Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

MONDAY 12 APRIL 2021
VIRTUAL MEETING VIA MICROSOFT TEAMS
09.30 – 12.00

PUBLIC AGENDA

Please note, as part of DIHC's commitment to openness and accountability, members of the public are able to join the meeting via MS Teams, but will need to notify in advance to do so as the link for the meeting will not be available on the public website. Should you wish to join the meeting please email James Young, Head of Governance and Quality on james.young8@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.
Equipment, technical advice or support for members of the public wishing to observe the meeting cannot be provided.

Item No	Agenda Item			Presented by	Time
Formalities: to declare the meeting open, quorate and in accordance with the standing orders:					
1.	**Chair's Welcome**		Verbal	Mr H Turner	09:30
	1.1 Apologies	To Receive	Verbal	Mr H Turner	
	1.2 Declarations of Interest	To Receive	Verbal	Mr H Turner	
	1.3 Board of Directors' Register of Interests	To Receive	Enclosure 1.3	Mr H Turner	
	1.4 Public Board Minutes – meeting held on 2 March 2021	For Approval	Enclosure 1.4	Mr H Turner	
	1.5 Action Register and Matters Arising	For Approval	Enclosure 1.5	Mr H Turner	
2.	**Service Story**				
	2.1 The impact of Covid- 19 on Health Inequalities in Dudley	For Information	Verbal	Ms S McFall	09:35
3.	**Standing Items**				10:15
	3.1 Chair's Update	For Information	Verbal	Mr H Turner	
	3.2 Chief Executive's Report	For Information	Enclosure 3.2	Mr P Assinder	
	3.3 Agenda for Part Two – Private Board	For Information	Enclosure 3.3	Mr H Turner	
Our Services					
4.	**COVID19 Response – Vaccination Update**	For Assurance	Enclosure 4	Ms C Brunt/ Dr R Bramble	10:25
5.	**Board Assurance Framework & Corporate Risk Register**	To Review	Enclosure 5	Ms E Doyle	10:30

Item No	Agenda Item			Presented by	Time
Delivering safe and quality services, supported by integrated governance that drives quality clinical improvements					
6.	**Quality and Safety Performance Report**	For Information	Enclosure 6	Ms C Brunt	10:35
7.	**Quality and Safety Committee Assurance Report**	For Assurance	Enclosure 7	Ms V Little	10:40
The best place to work, supported by a new leadership and workforce culture, organically co-developed, together					
8.	**Workforce Performance Report**	For Information	Enclosure 8	Ms B Edgar	10:45
9.	**People Committee Assurance Report**	For Assurance	Enclosure 9	Mr M Evans	10:50
10.	**Equality, Diversity and Inclusion**	For Information	Enclosure 10	Mr P Assinder & Ms B Edgar	10:55
Doing the best with what we have, to be affordable today and sustainable tomorrow					
11.	**Finance, Performance and Digital Report**	For Information	Enclosure 11	Mr M Gamage	11:00
12.	**Finance, Performance and Digital Committee Assurance Report**	For Assurance	Enclosure 12	Mr I Buckley	11:05
Help and Empower the People of Dudley to live longer and healthier lives through fully integrated community based healthcare					
13.	**Report from the Primary Care Integration Committee – Development Session**	For Assurance	Verbal	Ms S Cartwright	11:10
14.	**Report from the Transaction Committee**	For Assurance	Enclosure 14	Ms S Cartwright	11:15
Our Organisation					
15.	**Operational Planning Guidance 2021/22**	For Assurance	Enclosure 15	Ms S Cartwright	11:20
Governance and Assurance					
16.	**Fit and Proper Persons Annual Declaration and Policy**	For Approval	Enclosure 16	Ms E Doyle	11:30
17.	**Audit and Risk** 17.1 Audit and Risk Committee Assurance Report	For Assurance	Verbal	Mr D Gilburt	11:35
End of Meeting Formalities: to bring the meeting to an end and include reflections on the meeting before inviting an opportunity for questions from the public. Normally pre-submitted in advance of the meeting and answered during the allotted time or in writing following the meeting.					
18.	**Any Other Business**		Verbal	Mr H Turner	11:40
19.	**Questions from the public** – pre-submitted	To Receive	Verbal	Members of Public	11:45
20.	**Risk Reflection**		Verbal	Mr H Turner	11:50
21.	**Board reflections**		Verbal	Mr H Turner	11:55

Item No	Agenda Item			Presented by	Time
22.	**Date of next meeting:** 5 May 2021, 09.30 – 12.00 TBC				

Dudley Integrated Health and Care NHS Trust
Declaration of Interest Register

Dudley Integrated Health and Care NHS Trust

Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To
Mrs	Beverley Edgar	Interim Associate Director of People	Edgar HR Consultancy	✓			✓	Mar 2020	
			Trustee at John Taylor Hospice		✓			July 2019	
			Trustee at BHS Trust Fund			✓		Feb 2021	
Mr	David Gilburt	Non-Executive Director & Audit Chair	Chair of Cheshire PCC and Chief Constable's Joint Audit Advisory Committee.	✓				2017	
			Non-Executive Director and Audit Chair of the Robert Jones & Agnes Hunt NHS FT	✓				2015	
			Member of the HFMA Governance & Audit Committee		✓			2018	
Mrs	Caroline Brunt	Interim Director of Nursing and Allied Health Professionals	Currently seconded to Interim Executive Director role from Dudley CCG		✓			Apr 2020	March 2022
Dr	George Solomon	Non-Executive Director	Partner is a Non-Executive Director of Walsall Healthcare NHS Trust				✓	Apr 2020	
Dr	Gillian Love	Associate Non-Executive Director	GP Partner Halesowen Medical Practice		✓	✓		1996	
			Clinical Director of Halesowen PCN		✓			2019	
			Director of Future Proof Health		✓			Jan 2020	
			Shareholder of Future Proof Health		✓			Aug 2014	
			Director of Mary Martin Enterprise Ltd					2014	

Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To
Mr	Harry Turner	Chairman	Deputy Chair S.I.D Robert Jones Orthopaedic Hospital	✓				Jan 2017	
			Chair – John Taylor Hospice		✓			Nov 2016	
			Intercontinental Hotels – Consultant	✓				Aug 2006	
			Chair St Mary's Hospice, Birmingham		✓			March 2020	
			Presiding Magistrate Worcestershire				✓	2005	
Mr	Ian Buckley	Non-Executive Director	N/A						
Mr	Martin Evans	Non-Executive Director	N/A						
Mr	Matthew Gamage	Interim Director of Finance	CIMA Member		✓			2012	
			Currently seconded to Interim Director of Finance role from Dudley CCG		✓			Apr 2020	March 2022
Mr	Paul Assinder	Interim Chief Executive Officer	Non-Executive Director of Walsall Healthcare NHS Trust	✓				Nov 2019	
			Director of Rodborough Consultancy Ltd (providing financial consultancy to NHS and other clients)	✓				Jun 2014	
			Honorary Lecturer, University of Wolverhampton (unpaid)		✓			2012	
			Governor of Solihull College & University Centre (unpaid)			✓			

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
Mrs	Stephanie Cartwright	Director of Operations, Strategy and Partnerships for Dudley Integrated Health and Care NHS Trust (Internal Secondment)	Currently seconded to Interim Executive Director role from Dudley CCG		✓			Apr 2002	March 2022
			Married to the Chief Executive Officer of Black Country and West Birmingham CCGs			✓		Mar 2020	
Dr	Stephen Cartwright	Associate GP Non-Executive Director	Partner GP - Keelinge House Surgery	✓	✓			1991	
			Part owner of Keelinge House Building	✓				1998	
			Shareholder of Future Proof Health	✓				Aug 2014	
Ms	Valerie Ann Little	Non-Executive Director	Vice Chair of Corporation of Dudley College of Technology		✓			Sep 2019	
			Member of the Corporation of Dudley College of Technology		✓			Jan 2016	
			Member of the Board of Care & Repair England		✓			Jun 2015	

Enclosure 1.4

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

MINUTES OF THE PUBLIC MEETING HELD ON 2 MARCH 2021
VIA MICROSOFT TEAMS
09:30 – 12:00

Present:

Mr H Turner (HT) (Chair)	Chairman, Dudley IHC
Mr P Assinder (PA)	Interim Chief Executive, Dudley IHC
Mrs S Cartwright (SC)	Interim Director of Operations, Strategy and Partnerships, Dudley IHC
Mrs C Brunt (CB)	Interim Director of Nursing & Allied Health Professionals, Dudley IHC
Mr M Gamage (MG)	Interim Director of Finance, Dudley IHC
Dr C Weiner (CW)	Interim Medical Director, Dudley IHC
Ms B Edgar (BE)	Interim Associate Director of People, Dudley IHC
Ms V Little (VL)	Non-Executive Director, Dudley IHC
Mr M Evans (ME)	Non-Executive Director, Dudley IHC
Dr G Solomon (GS)	Non-Executive Director, Dudley IHC
Mr I Buckley (IB)	Non-Executive Director, Dudley IHC
Dr G Love (GL)	Associate Non-Executive Director, Dudley IHC (From Item 16)
Dr Stephen Cartwright (STC)	Associate Non-Executive Director, Dudley IHC

In Attendance:

Mr J Young (JY)	Head of Quality and Governance, Dudley IHC
Ms E Doyle (ED)	Programme Manager, Dudley IHC
Mrs H Codd (HC)	Communications and Engagement Manager, Dudley IHC
Dr L Martin (LM)	Associate Medical Director, Dudley IHC
Mr R Dalziel (RD)	Participatory Research Officer, Healthwatch Dudley
Ms D Shaw (DS)	Observer, WeLoveCarers
Ms R Gardener (RG)	Observer, WeLoveCarers
Ms M Bennett (MB)	Senior Contracts Manager, Dudley IHC (Item 2 Only)

Minute Taker:

Miss K Weston (KW)	Interim Executive Assistant, Dudley IHC

207/20. CHAIR'S WELCOME

Apologies

Apologies were noted from Mr D Gilburt.

Declarations of Interest

GS declared that he has signed on as a Vaccinator and Clinical Supervisor for the Covid19 vaccination programme through the Dudley Bank via The Dudley Group NHS Foundation Trust, and will be providing a session with SWL Primary Care Network (PCN) on vaccinating.

Board of Directors' Register of Interest

The Board noted the register of interest.

Public Board Minutes – meeting held on 2 February 2021

The minutes of the meeting held on 2 February 2021 were agreed as an accurate record.

Action Register & Matters Arising

Ref 177/20
MG confirmed that a paper has been produced and will be discussed in part two of the Board session.
Action closed.

208/20. SERVICE STORY

Staff Story - Work of the Contracting Department and view of a Staff Side Representative

MG introduced Mwamba Bennett who is the Senior Contracts Manager for Dudley Integrated Health and Care NHS Trust (DIHC) and has been invited to today's meeting to provide the Board with an overview of the process of the contracts team, how it seeks to work in the future, and also provide an update as a Staff Side representative.

The contracts department transferred to DIHC from Dudley CCG on 1 October 2020, and MB commented that the induction provided was a pleasant experience albeit a virtual induction due to the current circumstances.

MB provided the Board with an overview of the contracting team and commented that the team work to establish, nurture and sustain relationships within the organisation and with external organisations.
It was noted that the contracts with DIHC will be outcomes focused and the contracts team will work with colleagues to design what achieving the outcomes will look like. MB stated that before Christmas there were initial engagement events with providers to give them an introduction to DIHC and to start to talk about the future arrangements.

Alongside leading the contracts team, MB is also a staff side representative. MB provided an overview of what staff side aims to do and commented that the joint staff side meet regularly. The current focus of conversations in these meetings are around the transfers into DIHC.

The HR and Staff Side collaborative is a meeting in partnership with system provider and commissioner colleagues to ensure conversations are held with all Unions around safe transition of staff. It was noted that it is a very productive and supportive group. BE highlighted that the intention will be once the Trust has more union representatives, that the Trust will have its own staff side group.

The Board were made aware that MB has joined the leadership development programme, and is working with BE to look at how to put the development training into practice as the organisation grows.

It was noted that MB has also helped set up the Equality, Diversity and Inclusion (EDI) Committee and is encouraging Inclusion Champions which will enable the Trust to move forwards on the EDI agenda.

SC commented that MB worked closely with the engagement team to ensure that on all of the engagement sessions all issues and questions were addressed on the transfer of CCG staff to DIHC, and was a point of contact for all staff. It was noted that MB also does Freedom to Speak Up work for the Trust and takes a fundamental lead in the staff health and wellbeing programme.

ME queried how well the Trust will be able to measure performance against the contract outcomes and

whether the Trust will have the correct data to understand if providers are delivering. MB responded that the Trust are in a good place as Providers collate a lot of the information already and are keen to demonstrate the difference that they make.

MG queried the appetite from providers to work differently and start to become more outcomes focused. MB responded that at the engagement events with providers, most providers were eager to start to work differently. It was noted some providers were unsure of what the Trust will be expecting and that the Contracts Team will undertake work with providers so that they are able to deliver what the Trust is requiring.

VL commented that with the range of contracts there will be a range of providers and queried if the team have a modified approach to engage and support with the smaller organisations. VL also offered support in regards to any contracts that were previously commissioned by Public Health.
MB responded that in recent years there has been a move to adapt the contract if there is a smaller organisation although there are 'must do's' in every contract.

HT provided a note of thank you to MB and the Contracts Team for all of their work and support on behalf of the Board.

209/20. STANDING ITEMS

Chair's Update

As part of the Trust's development, the organisation has appointed Dr Lucy Martin and Dr Richard Bramble to the position of Associate Medical Directors to support CW. HT and PA have issued an open invitation to Dr Martin and Dr Bramble to attend Board meetings going forward.

HT, PA and SC have met with the new Director of Public Health who is incredibly supportive of the Trust's development plans and their current focus is the defragmentation of Children's Services. HT has welcomed the Director of Public Health to join future Board meetings.

HT reported at the last Board meeting within part two, the Board signed off the self-certification for the transfer of the School Nursing Service from Shropshire Community Health NHS Trust to DIHC. Work is currently in progress and HT confirmed that the team will transfer to the Trust on 1 April 2021.

Chief Executive's Report

PA reported that the Covid19 system response continues to be significant with all organisations working together and keeping each other informed. It was noted that the community infection rates across the Black Country and the Dudley Borough are slowly reducing. There has been a reduction in the numbers presenting at the Pensnett Respiratory Assessment Centre and Primary Care, and also a reduction in patients being admitted into Secondary Care.

Due to the reduction in infection rates, the Trust now have the opportunity of addressing some of the backlog that has built up over the winter months due to the pandemic.

In terms of vaccinations, PA reported that the NHS has vaccinated around a third of the adult population and commented that Dudley's Covid vaccination response has been commendable with all organisations working together.

It was noted that around 62% of DIHC staff have been vaccinated. PA commented that the Trust are seeing less of the patient facing members of staff being vaccinated which may be a workload issue. The Trust are looking at issues like vaccination hesitancy in staff groups.

It was highlighted that there is a significant vaccination centre established at the Black Country Living

Museum that has vaccinated over 20,000 local residents, and each Dudley PCN has well established vaccination Hubs which are supported by two local high street pharmacies. There is also a roving vaccination service to meet the needs of local care homes and the housebound.

PA stated Dudley has met its target for offering vaccinations to all citizens in the priority cohorts one to four, and remains well placed to meet the Prime Minister's commitment that all adults in England should be offered a vaccination by 31 July 2021.

The Board were made aware that the BBC Midlands Today team visited the Pensnett Respiratory Assessment Centre recently and reported on a local application of the Dignio solution, called 'MyDignio' which has been developed to monitor patients who have Covid19. The app is offered to patients with mild to moderate symptoms of coronavirus that can be managed in the community.

PA provided a note of thanks to the Executive Team and their teams, who have worked hard to enable the transfer of the School Nursing service to take place on 1 April 2021 and noted that this represents another important milestone in the development of DIHC.

PA stated that the Care Quality Commission launched a short consultation on the future deployment of the fit and proper person's test of NHS Board Directors. The consultation can be accessed via NHS England's website and closes on 29 March 2021.

On 11 February 2021 the government published a white paper, 'Working together to improve health and social care for all'. The paper signals a movement away from competition between health bodies and towards a much more collaborative and cooperative approach. PA listed the key points included within the white paper.

The Board noted the Chief Executive report.

Agenda for Part Two – Private Board

The Board noted the agenda for part two.

210/20. COVID19 RESPONSE – VACCINATION UPDATE

CB updated that the numbers being seen at the Respiratory Assessment Centre have been variable, and recently the team have picked up the monitoring of the Dignio application which is being monitored seven days a week. The feedback has been positive with patients finding the application extremely supportive. The centre is also undertaking a patient survey and currently have the highest response rate across the Black Country.

CW stated in terms of the vaccination programme, DIHC are supporting the system wide response particularly with the pharmaceutical team. It was noted that the Trust are aware that there are inequalities in the immunisation uptake across different groups within the community and the Trust is working with the Local Authority to bring in skilled local engagement teams to try and increase uptake.

Discussions were held around speaking to Dudley residents who are declining the vaccination, to understand their rationale for declining. It was noted that the PCN's are all looking to adopt the same approach to work with organisations that support the hard to reach communities. The Pharmacy Team are also speaking to individuals and giving support where possible, and line managers are speaking to their staff to try and increase the uptake.

BE stated that she received a vaccination at the Black Country Living Museum and had a very positive experience.

RG commented that respite care staff are not being regularly tested and are unsure if they have had the vaccine. HT asked for RG to send all details to HC in order for this to be looked into outside of the meeting.

The Board noted the Covid19 Response – Vaccination Update.

211/20. BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER

ED reported that a risk workshop has been held that looked at People and Workforce risks across the Board, and recommendations were then taken to the Transaction, Quality and Safety and People Committees. The Quality and Safety Committee have reviewed all the risks above tolerance for clinical, quality and safety issues.

It was noted that Covid19 discussions continue in relation to the lockdown, workload and vaccination programme at each committee, and ED also assured the Board that risks are being reviewed throughout each of the agenda items.

Next month the Trust's priorities will move to the financial risks where discussions will be held at the Finance, Performance and Digital Committee looking at the whole risk register, and making sure that as the Trust starts the planning process for 21/22, that the financial risks are reflected adequately throughout the corporate risk register.

ED assured the Board that the Board Assurance Framework (BAF) process was developed with the Audit and Risk Committee and with Internal Audit Colleagues. The process was discussed at the Committee in December, and Internal Audit are reaching conclusion on the BAF process which will be fed through to the March Audit and Risk Committee.

The Board approved the updated risk scores that have been recommended by Committees, and approved the closure of one corporate risk.

212/20. QUALITY AND SAFETY PERFORMANCE AND ASSURANCE REPORT

VL reported that the Quality and Safety Committee held an extensive discussion around vaccinations and vaccination uptake.

It was noted that the concern around the timeliness of safeguarding data has improved and there was data for November & December 2020 for the IAPT & Primary Care Mental Health services presented to last month's Committee. VL assured the Board that work is being undertaken to receive the data in a consistent and timely way, and work has been undertaken on the overall structure of the safeguarding reporting within the organisation.

CB commented that the Named Nurse for Children and Young People started last week who will be working one day a week until the transfer of the School Nursing service takes place. The Trust will be progressing the framework around safeguarding with the Named Nurse's support and expertise.

An updated progress report was provided to Committee on the governance developments and assurance was gained.

CB stated that service data is being reported through to the Clinical Quality Oversight and Review Group which is discussed in detail and fed through to the Quality and Safety Committee.

It was noted that there are no issues or concerns requiring escalation to the Board

The Board noted the quality and safety performance and assurance report.

213/20. WORKFORCE PERFORMANCE REPORT/PEOPLE COMMITTEE ASSURANCE REPORT

BE reported that the Trust are still working through the database cleanse of the Electronic Staff Records and are making good progress.

It was noted that there were 22 new starters in January within the PCN's and that many PCN appointees have been redirected to support the Covid19 vaccination programme.

In terms of sickness absence, BE reported that the Trust are recording low figures and are actively managing two cases of long-term sickness.

The appraisal completion is currently at 33.3%, and it was noted that this is mainly due to CCG staff not having their appraisals within a block period because of the Covid19 pressures. This has meant there has been a backlog particularly around clinical services and work is being undertaken to get appraisals completed. The agreed target completion for staff appraisals is 85% by the end of April 2021. The Trust are encouraging new staff within primary care to have had at least their first review for them to understand what their key objectives are.

The Covid19 risk assessment compliance is currently at 76.8%. BE stated that the reason these assessments need to be completed is because the Trust needs to make sure every single risk assessment is updated to understand whether the vaccination has taken place. There is a target of 100% compliance by 1 April 2021.

It was highlighted that two specific communications have been sent out to staff regarding appraisals and Covid19 risk assessments and the Trust are seeing a good response.

In terms of mandatory training the Trust are comfortable that the data being reported is accurate. BE commented that there is some work to be undertaken to continue developing the blue stream records into one report. It was noted that all of the medicines management training can now be done online which has been approved by the Chief Pharmacist in BCH and the Trust are encouraging staff to book this.

The People Committee received its Self-assessment report which had been reviewed by the Chair. The overall evaluation of the Committee was assessed as 'Adequate'. There are a few areas for improvement, and ME assured the Board that plans are in place to function better as a Committee. There is a business cycle to ensure there is a strategic focus on a monthly basis.

The Board were made aware that information in relation to establishment numbers and vacancy levels per teams will be available for the next Committee to enable the group to have a focus on where the Trust is prioritising recruitment.

SC acknowledged the work that ED and Heather Rees have been undertaking recently on the workforce data.

MG commented that the Trust need to make sure staff are working to live objectives for the organisation if their role has slightly changed when moving across to DIHC. It was noted that the recommendation is that an appraisal is done for everyone that transferred across from the CCG with a refreshed set of objectives.

The Board noted the Workforce Performance Data and People Committee Assurance report.

214/20. EQUALITY, DIVERSITY AND INCLUSION

PA reported that the EDI Committee last met on 11 February and are making good progress.

The Committee welcomed Dr Adeela Bashir who is a local GP to the group, and are currently looking out to other organisations in terms of what the Trust can do as a wider system to promote EDI objectives.

The Committee discussed the LGBT+ community and noted an objective of getting Stonewall to do an assessment of the organisation. The Committee recognised that there would need to be a lot of preparation for a Stonewall assessment and due to current resources it was agreed that it would be on

the future working agenda.

PA stated that the Trust are looking forward to having formal accreditation of the disability awareness work. The Trust are also working with colleagues through BAME (Black, Asian and Minority Ethnic) networks and have established its own internal BAME network keeping race issues at the forefront of the Trust's working and communications through team meetings.

PA made the Board aware that the Committee welcomed the development of an anti- racist statement and committed to a Board Development session followed by a public declaration on its Anti-Racism position.
The Committee reviewed the guidance for recruitment and felt that the process teases out any unconscious bias, picks up on language, and guides appropriately.
The Trust is also looking into Reciprocal Mentoring and is looking to put together a programme of reciprocal mentoring for senior leaders within the organisation. Senior leaders can 'buddy' with individuals across the organisation so that a wider network of 'partners in progress' can be developed.

It was noted that the Trust have been pointed to the Mary Seacole Trust that has a programme of diversity and leadership, and PA confirmed that this is another route the Trust plan to pursue in the future. The Trust is also going to commission anti-racist training as part of the staff awareness and leadership offer.

The Board noted the Equality, Diversity and Inclusion update.

215/20. FINANCE, PERFORMANCE AND DIGITAL PERFORMANCE AND ASSURANCE REPORT

MG reported the financial position for months one to ten is delivering a £5k surplus against the target of the breakeven position. The Trust is forecast to achieve a similar level of surplus for the financial year end.

It was noted that the better payment practice continues to perform well. There was an error on the number of payments however these were small values and MG commented that they are confident that will recover moving forward.

The Trust undertook a 'truing' up exercise with BCH to clear any old year balances that remained from the previous financial year. MG confirmed that this exercise has been concluded and the payment was made on 1 March 2021.

A proposed outline of the financial planning process was presented to the Committee with a full set of budgets planned to be taken to the Committee in March. It was noted that the financial plan will then be presented to Board in April. MG commented that the financial arrangements for next year are still not completely clear although the quarter one income arrangements will be similar to the last half of this financial year. MG will update the Board with the confirmed arrangements for the full year once received.

It was noted that at the time of the Committee there was a technical issue with the IAPT data so it was not able to be reviewed. An update will be provided at the next meeting.

In relation to the Pensnett Respiratory Assessment Centre, in February 2021 there were around 18 people per day attending the centre. Numbers are now starting to become varied as the vaccination programme is getting rolled out and number of Covid cases are starting to reduce.

IB assured the Board that the Committee is receiving updates on the progress being made in relation to the implementation of the IT requirements for School Nursing transfer on the 1 April 2021.

The Board noted the Finance, Performance and Digital Performance and Assurance report.

216/20. REPORT FROM PRIMARY CARE INTEGRATION COMMITTEE

GS reported that the Committee received an update from the DIHC and PCN Interface Group and highlighted that the PCN Clinical Director's need the support of DIHC to fully utilise the £4m for the Additional Role Reimbursement Scheme (ARRS) for 2021/22. It was noted that the PCNs are committed to entering into a formal, legally binding agreement with DIHC on the use of ARRS resources and will jointly fund the legal costs of the agreement.

GS raised that there are two operational issues that are impacting the recruitment of ARRS staff this financial year, one being the provision of IT (laptops and support) and the second sufficient accommodation (estate) in which to base the ARRS staff. Both issues are being taken forward by DIHC with the issues discussed at the Executive Committee.

It was noted that the PCN Clinical Directors expressed their desire for DIHC to review the Prescription Ordering Direct (POD) service as described in the clinical model and DIHC strategic outline case to provide more parity across all practices.

IB assured CW that this will be a topic of discussion at the development session, and will also be discussed through the Finance, Performance and Digital Committee. The Medical Director and other clinical staff will be engaged in discussions around this to make sure that the perceived benefits are real.

The Committee noted and agreed one change in relation to the development of the full integration offer which is extending the completion date from June 2021 to March 2022. This is in recognition of the complexities in developing this offer.

GS stated that the Terms of Reference for the full integration development group were approved, and IB has agreed to be the Non-Executive Director joining this group.

It was noted that the development session in March will be dedicated to further developing the well-established relationship between DIHC to the PCNs and planning for 2021/22, and SC highlighted that the Clinical Directors have been asked to join the Trust Management Board to keep them informed and engaged in discussions.

HT highlighted the importance of this Committee and provided a note of thank you for to the Board and GS for his leadership at the Committee.

The Board noted the report from the Primary Care Integration Committee.

217/20. REPORT FROM TRANSACTION COMMITTEE

SC reported that the risk register has been reviewed and amended accordingly based on the current position and plans for the next 12 months. All amendments have been approved by the Committee.

The Committee discussed the delays with the transaction assurance processes with NHSE/I and conversations are being held at system level to move forward. Positive conversations have been held with BCH and there is alignment on a plan over the next 12 months with immediate work starting on the transformation and integration work that was described within the business case. There is agreement that the services will transfer with a date to be agreed over the next 12 months.

Positive conversations are also being held with The Dudley Group NHS Foundation Trust (DGFT) around options of moving forward with regards to the integration of community services.

The Executive Team are currently going through a process of refreshing the Post Transaction Integration Plan (PTIP) that was predominantly put in place to integrate services from the 1 April onwards. The PTIP is being refreshed into a DIHC development plan for the next 12 months whilst the Trust waits for the last two transactions to take place.

A decision was made by the Committee to stand down the Stakeholder Forum to recognise system pressures, the system leadership discussions, and the work that is being done with the Dudley Partnership Board.

Work continues at the Joint Mobilisation Group with the CCG on the population of the ICP contract, and SC stated that the contract should be finalised and completed by the end of the month ready for implementation at a point in the future.

The transfer of the School Nursing Service was reviewed in detail by the Committee. The Trust has had positive engagement with Shropshire Community Health NHS Trust and 36 staff will be transferring to DIHC on 1 April 2021. It was noted that the Trust has agreement with Shropshire Community Health NHS Trust for continued access to their clinical system until the Trust has its own clinical system up and running.

The transfer of staff from Future Proof Healthcare will be discussed at the next Transaction Committee.

The Board noted the Transaction Committee report.

218/20. INTEGRATED GOVERNANCE DEVELOPMENT PROGRAMME

JY reported that there are a number of pieces of work ongoing including the Board and Committee effectiveness review, the annual governance statements and the annual reports and accounts.

In relation to the implementation of Datix, JY stated that there is work being undertaken around policy review and development. JY assured the Board that this work is aligned with the transfer of the School Nursing Service, and that the Trust are working closely with the team in advance of the transfer so that specific areas work as seamlessly as it can.

JY provided a note of thank you to the Contracts Team who have provided help in revising the policies and review work.

It was noted that new member of staff has started with the Trust working in the Governance Team to help support the day-to-day Datix work and policy work from 1 April 2021.

The Board noted the Integrated Governance Development Programme.

219/20. INTEGRATION AND INNOVATION

SC provided the Board with the background for the production of the white paper. The white paper was published on 11 February 2021 and it aims to improve the way the health and social care works together for all.

It was highlighted that the Secretary of State for Health has the power to create new Trusts to ensure alignment within an integrated care system for the purposes of providing integrated care recognising that there could be merit in creating a new Trust to provide integration, to deliver the best outcomes for the whole population health. This is very aligned to the creation of DIHC.

The CCG functions will move into the Integrated Care System (ICS) NHS Body on 1 April 2022.

The Black Country and West Birmingham Sustainability and Transformation Partnership (STP) is developing the ICS agenda with eight work streams in preparation for the 1 April 2022. There is also a parallel piece of work that is being led by Deloitte on the creation of governance and accountability for the ICS.

SC stated that Dudley is well developed and has a Partnership Board in place including NHS Providers and Commissioners, the Local Authority, Voluntary Sector and Healthwatch. The Partnership Board is currently under a phase of development which is being led by DIHC in collaboration with the CCG and DGFT to see the development of the Partnership Board into the Dudley Integrated Care Partnership Board.

It was highlighted that the Trust was created to hold an ICP contract and to integrate primary care and community services which is described within the white paper. The range of services in scope for the partnership at Dudley place is under review in line with recent ICS guidance within which Dudley will be a place by default principle. DIHC was created to hold the scope of place-based services defined within the ICP contract that accounts for approximately 50% of place-based services.

The contractual model within in Dudley is under review in terms of the exact relationship between the delivery partners. Also, SC stated that a comprehensive outcomes framework has already been developed in Dudley.

SC outlined the next steps to the Board.

HT commented that it may be helpful for a workshop to be held in the future with members of the ICS to talk to Board members around the plans. This will be taken forward outside of the meeting.

The Board noted the update on the White Paper 'Integration and Innovation: Working together to improve health and social care for all'.

Action: ICS White Paper presentation to be circulated to Board members.

220/20. AUDIT AND RISK

Chair's Escalation Report from Audit and Risk Committee

It was noted that a verbal update was provided at the last Board meeting and that the formal report has been presented this month to follow process.

ED provided an overview of the items discussed at the Committee:

- The Terms of Reference and Cycle of Business were presented to committee for approval and assurance.
- The Committee received an integrated governance development programme update from JY and the Committee were assured.
- The annual governance statement update was prepared and this will be discussed within part two of today's Board meeting.
- The full list of waiver reviews was presented to the Committee for information and assurance, and no concerns were raised.
- The Committee received the Continuing Healthcare Self- Assessment Checklist for information and assurance.
- The Board Assurance Framework and Corporate Risk Register was presented to committee for approval.

It was noted that the next Audit and Risk Committee is scheduled to take place on 31 March 2021.

The Board noted the Audit and Risk Committee report.

221/20. ANY OTHER BUSINESS

None stated.

222/20. QUESTIONS FROM THE PUBLIC

No questions were raised.

HT thanked RG and DS from WeLoveCarers for joining today's Board and noted DIHC will continue to build the relationship with another important stakeholder in Dudley.

223/20. RISK REFLECTION

The Board confirmed that they are satisfied that all the risks are captured and mitigations are in place.

224/20. BOARD REFLECTIONS

To be picked up in part two.

225/20. DATE OF NEXT MEETING

12 April 2021, 9.30am – 12.00noon

Enclosure 1.5

Dudley Integrated Health and Care NHS Trust
Public Board
Open Action Register

Dudley Integrated Health and Care NHS Trust

Ref	Date Raised	Action	Action Lead	Due Date	Update
219/20	02/03/2021	ICS White Paper presentation to be circulated to Board members.	SC	Apr-21	

Enclosure 3.2

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TITLE OF REPORT:	Chief Executive's Report
PURPOSE OF REPORT:	Board update on current issues
AUTHOR OF REPORT:	Paul Assinder
DATE OF MEETING:	12 April 2021
KEY POINTS:	1. Covid 19 Response 2. 2021/22 Planning Guidance 3. BCWB STP – ICS status award 4. Freedom to Speak Up Guardian's Report 5. UK Health Security agency Establishment 6. DIHC – 2020/21 A Year of Significant Achievement
RECOMMENDATION:	The Board is asked to note the report.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	No
ACTION REQUIRED:	Decision ☐
	Approval ☐
	Assurance ☒

Report of the Chief Executive to the Board of Directors

12th April 2021

1. Covid 19 System Response

The Dudley Covid19 system response continues to dominate our operational focus, with all local organisations (NHS; local government; and voluntary bodies) working well together. The Board will wish to note that community infection rates across the Black Country and the Dudley Borough are still slowly reducing. At 31st March c 80/100,000 population, which compares toc800/100,000 at its worst. There has also been a reduction in the numbers presenting at the Pensnett Respiratory Assessment Centre and in Primary Care locally and also a reduction in patients being admitted into Secondary Care centres within the Black Country. The Prime Minister announced that the Country is now on a level3 (regional) emergency status.

It is likely that such reductions are the combined result of vaccination levels and the imposition of national lockdown rules. As the latter begin to be gradually loosened, we remain cautious and vigilant of any further spikes in infections and of any new variants to the virus presenting in numbers.

Dudley primary care continues to be at the forefront of the local community vaccination effort with the Borough exceeding targets for the vaccination of the most at risk population cohorts.
The percentages below are for those aged 50 and over who have now received their first dose of the vaccine in each Black Country place:

- **Dudley CCG - 94%**
- Sandwell & West Birmingham CCG- 88%
- Wolverhampton CCG- 91%
- Walsall CCG- 93%

More than half a million first does have been administered since the start of the year across the Black Country and West Birmingham.

Despite this success, work is continued to be focused upon those members of the community who have thus far declined to accept the offer of vaccination and there is a programme of special activities to address the concerns and needs of these groups, including:

- People who require an interpreter in community languages or British Sign Language;
- People with learning disabilities and their carers;
- Women-only vaccination clinics;
- People who are shielding/clinically extremely vulnerable, and their carers;
- A wide education piece to address the ability of Muslims observing Ramadan (from 12th April) to accept vaccination.

2. 2021/22 National Planning Guidance

The **2021/22 English NHS Priorities and Operational Planning Guidance** was published 25th March and is the result of discussions with every part of the NHS and consultation with NHS partners, to embed the benefits of new ways of working and organisation, resulting from the covid response.

The guidance sets out these six priority areas for the year ahead:

1. Supporting the health and wellbeing of staff and taking action on recruitment and retention

2. Delivering the NHS COVID-19 vaccination programme and continuing to meet the needs of patients with Covid-19

3. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care, manage the increasing demand on mental health services, and continue to improve maternity care

4. Expanding primary care capacity to improve access, local health outcomes and address health inequalities

5. Transforming community and urgent and emergency care to prevent inappropriate attendance at Emergency Departments (ED), improve timely admission to hospital for ED patients and reduce length of stay

6. Working collaboratively across systems to deliver on these priorities.

These priorities are backed by targeted investment as part of a £8.1 billion plan to help the health service manage endemic levels of COVID-19 and begin the process of recovery following the intense winter wave of COVID.

The guidance can be viewed at the following link:

2021/22 priorities and operational planning guidance

3. Black Country & West Birmingham STP achieve ICS designation

The Black Country and West Birmingham STP (BCWB) has been formally approved as an Integrated Care System (ICS) and all NHS partners within its boundaries will now be expected to give a new focus on joined-up health and care services for the people in our region. The formal designation of our STP in this manner is an important enabler to DIHC's establishment of the holder of the population-based ICS contract for Dudley.

NHS chief executive Sir Simon Stevens confirmed earlier in March that BCWB is one of 13 areas in England to be formally designated an ICS from April 1 2021.
ICSs bring together hospital, community and mental health trusts, GPs and other primary care services with local authorities and other care providers. This process has already been happening across the BCWB region, however this announcement formalises the arrangement further.

The NHS Long Term Plan describes Integrated Care Systems as central to its delivery by bringing together local organisations to redesign care and improve population health, creating shared leadership and action.

ICSs exist to improve the health of all residents, better support people living with multiple and long-term conditions, preventing illness, tackling variation in care and delivering seamless services while getting maximum impact for every pound. They bring together the NHS, local government and other organisations including the Voluntary, Community and Social Enterprise (VCSE) sectors.

While the geographical boundaries for the individual systems may evolve during 2021/22 to enable co-terminosity between the NHS and local government, the structures will enable health and care organisations to join forces and apply their collective strength to addressing their residents' biggest health challenges, many exacerbated by Covid-19.

The Government has set out a White Paper which will build on recommendations from NHSEI to remove current legislative barriers to integration across health and social care bodies, and foster collaboration between NHS and local government organisations. This reflects the thousands of views received from every part of the health and care system and the public as part of recent engagement on what local leaders need.

BCWB STP has been working hard to break down barriers between organisations and improve care. A key example is the shared digital inclusion work during the pandemic, which saw our partners working together to launch a suite of digital innovation for patients.

As well as virtual clinics and GP appointments, we have begun direct access booking via 111, remote monitoring of patients in care homes and in their own homes, pulse oximetry at home, virtual wards and reducing direct contact in care homes. Over 2,000 patients have already benefited.

Our BCWB system is now focusing on eliminating digital inequality with a triple aim: to address access to kit, access to connectivity and access to skills. Healthier Futures has co-designed with West Midlands colleges an accredited course in using digital apps for the public, we are working with tech companies to recycle and gift IT kit and are with telecommunication companies to gift unused data to those who need it in our communities

4. Freedom to Speak Up Guardians

The National Guardian's Office works to make speaking up become business as usual to effect cultural change in the NHS. The office leads, trains and supports a network of Freedom to Speak Up Guardians in England and provides learning and challenge on speaking up matters to the healthcare system as a whole. In DIHC we are well served by Michael Hirons' role as our Freedom to Speak Up Guardian.

The role of Freedom to Speak Up Guardians and the National Guardian were established in 2016 following the events at Mid-Staffordshire NHS Foundation Trust and recommendations from Sir Robert Francis' Freedom to Speak Up Inquiry. There are now over 600 Freedom to Speak Up guardians in NHS and independent sector organisations, national bodies and elsewhere that ensure workers can speak up about any issues impacting on their ability to do their job.

Freedom to Speak Up Guardians support workers to speak up when they feel that they are unable to do so by other routes. They ensure that people who speak up are thanked, that the issues they

raise are responded to, and make sure that the person speaking up receives feedback on the actions taken. Guardians also work proactively to support their organisation to tackle barriers to speaking up. Freedom to Speak Up Guardians are appointed by the organisation that they support and abide by the guidance issued by the National Guardian's Office. They follow the universal job description issued by the NGO.

The National Guardian's Office has published its Annual Report for 2020, highlighting the progress which has been made in Freedom to Speak Up in health and the impact of the pandemic on speaking up.

For speaking up to be effective, it is imperative that leaders at all levels listen up and follow up appropriately, and the National Guardian's Office recently launched a new Freedom to Speak Up e-learning package, in association with Health Education England. This training is for everyone wherever they work in healthcare and explains in a clear and consistent way what speaking up is and its importance in creating an environment in which people are supported to deliver their best, to speak up, listen up and follow up.
The report also features case studies from across England and different healthcare providers, sharing the experiences of people who have spoken up and the difference Freedom to Speak Up Guardians are making.

The National Guardian's Office Annual Report 2020 is available to download from *www.nationalguardian.org.uk*

5. Establishment of the UK Health Security Agency (UKHSA)

The Secretary of State for Health and Social Care has announced the establishment, from 1st April 2021 of a UK Health Security Agency, to be led by Dr Jenny Harries as CEO.

The announcement focussed on the future for the health protection elements of Public Health England's current remit and we expect a further government announcement will be made soon to outline similar plans for the future of the other functions, including health improvement (major programmes on obesity, smoking prevention etc), which will move to a new **Office of Health Promotion.**

UKHSA will have as its focus health hazards, including infectious diseases, and will play a leading role in our global response to external health threats. It has been created to ensure that we bring together and enhance the existing expertise and new capabilities developed during the pandemic, so that we have an integrated organisation dedicated to protect the public's health.

UKHSA will act as a system leader for health security, providing intellectual, scientific and operational leadership at national and local level, as well as on the global stage. It will build on current partnership working arrangements and will lead a collaborative, partnership-driven health protection system, with the needs of local communities at its core.

In the coming months, health protection functions, teams and responsibilities from Public Health England and NHS Test and Trace will start to transition into UKHSA and the new agency will be fully operational from October 2021. Until this date, PHE and NHS Test and Trace will continue to deliver all their existing functions and work closely with our local and regional partners.

6. Dudley Integrated Health and Care NHS Trust – 2020/21 A Year of Major Achievement

1st April 2021, sees the celebration of our first anniversary as an NHS Trust – the culmination of a magnificent effort by a significant number of dedicated individuals over a significant period of time. It is appropriate on such an occasion to devote a few moments reflecting on the major achievements of our Trust in its inaugural year.

Firstly, no NHS Trust or other public body, could have been conceived and established in more turbulent times. The announcement of our establishment in March 2020, coincided with the recognition of Covid as a national UK emergency, the announcement of the first national lockdown and sadly, the first recorded covid related deaths of members of our local community.

Secondly, it is unlikely that any NHS Trust has experienced the rate of growth that DIHC has seen during the past 12 months. DIHC has quadrupled in size over the period. We have enabled this by submitting no less than five business cases (one full business case and four incremental expansion business cases) with associated detailed consultation with system partners, to NHSI for review and approval.

For DIHC 2020/21 has been a year of major achievements on many fronts:

a. DIHC – A Year of Clinical Achievement

Mental Health Services

DIHC was proud to inherit from Dudley & Walsall MHP Trust, the local Dudley IAPT and Primary Care based Mental Health Teams. During 2020/21, these teams have enthusiastically and brilliantly embraced new ways of remote working, necessitated by the Covid pandemic. Simultaneously, they have embraced a full development programme across mental health teams. The Primary Care Mental Health Teams and Talking Therapies teams have undertaken three proof of concept models and have redesigned their referral triage processes as a result. In performance terms, these services have exceeded historical KPIs and benchmark amongst the best performers in the STP.

The Pensnett Respiratory Assessment Centre

In response to the Covid challenge, most health economies established in primary care so called ‘red centre’ of excellence in accommodating, diagnosing and referring or treating, those members of the local community suspected of being infected with the virus. In Dudley, the local CCG has given the responsibility for establishing this facility, initially at Guest Hospital and latterly at Pensnett High Oak Surgery, to DIHC. The work of the Dudley RAC has been highly commended to have allowed local GP practices to function well during the pandemic and additionally to keep the burden of covid presentations at Russell’s Hall reduced.

High Oak Surgery

During the year DIHC has also been awarded by the local CCG an APMS contract for the GP Surgery based in High Oak Pensnett. This is a ground breaking development with DIHC becoming probably the first NHS trust locally to accept and hold such a contract. Working closely with GP colleagues, the Trust has worked to transform the service offering at High Oak and this initiative has represented a genuine opportunity to test our principles of integration in practice.

Pharmaceutical Services

Our Pharmacy Team joined the Trust in October this year and has worked tirelessly with system colleagues, to implement and deliver the vaccination programme to the Dudley population. Of particular note has been the Team's success in implementing the vaccination programme across all of the Dudley Care Homes.

The Dudley Prescribing Ordering Teams have continued to provide great support to local GP practices during the year.

Continuing and Intermediate Healthcare

Our excellent Continuing Care and Intermediate Care Teams also joined the Trust in October, from Dudley CCG. Of note this year, is the amazing work these teams have undertaken during covid, to support local Dudley Care Homes.

Dudley School Nursing Service

We look forward to welcoming Dudley School Nursing Service to our portfolio from 1st April 2021.

Research & Development

In the important field of R&D, DIHC signed an important research agreement with the West Midlands Academic Health Science Network during the year to create DIHC as an important research Hub. Other major success areas were:

- Pioneering Dignio Oximetry@Home remote monitoring of covid patients, thus reducing hospital admissions
- Hosting a first major research project, RAPTOR, assessing point-of-care Covid tests.

b. DIHC – a Year of cementing our relationships with Primary Care

DIHC's relationship with primary care in Dudley is unique and is at the heart of our organisation. Whilst relationships with primary care are integral to our everyday working, it is important to note that, during 2020/21 DIHC has:

- Taken responsibility to further support the Primary Care Networks by employing all Dudley PCN staff from October 2020.
- Developed the integrated care model with primary care which is supported by 40 signed integration agreements with our GP practices.
- Fully integrated into our own organisation the High Oak practice, holding a direct GMS contract with the local CCG.
- Facilitating local PCN's delivery of their Directed Enhanced Services (DES) brief by hosting local Additional roles reimbursement scheme (ARRS) staff

c. DIHC – a Year of working with service users and local Communities

DIHC has facilitated over 40 opportunities for our local communities and stakeholders to get involved with us during 2020/21, including;

- Collaboration with Dudley Healthwatch on “Reset, Restore and Recover” and “Bereavement Matters” Programmes
- Sessions with Dudley College students on Talking Therapies using interactive jam-boards technology
- Work with the Dudley Young Health Champions and Dudley Youth Council in hosting sessions with local GPs – “a day in the life and the covid challenge”
- Regular public events with the Dudley Healthcare Forum and Patient Opportunity Panel
- Facilitating local events with GPs to promote the reality that primary care is ‘open for business’ and to tackle misinformation on Covid and Covid vaccines
- Developed easy read information for patients with learning disabilities on Talking Therapies in collaboration with Dudley Voices for Choice
- Held events with the local voluntary sector to explore ways of collaborating
- Development sessions with our PCN staff

d. DIHC – A Year of working with System Partners

DIHC has led the development of the Dudley Place model of integrated care with system partners such as DGFT, BCH Dudley MBC, primary Care, Dudley Voluntary Services etc. This has seen the evolution of the Dudley Partnership Board (which continues to be chaired by our CEO) into a Dudley Integrated Care Partnership Board that will continue its development in readiness for April 2022.

DIHC has worked at all levels as a key partner of the wider Black Country and West Birmingham and wider NHS West & East Midlands Networks, attending a large number of system-wide strategic and operational fora. Of particular note is our work with system partners on silver and gold command calls, with number of public agencies, including the British Army, as a key part of the system Covid 19 response.

e. DIHC – Year of good governance & financial probity

The Trust was formed on 1st April 2020, with a full complement of executive and non-executive directors, constituting a highly effective unitary board of directors from day one of operation. In short order the Trust has developed effective standing orders, standing financial instructions, policies and procedures, which reflect the best NHS governance practice. We have evolved a detailed substructure of board committees and discussion fora, which promote operational excellence, even in the context of remote and long-distance working during the covid pandemic.

The Trust has worked well with our principal Regulators, NHS Improvement and the Care Quality Commission and has worked hard to ensure compliance with our numerous other stakeholders and regulatory authorities as responsible custodians of our service portfolio.

We have developed an excellent risk assessment and management system that guides our management focus and prepares us for uncertainties through the early identification of mitigating actions and contingency positions.

We have invested in the financial administration and management of public funds through the design of a bespoke chart of accounts and coding hierarchy and the successful commissioning of a new DIHC general ledger suite facility.

The Trust considers that it has successfully managed its funds during 2020/21 and will post a small financial surplus for the year.

f. Other key milestones and achievements

Major items of note also include:

- Development of a range of internal communication channels including the 'Friday Round Up' and the 'Primary Care Bulletin'
- Development of intranet site for our teams' use and support
- The Pensnett Assessment Centre featuring on BBC Midlands Today
- Marie Hawkins, Senior Nurse at the Pensnett Assessment Centre, being awarded the Queens Nurse title and being interviewed on local radio
- Development of a Doodle Ad, animated film clip showcasing Dudley IHC
- 'Ease the load' - A very Successful campaign for local mental health services during covid, working collaboratively with BCH Trust.
- Rising to the challenge of still having meaningful engagement throughout Covid by utilising virtual methods and leveraging the great creativity and ingenuity of DIHC colleagues.

It has been at once a year of great frustration, as covid has forced remote working and frustrated many of our plans for local service development. A year of disappointment, as NHSEI asked us to pause work on our business case for award of the Dudley integrated care contract. But also one of pride in a set of memorable achievements.

We look to 2021/22 with confidence in our ability and in our resilience and we will work tirelessly to provide the citizens of Dudley with the care they richly deserve.

PA Assinder

CEO

Enclosure 3.3

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

MONDAY 12 APRIL 2021
VIRTUAL MEETING VIA MICROSOFT TEAMS
12:30 – 13:30

PRIVATE AGENDA

Item No	Agenda Item			Presented by	Time
1.	**Chair's Welcome**				12:30
	1.1 Apologies	To Receive	Verbal	Mr H Turner	
	1.2 Declarations of Interest	To Receive	Verbal	Mr H Turner	
	1.3 Private Board Minutes – meeting held on 2 March 2021	For Approval	Enc 1.3	Mr H Turner	
	1.4 Action Register and Matters Arising	For Approval	Enc 1.4	Mr H Turner	
	1.5 Reflections from Part One	For Discussion	Verbal	Mr H Turner	
2.	**PCIC Update**	For Assurance	Enc 2	Ms S Cartwright	12:40
3.	**Annual Report and Accounts Update**	For Assurance	Enc 3	Ms E Doyle	12:50
4.	**Draft Annual Governance Statement and Board Declarations**	For Assurance	Enc 4	Ms E Doyle	12:55
5.	**Payroll Contract**	For Approval	Enc 5	Mr M Gamage/ Ms B Edgar	13:05
6.	**2021/22 Financial Planning**	For Approval	Enc 6	Mr M Gamage	13:15
7.	**DIHC Development**	For Discussion	Verbal	Mr P Assinder	13:20
8.	**Ratified Committee Minutes**				13:25
	8.1 Quality and Safety Committee – meeting held on 16 February 2021	For Assurance	Enc 8.1	Ms V Little	
	8.2 Finance, Performance and Digital Committee – meeting held on 16 February 2021	For Assurance	Enc 8.2	Mr I Buckley	
	8.3 People Committee – meeting held on 12 February 2021	For Assurance	Enc 8.3	Mr M Evans	

Item No	Agenda Item			Presented by	Time
	8.4 Transaction Committee – meeting held on 9 February 2021	For Assurance	Enc 8.4	Mrs S Cartwright	
9.	**Any Other Business**		Verbal	Mr H Turner	13:25
10.	**Date of next meeting:** 5 May 2021, 12:30 – 13:30 TBC				

Enclosure 4

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TITLE OF REPORT:	Covid vaccination update
PURPOSE OF REPORT:	To update the Board on the Covid vaccination response
AUTHOR OF REPORT:	Caroline Brunt; Interim Director of Nursing, AHP and Quality
DATE OF MEETING:	12th April 2021
KEY POINTS:	A verbal update will also be provided by Dr Richard Bramble & Caroline Brunt • Positive progress is being made across at prioritised cohorts of patients and local initiatives; • The Dudley primary care practices are nationally high performers; • DIHC High Oak practice is performing well with a high level of vaccination compliance across all patient cohorts; • DIHC continues to encourage and support staff vaccination as a priority; • Health inequalities issues associated with vaccination coverage has been identified, plans are in place to address these through a system response.
RECOMMENDATION:	To accept the update as Board assurance
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None
ACTION REQUIRED:	Decision ☐
	Approval ☐
	Assurance ☒

Enclosure 5

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

TITLE OF REPORT:	**Board Assurance Framework and Corporate Risk Register**
PURPOSE OF REPORT:	To receive the Board Assurance Framework and the Corporate Risk Register
AUTHOR OF REPORT:	Elaine Doyle, Programme Manager
DATE OF MEETING:	12th April 2021
KEY POINTS:	The Board Assurance Framework (BAF) forms a part of the overall risk management and assurance process of the Trust and allows the Board to maintain oversight of the principal risks to delivery of the Trust's strategic objectives. BAF risks are mapped to the Trust's strategic objectives, detailing the strategic risks defined as potentially impacting on the delivery of the strategic objectives and reporting is escalated through the relevant Trust Committee structures. The corporate risk register outlines current risks to the operational delivery of services. The BAF Dashboard Tracker for March 2021 includes the latest actions following review by the committees during March. A financial risk review was held in March that ensured the latest position will be reflected in the scores, mitigations and actions including when further review would be necessary following conclusion of the current financial planning round for 2021/22. This will be reported through committee in April and be received by Board in May. The results of the BAF internal audit were concluded and a Level A assessment level was given which reflects that an Assurance Framework has been established which is designed and operating to meet the requirements of the Annual Governance Statement, and provides reasonable assurance that there is an effective system of internal control in place to manage the principal risks identified by the organisation. Recommendations were made and agreed, namely the strengthening of the actions and mitigations where gaps in assurance were identified, these will be implemented by end of May as part for the 2021/22 preparations. This paper provides:

	• A summary of both the overall number and current score of risks contained in the Board Assurance Framework (BAF) and Corporate Risk Register (CRR). • A copy of the BAF Tracker is included at Appendix 1. • A detailed description of the risks which have exceeded a Risk Appetite included on the BAF/CRR at Appendix 2. • Appendix 3 outlines the risks which are within or below tolerance.
RECOMMENDATION:	The Board are asked that they: • Note the report
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision ☐
	Approval ☐
	Assurance ☒

Board Assurance Framework and Corporate Risk Register

1. Risk Management Review Cycle and Changes

The Board Assurance Framework (BAF) details the strategic risks that could potentially impact on the delivery of the strategic objectives. The corporate risk register outlines current risks to the operational delivery of services and the potential impact of current and emerging issues such as EU Exit and assessing the impact of the ongoing Covid-19 pandemic.

During March 2021 the committees reviewed the mitigations, controls and supporting actions to address gaps in controls and assurances, and recommended no changes to the BAF and Corporate risk scores were advised in committee.

A financial risk review was held in March that ensured the latest position will be reflected in the scores, mitigations and actions including when further review would be necessary following conclusion of the current financial planning round for 2021/22. This will be reported through committee in April and be received by Board in May.

The results of the BAF internal audit were concluded and a Level A assessment level was given which reflects that an Assurance Framework has been established which is designed and operating to meet the requirements of the Annual Governance Statement, and provides reasonable assurance that there is an effective system of internal control in place to manage the principal risks identified by the organisation. Recommendations were made and agreed, namely the strengthening of the actions and mitigations where gaps in assurance were identified, these will be implemented by end of May as part for the 2021/22 preparations.

2. BAF and Corporate Risk Register Summary Position

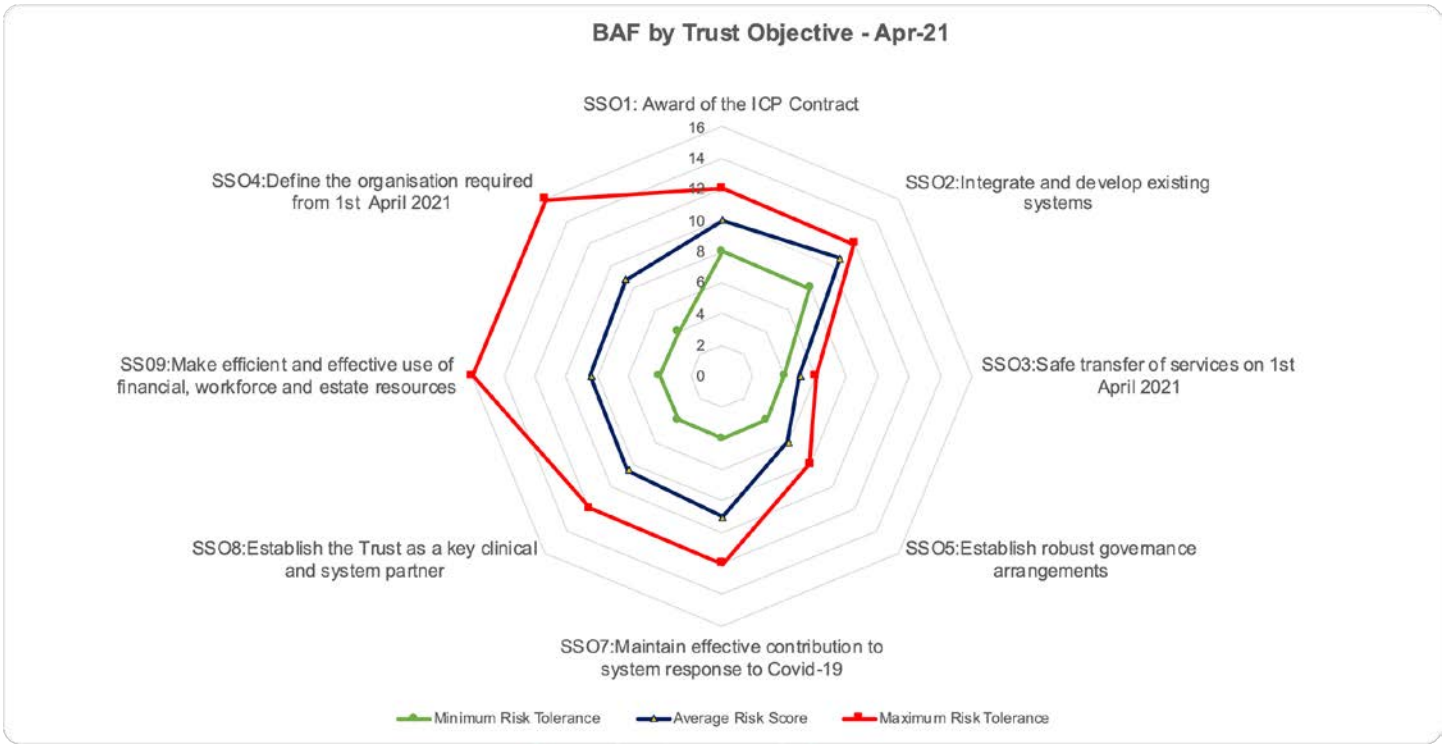
Appendix 1 details the full BAF Tracker Dashboard. The report shows clearly the current strategic risk rating, the tolerance level and the charts show the movement over time against within the tolerance levels defined for the strategic risk.

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

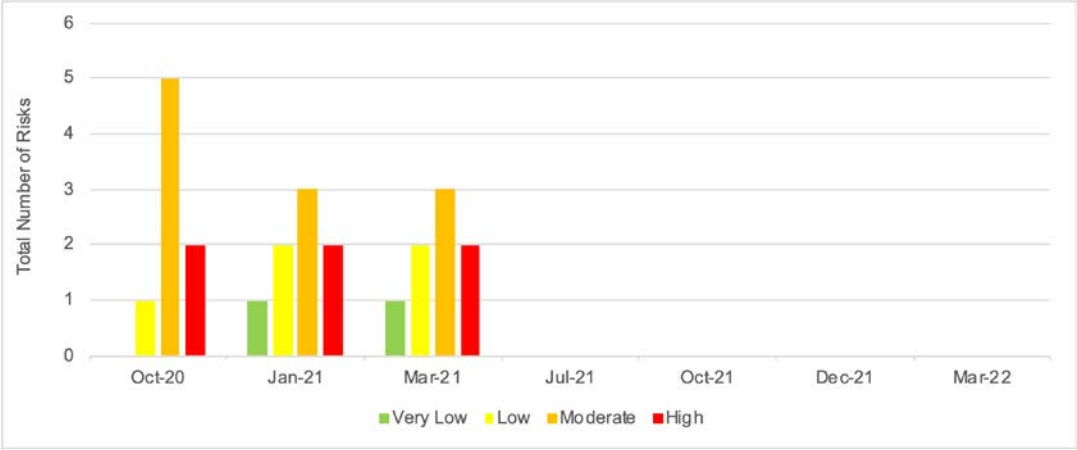
Risk Levels	1 Minimal	2 Cautious	3 Open	4 Seek	5 Mature
Risk Appetite	Very Low	Low	Moderate	High	
Risk Tolerance Score (Net L x C)	1 - 5	6 - 11	12 - 15	16 - 25	
No of BAF Risks	**1**	**2**	**3**	**2**	
No of Corporate Risks	**5**	**15**	**9**	**2**	

Heat Map of BAF Current Score						
		CONSEQUENCE				
		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
LIKELIHOOD	1. Rare	1	2	3	4	5
	2. Unlikely	2	4 002	6	8	10
	3. Possible	3	6	9 003, 008	12	15
	4. Likely	4	8	12 004, 005, 006	16 001, 007	20
	5. Almost Certain	5	10	20	20	25

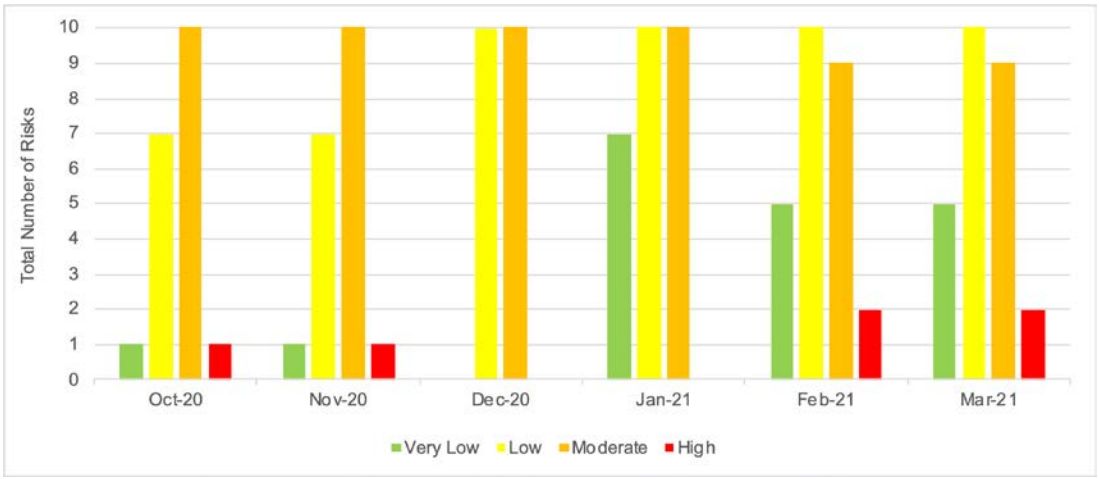
The spider diagram below shows the average current risk score mapped to the strategic objectives.



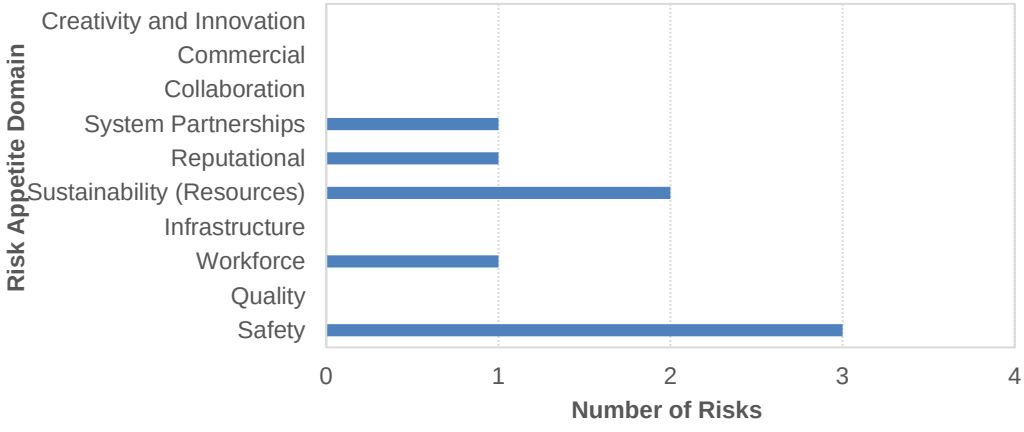
Below is a graph showing the total number of strategic risks by risk current score. This will be developed over time as the BAF is reviewed, and will be presented graphically over time on a quarterly basis to represent the movement in current scores over time.



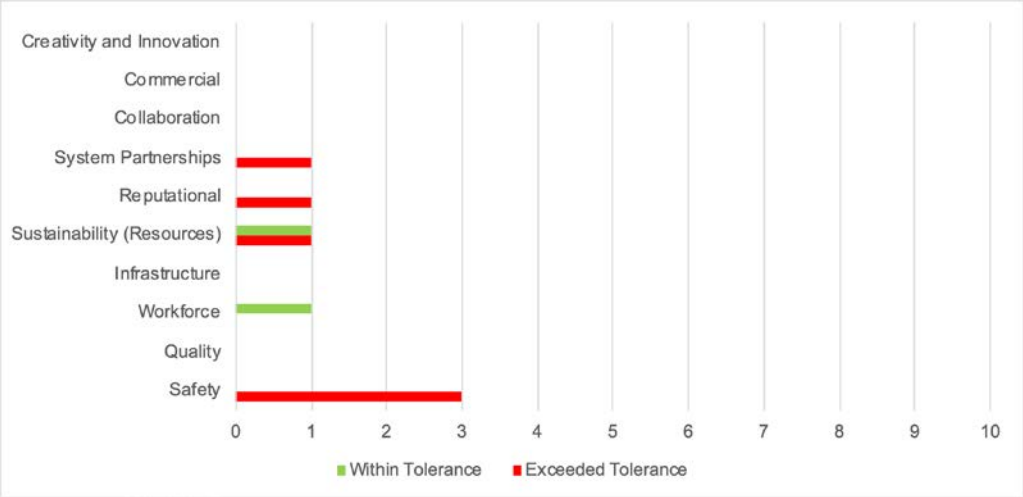
Overleaf is the total number of corporate risks since April 2020 and over time by current score. Please note that during January the Corporate Risk Register was aligned to the BAF and Risk Management Strategy risk assessment matrix as outlined in the section 1 above. A refining of the boundaries (has resulted in some risks previously rated as moderate and low being redefined as very low (1 to 5) and low (6 to 11).



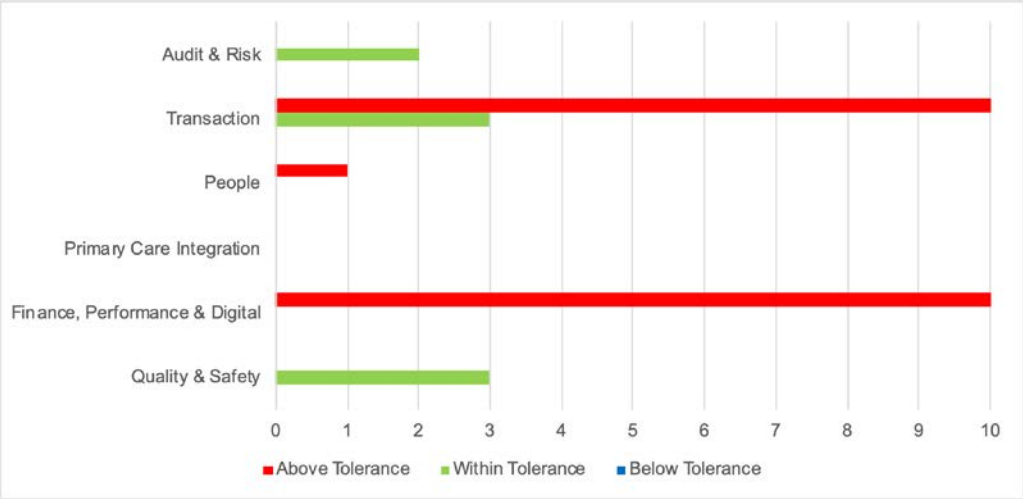
The highest risk appetite category is Safety encompassing Statutory and Regulatory Compliance, which is defined as risks relating to the impact of Covid-19 and the safe transfer of services.



Each risk category has an assigned risk tolerance score, this is detailed for each strategic risk in Appendix 1 BAF Tracker Dashboard. The risk tolerance score highlights when a risk is below, within or has exceeded a risk appetite tolerance. Currently 6 out of 8 risks on the BAF have exceeded a risk appetite tolerance.

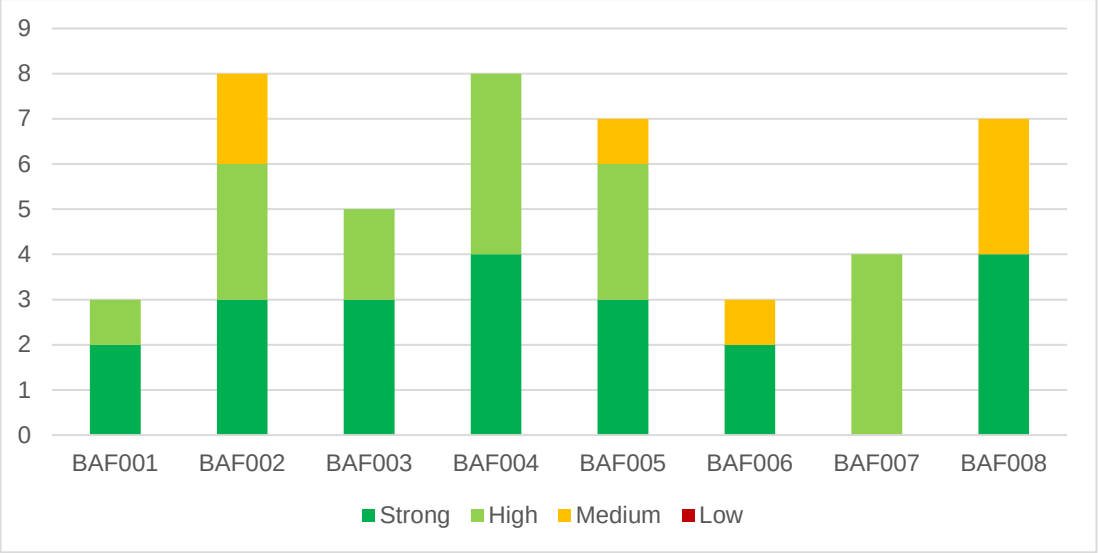


Below is a graph detailing the 31 open risks by committee, it excludes the one risk within tolerance recommended for closure. The graph outlines, for each committee, where the risk is below tolerance, approaching target risk score and exceeding target risk score. This should direct the committee to the focus the actions for the appropriate level of response. Appendix 2 outlines the risk over tolerance and have been reviewed by Executives and Committees during March 2021.



A graph of assurance strengths by strategic risk and a summary table of the volume of controls is overleaf. Reporting and trend analysis will be developed as the review cycle continues, and is designed to give an overview of the effective level of control for the portfolio of risks.

Two actions for BAF-002 Insufficient resources have been completed, with two new actions have been identified for BAF-008 DIHC can't recruit, train and retain the appropriate innovative workforce required to deliver the transformational Integrated Care Provider ambitions for service user and a further two actions against that same risk are now reported as complete.



Summary of Aggregated BAF Risks by Assurances and Actions					
Effective Control - Assurance Strengths			*Actions - Progress*		
	Nos	*%*		*Nos*	*%*
Strong	21	47	Completed	4	17
High	19	42	Green	21	79
Medium	5	11	Amber	1	4
Low	0	0	Red	0	0
Totals	45	100	Totals	24	100

3. Next Steps

The risk management report will continued to be updated to show the movement in risk scores, assurance (controls and mitigations) and actions including the amendments to risk, alignment of the BAF with the Corporate Risks, escalation of risks, risks marked for de-escalation and information on emerging risks and horizon scanning.

During quarter one the strategic risks for 2021/22 will be developed and both the BAF and corporate risk register will be imported into Datix, which from 1st July 2021 will be primary risk management tool.

Reporting will continue to be development and standard reporting will continue to outline the following:

- BAF Tracker Dashboard
- Risk tracker above tolerance / target
- Risk tracker below tolerance / target
- New risks

Appendix 1

Board Assurance Framework (BAF)

PUBLIC BOARD

APRIL 2021

Appendix 1

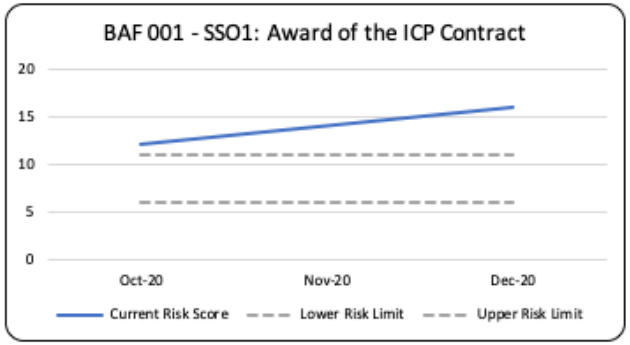
BAF TRACKER DASHBOARD FOR ALL STRATEGIC RISKS

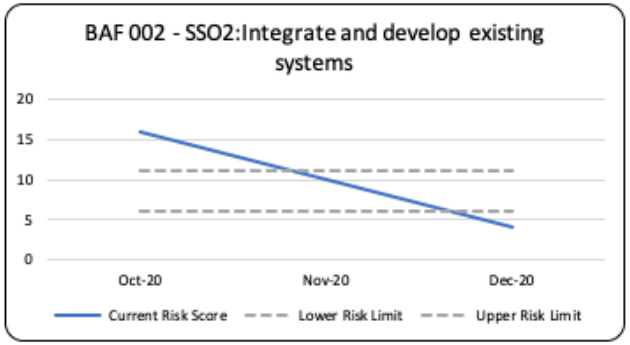
Strategic Priorities	BAF Risk No	Risk Descriptor	Exec Lead	Risk Oversight Committee	Inherent Risk Score October 2020 (LXC)	Risk Score Q3 December 2020 inc Movement	Risk Score Q4 March 2021 Inc Movement	Risk Appetite Domain	Risk Toler-ance Level	Assurance on Controls	Actions on Track
SSO1: Award of the ICP contract	BAF-001	There is a risk to the ICP contract not being awarded, or significantly delayed, due to pressures on the local system, transfer of services from within the health system and the workforce skills/capacity required to deliver service changes	Steph Cartwright, Director of Operations, Strategy and Partnerships	Transaction	Moderate 12 (4x3)	High 16 (4x4)	High 16 (4x4)	System Partnerships	Low 6 to 11	Medium	Green
SSO2: Integrate and develop existing services	BAF-002	There is a risk that there are insufficient resources in place to safely and effectively manage existing services; improve existing services; or to effectively manage the extended scope of business required for future service improvement and partnership working	Matt Gamage, Director of Finance, Performance and Digital	Finance, Performance & Digital	High 16 (4x4)	Very Low 4 (2x2)	Very Low 4 (2x2)	Sustainability (Resources)	Low 6 to 11	Medium	Green
SSO3: Safe transfer of services on 1st April 2021	BAF-003	There is a risk that there are insufficient resources and systems in place to safely and effectively manage the transfer of additional services into the organisation	Steph Cartwright, Director of Operations, Strategy and Partnerships	Transaction	Low 9 (3x3)	Low 9 (3x3)	Low 9 (3x3)	**Safety** Sustainability (Resources) Infrastructure	Very Low 5 and below	Medium	Green

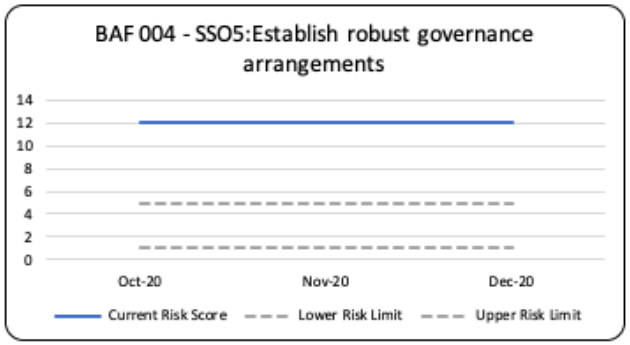
SSO5: Establish robust governance arrangements	BAF-004	There is a risk the governance arrangements that are put in place to manage the business and its planned development are not as connected, adaptable, agile, responsive or supportive of the innovation and transformation required to meet our strategic objectives; this could result in a decision-making process that is slow, leading to a failure to deliver clinical services effectively and efficiently and potentially could impact on patient safety		Quality & Safety	Moderate 12 (4x3)	Moderate 12 (4x3)	Moderate 12 (4x3)	**Safety** Quality Reputational	Very Low 5 and below	High	Green
SSO7: Maintain effective contribution to system response to Covid-19	BAF-005	There is a risk that the Trust unable to meet demand in relation to the COVID-19 response	Caroline Brunt, Director of Nursing, AHPs and Quality	Quality & Safety	Moderate 12 (4x3)	Moderate 12 (4x3)	Moderate 12 (4x3)	**Safety** Quality Reputational	Very Low 5 and below	High	Green
SSO8: Establish the Trust as a key clinical and system partner	BAF-006	There is a risk that the Trust is unable to effectively engage with its system partners and demonstrate appropriate system leadership	Steph Cartwright, Director of Operations, Strategy and Partnerships	Transaction	Moderate 12 (4x3)	Moderate 12 (4x3)	Moderate 12 (4x3)	**Reputational** Collaboration	Low 6 to 11	High	Green

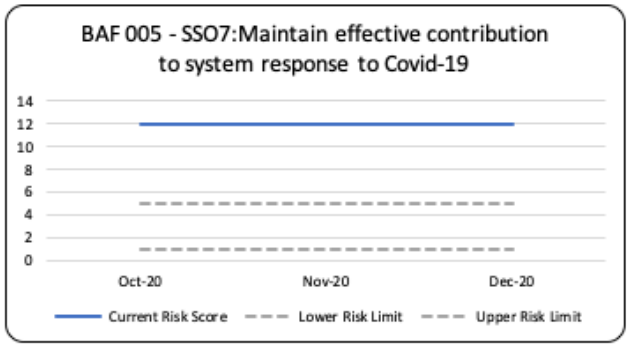
SS09 - Make efficient and effective use of financial, workforce and estate resources	BAF-007	There is a risk that our financial sustainability will be impacted by future changes to the NHS financial regime, which could see resources diverted from our trust and result in significant financial / cost pressures	Matt Gamage, Director of Finance, Performance and Digital	Finance, Performance & Digital	Moderate 12 (4x3)	High 16 (4x4)	High 16 (4x4)	Sustainability (Resources)	Low 6 to 11	High	Green
SSO4: Define the organisation required from 1st April 2021	BAF-008	There is a risk DIHC can't recruit, train and retain the appropriate innovative workforce required to deliver the transformational Integrated Care Provider ambitions for service users	Bev Edgar, Director of People	People	Low 9 (3x3)	Low 9 (3x3)	Low 9 (3x3)	Workforce	Low 6 to 11	High	Green

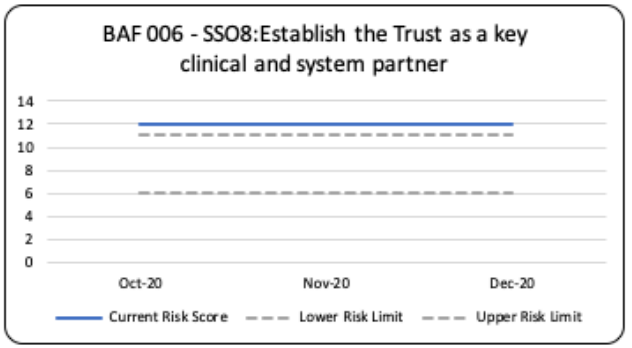
Board Assurance Framework - Current Risk Rating over time

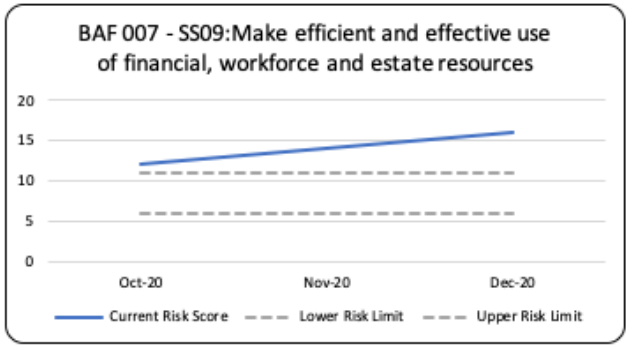


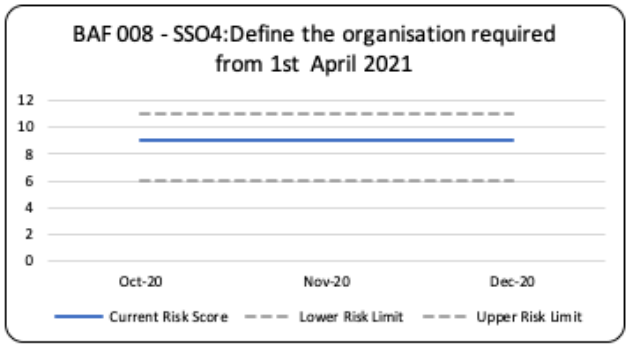












Dudley Integrated Health and Care NHS Trust
Corporate Risk Register
DIHC Public Board
Appendix 2 Risks ABOVE Tolerance

Dudley Integrated Health and Care NHS Trust

STEP 1 - IDENTIFY						STEP 2 - EVALUATE									STEP 3 - PLAN							
				Risk Description		Inherent / Initial Risk Score					Current Score								Target Risk Rating			
Ref	Risk Category/type	Accountable Director (Risk Sponsor)	Strategic Objective	RISK OF:	IMPACT/CONSEQUENCES	(L)ikelihood Score	(I)mpact Score	Risk Rating (L x I)	Controls in Place i.e. arrangements that are already in place and are helping to control the risk – please provide evidence of the risk being controlled	Assurance (RAG) rating for the strength of controls	(L)ikelihood Score	(I)mpact Score	Risk Rating	Risk Movement from last assessment	Risk Response Tolerate / treat / transfer / terminate	Actions to address the risks: i.e. What actions are you going to take to strengthen control of the risk and achieve the target risk rating. SMART actions: S = Specific M= Measurable A= Attainable R= Relevant	Responsibility of	Action Deadline	Domain	(L)ikelihood	(I)mpact Score	Risk Rating (L x I)	Above or Below Tolerancce
C-106	Operational	Steph Cartwright	SSO4: Define the organisation required from 1st April 2021	Not having approval from NHSEI to recruit substantively to key posts prior to April 1st 2021	Significant gaps in corporate structure result in Trust being unable to manage April 1st transactions and other core functions	3	4	12	SLAs in place providing some core 'back-office' functions Additional interim external support already being used Discussions ongoing regarding external provision of back-office functions from 1st April 2021 Priority posts for recruitment are being reviewed by the DIHC Executive Team	Strong - Green	4	4	16	⇨	Treat	Clarify recruitment timeframes with NHSEI Finalise external back-office function arrangements Explore options for extending current external support 2020-09-24 Flagged with national NHSI colleagues Get feedback from NHSEI on way forward	Steph Cartwright	30/04/2021	Safety	1	5	5	Above
C-107	Strategic	Steph Cartwright	SSO8: Establish the Trust as a key clinical and system partner	Insufficient system-wide support for the creation of the ICP	This creates a visible adverse reaction from one or more partners, potentially reflected in a public arena, which results in NHSEI not approving the award of the contract	3	4	12	Continuous partner engagement through Stakeholder Forum, system-level meetings and focussed discussions regarding specific aspects of the business case Strong engagement with clinical representatives within the local system through Clinical Strategy Board Agreed process for managing system risks Participation in discussions led by the CCG by identifing a plan that all system partners are aligned to.	Strong - Green	3	4	12	⇨	Treat	Outstanding issues with business case to be discussed at Stakeholder Forum and Transaction Committee Contribute to the mitigation of risks identified by partners Maintain appropriate engagement with all partners	Steph Cartwright	30/04/2021	Partnerships	2	3	6	Above
C-064	Operational	Bev Edgar	SSO9: Demonstrate effective use of resources	Risk of substantive workforce shortages (through vacancies, absence or excess demand) result in additional premium costs being incurred.	Reduced service quality and restricted ability to implement service change. Expenditure above plan and failure to meet control total	3	4	12	Staff support mechanisms in place; strong HR practices.	Weak - Yellow	4	4	16	⇨	Treat	Work with Partners to manage at system level.	Bev Edgar	30/04/2021	Workforce	1	4	4	Above
C-067	Strategic	Matt Gamage	SSO1: Award of the ICP contract	Risk of sub-contract terms and incentives not aligned with ICP contract or strategy	This will impact on delivery of the clinical model and outcomes framework resulting in potential loss of income.	4	4	16	Financial model for DIHC will need to signed off by the Board. SFIs have now been agreed by the DIHC Board. Subcontracts will be need to be completed as part of the business case process and will require sign off in line with the Scheme of Delegation and SFIs CCG will also have oversight of whether the subcontract arrangements entered into by DIHC are adequate before signing the main contract The Trust has held engagement events with all of smaller subcontractors and has explained the outcome elements of the head contract.	Strong - Green	3	4	12	⇨	Treat	A survey is being sent to all of the providers to identify areas where they could contribute to the delivery of the outcomes framework. There is a requirement to ensure that this is covered off in any future business case. This will be subject to further review end of Q1.	Matt Gamage	30/04/2021	Sustainability	1	4	4	Above

STEP 1 - IDENTIFY						STEP 2 - EVALUATE										STEP 3 - PLAN						
Ref	Risk Category/type	Accountable Director (Risk Sponsor)	Strategic Objective	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	Responsibility of	Action Deadline	Domain	Target Risk Rating			Above or Below Tolerance
				RISK OF:	IMPACT/CONSEQUENCES	(L)ikelihood Score	(I)mpact Score	Risk Rating (L x I)			(L)ikelihood Score	(I)mpact Score	Risk Rating						(L)ikelihood	(I)mpact Score	Risk Rating (L x I)	
C-070	Operational	Matt Gamage	SSO9: Demonstrate effective use of resources	Risk of increase in drug volume and prices in excess of planned growth and inflation	This will impact recurrent cost base to increase and restrict margins for investments and service developments and Unplanned cost increases resulting in failure to achieve control total or increased CIP requirement	4	4	16	Strong medicines management practices to ensure appropriate and consistent use. Prescribing expenditure will be monitored at Integrated Assurance Committee Prescribing performance will be monitored at a PCN level Practice Based Pharmacists and medicines management team will have budget responsibility.	Strong - Green	3	3	9	⇨	Treat	2020/21 CCG financial performance information including continuing healthcare and prescribing expenditure to be presented to DIHC FPD committee. Prescribing budget is not transferring on 1st April, however, a loss / gain share is being discussed.	Matt Gamage	30/04/2021	Sustainability	3	2	6	Above
C-073	Operational	Matt Gamage	SSO9: Demonstrate effective use of resources	Risk of placement costs relating to Continuing Health Care to be in excess of planned levels due to any unforeseen changes to the eligibility criteria and sufficiently robust system to record costs accurately.	Subsequently the unplanned cost increases will result in failure to achieve control total or increased CIP requirement	4	4	16	Regular reviews to ensure care packages match requirements, and ICP is responsible commissioner. Consider alternative provision options. Due diligence on service transfer.	Strong - Green	3	3	9	⇨	Treat	2020/21 CCG financial performance information including continuing healthcare and prescribing expenditure to be presented to DIHC FPD committee. CHC budget is not transferring on 1st April, however, a loss / gain share is being discussed.	Matt Gamage	30/04/2021	Sustainability	3	3	9	Above
C-102	Strategic	Steph Cartwright	SSO8: Establish the Trust as a key clinical and system partner	Risk of lack of system alignment	This has the potential to lead to organisational, board and/or procurement challenges and could impact on trust amongst partners.	3	4	12	Active engagement with partners during Business Case development. Regular Stakeholder Forum meetings involving representation from all key partners.	Strong - Green	3	4	12	⇨	Treat	Continued engagement and stakeholder involvement following business case submission. Stakeholder Forum and meets on a monthly basis. Amends made to business case in response to comments received from partners and ongoing issues managed through Transaction Committee and Stakeholder Forum	Steph Cartwright	30/04/2021	Partnerships	1	4	4	Above
C-030	Strategic	Bev Edgar	SSO2: Integrate and develop existing services	Risk of significant vacancy factors in staff groups that transfer into the ICP due to the workforce becoming unsettled around the new model of care or organisational change.	This will Impact on delivery of the clinical model and delay in improving patient access, continuity and co-ordination of care. Delays in improving population health outcomes.	5	4	20	The workforce development group with representation from all affected providers takes place on a regular basis.. The ongoing training needs analysis to be aligned to the clinical skills pathway redesign.	Weak - Yellow	3	4	12	⇨	Treat	Complete workforce modelling of community services and mental health. Identify vacancies, sickness and skills gaps. Develop targeted workforce action plan and programme of staff engagement to describe the new care model in more detail. Promote joined up working through the ICT/PCN networks and host engagement workshops with frontline staff to understand what's important to them. Align organisational messages to staff throughout the period of change.	Bev Edgar	30/04/2021	Workforce	1	4	4	Above
C-078	Operational	Matt Gamage	SSO2: Integrate and develop existing services	Risk of delayed implementation of clinical service strategy as organisation is established	This may result in expenditure above planned trajectory, restricting ability to achieve control total	4	4	16	Management and system focus on delivery (not organisational form). Use of external suppliers for OD and transition included in financial plan.	Weak - Yellow	3	4	12	⇨	Treat	PTIP clearly defines required activities	Matt Gamage	30/04/2021	Quality	1	4	4	Above

STEP 1 - IDENTIFY						STEP 2 - EVALUATE										STEP 3 - PLAN							
Ref	Risk Category/type	Accountable Director (Risk Sponsor)	Strategic Objective	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	Responsibility of	Action Deadline	Domain	Target Risk Rating			Above or Below Tolerancce
				RISK OF:	IMPACT/CONSEQUENCES	(L)likelihood Score	(I)mpact Score	Risk Rating (L x I)			(L)likelihood Score	(I)mpact Score	Risk Rating						(L)likelihood	(I)mpact Score	Risk Rating (L x I)	
C-103	Operational	Steph Cartwright	SSO7: Maintain effective contribution to system response to Covid-19	Lack of sufficient resources being available to support safe landing due to delays incurred as a result of COVID-19	Unable to complete transaction to enable the next phase of transferred services to go live. Unable to provide appropriate back office functions to support expansion.	4	4	16	Ongoing review of the phasing and key deliverables to determine capacity to deliver. Appropriate discussions are taking place at executive team and Transaction Committee.	Weak - Yellow	3	4	12	⇨	Treat	Regular review of resources at Transaction Committee.	Steph Cartwright	30/04/2021	Sustainability	1	4	4	Above
C-105	Strategic	Steph Cartwright	SSO7: Maintain effective contribution to system response to Covid-19	Increased pressure of Covid management during winter reduces NHSE/I capacity to review full business case in the agreed timescales	The ICP contract is not able to be awarded for 1st April 2021	3	5	15	Regular engagement with NHSEI; planned review period assumes worst-case scenario with regards to time required	Strong - Green	2	4	8	⇨	Treat	Maintain regular contact with NHSEI following submission; discuss possible alternative arrangements with NHSEI for maintaining planned timeframe should a problem arise	Steph Cartwright	30/04/2021	Sustainability	1	5	5	Above
C-024	Operational	Matt Gamage	SSO5: Establish robust governance arrangements	Risk of not being able to appropriately share patient information across the ICP partners and its stakeholders due to data sharing agreements may not be in place.	This will impact the new service not being able to share information effectively - a safeguarding and/or clinical risk. This will also impact monitoring and reporting on performance.	3	4	12	Work on the development of single shared record Digital Safe Landing Group with system partners established. JIGG and moving to internal IG Group post April. Covid-19 governance arrangements.	Strong - Green	2	4	8	⇨	Treat	Prior to services transferring ensure information sharing agreement is in place. Ensure BI/IT teams working closely during the mobilisation period and ensure working group established to ensure smooth transfer. Multiple cycles of testing and process refinement and ongoing auditing of data quality. IG representation to be identified within each IT project team	Matt Gamage	30/04/2021	Safety	1	4	4	Above
C-023	Operational	Matt Gamage	SSO4: Define the organisation required from 1st April 2021	Risk to the delivery of ICP due to digital strategy not clearly defined.	This will have an impact on the delivery of ICP and its outcomes, support to PCNs, and mobilisation.	4	4	16	Digital Steering Group has been established. Safe landing document produced and agreed. Digital strategy agreed at IGC in July and included as part of the FBC submission.	Weak - Yellow	3	3	9	⇨	Treat	Digital safe landing plans being developed. School Nursing Transfer on track. Engagement with service managers. DSG being refreshed in 2021/22.	Matt Gamage	30/04/2021	Infrastructure	1	4	4	Above
C-057	Operational	Matt Gamage	SSO9: Demonstrate effective use of resources	Risk of reduction in annual payments due to factors beyond the control of the ICP.	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 CCG to agree the terms of the contract.	Strong - Green	3	3	9	⇨	Treat	Final business case and contract will require Board Approval. Sensitivity analysis to be undertaken as part of financial case. Review as part of any revised business case.	Matt Gamage	30/04/2021	Sustainability	3	2	6	Above
C-076	Operational	Matt Gamage	SSO9: Demonstrate effective use of resources	Risk of restricted access to investment funds due to other financial pressures.	This will subsequently delay in implementation of clinical strategy, and under-achievement of outcomes.	3	4	12	Re-prioritisation or re-phasing of investments. Use of non-recurrent funds if possible.	Weak - Yellow	3	3	9	⇨	Treat	Progress discussions with NHSEI and NHSD regarding external funding options for IT investment. Review of availaility of emergency PDC is being done at STP level initially.	Matt Gamage	30/04/2021	Sustainability	2	3	6	Above
C-060	Operational	Matt Gamage	SSO9: Demonstrate effective use of resources	Risk of planned efficiencies and benefits not delivered in full due to restricted investment, following the formation of the ICP.	Recurrent cost base erodes contribution margin and restrict investment in service developments.	4	4	16	CIP plans and savings schemes will be monitored through Finance and Performance Committee	Weak - Yellow	3	3	9	⇨	Treat	Savings and effiiciency plans quanitfied as part of the Full Business Case. Benefits Realisation plan to be constructed and monitored on an ongoing basis. Review as part of any revised business case.	Matt Gamage	30/04/2021	Sustainability	1	4	4	Above

STEP 1 - IDENTIFY						STEP 2 - EVALUATE										STEP 3 - PLAN							
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T-033	Strategic	Matt Gamage	SSO9: Demonstrate effective use of resources	Negotiation of terms with supply chain organisations not finalised	Subcontracts not in place. Elements of service cannot be delivered. Contract delayed.	4	4	16	Ensure negotiations with all sub-contractors commence at the same time as main contractual arrangements.	Strong - Green	2	4	8	⇨	Treat	On hold - Regular weekly subcontract discussion meetings Engagement with CCG to support subcontractor understanding of outcomes	Steph Cartwright	30/04/2021	Commercial	1	4	4	Above
C-051	Strategic	Matt Gamage	SSO1: Award of the ICP contract	Risk of ICP failing to attract appropriate income under the payment by outcomes arrrangements.	ICP failing to control its costs and deliver its control total.	3	4	12	Robust operational management with close monitoring of performance KPIs and rapid intervention if required.	Weak - Yellow	2	4	8	⇨	Treat	Negotiate non-recurrent reinvestment of PBO deduction to drive required quality improvements.	Matt Gamage	30/04/2021	Sustainability	2	2	4	Above
C-053	Strategic	Matt Gamage	SSO9: Demonstrate effective use of resources	Risk of cash not being received on a timely basis, leading to ICP cash shortfall.	Cash shortfalls will have a significant impact on the organisations paying its liabilities on time, in particular salaries and sub-contractors	3	4	12	Robust working capital management. £3.4m loan agreed with BCH. The Trust has appointed an interim financial controller and debtors will be chased up by Shared Business Services as part of the financial services contract.	Strong - Green	2	3	6	⇨	Treat	Ensure contract agreement with CCG has appropriate dates for payments to be received by DIHC. Contracts payments received on a timely basis and has sufficent cash to cover liabilities as they fall due.	Matt Gamage	30/04/2021	Sustainability	1	4	4	Above
C-063	Operational	Matt Gamage	SSO9: Demonstrate effective use of resources	Risk of financial overspend due to insufficient financial controls. This may result in unauthorised over spend, loss of financial control inability to meet the control total and impact on service delivery.	Loss of financial control and failure to meet control total. Impact on service delivery.	3	4	12	Robust financial control environment, with regularly reviewed procedures. SFIs, SoRD and SOs agreed at Board & reviewed at A&R Committee. Monthly SLA meetings established with BCH. Internal Audit Report on Financial Controls gave substantial assurance in March 2021.	Weak - Yellow	2	4	8	⇨	Treat	Interim Financial Controller review of financial policies and procedures ongoing and creation of internal procedure notes. Payroll Reconciliation Process is being strengthened.	Matt Gamage	30/04/2021	Sustainability	1	4	4	Above
T-047	Strategic	Steph Cartwright	SSO2: Integrate and develop existing services	Failure to engage and communicate with patients, staff and the public on ICP mobilisation and developments for the changes to existing service and models for new services in Dudley.	Resistance to proposals and change. Benefits of ICP not delivered and publics do not utilise the new services fully as not aware of them.	5	4	20	Clear communications and engagement group. Utilise existing channels e.g. Healthcare Forum, PPGs to share the developments. Work is ongoing through COVID with regular public engagement taking place. Referesh of the Communications and Engagement Strategy	Strong - Green	2	4	8	⇨	Treat	Fully utilise the DIHC website and social media to keep the public engaged. Continue work on public engagement through COVID by using virtual mechanisms. Ensure public involved and co-create details of new service models and fully informed stakeholders and community via the development of the dedicated new web-site and focused communication activities. Refresh the Communications and Engagement Strategy for DIHC.	Claire Austin	30/04/2021	Reputational	1	4	4	Above
C-031	Operational	Matt Gamage	SSO9: Demonstrate effective use of resources	Risk of contract financial envelope less than the cost of providing the services.	This may result in the ICP starting its first trading year with a financial deficit and limited ability to hit the control total and restrict investment opportunities.	5	4	20	Due diligence has been undertaken on the services transferring to DIHC to ensure costs of services are robust. Financial model for DIHC will need to signed off by the Board. Financial monitoring to be reported to F,P&D committee.	Strong - Green	2	3	6	⇨	Treat	Financial model in business case demonstrates financial sustainability for DIHC. Sensitivity analysis to be undertaken as part of financial case. Agree risk share arrangements with CCG and relevant partners as part of contract arrangements.	Matt Gamage	30/04/2021	Sustainability	2	2	4	Above

STEP 1 - IDENTIFY						STEP 2 - EVALUATE										STEP 3 - PLAN						
Ref	Risk Category/type	Accountable Director (Risk Sponsor)	Strategic Objective	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	Responsibility of	Action Deadline	Domain	Target Risk Rating			Above or Below Tolerance
				RISK OF:	IMPACT/CONSEQUENCES	(L)ikelihood Score	(I)mpact Score	Risk Rating (L x I)			(L)ikelihood Score	(I)mpact Score	Risk Rating						(L)ikelihood	(I)mpact Score	Risk Rating (L x I)	
C-088	Strategic	Matt Gamage	SSO4: Define the organisation required from 1st April 2021	Risk to the health care estates function of the ICP due to: - insufficient capital funding available to make necessary premises investments, as the ICP will have 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 ICP clinical model in each locality	ICP not able to secure the premises to provide the desired clinical care model.	2	4	8	Local Delivery plan process is designed to identify service estate needs, gaps in the current estate and prioritised options to address these gaps. Integration of requirements into CCG-led primary care premises developments offers a potential route to ETTF and other NHS capital, as well as Local Authority funding sources and potential third party development.	Weak - Yellow	2	3	6	⇨	Treat	Estates strategy approved in August 2020; plans being developed to consider current and future estates requirements in line with strategy	Matt Gamage	30/04/2021	Infrastructure	2	2	4	Above
C-104	Operational	Paul Assinder	SSO7: Maintain effective contribution to system response to Covid-19	Risk of legal action as a result of decisions made in response to COVID-19	Potential financial penalties and/or adverse media attention	3	3	9	Decisions log being maintained regarding key COVID-related decisions Decisions log entries aligned with CCG process to ensure all relevant information is captured	Strong - Green	2	2	4	⇨	Treat	Reiterate to the exec team the need to discuss and capture key decisions Update decisions log on a regular basis robust approval process for incremental expansion	Jim Young	30/04/2021	Reputational	2	3	6	Above
C-046	Strategic	Bev Edgar	SSO3: Safe transfer of services on 1st April 2021	Risk of failure to identify and manage cultural differences between organisations coming together in ICP and as a result causes continuation of siloed working in different sectors.	This will result in benefits of ICP not realised/delivered	5	4	20	Funding for a learning culture programme in partnership with BCH.	Weak - Yellow	2	3	6	⇨	Treat	Develop clinical leadership programme and support for frontline staff and utilise the engagement opportunities the development of the ICT/PCN offers and create a clear OD Development Plan.	Bev Edgar	30/04/2021	Quality	1	4	4	Above

Dudley Integrated Health and Care NHS Trust
Corporate Risk Register
DIHC Public Board
Appendix 2 Risks BELOW Tolerance

NHS
Dudley Integrated Health and Care
NHS Trust

STEP 1 - IDENTIFY						STEP 2 - EVALUATE										STEP 3 - PLAN							
Ref	Risk Category/type	Accountable Director (Risk Sponsor)	Strategic Objective	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	Responsibility of	Action Deadline	Domain	Target Risk Rating			Above or Below Tolerance
				RISK OF:	IMPACT/CONSEQUENCES	(L)ikelihood Score	(I)mpact Score	Risk Rating (L x I)			(L)ikelihood Score	(I)mpact Score	Risk Rating						(L)ikelihood	(I)mpact Score	Risk Rating (L x I)	
C-101	Operational	Steph Cartwright	SSO7: Maintain effective contribution to system response to Covid-19	Risk of COVID-19 affecting staff	Impact on delivery on services and/or management of ICP	4	5	20	DIHC senior management team involved in BCH, Dudley system and Black Country COVID-19 meetings, which include a review of workforce arrangements. Remote home working implemented wherever possible; PPE provision for Red Centre staff above minimum specification for higher risk patients such as children. Weekly meetings held with Red Centre staff and management. Daily operations calls with Senior Management Team where required.	Strong - Green	3	4	12	⇨	Treat	Review and update the Business Continuity Plans. Review workload of Red Centre and identify any improvements to clinical practice required. Clear messaging to be provided to staff including learning from review of internal incidents Identify plan for staff vaccinations	Caroline Brunt	30/04/2021	Workforce	3	4	12	Below
C-084	Operational	Steph Cartwright	SSO8: Establish the Trust as a key clinical and system partner	Risk of uncoordinated care delivered to the population by various service providers and patient access points, due to clinicians unwilling to change practices	This will result in creating inefficiencies and reduced ability to create the opportunity and effective care delivery to the population, subsequently leading to the Inability for ICP to deliver consistent and robust clinical care model.	3	4	12	Clinical Strategy Board (CSB)in place to provide assurance. This will be underpinned by Integrated Care Pathways and improved care planning for those at greatest risk.	Strong - Green	2	3	6	⇨	Treat	Clarify and confirm partner participation in future CSB and Clinical Advisory Group meetings	Steph Cartwright	30/04/2021	Quality	2	4	8	Below
C-082	Operational	Steph Cartwright	SSO5: Establish robust governance arrangements	Risk to the continuity of business due to not fully formed and robust business continuity plans.	This will have an impact and possible causing an effect on provision of patient care.	1	4	4	Planned activities for the development of DIHC Support for business continuity / emergency preparedness secured via the BCH SLA - EPRR and business continuity training completed in November	Strong - Green	1	4	4	⇨	Tolerate	Training schedule to be agreed with BCH; business continuity plan session scheduled for 10/12/20 Business continuity plans being actively reviewed and revised alongside relevant policies	Steph Cartwright	30/04/2021	Safety	1	4	4	Below
T-037	Operational	Bev Edgar	SSO3: Safe transfer of services on 1st April 2021	Risk of delay/protracted HR consultation periods and risk of delay resulting from any Trade Union disputes	This will impact the timetable for service/contract commencement not viable	3	4	12	Engage early with the Unions and Staff side through the Workforce Development Group and engage in 'what matters to staff' prior to TUPE discussions and understand the current workforce pressures and challenges.	Strong - Green	1	4	4	⇨	Treat	Continue to engage with relevant partners. Staff side are regular attendees at monthly HR collaborative	Bev Edgar	30/04/2021	Workforce	1	4	4	Below

STEP 1 - IDENTIFY						STEP 2 - EVALUATE										STEP 3 - PLAN							
Ref	Risk Category/type	Accountable Director (Risk Sponsor)	Strategic Objective	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	Responsibility of	Action Deadline	Domain	Target Risk Rating			Above or Below Tolerancce
				RISK OF:	IMPACT/CONSEQUENCES	(L)ikelihood Score	(I)mpact Score	Risk Rating (L x I)			(L)ikelihood Score	(I)mpact Score	Risk Rating						(L)ikelihood	(I)mpact Score	Risk Rating (L x I)	
T-045	Strategic	Steph Cartwright	SSO4: Define the organisation required from 1st April 2021	Risk of occupation/lease agreements for required premises are not in place by contract start date. There is a Lack of clarity around responsibilities and costs - potential delay in contract start.	This will impact in seeking clarity around responsibilities and costs – potential delay in contract start	3	4	12	The space required for the 1st April services has been identified. The BTA with BCP includes provision of required spaces in their premises. In respect of NHSPS premises all Dudley tenants are undocumented and the ICP is part of a health economy-wide process for lease regularisation.	Weak - Yellow	2	2	4	⇨	Tolerate	Ensure space continues to be identified for the 1st April transfer and that the regularisation process completes prior to 31st March 2021	Phil Cowley	30/04/2021	Infrastructure	2	2	4	Below
C-108	Operational	Chris Weiner	SSO9: Demonstrate effective use of resources	There is a risk that EU Exit disrupts the supply chain of goods, services or people required by the Trust to deliver its clinical services	This disruption adversely affects the quality of services provided by DIHC	1	4	4	Routine management of supply shortages of medicines already in place and managed through the pharmacy team	Strong - Green	1	4	4	New	Tolerate	Situation will be kept under review with a particular focus on the point in time when DIHC expands its service provision following agreement with NHSE/I and the CCG	Chris Weiner	30/04/2021	Quality	1	4	4	Below

Enclosure 6

Dudley Integrated Health and Care NHS Trust

Quality & Safety Report

Reporting period: February 2021

Reporting to: March 2021 Quality & Safety Committee

Reported by: Caroline Brunt, Director of Nursing, Quality & AHPs
Jim Young, Head of Quality & Governance

Summary

Data / Quality Indicators

- One unexplained death has been reported – this is the first one reported by DIHC
- Two formal complaints reported in month

Other

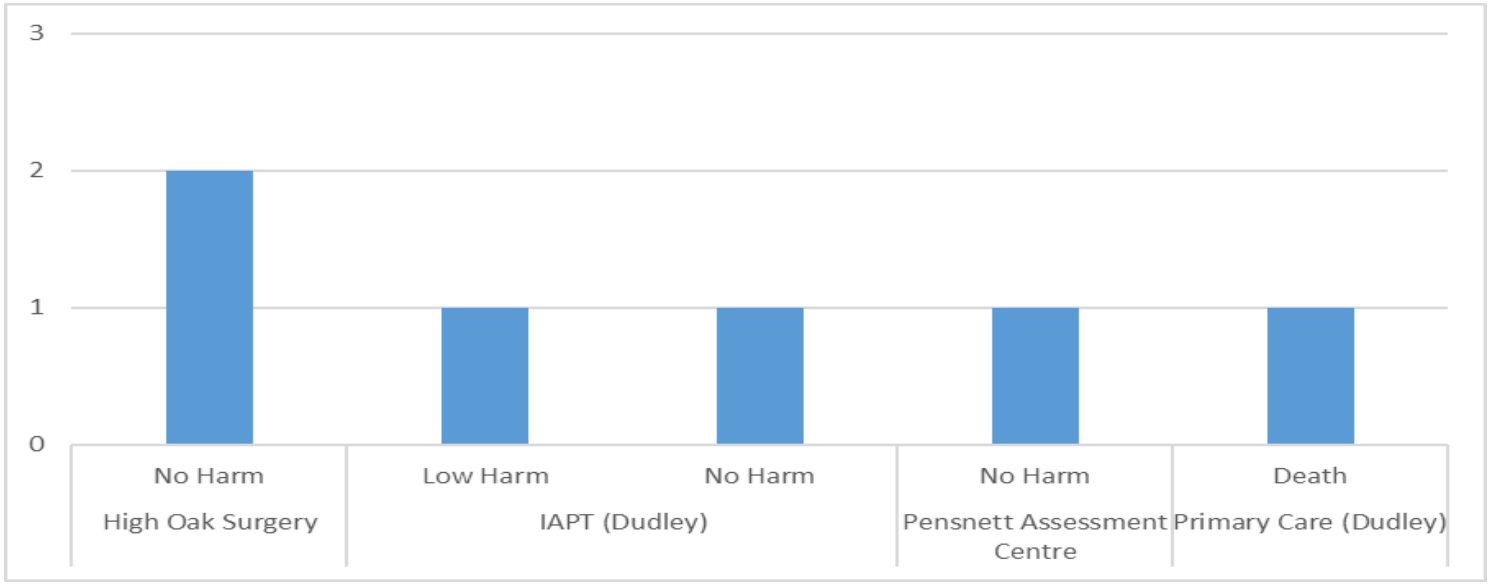
- Staff Covid vaccination uptake continues to increase
- Progress continues to be made with regards to safeguarding information

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; the unexpected death reported in month is currently under investigation.
- Based on the quality indicator data currently available there do not appear to be any concerns with regards to emerging trends; this assurance will be improved by the development of appropriate statistical analysis over time.
- **There are no issues or concerns requiring escalation to the Board.**

INCIDENTS - reported during February 2021

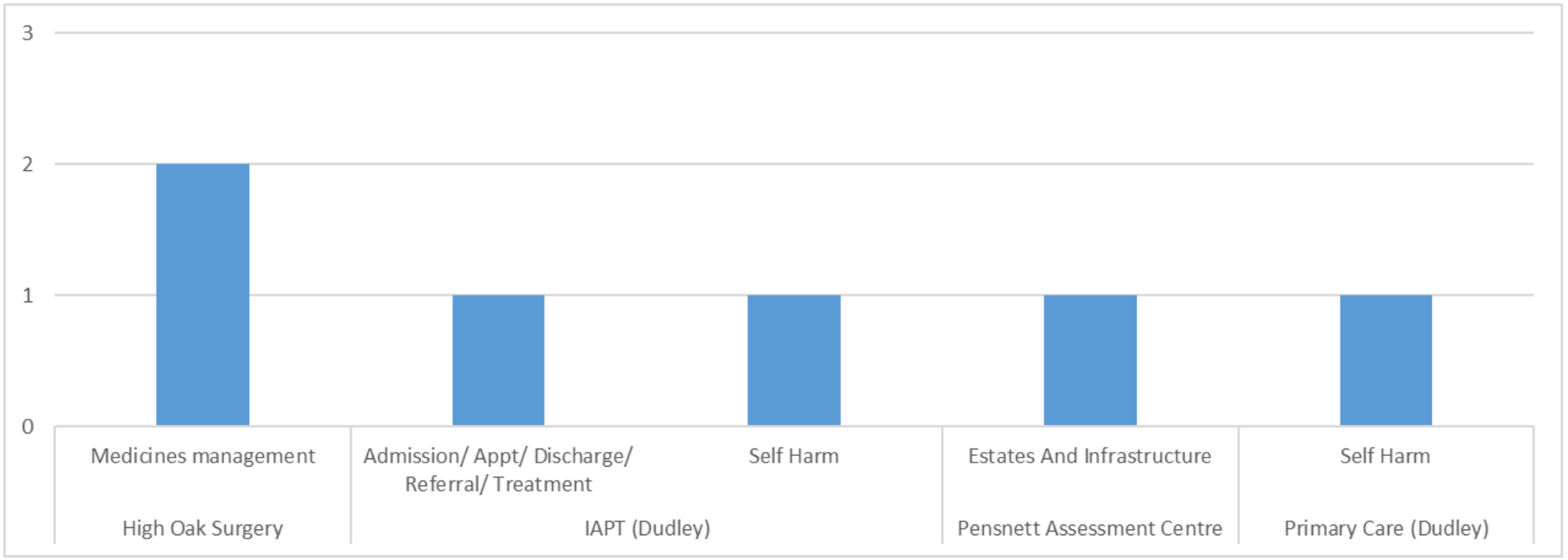
Reported by Service and Impact



- 6 incidents reported this month; including an unexpected death – this is currently being investigated involving all relevant partner organisations and a table-top review has been undertaken and full details together with learning will be reported in due course.
- The low harm incident relates to an attempted overdose – this is being investigated further.

INCIDENTS - reported during February 2021

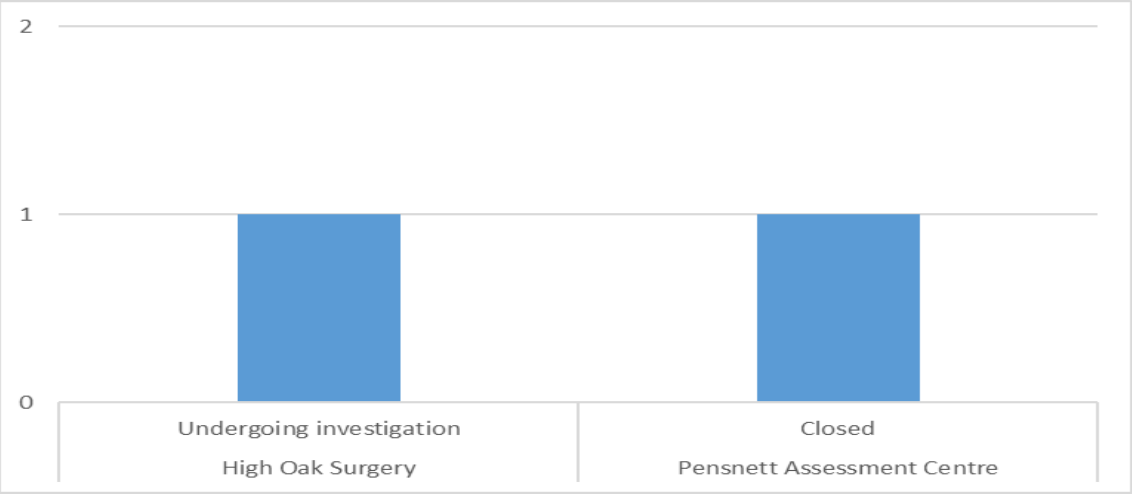
Reported by Service and Cause



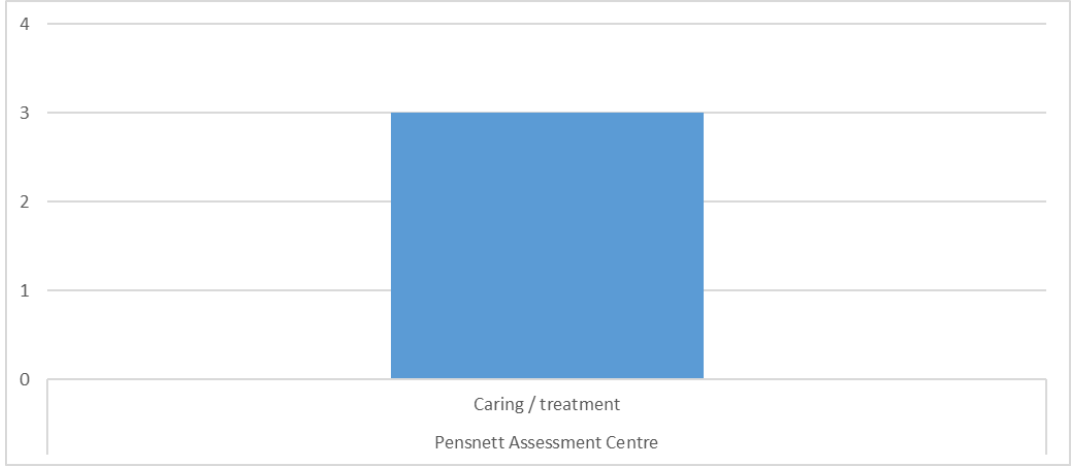
- The two medicines management incidents are currently being reviewed with the practice to identify any opportunities for learning

SERVICE USER FEEDBACK – reported during February 2021

Reported by service and type - complaints



Reported by service and type - compliments



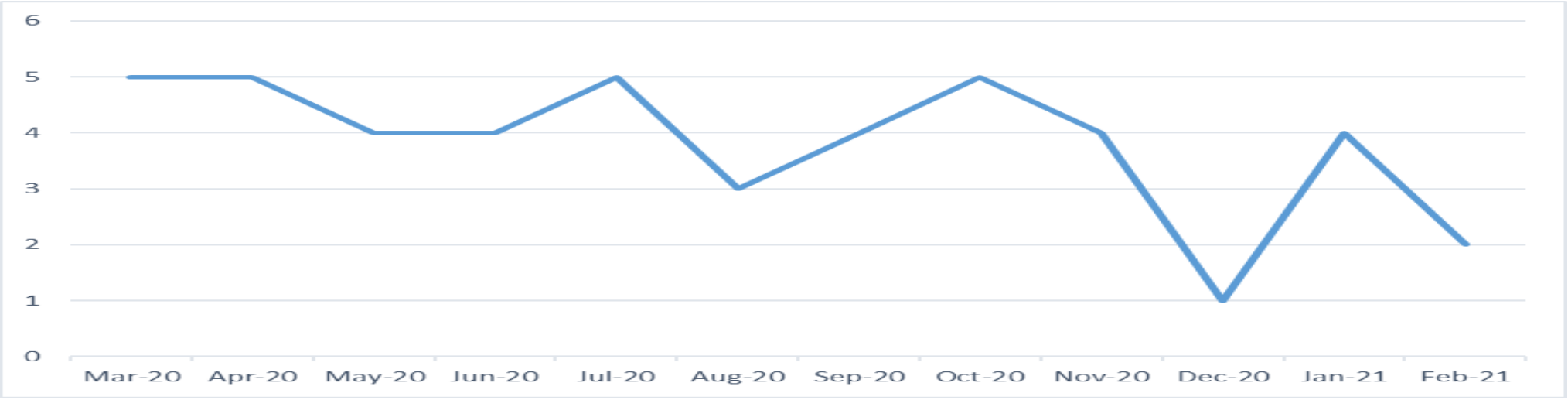
- No informal concerns reported during this period
- Two formal complaint have been received – one relates to a perceived delay in referring a patient to ophthalmology and is currently being investigated; the other was received via the ICO and relates to a result being sent to the wrong patient which has now been closed
- Three compliments received by the Pensnett Assessment Centre – all relate to the care shown by the staff whilst the patients were being assessed

SERVICE USER FEEDBACK – open complaints & rolling 12 months

Total open complaints

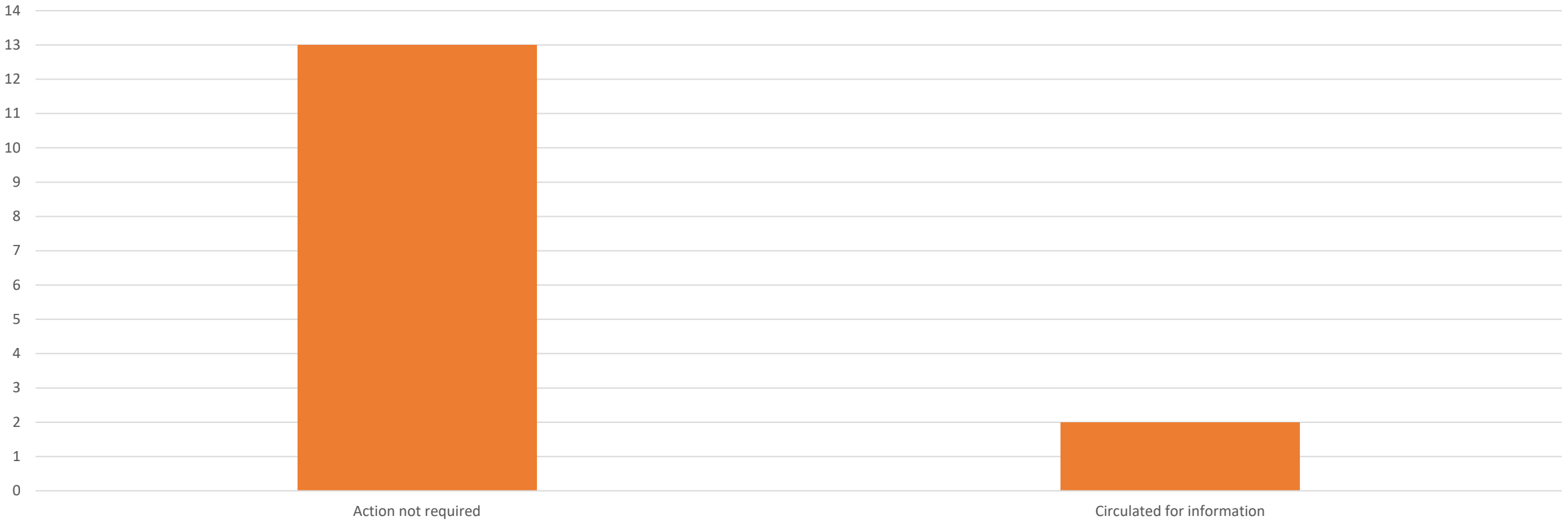
One new complaint reported this month which remains open; previous High Oak complaint now closed and complainant responded to

Complaints / concerns – rolling 12 months



- There are no obvious trends emerging from the 12 month rolling dataset

CAS SAFETY ALERTS – reported during February 2021



- 15 alerts have been reported this month; all relevant actions have been taken
- There are no alerts with any outstanding actions
- The Datix safety alert module has now been purchased and is currently being implemented

SAFEGUARDING

- Following discussions regarding the Safeguarding SLA the following significant progress has been made with regards to safeguarding assurance relating to IAPT and PC MH:
  - **Dashboards**: both data and supporting narrative reported routinely to committee, there are no concerns to escalate.
  - **Supervision**: to support the robust supervision processes/cycles in place for the mental health teams the safeguarding team will be invited to the monthly team meetings - this will ensure proactive local safeguarding updates are provided with a focus on specific safeguarding cases as determined by the team or the safeguarding team.

WORKFORCE - Vaccinations

- Covid vaccinations uptake has increased
- Latest uptake data (as of 04/03/2021):

Flu	Total staff	Number vaccinated	% vaccinated
Patient facing	158	110	70%
Non-patient facing	54	50	93%
TOTAL	212	160	75%

COVID-19	Total staff	Number vaccinated	% vaccinated
Patient facing	158	118	75%
Non-patient facing	51	53	96%
TOTAL	211	169	80%

- See also service-level assurance report summary
- Further workforce information will be provided and discussed at the People Committee

INFECTION PREVENTION & CONTROL

- Flu vaccination programme at High Oak - latest uptake data (as of 04/03/2021):

Age group	Total Population Per Age Group	Total Vaccinated	% Status Vaccinated in Practice	% of patients that have been given vaccine (in-house or elsewhere) or declined
Over 65 Years Old	624	446	71%	96%
50 years - 64 years At Risk	303	147	48.5%	80.5%
18 years - <50 years At Risk	452	146	32%	59%
12 years - <18 years At Risk	20	6	30%	45%
2yrs - < 4 years Old (Nasal)	191	62	32%	49%
Pregnant Patients - in other at risk group	7	31	51%	69%
Pregnant Patients - NOT in another risk group	54			

- See also service-level assurance report summary

INFECTION PREVENTION & CONTROL

- Covid vaccination programme at High Oak continues including the newer cohorts; latest uptake data (as of 04/03/2021):

Age group	Total Population Per Age Group	Total Vaccinated FIRST DOSE	Total Vaccinated SECOND DOSE	Total patients declined
Over 80	201	109	72	8
75 - 80	108	94	0	2
70 - 75	353	269	2	11
65 - 75	131	95	2	0
55 - 65	140	14	3	1
50 - 55	168	24	0	0

- See also service-level assurance report summary

HEALTH & SAFETY

- No specific issues or concerns identified

Enclosure 7

Dudley Integrated Health and Care NHS Trust

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: **Quality & Safety Committee**

Date of meeting: 16th March 2021 (via Microsoft Teams)

Presented By: Valerie Little, Non-Executive Director

Significant risks/issues for escalation	None identified
Key issues/matters discussed at the Committee	• The committee was quorate • The developing quality report was discussed and assurance gained recognising that we continue to be reliant on manual data collection while automation is being explored and progressed; • There was recognition that monthly service level reporting needs to be progressed and a programme of quarterly reporting is to be developed; • Based on the quality indicator data available to Q&S Committee there were no concerns regarding the quality of services currently provided by the Trust; • One unexplained death was reported during the reporting period. An appropriate investigation is underway and will be reported in line with Trust processes; • Two complaints had been received and investigations are being conducted; • Safeguarding performance data for January & February 2021, for the IAPT & Primary Care Mental Health services, has improved in its comprehensiveness and timeliness. In addition proactive safeguarding alongside a reactive provision has been agreed for the teams; • DIHC staff flu & Covid vaccination programme was discussed and assurance gained that there were increasing numbers of staff vaccinated. There continues to be a disparity in the uptake of vaccination amongst patient facing staff and non-patient facing staff for both vaccines. Encouragement and support to staff is being progressed and addressed through 1:1 conversations with particularly attention to health coaching. At the time of Committee reporting the data was: - Staff flu vaccination levels at 70% for patient facing vs. 93% for non-patient facing staff. The overall Trust reported position at Committee was 75% therefore meeting the national target; - Covid at 75% for patient facing vs. 96% for non-patient facing staff The overall position at Committee is therefore 80%; • Patient vaccination rates within High Oak practice were discussed and assurance gained. Comparative practice data was shared that demonstrates the achievement of a positive vaccination rate.

	Clinical Governance systems: • An updated progress report was provided to Committee on the governance developments (Implementation of Datix, Integrated Assurance Framework, Policy development & clinical audit) and assurance gained; • A verbal update and assurance was given regarding the transfer of Shropshire School Nursing Services and the Future Proof Health into DIHC on April 1st 21 and ensuring a 'Clinical Governance safe landing' and assurance gained; • Quality Priorities for 2020/21 and proposed for 2021/22 were discussed, agreed and assurance gained; • The approach to any future 'Deep Dives' and its key principles were discussed and assurance gained; • Embedding Lessons Learnt Terms of Reference were received and assurance gained; • The Committee received and approved a proposed Safeguarding Policy and Safeguarding Strategy; • The Committee received information and assurance about two proposals. The Committee were very encouraged, enthusiastic and supportive of both proposals; - Research & Innovation; supporting the intention to provide research and development through the Academic Health Science Networks; - The introduction of the Turbu+ inhaler into the Dudley prescribing community. **Board Assurance Framework & Risk Register:** • The Board Assurance Framework and Risk Register were reviewed and approved with associated discussions regarding scores, mitigation, controls, assurances and actions; • The risk register review and reflection required no further changes.
Decisions 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

Enclosure 8

Dudley Integrated Health and Care NHS Trust

Workforce Performance Report
February 2021

Reported at: March 2021 People Committee

Reported by: Bev Edgar, Interim Director of People

Workforce Highlight

Executive Lead: Bev Edgar, Interim Director of People
Non-Executive Director Lead and Chair of People Committee: Martin Evans

Summary

- Flu Vaccine compliance for frontline staff was reported at 69%with the Covid-Vaccination being reported to committee as 169 out of 218 eligible staff having received it (reported at 5th March 2021)
- The committee received an updated on the School Nurses TUPE, Future Proof Health TUPE transfer, Occupational Health provision and payroll partnership agreement

Key Areas of Success

- Completion of consultation process for Shropshire School nurses on 3rd March 2021 and completion of one to one consultations with Futureproof health
- Appraisal documentation reviewed and distributed to manager for implementation
- Risk Assessment requirements re circulated to all managers and staff
- NHS Jobs site established for recruitment

Key Areas of Concern

- Resources continue to be an issue for the delivery of the ambitious HR and OD work plan, although recruitment in place for FTC positions and bank replacement for Sarah Kite
- Manual input of data into ESR following TUPE transfers and the ongoing data cleansing exercise
- The development of the Service Level Agreement post May 2021 (recognising the three month run on) needs to be finalised in order to develop an in-house team (following Finance Services model) or detailed SLA negotiated

Focus for Next Committee

- Continued focus on the development of Workforce reporting supported by KPIs

Workforce Dashboard

Staff in Post													
	Target	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Funded Establishment			63.41	63.41	63.41	63.41	63.41	63.41	-	-			202.26
Staff in Post FTE (Contracted)			54.95	54.95	55.95	55.95	56.95	56.95	116.84	125.04	148.62	166.51	171.54
WTE Variance			8.46	8.46	7.46	7.46	6.46	6.46					30.72
Vacancy %	10.0%		13.34%	13.34%	11.76%	11.76%	10.19%	10.19%					15.19%
Headcount			61	61	62	62	63	63	148	155	183	205	209
Starters			1.27	0.00	1.00	0.00	1.00	0.00	64.25	6.68	25.28	16.76	5.67
Leavers			1.62	0.00	0.00	0.00	0.00	0.00	1.00	0.00	1.00	0.00	0.00
Turnover % (12 Months)	10-13%		11.48%	9.82%	9.66%	10.20%	9.50%	10.09%	7.25%	6.29%	7.48%	6.66%	6.44%
Turnover % (in Month)	0.8-1.1%		2.97%	0.00%	0.00%	0.00%	0.00%	0.00%	1.30%	0.00%	0.73%	0.00%	0.00%

Notes:

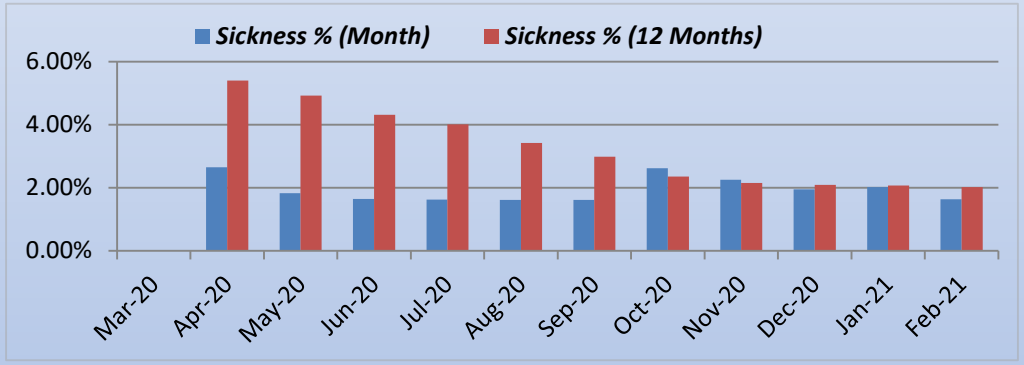
Funded establishment received from Finance, includes seconded and non exec posts.
Staff in post (WTE) including the below is 182.74 WTE therefore the vacancy is 9.6%
Seconded posts - 5 WTE
Non Exec posts – 6.2 WTE

<u>Current Advertised Vacancies:</u>

HCA – High Oak Surgery, offer made
Salaried GP – High Oak Surgery, advertising stage
People Manager – application under process
Deputy Director of Finance – advertising stage
Primary Care Mental Health Nurse – advertising stage

Absence Management

Absence	Target	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Sickness % (Month)	4.68%		2.65%	1.83%	1.65%	1.63%	1.62%	1.62%	2.62%	2.26%	1.95%	2.02%	1.64%
Sickness % (12 Months)	4.68%		5.40%	4.93%	4.32%	4.01%	3.43%	2.99%	2.36%	2.16%	2.10%	2.07%	2.02%
Long Term Sickness % (12 Months)			74.82%	76.68%	77.31%	76.81%	77.84%	77.84%	69.37%	62.96%	100.00%	66.34%	78.05%
Maternity % (Month)			4.85%	4.87%	4.94%	3.11%	3.10%	3.75%	2.46%	2.34%	1.39%	1.18%	1.13%



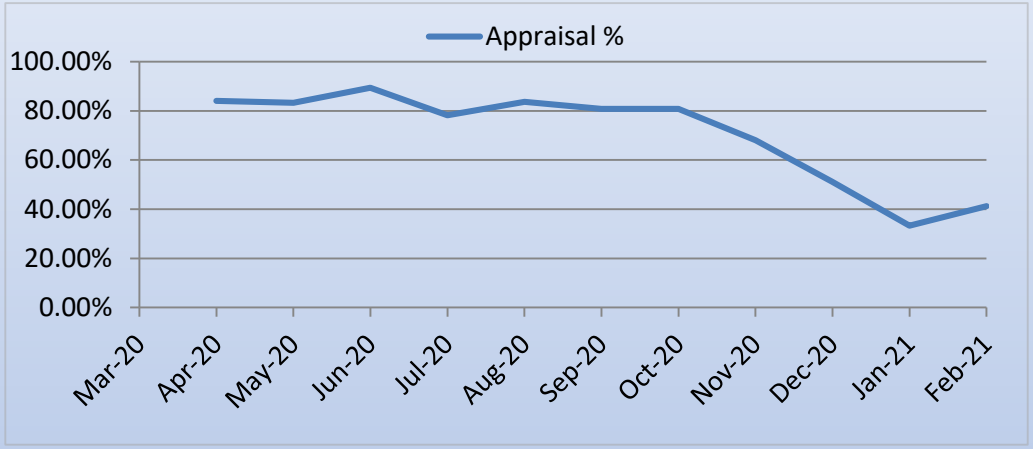
Notes:

Current Absence reporting highlights 2 employees being actively managed for long term sickness absence.

6 people recorded sickness absence in the month of February

Appraisal

	Target	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Appraisal %	85%		84.09%	83.33%	89.47%	78.18%	83.72%	80.85%	80.85%	68.09%	51.11%	33.33%	41.30%



Notes:

- Appraisal completion is at 41.3% which is almost an 8% increase on last month's report. There has been a lot of activity over the last 3 weeks with appraisals being planned in order to meet the end of April deadline of 85% compliance, further support needed to ensure that this data is entered onto ESR.
- IAPT and Primary Care teams and High Oak continue to have high compliance, CHC and Pharmacy teams are significantly below the compliance % but are booked in for completion by end April.

Risk Assessment

The data for Risk Assessments is obtained from 2 sources, ESR and the COVID inbox. BCH are removing the option to send the risk assessments to the COVID inbox at the end of this month and so all staff will have to upload risk assessments to ESR.

Figures show that 178 staff have completed the COVID Risk Assessment and recorded it on ESR/COVID inbox and are up to date.

This gives a compliance of 85.16%. Which is an 8% increase on last month.

Mandatory Training Compliance

	Overall Compliance			
Competence	Total	Compliant	Non Compliant	% Compliant
NHS|CSTF|Dementia awareness - No Specified Renewal|	56	53	3	94.64%
NHS|CSTF|Equality, Diversity and Human Rights - 3 Years|	219	173	46	79.00%
NHS|CSTF|Fire Safety - 1 Year|	215	159	56	73.95%
NHS|CSTF|Health, Safety and Welfare - 3 Years|	215	162	53	75.35%
NHS|CSTF|Infection Prevention and Control - Level 1 - 3 Years|	172	97	75	56.40%
NHS|CSTF|Infection Prevention and Control - Level 2 - 1 Year|	59	47	12	79.66%
NHS|CSTF|Information Governance and Data Security - 1 Year|	215	150	65	69.77%
NHS|CSTF|Moving and Handling - Level 1 - 3 Years|	215	139	76	64.65%
NHS|CSTF|NHS Conflict Resolution (England) - 3 Years|	87	58	29	66.67%
NHS|CSTF|Preventing Radicalisation - Prevent Awareness - 3 Years|	57	49	8	85.96%
NHS|CSTF|Resuscitation - Level 2 - Adult Basic Life Support - 2 Years|	27	24	3	88.89%
NHS|CSTF|Safeguarding Adults (Version 2) - Level 1 - 3 Years|	36	31	5	86.11%
NHS|CSTF|Safeguarding Adults (Version 2) - Level 2 - 3 Years|	61	58	3	95.08%
NHS|MAND|Clinical Risk Assessment - 3 Years|	40	21	19	52.50%
NHS|MAND|Domestic Violence and Abuse - 3 years|	23	20	3	86.96%
NHS|MAND|Medicines Management Awareness - 3 Years|	18	12	6	66.67%
NHS|MAND|Mental Capacity Act - 3 Years|	33	18	15	54.55%
NHS|MAND|Mental Health Act - 3 Years|	22	10	12	45.45%
NHS|MAND|Safeguarding Adults Level 3 - 1 Year|	25	20	5	80.00%
NHS|MAND|Safeguarding Children Level 1 - 3 Years|	28	26	2	92.86%
NHS|MAND|Safeguarding Children Level 2 - 3 Years|	62	57	5	91.94%
NHS|MAND|Safeguarding Children Level 3 - 1 Year|	24	21	3	87.50%
Totals	**1,909**	**1,405**	**504**	**73.60%**

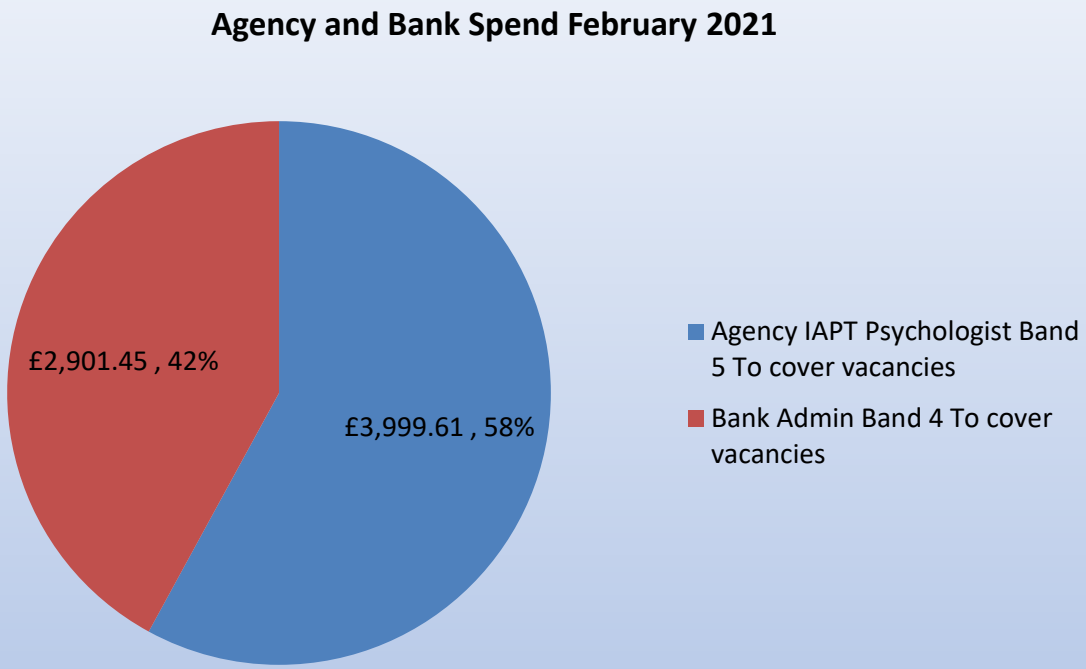
Notes:

Training data has been taken from ESR records and Blue Stream records and combined into one report.

Mental Health Act Training take up from BCH records 3 employee's having attended

Training compliance for those PCMH and IAPT teams whose records are held on ESR is at 85.07% an improvement from the 83.48% reported last month.

Agency Spend



In the sixth month of reporting Agency and Bank spend, while in February there has been an increased spend in relation to administrative support, the costs relating to Psychologist cover remains stable.

Flu and Covid-19 Vaccination Compliance – as at 8th March 2021

Flu Vaccine – Patient Facing

	Vaccinated	% Compliance
IAPS	30	77%
PCMH	22	85%
CHC	13	76%
High Oak	9	64%
PCN	26	54%
Pharmacy	10	63%
		69%

COVID Vaccine – Patient Facing

	Vaccinated	% Compliance
IAPS	34	85%
PCMH	23	88%
CHC	11	65%
High Oak	8	73%
PCN	29	60%
Pharmacy	13	81%
		75%

Flu Vaccine – Non Patient Facing

	Vaccinated	% Compliance
Nursing Directorate	5	83%
Operations Directorate	34	97%
Contracts Management	4	100%
Communications	2	67%
Bank – Admin	2	67%
CHC - Non Patient Facing	3	100%
		93%

COVID Vaccine – Non Patient Facing

	Vaccinated	% Compliance
Nursing Directorate	6	100%
Operations Directorate	35	100%
Contracts Management	3	100%
Communications	1	33%
Bank - Admin	3	100%
CHC - Non Patient Facing	3	100%
	51	**96%**

Total Flu Compliance

	% Compliance
Patient Facing	70%
Non Patient Facing	93%
	75%

Total COVID Compliance

	% Compliance
Patient Facing	75%
Non Patient Facing	96%
	80%

Enclosure 9

Dudley Integrated Health and Care NHS Trust

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: People Committee

Date of meeting: 12th March 2021 (via Microsoft Teams)

Presented By: Martin Evans, Non-Executive Director

Significant risks/issues for escalation	• None identified
Key issues/matters discussed at the Committee	• The committee was quorate • An update was provided on the committee work plan which is being further developed in March and April to reflect the cycle of business, clarity of future development and cultural work. A further update outlining the strategic and operational plans will be provided at the May meeting. • On reviewing KPI data it was noted that there have been improvements in completion levels for both Covid risk assessments and staff appraisals and assurance was provided that we are on course to reach the target set of 100% completion of Covid risk assessments by the end of March 2021 and 85% completion of appraisals by the end of April 2021. • Vacancy levels at an organisational level have now been included within the KPI data but this has not as yet been broken down to team and departmental level – assurance was provided that this will be available for the April meeting. That said, it was recognised that two areas carrying significant vacancies were the IAPT team (25%) and CHC team (28%) this being at a time when demand for mental health services is expected to increase significantly. Assurance was provided that the Executive team are aware of this current challenge and are looking to develop a plan to address it. This will be subject to further focus at the next meeting as part of establishing clarity on prioritisation of recruitment to current organisational vacancies. • There was some scrutiny of the vaccination rates, particularly around PCN staff where compliance levels are lower than within other teams. Assurance was provided that appropriate and regular conversations are taking place to encourage more staff to have the vaccines whilst accepting that it was not mandatory. • Assurance was provided that everything is in place to ensure a smooth transfer of school nurses and Future Proof Health staff on 1st April. • An update was provided on the single provider for Occupational Health support that will be in place for all DIHC staff from 1st April. The importance of being able to monitor the quality of this service was discussed and it was agreed that proposals around appropriate assurance measures will be presented to the next meeting.

Decisions made by the Committee	Nil
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	No specific implications identified
Items/Issues for referral to other Committees	• Reviewed and provided assurance of the proposed new Agreement to Payroll Partnership for May 2021 prior to it being further reviewed at the Finance, Performance and Digital committee.

Enclosure 10

Dudley Integrated Health and Care NHS Trust

EDI COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Equality Diversity and Inclusion

Date of meeting: 4th March 2021

Presented By: Bev Edgar

Significant risks/issues for escalation	None
Key issues/matters discussed at the Committee	• The manager's recruitment guidance is now completed including the best practice guidance on Equality and Diversity. Training will also be made available to recruiting managers. • The development of the Stakeholder Community Inclusion panel to provide greater insight into the views of service users and highlight action on key areas such as vaccination hesitancy. Further analysis of data from Public Health will look at virus transmission rates and the need to improve engagement within communities to ensure Dudley is maximising every opportunity to support the vaccination programme. • The work of Grace Namwanje Social Prescriber supported by Dr Richard Bramble was discussed. This work has focussed on engaging in the BAME community with a significant emphasis on the training available to better understand the Migrants Rights to NHS Heath Care. Grace has produced local guidance as part of the Dudley and Netherton PCN and will join the EDIC following her transfer on the 1st April to share in more detail. • The first BAME network was due to meet on the 8th March 2021. • The Anti- Racist training is to be commissioned for all staff • The EDI standards required for reporting were discussed and work with the Company Secretary will begin to ensure all data is appropriately shared
Decisions made by the Committee	• To support the development of the Board Pledge to EDI with appropriate training
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	None
Items/Issues for referral to other Committees	Update at People Committee on the 12th March 2021

Enclosure 11

Dudley Integrated Health and Care NHS Trust

Finance and Performance Report

Reporting period: April to February 2021

Reporting to: March 2021 Finance, Performance and Digital Committee

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

Finance and Performance Dashboard

The finance and performance dashboard shows performance against the key financial and performance metrics for Dudley Integrated Health and Care NHS for the period April to February 2021. The dashboard now includes the measures relating to the key indicators from the NHS Oversight Framework.

Indicator	Definition	Scoring criteria				Actual	Score
NHS Oversight Framework		**1**	**2**	**3**	**4**		
Capital Service Cover Rating	Degree to which the provider's generated income covers its financial obligations	>2.5x	1.75-2.5x	1.25-1.75x	<1.25x	0	4
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)	209 Days	1
I&E Margin Rating	I&E surplus or deficit/total revenue	>1%	1-0%	0-(1)%	<(1)%	0.06%	2
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)%	600.00%	1
Agency Rating	Distance from providers cap	<0%	0%-25%	25-50%	>50%	-44.19%	1
Overall Score						2	
Local Finance Indicators		**Green**	**Amber**	**Red**		**RAG**	
Expenditure - Pay	Variance to plan	>0%	(2)-0%	<(2)%		3.4%	
Expenditure - Non Pay	Variance to plan	>0%	(2)-0%	<(2)%		-30.9%	
Income	Variance to plan	>0%	(2)-0%	<(2)%		6.2%	
BPP - no. of payments - NHS	Better Payment Practice Code - Number of payments made on time	>95%	75-95%	<75%		100.0%	
BPP - no. of payments - Non NHS	Better Payment Practice Code - Number of payments made on time	>95%	75-95%	<75%		99.3%	
BPP - value of payments - NHS	Better Payment Practice Code - Value of payments made on time	>95%	75-95%	<75%		100.0%	
BPP - value of payments - Non NHS	Better Payment Practice Code - Value of payments made on time	>95%	75-95%	<75%		99.9%	
Local Performance Indicators		**Green**	**Amber**	**Red**		**RAG**	
IAPT access (in month)	Percentage achievement against target for number of people entering treatment	>100%	80-100%	<80%		60.1%	
IAPT Recovery (in month)	Percentage of people who are moving to recovery of those who have completed treatment in the reporting period	>50%	45-50%	<45%		55.8%	
IAPT Waiting times - 6 weeks	% of patients treated within 6 weeks	>75%	70-75%	<70%		94.6%	
IAPT Waiting times - 18 weeks	% of patients treated within 18 weeks	>95%	90-95%	<90%		97.7%	

Liquidity rating shows that the Trust has enough cash to cover 209 days of operating costs. This is so high partially as a result of the loan funding and partially as a result of holding to cash to pay for inherited liabilities that have not been payable. The truing up process has been concluded and was paid on 1st March 2021.

Capital Service Cover measures the ability to pay for financial obligations such as loan principal and interest repayments. The YTD operating surplus does not cover the principal and interest elements of the loan from Black Country Healthcare NHS Foundation Trust.

I&E margin is positive as a surplus is being reported, despite a break even plan. The break even plan is the reason for the extreme favourable position on the distance from financial plan.

Pay costs are underspending as a result of vacancies within the IAPT and Primary Care Mental Health Services. Non pay costs are overspending as a result of additional support required to complete the full business case and incremental expansion of services to be provided by the Trust.

Income position has improved in January 2021 as a result of additional funding for PCN roles.

Better Payment Practice code was achieved in month 11 for NHS payments and Non NHS payments. Only 1 payment out of 168 payments failed the 30 day target.

IAPT recovery rate and waiting time targets were achieved in February. The access target was not achieved with only 60.1% being achieved in month.

Income and Expenditure Summary

	Annual Budget £'000	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Forecast Variance £'000
Income					
Main Contract Income	(10,091)	(9,043)	(9,159)	117	144
Primary Care Network Income	0	0	(183)	183	217
Other Income	0	0	0	0	0
Total Income	**(10,091)**	**(9,043)**	**(9,343)**	**300**	**361**
Expenditure					
Corporate Services					
Executive Team	773	709	709	(0)	(0)
Chair and Non Execs	189	173	145	27	30
Executive Support	77	70	54	16	17
Finance	196	187	324	(137)	(143)
Contract Management	77	64	61	3	4
Corporate Services SLA	840	770	770	0	0
Capital Charges	110	101	110	(9)	1
Other Corporate	1,175	1,093	2,119	(1,027)	(1,184)
Sub Total Corporate	**3,436**	**3,166**	**4,293**	**(1,127)**	**(1,276)**
Mental Health Services					
Primary Care Mental Health	1,242	1,139	983	156	168
IAPT	1,663	1,525	1,100	425	477
IAPT Physical Health	240	220	90	130	138
IAPT Trainees	0	0	135	(135)	(165)
Sub Total Mental Health Services	**3,145**	**2,884**	**2,308**	**576**	**618**
COVID-19					
Pensnett Assessment Centre	1,063	954	783	171	228
Other	0	0	0	0	0
Sub Total COVID-19	**1,063**	**954**	**783**	**171**	**228**
High Oak Surgery					
High Oak Surgery	387	322	274	48	53
Sub Total High Oak Surgery	**387**	**322**	**274**	**48**	**53**
CCG Transferred Activities					
HR	13	11	0	11	13
Local Improvement Schemes	67	56	56	0	0
Clinical Leads	337	281	276	5	4
Continuing Care & Intermediate Care Team	552	460	435	24	29
Medical Directorate	29	24	42	(17)	(21)
Medicines Management Team	425	354	259	95	100
Nursing Directorate	23	19	16	3	0
Operations	122	102	52	50	50
POD	196	164	150	14	18
Quality and Governance	40	33	36	(3)	(3)
Service Delivery and Performance	256	214	174	39	47
Sub Total CCG Transferred Activities	**2,060**	**1,717**	**1,496**	**221**	**237**
Primary Care Networks					
Primary Care Networks	0	0	183	(183)	(217)
Sub Total Primary Care Networks	**0**	**0**	**183**	**(183)**	**(217)**
Total Expenditure	**10,091**	**9,043**	**9,337**	**(294)**	**(357)**
Surplus / Deficit (-)	**0**	**0**	**6**	**6**	**5**

Income

The annual income budget matches the annual plan for DIHC which was agreed with the STP and reconciles to the NHSI financial templates.

Actual income is £300,000 more than anticipated due to additional growth funding being received for IAPT and increased Primary Care Network funding being received for additional PCN roles funded through the Additional Role Reimbursement Scheme.

Expenditure

In the period April to February 2021 expenditure was £294,000 more than expected. This is as a result of £183,000 additional expenditure on additional roles for Primary Care Networks for which additional income has been received and a £60,000 payment relating to the STP risk share arrangement for quarter 3.

There is a significant overspend against other corporate costs resulting from the additional support required to complete the full business case and incremental expansion of services to be provided by the Trust.

The Trust is reporting an underspend against the IAPT budget of £425,000, an underspend of £130,000 in the IAPT Physical Health budget and a £156,000 underspend in the Primary Care Mental Health budget.

The Pensnett Assessment Centre is currently reporting a year to date underspend of £171,000.

The services which transferred on the 1st October 2020 (High Oak and CCG activities) are forecasting a combined surplus of £290k.

Surplus/Deficit

The Trust is currently reporting a surplus for the period April to February 2021 of £6,000. The forecast assumes that expenditure in the remaining months will be in line with the monthly income received.

Black Country and West Birmingham STP Financial Summary – Month 10

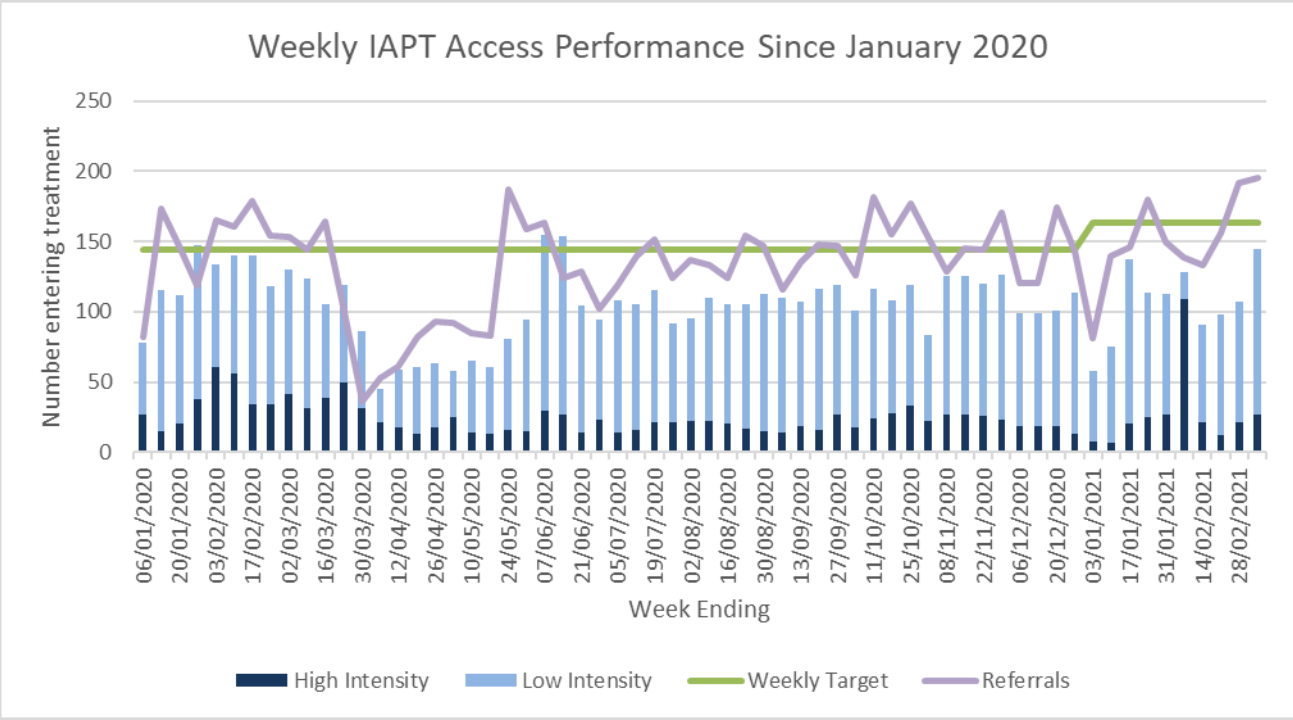
		Adjustments to FOT				
£m to 1dp	FOT as Reported per PFR/Non-ISFE	Retro. Top-up Expected for HDP	Annual Leave Accrual - Allowable Variance	Funding not yet Confirmed for Lost Income	Total Adjs.	FOT Revised
Adjusted Financial Performance Surplus/(Deficit)						
Dudley	(1.8)	1.7			1.7	(0.2)
SWB	(2.5)	2.3			2.3	(0.2)
Walsall	(5.2)	5.0			5.0	(0.2)
Wolverhampton	(0.7)	0.5			0.5	(0.2)
Total CCGs	(10.2)	9.5	-	-	9.5	(0.7)
BCH	(0.9)		0.9		0.9	0.0
DIHC	0.0				-	0.0
DGFT	(2.3)		1.7		1.7	(0.6)
SWBH	(5.3)		4.5		4.5	(0.8)
RWT	(4.5)		2.5	2.0	4.5	-
WHT	(5.3)		2.5	2.3	4.7	(0.6)
WMAS	(2.0)		0.6		0.6	(1.4)
Total Providers	(20.4)	-	12.7	4.3	17.0	(3.4)
Total STP	(30.6)	9.5	12.7	4.3	26.5	(4.1)

The reported month 10 forecast position is a deficit of £30.6m, but this includes:

- £12.7m annual leave accrual movement, which is expected to be an allowable variance to plan;
- £9.5m outside of envelope COVID-19 expenditure for which a retrospective allocation is expected; and
- £4.3m lost income that is expected to be funded, but confirmation is yet to be received, so it has not been assumed to be funded as discussed with NHSE/I.

The deficit after adjusting for the above is £4.1m. A further discussion will be held prior to the reporting of the month 11 position and any further changes to the risk pool adjustment will be agreed and reflected in the forecast.

IAPT Performance



The chart to the left shows the weekly activity information for the number of new people entering treatment. There was a significant reduction in referrals and people entering treatment towards the end of March as a result of the Covid-19 pandemic. Referrals increased significantly towards the end of May resulting in the weekly target being achieved in the first two weeks of June.

Referrals and activity have remained at steady level since July, however they did reduce significantly over the Christmas period.

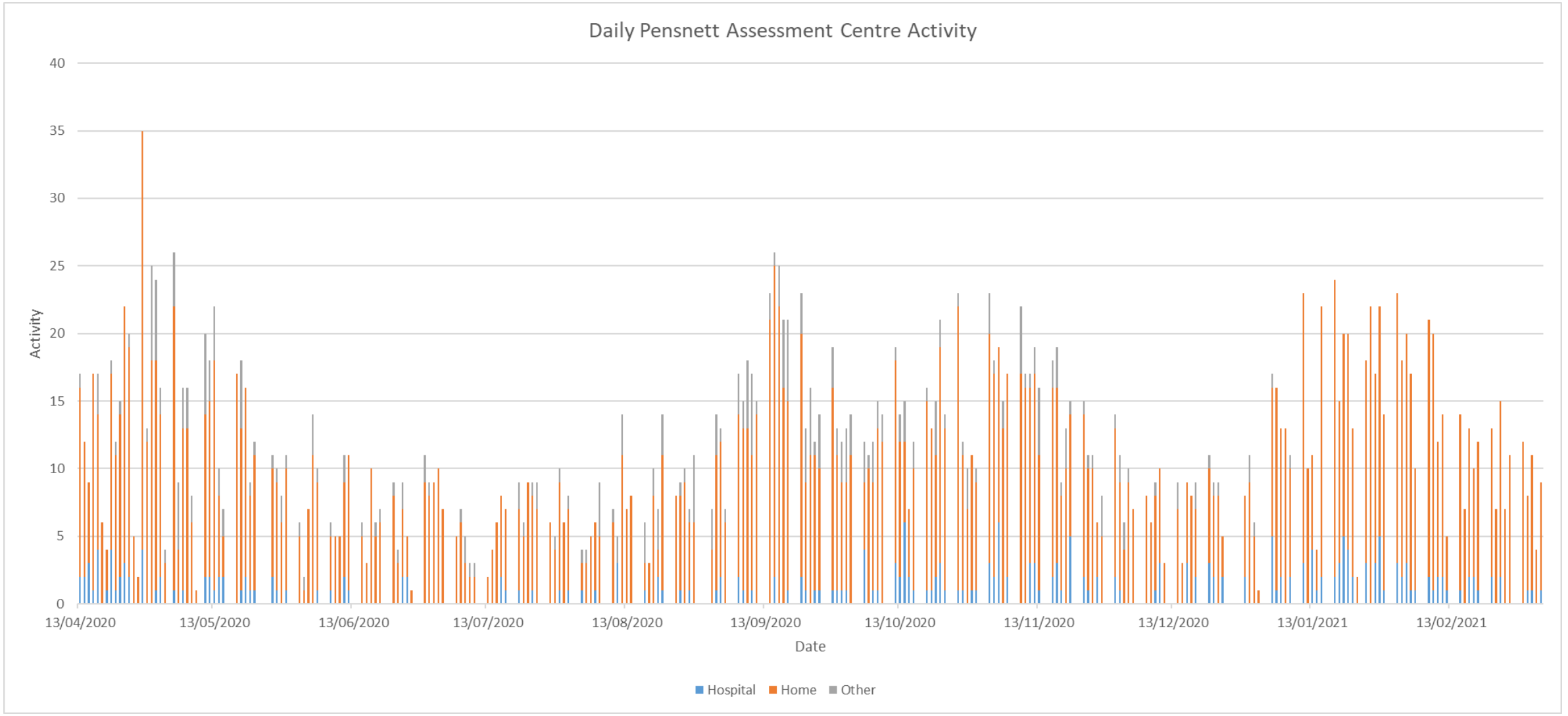
IAPT Metric	Threshold	Actual
No of people entering treatment	709	426
Percentage of people who are moving to recovery of those who have completed treatment in the reporting period	50%	55.8%
% of patients treated within 6 weeks	75%	94.6%
% of patients treated within 18 weeks	95%	97.7%

The table on the bottom left shows that 426 people entered treatment in the month of January. This equates to 60.08% of the monthly target. Please note, that the monthly target has increased in the final quarter of the year.

55.8% of people completing treatment moved to recovery during January 2020.

The waiting time targets for 6 and 18 weeks were both met.

Pensnett Assessment Centre



The above chart shows the daily activity at the Pensnett Assessment centre since April 2020. Activity has been reducing in recent weeks with an average of 9 people per day being seen in the week commencing 3rd March 2021.

Enclosure 12

Dudley Integrated Health and Care NHS Trust

COMMITTEE ASSURANCE REPORT TO THE BOARD

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

Date of meeting: 17th March 2021 (via Microsoft Teams)

Presented by: Ian Buckley, Non-Executive Director

Significant risks/issues for escalation	None identified

Key issues/matters discussed at the Committee	• The committee reviewed the risks allocated to FPD Committee
	  o The committee reviewed the Board Assurance Framework and corporate risks
	  o No changes to risk scores, mitigations or actions were recommended.
	  o The committee noted the Financial Risk Review scheduled for 25th March and will receive the update at the April Committee.
	• The committee received the Finance and Performance report related to the period April 2020 to February 2021
	• The Trust is reporting a surplus position of £6,000 for the year to date position and £6,000 surplus for the forecast position for 2020/21
	• There continues to be vacancies within the IAPT and Primary Care Mental Health Team resulting in an underspend against pay budgets
	• Better Payment Practice Code is being achieved for both NHS and Non NHS payments
	• The 2019/20 'true up' process has been completed and a payment of £1.2m has been paid to BCHFT on the 1st March 2021.
	• The cash position continues to be healthy at £6m and is forecast to be £4.2m by the year end
	• It was noted the access target for IAPT performance of 60.1% was still low but the recovery target was achieved
	• IAPT waiting time targets for both 6 weeks and 8 weeks had been achieved in February 2021.
	• Activity at the Pensnett Assessment Centre has reduced to an average of 9 people per day in the week commencing 3rd March 2021
	• The committee received an update of the STP position for April – January 2021. This showed a forecast deficit position of £4.1m.
	• The committee received the initial draft of the financial plan for 2021/22 prior to a final version of the plan being presented to Board in April 2021.

Decisions made by the Committee	• The Committee were assured by the finance and performance report, the Board Assurance Framework and the initial draft of the financial plan
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	No specific implications identified
Items/Issues for referral to other Committees	None identified

Enclosure 14

Dudley Integrated Health and Care NHS Trust

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: **Transaction Committee**

Date of meeting: 9th March 2021 (via Microsoft Teams)

Significant risks/issues for escalation	None identified
Key issues/matters discussed at the Committee	• The committee reviewed the Board Assurance Framework and the transaction committee risk register. Both will be updated before the next committee meeting in April when there is anticipated to be more clarity on the development of DIHC within the Dudley system. • The committee received an update on ongoing dialogue with NHSI and system partner colleagues and the assurance process which was paused in December 2020. The committee were informed that DIHC executives continue to actively participate in earnest in system discussions to develop plans for integrated care in Dudley, and to agree next steps and development for DIHC. Formal feedback is awaited from NHSI on the business case for the ICP contract award which was submitted to NHSI late last year. The committee agreed the ongoing priorities for DIHC are the delivery of existing services allowing DIHC to flourish, building relationships in the system, to maintain a sustainable organisation and to focus on the development of the Dudley place with system colleagues in line with the recent ICS publication. • The committee noted that the PTIP would need to be refreshed once future transfers of services are confirmed and is likely to be implemented in full from April 2022 onwards. The committee agreed that during 2021/22 a development plan is required to oversee the integration of the latest transfers on 1st April 2021, to embed essential systems and processes and to develop and transform DIHC's existing services. It was agreed that the development plan for 2021/22 would be presented to the committee meeting in April and that the PTIP will be refreshed with the next business case submission. • The committee received an update on the ongoing work of the Joint Mobilisation Group for the ICP contract and were informed that the contract will be completed as far as possible in readiness for a future award. • The committee received an update on the planned transfers of school nursing staff and services from Shropshire Community Healthcare NHS Trust on 1st April 2021. The transfer is progressing well with the transfer agreement and lease arrangements nearing completion. The committee were informed that there are no issues that would affect the transfer of these

	services. Committee members will be kept updated on progress. • The committee received an update on the transfer of PCN staff from FutureProof Healthcare Ltd also due to take place on 1st April 2021. The transfer is progressing well and currently includes 22 members of staff who will join the remaining PCN staff already appointed by DIHC. A Quality Impact Assessment has been undertaken on the transfer that has identified areas for development including liability arrangements for DIHC, developing the PCN staff infrastructure, agreeing the cost basis for the provision of PCN services and the need for a service level agreement between the PCNs and DIHC which is currently being developed by members of the DIHC senior management team. • The committee noted that the previously established ICP Development Group and PTIP Oversight Group have been amalgamated into the DIHC Development Group and agreed the terms of the reference for the DIHC Development Group accordingly. • The committee were provided with feedback on the recent committee effectiveness review and were informed that the Transaction Committee has been rated strong in terms of effectiveness.
Decisions made by the Committee	• Agreed the terms of reference for the DIHC Development Group. • To create a DIHC Development Plan for 2021/22 and produce a refreshed PTIP in conjunction with the next business case submission.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	This will be reviewed as part of the updates to the Transaction Committee risk register.
Items/Issues for referral to other Committees	None identified

Enclosure 15

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

TITLE OF REPORT:	2021/22 Priorities and Operational Planning Guidance 2021/22
PURPOSE OF REPORT:	To provide an update to the Board on the recently published 2021/22 Priorities and Operational Planning Guidance and impact on DIHC
AUTHOR OF REPORT:	Stephanie Cartwright, Director of Operations, Strategy and Partnerships
DATE OF MEETING:	12th April 2021
KEY POINTS:	The 2021/22 Priorities and Operational Planning Guidance was published on 25th March 2021. There are six priority areas within the guidance: 1. Supporting the health and wellbeing of staff, and taking action on recruitment and retention. 2. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19. 3. Building on what has been learnt during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care, and manage the increasing demand on mental health services. 4. Expanding primary care capacity to improve access, local health outcomes and address health inequalities. 5. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay. 6. Working collaboratively across systems to deliver on these priorities. Planning submissions will be developed by system partners and made by the CCG on behalf of the Integrated Care System. DIHC will review their representation at all meetings required to actively participate in the planning processes and submissions over the coming months.
RECOMMENDATION:	The Board are asked to note the update.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None that are not declared
ACTION REQUIRED:	Decision ☐
	Approval ☐
	Assurance ☒

2021/22 PRIORITIES AND OPERATIONAL PLANNING GUIDANCE

Background

The 2021/22 Priorities and Operational Planning Guidance, Implementation Guidance and Financial/Contracting Guidance for was published on 25th March 2021. It has a number of themes which are summarised in this report and it focuses on a system rather than organisational response to planning for service delivery. The Black Country and West Birmingham ICS are approaching the response to the priorities described and the returns that need to be submitted as a system in preparation for the formation of the Integrated Care System from April 2022.

The planning periods are 12 months for mental health services and 6 months for all other services.

Summary of Planning Priorities

The planning priorities pertaining to DIHC are as follows:

1. Supporting the health and wellbeing of staff, and taking action on recruitment and retention.

Looking after our people and helping them to recover:

- To allow staff to rest and recover, trusts are encouraged to allow staff to carry over all unused annual leave and offer flexibility for staff to take or buy back unused leave, and system financial performance assessment excludes higher accruals for annual leavein2020/21.
- There is a roll out of 40 mental health hubs and an ask to local systems to maintain all clinically appropriate beneficial changes made to support staff through COVID-19, including staff wellbeing hubs.

Embed new ways of working and delivering care

- Systems are being encouraged to develop their local workforce supply and to work collaboratively to increase supply and support economic recovery.

Belonging in the NHS and addressing inequalities

- Systems are expected to review and refresh their people plans to reflect the progress made in 2020/21, as well as to show greater progress on equality, diversity and inclusion, and progress on compassionate and inclusive cultures.

Grow for the future

- Systems are expected to develop and deliver a local workforce supply plan with a focus on both recruitment and retention, and support the recovery of the education and training pipeline. And on mental health, ensure this delivers the scale of the workforce growth required to meet the ambitions of the NHS Long Term Plan.

2. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19

The guidance re-emphasises the focus on offering a first dose of COVID-19 vaccine to all adults by the end of July 2021.

- General practice will retain an important role in the COVID-19 vaccination programme, with PCN groupings having the option to vaccinate cohorts 10 to 12.
- Systems will need to consider preparations for a COVID-19 revaccination programme from autumn, with high uptake ambitions for seasonal flu vaccination, alongside the possibility of COVID-19 vaccination of children, pending authorisation recommendations from the Joint Committee on Vaccination and Immunisation (JCVI).
- PCNs will also have an important ongoing role in response to the pandemic that will involve the continued use of virtual care and proactive care at home. There is commitment to continue national funding to maintain the dedicated post-COVID assessment clinics.

3. **Building on what has been learnt during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care, and manage the increasing demand on mental health services.**

   Systems are expected to meet the mental health ambitions outlined in the LTP, transforming core mental health services, and ensure services can implement the recommendations from the clinical review of standards for mental health. Key expectations include:

   - Increasing children and young people's access to NHS-funded community mental health services
   - Delivering physical health checks for people with Serious Mental Illness (SMI), particularly given that the Quality Outcomes Framework (QOF) indicators have changed
   - Delivering the scale of workforce growth needed to meet the LTP ambitions
   - Investing fully in community mental health (funding will be provided to create new integrated models for SMI, SDF funding will allow the expansion of services, and co-funding requirements across the NHS contract and GP contract will deliver additional PCN posts. New metrics will also be introduced assessing people who access community mental health services.)
   - Improving equalities across all programmes, noting actions and resources identified in the *Advancing mental health equalities strategy*.

   Providers are also encouraged to advance the beneficial changes made throughout the pandemic, including (where clinically appropriate) 24/7 open access, staff wellbeing hubs, and crisis lines.

4. **Expanding primary care capacity to improve access, local health outcomes and address health inequalities**

   There is continued commitment to increase real terms expenditure on primary and community health services to improve prevention and keep people out of hospital. This includes supporting access; implementing population health management and personalised care; and transforming community services.

   - Systems should prioritise local investment and support PCN development and integration with community-based services, specifically to achieve their share of 15,500 FTE by the end of the financial year and expand the number of GPs towards the 6,000 target.
   - National funding for general practice capacity also continues, with an additional £120 million in first half of the year, tapering as COVID-19 pressures decrease.
   - The guidance places a renewed focus on addressing health inequalities based on local needs, underpinned by data analysis and long-term condition management.
   - Systems are asked to develop robust plans for the prevention of ill-health (smoking cessation, diabetes prevention, CVD prevention), led by a nominated senior responsible officer, covering both primary and secondary NHS Long Term Plan prevention deliverables.

5. **Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay.**

   With national transformation funding and an increase in primary and community care, systems are asked to set out plans to accelerate rollout of the two-hour crisis community health response at home to provide national cover (8am-8pm, seven days) by April 2022. Additional transformation funding will be released subject to those plans.

   - From July, NHSEI has also committed to continue to fund the first six weeks of care after discharge during the first quarter and first four weeks.

- Systems are asked to continue to progress the work already underway through the NHS 111 First and Same Day Emergency Care programmes.
- Promote NHS 111 as the primary route into all urgent care.
- Maximise the use of booked time slots in A&E, with an expectation that at least 70% of all patients referred to an emergency department by NHS 111 receive a booked time slot to attend.
- Maximise the utilisation of direct referral from NHS 111 to other hospital services (including Same Day Emergency Care (SDEC) and specialty hot clinics) and implement referral pathways from NHS 111 to urgent community and mental health services.
- Adopt a consistent, expanded, model of SDEC provision, including associated acute frailty services, within all providers with a type 1 emergency department to avoid unnecessary hospital admissions.
- Systems are asked to measure: the time to initial assessment for all patients presenting to A&E; the proportion of patients spending more than 12 hours in A&E from time of arrival; the proportion of patients spending more than one hour in A&E after they have been declared clinically ready to proceed.

6. Working collaboratively across systems to deliver on these priorities.

Implementation guidance provides detail on ICS infrastructure requirements

- ICSs will be asked to set out, by the end of Q1, the delivery and governance arrangements that will support delivery of the NHS priorities set out in the guidance. These must be set out in a memorandum of understanding and agreed with regional NHSEI teams.
- Systems are asked to develop their own set of local health and care priorities that reflect the needs of their population.
- Systems must develop the underpinning digital and data capability to support population-based approaches.

Next Steps

The Black Country and West Birmingham ICS have set out their priorities to be able to respond to the planning guidance in an efficient and effective manner. Their priorities are as follows:

- Finalise Reset and Recovery Board membership who will oversee the completion of all plans
- Clarify expectations and support with SRO's
- Review submission templates
- Undertake initial diagnostic and gap analysis
- Confirm financial portfolio's and governance
- Establish detailed project plan
- Confirm local governance approvals to meet submission timeframes
- Review terms of reference of CCG Strategic Commissioning Committee and other 2021/22 governance requirements
- Delivery/Implementation plan via provider partnerships/collaboratives to be constructed
- Undertake ICS Development session on 22nd April 2021

The priorities for DIHC are as follows:

- Participate fully in the ICS planning process.
- Review the DIHC representation at all system meetings.
- Ensure attendance at all Reset and Recovery Board meetings and weekly planning meetings. This will be shared between the Director of Operations, Strategy and Partnerships and the Director of Finance, Performance and Digital.
- Provide regular updates on progress to Board, Executive Committee and Trust Management Board
- Undertake any lead roles assigned to DIHC to the absolute best of our ability.

Stephanie Cartwright, Director of Operations, Strategy and Partnerships

Enclosure 16

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

TITLE OF REPORT:	**Fit and Proper Persons Test Annual Assurance Report**
PURPOSE OF REPORT:	To receive the updated FPPT Policy and the annual declaration
AUTHOR OF REPORT:	Elaine Doyle, Programme Manager
DATE OF MEETING:	12th April 2021
KEY POINTS:	CQC Regulation 5 requires all NHS Trusts to provide evidence that appropriate systems and processes are in place to ensure that both new and existing directors are and continue to be 'fit and proper'. Following the Kark Review published in February 2019, the Fit and Proper Persons Test policy has been reviewed and is submitted to Board for approval following recommendation of the Policy and Procedures Development Group. The Board is asked to note the Trust's current position in relation to compliance with the CQC Fit and Proper Person Test are assured that DIHC is compliant with current guidance and regulations and no issues have been found or declared.
RECOMMENDATION:	• Note the report • Approve the Fit and Proper Persons Requirement Policy
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision ☐
	Approval ☐
	Assurance ☒

Fit and Proper Persons Test Update

The Fit and Proper Persons Test (FPPT) came into effect on 1 April 2015 in a direct response to failings at Winterbourne View Hospital and the recommendations of the Francis Report 2013. Through Regulation 5 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (referred to as the 2014 regulations), the FPPT has been fully integrated into the regulatory registration and inspection framework on the Care Quality Commission (CQC).

To meet the regulation, all NHS Trusts are required to provide evidence that appropriate systems and processes are in place to ensure that both new and existing directors are and continue to be 'fit' as defined by the CQC.

A further review of the Fit and Proper Persons Test was commissioned by the then Minister of State of Health. Following this review Tom Kark QC and Jane Russell (Barrister) in 2018, published in February 2019, a further seven recommendations were made:

- All directors (executive, non-executive and interim) should meet specified standards of competence to sit on the board of any health providing organisation. Where necessary, training should be available;
- That a central database of directors should be created holding relevant information about qualifications and history;
- The creation of a mandatory reference requirement for each Director;
- The FPPT should be extended to all Commissioners and other appropriate Arms-Length Bodies (including NHSI and NHSE);
- The power to disbar directors for serious misconduct;
- We recommend that, in relation to Regulation 5 (3) (d) of the Regulations, the words "been privy to" are removed; and
- We recommend that further work is done to examine how the test works in the context of the provision of social care and whether any amendments are needed to make the test effective.

DIHC's current FPPT Policy is relevant to all directors but the principles behind the policy are designed to ensure that all senior staff who are responsible for quality and safety of care are 'fit and proper'.

The additional work on implementing the Kark recommendations on the two main areas that are relevant to DIHC, namely developing competencies for directors and expanding the definition of serious misconduct are being developed in partnership with HR and the Policy and Procedures Development Group.

The third main Kark recommendation on holding a central database of directors' qualifications, training and appraisals for CQC inspection on request has been implemented as part of the policy review and the annual declaration process.

The board is asked to note the current position and the ongoing work to ensure DIHC is compliant with the CQC regulations and is assured DIHC has responded robustly to the Kark recommendations. In support of the annual declaration the board is asked to be aware that:

- A search of the Bankruptcy and Insolvency Register for England and Wales was conducted and no issues were found, including a search of the Individual Insolvency Register.

- Companies House database of disqualified director's search was conducted and no issues were found.

- All persons subject to the FPPT have been requested to sign the annual declaration form, and to date, no issues have been found.

- No individuals have declared that they have received a caution, warning or reprimand since their employment commenced. The board is asked to be aware that DIHC are currently updating the DBS processes and this will be completed by end of May 2021, where updated enhanced DBS will be in place for all directors and relevant roles falling under FPPT.

- On appointment, newly appointed Non-Executive and Executive Directors are subject to the provisions of the FPPT and in line with the policy, self-declarations on appointment will be completed. If the appointment is prior to end of January 2021 an annual declaration will be completed.

The Board is asked to note the Trust's current position in relation to compliance with the CQC Fit and Proper Person Test are assured that DIHC is compliant with current guidance and regulations.

A summary of compliance will appear in the DIHC Annual Report.

Fit and Proper Persons Policy

Dudley Integrated Health and Care NHS Trust

Document no.	Version	Issue date	Planned review date
XXX	1.0	March 2021	March 2022
Document type	Policy ☐	Procedure ☐	Policy & Procedure ✓
	Corporate ✓	Local ☐	
Document Author	Trust Secretary		
Document Lead	Chief Executive		

Related Trust documents	
XXX	Trust's Standards of Business Conduct Policy
XXX	Gifts, Hospitality, Sponsorship and Declaration of Interest Policy
XXX	Trust's Recruitment Policy Right to Work in the UK Policy
XXX	Trust's Disciplinary Policy Trust's Capability Policy Trust's Absence Management Policy
XXX	Disclosure and Barring Checks Policy
XXX	Freedom to Speak Up: Raising Concerns Policy
XXX	Professional Registration Policy
XXX	Trust Standing Orders and Financial Instructions

Overview & purpose

This document describes the Trust's systems and processes for demonstrating compliance with following the creation of a Fit and Proper Persons Test (FPPT) for healthcare leaders as one of the key recommendations of the Francis Report 2013, Regulation 5 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (referred to as the 2014 regulations) which has been fully integrated into the regulatory registration and inspection framework on the Care Quality Commission (CQC).

The policy also considers the seven recommendations of the Review of the Fit and Proper Persons Test Commissioned by the Minister of State of Health by Tom Kark QC and Jane Russell (Barrister), 2018.

It explores:

- Background and scope of the Fit and Proper Persons Requirements
- Summary of the requirements recognising the principles laid down by the Kark Review
- Systems and processes for testing and monitoring the requirements

The policy objectives are:

- To define the standards for determining the fitness and propriety of individuals on appointment and on an ongoing basis
- To demonstrate how the Trust complies with the Regulations and outline the evidence required to demonstrate compliance with statutory obligations
- Relevant to all directors (executive, non-executive and interim) and the additional roles to which this policy should be applied
- To describe the procedural steps in relation to this policy

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1 KEY PRINCIPLES

1.1 Introduction

- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 ('The Regulations') introduced a 'Fit and Proper Persons Requirement' (FPPR) for directors and people 'performing the functions of, or functions equivalent to or similar to the functions of such a director ('Directors).

- For NHS bodies, the Regulations came into force on 27th November 2014 and for all care providers on 1st April 2015. Compliance with the FPPR is monitored and enforced by the Care Quality Commission (CQC) as part of the inspection regime, using specific lines of enquiry under the 'safe' and 'well-led' domains.

- The CQC guidance states that:

> '*The purpose of the FPPR for Directors aims to ensure that NHS Trusts are not managed or controlled by individuals who present an unacceptable risk either to the organisation or to people receiving a service. The regulation is about ensuring that Directors are fit and proper to assume responsibility for the overall quality and safety of care delivered.*

- It is the overall responsibility of the Board of Directors to ensure that it complies with the Regulations by not having an unfit director in place. It is the ultimate responsibility of the Trust Chair to discharge the requirement placed on the Trust to ensure that all Directors meet the fitness test and do not meet any of the 'unfit' criteria.

1.2 Scope

- This policy and procedure applies to all Board-level appointments i.e. Executive and Non- Executive Directors and those senior managers which are recognised as part of the Trust Board. This includes permanent, interim and associate positions.

- The following posts are subject to the arrangements outlined in this policy:

    - Chair
    - Chief Executive Officer
    - Director of Finance, Performance and Digital
    - Director of Operations, Strategy and Partnerships
    - Medical Director
    - Director of Nursing, AHP and Quality
    - Non-Executive Directors and any Associate Non-Executive Directors
    - Trust Secretary

- The posts included within the scope of this policy will be reviewed as and when changes are made to the senior management structure of the Trust. The principles behind the policy are designed to ensure that all senior staff who are responsible for quality and safety of care are 'fit and proper'.

- It also applies to any new position specifically designated by the Chief Executive Officer (CEO) or the Trust Board as being a role which requires the performing of "functions, or functions equivalent or similar to the functions" of a director. Such a position is likely to involve:
    - high level decision making;
    - implementing strategies and policies approved by the Board;
    - developing and implementing processes or systems that identify, assess, manage and monitor risks related to regulated activities and operations; or
    - monitoring the appropriateness, adequacy and effectiveness of risk management systems.

- Where an interim is sourced by an agency the recruitment agency will be made aware of the FPPR process and must confirm that they have undertaken the necessary checks. Executive search companies will also be required to confirm compliance with the FPPR and provide relevant evidence for inspection by the Trust.

- As the Trust is an NHS Trust, the Chair and Non-Executive Directors are within the scope of the NHSEI Fit and Proper Person's Policy and in line with best practise it is accepted that the Chair and Non-Executive Directors will also be included within the scope of this policy.

1.3 What is a 'Fit and Proper Person'? – The Regulations

- The Regulations place a duty on Trusts not to appoint a person or allow a person to continue to be a Director unless they pass the FPPR by:
    - Being of good character
    - Having the necessary qualifications, competence, skills and experience necessary for their post
    - Being able by reason of their health (after reasonable adjustments are made) of properly performing tasks which are intrinsic to the work for which they are employed

- Having not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying out a regulated activity or provided a service elsewhere which, if provided in England, would be a regulated activity, and

- Ensuring that none of the grounds of unfitness apply

1.4 'Good Character' and 'Unfitness criteria'

- When assessing a person being 'of good character' NHS providers are required to take account of Schedule 4 of the 2014 Regulations, namely:
  - whether the person has been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence, and
- whether the person has been erased, re A summary of compliance will appear in the DIHC Annual Report.
  - moved or struck off a register of professionals maintained by a regulator of health care or social work professionals.

- The CQC's definition of good character is not the objective test of having no criminal convictions but instead rests upon a judgement as to whether the person's character is such that they can be relied upon to do the right thing under all circumstances.

- The CQC names the following as features 'normally associated' with good character that should be taken into account when applying FPPR to an individual, in addition to those specified in part 2 of schedule 4:
  - Honesty;
  - Trustworthiness;
  - Integrity;
  - Openness;
  - Ability to comply with the law;
  - A person in whom the public can have confidence in prior employment history, including reason for leaving;
  - If the individual has been subject to any investigations or proceedings by a professional or regulation body;
  - Any breaches of the Nolan principles of public life;
  - Any breaches of the duties imposed on directors under the Companies Act;
  - The extent to which the director has been open and honest with the Trust

- Any other information which may be relevant, such as disciplinary action taken by an employer.

1.4.1 Unfit Persons Test (Part 1, Schedule 4)

- A Director will be deemed unfit and prevented from being appointed or remaining in post if:
    - The person is an undischarged bankrupt or a person whose estate had a sequestration awarded in respect of it and who has not been discharged
    - The person is the subject of a bankruptcy restrictions order, an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland
    - The person is someone to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986.
    - The person has made a composition arrangement with, or granted a trust deed or, creditors and not been discharged in respect of it
    - The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland.
    - The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.

1.4.2 'Good Character' (Part 2, Schedule 4)

- A Director will fail the Good Character test if they:
    - Have been convicted in the UK of any offence or have been convicted elsewhere of any offence which if committed in the UK would constitute an offence
    - Have been erased, removed or struck off a register of professionals maintained by a regulator of health care or social work professions.

1.5 Provision of Information (Schedule 3)

- In addition, the Director must supply information as set out in Schedule 3 of the Regulations, as set out below:
    - Proof of identify including a recent photograph.
    - Where required for the purposes of an exempted question in accordance with section 113A(2)(b) of the Police Act 1997(38), a copy of a criminal record certificate issued under section 113A of that Act together with, after the appointed day and where applicable, the information mentioned in section 30A(3) of the Safeguarding

Vulnerable Groups Act 2006 (provision of barring information on request)(39).

- Where required for the purposes of an exempted question asked for a prescribed purpose under section 113B(2)(b) of the Police Act 1997, a copy of an enhanced criminal record certificate issued under section 113B of the Act together with, where applicable, suitability information relating to children or vulnerable adults.
- Satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health or social care, or children or vulnerable adults.

- Where a person has been previously employed in a position whose duties involved work with children or vulnerable adults, satisfactory verification, so far as reasonably practicable, of the reason why employment in that position ended.

- In so far as it is reasonably practicable to obtain, satisfactory documentary evidence of any qualification relevant to the duties for which the person is employed or appointed to perform.

- A full employment history, together with a satisfactory written explanation of any gaps in employment.

- Satisfactory information about any physical or mental health conditions which are relevant to the person's capability, after reasonable adjustments are made, to properly perform tasks which are intrinsic to their employment or appointment for the purposes of the regulated activity.

1.6 Organisational Culture

- Directors are expected to uphold and exemplify the Trust's values and their underlying behavioural framework, as this will set the tone of the organisational culture and lead to staff displaying compassion and caring.

- As Board members, it is equally important that Directors uphold the Nolan Principles (see appendix 3 and the Trust's 'Standards of Business Conduct' Policy).

- It is expected therefore that the Board takes account of the values and the Nolan Principles, and the extent to which candidates for Director positions represent a good fit with these values.

1.7 Training and Awareness

- This policy will be promoted via the Trust's intranet and through induction for new starters.

1.8 Counter Fraud Statement

In creating this policy, the authors, reviewers, and Committee have considered and minimised any risk which might arise from discharging its duties in relations to fraud, theft, bribery, or other illegal acts and are ensured that the terms of reference are robust enough to withstand

evidential scrutiny in the event of a criminal investigation. Where appropriate, they have sought advice from the Trust's Local Counter Fraud Specialist.

1.9 Fair Blame statement

The Trust is committed to developing an open learning culture. It has endorsed the view that, wherever possible, disciplinary action will not be taken against members of staff who report near misses and adverse incidents, although there may be clearly defined occasions where disciplinary action will be take

2 PROCEDURE

2.1 New Appointments

- Where a role is subject to FPPR, candidate will be notified as part of the recruitment process. It is important when making appointments that consideration is given to the values of the organisation and the extent to which the candidate fits with these values. It is therefore expected that the interview process will incorporate values-based and inclusion questions.

- The Trust's comprehensive pre-employment checking processes are determined by the NHS employment standards and include the following (see appendix 5):

    - Proof of identity, including a recent photograph;
    - Evidence of the right to work in the UK;
    - Disclosure and Barring Service (DBS) check;
    - Occupational Health Clearance;
    - Evidence of a values based interview process;
    - A check of employment history and two references one of which must be the most recent employer. Specifically, this includes validating a minimum of three year continuous employment including details of any gaps in service. Additionally, references must question whether the candidates has "been responsible for, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity, or providing a service elsewhere, if provided in England, would be a regulatory activity"
    - Proof of qualifications/professional registration applicable to role in addition, the following registers will be checked;
        - Disqualified directors;
        - Bankruptcy and insolvency;
        - Removed Charity Trustees;
        - A web search of the individual including Google, social media and new searches.

- The Chair will be responsible for ensuring compliance with the policy supported by the

Associate Director of People and the Trust Secretary. A detailed checklist will be completed at appointment and will be retained on the post holder's personal file for the purposes of audit (Appendix 5).

- The FPPR requires new employees to complete a Fit and Proper Person's Declaration form (Appendix 6). This form and summary guidance will be included with the application pack and form part of the application process for the position.

- Where specific qualifications are deemed by the Trust as necessary (as per the essential criteria within the person specification) for a role, the Trust will make this clear and will only appoint those individuals that meet the required specification; including any requirements to be registered with a professional body.

- If the candidate has a physical or mental health disability, wherever possible, reasonable adjustments will be made to enable the individual to carry out the role that they have been appointed to. Any discussion or decision as to whether a candidate is appointable on grounds of health will be recorded in the minutes of the Remuneration and Appointments Committee.

- The FPPR applies to individuals who are formally appointed to substantive, interim or acting positions as agreed by the Remuneration and Appointments Committee and does not apply to individuals deputising for Directors or providing cover, for example for sick/annual leave.

- Any Executive or Non-Executive appointment will take into account the Trust's obligations under the Regulations. Where the Trust deems that the individual who is to be appointed is suitable, despite not meeting the characteristics outlined in Schedule 4, Part 2 of the Regulations (Good Character), the reasons will be recorded by the panel chair and presented to the Remuneration and Appointments Committee as appropriate for a final decision. The Committee's decision will be recorded. Approval should be sought from NHS Improvement/NHS England, where appropriate.

2.2 Compliance with FPPR

- Employment contracts for Director posts will incorporate the FPPR.

- The appraisal process will provide an opportunity to discuss continued "fitness", competence and how the post holder displays the Trust values and behaviour standards including the leadership behaviour expected.

- The Chief Executive will be responsible for appraising the Executive Directors, and the Chair will be responsible for appraising the Non- Executive Directors. The Chief Executive will be appraised by the Chair. The Chair's appraisal will be co-ordinated by the Senior Independent Director through the agreed appraisal process (which could include a 360º appraisal) that includes feedback from Non-Executive Directors and Executive Directors.

- DIHC will issue Directors with self-declaration forms on an annual basis as shown in appendix 8. The Trust Secretary will ensure that they are completed and monitored.

- Checks of the Insolvency Register, Disqualified Directors and Charitable Trustees register

and a web search will be completed annually. The Trust will review other checks carried out on appointment and at least annually, as appropriate and as outlined on the checklist.

- Annual checks will be carried at in line with the checklist which is detailed in Appendix 6 which includes records of the Disclosure Form and evidence of the Insolvency, Disqualified Directors Register and Charitable Trustee checks. This will be kept on the post holder's personal file for audit purposes. The Trust Secretary will be responsible for ensuring the Trust is compliant with these checks and assure the Chair of the "fitness" of all relevant office holders.

- Any person falling within the scope of FPPR should raise any issues which may affect their ability to meet the statutory requirements on appointment and bringing any issues on an on-going basis and without delay to the Associate Director of People, Chief Executive (for Executive and other Directors) and the Chair for Non-Executive Directors (NEDS) promoting and supporting the Nolan Principles (see Appendix 3) and the values and behaviours of the Trust (Appendices 4 and 5) through their leadership and example.

2.3 Concerns Regarding an Individual's Continued FPPR Compliance

- If a concern regarding an individual is brought to the attention of the Trust, an appropriate investigation will be carried out, depending on the particular circumstances.

- The Chair will lead on addressing these concerns on a case by case basis and will need to consider whether an investigation is necessary or appropriate given the allegation.

- Where it is necessary to investigate or take action, the Trust's current processes will apply using the Trust's Capability Policy and Procedure or the Attendance Management Policy (managing performance or sickness absence), Trust's Disciplinary procedure or afforded a similar process to this if the potential discontinuation could be due to 'some other substantial reason'. There may be occasions where the Trust would contact NHS Improvement for advice or to discuss a case directly.

- The Trust reserves the right to suspend a Director or restrict them from duties to allow the Trust to investigate the matters of concern. Suspension or restriction from duties will be for no longer than necessary to protect the interests of service users or the Trust and/or where there is a risk that the Director's presence would impede the gathering of evidence in the investigation.

- Should the Chair consider the individual to be suitable, despite existence of information relevant to issues identified in Schedule 4, Part 2, the Chair's reasons should be recorded for future reference and made available.

- If an investigation concludes that an individual carrying out an identified position under this policy may no longer meet the requirements of the "fit and proper person test" the following two-stage procedure will be applied.

    - Fit & Proper Person Hearing - If there is sufficient evidence that an individual carrying out one of the identified positions under this policy may no longer be a fit and proper person, and the evidence is such that formal action may be required, then that person will be invited to a hearing to give them the

opportunity to test the evidence and/or offer an explanation for consideration.
  - Fit & Proper Person Appeal Hearing - If an individual carrying out one of the identified positions under this policy has been determined to no longer be a fit and proper person, then that person may appeal that decision in writing within 14 calendar days of receipt of notification of the Trust's decision.

- Should there be sufficient evidence to support the allegation(s), then the Trust may terminate the appointment of the Director with immediate effect, in line with the Trust's Disciplinary policy. Where an individual who is registered with a professional regulator (General Medical Council (GMC), Nursing & Midwifery Council (NMC) etc.) no longer meets the fit and proper person's requirement the Trust must inform the regulator, and take action to ensure the position is held by a person meeting the requirements.

- The criteria and process around the removal of Non-Executive Directors, including the Chair, is outlined in NHS Improvement's "Arrangements for the Removal or Suspension of NHS Trust Chair and Non-Executive Directors and NHS Charity Trustees".

2.4 DBS Checks

- In January 2018 the CQC issued revised guidance for providers and CQC inspectors in respect of Regulation 5 of the 2014 Regulations. Specifically, the CQC made a minor change to its guidance to make it explicit that they expect providers to undertake an "enhanced Disclosure and Barring Service (DBS) check for Directors to check that they are not on the children's and / or safeguarding barred list where they meet the eligibility criteria". However, Executive/Non-Executive Directors are only eligible for such an enhanced DBS check if the role that they take falls within the definition of a "regulated activity" as defined by the Safeguarding Vulnerable Groups Act 2006.

- DIHC will meet the minimum requirement but will undertake an Enhanced DBS for all Board members unless deemed unnecessary. All Board members will be required to make a declaration annually that they meet the FPPR.

2.5 Evidence for Regulators

- The CQC require certain information to be available as evidence in respect of Directors employed or engaged by the Trust. The information required is described in *Schedule 3* of the *Regulations* (see Appendix 2). The FPP Checklist (Appendix 6) will be completed for each Director and placed on their personal file. The annual self-declaration (see appendix 8) will also be held on the personal files.

2.6 Board Assurance

- The Remuneration and Appointments Committee will receive reports regarding new appointments and the annual FPPR assurance process.

- The Chair is the responsible officer for ensuring compliance for new starters. The Chair will be required to make an annual declaration to the Board regarding ongoing compliance with the Regulations of all Board members.

2.7 Confidentiality

- All information provided by individuals in accordance with this policy will be kept confidential, in line with the Trust's confidentiality and information governance policies.

- However, a person seeking to demonstrate that they are a 'fit and proper person' in accordance with this policy consents to the Trust disclosing to Regulators, to the extent necessary, any personal information (as per Data Protection Act 1988) and confidential information for the purpose of undertaking the checks required by this policy and for the related purposes of this policy.

3 REFERENCES

- CQC Fundamental Standards of Care (Appendix 2) The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 5: Fit and Proper Persons Requirement.

APPENDIX 1: Overview Summary Check Sheet

On appointment	Existing Staff
Pre-employment Checks • New Starter Form • Identity checks including photo (retain copies) • Right to work checks • Employment history and reference checks • Professional registration and required qualifications checks • Criminal Record (Enhanced DBS) and Barring Checks • Occupational Health & Exposure Prone Procedures (EPP) Clearance • Health Declaration Form Self-declaration	• Enhanced DBS Check (annual) • Self-declaration (annual) • Appraisal Information • Absence Record (Occupational Health referral as necessary) • Compliance with appropriate policies e.g. FPPR, Incidents, safeguarding etc Professional Registration Check
Recruitment & Selection • Recruitment & selection based on values as well as qualifications, skills etc • Conditional Offer Letter (subject to above checks) • Unconditional Offer Letter • Contract to include additional FPPR requirements	• As appropriate i.e. new role • Mutual variation of the contract: Contract to include additional FPPR requirements
Provider Checks • Provider Checks e.g. provider whose registration has been suspended/cancelled, public inquiry reports about provider, disqualification from professional regulatory body, serious case reviews, homicide investigations for mental health trusts, criminal prosecutions against provider, ombudsman reports, CQC inspection reports & actions taken	
Unfit Person Criteria Checks • Check for bankruptcy, sequestration, insolvency, insolvency and arrangements with creditors • Check that not prohibited from holding office e.g. Companies Act 2006 or Charities Act Where any evidence found which suggests person unfit, evidence should be reviewed and decisions documented.	• Where any evidence found which suggests person unfit, evidence should be reviewed and decisions documented.

APPENDIX 2: CQC guidance on evidence to meet FPPT regulations

Component of the regulation	On appointment	Existing Personnel
5(3)(a) the individual is of good character	NHS Employment Checks Previous employer references (last 3 years) DBS Checks Values Based Recruitment & Selection Self-declaration	NHS Employment Checks (on file) Previous employer references (last 3 years) – on file (where not available – appraisal documentation) DBS Checks Self-declaration
5(3)(b) the individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position for which they are employed	Evidence to confirm individual meets 'Person specification', original to be seen, signed off and copies retained Check of relevant professional register Values Based Recruitment & Selection Appraisal information from previous/current employer where available Self-declaration	Check that individual meets documented 'Person specification' Professional registration checks Appraisal information Self-declaration
5(3)(b) the individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position for which they are employed	Evidence to confirm individual meets 'Person specification', original to be seen, signed off and copies retained Check of relevant professional register Values Based Recruitment & Selection Appraisal information from previous/current employer where available Self-declaration	Check that individual meets documented 'Person specification' Professional registration checks Appraisal information Self-declaration

5(3)(c) the individual is able by reason of their health, after such reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or for the work they are employed.	Occupational Health Clearance	Occupational Health referral as necessary Absence record

Component of the regulation	On appointment	Existing Personnel
5(3)(d) the individual has not been responsible for, been privy to, contributed to or facilitated, any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity.	References covering last 3 years employment to cover serious misconduct or mismanagement Provider Checks e.g. provider whose registration has been suspended/cancelled, public inquiry reports about provider, disqualification from professional regulatory body, serious case reviews, homicide investigations for mental health trusts, criminal prosecutions against provider, ombudsman reports, CQC inspection reports & actions taken Professional Registration/Regulator checks DBS Checks Self-declaration	Appraisal information Compliance with Trust policies including: • FPPR Policy • Safeguarding Policies • Incidents Policy Incidents/concerns raised via: • Freedom to Speak Up Policy • Professional registration referrals
5(3)(e) none of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.	DBS Checks Check for bankruptcy, sequestration, insolvency, insolvency and arrangements with creditors Check that not prohibited from holding office e.g. Companies Act 2006 or Charities Act Where any evidence found which suggests person unfit, evidence should be reviewed and decisions documented.	DBS Checks Self-declaration (annual) Professional registration checks
5(6) where an individual holds an office or position referred to in para 2(a) or (b) no longer meets the requirements in para (3) the service provider must- Take such action as is necessary & proportionate to ensure that the office or position in question is held by an individual who meets such requirements & (b) if the individual is a health care	DBS Checks Self-declaration Professional registration checks References covering last 3 years	DBS Checks Self - declaration Professional registration checks Appraisal Any relevant investigation & outcome to be properly recorded with any relevant interim measures

professional, social worker or other professional registered with a health care or social regulator in question.		

Component of the regulation	On appointment	Existing Personnel
20(1) a health & service body must act in an open and transparent way with relevant persons in relation to care & treatment provided to the service users in carrying on a regulated activity	Incidents Policy FPPR Policy Safeguarding Policies Disciplinary and Conduct policies Freedom to Speak Up Policy Appraisal and Development Policies with appropriate training	
20(2) As soon as is 20(2) As soon as is reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must– (a) notify the relevant person that the incident has occurred in accordance with paragraph (3)and 20(3) The notification to be given under paragraph (2)(a) must– (a) be given in person by one or more representatives of the health service body, (b) provide an account, which to the best of the health service body's knowledge is true, of all the facts the health service body knows about the incident as at the date of the notification, (c) advise the relevant person what further enquiries into the incident the health service body believes are appropriate, (d) include an apology, and (e) be recorded in a written record which is kept securely by the health service body.	DBS Checks Professional Registration Checks Pre-employment checks References Self-declaration	Appropriate review, monitoring and follow up regarding any issues, concerns or incidents in relation to: Incidents Policy FPPR Policy Safeguarding Policies DBS Checks Professional Registration Checks Self-declaration

20(2) As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must– (b) provide reasonable support to the relevant person in relation to the incident, including when giving such notification.	Provider Checks Professional registration Check FPPR policy self-declaration	Incidents Policy Professional registration Checks FPPR policy self-declaration
Component of the regulation	**On appointment**	**Existing Personnel**
20(4) The notification given under paragraph (2)(a) must be followed by a written notification given or sent to the relevant person containing— The provider must ensure that written notification is given to the relevant person following the notification that was given in person, even though enquiries may not yet be complete. The written notification must contain all the information that was provided in person including an apology, as well as the results of any enquiries that have been made since the notification in person. (a) the information provided under paragraph (3)(b), (b) details of any enquiries to be undertaken in accordance with paragraph (3)(c), (c) the results of any further enquiries into the incident, and (d) an apology.	N/A	Compliance with following policies: • Incidents Policy • FPPR Policy

20(5) But if the relevant person cannot be contacted in person or declines to speak to the representative of the health service body– (a) paragraphs (2) to (4) are not to apply, and (b) a written record is to be kept of attempts to contact or to speak to the relevant person.	N/A	Compliance with following policies: • Incidents Policy • FPPR Policy • Safeguarding Policies
(6) The health service body must keep a copy of all correspondence with the relevant person under paragraph (4).		Compliance with Incidents Policy

APPENDIX 3: List of Nolan Principles

The Seven Principles of Public Life, known as the **Nolan Principles**, were defined by the Committee for Standards in Public Life. They are:

1. **Selflessness**: Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
2. **Integrity**: Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
3. **Objectivity**: In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
4. **Accountability** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
5. **Openness**: Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it.
6. **Honesty**: Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
7. **Leadership** Holders of public office should promote and support these principles by leadership and example

APPENDIX 4: Trust Values and Behaviours

Values	Behaviours
People First	▪ Demonstrate allyship and advocacy ▪ Listen, engage and act ▪ Deliver services aligned to population needs ▪ Be non-discriminatory and non-judgmental
Care and Advocacy	▪ Speak up and challenge inappropriate behaviours or practice ▪ Advocate for our patients ▪ Be fair and consistent
Simplify the Complex	▪ Use evidence to continuously improve ▪ Use language that enables everyone to understand ▪ Translate research into practice ▪ Make pathways of care simple
Accessible & Responsive	▪ Provide information and responses in a timely manner ▪ Provide services and information around the patient
Enable & Support Staff	▪ Ensure all staff have individualised support for their needs ▪ Provide development to enable growth ▪ Enable self-care
Accountable for Actions	▪ Give ourselves permission to try and fail ▪ Take responsibility for our errors and mistakes ▪ Learn from errors ▪ Continuously improve

APPENDIX 5: Personal File Pre-Employment Checklist – Fit and Proper Person Requirement

This checklist must be retained on the personal file of all Executive Directors, Non-Executive Directors and senior managers determined to fall within the scope of the FPPR by the relevant Director.

Name: **Role:**	**Checked and initials**	**Any other relevant information to note**
Identity and Right to Work in the UK		
▪ Proof of identity (including recent photograph) *in line with NHS Employment Check standards eg: passport or photo-card driving licence*		
▪ Confirmation of right to work in the UK *in line with NHS Employment Check standards eg: UK passport, UK birth or adoption certificate, permanent residence certificate*		
Fit and Proper Persons Test **Check 1 - Individual is of "good character"**		
▪ Fit and proper person self-certification signed and returned		
▪ Criminal record check undertaken relevant to the post *including police check/certificate of good character if individual has spent six months or more outside the UK in the last five years before application*		
▪ Professional registration check (where applicable). *Has the person been erased, removed or struck off a register of professionals maintained by a regulator of health care or social work professionals?*		
Check 2 – Individual possesses the qualifications, skills and experience necessary for the position		
▪ Full employment history provided *Written explanation received for any gaps. For new appointees coming to the NHS for the first time, validate a minimum of three years' continuous employment and training*		
▪ Two satisfactory references received, one of which must be from most recent employer *Includes satisfactory evidence of conduct in previous employment concerned with the provision of service relating to (a) health or social care and (b) children or vulnerable adults*		
▪ Satisfactory verification of the reason for the individual leaving their previous employment *where a person has been previously employed in a position whose duties involved work with children or vulnerable adults*		

▪ Academic and professional qualifications checked *Documentary evidence received and in line with requirements of job description/person specification*		

Check 3 – Individual is capable of undertaking the position after any reasonable adjustments made under the Equality Act 2010		
▪ Occupational health clearance received *Confirmation that any physical or mental health conditions which are relevant to the person's capability, after reasonable adjustments are made, will not prevent the individual from properly performing tasks which are intrinsic to their employment or appointment for the purpose of the regulated activity*		
Check 4 – Individual has not been responsible for any misconduct or mismanagement in the course of any employment with a CQC registered provider		
▪ Search of CQC records: http://www.cqc.org.uk/ ❖ *Check if any provider for whom the individual has worked has had registration suspended/cancelled due to failings in care in the last five years (or longer if available)* ❖ *Check the involvement of the individual or any providers in previous inspections. (Investigate further if inspection rating is "requires improvement" or "inadequate".)*		
▪ Review Parliamentary and Health Service Ombudsman reports relating to providers to identify whether these give rise to any concern: https://www.ombudsman.org.uk/		
Check 5 – Individual is not prohibited from holding the position under any other law		
▪ Bankruptcy and Insolvency Register checked https://www.gov.uk/search-bankruptcy-insolvency- register *(date to be noted)*		
▪ Disqualified Directors Register checked https://beta.companieshouse.gov.u k/ *(date to be noted)*		
▪ Financial Service Register checked https://register.fca.org.uk/ *where individual has worked for an organisation regulated by the Financial Conduct Authority (FCA) (date to be noted)*		

I confirm the above checks have been undertaken and I am satisfied the candidate named above is assessed to be a "fit and proper person" for their appointed role.

Signed _____

Print Name _____

Chair of Dudley Integrated Health and Care Trust

Date _____

APPENDIX 6: Appointment Declaration – Fit and Proper Person Requirement

Regulation 5 of the Health & Social Care Act 2008 (Regulated Activities) Regulation 2014 sets out the criteria that a Director must meet, to ensure unfit persons do not become or continue as directors (or those performing similar or equivalent functions). As part of our assurance process, DIHC asks that all individuals in identified positions complete a self-declaration on appointment and, thereafter, on an annual basis as part of their appraisal.

Part 1: Unfit Person Test	Yes	No	Detail
▪ Are you an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged?			
▪ Are you the subject of a bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland?			
▪ Are you a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986(b)?			
▪ Are you a person who has made a composition or arrangement with, or granted a Trust deed for, creditors and not been discharged in respect of this?			
▪ Are you included in the children's barred list or the adult's barred list maintained under Section 2 of the Safeguarding Vulnerable Groups Act 2006 or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland?			
▪ Are you prohibited from holding your relevant office/position by or under any enactment?			
Part 2: Good Character	**Yes**	**No**	**Detail**
▪ Have you been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence?			
▪ Have you been erased, removed or struck-off a register of professionals maintained by a regulator of health care or social			

work professionals?			
Part 3: General			
Physical and Mental Health	**Yes**	**No**	**Detail**
▪ In relation to your ability to sustain your management function, do you consider yourself to be physically and mentally fit (after any reasonable adjustments are made)?			
Serious misconduct (unlawful or not) and mismanagement	**Yes**	**No**	**Detail**
▪ In the workplace – have you been disciplined for any of the following: ▪ assault ▪ fraud ▪ theft ▪ breaches of health and safety regulations ▪ intoxication whilst on duty ▪ any breach of confidentiality ▪ disobedience of lawful and reasonable instruction ▪ disrespect in the workplace?			
▪ In the workplace – have you: ▪ mismanaged funds ▪ not adhered to recognised practice ▪ not followed guidance, internal or external processes?			
▪ Are you aware of any current investigations being undertaken by the NHS Counter Fraud and Security Management Service following allegations made against you?			
▪ Are you or have you been involved with an organisation or connected to any organisation (at an executive, non-executive or associated director level) that has been put into special measures or the equivalent?			
Taxation	Yes	No	Detail

▪ Have you ever been involved in tax fraud or other fraudulent behaviour including mis-representation and/or identity theft?			
▪ Have you ever used a tax avoidance scheme featuring charitable reliefs or using a charity to facilitate the avoidance?			
▪ Have you ever been involved in designing and/or promoting tax avoidance schemes?			
▪ Are you using tax avoidance for your remuneration from DIHC Trust?			
Disqualification as a Director	**Yes**	**No**	**Detail**
▪ Are you listed on the register of disqualified directors?			

I confirm that I do not fit within the definition of an "unfit person" and that there are no other grounds under which I would be ineligible to continue in post. I undertake to notify the Trust immediately if I no longer satisfy the criteria to be a "fit and proper person" or other grounds under which I would be ineligible to continue in post come to my attention.

Name:…….

Signed: …….

Position: …….

Date: …….

APPENDIX 7: Annual Declaration – Fit and Proper Person Requirement

Regulation 5 of the Health & Social Care Act 2008 (Regulated Activities) Regulation 2014 sets out the criteria that a Director must meet, to ensure unfit persons do not become or continue as directors (or those performing similar or equivalent functions). As part of our assurance process, the DIHC asks that all individuals in identified positions complete a self-declaration on appointment and, thereafter, on an annual basis as prompted by the Trust Secretary (or as part of their appraisal).

PART 1: Unfit Person Test

I hereby confirm that I am **NOT**:

i. An undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged.

ii. Subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland.

iii. a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986.

iv. a person who has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it.

v. included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland.

vi. prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.

PART 2: Good Character

I hereby confirm that I am a person of good character and;

i. have NOT been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence.

ii. have NOT been erased, removed or struck off a register of professionals maintained by a regulator of health care or social work professionals.

PART 3: General

I am NOT subject to any investigation, or have been notified of such, or under any performance management regime for any reason.

I am NOT aware of any incident or issue in my previous employment which may affect my status as a fit and proper person to fulfil my current role.

I confirm the information provided above to be correct and that there are no other grounds under which I would be ineligible to continue in post. I undertake to notify the Trust immediately if I no longer satisfy the criteria to be a “fit and proper person” or other grounds under which I would be ineligible to continue in post come to my attention.

Name:…….

Signed: …….

Position: …….

Date: …….

APPENDIX 8: Central Database of Directors to include the following relevant information (as per recommendation two of the Kark Review).

Check sheet of information required for CQC inspection	
Name:	
Position:	
Date of appointment:	
▪ Proof of ID (including recent photograph)	
▪ Full employment history and explanation of gaps	
▪ History of training and development undertaken	
▪ Available reference from previous employers	
▪ All relevant appraisal and 360 reviews	
▪ Any upheld disciplinary findings	
▪ Any upheld grievance findings	
▪ Any upheld whistleblowing (Freedom to Speak Up) complaint	
▪ Any upheld findings pursuant to any Trust policies or procedures concerning employee behaviour	
▪ Any Employment Tribunal judgement relevant to the Director's history	
▪ Any settlement agreement relating to work in any health-related services	
▪ Evidence of appropriate criminal record check	
▪ Whether the Director has ever been disqualified or disbarred as a Director	
Other matters include:	
▪ Documentary evidence of qualifications	
▪ Information relating to any physical or mental health conditions	
▪ Pre-appointment checklist (signed by Chair)	
▪ Fit and Proper Person Declaration (On Appointment) and/or ▪ Fit and Proper Person (Annual Declaration)	
▪ Chair's Annual Checklist	

APPENDIX 9: Responsibilities

Title	Responsibilities
Chair	The Chair has overall responsibility to discharge the requirement placed on the Trust to ensure that all Directors satisfy the Fit and Proper Persons Requirement. This will be on appointment and on an ongoing basis, and to provide an annual declaration to the Board. Overall the Chair is required to: • Ensure compliance with the policy supported by the Associate Director of People and the Trust Secretary. • Declare to the CQC in writing that they are satisfied that all individuals within scope of the FPPR are fit and proper individuals for their role (see Appendix 6 for new and Appendix 7 for existing directors/annual declaration). • Take the necessary action to ensure existing directors who no longer meet the regulations of the FPPR (i.e. are deemed 'unfit') do not continue in their role. • Seek annual Fit and Proper Persons Declarations from Non-Executive Directors as part of the appraisal process.
Appointments and Remunerations Committee	The Remuneration and Appointments Committee has overall responsibility to ensure a robust policy and effective process is in place to meet the requirements of the Fit and Proper Persons Test for all Board appointments including oversight of a Fit and Proper Persons Director Policy.
Quality and Safety Committee	To oversee the arrangements for F&PPR in as far as they are included within the monitoring of the CQC Fundamental Standards of Care.

Title	Responsibilities
Trust Secretary	Administer and update the policy as required, based on any subsequent changes or additions to the regulations and best practise. Manages the annual process to ensure assurance of the ongoing fitness of relevant post holders. Ensure all Board members complete an annual Fit and Proper Person declaration. Undertake an annual review of compliance on behalf of the Chair. Ensure that, as per Recommendation Two of the Kark Review, the Trust holds and maintains all records (in personnel files) required to inform a national central record/database of Directors including qualifications, history and the records of completed Fit and Proper Person checks (as per Appendix 8).

Title	Responsibilities
Associate Director of People	Ensure consistent application of the policy during the appointment process and ensure that all appropriate documentation is completed, retained and available to the Care Quality Commission for inspection on request. Responsibility for overseeing the Trust recruitment team responsibilities for: ▪ undertaking all pre-employment checks (including fit and proper persons test) for Directors and providing evidence to demonstrate assurance of FPPT; ▪ ensuring the results are recorded within an individual's personnel file; ▪ ensuring any recruitment agencies/executive search companies involved in the recruitment process understand their responsibilities and comply with the requirements of this policy, i.e. all necessary pre-employment checks (including FPPT) have been undertaken and evidence to demonstrate assurance is made available for inspection and retention by the Trust; ▪ work's with the Trust Secretary to provide information required for personnel files that would meet the expectations set out in Recommendation 2 of the Kark Review.

Title	Responsibilities
Individuals falling under the scope of FPPR	Individuals who fall within the scope of this policy are responsible for: ▪ Giving their consent, on request, to the pre-employment checks described in Appendix 5 ▪ Providing evidence of their qualifications, experience and identity documents on appointment or on request to confirm the competencies relevant to the position ▪ Assigning the Fit and Proper Person Declaration on appointment (by signing the declaration provided in Appendix 6 for new directors) and thereafter on an annual basis (see Appendix 7 for existing directors) ▪ Identifying any issues which may affect their ability to meet the statutory requirements on appointment and bringing any issues on an on-going basis and without delay to the Associate Director of People, Chief Executive (for Executive and other Directors) and the Chair for Non-Executive Directors (NEDS). ▪ Promoting and supporting the Nolan Principles (see Appendix 3) and the values and behaviours of the Trust (Appendix 4) through their leadership and example.
Member of Staff	Members of staff should raise any issues of concern regarding the fitness of a director via the appropriate Trust processes and/or policies, eg the Freedom to Speak Up Policy, or directly to the Associate Director of People or the Trust Secretary.

APPENDIX 10: Glossary

"The appointed day"	Means the day on which section 30A of the Safeguarding Vulnerable Groups Act 2006 comes into force.
Care Quality Commission (CQC)	the regulator for all health and social care services in England.
Director	for the purposes of this policy the CQC has defined this to include "*executive directors, non-executive directors and associate directors who are members of the board, irrespective of their voting rights. Directors may be existing, interim or permanent*."
Non-Executive Director	sits on an NHS organisation's board but does not directly manage either a financial function or a department or directorate.
Fit and proper persons requirement for directors (FPPT)	aims to ensure that NHS trusts are not managed or controlled by individuals who present an unacceptable risk either to the organisation or to people receiving a service.
Francis Report	produced by Sir Robert Francis (QC) in February 2013, following his inquiry into the failings at Mid Staffordshire NHS Foundation Trust, the report recommended a requirement that directors of all bodies registered by the CQC are, and remain, fit and proper persons for the role.
Kark Report	produced by Tom Kark (QC) and Jane Russell (barrister) in November 2018 to review the Fit and Proper Persons Test (FPPT), set down by regulation 5 of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, as it applies to directors within the health service in England
Nolan Principles	the seven principles of public life as established in 1995 by the *Committee on Standards in Public Life* (chaired by Lord Nolan).
"Satisfactory"	means satisfactory in the opinion of the Commission.
"Suitability of information relating to children and vulnerable adults"	means information specific in sections 113BA and 113BB respectively of the Police Act 1997.

APPENDIX 11: Equality Impact Statement

DIHC is committed to ensuring that the way we provide services and the way we recruit and treat staff reflects individual needs, promotes equality and does not discriminate unfairly against any particular individual or group. The Equality Impact Assessment for this policy has been completed and is readily available upon request. If you require this policy in a different format e.g. larger print, Braille, different languages or audio tape, please contact the HR Team or the Equality and Diversity lead.

APPENDIX 12: Sustainability Impact Statement

DIHC is committed to ensuring that the way we provide services is responsible and minimises the impact on the environment e.g. zero waste to landfill, recycling and reuse percentages, commuting and starts to support the reporting of the Trust's annual carbon footprint and progress against Climate Change Act and NHS targets, and on progress against the Green Government Commitments and carbon reduction targets where applicable.

APPENDIX 13: Data Protection and Freedom of Information Statement

This statement reflects legal requirements incorporated within the Data Protection Act and Freedom of Information Act that apply to staff who work within the public sector. All staff have a responsibility to ensure that they do not disclose information about the Trust's activities in respect of service users in its care to unauthorised individuals. This responsibility applies whether you are currently employed or after your employment ends and in certain aspects of your personal life e.g. use of social networking sites etc. The Trust seeks to ensure a high level of transparency in all its business activities but reserves the right not to disclose information where relevant legislation applies.

APPENDIX 14: Monitoring effectiveness of this policy

Fit and Proper Persons Policy – Monitoring Framework		
Auditable standard / KPI	**Frequency / Method / Person Responsible**	**Where results and any associated action plan will be reported to and monitored**
▪ Fit and Proper Persons tests undertaken for newly appointed Directors ▪ Annual Fit and Proper Persons test declarations completed by existing Directors	Audit of personal files to ensure: ▪ the pre-employment checks (including FPPR) have been undertaken for all new Director appointees and, ▪ the annual fit and proper persons declarations have been completed by existing Directors.	Overall compliance with this policy will be upheld by the Chair and monitored on the Chair's behalf by the Trust Secretary and compliance will be reported annually to the Appointments and Remuneration Committee and declaration made by the Chair to the Trust Board.
▪ Annual Review Date	The Trust Secretary will be responsible for reviewing and updating the policy.	Any system improvements agreed via the action planning process will be actioned within three months and lessons will be shared with all the relevant stakeholders. Any revision to policy will be communicated.

APPENDIX 15: Amendment history

Version	Date approved	Approved by	Date issued	Summary of change
1.0	31/03/2021	Policy and Procedures Development Group	01/04/2021	New Document to replace all existing versions

Dudley Integrated Health and Care NHS Trust
Glossary and Jargon Buster

The following is provided to help those who are unfamiliar with the abbreviations and terminology used within Dudley Integrated Health and Care NHS Trust

Acronym	Term	Meaning / explanation
AfC	Agenda for Change	NHS system for job grading and pay determination. A national system which applies to all posts except very senior manager posts and medical staff. Introduced in October 2004, replacing numerous and varied sets of terms and conditions for NHS staff.
AGS	Annual Governance Statement	Outlines the system of internal control in place in at DIHC
AGPs	Aerosol Generating Procedures	Certain medical and patient care activities that can result in the release of airborne particles (aerosols). AGPs can create a risk of airborne transmission of infections that are usually only spread by droplet transmission.
AHP	Allied Health Professionals	The 14 Allied Professional Services consisting of: Art Therapists, Drama therapists, Chiropodists/podiatrists, Dietitians, Occupational therapists, Operating Department Practitioners, Orthoptists, Osteopaths, Paramedics, Physiotherapists, Prosthetists and Orthotists, Radiographers & Speech and language therapists
AHSN	Academic Health Science Network	AHSN align education, clinical research, informatics, innovation, training and education and healthcare delivery. Their goal is to improve patient and population health outcomes by translating research into practice, and developing and implementing integrated health care services.
ALSI	Advanced Life Support Instructor	To instruct healthcare professionals who would be expected to apply the skills taught as part of their clinical duties.
AMHP	Approved Mental Health Professional	Developed by the 2007 Mental Act amendment. Prior to this the role was known as Approved Social Worker or ASW. The amendment to the Act broadened who could undertake the role beyond social workers to other registered Mental Health Professionals such as Nurses and Occupational Therapists who underwent specific training.
ANP	Advanced Nurse Practitioners	Advanced practice is a level of practice, rather than a type or specialty of practice. Advanced practitioners are educated at Masters level in advanced practice and are assessed as competent in practice, using expert knowledge and skills. They have the freedom and authority to act, making autonomous decisions in the assessment, diagnosis and treatment of patients.
AOP	Annual Operating Plan	Sets out DIHC key priorities for the coming year.

Acronym	Term	Meaning / explanation
APMS	Alternative Provider Medical Service	Alternative Provider Medical Services (APMS) is a contracting route allow contracts with non-NHS bodies, such as voluntary or commercial sector providers, supply enhanced and additional primary medical services. APMS contracts can be with any individual or organisation to meet local needs, as long as core NHS values are fully protected and secured.
AQP	Any Qualified Provider	Is a type of NHS contract, which allows non NHS as well as NHS organisations to provide NHS services
BBV	Blood Borne Viruses	Viruses carried or transmitted by blood, for example Hepatitis B, Hepatitis C and HIV
BCHFT	Black Country Healthcare NHS Foundation Trust	The new name of the Trust following the merger in April 2020 of Black Country Partnership NHS Foundation Trust and Dudley & Walsall Mental Health Partnership NHS Trust. NHS provider of acute mental healthcare services in Black Country. Hospital sites throughout the Black Country. They are a Foundation Trust.
BAF	Board Assurance Framework	Reporting infrastructure which enables the Board to monitor progress against the Trust's strategic objectives.
BAME	Black, Asian, and Minority Ethnic	To refer to members of non-white communities in the UK.
BME	Black and Minority Ethnic	Similar to BAME (above), the terms are widely used by government departments, public bodies, the media and others when referring to ethnic minority groups.
BAU	Business As Usual	The time when a project has closed and the new system is used as part of a normal working process
BDP	Borderline Personality Disorder	The main feature of BPD is a pervasive pattern of instability in interpersonal relationships, self-image and emotions. People with BPD are also usually very impulsive, oftentimes demonstrating self-injurious behaviours.
B&H	Bullying and Harassment	Bullying is defined as Offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient. Harassment is defined as unwanted conduct, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual.
BMA	British Medical Association	The professional association and registered trade union for doctors in the United Kingdom.
BMJ	British Medical Journal	A weekly peer-reviewed medical journal.

Acronym	Term	Meaning / explanation
BPPC	Better Payment Practice Code	This is a target that NHS organisations will pay 95% of bills within contract terms or in 30 days where there are no terms agreed.
CAG	Clinical Advisory Group	Clinically led groups focussed on delivering improved clinical pathways underpinned by the integrated care pathway model and identify benefits, workforce / financial impacts and risk analysis / mitigation.
CAMHS	Child and Adolescent Mental Health Services	Mental Health services for under-18s. NB – inpatient beds for under-18s in Dudley are provided by Birmingham Children's Hospital.
CARM	Contract Activity Review Meeting	This is an internal meeting held monthly within the Trust that brings finance, information and operational staff together to discuss the level of patient treatment activity.
CAS	Central Alerting System	A web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.
CAU	Clinical Assessment Unit	A Clinical Assessment Unit provide assessment and treatment for patients with moderate illness and non-life threatening illnesses and in some cases may forward a referral onto another specialist service.
CBT	Cognitive Behavioural Therapy	A talking therapy designed to help people manage their problems by changing the way people think and behave. It is commonly used to treat anxiety and depression, but can be useful for other mental health problems
CCG	Clinical Commissioning Group	CCGs are clinically led groups that include all of the GP groups in their geographical area. The aim of this is to give GPs and other clinicians the power to influence commissioning decisions for their patients. They are overseen by NHS England.
CCQI	Royal College of Psychiatrists Centre for Quality Improvement	The CCQI provide many national initiatives which aim to improve standards of care in mental health services. They engage directly with managers, clinicians, and service users and support them to take responsibility for improving local services. CCQI also recognises local achievement, offering accreditation. A review process is used whereby high standards of organisation and care are identified and acknowledged.
CDEL	Capital Department Expenditure Limit (our maximum capital spend permitted by NHSE/I)	Expenditure on the acquisition of fixed assets, (such as purchase of IT systems or new buildings) Investments in new equipment and infrastructure expenditure that has a life over more than one financial year (equipment and infrastructure).

Acronym	Term	Meaning / explanation
CDiF	Clostridium difficile	A type of bacterial infection that can affect the digestive system. It most commonly affects people who have been treated with antibiotics
CDWs	Community Development Workers	Posts specific to Mental Health Trusts, established to work with Black and Minority Ethnic communities to improve their understanding of mental health issues and access to services
CFO	Chief Finance Officer	A senior executive with responsibility for the financial affairs of a company or other institution
CG	Clinical Guidance (from National Institute for Health and Care Excellence)	NICE clinical guidelines are recommendations on how healthcare and other professionals should care for people with specific conditions. The recommendations are based on the best available evidence. Clinical guidelines are also important for health service managers and those who commission NHS services.
CIP / CIT	Cost Improvement Programme / Target	Annual targets for reducing costs
CIR	Critical Infrastructure Risks	Risks concerning Trust assets which are essential to it still being able to function (maintain safety of patients, visitors and staff; and the resilience of its services)
CNST	Clinical Negligence Claims	Occurs when a patient takes their medical practitioner or hospital (or both) to court for compensation due to an act or acts of negligence incurred during their medical care
COSHH	Control of Substances Hazardous to Health	Under the Control of Substances Hazardous to Health Regulations (COSHH, 2002) employers are required to either prevent, reduce or at the very least, control exposure to hazardous substances in order to prevent ill health to their workers
COP	Code of Practice	A set of written rules which explains how people working in a particular profession should behave
CRL	Capital Resource Limit	This is an expenditure limit determined by the Department of Health for each NHS organisation limiting the amount that may be spent on capital purchases e.g. property or IT equipment
CRR	Corporate Risk Register	Corporate Risk Register be monitored monthly by a nominated Board Committee to ensure that the management of the risks reported within it is effective. Feeds into the Trust Risk Register
C&V/Block	Cost and Volume / Block	Terminology referring to types of contract. 'Block' is a set amount of money which is not related to activity levels. 'Cost and Volume' involves payments for services which are related to the quantity of activity delivered. Traditionally, mental health services have been subject mainly to 'block' contracts. Gradual move toward C&V

Acronym	Term	Meaning / explanation
CoSR	Continuity of Services Risk Rating	The continuity of services risk rating will identify the level of risk to the ongoing availability of key services
CPA	Care Programme Approach	An overall clinical approach which covers the assessment of individuals' needs, the planning of their care, evaluation of progress and review of treatment. As a result of CPA, a 'Care Plan' is developed and agreed with the service user; this is a comprehensive description of all aspects of the person's care and treatment
CPN	Community Psychiatric Nurse	A mental health nurse who works in the community
CQC	Care Quality Commission	Quality regulator for health and social care providers. In 2010, introduced a system of 'registering' providers as a demonstration of quality
CQR	Clinical Quality Review	The Trust meets regularly with its Commissioners to discuss the quality and activity performance. Through these meetings, the Trust's key commissioners can hold the Trust to account
CQUIN	Commissioning for Quality and Innovation	CQUIN is a national initiative which aims to embed demonstrable quality improvements within the commissioning cycle for NHS healthcare. The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of healthcare providers' income to the achievement of local quality improvement goals
CRHT	Crisis Resolution / Home Treatment	Specific type of 24-hour community-based mental health service which looks after people when they are in a crisis or acute episode of their illness. Aims to treat the individual at home where possible. If hospital admission is required, this team will 'gatekeep' the inpatient beds
CSB	Clinical Strategy Board	A multi-stakeholder group to provide assurance and leadership for those pathways that require collaboration across organisational boundaries. It will make recommendations in an advisory capacity to the sovereign organisations.
CSU	Commissioning Support Unit	Provide Clinical Commissioning Groups with external support, specialist skills and knowledge to support them in their role as commissioners, for example, by providing business intelligence services, and clinical procurement services
CTO	Community Treatment Order	Part of the recently revised Mental Health Act which enables someone who remains subject to the Act to be allowed to live in the community, as long as they remain compliant with their treatment
CYP(F)	Children and Young People	Relates to children and young people (and their families) from birth until their 18th birthday

Acronym	Term	Meaning / explanation
DAAT	Drug and Alcohol Action Team	Multi-agency team which commissions all drug and alcohol services within a borough
DAR	Donated Asset Reserve	The donated asset reserve acknowledges that the Trust has been donated property, plant and equipment from sources external to the Department of Health
Datix	Electronic system of risk reporting (incidents/complaints etc)	An electronic system used to report clinical incidents, complaints and risks
DBS	Disclosure and Barring Service	Helps employers make safer recruitment decisions by processing and issuing DBS checks for England, Wales, the Channel Islands and the Isle of Man. DBS also maintains the adults' and children's Barred Lists and makes considered decisions as to whether an individual should be included on one or both of these lists and barred from engaging in regulated activity
DBT	Dialectical Behavioural Therapy	A type of talking therapy based on cognitive behavioural therapy (CBT), but adapted to meet the particular needs of people who experience emotions very intensely. It is mainly used to treat problems associated with borderline personality disorder (BPD)
DCH	Dudley Clinical Hub	The single point of access contact centre which can be accessed by patients and providers
DCVS	Dudley Council for Voluntary Service	Local infrastructure agency supporting the voluntary and community sector of Dudley by offering services to the sector, promoting networking, representing the sector and helping the sector become more involved with partnership activities
DDA	Disability Discrimination Act	Refers to the 1995 act which has since been repealed and replaced with the Equality Act 2010
DES	Directed Enhanced Services	The mechanism on how practices (primary medical services contractor) receive payment for the eligible services they provide
DGH	District General Hospital	An NHS term available to UK residents, which provide an array of diagnostic and therapeutic services. While some clinics may be staffed by senior registrars in certain specialties, DGHs are not regarded as teaching hospitals
DGFT	Dudley Group of Hospitals	NHS provider of acute healthcare services in Dudley. Main hospital site is Russells Hall. They are a Foundation Trust
DH	Department of Health	Supports ministers in leading the nation’s health and social care to help people live more independent, healthier lives for longer

Acronym	Term	Meaning / explanation
DIHC	Dudley Integrated Health and Care NHS Trust	Our Trust, integrating primary care across Dudley with community physical and mental health services
DN	District Nursing	District nurses play a crucial role in the primary health care team. They visit people in their own homes or in residential care homes, providing care for patients and supporting family members
DNA	Did Not Attend	Referring to someone who failed to attend for a pre-planned engagement/appointment
DoLS	Deprivation of Liberty Safeguards [see PLS]	Linked to Mental Capacity Act, DOLS is a governance infrastructure usually used for people in hospitals or care homes who may need to be deprived of their liberty in some way to protect them from harm
DPA	Data Protection Act	Controls how personal information can be used and your rights to ask for information about yourself
DQOF	Dudley Quality Outcomes for Health	Is a system for the performance management and payment of general practitioners (GPs)
DSE	Display Screen Equipment	Used to describe equipment such as PCs, laptops, tablets and smartphones
DSG	Digital Steering Group	The governance and oversight group formed to oversee the development and implementation of the Digital Strategy, which is the document that sets out a high level vision and strategy regarding digital initiatives for DIHC over the next three to five years
EA	Equality Act	An Act of Parliament with the primary purpose to consolidate and supplement the anti-discrimination laws for example, equal pay, sex discrimination, race relations, disability discrimination and discrimination in employment on grounds of religion or belief, sexual orientation or age.
EBE	Expert by Experience	An EBE is a volunteering role and those appointed use their experiences of Trust services – as a service user or a carer of someone – to influence the delivery and quality of services we provide. They also help represent the interests and views of other local service users and carers and promote involvement opportunities within the Trust
EBITDA	Earnings Before Interest, Taxes, Depreciation, and Amortization	An accounting measure calculated using a company's net earnings, before interest expenses, taxes, depreciation and amortization are subtracted, as a proxy for a company's current operating profitability
EC	Executive Committee	The executive committee or board of an organization is a committee within that organization which has the authority to make decisions and ensures that these decisions are carried out
ED	Emergency Department [A&E]	NHS hospital service staffed by expert teams to provide specialised emergency treatment, giving patients the best chance of recovery

Acronym	Term	Meaning / explanation
ED	Executive Director	The highest-ranking executive in an organisation, company, or department, with ultimate responsibility for making managerial decisions
E & D	Equality and Diversity	The term used for 'Equal Opportunities'. It is the legal obligation to protect against discrimination. Discrimination can be against a person's sex, gender, disability, sexual orientation, religion, belief, race or age
EDHR	Equality, Diversity and Human Rights	Diversity is about recognising and valuing differences to be found between individuals. Diversity results from differences including age, gender, sexual orientation, racial or ethnic background, physical or mental abilities, religion or belief, social, domestic or employment circumstances or background. All of these factors provide different experiences, perspectives and knowledge, which in turn can be of value to other people or organisations Equality is about creating a fairer society where everyone has an equal level of opportunity to participate and to fulfil their potential as an individual member of society Human Rights relate to our humanity and reflect our desire for respect, dignity and freedom from oppression and injustice. In 1998 the Human Rights Act was passed and details the **rights** and freedoms that everyone in the UK is entitled to
EDS	Equality Delivery System	This is an optional tool to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse
EFL	External Financing Limit	This is a limit set by the Department of Health for each NHS Trust limiting in cash terms the level of external financing it can draw on
EIA	Equality Impact Assessment	A process designed to ensure that a policy, project or scheme does not unlawfully discriminate against any protected characteristic
EIP	Early Intervention in Psychosis	Specific type of community based mental health team which look after younger people experiencing their first episode of a psychotic illness. Evidence base suggests that EI approach improves recovery and reduces likelihood of life-long dependency on mental health services
E-LEARNING	Electronic Learning	Training materials that can be used by an individual with or without support as a way of learning and supporting learning
EPR	Electronic Patient Record	A digital version of a patient's record
ELoC	End of Life Care	Refers to health care of patients with a terminal illness or terminal condition

Acronym	Term	Meaning / explanation
EM	Emergency Planning	An emergency management plan is a course of action developed to mitigate the damage of potential events that could endanger an organization's ability to function
EMIS	Egton Medical Information Systems	The principal clinical system used by all GPs in Dudley which stores the core electronic patient record
EOL	End of Life	The term 'end of life' usually refers to the last year of life, although for some people this will be significantly shorter
EPRR	Emergency Preparedness, Resilience and Response	The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or service user care
ERIC	Estates Return Information Collection	The Estates Return Information Collection (ERIC) contains information relating to the costs of providing, maintaining, and servicing the NHS estate. It provides essential information relating to its safety, quality, running costs and activity, and also supports work to improve efficiency
ESR	Electronic Staff Record	A national web based NHS system used for HR and Payroll purposes. It is used to record and maintain employee information and has a number of 'self-service' modules which enable staff and managers to make changes to the information held
EUTE	End User Training Environment	A replica of the software containing fictitious patient data, used to train end users
EOI	Expression of Interest	A statement by a company or investor of their intention to compete for an opportunity to do a job or become involved in a business
F2SU	Freedom to Speak Up	The mechanism whereby staff can raise anything that gets I the way of high-quality effective care or that effects their working life
FBC	Full Business Case	The written case that supports the transaction, the strategic context, economic analysis, commercial approach, financial case and management approach
FCP	First Contact Practitioners	The health professional that is able to see patients without the need to be referred by a GP, to make a more rapid assessment of the patient and refer onwards if necessary
FFT	Friends & Family Test	A survey to help service providers and commissioners understand whether service users are happy with the service provided, or where improvements are needed
FFF	Future-Focused Finance	Launched in 2014, it is a vision for NHS finance to aspire to over a five-year period, with a tagline of 'Making People Count'
F,P&D	Finance, Performance and Digital Committee	A committee of the Trust Board. The Committee seeks assurance regarding the financial position of the Trust, and addresses such matters as the delivery of financial targets, and contracting position. It

Acronym	Term	Meaning / explanation
		also approves investments and business plans (within limits set by Trust Board) as well monitoring Digital Strategy
FOI	Freedom of Information	The right to access information held by public bodies
FOIA	Freedom of Information Act	The Freedom of Information Act 2000 provides public access to information held by public authorities
FPPR	Fit and Proper Person Requirement [for Directors]	The FPPR came into force for all NHS trusts in November 2014. The regulations require trusts to assure themselves that all executive and non-executive directors (or those in equivalent roles) are fit and proper individuals to carry out their role. The purpose of the FPPR is not only to hold trust board members to account in relation to their conduct and performance, but also to instil confidence in the public that the individuals leading NHS organisations are suitable to hold their positions. The CQC holds trusts to account in relation to the FPPR through the well-led key question of its regulatory model. CQC's guidance on the FPPR places ultimate responsibility on the chair to discharge the requirements of the FPPR
FRF	Finance Recovery Fund	A financial framework was introduced by NHSE/I to the provider sector, with the aim of eliminating all Trust deficits by 2023/24. Central to this is the Financial Recovery Fund that is targeted at Trusts that agree control totals, deliver efficiencies but still record a deficit
FT	Foundation Trust	Type of NHS provider organisation which has more autonomy and different governance arrangements. FTs are authorised and regulated by 'Monitor'. Government policy requires all provider Trusts to be FTs by 2013
GDPR	General Data Protection Regulation	A legal framework that sets guidelines for the collection and processing of personal information from individuals who live in the European Union (EU)
GMC	General Medical Council	Works to protect patient safety and improve medical education and practice across
GP	General Practitioner	A doctor based in the community who treats patients with minor or chronic illnesses and refers those with serious conditions to a hospital
HCA	Health Care Assistant	Work within a range of NHS hospital or community settings under the guidance of a variety of healthcare professionals. An HCA could be working alongside nurses in hospitals or midwives in maternity services or in mental health, community or General Practice (GP) surgeries, for example
HCPC	Health and Care Professions Council	A regulator of health and care professions in the UK

Acronym	Term	Meaning / explanation
HEE	Health Education England	A Special Health Authority of the Department of Health. Its function is to provide national leadership and coordination for the education and training within the health and public health workforce within England
HEWM	Health Education West Midlands	The body responsible for the education and training of health and public health workers at a regional level
HFMA	Healthcare Financial Management Association	The representative body for finance staff in healthcare
HIA	Health Impact Assessment	A practical approach used to judge the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups
HoNOS	Health of the Nation Outcome Scales	HoNOS is a clinical outcome measure that is used to help plan care and interventions for service users, and is completed following the routine clinical assessment of a service users' needs. 12 simple scales are used on which service users are rated by clinical staff. These ratings can be repeated following a course of treatment or intervention and then compared to the original ones recorded to see if a service users status has changed
HR	Human Resources	The personnel of a business or organization, regarded as a significant asset in terms of skills and abilities
HSA	Health and Safety Act	The Health and Safety at Work Act 1974 (HASAWA) lays down wide-ranging duties on employers. Employers must protect the 'health, safety and welfare' at work of all their employees, as well as others on their premises, including temps, casual workers, the self-employed, clients, visitors and the general public
HSE	Health and Safety Executive	The Health and Safety Executive (HSE) is Britain's national regulator for workplace health and safety. It prevents work-related death, injury and ill health
HWE	Health Watch England	The independent national champion for people who use health and social care services
IA	Initial Assessment	An initial assessment will be carried out on an individual whenever they approach the NHS for help, or perhaps when they are transferred to a different department or team within the NHS as part of their ongoing care. This initial assessment will build up an accurate picture of a person's needs. Different professionals and organisations provide a range of services and so an initial assessment may take many forms. Professionals involved could include nurses, social workers, psychologists, pharmacists, psychiatrists, or a combination of these
IAPT	Improving Access to Psychological Therapies	One of the Trust's services, transferred over on 1st April 2020. An NHS programme rolling out services across England offering interventions for treating people with depression and anxiety disorders

Acronym	Term	Meaning / explanation
IBS	Irritable Bowel Syndrome	A common condition that affects the digestive system. It causes symptoms like stomach cramps, bloating, diarrhoea and constipation. These tend to come and go over time, and can last for days, weeks or months at a time
ICA	Integrated Care Alliance	Where NHS organisations are working in partnership with the local council and others, to take collective responsibility for managing resources, delivering standards, and improving the health and social care of the population
ICO	Information Commissioner's Office	The Information Commissioner's Office (ICO) upholds information rights in the public interest, promoting openness by public bodies and data privacy for individuals. ICO is an executive non-departmental public body, sponsored by the Department for Digital, Culture, Media & Sport
ICP	Integrated Care Plan	Care that is planned with people who work together to understand the service user and their carer(s), puts them in control and coordinates and delivers services to achieve the best outcomes
I&E	Income & Expenditure	a summary of all items of incomes and expenses which relate to the ongoing accounting year. It is prepared with the objective of finding out the surplus or deficit arising out of current incomes over current expenses
IFRS	International Financial Reporting Standards	International Financial Reporting Standards (IFRS) set common rules so that financial statements can be consistent, transparent, and comparable around the world. ... They specify how companies must maintain and report their accounts, defining types of transactions, and other events with financial impact
IG	Information Governance	Information Governance (IG) is to do with the way organisations process or handle information. ... It allows organisations and individuals to ensure that personal information is handled legally, securely, efficiently and effectively in order to support delivery of the best possible care
IM&T	Information Management and Technology	Information management technology refers to the processes, systems, hardware, and software a company uses to conduct its day-to-day operations
IMT	Incident Management Team	A multi-disciplinary, multiagency group with responsibility for investigating and managing an incident
IPC	Infection Prevention and Control	A scientific approach and practical solution designed to prevent harm caused by infection to service users and health workers
IPD	Integrated Performance Dashboard	A report produced for Trust Board and appropriate Committees to monitor key quality, patient safety and financial performance. The report provides assurance of ongoing monitoring against key

Acronym	Term	Meaning / explanation
		performance indicators, allowing the Trust Board or Committee to gain assurance regarding performance, and remedial actions
ISAP	Integrated Support and Assurance Process	The set of activities that begin when commissioners start to develop a strategy for a complex or novel contract
JSNA	Joint Strategic Needs Assessment	The Joint Strategic Needs Assessment (JSNA) is a process by which local authorities and Clinical Commissioning Groups assess the current and future health, care and wellbeing needs of the local community to inform local decision making
KLOE	Key Lines of Enquiry (CQC)	Covers the various different areas, which regulatory bodies such as CQC will investigate when they come to do an inspection of a care setting
KPIs	Key Performance Indicators	These are measures of performance and are used by the Trust to evaluate levels of success in achieving its goals
LA	Local Authority	The Local Council, i.e. Dudley Metropolitan Borough Council
LAC	Looked After Children	A child cared for by Government and are more vulnerable to health inequalities
LD	Learning Disabilities	A learning disability affects the way a person learns new things throughout their lifetime. It affects the way a person understands information and how they communicate. This means they can have difficulty: • understanding new or complex information • learning new skills • coping independently A learning disability can be mild, moderate, or severe. Some individuals with a learning disability are able to live independently, while others need help with everyday tasks
LETB	Local Education and Training Board	Committees of HEE, that are responsible for training and education of NHS staff, made up of representatives from local providers of NHS services. The local LETB is Health Education West Midlands (HEWM)
LGBT	Lesbian, Gay, Bisexual, Transgender	These terms are used to describe a person's sexual orientation or gender identity
LGBTQ	Lesbian, Gay, Bisexual, Trans, Questioning	These terms are used to describe a person's sexual orientation or gender identity
LHE	Local Health Economy	Term used to refer to a system of health organisations within a geographical area, usually within the boundary of a particular Local Authority

Acronym	Term	Meaning / explanation
LPS	Liberty Protection Safeguards	The LPS will provide legal authorisation for depriving people in England and Wales of their liberty for the purposes of health or social care services, where the person lacks capacity to consent to their confinement. It will replace the Deprivation of Liberty Safeguards (DoLS), in relation to cases involving care homes or hospitals, and the authorisation of deprivations in other settings by the Court of Protection
LOS	Length of Stay	The length of time that someone remains in hospital
LTA	Long-Term Agreement	A type of contract that performs the work for another over an extended period of time, more than five years in duration
LTC	Long-Term Conditions	A Long Term Condition (also known as a Chronic Condition) is a health problem that requires ongoing management over a period of years or decades. One that cannot currently be cured but can be controlled with the use of medication and/or other therapies
LTFM	Long Term Financial Model	Accompanies the FBC. Describes the financial plans for the Trust over at least a 5-year period
LTPS	Liability to Third Party Scheme	Typically covers employers' and public liability claims from NHS staff, patients and members of the public. These range from straightforward slips and trips to serious workplace manual handling, bullying and stress claims
MASH	Multi-Agency Safeguarding Hub	The Multi Agency Safeguarding Hub (MASH) brings key professionals together to facilitate early, better quality information sharing, analysis and decision-making, to safeguard vulnerable children and young people more effectively
MAU	Medical Assessment Unit	A short-stay unit in some UK hospitals that may be co-located with A&E (accident and emergency or casualty), which serves to reduce patient turnaround time
MBC	Metropolitan Borough Council	DIHC covers one Dudley
MCA	Mental Capacity Act	Relatively new piece of legislation which has much wider application than mental health services. Aims to assess individuals' capacity to make decisions
MDT	Multidisciplinary Teams	A team with specialist healthcare professionals who manage patients with more complex needs
MHA	Mental Health Act	Specific legislation which allows mental health Trusts and some other agencies to detain an individual against their will for assessment or treatment. Mental Health Trusts are required to establish a sub-committee of the Board which scrutinises its application of the Act

Acronym	Term	Meaning / explanation
MHMDS	Mental Health Minimum Data Set	Set of information which is used as the basis for measuring, recording and evaluating activity
MHRA	Medicines and Healthcare Products Regulatory Agency	The UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness
MoU	Memorandum of Understanding	A memorandum of understanding (MoU) is a document that records the common intent and agreement between two or more parties. It defines the working relationships and guidelines between collaborating groups or parties
MRC	Medical Research Council	The Medical Research Council (MRC) improves the health of people in the UK - and around the world - by supporting excellent science, and training the very best scientists
MRSA	Meticillin-resistant Staphylococcus aureus	MRSA is a common skin bacterium that is resistant to a range of antibiotics, including meticillin. 'Meticillin-resistant' means the bacteria are unaffected by the meticillin. About 1/3 of us carry the SA bacteria on the surface of our skin or in our nose without developing infection, this is known as being colonised by the bacteria. MRSA infection occurs when the bacteria enter the body through a break in the skin and multiply, causing various symptoms (often swelling and redness at the site of infection)
MSNAP	Memory Services National Accreditation Programme	MSNAP an initiative of the CCQI**.** It is a standards based accreditation programme designed to improve the quality of care received by individuals with memory problems and dementia. Focuses is on the assessment and diagnosis process
MSK	Musculoskeletal	Relating to or denoting the musculature and skeleton together
NA	Nursing Associate	A nursing associate is a member of the nursing team in England that helps bridge the gap between health and care assistants and registered nurses
NAO	National Audit Office	The UK's independent public spending watchdog
NED	Non-Executive Director	A non-executive director is a member of a company's board of directors who is not part of the executive team. A non-executive director typically does not engage in the day-to-day management of the organization but is involved in policymaking and planning exercises

Acronym	Term	Meaning / explanation
NEWS	National Early Warning Score, EWS – Early Warning Score	A tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes
NHS	National Health Service	The umbrella term for the publicly-funded healthcare systems of the United Kingdom
NHSD	NHS Digital	The national information and technology partner to the NHS, using digital technology to transform the NHS and social care
NHSEI	NHS England and NHS Improvement	NHS England and NHS Improvement were previously separate entities, but now form a new integrated leadership structure, and are a non-departmental public body of the Department of Health and Social Care Jointly they oversee the budget, planning, delivery and day-to-day operation of both the commissioning and provider side of the NHS in England, as well as independent providers that provide NHS-funded care
NHSLA	National Health Service Litigation Authority	A Special Health Authority which deals with legal claims against NHS organisations. Based on a risk-pooling concept, NHS Trusts pay a yearly subscription, based on their risk profile and the nature of services provided. Assesses Trusts against a range of risk management standards. DWMHPT is currently accredited at NHSLA level 1
NHSPS	National Health Service Property Services	Government owned company which exists to help the NHS get the most of its estate by ensuring it is fit for purpose, its portfolio is the largest in the UK with more than 3000 properties, valued at over £3bn
NHSR	NHS Resolution	NHS Resolution is an arm's-length body of the Department of Health and Social Care. They provide expertise to the NHS on resolving concerns and disputes fairly, sharing learning for improvement and preserving resources for patient care
NHSCT	NHS Charities Together	NHS Charities Together is a collective experience representing, supporting and championing the work of the NHS' official charities
NICE	National Institute for Health and Clinical Excellence	NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health
NMC	Nursing and Midwifery Council	The nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland

Acronym	Term	Meaning / explanation
NPSA	National Patient Safety Agency	The NPSA are a body of the Department of Health. It leads and contributes to improved, safe patient care by informing, supporting and influencing the NHS. This has now closed and no longer operational
NQB	National Quality Board	The National Quality Board (NQB) was established to deliver high quality care for patients throughout the NHS and at the interface of health and social care
NTA	National Treatment Agency	A Special Health Authority which oversees drug treatment.
OH	Occupational Health	The branch of medicine dealing with the prevention and treatment of job-related injuries and illnesses
OJEU	Office of the Journal of the European Union	This is the publication in which all tenders from the public sector which are valued above a certain financial threshold according to EU legislation must be published
OOH	Out of Hours	Out of hours is the period of time outside of 'normal' working hours. In the NHS out of hours is defined as from 6.30pm to 8am on weekdays and all day at weekends and on bank holidays. If you need emergency help outside of normal working hours you will often be diverted to an out of hours service, such as an urgent care centre, A&E Dept, or Crisis Team
ONS	Office for National Statistics	UKs largest independent producer of official statistics and its recognised national statistics institute, responsible for collecting and publishing statistics relating to the economy, population and society at national, regional and local levels
OP	Out Patients	A patient who has been referred to hospital but does not need to stay overnight
OT	Occupational Therapy	A science degree-based, health and social care profession, regulated by the Health and Care Professions Council. Occupational therapy takes a "whole-person approach" to both mental and physical health and wellbeing and enables individuals to achieve their full potential
OTC	Over The Counter	Available by ordinary retail purchase, with no need for a prescription or licence
PALs	Patient Advise Liaison Service	The Patient Advice and Liaison Service, known as PALS, has been introduced to ensure that the NHS listens to patients, their relatives, carers and friends and answers their questions and resolves their concerns as quickly as possible
PBR	Payment by Results	System within which there are standardised national prices for healthcare interventions. Mental health services are not currently subject to this tariff
PCN	Primary Care Network	Primary care networks (PCN) are groups of practices working together to focus local patient care
PCT	Primary Care Trust	NHS organisations currently responsible for public health needs assessment, commissioning healthcare services and providing community services. NHS White Paper has stated that PCTs will be abolished

Acronym	Term	Meaning / explanation
PDC	Public Dividend Capital	A form of long-term government finance which was initially provided to NHS Trusts when they were first formed to enable them to purchase the Trust's assets from the Secretary of State
PDP	Personal Development Plan	People working in health are encouraged to review their goals and achievements on a regular basis using a Personal Development Plan. This plan in individual to each staff member, and identifies and addresses any educational and professional development needs, and also looks at areas for further development. A plan can identify goals for the forthcoming year and methods for achieving these goals
PE	Pulmonary Embolism, DVT – Deep Vein Thrombosis	Pulmonary embolism is a blockage in one of the pulmonary arteries in your lungs. In most cases, pulmonary embolism is caused by blood clots that travel to the lungs from deep veins in the legs or, rarely, from veins in other parts of the body (deep vein thrombosis)
PES	Property Expenses Scheme	The scheme is administered by NHSLA on behalf of the Secretary of State. It covers “first party” losses for material damage to buildings and contents from a variety of causes, including fire, theft and water damage. It also offers business interruption expense cover arising from property damage
PFI	Private Finance Investments	Arrangements set up with private sector companies to organise such things as large scale infrastructure buildings (e.g. new hospitals). The projects are put out to tender and bids invited from buildings firms and developers who raise capital, built the premises and then lease them back to the government
PHE	Public Health England	An executive agency sponsored by the Department of Health and Social care to protect and improve the nation’s health and wellbeing, and reduce health inequalities
PICU	Psychiatric Intensive Care Unit	Psychiatric Intensive Care Units (PICU) are specialist wards that provide inpatient mental health care, assessment and comprehensive treatment to individuals who are experiencing the most acutely disturbed phase of a serious mental disorder
PID	Project Initiation Document	Document which is developed at the beginning of a project which describes how the project will be implemented, how decisions will be made and what arrangements for reporting and accountability are in place
PIP	Productivity Improvement Project	National project for mental health services which will enable better evaluation of productivity and crucially, help to prepare mental health services for a tariff. Within the Trust, this project is led by Phillip Hogarth

Acronym	Term	Meaning / explanation
PLACE	Patient-led assessments of the care environment	The system for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections. The assessments see local people go into hospitals as part of teams to assess how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance
PMO	Programme Management Office	The Programme Management Office to support delivery of the Trust's strategic objectives via service transformation, improvement, growth and cost improvement
PMVA	Prevention and Management of Violence and Aggression	Prevention and Management of Violence and Aggression involves such things as effective communication, effective risk assessment, prevention planning, service user involvement and learning from incidents. All these things contribute to reducing the amount of violence and aggression experienced by NHS staff
PPE	Personal Protective Equipment	PPE protects the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. It also includes respiratory protective equipment, such as face masks
PQQ	Pre-qualification questionnaire	The PQQ is used to select a shortlist of bidders out of those who expressed an interest. Those bidders who are successful at the pre-qualification stage will then be invited to tender
PTIP	Post Transaction Integration Plan	The written plan that demonstrates the benefits of the transaction, feasibility of the proposed structure, underpinning project plans, plans for cultural integration, plans for transformational change and plans for continued achievement of national targets and core standards
Q&S	Quality & Safety Committee	A Committee of the Trust Board. The Committee seeks assurance about the governance systems and processes in place to support the Trust in delivering services against the mandated and accredited standards expected of service delivery. The Committee covers a wide range of items, such as incidents, health and safety, quality assessments, safeguarding, and violence and aggression
QIA	Quality Impact Assessment	A tool to consider the impacts and changes on patient safety, experience and quality of care
QPR	Quarterly Performance Review	A review undertaken every quarter within a year (4 times each year) which looks at whether the Trust is achieving against its agreed targets
RAG	Red/Amber/Green	A system of categorising performance / risk etc, indicating how a particular plan or action is progressing

Acronym	Term	Meaning / explanation
RCA	Root Cause Analysis	Root Cause Analysis was developed for the health services to promote an organised approach to the investigation of serious incidents. It identifies any underlying system and process issues that may have caused or contributed to the incident
ROI	Return on Investment	The benefit to the investor resulting from an investment of some resource. A high ROI means the investment gains compare favourably to investment cost
RTT	Referral to Treatment	In England patients have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment
SAMh	Support Association for Mental Health	A service user-led organisation that aims to ensure mental health services are meeting the needs of local people
SE	Service Experience	The Trust's central point of contact for all concerns and enquiries from service users, families and carers whether these are formal or informal, compliments, suggestions or complaints
SEN(D)	Special Educational Need (and Disabilities)	A legal definition and refers to children with learning problems or disabilities that make it harder for them to learn than most children the same age
SFI	Standing Financial Instructions	These Instructions explain the financial responsibilities, policies and procedures to be adopted by the Trust. They are designed to ensure that its financial transactions are carried out in accordance with the law, Government policy, and best practice. The instructions apply to all Trust staff in relation to all financial matters
SI/SUI	Serious Incident/Serious Untoward Incident	Any unplanned occurrence which has actual or potential negative impact
SID	Senior Independent Director	The senior independent director is a non-executive director appointed by the Board of Directors. The senior independent director supports the chairperson and serves as an intermediary for the other directors when necessary
SIRI	Serious Incident Requiring Investigation	An incident that occurs in relation to NHS-funded services and care resulting in one of the following: • Acts or omissions in care that result in; unexpected or avoidable death. • Unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm, abuse.

Acronym	Term	Meaning / explanation
		• Never Events, incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services
SIRO	Senior Information Risk Owner	The senior risk owner in DIHC and champions information security at Board level
SitRep	Situation Report	A report explaining the situation in regards to any particular matter
SJR	Structured Judgement Review	Structured judgement review blends clinical-judgement based review methods with a standard format. This approach requires reviewers to make safety and quality judgements over phases of care, to make explicit written comments about care for each phase, and to score care for each phase. This results in a short but rich set of information about each case in a form that can also be collected to produce knowledge about clinical services and systems of care
SLA	Service Level Agreement	Agreement between two organisations where one is providing a service to the other. Describes the nature of the service and usually, the financial arrangements in place to support the exchange. Utilised a great deal within the NHS as contracts between NHS organisations (except Foundation Trusts) are not legally enforceable
SLR	Service Line Reporting	Aims to improve the level of financial and performance information available to managers of service functions. It brings together the income generated by services and the costs associated with providing that service to patients, and reports this for each operational unit
SOF	Single Oversight Framework	The SOF is a framework for NHS Trusts which takes account of the challenges facing NHS providers. The framework is used to segment Trusts according to the level of support each Trust needs across five themes: • Quality of care • Finance and use of resources • Operational performance • Strategic change • Leadership and improvement capability The segmentation defines the approach that NHSE/I will take with a Trust with regard to the oversight and support provided

Acronym	Term	Meaning / explanation
SRO	Senior Responsible Officer	The visible owner of the Trust's overall business change, accountable for successful delivery and is recognised throughout the organisation as the key leadership figure in driving the change forward
Stat/Man	Statutory and Mandatory Training	Statutory training is required to ensure that the Trust is meeting any legislative duties Mandatory training is an organisational requirement to limit risk and maintain safe working practice
STP	Sustainability and Transformation Partnership	NHS organisations, local authorities and clinical commissioning groups working together to improve the health and wellbeing of a population in a particular area. Each area produces its own STP Plan and those organisations with that particular STP work together to achieve it
SUI	Serious Untoward Incident	An incident occurring during NHS funded healthcare (including in the community) which results in one or more of the following: unexpected or avoidable death or severe harm of one or more patients, staff or members of the public
TB	Trust Board	Led by the Chair and composed of a mixture of executive and non- executive members, the Trust Board has a collective responsibility for the performance of the organisation. The main focus of the Trust Board is providing high standards of health care. The Trust Board are essential in shaping the strategy, vision and purpose of an organisation. They are responsible for holding the organisation to account for the delivery of the strategy and to ensure value for money
TCS	Transforming Community Services	National policy directive under which PCTs are required to divest themselves of the management of all provider services. This must be effected by April 2012
TNA	Training Needs Analysis	An analysis of the current skills of a learner which is used to determine the skills to be developed
ToR	Terms of Reference	Define the purpose and structure of a project, committee, meeting, negotiation, or any similar collection of people who have agreed to work together to accomplish a shared goal
TtT	Train the Trainer	A training course to show trainers how to use software to enable them to train end users
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981	Rules which protect employees if the business in which they are employed changes hands. Its effect is to move employees and any liabilities associated with them from the old employer to the new employer by operation of law
UAT	User Acceptance Testing	Programme team undertakes formal test and acceptance with Trust services that the system is fit for purpose and makes any design changes necessary

Acronym	Term	Meaning / explanation
UCAS	Urgent Care and Access Services	An illness or injury that requires urgent attention but is not a life-threatening situation. Urgent care services include a phone consultation through the NHS111 Clinical Assessment Service, pharmacy advice, out-of-hours GP appointments, and/or referral to an urgent treatment centre (UTC)
UCC	Urgent Care Centre	Urgent treatment centres are a facility you can go to if you need urgent medical attention, but it's not a life-threatening situation
WDES	Workforce Disability Equality Standard	Is a set of ten specific measures (metrics) which enables **NHS** organisations to compare the workplace and career experiences of Disabled and non-disabled staff. **NHS** trusts use the metrics data to develop and publish an action plan
WRES	Workforce Race Equality Standard	It provides an overview of the data on all nine WRES indicators and where possible, comparison against data from previous years Understanding the data is one of the steps in helping organisations to develop evidence-based action plans, to improve on the workforce race equality agenda
WTE	Whole time equivalent	The WTE for each person is based on their hours worked as a proportion of the contracted hours normally worked by a full-**time** employee in the post
YTD	Year to Date	Term often used in financial reporting meaning from the beginning of the financial year to this point in time’