

DUDLEY INTEGRATED HEALTH AND CARE BOARD

TUESDAY 2 JUNE 2020
VIRTUAL MEETING VIA MICROSOFT TEAMS
09.30 – 12.00

PUBLIC AGENDA

Item No	Agenda Item	Enclosure	Presented by	Time
1.	Chairman's Welcome	Verbal	Mr H Turner	09:30
2.	Apologies	Verbal	Mr H Turner	09:32
3.	Declarations of Interest	Verbal	Mr H Turner	09:33
4. 4.1	Stakeholder Story Population Health Update	Verbal	Mr A Nicholls	09:35
5.	Minutes from the previous meeting held on 5 May 2020 for approval	Enclosure 1	Mr H Turner	10:05
6.	Action Register and Matters Arising	Enclosure 2	Mr H Turner	10:10
7.	Agenda for Part Two	Enclosure 3	Mr H Turner	10:15
8.	Chief Executive's Report	Enclosure 4	Mr P Assinder	10:20
9.	Chair's Update	Verbal	Mr H Turner	10:30
10. 10.1	Exceptional items COVID19 Response	Verbal	Mrs C Brunt	10:40
11. 11.1 11.2 11.3	Corporate Governance and Compliance Corporate Risk Register Transaction Committee Terms of Reference Update on Governance Development	Enclosure 5 Enclosure 6 Verbal	Mr J Young Mrs S Cartwright Mr J Young	10:50
12. 12.1	Quality & Safety Report from Integrated Governance Committee	Enclosure 7	Mrs C Brunt	11:05
13. 13.1	Finance, Performance and Digital Report from Integrated Governance Committee	Enclosure 8	Mr M Gamage	11:15
14. 14.1	Workforce & OD Report from Integrated Governance Committee	Enclosure 9	Mrs B Edgar	11:25

Item No	Agenda Item	Enclosure	Presented by	Time
15. 15.1	Transaction and ICP Development Report from Transaction Committee	Enclosure 10	Mrs S Cartwright	11:35
16.	Any Other Business	Verbal	Mr H Turner	11:45
17.	Questions from the public	Verbal	Mr H Turner	11:50
18.	Board reflections	Verbal	Mr H Turner	11:55
19.	Date of next meeting: 9 July 2020, 09.30 – 12.00 Venue TBC			

DUDLEY INTEGRATED HEALTH AND CARE BOARD

MINUTES OF THE PUBLIC MEETING HELD ON 5 MAY 2020 VIA MICROSOFT TEAMS

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 B Edgar (BE)	Interim Associate Director of People, 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
Mr J Young (JY)	Board Secretary, Dudley IHC
Mr D Gilburt (DG)	Non-Executive Director, Dudley IHC
Mr M Evans (ME)	Non-Executive Director, Dudley IHC
Mr G Solomon (GS)	Non-Executive Director, Dudley IHC
Mr I Buckley (IB)	Non-Executive Director, Dudley IHC
Ms V Little (VL)	Non-Executive Director, Dudley IHC
Dr R Tapparo (RT)	Interim Associate Non-Executive Director
Dr G Love (GL)	Interim Associate Non-Executive Director

In Attendance:

Helen Codd (HC)	Engagement Manager, Dudley CCG
Dr Richard Bramble (RB)	Clinical Lead for Respiratory Assessment Centre
(Item 4 Stakeholder Story Only)	

Minute Taker:

Miss K Weston (KW)	Interim Executive Assistant, Dudley IHC
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015/20. CHAIRMAN'S WELCOME

The Chair welcomed the Board to the meeting and introduced Dr Chris Weiner, Interim Medical Director for Dudley Integrated Health and Care NHS (DIHC).

016/20. APOLOGIES

No apologies noted.

017/20. DECLARATIONS OF INTEREST

CW declared that he is on secondment from NHSI/E, this interest is to be added to the Declarations of Interest register.

It was noted moving forwards the Declaration of Interest register will not be included in Board papers, however will be kept as a record on DIHC's website. Board members should inform KW or JY at the earliest opportunity if a declared interest has changed, or if a new interest needs added to the register.

Any conflicts of interest relating to specific agenda items will need to be verbally raised moving forward.

018/20. STAKEHOLDER STORY

Update on Respiratory Assessment Centre (Red Centre)

RB was welcomed to the Board meeting to provide an update on the Respiratory Assessment Centre set up to deal with patients identified in Primary Care with suspected COVID19 symptoms. RB is a Primary Care Network (PCN) Clinical Director and General Practitioner in Netherton. RB's presentation was well received by the Board.

The speed in which the centre was established was formally recognised by the Board and it was highlighted that a number of stakeholders provided their contribution and support including The Dudley Group NHS Foundation Trust (DGFT). Acknowledgement was given to the staff at the centre for their resilience and hard work during this difficult time.

It was recognised that patients who have been seen at the centre may require emotional support, therefore a listening and guidance service has been set up through the PCNs which provides support to individuals and their families during this epidemic including those attending the centre.

Personal Protective Equipment (PPE) will be discussed outside of this meeting between CW and RB to ensure that clinicians on the front line are kept safe. CB provided assurance around staffing and utilisation, and that on a regular basis the clinical needs of the team are reviewed.

A remote patient monitoring system is being explored to improve aftercare for patients with COVID19 symptoms. Following a question raised by VL it was noted there is potential in the future to extend this to patients with long term conditions, however further conversations would need to take place before this could be implemented. [Any reference to specific remote patient monitoring companies has been redacted from the minutes due to commercial reasons.]

Assurance was provided that learning from this project will be carried forward to future projects which should include patient experience.

RT commented that it would be useful to map out the cost of the centre against the amount of service that has been provided. MG responded that financial arrangements have been made by NHSE/I during this pandemic and these block arrangements are detailed within enclosure seven. MG commented that a consistent set of rates have been agreed for members of staff working at the centres across the Black Country, and funding for the centre will be reported through the Integrated Governance Committee.

BE highlighted that the workforce model is currently operating with a temporary workforce, and work needs to be carried out to implement a sustainable model to ensure continuity to meet COVID19 demands.

The Board formally thanked RB and acknowledged the work undertaken to develop the centre. CB also added a personal note of thank you to RB for the leadership that has been demonstrated.

The Board noted the update provided regarding the Respiratory Assessment Centre.

019/20. MINUTES FROM PREVIOUS MEETING HELD ON 1ST APRIL 2020

Helen Codd is to be added as in attendance on the first page of the previous minutes, and GS surname to be corrected.

Following the above amendments the minutes from the previous meeting held on 1st April 2020 were agreed as an accurate record of the meeting.

020/20. ACTION REGISTER AND MATTERS ARISING

Ref 002/20

The Board agreed for this action to be closed.

Ref 007/20

The Terms of Reference (ToR) are currently being worked through with the Chairs of the Committees therefore it was agreed for this action to be deferred until June.

Ref 011/20

Work is continuing on the Business Cycle, it was agreed that this action is to be deferred until June.

Ref 012/20

An update will be provided around the financial model and cost impact for the Trust as result of COVID19 within today's meeting. Action to be closed.

Matters Arising

Following the meeting held on 1st April 2020, MG has received confirmation that Dudley and Walsall Mental Health Partnership NHS Foundation Trust (DWMHPT) external auditors will be extending their contract arrangements for 12 months. Funding arrangements are to be confirmed.

An update was requested regarding engagement with the public, and HT confirmed that this will be covered under the Chairs update.

021/20. AGENDA FOR PRIVATE BOARD SESSION

The Board noted the agenda for part two of the meeting.

022/20. CHIEF EXECUTIVE REPORT

PA formally acknowledged the bravery and commitment of the front line staff in Primary Care, Care Homes, Community Services and Mental Health Services. The NHS is still currently at level four for its emergency status and the Trust has been working very closely with system partners around the Covid19 response.

PA referred to appendix one, a letter that has been received from Sir Simon Stevens Chief Executive of the NHS. The letter outlines the NHS entering the second phase of the Covid19 response and instructs Commissioners and Providers to begin to re-instate non-Covid19 urgent services that have been temporarily suspended or reduced.

The NHS has been asked to commit itself to the next phase described as restoration, recovery and reset. The period of July 2020 – March 2021 has been characterised by the period of 'recovery' to organise a sustained recovery of services and indeed thinking further on around a reset of the NHS offer post 1st April 2021. Plans are being discussed and developed locally at both a place based level and secondly at a wider STP level across the Black Country and West Birmingham footprint. It was noted PA has been asked to be the lead Chief Executive on the Primary Care and Community aspects for the wider Black Country and West Birmingham plan.

The Trust has been notified by the Department of Health and Social Care of a review being undertaken around three factors – ethnicity, gender and obesity – impacting health outcomes for COVID19. Results are initially planned to be published by the end of May. The National Institute of Health Research and UK

Research and Innovation have also called for academic research proposals into the factors influencing health outcomes for COVID19.

PA raised that both Improving Access to Psychological Therapies (IAPT) and Primary Care Mental Health (PCMH) have seen a reduction in both activity and referrals into their services. However, it is anticipated that there will be a secondary surge in terms of demand for these services in the coming weeks.

The Full Business Case (FBC) to support the award of the ICP contract is still currently being populated and examples of the benefits of integrated care are being captured. DIHC spoke with NHSE/I on 1st May and are awaiting a response around their capacity to review the FBC.

PA updated that the Executive Team are working on the tactical objectives and the draft Board Assurance Framework (BAF).

ME questioned how equipped the Board is around predicting the increased demand for COVID19 aftercare and support in community health services, primary care, and mental health. PA responded that Dudley has valuable modelling capabilities led by Dudley CCG and investments in technology allows trends to be traced promptly. CW also added that maintaining agility will help to meet the needs of the community.

VL made reference to the contact tracing application and questioned how this may be introduced locally. PA responded that the NHS as of today are piloting the application on the Isle of Wight, and the Black Country are in the process of recruiting contract tracers. DG questioned what skills are required for contact tracers and how are they being recruited. PA stated that national adverts are advertised on NHS Jobs and there is a plan to block recruit via agencies. PA highlighted that there is a training and support package available for all contact tracers with an emphasis on the counselling aspect of this role.

The Board noted the Chief Executive report.

023/20. CHAIRS UPDATE

HT assured the Board that governance arrangements are being developed ensuring that the arrangements reflect the present circumstances and also the current size of this organisation.

Referring to an earlier comment regarding public engagement, HT stated the use of social media is being explored, and HT is engaging nationally with organisations to discuss the appropriate way forward during these unusual times. In order to maintain transparency, the Board is committed to meeting in public as soon as it is safe to do so.

NHS Improvement NExT Director Scheme

DIHC have been asked to participate in the NHS Improvement NExT Director Scheme to provide support to people who are currently under-represented on trust boards and give an opportunity to develop within a board environment.

No salary is attached to the scheme and there will be a requirement that the person(s) on placement will attend both the trusts Public and Private Board. A Non-Executive Director will be required to be assigned as a mentor to help shape the NExT Director's personal programme.

All board members are in support of this proposal.

The paper was well received and the Board are in support of participating in the NHS Improvement NExT Director Scheme.

COVID19 Response – Financial Processes to be followed under COVID

Referring to enclosure seven, MG provided a summary of the financial arrangements for NHS Providers during the COVID19 crisis.

MG updated that a review has been undertaken of the current SFIs and Scheme of Delegation to ensure there is efficient capacity and flexibility to respond to the current crisis, and it is proposed moving forwards delegated authority is given to the Director of Nursing and Allied Health Professionals for payments up to £49,999 for COVID19 related expenditure.

Following discussions it was agreed that requisitions from £50,000 - £100,000 will require approval from the Director of Finance, and requisitions from £100,000 - £249,999 will require approval from both the Director of Finance and Chief Executive or nominated deputy.

Following the amendment of the sign off threshold, the Board formally approve the Scheme of Delegation for Covid-19 related expenditure.

COVID 19 Response – Wider System Support

SC stated that the delay to the submission of the FBC and creation of the organisation has given the Trust the opportunity to support the wider system during the current crisis.

A home visiting service for patients who are unable to attend the Respiratory Assessment Centre has been established, provided through the Clinical Hub. There has also been an expansion of services within the hub around support for end of life care and long term conditions. It was noted that the Clinical Hub is provided by DGFT and that DIHCs support and intervention in developing these services further has been welcomed.

DIHC joins the daily BCH COVID19 calls to provide support in their system response working closely around transformation which includes the Trusts two services, IAPT and PCMH. DIHC is also in regular contact with DGFT to provide support and integration around primary care and community services. Work is being progressed around primary care transformation and also mental health services due to the anticipated surge in referrals as referenced to in an earlier discussion.

DG questioned if there is any postcode data around patients who have contracted COVID19 to enable targeted messaging to be sent to those communities. SC responded that this is a suggestion that could be explored further with the Business Intelligence team.

GS questioned if there is an update on the impact of nursing and care home admissions to hospitals for COVID19. SC responded that Dudley CCG report daily on the number of COVID cases within nursing homes and there has been a national communication around increasing the support to care homes. Plans are being explored to increase the Primary Care input into care homes.

The Board noted the update around the wider system support for the COVID19 response.

025/20. CORPORATE GOVERNANCE AND COMPLIANCE

Report from Audit & Risk Committee

The first Audit and Risk committee that was held on 1st April was not quorate, however DG stated that there was agreement to recommend the extension of the current internal auditors for a period of 12 months whilst the approach for a longer-term solution is developed. The Board confirmed that they are in support of this recommendation and MG will action this.

The three core governance documents - Standing Orders, Standing Financial Instructions and the Scheme of Delegation – are going to be reviewed and will subsequently be ratified formally by the Committee.

It was noted that there will be a formal Committee held in May to receive the audit report on the accounts for DWMHPT, and it is proposed that the Board approve delegated authority for the Audit committee to review and sign off these accounts.

The Board noted the Audit and Risk Committee report. The Board support the recommendation of the extension to the current Internal Auditors for a period of 12 months, and approve delegated authority for the Audit and Risk Committee to sign off the DWMHPT accounts subject to the Auditors and Executive Team from DWMHPT being in attendance.

Corporate Risk Register

The corporate risk register was presented to the board detailing the red rated risk which have a score of 15 or higher. It is proposed that C-030, C-070 and C-101 ratings are reduced below 15 and T-012 is recommended for closure.

JY raised that risk T-102 has increased in rating as the FBC submission has been delayed due to the direct impact of COVID19. The Board requested that the T-102 risk description is amended as the risk is around the delay to the award of the ICP contract.

It was noted moving forwards there will be a transparent flow of risks through the Integrated Governance Committee led by both the Non-Executive Directors and Executive leads.

The Board are assured that risks are being managed appropriately, and approve the proposed amendments detailed within the report, with the addition of the amendment to risk description T-102.

026/20. QUALITY AND SAFETY

Report from Integrated Governance Committee

The Board were updated that there no significant risks or issues identified at the first Integrated Governance Committee held on 7th April 2020. The three month timeframe for the Committee has been removed and will be reviewed as appropriate, and assurance was provided on a number of COVID-related areas including supporting system-wide working.

No questions were raised in regards to this report.

The Board formally noted assurance from the key discussions and decisions made at the Integrated Governance Committee.

Quality dashboard – update on development

JY updated that the appropriate dashboards are in the process of being developed and will be part of the reports moving forward. Data flow is received from BCH through the Service Level Agreement (SLA) that is in place. Data has been received for April and will therefore be collated into a dashboard that will be reviewed through the Integrated Governance Committee, and subsequently be reported at June's Board. JY assured the Board that there have been no concerns on the initial data that has been received.

The board noted the update on the developments of the dashboards.

Chief Nurse report/Medical Director report

It was noted that as the organisation develops a Chief Nurse and Medical Director report will be reported through Board.

027/20. FINANCE, PERFORMANCE AND DIGITAL

Report from Integrated Governance Committee

The Board noted the report from Integrated Governance Committee under 026/20 Quality and Safety.

Finance & Performance dashboard – IAPT Performance

Within the IAPT Performance report, it details that the 19/20 access target for IAPT was not achieved and that activity has significantly dropped during the COVID19 pandemic.

The recovery target was nearly achieved in 2019/20 as the actual performance was 49% compared to a target of 50%. The monthly target was achieved five times in the first half of the year, however performance against the target deteriorated in the last six months of the financial year.

A mental health task and finish group has been established to plan how to increase the access and recovery targets for IAPT. It was suggested that it may be beneficial to introduce achievable interim targets for the service. SC assured the Board that the team are involved with the STP discussions around the recovery plan for the IAPT services.

SC made the Board aware that BCH have set up a 24/7 advice line therefore Dudley patients who access this line will be directed to the IAPT service. Also, as there is an anticipated surge of referrals throughout COVID, the Trust has proposed for DGFT to provide patients with information around self-referring to the service when they are discharged from hospital.

Updates on the developments and performance of the service will be provided to Board members as appropriate.

CW commented that it would be helpful to consider the language used to help engage with front line staff, as currently in conversations performance target is being used however it is important to recognise it is also a quality measure in our healthcare system.

The Board support all recommendations noted within the IAPT performance report.

Budget Setting 2020/21

The 12 month budget position for the Trust is provided within the report, and the Director of Finance noted that the budgets do not include any assumptions regarding the award of the new Integrated Care Provider contract.

It was highlighted that during the first four months of the new financial year the Trust will achieve a balanced financial position, following national support for COVID19 related expenses.

For the period August 2020 to March 2021 the prevailing NHS financial regime has not yet been announced and therefore it is impossible to budget with any certainty. A formal meeting is to be arranged between DIHC and Dudley CCG to discuss transitional funding support for 2020/21

MG assured the Board that regular conversations will be held with budget holders to review if there are any areas where expenditure can be reduced. The financial position will be reported on a monthly basis through the Integrated Governance Committee.

It was noted that a number of actions will be undertaken to assure NHSE/I around any net deficit position and ensure it is recognised that this will be a temporary position. MG assured the Board that there will be sufficient cash resource available to enable the fulfilment of obligations moving forward.

PA highlighted that the national funding regime for the NHS is currently in a state of flux due to COVID as the cost base of provider organisations in the NHS is changing unrecognisably, and numerous organisations are not setting a budget as there is insufficient evidence of how services may look for the remainder of the year.

The board noted the baseline financial modelling that has been undertaken and note the work in progress to produce a more detailed budget for the remainder of the year following clarity around the national funding arrangements.

Due to the uncertainty regarding the national funding arrangements, the proposed budgets for 2020/21 are noted by the Board as work in progress. All further recommendations detailed within the report are noted and approved.

028/20. WORKFORCE AND OD

Report from Integrated Governance Committee

The Board noted the report from Integrated Governance Committee under 026/20 Quality and Safety.

BE updated that engagement with Black, Asian and Minority Ethnic (BAME) staff has improved as a more rigorous risk assessment for their wellbeing has been introduced. BE also stated that DIHC will be involved in staff sessions led by BCH to ensure all staff are supported.

BE is working closely with HR colleagues at BCH to receive regular staff information and ensure staff who are in isolation are tested to enable them to return to work.

The Board noted the Workforce and OD update.

Workforce dashboard

The workforce dashboard is currently being developed and will be reported through Board once established.

029/20. TRANSACTION AND ICP DEVELOPMENT

Report from Delivery Board

CW's appointment was discussed at the Delivery Board on 22nd April and the opportunity for CW to support work in other areas of the system was welcomed by DGFT.

The system risk register is managed through the Delivery Board and the transactional risk register will be managed through the Transaction Committee. It was noted that the first Transaction Committee is scheduled to take place on 12th May 2020.

The Delivery Board were updated on the work that the Trust has undertaken to support the local system during this current crisis, and SC will be providing partners with an updated version of the Trusts COVID19 support proposal.

The Terms of Reference for the Delivery Board are to be refreshed and presented at the next meeting for approval.

It was noted IB, GS and DG attend Delivery Board to ensure there is Non-Executive Director representation.

The report from Delivery Board is noted by the Board.

030/20. ANY OTHER BUSINESS

The Board and Committee membership report was virtually tabled at the meeting for information. Progress continues to be made to develop fit for purpose and necessary governance arrangements for the Trust, and Non-Executive Directors have been allocated to each Committee including Chair responsibilities.

It was agreed that the quorum for Transaction Committee is to be amended to two Executive Directors.

The Board noted the update provided regarding the Board and Committee membership for assurance.

031/20. QUESTIONS FROM THE PUBLIC

No questions received.

032/20. BOARD REFLECTIONS

The Board reflected on the meeting and in summary found it very informative and valuable. The Red Centre update was beneficial and the presentation was well received. Board members commented that they each had the opportunity to contribute to all discussed items and found that the reports were of good quality. It was agreed that moving forward enclosure numbers will be added to each report and that the meeting will be extended to ensure sufficient time is allocated for each agenda item.

033/20. DATE OF NEXT MEETING

2 June 2020, 09:30 – 12:00

Dudley Integrated Health and Care NHS Public Board Open Action Register



Ref	Date Raised	Action	Action Lead	Due Date	Update
007/20	01/04/2020	Update ToRs and bring completed documents to the next Board meeting for formal sign off.	JY	Jun-20	These are currently in progress and will be reviewed by the relevant Committees prior to coming back to Board for approval
011/20	01/04/2020	Provide updated business cycle at the next Board meeting.	JY	Jun-20	Work is continuing on defining the committees and sub-groups required - once finalised the schedule will be updated and presented back to Board
006/20	01/04/2020	Audit and Risk Committee to review and recommend to the Board any revisions of the constitution documents in the next three months.	MG	Jul-20	

DUDLEY INTEGRATED HEALTH AND CARE BOARD

**TUESDAY 2 JUNE 2020
VIRTUAL MEETING VIA MICROSOFT TEAMS
12.30 – 13.30**

PRIVATE AGENDA

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4.	Minutes from previous meeting held on 5 May 2020	Enclosure 1	Mr H Turner	12:35
5.	Action Register and Matters Arising	Enclosure 2	Mr H Turner	12:40
6.	Reflections from Part One	Verbal	Mr H Turner	12:45
7.	Black Country & West Birmingham Restoration & Recovery Plan	Enclosure 3	Mr P Assinder	12:50
8.	Tactical Objectives	Enclosure 4	Mr P Assinder	13:00
9.	Incremental Expansion	Enclosure 5	Mrs S Cartwright	13:10
10.	Primary Care Integration Committee – Terms of Reference	Enclosure 6	Mrs S Cartwright	13:20
11.	Board Development	Verbal	Mr H Turner	13:25
12.	Any Other Business	Verbal	Mr H Turner	13:30
13.	Date of next meeting: 9 July 2020, 12.30 – 13.30 Venue TBC			

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Chief Executive's Report
PURPOSE OF REPORT:	Board update on current issues
AUTHOR OF REPORT:	Paul Assinder, Interim Chief Executive
DATE OF MEETING:	02 June 2020
KEY POINTS:	<ol style="list-style-type: none"> 1. Summarises DIHC's role in the Dudley systems Covid-19 response. 2. Sets out latest NHS plans on Post Covid-19 service restoration, recovery & re-set 3. Mental Health Awareness week
RECOMMENDATION:	The Board is asked to note the report
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	No
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

Chief Executive's Report

1. Covid-19 System Response

The local Covid-19 system response in Dudley continues to dominate our operational focus. The NHS in England remains on a Level 4 national emergency footing and DIHC continues to play an integral part in the local system response. The direct provision of the Covid Red Centre facility, now at High Oak and our vital role in coordinating the efforts of primary care colleagues, DGoH community services and Dudley local authority and third sector colleagues, has, in my view, cemented our role as a key agency in our health and social care economy.

This has been highly effective in facilitating the creation of capacity 'headroom' at Russells Hall Hospital to cope with additional Covid admissions from Mid-March.

In addition, DIHC has worked closely with Black Country Healthcare FT to provide urgent psychological and mental health support across the Borough.

I know the Board will wish to join me in sending our sincere condolences to the friends, families and colleagues of two of our local NHS family who have sadly died of Covid related conditions in recent weeks:

Dawn Marshall, a Community MH Team Member of BCH, based at Quayside in Oldbury

Thembi Ngwenya, a newly Qualified Mental Health Nurse based at Abbey ward, Hallam Hospital

This is a chilling reminder of the continued threat of the Covid-19 virus and brings into focus the continued bravery and commitment of front-line staff during this time.

2. NHS restoration, recovery and re-set

It is clear that the NHS is very likely to have to live with the burden of a significant Covid-related caseload for many months to come and must at the same time begin to restore services for Non-Covid related urgent and planned referrals.

In recent discussions with NHS chairs and CEO's the terms '*restoration, recovery and re-set*' have been used to describe three interconnected phases of post-Covid-19 NHS recovery. NHS leaders are equally keen to retain many of the innovative working practices seen over the past few weeks of Covid-19 response, including increased care out of hospital settings and commonplace remote and agile working.

The next few months will be characterised by a gradual 'restoration' of reduced or ceased services (by 1st July 2020) and the remainder of this financial year (to March 2021) is intended to be further characterised by a period of 'recovery' of lost ground on access and waiting lists etc.

The Black Country and West Birmingham STP has produced a detailed Plan for such 'restoration' of reduced services. For DIHC these include both an ambition for increased IAPT and community MH activity and a 'ramping up' of primary care and community-based services.

It is anticipated that a final draft of this STP Plan will be considered by NHSEI on 28th May and, if approved, will be available for the Board's consideration in a separate report.

In developing future plans for the 'recovery' and 're-set' phases of the Plan, the STP has signalled its intention to prioritise the development of Place-based solutions and we believe will also be sympathetic to our vision of integrated services, with local services led by primary care and which is outlined in our business case. We are working with other providers and local commissioners to inform this 're-set' for the population of Dudley and endeavour to reflect this in the final version of our FBC.

It is welcome that as DIHC CEO, I have now been invited to sit formally as a full member of the STP Board, which will consider the STP Plans.

3. Full Business Case Production

Some work has continued to refresh the most recent draft of the Full Business Case and we continue to benefit from the services of Lee Hay from the NHS England Transformation Unit until 31st May and have in addition secured support from Jess Boothroyd from the TU from 1st June.

The significant and rapid changes seen in Dudley, in response to the Covid-19 challenge, has illustrated the very real benefits of truly integrated working and it is our intention to reference these practical case studies in an updated FBC.

We are currently in discussions with NHSEI to establish its capacity to receive and consider the final draft of the FBC. In support of this approach the Board has been invited to approve a re-focus of the former Transaction Delivery Board into an FBC Stakeholder Forum, with revised system membership and terms of reference.

4. Mental Health Awareness Week (18 – 24 May)

DIHC has undertaken a full range of activities in support of MH Awareness week on social media. Communications leads Claire Austin and Helen Codd are to be congratulated for their enthusiasm and ingenuity. I believe that the local public awareness of the organisation and the services we provide have been significantly boosted as a result, particularly amongst younger service users.

Paul Assinder
23 May 2020

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Corporate Risk Register
PURPOSE OF REPORT:	To present the risks rated as red – having a score of 15 or higher - on the Corporate Risk Register to the Board for discussion, to provide assurance that the risks are being appropriately managed and to approve any proposed changes.
AUTHOR OF REPORT:	Nicholaus Hall, Interim Project Manager / Business Analyst Jim Young, Interim Head of Quality & Governance
DATE OF MEETING:	02 June 2020
KEY POINTS:	<ul style="list-style-type: none"> • There are currently five risks rated as red • All five are in the process of being reviewed as part of the current planning exercise with regards to the submission of the business case in line with the response to COVID19 • No changes are proposed for approval
RECOMMENDATION:	The Board is asked to note the report for assurance
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

Dudley Integrated Health and Care - Risk Register



**Dudley Integrated
Health and Care**

STEP 1 - IDENTIFY													STEP 2 - EVALUATE							STEP 3 - PLAN											
Date Last Reviewed	Date of next review	Ref	Risk Category/type	COVID-19	Committees (integrated Governance joined until 1 Jul 2020)						Accountable Director (Risk Sponsor)	Risk Description		Inherent / Initial Risk Score			Controls in Place i.e. arrangements that are already in place and are helping to control the risk – please provide evidence of the risk being controlled	Assurance (RAG) rating for the strength of controls	Current Score			Risk Movement from last assessment	Risk Response	Tolerate / treat / transfer / terminate	Actions to address the risks: i.e. What actions are you going to take to strengthen control of the risk and achieve the target risk rating. SMART actions: S = Specific M= Measurable A= Attainable R= Relevant T= Timely	Responsibility of	Action Deadline	Target Risk Rating			Status
					Audit and risk	Remuneration	Int. gov. - Quality and Safety	Int. gov. - Finance, perf. and digital	Int. gov. - People and OD	Transaction		RISK OF:	IMPACT/CONSEQUENCES	(L)likelihood Score	(I)Impact Score	Risk Rating (L x I)			(L)likelihood Score	(I)Impact Score	Risk Rating							(L)likelihood	(I)Impact Score	Risk Rating (L x I)	
14/04/2020	31/05/2020	C-103	Operational	🟡	✗	✗	✗	✗	✗	✔️	Steph Cartwright	Lack of sufficient resources being available to support 'day 2' 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 at Delivery Board and Transaction Committee.	Weak - Yellow	4	4	16	New	Treat	Regular review of resources at Transaction Committee. Review plans for post-SLA back office function provision and identify a suitable approach. Review the phasing of service and associated staff transfers. Define safe landing plan.	Steph Cartwright	31/5/2020	1	4	4	Open	
10/04/2020	31/05/2020	C-057	Operational	🟠	✗	✗	✗	✔️	✗	✗	Matt Gamage	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	To be managed via Finance Meeting arrangements.	Strong - Green	4	4	16	➡️	Treat	Reflect adequately in contract to reduce level of impact.	Matt Gamage	30/11/2019	3	4	12	Open	
06/04/2020	31/05/2020	T-047	Strategic	🟠	✗	✗	✗	✗	✗	✔️	Steph Cartwright	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	ICP has a clear communications and engagement group. Utilise existing channels e.g. Healthcare Forum and Council of Governors, PPGs to share the developments on the ICP.	Strong - Green	4	4	16	➡️	Treat	Fully utilise the altogether better website and social media to keep the public engaged. 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.	Claire Austin	30/11/2019	1	4	4	Open	

Dudley Integrated Health and Care - Risk Register

STEP 1 - IDENTIFY										STEP 2 - EVALUATE							STEP 3 - PLAN													
Date Last Reviewed	Date of next review	Ref	Risk Category/type	COVID-19	Committees (integrated Governance joined until 1 Jul 2020)					Accountable Director (Risk Sponsor)	Risk Description		Inherent / Initial Risk Score		Controls in Place i.e. arrangements that are already in place and are helping to control the risk – please provide evidence of the risk being controlled	Assurance (RAG) rating for the strength of controls	Current Score		Risk Movement from last assessment	Risk Response Tolerate / treat / transfer / terminate	Actions to address the risks: i.e. What actions are you going to take to strengthen control of the risk and achieve the target risk rating. SMART actions: S = Specific M= Measurable A= Attainable R= Relevant T= Timely	Responsibility of	Action Deadline	Target Risk Rating			Status			
					Audit and risk	Remuneration	Int. gov. - Quality and Safety	Int. gov. - Finance, perf. and digital	Int. gov. - People and OD		Transaction	RISK OF:	IMPACT/CONSEQUENCES	(L)likelihood Score			(I)Impact Score	Risk Rating (L x I)						(L)likelihood Score	(I)Impact Score	Risk Rating		(L)likelihood	(I)Impact Score	Risk Rating (L x I)
06/04/2020	31/05/2020	T-102	Operational	🟡	✗	✗	✗	✗	✗	✔	Steph Cartwright	COVID-19 affecting available resources to deliver the ICP transactions	Delay to the award of the ICP contract	2	4	8	Action being taken and plans being put in place by PHE, NHS, and other agencies and organisations.	Ineffective - Red	4	4	16	➡	Treat	Implement a daily SitRep process, align with partner organisations, monitor developments, review remote working capabilities and identify possible contingencies for key meetings and decision points. Align action with NHSEI 'COVID-19 NHS preparedness and response' letter.	Steph Cartwright	31/03/2020	2	4	8	Open
10/04/2020	31/05/2020	C-031	Operational	🟠	✗	✗	✗	✔	✗	✗	Matt Gamage	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. SFIs have now been agreed by the DIHC Board. Financial monitoring to be reported to Integrated Assurance committee	Strong - Green	5	3	15	⬇️	Treat	Ensure the financial due diligence on fixed costs and start up costs and identify all known cost pressures. Financial model is being developed as part of business case. Need to ensure that this demonstrates financial sustainability for DIHC.	Matt Gamage	30/06/2020	2	2	4	Open

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Transaction Committee Terms of Reference
PURPOSE OF REPORT:	To present the revised Terms of Reference (ToR) for the Transaction Committee for approval by the board
AUTHOR OF REPORT:	Stephanie Cartwright - Director of Operations, Strategy and Partnerships
DATE OF MEETING:	2 June 2020
KEY POINTS:	<ul style="list-style-type: none"> • Following discussion at the May Integrated Governance Committee the Transaction Committee ToR have been revised • Key changes include: <ul style="list-style-type: none"> ○ Quoracy extended to two Executive Directors ○ Clarification of its remit compared to that of Integrated Governance Committee
RECOMMENDATION:	To approve the revised Transaction Committee ToR
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input checked="" type="checkbox"/>
	Assurance <input type="checkbox"/>

Transaction Committee

Terms of Reference

An interim assurance committee during the transitional period of the award of the Dudley ICP contract (1 April 2020 to no later than 31st March 2021)

Constitution of the Committee

The Transaction Committee is a non-statutory Committee established by the Board of Dudley Integrated Health and Care NHS (DIHC) to oversee and report to the Board on progress against the legal, regulatory, and contractual processes of the award of the ICP contract, and the transaction and transference of services to Dudley IHC in line with the procurement and the completion of the Strategic Case, Addendum to the Strategic Case, and Full Business Case.

The Transaction Committee is De Facto the Board of Dudley IHC during the transition period (until no later than 31st March 2021). It is a fixed term Committee, reporting directly to the ICP Board. It has no executive powers, other than those specifically delegated in these Terms of Reference, and will cease to exist (no later than 31st March 2021) once its purpose has been fulfilled and the ICP contract has been awarded. The Transaction Committee will make decisions as delegated to them by the Dudley IHC Board.

Purpose and function

The purpose and function of the Committee is to enable Dudley IHC to:

- a) obtain assurance that appropriate systems and processes are in place to ensure the ICP contract is awarded by Dudley CCG to Dudley ICP within the agreed time scales (on 1 October 2020);
- b) ensure that appropriate steps are taken to ensure effective transference of services to Dudley IHC after the transition period; and
- c) Obtain assurance that robust Due Diligence process is in place for the transfer of services into Dudley IHC from its predecessor host providers and any inherent risks are reported, recorded and management actions put into place minimising the risk exposure of the organisation.

Authority

The Committee is:

- a) authorised to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of Dudley IHC or from its partner organisations, and to invite any employee to provide information by request at a meeting of the Committee to support its work, as and when required; and
- b) authorised to secure the attendance of individuals and authorities from outside the partnership with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Executive Lead of the Committee and / or the Trust Secretary) such as advice for professional services.

Membership and Quorum

Membership

Members of the Committee will be appointed by Dudley IHC Board. It is a Committee of the unitary board, comprising both non-executive and executive membership:

- A Chair (to be nominated by the Board)
- 3 other Non-Executive Director
- 4 Executive Director(s)
- The Associate Director of People
- The Board Secretary

One Non-Executive member of the Committee will be appointed will be appointed as Vice-Chair.

Only members of the Committee have the right to attend Committee meetings. Alternate, or substitute, members may be agreed in advance with the Chair of the Committee for a specific meeting but not for more than one and will not count towards the quorum. Other non-Committee members may be invited to attend and assist the Committee as appropriate, to support particular items being considered and discussed.

In the absence of the Committee Chair, the Vice-Chair will chair the meeting.

Members are able to attend Committee meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum. However, attendance other than physical attendance will be clearly noted within the minutes of the meeting.

The Board Secretary, or their designated deputy, will act as the Committee Secretary. The Committee Secretary, or a suitable alternative agreed in advance with the Chair of the Committee, will attend all meetings of the Committee.

All members of the Committee will receive training and development support before joining the Committee and on a continuing basis to ensure their effectiveness as members, supported by the process of appraisal, as agreed and adopted by the Board.

An attendance record will be held for each meeting will be included in the records and minutes of the meeting .

Quorum

The Committee will only be quorate if at least two Non-Executive Directors and at least two Executive Directors are in attendance. Executive Director deputies will not count towards quoracy.

A duly convened meeting of the Committee at which a quorum is present will be competent to exercise all or any of the authorities, powers and discretions delegated to the Committee.

Duties

The duties of the Committee will include:

- a) To oversee and provide assurance to the Board on the processes leading to the awarding of the ICP Contract, including all legal requirements to establish a new trust, and the incremental expansion of services in scope;
- b) To oversee and provide assurance to the Board that suitable and effective arrangements are in place with relevant external providers for the indirect delivery of services through sub-contracts, and that these are in line with the ICP contract and its agreed vision and business case;
- c) To oversee and provide assurance to the Board that robust and appropriate TUPE arrangements linked to those services that will be directly provided by the ICP are in place;
- d) To oversee and provide assurance to the Board that suitable and effective arrangements are in place to ensure the integration of GP practices within the ICP, and that this is in line with the ICP contract;
- e) To monitor, review and report on risks to the awarding of the ICP contract and its subsequent implementation; and
- f) To report to the Board on the discharge of its responsibilities as a Committee.

Reporting and accountability

The Committee Chair will report formally to the Board on its proceedings after each meeting on all matters within its duties and responsibilities, summarising areas where action or improvement is needed.

Committee administration

The Committee shall meet each month from the establishment of the Committee to the 31st March 2021. A meeting may also be called by the Secretary at the request of any member.

The Chair may at any time convene additional meetings of the Committee to consider business that requires urgent attention.

The agenda will be set in advance by the Chair, with the Committee Secretary.

Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, will be made available to each member of the Committee, no less than 10 working days before the date of the meeting in electronic form. Supporting papers will be made available no later than 5 working days before the date of the meeting.

Committee papers will include an outline of their purpose and key points key risks faced linked to the strategic objectives or the establishment of the ICP, and make clear what actions are expected of the Committee.

The Chair will establish, at the beginning of each meeting, the existence of any Conflicts of Interest (COI) and ensure these are recorded in the minutes accordingly. For any proceedings or business item at any meeting, which may have any direct or indirect impact due to a conflict of interest of any member(s), the Chair will ensure that the members affected or afflicted by COI do not participate in discussions and any decisions made relating to the relevant item.

The Committee Secretary will minute the proceedings of all Committee meetings, including recording the names of those present, in attendance and absent. Draft minutes of Committee meetings will be made available promptly to all members of the Committee, normally within 3 working days of the meeting.

The Committee will review its effectiveness and compliance with these Terms of Reference no later than 31st March 2021 with a view to dissolve the committee and transition into the full Board of the ICP on its establishment.

Procedural control statement:

Date approved: [INCLUDE DATE]

Approved by: Trust Board

Review date: [INCLUDE DATE]

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Update on Governance Development
PURPOSE OF REPORT:	To provide the board with assurance with regards to the ongoing development of Trust governance arrangements
AUTHOR OF REPORT:	Jim Young, Interim Head of Quality & Governance
DATE OF MEETING:	02 June 2020
KEY POINTS:	<ul style="list-style-type: none"> • Discussion at the May Integrated Governance Committee acknowledged and welcomed the development of a number of sub-groups designed to feed into the committees already implemented • Work is now underway to clarify the timing of separating out the Integrated Governance Committee into the required individual committees • Work has also started on defining an integrated assurance dashboard to ensure a joined-up approach to how we monitor, review and support improvement of various quality and performance indicators • Recently there have been a number of productive conversations designed to identify the best way to incorporate Primary Care into the Trust governance arrangements • Terms of reference for each Committee are currently being reviewed and revised to reflect the development of the wider governance arrangements and requirements; these will be presented back to the relevant committees and Board for approval at the appropriate times • Development of key policies continues
RECOMMENDATION:	The Board is asked to note the report for assurance
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Integrated Governance Committee – Quality & Safety
PURPOSE OF REPORT:	The report summarises the key points and decisions regarding the Quality & Safety aspects of the Integrated Governance Committee held in May 2020.
AUTHOR OF REPORT:	Caroline Brunt – Interim Director of Nursing, AHPs and Quality
DATE OF MEETING:	2 June 2020
KEY POINTS:	<ul style="list-style-type: none"> • The report captures the key points in relation to the Quality & Safety aspects of the Integrated Governance Committee • The Committee were assured on the approaches being taken to further develop the Trust assurance processes • There are no issues for escalation to the Board
RECOMMENDATION:	<ul style="list-style-type: none"> • That the report is received by the Board for assurance
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Integrated Governance Committee – Quality & Safety

Date of meeting: 19 May 2020 (via Microsoft Teams)

Significant risks/issues for escalation	None identified
Key issues/matters discussed at the Committee	<ul style="list-style-type: none"> • The developing quality dashboard was well received, with a recognition of the desire to provide robust evidence and data to properly assure the Board • It was acknowledged that further work is required to develop the right measures around infection prevention & control and how we capture the relevant information and learning from primary care • It was acknowledged that we need a clearer link between these measures and the risk register • The Committee also acknowledged the need to have the right measures in place around both service user and staff experience to help drive improvement • The Committee received assurance that current DIHC service issues are being actively managed i.e. PPE supplies and work base assessments to accommodate appropriate social distancing.
Decisions made by the Committee	Approval of the approach being proposed to progress the development of a robust assurance process and a meaningful set of quality indicators
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	No specific implications identified within the meeting; review of the risk register going forward will include clearer reference to reported incidents and complaints
Items/Issues for referral to other Committees	None identified

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Integrated Governance Committee – Finance, Performance and Digital
PURPOSE OF REPORT:	The report summarises the key points and decisions regarding the Finance, Performance and Digital aspects of the Integrated Governance Committee held in May 2020.
AUTHOR OF REPORT:	Matthew Gamage – Interim Director of Finance
DATE OF MEETING:	2 nd June 2020
KEY POINTS:	<ul style="list-style-type: none"> • The report captures the key points in relation to the finance, performance and digital aspects of the Integrated Governance Committee • There are no issues for escalation to the Board
RECOMMENDATION:	<ul style="list-style-type: none"> • That the report is received by the Board for assurance
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Integrated Governance Committee – Finance, Performance and Digital

Date of meeting: 19 May 2020 (via Microsoft Teams)

Significant risks/issues for escalation	None identified
Key issues/matters discussed at the Committee	<ul style="list-style-type: none"> • The committee received the finance and performance report related to the month of April 2020 • The Trust is reporting a break even position for the month of April • National block funding arrangements are in place during April to July 2020. For the month of April the Trust will receive £640,000 income to cover the £640,000 expenditure incurred • Better Payment Practice code was not achieved in April but is expected to improve in the coming months • It was acknowledged that future financial reporting should include monthly performance and forecast to year end • IAPT performance was noted and there was acknowledgement that much work is going into improving access into the service through improved communication to patients and engagement with the services • Red centre has activity has reduced in the early part of May • The Committee received a verbal update regarding progress made by the Digital Strategy Group • Revised Terms of Reference have been produced for the Digital Strategy Group which will report to Integrated Governance Committee • The Trust have submitted an Expression of Interest to the national NHSEI team regarding the national Office 365 contract arrangements (N365) • Nurse scheduling options have been considered and evaluation of options will be carried out imminently
Decisions made by the Committee	<ul style="list-style-type: none"> • It was agreed that further work would be undertaken to understand current waiting times for IAPT • The Committee was assured by the finance and performance report and the level of progress made by the Digital Strategy Group
Implications for the Corporate Risk Register	No specific implications identified

**or the Board Assurance
Framework (BAF)**

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

None identified

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Integrated Governance Committee – Workforce & OD
PURPOSE OF REPORT:	The report summarises the key points and decisions regarding the Workforce & OD aspects of the Integrated Governance Committee held in May 2020.
AUTHOR OF REPORT:	Bev Edgar – Interim Associate Director of People
DATE OF MEETING:	2 June 2020
KEY POINTS:	<ul style="list-style-type: none"> • The report captures the key points in relation to the Workforce & OD aspects of the Integrated Governance Committee • The Committee were assured on the approaches being taken to keep staff safe both now and with regards to future transfers of staff • There are no issues for escalation to the Board
RECOMMENDATION:	<ul style="list-style-type: none"> • That the report is received by the Board for assurance
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Integrated Governance Committee – Workforce & OD

Date of meeting: 19 May 2020 (via Microsoft Teams)

Significant risks/issues for escalation	None identified
Key issues/matters discussed at the Committee	<ul style="list-style-type: none"> • Committee received the Workforce Update report and were assured on the processes around the current BAME staff risk assessments. From the current RA update on 22 May from BCH of all current IHC staff it is indicated that there are no staff identified as High Risk and potentially 6 staff at Medium Risk – adjustment to be confirmed as required • Due diligence preparation for the safe transfer of staff from some organisations as potential services transfer into the Trust once dates agreed • There was acknowledgement for the need for staff health & wellbeing to be led by the Board through the Executive and Non-Executive leads already identified and through the Workforce Committee once it is established • Clarification was provided regarding Freedom to Speak Up support being provided as part of the SLA with BCH; our aim would ultimately be to create a culture of transparency and openness that empowered staff to raise issues or concerns as part of their everyday work but see the need to identify this Board role as good practice. • Further updates on staff testing including antibody etc will be provided as soon as guidance received.
Decisions made by the Committee	<ul style="list-style-type: none"> • None
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	No specific implications identified within the meeting
Items/Issues for referral to other Committees	None identified

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Report from Transaction Committee held on 12 th May 2020
PURPOSE OF REPORT:	To update Board Members on discussions held at Transaction Committee on 12 th May 2020
AUTHOR OF REPORT:	Stephanie Cartwright Director of Operations, Strategy and Partnerships
DATE OF MEETING:	2 nd June 2020
KEY POINTS:	<ul style="list-style-type: none"> The report summarises the key points and decisions regarding Dudley IHC transactions and the work towards award of the ICP contract There are no issues for escalation to the Board
RECOMMENDATION:	To note the contents of this report.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None that are not already declared.
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Transaction Committee

Date of meeting: 12th May 2020 (via Microsoft Teams)

Significant risks/issues for escalation

None identified

Key issues/matters discussed at the Committee

- The committee discussed the Terms of Reference and agreed that quoracy should be extended to two Executive Directors given the content of the committee discussions, and that the Transaction Committee will make decisions as delegated to them by the Board. The terms of reference were also updated to include consistent use of "Dudley Integrated Health and Care NHS" (Dudley IHC) which has replaced "Dudley ICP", and added clarity added around award of the ICP contract and necessary steps, and inclusion of oversight and assurance of incremental expansion of services provided by Dudley IHC. The management of performance was removed as an objective of the committee as it was agreed that this is more appropriately managed by the Integrated Governance Committee.
- The committee received a paper on the update on the production of the full business case for the award of the ICP contract. It was noted that progress around defining the detail of the clinical model had been made. Further suggested enhancements included greater emphasis on health promotion and population health, prevention, and clarity on the clinical leadership structure in the organisation. It was noted that defining the values of the organisation would now be a helpful addition and provide assurance ahead of further services transferring into the organisation.
- The committee discussed DIHC service scope ahead of the award of the ICP contract, including, potential contractual implications and also capacity and resources. The Committee acknowledged the national direction of restoration, recovery and resetting of NHS services, following the huge transformation that been a feature of the Covid response. The DIHC project plan in this area will inform the Dudley Place and wider STP response to restoration, recovery and reset.
- The committee noted the progress that had been made on primary care transformation during the last few weeks of working differently in the COVID circumstances and the leadership Dudley IHC had been able to provide. It was agreed to complete the outstanding work on the integration agreement and to

	<p>reinstate conversations with primary care colleagues to discuss the detail.</p> <ul style="list-style-type: none"> • The committee reviewed the relevant areas of the corporate, transaction and system risk register and approved the proposed amendments including recommended ownership by only one committee. • The committee discussed proposed amendments to the system register and agreed that risks owned by Dudley IHC would be reviewed through the Transaction Committee and agreed all system risks would be taken to Delivery Board for review. • The committee were informed that there are a small number of areas from evaluation of the original bid that Dudley IHC needed to respond to. These are areas that had been identified by the CCG that needed further clarification and definition before the ICP contract could be awarded. It was agreed that these will be completed as a matter of urgency and a response would be provided to the CCG.
Decisions made by the Committee	<ul style="list-style-type: none"> • To make the agreed amendments to the Terms of Reference. These are attached for information. • The Committee agreed to examine service scope within the Place and STP restoration, recovery & re-set planning processes. • To complete outstanding work on the Integration Agreement and instigate further conversations with primary care colleagues. • To make the suggested amendments to the risk registers. • To complete outstanding work from the initial submission and evaluation of the bid.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	No specific implications identified within the meeting; agreed amendments will be made.
Items/Issues for referral to other Committees	None identified