no UHCs	187	19%	12%	0%	0	152
16. Age 5-11y with specific UHC or household contact	11	27%	0%	0%	0	8
17. Age 5-11y no UHCs	311	2%	1%	0%	0	303

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 03/03/2023):

Age Group	Total Population Per Age Group	Total Vaccinated	% Vaccinated	Total Patient Declined	Total Vaccinated Elsewhere
Over 65 years	190	83	44%	17	25
6m-under 65 years (exc 2-3y) AT RISK	316	108	34%	23	21
50 years-under 65 years NOT AT RISK	144	22	15%	12	2
2 years - under 4 years Nasal Flu	69	0	0%	5	0
Pregnant Patients	25	6	24%	0	3
Total	744	219	29%	57	51

VACCINATIONS – Staff

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

Staff Vaccinations	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%

- Further workforce information will be provided and discussed at the People Committee

Quality and Safety Report

Reporting Period: March 2023

Reported to: April 2023, Quality and Safety Committee

Reported to: May 2023, Public Trust Board

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

Summary

Data / Quality Indicators

- No Serious Incidents reported this period
- Three formal complaints reported this period – two relate to School Nursing and one relates to CHC. The latter is partially attributable to DIHC and is being managed in conjunction with the ICB.
- 14 informal concerns were raised including 4 relating to closure of POD services.
- FFT data remains unavailable for both High Oak and Chapel Street. An alternative solution is to be tested shortly.

Other

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 is potentially an emerging trend relating to the discontinuation of the POD service; this issue will be monitored going forward to identify whether there is a matter of ongoing concern.

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	Mar 2023	95.24%	99.37%	-		
		Primary Care Friends and Family Test – % Positive - Chapel Street Surgery	Local	Jan 2023	40%	74.19%	-		
		Primary Care Friends and Family Test – % Positive - High Oak Surgery	Local	Jan 2023	91.86%	89.83%	-		
		PCMH Friends and Family Test – % Positive	Local	Mar 2023	83.33%	63.64%	-		
		Feedback - Informal Concern	Local	Mar 2023	14	69	-		
		Feedback - Compliments	Local	Mar 2023	4	52	-		
		Feedback - Complaints	Local	Mar 2023	3	30	-		
		An acknowledgment of the complaints within 3 days	National	Mar 2023	100%	95.83%	-		
		A formal response to the complaint sent within 45 days	Local	Mar 2023	100%	100%	-		
	Incidents	Duty of Candour	National	Nov 2022	100%	100%	100%		
		Occurrence Of Any Never Event	National	Mar 2023	0	0	-		
		Incidents	Local	Mar 2023	17	178	-		
		Serious Incidents	Local	Mar 2023	0	1	-		
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	Mar 2023	100%	100%	-		
	Safeguarding	Number of Safeguarding Concerns - Adults	Local	Mar 2023	55	661	-		
		Number of Safeguarding Concerns - Child	Local	Mar 2023	28	247	-		
		Number of Safeguarding Concerns - Age unknown	Local	Mar 2023	2	5	-		
		Number of SARs - Open	Local	Mar 2023	0	0	-		
		Number of CSPRs - Open	Local	Mar 2023	4	4	-		
		Number of S42s - Open	Local	Mar 2023	0	0	-		
		Number of S42s - Overdue	Local	Mar 2023	0	0	-		

Footnotes

*

Incidents

Incidents



Mar 2023

Date

17
Value

-
Target

Common Cause
Variation

No Target
Assurance

Duty of Candour



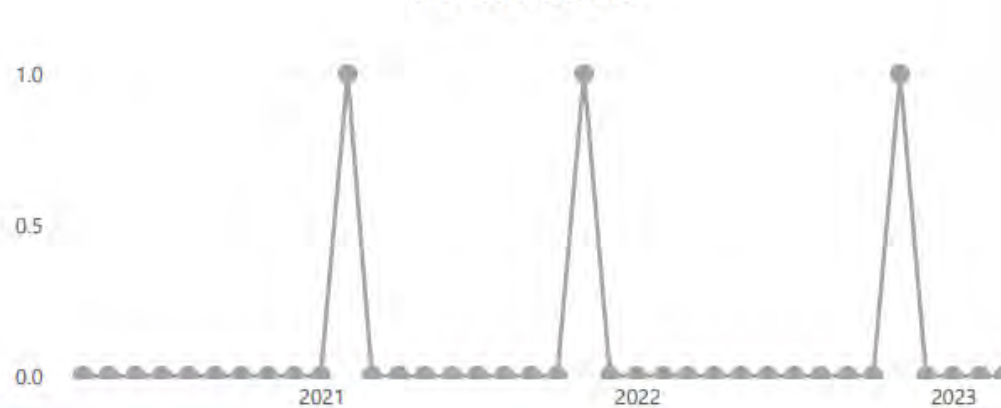
Nov 2022

Date

100%
Value

100%
Target

Serious Incidents



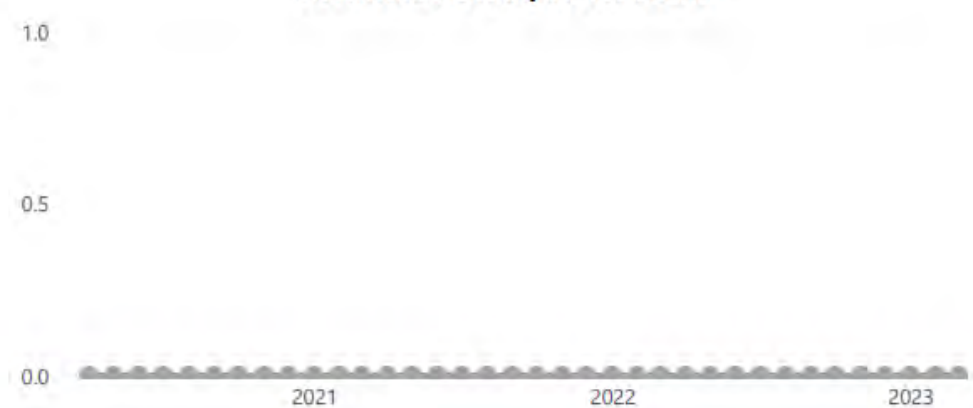
Mar 2023

Date

0
Value

-
Target

Occurrence Of Any Never Event



Mar 2023

Date

0
Value

-
Target

Service comments

* 2 incidents related to recruitment checks.

Actions

- Investigations currently in progress to identify any opportunities for learning and improvement
- Recruitment processes revised and an immediate audit check undertaken. No adverse consequences identified

Serious incidents

DIHC reported

2022/24773 (INC 1553) - Unexpected death of a patient under the care of the Trusts primary care services as the result of injuries sustained in a fall.

The ICB have agreed closure of this serious incident

DIHC has no open SIs

Other

5 incidents reported as SIs by other organisations are currently open:

INC1275 – Unexpected death of person in receipt of care from IAPT service.

Internal investigation report completed; joint table top review held 16/03/23. Awaiting final report.

INC1430 – Non-accidental injury of infant.

Final report received, implementation of actions ongoing. Awaiting confirmation of closure from ICB.

INC1412 - Unexpected death of patient under the care of the Trusts primary care services.

Joint TTR held 05/04/2023, further table top review to be arranged. Internal report currently in development.

INC1749 – Unexpected death of patient under the care of IAPT

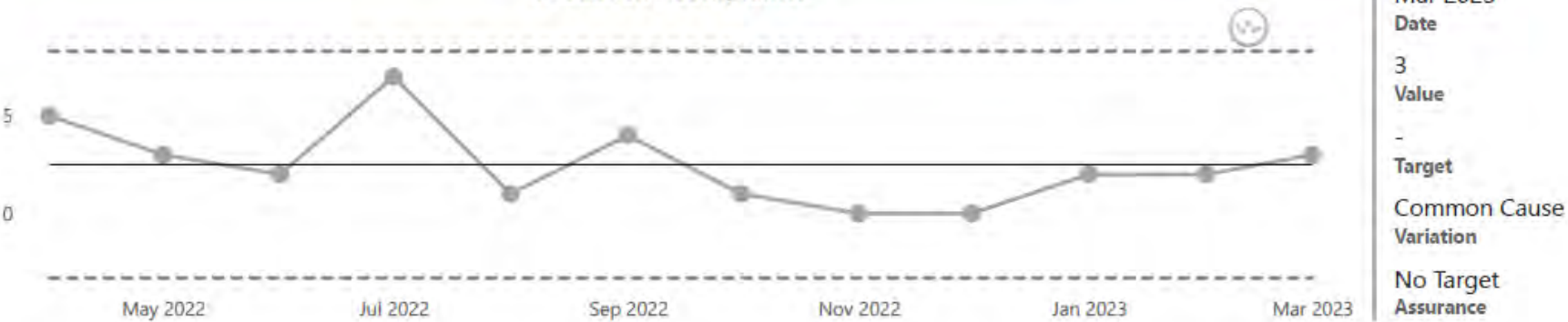
Internal table top review held 05/04/2023. Internal report currently in development.

INC1760 – Unexpected death of patient under the care of PCMHS/ARRS

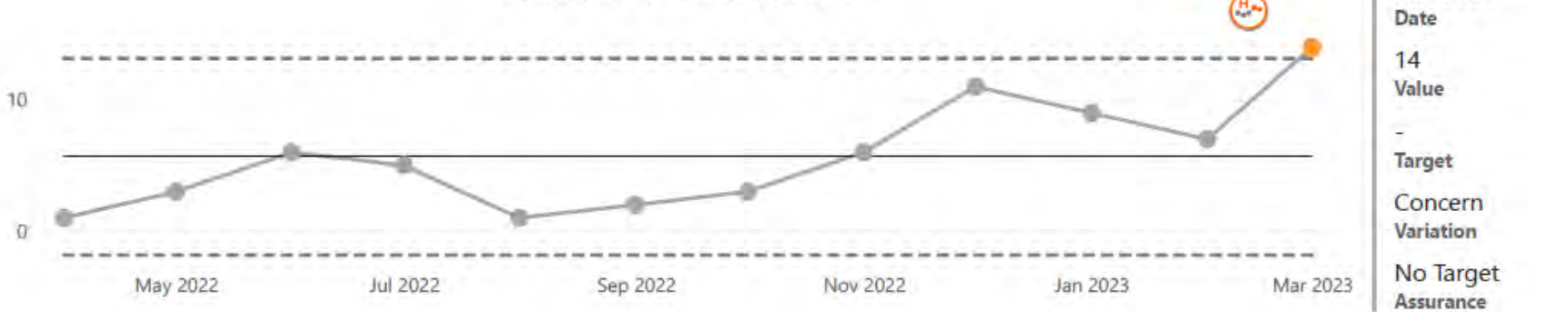
Investigation underway, table top review to be arranged

Feedback

Feedback - Complaints



Feedback - Informal Concern



Feedback - Compliments



Service comments

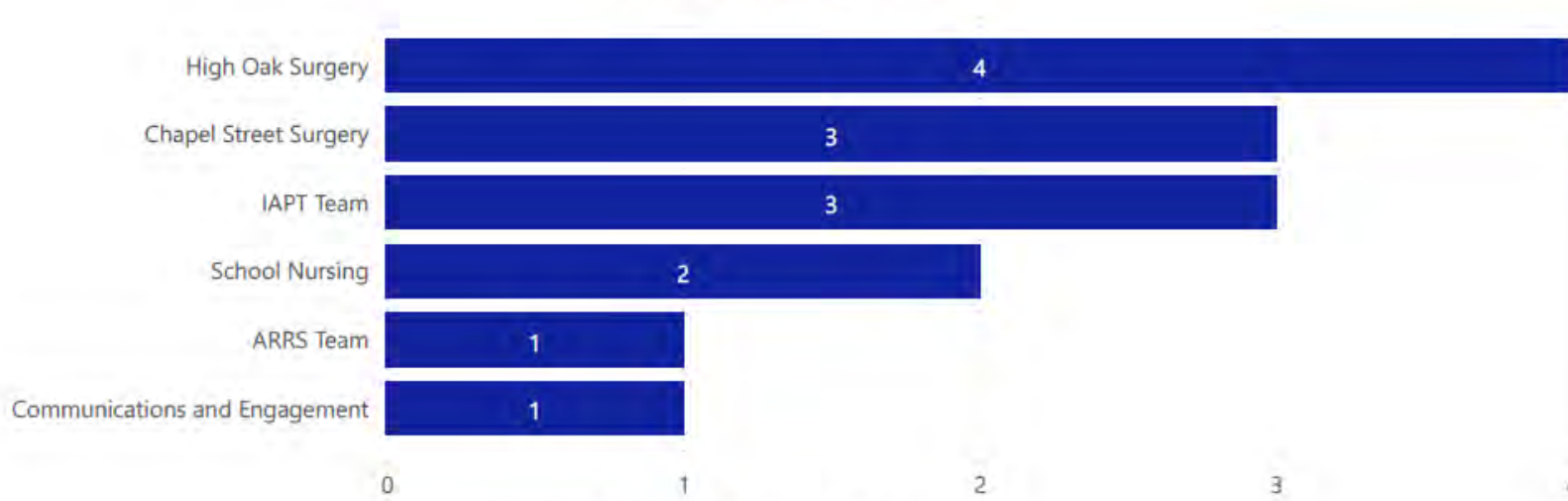
- Three formal complaints reported this period – two relate to School Nursing and one relates to CHC. The latter is partially attributable to DIHC and is being managed in conjunction with the ICB.
- 14 informal concerns were raised which is higher than previous months. The concerns are spread over a number of services including 4 relating to closure of POD services. As the latter is related to a service change the level of concerns will be monitored going forward.

Actions

- *Monitor concerns regarding closure of POD services

Incidents and Feedback Closed Within: March 2023

Incident Closed by Service



Feedback Closed by Service

Type ● Compliment ● Concern



Key Lessons Learnt

- The completion of 3 SI investigations has generated learning for both DIHC and the wider system. The full recommendations and learning points will be discussed at the Q4 Learning Lessons Group.

Learning points for DIHC include:

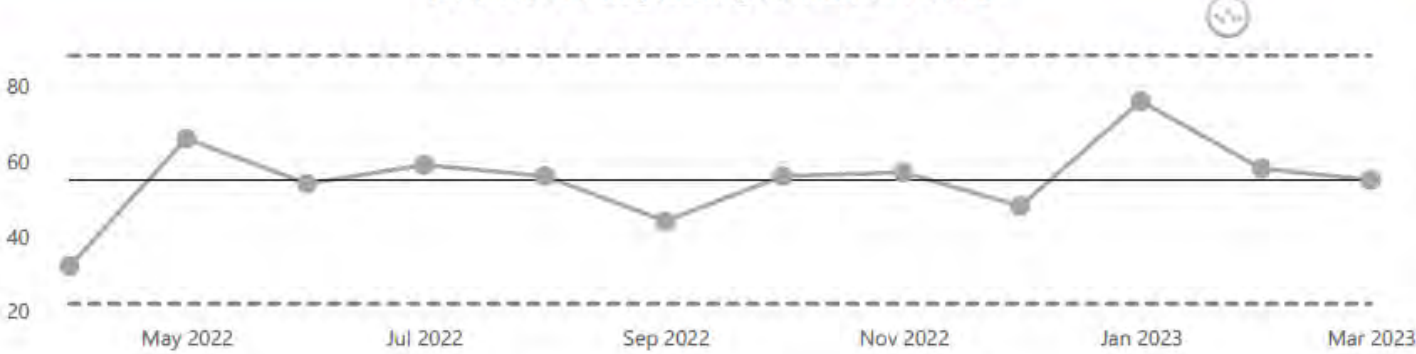
- To raise awareness of the GPs responsibility to refer to childrens social care when bruising is found in a non-mobile child
- A robust Trust wide protocol is required for the prescribing of hypnotic medications
- Trust guidance should recognise the importance of taking a holistic approach to patients experiencing sleep deficit as described in national guidance.

Actions

* Implementation of action plans from SIs is on-going

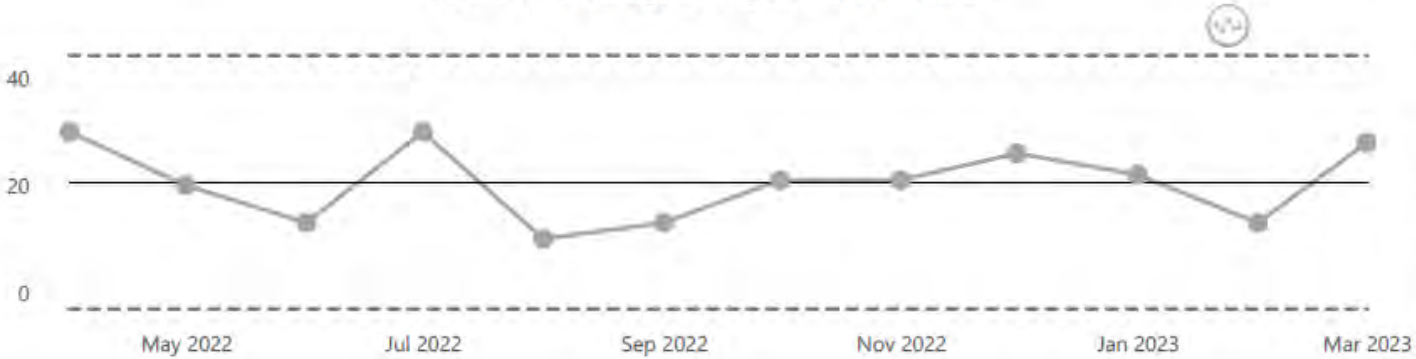
Safeguarding

Number of Safeguarding Concerns - Adults



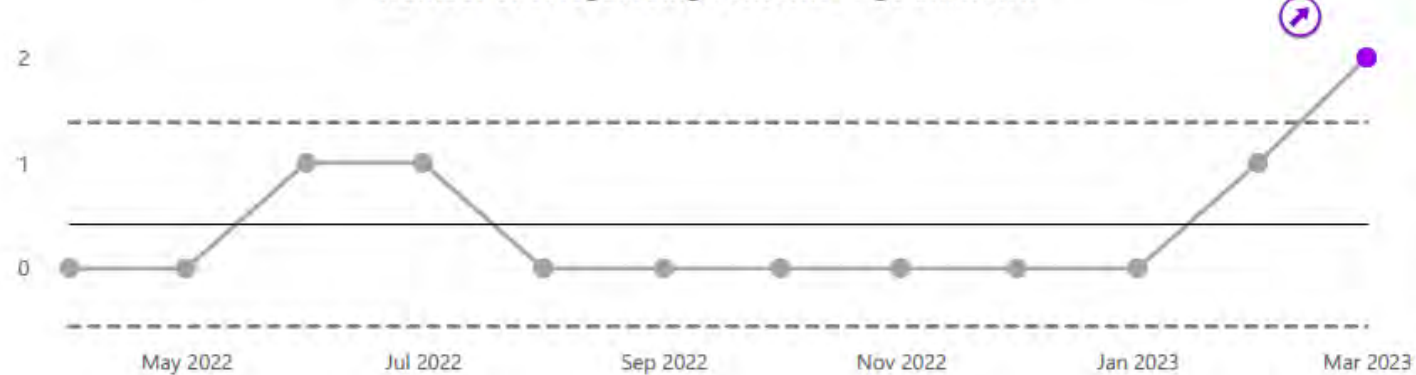
Mar 2023
Date
55
Value
-
Target
Common Cause
Variation
No Target
Assurance

Number of Safeguarding Concerns - Child



Mar 2023
Date
28
Value
-
Target
Common Cause
Variation
No Target
Assurance

Number of Safeguarding Concerns - Age unknown



Mar 2023
Date
2
Value
-
Target
Neither
Variation
No Target
Assurance

Service comments

The quarterly safeguarding report is being presented to the Quality and Safety Committee.

Safeguarding L3 training compliance has decreased
Safeguarding level 3 training compliance has decreased. Temporary staff are now included in the monthly report which appears to have had an impact on compliance data.

The team are currently compiling the statutory section 11 audit with a submission date of the 11th May 2023

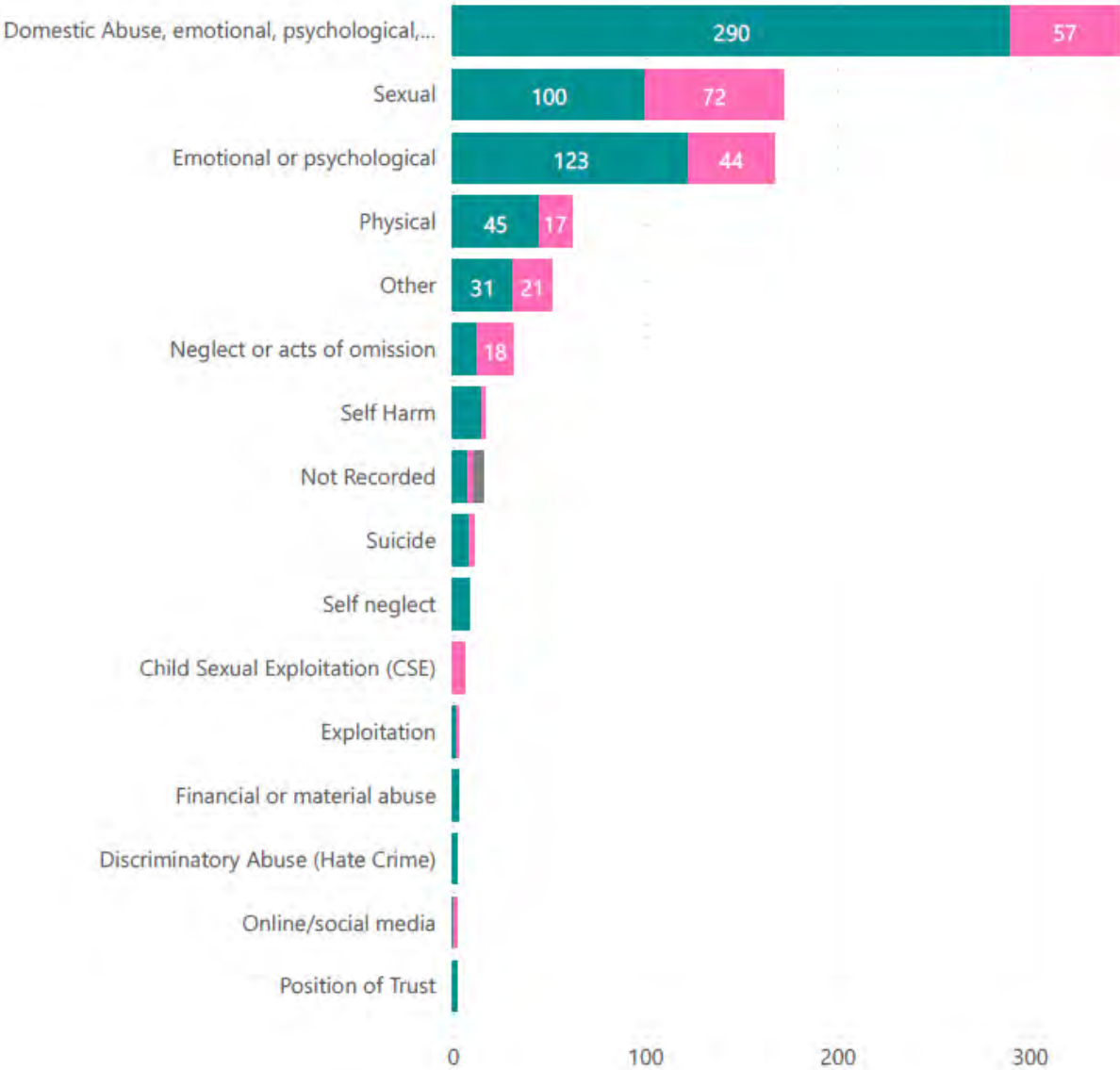
Actions

All service leads have been reminded that temporary staff need to undertake relevant training or demonstrate compliance upon commencement. This has also been reported to the Trusts People Committee

Safeguarding

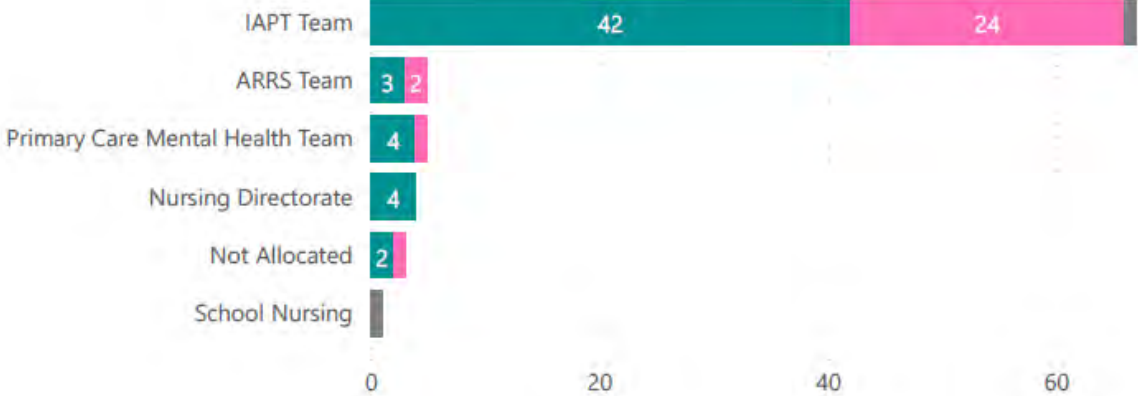
Safeguarding Concerns by Type of Abuse (YTD)

Adult/Child ● Adult ● Child ● Not Recorded



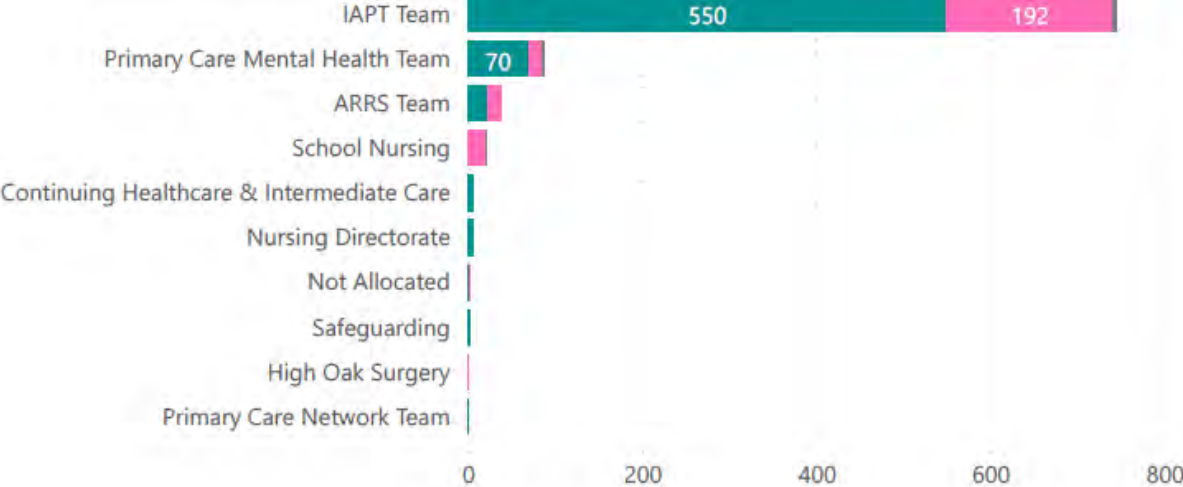
Safeguarding Concerns; March 2023

Adult/Child ● Adult ● Child ● Not Recorded



Safeguarding Concerns by Team (YTD)

Adult/Child ● Adult ● Child ● Not Recorded



VACCINATIONS

COVID VACCINATIONS – Patients (High Oak Surgery)

- Covid vaccination programme at High Oak Surgery continues; latest uptake data (as of 04/04/2023):

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	43	100%	98%	79%	1	0
03. Age 75-79y (excl care home)	19	84%	79%	68%	3	0
04. Age 70-74y or Covid High Risk (excl care Home)	147	89%	86%	52%	15	10
05. Age 65-69y (excl Care home)	71	82%	78%	55%	4	9
06. Age 16-64y with UHC (excl care home)	252	75%	70%	34%	15	50
07. Age 60-64y or UHC (excl care home)	25	100%	36%	24%	3	13
08. Age 55-59y (excl care home)	39	100%	56%	33%	3	14
09. Age 50-54y (excl care home)	87	62%	60%	30%	5	29
10. Age 40-49y (excl care home)	280	58%	54%	16%	3	119
11. Age 30-39y (excl care home)	361	46%	42%	12%	6	186
12. Age 18-29y (excl care home)	502	42%	34%	6%	6	285
13. Age 16-18y, no UHCs	81	24%	18%	1%	0	62
14. Age 12-15y with specific UHC or household contact	10	0%	0%	0%	1	9
15. Age 12-15y no UHCs	186	19%	12%	0%	0	151
16. Age 5-11y with specific UHC or household contact	11	27%	0%	0%	0	8
17. Age 5-11y no UHCs	314	3%	1%	0%	0	304

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 04/04/2023):

Age Group	Total Population Per Age Group	Total Vaccinated	% Vaccinated	Total Patient Declined	Total Vaccinated Elsewhere
Over 65 years	601	399	66%	100	132
6m-under 65 years (exc 2-3y) AT RISK	677	281	42%	51	115
50 years-under 65 years NOT AT RISK	416	106	25%	35	48
2 years - under 4 years Nasal Flu	114	21	18%	49	0
Pregnant Patients	34	11	32%	0	9
Total	1842	818	44%	235	304

COVID VACCINATIONS – Patients (Chapel Street Surgery)

- Covid vaccination programme at Chapel Street Surgery continues; latest uptake data (as of 04/04/2023):

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	3	100%	100%	67%	0	0
02. Age 80y+ and HSC Workers	186	95%	94%	92%	14	5
03. Age 75-79y (excl care home)	116	95%	93%	91%	5	3
04. Age 70-74y or Covid High Risk (excl care Home)	231	92%	91%	81%	16	13
05. Age 65-69y (excl Care home)	149	95%	94%	88%	9	5
06. Age 16-64y with UHC (excl care home)	688	85%	82%	69%	50	83
07. Age 60-64y or UHC (excl care home)	88	100%	93%	83%	5	5
08. Age 55-59y (excl care home)	131	89%	86%	75%	12	11
09. Age 50-54y (excl care home)	136	86%	82%	63%	11	16
10. Age 40-49y (excl care home)	302	74%	70%	53%	6	73
11. Age 30-39y (excl care home)	557	69%	63%	40%	23	155
12. Age 18-29y (excl care home)	453	66%	56%	27%	11	149
13. Age 16-18y, no UHCs	69	45%	29%	3%	0	38
14. Age 12-15y with specific UHC or household contact	18	23%	17%	0%	0	14
15. Age 12-15y no UHCs	210	34%	22%	0%	0	139
16. Age 5-11y with specific UHC or household contact	34	0%	0%	0%	0	34
17. Age 5-11y no UHCs	462	6%	4%	0%	0	434

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 04/04/2023):

Age Group	Total Population Per Age Group	Total Vaccinated	% Vaccinated	Total Patient Declined	Total Vaccinated Elsewhere
Over 65 years	190	86	45%	22	27
6m-under 65 years (exc 2-3y) AT RISK	313	110	35%	24	21
50 years-under 65 years NOT AT RISK	144	12	8%	12	2
2 years - under 4 years Nasal Flu	73	0	0%	5	0
Pregnant Patients	24	6	25%	0	3
Total	744	214	29%	63	53

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Quality & Safety Committee

Date of meeting: 18 April 2023 (via Microsoft Teams)

Significant risks/issues for escalation

No significant risks or issues for escalation.

Key issues/matters discussed at the Committee

The Committee was quorate.

Corporate Risk Register

There were no changes to the corporate risk register

The Committee were asked to note that following review by the Executive there are currently no proposed changes to the Corporate Risk register.

Three risks are currently aligned to the Quality and Safety Committee, two of which are above tolerance and one is below tolerance.

The risks above tolerance are;

- Reduced Capacity and inappropriate management of children awaiting the CAMHS service
- Reduced capacity and inappropriate patient management for those awaiting secondary care mental health treatment

These risks have been raised with the ICB and service providers. Additional wrap-around support is being given to individuals on a case by case basis as is safe and effective to do so.

There is one risk aligned to the Quality & Safety Committee which is below tolerance – Business Continuity Plans. In light of further planned industrial action it was agreed this would remain on the risk register.

Committee received the report for assurance.

Draft Quality Account 2022-2023

The draft Quality Account was presented to Committee for information and assurance. Committee were informed that the draft has been received by Executive Committee together with a review of the Chair of the Quality and Safety committee and Non-executive director review. The draft was being presented to the Health and Scrutiny Committee of Dudley Council on 24th April 2023. The ICB and Healthwatch have been asked for comments in accordance with the process.

Committee were assured that it is recognised by external stakeholders that providers are not able to provide finalised Quality

Accounts in early April and that work will continue during subsequent months ahead of the final versions being available.

Committee were assured on the progress being made with regards to the creation of the Trust Quality account for 2022/23 and assured on the plan for completing and submitting the final document within the required timeframe.

Quality and Safety Performance Report

The Quality, Safety and Performance reports for February and March 2023 were presented to Committee for assurance.

There were no reportable serious incidents (SIs) during February and March and all SIs attributable to DIHC had been quality assured and closed by the Integrated Care Board. All other current SI investigations are being undertaken as part of a joint collaborative approach to incident review with the SIs being attributable to partner organisations.

Committee received the lessons learnt reports and were pleased to note the lessons learnt bulletin that had been shared with staff via the inaugural 'patient safety bulletin'.

Clinical Governance Development Plan Year End Report

The workplan for 2022/23 was presented to the Committee and achievements noted. The 23/24 work programme will centre on the quality priorities as outlined in the draft Quality Account.

Infection Prevention and Control

The Infection Prevention and Control Nurse Specialist (IPC Nurse Specialist) provided a summary of the work carried out by the Infection Prevention and Control Service during the months of March 2023

Hand hygiene training and audits continue and Committee commended the improvements noted at Chapel Street Surgery.

A full evaluation of the 2022/23 staff flu vaccination campaign including a staff survey is currently in progress.

The IPC Nurse Specialist has supported and provided advices to Chapel Street and High oak Surgery including Pensnett site.

There were no confirmed or suspected outbreaks reported during March 2023.

Safeguarding Q4 Report (January – March 2023)

Committee received the safeguarding report for assurance. It was noted that whilst there was an increase in historical incidents reported there was a decrease in referrals. The Named Nurses have completed two audits in Q4 in relation to historical disclosures of abuse and current safeguarding concerns reported via RLDatix™. The reports are being finalised.

Safeguarding level 3 training compliance has decreased. Temporary staff are now included in the monthly report which appears to have had an impact on compliance data. All service leads have been reminded that temporary staff need to undertake relevant training or demonstrate compliance upon commencement.

The serious incident investigation in relation to non-accidental injuries (NAI) has concluded and the learning identified. There was learning for all health providers involved and the one of the recommendations was that a NAI training package is delivered to GP practice and ARRS staff. The first session has been delivered to High Oak clinical staff and will continue to be rolled out to ARRS staff from May 2023. The team have also further increased their visibility within the Trusts practices and this has resulted in an increase in contacts for advice and support.

Health and Safety Update

A verbal update was provided. Going forward Committee will receive the minutes for information.

Quality and Safety Steering Group (QSSG)

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

Clinical Audit Programme 2023/2024

Committee received and approved the Trust's Clinical Audit programme for 2023/23. Development of the 2023/24 DIHC clinical audit programme involved identification of potential clinical audit topics aligned to Trust priorities and national requirements. This was completed through collaboration with the QIG with additional input from GP Clinical Leads and Service Leads.

The DIHC clinical audit programme also includes provision for:

- National audits included on the National Clinical Audit and Patient Outcomes Programme (NCAPOP). Participation in audits on this Programme is included in the NHS Standard contract, however it is to be noted that a number of these audits are not applicable to DIHC.
- External priorities/recommendations (e.g. Ockenden report)
- All services to complete at least one clinical audit per year

Recommendations made by the Committee

No recommendations were made by the committee.

**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 PUBLIC BOARD

REPORT TITLE:	Workforce Performance Report
DATE OF MEETING:	9 th May 2023
PURPOSE OF REPORT:	To update the committee on workforce performance information for March 2023
RESPONSIBLE EXECUTIVE:	Stephanie Cartwright – Director of Strategy, People and Partnerships
AUTHOR OF REPORT	Faye Duncan, Head of Business Intelligence Heather Rees, People Partner Lashauna Vaughan, People Systems and Reporting Manager
SUMMARY OF KEY POINTS:	<p><u>Staff Establishment and Turnover</u></p> <ul style="list-style-type: none">• The Trust Vacancy Rate (actual staff in post compared to the establishment) stood at 3.4% which remains under the Trust target of 10%.• Both metrics of Staff Turnover (12 months) slightly increased:<ul style="list-style-type: none">○ Turnover (all resignations) increased to 11.04%○ Normalised Turnover (voluntary resignations only) increased 9.30%. <p><u>Sickness Absence</u></p> <p>Sickness Absence during March was reported as 3.95%, whilst Sickness Absence over the last 12 months was reported as 3.44%. Absence over 12 months remains under the Trust target. The most common reason for sickness was cough, cold and flu which has resulted in the in-month increase of seasonal absence as is anticipated at this time of year.</p> <p>The People Team continue to monitor and support line managers and staff affected by long term sickness.</p> <p><u>Appraisal/Training and Development</u></p> <p>Mandatory training compliance remains above the 85% target:</p> <ul style="list-style-type: none">▪ Mandatory training compliance was 91.36%<ul style="list-style-type: none">▪ Core mandatory modules for all staff: 92.44% remaining almost unchanged over the month.▪ Role specific mandatory modules: 88.17%; an increase on the prior month.▪ Appraisal compliance for March 2023 was 80.92% which is the second month that is has been below the Trust target of 85% since July 2022. Discussions with the teams below target have sighted

	<p>workload pressures, large numbers of appraisals becoming due and utilisation of outstanding annual leave as the reasons why compliance has dropped, most outstanding appraisals have been rescheduled for Q1 23-24.</p> <p>The People Team continue to support teams with non-compliance through on-going reporting, pre-liminary reporting, and circulating non-compliant and due soon notifications to line managers</p>
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	People Committee 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	<input type="checkbox"/> Yes <input type="checkbox"/> In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: <i>Tick as appropriate</i>	<input type="checkbox"/> Develop our role in the Dudley Place <input checked="" type="checkbox"/> Implementation of integrated care model for the Dudley population <input type="checkbox"/> Improve outcomes for children and young people in Dudley <input checked="" type="checkbox"/> Support sustainability of primary care <input checked="" type="checkbox"/> Be the best and happiest place to work <input type="checkbox"/> Improve the health of our population and reduce inequalities <input checked="" type="checkbox"/> Demonstrate value to our population / Greener NHS
CQC DOMAINS: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led
LIST KEY RISKS IDENTIFIED: <i>Select none identified or outline the risks identified and mitigations taken (if addressing existing risk on the corporate risk register please provide reference number)</i>	<input type="checkbox"/> None Identified <p>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</p> <p>C-064 Risk of substantive workforce shortages (through vacancies, absence or excess demand) result in additional premium costs being incurred.</p> <p>C-106 Not having approval from NHSEI to recruit substantively to key posts prior to potential transfers.</p>
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	<input type="checkbox"/> Executive <input checked="" type="checkbox"/> People <input type="checkbox"/> Finance Performance & Digital

	<input type="checkbox"/> Digital Board <input type="checkbox"/> Quality and Safety/ QSSG <input type="checkbox"/> Audit & Risk <input type="checkbox"/> Primary Care Integration <input type="checkbox"/> Strategy and Transformation <input type="checkbox"/> EDI <input type="checkbox"/> Trust Management Board <input type="checkbox"/> Well Led <input type="checkbox"/> Other (Please state)
CONSIDERATIONS / IMPACTS: <i>Select none identified or outline the potential impact and considerations undertaken</i>	Quality and Equality Impact Assessment
	<input checked="" type="checkbox"/> None Identified
	Equality, Diversity and Inclusion
	<input checked="" type="checkbox"/> None Identified
	Greener NHS Sustainability Impact Assessment
	<input checked="" type="checkbox"/> None Identified
	Other Regulatory Requirements
	<input checked="" type="checkbox"/> None Identified
PRESENTED TO:	<input checked="" type="checkbox"/> Public Board <input type="checkbox"/> Private Board <input type="checkbox"/> Assurance Committee (state) - <input checked="" type="checkbox"/> Other Committee (state) – People Committee
RECOMMENDATION: <i>Tick as appropriate</i>	<input type="checkbox"/> For Approval / Decision <input checked="" type="checkbox"/> For Assurance <input type="checkbox"/> For Information / Discussion

Workforce Performance Report

Reporting Period: March 2023








Reported to: May 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		
						
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 Performance Scorecard 2022/23

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	YTD	Target	Variation	Assurance
Workforce	Staff in Post	Vacancy %	Local	Mar 2023	3.4%	9.79%	10%		
		Turnover % (12 Months)	Local	Mar 2023	11.04%		13%		
		Normalised Turnover % (12 Months)	Local	Mar 2023	9.3%	10.31%	-		
		Turnover % (In Month)	Local	Mar 2023	1.56%		1.1%		
		Normalised Turnover % (In Month)	Local	Mar 2023	1.15%	0.77%	-		
	Development	Appraisal %	Local	Mar 2023	79.77%	79.77%	85%		
		Training Compliance %	Local	Mar 2023	91.36%	91.36%	85%		
	Absence	Sickness % (In Month)	Local	Mar 2023	3.95%	3.42%	3.8%		
		Sickness % (12 Months)	Local	Mar 2023	3.44%		3.8%		
		Short Term Sickness (In Month)	Local	Mar 2023	33.05%	35.62%	-		
		Long Term Sickness (In Month)	Local	Mar 2023	66.95%	64.38%	-		
		Maternity % (In Month)	Local	Mar 2023	2.15%	1.72%	-		

Key

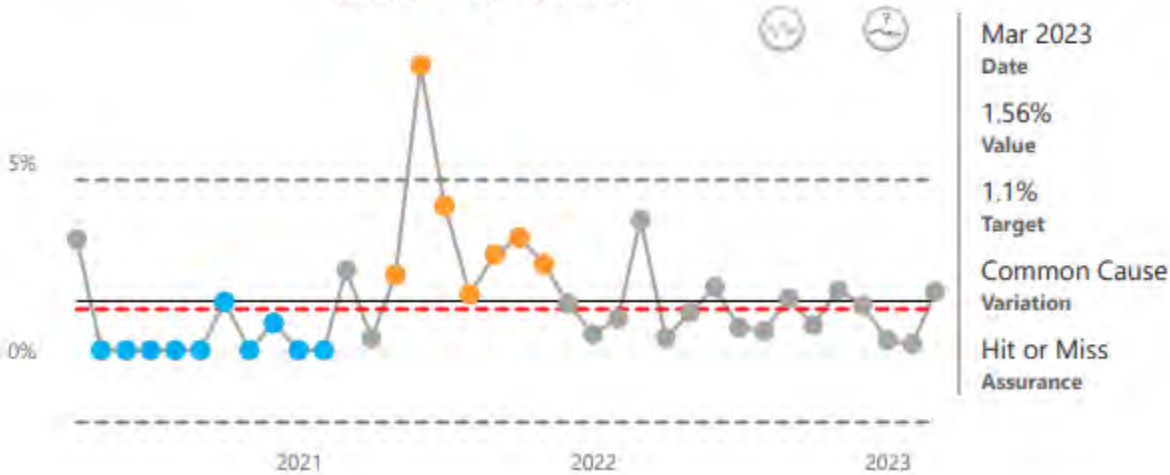
Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the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

Footnotes

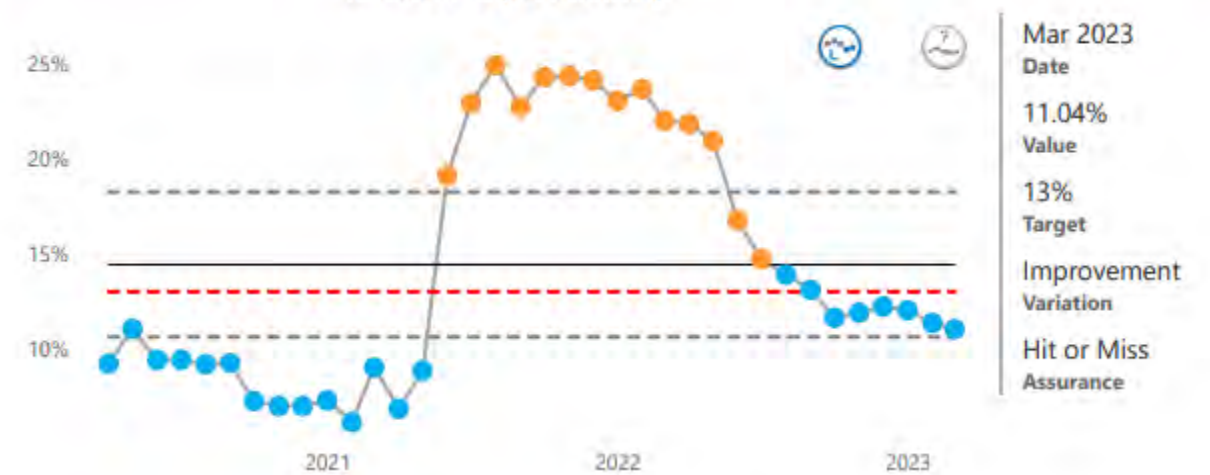
- A “ - ” has been used to represent that no target is available at the time of reporting

Workforce - Staff in Post

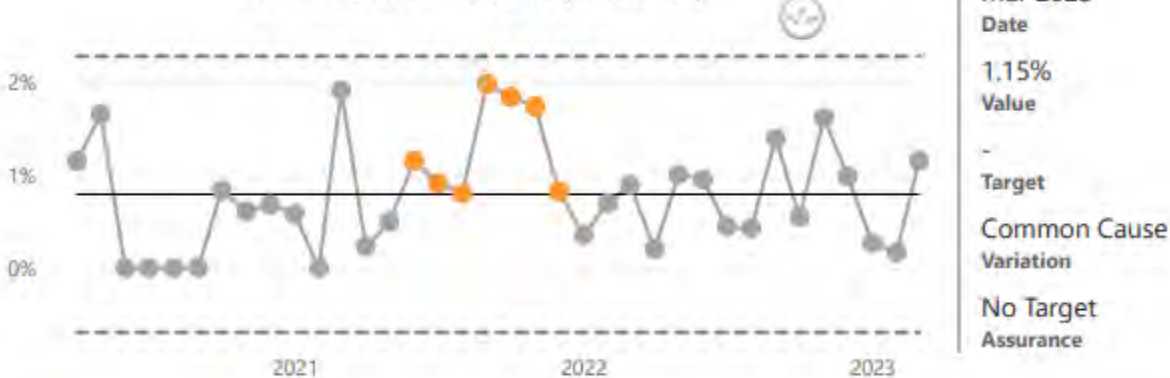
Turnover % (In Month)



Turnover % (12 Months)



Normalised Turnover % (In Month)



Normalised Turnover % (12 Months)



Service comments

Actions

Staff in Post, Vacancy and Turnover – March 2023

- The funded establishment as at the end of March 2023 was 398.81 (WTE) and there were 458 staff in post (385.26 WTE).
- The vacancy rate (actual staff in post compared to the funded establishment) for March 2023 was 3.40% after the Trust saw 10 new starters (7.80 FTE) and 7 leavers in the month (5.96 FTE).

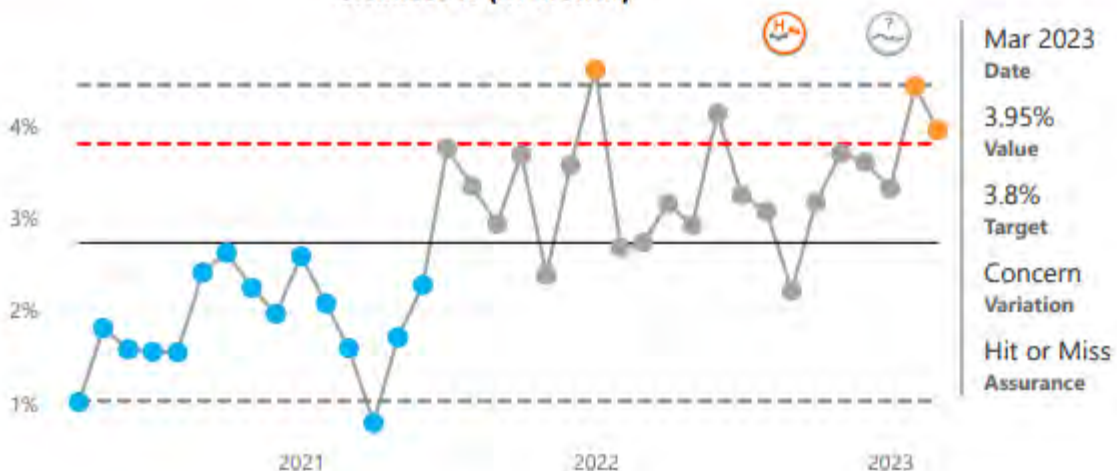
- 12 month turnover for March 2023 was 11.04% below the target of 13%.
- 12 month normalised turnover (voluntary resignations only) was 9.30%.

Recruitment Activity in March 2023

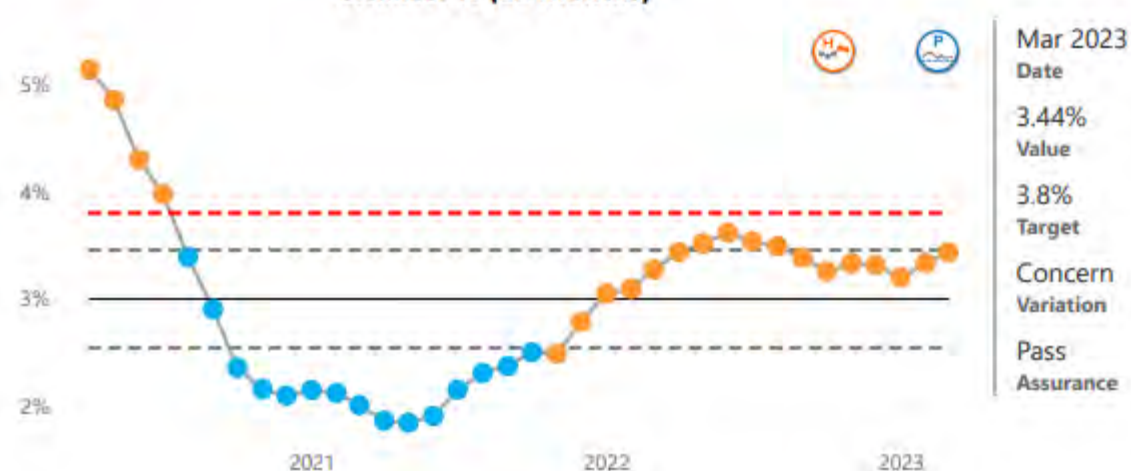
- 9 vacancies were advertised (including re-advertisements)
- 19 conditional job offers were made
- 10 unconditional job offers were issued with start dates over the next few months

Workforce - Absence

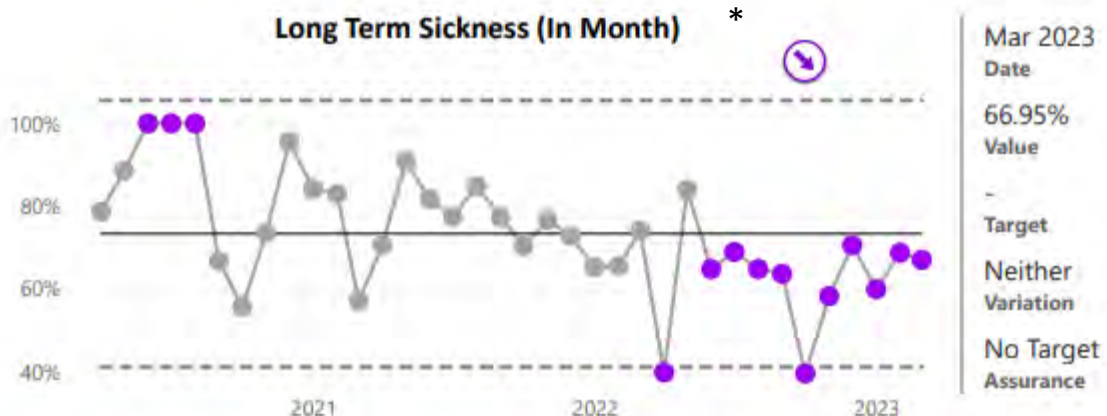
Sickness % (In Month)



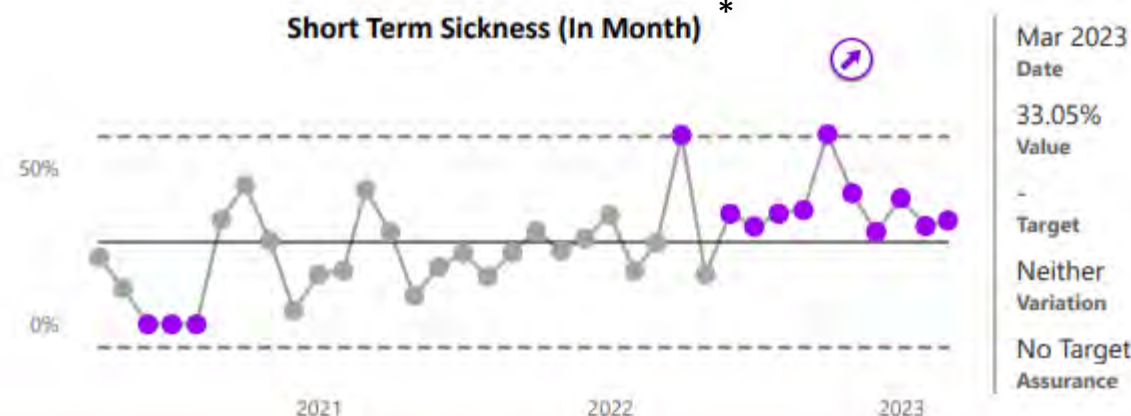
Sickness % (12 Months)



Long Term Sickness (In Month) *



Short Term Sickness (In Month) *



* Long Term/Short Term Sickness is a proportion of the Sickness % e.g. 66.95% of the 3.95% 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 (112 episodes – 393 FTE Days Lost)
- Gastrointestinal problems (75 episodes – 286 FTE Days Lost)
- Anxiety/stress/depression and other psychiatric illnesses (35 episodes – 1186 FTE Days Lost)

Sickness Absence During March 2023

- 14 staff were on long term sickness, and 4 of those have since returned to work.
- There were 62 episodes of sickness absence (458 FTE Days Lost) with 77% of absences experienced by patient facing staff
- The most common absence reason was cold, cough and flu (14 episodes – 34 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 (70%)

Actions

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

Workforce - Training



Service comments		Actions
<p>Summary</p> <p>Overall mandatory training compliance for December remained above the 85% target at 91.36%.</p> <ul style="list-style-type: none"> Compliance for core mandatory modules for all staff was 92.44% Compliance for core role specific mandatory modules was 88.17% <p>There has been an increase this month in core role specific mandatory training which is now within target.</p> <p>Appraisal compliance has fallen below target due to work pressures and staff absence (including staff taking annual leave ahead of the year end).</p>		<p>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.</p> <p>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.</p>
<p>Conflict Resolution, Basic Life Support Training</p> <p>During January 2023, staff were encouraged to complete new training modules 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 to achieve compliance with this.</p> <p>Recommended Role Specific Training Courses</p> <p>The People Team continue to signpost and spotlight any recommended training courses on the Learning and Development Intranet Page, and ESR. These courses include Moving and Handling Training, Complaints Management and Suicide Awareness Training.</p>		

Appraisals by Directorate

Appraisal Rate Compliance by Directorate and Team

Directorate	Total Compliant	Due Soon	Overdue	Eligible Employee	% Compliance
Directorate of Finance, Performance & Contracting	2	2		4	100.00%
Contract Management Team		2		2	100.00%
Finance Team	2			2	100.00%
Directorate of Nursing, AHPs & Quality	3	4	2	9	77.78%
Nursing Directorate	3	2		5	100.00%
Quality and Governance Team		2		2	100.00%
Safeguarding Team			2	2	
Directorate of Operations	110	29	26	165	84.24%
ARRS PCN	53	2	19	74	74.32%
Continuing Healthcare and Intermediate Care Team	16	3		19	100.00%
High Oak Practice	4		2	6	66.67%
IAPT Team	6	22	5	33	84.85%
Operations Management Team	2			2	100.00%
Primary Care Mental Health Team	7	1		8	100.00%
School Nursing Team	22	1		23	100.00%
Directorate of Strategy, People & Partnerships	6	6	4	16	75.00%
Communications Team		1	1	2	50.00%
People Team	4	1	2	7	71.43%
Strategy and Development Team		2		2	100.00%
Strategy and Transformation Team	2	2	1	5	80.00%
Executives Directorate	3	13	2	18	88.89%
Chair and Non-Executives Team		9		9	100.00%
Corporate Administration and Business Support Team	2		1	3	66.67%
Executive Management Team	1	4	1	6	83.33%
Medical Directorate	18	16	16	50	68.00%
GP Clinical Leads		6	3	9	66.67%
Medical Directorate Management Team	1			1	100.00%
Pharmaceutical Public Health Team	12	9	13	34	61.76%
Prescribing Ordering Direct (POD) Team	5	1		6	100.00%
Total	142	70	50	262	80.92%

Appraisals and Developmental Reviews

Appraisal compliance for March 2023 was **80.92%** which is the second month that is has been below the Trust target of **85%** since July 2022. Discussions with the teams below target have sighted workload pressures, utilisation of outstanding annual leave and a large number of appraisals coming due now as the reasons why compliance has dropped, most outstanding appraisals have been rescheduled for Q1 23-24.

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.

Update for the teams with compliance under the 85% target:

- **Safeguarding** – due to sickness absence and staff pressures and leadership change, these appraisals have been scheduled for completion throughout Q1 23-24.
- **PCN Staff** – although compliance has grown by 5% during March the team is still below target the remaining appraisals have been scheduled for completion in Q1 23-24.
- **Talking Therapies** – due to staff pressures, the outstanding appraisals have been scheduled for completion during Q1 23-24
- **Communications** – the outstanding appraisal has been scheduled for Q1 23-24 following the development and launch of the 23-24 communications strategy
- **People Team** – the outstanding appraisals have been scheduled for completion.
- **Corporate Administration and Business Support** – the outstanding appraisal has been scheduled for completion.
- **Executive Management Team** – this appraisal was scheduled for completion, but re-scheduled due to organisational commitments
- **GP Clinical Leads** – the appraisals will be scheduled during Q1 23-24 accommodating diary arrangements
- **Pharmaceutical Public Health Team** – the outstanding appraisals have been scheduled for completion during Q1 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

Mandatory Training Compliance

Training Requirement	Total Compliant	Total Expiring Soon	Total Not Compliant	% Total Compliance
Core	5565	292	455	92.44%
Safeguarding Adults (Version 2) - Level 1 - 3 Years	418	6	12	97.21%
Health, Safety and Welfare - 3 Years	417	9	13	96.98%
Equality, Diversity and Human Rights - 3 Years	416	10	14	96.74%
Moving and Handling - Level 1 - 3 Years	416	17	14	96.74%
Preventing Radicalisation - Basic Prevent Awareness - 3 Years	414	2	16	96.28%
Fire Safety - 2 Years	413	36	17	96.05%
Safeguarding Children (Version 3) - Level 1 - 3 Years	412	3	18	95.81%
Infection Prevention and Control - Level 1 - 3 Years	246	3	11	95.72%
Learning Disabilities Awareness - Level 1	402		28	93.49%
Dementia awareness - 3 Years	401	1	29	93.26%
Information Governance and Data Security - 1 Year	383	92	47	89.07%
Infection Prevention and Control - Level 2 - 1 Year	154	48	19	89.02%
* Hand Hygiene - 3 Years	220		37	85.60%
Introduction To Domestic Abuse - DSPP - 3 Years	361		69	83.95%
* Freedom to Speak Up - All Workers - No Specified Renewal	357		73	83.02%
* Hand Hygiene - 1 Year	135	65	38	78.03%
Role Specific	1796	39	241	88.17%
NHS Conflict Resolution (England) - 3 Years	251	3		100.00%
Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	121	34		100.00%
Safeguarding Adults (Version 2) - Level 2 - 3 Years	89		6	93.68%
Safeguarding Children (Version 3) - Level 2 - 3 Years	107		10	91.45%
Safeguarding Children (Version 3) - Level 3 - 3 Years	193	1	25	88.53%
Deprivation of Liberty Safeguards - 3 Years	288		41	87.54%
Mental Capacity Act - 3 Years	216		31	87.45%
Preventing Radicalisation - Prevent Awareness - 3 Years	269	1	48	84.86%
Safeguarding Adults (Version 2) - Level 3 - 3 Years	190		46	80.51%
* Freedom to Speak Up - Managers - No Specified Renewal	64		26	71.11%
* Freedom to Speak Up - Senior Managers - No Specified Renewal	8		8	50.00%
Total	7361	331	696	91.36%

* - 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.

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: People Committee

Date of meeting: 25th April 2023 (via Microsoft Teams)

Presented By: Martin Evans, Non-Executive Director

Significant risks/issues for escalation

Nil

The Corporate Risk register was reviewed and the Committee felt was in need of an urgent review and refresh.

Key issues/matters discussed at the Committee

- The committee was quorate.
- The Corporate risks pertaining to the People Committee were reviewed and it was agreed that they were in need of urgent review and refresh in light of the recent decision that had been made regarding the future of DIHC services and the changes that are to come. The committee felt that, from a People perspective, the risks needed to be reviewed in relation to staff welfare, recruitment and retention. It was agreed that these also needed to be considered and some collective ownership taken by the ICB and that it this was to be fed into the options appraisal process.
- Accepting the need for a wider review, the committee agreed that the risk score for C-604 *'Risk of substantive workforce shortages in medical staffing (through difficulties in recruiting) result in additional premium costs being incurred'* should now be increased from 12 (3x4) to 16 (4x4).
- The committee were provided with a further update on Industrial action and were again assured by the work that the organisation is carrying out.
- The committee were provided with an overview of the ARRS resourcing for 22/23 and new roles planned for 23/24. The committee commended the work that was undertaken to recruit the additional staff in 22/23 which resulted in a spend of 98.32% of the funding budget. It was noted that this achievement would no doubt be one of the best nationally.
- The workforce performance report was reviewed and the committee acknowledged the extremely positive data throughout the report. The only area of concern discussed by the committee was appraisal compliance which was continuing to see a steady decline, now standing at 79.77%. It was noted that this is being discussed with managers who are sighting work pressures, staff absence (including taken A/L before year end) and large numbers of appraisals expiring at the same time as being contributory factors to the reduction in compliance levels. The committee discussed and agreed the increased importance of quality 1 to 1 conversations and career development / opportunity appraisals at this time of change and were assured that this would be raised at the line managers meeting that is planned.

- The committee received and reviewed a refreshed set of proposed workforce targets and thresholds for consideration for 23/24. Following an agreement to amend the proposed vacancy target the committee agreed to support the revised targets for consideration of approval by the Board.
- Assurance was provided to the committee via the chair of the EDI committee on the work being overseen by that committee and the continued development of the priorities within the EDI strategy. A positive update was provided on the development of a number of staff networks and the committee noted the further work required and planned to identify prospective members to be able to set up a Race network. The EDI chair highlighted the need to consider the level of risk associated with two recommendations that were identified through the Well Led Review which the organisation will struggle to address in light of the changes that will be forthcoming to DIHC and its services. The committee agreed that these risks should be considered as part of the wider review and refresh of all risks.
- The committee received an overview of the findings of the 2022 National Staff survey and proposed next steps. It was noted that the Trust's response rate was one of the higher response rates across all comparator groups with results being relatively positive with 5 of the 9 themes internal scores seeing an improvement from 2021. It was pleasing to see that 3 of the 4 Workforce Race Equality indicators have shown improvement but it was acknowledged that further work is required around Workforce Disability Equality which has seen a decline. The committee were assured that this is being picked up by the EDI committee. The committee agreed with the recommended areas for focus that have been identified but acknowledged that these would need to be kept under review over the coming months.
- The committee welcomed the update that the new Education Steering Group was now in place and the Terms of Reference were agreed.
- The committee received and discussed the Freedom to Speak Up Annual report. The committee recognised the significant work that had taken place, in particular by the FTSU Guardian, over the last 12 months to raise awareness of FTSU which will no doubt have been a key contributory factor in the increased number of reports being received. The committee were assured by the FTSU guardian of the action that is taken on receipt of a report and agreed, in the interest of respecting confidentiality, that they would leave to the NED FTSU lead to have a more detailed discussion with the FTSU Guardian in relation to some of the specific categories of reports received.
- In light of the forthcoming changes, the Committee agreed that there could be a need and value in returning to monthly committee meetings where the focus on a bi monthly basis could be specific to the change required and resulting from decisions made by the next stage of the options appraisal process. The committee agreed the need for a new

	<p>priorities paper for the committee to be received at the next meeting.</p>
<p>Recommendations made by the Committee</p>	<ul style="list-style-type: none"> • Recommendation to the Board to approve the refreshed Workforce Targets and Thresholds (Paper enclosed)
<p>Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)</p>	<ul style="list-style-type: none"> • A need for an urgent review and refresh of all risks, giving due consideration from a people perspective to key areas around moral, recruitment and retention. • Recommendation that risk score for C-604 should be increased from 12 (3x4) to 16 (4x4).
<p>Items/Issues for referral to other Committees</p>	<ul style="list-style-type: none"> • Nil



PUBLIC BOARD

REPORT TITLE:	Draft Finance Reports for the financial year 2022/23
DATE OF MEETING:	9 th May 2023
PURPOSE OF REPORT:	The report details the draft financial performance for 2022/23
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:	<ul style="list-style-type: none"> • The financial information for 2022/23 is based on the draft report issued to Finance and Performance committee members during April and will be subject to change as part of the final accounts process and subsequent submission to NHSE. • The Trust is reporting a £46k surplus for the 2022/23 financial year. • The Trust's internal capital expenditure is in line with plan. • Additional capital funding of £150k was received by the Trust for Frontline Digitisation. This resource has been fully utilised by the end of the financial year. • The previously reported income mismatch with the ICB has been resolved to our satisfaction. • The Trust has met the requirement to deliver the Better Payment Practice Code for month and the financial year. • The cash balance is £2.6m as at the 31st March 2023.
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	<ul style="list-style-type: none"> • 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	N/A
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Develop our role in the Dudley Place <input checked="" type="checkbox"/> Implementation of integrated care model for the Dudley population <input checked="" type="checkbox"/> Improve outcomes for children and young people in Dudley

	<input checked="" type="checkbox"/> Support sustainability of primary care <input checked="" type="checkbox"/> Be the best and happiest place to work <input checked="" type="checkbox"/> Improve the health of our population and reduce inequalities <input checked="" type="checkbox"/> Demonstrate value to our population / Greener NHS	
CQC DOMAINS: <i>Tick as appropriate</i>	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led	
LIST KEY RISKS IDENTIFIED: <i>Select none identified or outline the risks identified and mitigations taken (if addressing existing risk on the corporate risk register please provide reference number)</i>	<input checked="" type="checkbox"/> None Identified The report provides assurance in relation to the following corporate risks; <ul style="list-style-type: none"> • C-063 – Financial Overspend due to insufficient financial controls • C-031 – Financial envelope less than cost of provision 	
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	<input type="checkbox"/> Executive <input type="checkbox"/> People <input checked="" type="checkbox"/> Finance Performance & Digital <input type="checkbox"/> Digital Board <input type="checkbox"/> Quality and Safety/ QSSG <input checked="" type="checkbox"/> Audit & Risk (presented for information) <input type="checkbox"/> Primary Care Integration <input type="checkbox"/> Strategy and Transformation <input type="checkbox"/> EDI <input type="checkbox"/> Trust Management Board <input type="checkbox"/> Well Led <input type="checkbox"/> Other (Please state)	
CONSIDERATIONS / IMPACTS: <i>Select none identified or outline the potential impact and considerations undertaken</i>	Quality and Equality Impact Assessment	
	<input checked="" type="checkbox"/> None Identified	
	Equality, Diversity and Inclusion	
	<input checked="" type="checkbox"/> None Identified	
	Greener NHS Sustainability Impact Assessment	
	<input checked="" type="checkbox"/> None Identified	
PRESENTED TO:	<input checked="" type="checkbox"/> Public Board <input type="checkbox"/> Private Board <input type="checkbox"/> Assurance Committee (<i>state</i>) – <input type="checkbox"/> Other Committee (<i>state</i>) -	
	RECOMMENDATION: <i>Tick as appropriate</i>	<input type="checkbox"/> For Approval / Decision <input checked="" type="checkbox"/> For Assurance <input type="checkbox"/> For Information / Discussion

Finance Report

Reporting period: April – March 2023 (Draft)

Reported to: April 2023 Finance, Performance and Digital Committee

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

• Finance Dashboard	Page 3
• Income and Expenditure Reporting	Page 4-5
• Capital Summary	Page 6
• Balance Sheet Reporting	Pages 7 - 8
• Better Payment Practice	Page 9

Finance Dashboard – NHS Oversight Framework

The finance dashboard shows performance against finance elements of the national NHS Oversight Framework for Dudley Integrated Health and Care NHS Trust for the period to April to March 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	0.4	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)	35 Days	1
I&E Margin Rating	I&E surplus or deficit/total revenue	>1%	1-0%	0-(1)%	<(1)%	2.03%	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)%	188.32%	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 final loan repayment was made on 1st April and has fully cleared the outstanding balance.

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 35 days in March 2023. However, the Trust's actual cash balance remains sufficient to have repaid 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 end surplus of £46k in 2022/23. 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 ICB and DIHC have now resolved the identified £769k risk regarding the income mismatch relating to PbP and LIS payments expected by DIHC. This has been agreed on a non recurrent basis for 2022/23. The detailed proposal for resolution of the 2023/24 income is still to be agreed.

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:

- Main Contract Income – Adverse Variance £412k (2.51%)**

The main contract income now includes the impact of income not being received for leases which were anticipated to transfer during the year following a review of the accounting treatment under IFRS16. The corresponding reduction in expenditure is included within in the corporate division (£688k).

- PCN Expenditure – Forecast Overspend £619k (2.51%)**

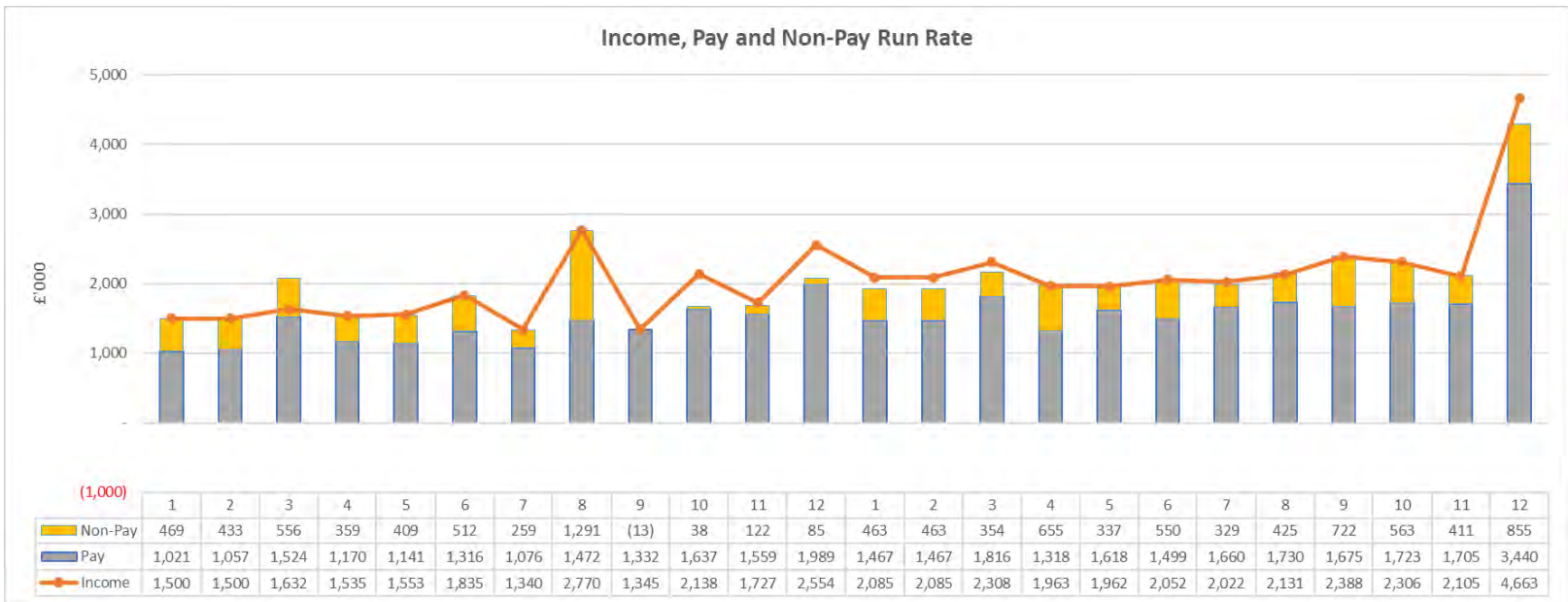
The PCN overspend primarily relates to the additional pay award which has been fully funded (centrally by NHSE) and therefore not recouped via the ARRS funding. There is also an under recovery of PCN income against prescribing income budget.

- Corporate Expenditure – Favourable Variance £1,368k (16.11%)**

Income is £2,787k more than plan as a result of additional income being received from NHSE for centrally funded employers pension uplift of £745k, with a corresponding increase in expenditure. There is also a notional income benefit from IFRS16 peppercorn leases of £1,781k which is off set by impairment and depreciation charges generating a net £748k expenditure impact.

	WTE Budget	WTE Actual	WTE Variance	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's
MAIN CONTRACT INCOME						
INCOME	0.00	0.00	0.00	(16,414)	(16,002)	(412)
MAIN CONTRACT INCOME Total	0.00	0.00	0.00	(16,414)	(16,002)	(412)
CHILDREN & YOUNG PEOPLE						
INCOME	0.00	0.00	0.00	-	(43)	43
EXPENDITURE	29.06	30.07	-1.01	1,307	1,276	31
CHILDREN & YOUNG PEOPLE Total	29.06	30.07	-1.01	1,307	1,233	74
MENTAL HEALTH & LEARNING DISABILITY						
INCOME	0.00	0.00	0.00	(115)	(522)	407
EXPENDITURE	83.83	80.54	3.29	3,892	4,056	(164)
MENTAL HEALTH & LEARNING DISABILITY Total	83.83	80.54	3.29	3,778	3,534	243
PCN SERVICES						
INCOME	0.00	0.00	0.00	(5,532)	(6,149)	617
EXPENDITURE	88.76	106.48	-17.72	3,946	5,182	(1,236)
PCN SERVICES Total	88.76	106.48	-17.72	(1,586)	(967)	(619)
PHARMACEUTICAL & PUBLIC HEALTH						
INCOME	0.00	0.00	0.00	(38)	(31)	(7)
EXPENDITURE	51.30	50.12	1.18	2,769	2,794	(25)
PHARMACEUTICAL & PUBLIC HEALTH Total	51.30	50.12	1.18	2,731	2,764	(32)
PHYSICAL HEALTH						
INCOME	0.00	0.00	0.00	-	(238)	238
EXPENDITURE	22.61	26.03	-3.42	1,574	1,987	(413)
PHYSICAL HEALTH Total	22.61	26.03	-3.42	1,574	1,749	(175)
PRIMARY CARE						
INCOME	0.00	0.00	0.00	(912)	(1,969)	1,058
EXPENDITURE	16.61	14.21	2.40	1,030	1,965	(935)
PRIMARY CARE Total	16.61	14.21	2.40	118	(4)	122
CORPORATE SERVICES						
INCOME	0.00	0.00	0.00	(259)	(3,047)	2,787
EXPENDITURE	81.72	68.45	13.27	8,752	10,171	(1,419)
CORPORATE SERVICES Total	81.72	68.45	13.27	8,493	7,124	1,368
Grand Total	373.89	375.90	-2.01	-	(568)	568
Adjustments as per NHSEI Reported Position					523	(523)
Adjusted Financial Position Reported to NHSEI	373.89	375.90	(2.01)	-	(46)	46

Income and Expenditure Run Rate



The chart above provides detail of the Trust's income and expenditure run rate for the 21/22 financial year and 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 £2,190k per month compared to £1,864k in months 7-11 last year. The income shown at Month 12 of 2022/23 includes £902k non recurrent proposed pay award income, £745k of pension uplift income and, £1,976k of income benefit from peppercorn leases when recognising assets onto the balance sheet under IFRS16.
- Pay costs** have increased over the year as vacancies have been filled, with the first 6 months averaging £1,531k per month to £1,699k per month over months 7-11 of 2022/23. 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. The pay costs in Month 12 of 2022/23 include £902k of proposed pay award expenditure and £745k of pensions uplift. The underlying pay spend for M12 is £1,793k.
- Non-pay costs** of £479k per month for months 1-11 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. The Month 12 figures for 2022/23 include an impairment value of £1,224k off set by an expenditure reduction of £688k depreciation which relate to the assumption of peppercorn leases for IFRS16.

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 full allocation has been utilised in 2022/23 in support of the 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. The funding has been utilised in 2022/23 with a small under spend of £3k.

Cyber Capital – To Procure & Implement Network Switches £44k

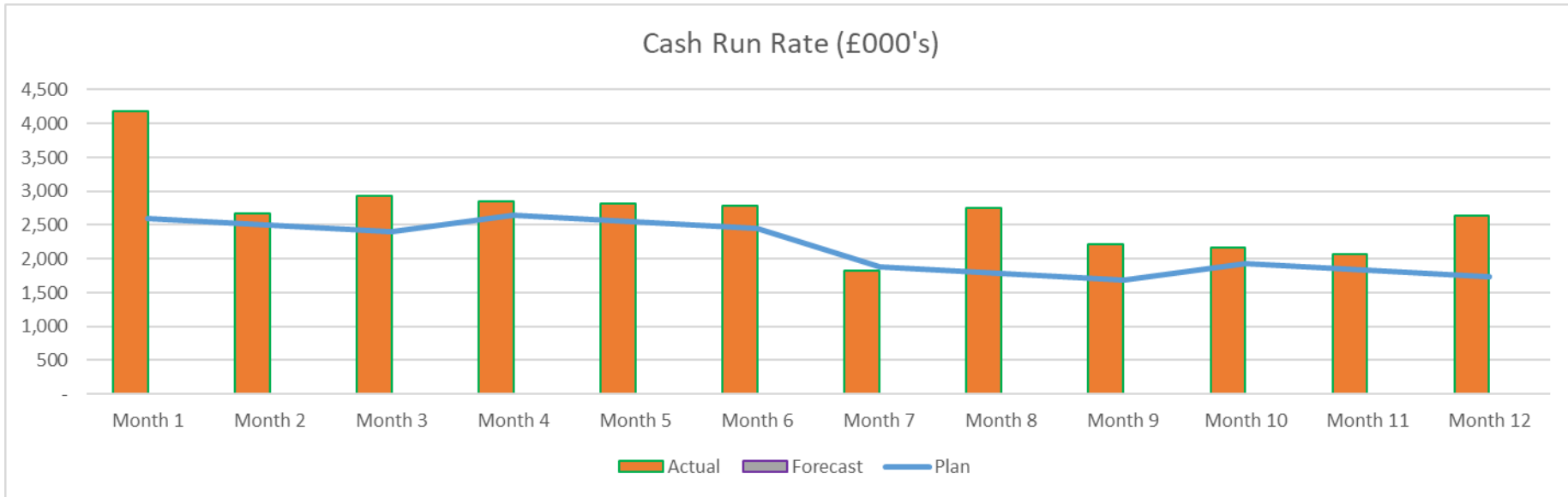
This Capital will not be utilised by DIHC as the network switches required will be purchased and implemented by DGFT. This will secure the network being used by DIHC.

Scheme	Annual Plan £000's	Annual Actual £000's	Annual Variance £000's
Network Infrastructure Refresh	-	-	-
Mobile technology	-	-	-
EPR Levelling Up	233	232	1
Total Capital Plan	233	232	1
Additional Capital Allocation			
Mobile Digitisation	150	147	3
Cyber Security	44	-	44
Total Additional Capital Allocations	194	147	47

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	Actual Feb-23 Closing	Actual Mar-23 Closing	Month on Month Movement
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Non-current assets														
Intangible assets	-	-	-	-	-	-	-	-	-	-	-	-	228	228
Property, plant and equipment	503	688	688	677	633	687	686	680	673	672	659	653	1,301	648
Other investments / financial assets	14	14	14	14	14	14	14	14	14	14	14	14	-	(14)
	517	702	702	691	647	701	700	694	687	686	673	667	1,529	862
Current assets														
Inventories	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NHS receivables	1,056	18	18	785	918	716	1,220	1,070	1,181	1,593	1,550	1,737	2,735	998
Non-NHS receivables	460	2,691	2,691	1,840	1,941	2,305	1,543	2,441	801	1,267	921	934	772	(162)
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	2,063	2,638	575
	5,702	5,386	5,386	5,559	5,709	5,845	5,548	5,343	4,730	5,069	4,640	4,734	6,145	1,411
Current liabilities														
Capital trade payables	(47)	-	-	-	(7)	(7)	(7)	(7)	(7)	(7)	-	-	(285)	(285)
Revenue trade payables	(3,335)	(3,343)	(3,343)	(3,843)	(4,019)	(3,803)	(3,184)	(3,565)	(2,987)	(3,538)	(2,873)	(3,378)	(4,498)	(1,120)
Borrowings	(1,133)	(1,147)	(1,147)	(1,147)	(1,147)	(1,147)	(1,147)	(580)	(580)	(580)	(580)	(580)	(606)	(26)
Deferred income	(180)	(82)	(82)	(82)	-	(82)	(294)	(294)	(294)	(451)	(287)	(252)	(371)	(119)
Other financial liabilities	-	(328)	(328)	-	(6)	(330)	(439)	(385)	(366)	-	(373)	-	-	-
Provisions	(53)	(53)	(53)	(53)	(53)	(53)	(53)	(53)	(53)	(53)	(53)	(53)	(103)	(50)
	(4,748)	(4,953)	(4,953)	(5,125)	(5,232)	(5,422)	(5,124)	(4,884)	(4,287)	(4,629)	(4,166)	(4,263)	(5,863)	(1,600)
Net Current Assets	954	433	433	434	477	423	424	459	443	440	474	471	282	(189)
Non-current liabilities														
Capital payables	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Revenue payables	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Borrowings	(567)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	(220)	(206)
Deferred Income	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other financial liabilities	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Provisions	(41)	(41)	(41)	(41)	(41)	(41)	(41)	(41)	(41)	(41)	(41)	(41)	-	41
	(608)	(55)	(55)	(55)	(55)	(55)	(55)	(55)	(55)	(55)	(55)	(55)	(220)	(165)
Total Net Assets Employed	863	1,080	1,080	1,070	1,069	1,069	1,069	1,098	1,075	1,071	1,092	1,083	1,591	508
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	2,568	2,718	150
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)	(1,476)	(1,485)	(1,127)	358
Total Taxpayers' Equity	863	1,080	1,080	1,070	1,069	1,069	1,069	1,098	1,075	1,071	1,092	1,083	1,591	508

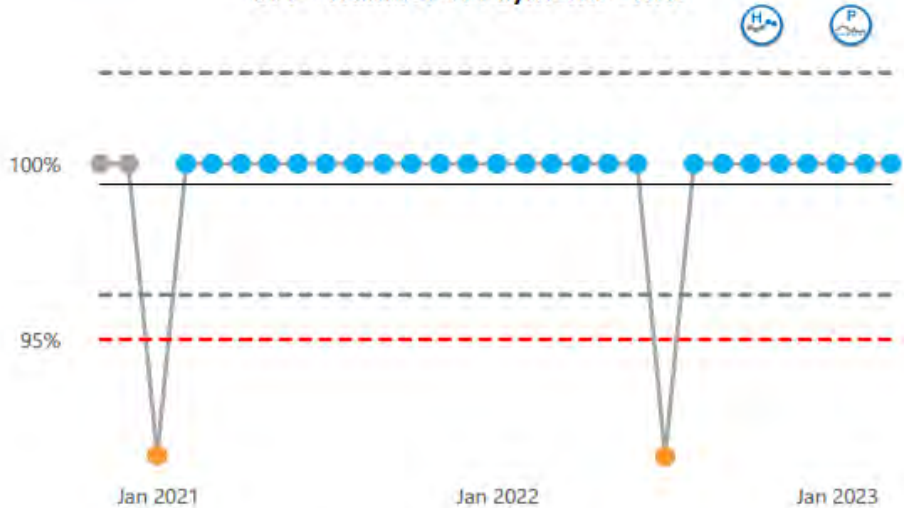
- The overall net assets position has increased since the pre-audit 2021/22 closing position, as follows:
 - £11k relating to an adjustment made for the post audit 2021/22 closing position
 - £522k relating to peppercorn leases (notional income, depreciation and impairment charges)
 - £150k PDC received
 - £45k reported surplus
- The cash position continues to be healthy at £2.6m, which is better than forecast due to higher level of payables being carried at the year end
- Significant receivables are being recorded in relation to;
 - £1.6m invoiced income, invoiced to PCNs, ICB and LA
 - £1.8m prepayments and accrued income, which mainly relate to notional income from NHSE (£1.7m).
- Significant payables are being recorded in relation to;
 - £1.3m invoiced payables
 - £0.3m goods received not yet invoiced
 - £3.5m accrued expenditure and deferred income
 - £1.0m other, including payroll related balances



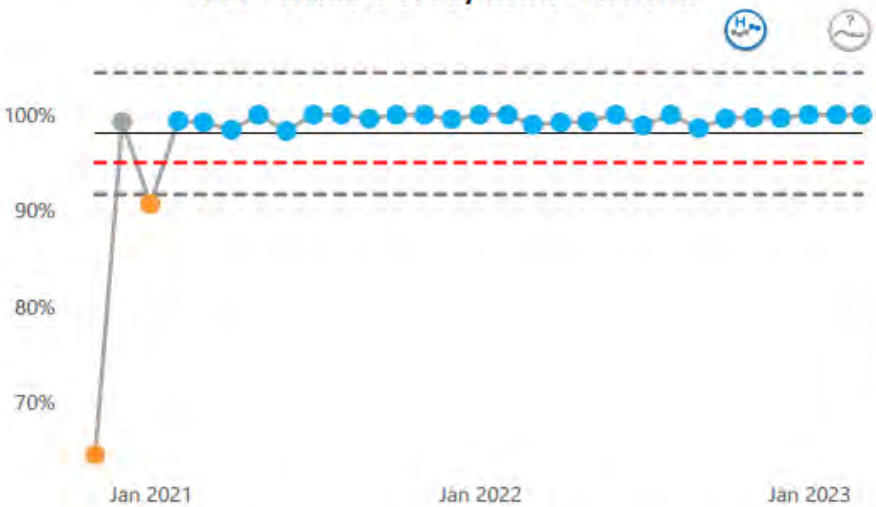
- The overall cash position of £2.6m at M12 is higher than was previously forecast due to a higher level of payables being carried at M12 than predicted.
- The final loan repayment of £0.6m was made to BCH on 1 April 2023, following the year end.

Finance - Better Payment Practice

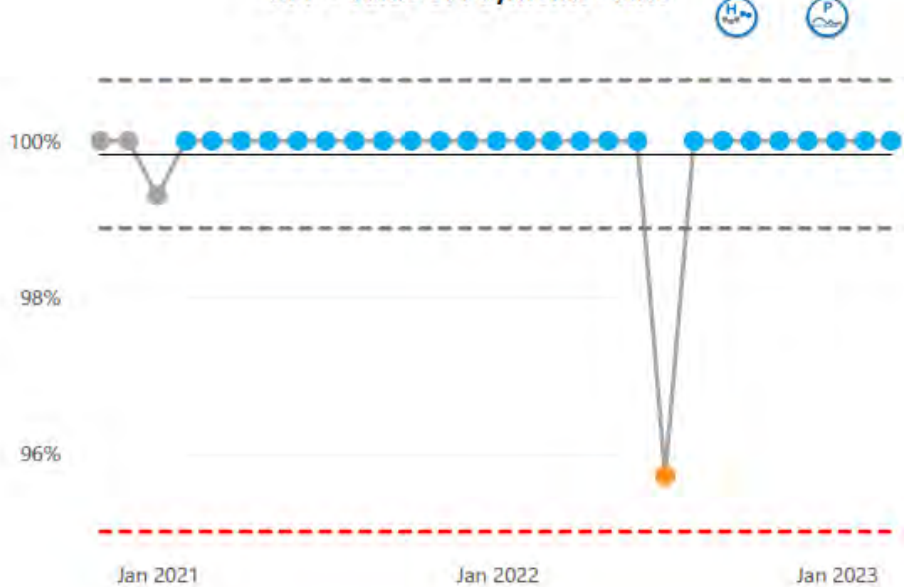
BPP - Number of Payments - NHS



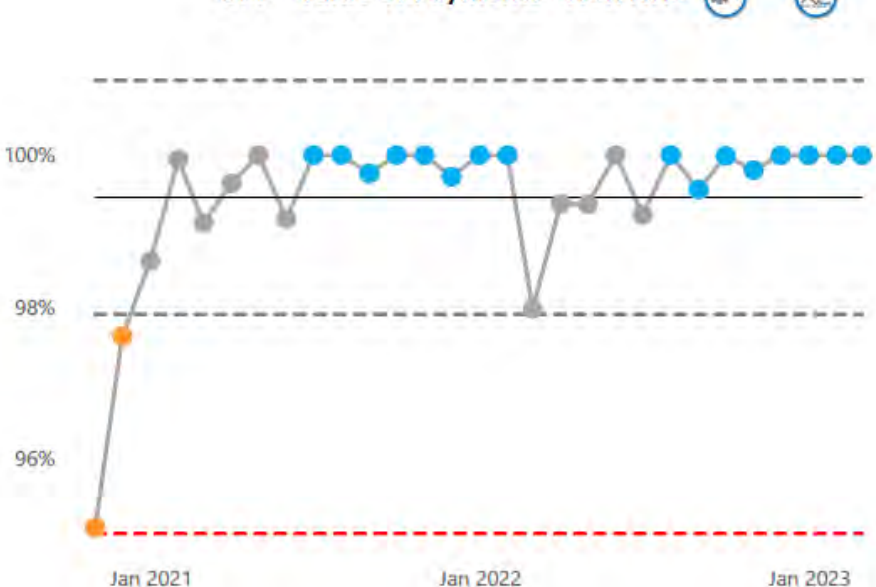
BPP - Number of Payments - Non NHS



BPP - Value of Payments - NHS



BPP - Value of Payments - Non NHS





DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

REPORT TITLE:	Performance Report
DATE OF MEETING:	9 th May 2023
PURPOSE OF REPORT:	The report details the performance information for February and March 2023.
RESPONSIBLE EXECUTIVE:	Philip King – Chief Operating Officer
AUTHOR OF REPORT	Faye Duncan – Head of Business Intelligence
SUMMARY OF KEY POINTS:	<ul style="list-style-type: none">• CHC received 29 referrals in March 2023. 76% 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 has achieved 88% of the expected access rate in March 2023. The Q4 performance has been impacted by the loss of 4 PWP's in December 2022 due to internal promotions and training opportunities, and capacity management of staff taking annual leave before year end. However overall, the service has achieved 102.3% of the 2022/23 trajectory.• The recovery target continues to be missed, with 42.1% 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 remained consistent at 99% in December 2022.• The 2022/23 National Child Measurement Programme (NCMP) was delayed. However, the service has measured 99% of year 6 children and 54% of reception children in March. After Easter the service will focus on the reception children and those who were absent at the time of the measurement.• In March 2023, the ARRS PCN service has seen just over 12,440 patients with an attendance rate of 96%.• Extended Access – Winter Hub has received 1,563 referrals with 92% attending an appointment. 97% of patients were discharged

	<p>home. Black Country ICB have found additional funding to extend the service for another 2 months.</p> <ul style="list-style-type: none"> The enhanced access hub (on behalf of the PCN's) has a utilisation rate of 37% with 90% of patients attending the appointment in March 2023. Most of the appointments which are being utilised are to see a GP or Advanced nurse practitioner. The low utilisation rate is because those PCN's who are furthest away from the hub have struggled to find patients who are willing to travel to the hub and utilise the service. Therefore, a change to the model provision has been made from April 2023 for those PCN's to take the service back in house, thus improving the utilisation rate from April.
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	<ul style="list-style-type: none"> 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	<input type="checkbox"/> Yes <input type="checkbox"/> In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: <i>Tick as appropriate</i>	<input type="checkbox"/> Develop our role in the Dudley Place <input type="checkbox"/> Implementation of integrated care model for the Dudley population <input checked="" type="checkbox"/> Improve outcomes for children and young people in Dudley <input checked="" type="checkbox"/> Support sustainability of primary care <input type="checkbox"/> Be the best and happiest place to work <input checked="" type="checkbox"/> Improve the health of our population and reduce inequalities <input type="checkbox"/> Demonstrate value to our population / Greener NHS
CQC DOMAINS: <i>Tick as appropriate</i>	<input type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led
LIST KEY RISKS IDENTIFIED: <i>Select none identified or outline the risks identified and mitigations taken (if addressing existing risk on the corporate risk register please provide reference number)</i>	<input type="checkbox"/> 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:	<input type="checkbox"/> Executive <input type="checkbox"/> People <input checked="" type="checkbox"/> Finance Performance & Digital <input type="checkbox"/> Digital Board

	<input type="checkbox"/> Quality and Safety/ QSSG <input type="checkbox"/> Audit & Risk <input type="checkbox"/> Primary Care Integration <input type="checkbox"/> Strategy and Transformation <input type="checkbox"/> EDI <input type="checkbox"/> Trust Management Board <input type="checkbox"/> Well Led <input type="checkbox"/> Other (Please state)
CONSIDERATIONS / IMPACTS: <i>Select none identified or outline the potential impact and considerations undertaken</i>	Quality and Equality Impact Assessment
	<input checked="" type="checkbox"/> None Identified
	Equality, Diversity and Inclusion
	<input checked="" type="checkbox"/> None Identified
	Greener NHS Sustainability Impact Assessment
	<input checked="" type="checkbox"/> None Identified
	Other Regulatory Requirements
PRESENTED TO:	<input checked="" type="checkbox"/> Public Board
	<input type="checkbox"/> Private Board
	<input checked="" type="checkbox"/> Assurance Committee (<i>state</i>) – Finance Performance and Digital
	<input type="checkbox"/> Other Committee (<i>state</i>) -
RECOMMENDATION: <i>Tick as appropriate</i>	<input type="checkbox"/> For Approval / Decision <input checked="" type="checkbox"/> For Assurance <input type="checkbox"/> For Information / Discussion

Performance Report

Reporting period: February 2023

Reported to : May 2023, Public Board

Reported by: Philip King, Director of Operations

Introduction

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

Exception Reports

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

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

Additional Caveats

- SPC charts and Icons require a minimum of 15 data points to create a robust analysis, Due to the infancy of the organisation we are using 2+ data points in some cases e.g. CHC, Intermediate Care, High Oak Surgery, Winter Access, NCMP. Therefore, Please take this into consideration when reviewing the information.
- Targets are still being developed for some of the new measures. These targets will be reviewed and agreed by individual services and the executive
- CQC Rating - 2 refers to Good
- Primary Care Friends and Family Test (FFT) is not available from February 2023 due to a change of supplier which was outside of our control (Initiated by the Black Country ICB) which has meant we are unable to access any reporting. We are working to resolve the situation as quickly as possible.
- NCMP - National Child Measurement Programme runs until the end of July 2023. Therefore, the annual target has been set using the trajectory required by end of July 2023.
- Data Quality Maturity Index for IAPT is published via NHS Digital in arrears.
- Child Immunisations are reported a month in arrears.
- The ICB have sponsored a review of Primary Care Mental Health Services.

Key:

Variation and Assurance Icons

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

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

Statistical Process Chart (SPC)

DIHC Integrated Performance Scorecard

2022-23

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance	
Q&S	Safeguarding	Number of Safeguarding Concerns - Adults	Local	Feb 2023	57	-	606	-			
		Number of Safeguarding Concerns - Child	Local	Feb 2023	13	-	219	-			
		Number of Safeguarding Concerns - Age unknown	Local	Feb 2023	2	-	4	-			
		Number of SARs - Open	Local	Feb 2023	0	-	0	-			
		Number of CSPRs - Open	Local	Feb 2023	4	-	4	-			
		Number of S42s - Open	Local	Feb 2023	0	-	0	-			
		Number of S42s - Overdue	Local	Feb 2023	0	-	0	-			
	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	Feb 2023	38.27%	75%	36%	90%			
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	Feb 2023	100%	-	100%	-			
	Incidents	Duty of Candour	National	Nov 2022	100%	100%	100%	100%			
		Occurrence Of Any Never Event	National	Feb 2023	0	-	0	-			
		Incidents	Local	Feb 2023	18	-	161	-			
		Serious Incidents	Local	Feb 2023	0	-	1	-			
	Feedback	IAPT Friends and Family Test – % Positive	Local	Feb 2023	96.3%	-	99.66%	-			
		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	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	Feb 2023	80%	-	59.26%	-			
		PCMH Friends and Family Test – % Positive (QTR)	Local	Dec 2022	60%	-	50%	-			
		Feedback - Informal Concern	Local	Feb 2023	7	-	54	-			
		Feedback - Compliments	Local	Feb 2023	5	-	48	-			
		Feedback - Complaints	Local	Feb 2023	2	-	27	-			
		An acknowledgment of the complaints within 3 days	National	Feb 2023	100%	-	95.45%	-			
A formal response to the complaint sent within 45 days		Local	Feb 2023	100%	-	100%	-				
Workforce		Staff in Post	Vacancy %	Local	Feb 2023	4.89%	10%	10.37%	10%		
			Turnover % (12 Months)	Local	Feb 2023	11.38%	13%		13%		
			Normalised Turnover % (12 Months)	Local	Feb 2023	8.93%	-	10.41%	-		
	Turnover % (In Month)		Local	Feb 2023	0.17%	1.1%		1.1%			
	Normalised Turnover % (In Month)		Local	Feb 2023	0.17%	-	0.73%	-			
	Development	Appraisal %	Local	Feb 2023	83.13%	85%	83.13%	85%			
		Training Compliance %	Local	Feb 2023	90.37%	85%	90.37%	85%			
	Absence	Sickness % (In Month)	Local	Feb 2023	4.4%	3.8%	3.36%	3.8%			
		Sickness % (12 Months)	Local	Feb 2023	3.33%	3.8%		3.8%			
		Short Term Sickness (In Month)	Local	Feb 2023	31.08%	-	35.93%	-			
		Long Term Sickness (In Month)	Local	Feb 2023	68.92%	-	64.07%	-			
		Long Term Sickness % (12 Months)	Local	Feb 2023	64.41%	-		-			
		Maternity % (In Month)	Local	Feb 2023	1.92%	-	1.65%	-			

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	Feb 2023	27	-	408	-		
		% of Referrals Eligible for a Full CHC Assessment	Local	Feb 2023	77.78%	-	67.4%	-		
		% of CHC Assessments Completed Within 28 Days	National	Feb 2023	100%	80%	99.44%	80%		
		% of Assessments Completed in an Acute Setting	National	Feb 2023	0%	15%	0%	15%		
	CHC - End of life	Number of Fast Track Referrals	Local	Feb 2023	69	-	810	-		
		% of Newly Eligible Fast Track Patients	Local	Feb 2023	75.36%	-	70.25%	-		
	CHC - Pathway 3	Number of Patients in a Pathway 3 Bed	Local	Feb 2023	26	-	-	-		
		Number of Patients Discharged from Pathway 3	Local	Feb 2023	4	-	52	-		
	IAPT	Number of Service Users Referred for Psychological Therapies	Local	Feb 2023	791	-	8103	-		
		% of Referrals for Adults aged 65+	National	Feb 2023	9.48%	-	10.27%	-		
		Access to IAPT services for adults aged 65+	National	Feb 2023	5.56%	-	6.45%	-		
		% of Service Users Entering Treatment (Access Rate)	Local	Feb 2023	85.29%	100%	104.02%	100%		
		% of Service Users Who Complete Treatment Who Are Moving to Recovery	National	Feb 2023	42.25%	50%	40.87%	50%		
		IAPT Recovery Rate for BME Groups	National	Feb 2023	31.82%	50%	44.32%	50%		
		% of Service Users Who Are Treated Within 6 Weeks of Referral	National	Feb 2023	94.36%	75%	92.3%	75%		
		% of Service Users Who Are Treated Within 18 Weeks of Referral	National	Feb 2023	99.81%	95%	99.31%	95%		
		90+ Day Wait Between 1st and 2nd Appt	Local	Feb 2023	7.14%	10%	5.14%	10%		
		Data Quality Maturity Index for IAPT	Local	Nov 2022	98.9%	95%	91.56%	95%		
		Use of Anxiety Disorder Specific Measures in IAPT	CQUIN	Feb 2023	88.89%	65%	83.61%	65%		
	Intermediate Care	Number of Patients in a Step Down Facility	Local	Feb 2023	131	-	131	-		
		Number of New Patients Admitted to Step Down	Local	Feb 2023	31	-	471	-		
		Average Length of Stay	National	Feb 2023	52	42	53.27	42		
		Number of Patients Discharged	Local	Feb 2023	45	-	407	-		
	Primary Care Mental Health	Number of Referrals to Primary Care Mental Health	Local	Feb 2023	170	-	1889	-		
	School Nursing	Number of Referrals to School Nursing Service	Local	Feb 2023	177	-	2548	-		
		NCMP - Year 6 Status	Local	Feb 2023	92.68%	50%	-	100%		
		NCMP - Reception Status	Local	Feb 2023	23.47%	60%	-	100%		
		Number of Child In Need on Caseload	Local	Feb 2023	146	-	146	-		
		Number of Looked After Child on Caseload	Local	Feb 2023	284	-	284	-		
		Number of Looked After Child Health Assessments Completed	Local	Feb 2023	17	-	17	-		
		Number of Child Protection on Caseload	Local	Feb 2023	157	-	157	-		
		Number of Young Carers Identified as Needing Support	Local	Feb 2023	1	-	1	-		

DIHC Integrated Performance Scorecard 2022/23

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Operational Performance	ARRS PCN	% Utilisation Rate	Local	Feb 2023	71.91%	-	72.62%	-		
		% DNA Rate	Local	Feb 2023	4.4%	-	4.86%	-		
		% of Patient Attendance	Local	Feb 2023	95.6%	-	95.14%	-		
	ARRS PCN (Listening and Guidance (SPLW))	% of Patient Attendance	Local	Feb 2023	86.21%	-	85.67%	-		
		% DNA Rate	Local	Feb 2023	13.79%	-	14.33%	-		
		No. of Patients open on Caseload	Local	Feb 2023	296	-	296	-		
		Number of New Referrals	Local	Feb 2023	70	-	1089	-		
		Number of Discharges	Local	Feb 2023	31	-	538	-		
		% of Patient Referred to GP	Local	Feb 2023	2.19%	-	1.42%	-		
		% of Patients Signposted for Additional Services	Local	Feb 2023	9.09%	-	9.24%	-		
	Enhanced Access On Behalf of PCN	% Utilisation Rate	Local	Feb 2023	58.08%	-	46.39%	-		
		% of Patient Attendance	Local	Feb 2023	83.75%	-	83.17%	-		
	Extended Access	Number of Referrals to Extended Access Hub	Local	Feb 2023	1304	-	13921	-		
		% Utilisation Rate	Local	Feb 2023	85.03%	75%	82.86%	75%		
		% of Patient Attendance	Local	Feb 2023	92.79%	-	92.69%	-		
		% DNA Rate	Local	Feb 2023	1.99%	-	6.71%	-		
		Outcome - % Discharged Home	Local	Feb 2023	96.69%	-	95.92%	-		
		Outcome - % Referred to GP	Local	Feb 2023	2.73%	-	2.94%	-		
		Outcome - % Referred to Hospital	Local	Feb 2023	1.4%	-	2.53%	-		

Exception Report

Metric

NCMP - Reception Status

Feb 2023

Latest Date

23.47%

Value

60%

Target

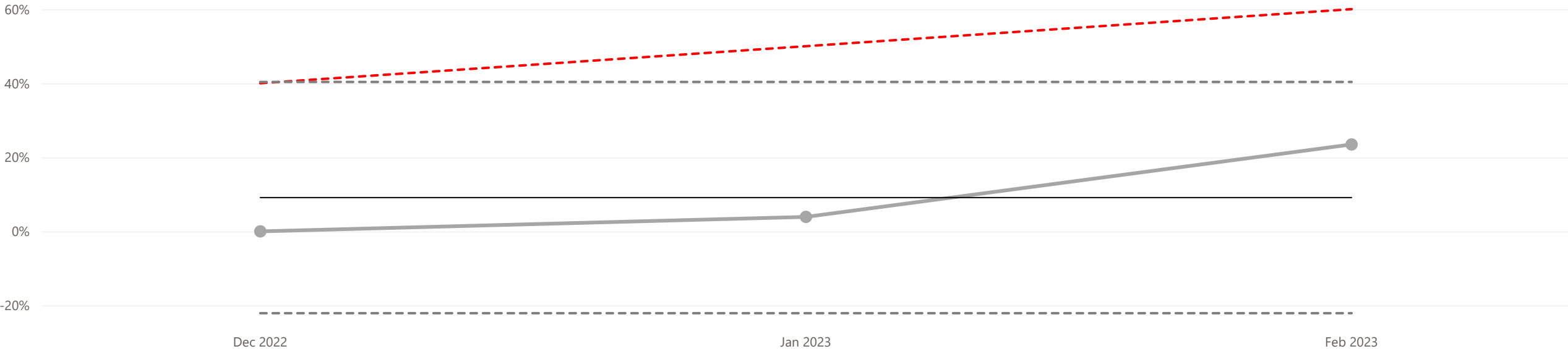
Variation

Assurance





Operational Performance: NCMP - Reception Status



Service comments

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.

Actions

-

Performance Report

Reporting period: March 2023

Reported to: May 2023, Public Board

Reported by: Philip King, Director of Operations

Introduction

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

Exception Reports

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

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

Additional Caveats

- SPC charts and Icons require a minimum of 15 data points to create a robust analysis, Due to the infancy of the organisation we are using 2+ data points in some cases e.g. CHC, Intermediate Care, High Oak Surgery, Winter Access, NCMP. Therefore, Please take this into consideration when reviewing the information.
- Targets are still being developed for some of the new measures. These targets will be reviewed and agreed by individual services and the executive
- CQC Rating - 2 refers to Good
- Primary Care Friends and Family Test (FFT) is not available from February 2023 due to a change of supplier which was outside of our control (Initiated by the Black Country ICB) which has meant we are unable to access any reporting. We are working to resolve the situation as quickly as possible.
- NCMP - National Child Measurement Programme runs until the end of July 2023. Therefore, the annual target has been set using the trajectory required by end of July 2023.
- Data Quality Maturity Index for IAPT is published via NHS Digital in arrears.
- Child Immunisations are reported a month in arrears.
- The ICB have sponsored a review of Primary Care Mental Health Services.

Key:

Variation and Assurance Icons

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

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

Statistical Process Chart (SPC)

DIHC Integrated Performance Scorecard

2022-23

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Q&S	Safeguarding	Number of Safeguarding Concerns - Adults	Local	Mar 2023	55	-	661	-		
		Number of Safeguarding Concerns - Child	Local	Mar 2023	28	-	247	-		
		Number of Safeguarding Concerns - Age unknown	Local	Mar 2023	2	-	5	-		
		Number of SARs - Open	Local	Mar 2023	0	-	0	-		
		Number of CSPRs - Open	Local	Mar 2023	4	-	4	-		
		Number of S42s - Open	Local	Mar 2023	0	-	0	-		
		Number of S42s - Overdue	Local	Mar 2023	0	-	0	-		
	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	Feb 2023	43%	75%	43%	75%		
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	Mar 2023	100%	-	100%	-		
	Incidents	Duty of Candour	National	Nov 2022	100%	100%	100%	100%		
		Occurrence Of Any Never Event	National	Mar 2023	0	-	0	-		
		Incidents	Local	Mar 2023	17	-	178	-		
		Serious Incidents	Local	Mar 2023	0	-	1	-		
	Feedback	IAPT Friends and Family Test – % Positive	Local	Mar 2023	95.24%	-	99.37%	-		
		Primary Care Friends and Family Test – % Positive - Chapel Street Surgery	Local	Jan 2023	40%	-	74.19%	-		
		Primary Care Friends and Family Test – % Positive - High Oak Surgery	Local	Jan 2023	91.86%	-	89.83%	-		
		PCMH Friends and Family Test – % Positive	Local	Mar 2023	83.33%	-	63.64%	-		
		Feedback - Informal Concern	Local	Mar 2023	14	-	69	-		
		Feedback - Compliments	Local	Mar 2023	4	-	52	-		
		Feedback - Complaints	Local	Mar 2023	3	-	30	-		
		An acknowledgment of the complaints within 3 days	National	Mar 2023	100%	-	95.83%	-		
		A formal response to the complaint sent within 45 days	Local	Mar 2023	100%	-	100%	-		
Workforce	Staff in Post	Vacancy %	Local	Mar 2023	3.4%	10%	9.79%	10%		
		Turnover % (12 Months)	Local	Mar 2023	11.04%	13%		13%		
		Normalised Turnover % (12 Months)	Local	Mar 2023	9.3%	-	10.31%	-		
		Turnover % (In Month)	Local	Mar 2023	1.56%	1.1%		1.1%		
		Normalised Turnover % (In Month)	Local	Mar 2023	1.15%	-	0.77%	-		
	Development	Appraisal %	Local	Mar 2023	79.77%	85%	79.77%	85%		
		Training Compliance %	Local	Mar 2023	91.36%	85%	91.36%	85%		
	Absence	Sickness % (In Month)	Local	Mar 2023	3.95%	3.8%	3.42%	3.8%		
		Sickness % (12 Months)	Local	Mar 2023	3.44%	3.8%		3.8%		
		Short Term Sickness (In Month)	Local	Mar 2023	33.05%	-	35.62%	-		
		Long Term Sickness (In Month)	Local	Mar 2023	66.95%	-	64.38%	-		
		Long Term Sickness % (12 Months)	Local	Mar 2023	64.06%	-		-		
		Maternity % (In Month)	Local	Mar 2023	2.15%	-	1.72%	-		

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	Mar 2023	29	-	437	-		
		% of Referrals Eligible for a Full CHC Assessment	Local	Mar 2023	75.86%	-	67.96%	-		
		% of CHC Assessments Completed Within 28 Days	National	Mar 2023	100%	80%	99.46%	80%		
		% of Assessments Completed in an Acute Setting	National	Mar 2023	0%	15%	0%	15%		
	CHC - End of life	Number of Fast Track Referrals	Local	Mar 2023	68	-	878	-		
		% of Newly Eligible Fast Track Patients	Local	Mar 2023	77.94%	-	70.84%	-		
	CHC - Pathway 3	Number of Patients in a Pathway 3 Bed	Local	Mar 2023	18	-	-	-		
		Number of Patients Discharged from Pathway 3	Local	Mar 2023	2	-	54	-		
	IAPT	Number of Service Users Referred for Psychological Therapies	Local	Mar 2023	990	-	9093	-		
		% of Referrals for Adults aged 65+	National	Mar 2023	7.47%	-	9.96%	-		
		Access to IAPT services for adults aged 65+	National	Mar 2023	6.33%	-	6.44%	-		
		% of Service Users Entering Treatment (Access Rate)	Local	Mar 2023	87.75%	100%	102.51%	100%		
		% of Service Users Who Complete Treatment Who Are Moving to Recovery	National	Mar 2023	42.12%	50%	40.96%	50%		
		IAPT Recovery Rate for BME Groups	National	Mar 2023	26.67%	50%	42.97%	50%		
		% of Service Users Who Are Treated Within 6 Weeks of Referral	National	Mar 2023	94.05%	75%	92.49%	75%		
		% of Service Users Who Are Treated Within 18 Weeks of Referral	National	Mar 2023	99.46%	95%	99.33%	95%		
		90+ Day Wait Between 1st and 2nd Appt	Local	Mar 2023	5.76%	10%	5.19%	10%		
		Data Quality Maturity Index for IAPT	Local	Dec 2022	99.2%	95%	92.41%	95%		
		Use of Anxiety Disorder Specific Measures in IAPT	CQUIN	Mar 2023	88.24%	65%	83.86%	65%		
	Intermediate Care	Number of Patients in a Step Down Facility	Local	Mar 2023	114	-	114	-		
		Number of New Patients Admitted to Step Down	Local	Mar 2023	38	-	509	-		
		Average Length of Stay	National	Mar 2023	52	42	53.17	42		
		Number of Patients Discharged	Local	Mar 2023	32	-	439	-		
	Primary Care Mental Health	Number of Referrals to Primary Care Mental Health	Local	Mar 2023	190	-	2079	-		
	School Nursing	Number of Referrals to School Nursing Service	Local	Mar 2023	238	-	2786	-		
		NCMP - Year 6 Status	Local	Mar 2023	99.31%	60%	-	100%		
		NCMP - Reception Status	Local	Mar 2023	54.45%	70%	-	100%		
		Number of Child In Need on Caseload	Local	Mar 2023	122	-	122	-		
		Number of Looked After Child on Caseload	Local	Mar 2023	299	-	299	-		
		Number of Looked After Child Health Assessments Completed	Local	Mar 2023	20	-	20	-		
		Number of Child Protection on Caseload	Local	Mar 2023	171	-	171	-		
		Number of Young Carers Identified as Needing Support	Local	Mar 2023	1	-	1	-		

DIHC Integrated Performance Scorecard 2022/23

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Operational Performance	ARRS PCN	% Utilisation Rate	Local	Mar 2023	72.78%	-	72.63%	-		
		% DNA Rate	Local	Mar 2023	4.03%	-	4.79%	-		
		% of Patient Attendance	Local	Mar 2023	95.97%	-	95.21%	-		
	ARRS PCN (Listening and Guidance (SPLW))	% of Patient Attendance	Local	Mar 2023	86.1%	-	86.22%	-		
		% DNA Rate	Local	Mar 2023	13.9%	-	13.78%	-		
		No. of Patients open on Caseload	Local	Mar 2023	344	-	344	-		
		Number of New Referrals	Local	Mar 2023	81	-	1269	-		
		Number of Discharges	Local	Mar 2023	41	-	651	-		
		% of Patient Referred to GP	Local	Mar 2023	1.59%	-	1.32%	-		
		% of Patients Signposted for Additional Services	Local	Mar 2023	9.11%	-	8.6%	-		
	Enhanced Access On Behalf of PCN	% Utilisation Rate	Local	Mar 2023	37%	-	45.19%	-		
		% of Patient Attendance	Local	Mar 2023	90.09%	-	83.89%	-		
	Extended Access	Number of Referrals to Extended Access Hub	Local	Mar 2023	1563	-	15484	-		
		% Utilisation Rate	Local	Mar 2023	81.91%	75%	82.76%	75%		
		% of Patient Attendance	Local	Mar 2023	92.39%	-	92.66%	-		
		% DNA Rate	Local	Mar 2023	7.61%	-	7.18%	-		
		Outcome - % Discharged Home	Local	Mar 2023	96.54%	-	95.98%	-		
		Outcome - % Referred to GP	Local	Mar 2023	2.84%	-	2.93%	-		
		Outcome - % Referred to Hospital	Local	Mar 2023	1.73%	-	2.45%	-		

Exception Report

Metric

NCMP - Reception Status

Mar 2023

Latest Date

54.45%

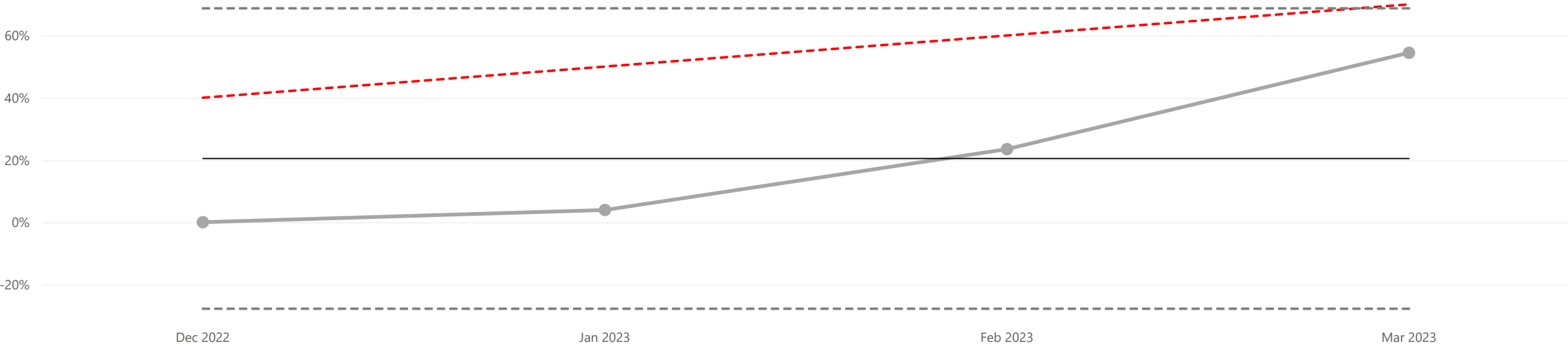
Value

70%

Target



Operational Performance: NCMP - Reception Status



Service comments	Actions
<p>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.</p> <p>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.</p>	<ul style="list-style-type: none">

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Primary Care Integration Committee

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

Date of meeting: 19 April 2023

Significant risks/issues for escalation

- None

Key issues/matters discussed at the committee

The Committee held meetings on 15 March 2023 and 19 April 2023 and was quorate.

The Committee received updates from:

- Director for Strategy, People and Partnerships
- PCN Clinical Directors
- Head of Primary Care
- Primary Care Programme Manager

Corporate Risk Register (March 2023)

- The committee received an updated on the EPR risk from Matt Gamage, Director of Finance, Performance and Digital. Engagement has taken place with the ICB and PCN CDs with communication issued to all practices. The roll out will now be a phased approach. MG assured committee that the issues will be worked through with primary care to get the best solution in place.
- The committee took assurance from the controls, mitigations and actions.

Position Update (March 2023)

- The committee received and discussed an update on DIHC ongoing discussions on their future role and relationship with the ICB. A detailed discussion was held on the topic and agreement that the Trust will progress the relationships and discussion with Black Country primary care colleagues:
- Project Team One held an event in March 2023 with representatives from the Black Country Primary Care Collaborative. A summary is being drafted which will be sent to the Project Board.
- Project Team Three is making good progress. An expressions of interest invitation has been sent out to Trusts within the Black Country, surrounding Trusts and Community Trusts and responses have been received. A meeting is being held on Thursday 16 March 2023 to look at the responses which will be reported to the Project Board.
- A report will be produced by the Project Board and will be presented at a DIHC Extra-Ordinary Board on 29th March 2023 and at the ICB Board on 31st March 2023.

	<p>Additional Roles Reimbursement Scheme (ARRS)</p> <p>The committee were provided with a verbal update on the implementation of the workforce plan.</p> <ul style="list-style-type: none"> • It is predicated that the Trust will spend 97.5% of the ARRS 2022-2023 budget. The national allocation that can be accessed by Dudley for ARRS staff for 2023-2024 budget has increased by £2.1million • Workforce meetings have taken place with all PCNs and partner practices to discuss what roles are required in the upcoming year and work is on-going regarding recruitment. <p>The committee took assurance from the update, and it was agreed for a written workforce plan to be brought to a future meeting.</p> <p>Primary Care Strategy Implementation (March & April 2023)</p> <ul style="list-style-type: none"> • The committee received updates on progress against the programme delivering primary care strategy The priorities themes include: • Revisions to the SLA for the ARRS services with the focus being on developing role profiles for all functions to have clarity on roles, support, training and supervision processes. • Assessing and reviewing the new GP contract changes as well as PCN DES / IIF contract requirements and organising engagement events with GPs and Practice Managers to share good practice and discuss solutions. • Organising some patient events for this summer to engage patients on the structure of the NHS post pandemic, with facilitated discussion on developing the future of patient participation. • Producing a written process (handbook) to manage acquisition and integration of general practice into DIHC – this is pending Executive Team discussion and review <p>The committee took assurance that the priority themes are being progressed, challenges understood and risk being managed.</p> <p>Dudley Quality Outcomes for Health (March & April 2023)</p> <ul style="list-style-type: none"> • DQOFH 23/24 indicators are now finalised and updated in line with national QoF <p>The committee took assurance that is being implemented and all practices are informed. The committee thanked Joanne Taylor and the project team for all their efforts in completing this.</p> <p>PCN CD Update (April 2023)</p> <ul style="list-style-type: none"> • The committee received an update on the COVID Booster programme being implemented by CDs. • The PCNs have been discussing their new contractual requirements with templates and timeframes coming from the ICB
<p>○</p> <p>Recommendations made by the Committee</p>	<ul style="list-style-type: none"> • None

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

- None

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

- None



PUBLIC BOARD

REPORT TITLE:	Communications, Engagement and Partnerships update
DATE OF MEETING:	9 th May 2023
PURPOSE OF REPORT:	To update Board on the communication and engagement activities that have taken place from the period January 2023 through to March 2023
RESPONSIBLE EXECUTIVE:	Stephanie Cartwright, Director of Strategy, People and Partnerships
AUTHOR OF REPORT	Helen Codd, Head of Communications, Engagement and Partnerships Luke Dunn, Communications and Engagement Specialist
SUMMARY OF KEY POINTS:	<p>Our public conversation on the future location of High Oak Surgery concluded and the findings/analysis were presented at February Board</p> <p>We held a Have a Heart event with our pharmacy team, community pharmacy, University of Birmingham students and Brook Sexual Health and saw over 104 people for blood pressure checks.</p> <p>Our pharmacy team held Ready to Ramadan at local mosques and centres by collaborating with community groups and leaders – this helped to identify patients with diabetes who would need support with medication prior to fasting.</p> <p>We continue our collaboration with local charity – The Black Country Blokes and have covered a number of key topics.</p> <p>We are involved in a key piece of collaborative work in Lye to tackle complex health inequalities.</p> <p>We contribute to every Healthier Futures Newsletter for the Integrated Care System which goes out to a wide list of stakeholders, including public, with news from DIHC.</p> <p>We continue to promote positive news stories and events with local media and have received some coverage.</p> <p>We continue to use social media platforms to share important messages and keep followers updated with DIHC news.</p>
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	To promote services to those who may need support or to access. To help reduce health inequalities.

	To continue to build on our reputation and nurture relationships and trust. To share important messages around health and wellbeing
FUNDING/ COST IMPLICATIONS:	Some engagement and involvement activities do have costs associated with them, e.g. venue hire, printing, providing a hot drink as a small gesture of appreciation.
DoF / Finance Approval	<input type="checkbox"/> Yes <input type="checkbox"/> In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Develop our role in the Dudley Place <input checked="" type="checkbox"/> Implementation of integrated care model for the Dudley population <input type="checkbox"/> Improve outcomes for children and young people in Dudley <input checked="" type="checkbox"/> Support sustainability of primary care <input checked="" type="checkbox"/> Be the best and happiest place to work <input checked="" type="checkbox"/> Improve the health of our population and reduce inequalities <input checked="" type="checkbox"/> Demonstrate value to our population / Greener NHS
CQC DOMAINS: <i>Tick as appropriate</i>	<input type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input type="checkbox"/> Well Led
LIST KEY RISKS IDENTIFIED: <i>Select none identified or outline the risks identified and mitigations taken (if addressing existing risk on the corporate risk register please provide reference number)</i>	<input checked="" type="checkbox"/> None Identified
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	<input type="checkbox"/> Executive <input type="checkbox"/> People <input type="checkbox"/> Finance Performance & Digital <input type="checkbox"/> Digital Board <input type="checkbox"/> Quality and Safety/ QSSG <input type="checkbox"/> Audit & Risk <input type="checkbox"/> Primary Care Integration <input type="checkbox"/> Strategy and Transformation <input type="checkbox"/> EDI <input type="checkbox"/> Trust Management Board <input type="checkbox"/> Well Led <input checked="" type="checkbox"/> Other (Public Board)
CONSIDERATIONS / IMPACTS: <i>Select none identified or outline the potential impact and considerations undertaken</i>	<div style="background-color: #f4a460; padding: 2px;">Quality and Equality Impact Assessment</div> <input type="checkbox"/> None Identified An equality impact was carried out for the High Oak public conversation.

	<p>Equality, Diversity and Inclusion</p> <p><input type="checkbox"/> None Identified</p> <p>Any engagement seeks to be inclusive of our local communities and is targeted where necessary.</p> <p>Greener NHS Sustainability Impact Assessment</p> <p><input checked="" type="checkbox"/> None Identified</p> <p>Other Regulatory Requirements</p> <p><input checked="" type="checkbox"/> None Identified</p>
<p>PRESENTED TO:</p>	<p><input checked="" type="checkbox"/> Public Board</p> <p><input type="checkbox"/> Private Board</p> <p><input type="checkbox"/> Assurance Committee <i>(state)</i> -</p> <p><input type="checkbox"/> Other Committee <i>(state)</i> -</p>
<p>RECOMMENDATION:</p> <p><i>Tick as appropriate</i></p>	<p><input type="checkbox"/> For Approval / Decision</p> <p><input checked="" type="checkbox"/> For Assurance</p> <p><input type="checkbox"/> For Information / Discussion</p>

Communications and Engagement Update

January - April 2023



NHS
Dudley Integrated
Health and Care
NHS Trust

Communications, Engagement and Partnerships

Quarterly Update

Activity	Strategic Objective	Outcome/impact
In January, the Prescription Ordering Direct (POD) service launched a change in the way that some patients at a small number of practices order their repeat prescriptions. Pharmacy colleagues were supported with communications to affected practices and patients in several ways. This included leaflet design and print, poster design and print, messaging added to relevant GP tv screens, letter writing, design of a flow chart outlining the process, written material for text messages and answerphone messages (patient facing) and staff facing written material too.	<ul style="list-style-type: none"> • Encouragement to download and use the NHS APP where possible • Opportunity for community pharmacy to build relationships with patients in arranging repeat prescriptions • High Oak practice made bespoke arrangements for patients who were affected and needed extra support 	<ul style="list-style-type: none"> • Demonstrate value to our population • Develop our role in the Dudley place • Support the sustainability of primary care
Helped to facilitate and plan the Dudley Citizen's Panel with colleagues across the Integrated Care System. The panel aims to create an open space for discussion, bringing issues and solutions forward with partners and the public	<ul style="list-style-type: none"> • Understanding the aspirations of local communities and what they need from healthcare • Alignment of activities across the wider Integrated Care System 	<ul style="list-style-type: none"> • Develop our role in the Dudley place • Improve the health of our population and reduce inequalities
Attended a Patient Participation Group (PPG) meeting for the practices with Sedgley, Coseley and Gornal Primary Care Network (PCN) to talk about the new primary care strategy	<ul style="list-style-type: none"> • Develop and nurture relationships and trust • Gain feedback on the primary care strategy • Answer queries and discuss landscape changes with the PPGs 	<ul style="list-style-type: none"> • Develop our role in the Dudley Place • Support the sustainability of primary care

Activity	Strategic Objective	Outcome/impact
Continued our collaboration with the Black Country Blokes and live podcast and covered a number of topics including dieting and dietetics, substance misuse and end of life care	<ul style="list-style-type: none"> • Opportunity for honest conversations • Promote the different roles and services available for patients within DIHC • Provide a safe space for people to listen either live or after the event with signposting 	<ul style="list-style-type: none"> • Improve the health of our population and reduce inequalities • Develop our role in the Dudley place
Have a Heart Day – worked collaboratively with University of Birmingham students, DIHC pharmacy team and Brook sexual health to host an event at the Merry Hill shopping centre offering blood pressure checks, signposting and sexual health advice	<ul style="list-style-type: none"> • 104 patients were seen for blood pressure checks with results shared directly with their GP practice • Some patients were diagnosed with high blood pressure and not currently on any treatment so the checks helped with their ongoing health • Lots of other information and signposting was provided by pharmacy and sexual health colleagues 	<ul style="list-style-type: none"> • Develop our role in the Dudley place • Improve the health of our population and reduce inequalities
Pharmacy team took part in a Careers Fayre at the University of Birmingham	<ul style="list-style-type: none"> • Information given on roles in DIHC and research opportunities • Growing and enabling our next generation of pharmacists and health and care staff • Building relationships 	<ul style="list-style-type: none"> • Develop our role in the Dudley place
Worked with Dudley Wood Surgery, DGFT, and Bobby KP Woods a local singer with lived experience, to promote a Prostate Cancer Awareness event which was attended by patients and the Mayor of Dudley	<ul style="list-style-type: none"> • Educate people and spread awareness • Distribute information and signpost attendees • Provide a safe place to ask questions 	<ul style="list-style-type: none"> • Improve the health of our population and reduce inequalities • Develop our role in the Dudley place

Activity	Strategic Objective	Outcome/impact
<p>Attended the Link Academies Business Breakfast to talk about roles in healthcare to student</p>	<ul style="list-style-type: none"> • Promoting roles in health care to students and answering any questions they have • Growing and enabling a local up and coming workforce • Developing relationships with local schools 	<ul style="list-style-type: none"> • Implementation of an Integrated Care Model for the Dudley population • Develop our role in the Dudley place
<p>Let's get ready to Ramadhan - working with local mosques, ladies groups and the Imam to prepare patients with diabetes ready for fasting, in collaboration with university pharmacy students</p>	<ul style="list-style-type: none"> • Advice given on reducing medications before the fasting period commences • Ad hoc advice given on other health matters • Opportunity for pharmacy students to practice patient skills • Opportunity to develop positive relationships 	<ul style="list-style-type: none"> • Implementation of an Integrated Care Model for the Dudley population • Improve the health of our population and reduce inequalities
<p>The public conversation on the future location of High Oak Surgery concluded</p>	<ul style="list-style-type: none"> • Attendance at February Board by local ward councillors and a representative for Mike Wood, MP • Opportunity for attendees to ask questions, promoting accountability and transparency as part of DIHC culture • Board made the decision to ensure GP appointments would be made available in the Pensnett locality after hearing the strong feedback and understanding the health needs of the area 	<ul style="list-style-type: none"> • Support the sustainability of primary care • Improve the health of our population and reduce inequalities • Demonstrate value to our population
<p>Worked with DIHC colleagues to produce a video detailing the organisations EDI plans and actions. The video was shown at an event at the Hawthornes Stadium and attended by ICS partners.</p>	<ul style="list-style-type: none"> • Promoting the organisation • Developing relationships with ICS partners • Evidencing and reporting achievements and plans 	<ul style="list-style-type: none"> • Improve the health of our population and reduce inequalities

Activity	Strategic Objective	Outcome/impact
DIHC have attended regular meetings with Public Health, Local Authority, Social Care and Local Politicians to collaborate and coproduce an action plan to tackle health inequalities in Brockmoor & Pensnett.	<ul style="list-style-type: none"> Action plan agreed with an independent organisation appointed to coordinate joint efforts in tackling health inequalities and improving health and wellbeing of the local citizens. 	<ul style="list-style-type: none"> Develop our role in the Dudley Place Improve the health of our population and reduce inequalities
Visit with Healthwatch to Stourbridge Job Centre around supporting vulnerable clients into healthcare settings and people back into employment with a view to linking the job centre in with GP surgeries to achieve this.	<ul style="list-style-type: none"> Reducing the fear of attending health care settings Developing relationships 	<ul style="list-style-type: none"> Develop our role in the Dudley Place Improve the health of our population and reduce inequalities
Working collaboratively with Public Health, Social Care, Local Authority, WMP, local politicians and voluntary sector providers to launch Life in Lye project to tackle complex health inequalities in Lye.	<ul style="list-style-type: none"> Funds from the Crime Commissioner and Health Inequalities budget have been secured, with first activities and event carried out and planned for 23/24 to develop trust and relationships 	<ul style="list-style-type: none"> Develop our role in Dudley Place Improve the health of our population and reduce inequalities Implementation of Integrated Care Model for the Dudley population
Strategy and Transformation team member has completed Community Coach training designed to tackle health inequalities amongst foreign communities.	<ul style="list-style-type: none"> A team member will be delivering sessions for Eastern Europeans as part of the Life in Lye project, and other places in Dudley populated by Eastern European citizens. 	<ul style="list-style-type: none"> Develop our role in Dudley Place Improve the health of our population and reduce inequalities
DIHC attended a meeting with Halesowen Asian Elderly members.	<ul style="list-style-type: none"> 150 members of this group have shared their experiences and personal stories which will be utilised to co-produce and co-design services for the Asian community in Halesowen to tackle health inequalities in the area. The group has produced a leaflet encouraging other Asian citizens, across all ages, and other ethnic minority individuals to join their group. The leaflet has been shared with Dudley PCNs. 	<ul style="list-style-type: none"> Develop our role in Dudley Place Improve the health of our population and reduce inequalities

Online Communications With Our Wider Stakeholders



36,847 Website page views.



130,670 Social media impressions



1,950 Total social media followers



22 Press Releases Written or Shared ([Click to view](#))

A Few Snapshots

Physicians Associate Document



Filming - EDI



Prostate Cancer Awareness Day - Dudley Wood Surgery



Healthier Hearts - Merry Hill Centre



Health on the Mic



Pharmacy Ordering Direct Update - Marketing Material



Ramadan Ready



Black Country Blokes



COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Audit and Risk Committee

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

Date of meeting: 24th April 2023

Significant risks/issues for escalation

None identified

Key issues/matters discussed at the Committee

- The Committee met virtually on Monday 24th April 2023 and the meeting was quorate.
- The draft finance report for month 12 which received for information.
- The Waiver Report was received for the 2022/23 financial year for assurance.
- The committee approved the results of the annual committee effectiveness review.
- The committee approved the Terms of Reference and Cycle of Business for ratification by the Board in May 2023.
- Internal Audit colleagues presented the Progress Report and associated audit reports.
 - Data Quality Arrangements Audit – Significant Assurance rating
 - Head of Internal Audit Opinion - Significant Assurance rating for the year to date. Final opinion will be reported to committee following conclusion of remaining audit programme
- The committee received the internal audit recommendation tracker for assurance. The committee were assured that significant progress had been made in relation to recommendations identified.
 - 73 Recommendations and actions agreed since 1st April 2020
 - 65 have been recorded as implemented or closed
 - 6 are not yet due
 - 2 are in progress but not yet completed
- The committee approved the internal audit plan for 2023/24.
- The committee reviewed the Local Security Management plan for 2023/24. The committee were assured by the contents of the plan and agreed that the final plan should be approved by Executive committee.
- The Committee received and took assurance from the draft Annual Report 2022/23.

**Recommendations made
by the Committee**

- The committee approved the Terms of Reference and Cycle of Business for ratification by the Board in May 2023.

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

- None

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

- None



PUBLIC BOARD

REPORT TITLE:	Audit and Risk Committee Effectiveness Review
DATE OF MEETING:	9th May 2023
PURPOSE OF REPORT:	To ratify and approve the Terms of Reference for Audit and Risk Committee
RESPONSIBLE EXECUTIVE:	Matt Gamage – Acting Director of Finance, Performance and Digital
AUTHOR OF REPORT	Sayoni Basu - Corporate Governance Manager
SUMMARY OF KEY POINTS:	<p>It is a requirement of the NHS guidance and the UK Code that the Board and its supporting committees undergo a self-assessment of performance, 'including the balance of skills, experience, independence, and knowledge of the organisation on the board, its diversity, including gender, how the board works together as a unit, and other factors relevant to its effectiveness'.</p> <p>The Well-Led Framework recommends that all providers carry out externally facilitated, developmental reviews of their leadership and governance using the Well-Led Framework every three to five years.</p> <p>The structure of the framework (key lines of enquiry (KLOEs) and underpins CQC's regular regulatory assessments of their Well-Led assessment. The main elements of the framework are also reflected in NHS England's (NHSE) Improvement and Assessment Framework (IAF).</p> <p>Whilst the self-assessment is primarily for ourselves to facilitate continuous improvement this process does support the regulatory assessments by CQC for development reviews.</p> <p>All Board Committees will undertake self-assessments against their agreed checklists for submission to the Board from May 2023 onwards. During April the Audit and Risk Committee considered its responsibilities, membership and frequency of the committees as part of the annual review of the Board and Committee Effectiveness.</p> <p>Following the effectiveness review by the Audit and Risk Committee, the updated Terms of reference have been recommended for approval and are included as Appendix 1 and the completed self-assessment questionnaire marked as Appendix 2 is included for information.</p>
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	<ul style="list-style-type: none">• To ratify and approve the Terms of Reference for Audit and Risk Committee• To note self-assessment ratings of the Audit and Risk Committee
FUNDING/ COST IMPLICATIONS:	NA

DoF / Finance Approval	<input type="checkbox"/> Yes <input type="checkbox"/> In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified.
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Develop our role in the Dudley Place <input type="checkbox"/> Implementation of integrated care model for the Dudley population <input type="checkbox"/> Improve outcomes for children and young people in Dudley <input type="checkbox"/> Support sustainability of primary care <input type="checkbox"/> Be the best and happiest place to work <input type="checkbox"/> Improve the health of our population and reduce inequalities <input checked="" type="checkbox"/> Demonstrate value to our population / Greener NHS
CQC DOMAINS: <i>Tick as appropriate</i>	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led
LIST KEY RISKS IDENTIFIED: <i>Select none identified or outline the risks identified and mitigations taken</i> <i>(if addressing existing risk on the corporate risk register please provide reference number)</i>	<input checked="" type="checkbox"/> None Identified
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	<input type="checkbox"/> Executive <input type="checkbox"/> People <input type="checkbox"/> Finance Performance & Digital <input type="checkbox"/> Digital Board <input type="checkbox"/> Quality and Safety/ QSSG <input checked="" type="checkbox"/> Audit & Risk <input type="checkbox"/> Primary Care Integration <input type="checkbox"/> Strategy and Transformation <input type="checkbox"/> EDI <input type="checkbox"/> Trust Management Board <input type="checkbox"/> Well Led <input type="checkbox"/> Other (Please state)
CONSIDERATIONS / IMPACTS: <i>Select none identified or outline the potential impact and considerations undertaken</i>	Quality and Equality Impact Assessment
	<input checked="" type="checkbox"/> None Identified
	Equality, Diversity and Inclusion
	<input checked="" type="checkbox"/> None Identified
	Greener NHS Sustainability Impact Assessment
	<input checked="" type="checkbox"/> None Identified
PRESENTED TO:	Other Regulatory Requirements
	<input checked="" type="checkbox"/> None Identified
	<input checked="" type="checkbox"/> Public Board
	<input type="checkbox"/> Private Board <input type="checkbox"/> Assurance Committee (<i>state</i>) – <input type="checkbox"/> Other Committee (<i>state</i>) -

RECOMMENDATION: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> For Approval / Decision <input type="checkbox"/> For Assurance <input type="checkbox"/> For Information / Discussion
--	--

Audit and Risk Committee

Terms of Reference

Document no. Version	Approval Date	Review Date
1.1	24/04/2023	March 2024
Document Owner	Corporate Governance Manager	
Executive lead	Chief Executive Officer	
Responsible Committee	Audit and Risk Committee	
Ratified by Board / Committee (if applicable)	Public Board May 2022	
Document Supports standards and legislation	<p>(reference to any CQC (Care Quality Commission) & NHSLA standards supported)</p> <p>Annual Governance Statement</p>	
Key Related Documents	<p>HMFA NHS Audit Committee Handbook (2018)</p> <p>Standing Orders</p> <p>Standing Financial Instructions</p> <p>Board Assurance and Risk Management Framework</p> <p>Quality and Safety Committee Terms of Reference</p> <p>Finance, Performance and Digital Terms of Reference</p> <p>People Committee Terms of Reference</p> <p>Transaction Committee Terms of Reference</p> <p>Code of Governance for NHS provider trusts</p>	

Purpose / Objectives:	<p>The purpose of the Committee is to maintain oversight of and provide assurance to the Board that there is an effective structure, supported by effective processes and system of internal control for:</p> <ul style="list-style-type: none"> • Corporate Governance • Financial Governance • Financial Reporting • Fraud Management • Annual Governance Statement • Working with External and Internal Auditors • Board Assurance and Risk Management Framework • Clinical Governance including CQC Compliance • Quality Reporting Compliance • Information Governance Compliance • Freedom to Speak Up
Delegated Authority:	<p>The Committee is a non-executive committee of the Board is authorised by the Board to investigate any activity within its terms of reference.</p> <p>It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.</p> <p>The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and ability if it considers this necessary.</p>
Duties:	<p>Integrated Governance, Board Assurance and Risk Management and Internal Control</p> <p>The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Trust's activities (clinical and non-clinical), that supports the achievement of the Trust's objectives.</p> <p>In particular, the Committee will review the adequacy and effectiveness of:</p> <ul style="list-style-type: none"> • All risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit opinion, external audit opinion or other independent assurances, prior to submission to the Board. • The underlying assurance processes that show the degree of achievement of the organisation's objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certifications.
- The policies and procedures for all work related to counter fraud, bribery and corruption as required by NHSCFA.

In carrying out this function the committee will primarily utilise the work of internal audit, external audit, and other assurance functions, but will not be limited to these sources.

The committee will also seek reports and assurances from Directors, principally from the Quality and Safety Committee, the Finance, Performance and Digital Committee, People Committee, and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be shown through the committee's review of the assurance provided by the Committees of the use of an effective Assurance Framework to guide the work of the committee and that of the assurance functions that report to them.

Internal Audit

The Committee shall ensure that there is an effective internal audit function that meets the Public Sector Internal Audit Standards, 2017 and provides appropriate independent assurance to the Committee, Accountable Officer and Board. This will be achieved by:

- Considering the provision of the internal audit service and the costs involved
- Reviewing and approving the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework
- Considering the major findings of internal audit work (and management's response), and ensuring coordination between the internal and external auditors to optimise the use of audit resources
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation
- Monitoring the effectiveness of internal audit and carrying out an annual review.

External Audit

The Committee shall review and monitor the external auditors' independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the external auditors and consider the implications

and management's responses to their work. This will be achieved by:

- Considering the appointment and performance of the external auditors, as far as the rules governing the appointment permit (and make recommendations to the Board when appropriate)
- Discussing and agreeing with the external auditors, before the audit starts, the nature and scope of the audit as set out in the annual plan
- Discussing with the external auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee
- Reviewing all external audit reports, including the report to those charged with governance (before its submission to the Board) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses
- Ensuring that there is in place a clear policy for the engagement of external auditors to supply non-audit services.

Annual Report and Financial Statements

The Committee shall monitor the integrity of the Annual Report and Accounts, and any formal announcements relating to its financial performance.

The Committee shall review the annual report and monitor the integrity of the financial statements before submission to the Board, focusing particularly on:

- The wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee.
- Changes in, and compliance with, accounting policies, practices, and estimation techniques.
- appropriateness and adherence to accounting policies and practices.
- Unadjusted misstatements in the financial statements.
- Significant judgements in preparation of the financial statements.
- Significant adjustments resulting from the audit.
- Letters of representation.
- Explanations for significant variances.
- Internal financial controls and internal control and risk management system

	<ul style="list-style-type: none"> Assurance from the Quality and Safety Committee on the Quality Report <p>The Committee should ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided and assurances received from the Finance, Performance and Digital Committee.</p> <p>Freedom to Speak Up / Whistleblowing</p> <p>The Committee shall review and monitor the effectiveness of the arrangements in place for allowing staff and contractors to raise, in confidence, any concerns about possible improprieties in financial, quality of care or safety matters and ensure that any such concerns are investigated proportionately and independently with appropriate follow-up action and safeguards in place for those who raise concerns.</p> <p>Counter Fraud and Bribery</p> <p>The Committee shall satisfy itself that the organisation has adequate arrangements in place for counter fraud, bribery and corruption that meet NHSCFA's standards and shall review the outcomes of work in these areas.</p> <p>In accordance with 3.2 of the NHSCFA's Fraud Commissioners Standards, the audit & risk committee has 'stated its commitment to ensuring commissioners achieve these standards and therefore requires assurance that they are being met via NHSCFA's quality assurance programme.'</p> <p>The committee will refer any suspicions of fraud, bribery, and corruption to the NHSCFA.</p> <p>The Committee will consider the appointment of the Trust's Local Counter Fraud Specialist, review the proposed work plan and receive and review the annual report prepared by the Local Counter Fraud Specialist.</p> <p>Assess the effectiveness of Counter Fraud services once every five years through a full process of review.</p> <p>Monitor the implementation of the policy on standards of business conduct for directors and staff (i.e. Codes of Conduct and Accountability) in order to offer assurance to the Board of Directors on probity in the conduct of the Trust's business.</p> <p>Management</p> <p>The Committee shall request and review reports, evidence and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.</p> <p>The Committee may also request specific reports from individual functions within the organisation (for example, clinical audit).</p> <p>Other Assurance Functions</p>
--	--

	<p>The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.</p> <p>These will include, but will not be limited to, any reviews by Department of Health and Social Care arm's length bodies or regulators/ inspectors - for example, the Care Quality Commission, NHS Resolution, etc. and professional bodies with responsibility for the performance of staff or functions - for example, Royal Colleges, accreditation bodies, etc.</p> <p>In addition, the Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Audit & Risk committee's own areas of responsibility. In particular, this will include any clinical governance, risk management or quality committees that are established.</p> <p>In reviewing the work of a clinical governance committee, and issues around clinical risk management, the Audit & Risk committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function.</p> <p>The Trust's annual report will include a section describing the work of the Committee in discharging its responsibilities including:</p> <ul style="list-style-type: none"> • The significant issues that the Committee considered in relation to financial statements, operations and compliance, and how these issues were addressed. • An explanation of how the Committee has assessed the effectiveness of the external audit process and the approach taken to the appointment or reappointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and • If the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.
Membership:	<p>The Committee shall be appointed by the Board from amongst its independent, Non-Executive Directors (NEDs) and shall consist of not less than three members.</p> <p>Appointments to the committee should be made by the board, in consultation with the Audit Committee Chair. Appointments should be made for a period of up to three years, extendable by no more than two additional three-year periods and so long as the director remains as an independent Non-Executive Director.</p> <p>One of the members will be appointed Chair of the Committee by the Board, and a second will be appointed deputy-chair. It is expected that at least one member will have a formally recognised professional accountancy qualification.</p>

	<p>The Chair of the Trust shall not be a member of the Committee.</p> <p>Only members of the Committee have the right to attend and vote at Committee meetings. However, the following will be invited to attend meetings of the Committee on a regular basis:</p> <p>Committee members 3 Non-Executive Directors</p> <p>Required Attendees Director of Finance, Performance and Digital Deputy Director of Finance Director of Nursing, Quality and AHPs Head of Internal Audit External Audit representation Trust Secretary</p> <p>Attendees Medical Director Counter Fraud Specialist Head of Governance and Quality Head of Information Governance</p> <p>The Chair and Chief Executive Officer shall be invited to attend the Audit Committee at least once a year, to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement (AGS) and should attend the meeting when the committee considers the draft AGS and the Annual Report and Accounts.</p> <p>Other executive directors / managers should be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director / manager.</p> <p>Representatives from other organisations (for example, NHSCFA) and other individuals may be invited to attend on occasion.</p> <p>At least once a year the Committee should meet privately with the external and internal auditors.</p> <p>The Head of Internal Audit, representative of external audit and counter fraud specialist have a right of direct access to the Chair of the Committee.</p>
Quorum:	The Committee shall be considered quorate if there is a representation of a minimum of two (2) Non-Executive members.
Attendance Requirements:	The Committee will be required to have an overall attendance level of 75% from members in a rolling twelve-month period. Where a member is unable to attend a meeting, they should notify the Committee Chair or Company Secretary in advance.

	<p>When an executive director or manager is unable to attend a meeting they should appoint a deputy to attend on their behalf.</p> <p>Only members of the Committee have the right to attend meetings, however, other staff will be invited, as necessary.</p> <p>Other staff of the Trust will be invited to attend the meeting as appropriate when an issue or policy relating to their area of operation or responsibility is being discussed.</p>
Meetings:	<p>The Committee shall meet at least quarterly and otherwise as required.</p> <p>Additional meetings may be called by the Chair or any two of the other members of the Committee.</p> <p>The Committee shall review its own performance, membership, and terms of reference annually and shall make any changes it considers necessary.</p>
Monitoring / Reporting:	<p>The Trust Secretary or their nominee shall act as Secretary to the Committee.</p> <p>A full set of agenda papers will be sent to all members of the Committee, this may be by electronic copy.</p> <p>The Secretary shall take action notes of the proceedings and decisions of all meetings, including the names of those in attendance, and those tendering their apologies and distributed to Committee Members. Subject to the approval of the Chair the action notes may be submitted to the Board of Directors.</p> <p>The Chair will present a report to the Board through the Report of the Chief Executive.</p> <p>The Chair of the Committee shall draw to the attention of the Board or other Directors any issues that require disclosure to the full Board of Directors or require executive action.</p>
Relationships with Board and Committees:	<p>All Board Committees need to work collaboratively to discharge the shared responsibility in providing assurance to the Board of Directors. In ensuring all aspects of governance are covered the Committee shall make whatever recommendations to the Board it considers appropriate on any area within its remit where action or improvement is needed.</p> <p>The Committee shall also make whatever recommendations or refer any matter to any other Committees of the Board and shall in turn consider other matters referred to it by other Committees of the Board.</p>
Equality Statement:	<p>The Committee will ensure that these terms of reference recognises DIHC committed to ensuring that the way we provide services and</p>

	the way we recruit and treat staff reflects individual needs, promotes equality and does not discriminate unfairly against any particular individual or group and are applied in a fair and reasonable manner that does not discriminate on such grounds as age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race including nationality and ethnicity, religion or belief, sex or sexual orientation.
Sustainability 'Net Zero NHS' Statement:	The Committee will ensure that these terms of reference recognises DIHC commitment to ensuring that the way we provide services is responsible and minimises the impact on the environment e.g. zero waste to landfill, recycling and reuse percentages, commuting and starts to support the reporting of the Trust's annual carbon footprint and progress against Climate Change Act and NHS targets, and on progress against the Green Government Commitments and carbon reduction targets where applicable. Meetings should be minimise travel where possible, printing of papers avoided and document management electronic where ever possible.
Counter Fraud:	In creating these terms of reference, the authors, reviewers, and Committee have considered and minimised any risk which might arise from discharging its duties in relations to fraud, theft, bribery, or other illegal acts and are ensured that the terms of reference are robust enough to withstand evidential scrutiny in the event of a criminal investigation. Where appropriate, they have sought advice from the Trust's Local Counter Fraud Specialist.
Drafted on:	06/04/2023
Author:	Sayoni Basu, Corporate Governance Manager
Reviewed by:	Audit & Risk Committee
Reviewed on:	24/04/2023
Approved by:	Public Board
Approved on:	

Audit and Risk Committee Self-Assessment

		Rating	Comments
Establishment, Composition, Organisation, Resources and Duties:	1. The chair is a non-executive Board member and possesses an appropriate level of relevant financial experience.	Yes	The Chair of the Audit Committee is a qualified accountant with considerable NHS experience.
	2. The terms of reference clearly, adequately & realistically set out the Committee's role and nature and scope of its responsibilities in accordance with the latest NHS guidance and have been approved by the Committee and the full Board of Directors.	Yes	Slight changes proposed in the Terms of Reference (ToR) and are fully compliant with HFMA, FRC, NHSE and Code of Governance.
	3. The Board was active in its consideration of Audit and Risk Committee composition, including the designation or consideration of an "audit committee financial expert." (At least one committee member should have a financial background).	Yes	The Audit Committee Chair has experience of Audit Committees in health and other sectors. He has also been a member of the HFMA Governance & Audit Committee. Attendees includes a number of finance professionals such as DoF, Deputy DoF and representatives from Internal and External Audit.
	4. The Committee's actions reflect independence from management, ethical behaviour, adherence to good practice guidance and the best interests of the Trust and its stakeholders.	Yes	The papers demonstrate the independence and level of scrutiny of the committee.

Audit and Risk Committee Self-Assessment

	5. The Committee reports to the Board of Directors (throughout the year and in its annual report) demonstrate compliance with its terms of reference and provides the Board of Directors with assurance on the effective operation of systems and procedures within the Trust.	Yes	Assurance reports are received by the board and minutes are reviewed with key issues escalated and shared with committees. BAF and Risk Management recommended by A&R to board before approval. Annual Report & Accounts approved by this committee.
	6. Are the terms of reference reviewed annually to take into account governance developments (including integrated governance principles) and the remit of other Committees within the organisation?	Yes	Terms of Reference reviewed as part of the effectiveness review.
	7. Are changes to the Committee's current and future workload discussed and approved at Board level?	Yes	Any material changes to the workplan would be reported to the Board through regular assurance reports from the Committee Chair.
	8. Are Committee members independent of the management team?	Yes	Membership is made up of Independent NEDs supported by internal/external audit representation.
Oversight of the Financial Reporting	1. Is the Committee's role in the approval of the Annual Accounts clearly defined and complementary to the Board of Directors?	Yes	The Committee review the Annual Report and Accounts along with the AGS and recommend them to the

Audit and Risk Committee Self-Assessment

Process, Compliance with NHS regulations and legislation and Internal Control:	<p>2. Does the Board of Directors ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge both line management and auditors on critical and/or sensitive matters?</p>	<p>Yes</p>	<p>Board for Approval. In exceptional circumstances where timing does not allow for this, authority to approve is delegated to the Audit Committee and the outcome reported back to the Board at the next available opportunity. Duties and delegated authority as defined by the terms of reference.</p> <p>Achieved through regular Board Workshops</p>
Audit Oversight	<p>1. There is appropriate consideration of independent assurance reports (from a variety of sources), management response, and improvement actions.</p> <p>2. The Board of Directors is clearly sighted on the issues that arise which require action by the organisation.</p>	<p>Yes</p> <p>Yes</p>	<p>The committee receive assurance reports from External and Internal audit, including Counter Fraud and additional assurance reports from the Executive Directors and Heads of Service. Further implementation of improvement actions is monitored by the Committee.</p> <p>Regular feedback through the Audit Committee assurance report to the Board of Directors</p>

Audit and Risk Committee Self-Assessment

Overall Evaluation	What is the overall assessment of the performance of the Audit Committee?
	<p>Proposed Rating – Substantial</p> <p>Oversight of the key assurance and compliance processes, including scrutiny of the development new systems and processes is evident through the committee papers and minutes.</p> <p>Relationships with other committees and Boards are good, supported by conscious membership mix of Non-Executive Directors and Executive Directors between the committees and the Board being well-developed in working as a unitary board.</p>
Drafted on:	6 th April 2023
Author:	Sayoni Basu, Corporate Governance Manager
Approved on:	24 th April 2023
Approved by:	David Gilburt, Chair of Audit and Risk Committee

TRUST BOARD

REPORT TITLE:	Appointments and Remuneration Committee – Terms of Reference
DATE OF MEETING:	14 th March 2023
PURPOSE OF REPORT:	A review of the Terms of Reference has been undertaken by the Interim Associate Director of People. The report provides a summary of the proposed changes. The revised Terms of Reference are included for consideration by the Board having been considered and proposed by the Appointments and Remuneration Committee. It is recommended that these Terms of Reference are approved by the Board.
RESPONSIBLE EXECUTIVE:	Adam Race, Interim Associate Director of People
AUTHOR OF REPORT	Adam Race, Interim Associate Director of People
SUMMARY OF KEY POINTS:	<p>There are a number of changes proposed for the Terms of Reference:</p> <ul style="list-style-type: none"> - Increased reference in the Terms of Reference as to the Committee's role in managing diversity of the Executive Directors. - A strengthened role in relation to the monitoring and recommendation of the pay for senior members of staff. - Establishing the Committee's role in managing the exit of Executive Directors giving consideration to any provisions to early release only in circumstances where there is a full risk assessment in place. - Updating the membership requirements to include Chair requirements to include the Chair of the People Committee as the Chair of the Appointments and Remuneration Committee. <p>Consideration has been given to provide for one Non-Executive Director, normally the Senior Independent Director, to not attend each Committee meeting in order to deal with any issues that arise with any decision of the Committee. Given this would significantly deplete the Committee in terms of experience this provision, which isn't set out as a requirement in the NHS Code of Governance nor the UK Governance Code, the Committee proposes to continue as a committee of all Non-Executive Directors.</p> <p>The membership has also been updated to establish the Committee as a Committee of Non-Executive Directors only with attendance of non-voting attendance from Associate Non-Executive Directors the Chief Executive Officer, Associate Director of People and Trust Secretary. The inclusion of Associate Non-Executive directors improves the diversity of thought in the committee and provides valuable experience to Associate Non-Executive Directors in preparation for any voting Non-Executive Director roles they may hold in future.</p>

	<p>These changes are consistent with the relevant codes of practice and governance referenced in the main document:</p> <p>The UK Governance Code (2018) sets out at Paragraph 32:</p> <p><i>“The board should establish a remuneration committee of independent non-executive directors, with a minimum membership of three, or in the case of smaller companies, two. In addition, the chair of the board can only be a member if they were independent on appointment and cannot chair the committee. Before appointment as chair of the remuneration committee, the appointee should have served on a remuneration committee for at least 12 months.”</i></p>
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	This provides clarity and resilience to the Board on the committee structure needed for determining pay and appointments.
FUNDING/ COST IMPLICATIONS:	None
DoF / Finance Approval	<input type="checkbox"/> Yes <input type="checkbox"/> In Progress
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None
LINKS TO STRATEGIC AMBITIONS THIS PAPER SUPPORTS: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Develop our role in the Dudley Place <input checked="" type="checkbox"/> Implementation of integrated care model for the Dudley population <input checked="" type="checkbox"/> Improve outcomes for children and young people in Dudley <input checked="" type="checkbox"/> Support sustainability of primary care <input checked="" type="checkbox"/> Be the best and happiest place to work <input checked="" type="checkbox"/> Improve the health of our population and reduce inequalities <input checked="" type="checkbox"/> Demonstrate value to our population / Greener NHS
CQC DOMAINS: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led
LIST KEY RISKS IDENTIFIED: <i>Select none identified or outline the risks identified and mitigations taken (if addressing existing risk on the corporate risk register please provide reference number)</i>	<input type="checkbox"/> None Identified C-106 Not having approval from NHSEI to recruit substantively to key posts prior to potential transfers
CONSIDERED AT WHICH COMMITTEE/S or GROUP:	<input type="checkbox"/> Executive <input type="checkbox"/> People <input type="checkbox"/> Finance Performance & Digital <input type="checkbox"/> Digital Board <input type="checkbox"/> Quality and Safety/ QSSG <input type="checkbox"/> Audit & Risk <input type="checkbox"/> Primary Care Integration <input type="checkbox"/> Strategy and Transformation

	<input type="checkbox"/> EDI <input type="checkbox"/> Trust Management Board <input type="checkbox"/> Well Led <input checked="" type="checkbox"/> Other (Please state) Appointments and Remuneration Committee
CONSIDERATIONS / IMPACTS: <i>Select none identified or outline the potential impact and considerations undertaken</i>	Quality and Equality Impact Assessment
	<input checked="" type="checkbox"/> None Identified
	Equality, Diversity and Inclusion
	<input type="checkbox"/> None Identified Provisions for the diversity of the executive board members included.
	Greener NHS Sustainability Impact Assessment
	<input checked="" type="checkbox"/> None Identified
	Other Regulatory Requirements
	<input type="checkbox"/> None Identified Ensures Appointments and Remuneration Committee appropriately constituted in accordance with relevant guidance.
PRESENTED TO:	<input checked="" type="checkbox"/> Public Board <input type="checkbox"/> Private Board <input type="checkbox"/> Assurance Committee (<i>state</i>) – <input checked="" type="checkbox"/> Other Committee (<i>state</i>) – Appointments and Remuneration Committee

Appointments and Remuneration Committee Terms of Reference

Document no. Version	Approval Date	Review Date
2.2 (v3.0 on approval)	14/03/2023	March 2024
Document Owner	Trust Secretary	
Executive lead	Associate Director of People	
Responsible Committee	Board	
Ratified by Board / Committee (if applicable)	Public Board 9 th May 2023	
Document Supports standards and legislation	<p>(reference to any CQC & NHSLA standards supported)</p> <p>Annual Governance Statement CQC Well Led Domain specifically on culture, quality improvement and collaborative leadership development:</p> <ul style="list-style-type: none"> • Key Lines of Enquiry (KLOE)1: Leadership, capacity, capability to deliver high quality sustainable care • KLOE 3: Culture of high quality sustainable care • KLOE 7: Are people who use services, public, staff and external partners engaged and involved to support high quality sustainable services • KLOE 8: Robust systems and processes for learning, continuous improvement and innovation <p>The UK Governance Code (2018) The Financial Reporting Council [online] Available here: https://www.frc.org.uk/getattachment/88bd8c45-50ea-4841-95b0-d2f4f48069a2/2018-UK-Corporate-Governance-Code-FINAL.pdf (Accessed 24 January 2023)</p> <p>Code of Governance for NHS Provider trusts (2022) NHS England [online] Available here: https://www.england.nhs.uk/publication/code-of-governance-for-nhs-provider-trusts/ (Accessed 24 January 2023)</p>	
Key Related Documents	<p>Standing Orders (inc Matters Reserved for the Board) Standing Financial Instructions Scheme of Delegations Board Assurance and Risk Management Framework Quality and Safety Committee Terms of Reference Finance, Performance and Digital Committee Terms of Reference People Committee Terms of Reference Audit and Risk Committee Terms of Reference Equality Diversity and Inclusion Committee Terms of Reference</p>	

Purpose / Objectives:	<p>The purpose of the Committee will be to oversee, on behalf of the Board the appointments of the Chief Executive and Executive Directors and to determine the appropriate remuneration and terms of service for the Chief Executive and other Executive Directors, including:</p> <ul style="list-style-type: none"> a) all aspects of salary (including any performance-related elements / bonuses); b) provisions for other benefits, including pensions and annual leave allocations at variance with standard NHS terms and conditions; and c) arrangements for termination of employment and other contractual terms. <p>The Committee may call such Trust officers as it sees fit to be in attendance, in order to provide advice and guidance, including the Chief Executive (except where the pay and conditions of the Chief Executive are under consideration) and the Associate Director of People.</p> <p>In all deliberations pertaining to the Chief Executive and all other Executive Directors, the Committee shall consider the Fit and Proper Persons requirements, required by the Care Quality Commission (CQC).</p>
Delegated Authority:	<p>The Appointments and Remuneration Committee is a statutory Non-Executive Committee established by the Board to oversee, on behalf of the Board, the appointment and remuneration of the Chief Executive and Executive Directors at the Trust.</p> <p>The Committee is constituted in line with the requirements of the NHS Codes of Conduct and Accountability and the Higgs Report.</p> <p>The Committee reports directly to the Board, and has no executive powers, other than those specifically delegated in these Terms of Reference.</p> <p>The Committee is a non-executive committee of the Board and is authorised by the Board to investigate any activity within its terms of reference.</p> <p>It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.</p> <p>The Committee is authorised by the Board to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Executive Lead of the Committee and / or the Trust Secretary).</p>

Duties:	<p>Appointment of the Chief Executive Officer The Committee will:</p> <ul style="list-style-type: none"> • evaluate the existing skills, knowledge and experience of the Board and prepare a description of the role and capabilities required for the appointment of a Chief Executive; • identify suitable candidates to fill the Chief Executive vacancy as it arises, making recommendations to the Chair and Committee members in respect of a Chief Executive appointment; • ensure that the Chief Executive meets the fit and proper persons tests in line with the statutory fitness requirements set out in the NHS Improvement provider licence for directors of NHS trusts; • make a recommendation to the Board, for approval by them, on the appointment of the Chief Executive; • upon appointment, confirm the individual's remuneration within the range agreed by the Committee for the Chief Executive; and • give full consideration to succession planning, taking into account the challenges and opportunities facing the organisation and the skills, expertise and diversity required upon the Board. <p>Appointment of Executive Directors The Committee will:</p> <ul style="list-style-type: none"> • when considering the appointment of an Executive Director, evaluate the existing skills, knowledge and experience of the Board and prepare a description of the role and capabilities required for the appointment of an Executive Director; • identify suitable candidates to fill Executive Director vacancies as they arise, making recommendations to the Chairman, Chief Executive and Committee members in respect of Executive Director appointments; • ensure that the Executive Director meets the fit and proper persons tests of the general conditions of the NHS Improvement provider licence; • determine whether the Executive Director should be appointed; • upon appointment, confirm the individual's remuneration within the range agreed by the Committee for the Executive Director; and
----------------	--

	<ul style="list-style-type: none"> • give full consideration to succession planning, taking into account the challenges and opportunities facing the organisation and the skills, expertise and diversity required upon the Board. <p>Remuneration The Committee will:</p> <ul style="list-style-type: none"> • taking account of ensuring value for money for the organisation, determine the range of remuneration and allowances for the appointment and retention of the Chief Executive and / or Executive Directors. No Executive Director or the Chief Executive shall be involved in any decisions relating to his or her own remuneration; • subject to receipt of a report on the annual performance of the Chief Executive (from the Chair of the Board of Directors), and taking account of such national pay determinants, comparative data, performance against objectives and other matters considered appropriate by the Committee, review the remuneration of the Chief Executive on an annual basis; • subject to receipt of a report on the annual performance of individual Executive Directors (from the Chief Executive), and taking account of such national pay determinants, comparative data, performance against objectives and other matters considered appropriate by the Committee, review the remuneration of individual Executive Directors an annual basis; • taking account of value for money requirements for the organisation, ensure that remuneration is sufficient to recruit, retain and motivate the Chief Executive / Executive Directors with the level of skills appropriate for the proper and robust management of the organisation; • oversee the approval of any termination or severance payments that are proposed for the Chief Executive or other Executive Directors, and • monitor and recommend levels of remuneration across the organisation, particularly in relation to those senior members of staff. Responsibility for the determination of the salaries of VSMs, other than Executive Directors, is delegated to the Chief Executive and advised by the Associate Director of People. The Committee Chair will review annually the earnings of the VSMs including senior clinicians with corporate responsibilities. <p>Succession Planning The Committee will ensure that the Trust has a detailed succession plan in place for all Executive Team members, other</p>
--	---

	<p>Trust Directors and 'mission critical' posts, being mindful of the diversity provided for by any such succession plan</p> <p>Performance Review The Committee will:</p> <ul style="list-style-type: none"> • oversee the annual performance review process for the Chief Executive and other Executive Team members. • ensure that the performance appraisals of the Chief Executive and other Executive Team members are undertaken in accordance with the Trusts performance review policy; and • review and approve the Chief Executive and each Executive Directors objectives annually. • The Committee has authority to commit financial resources in respect of matters identified in these Terms of Reference. The Director of Finance must be informed of any decision requiring the use of resources and the Associate Director of People informed to ensure the appropriate changes are made to the Chief Executive's / Executive Director's contract of employment and remuneration. • In carrying out this role the Committee may establish sub-committees for the performance of roles within any Trust processes as it thinks fit. Further it may authorise the Chair or Deputy Chair to liaise with such Trust officers or others as circumstances dictate to ensure that Trust processes are adhered to including delegating functions under such processes so that any formal determinations can be made by the Committee in a reasonable way. <p>Termination of Employment The Committee will:</p> <ul style="list-style-type: none"> • Oversee the termination arrangements for Executive Directors of the Board. • Will not agree to an Executive Director leaving the employment of the Trust except in accordance with the terms of their contract of employment, including but not limited to serving their full contractual notice period and/or material reductions in their time commitment to the role, without the board first completing and approving a full risk assessment.
<p>Membership:</p>	<p>The Committee should comprise the Chairman and Non-Executive Directors. The composition of the Committee shall include Associate Non-Executive Directors in a non-voting capacity.</p> <p>The Chair of the People Committee of the Board shall be appointed Chair of the Committee by the Board. If the Committee Chair is absent from the meeting, another Non-Executive Director will preside as chair.</p>

	<p>The Chief Executive should not be present for discussions about their own remuneration and terms of service but will attend meetings of the Committee to discuss remuneration and terms of service of the Executive Directors.</p> <p>The Associate Director of People shall act as Executive lead for the Committee and shall attend all meetings.</p> <p>The Chief Executive, Associate Director of People and Trust Secretary will attend the Committee. Other non-Committee members may be invited to attend and assist the Committee as appropriate, to support particular items being considered and discussed.</p> <p>Members are expected to attend all meetings and will be required to provide an appropriate explanation to the Chair of the Committee if they fail to attend more than two meetings in a financial year.</p> <p>Members are able to attend Committee meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.</p> <p>The Trust Secretary, or their designated deputy, will act as the Committee Secretary. The Committee Secretary, or a suitable alternative agreed in advance with the Chair of the Committee, will attend all meetings of the Committee.</p> <p>All members of the Committee will receive training and development support before joining the Committee and on a continuing basis to ensure their effectiveness as members, supported by the process of annual appraisal, as agreed by the Board.</p> <p>An attendance record will be held for each meeting and an annual register of attendance will be included in the annual report of the Committee to the Board.</p>
Quorum:	<p>The Committee shall be deemed quorate if there is a representation of a minimum of three (3) Non-Executive members.</p> <p>A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions delegated to the Committee.</p>
Attendance Requirements:	<p>Members are expected to attend all meetings and will be required to provide an explanation to the Chair of the Committee if they fail to attend more than two meetings in a financial year.</p> <p>Only members of the Committee have the right to attend meetings, however, other staff will be invited as necessary.</p> <p>Other staff of the Trust will be invited to attend the meeting as appropriate when an issue or policy relating to their area of</p>

	operation or responsibility is being discussed.
Meetings:	<p>The Committee shall meet as frequently as it may determine to meet its purpose, but not less than twice per calendar year. A meeting shall be called by the Trust Secretary at the request of any member.</p> <p>The Chair may at any time convene additional meetings of the Committee to consider business that requires urgent attention.</p> <p>The Committee shall review its own performance, membership and terms of reference annually and shall make any changes it considers necessary.</p>
Monitoring / Reporting:	<p>The Trust Secretary or their nominee shall act as Secretary to the Committee.</p> <p>The Chair of the committee will establish, at the beginning of each meeting, the existence of any Conflicts of Interest (COI) and ensure these are recorded in the minutes accordingly. For any proceedings or business item at any meeting, which may have any direct or indirect impact due to a conflict of interest of any member(s), the Chair of the committee will ensure that the members affected or afflicted by COI do not participate in discussions and any decisions made relating to the relevant item.</p> <p>The agenda will be set in advance by the Chair of the committee, with the Trust Secretary and Executive Lead.</p> <p>A full set of agenda and supporting papers will be sent to all members of the Committee, this may be by electronic copy, in advance of the meeting.</p> <p>The Secretary shall minute the proceedings, decisions and actions of all meetings, including the names of those in attendance, and those tendering their apologies and distributed to Committee Members.</p> <p>The Chair of the Committee shall draw to the attention of the Board or other Directors any issues that require disclosure to the full Board of Directors or require executive action.</p> <p>The Terms of Reference shall be reviewed by the Committee and approved by the Board on an annual basis</p>
Relationships with Board and Committees:	<p>All Board Committees need to work collaboratively to discharge the shared responsibility in providing assurance to the Board of Directors. In ensuring all aspects of governance are covered the Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.</p> <p>The Committee shall also make whatever recommendations or</p>

	refer any matter to any other Committees of the Board and shall in turn consider other matters referred to it by other Committees of the Board.
Equality Statement:	The Committee will ensure that these terms of reference recognises DIHC committed to ensuring that the way we provide services and the way we recruit and treat staff reflects individual needs, promotes equality and does not discriminate unfairly against any particular individual or group and are applied in a fair and reasonable manner that does not discriminate on such grounds as age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race including nationality and ethnicity, religion or belief, sex or sexual orientation.
Sustainability 'Net Zero NHS' Statement:	The Committee will ensure that these terms of reference recognises DIHC commitment to ensuring that the way we provide services is responsible and minimises the impact on the environment e.g. zero waste to landfill, recycling and reuse percentages, commuting and starts to support the reporting of the Trust's annual carbon footprint and progress against Climate Change Act and NHS targets, and on progress against the Green Government Commitments and carbon reduction targets where applicable. Meetings should be minimise travel where possible, printing of papers avoided and document management electronic where ever possible.
Counter Fraud:	In creating these terms of reference, the authors, reviewers and Committee have considered and minimised any risk which might arise from discharging its duties in relations to fraud, theft, bribery or other illegal acts and are assured that the terms of reference are robust enough to withstand evidential scrutiny in the event of a criminal investigation. Where appropriate, they have sought advice from the Trust's Local Counter Fraud Specialist.
Drafted on:	27 January 2023
Author:	Adam Race, Associate Director of People
Reviewed by:	Appointments and Remuneration Committee
Reviewed on:	14 March 2023
Approved by:	Public Board
Approved on:	