

DUDLEY INTEGRATED HEALTH AND CARE NHSTRUST BOARD

Tuesday 09 January 2024

09:30am – 13:00pm

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

PUBLIC AGENDA

Please note, as part of DIHC's commitment to openness and accountability, members of the public are able to attend, but will need to notify in advance to do so. Should you wish to join the meeting please email Mary Bardsley, Corporate Governance Manager on mary.bardsley@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.

No.	Agenda Item	To/For		Presented By	Time
Formalities - to declare the meeting open, quorate and in accordance with the standing orders					
1.0	Chairs Welcome				
1.1	Apologies	Receive	Verbal	Chair	09.30
1.2	Declaration of Interest	Receive	Enc. 1.2	Chair	
1.3	Public Board Minutes – 07 November 2023	Approval	Enc. 1.3	Chair	
1.4	Action Register and Matters Arising	Approval	Enc. 1.4	Chair	
2.0	Board Story				
2.1	Pharmacy Service Story with Duncan Jenkins and Hitesh Patel	Information	Presentation	Director of Nursing	09.40
3.0	Standing Items				
3.1	Chairs Update	Information	Verbal	Chair	10.00
3.2	Chief Executive Officer Report	Information	Enc. 3.2	Chief Executive Officer	
3.3	Agenda for Part Two – Private Board	Information	Enc. 3.3	Chair	
4.0	Risk and Governance				
4.1	Corporate Risk Register	Approval	Enc. 4.1	Chief Operating Officer	10.20
Delivering safe and quality service, supported by integrated governance the drives quality clinical improvements					
5.0	EPRR Annual Report	Assurance	Enc. 5.0	Chief Operating Officer	10.30
6.0	Quality and Safety Performance Report	Information	Enc. 6.0	Director of Nursing	10.40
7.0	Quality and Safety Committee Assurance Report	Assurance	Enc. 7.0	Non-Executive Director	10.50
Break					
The best place to work, supported by a new leadership and workforce culture, organically co-developed together					
8.0	Workforce Performance Report	Information	Enc. 8.0	Director of HR	11.15
9.0	People Committee Assurance Report	Assurance	Enc. 9.0	Non-Executive Director	11.25

Doing the best with what we have, to be affordable today and sustainable tomorrow					
10.0	Finance Report	Information	Enc.10.0	Director of Finance	11.35
11.0	Performance Report	Information	Enc.11.0	Deputy Director of Operations	11.45
12.0	Finance, Performance and Digital Committee Assurance Report	Assurance	Enc.12.0	Non-Executive Director	11.55
Help and empower the people of Dudley to live longer and healthier lives through fully integrated community based healthcare					
13.0	Report from the Primary Care Integration Committee	Assurance	Enc.13.0	Non-Executive Director	12.05
14.0	Dudley Health and Care Partnership Board Update Report	Information	Enc.14.0	Chief Executive Officer	12.15
Formalities – to bring the meeting to an end and include reflection on the meeting before inviting an opportunity for questions from the public.					
15.0	Any Other Business	Receive	Verbal	Chair	12.25
16.0	Question from the Public (including pre-submitted questions)	Receive	Verbal	Public	12.35
17.0	Risk Review	Receive	Verbal	All	12.45
Next Meeting: Date – 05 March 2024 Time: 09.30am – 12.30pm Location: to be confirmed					

Dudley Integrated Health and Care NHS Trust
Declaration of Interest Register

Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To	Board
Dr	Lloyd Baron	Associate Non-Executive Director	Part time member at the Local Medical Committee	✓				Jun 2023		✓
			GP Partner Kingswinford Medical Practice	✓				Jul 2020		✓
			Specialty Doctor Change Grow Live (Substance Misuse Service)	✓				Apr 2022		✓
			DIHC Clinical Advisor for Health Inequalities	✓				Mar 22		✓
			NIHR Research Champion	✓				Aug 2021		✓
			Mary Stevens Hospice Co-production LGBTQ+ Advance Care Planning		✓			Jan 2023		✓
			Futureproof Health Shareholder	✓				Jun 2023		✓
Mr	David Gilburt	Non-Executive Director & Audit and Risk Committee Chair	Muir Group Housing Association Audit Committee Member	✓				Apr 2021	Apr 2025	✓
			Non-Executive Director at Liverpool University Hospitals NHS Foundation Trust	✓				Dec 2022	Dec 2025	✓
			Non-Executive member of the Governance and Audit Committee of the Healthcare Financial Management Association		✓			Sep 2023		✓

Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To	Board
Dr	George Solomon	Non-Executive Director & Primary Care Integration Committee Chair	Non-Executive Director for Coventry and Warwickshire ICB	✓						✓
			Partner is a Non-Executive Director of Walsall Healthcare NHS Trust				✓	Apr 2022		✓
Dr	Gillian Love	Associate Non-Executive Director	GP Partner Halesowen Medical Practice	✓				1996		✓
			Director of Future Proof Health	✓				Jan 2020		✓
			Share Holder of Future Proof Health	✓				Aug 2014		✓
			Director of Mary Martin Enterprise Ltd					2014		✓
Mr	Harry Turner	Chair	Chair – The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Trust	✓				Dec 2021		✓
			Presiding Magistrate Worcestershire				✓	2005		✓
			Son working as a scrub nurse in Acute Trusts across Black Country				✓	Jul 2022		✓
			Board of Sandwell Leisure Trust	✓				April 2023		✓
Mr	Ian Buckley	Non-Executive Director and Finance, Performance and Digital Committee Chair	Vice Chair at ICS Investment Committee	✓				Sep 2023		✓
Dr	Lucy Martin	Acting Medical Director	Partner Eve Hill Medical Practice	✓				2001		✓
			Clinical Partner - Chapel Street Surgery		✓			Sep 2023		✓
			Shareholder Futureproof Health	✓	✓			Aug 2014		✓
			Deputy Lieutenant for the West Midlands, representing the Lord Lieutenant in Dudley		✓	✓		April 2023		✓

Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To	Board
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		✓
Mr	Matthew Hartland	Chief Executive Officer	On secondment from Black Country ICB, where substantive role is Chief Operating Officer	✓				Jul 2023		✓
			Public sector Director of Dudley Infracare LIFT Ltd (and subsidiaries)		✓			Jul 2013		✓
			Public sector Director of Sandwell Estates Partnership LTD (and subsidiaries)		✓			Jun 2022		✓
			Public sector Director of Infracare Wolverhampton & Walsall Ltd (and subsidiaries)		✓			Jan 2018		✓
			Governor of Shrewsbury Colleges Group			✓		Oct 2023		✓
Mr	Philip King	Chief Operating Officer	Visiting lawyer and lecturer, Birkbeck School of Law, University of London	✓				Sept 2002		✓
			Member of Liberty Lawyers Group		✓			Sept 2002		✓
			Member of The Inner Temple		✓			Sept 2000		✓
			Registrant Member of the Bar of England and Wales		✓			Sept 2002		✓
			Member of the Royal College of Nursing		✓			Jan 1987		✓
			Director of Audenmark Ltd	✓				Jan 1993		✓
			Non Clinical Partner Chapel Street		✓			2022		✓
			Equi-Librium Coaching	✓				Sep 2022		✓

Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To	Board
Ms	Susan Nicholls	Director of Nursing, Quality and AHPs	Sessional Lecturer, Birmingham City University	✓				Sep 2018		✓
			Governor Arrow Vale School Redditch			✓		Jun 2021		✓
			Member of the Royal College of Nursing		✓			2013		✓
			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		✓
Ms	Anne Cholmondeley	Assoicate HR Director	Director - The HR Yogi Limited	✓				Nov 2023		✓
			Fellow of the Chartered Insittue of Personnel and Development		✓			Nov 2023		✓

Public Board of Directors Meeting

**07 November 2023 | 09.30am – 12.30pm |
DY1 Community Building, Dudley, DY1 1RT**

MINUTES OF THE MEETING

Member of the Board

Harry Turner	Chair	HT
Ian Buckley	Non-Executive Director	IB
Valerie Little	Non-Executive Director	VL
George Solomon	Non-Executive Director	GS
David Gilburt	Non-Executive Director	DG
Stephen Cartwright	Associate Non-Executive Director	SC
Gillian Love	Associate Non-Executive Director	GL
Matt Hartland	Chief Executive Officer	MH
Sue Nicolls	Director of Nursing, Quality and AHP and	SN
Matt Gamage	Director of Finance, Performance and Digital	MG
Lucy Martin	Medical Director	LM

In Attendance

Jenny Cale	Deputy Chief Operating Officer	JC
Anne Cholmondeley	Associate HR Director (observing only)	AC
Helen Codd	Head of Communication and Engagement	HC
Martin Pope	Transition of Services Lead	MP
Mary Bardsley	Corporate Governance Manager (minute secretary)	MB

No	Discussion and Action
Chairs Welcome	
1.1	Apologies Apologies were noted from Martin Evans, Lloyd Baron and Philip King. HT welcomed Martin Pope, who will be leading on the transition service for the organisation and Mary Bardsley, who will be supporting the Board as Corporate Governance Manager. HT also welcomed to JC who joined the meeting to represent the Chief Operating Officer.
1.2	Declaration of Interest The Chair reminded attendees of their obligation to declare any interest which may be perceived as a potential conflict of interest with their Trust role and their role on this Board. There were no conflicts of interest identified in relation to the items for discussion which required members to withdraw from discussion or decision-making.
1.3	Board of Directors – Register of Interest The register of interest was noted. GS added his declaration is to be amended to add – Non-Executive Director at Coventry and Warwickshire ICB. ACTION: MB to amend the declaration of interest register.
1.4	Public Board Minutes – 05 September 2023 The minutes were approved as an accurate record of the meeting.
1.5	Actions Register and Matters Arising There was one action marked as completed – SN to present the well led review assessment to the Board. The Board agreed to close the action as the report was tabled for discussion in the Private Board meeting - 07 December 2023.
Board Story	
2.1	Service Presentation (Georgia Gentry Paramedic) SN introduce Georgia Gentry who delivered a presentation on the Paramedic Service. The presentation covered the following areas: <ul style="list-style-type: none"> Who are we – Georgia Gentry and Craig Alsop, Professional Leads for Paramedics

	<ul style="list-style-type: none"> • Overview of the service - 17 paramedics working across 5 primary care networks (PCNs) with 27 surgeries. The team complete approx. 70,000 appointments per annum and see a range of patients from the age 1. • Benefits – the benefits to the service included extra capacity and support to GPs and other HCP colleagues. • The Team – meet face to face on a quarterly basis for peer support, training updates and contact with operational management team. Monthly catch ups are held via MS teams, these sessions are used to share important information and invite guest speaks to join for discussion and reflection. Recently the team have agreed to participate in MSK training with physio lead. • Patient Story – the team supported a 1-year-old female with a rash. An assessment of the patient was completed including clinical observations. The patient was treated for shingles and the parents were advised on next steps if the patient was to deteriorate. A one-week review was scheduled, and the patient was referred to a paediatric for further advice and guidance. • Appreciation of the service was noted, and the team continue to look forward to providing the service. <p>Following the delivery of the presentation, the Board noted the following points:</p> <ul style="list-style-type: none"> • Thanked Georgia for taking the time to join the Board meeting to share the service story. • Noted the period of change which the organisation is facing and highlighted the importance on ensuring services are protected and continue to support and care for patients effectively. • Next steps for the service include the team completing advance training to be able to prescribe medication to patients. This will allow the team to support patients even more and support the capacity of GPs. • Successfully showcase the benefits of a multi-disciplinary team. • Discussed the initial challenges faced when commencing the roll out of the service. • Highlighted the confidence of the supervision across the different practices and noted the paramedics packs have been instrumental in supporting patients and practices understand the benefits of the service. • There continues to be both positive and negative reaction from patients who are expecting to other healthcare professionals. There is further awareness and education required for people to understand the role and remit of the paramedic. • Commended the team on their achievements, supporting all PCNs and GG for being a great advocate for the service. <p>Following consideration of the presentation and subsequent discussion, the Board agreed:</p> <ul style="list-style-type: none"> • The requirement to improve the communication to the public in the different roles across the organisation. • The team to consider audits which could be completed to evidence the benefits of the service. • To implement evidence based key performance indicators for the team to measure success of the service against. <p>On behalf of the Board, HT thanked GG for her time, commitment and passion for the service.</p>
Standing Agenda Items	
3.1	<p>Chairs Update</p> <p>HT and MH attended an integrated care meeting recently. At the meeting, it was noted that Patrica Hewitt from Norfolk ICS has been commissioned by the Government to complete a review of the ICS. It was confirmed that systems are to continue to be embedded as part of the NHS and providers will continue to collaborate and integrate. HT highlighted the majority of the discussions were relating to secondary care and further work to be completed on primary care. The current model for primary care will continue – there was a clear message for organisations to continue to recruit with there not being any changes relating to finance or governance cascaded.</p>
3.2	<p>Chief Executive Officer Report</p> <p>The Board considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> • Associate HR Director – Anne Cholmondeley will join the team week commencing 13 November. Anne was an attendance as the Public as an observer. • Flu/Covid Vaccination – the programme is underway. MH thanked all staff members who have been involved in the roll out of the vaccination. • Reinforced Aerated Autoclaved Concrete (RAAC) - there are known issues within the black country relation to the use of RAAC. DIHC do not own any estate, a review of buildings from which DIHC provides services from has been completed and the Trust were pleased to confirm that no concerns have been raised. • NHS safety sexual charter – NHSE published the charter in June 2023, this has been discussed at the Executive Team Meeting along with the People Committee for assurance. The Board are asked to commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards or workforce (this includes the 10 principles) The Board is asked to consider and formally approve.

	<ul style="list-style-type: none"> • Suicide Prevention Strategy – the organisation are working with the ICS to jointly implement the recommendation from the strategy and associated action plan following circulation from the Department of Health and Social Care. <p>In relation to the Black Country ICS Issues, MH highlighted the following:</p> <ul style="list-style-type: none"> • Operating Model – the ICB and partner Boards, received a proposal (in March 2023) outlining the operating model. This model was developed as part of the system design of the Joint Forward Plan and is designed to maximise collaboration within the system. A discussion paper is in circulation across the system describing considerations on the governance and decision-making processes, relationships between the different elements of the model and the development areas required to move to the next stage of system decision making over the next 12 months. Further work will take place with all system partners to agree the ambition for future delegation to enhance collaborative working over the next 2 years. This includes development sessions in October and December and formal approval expected in time for the new year. <p>In relation to local Trust issues, MH highlighted the following:</p> <ul style="list-style-type: none"> • A Board development session is being considered with a request the ICB are in attendance and present an overview of the direction of collaboration and integration. • NHSE oversight and assurance – The focus of the meetings are twofold: oversight of operational performance of the Trust and review of progress and issues in relation to the future of the Trust. As at quarter 2, the Trust remains in Segment 3 alongside the majority of Trusts within the Black Country. The Trust was congratulated on adherence to our financial plan which is ultimately supporting the challenging financial position faced by the ICS. The Trust is awaiting the results from the Q3 self-assessment. • Awards – congratulations to Rachael Thornton, prescribing lead within the Trust, was awarded PrescQipp award for Care Homes Optimisation, and our Paramedic Team won Team of the Year at the ICS Allied Health Professional – well done! <p>Following consideration of the report and subsequent discussion, the Board:</p> <ul style="list-style-type: none"> • Approved the NHS sexual safety charter which will be reported through the People Committee. <p>The Board noted the CEO report and no questions were raised.</p>
3.3	<p>Agenda for Part Two (Private Board)</p> <p>The Board noted the agenda for the Private Board meeting which was shared for information only.</p>
Risk and Governance	
4.1	<p>Board Assurance Framework and Corporate Risk Register</p> <p>The Board considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> • The framework was last presented to the Board in July. • The framework has since been considered and reviewed by the Executive Team and present 5 risks to the Board for consideration and approval: <ul style="list-style-type: none"> ○ 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. ○ BAF22-007 (<i>reworded</i>) – There is a risk we fail to deliver and evidence safe, high-quality care to our service users in line with the CQC and other statutory requirements. ○ 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. ○ BAF23-001 (<i>new risk</i>) – There is a risk that service delivery deteriorates causing operational impact on DIHC. ○ BAF23-002 (<i>new risk</i>) – There is a risk to the stability of the Trust's leadership (particularly in an executive capacity) due to its current position. <p>SN highlighted the full detail of the BAF is shared with the Board for oversight including the revision to the gaps, assurance and controls. The Board held the following discussion:</p> <ul style="list-style-type: none"> • BAF 22-007 - the controls were queried at the Quality and Safety Committee and the Board discussed the reasoning for control number 5 (Clear Executive Leadership and Committee Oversight) being recorded as a medium assurance. It was suggested this should be amended to high in line with other committees for consistency. ACTION: SN to review the assurance controls and discuss within the Executive Team Meeting ahead of the next presentation of the framework via the exec team meeting • BAF 22-007 – the Trust confirmed that the recruitment and induction of clinical staff was recorded as a medium assurance control as the AHP recruitment has been successful following the recent recruitment campaigns however the new recruits are yet to commence in their roles. The control is expected to improve imminently. It was confirmed that PCNs are reaching the recruitment targets. • BAF 22-008 – the Board discussed whether the ICB should be referenced within the underlying finance position control which was noted as a medium. It was noted that referencing the ICB would not affect the rating as the work completed by the organisation has not been challenged. ACTION: MG to review the review underlying finance position control

	<ul style="list-style-type: none"> • BAF 22-008 – queried the completion date of the actions to be implemented by the end of the financial year. The Board suggested milestone were to be implemented to support the trajectory of the workload. • It was noted that risk 22-005 has started to increase the risk score which relates to the staffing recruitment was acknowledged along with the new risk 23-002 relating to executive leadership. The Board queried whether there the organisation has sufficient oversight of performance considering the changes within the staff. It was noted there are also risk recorded on the corporate risk register. Mitigation have increased, these include, resignation of the people, executive resilience tracker which reports on all services. A review of a particular services will be completed if performance is triggered. <p>The Board approved the Board Assurance Framework accepting the amendments requested.</p> <p>Corporate Risk Register SN provided an update in relation to the movement of the corporate risk register, highlighting the following:</p> <ul style="list-style-type: none"> • C-306 (new risk): DIHC is unable to assist the system in providing assistance to manage winter pressures, particularly in relation to increased Primary Care access, facilitating discharge from hospital. This is noted to be a low score, based on experience and ongoing work within providers. • C-305: Risk of insufficient skilled corporate staff capacity due to organisational uncertainty. This has been increased to a high risk. • C-301: Reduced capacity and inappropriate management of children awaiting CAMHS treatment. This has been reduced to a moderate risk. It was noted that emotional health and wellbeing practitioners have been appointed and therefore this has mitigated the risk. The Quality and Safety Committee will continue to review the risk until the practitioners are in post. <p>The Board agreed the amendments to the Corporate Risk Register.</p>
Delivering safe and quality service, supported by integrated governance the drives quality clinical improvements.	
5.0	<p>Health and Safety Annual Report The Board considered the health and safety paper and SN noted the following points in particular:</p> <ul style="list-style-type: none"> • The annual report was considered by the Quality and Safety Committee as the recent meeting. • There have been a small number of incidents capture. The reduction in incidents is due to the increase of staff members working from home. • There have been no RIDDOR incidents. • There has been no harm to staff or patients as a result of an incident. • The team have commenced completing audits due to the extra capacity with the health and safety team. • It was noted that the audits are completed across discipline and are collectively completed by a multi-disciplinary team. • The Health and Safety Meeting has a robust workplan. A review of the work completed in 2022/23 was noted as substantial. • The Board is asked to consider and note the report. <p>Following consideration of the report, the Board held the subsequent discussion:</p> <ul style="list-style-type: none"> • Confirmed that all reportable incidents are managed through the Health and Safety Manager and upward reporting to the Chief Operating Officer. • Discussed the actions in place to support staff when visiting homes with dogs following an incident. It was noted that the incident was highlighted at the Committee and actions taken from the discussion included; a review of the policy, consideration to be given to request for a dog to be placed in another room if appropriate. • Commended the team for the work they have completed – well done and thankyou! <p>The Board noted the health and safety annual report.</p>
6.0	<p>Quality and Safety Performance Report The Board considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> • Highlighted the reporting period for the data presented was August and September • There have been no reportable serious incidents attributed by the Trust. • Continues to support the investigation of a small number of other SIs reported by other organisations to ensure system and pathway learning as appropriate; these have also been reported as internal incidents with full investigation. • Incident within schools saw a decrease in August and have since increased in September – this is due to the holidays. • In September there has been an incident impacting private care services – actions have been undertaken and the initial review has not outlined any harm. The Trust continue to learn and implement actions, these include targeted work task management to support the practice staff. • Flu vaccination data is now available and provided within the September data report; issues remain regarding the national reporting of child immunisation data – thank you to the teams who have been supporting the roll out of the programme.

	<ul style="list-style-type: none"> Safety bullet has been circulated for assurance and information – this includes actions and lessons learnt. <p>HT thanked SN for the performance update and thanked the team for supporting the roll out of the programme especially for ensuring care homes and elderly patients were vaccinated timely.</p>
7.0	<p>Quality and Safety Assurance Report</p> <p>VL highlighted the following points from the chair's assurance report:</p> <ul style="list-style-type: none"> Acknowledged the approval of the BAF and Corporate Risk Register recommendations which were discussed earlier in the meeting. Received a report following an internal audit - assurance on quality measures. The committee informed the Board that significant assurance was noted following the review. Received the pharmacy annual report. This will be tabled for discussion in at the January Board meeting. <p>The Board were assured following the items presented relating to the quality and safety agenda.</p>
The best place to work, supported by a new leadership and workforce culture, organically co-developed together.	
8.0	<p>Workforce Performance Report</p> <p>MH presented the performance report, highlighting the following points:</p> <ul style="list-style-type: none"> Positive position for all performance indicators reported. Vacancy rates have improved. Turnover of staff within 12months has slightly increased (MH highlighted the error on page 107 of the pack) This is recognised by the Board as the Trust continue to support staff with their career progression. Appraisal and Training are reported below target – the Trust continue to highlight the importance of personal development and training. This is being monitored by the Executive Team. <p>The Board noted the workforce performance report.</p>
9.0	<p>People Committee Assurance Report</p> <p>The Board considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> There are no new risks to raise. The Freedom to Speak Up quarter 1 report was presented and the Committee recommends this is noted by the Board. Quarterly pulse survey has reported some uncertainty within the reports. This will be managed through the Committee. The Committee received an update on the work of Project Team which specifically focused on the 'Employment Support Offer' that had been developed for consideration by the ICB at its next meeting. The Committee were pleased to see the additional support and assurance that the offer would provide to the small number of staff who may not be aligned to any transferring services. <p>Following consideration of the report and subsequent discussion, the Board agreed:</p> <ul style="list-style-type: none"> To the support of the ICB "Employment Support Offer" by the DIHC Board. The requirement for an Equality Impact Assessment to be carried out prior to agreeing to any transfer of services if required. <p>The Board were assured following the items presented relating to the people agenda.</p>
Doing the best with what we have, to be affordable today and sustainable tomorrow	
10.0	<p>Finance Report</p> <p>The Board considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> There is a £501k surplus and the Trust is on target to achieve the plan £1.1m There is further work to be completed on the efficiency programme reach the target. The Trust will continue to monitor. Agency has been forecasted under the 3.7% cap by the end of the financial year. Cash balance is forecasted at £2.3m. The Board discussed a potential cash distribution with the System which will be considered at the relevant time. In relation to the summary on the budgets for the ICB, there has been a noted overspend linked to prescribing. The key driver for this is category towers. The detail has been discussed at the Finance , Performance and Digital Committee as well as the Quality and Safety Committee. It was suggested the Trust will share a paper with the Board for oversight if required. <p>Overall, the Trust is reporting good performance and informed the Board there are no significant concerns for Ocotober's performance.</p>
11.0	<p>Performance Report</p> <p>The Board considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> Highlighted the reporting period for the data presented was August and September CHC referrals – 24 referrals were received in September and 38 in August. 75% of these referrals were eligible for a full assessment with 89% of the assessment being completed within the 28-day target.

	<ul style="list-style-type: none"> The IAPT service has achieved 101.88% IAPT 6-week wait from referral to treatment target has improved to 91.42% from 89.47% in August due to staff returning from leave. The ARRS PCN service has seen just over 14,000 patients with an attendance rate of 95%. The enhanced access hub has a utilisation rate of 63% with 86% of patients attending the appointment in September 2023. <p>Following consideration of the report and subsequent discussion, the Board / Committee agreed:</p> <ul style="list-style-type: none"> The Trust is working with the System partners to align services and build a more robust referral pathway and to understand if development funding will be made available to help address the waiting list and deliver any increased access targets for 2023/24. It was noted that the 6 weeks wait referral to treat has improved due to the capacity increased and a reduction in annual leave being taken. Winter hub will be reflected within the next month's performance report. <p>The Board thanked JC for the update and acknowledged that the targets remain a challenge.</p>
12.0	<p>Finance, Performance and Digital Committee Assurance Report</p> <p>The Board considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> Recommendation to escalate C-209 to the corporate risk register. Concerns were raised relating to the SLA not being signed for ARRs. Recommendation to reduce risk C-302 to the service level risk register. The Committee supported the decision to temporarily stand down the Digital Board as the Digital agenda is not currently being development. An assurance update will continue to be received via the Director of Finance, Performance and Digital. <p>Following consideration of the report and subsequent discussion, the Board agreed:</p> <ul style="list-style-type: none"> Agency performance – queried whether there have been staffing issues/leadership issues and the risk associated with agency staff. The Trust confirmed a group meet on a weekly basis to discuss. The panel consider each vacant post and encourage staff to follow the agency processes when required with consideration to be given to recruiting temporary staff via the banks. The Trust will continue to reduce the reliance upon agency. MH added that core business continues to be completed to ensure patients, safe and services are safe - patient safety is remaining the organisations priority. <p>The Board were assured following the presentation of the finance and performance items.</p>
Help and empower the people of Dudley to live longer and heathier lives through fully integrated community-based healthcare	
13.0	<p>Report from the Primary Care Integration Committee</p> <p>The Board considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> There is no SLA in place with the PCNs in respect of ARRS staff and services – this has seen been escalated to the Executive Team meeting for consideration. It was noted that the corporate risk recorded on the register remains unchanged. The Committee received the end of year report on the Dudley Quality Outcomes for Health Framework. This report has been presented to the ICB Primary Care Commissioning Committee for assurance. It was noted that access requirements have been met for all practices – a validation exercise is to be completed. 99% of practices have fulfilled the audit requirements. The PCN CDs expressed the value of the committee and their support for continuing it in a way that enables the opinions of primary care to be considered. There were no recommendation made by the Committee or matters to educate. <p>The Board thanked GS for the update and noted the report.</p>
14.0	<p>Dudley Health and Care Partnership Board Update Report</p> <p>The Board considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> There has been significant progress again the 3 priority areas agreed by the Board: Strengthening Partnerships, Transforming Citizen Experience, Shift the curve of future demand. Conversations are taking place to ensure there is refocus of the partnership that aligns to the work being undertaken in Dudley including the operating model along with ensuring delivery of the model. There is a noted gap in Executive leadership to gain assurance on all issues across Dudley are being captured. The services continue to evolve, and the partnership Board has a development session scheduled to agree the prioritises for 2024/25. <p>Following the presentation of the report, the Board discussed the following:</p> <ul style="list-style-type: none"> It was noted that a discussion is being held regarding the funding for clinical directors and their role within the partnership Board.

	<ul style="list-style-type: none"> Highlighted the importance of an improved focus upon health and inequalities. The Board agreed there is further work to be completed to improve the alignment of the priorities across the partners. In relation to the financial framework which is put in place for the operational model, concerns have been raised regarding the alignment of funding and therefore recommendations are to be received. The Board acknowledged this as a current challenge for the organisation. There are also concerns relating to the geographic of providers and a greater understanding of the frameworks implemented. This will require leadership from the ICB to help encourage the integration of all providers to support effective working methods in order to provide the best care for patients. The provider selector arrangement has been released nationally which will affect the procurement for the Trust. For successful integration, the providers need to be open and transparent. Queried which priorities the Trust agreed too following the circulation of the Dudley health and partnership papers. It was noted that there were 30 suggestions to consider following a survey monkey being completed. MH confirmed the priorities are yet to be agreed and are currently a work in progress. ACTION: MH to circulate the draft priorities to the Board following the meeting. <p>The Board discussed the importance have health inequalities being recognised within the final priorities.</p> <ul style="list-style-type: none"> At the last meeting it was announced the council have circulated their financial plan. MG and the team are working though the detail to understand the overall effect on the organisation. Discuss the restrictions which 1-year contracts have on services, noting the suggestion this limits the improvements which can be embedded and it potential discourages provide to collaborate. It was noted long term contracts would be welcomed and more beneficial. <p>The Board noted the work in progress and noted the Committee would benefit from a refresh including a review of the terms of reference.</p>
Fair, Accountable, Responsible and Transparent	
15.0	<p>Audit and Risk Committee Assurance Report</p> <p>The Board considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> Assurance was provided by the internal audit reports received – financial sustainability and quality assurance. Reviewed the BAF strategic risks and are assured that the BAF appropriately addresses the delivery and scope of the Trust Strategy, and the controls and assurances adequately address the risks as reported. Received an update on the progress made by the Trust on implementing the controls. The Non-Executive Directors held a private meeting with the internal and external auditors following the main committee meeting. External Auditors requested that they are kept informed of the due diligence process and exercise being undertaken by the Trust and receiving organisations in relation to the future transfer of services. Agreed to continue the contract with the current auditors, the services will be provided at the same costs. This has been agreed with the ICB following a discussion with Finance Director. <p>The Board noted the assurance report.</p>
Closing Formalities	
16.0	<p>Items of Any Other Business</p> <p>The Board discussed the segmentation and new national oversight framework (NOF) NOF process. It was noted that each system completes the self-assessment slightly differently and therefore the process is being developed. The Trust is awaiting recommendation from ICB along with the exit criteria. The detail of the outcome will be shared with the Board once received.</p> <p>HC informed the Board of a Healthy Heart Event. The weeklong event is being held at the Church Hill Shopping Centre and will commence the week of 27 November. It is being supported by local providers and gives people the opportunity to have conversation and promote health and wellbeing. ACTION: HC to circulate the press release to the Board for information.</p>
17.0	<p>Questions from the Public</p> <p>There were no members of the public in attendance and therefore no questions raised.</p>
18.0	<p>Risk Review</p> <p>The Board considered and reflected upon the discussion throughout the meeting, there were no new risks to be recorded on the Board Assurance Framework or Corporate Risk Register at this time.</p>
Next Meeting: 09 January 2023 Time: 09.30am – 12.30pm Location TBC	

DIHC Public Board Action Register



**Dudley Integrated
Health and Care**
NHS Trust

Ref	Date Raised	Details	Action Lead	Due Date	Update	Status
PUB/Nov23/001	07/11/2023	DoI Register: MB to amend the declaration of interest register.	MB	05/12/2023	DoI register amended following the Board meeting in November 2023.	Complete 'to be closed'
PUB/Nov23/002	07/11/2023	BAF 22-007: SN to review the assurance controls and discuss within the Executive Team Meeting ahead of the next presentation of the framework via the exec team meeting	SN	05/12/2023	Updated as part of the BAF review	Complete 'to be closed'
PUB/Nov23/003	07/11/2023	BAF 22-008: MG to review the review underlying finance position control	MG	05/12/2023	Updated as part of the BAF review	Complete 'to be closed'
PUB/Nov23/004	07/11/2023	Dudley Health and Partnership Paper: MH to circulate the draft priorities to the Board following the meeting.	MH	05/12/2023	Circulated following the Board meeting	Complete 'to be closed'
PUB/Nov23/005	07/11/2023	Healthy Heart Event: HC to circulate the press release to the Board for information.	HC	05/12/2023	Circulated following the Board meeting	Complete 'to be closed'



DUDLEY INTEGRATED HEALTH & CARE NHS TRUST BOARD

REPORT TITLE:	Chief Executive Officer Report
DATE OF MEETING:	09 January 2024
PURPOSE OF REPORT:	To provide the Board with an update on activities and current issues.
RESPONSIBLE EXECUTIVE:	Matthew Hartland, Chief Executive Officer
AUTHOR OF REPORT	Matthew Hartland, Chief Executive Officer
SUMMARY OF KEY POINTS:	<p>The report includes updates from a national, regional, Black Country and Trust perspective.</p> <p>Updates are included on:</p> <ul style="list-style-type: none"> • Covid-19 and Flu • Planning guidance • H2 planning • ICS operating model • Industrial action • Trust performance • Dudley Health and Wellbeing Board Strategy • NHSE oversight and assurance • Dudley Health Hearts • Awards
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
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 checked="" type="checkbox"/> For Approval / Decision <input checked="" type="checkbox"/> For Assurance <input checked="" type="checkbox"/> For Information / Discussion

Chief Executive Officer Report

The following provides an overview of activities and updates from the Chief Executive Officer since the last Board meeting.

1. NATIONAL/REGIONAL ISSUES

1.1 Covid-19 and Flu

The Trusts continues to encourage all frontline staff to access the flu and covid vaccination as appropriate. The wearing of fluid resistant masks is encouraged in clinical areas as appropriate based on risk assessment. There has been one outbreak identified in a clinical service. Appropriate actions and mitigations were undertaken upon advices of the Infection Prevention and Control Nurse Specialist.

1.2 Planning Guidance

Operational Planning guidance for the 2024/25 financial year was expected to be received in December as is the norm. Notification was received on 22 December that the full planning guidance and priorities for next year is delayed and would be received in January.

The Trust will continue to plan for next year in advance of receipt of the full guidance as the Trust has already received an indicative contract value from the ICB for 2024/25. It is not expected that the national priorities in the 2024/25 planning guidance will fundamentally change so the Trust will progress accordingly. Indicative guidance has been received on the process for the refresh of the ICS Joint Forward Plan, and the Trust is fully engaged in that process.

Board will receive a further update on planning guidance at its next Board meeting.

2. BLACK COUNTRY ICS ISSUES

2.1 H2 planning

Correspondence from NHS England in late 2023 confirmed priorities for the ICS for the 2023/24 H2 period (October 2023 to March 2024). It confirmed such priorities to be achievement of financial balance as a system, with an operational focus on winter, urgent and emergency care, mental health, and the elimination of long elective waits.

The financial position for the NHS across the country, and within the Black Country ICS is extremely challenged. Additional funding has been received by the ICS, which is predominantly targeted to the cost of industrial action, therefore whilst DIHC has not benefitted from such additional resource, it has supported the overall ICS position thus suppressing the need for additional efficiency savings. DIHCs financial plan for the year therefore remains unchanged.

DIHC continues to fully contribute to the requirements of the H2 plans, and thanks are given to staff who do so in such challenging circumstances.

2.2 ICS Operating Model

Board were updated in November on the implementation of the proposed operating model for the Black Country Integrated Care System. This model was developed as part of the system design of the Joint Forward Plan and is designed to maximise collaboration within the system. The Black Country has a longstanding model of distributed leadership with an intention to further devolve decision making as Collaboratives and Partnerships develop.

The ICB Board is to receive at it January Board the final discussion paper, which describes considerations on the governance and decision-making processes, relationships between the different elements of the model and the development areas required to move to the next stage of system decision

making over the next 12 months. Further work is taking place with all system partners to agree the ambition for future delegation to enhance collaborative working over the next 2 years, and two development sessions were held in November and December attended by myself and Ian Buckley.

2.3 Industrial Action

At the time of writing this report DIHC, as with previous industrial actions, has experienced little direct impact in relation to industrial action during the most recent junior doctors strikes over the Christmas and New Year period. The Dudley system, however, is extremely challenged and DIHC teams have continued to take an active role in supporting both the Dudley place and Black Country system. We will continue to provide such support for any future planned industrial action.

3. TRUST ISSUES

3.1 Performance

The Trust continues to make good progress in the delivery of the NHS's key priorities thanks to the continued effort of our teams.

In summary, for those indicators with national targets:

- Demand for our Talking Therapy services (IAPT) continues to increase, however the team continues to meet the access targets for the service
- Recovery Targets for Talking Therapies remains challenging, with performance slightly below national targets, but is improving monthly
- The ARRS service saw over 11,000 patients in November
- The Extended Access – Winter Hub service reopened in October, with 94% of patients discharged home, reducing pressure on emergency services.

3.2 Dudley Health & Wellbeing Board Strategy

DIHC is a member of the Dudley Health and Wellbeing Board. The Dudley Health and Wellbeing Board agreed its strategy for the period 2023 to 2028 in September last year. The priorities within the strategy form part of the ICS Joint Forward Plan, and the Trust is developing plans with partners on how the priorities will be delivered to make the improvements required for our population. A link to the Strategy can be found at [DUDLEY HEALTH & WELLBEING STRATEGY | healthandwellbeing \(dudleyhealthandwellbeing.org.uk\)](https://dudleyhealthandwellbeing.org.uk)

3.2 NHSE Oversight and Assurance

The Trust has held two Oversight and Assurance meetings with NHSE since the last Board meeting. The focus of the meetings are twofold: oversight of operational performance of the Trust and review of progress and issues in relation to the future of the Trust. As at quarter 2, the Trust remains in Segment 3 alongside the majority of Trusts within the Black Country.

The meetings went well, with the Trust congratulated on adherence to our financial plan which is ultimately supporting the challenging financial position faced by the ICS. A request has been made to the ICB and NHSE for the National Oversight Framework assessment of the Trust which is yet to be received.

3.3 Dudley Healthy Hearts / Don't leave your health on the shelf this Christmas.

The Trust organised a successful engagement event from Monday 27th November through to Friday 1st December at the Churchill Shopping Precinct in Dudley with the aim of encouraging people to take care of their health and wellbeing in the lead up to Christmas. The event provided an opportunity for shoppers to drop by and receive tailored advice and support and was supported by over 20 partners across the health, care and voluntary sector who collaborated to take care out into the communities that need it most. Over 500 people took part with the Healthy Hearts Hub and University of Birmingham pharmacy

students taking over 276 blood pressure checks. Partners appreciated the opportunity to network and there have been further requests for similar events into the New Year. Thanks go to all that were involved in the establishment and running of such a great event.

3.3 DIHC Options Appraisal Process

The Board has been kept informed of the ongoing Options Appraisal Process. A paper will be received by Private Board incorporating key updates on the process.

3.4 Awards

I'd like to extend my congratulations to DIHC's Nazir Hussain who was successful in achieving the General Practice Pharmacist of the Year award, hosted by the Primary Care Pharmacy Association, in recognition of his work establishing a specialist pharmacist respiratory clinic in Dudley. Nazir has been a GP pharmacist since 2002 and was innovative in setting up the clinic which operates across GP practices in Dudley. In the last 12 months, Nazir has reviewed over 450 patients, many with difficult to treat asthma, potentially preventing almost 250 hospital admissions. A&E visits, and outpatient appointments.

4. Recommendations

The Board is asked to:

- i) Note the update from the Chief Executive Officer

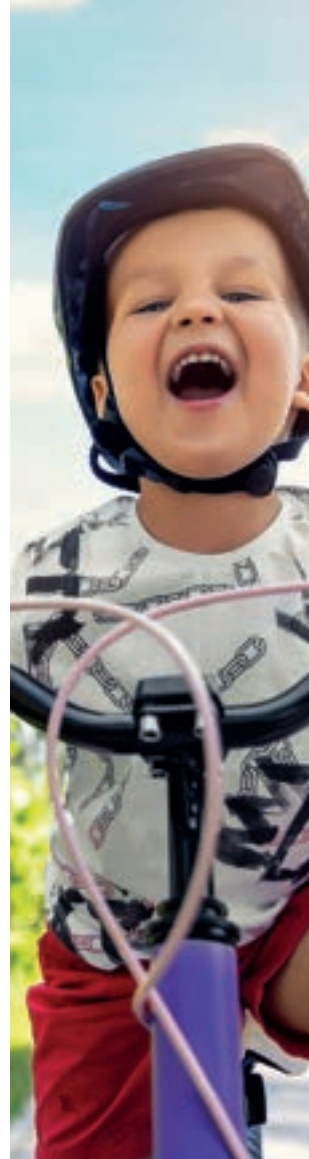
Matthew Hartland
Chief Executive Officer



Dudley Health & Wellbeing Board

working together for
**longer, safer,
healthier lives**

Our vision for Dudley in 2028



Working together for longer, safer, healthier lives

OUR VISION FOR DUDLEY IN 2028



‘Our vision for Dudley
in 2028 is that it is a
place where everyone
lives longer, safer and
healthier lives.’

Councillor Ian Bevan
CHAIR OF THE HEALTH
AND WELLBEING BOARD

Introduction

The COVID-19 pandemic caused disruption across society and within services, negatively impacting on many people’s physical, mental and emotional health and wellbeing. Subsequent cost-of-living pressures have made it much more challenging for lots of people and families on lower incomes – including those in work – to be able to live a healthy life. As elsewhere, increasing poverty is widening the gaps in physical, mental and emotional health between communities in Dudley with long term impacts on people’s life chances, and particularly for our children and young people.

During these challenging times, however, we have seen our communities pull together to support each other, the strength of our voluntary organisations, and the ability of our services to respond, react, and to work differently. There has been a better understanding of the health and wellbeing needs of those who live and work in Dudley, the need to work together, and a renewed focus on tackling health inequalities – the difference in health status that exists between different communities.



Our 2023-2028 health, wellbeing and inequalities strategy for Dudley is about how we (individuals, families, communities, organisations and local politicians) can build upon our strengths and work together to improve health and wellbeing, going further and fastest in our most disadvantaged communities.



First, we need to keep doing things differently

We have identified 4 principles that will continue to inform the way we all work together and what we do to improve health and wellbeing:

01.

Building community capacity and resilience

improving and sustaining good health and positive wellbeing by building people's social support networks; enabling people to support each other, making best use of individual and community resources and assets; and making sure that people who use services get a chance to pursue their own interests and contribute to community life.

02.

A shift to prevention

challenging our organisations to invest in prevention and early intervention across services and ensuring a focus on addressing the wider determinants of health. Making it easier to make healthier choices in Dudley, enabling people and families to take an active role in looking after themselves and their family.

03.

A stronger focus on family

recognising that people do not live in isolation and taking an approach that focuses on the family will have a bigger impact. Looking at how we can better embed a family approach throughout our policies and services.

04.

Services that work with and for everyone

making more effective use of the complementary skills and assets of people, communities, and practitioners. Shifting the focus from practitioner-led service design to co-design of services with the people who use them. Ensuring that services are in places where people and families can easily access them and making it easy to find out what support is there to help.

Information about people's lives in Dudley since the COVID-19 pandemic tells us that focussing our resources and energy on **3 goals** will have the biggest impacts on people's health and wellbeing:

1. **Children are ready for school**
2. **Fewer people die from circulatory disease**
3. **More women are screened for breast cancer**

Across all of these 3 goals we will embed an approach to reduce health inequalities – to close the gap in health and wellbeing for the most disadvantaged families and communities. Across our plans, we will ensure a focus on the wider determinants of health such as income and employment, unleash the potential of our communities, and deliver services furthest and fastest to those who need them most. We all have a role to play in helping to achieve these goals – individuals, families, communities, organisations and local politicians. We are inviting everyone to play an active part in making Dudley borough a place where everyone can live longer, safer and healthier lives.

What makes Dudley a great place?

DUDLEY HAS MANY STRENGTHS THAT ARE THE BUILDING BLOCKS FOR OUR WORK TOGETHER. HERE ARE SOME OF THE THINGS THAT PEOPLE IN DUDLEY TELL US THEY CARE ABOUT AND VALUE, AND WHICH SUPPORT THEM TO STAY HEALTHY AND WELL*.



*Taken from: Dudley, A Story of Stories, April 2018, Stories of Lye, 2019 and Looking Backwards, Moving Forwards - Stories from COVID times, May 2022

The people

time and again local people are described as being very friendly, helping each other out and always having a story to tell, so many people report positive relationships and connections with others.

"The people round here are first class; they do things – they just help you and they don't expect anything back."

"There's an inherent pride in Dudley folk – they're the salt of the earth!"

"I value having good neighbours to rely on when needed. I feel protected. It makes me feel happy."

Access to amenities and transport

good local amenities and things to do within close proximity of where people live provide a sense of place and purpose.

"I feel safe and secure in my area. I enjoy access to parks, walks, nature reserves. I am able to access shops and libraries where I can then access local services. I value this access. It makes you feel that you have some control over your environment and life."

"This (Daybreak service) is the only thing I do all week. The rest of the time I'm on my own. I love coming here; it's my lifeline."

The green spaces

parks, canals, countryside; being able to reach the countryside quickly, cycle the canals and visit bluebell woods and fossil grounds.

"The thing I like is that it's (Stourbridge) on the edge of the countryside. Best of both worlds, city and country activities."

"Our garden and allotment and woodland walks got me through the seasons of lockdown!"

Activities and groups

provide many opportunities for people to contribute and learn new things – being involved and helping out, being able to share information with each other, provide peer support as well as try new things, learn new skills and enjoy activities with others who have a shared interest.

"Volunteering is my 'get up and go!'"

"At the forum we find out about so many things that are going on."

"The best thing about Queens Cross Network is that I can help there."

The history

from the steelworks to mining, chain making, the extinct volcano, the canals, museums, and castle. Many people feel that the local history provides a sense of identity and belonging and a source of pride.

"All of the people who worked at the steelworks used to live in close proximity and you were always welcome into anybody's house for a tea or coffee."

"I've lived in Lye since 1960 and am proud of Lye."

The goal: Children are ready for school

In 2021/22, 1,415 Dudley children were not school ready at age five. This will impact on their future educational attainment and life chances, including life expectancy.

School readiness is a measure of how prepared a child is to succeed in school cognitively, socially, and emotionally. It means that a child can make the most of school so that they can learn, develop relationships, know how to behave, and reach their full potential.

Being school ready starts from before birth with the First 1,001 days providing a critical opportunity to build the foundations of emotional wellbeing, communication, resilience and adaptability.

Things that help to improve school readiness include parents having good mental health, parents speaking to their baby and reading with their child, being physically active, evidence-based parenting support programmes and access to high-quality early education.

Wider family circumstances have a big impact on a child being ready for school. Families in poverty and debt find it more challenging to support their child to be school ready, as do those with children with additional support needs.

These issues result in inequalities in levels of school readiness in different parts of our communities. Neglect, unsuitable accommodation, domestic violence, and substance misuse also need to be addressed where children are experiencing this.

What will we do?

- Provide shared leadership to set the vision and 10-year strategic plan for whole-system early years transformation — it takes a whole village to raise a child, not just one organisation or service.
- Increase integration of early years health, education and local authority services, so that parents and children do not have to repeat their stories. This means improving links both between services and between commissioning responsibilities.
- Work to keep the best parts of Family Hubs & Start for Life programme, by supporting the longevity of priority commitments and activities beyond the programme's 3-year funding period (ending on 31 March 2025).

How will we know if this goal has been achieved?

Children across Dudley will achieve a good level of development at the end of reception that is at least similar, if not higher, than the average for the West Midlands.

While it has been improving, Dudley has consistently had a lower percentage (62% in 21/22) of children that are achieving a good level of development at the end of reception compared to the West Midlands (64%) and England averages (65%).

The gap between children on free school meals who have a good level of development at the end of reception and those who are not eligible for free school meals will have narrowed.

Only 45% of Dudley children on free school meals were school ready in 21/22 compared to 66% of children who were not eligible for free school meals.





The goal: Fewer people die of circulatory disease

In 2022, 959 people died from circulatory disease in Dudley, of which 244 (25%) were under 75 - an early death.

Circulatory disease is a general term for conditions affecting the heart, blood vessels or the blood. It can often largely be prevented by having a healthy lifestyle, which can be enabled by the wider determinants of health such as having a good income. Once somebody has circulatory disease it can be managed using medications if detected and adopting a healthier lifestyle can prevent further deterioration.

Circulatory disease is the biggest cause of early deaths in Dudley and the borough has, for many years, had a consistently higher death rate from circulatory disease compared to England. Men in Dudley have a higher death rate than men across England. It is the largest contributor to the life expectancy gap between the richest and poorest parts of Dudley, fuelling health inequalities.

Deaths from circulatory disease have been increasing since the COVID pandemic. Higher death rates from circulatory disease are likely to persist. This is because fewer people were diagnosed and treated for circulatory disease during COVID and with ongoing pressures it has been difficult for the NHS to catch up. Some people have also been less active and have gained weight. For families struggling with the cost of living, stress, poor mental health, and the inability to buy healthier foods, will also increase their circulatory disease risks.

What will we do?

- Take action on the wider determinants of health, such as improving air quality, use of green and blue space to promote active travel, and town planning and regeneration to enable people and families to be more active.
- Make it easier to access services to support people and families to adopt a healthier lifestyle, including mental health support to enable people to make a change, and support for cost-of-living to reduce stress.
- Increase detection and ensure better management of high blood pressure within the NHS, and support for people when they have had a cardiac event to increase their chances of living a longer life.

How will we know if this goal has been achieved?

Reduce circulatory disease deaths in Dudley so that the rate is similar or lower than the national average.

In 2021, the mortality rate from circulatory disease in Dudley was 248.5 per 100,000 people significantly higher than the 230.4 per 100,000 for England

The gap in early deaths from circulatory disease between the most deprived and least deprived areas of Dudley will have narrowed.

Between 2016-2020, mortality from circulatory disease among people under 75 years was 42% higher than the Dudley average in Dudley Central but 20% lower in Stourbridge.

The goal: More women are screened for breast cancer

Nearly 14,000 (38%) Dudley women aged 50-70 years have not been screened for breast cancer putting them at risk of developing more serious disease and avoidable death.

Dudley's breast cancer screening service was particularly impacted by COVID-19, with a bigger drop in coverage than other areas. Before COVID-19, the borough's screening rate was higher than the West Midlands and England averages.

While women in Dudley currently have similar rates of new diagnoses of breast cancer and death compared to the West Midlands and England averages, the drop in breast screening coverage may result in more Dudley women experiencing more serious disease and avoidable deaths from breast cancer in the coming years.

Women from Dudley's more deprived communities have much lower breast cancer screening rates and based on national statistics, are more likely to die from breast cancer.

As well as personal suffering from more serious breast cancer disease and early death, there are also wider impacts on women's families including grief and bereavement. Intergenerational impacts include grandchildren missing out on a relationship which is important in providing grounding and security, and their parents may miss out on emotional support and help.

What will we do?

- Work with local communities where fewer women are being screened, to increase awareness of the benefits of breast screening and understand the barriers that stop them going for screening to ensure that the service is offered in a culturally sensitive, accessible, and meaningful way.
- Identify additional locations for the breast screening van in communities with lower uptake.
- Work with GP practices with lower uptake, to make sure their patients are aware of their opportunity to be screened and train more cancer screening champions within GP practices to encourage uptake.

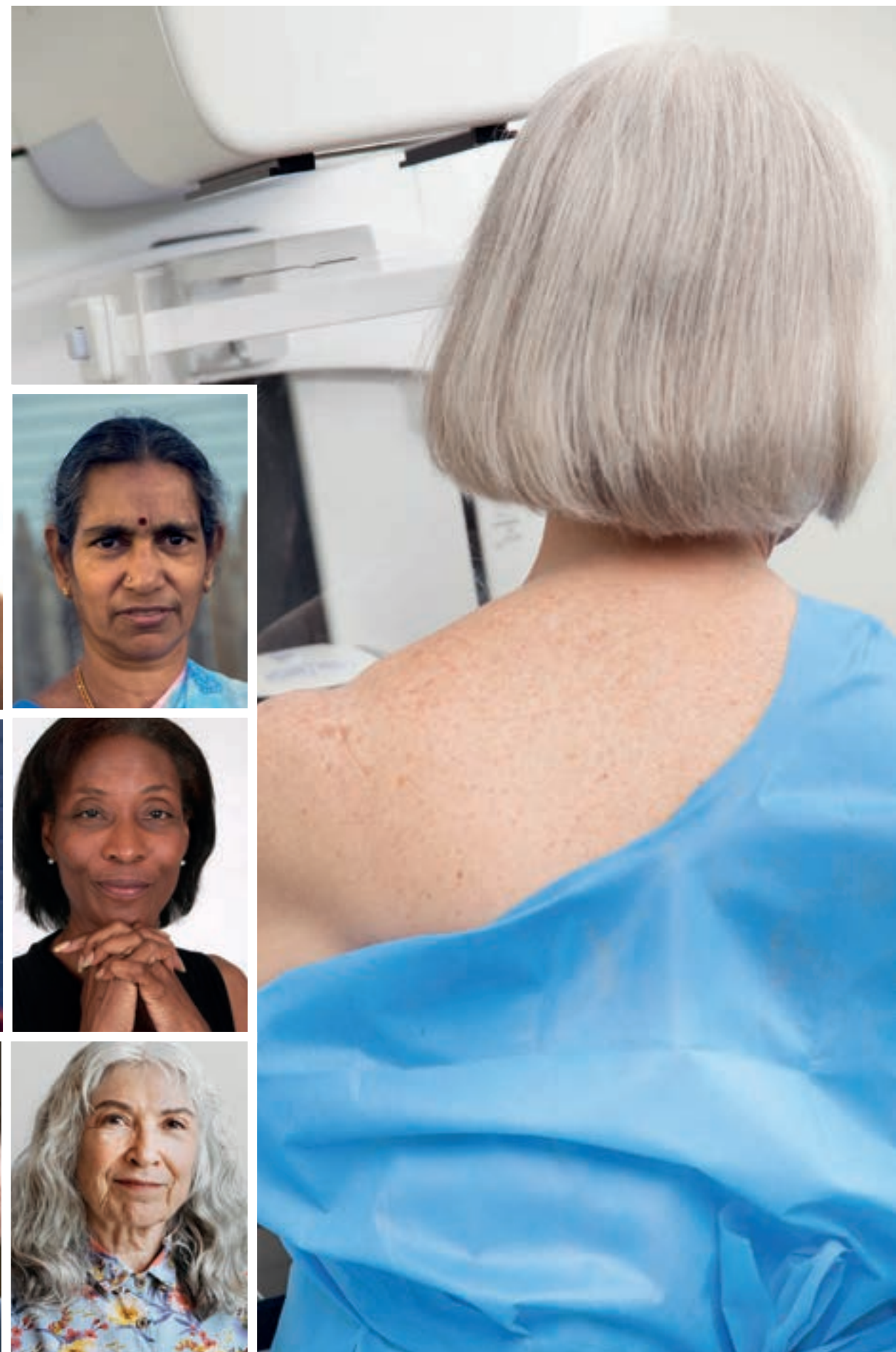
How will we know if this goal has been achieved?

Breast cancer screening coverage for women aged 50-70 years in Dudley will increase to reach at least pre-pandemic levels which were better than West Midlands and national averages.

In 2022, Dudley's breast cancer screening coverage was 62% compared to 76% in 2018. Regional and national averages in 2022 were 74% and 75%, respectively.

The gap between breast cancer screening coverage in the most and least deprived primary care networks will have narrowed.

Only 43% of women aged 50-70 years in Sedgley, Coseley and Gornal and 48% of women in Dudley and Netherton primary care networks had been screened for breast cancer in 2021/22 compared to nearly 70% in Halesowen primary care network.



Everyone in Dudley can play their part in working together for longer, safer, healthier lives



Dudley Health & Wellbeing Board

Dudley Health and Wellbeing Board will put local people at the centre of their work. We will listen, act, feedback and be accountable for our actions.

What Dudley's Health and Wellbeing Board partner organisations will do:

- Inspire and enable people, businesses and communities to get involved
- To achieve our main outcomes we will provide easily accessible support whilst supporting services for those needing help.
- Share our progress, be honest, admit mistakes and share learning.

What organisations and communities will do together:

- Talk, listen and recognise difference whilst keeping in mind the identity of Dudley
- Use our respective resources, skills and assets to achieve our priority outcomes
- Develop and deliver community-based plans. Achieve and communicate our priority outcomes for Dudley.

What Dudley residents and communities can do:

- Live the Vision for Dudley
- Become involved in your local community
- Look after your loved ones' health and wellbeing and strive to improve it

Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. Health and Wellbeing Boards have a statutory duty to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population to improve health and wellbeing and reduce health inequalities. Dudley's Health and Wellbeing Board is a wide partnership including the local authority, NHS commissioners and providers, community and voluntary sector and the emergency services. The Health and Wellbeing Board fits under Dudley's Forging the Future Vision providing a focus on health and wellbeing and working collaboratively with other strategic boards including the Integrated Health and Care Partnership to improve the lives of residents.



Dudley Health & Wellbeing Board

For further information please contact:

Dudley Health & Wellbeing Board

Telephone 01384 815238

or E-mail Democratic.Services@dudley.gov.uk



DUDLEY INTEGRATED HEALTH AND CARE NHSTRUST BOARD

Tuesday 09 January 2024

13:30pm – 16:00pm

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

PRIVATE AGENDA

No.	Agenda Item	To/For		Presented By	Time
1.0	Chairs Welcome				
1.1	Apologies	Receive	Verbal	Chair	13:30
1.2	Declaration of Interest	Receive	Enc 1.2	Chair	
1.3	Private Board Minutes – 05 December 2023	Approval	Enc. 1.3	Chair	
1.4	Action Register and Matters Arising	Approval	Enc. 1.4	Chair	
2.0	Dudley Integrated Health and Care Next Steps				
2.1	ICS Financial Recovery Plan (PA Consulting)	Approval	Presentation	Director of Finance	13.45
2.2	Dudley Integrated Health and Care Transition	Approval	Enc. 2.2	Chief Executive Officer	14.15
3.0	Assurance Committee Minutes				
3.1	People Committee Minutes – 28 November 2023	Information	Enc. 3.1	Non-Executive Director	15:00
3.2	Finance, Performance and Digital Committee Minutes – 18 December 2023	Information	Enc. 3.2	Non-Executive Director	15:10
3.3	Quality and Safety Committee Minutes – 21 December 2023	Information	Enc. 3.3	Non-Executive Director	15:20
4.0	Board Reflection				
4.1	Board Reflection and Comments	Receive	Verbal	Chair	15:30
5.0	Any Other Business				
5.1	Items of Any Other Business	Receive	Verbal	Chair	15:45
Next Meeting: Date – 06 February 2024 Time: 9.30am Location: to be confirmed					



PUBLIC BOARD MEETING

REPORT TITLE:	Corporate Risk Register			
DATE OF MEETING:	09 January 2023			
PURPOSE OF REPORT:	The Board is asked to review and consider the Corporate Risk Register.			
RESPONSIBLE EXECUTIVE:	Philip King, Chief Operating Officer			
AUTHOR OF REPORT	Mary Bardsley, Corporate Governance Manager			
SUMMARY OF KEY POINTS:	Since the Corporate Risk Register was last presented to the Board of Directors on 07 November 2023, the risks have undergone a full review with consideration being given at each assurance Committee. The Board is asked to consider and note that following the review of the register, the subsequent movements of the risk have been recommended for approval:			
	Quality and Safety Committee:			
	Risk	Impact	Current Score	Proposed Score
	C082 refer to Executive Team for a review. <i>Risk to the continuity of business due to not fully formed and robust business continuity plans.</i>	This will have an impact and possible causing an effect on provision of patient care. Given the level of system wide scrutiny, this also potentially creates a reputational risk.	Very Low 4 (1x4)	N/A
	C301 increased score. <i>Reduced capacity and inappropriate management of children awaiting CAMHS treatment</i>	Long waits experienced by children for CAMHS referrals result in added pressure on school nurses to support children in the interim without necessary training or competence which could potentially be detrimental to children especially around self-harm	Moderate 12 (3x4)	High 16 (4x4)
	C306 reduce score. <i>DIHC is unable to assist the system in providing assistance to manage winter pressures, particularly in relation to increased Primary Care access, facilitating discharge from hospital</i>	Impact on quality of services for patients and patients may come to further harm if not helped in a timely fashion.	Low 8 (2x4)	Low 6 (2x3)
	Finance, Performance and Digital Committee:			
	Risk	Impact	Current Score	Proposed Score
	C031 reduce the score. <i>Risk of contract financial envelope less than the cost of providing the services.</i>	This may result in a financial deficit, limited ability to hit the control total and restrict investment opportunities.	Medium 12 (4x3)	Low 9 (3x3)
	C-088 reduce the score. <i>Risk to the health care estate's function due to:</i> <i>- Specific risk to the expansion of the ARRS team due to lack of accommodation in Primary Care premises</i> <i>- insufficient capital funding available to make necessary</i>	Unable to deploy staff to meet the Trust's planned expansion. Unable to secure the premises needed to provide the desired clinical care model.	High 16 (4x4)	Low 8 (2x4)

	<p>premises investments, as DIHC has limited capital funding of its own, and access to PFI and national capital is limited</p> <p>- insufficient space within the community healthcare estate to fully implement the clinical model in each locality</p>			
	<p>C209 – align to FPD as well as other assurance committees.</p> <p>There is a risk that the lack of contractual agreement between DIHC and PCNs, creates uncertainty to allow potential TUPE transfer to future service providers or ARRS Staff.</p>	The ability to plan and deliver services organised around the needs of the PCN population.	Medium 12 (3x4)	N/A
	<p>C302 realign to service level risk register.</p> <p>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.</p>	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.	Low 8 (4x2)	N/A
	<p>C303 close the risk.</p> <p>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.</p>	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.	Very Low 4 (2x2)	N/A
	The risks which are recorded on the register are presented within appendix 1 on the paper. The changes since the last report have been noted in blue text for ease of reference.			
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	The Board is asked to approve the recommendations proposed by the assurance committees.			
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 type="checkbox"/> People <input checked="" type="checkbox"/> Finance Performance & Digital <input type="checkbox"/> Digital Board <input checked="" 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
RECOMMENDATION: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> Public Board <input type="checkbox"/> Private Board <input type="checkbox"/> Assurance Committee (state) – <input type="checkbox"/> Other Committee (state) -
	<input type="checkbox"/> For Approval / Decision <input type="checkbox"/> For Assurance <input type="checkbox"/> For Information / Discussion

Corporate Risk Management Report

1. High Risks

The Board are asked to note the risks which are recorded as a high on the Corporate Risk Register (score of 16+):

Risk:	Title	Current Score	Committee
C-604	Risk of substantive workforce shortages in medical staffing (through difficulties in recruiting) result in additional premium costs being incurred and reduced quality of patient services.	High 16 (4x4)	People
C-300	Reduced capacity and inappropriate patient management for those awaiting secondary care mental health treatment.	High 16 (4x4)	Quality and Safety
C-305	Risk of insufficient skilled corporate staff capacity due to organisational uncertainty.	High 16 (4x4)	People Quality and Safety
C-301	Reduced capacity and inappropriate management of children awaiting CAMHS treatment	High 16 (4x4)	Quality and Safety

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

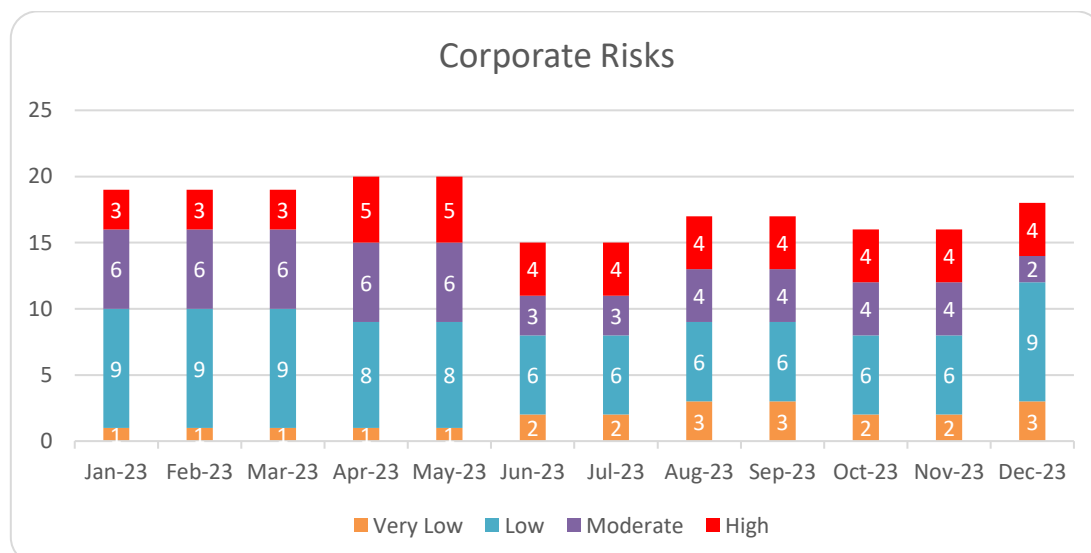
The Board are asked to be aware that the Service Risk Registers are reported using the Datix Risk Module and are considered at the regular service review meetings with escalation through both Executive Committee and the Trust Management Board where appropriate. The escalation process remains unchanged, 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	3	9	2	4	

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



4. Recommended Changes to the Corporate Risks

Following a detailed review of the corporate risk scores, controls, mitigations and actions by Committees during November and December, the following recommendations have been raised:

Ref:	Risk	Recommendation	Committee
C-082	Risk to the continuity of business due to not fully formed and robust business continuity plans.	Refer to the Executive Team Meeting for consideration	Quality and Safety
C-301	Reduced capacity and inappropriate management of children awaiting CAMHS treatment.	Increase score from 12 (3x4) to 16 (4x4)	Quality and Safety
C-306	DIHC is unable to assist the system in providing assistance to manage winter pressures, particularly in relation to increased Primary Care access, facilitating discharge from hospital	Reduce score from 8 (2x4) to 6 (2x3)	Quality and Safety
C-031	Risk of contract financial envelope less than the cost of providing the services.	Reduce score from 12 (4x3) to 9 (3x3)	Finance, Performance and Digital
C-088	Risk to the health care estate's function due to: - Specific risk to the expansion of the ARRS team due to lack of accommodation in Primary Care premises - insufficient capital funding available to make necessary premises investments, as DIHC has limited capital funding of its own, and access to PFI and national capital is limited - insufficient space within the community healthcare estate to fully implement the clinical model in each locality	Reduce score from 16 (4x4) to 8 (2x4) - based on the estates work completed, responsibility being taken by the ICB and the opti-space booking system now functioning.	Finance, Performance and Digital
C-209	There is a risk that the lack of contractual agreement between DIHC and PCNs, creates uncertainty to allow potential TUPE transfer to future service providers or ARRS Staff.	Refer to the FPD Committee as well as People / Quality and Safety	Finance, Performance and Digital
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.	Deescalate the risk to the service level register	Finance, Performance and Digital
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.	Close the risk	Finance, Performance and Digital

Following a review, the scores for the risks noted below have remained the same:

- **C-064** | Risk of substantive workforce shortages in medical staffing (through difficulties in recruiting) result in additional premium costs being incurred and reduced quality of patient services.
- **C-300** | Risk of insufficient skilled corporate staff capacity due to organisational uncertainty.
- **C-305** | Risk of insufficient skilled corporate staff capacity due to organisational uncertainty.
- **C-202** | Lack of business intelligence information to target ICTs to support PCNs and links to ICS.
- **C-078** | Risk of delayed implementation of clinical service strategy
- **C-073** | Risk of placement costs relating to Continuing Health Care to be in excess of planned levels due to more complex cases and cost of living pressures on providers. any unforeseen changes to the eligibility criteria and sufficiently robust system to record costs accurately.
- **C-057** | Risk of reduction in annual payments due to factors beyond the control of DIHC.
- **C-060** | Risk of planned efficiencies and benefits not delivered in full.
- **C-063** | Risk of financial overspend due to insufficient financial controls. This may result in unauthorised overspend, loss of financial control inability to meet the control total and impact on service delivery.
- **C-304** | Risk of failure to deliver against the organisations Green Plan and a Net Zero National Health Service

5. New and Emerging Risks

The Finance, Performance and Digital (FPD) Committee wished to recommend escalation of risk **C-209** | *There is a risk that the lack of contractual agreement between DIHC and PCNs, creates uncertainty to allow potential TUPE transfer to future service providers or ARRS Staff to the corporate risk register.* This was following concerns raised in relation to SLA for ARRS staff not being signed. It was noted this is already on the risk register and is aligned to the

People Committee and Quality and Safety Committee for oversight. It is therefore suggested oversight is also shared with the FPD Committee going forwards.

6. Next Steps

The Corporate Risk Register will continue to be reviewed by the senior leaders ahead of presentation at the Committee meetings for check and challenge. The relevant recommendations will then be presented to the Board of Directors for consideration and approval.

STEP 1 - Identify							STEP 2 - Evaluate							STEP 3 - Plan													
Date Last Reviewed	Ref	Committees					Accountable Director (Risk Sponsor)	Risk Description		Inherent / Initial Risk Score			Controls in Place	Assurance (RAG) rating for the strength of controls	Current Score			Risk Response / Treat / Transfer / Tolerate / Terminate	Risk Response / Treat / Transfer / Tolerate / Terminate	Actions to address the risks:	Responsibility of	Domain	Target Risk Rating			Status	
		Audit and risk	Primary Care Integration	Quality and Safety	Finance, Performance & Digital	People		RISK OF:	IMPACT/CONSEQUENCES	(L) Likelihood Score	(I) Impact Score	Risk Rating (L x I)			(L) Likelihood Score	(I) Impact Score	Risk Rating						(L) Likelihood	(I) Impact Score	Risk Rating (L x I)		Above or Below Tolerance
13/12/2023	C-088						Philip King	Risk to the health care estates function due to: - Specific risk to the expansion of the ARRS team due to lack of accommodation in Primary Care premises - insufficient capital funding available to make necessary premises investments, as DIHC has limited capital funding of its own, and access to PFI and national capital is limited - insufficient space within the community healthcare estate to fully implement the clinical model in each locality	Unable to deploy staff to meet the Trust's planned expansion. Unable to secure the premises needed to provide the desired clinical care model.	2	4	8	Continued support to Primary Care by DIHC's estate team. Integration of requirements into ICB-led primary care premises developments offers a potential route to review through premises cost direction, as well as Local Authority funding sources and potential third party development. The ICB have now taken responsibility as they are dealing directly with the PCN's, based on the estates strategy work DIHC completed. The opti-space system is now functioning.	Medium - Yellow	2	4	8	↓	Treat	Creative use of community property outside of GP practices. COO to write to ICB in order to escalate the issue. Estates strategy approved. Continue to liaise with the ICB and PCN's to support the agreement of ICS Estates Strategies. 5 out of 6 Estate Strategies agreed with PCN's and have been issued to the ICB. Ongoing engagement with the ICB to agree Estates Strategy in their new format. DIHC Estates staff continue to engage with ICB in relation to Ridge Hill and Optispace at Brierley Hill.	Mike Nicklin	Infrastructure	2	2	4	Above	Open
22/11/2023	C-064						Lucy Martin	Risk of substantive workforce shortages in medical staffing (through difficulties in recruiting) result in additional premium costs being incurred and reduced quality of patient services.	Reduced service quality including provision of patient care Restricted ability to implement service review and improvement. Expenditure above plan and failure to meet control total. Worsening of health outcomes in patients registered with our practices.	3	4	12	Staff support mechanisms in place; strong HR practices. Retention rates are good. Long term locums in place. Recruitment through agents in place. Continuing advertising and conversations with GPs about vacant posts. Workforce remodelling including the employment of Advanced Nurse Practitioner.	Medium - Yellow	4	4	16	↓	Treat	Whilst we acknowledge the risk to current staff working within services potentially transferring to DIHC and this has been shared with the system, there is now a process agreed for management of system risks and DIHC have agreed to pause its programme of	Anne Cholmondeley	Workforce	1	4	4	Above	Open
13/12/2023	C-300						Philip King	Reduced capacity and inappropriate patient management for those awaiting secondary care mental health treatment	Long waits experienced by patients for specialist mental health service provision (esp. psychology) result in added pressure on the IAPT team to support patients in the interim without necessary training or competence which could potentially be detrimental to patients	3	4	12	Continued engagement with the Black Country IAPT Forum Continued commissioning and transformation oversight by Strategic Commissioning and Transformation Lead – Mental Health Continued engagement with the Black Country Health care regarding issues. Formal letter re issues identified in 4 recent SUI's to be sent to BCH with lessons learnt to be set up with all relevant professionals.	Weak - Amber	4	4	16	→	Tolerate	The Deputy Director of Finance has escalated the matter to the ICB and asked for clarity around accounting and the amounts due. COO raised the matter formally with the CE of Black Country Health Care in their role as lead provider/ commissioner. Continue to support pathway transformation process post CapGemini	Emily Gould	Safety	1	4	4	Above	Open
23/11/2023	C-305						Sue Nicholls	Risk of insufficient skilled corporate staff capacity due to organisational uncertainty.	This may pose a risk to staff, service delivery and patient safety.	4	3	12	Workforce Performance Report Staff briefings and communications Promoting FTSU as a platform to raise concerns Weekly vacancy control panel meeting - risk based decision making to fill critical vacancies. Monthly oversight of People Committee Day to leadership from the Executive Team to inform and engage staff. Weekly resilience tracker reviewed at the Executive Meeting.	Medium - Yellow	4	4	16	↓	Tolerate	Subgroup 4 - HR and workforce are negotiating employment opportunities across the system. Resilience Tracker being weekly monitored by Executive Committee. Each Director is reviewing areas of work which can stop/slow in the lead up to transfer.	Matt Hartland	Workforce	2	2	4	Above	Open
13/12/2023	C-301						Philip King	Reduced capacity and inappropriate management of children awaiting CAMHS treatment	Long waits experienced by children for CAMHS referrals result in added pressure on school nurses to support children in the interim without necessary training or competence which could potentially be detrimental to children especially around self-harm.	3	4	12	School Nursing team continue to support people while on waiting list. Team leader continues to keep to watching brief on referrals and waiting times. Active discussions with Dudley Council to extend the School Nursing contract to include a Mental Health element with some addition of Mental Health practitioner posts. Post advertised and interview date has been scheduled – Post likely to commence near to/after transfer date.	Weak - Amber	4	4	16	→	Tolerate	The issue has already been formally raised with CE of BCH in terms of escalation. Dudley Council are funding additional posts within the School Nursing Team specifically to address Young Peoples Health and Wellbeing.	Laura Bickley/ Kellie Lennon	Safety	1	4	4	Above	Open
13/10/2023	C-202						Matt Gamage	Lack of business intelligence information to target ICTs to support PCNs and links to ICS	This will result in the blurring of lines between DIHC and the ICS leading to being unable to report and demonstrate positive interventions Lack of population health data	4	4	16	BI Programme Plan within the wider Digital Programme and reported through to FP&D Data Quality Audit Primary Care Programme Plan Data sharing agreements Joint data controller agreements	Medium - Yellow	3	4	12	→	Treat	Data sharing agreements for QOFF support have been shared with practices in January and are awaiting signatures from 4 remaining practices. Ongoing development of the business intelligence support for primary care BI requirements currently under review.	Matt Gamage	Reputational	3	3	9	Above	Open

STEP 1 - Identify							STEP 2 - Evaluate							STEP 3 - Plan													
Date Last Reviewed	Ref	Committees					Accountable Director (Risk Sponsor)	Risk Description		Inherent / Initial Risk Score			Controls in Place I.e. arrangements that are already in place and are helping to control the risk – please provide evidence of the risk being controlled	Assurance (RAG) rating for the strength of controls	Current Score			Risk Movement from last assessment	Risk Response Tolerate / treat / transfer / terminate	Actions to address the risks: I.e. What actions are you going to take to strengthen control of the risk and achieve the target risk rating. SMART actions: S = Specific M= Measurable A= Attainable R= Relevant T= Timely	Responsibility of	Domain	Target Risk Rating			Status	
		Audit and risk	Primary Care Integration	Quality and Safety	Finance, Performance & Digital	People		Strategy & Transformation	RISK OF:	IMPACT/CONSEQUENCES	(L) Likelihood Score	(I) Impact Score			Risk Rating (L x I)	(L) Likelihood Score	(I) Impact Score						Risk Rating	(L) Likelihood	(I) Impact Score		Risk Rating (L x I)
23/11/2023	C-209	✗	✓	✗	✓	✓	Philip King	There is a risk that the lack of contractual agreement between DIHC and PCNs, creates uncertainty to allow potential TUPE transfer to future service providers or ARRS Staff.	The ability to plan and deliver services organised around the needs of the PCN population.	3	4	12	PCN operational managers supporting workforce planning and employment of additional ARRS staff for 2022/23 and 2023/24. The Director of Finance, Performance and Digital is currently working with ICB colleagues on a review of the technicalities of options appraisals (including Primary Care/ ARRS). This is due to conclude by end of Aug 2023. The MOU describing DIHC's current functions in relation to ARRS has now been signed. TUPE will still apply in this situation. Each PCN currently engages a contractor (DIHC) to provide the services delivered by ARRS staff to patients.	Medium - Yellow	3	4	12	↓	Treat	Given the current discussions with PCNs, it seems unlikely that a contract will be possible. However, the Head of PC and colleagues are drafting an MOU describing DIHC's current functions in relation to ARRS. This will form the basis of our operations until the eventual transfer of ARRS services.	Dan King	Workforce	2	2	4	Above	Open
11/12/2023	C-031	✗	✗	✗	✓	✗	Matt Gamage	Risk of contract financial envelope less than the cost of providing the services.	This may result in a financial deficit, limited ability to hit the control total and restrict investment opportunities.	5	4	20	Full review of grip and control measures. Vacancy Panel now in place. Efficiency target forecasted to be delivered and overseen by the Efficiency and Innovation Group. Month 6 financial position forecast achievement of the plan. Financial model and budgets are signed off by the Board. Financial monitoring to be reported to F,P&D committee. Financial Performance reported to Board. Financial Performance reported to NHSE and ICS Regular meeting with budget holders.	Strong - Green	3	3	9	↓	Treat	The Trust is now planning to achieve £1.1million surplus in 2023-24. However, this requires the delivery of a 9% efficiency target. There is a further risk related to additional improvements being required by the BC ICS. Risk share arrangements for 2023-24 still to be determined. Develop and implement financial recovery plan, should DIHC's financial position deteriorate. Efficiency and Innovation sub-committee to be established to provide additional assurance in relation to the delivery of the efficiency target. The ICB have adjusted the SDF funding - reduced by £100k as part of financial recovery solutions for the ICS. No further adjustments are anticipated. The Trust is still forecasting to achieve plan following the adjustment.	Matt Gamage	Sustainability	2	2	4	Above	Open
12/12/2023	C-078	✗	✗	✓	✗	✗	Lucy Martin	Risk of delayed implementation of clinical service strategy	Impact on quality of services for patients and patients may come to further harm if not helped in a timely fashion.	4	4	16	Integrated Model of Care Implementation Group and Local Improvement Teams are working to improve clinical pathways for patients. Population Health Management work continues in collaboration with Primary Care, DMBC and other partners. Primary Care Strategy and Operating Model has been described. Nursing and AHP strategy, and Physician Associate strategy has been described. QI and clinical audit within DIHC clinical services.	Medium - Yellow	2	5	10	→	Treat	Implementation of PCS, PCOM, Nursing & AHP, PA Strategy PHM strategy in development, including Pharmaceutical Needs Assessment MOU in draft with PCNs to support ARRS working practice Clinical Advisors leading place LITs, reporting regularly to MD and IMOCIG Evaluation of Clinical Audit and QI work Working closely with Partners to describe and implement a place-based partnership approach to implementation of strategy according to 2023 ICB operating model. Following Board decision on future of DIHC services, implement an early work programme with place partnership to define new structure / roles and work plan	Matt Gamage	Quality	1	4	4	Above	Open
11/12/2023	C-073	✗	✗	✗	✓	✗	Philip King	Risk of placement costs relating to Continuing Health Care to be in excess of planned levels due to more complex cases and cost of living pressures on providers, any unforeseen changes to the eligibility criteria and sufficiently robust system to record costs accurately.	Subsequently the unplanned cost increases will result in failure to achieve control total or increased CIP requirement. Subsequently the cost increases will create pressure on financial control.	4	4	16	Regular reviews to ensure care packages match requirements. Consider alternative provision options. CHC expenditure will be monitored at FPD as part of Commissioning Budget Reporting	Strong - Green	3	3	9	↓	Treat	DIHC Finance leads to meet jointly with CHC team and ICB finance leads on a monthly basis. ICB financial performance information including continuing healthcare expenditure presented to DIHC FP&D committee from March 2022. Situation is under continuing monitoring through regular meetings with commissioners as part of the oversight and assurance process. Weekly CHC leads meetings across the ICB.	Matt Gamage	Sustainability	3	3	9	Below	Open
11/12/2023	C-057	✗	✗	✗	✓	✗	Matt Gamage	Risk of reduction in annual payments due to factors beyond the control of DIHC.	This will impact in maintaining a positive balance between the income growth against the growth in demand.	4	4	16	Contract Meetings are in place with the ICB to monitor the terms of the contract. The Trust is represented at the DDOFs and DOFs system group where the financial planning is being developed for future years. These groups also manage the in year financial position and risks. Initial draft of ICS Financial framework is now available	Strong - Green	3	3	9	↓	Treat	Implement the HFMA action plan. Full review of grip and control. Development of recovery plan, should DIHC deviate from the financial plan Achievement of the efficiency target Split of annual contracts payments from the ICB being reviewed as part of transition process to ensure that the funding envelope is sufficient for the future provision of services.	Matt Gamage	Sustainability	3	2	6	Above	Open
11/12/2023	C-302	✗	✗	✗	✓	✗	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.	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.	4	4	16	Internal budget setting process. Monthly budget reviews. Prioritisation of project through Digital Board.	Medium - Yellow	4	2	8	↓	Tolerate	The likelihood of not being able to fully afford the total digital cost is increased based on recent organisational announcement in relation to DIHC. Identify additional core budget to support essential digital requirements. Market test current services in respect of core IT and contracted in staffing to ensure best value for money. Ensure all business cases for investment in digital pay significant attention to both recurring revenue costs but also to options to share technology with local partners or the wider NHS.	Matt Gamage	Infrastructure	2	3	6	Above	Pending closure

STEP 1 - Identify											STEP 2 - Evaluate										STEP 3 - Plan						
Date Last Reviewed	Ref	Committees					Accountable Director (Risk Sponsor)	Risk Description		Inherent / Initial Risk Score		Controls in Place I.e. arrangements that are already in place and are helping to control the risk – please provide evidence of the risk being controlled	Assurance (RAG) rating for the strength of controls	Current Score			Risk Movement from last assessment	Risk Response / Tolerate / Treat / transfer / terminate	Actions to address the risks: I.e. What actions are you going to take to strengthen control of the risk and achieve the target risk rating. SMART actions: S = Specific M= Measurable A= Attainable R= Relevant T= Timely	Responsibility of	Domain	Target Risk Rating			Status		
		Audit and risk	Primary Care Integration	Quality and Safety	Finance, Performance & Digital	People		Strategy & Transformation	RISK OF:	IMPACT/CONSEQUENCES	(L) Likelihood Score			(I) Impact Score	Risk Rating (L x I)	(L) Likelihood Score						(I) Impact Score	Risk Rating	(L) Likelihood		(I) Impact Score	Risk Rating (L x I)
13/12/2023	C-306	✗	✗	✓	✗	✗	Philip King	DIHC is unable to assist the system in providing assistance to manage winter pressures, particularly in relation to increased Primary Care access, facilitating discharge from hospital	Impact on quality of services for patients and patients may come to further harm if not helped in a timely fashion.	2	4	8	Engagement in daily silver calls. Active engagement in Place based winter plan. Oversight by COO and Deputy COO. Active engagement by Director of Nursing in Place based Partnership.	Strong - Green	2	3	6	→	Tolerate	Place based winter plan presented to Executive Committee. Engagement with A&E Delivery Board. Reinstallation of Primary Care Access Hub (Winter Hub) at Brierley Hill. Additional resilience money for DIHC agreed in the above winter plan (can purchase extra beds if required)	Jenny Cale	Quality	1	4	4	Above	Open
11/12/2023	C-060	✗	✗	✗	✓	✗	Matt Gamage	Risk of planned efficiencies and benefits not delivered in full.	The efficiency target for 2023/24 represents 9% of the Trusts operating expenditure. Therefore, this is a challenging target and failure to deliver would have a significant financial impact.	4	4	16	At M6, the efficiency target has been achieved year to date and is forecasted to achieve at the year end. CIP plans and savings schemes are monitored through Finance, Performance and Digital Committee and overseen by the Efficiency and Innovation Group. Implemented the Agency request process Efficiencies reported to NHSE and ICS	Medium - Yellow	2	3	6	→	Treat	Savings and efficiency plans quantified as part of the business planning process. Monitor delivery of efficiencies and other benefits through FP&D. Executive review of corporate cost in preparation for 2023-24	Matt Gamage	Sustainability	1	4	4	Above	Open
11/12/2023	C-063	✗	✗	✗	✓	✗	Matt Gamage	Risk of financial overspend due to insufficient financial controls. This may result in unauthorised over spend, loss of financial control inability to meet the control total and impact on service delivery.	Loss of financial control and failure to meet control total. Impact on service delivery.	3	4	12	Robust financial control environment, with regularly reviewed procedures. SFI's, SoRD and SOs agreed at Board & reviewed at A&R Committee. Internal Audit Report on Financial systems gave significant assurance in 2022/23. HFMA action plan being implemented and follow up audit completed.	Medium - Yellow	2	3	6	→	Treat	The Internal Audit are conducting a financial systems audit as part of the 2023-24 audit programme. Follow up audit of HFMA checklist and action plan. Implementation of Grip and Control recommendations identified by the ICS. Financial systems audit is currently underway and findings report planned to be received by Audit and Risk Committee in January 2024.	Matt Gamage	Sustainability	1	4	4	Above	Open
13/12/2023	C-082	✗	✗	✓	✗	✗	Philip King	Risk to the continuity of business due to not fully formed and robust business continuity plans.	This will have an impact and possible causing an effect on provision of patient care. Given the level of system wide scrutiny, this also potentially creates a reputational risk.	1	4	4	Systems tested in the 1st week of August 2023 with the use of EPRR Desktop exercise. This is in advance of DIHC's EPRR Core Standards submission, which will be submitted at the end of August 2023. In-house support for business continuity / emergency preparedness Business continuity plans EPRR and business continuity training The Business Impact Assessment as part of ISO 23000 has not yet been carried out. This has been confirmed to NHSE and has been accepted that we do not have the resources to carry this out given the organisational change All policies and plans have been approved by PPDG.	Strong - Green	1	4	4	→	Tolerate	Deputy Operational Manager is reviewing our compliance in relation to the assurance criteria and will bring this to the Executive at the beginning of July. The EPRR core standards improved from 8% to 50%. Business continuity plans being actively reviewed and revised alongside relevant policies. Business Continuity Plans (BCPs) are not in place for every service. Some plans are partial. A recent incident where the school nurses were unable to access Progress point was managed well.	Jenny Cale	Safety	1	4	4	Below	Open
11/12/2023	C-304	✗	✗	✗	✓	✗	Matt Gamage	Risk of failure to deliver against the organisations Green Plan and a Net Zero National Health Service	Our organisational activities may not be environmentally sustainable and could result in potential reputational risk.	1	4	4	Green Plan 2022-25 Active participation and involvement in the ICS Sustainability Network Quarterly Greener NHS Data Collection Continue to attend the ICB meeting and implement initiatives.	Strong - Green	1	4	4	→	Tolerate	A Sustainability Engagement Action Plan to promote staff involvement in sustainability and the greener NHS agenda and development of the green travel plan. Travel Survey	Mike Nicklin	Sustainability	1	4	4	Below	Open
11/12/2023	C-303	✗	✗	✗	✓	✗	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.	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.	4	4	16	Programme management. Project Assurance group. Access to CSU Infrastructure and subject matter expertise. Regular meetings between management and BI Team.	Medium - Yellow	2	2	4	→	Tolerate	Replace out-dated infrastructure in collaboration with— DGFT as part of 22/23 capital plan— The Business Intelligence (BI) Team does not currently have the capacity issues and an exercise is being undertaken by the digital team to understand the areas being delivered by the BI Team to inform the transition process in relation to the future BI requirements for transferring services.	Matt Gamage	Infrastructure	2	3	6	Below	Pending closure



PUBLIC BOARD MEETING

REPORT TITLE:	EPRR & Business Continuity Assurance Report
DATE OF MEETING:	9 th January 2024
PURPOSE OF REPORT:	To update the Board with the work that has taken place in terms of EPRR and Business Continuity during the last 5 months and the outcome of the Core Standards Assessment.
RESPONSIBLE EXECUTIVE:	Phillip King – Chief Operating Officer
AUTHOR OF REPORT	Jenny Cale – Deputy Chief Operating Officer
SUMMARY OF KEY POINTS:	<ul style="list-style-type: none"> • The Board is asked to note the significant progress towards achievement of EPRR core standard requirements. • Whilst DIHC remains 'non' compliant the improvement in assessment from 9% to 50% has been commended by NHSE • Further work is ongoing and includes a training programme and EPRR exercises both internally and within the BC system. • A work programme towards continued improvement of EPRR for DIHC is continuing.
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	<ul style="list-style-type: none"> • The Board is asked to note the report for assurance
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 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 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
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
	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 type="checkbox"/> Public Board <input checked="" 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 type="checkbox"/> For Information / Discussion

1. Introduction

The purpose of this report is to update the Board on the activities relating to EPRR and Business Continuity for the Trust. The Board received an annual report in August 2023 and the attached serves to provide an update on progress following this. Key updates relate to the EPRR Core Standard assessments and training exercises completed/incidents over the last few months.

2. Core Standards

Dudley Integrated Health & Care NHS Trust is legally obliged under the Civil Contingencies Act (CCA) 2004 to have in place efficient and tested EPRR and Business Continuity arrangements. NHS England provides a framework document for Emergency Preparedness, Resilience and Response (EPRR) and assesses the Trust against these Core Standards annually.

The Trust completed the NHS Core Standards for EPRR in August 2023. The Trust achieved a compliance score of 50% fully compliant. This is a significantly improved score from August 2022 which was 9%. Both NHSE and the Black Country ICB commended the work the Trust had undertaken to achieve this improved score. The Trust were also recognised for its good practice on its training programme, exercise calendar & schedule.

In line with other non-acute trusts, the relevance of some of the Core standards eg CBRNE (Chemical, Biological, Radiological, Nuclear, and high yield Explosives) and Mass Casualty plan was challenged and whilst NHSE expressed sympathy for this the trust were nevertheless assessed as non-compliant in these areas. However, DIHC was the only trust to achieve compliance in Core Standard 12-14 – Managing Infectious Diseases, Pandemics, and Counter Measures.

The overall rating for the Region was non-compliant and the ICB are now working to address this with a series of workshops planned for 2024 and additional capacity within the EPRR team.

3. Training & Exercises

Summer Days

The Trust undertook an internal test on 3rd August 2023. Operation Summer days was a tabletop exercise, the premise of which was a 'Level 4' heatwave. The exercise was facilitated by Phillip King as accountable executive officer for EPRR and scenarios included a surge of patients at Chapel Street GP Practice, air conditioning not functioning in a care home and servers breaking down.

Following a debrief a number of learning points were identified and these were presented to Executive Committee on 16th August 2023: These included:

- i. No Formal alerting processes (SBAR, METHANE) had been used
- ii. Action Cards were not used
- iii. Identification of appropriate people for Incident Command Centre.
- iv. One Operational (Bronze) Command may not be sufficient.
- v. Actions were allocated but not tracked.
- vi. Resilience of the ICC Team if the incident lasted longer than 4 – 5 hours.

The resulting Action Plan is monitored through Trust Management Board.

Cyber Resilience Workshop

The Trust attended along with other system partners, the Cyber Resilience Workshop which was hosted by NHSE on 15th September 2023. The scenario of this exercise was that a company which manages Haematology lab tests being compromised by a malware. The outputs of this exercise will feed into a national response.

EPPR Training

In preparation for the expected winter pressures, Steve Wheaton from the ICB provided major incident and EPPR training to on-call team and service leads. The purpose of the session was aimed at preparing, developing and equipping DIHC Senior Managers to effectively lead their organisation through major, critical and business continuity incidents. The session outlined the National Occupational Standards and reaffirmed the roles and responsibilities of on call managers. It also outlined the National emergency management framework, responsibilities and the alerting/escalation process. A comprehensive set of policies, protocols and information required for on-call staff is now available on the Sharepoint platform for easy access.

Principles of Health Command Training has also been undertaken by on-call Colleagues and further sessions are being made available from March 2024 for those who were unable to attend the course.

Additional training and webinars have also been attended by DIHC's EPPR leads and include Hospital Evacuation Procedures (East of England) and Winter Planning. An application has also been made to enable S Kite to undertake the Award in Health Emergency Preparedness, Resilience and Response funded by UKHSA.

Local Health Resilience Partnership

Representatives of DIHC attend the LHRP (Local Health Resilience Partnership) and HEPOG (Health Emergency Planning Operations Group) meetings which is a requirement of the Core Standards. HEPOG has developed a number of Task and Finish groups – Mass Casualties, Evacuation and shelter, Counter measures and infectious diseases which will inform high level planning to give consistency across the system.

4. Incidents

The only significant incident recorded in the last 4 months was a fire on a local industrial estate which is the location of the School Nursing Team. Business Continuity Plans were activated, and the team were relocated to other offices in the Trusts estate. There was also minimal disruption to the IT service provider – Terra Firma who are located on the same industrial estate. The incident was recorded on Datix.

Industrial Action

The NHS has been subject to industrial action since December 2023. Further action is planned by the BMA (Junior Doctors). DIHC continues to support the system response.

5. Next steps and Development

All policies and procedures will continue to be monitored in accordance with national policies.

6. Recommendations

The Board is asked to note the report for assurance.



PUBLIC TRUST BOARD

REPORT TITLE:	Quality and Safety Report
DATE OF MEETING:	9 th January 2024
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	Nicola Dawe - Interim Head of Quality & Governance Jim 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 December 2023, reflecting reporting periods of October 2023 and November 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 October or November• One previously reported incident has now been reported as an SI retrospectively following receipt of additional information; this is the only SI attributable to DIHC currently in progress• The Trust also continues to support the investigation of a small number of other SIs reported by other organisations to ensure system and pathway learning as appropriate; these have also been reported as internal incidents with full investigation undertaken• Four formal complaints have been reported over this two-month period; complaints continue to be acknowledged in accordance with the complaints regulations and formally responded to within the locally agreed timescale.• Flu vaccination data is provided for both months; issues remain regarding the national reporting of child immunisation data• Q2 Learning Lessons review undertaken during November – key points identified will be disseminated to staff via the next Patient Safety Bulletin <p>Based on the quality indicator data currently available, together with the area-specific narrative, there do not appear to be any concerns regarding the quality of services currently provided by the Trust.</p>

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
PRESENTED TO:	Other Regulatory Requirements
	<input checked="" type="checkbox"/> None Identified
	<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>) -
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RECOMMENDATION: <i>Tick as appropriate</i>	<input type="checkbox"/> For Approval / Decision <input checked="" type="checkbox"/> For Assurance <input type="checkbox"/> For Information / Discussion
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Quality and Safety Report

Reporting Period: October 2023

Reported to: December 2023, Quality and Safety Committee

Reported to: January 2024, 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

- 43 incidents reported, no reportable serious incidents (SI)
- 7 pieces of feedback received including 2 formal complaints
- A previously reported incident has been reported as an SI following receipt of additional information
- Issues with national reporting of Child Immunisation data continues

Other

- No other escalations

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 are no emerging trends

There are no further issues or concerns requiring escalation to the Board

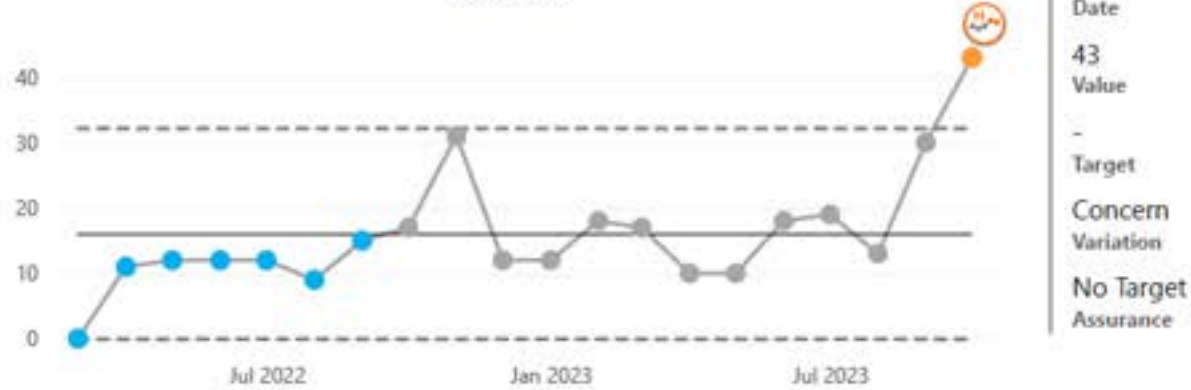
DIHC Performance Scorecard 2023/24

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	YTD	Target	Variation	Assurance
Q&S	Feedback	IAPT Friends and Family Test – % Positive	Local	Oct 2023	100%	100%	-		
		Primary Care Friends and Family Test – % Positive - Chapel Street Surgery	Local	Oct 2023	95%	81.08%	-		
		Primary Care Friends and Family Test – % Positive - High Oak Surgery	Local	Oct 2023	96.48%	93.86%	-		
		PCMH Friends and Family Test – % Positive	Local	Oct 2023	100%	83.87%	-		
		Feedback - Informal Concern	Local	Oct 2023	2	32	-		
		Feedback - Compliments	Local	Oct 2023	3	24	-		
		Feedback - Complaints	Local	Oct 2023	2	7	-		
		An acknowledgment of the complaints within 3 days	National	Oct 2023	100%	100%	-		
		A formal response to the complaint sent within 45 days	Local	Oct 2023	100%	100%	-		
	Incidents	Duty of Candour	National	Oct 2023	100%	100%	100%		
		Occurrence Of Any Never Event	National	Oct 2023	0	0	-		
		Incidents	Local	Oct 2023	43	143	-		
		Serious Incidents	Local	Oct 2023	0	0	-		
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	Sep 2023	100%	100%	-		
	Safeguarding	Safeguarding Concerns - Adults	Local	Oct 2023	29	147	-		
		Safeguarding Concerns - Child	Local	Oct 2023	24	82	-		
		Safeguarding Concerns - Age unknown	Local	Oct 2023	0	0	-		
		Number of SARs - Open	Local	Oct 2023	0	0	-		
		Number of CSPRs - Open	Local	Oct 2023	3	31	-		
		Number of S42s - Open	Local	Oct 2023	1	6	-		
		Number of S42s - Overdue	Local	Oct 2023	1	2	-		

Footnotes

Incidents

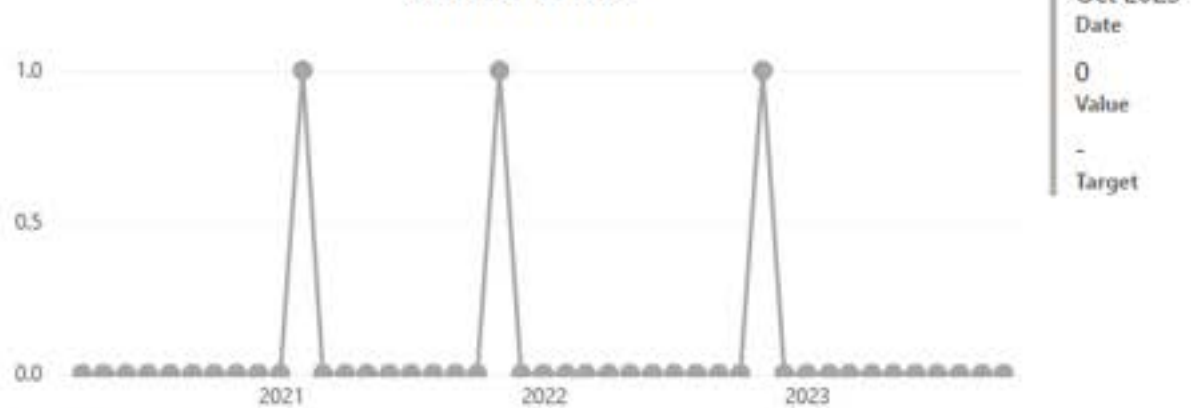
Incidents



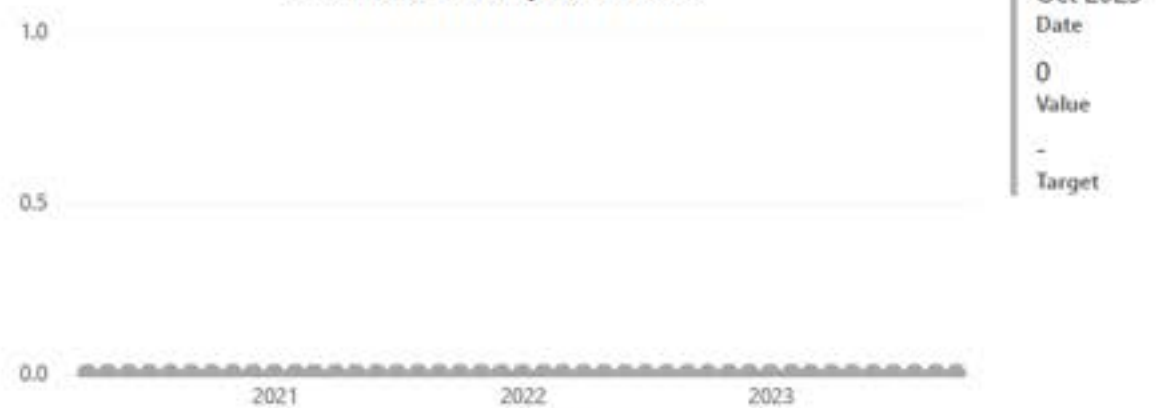
Duty of Candour



Serious Incidents



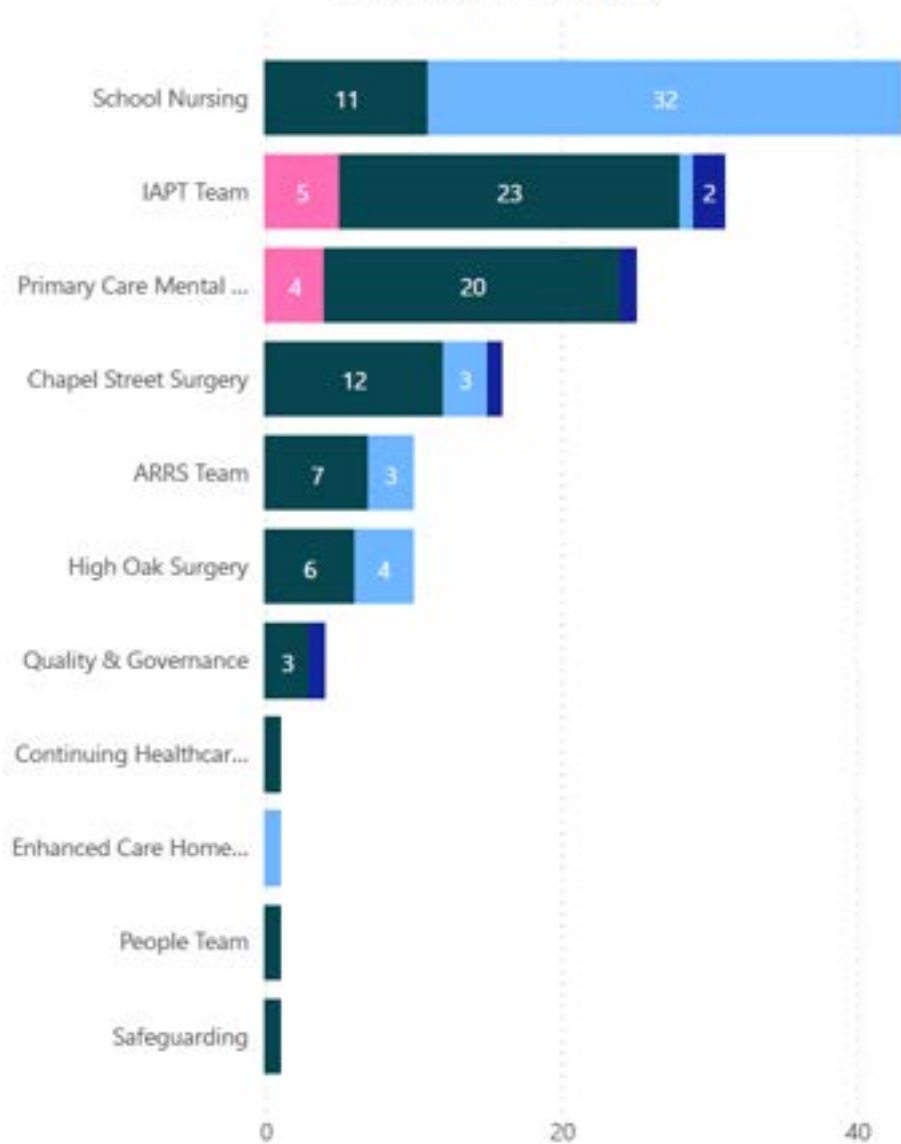
Occurrence Of Any Never Event



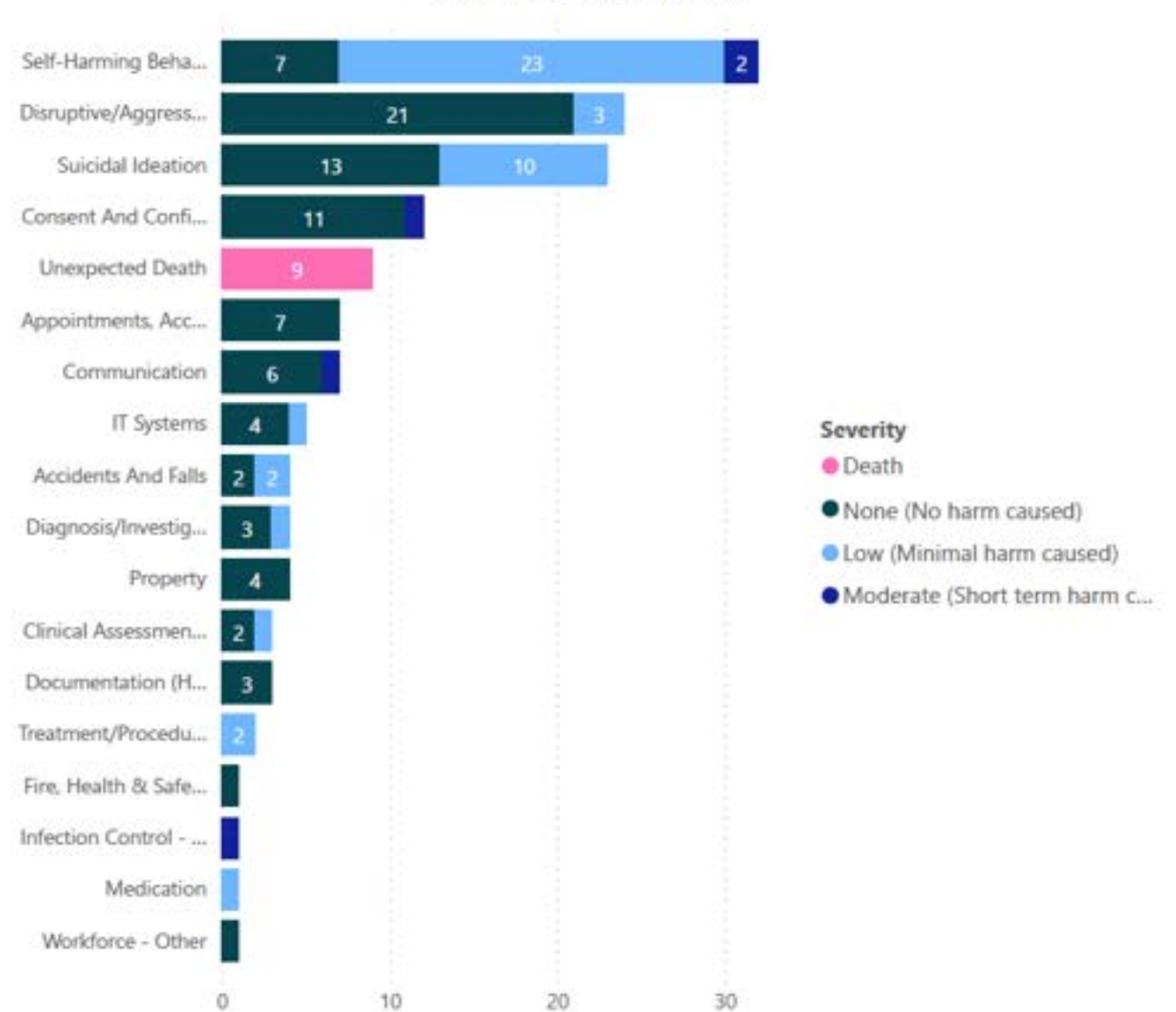
Service comments	Actions
<ul style="list-style-type: none"> Higher number of reported incidents does not appear to relate to any specific service or emerging trend; 16 incidents reported were instances of CYP self-harm reported by the School Nursing Team No reported incidents met the threshold for reporting as an serious incident within month 	<ul style="list-style-type: none"> Investigations currently in progress as appropriate Total number of incidents reported to be monitored over the coming months

Incidents

Incidents by Service (YTD)



Incidents by Category (YTD)



Severity

Death

None (No harm caused)

Low (Minimal harm caused)

Moderate (Short term harm caused)

Serious incidents

DIHC Reported

One Serious Incident currently open:

INC2354 - Unexpected death of a patient under the care of Trusts primary care mental health and primary care services

- Initially reported in June 23, escalated to an serious incident in October on receipt of additional information
- Scoping meeting held 01/11/23
- Tabletop review scheduled for 29/11/2023

Other providers

Three incidents reported by another organisation as a serious incident currently open:

INC2467 - Unexpected death of patient under the care of Primary Care Mental Health Services

- Internal tabletop review scheduled for 09/11/23

INC2793 – Unexpected death of patient under the care of Talking Therapies

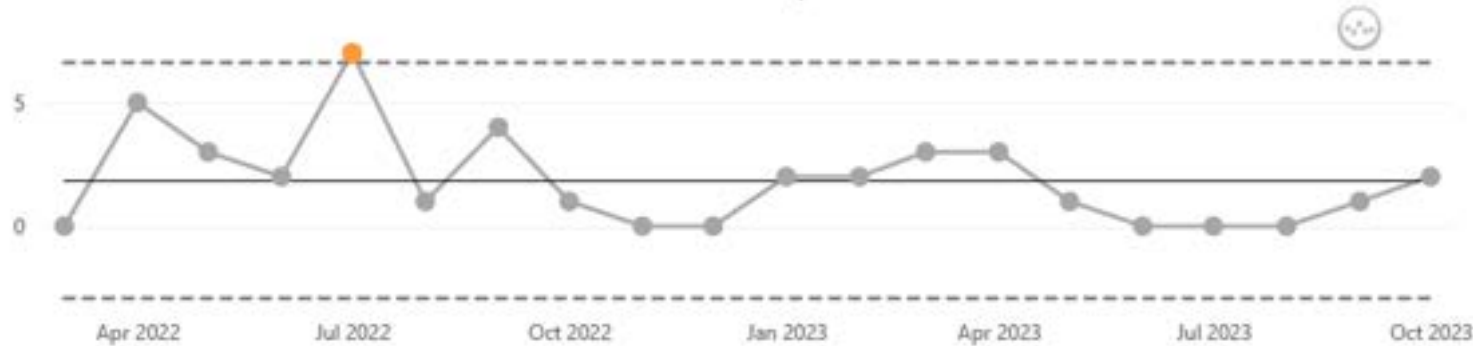
- Internal scoping meeting scheduled for 13/11/23

INC2898 - Unexpected death of patient under the care of Talking therapies

- Reported 30/10/2023, internal scoping meeting to be arranged

Feedback

Feedback - Complaints



Oct 2023

Date

2

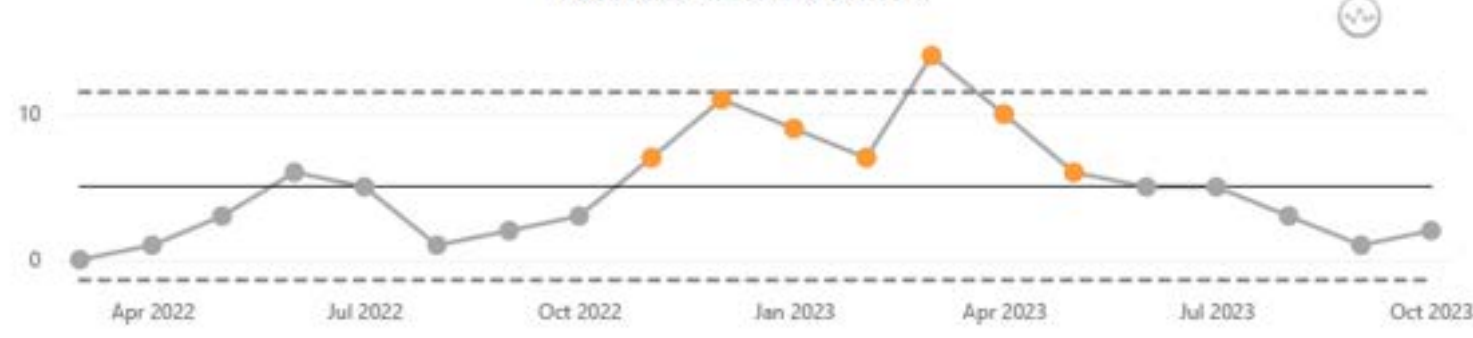
Value

-
Target

Common Cause
Variation

No Target
Assurance

Feedback - Informal Concern



Oct 2023

Date

2

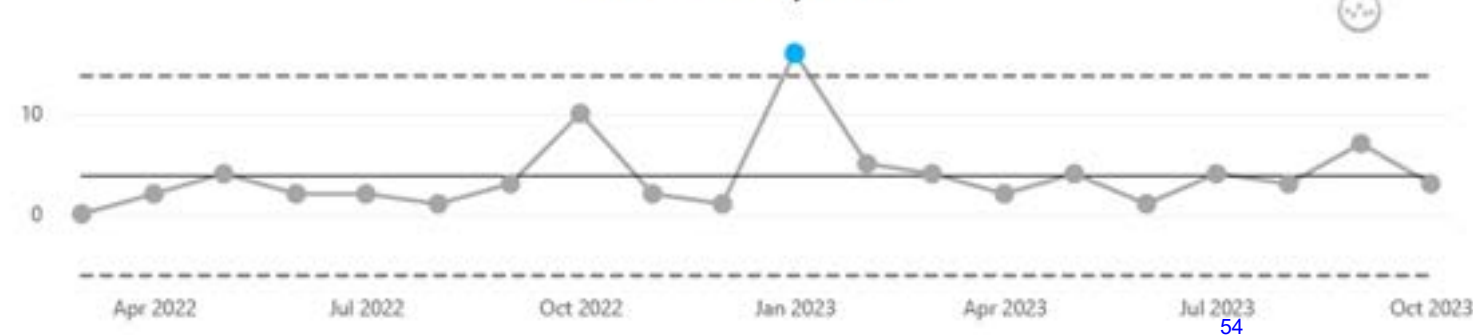
Value

-
Target

Common Cause
Variation

No Target
Assurance

Feedback - Compliments



Oct 2023

Date

3

Value

-
Target

Common Cause
Variation

No Target
Assurance

Service comments

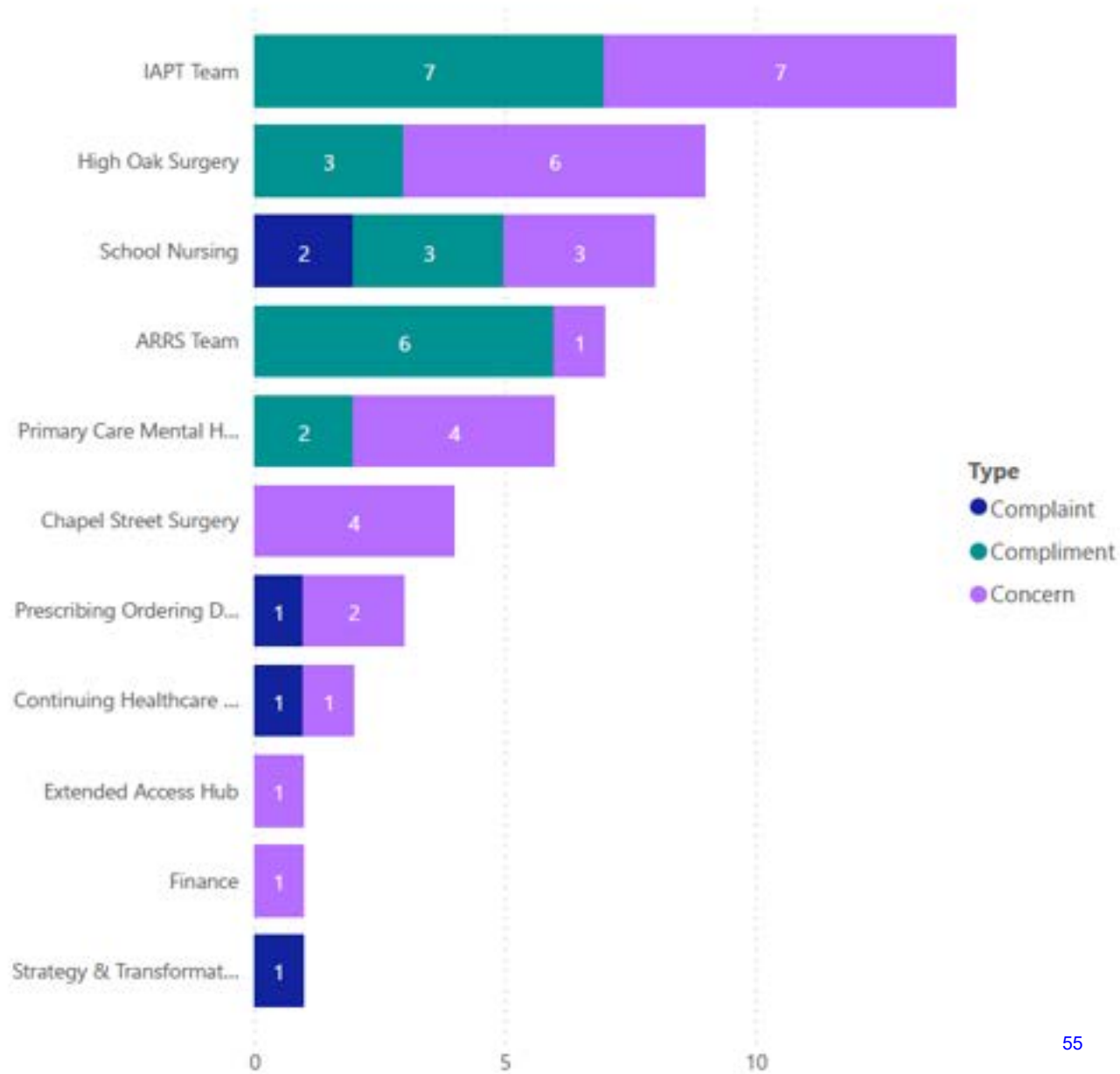
- All but one piece of feedback related to primary care or ARRS services
- No specific trends or concerns identified

Actions

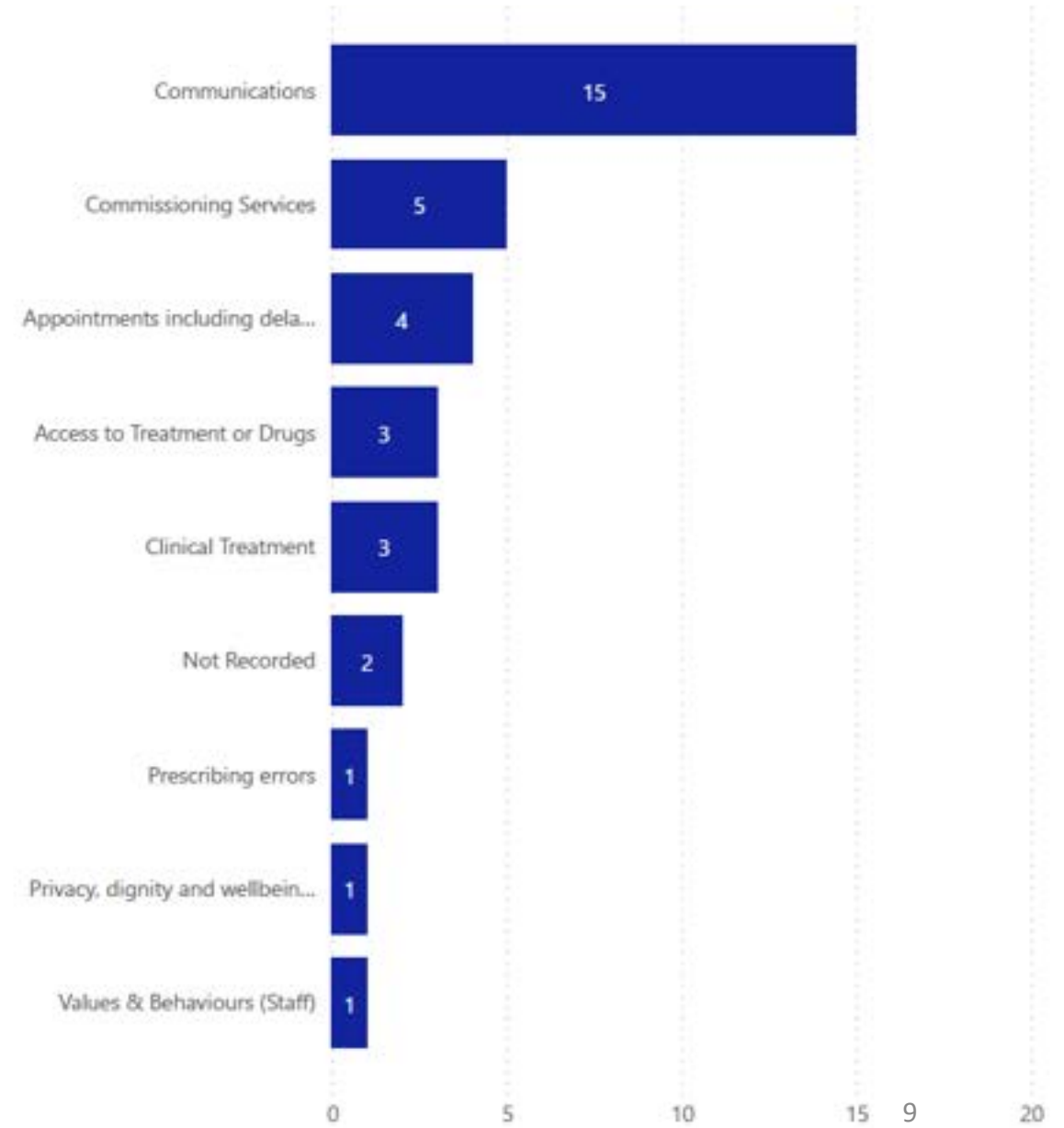
- All relevant investigations are being undertaken

Feedback

Feedback by Service (YTD)

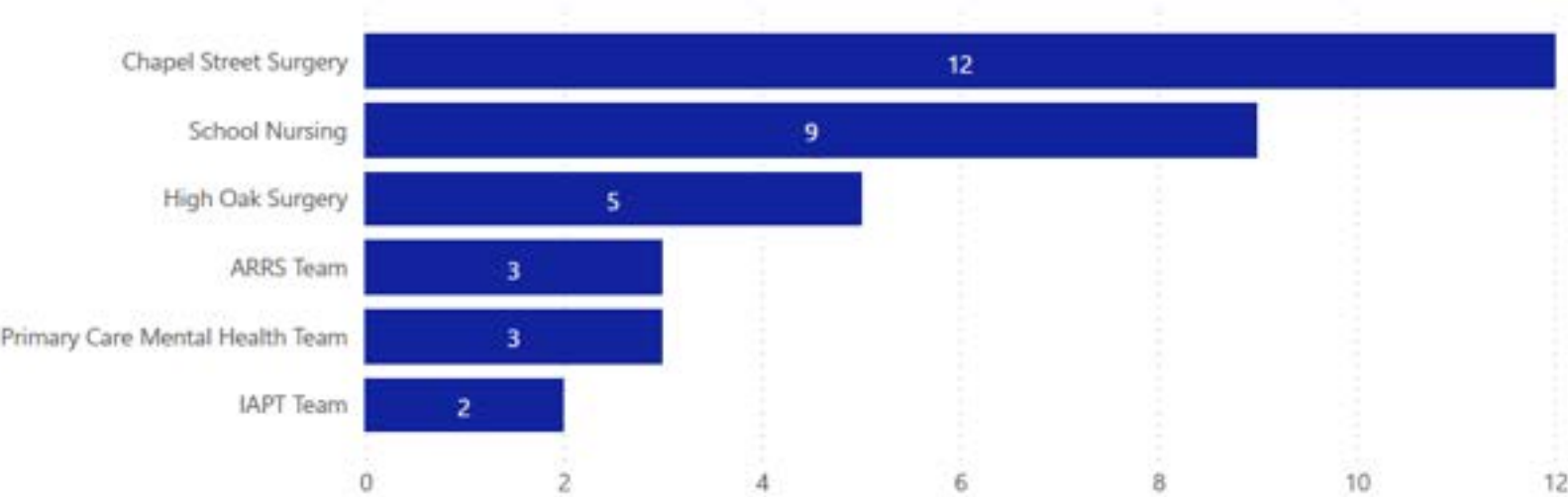


Complaints and Concerns - Feedback by Primary Subject (YTD)



Incidents and Feedback Closed Within: September 2023

Incident Closed by Service



Feedback Closed by Service

Type ● Compliment ● Concern



Key Lessons Learnt

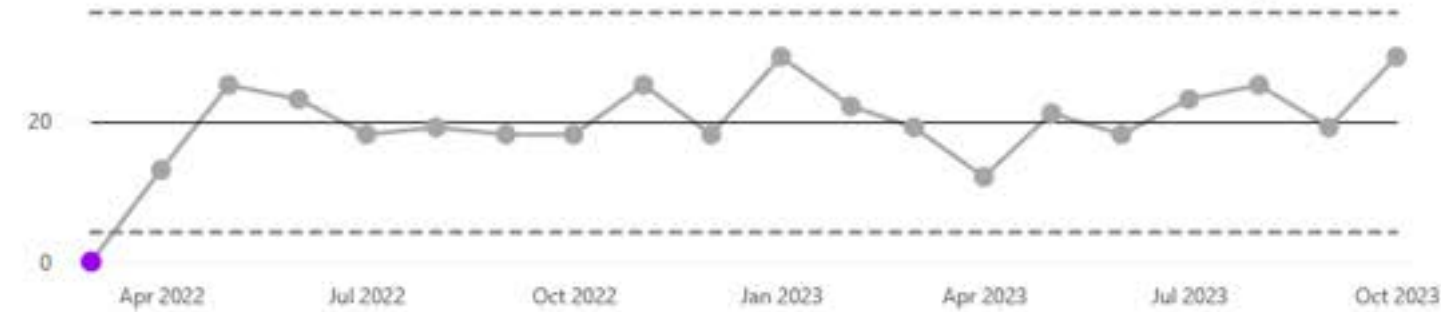
- New process to be developed to ensure appropriate sign-off from all relevant Practice Managers before PCN-wide messages are sent to any patient group

Actions

- Learning incorporated into wider Q3 learning lessons review

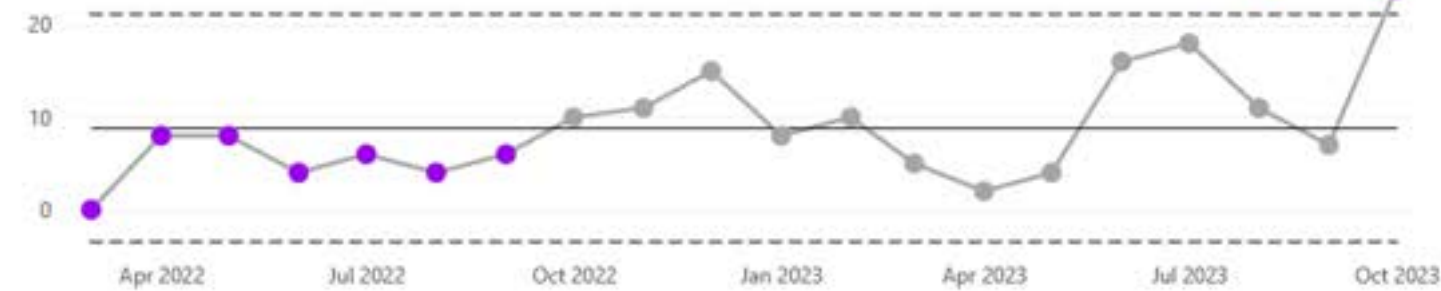
Safeguarding

Safeguarding Concerns - Adults



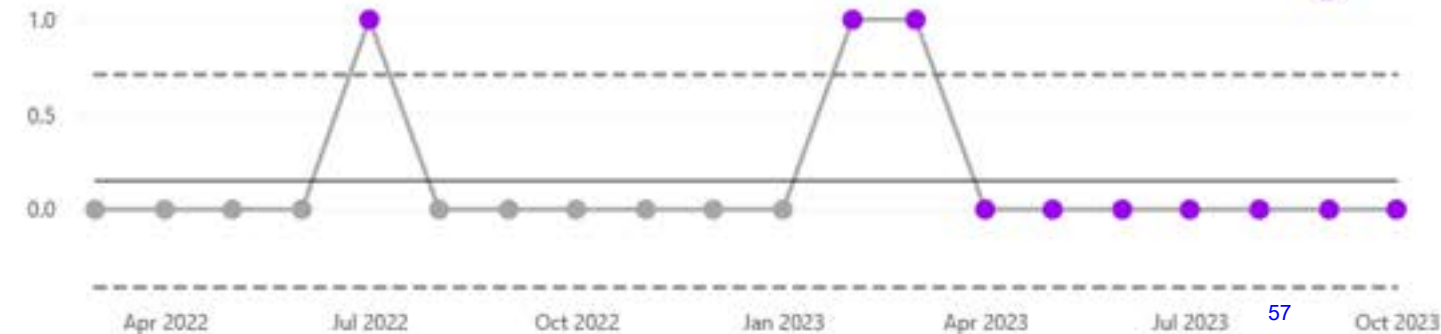
Oct 2023
Date
29
Value
-
Target
Common Cause
Variation
No Target
Assurance

Safeguarding Concerns - Child



Oct 2023
Date
24
Value
-
Target
Neither
Variation
No Target
Assurance

Safeguarding Concerns - Age unknown



Oct 2023
Date
0
Value
-
Target
Neither
Variation
No Target
Assurance

Service comments

- Increase in child concerns likely related to the high number of CYP self-harm incidents reported by the School Nursing team. This continues to be escalated via the Trusts Corporate Risk Register and to public health commissioners via CQRM

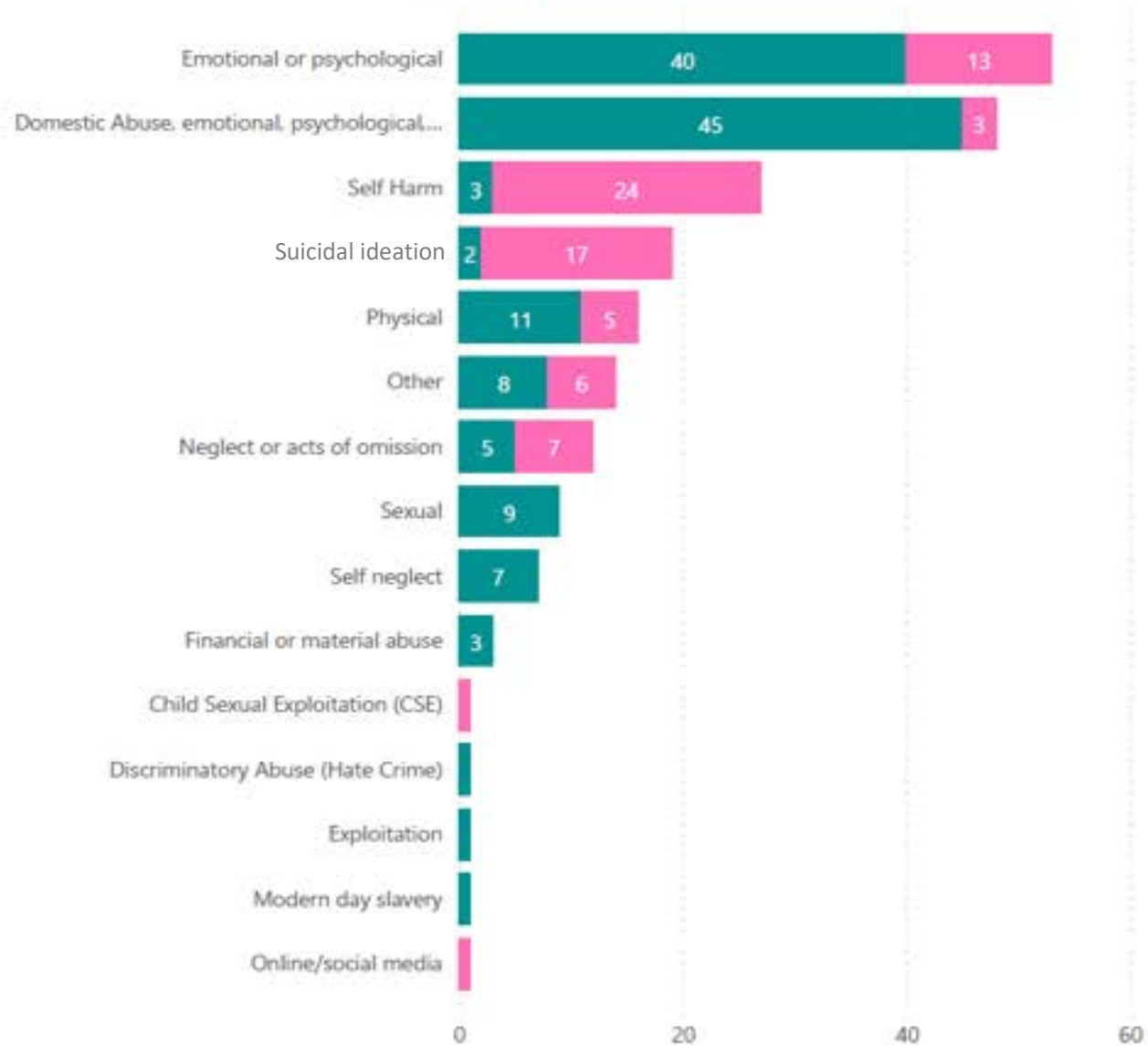
Actions

- Concerns continue to be monitored and all relevant actions taken by the Safeguarding team

Safeguarding

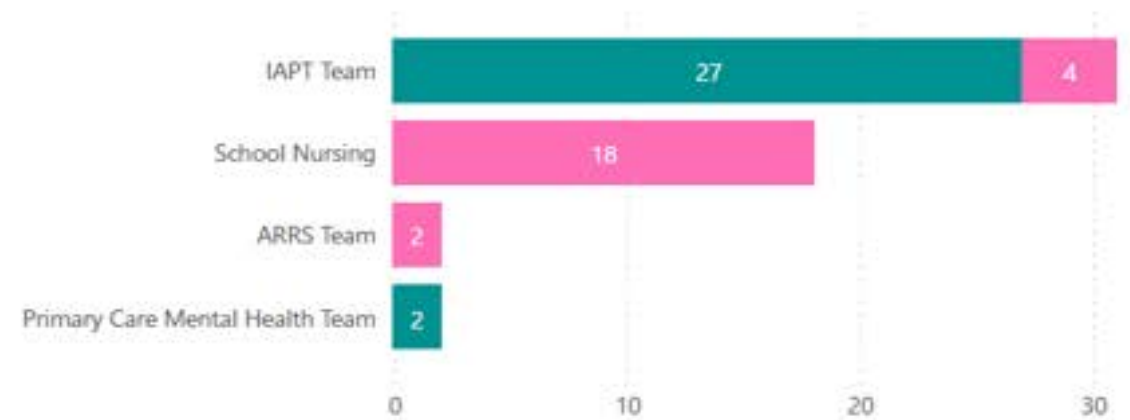
Safeguarding Concerns by Type of Abuse (YTD)

Adult/Child ● Adult ● Child



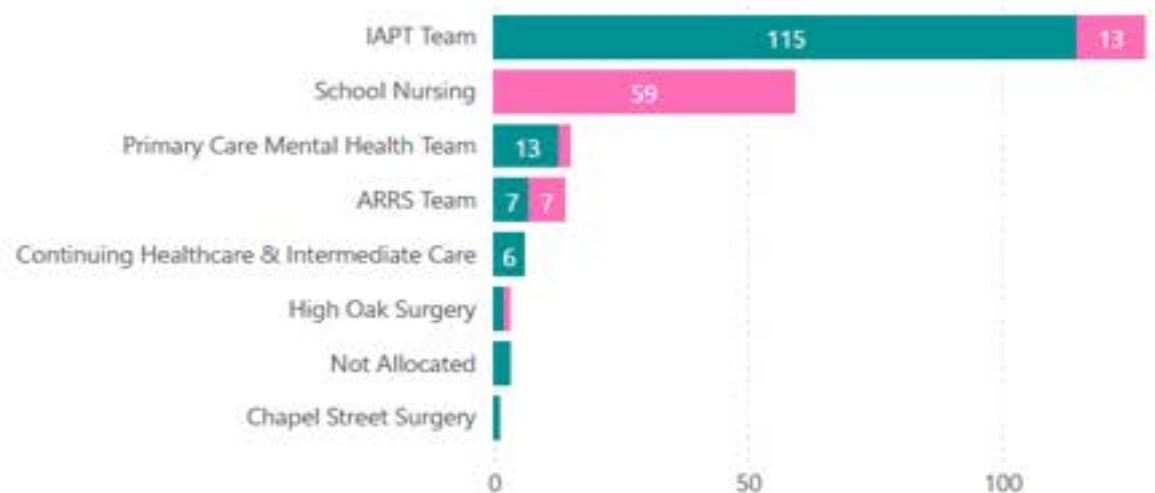
Safeguarding Concerns; October 2023

Adult/Child ● Adult ● Child



Safeguarding Concerns by Team (YTD)

Adult/Child ● Adult ● Child



VACCINATIONS

COVID VACCINATIONS – Patients (High Oak Surgery)

- Covid vaccination programme at High Oak Surgery continues; latest uptake data (as of 02/11/2023):

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%	100%	0	0
02. Age 80y+ and HSC Workers	191	96%	95%	93%	22	4
03. Age 75-79y (excl care home)	110	94%	92%	90%	7	4
04. Age 70-74y or Covid High Risk (excl care Home)	233	91%	90%	79%	16	14
05. Age 65-69y (excl Care home)	153	96%	95%	87%	12	4
06. Age 16-64y with UHC (excl care home)	709	85%	81%	67%	48	86
07. Age 60-64y or UHC (excl care home)	81	100%	92%	86%	4	5
08. Age 55-59y (excl care home)	126	86%	83%	70%	10	14
09. Age 50-54y (excl care home)	136	82%	80%	60%	12	21
10. Age 40-49y (excl care home)	309	75%	71%	52%	5	76
11. Age 30-39y (excl care home)	568	70%	63%	39%	26	156
12. Age 18-29y (excl care home)	443	63%	54%	28%	8	161
13. Age 16-18y, no UHCs	84	46%	31%	1%	0	45
14. Age 12-15y with specific UHC or household contact	24	25%	21%	4%	0	18
15. Age 12-15y no UHCs	214	30%	18%	0%	0	149
16. Age 5-11y with specific UHC or household contact	43	200%	0%	0%	0	42
17. Age 5-11y no UHCs	452	5%	3%	0%	0	429

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

FLU VACCINATIONS – Patients (High Oak Surgery)

Latest uptake data (as of 02/11/2023):

Age Group	Total Population Per Age Group	Total Vaccinated	% Vaccinated	Total Patient Declined	Total Vaccinated Elsewhere
65years and over	618	378	61%	74	108
2-3 year olds	104	16	15%	0	0
18-64 year olds at risk	732	177	24%	31	50
Pregnant	44	10	23%	1	3
Total	1498	581	39%	106	161

COVID VACCINATIONS – Patients (Chapel Street Surgery)

- Covid vaccination programme at Chapel Street Surgery continues; latest uptake data (as of 02/11/2023):

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	572	99%	97%	96%	26	1
02. Age 80y+ and HSC Workers	76	98%	94%	83%	4	1
03. Age 75-79y (excl care home)	24	83%	79%	71%	4	1
04. Age 70-74y or Covid High Risk (excl care Home)	171	89%	87%	58%	18	12
05. Age 65-69y (excl Care home)	70	79%	75%	56%	5	10
06. Age 16-64y with UHC (excl care home)	317	78%	74%	44%	16	59
07. Age 60-64y or UHC (excl care home)	21	100%	43%	33%	2	10
08. Age 55-59y (excl care home)	43	100%	54%	26%	4	16
09. Age 50-54y (excl care home)	88	58%	56%	28%	3	33
10. Age 40-49y (excl care home)	275	56%	53%	16%	4	120
11. Age 30-39y (excl care home)	376	46%	41%	10%	7	201
12. Age 18-29y (excl care home)	513	39%	31%	6%	5	311
13. Age 16-18y, no UHCs	82	27%	22%	1%	0	60
14. Age 12-15y with specific UHC or household contact	12	8%	0%	0%	1	10
15. Age 12-15y no UHCs	192	16%	11%	0%	0	163
16. Age 5-11y with specific UHC or household contact	11	9%	0%	0%	0	10
17. Age 5-11y no UHCs	316	3%	1%	0%	0	308

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

FLU VACCINATIONS – Patients (Chapel Street Surgery)

Latest uptake data (as of 02/11/2023):

Age Group	Total Population Per Age Group	Total Vaccinated	% Vaccinated	Total Patient Declined	Total Vaccinated Elsewhere
65years and over	814	527	65%	41	82
2-3 year olds	78	8	10%	3	0
18-64 year olds at risk	404	336	83%	12	14
Pregnant	11	3	27%	0	0
Total	1307	874	67%	56	96

Quality and Safety Report

Reporting Period: November 2023

Reported to: December 2023, Quality and Safety Committee

Reported to: January 2024, 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

- 33 incidents reported, no Serious Incidents
- 9 pieces of feedback received including 2 formal complaints
- Issues with national reporting of Child Immunisation data continues

Other

- No further escalations

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 are no emerging trends

There are no further issues or concerns requiring escalation to the Board

DIHC Performance Scorecard 2023/24

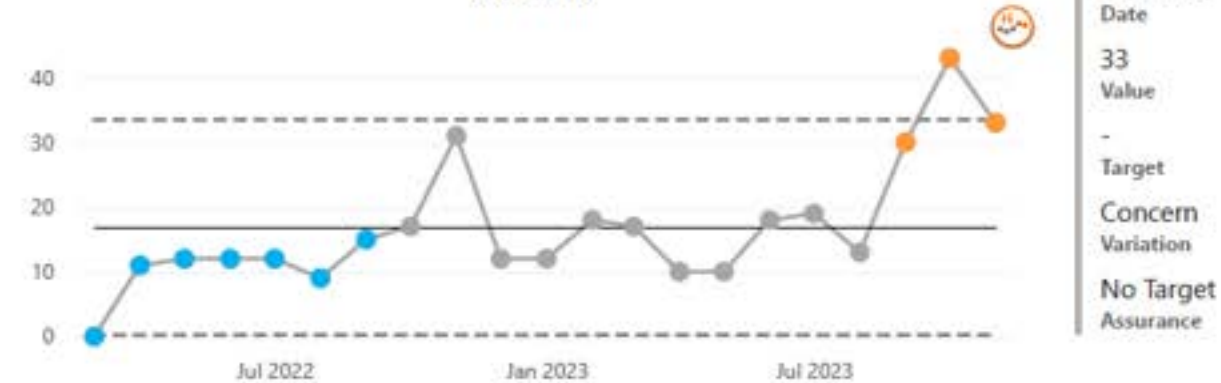
Domain	Sub domain	Metric	Metric Type	Latest Date	Value	YTD	Target	Variation	Assurance
Q&S	Feedback	IAPT Friends and Family Test – % Positive	Local	Nov 2023	100%	100%	-		
		Primary Care Friends and Family Test – % Positive - Chapel Street Surgery	Local	Nov 2023	82.61%	81.45%	-		
		Primary Care Friends and Family Test – % Positive - High Oak Surgery	Local	Nov 2023	91.82%	93.57%	-		
		PCMH Friends and Family Test – % Positive	Local	Nov 2023	33.33%	79.41%	-		
		Feedback - Informal Concern	Local	Nov 2023	1	33	-		
		Feedback - Compliments	Local	Nov 2023	6	30	-		
		Feedback - Complaints	Local	Nov 2023	2	9	-		
		An acknowledgment of the complaints within 3 days	National	Nov 2023	100%	100%	-		
		A formal response to the complaint sent within 45 days	Local	Nov 2023	100%	100%	-		
	Incidents	Duty of Candour	National	Oct 2023	100%	100%	100%		
		Occurrence Of Any Never Event	National	Nov 2023	0	0	-		
		Incidents	Local	Nov 2023	33	176	-		
		Serious Incidents	Local	Nov 2023	0	0	-		
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	Nov 2023	100%	100%	-		
	Safeguarding	Safeguarding Concerns - Adults	Local	Nov 2023	25	172	-		
		Safeguarding Concerns - Child	Local	Nov 2023	28	110	-		
		Safeguarding Concerns - Age unknown	Local	Nov 2023	1	1	-		
		Number of SARs - Open	Local	Nov 2023	2	2	-		
		Number of CSPRs - Open	Local	Nov 2023	3	34	-		
		Number of S42s - Open	Local	Nov 2023	1	7	-		
		Number of S42s - Overdue	Local	Nov 2023	1	3	-		

Footnotes

*

Incidents

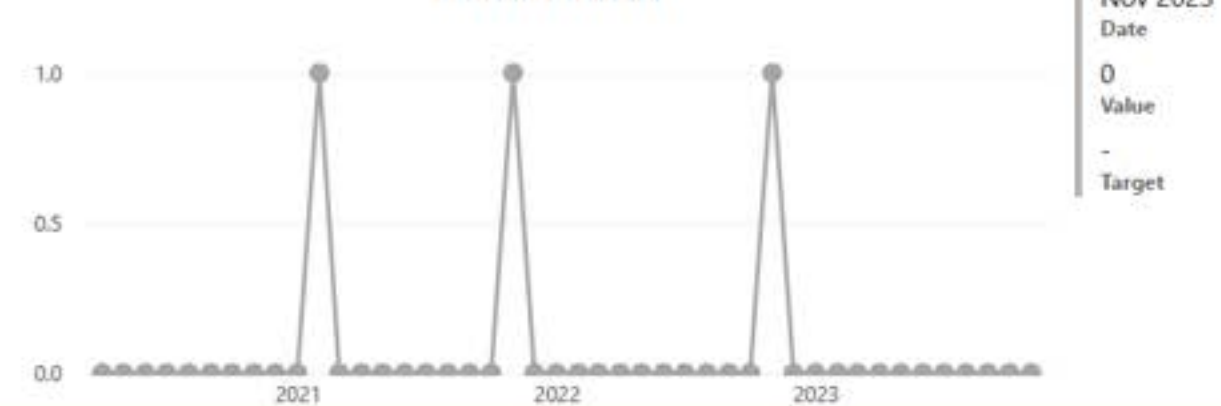
Incidents



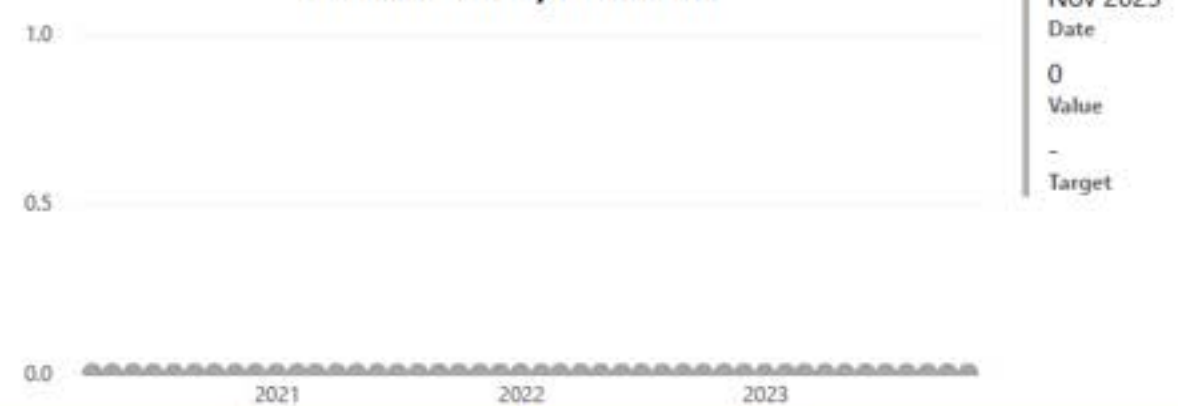
Duty of Candour



Serious Incidents



Occurrence Of Any Never Event



Service comments

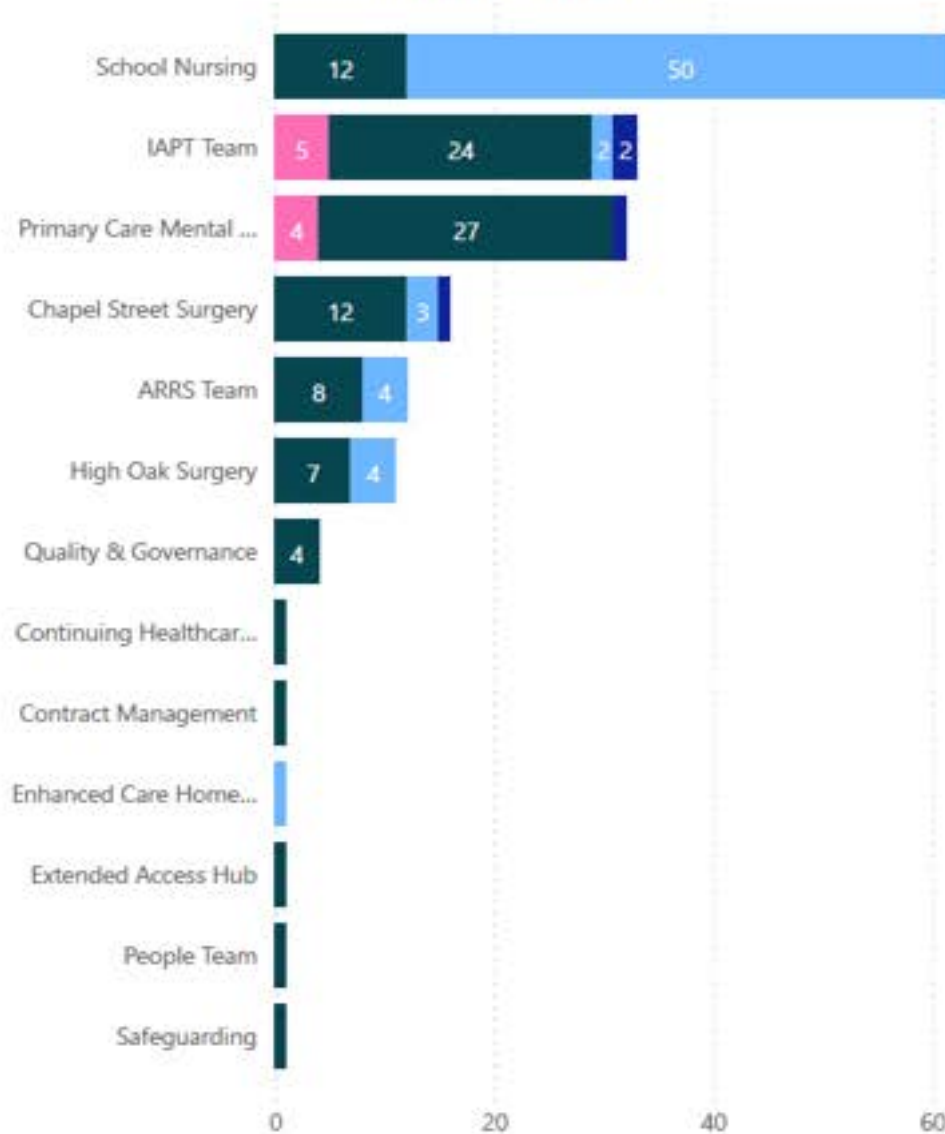
- Total number reported has reduced since last month
- 19 incidents related to CYP self-harm incidents being reported by the school nursing team
- No incidents met the threshold for reporting as a Serious Incident

Actions

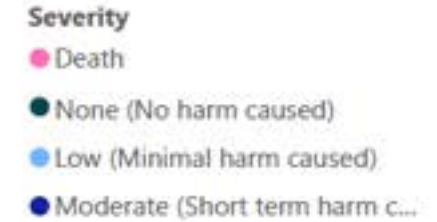
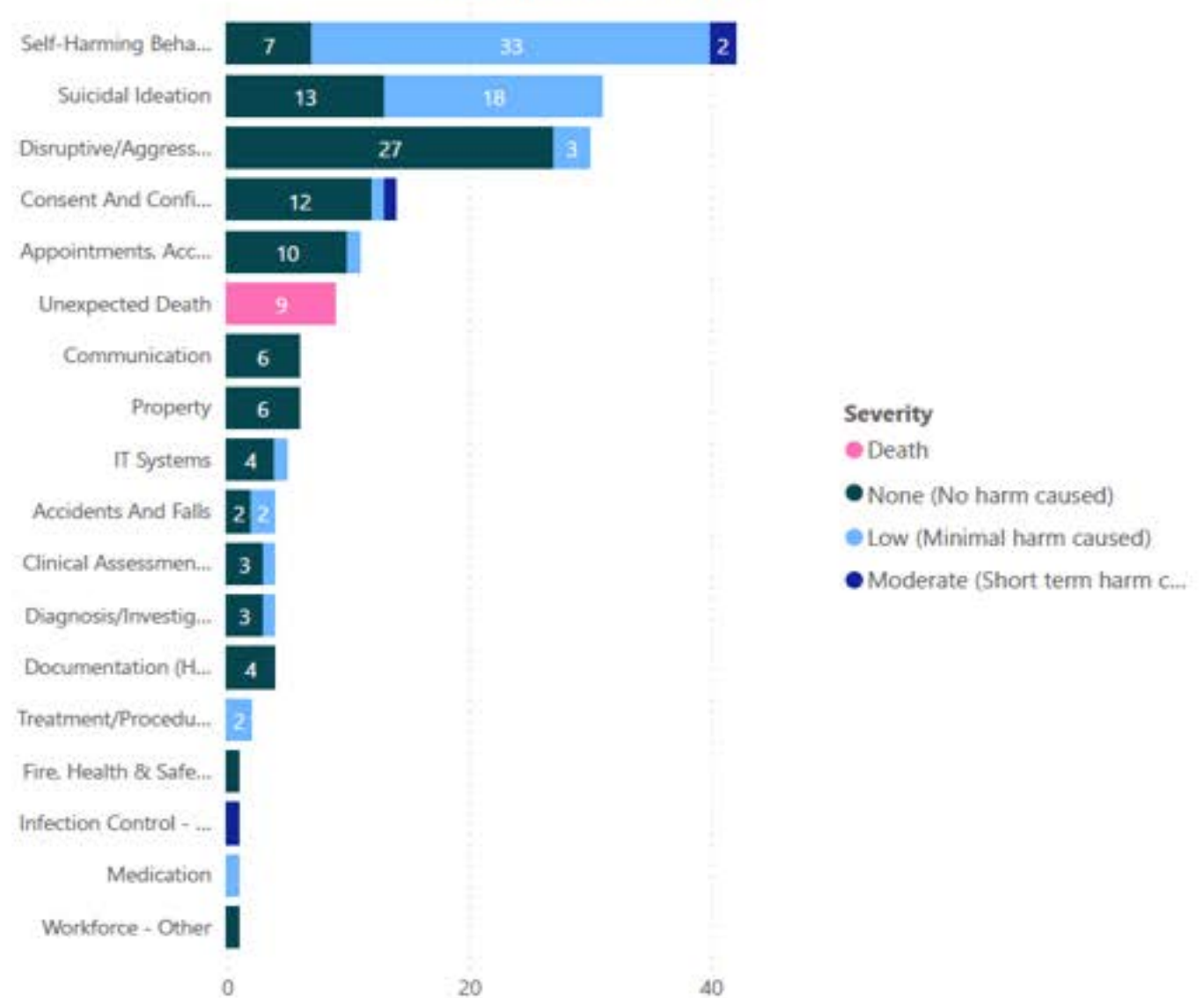
- Investigations currently in progress as appropriate

Incidents

Incidents by Service (YTD)



Incidents by Category (YTD)



Serious incidents

DIHC Reported Serious Incidents

One Serious Incident currently open:

- INC2354** - Unexpected death of a patient under the care of Primary Care Mental Health and Primary Care services.
Initially reported in June 23, escalated to an SI in October on receipt of additional information
- Table top review held 29/11/2023

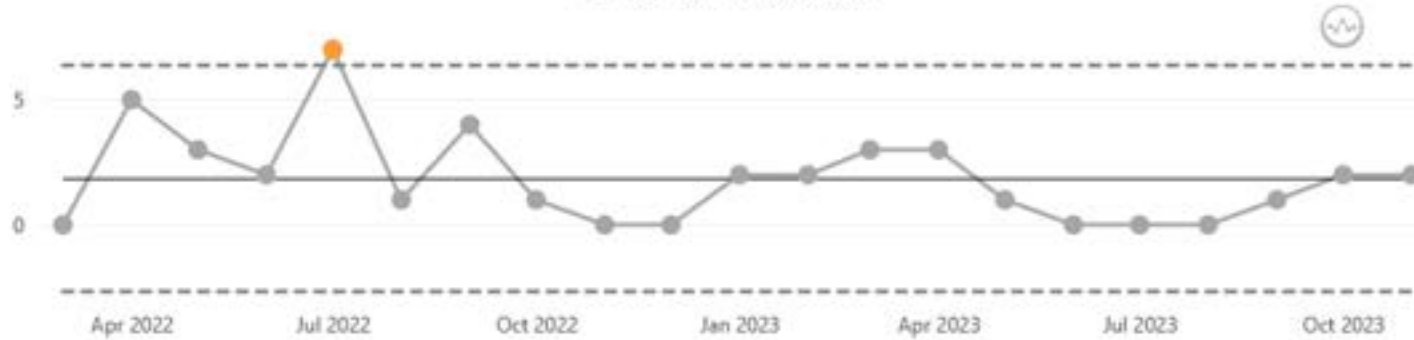
Other providers

Three incidents reported by another organisation as an Serious Incident currently open:

- INC2467** - Unexpected death of patient under the care of Primary Care Mental Health
- Table top review held 09/11/23. Report being drafted
- INC2793** – Unexpected death of patient under the care of Talking Therapies
- Table top review scheduled for 06/12/2023
- INC2898** - Unexpected death of patient under the care of Talking Therapies
- Scoping meeting held 29/11/2023

Feedback

Feedback - Complaints



Nov 2023

Date

2

Value

-

Target

Common Cause

Variation

No Target

Assurance

Feedback - Informal Concern



Nov 2023

Date

1

Value

-

Target

Common Cause

Variation

No Target

Assurance

Feedback - Compliments



Nov 2023

Date

6

Value

-

Target

Common Cause

Variation

No Target

Assurance

Service comments

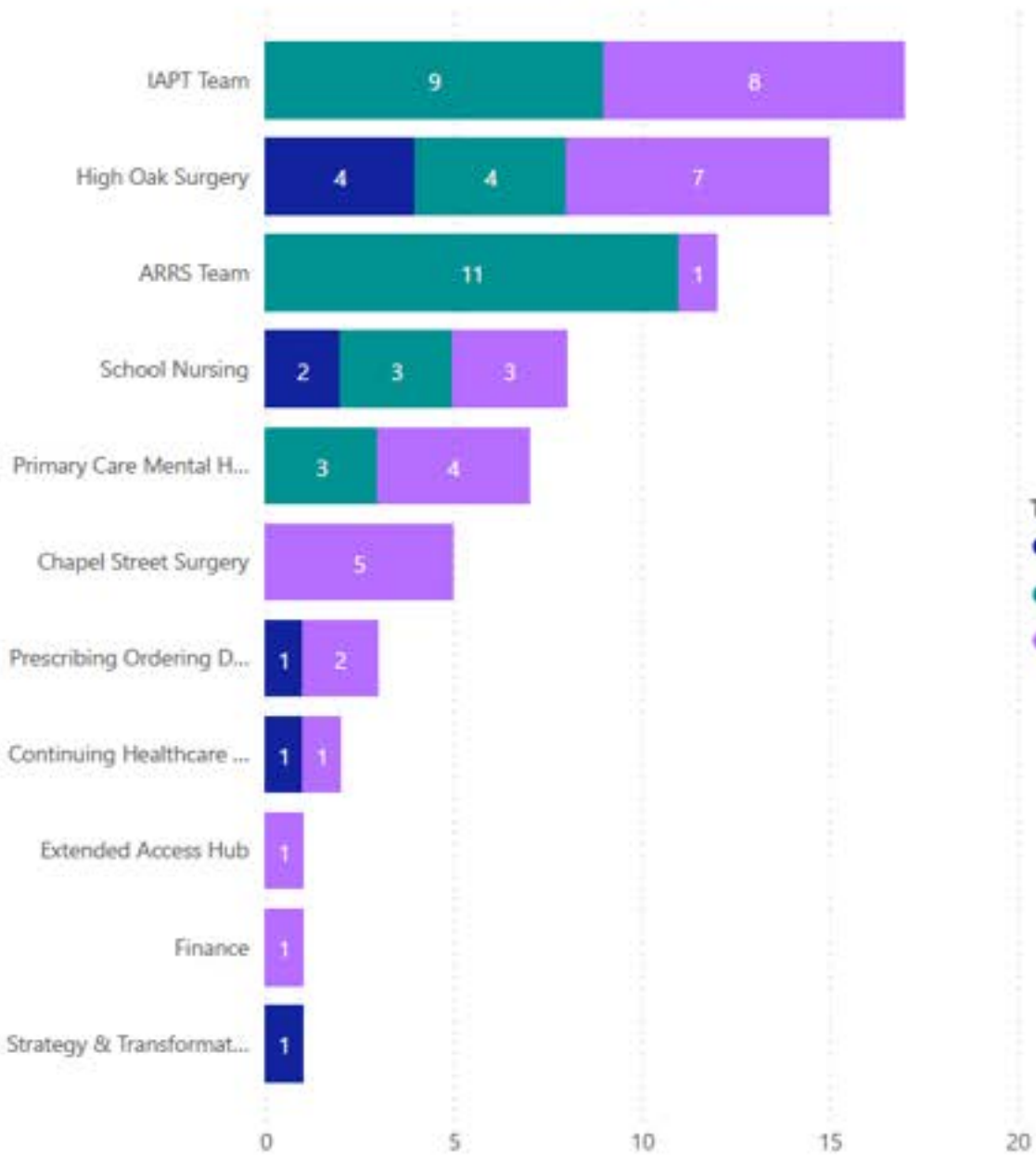
- Two formal complaints were submitted relating to primary acre services, both have subsequently been withdrawn

Actions

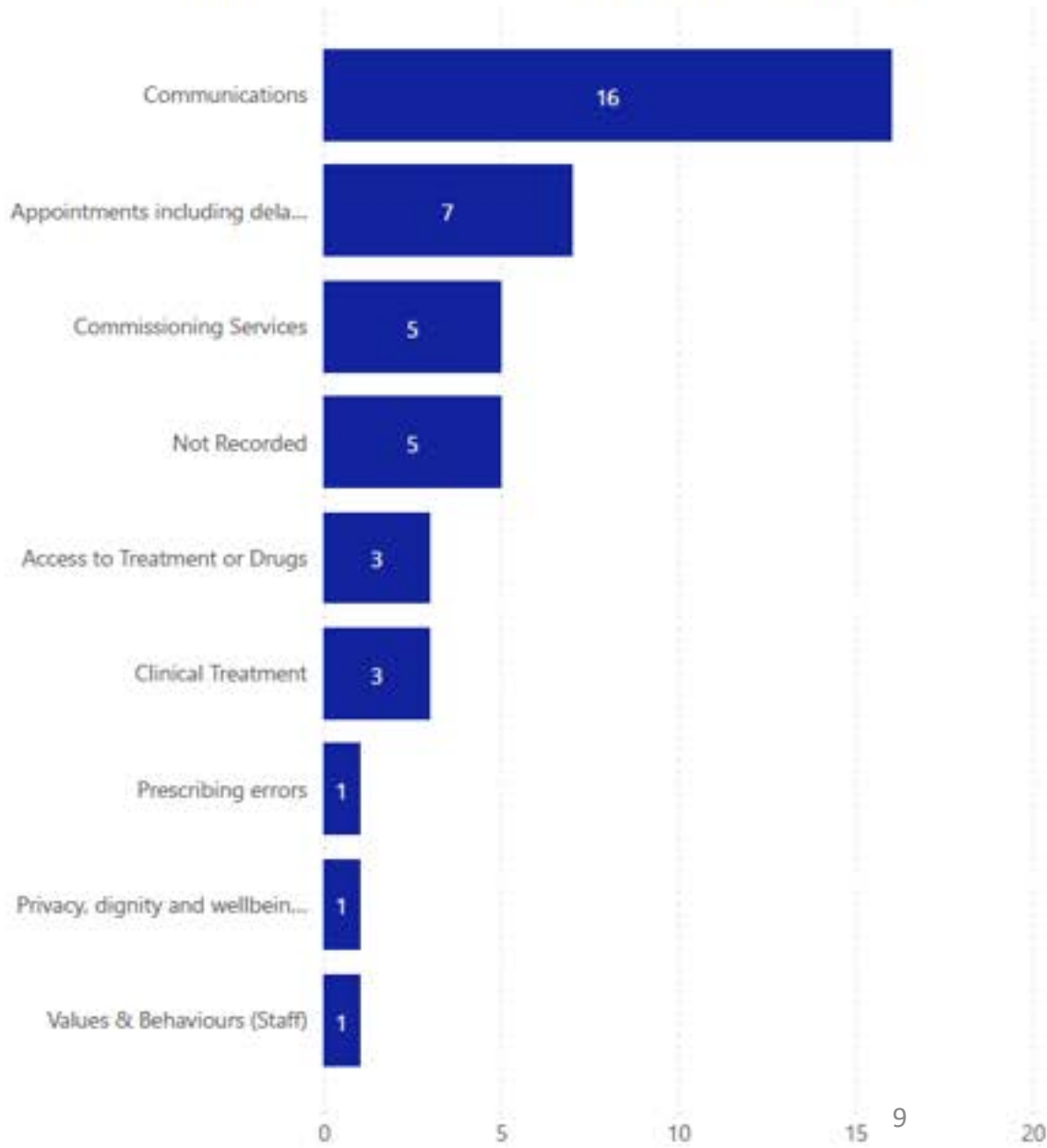
- Investigations currently in progress as appropriate

Feedback

Feedback by Service (YTD)

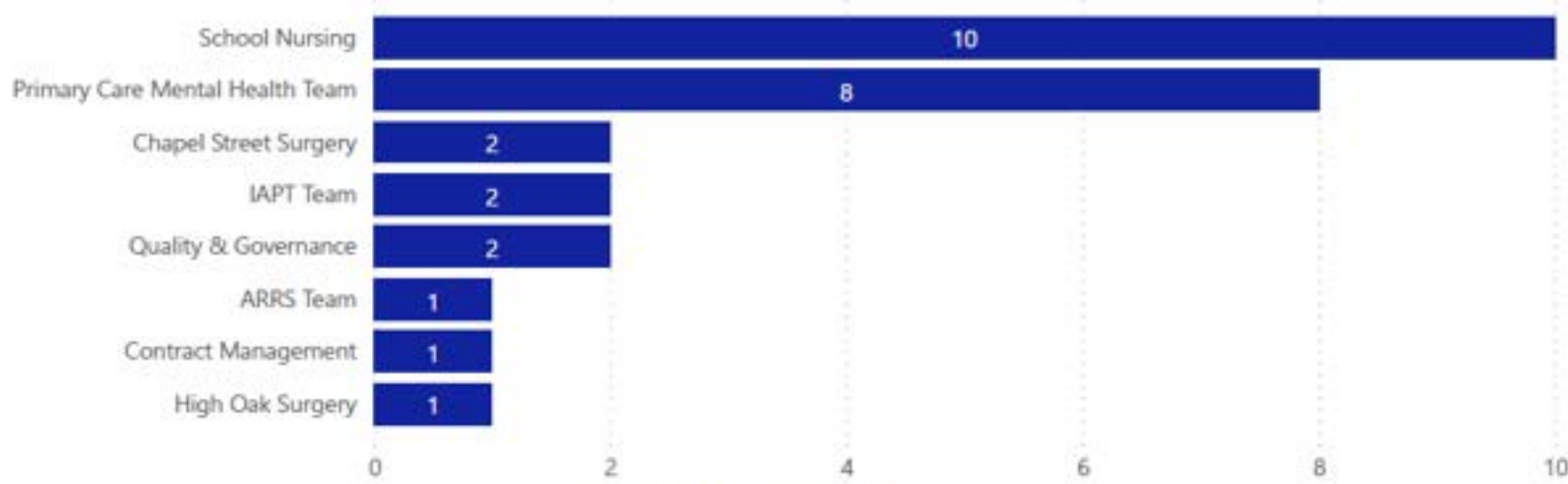


Complaints and Concerns - Feedback by Primary Subject (YTD)



Incidents and Feedback Closed Within: November 2023

Incident Closed by Service



Feedback Closed by Service



Key Lessons Learnt

- Ensure both primary and secondary care mental health services are able to access both organisations' patient record systems
- Better definition of locum responsibilities included in locum information pack
- Additional resource identified to help track referrals

Actions

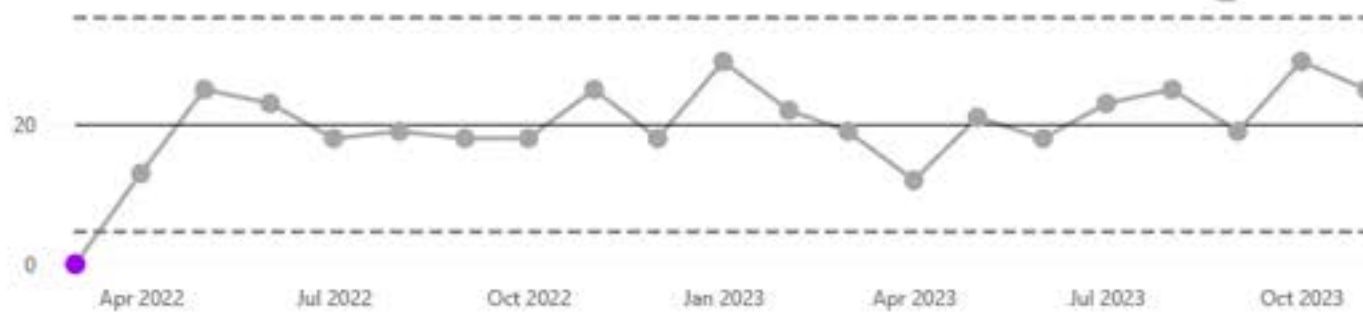
- Learning to be incorporated into wider Q3 learning lessons review

Q2 Learning Lessons summary

- The Q2 Learning Lessons meeting was held on 30th November 2023 to support the identification of learning from incidents, feedback from service users, audit and external learning
- The group received a summary of the analysis of the latest GP survey including the learning identified, this is being further reviewed via the Medical Directorate with appropriate actions identified
- Key learning points identified via Q2 will be incorporated into the next issue of the Patient Safety Bulletin
- Discussion was also held regarding the medications management learning highlighted within the Preventing Future Deaths report; the Pharmacy team are subsequently reviewing this to identify any opportunities for internal learning
- Key learning points and actions include:
 - The importance of effective management of phone calls to GP practices, especially at peak times
 - From an IPC perspective, a further reminder regarding principles of good water safety management
 - Improved process for managing repeat prescriptions
 - The need for robust communication between the GP and mental health services, as well as between primary and secondary care mental health providers, especially regarding complex and challenging patients
 - Identifying opportunities for GPs to refer more patients into DIHC mental health services, reducing the reliance on self-referral routes
 - External learning from published Preventing Future Deaths report identified some of the same issues our own incident investigations have regarding the importance of good communication across different mental health teams / services

Safeguarding

Safeguarding Concerns - Adults



Nov 2023

Date

25

Value

-

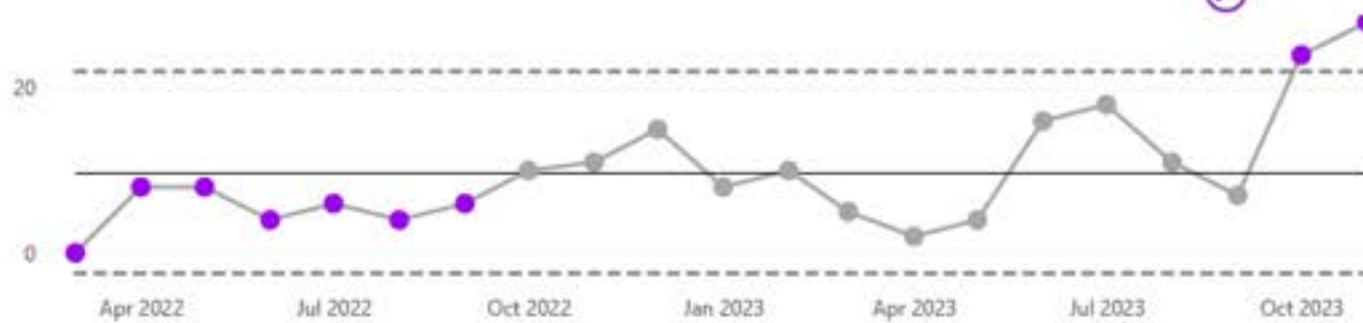
Target

Common Cause
Variation

No Target

Assurance

Safeguarding Concerns - Child



Nov 2023

Date

28

Value

-

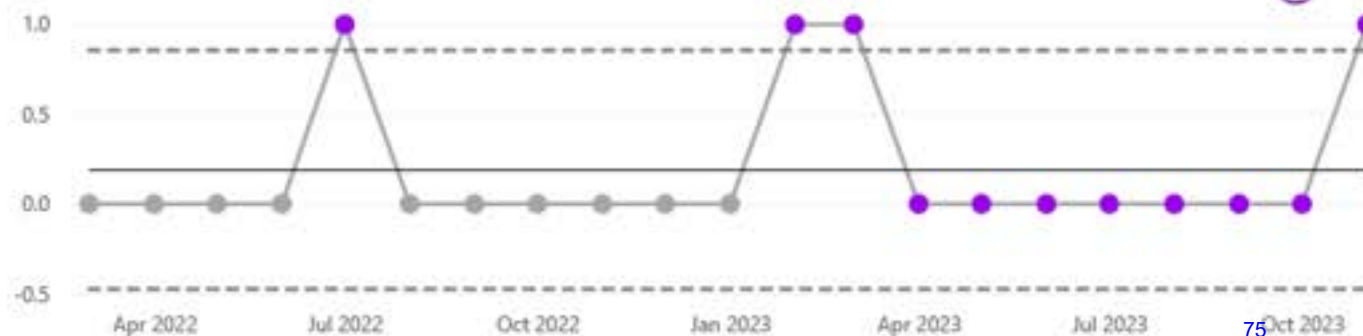
Target

Neither
Variation

No Target

Assurance

Safeguarding Concerns - Age unknown



Nov 2023

Date

1

Value

-

Target

Neither
Variation

No Target

Assurance

Service comments

- As per the previous month, increase in child concerns related to the high number of CYP self-harm incidents reported by the School Nursing team

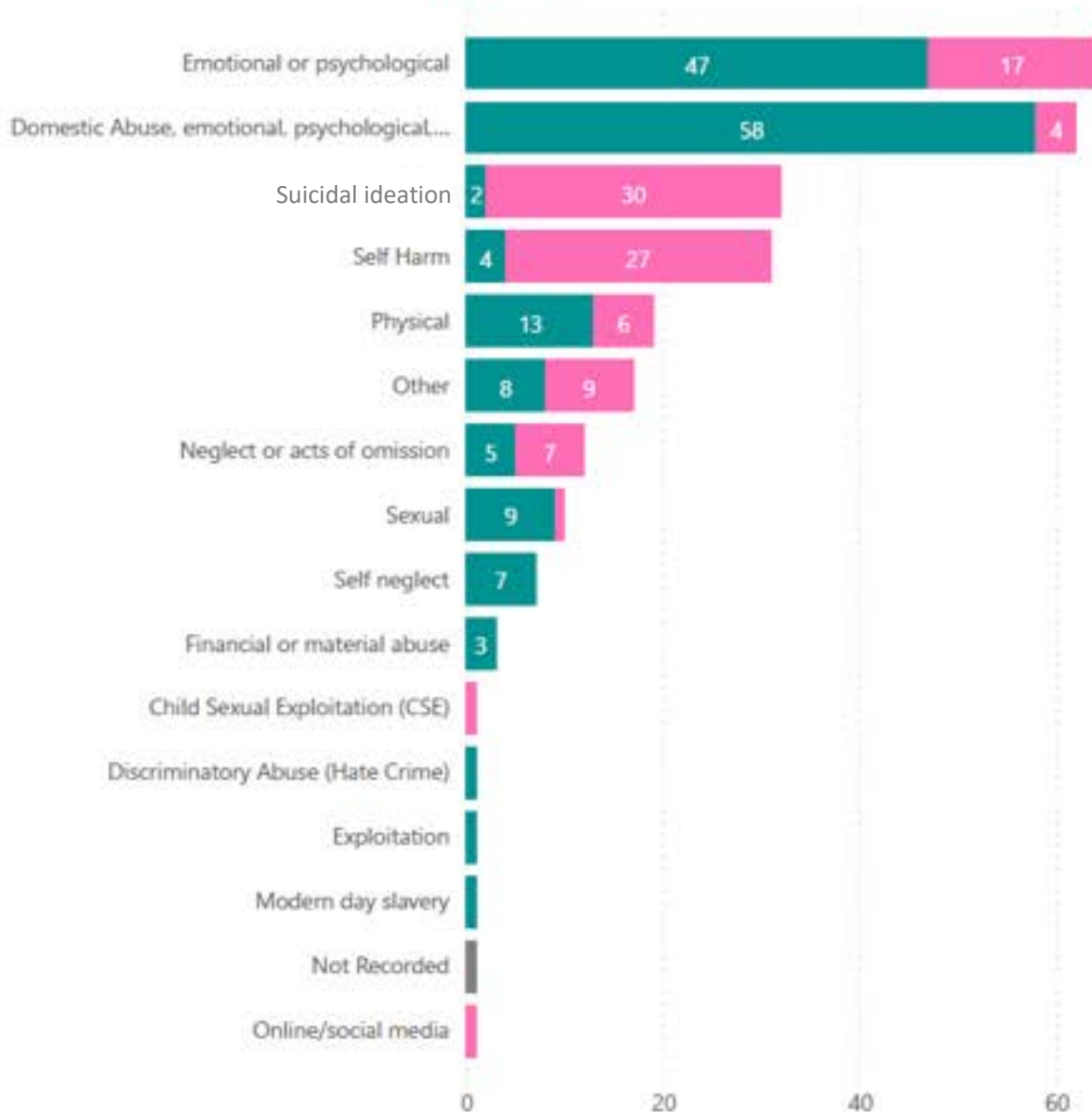
Actions

- Concerns continue to be monitored and all relevant actions taken by the Safeguarding team
- Safeguarding team to remind service leads to complete all fields on Datix

Safeguarding

Safeguarding Concerns by Type of Abuse (YTD)

Adult/Child ● Adult ● Child ● Not Recorded



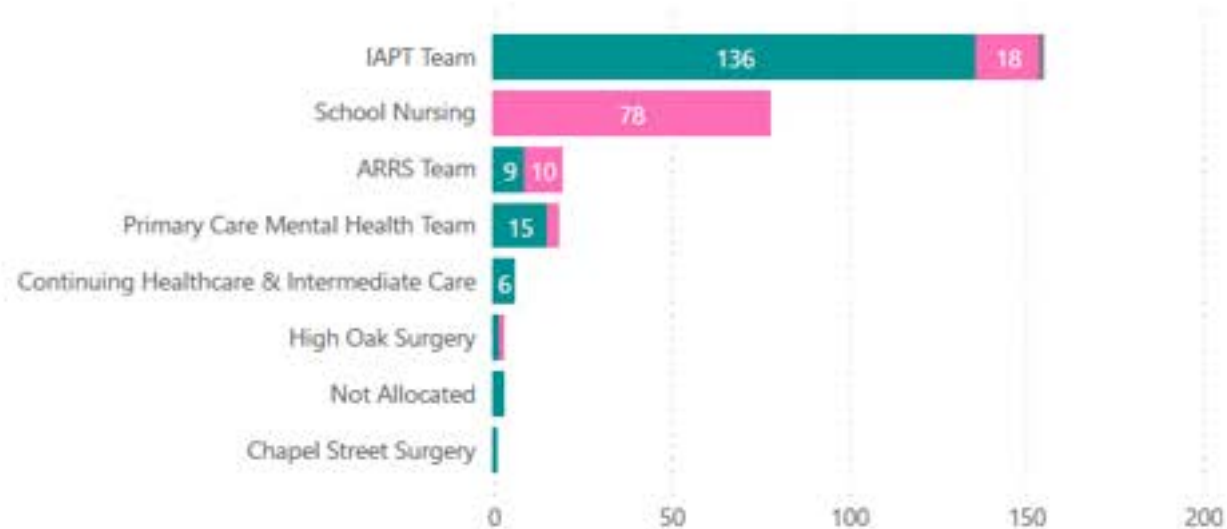
Safeguarding Concerns; November 2023

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 02/12/2023):

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%	100%	0	0
02. Age 80y+ and HSC Workers	191	96%	95%	93%	22	4
03. Age 75-79y (excl care home)	112	94%	92%	90%	7	4
04. Age 70-74y or Covid High Risk (excl care Home)	232	91%	81%	79%	15	15
05. Age 65-69y (excl Care home)	150	97%	96%	87%	12	4
06. Age 16-64y with UHC (excl care home)	706	86%	81%	67%	47	84
07. Age 60-64y or UHC (excl care home)	82	100%	94%	87%	4	5
08. Age 55-59y (excl care home)	130	85%	82%	68%	11	15
09. Age 50-54y (excl care home)	132	83%	81%	61%	11	20
10. Age 40-49y (excl care home)	312	74%	60%	51%	5	76
11. Age 30-39y (excl care home)	569	69%	63%	39%	27	157
12. Age 18-29y (excl care home)	443	64%	54%	28%	8	162
13. Age 16-18y, no UHCs	81	48%	31%	1%	0	42
14. Age 12-15y with specific UHC or household contact	24	26%	21%	4%	0	18
15. Age 12-15y no UHCs	219	29%	18%	0%	0	155
16. Age 5-11y with specific UHC or household contact	44	2%	0%	0%	0	43
17. Age 5-11y no UHCs	452	5%	3%	0%	0	429

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

FLU VACCINATIONS – Patients (High Oak Surgery)

Latest uptake data (as of 02/12/2023):

Age Group	Total Population Per Age Group	Total Vaccinated	% Vaccinated	Total Patient Declined	Total Vaccinated Elsewhere
65years and over	616	410	67%	125	123
2-3 year olds	103	20	19%	0	0
18-64 year olds at risk	730	210	29%	42	72
Pregnant	46	12	26%	1	4
Total	1495	652	44%	168	199

COVID VACCINATIONS – Patients (Chapel Street Surgery)

- Covid vaccination programme at Chapel Street Surgery continues; latest uptake data (as of 02/12/2023):

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	612	98%	96%	95%	29	2
02. Age 80y+ and HSC Workers	52	100%	96%	81%	8	0
03. Age 75-79y (excl care home)	17	65%	59%	47%	3	3
04. Age 70-74y or Covid High Risk (excl care Home)	168	90%	87%	57%	20	12
05. Age 65-69y (excl Care home)	69	78%	75%	3%	5	10
06. Age 16-64y with UHC (excl care home)	323	76%	72%	42%	17	62
07. Age 60-64y or UHC (excl care home)	21	100%	43%	29%	2	10
08. Age 55-59y (excl care home)	42	100%	53%	29%	4	16
09. Age 50-54y (excl care home)	89	58%	57%	27%	2	34
10. Age 40-49y (excl care home)	275	55%	52%	16%	4	121
11. Age 30-39y (excl care home)	377	44%	39%	10%	7	207
12. Age 18-29y (excl care home)	523	38%	30%	5%	5	318
13. Age 16-18y, no UHCs	77	28%	23%	100%	0	55
14. Age 12-15y with specific UHC or household contact	13	15%	0%	0%	1	10
15. Age 12-15y no UHCs	193	14%	10%	0%	0	166
16. Age 5-11y with specific UHC or household contact	14	0%	0%	0%	0	14
17. Age 5-11y no UHCs	313	3%	1%	0%	0	305

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

FLU VACCINATIONS – Patients (Chapel Street Surgery)

Latest uptake data (as of 02/12/2023):

Age Group	Total Population Per Age Group	Total Vaccinated	% Vaccinated	Total Patient Declined	Total Vaccinated Elsewhere
65years and over	816	560	69%	74	90
2-3 year olds	76	15	20%	4	0
18-64 year olds at risk	413	110	27%	22	37
Pregnant	13	5	38%	0	0
Total	1318	690	52%	100	127

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Quality & Safety Committee

Date of meeting: 19th December 2023 (hybrid and via Microsoft Teams)

Significant risks/issues for escalation

No new significant quality or safety risks to escalate.

Key issues/matters discussed at the Committee

The Committee was quorate.

Corporate Risk Register

There are a total of 6 risks recorded on the register which are aligned to the Quality and Safety Committee. Out of the 6, there are 2 risks currently with a high score of 16.

Risk	Impact	Current Score
C-300 Reduced capacity and inappropriate patient management for those awaiting secondary care mental health treatment	Long waits experienced by patients for specialist mental health service provision (esp. psychology) result in added pressure on the IAPT team to support patients in the interim without necessary training or competence which could potentially be detrimental to patients	High 16 (4x4)
C-305 Also aligned to the People Committee Risk of insufficient skilled corporate staff capacity due to organisational uncertainty.	This may pose a risk to staff, service delivery and patient safety.	High 16 (4x4)

It was considered that risk -C-300 and C-305 should remain scored at 16.

An update was provided following the decision at the previous Committee to reduce risk C-301 *Reduced capacity and inappropriate management of children awaiting CAMHS treatment*. Following commissioner decision to place on hold the recruitment to the emotional health and wellbeing posts it was agreed to recommend increasing the risk to 16.

Risk	Impact	Current Score	Proposed Score
C301 <i>Reduced capacity and inappropriate management of children awaiting CAMHS treatment</i>	Long waits experienced by children for CAMHS referrals result in added pressure on school nurses to support children in the interim without necessary training or competence which could potentially be detrimental to children especially around self harm	Moderate 12 (3x4)	High 16 (4x4)

Mitigations were discussed for all 6 risks and considered to reflect adequately the Trust's current position.

It was also recommended to refer risk C-082 *Risk to Business Continuity* to the Executive Committee for review in the context of the impact of the work relating to mobilisation and transfer of services.

Committee received the report for assurance.

Assurance Review following NHSE letter re Countess of Chester

An assurance paper was received by both the Quality and Safety Committee and the People Committee confirming the Trusts position against the requirements of the recent NHSE letter requesting all NHS leaders and Boards to review and ensure systems, governance and oversight of arrangements for staff to speak up.

Committee received the report which detailed the Trusts arrangements reflecting on the work and reporting arrangements of the Trusts Freedom to Speak up Guardian.

Committee received the report for assurance.

Quality, Safety and Performance Report

The Quality, Safety and Performance reports for October 2023 and November 2023 were presented to Committee for assurance.

There were no reportable serious incidents (SIs) during October and November attributable to DIHC. A decision was taken to upgrade a previously reportable incident to an SI on receipt of further information. An investigation is in progress.

Issues remain with the reporting of national childhood immunisation data and it was suggested that a conversation with BI should be held to consider whether there are any local reporting options available.

A discussion was held about the risk of transition impacting on the quality and safety of services. It was recognised that staff would have a number of competing priorities over the coming months which could have an impact for example, reduced compliance with mandatory training, reduced staffing, increased sickness etc. Specific risks relating to these are captured but it was recommended that an overarching risk should be considered by the Executive Team, the Committee and the Board.

Quarterly Lessons Learnt – Quarter 2 report (July - September 2023)

Committee received the agenda and the key papers submitted to the Q1 Learning Lessons meeting held 30th November 2023.

Key learning points identified will be included in the Trusts next issue of the *Patient Safety Bulletin*. These include;

- The importance of effective management of phone calls to GP practices, especially at peak times
- From an IPC perspective, a further reminder regarding principles of good water safety management
- Improved process for managing repeat prescriptions
- The need for robust communication between the GP and mental health services, as well as between primary and secondary care mental health providers, especially regarding complex and challenging patients
- Identifying opportunities for GPs to refer more patients into DIHC mental health services, reducing the reliance on self-referral routes
- External learning from published Preventing Future Deaths report identifying some of the same issues our own incident investigations have identified regarding the importance of good communication across different mental health teams / services

The committee received the papers and were assured that there were mechanisms in place to disseminate learning and take action on it.

Infection Prevention and Control Update

The Infection Prevention and Control report was presented with the following key points highlighted.

- Hand hygiene training continued to be offered via MS Teams.
- A service level risk has been opened due to the low flu and COVID-19 vaccine uptake among DIHC staff. Staff flu vaccination clinics continue to be offered.
- There was a suspected COVID-19 outbreak within a clinical service. An outbreak management approach was taken and no further cases reported once the mitigating actions were implemented. Incident closed on Datix.
- The DIHC 2023-2024 flu vaccination campaign is in progress. Uptake remains low. The national figures indicate that the uptake among DIHC frontline healthcare workers was 25.5% as of the 27th of November 2023.
- An IPC visit was carried out for High Oak Surgery on both Pensnett and BHHSCC sites.

It was acknowledged that the Trusts IPC nurse specialist was leaving the Trust in December for a new role. The Director of Nursing, AHP and Quality briefed the Committee on the actions she was taking to ensure resilience. Committee extended their thanks to Timea Vig and acknowledged the work and contribution she had given to the Trust.

The report was received for assurance.

Safeguarding Report (Quarter 2, July 2023 - September 2023)

Committee received a report highlighting the work of the Safeguarding team. In Q2 there were 309 safeguarding concerns reported on RLDatix™ resulting in 18 safeguarding referrals (9 for adults and 9 for children).

The most common reasons for referrals are:

- Domestic abuse
- Self-Neglect
- Emotional or psychological abuse
- Historical sexual abuse

There were no PREVENT referrals during Q2. The Named Nurse for Safeguarding Adults is the PREVENT lead for the Trust and attends the PREVENT Delivery Group.

Mandatory training compliance with PREVENT basic awareness training is 97.08% and WRAP (Level 3) is 93.26% at the end of Q2.

The safeguarding team have been involved in a Multi-Agency Audit of Practice (MAAP) for Children. These will continue as the Dudley Safeguarding People Partnership are preparing for a possible Joint Targeted Area Inspection (JTAI) of the multi-agency response to a specific topic.

Safeguarding supervision continues. The main themes identified in supervision are:

- Domestic abuse
- Historical abuse
- Neglect

The Named Nurses have delivered short awareness sessions within safeguarding supervision and the topics in Q2 was 'Think Family' and 'Professional Curiosity' which is in response to the priorities of the Dudley Safeguarding Peoples Board.

The importance of assisting the future Provider organisation for the school nursing service to be fully embedded in the Dudley Safeguarding Partnership arrangements was stressed.

Committee received the report for assurance.

Quality and Safety Steering Group (QSSG)

An update report was received by Committee for assurance.

Quality Improvement Group

Committee received an update aligned to the annual clinical audit programme.

Service Transition Update

Committee were informed that there is quality and safety representation through the mobilisation workstreams and any risks affecting the ongoing delivery of services within DIHC would be escalated accordingly.

Health and Safety Update

Committee received the Health and Safety minutes of the meeting held 25th September 2023.

	<p>In addition, Committee received a report to ensure the Health & Safety Committee are aware of the HSE recommendations and the Trust's actions in relation to the recommendations. Areas of focus for the Trust have been identified and will be overseen via the Health and Safety Committee.</p>
Decisions made by the Committee	<p>No decisions were made by the committee</p>
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	<p>There were no implications for the Board Assurance Framework.</p> <p>The corporate risks as noted, including the increase in score for risk C-301 are recommended to Board and the Executive Committee</p>
Items/Issues for referral to other Committees	<p>To review risk C-082 via Executive Committee in context of the impact of the work relating to mobilisation and transfer of services.</p>



DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

REPORT TITLE:	Workforce Performance Report
DATE OF MEETING:	9 th January 2024
PURPOSE OF REPORT:	To update the committee on workforce performance information for November 2023
RESPONSIBLE EXECUTIVE:	Anne Cholmondeley – Associate Director of HR
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 3.54% which is below the Trust maximum threshold of 8%.• Both metrics of Staff Turnover (12 months) remain above their individual targets:<ul style="list-style-type: none">○ Turnover (all resignations) decreased by 0.16% to 14.93%○ Normalised Turnover (voluntary resignations only) increased by 0.15% to 13.44%.• The impact of turnover and vacancy rates on service resilience is reviewed weekly by Executive Committee and proportionate action taken. <p><u>Sickness Absence</u></p> <p>Sickness Absence during November was reported as 3.58%, whilst Sickness Absence over the last 12 months was reported as 3.42%. Absence over 12 months remains under the Trust target.</p> <p>The People Team continue to monitor and support line managers and staff affected by long term sickness. This has led to a reduction in the number of long-term sickness cases and staff returning to work. Short term sickness has increased, and extra monitoring has been provided by the People Team as a proactive measure to avoid cases progressing to long term sickness. Support continues for managers and staff in relation to short term sickness and identification of patterns.</p> <p><u>Training and Development</u></p> <p>Mandatory training remains above the 85% target; However, the appraisal compliance has fallen below the 85% target:</p> <ul style="list-style-type: none">▪ Appraisal compliance within the last 12 months was 79.2%▪ Mandatory training compliance was 90.81%▪ Core mandatory modules for all staff: 91.35%.

	<ul style="list-style-type: none"> Role specific mandatory modules: 89.41% <p>The People Team continue to support teams with non-compliance through on-going reporting. The Business Intelligence Team circulate non-compliant and due soon notifications to line managers.</p>
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	Trust Board is asked to note the report and its contents. The focus on mandatory training compliance, particularly role specific subjects continues. Actions relating to improving appraisal compliance were agreed by Executives following People Committee.
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 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: November 2023








Reported to Trust Board: January 2024

Reported by: Anne Cholmondeley – Interim HR Director

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 2023/24

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	YTD	Target	Variation	Assurance
Workforce	Staff in Post	Vacancy %	Local	Nov 2023	3.54%	4.52%	8%		
		Turnover % (12 Months)	Local	Nov 2023	14.93%		13%		
		Normalised Turnover % (12 Months)	Local	Nov 2023	13.44%	11.53%	9.5%		
		Turnover % (In Month)	Local	Nov 2023	1.35%		1.1%		
		Normalised Turnover % (In Month)	Local	Nov 2023	1.35%	1.31%	-		
	Development	Appraisal %	Local	Nov 2023	79.2%	79.2%	85%		
		Training Compliance %	Local	Nov 2023	90.81%	90.81%	85%		
	Absence	Sickness % (In Month)	Local	Nov 2023	3.58%	3.22%	4.5%		
		Sickness % (12 Months)	Local	Nov 2023	3.42%		4.5%		
		Short Term Sickness (In Month)	Local	Nov 2023	39.86%	39.49%	-		
		Long Term Sickness (In Month)	Local	Nov 2023	60.14%	60.51%	-		
		Maternity % (In Month)	Local	Nov 2023	2.78%	2.89%	-		

Key

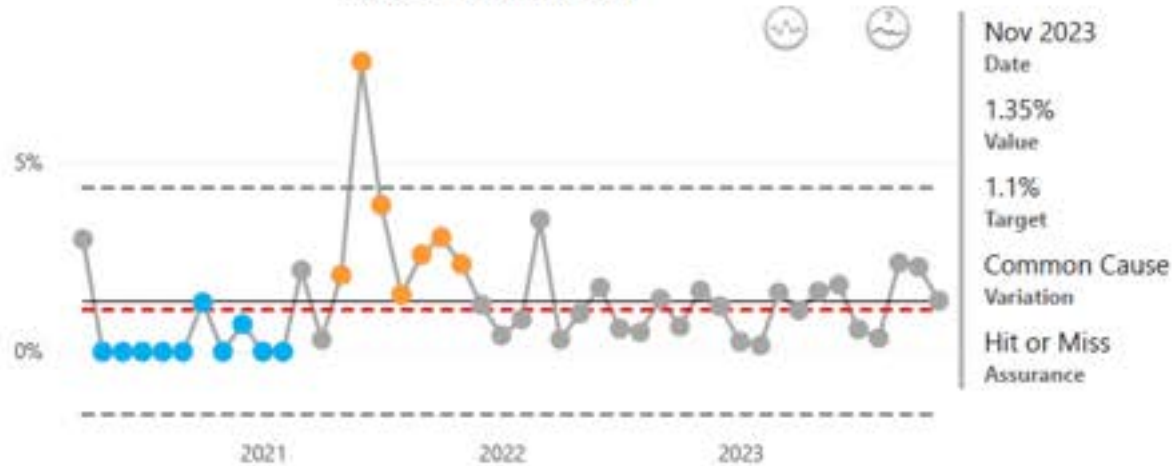
Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H) higher or (L) lower values	Special cause of improving nature or lower pressure due to (H) higher or (L) lower values	Variation indicates inconsistently passing and failing short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

Footnotes

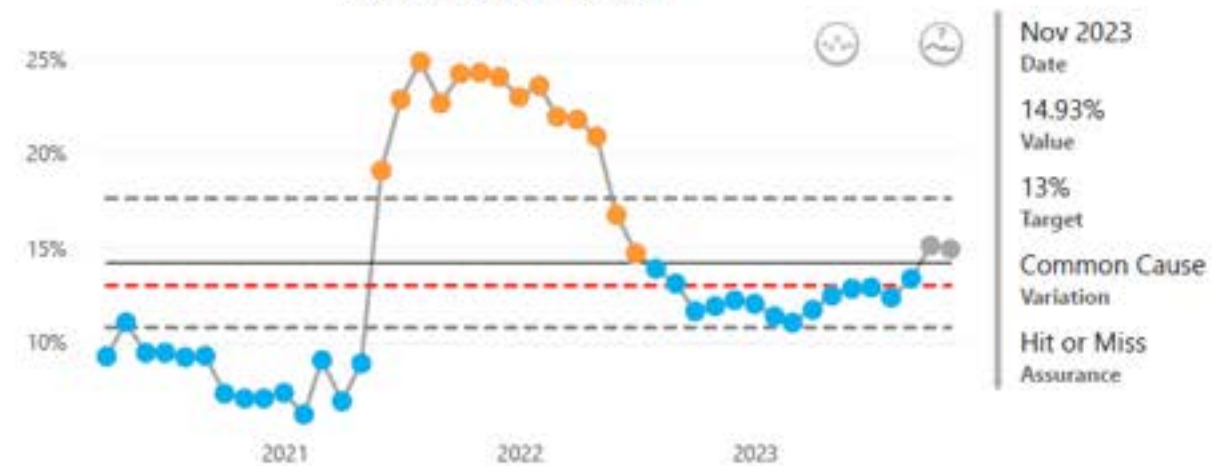
- A “-” has been used to represent that no target is available at the time of reporting

Workforce - Staff in Post

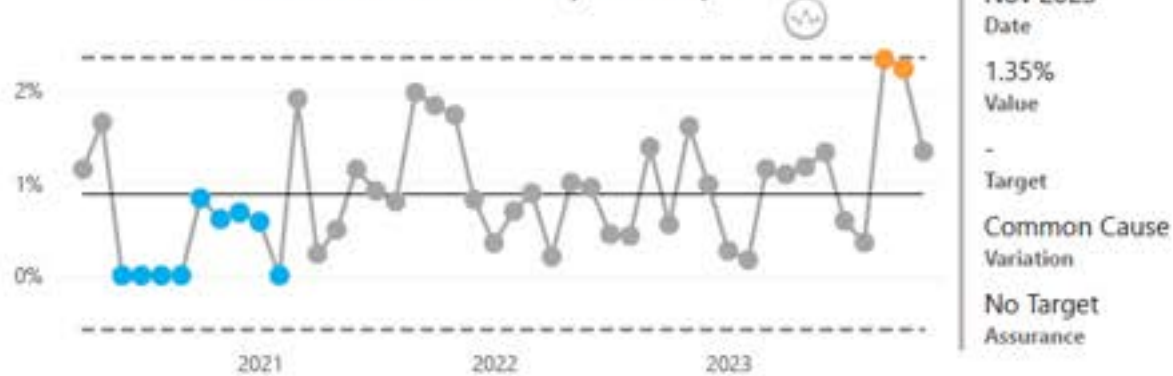
Turnover % (In Month)



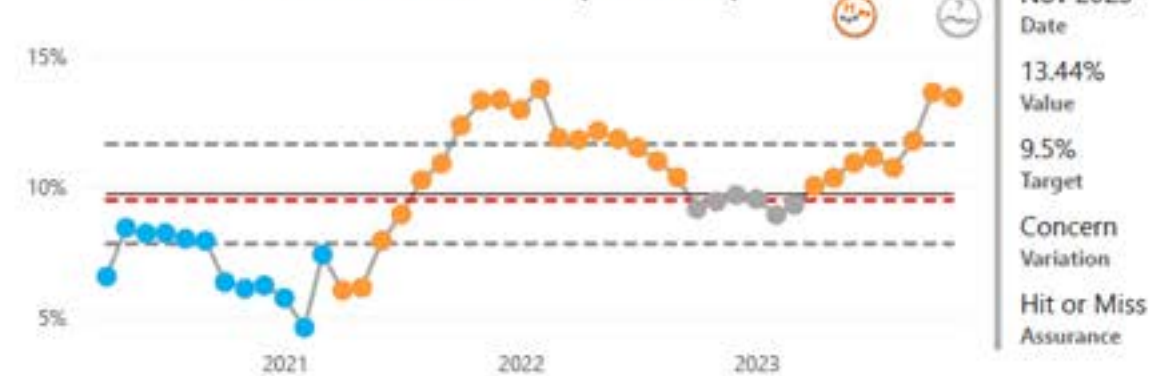
Turnover % (12 Months)



Normalised Turnover % (In Month)



Normalised Turnover % (12 Months)



Service comments

Staff in Post, Vacancy and Turnover – November 2023

- The funded establishment as at the end of the month was 404.17 (WTE) and there were 463 staff in post (389.85 WTE).
- The vacancy rate (actual staff in post compared to the funded establishment) for month was 3.54%.
- During the month, the Trust saw 5 new staters (3.10 FTE) and 6 leavers (5.24 FTE).

Both metrics of 12 month turnover remained above their respective targets:

- 12 Month Turnover stood at 14.93% against a 13.00% target
- 12 Month Normalised Turnover (voluntary resignations only) stood at 13.44% against a 9.50% target

Actions

Monthly assurance meetings happen with the BC ICB where finance and HR colleagues continue to work collaboratively and review workforce data and monitor vacancies. The frequency of these is being reviewed in line with ICS financial pressures

Workforce - Absence

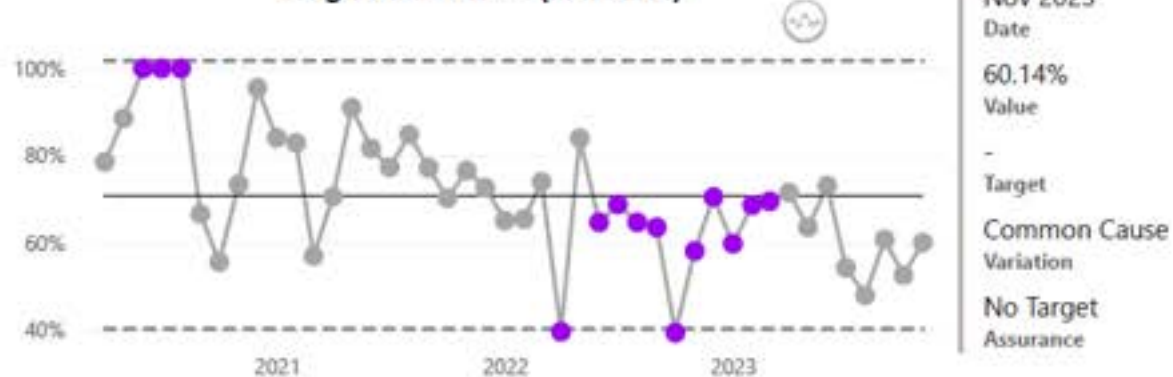
Sickness % (In Month)



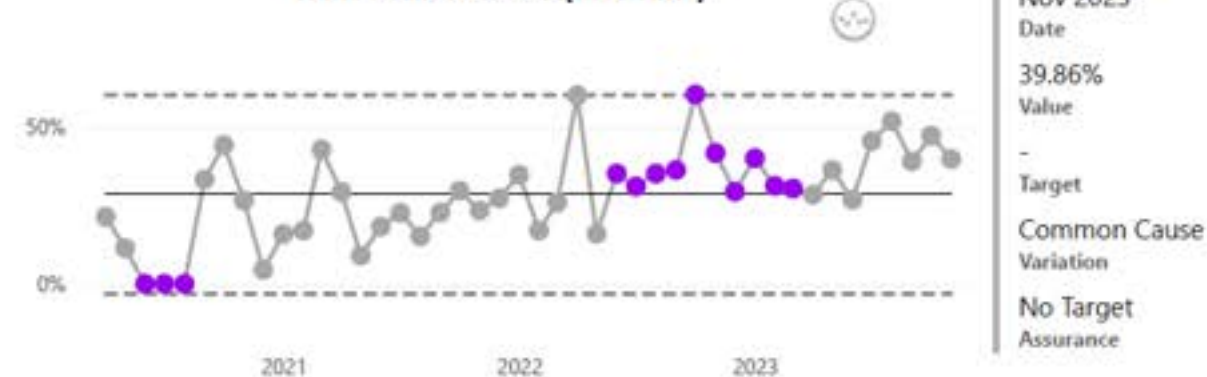
Sickness % (12 Months)



Long Term Sickness (In Month) *



Short Term Sickness (In Month) *



* Long Term/Short Term Sickness is a proportion of the Sickness % e.g. 60.14% of the 3.58% were classed as long-term absences

Service comments

12 Months Sickness Absence Analysis (December 2022 – November 2023)

The most prevalent sickness absence reasons over the last 12 months were:

- Cold, cough, flu related (108 episodes – 334 FTE Days Lost)
- Gastrointestinal problems (83 episodes – 285 FTE Days Lost)

Anxiety / stress / depression and other psychiatric illnesses remains the absence reason with the longest duration of days lost (1210 FTE Days Lost over 47 episodes) and contributing to the reason for long term sickness absence.

Sickness Absence – November 2023

- 13 staff were on long term sickness, and 4 of those have since returned to work
- There were 59 episodes of sickness absence (391 FTE Days Lost) with 78% of absences experienced by patient facing staff
- The most common absence reason was cold, cough, flu related (17 episodes – 41 FTE Days Lost)

Actions

The People Team continue to actively monitor and support managers to reduce the prevalence of long-term sickness. Flu vaccinations / COVID Boosters are being offered by and encouraged by the Trust as a proactive preventative measure to support reducing sickness absence across the Trust.

Workforce - Training



Service comments		Actions
<p>Summary – November 2023</p> <p>Overall mandatory training compliance remained above the 85% target at 90.81%</p> <ul style="list-style-type: none"> Compliance for core mandatory modules for all staff increased to 91.35% Compliance for core role specific mandatory modules increased to 89.41% <p>Compliance for the Oliver McGowan e-Learning module stands at 84.77% and overall compliance for Hand Hygiene across clinical and non-clinical staff was 77.50%.</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>Hand Hygiene training for clinical staff (annual renewal required) is currently below the target. Remedial action is required with Head of IPC leaving at the end of Q3.</p>
<p>Moving and Handling (Face to Face)</p> <p>Quotes are being sourced from training providers able to deliver face to face sessions to clinical and patient facing staff. Work is being done to understand the baseline for the appropriate groups of staff to target this training towards. Moving and Handling e-Learning is part of the suite of mandatory training for all staff.</p> <p>De-Escalation Training</p> <p>Quotes are also being sourced from training providers to deliver de-escalation training for patient facing staff to supplement the e-learning module currently available through ESR.</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	15	1	1	17	94.12%
Contract Management Team	3			3	100.00%
Digital Team	3			3	100.00%
Finance Team	4		1	5	80.00%
Strategy and Transformation Team	5	1		6	100.00%
Directorate of Nursing, AHPs & Quality	8		3	11	72.73%
Nursing Directorate	5		1	6	83.33%
Quality and Governance Team	1		2	3	33.33%
Safeguarding Team	2			2	100.00%
Directorate of Operations	144	25	53	222	76.13%
ARRS PCN	68	11	15	94	84.04%
Chapel Street General Practice		6		6	100.00%
Continuing Healthcare and Intermediate Care Team	22		4	26	84.62%
High Oak Practice		2	4	6	33.33%
IAPT Team	44		5	49	89.80%
Operations Management Team	1	1	4	6	33.33%
Primary Care Mental Health Team	8	2		10	100.00%
School Nursing Team	1	3	21	25	16.00%
Executives Directorate	12		2	14	85.71%
Chair and Non-Executives Team	8			8	100.00%
Corporate Administration and Business Support Team	2		1	3	66.67%
Executive Management Team	2		1	3	66.67%
Medical Directorate	45	4	9	58	84.48%
GP Clinical Leads	9			9	100.00%
Medical Directorate Management Team	1	1		2	100.00%
Medicines Optimisation Support Hub (MOSH) Team	2			2	100.00%
Pharmaceutical Public Health Team	31	3	8	42	80.95%
Primary Care Transformation	1		1	2	50.00%
Strategy and Development Team	1			1	100.00%
People and Communications Directorate	5			5	100.00%
Communications Management Team	1			1	100.00%
Communications Team	1			1	100.00%
People Team	3			3	100.00%
Total	229	30	68	327	79.20%

Appraisals and Developmental Reviews – November 2023

Appraisal compliance at the end of the month was **79.20%** which is now below the Trust target of 85%.

The appraisal figure excludes all new staff and internal job movers who are within the first 12 months of their new role with the Trust.

The People Team continue to do pre-liminary check-ins with managers and reference to this during departmental meetings to support managers with completing these appraisals and updated ESR in a timely manner.

The overdue and due soon compliance notifications continue to be circulated with teams, and completion of appraisals continues to be highlighted at managers briefings by the Executive Management Team, and also mentioned at Trust Management Board.

Training by Directorate

Mandatory Training Compliance

Training Requirement	Total Compliant	Total Expiring Soon	Total Not Compliant	% Total Compliance
Core	5627	296	533	91.35%
Infection Prevention and Control - Level 1 - 3 Years	238	11	5	97.94%
Dementia awareness - 3 Years	430	3	10	97.73%
Safeguarding Adults (Version 2) - Level 1 - 3 Years	426	34	14	96.82%
Preventing Radicalisation - Basic Prevent Awareness - 3 Years	424		16	96.36%
Safeguarding Children (Version 3) - Level 1 - 3 Years	424	6	16	96.36%
Equality, Diversity and Human Rights - 3 Years	422	26	18	95.91%
Health, Safety and Welfare - 3 Years	416	23	24	94.55%
Moving and Handling - Level 1 - 3 Years	415	25	25	94.32%
Freedom to Speak Up - All Workers - No Specified Renewal	409		31	92.95%
Fire Safety - 2 Years	400	55	40	90.91%
Hand Hygiene - 3 Years	214		29	88.07%
Information Governance and Data Security - 1 Year	377	74	63	85.68%
The Oliver McGowan Mandatory Training on Learning Disability and Autism Part 1 Elearning	373		67	84.77%
Introduction To Domestic Abuse - DSPP - 3 Years	371		69	84.32%
Infection Prevention and Control - Level 2 - 1 Year	161	26	36	81.73%
Hand Hygiene - 1 Year	127	13	70	64.47%
Role Specific	2137	46	253	89.41%
Deprivation of Liberty Safeguards - 3 Years	327		18	94.78%
Safeguarding Children (Version 3) - Level 2 - 3 Years	129	1	8	94.16%
Safeguarding Adults (Version 2) - Level 2 - 3 Years	98	2	7	93.33%
Freedom to Speak Up - Managers - No Specified Renewal	64		5	92.75%
Preventing Radicalisation - Prevent Awareness - 3 Years	313	10	25	92.60%
NHS Conflict Resolution (England) - 3 Years	305	4	25	92.42%
Mental Capacity Act - 3 Years	251	2	24	91.27%
Freedom to Speak Up - Senior Managers - No Specified Renewal	10		1	90.91%
Safeguarding Children (Version 3) - Level 3 - 3 Years	188		21	89.95%
Safeguarding Adults (Version 2) - Level 3 - 3 Years	207		34	85.89%
Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	245	27	85	74.24%
Total	7764	342	786	90.81%

The non-compliant and due soon compliance notifications continue to be circulated with teams to improve ⁹⁷compliance 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: 28th November 2023 (via Microsoft Teams)

Presented By: Val Little, Non-Executive Director

Significant risks/issues for escalation	None identified
Key issues/matters discussed at the Committee	<ul style="list-style-type: none"> • The committee was quorate. • The committee received a verbal overview of the workforce implications of organisation transition including the plan for staff communication and engagement and likely workforce fragmentation in Primary Care. • The committee received the report from Equality Diversity and Inclusion Committee and noted the plan to refresh the workplan considering organisation transition. • The Committee received the Freedom to Speak Up Guardian report and noted an increased number of issues raised, mainly relating to organisation transition. The Committee thanked the Guardian for her continued leadership in this important area. • The Committee received an Education and Training report and noted actions in train to address Mandatory and Statutory Training, Further assurance was requested on manual handling training provision. • The monthly workforce performance report was reviewed. The Committee discussed the increase in staff turnover with some staff citing career development opportunities. The Committee was assured that the impact of resignations on service resilience is reviewed weekly by the Executives and actions taken accordingly.
Recommendations made by the Committee	<ul style="list-style-type: none"> • Nil
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	<ul style="list-style-type: none"> • Nil
Items/Issues for referral to other Committees	<ul style="list-style-type: none"> • Nil



PUBLIC BOARD

REPORT TITLE:	Finance Report for the period April – November 2023
DATE OF MEETING:	9 th January 2024
PURPOSE OF REPORT:	The report details the draft financial performance for the period April to November 2023
RESPONSIBLE EXECUTIVE:	Matthew Gamage – Acting Director of Finance, Performance and Digital
AUTHOR OF REPORT	Matthew Gamage – Acting Director of Finance, Performance and Digital
SUMMARY OF KEY POINTS:	<ul style="list-style-type: none"> • The Trust is reporting a surplus of £651k at month 8 which is £36k ahead of plan. • The Trust is forecasting to achieve the planned surplus of £1.064m for 2023/24. • The efficiency target of £1.47m at month 8 has also been achieved and is reflected in the financial position. • The report includes the financial performance of the budget managed on behalf of the ICB for the period April to October 2023. The report is showing a year to date adverse variance of £2.6m and a forecast adverse variance of £4.6m for 2023/24. The adverse variance is driven by an over performance in prescribing expenditure due to price concessions and Cat M drugs which is a national issue. • The cash balance at month 8 is £3.2m which is higher than planned. It is expected that the year-end cash plan will be achieved. • The Trust has missed the Better Payment Practice Code in November with the Non NHS payments by value, achieving 94.35% against the 95% target. On a cumulative year to date basis the Trust is still achieving the BPPC targets for all areas.
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	<ul style="list-style-type: none"> • Delivery of breakeven position for capital and revenue expenditure. • Plan for further reductions in agency expenditure. • Better Payment Practice achievement providers to be 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 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 checked="" type="checkbox"/> None Identified The report provides assurance in relation to the following corporate risks; <ul style="list-style-type: none"> BAF-22-008 - There is a risk we fail to make best use of our resources to demonstrate our value to system partners and Dudley population. C031 - Risk of contract financial envelope less than the cost of providing the services.
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 (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
	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 type="checkbox"/> For Information / Discussion

Finance Report

Reporting period: April – November 2023

Reported to: January 2024 Public Board

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

- Finance Dashboard Page 3
- Income and Expenditure Reporting Page 4-6
- DIHC Contracts managed on behalf of ICB Page 7
- Balance Sheet Reporting Pages 8 – 9
- Better Payment Practice Page 10

Finance Dashboard – NHS Oversight Framework

The finance dashboard shows performance against finance elements of the national NHS Oversight Framework for Dudley Integrated Health and Care NHS Trust for the period to April to November 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	1.6	3
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)	45 Days	1
I&E Margin Rating	I&E surplus or deficit/total revenue	>1%	1-0%	0-(1)%	<(1)%	3.58%	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)%	6.32%	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 1.6 x liabilities, which indicates that its reported surplus is only just sufficient to cover the capital element of the Trust's financial obligations, and as a result is reporting a score of 3 and amber rating.

The reason for this rating is that the £0.6m loan repayments relating to the working capital loan received from BCH at the Trust's inception is greater than the surplus generated by the Trust. The final payment of the loan was made on 1st April 2023. The Trust has set a surplus plan for 2023/24 of £1.064m which will reduce the capital rating service score throughout the year as the year-to-date surplus increases.

The Trust's **liquidity rating**, is rated green at 45 days in November 2023 with the Trust's actual cash balance still ensuring the Trust retains acceptable liquidity following the payment of the final loan instalment.

Income and Expenditure Summary – DIHC Services

Overall Surplus/(Deficit)

The Trust is reporting a year-to-date surplus of £688k, which is £36k favourable to plan at Month 8. This includes a technical adjustment due to the IFRS16 impact of Peppercorn rents of occupied premises.

At Month 8 the Trust continues to forecast in line with the plan which is an overall surplus of £1.064m.

The efficiency target at month 8 of £1.47m has been achieved (see efficiency report for further details). The majority of the cost improvement programme relates to a reduction in corporate expenditure. Budget virements have been transacted to the agreed areas identified as contributing to the CIP programme. This has resulted in a reduction in the wte budget within the corporate services area and a reduction in the reported level of vacancies.

Divisional Position

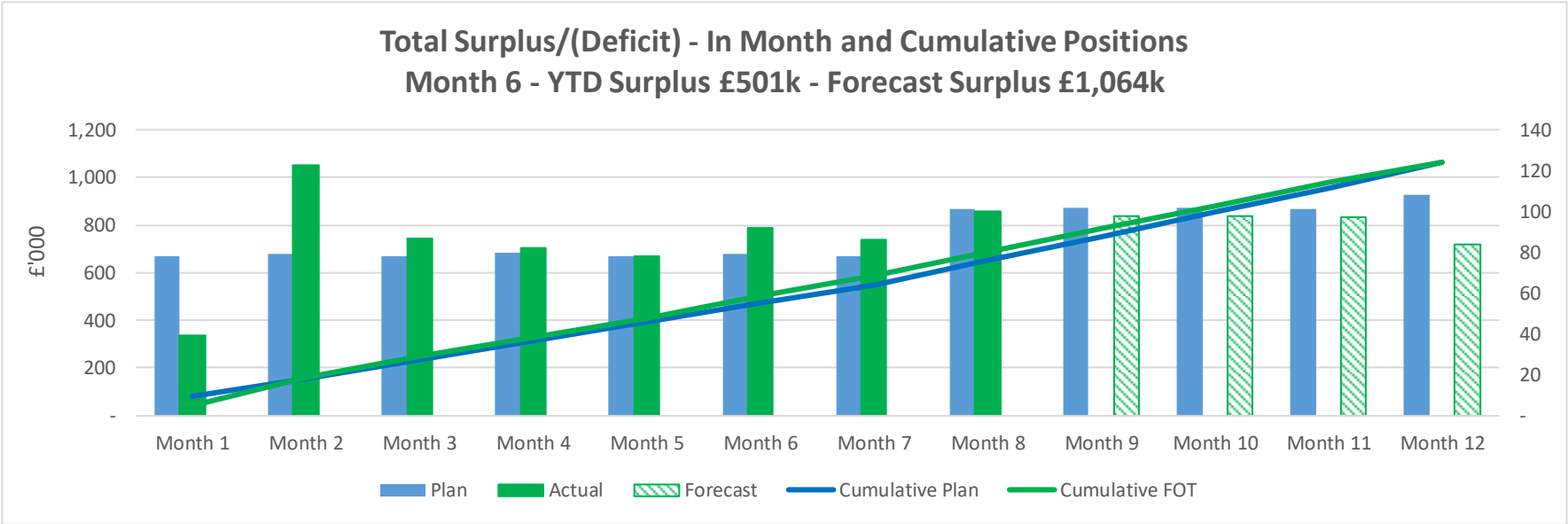
The table to the right shows the divisional position of the Trust and highlights key variances at a divisional level.

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:

Primary Care (£104k) 25.58% – The £104k is a net overspend made up from an overspend of £379k in expenditure offset by a £274k over recovery in income. The main driver is the extension of the Extended access hub showing £323k more income than planned and £271k more expenditure than planned. A CVO is in progress and once signed the budget will be adjusted accordingly. There is also a net over spend in Chapel Street where there is an income under recovery against plan. A financial breakdown of the Chapel Street Care Home Service will be provided to the next Finance, Performance and Digital Committee.

	WTE Budget	WTE Actual	Variance	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Actual £000's	Forecast Variance £000's
MAIN CONTRACT INCOME									
INCOME	0.00	0.00	0.00	(11,050)	(11,050)	0	(16,575)	(16,575)	0
MAIN CONTRACT INCOME Total	0.00	0.00	0.00	(11,050)	(11,050)	0	(16,575)	(16,575)	0
CHILDREN & YOUNG PEOPLE									
INCOME	0.00	0.00	0.00	(27)	(64)	37	(40)	(111)	71
EXPENDITURE	29.23	33.61	-4.38	966	947	19	1,449	1,433	17
CHILDREN & YOUNG PEOPLE Total	29.23	33.61	-4.38	939	883	56	1,409	1,322	87
MENTAL HEALTH & LEARNING DISABILITY									
INCOME	0.00	0.00	0.00	(115)	(289)	174	(173)	(367)	194
EXPENDITURE	83.83	85.96	-2.13	2,873	3,038	(165)	4,311	4,641	(330)
MENTAL HEALTH & LEARNING DISABILITY Total	83.83	85.96	-2.13	2,758	2,749	9	4,138	4,274	(136)
PCN SERVICES									
INCOME	0.00	0.00	0.00	(4,825)	(4,165)	(660)	(7,238)	(6,182)	(1,055)
EXPENDITURE	144.21	108.85	35.36	4,612	3,948	664	6,940	5,915	1,025
PCN SERVICES Total	144.21	108.85	35.36	(213)	(217)	4	(298)	(267)	(30)
PHARMACEUTICAL & PUBLIC HEALTH									
INCOME	0.00	0.00	0.00	(964)	(1,025)	61	(1,446)	(1,534)	88
EXPENDITURE	54.00	53.25	0.75	1,992	1,774	218	2,988	2,897	90
PHARMACEUTICAL & PUBLIC HEALTH Total	54.00	53.25	0.75	1,027	748	279	1,542	1,364	178
PHYSICAL HEALTH									
INCOME	0.00	0.00	0.00	(19)	(142)	123	(29)	(251)	222
EXPENDITURE	24.68	26.03	-1.35	1,011	1,164	(153)	1,517	1,731	(214)
PHYSICAL HEALTH Total	24.68	26.03	-1.35	992	1,022	(30)	1,488	1,480	8
PRIMARY CARE									
INCOME	0.00	0.00	0.00	(1,177)	(1,221)	44	(1,699)	(1,974)	274
EXPENDITURE	25.98	20.77	5.21	1,448	1,572	(124)	2,107	2,486	(379)
PRIMARY CARE Total	25.98	20.77	5.21	272	351	(80)	408	512	(104)
CORPORATE SERVICES									
INCOME	0.00	0.00	0.00	-	(102)	102	-	(152)	152
EXPENDITURE	71.67	58.19	13.48	4,664	4,974	(310)	6,892	7,047	(155)
CORPORATE SERVICES Total	71.67	58.19	13.48	4,658	4,872	(208)	6,892	6,897	(5)
Grand Total	433.60	386.66	46.94	(605)	(642)	36	(997)	(997)	0
Adjustments as per NHSEI Reported Position	0	0	0	(46)	(46)	-	(67)	(67)	-
Adjusted Financial Position Reported to NHSEI	433.60	386.66	46.94	(651)	(688)	36	(1,064)	(1,064)	0

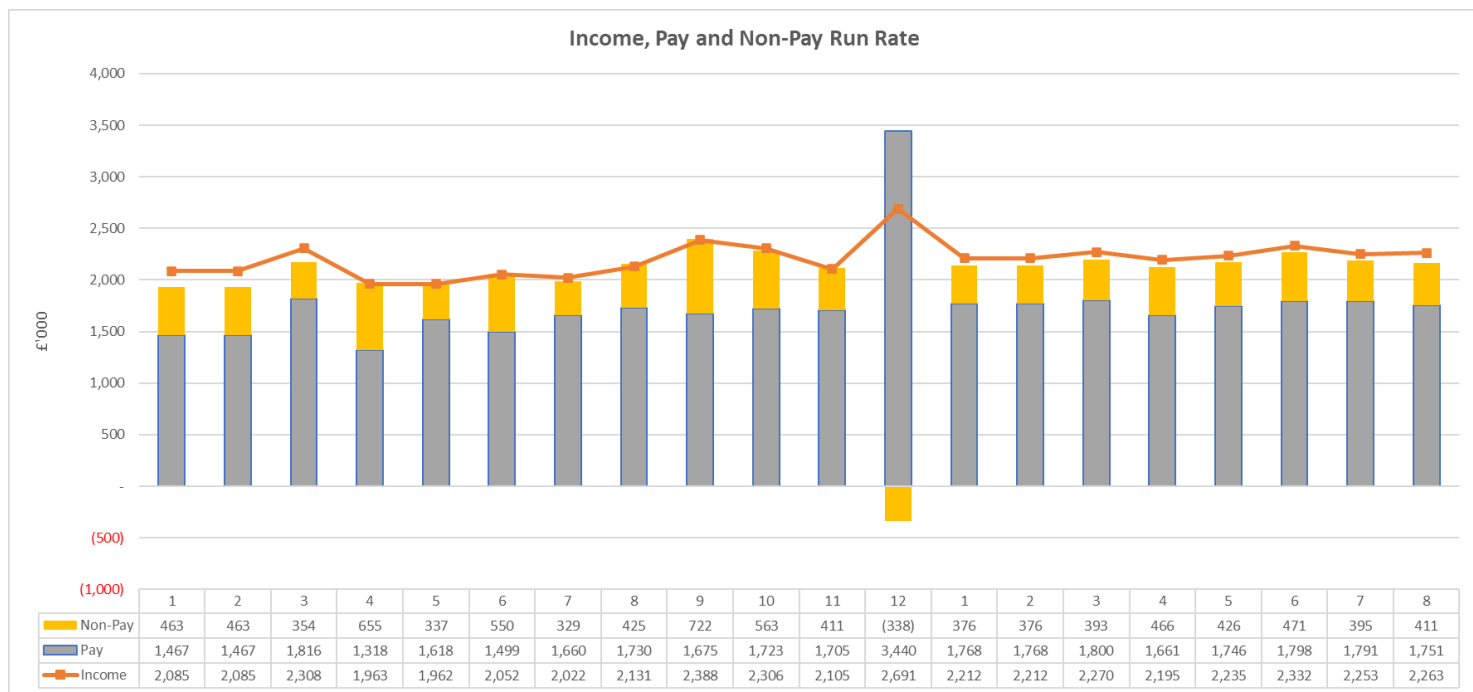
Control Total Run Rate – In Month and Cumulative



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Plan	78	79	78	80	78	79	78	101	102	102	101	108
Actual	39	123	87	82	78	92	86	100				
Forecast									98	98	97	84
Cumulative Plan	78	157	235	315	393	472	550	651	753	855	956	1,064
Cumulative FOT	39	162	249	331	409	501	587	687	785	883	980	1,064

- The Trust is currently on target to achieve the planned surplus of £1,064k with a cumulative surplus of £687k at Month 8 which is £36k favourable to plan.
- Month 8 shows an in-month surplus of £100k which is £1k adverse to the in-month plan.

Income and Expenditure Run Rate



The chart above provides detail of the Trust's income and expenditure run rate for the 22/23 financial year and the first 8 months of 23/24 financial year. The adjusted financial performance of 2022/23 was a £45k surplus.

The pay and non-pay expenditure run rate for 2023/24 is consistent month on month and the forecast run rate is expected to remain consistent the final 4 months of the year.

Key messages from this adjusted data are as follows:

- Income** The income in 2023/24 has increased slightly by c£70k per month on the average income in 2022/23. The income shown at Month 12 of 2022/23 includes £902k non recurrent proposed pay award income, £745k of pension uplift income. The block contract with the ICB has been agreed and signed for 2023/24.
- Pay costs** of M1 to M8 average £1,760k per month, pay costs are expected to have a small increase over the final 4 months as staff recruited join the organisation, particularly within the extended primary care teams (ARRS). There are currently vacancies within operational teams which are hard to recruit, this is driving the use of agency staff, the agency expenditure is expected to reduce over the remainder of the year. 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 of 2022/23 is £1,793k.
- Non-pay costs** of M1 to M8 average £414k per month compared to an average of £411k per month in 2022/23. The Month 12 figures of 2022/23 include a reduction in expenditure relating to IFRS 16 that was adjusted during the year end audit process.

Managed Service Reporting

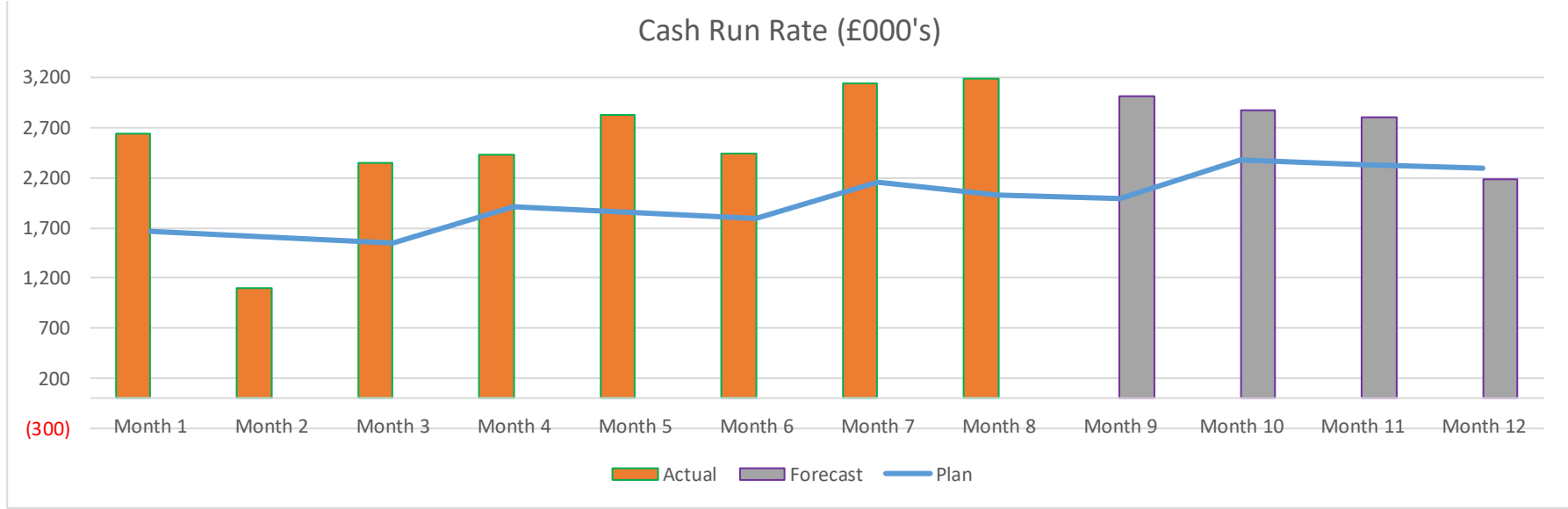
Service Area	Budget Apr - Mar £000's	Year to Date Budget Apr - Oct £000's	Year to Date Actual Apr - Oct £000's	Year to date Variance £000's	Total Forecast Spend	Forecast Variance	Previous Month Forecast Spend	Movement in Forecast Spend
Community Services	9,072	3,877	4,359	(482)	9,775	(703)	9,757	(18)
Hospices	852	652	769	(116)	1,035	(183)	1,046	11
Intermediate Care	8,570	4,738	4,236	502	6,814	1,756	7,077	263
Long Term Conditions	591	417	478	(61)	619	(27)	620	1
Palliative Care	785	480	486	(5)	790	(5)	790	0
Childrens Services	7,411	4,328	4,389	(62)	7,360	51	7,344	(17)
Sub Total - Community Services	27,282	14,493	14,717	(225)	26,394	888	26,634	240
CHC Fully Funded	15,895	9,272	10,085	(813)	18,284	(2,389)	17,152	(1,132)
CHC Fully Funded (Fast Track)	2,272	1,326	1,261	65	2,381	(109)	2,329	(53)
CHC Personal Health Budget	2,383	1,390	1,207	183	2,064	319	2,344	280
Continuing Healthcare - Adult Fully Funded - PHB Fast Track	0	0	0	0	0	0	0	0
CHC Adult Joint Funded	669	390	111	280	196	473	202	6
Continuing Healthcare - Adult Joint Funded - PHB	0	0	0	0	0	0	0	0
Childrens CHC	466	272	391	(119)	512	(47)	740	228
Childrens CHC - PHB	319	186	307	(120)	676	(357)	467	(209)
CHC Funded Nursing Care	4,498	2,624	2,527	96	4,197	300	4,199	2
CHC Team	0	0	0	0	0	0	0	0
Sub Total - CHC	26,502	15,459	15,888	(429)	28,311	(1,809)	27,434	(877)
Oxygen	651	379	380	(0)	651	(0)	651	(0)
Central Drugs	2,101	1,226	1,257	(32)	2,152	(51)	2,142	(11)
Prescribing	62,117	36,235	38,154	(1,919)	65,732	(3,615)	64,754	(978)
Sub Total - Prescribing	64,869	37,840	39,791	(1,951)	68,536	(3,666)	67,547	(989)
Grand Total	118,653	67,792	70,397	(2,604)	123,241	(4,588)	121,614	(1,626)

- The table above shows performance against the budgets managed by DIHC on behalf of the ICB.
- The table shows a deficit of £2,604k for the period April – October 2023 with a forecast outturn £4,588k adverse to plan. The ICB reported an overall forecast achievement of their plan at Month 7.
- There is a forecast overspend against the CHC budgets of £1,809k which is driven by Fully Funded Adult CHC placements.
- The prescribing budget is showing a £1,951k deficit and a forecast deficit of £3,666k relating to national price concessions and Cat M Drugs.

Balance Sheet Summary

	Actual Closing 2022/23	Actual Apr-23 Closing	Actual May-23 Closing	Actual Jun-23 Closing	Actual Jul-23 Closing	Actual Aug-23 Closing	Actual Sep-23 Closing	Actual Oct-23 Closing	Actual Nov-23 Closing	Month on Month Movement
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Non-current assets										
Intangible assets	228	218	209	199	190	180	171	161	152	(9)
Property, plant and equipment	1,302	1,282	1,261	1,237	1,254	1,242	1,221	1,186	1,165	(21)
Other investments / financial assets	-	-	-	-	-	-	-	-	-	-
	1,530	1,500	1,470	1,436	1,443	1,422	1,391	1,347	1,316	(31)
Current assets										
Inventories	-	-	-	-	-	-	-	-	-	-
NHS receivables	2,054	863	863	496	353	107	109	300	400	100
Non-NHS receivables	787	2,397	2,397	1,048	1,319	1,140	1,288	1,063	947	(116)
Credit Loss Allowance	(79)	(79)	(79)	(79)	(79)	(15)	(15)	(15)	(15)	-
Other current assets	-	-	-	-	-	-	-	-	-	-
Cash and cash equivalents	2,638	1,104	1,104	2,352	2,431	2,828	2,447	3,140	3,195	54
	5,400	4,285	4,285	3,817	4,024	4,060	3,828	4,488	4,526	39
Current liabilities										
Capital trade payables	(285)	-	-	-	-	-	-	-	-	-
Revenue trade payables	(3,753)	(3,454)	(3,356)	(2,843)	(2,591)	(2,897)	(2,162)	(2,210)	(2,298)	(88)
Borrowings	(606)	(39)	(38)	(37)	(73)	(81)	(79)	(68)	(67)	1
Deferred income	(371)	(304)	(304)	(233)	(579)	(203)	(595)	(1,096)	(921)	175
Other financial liabilities	-	-	-	-	-	-	-	-	-	-
Provisions	(103)	(103)	(103)	(103)	(103)	(103)	(76)	(76)	(103)	(27)
	(5,118)	(3,900)	(3,801)	(3,216)	(3,346)	(3,285)	(2,912)	(3,450)	(3,389)	61
Net Current Assets	282	385	484	601	677	775	916	1,038	1,137	99
Non-current liabilities										
Capital payables	-	-	-	-	-	-	-	-	-	-
Revenue payables	-	-	-	-	-	-	-	-	-	-
Borrowings	(220)	(218)	(216)	(213)	(220)	(220)	(220)	(220)	(220)	-
Deferred Income	-	-	-	-	-	-	-	-	-	-
Other financial liabilities	-	-	-	-	-	-	-	-	-	-
Provisions	-	-	-	-	-	-	(27)	(27)	-	27
	(220)	(218)	(216)	(213)	(220)	(220)	(247)	(247)	(220)	27
Total Net Assets Employed	1,592	1,667	1,738	1,824	1,901	1,978	2,060	2,138	2,234	95
Financed by										
Public dividend capital	2,718	2,718	2,718	2,718	2,718	2,718	2,718	2,718	2,718	-
Revaluation reserve	-	-	-	-	-	-	-	-	-	-
Other reserves	-	-	-	-	-	-	-	-	-	-
Income and expenditure reserve	(1,126)	(1,051)	(980)	(894)	(817)	(740)	(658)	(579)	(484)	95
Total Taxpayers' Equity	1,592	1,667	1,738	1,824	1,901	1,978	2,060	2,139	2,234	95

- The overall net assets position has increased since the audited 2022/23 position due to the reported surplus at M08.
- The cash position of £3.2m is c£1.2m higher than planned, mainly due to higher levels of deferred income for income received in advance (£0.9m as at 30 November 2023).
- Significant receivables are being recorded in relation to;
 - £1.0m invoiced income, of which £0.1m is with intra-system NHS organisations.
 - £0.3m prepayments and accrued income
- Significant liabilities are being recorded in relation to;
 - £0.2m invoiced payables
 - £0.3m goods received not yet invoiced
 - £2.0m accrued expenditure and deferred income
 - £0.8m other, including payroll related balances
- Borrowings represent the lease liabilities in respect of right of use assets

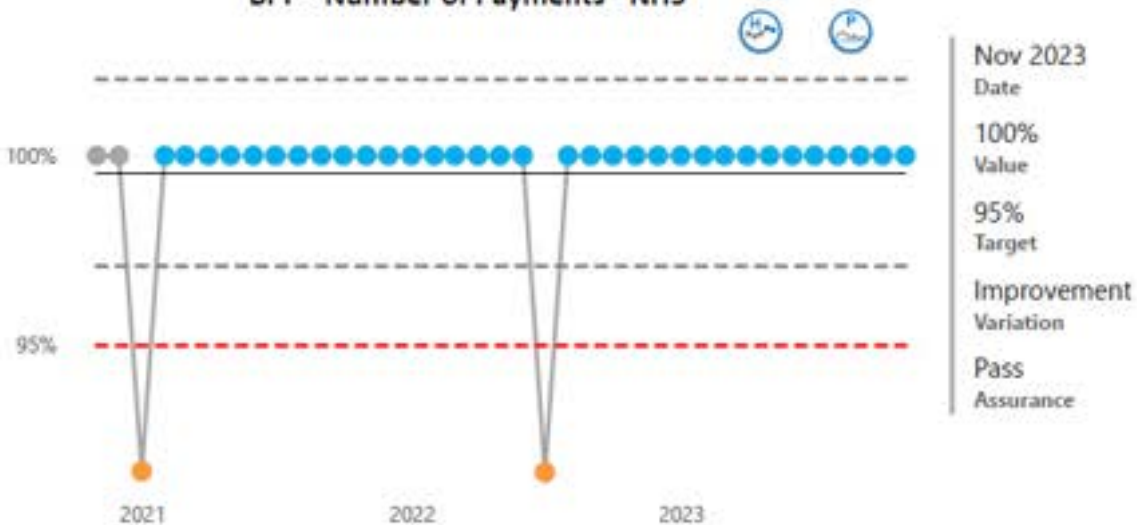


	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Plan	1,669	1,607	1,547	1,910	1,850	1,790	2,152	2,026	1,988	2,374	2,336	2,294
Actual	2,638	1,104	2,352	2,431	2,828	2,447	3,140	3,195	-	-	-	-
Forecast									3017	2874	2804	2184

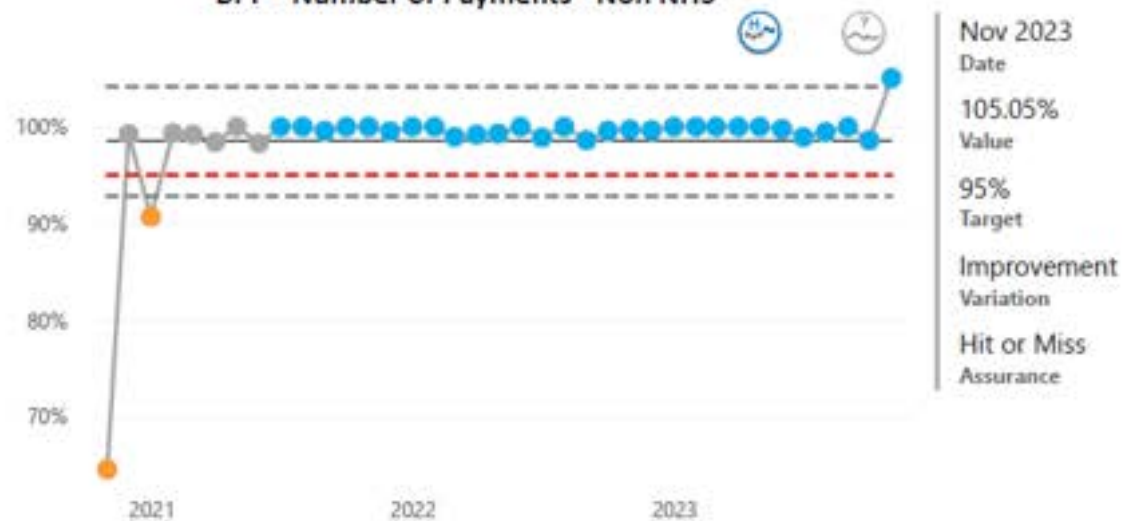
- The overall cash position of £3.195m at M08 is higher than planned as a result of additional income being received for which expenditure has not yet incurred. This income totalling £0.9m is currently being deferred and there are plans to spend by the end of the financial year. The forecast cash position shows £2,184m of cash vs the planned cash position of £2.294m.
- The final loan repayment of £0.6m was made to BCH on 1 April 2023, which represented the final payment against the initial £3.4m loan.

Finance - Better Payment Practice

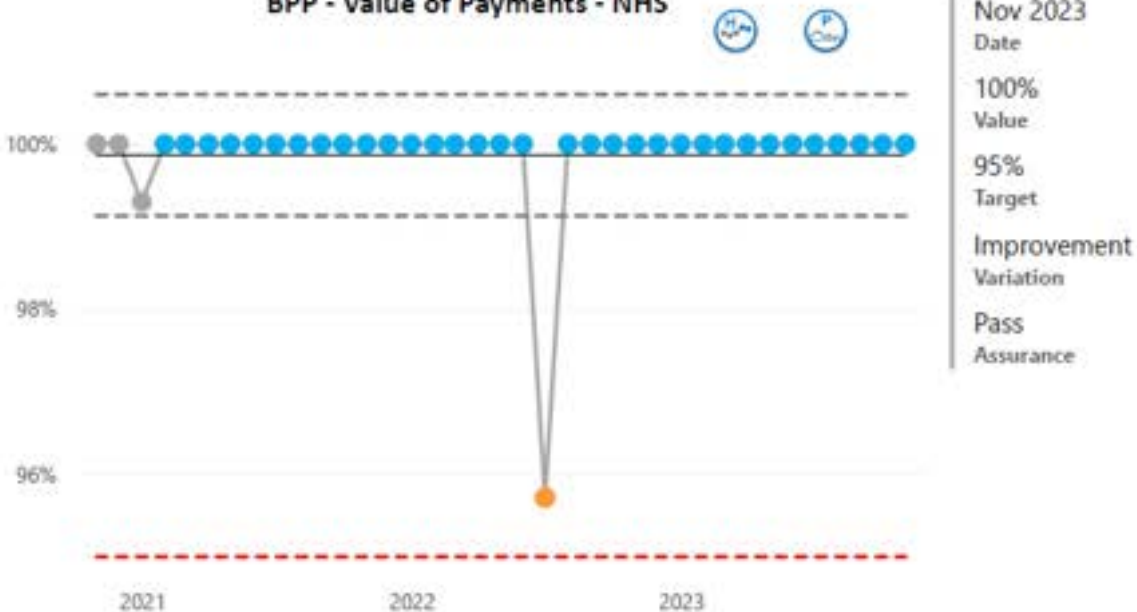
BPP - Number of Payments - NHS



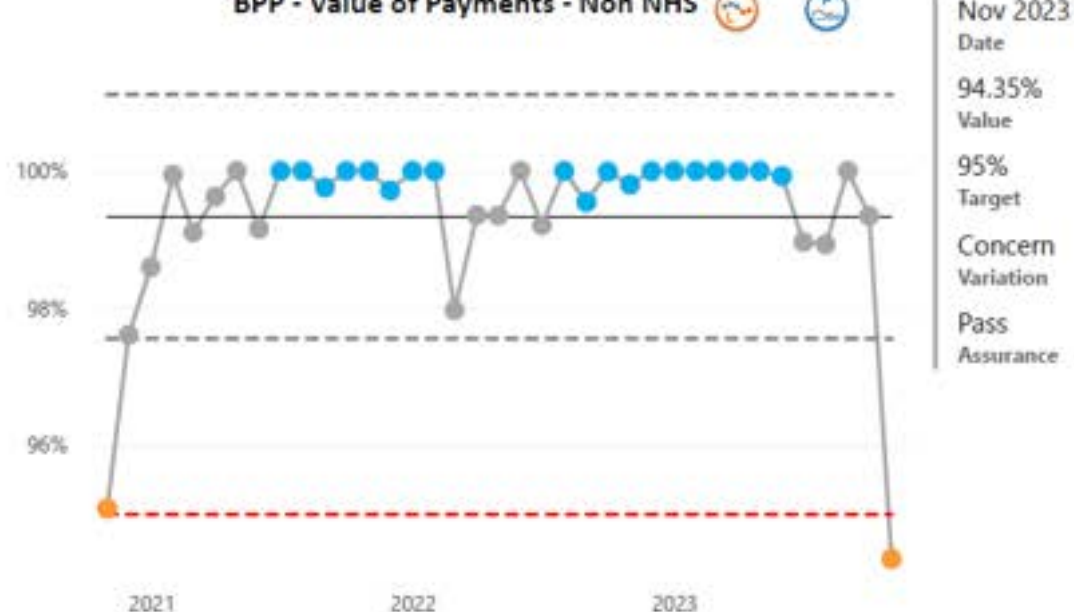
BPP - Number of Payments - Non NHS



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 January 2024
PURPOSE OF REPORT:	The report details the performance information for October & November 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 43 referrals in November 2023 (47 in October 2023). 75% of these referrals were eligible for a full assessment. 79.07% of the assessments were completed within 28 days and 13 referrals were received towards the end of November which have been scheduled and are due to take place in line with the 28-day process. Of these assessments a 100% completed outside an acute setting.• In November 2023 the IAPT service has received 923 referrals (922 in October 2023). Pre-covid the service would receive an average of 600 referrals per month, however post covid the number of referrals has increased to an average of 800 (33%) per month and continue to rise.• The IAPT service has achieved 111.25% (97.68% in October 2023) of the trajectory for service users entering treatment.• In November 2023 the IAPT 6-week wait from referral to treatment target has declined to 88.12% (88.54 in October 2023) this is because the service is continuing to have high numbers of referrals coming into service and continue to experience a shortage of PWP's to offer enough appointments to meet demand. In addition, there has been a slight increase of short-term sickness which has resulted in the cancellation of appointments which had delayed that first appointment. However, the metric remains above the 75% threshold and have trainees that are due to start offering appointments in the next month with further trainees commencing in February that will support the 6-week target.• The recovery target continues to be missed but has improved since September 2023, with 45.95% in November 2023 (44.44% in October 2023) of people who have completed treatment and moved to recovery against a target of 50%. Unfortunately, the demand for the service continues to exceed its current capacity.

	<ul style="list-style-type: none"> • The Trust is working with the system partners to align services and build a more robust referral pathway and to understand if development funding will be made available to help address the waiting list and deliver any increased access targets for 2023/24 • In November 2023, the ARRS PCN service has seen just over 11,400 patients with an attendance rate of 94.27%. • The enhanced access hub (on behalf of the PCN's) has a utilisation rate of 65% with 84% of patients attending the appointment in November 2023. • The Extended Access – Winter Hub re-opened on 2nd October and received 836 referrals in November (654 in October 2023) with 92% attending an appointment. 94% of patients were discharged home.
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 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"/> None Identified
	<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: October 2023

Reported to: January 2024, Trust Board

Reported by: Philip King, Director of Operations

Introduction

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

Exception Reports

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

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








Additional Caveats

- Targets are still being developed for some of the new measures. These targets will reviewed and agreed by individual services and the executive
- NCMP - National Child Measurement Programme runs until the end of July 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.
- The ICB have sponsored a review of Primary Care Mental Health Services.
- The publication of the Child Immunisation data (July 2023) has been delayed due to some discrepancies in the data provided by the GP IT suppliers. Unfortunately, they are unable to provide any timescales at this stage, but they will ensure all data will be retrospective updated
- The Extended Access Hub closed on the 31st July 2023 and re-opened on the 2nd October 2023. The October data was not available at the time of reporting.

Key:

Variation and Assurance Icons

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

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

Statistical Process Chart (SPC)

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

DIHC Integrated Performance Scorecard

2023-24

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Q&S	Feedback	IAPT Friends and Family Test – % Positive	Local	Oct 2023	100%	-	100%	-		
		Primary Care Friends and Family Test – % Positive - Chapel Street Surgery	Local	Oct 2023	95%	-	81.08%	-		
		Primary Care Friends and Family Test – % Positive - High Oak Surgery	Local	Oct 2023	95.07%	-	91.77%	-		
		PCMH Friends and Family Test – % Positive	Local	Oct 2023	100%	-	83.87%	-		
		Feedback - Informal Concern	Local	Oct 2023	2	-	32	-		
		Feedback - Compliments	Local	Oct 2023	3	-	24	-		
		Feedback - Complaints	Local	Oct 2023	2	-	7	-		
		An acknowledgment of the complaints within 3 days	National	Oct 2023	100%	-	100%	-		
		A formal response to the complaint sent within 45 days	Local	Oct 2023	100%	-	100%	-		
	Incidents	Duty of Candour	National	Oct 2023	100%	100%	100%	100%		
		Occurrence Of Any Never Event	National	Oct 2023	0	-	0	-		
		Incidents	Local	Oct 2023	43	-	143	-		
		Serious Incidents	Local	Oct 2023	0	-	0	-		
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	Sep 2023	100%	-	100%	-		
	Safeguarding	Safeguarding Concerns - Adults	Local	Oct 2023	29	-	147	-		
		Safeguarding Concerns - Child	Local	Oct 2023	24	-	82	-		
		Safeguarding Concerns - Age unknown	Local	Oct 2023	0	-	0	-		
		Number of SARs - Open	Local	Oct 2023	0	-	0	-		
		Number of CSPRs - Open	Local	Oct 2023	3	-	31	-		
		Number of S42s - Open	Local	Oct 2023	1	-	6	-		
		Number of S42s - Overdue	Local	Oct 2023	1	-	2	-		
Workforce	Absence	Sickness % (In Month)	Local	Oct 2023	3.82%	4.5%	3.15%	4.5%		
		Short Term Sickness (In Month)	Local	Oct 2023	46.02%	-	39.18%	-		
		Long Term Sickness (In Month)	Local	Oct 2023	53.98%	-	60.82%	-		
		Maternity % (In Month)	Local	Oct 2023	2.88%	-	2.9%	-		
	Development	Appraisal %	Local	Oct 2023	86.39%	85%	86.39%	85%		
		Training Compliance %	Local	Oct 2023	91.41%	85%	91.41%	85%		
	Staff in Post	Vacancy %	Local	Oct 2023	3.7%	8%	4.66%	8%		
		Turnover % (12 Months)	Local	Oct 2023	15.09%	13%		13%		
		Normalised Turnover % (12 Months)	Local	Oct 2023	13.59%	9.5%	11.24%	9.5%		
		Turnover % (In Month)	Local	Oct 2023	2.23%	1.1%		1.1%		
		Normalised Turnover % (In Month)	Local	Oct 2023	2.23%	-	1.31%	-		

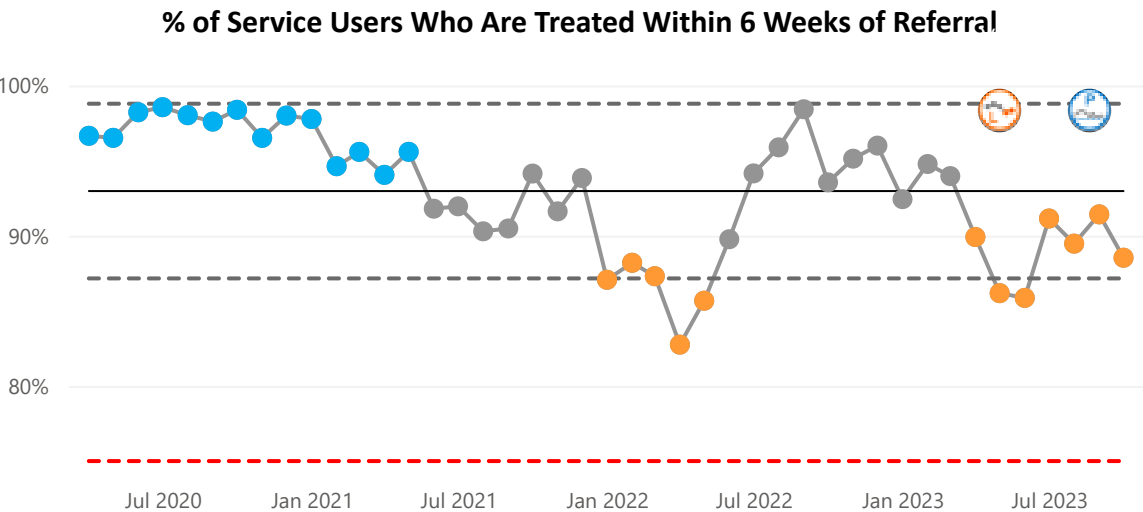
DIHC Integrated Performance Scorecard 2023/24

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Operational Performance	ARRS PCN	% Utilisation Rate	Local	Oct 2023	76.12%	-	75.91%	-		
		% DNA Rate	Local	Oct 2023	6.21%	-	5.13%	-		
		% of Patient Attendance	Local	Oct 2023	93.79%	-	94.87%	-		
	CHC	Number of Referral for CHC	Local	Oct 2023	47	-	256	-		
		% of Referrals Eligible for a Full CHC Assessment	Local	Oct 2023	78.72%	-	77.34%	-		
		% of CHC Assessments Completed Within 28 Days	National	Oct 2023	100%	80%	98.99%	80%		
		% of Assessments Completed in an Acute Setting	National	Oct 2023	0%	15%	0.58%	15%		
	CHC - End of life	Number of Fast Track Referrals	Local	Oct 2023	71	-	513	-		
		% of Newly Eligible Fast Track Patients	Local	Oct 2023	85.92%	-	83.43%	-		
	CHC - Pathway 3	Number of Patients in a Pathway 3 Bed	Local	Oct 2023	34	-	-	-		
		Number of Patients Discharged from Pathway 3	Local	Oct 2023	3	-	34	-		
	Enhanced Access On Behalf of PCN	% Utilisation Rate	Local	Oct 2023	58.96%	-	60.5%	-		
		% of Patient Attendance	Local	Oct 2023	82.78%	-	85.25%	-		
	Extended Access	Number of Referrals to Extended Access Hub	Local	Jul 2023	785	-	4060	-		
		% Utilisation Rate	Local	Jul 2023	83.22%	75%	80.44%	75%		
		% of Patient Attendance	Local	Jul 2023	94.14%	-	92%	-		
		Outcome - % Discharged Home	Local	Jul 2023	91.07%	-	94.99%	-		
	IAPT	Number of Service Users Referred for Psychological Therapies	Local	Oct 2023	922	-	5695	-		
		% of Referrals for Adults aged 65+	National	Oct 2023	10.52%	-	10.64%	-		
		Access to IAPT services for adults aged 65+	National	Oct 2023	6.28%	-	6.8%	-		
		% of Service Users Entering Treatment (Access Rate)	Local	Oct 2023	97.68%	100%	104.7%	100%		
		% of Service Users Who Complete Treatment Who Are Moving to Recovery	National	Oct 2023	44.44%	50%	42.14%	50%		
		IAPT Recovery Rate for BME Groups	National	Oct 2023	39.22%	50%	35.29%	50%		
		% of Service Users Who Are Treated Within 6 Weeks of Referral	National	Oct 2023	88.54%	75%	88.92%	75%		
		% of Service Users Who Are Treated Within 18 Weeks of Referral	National	Oct 2023	99.82%	95%	99.55%	95%		
		90+ Day Wait Between 1st and 2nd Appt	Local	Oct 2023	1.98%	10%	3.17%	10%		
		Data Quality Maturity Index for IAPT	Local	Jul 2023	99.1%	95%	98.82%	95%		
		Use of Anxiety Disorder Specific Measures in IAPT	Local	Oct 2023	89.58%	65%	89.72%	65%		
	Intermediate Care	Number of Patients in a Step Down Facility	Local	Oct 2023	137	-	137	-		
		Number of New Patients Admitted to Step Down	Local	Oct 2023	45	-	317	-		
		Average Length of Stay	National	Oct 2023	52	42	43.29	42		
		Number of Patients Discharged	Local	Oct 2023	65	-	335	-		
	Primary Care Mental Health	Number of Referrals to Primary Care Mental Health	Local	Oct 2023	310	-	1710	-		
	School Nursing	Number of Referrals to School Nursing Service	Local	Oct 2023	387	-	1602	-		
		NCMP - Year 6 Status	Local	Jul 2023	100%	100%	-	100%		
		NCMP - Reception Status	Local	Jul 2023	100%	100%	-	100%		
		Number of Child In Need on Caseload	Local	Oct 2023	89	-	89	-		
		Number of Looked After Child on Caseload	Local	Oct 2023	188	-	188	-		
		Number of Looked After Child Health Assessments Completed	Local	Oct 2023	24	-	24	-		
		Number of Child Protection on Caseload	Local	Oct 2023	108	-	108	-		
		Number of Young Carers Identified as Needing Support	Local	Oct 2023	9	-	9	-		

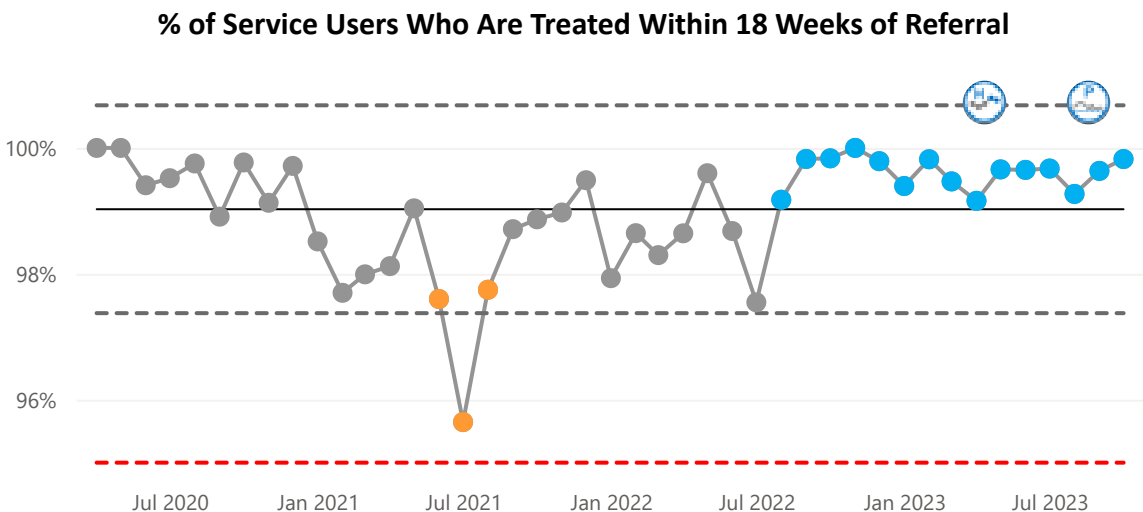
DIHC Integrated Performance Scorecard 2023/24

service	Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	Sparkline
Chapel Street Surgery	DQOFH	DQOFH	▲ DQOFH - Overall	Local	Oct 2023	52.96%	-	
	DQOFH - Clinical	Diabetes	DM7 - HbA1c, BP & Cholesterol treated to target..... [32 - 41%]	National	Oct 2023	13.53%	41%	
		Learning Disabilities	LD1 - Learning Disabilty annual review completed..... [64 - 88%]	National	Oct 2023	20%	88%	
		Mental Health	MH3 - Received comprehensive physical health assessment... [50 - 80%]	National	Oct 2023	6.35%	80%	
	DQOFH - Primary Prevention	Cervical screening	CERVS1 - Aged 25-49 adequate smear last 3 years and 6 months..... [45-80%]	National	Oct 2023	45.71%	80%	
			CERVS2 - Aged 50-64 adequate smear last 5 years and 6 months..... [45 - 80%]	National	Oct 2023	74.49%	80%	
	Operational Performance	Vaccination and Immunisation	% Vaccinated - MMR (5 yrs) - 2nd dose	National	May 2023	33.33%	95%	
High Oak Surgery	DQOFH	DQOFH	DQOFH - Overall	Local	Oct 2023	60.44%	-	
	DQOFH - Clinical	Diabetes	DM7 - HbA1c, BP & Cholesterol treated to target..... [32 - 41%]	National	Oct 2023	18.08%	41%	
		Learning Disabilities	LD1 - Learning Disabilty annual review completed..... [64 - 88%]	National	Oct 2023	76.19%	88%	
		Mental Health	MH3 - Received comprehensive physical health assessment... [50 - 80%]	National	Oct 2023	21.62%	80%	
	DQOFH - Primary Prevention	Cervical screening	CERVS1 - Aged 25-49 adequate smear last 3 years and 6 months..... [45-80%]	National	Oct 2023	66.62%	80%	
			CERVS2 - Aged 50-64 adequate smear last 5 years and 6 months..... [45 - 80%]	National	Oct 2023	71.38%	80%	
	Operational Performance	Vaccination and Immunisation	% Vaccinated - MMR (5 yrs) - 2nd dose	National	Jun 2023	50%	95%	

Exception Report: IAPT Waiting Time



Oct 2023
Date
88.54%
Value
75%
Target
Concern
Variation
Pass
Assurance



Oct 2023
Date
99.82%
Value
95%
Target
Improvement
Variation
Pass
Assurance

Service comments

The service has continued to have high numbers of referrals coming into service and continue to experience a shortage of PWP's to offer sufficient number of appointments to meet demand.

We have also had an increase of short term sickness which has resulted in the cancellation of appointments which had delayed that first appointment. We remain above the 75% threshold and have trainees that are due to start offering appointments in the next month with further trainees coming in in February that will support the 6 week target

Actions

Performance Report

Reporting period: November 2023

Reported to: January 2024, Trust Board

Reported by: Philip King, Director of Operations

Introduction

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

Exception Reports

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

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








Additional Caveats

- Targets are still being developed for some of the new measures. These targets will reviewed and agreed by individual services and the executive
- NCMP - National Child Measurement Programme runs until the end of July 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.
- The ICB have sponsored a review of Primary Care Mental Health Services.
- The publication of the Child Immunisation data (July 2023) has been delayed due to some discrepancies in the data provided by the GP IT suppliers. Unfortunately, they are unable to provide any timescales at this stage, but they will ensure all data will be retrospective updated
- The Extended Access Hub closed on the 31st July 2023 and re-opened on the 2nd October 2023.

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.

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Statistical Process Chart (SPC)

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

DIHC Integrated Performance Scorecard

2023-24

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Q&S	Feedback	IAPT Friends and Family Test – % Positive	Local	Nov 2023	100%	-	100%	-		
		Primary Care Friends and Family Test – % Positive - Chapel Street Surgery	Local	Nov 2023	82.61%	-	81.45%	-		
		Primary Care Friends and Family Test – % Positive - High Oak Surgery	Local	Nov 2023	91.82%	-	93.57%	-		
		PCMH Friends and Family Test – % Positive	Local	Nov 2023	33.33%	-	79.41%	-		
		Feedback - Informal Concern	Local	Nov 2023	1	-	33	-		
		Feedback - Compliments	Local	Nov 2023	6	-	30	-		
		Feedback - Complaints	Local	Nov 2023	2	-	9	-		
		An acknowledgment of the complaints within 3 days	National	Nov 2023	100%	-	100%	-		
		A formal response to the complaint sent within 45 days	Local	Nov 2023	100%	-	100%	-		
	Incidents	Duty of Candour	National	Oct 2023	100%	100%	100%	100%		
		Occurrence Of Any Never Event	National	Nov 2023	0	-	0	-		
		Incidents	Local	Nov 2023	33	-	176	-		
		Serious Incidents	Local	Nov 2023	0	-	0	-		
	Patient Safety	Patient Safety Alerts Completed By Deadline	National	Nov 2023	100%	-	100%	-		
	Safeguarding	Safeguarding Concerns - Adults	Local	Nov 2023	25	-	172	-		
		Safeguarding Concerns - Child	Local	Nov 2023	28	-	110	-		
		Safeguarding Concerns - Age unknown	Local	Nov 2023	1	-	1	-		
		Number of SARs - Open	Local	Nov 2023	2	-	2	-		
		Number of CSPRs - Open	Local	Nov 2023	3	-	34	-		
		Number of S42s - Open	Local	Nov 2023	1	-	7	-		
		Number of S42s - Overdue	Local	Nov 2023	1	-	3	-		
Workforce	Absence	Sickness % (In Month)	Local	Nov 2023	3.58%	4.5%	3.22%	4.5%		
		Short Term Sickness (In Month)	Local	Nov 2023	39.86%	-	39.49%	-		
		Long Term Sickness (In Month)	Local	Nov 2023	60.14%	-	60.51%	-		
		Maternity % (In Month)	Local	Nov 2023	2.78%	-	2.89%	-		
	Development	Appraisal %	Local	Nov 2023	79.2%	85%	79.2%	85%		
		Training Compliance %	Local	Nov 2023	90.81%	85%	90.81%	85%		
	Staff in Post	Vacancy %	Local	Nov 2023	3.54%	8%	4.52%	8%		
		Turnover % (12 Months)	Local	Nov 2023	14.93%	13%		13%		
		Normalised Turnover % (12 Months)	Local	Nov 2023	13.44%	9.5%	11.53%	9.5%		
		Turnover % (In Month)	Local	Nov 2023	1.35%	1.1%		1.1%		
		Normalised Turnover % (In Month)	Local	Nov 2023	1.35%	-	1.31%	-		

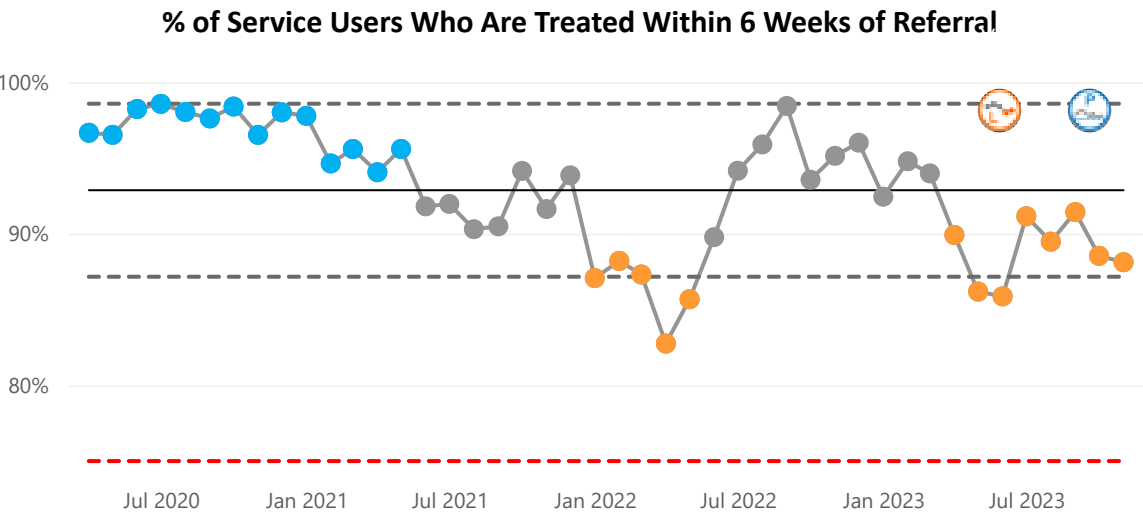
DIHC Integrated Performance Scorecard 2023/24

Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	YTD	Annual Target	Variation	Assurance
Operational Performance	ARRS PCN	% Utilisation Rate	Local	Nov 2023	74.76%	-	75.79%	-		
		% DNA Rate	Local	Nov 2023	5.73%	-	5.14%	-		
		% of Patient Attendance	Local	Nov 2023	94.27%	-	94.86%	-		
	CHC	Number of Referral for CHC	Local	Nov 2023	43	-	299	-		
		% of Referrals Eligible for a Full CHC Assessment	Local	Nov 2023	79.07%	-	77.59%	-		
		% of CHC Assessments Completed Within 28 Days	National	Nov 2023	55.88%	80%	92.67%	80%		
		% of Assessments Completed in an Acute Setting	National	Nov 2023	0%	15%	0.53%	15%		
	CHC - End of life	Number of Fast Track Referrals	Local	Nov 2023	93	-	606	-		
		% of Newly Eligible Fast Track Patients	Local	Nov 2023	88.17%	-	84.16%	-		
	CHC - Pathway 3	Number of Patients in a Pathway 3 Bed	Local	Nov 2023	24	-	-	-		
		Number of Patients Discharged from Pathway 3	Local	Nov 2023	18	-	52	-		
	Enhanced Access On Behalf of PCN	% Utilisation Rate	Local	Nov 2023	64.93%	-	61.04%	-		
		% of Patient Attendance	Local	Nov 2023	83.62%	-	85.04%	-		
	Extended Access	Number of Referrals to Extended Access Hub	Local	Nov 2023	836	-	5550	-		
		% Utilisation Rate	Local	Nov 2023	82.58%	75%	80.3%	75%		
		% of Patient Attendance	Local	Nov 2023	91.87%	-	91.66%	-		
		Outcome - % Discharged Home	Local	Nov 2023	94.14%	-	94.97%	-		
	IAPT	Number of Service Users Referred for Psychological Therapies	Local	Nov 2023	923	-	6618	-		
		% of Referrals for Adults aged 65+	National	Nov 2023	8.67%	-	10.36%	-		
		Access to IAPT services for adults aged 65+	National	Nov 2023	4.25%	-	6.45%	-		
		% of Service Users Entering Treatment (Access Rate)	Local	Nov 2023	111.25%	100%	105.55%	100%		
		% of Service Users Who Complete Treatment Who Are Moving to Recovery	National	Nov 2023	45.95%	50%	42.68%	50%		
		IAPT Recovery Rate for BME Groups	National	Nov 2023	51.22%	50%	37.63%	50%		
		% of Service Users Who Are Treated Within 6 Weeks of Referral	National	Nov 2023	88.12%	75%	88.81%	75%		
		% of Service Users Who Are Treated Within 18 Weeks of Referral	National	Nov 2023	100%	95%	99.62%	95%		
		90+ Day Wait Between 1st and 2nd Appt	Local	Nov 2023	1.26%	10%	2.9%	10%		
		Data Quality Maturity Index for IAPT	Local	Jul 2023	99.1%	95%	98.82%	95%		
		Use of Anxiety Disorder Specific Measures in IAPT	Local	Nov 2023	78.65%	65%	87.95%	65%		
	Intermediate Care	Number of Patients in a Step Down Facility	Local	Nov 2023	138	-	138	-		
		Number of New Patients Admitted to Step Down	Local	Nov 2023	58	-	375	-		
		Average Length of Stay	National	Nov 2023	47	42	43.75	42		
		Number of Patients Discharged	Local	Nov 2023	61	-	396	-		
	Primary Care Mental Health	Number of Referrals to Primary Care Mental Health	Local	Nov 2023	332	-	2042	-		
	School Nursing	Number of Referrals to School Nursing Service	Local	Nov 2023	267	-	1869	-		
		NCMP - Year 6 Status	Local	Jul 2023	100%	100%	-	100%		
		NCMP - Reception Status	Local	Jul 2023	100%	100%	-	100%		
		Number of Child In Need on Caseload	Local	Nov 2023	78	-	78	-		
		Number of Looked After Child on Caseload	Local	Nov 2023	158	-	158	-		
		Number of Looked After Child Health Assessments Completed	Local	Nov 2023	22	-	22	-		
		Number of Child Protection on Caseload	Local	Nov 2023	68	-	68	-		
		Number of Young Carers Identified as Needing Support	Local	Nov 2023	7	-	7	-		

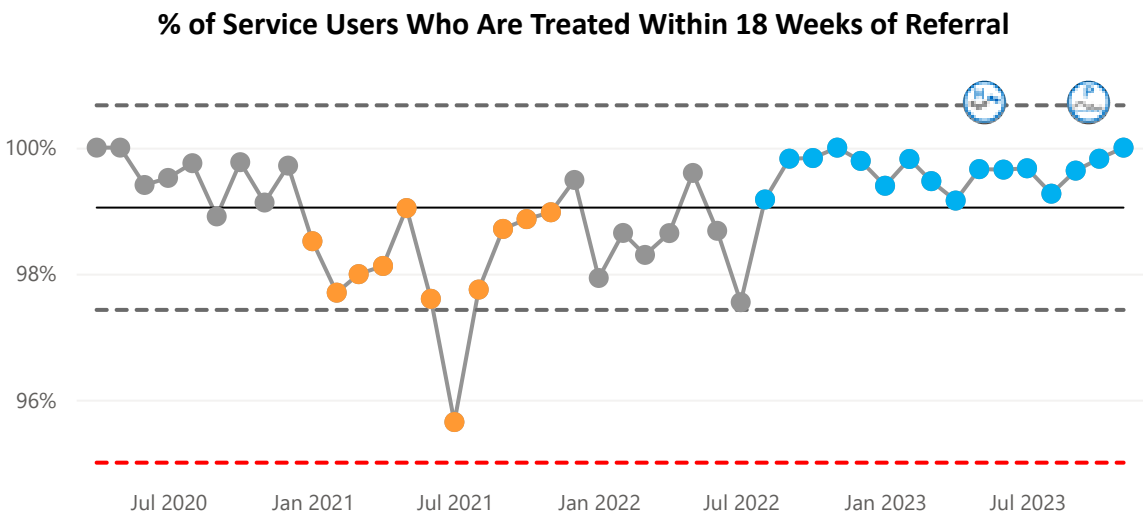
DIHC Integrated Performance Scorecard 2023/24

service	Domain	Sub domain	Metric	Metric Type	Latest Date	Value	Target	Sparkline
Chapel Street Surgery	DQOFH	DQOFH	▲ DQOFH - Overall	Local	Nov 2023	0%	-	
	DQOFH - Clinical	Diabetes	DM7 - HbA1c, BP & Cholesterol treated to target..... [32 - 41%]	National	Nov 2023	0%	41%	
		Learning Disabilities	LD1 - Learning Disabilty annual review completed..... [64 - 88%]	National	Nov 2023	0%	88%	
		Mental Health	MH3 - Received comprehensive physical health assessment... [50 - 80%]	National	Nov 2023	0%	80%	
	DQOFH - Primary Prevention	Cervical screening	CERVS1 - Aged 25-49 adequate smear last 3 years and 6 months..... [45-80%]	National	Nov 2023	0%	80%	
			CERVS2 - Aged 50-64 adequate smear last 5 years and 6 months..... [45 - 80%]	National	Nov 2023	0%	80%	
	Operational Performance	Vaccination and Immunisation	% Vaccinated - MMR (5 yrs) - 2nd dose	National	May 2023	33.33%	95%	
High Oak Surgery	DQOFH	DQOFH	DQOFH - Overall	Local	Nov 2023	0%	-	
	DQOFH - Clinical	Diabetes	DM7 - HbA1c, BP & Cholesterol treated to target..... [32 - 41%]	National	Nov 2023	0%	41%	
		Learning Disabilities	LD1 - Learning Disabilty annual review completed..... [64 - 88%]	National	Nov 2023	0%	88%	
		Mental Health	MH3 - Received comprehensive physical health assessment... [50 - 80%]	National	Nov 2023	0%	80%	
	DQOFH - Primary Prevention	Cervical screening	CERVS1 - Aged 25-49 adequate smear last 3 years and 6 months..... [45-80%]	National	Nov 2023	0%	80%	
			CERVS2 - Aged 50-64 adequate smear last 5 years and 6 months..... [45 - 80%]	National	Nov 2023	0%	80%	
	Operational Performance	Vaccination and Immunisation	% Vaccinated - MMR (5 yrs) - 2nd dose	National	Jun 2023	50%	95%	

Exception Report: IAPT Waiting Time



Nov 2023
Date
88.12%
Value
75%
Target
Concern
Variation
Pass
Assurance



Nov 2023
Date
100%
Value
95%
Target
Improvement
Variation
Pass
Assurance

Service comments

The service has continued to have high numbers of referrals coming into service and continue to experience a shortage of PWP's to offer sufficient number of appointments to meet demand.

We have also had an increase of short term sickness which has resulted in the cancellation of appointments which had delayed that first appointment. We remain above the 75% threshold and have trainees that are due to start offering appointments in the next month with further trainees commencing in February 2024 that will support the 6 week target

Actions

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Finance, Performance and Digital Committee

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

Date of meeting: 18th December 2023

Significant risks/issues for escalation

None identified

Key issues/matters discussed at the Committee

- The committee received a report in relation to Corporate Risk Register for assurance and decision.
 - The committee discussed risk C088 – Estates Risk for ARRS team. It was recommended that the score should be reduced from 16 to 8 based on the estates work completed, responsibility being taken by the ICB and the opti-space booking system now functioning.
 - The committee recommended for closure C303 – Business Intelligence capacity
 - The committee also recommended that C302 (True cost of Digital risk) should be deescalated to the service level risk register.
 - It was recommended that risk-C209 also be included on the risk register for FPD Committee
- The committee received a report from the Director of Finance which provided an update on current financial issues and activities including.
 - The implementation of the national ISFE2 (Financial system) will be delayed by 3 to 6 months
 - An update was received in relation to the system financial position and the updated system financial plans. It was confirmed that the Trusts continues to plan to deliver a £1.1m surplus.
- The committee received the month 8 finance report for assurance.
 - The report confirmed that the Trust is achieving a £651k surplus for the period April 2023 – November 2023 and forecasting to achieve the surplus target of £1.064m for 2023/24.
- The committee received a report which provided assurance that the internal efficiency target for 2023/24 is on track to be achieved, noting that there is still some risk associated with the delivery of the target in the remaining months of the year.
- The committee also received an update in relation to the progress made by the care homes team since it commenced at the beginning of the financial year.
- The committee received a report on agency expenditure which showed that the Trust is forecast to overspend

	<p>against the annual budget by £42k, however significant progress has been made in reducing expenditure by £1.1m compared to 2022/23.</p> <ul style="list-style-type: none"> • The committee received the November 2023 performance report for assurance. There was an exceptional item reported in relation to the IAPT waiting times. Whilst the 6 weeks waiting time target is being delivered there has been a reduction in performance over the last few months due to increases in demand and a shortage of PWPs. • The committee also received update reports in relation to Digital, Data and Technology, contracts management and Information Governance.
Decisions made by the Committee	<ul style="list-style-type: none"> • Recommendation to close risk C303 – Business Intelligence capacity. • Recommendation to reduce the score for C088 from 16 to 8. • Recommendation to reduce the score for C301 from 12 to 9. • Recommendation to deescalate C-302 to the service level risk register. • It was recommended that risk-C209 also be included on the risk register for FPD Committee (please note this is currently on the People / Quality and Safety Committee).
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	<ul style="list-style-type: none"> • See recommendations above
Items/Issues for referral to other Committees	N/A

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Primary Care Integration Committee

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

Date of meeting: 15th November 2023

Significant risks/issues for escalation

- None

Key issues/matters discussed at the committee

The Committee held a meeting on 15th of November 2023 and was quorate.

The Committee considered one item - a Memorandum of Understanding (MoU) between DIHC and the PCNs in relation to Additional Role Reimbursement Staff (ARRS)

ARRS MoU Key Points

- The MOU reflects the arrangements for the provision of ARRS services that are provided by DIHC on behalf of the PCNs up until the point at which DIHC is effectively closed, and the transition of ARRS services into a new provider is concluded.
- The MoU ensures that the PCNs are and DIHC are able to comply with the contractual requirements set by NHSE as part of the PCN Directed Enhanced Service.
- The MoU was agreed by the Committee and has subsequently been signed and agreed by all PCNs.
- A copy of the final signed MoU is appended to report for information.

Recommendations made by the Committee

- None

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

- None

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

- None

Memorandum of Understanding between Dudley Integrated Health and Care NHS Trust (DIHC) and Dudley Primary Networks (PCNs), namely:

Stourbridge, Wollescote and Lye PCN

Sedgley, Coseley and Gornal PCN

Halesowen PCN

Brierley Hill and Amblecote PCN

Kingswinford and Wordsley PCN

Dudley and Netherton PCN

1 April 2023 – 31 March 2024

Written November 2023

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1 Background

- 1.1 DIHC is an NHS Trust that was created to support primary care sustainability and development. In delivering on this commitment, DIHC has produced a primary care strategy in collaboration with and with the support of Dudley's PCNs.
- 1.2 This Memorandum of Understanding (MOU) reflects principles and mutual commitments of DIHC and PCNs in working with one another in relation to the provision of Additional Roles Reimbursement Scheme (ARRS) services, as set out in the primary care strategy.
- 1.3 The Black Country Integrated Care Board (BCICB) took the decision in September 2022 not to support DIHC operating as a stand-alone NHS Trust. As a result, an options appraisal and process overseen by the Boards of both the Black Country ICB and DIHC Board is underway to determine the future destination of services provided by DIHC.
- 1.4 This MOU reflects the arrangements for the provision of ARRS services that are provided by DIHC on behalf of the PCNs up until the point at which DIHC is effectively closed, and the future destination of all DIHC services, including the provision of ARRS services, is determined and the transition of ARRS services into a new provider is concluded.
- 1.5 This agreement supersedes and replaces the previous MOU between DIHC and the PCNs on similar such matters, agreed and dated December 2022.

2 The Role of Dudley Integrated Health and Care NHS Trust (DIHC)

- 2.1 The role of DIHC is to support the sustainability and development of primary care. As a fully formed and fully statured NHS Trust, created by general practice for general practice, the organisation reflects extensive primary care expertise and participation at all levels, whilst providing the security and governance afforded by an NHS Trust.

3 The Role of Primary Care Networks (PCNs)

- 3.1 The role of PCNs is to enable greater provision of proactive, personalised, coordinated and more integrated health and social care for our communities. They are crucial to the development of integrated care systems (ICSs) and in meeting the ambitions in the NHS Long Term Plan.
- 3.2 PCNs are formed via sign up to the Network Contract Directed Enhanced Service (DES) Contract Specification which was first introduced on 1 July 2019 – and most recently updated in June 2023 – and sets out core requirements and entitlements for a PCN:

[Network Contract Directed Enhanced Service - Contract specification 2023/24 – PCN Requirements and Entitlements \(england.nhs.uk\)](https://www.england.nhs.uk/network-contract-directed-enhanced-service-contract-specification-2023-24-pcn-requirements-and-entitlements/)

4 Principles

- 4.1 Both the PCNs and DIHC recognise that there is a mutual benefit in working collaboratively to deliver on their respective functions, specifically:

- 4.1.1 For PCNs: to deliver on the requirements of the PCN DES.
- 4.1.2 For DIHC: to develop and implement a primary care strategy that enables and supports PCNs discharge the PCN DES, whilst supporting the sustainability and development of primary care, and

5 Mutual Commitments

- 5.1 The PCNs and DIHC share the following mutual commitments to one another:

- 5.1.1 to co-produce and implement solutions to address both strategic and developmental needs in primary care as part of a mutually agreed primary care strategy implementation plan

- 5.2 DIHC and PCNs have agreed that for ARRS staff employed by DIHC, DIHC will employ and operate in accordance with the NHS Terms and Conditions of Service ([NHS Terms and Conditions of Service Handbook | NHS Employers](#)) and in accordance with DIHC's organizational policies and procedures. Specifically, DIHC will:

- 5.2.1 employ in accordance with Agenda for Change
- 5.2.2 ensure that staff have the appropriate qualifications, experience, skills and competencies to perform the duties required of them and are appropriately supervised by a Clinical Lead professionally and Operational Manager managerially (including, where appropriate, through preceptorship, clinical supervision and rotation arrangements and having regard to NHS England's guidance on clinical supervision: [PowerPoint Presentation \(cmthub.co.uk\)](#))
- 5.2.3 ensure that ARRS staff are covered by the DIHC's Indemnity Arrangements for the provision of the services.
- 5.2.4 ensure that all costs and charges made for the provision of the services shall be levied on each PCN on an open-book basis and calculated as follows:
 - (i) Full salary cost of those members of staff, or parts of members of staff, which are providing services to the PCN, consisting of salary, plus employer's National Insurance and pension contributions.
 - (ii) An overhead charge for service provision, which is set at 6.4% of the full salary of each ARRS staff member.
 - (iii) The charges shall be levied on a monthly basis in arrears, in accordance with the timetable required by commissioners for the submission of information by the PCN.
- 5.2.5 be responsible for operating a claims management process and provide a monthly reconciliation and audit of ARRS claims and spend to each PCN Clinical Director (CD).

- 5.3 For the avoidance of doubt, the above provisions apply only to ARRS staff directly in the

employ of DIHC. Any Additional Roles staff who may be employed by any GP practice are outside the scope of this MOU.

5.4 Management Support

- 5.4.1 In addition to the principles set out above, DIHC commits to providing PCNs with management support that includes the employment of the PCN Clinical Director and the provision of management support **at the request of the PCN**.
- 5.4.2 The management support is dependent on the PCN Clinical Director being employed by DIHC and provides the following to enable the delivery of the PCN DES contractual obligations:
- (i) The production and review of the PCN agreement between practices
 - (ii) The production of a development plan and workforce plan on behalf of the PCN and its constituent practices
 - (iii) The financial planning and reporting of PCN DES monies.
 - (iv) The development and production of business cases and liaison with the ICB to access primary care development resources held by the ICB.
 - (v) The development of routine performance reporting for the PCN including population health needs analysis, and performance on a range of metrics associated with the delivery of the PCN DES, including the Impact and Investment Fund (IIF)
 - (vi) Fulfilling the reporting requirements to NHSE and the ICB in relation to all aspects of the PCN DES

6 Governance

- 6.1 This MOU will be reviewed using a process agreed collectively between DIHC and the PCN CDs on an annual basis. The outcome of the review will be reported to Primary Care Integration Committee (PCIC) of which PCN Clinical Directors are members.
- 6.2 Within DIHC, the PCIC will have the responsibility for approving the MOU and agreeing signatories.
- 6.3 Within the PCNs, the Clinical Director will have responsibility for entering into the MOU on behalf of the PCN, in accordance with any Network Agreement.
- 6.4 Decisions by Primary Care Network Clinical Directors:
- 6.4.1 The PCN CDs have agreed to make decisions collectively and to work collaboratively for the benefit of Dudley as a place.
- 6.4.2 If an agreement cannot be reached between PCNs and a vote is needed, any CD has a right of veto.

7 Disclaimer

- 7.1 It should be noted that by signing this document the partners are not committing to legally binding obligations. It is intended that the partners remain independent of each other and that their collaboration and use of the term 'partner' does not constitute the creation of a legal entity, nor authorise the entry into a commitment for or on behalf of each other.

Signed on behalf of *Dudley Integrated Health and Care NHS Trust*

Matt Hartland, Chief Executive

Date:

Signed on behalf of *Stourbridge, Wollescote and Lye PCN*



Rachael Thornton, Clinical Director

Date: 04.12.23

Signed on behalf of *Sedgley, Coseley and Gornal PCN*



Dr Girish Narasimhan, Clinical Director

20th December 2023

Date:

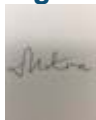
Signed on behalf of *Halesowen PCN*



Dr Royce Chan, Clinical Director

Date: 21.12.23

Signed on behalf of *Brierley Hill and Amblecote PCN*



Dr Dalvinder Ratra, Clinical Director

Date: 15/11/2023

Signed on behalf of *Kingswinford and Wordsley PCN*



Dr Simon Hughes, Clinical Director

Date: 16/11/23

Signed on behalf of *Dudley and Netherton PCN*



Dr Sarah Fung, Clinical Director

Date: 20/11/23



PUBLIC BOARD MEETING

REPORT TITLE:	Dudley Health and Care Partnership Board Programme Director Update
DATE OF MEETING:	09 January 2024
PURPOSE OF REPORT:	The report provides an update on the activities undertaken by partners during November and December against the Dudley Health and Care Partnership priorities.
RESPONSIBLE EXECUTIVE:	Matt Hartland, Chief Executive Officer
AUTHOR OF REPORT	Sally Cornfield, Programme Director, Dudley Health and Care Partnership
SUMMARY OF KEY POINTS:	The Dudley Health and Care Partnership Board met during December. The paper has been constructed by the partnership to be received by all partner Boards.
LIST BENEFITS AND/OR EXPECTED OUTCOMES:	Update to be noted.
FUNDING/ COST IMPLICATIONS:	None
DoF / Finance Approval	<input type="checkbox"/> Yes <input type="checkbox"/> In Progress <input checked="" type="checkbox"/> N/A
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 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</i>	<input type="checkbox"/> None Identified

(if addressing existing risk on the corporate risk register please provide reference number)	
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 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 type="checkbox"/> None Identified
	<input type="checkbox"/> Public Board <input type="checkbox"/> Private Board <input checked="" type="checkbox"/> Assurance Committee (state) – Public Board <input type="checkbox"/> Other Committee (state)
RECOMMENDATION: <i>Tick as appropriate</i>	<input checked="" type="checkbox"/> For Approval / Decision <input type="checkbox"/> For Assurance/ Action <input type="checkbox"/> For Information / Discussion

Update 22/11/23 – 08/12/23

Dudley Place Developments

- There is ongoing work on the ICB Operating Model with version 10 to be circulated shortly. Partners continue to contribute to its development.
- At the December Board the following timescale will be proposed:
 - Outcomes Framework – Dec 2023
 - Scope of Services – Dec 2023
 - Place priorities – Dec 2023
- There is further work to be done around defining what lead provider means which is the next stage outlined in the Operating Model. At this point the DHCPB have agreed direction of travel, but need a greater understanding of risk etc.

Priority Setting 2024/25

- A 6mth Outturn for the Joint Forward Plan was produced to aid the priority setting exercise undertaken by the Board. A summary has been produced and shared with Board papers for information.
- On the session on 7th December the following three priorities were explored with KPIs for each considered:
 1. Community
 2. Prevention
 3. Workforce
- These immediate improvement priorities form part of the delivery plan to meet the aims of the Joint Forward Plan which is underpinned by a Health Outcomes Framework.



Strengthening Partnerships

- The Programme Director has been asked by the Primary, Community and Secondary Care Interface Group to plan a series of events the purpose of the events are to bring together primary, community and secondary care colleagues to build relationships, develop pathways and services to improve patient outcomes and to share learning.
- An Event Management Plan was shared with the group on December 7th and the following outcomes and metrics were agreed:
 - Improved relationship between clinicians
 - Collaborative design of services/pathways
 - A vehicle to showcase of best practice
 - Increase registration 10% from the last event
 - Increased attendance event on event
 - Increase social media mentions/follows/reposts during the event
- Funding is required during 2024/25 to continue these events and all partners will be approached regarding this.

Sustainable Communities (Workstream 1)

- Following feedback from both commissioners and local voluntary, charity, social enterprise (VCSE) organisation a “Masterclass” has been planned for February 26th to support local VCSE to successfully bid for activities procured by statutory services and also to allow for myth busting and learning by all parties.
- Funding has been secured from the Combined Authorities Business Growth Fund to run the masterclass with the outcome as more services procured locally, keeping the Dudley £ in Dudley.

Engagement (Workstream 6)

- Friday 24th saw the 4th People Panel in Dudley, this time taking place in Halesowen. The Panel involved over 60 people with Halesowen College supporting the event with students on their Health and Social Care courses. The People Panels aim to provide a mutually beneficial space that promotes meaningful conversation, deep listening and which leads to stronger relationships, wiser action, and real collaboration.

Anchor Network (Programme 8)

- On Dudley’s recommendation, there will be a Black Country Procurement Group (rather than 4 groups at Place) with the aim to procure more service from within the Black Country. There are plans to run a “Meet the Buyer Event” again funding again secured from the Combined Authority.