

DUDLEY INTEGRATED HEALTH AND CARE BOARD

THURSDAY 9 JULY 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.	Experience of Pensnett Assessment Centre Queens Nurse	Verbal	Ms M Hawkins	09.35
3.	Apologies	Verbal	Mr H Turner	09.50
4.	Declarations of Interest	Verbal	Mr H Turner	09.53
5.	Minutes from the previous meeting held on 2 June 2020 for approval	Enclosure 1	Mr H Turner	09:55
6.	Action Register and Matters Arising	Enclosure 2	Mr H Turner	10.00
7.	Agenda for Part Two	Enclosure 3	Mr H Turner	10.05
8.	Chief Executive's Report	Enclosure 4	Mr P Assinder	10.10
9.	Chair's Update	Verbal	Mr H Turner	10.20
10. 10.1	Exceptional items COVID19 Response	Verbal	Mrs C Brunt	10.30
11. 11.1 11.2 11.3	Corporate Governance and Compliance People Committee Terms of Reference Report from Extraordinary Audit & Risk Committee Corporate Risk Register	Enclosure 5 Enclosure 6 Enclosure 7	Mrs B Edgar Mr D Gilbert Mr J Young	10:40
12. 12.1	Quality & Safety Assurance Report from Integrated Governance Committee	Enclosure 8	Ms V Little	11.00
13. 13.1	Finance, Performance and Digital Assurance Report from Integrated Governance Committee	Enclosure 9	Mr I Buckley	11.10

Item No	Agenda Item	Enclosure	Presented by	Time
14.	Workforce & OD			11:20
14.1	Assurance Report from Integrated Governance Committee	Enclosure 10	Mr M Evans	
14.2	Latest KPIs / BAME risk assessment summary	Enclosure 11	Mrs B Edgar	
15.	Transaction and ICP Development			11:35
15.1	Report from Transaction Committee	Enclosure 12	Mrs S Cartwright	
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: 4 August 2020, 09.30 – 12.00 Venue TBC			

DUDLEY INTEGRATED HEALTH AND CARE BOARD

MINUTES OF THE PUBLIC MEETING HELD ON 2 JUNE 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, Dudley IHC
Dr G Love (GL)	Interim Associate Non-Executive Director, Dudley IHC

In Attendance:

Mrs H Codd (HC)	Engagement Manager, Dudley CCG
Mrs J Boothroyd (JB)	NHS Transformation Unit
Ms K Hindley (KH)	Chair of Northway PPG
M S Steele (SS)	AW PPG
Dr T Horsburgh (TH)	Clinical Exec for Primary Care and GP Clinical Lead for Children and Young People, Dudley IHC
Mr A Nicholls (AN)	Head of Intelligence and Analytics, Dudley CCG (Item 4 Stakeholder Story Only)

Minute Taker:

Miss K Weston (KW)	Executive Assistant, Dudley IHC
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034/20. CHAIRMAN'S WELCOME

The Chair welcomed the Board and those in attendance to the meeting.

035/20. APOLOGIES

No apologies noted for this meeting.

036/20. DECLARATIONS OF INTEREST

No declarations of interest were raised in relation to matters on the agenda.

Population Health Update

AN was welcomed to the Board meeting to provide an update around population health and well-being management. It was noted that AN is involved in work around population health with the Sustainability and Transformation Partnership (STP) and is also involved in the restoration, recovery and reset programme for the NHS.

AN provided an overview of Healthy Life Expectancy (HLE) in Dudley along with the variables that influence HLE. Comparisons were shown around NHS service utilisation of those areas in Dudley which have the highest 10% HLE and lowest 10% HLE. A list of work that needs to be advanced was shared with the Board in order to help increase the population's health and well-being.

The presentation was well received by the Board and the Chair provided a note of thank you for the informative update.

AN commented that he supports the ICPs vision to deliver integrated care and believes that Dudley Integrated Health and Care NHS (DIHC) is well placed to make an impactful contribution to health and well-being for the population of Dudley.

DG questioned if there are any short term interventions to help increase HLE in Dudley, where the system should look to focus its resources. AN responded that there is unwarranted variations within the system that could be quickly identified along with early optimisation around mental health and prescribing of medications.

IB questioned where Dudley is in relation to full integration of data. AN responded that there is a linked data set and a method for information to be sent over to GPs. AN commented that in future it would be helpful to try and enable patient HLE data to be set to the systems that GPs currently use, and to ensure that GPs have access to a directory of service to assist them in making a recommendation to patients around how to increase their HLE.

ME questioned how well we know our communities in Dudley and population make up. AN responded that the CCG understands the communities in Dudley, however needs to better understand the drivers around HLE and pilot interventions that tailor to specific populations.

CW questioned if work has been undertaken to prioritise interventions that will be most value to our communities. AN responded that a systematic and comprehensive needs assessment will be undertaken to understand this.

RT questioned if HLE data can be confined to a Primary Care Network (PCN) level, AN confirmed that this data can be made available for each PCN. RT also highlighted the importance of investing time and resources into children and young people.

VL commented it is essential that all partners work together to improve the health and wellbeing of the Dudley population, and new resources are evaluated to ensure they are effective.

*The chair summarised, restoration and recovery.

The Board noted the update regarding population health in Dudley.

The minutes of the previous meeting held on 5 May were agreed as an accurate record.

039/20. ACTION REGISTER AND MATTERS ARISING

Ref 007/20 & Ref 011/20

JY updated that the actions are in working progress, and will ensure that both the Terms of Reference documents and the Business Cycle are provided at a future Board meeting. The Board were in agreement to close both actions.

Matter Arising

DG highlighted a point regarding the minutes from the May Board meeting, around accessing postcode data to enable targeted messaging to communities that have outbreaks of COVID19. DG questioned if this had been explored further. CW responded that the Trust is unable to receive postcode data, however there is a possibility of identifying COVID outbreaks through the flow of information into Primary Care.

Action: Discuss and define a suitable approach to identifying COVID outbreaks in communities using the information available in Primary Care.

040/20. AGENDA FOR PART TWO

The Board noted the agenda for part two.

041/20. CHIEF EXECUTIVE REPORT

PA provided an update around the COVID19 system response, as the Trust continues to play a full part in the local system response.

It was noted that the Board send sincere condolences to the friends, families and colleagues of two our local NHS family who have sadly died of COVID related conditions in recent weeks. HT commented that a letter will be written to the Chair of Black Country Healthcare (BCH) to express the Trust's condolences during this difficult time.

PA made the Board aware that there has been a successful relocation of the Respiratory Assessment Centre, as the Centre continues to provide an important response to COVID19. PA also commented that the Government has recently announced the national approach to Test, Track and Trace. DIHC staff currently have access to the Polymerase Chain Reaction (PCR) test which detects if someone is actively infected with the COVID19 virus, and imminently staff will have access to the antibody test which will be an important driver for the epidemiological analysis and modelling of the virus.

The Trust is working with Provider colleagues to assist with the early restoration of services that were temporarily suspended or reduced due to COVID19, and is also working across the wider Black Country footprint to recover the lost activity of services over the months of March – May 2020.

PA referenced the continued work and development of the Full Business Case (FBC), and acknowledged the role of Jessica Boothroyd from the NHS Transformation Team who recently re-joined the development team to support delivery of the case. The Trust is currently in discussion with NHSE/I to establish the Regulators capacity to review and consider the final draft of the FBC, the submission date will be shared once confirmed with NHSE/I.

PA provided a note of thank you to Claire Austin and Helen Codd for their work to publicise Mental Health Awareness Week and made the Board aware that the Trust's social media will be updated this week in support of National Carers Week.

The Board noted the Chief Executive report.

042/20. CHAIRS UPDATE

HT provided assurance to the Board that the Trust is engaging with all partners to move forward to support the award of the ICP Contract.

043/20. EXCEPTIONAL ITEMS

COVID19 Response

The Respiratory Assessment Centre is currently running at 25% capacity, and conversations are taking place around flexibility and utilisation of the centre.

It was highlighted CB and CW have been in contact with the Research Lead for Dudley CCG to enable partnership working around outcome data in relation to patients who have been seen at the centre. Patients who are being monitored by the COVID Management Service, are also being asked to engage in the COVID research that is being undertaken.

The Board were assured that the safety of staff at the centre is being managed proactively.

ME enquired as to whether any actions have been taken to improve patient experience following discussion at the last Board meeting. CB confirmed that the signage and approach of the centre is much more focused on supporting a good patient experience. In addition the Trust is also working with the CCG Communications Team to evaluate patient experience.

The Board noted the update provided regarding the COVID19 Response.

044/20. CORPORATE GOVERNANCE AND COMPLIANCE

Corporate Risk Register

There are currently five red risks detailed on the corporate risk register, and the Board were assured that all risks are actively reviewed.

As Accountable Directors of the red risks included on the register, SC and MG provided an update to assure the Board that the risks are being appropriately managed.

SC stated that the Trust is in active dialogue with Dudley CCG in regards to additional resource to support delivery of the transaction, and believes that C-103 will remain a risk however that risk rating can be reduced. SC also stated that the Trust is actively engaging with the public through virtual meetings given the current circumstances, therefore C-057 can also be reduced.

In relation to the financial risks MG assured the Board that there will be a workshop to go through the financial model, and the Trust will be holding discussions with partners around the risk and gain share arrangements.

Following discussions it was agreed that the Executive Team will reconsider the wording and rating of the red risks, and it was noted that the actions to address the risks and the deadline dates will be updated as part of the review.

The Board noted the update regarding the Corporate Risk Register and are assured risks are being managed appropriately.

Transaction Committee Terms of Reference

The revised Transaction Committee ToR were presented to the Board for approval. The key changes include the quoracy being extended to two Executive Directors, and clarification of its remit compared to that of Integrated Governance Committee.

It was further proposed that the first sentence of the second paragraph under 'Constitution of Committee' is to be removed, and bullet point (a) under purpose and function to be updated to state that 'the ICP contract is awarded by Dudley CCG to Dudley ICP within the agreed time scales of 1st April 2021'.

It was noted that a number of subgroups have been developed which will feed into the Transaction Committee, and this will be mapped out and shared with the Board once drafted.

Following the additional amendments noted above, the Board approve the revised Transaction Committee ToR.

Update on Governance Development

The Trust is continuing to evolve the committee structures and work is underway to clarify the timing of separating out the Integrated Governance Committee into the required individual committees. Recently conversations have taken place to identify the best way to incorporate Primary Care into the governance arrangements.

As referenced earlier, a number of subgroups have been established and a piece of work is to be undertaken to map out and identify which committees these groups feed into.

HT stated that moving forwards there will be a nominated Non-Executive Director who will lead on the assurance following conversations held at Integrated Governance Committee.

The Board noted the update on governance development.

045/20. QUALITY AND SAFETY

Report from Integrated Governance Committee

CB summarised the Integrated Governance Committee – Quality & Safety report and assured the Board that CB and CW are working to develop the quality and safety dashboard including appropriate metrics.

It was noted further work will be undertaken around infection control and safeguarding, working with BCH colleagues.

Discussions were also held at the committee around the Respiratory Assessment Centre particularly in relation to workplace assessments for staff and patient experience.

HT acknowledged that the development of a suitable dashboard was a key piece of work for the organisation.

The Quality and Safety report from Integrated Governance Committee was noted by the Board.

046/20. FINANCE, PERFORMANCE AND DIGITAL

Report from Integrated Governance Committee

MG updated that the Integrated Governance Committee received the finance and performance report related to the month of April 2020, and that the Trust reported a break even position. National block funding arrangements are in place during April to July 2020, and the Trust is awaiting final detail of

contract arrangements moving forward given the current COVID19 circumstances.

It was noted an analysis of the waiting times to access the Improving Access to Psychological Therapies (IAPT) service will be undertaken, and an update will be reported at the next committee. MG highlighted that a text message has been sent out to patients registered with a Dudley GP over the age of 18, to advise them of the IAPT service which is available to access online and via telephone. It was also noted that the service has recently seen an increase in referrals.

The revised ToR for the Digital Strategy Group have been produced and this group will report into the Integrated Governance Committee. A high level digital strategy has been presented to the group, and The Trust have submitted an Expression of Interest to the national NHSEI team regarding the national NHS Microsoft Office 365 (N365) contract arrangements.

The Finance, Performance and Digital report from the Integrated Governance Committee was noted by the Board.

047/20. WORKFORCE AND OD

Report from Integrated Governance Committee

BE updated that the committee were assured on the processes around the current BAME staff risk assessments. It was noted that from the current risk assessment update on 22 May from BCH, it is indicated that there are no DIHC staff identified as High Risk and there are potentially six staff at Medium Risk. The Trust is working closely with BCH around any adjustments that may be required.

The HR Collaborative meeting has been reconvened which includes Staff Side and HR Partners to ensure the group are informed of all updates regarding the Trust. It was noted some organisations have started due diligence work in preparation for the safe transfer of staff, albeit the date of transfer has not yet been agreed.

It was acknowledged that staff health and wellbeing will be discussed through the Workforce Committee once it has formally approved by the Board and can be established.

Clarification was provided regarding the Freedom to Speak Up support being provided as part of the SLA with BCH to ensure DIHC staff have an independent person to refer to if the need ever arises.

BE commented that there has been a positive response across the West Midlands in relation antibody testing of NHS staff. It was noted that the Trust will be reviewing risk assessments for staff that are currently shielding to understand if any further changes need to be made following the update on government guidance.

DG questioned if the Trust will receive the results following the antibody testing of staff, and if individual data is not able to be received, will the Trust know the proportion of the workforce that have been exposed to COVID19. BE responded that the Trust should receive an overall position on the average percentage of the workforce that have been exposed to the virus, this information will not be available for individual staff. CW added that there is large uncertainty around the level of protection to future infections of the virus if you have been previously exposed, however by receiving the percentage data, this information will be useful in regards to how the NHS manages its healthcare and wellbeing systems over the next 12 – 18 months.

GS questioned if the antibody testing is available to General Practice staff. PA confirmed that the test is available to Primary Care with effect from today and SC commented that discussions will be taking place to agree how the testing is rolled out.

It was noted general guidance around working from home has been circulated to staff with the opportunity for staff to raise any issues. BE stated that this an area the Trust will look to revisit to ensure all staff are kept safe during these unusual times.

SC provided assurance that that the Trust is working closely with the CCG and BCH Health and Safety Leads around the risk assessment of the Trust headquarters and staff workplaces.

The Workforce & OD report from the Integrated Governance Committee was noted by the Board.

048/20. TRANSACTION AND ICP DEVELOPMENT

Report from Transaction Committee

SC stated that the committee received an update on the production of the FBC for the award of the ICP contract. The Trust is currently awaiting a conversation with national NHSE/I colleagues to confirm the regulators capacity to review and consider the FBC.

Significant development has been made around the clinical model with regards to the Trust's core services, and how these will integrate with Primary Care. It was noted that the Trust will be engaging with AN to apply a greater emphasis on health promotion and population management. CW will be leading on the establishment of the Clinical Strategy Board and is currently reviewing the ToR for this meeting.

SC mentioned that the committee discussed DIHC service scope ahead of the award of the ICP contract and are in regular dialogue with NHSE/I regarding this.

It was noted that the Trust is working closely with partners around the restoration, recovery and reset of the NHS and has been explicitly asking to be involved in areas of restoration that are being led by existing providers on services that will be transferring to the ICP.

SC made the Board aware that Executive Team has been working on Primary Care transformation, in particular around the development of the integration agreement. The Board were assured that conversations will be held with Primary Care colleagues to discuss the detail of the agreement.

The relevant areas of the corporate, transaction and system risks were reviewed by the committee, and there was agreement that each risk will be owned by one of the Trust's committees. There was also agreement that all system risks will be taken through the Stakeholder Forum for review.

SC stated that the committee were informed of a small number of outstanding clinical areas from the evaluation of the original bid that the Trust needed to respond to, this is currently in progress and a response will be submitted to Dudley CCG.

It was highlighted that the Delivery Board has been in place throughout the development of the ICP. However it has been recognised that the Delivery Board has now achieved its objective with the creation of DIHC, and therefore a Stakeholder Forum is a natural progression to work with all partners towards completion of the FBC. This change was supported by NHSE/I.

The Transaction Committee report was noted by the Board.

049/20. ANY OTHER BUSINESS

It was proposed that IB is appointed as Vice Chair and Senior Independent Director (SID) of the DIHC Board. All Board members were in support of this.

It was suggested that the Workforce Committee is separated from the Integrated Governance

Committee to oversee the expansion of the DIHC workforce which the Board were all in support of. BE and JY will be drafting the ToR for the Workforce Committee.

It was also noted that the Trust will continue ensure strong relationships between each of the committees.

HT made the Board aware that a meeting will be arranged for the Trust's Non-Executives Directors to meet with both BCH and The Dudley Group Foundation Trust (DGFT) Non-Executives Directors to ensure there is system alignment. IB as Vice Chair and SID will feedback to the Board once this meeting has taken place. It was also noted that there has been an invite from DGFT for a Board to Board meeting which will be arranged in due course.

050/20. QUESTIONS FROM THE PUBLIC

No questions were received from the public however the Chair invited those in attendance to ask any questions or provide observations on the Board meeting.

Comments were received around the commitment and positive working of the Board. It was highlighted that the population health update was informative and well received, and is an area to focus on moving forward to ensure that the population receives long term benefits. It was noted that the questions asked by the Board were useful, and that the virtual meeting was effective.

051/20. BOARD REFLECTIONS

The Board reflected on the meeting and found it was informative, assuring and productive. It was noted that the population health update was valuable and noting that information around HLE can be available on a PCN basis will be beneficial.

Non-Executive Directors expressed their appreciation of the Executive efforts and the quality of reports that are being produced, noting the size of pack being concise yet very informative. Non-Executive Directors also acknowledged that their input was being taken on board and acted upon where appropriate.

It was highlighted the Executives are to be reflective of the use of acronyms within their reports, and consider the use of a glossary at the end of their paper. It was also raised that due to the pace of work, there may be information that needs to be tabled at Board however where possible all information will be reported through the correct governance process.

PA concluded that the organisation is actively putting clinical services first and benefitting from a rounded clinical input into Board discussions. PA also acknowledged that the Trust continue to aspire to carrying out key business in public where possible.

052/20. DATE OF NEXT MEETING

9 July 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
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	Audit & Risk Committee scheduled for 20 July - feedback to be provided in August
039/20	02/06/2020	Discuss and define a suitable approach to identifying COVID outbreaks in communities using the information available in Primary Care.	CW	Aug-20	

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PRIVATE AGENDA

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3.	Declarations of Interest	Verbal	Mr H Turner	12:33
4.	Minutes from previous meeting held on 2 June 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.	Tactical Objectives	Verbal	Mr P Assinder	12:50
8.	Incremental Expansion	Enclosure 3	Mrs S Cartwright	13:00
9.	Reflections from Integration Agreement Engagement Events	Verbal	Mr H Turner	13:10
10.	Board Development	Verbal	Mr H Turner	13:20
11.	Any Other Business	Verbal	Mr H Turner	13:25
12.	Date of next meeting: 4 August 2020, 12.30 – 13.30 Venue TBC			

DUDLEY INTEGRATED HEALTH AND CARE BOARD

Date of Meeting: 9th July 2020
Report: Chief Executive's Report

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:	9 th July 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 and system learning from covid 3. Celebrates Marie Hawkins award of Queen's Nurse 4. Introduces early thoughts around working towards introducing a just culture in the Trust 5. Notes CCG Chair appointment
RECOMMENDATION:	The Board is asked to note the report
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None
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 high-level emergency footing and DIHC continues to play an integral part in the local system response.

The direct provision of the Covid Respiratory Centre in Pensnett and our role in coordinating the efforts of primary care colleagues, DGoH community services, Dudley local authority and third sector colleagues, is important to the overall response in Dudley, which continues to be comparatively successful.

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

The Board will wish to note some system-wide learning initiatives to which we are currently inputting:

- The West Midlands NHS Clinical Strategy Unit (CSU) has been commissioned to study local transformations, develop logic models and an evaluation framework with metrics and research questions that will inform future planning phases.
- NSH England/Improvement has asked two former CEOs to work across the wider Midlands footprint with Arden & Greater Midlands CSU, to identify lessons learned from the Covid response to inform preparations for future pandemics.
- Deloitte have been commissioned by the Black Country & West Birmingham STP to assist the development of an STP Integrated Care System (ICS) and the 5 'Place-based' Integrated Care Provider (ICP) models, including Dudley, in the light of the covid experience.
- The STP Digital Board is reviewing the new digital changes implemented during the Covid period, across Primary Care, Mental Health and in the community.
- The West Midlands Combined Authority is also commissioning work in this area (embracing healthcare but also the wider economic impact of covid on this area).

These all represent excellent opportunities to 'fly the flag' for our organisation and are a potential source of 'best practice' evidence for our business case.

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.

The remainder of this financial year (to March 2021) is intended to be 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.

NHS leaders are now turning attention to the 're-set' or third phase of the post-covid response. This is linked at a national level to negotiations with HM Treasury around future NHS funding settlements and is likely to feature some changes to NHS performance priorities and its internal funding regime. These, it is proposed are likely to be set out in a 'phase three' letter to the NHS in late July.

In developing future plans for this 're-set' phase 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.

3. Marie Hawkins award of the Queen's Nurse Medal

I know the Board will join me in offering warm congratulations to Marie Hawkins, nurse facilitator with Future Proof Health, Dudley Training Hub, on being made a Queen's nurse. Marie has worked served patients over a number of years in Wolverhampton, Dudley and Sandwell both, as a community and practice nurse and now provides support for our nurses' training needs and support for them within practice.

The Queen's Nurse programme brings together community nurses to develop their professional skills and deliver outstanding patient care in the community. The title of Queen's Nurse (QN) is available to individual nurses who have demonstrated a high level of commitment to patient care and nursing practice.

4. Just Learning and Restorative Culture

It is important that, as we contemplate future waves of staff transferring to the Trust, we take the opportunity to think more purposefully about developing the compact between staff colleagues, managers and the wider Trust organisation.

Our approach to working culture in the Trust will be driven from the Board and will I believe, be characterised by working in partnership with primary care and neighbouring organisations across Dudley and the wider STP.

One dimension in which the wider NHS has developed significantly in recent years is in promoting a clear system-wide understanding of 'restorative culture', driven by safe, civil and respectful working behaviours and practices both within individual organisations and across systems.

This approach is supported by the Just Learning and Restorative Culture Programmes now made generally available to NHS trusts. Locally both Black Country Healthcare and Walsall Healthcare trusts have recently committed to such a Programme.

In the NHS, this approach has been developed by Mersey Care NHS Foundation Trust and Northumbria University, which were funded as a pilot by NHS Improvement for adoption by other NHS organisations.

We believe that by utilising such current NHS research, exploiting their data analysis tools and adopting current NHS best practice, through ultimately adopting the 'Just Culture' approach in DIHC, we will promote a culture of safety, civility & respect amongst our workforce.

In addition, and importantly, we will be adopting an approach which address and challenges differential staff experiences and which will for instance explore the generally acknowledged poorer experiences of BME, LGBT and Disabled staff in the NHS. This has never been more important.

The approach would typically require the Trust Board to pledge, for example, to *“to demonstrate through our actions, that we listen to and support people and ensure that the organisation treats people equally, fairly and inclusively, with zero-tolerance of bullying. We uphold and role-model the trust values chosen by our staff.”*

The key quantified benefits of such a ‘just culture’ programme are said to be:

1. Evidence of a equality in staff experience
2. Increase in Incident Reporting suspensions and disciplinary cases
3. Increase in numbers of staff coming for staff support via Well being programmes
4. Reduction in absence due to work related stress
5. Reduction in staff turnover

(Mersey Care NHS Trust, September 2018)

Whilst we believe that the wider benefits of such an approach would make such a commitment an ideal fit with our Trust’s values and preferred cultural style, the Board should not underestimate the level of investment, in time and resources, that will be required to successfully deliver this programme.

Therefore, in the first instance we are developing our first internal staff survey to monitor staff experience in the DIHC ahead seeking to develop, with colleagues, a collaborative approach to agreeing Values.

In the late Autumn we will then look to offer a range of learning interventions for leaders and Staff Side colleagues, utilising the ‘Just Culture’ approach. This will launch our Cultural Integration journey as we welcome new staff to our organisation later in the financial year.

The work of the new People Committee of the Board will have a crucial role in the development & implementation of this programme.

5. Dudley Clinical Commissioning Group

I am pleased to report that Dr Ruth Edwards, a local GP, has been appointed to the role of Chair for Dudley Clinical Commissioning Group.

Dr Edwards’ appointment follows the decision of Dr David Hegarty MBE, to resign after seven years of leading the organisation, following a period of serious ill health.

Ruth will commence her role as Chair on the 1st July 2020.

Paul Assinder
29 June 2020

DUDLEY INTEGRATED HEALTH AND CARE BOARD

TITLE OF REPORT:	People Committee Terms of Reference
PURPOSE OF REPORT:	To seek approval for the People Committee Terms of Reference.
AUTHOR OF REPORT:	Beverley Edgar, Interim Associate Director of People
DATE OF MEETING:	9 th July 2020
KEY POINTS:	<ul style="list-style-type: none"> • People Committee will commence 14th August 2020, the Terms of Reference are submitted for approval
RECOMMENDATION:	The Board approves the Terms of Reference.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None Identified
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input checked="" type="checkbox"/>
	Assurance <input type="checkbox"/>

Terms of Reference – People Committee

1. Constitution of the Committee

The People Committee is a non-statutory Committee established by the Board to monitor, review and report to the Board on the Cultural and Organisational Development of the Trust, and on the strategic performance of people and workforce priorities including the impact of the Trust as a significant employer, educator and partner in health and care.

This committee will ensure more systematic and intentional action is taken to tackle the underlying causes of health and workforce inequality and will prioritise action to tackle racism and discrimination experienced by staff across the NHS. It will ensure that Staff Experience is a key priority and ensure that the Dudley IHC is a Great Place to Work.

2. Purpose and function

The purpose and function of the Committee is to gain assurance, on behalf of the Board:

- 2.1 On the identification of strategic people and workforce priorities for the Trust
- 2.2 In relation to the organisation's understanding of strategic workforce needs (including well-being, recruitment, retention, development of people, and organisational capacity) and the quality and effectiveness of plans to deliver these priorities
- 2.3 That the commitments of the NHS Constitution and the stated values of the Trust and standards of behaviour are being practiced throughout the organisation and embedded into the Trust's policies and procedures
- 2.4 That the approach to all aspects of employment and developing culture in the Trust are informed by relevant and up-to-date research on innovation and evidence-based practice
- 2.5 That the effectiveness of mitigation of strategic risks relating to the above, as set out in the Corporate Risk Register and Board Assurance Framework, are monitored and escalated as appropriate
- 2.6 On the Trust's legislative and regulatory compliance as an employer, including anticipation of, and planning for, future requirements
- 2.7 On the development of staff governance in the organisation, including staff engagement processes, with the Committee acting as the oversight Committee to the HR Collaborative and the JNCC
- 2.8 On strategic issues relating to ethics and Duty of Care in the conduct of Trust affairs and to the Trust's Equality duty
- 2.9 On the impact on workforce of changing professional and organisational practices, including those involved in increased system-based and partnership working (in collaboration with the Quality Committee)
- 2.10 The Committee will agree progress reporting and information requirements relating to its remit on behalf of the Board of Directors and will oversee the resulting performance. This will focus on 4 key priorities:

- Focus of activities and initiatives aimed at reducing the risks relating to workforce supply productivity, planning and redesign
- Ensuring Equity and Inclusion is embedded in the Trust culture
- That the workforce development strategy is aligned with the Trust Clinical services Strategy and pathway redesign so that workforce implications are centrally co-ordinated.
- Approval and support of relevant external funding bids

The Committee will also ensure it monitors progress in:

- Staff transfers as part of the IHC Expansion
- Supporting the development of the Partial and Full PC Integration Agreements
- Staff Experience and Engagement during transfer
- Civility and Respect – Ensuring Inclusion in all aspects of managing teams
- Developing leadership capability.
- Talent management
- Health and Well-being of staff, including update of annual vaccines such as Flu vaccine uptake) and Risk Assessment of vulnerable staff
- Reporting and monitoring of staff turnaround
- Cases of bullying and harassment and its management
- Staff related incident reporting
- Counter fraud related matters, which will be coordinated in conjunction with the Finance and Performance Committee

2.11 The Committee will discharge its duties in relation to the requirements of the Freedom to Speak up and ensure that a designated officer and arrangements are put in place to support this function.

3. Authority

The Committee:

- 3.1 Is a non-statutory Committee of the Board, reporting directly to the Board, and has no executive powers, other than those specifically delegated in these Terms of Reference
- 3.2 Is authorised by the Board to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Trust, 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
- 3.3 Is authorised by the Board to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Executive Lead of the Committee).
- 3.4 Shall be able, in exceptional circumstances, to establish sub-committees and / or task and finish groups for the purpose of addressing specific tasks or areas of responsibility, if approved by the Board. The establishment of sub-committee / or task and finish groups must be approved by the Board and reviewed on an annual basis.

4. Membership and quorum

Membership

- 4.1 Members of the Committee shall be appointed by the Board and shall be made up of at least 2 members drawn from Non-Executive Directors and 2 members of the Executive team. Service and Professional representatives will be regularly invited to ensure all aspects workforce are considered by the committee.
- 4.2 One of the Non-Executive members will be appointed by the Board as the Chair of the Committee.
- 4.3 A further Non-Executive member of the committee shall be appointed as Vice-Chair, likewise by the Board. Other NEDs may be requested to join the meetings at the request of the Chair as required.
- 4.4 The membership shall include:
- Associate Director of People / Head of HR
 - Director of Operations, Strategy and Partnerships

Invited participants as required to lead on individual reports :

- Director of Nursing Quality and AHPs or representative
- Medical Director or representative
- Service Leads / representative
- Clinical Director representative from PCN

Meetings shall be held monthly, no less than 8 times a year. Any member of the Committee may request that a meeting be held if they consider it necessary.

A quorum for the Committee shall be 3 members

Minutes of the Committee shall be taken

- 4.5 The Chair of the Board of Directors shall not be a member of the Committee but may be in attendance.
- 4.6 The Chief Executive, as the Trust's Accountable Officer, shall have the right to attend the Committee at any time. Otherwise, only members of the Committee have the right to attend Committee meetings. Other non-Committee members may be invited to attend and assist the Committee as appropriate, to support particular items being considered and discussed.
- 4.7 In the absence of the Committee Chair, the Vice-Chair shall chair the meeting. Members are expected to attend all meetings and will be required to provide an explanation to the Chair of the Committee if they fail to attend more than two meetings in a financial year.
- 4.8 The Associate Director of People shall act to fulfil the role of Executive lead for the committee.

- 4.9 Members may attend Committee meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.
- 4.10 The Trust Board may nominate up to two Non-Executive Directors (other than the chair) to attend one meeting of the Committee annually to observe proceedings. The observation of committees by NED shall be subject to conditions agreed by the Trust Board. The Chair of the Committee may in exceptional circumstances exclude the observing NED from being present for specific items.
- 4.11 The Trust Secretary, or the PA to the Director of People shall act as the Committee Secretary. The Committee Secretary, or a suitable alternative agreed in advance with the Chair of the Committee, shall attend all meetings of the Committee.
- 4.12 All members of the Committee shall receive training and development support before joining the Committee and on a continuing basis to ensure their effectiveness as members, supported by a performance assessment process, as agreed by the Board.
- 4.13 An attendance record shall be held for each meeting and an annual register of attendance will be included in the annual report of the Committee to the Board.

Quorum

- 4.14 The quorum necessary for the transaction of business shall be 3 members as defined in section 4 above including the Chair or Vice Chair and at least one Executive/Associate Director.
- 4.15 Members unable to attend a meeting of the Committee may nominate a deputy to attend on their behalf, agreed with the Chair of the Committee. Nominated deputies shall not count towards the quorum. However the Chair may nominate an alternative NED to as required to avoid delay to decision making if required.
- 4.16 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions delegated to the Committee.

5. Duties

5.1. Cycle of Business

The Committee will:

- 5.1.1 Set an annual set of objectives and an annual plan for its work to form part of the Board's Annual Cycle of Business, informed by the Board Assurance Framework, and report to the Board on its progress against this.

5.2 People Strategy and policies

The Committee will:

- 5.2.1 Assess the strategic priorities and investments needed to support the knowledge, skills and capacity of the people in the Trust (human capital), and advise the Board accordingly;

- 5.2.2 Review the Trust's Leadership Development Strategy, Education and Workforce Development Strategy and Apprenticeship Strategy, and related delivery plans and programmes, providing informed advice to the Board on their robustness, comprehensiveness and relevance to the Trust's vision, values, strategic objectives and impact
- 5.2.3 Provide advice and support on the development of significant people-related policies prior to final approval
- 5.2.4 Review the Trust's suite of people-related policies against benchmarks to ensure that they are comprehensive, up-to-date, and reflect best practice particularly post TUPE harmonisation
- 5.2.5 Review strategic intelligence, research evidence on people and work, and distil their relevance to the Trust's strategic priorities (including, where necessary, commissioning research to inform its work) relating to:
- The impact of changing working practices
 - The potential and impact of technology on working lives
 - Models of employment practice drawn from multiple sectors
 - Organisational and work design
 - Incentives and rewards
 - Developments and best practice in delivery of education, training and development
 - National, regional and local workforce and population trends
 - Other dynamics affecting the future development of the health and care workforce
- 5.2.6 Be assured of the integrity of the Trust's processes and procedures relating to the introduction of new clinical roles (in conjunction with the Quality Committee)
- 5.2.7 Review the development and effective use of shared intelligence and data with partners on local health and care skills to shape the growth of future capacity.

5.3 Risk

The Committee will:

- 5.3.1 Receive the Corporate Risk Register and review the suitability and robustness of risk mitigation plans with regard to their potential impact on strategic risks relevant to the Committee's purpose and function.
- 5.3.2 Ensure systems and processes are in place to provide assurance that all staff related incidents are reported and managed including health and safety, staff concerns, cases of bullying and harassment, lone working, counter fraud etc.

5.4 Culture, Staff Experience and Engagement

The Committee will:

- 5.4.1 Oversee the coherence and comprehensiveness of the ways in which the Trust engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications, to the Board of Directors
- 5.4.2 Act as the oversight Committee for the coherence and alignment of different codes of personal and professional behaviour and conduct, covering all permanent and temporary staff acting in the name of, or on the business of, the Trust
- 5.4.3 Take a leadership role on behalf of the Board of Directors on:
- Securing positive progress on equality and diversity, including shaping and setting direction, monitoring progress and promoting understanding inside and outside the Trust
 - Evaluating the impact of work to promote the values of the organisation and of the NHS Constitution
 - Promoting staff engagement and partnership working; and
 - Developing a consistent working environment where people feel safe and able to raise concerns, and where bullying and harassment are visibly and effectively addressed.

5.5 Organisational capacity

The Committee will:

- 5.5.1 Ensure the systems, processes and plans used by the Trust have integrity and are fit for purpose in the following areas:
- Strategic approach to growing the knowledge, skills and capacity of the people (human capital) in the Trust
 - Analysis and use of sound workforce, employment and demographic intelligence
 - The planning of current and future workforce capacity
 - Effective recruitment and retention
 - The staff appraisal process
 - The staff wellbeing programme
 - New models of care and roles
 - Flexible working
 - Identification of urgent capacity problems and their resolution
 - Sickness absence
 - Continuous development of personal and professional skills
 - Talent management
- 5.5.2 Review the productivity of permanent and temporary staff, including the effectiveness and efficiency of their deployment, the best use of skills, and the flexibility and maturity of working practices in the Trust
- 5.5.3 Consider the coherence and pace of Trust plans to secure the benefits for the Trust and its staff from:
- Transformational change, service redesign and pathways of care
 - New and innovative ways of working
 - Use of tools and technology
 - Opportunities for changing practices and skills across traditional professional boundaries

- Joint working with partners both in health and social care and other sectors; and
- The value of apprenticeships

5.5.4 Review plans for ensuring the development of leadership and management capacity, including the Trust's approach to succession planning.

5.6 Education and training

The Committee will:

- 5.6.1 Review the Trust's current and future educational and training needs to ensure they support the strategic objectives of the organisation in the context of the wider health and care system;
- 5.6.2 Review the Trust's strategic contribution to the development of the health and care workforce;
- 5.6.3 Secure the necessary assurances about the Trust's compliance with the practice requirements of professional and regulatory bodies for all staff;
- 5.6.4 Ensure that there is an effective induction programme in place for the Board members and NEDS
- 5.6.5 Ensure that there is a detailed programme of corporate and local induction for all staff (permanent/contracted/seconded/interns etc) is in place and there are processes in place to monitor progress of staff receiving appropriate induction at the time of joining the Trust

5.7 Communications

The Committee will:

- 5.7.1 Provide advice and support on the development of the Trust's engagement and communications strategies and related programmes of work, and review the effectiveness of internal communications and engagement;
- 5.7.2 Ensure engagement and consultation processes with staff, stakeholders and communities both reflect the ambition and values of the Trust and also meet statutory requirements;
- 5.7.3 Agree and oversee a credible process for assessing, measuring and reporting on the reputation of the organisation as an employer and workplace of choice;
- 5.7.4 Review the appropriateness and effectiveness of stakeholder and partnership development in supporting strategic goals and programmes of work related to the purpose and function of the People Committee, and report to the Board accordingly.

5.8 Ethics

The Committee will:

- 5.8.1 Act as the guardian of ethical practices in the organisation, escalating issues of concern to the Board. This role will be fulfilled in collaboration with the Quality Committee and reflected in the cycle of business and agenda setting of both committees.

5.9 Performance and progress reporting

The Committee will:

- 5.9.1 Establish a succinct set of key performance and progress measures relating to the full purpose and function of the Committee, including:
- The Trust's strategic priorities on people
 - National performance targets
 - Organisational culture
 - Workforce utilisation
 - Staff health and well-being
 - Strategic communications.
- 5.9.2 Review progress against these measures, and their impact, and seek assurance around any performance issues identified, including proposed corrective actions
- 5.9.3 Agree a programme of benchmarking activities to inform the understanding of the Committee and its work
- 5.9.4 Be assured of the credibility of sources of evidence and data used for planning and progress reporting to the Committee, and to the Board in relation to the Committee's purpose and function
- 5.9.5 Ensure alignment of the Board assurances and consistent use of data and intelligence, by working closely with the Audit Committee, Quality Committee and Finance Committee
- 5.9.6 Review and shape the quality-related content of the bi-monthly Integrated Performance Report to the Board
- 5.9.7 Review the following formal reports to the Board of Directors as part of the Annual Cycle of Business:
- Annual People report
 - Annual Report on Safeguarding
 - Equality and Diversity Annual report;
 - WRES and DES returns and associated action plan
 - Gender and Ethnicity pay gap
 - Fit and Proper Persons Test
 - Trade Union Facility
 - Slavery Act
 - Staff Health Safety and Security

5.10 Statutory compliance

The Committee will:

5.10.1 Ensure, on behalf of the Board of Directors, that current statutory and regulatory compliance and reporting requirements are met:

- Standards of professional conduct and practice (including consideration of Professional and Leadership Behaviours, the Standards of Business Conduct Policy, and The Nolan Principles)
- Freedom to Speak Up Guardian
- Guardian of Safe Working Hours
- Equality and Diversity Act
- Disability Discrimination Act
- Health and Safety at Work
- Consultation on service change

5.10.2 Ensure future legislative and regulatory requirements, which are to be placed on the Trust as an employer, are identified and appropriate action taken.

6. Reporting and accountability

6.1 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.

6.2 The Committee will provide an Annual Report to the Board to inform and / or accompany the Trust's Annual Report. This shall include an assessment of compliance with the Committee's Terms of Reference and a review of the work and effectiveness of the Committee.

6.3 The Terms of Reference shall be reviewed by the Committee and approved by the Board on an annual basis.

7. Committee Administration

7.1 The Committee shall meet a minimum of 8 times a year and at such other times as the Chair of the Committee, in consultation with the Committee Secretary, shall require, allowing the Committee to discharge all of its responsibilities.

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

7.3 The agenda will be set in advance by the Chair, with the Committee Secretary and Executive Lead, reflecting the agreed cycle of meetings and business.

7.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall 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 shall be made available no later than 10 working days before the date of the meeting.

7.5 Committee papers shall include an outline of their purpose and key points, in line with the Trust's Committee protocol, and make clear what actions are expected of the Committee.

- 7.6 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure that these are recorded in the minutes accordingly.
- 7.7 The Committee Secretary shall minute the proceedings of all Committee meetings, including recording the names of those present, in attendance and absent. Draft minutes of Committee meetings shall be made available promptly to all members of the Committee, normally within ten working days of the meeting.
- 7.8 The Committee shall, at least once a year, review its own performance, using a process agreed for all Board committees by the Board of Directors.

Procedural control statement:

Date approved:

Approved by: Board of Directors

Review date:

Draft

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Extraordinary Audit Committee
PURPOSE OF REPORT:	The report summarises the key points and decisions made at Extraordinary Audit Committee in June 2020
AUTHOR OF REPORT:	Matthew Gamage – Interim Director of Finance
DATE OF MEETING:	9 th July 2020
KEY POINTS:	<ul style="list-style-type: none"> • The report captures the key points and decisions made at Extraordinary Audit Committee in June 2020. • The Extraordinary Audit Committee was convened following the decision by the Board to delegate authority to the committee to sign off the year end 2019/20 annual report and accounts
RECOMMENDATION:	<ul style="list-style-type: none"> • That the report is received by the Board for assurance • The committee agreed to have a shared action plan with BCH to ensure that there is no risk of any audit issues being missed by both organisations • EPR and Duty of Candour actions to be considered as part of Board Assurance Framework
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input checked="" type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Extraordinary Audit Committee

Date of meeting: 15th and 23rd June 2020 (via Microsoft Teams)

Significant risks/issues for escalation

None identified

Key issues/matters discussed at the Committee

- The meetings held on 15th and 23rd June 2020 were quorate
- The committee received the annual report, Annual Governance Statement and financial statements for approval following agreement by the Board to delegate authority to the committee.
- Anticipate receiving an unqualified external audit opinion for the annual accounts
- The Trust achieved a surplus of £402,000 for the financial year 2019/20
- This surplus is adjusted by the net impairments value when measuring the Trusts performance against its breakeven duty. The surplus after this technical adjustment was £1,629,000 for 2019/20
- Anticipate receiving a qualified 'except for' value for money conclusion as a result of the management arrangement for Electronic Patient Record system
- The committee agreed to have a shared action plan with BCH to ensure that there is no risk of any audit issues being missed by both organisations
- The Auditor will confirm their opinion with an annual audit letter later in the year
- The committee received the Annual Counter Fraud for assurance
- The committee received the Annual Internal Audit Report and Head of Internal Audit opinion for 2019/20
- The Head of Internal Opinion is that significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently
- No significant Internal control issues (as defined by HM Treasury) that must be reported in the Annual Governance Statement
- Moderate assurance was given for duty of candour and limited assurance was given for data quality review Early Intervention in Psychosis

Decisions made by the Committee

- The Committee approved the annual report, Annual Governance Statement and financial statements

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

- EPR and Duty of Candour actions to be considered as part of Board Assurance Framework

Items/Issues for referral to other Committees

None identified

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:	Jim Young, Interim Head of Quality & Governance
DATE OF MEETING:	09 July 2020
KEY POINTS:	<ul style="list-style-type: none"> • There are currently two red-rated risks, C-057 & C-031 • There are a further three risks which were previously red-rated but which have been reduced in rating following review and discussion at the June Transaction Committee: <ul style="list-style-type: none"> ○ C-103: likelihood reduced from 4 to 3; this is also a COVID-19 related risk ○ T-102: likelihood reduced from 4 to 3; this is also a COVID-19 related risk ○ T-047: likelihood reduced from 4 to 2 • No changes require 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

STEP 1 - IDENTIFY										STEP 2 - EVALUATE					STEP 3 - PLAN															
Date Last Reviewed	Date of next review	Ref	Risk Category/type	Committees (integrated Governance joined until 1 Jul 2020)					Accountable Director (Risk Sponsor)	Risk Description		Inherent / Initial Risk Score			Controls in Place <i>i.e. arrangements that are already in place and are helping to control the risk – please provide evidence of the risk being controlled</i>	Assurance (RAG) rating for the strength of controls	Current Score			Risk Movement from last assessment	Risk Response Tolerate / transfer / terminate	Actions to address the risks: 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. - Q&S	Int. gov. - F, P & D	Workforce & 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)	
29/06/2020	31/07/2020	C-057	Operational	COVID-19	●	×	×	×	✓	×	×	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	Strong - Green	4	4	16	→	Treat	Final business case and contract will require Board Approval 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	01/09/2020	3	2	6	Open
29/06/2020	31/07/2020	C-031	Operational	COVID-19	●	×	×	×	✓	×	×	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	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. 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	01/09/2020	2	2	4	Open
19/06/2020	01/08/2020	C-103	Operational	COVID-19	●	×	×	×	×	×	✓	Steph Cartwright	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	Weak - Yellow	3	4	12	↘	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	31/07/2020	1	4	4	Open
04/06/2020	01/08/2020	T-102	Operational	COVID-19	●	×	×	×	×	×	✓	Steph Cartwright	COVID-19 affecting available resources to deliver the ICP transactions	Delay to the award of the ICP contract	2	4	8	Weak - Yellow	3	4	12	↘	Treat	Participation in regular SitRep processes, 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	31/07/2020	2	4	8	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	Audit and risk	Remuneration	Int. gov. - Q&S	Int. gov. - F, P & D	Workforce & OD	Transaction	Accountable Director (Risk Sponsor)	Risk Description		Inherent / Initial Risk Score			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.		Responsibility of	Action Deadline	Target Risk Rating			Status	
												RISK OF:	IMPACT/CONSEQUENCES	(L)likelihood Score	(I)impact 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			(L)likelihood Score	(I)impact Score	Risk Rating			SMART actions: S = Specific M = Measurable A = Attainable R = Relevant T = Timely				(L)likelihood	(I)impact Score	Risk Rating (L x I)	
19/06/2020	01/06/2020	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. Work is ongoing through COVID with regular public engagement taking place.	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	31/07/2020	1	4	4	Open		

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Integrated Governance Committee Assurance Report – 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 June 2020.
AUTHOR OF REPORT:	Caroline Brunt – Interim Director of Nursing, AHPs and Quality
DATE OF MEETING:	9 July 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 • Quality indicator data does not identify any areas of concern • The Committee were assured on the approaches being taken to further develop the Trust governance and 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:	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 – Quality & Safety

Date of meeting: 16 June 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 quality indicator data does not identify any areas of concern; no Serious Incidents or formal complaints have been reported this month • Work continues on completing appropriate building risk assessments to identify safe ways of working that may be required for any return to usual workplaces • The Director of Nursing is currently working on ensuring there is appropriate Safeguarding provision within the Trust; this has been supported by positive discussions with BCH regarding the SLA through which Safeguarding support is currently provided • An update was given on a number of areas of governance development that were recommended as work to focus on • The governance development paper included a proposed model for integrated assurance - this was well-received and work will continue to develop this further
Decisions made by the Committee	Approval of the structured approach proposed to progress the areas of governance development identified
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 June 2020.
AUTHOR OF REPORT:	Matthew Gamage – Interim Director of Finance
DATE OF MEETING:	9 th July 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: 16 June 2020 (via Microsoft Teams)

<p>Significant risks/issues for escalation</p>	<p>None identified</p>
<p>Key issues/matters discussed at the Committee</p>	<ul style="list-style-type: none"> • The committee received the finance and performance report related to the period April to May 2020 • The Trust is reporting a break even position for the period. • National block funding arrangements are in place during April to July 2020. For the period April to May 2020 the Trust will receive £1.35m income to cover the £1.35m expenditure incurred • Better Payment Practice code was not achieved in May but is expected to improve in the coming months once remaining old year invoices are paid • The IAPT access performance remains significantly below target for the period, however referrals and activity has improved significantly towards the end of May resulting in the weekly target being achieved in the first week of June. • The current average waiting time for IAPT is 7 days • Activity at the Pensnett Assessment Centre has reduced further to an average of 9 per day being seen in the most recent two weeks reporting. • The committee reviewed the Terms of Reference agreed by the Digital Strategy Group. Further clarity was requested regarding the membership of the group. • Digital strategy to be finalised in June • Expression of interest for N365 has been submitted with final request for licenses due by the end of June • The digital safe landing document has been finalised and has been shared with system partners for comment • Summary of the Pensnett Assessment Centre Contract was reviewed by the committee
<p>Decisions made by the Committee</p>	<ul style="list-style-type: none"> • The Committee was assured by the finance and performance report and the level of progress made by the Digital Strategy Group • Digital Strategy Group Terms of Reference were agreed subject to clarification of the membership • Digital Strategy and safe landing document to be presented to Integrated Governance Committee in July 2020

**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

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 June 2020.
AUTHOR OF REPORT:	Bev Edgar – Interim Associate Director of People
DATE OF MEETING:	9 July 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: 16 June 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 were informed that there are no difficulties for staff accessing antibody testing • COVID-19 risk assessment of staff has identified no staff in a high risk category • Terms of Reference (ToR) for the People Committee were presented for approval • The People Committee meetings are to be scheduled in line with when data is available
Decisions made by the Committee	<ul style="list-style-type: none"> • The People Committee ToR were approved subject to some minor amendments being made
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 BOARD

TITLE OF REPORT:	KPIs / BAME Risk Assessment Summary Report
PURPOSE OF REPORT:	This reports aims to provide newly released Workforce KPI data for May 2020 and give further information on the workforce implications of Covid19, specifically in relation to BAME colleagues.
AUTHOR OF REPORT:	Sue Beddows, HR Project Manager
DATE OF MEETING:	9 th July 2020
KEY POINTS:	<p>BAME Risk Assessments</p> <p>All Trusts have been asked to provide an update on their position in relation to Covid 19 risk assessments and to work on improving that position over the next two weeks, identifying specific actions being taken to reduce risk for BAME workforce.</p> <p>BAME risk will also be discussed as part of a newly formed STP Black Lives Matter response being led by Ashi Williams.</p> <p>Workforce KPIs</p> <p>We now have the second release of agreed data for the Workforce KPIs. Additional information has been requested from Black Country Healthcare that will provide more detail behind this baseline data to ensure that hotspot areas that require improvement are easy to identify and action.</p>
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None Identified
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

Workforce KPIs

May 2020



Dudley First - Bringing together a range of health and care services in one organisation with primary care at its heart

Dashboard

445 Dudley JCH

May-20

Staff in Post

	Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Funded Establishment					63.41	63.41							
Staff in Post FTE (Contracted)					60.06	60.15							
WTE Variance					3.35	3.26							
Vacancy %	10.0%				5.28%	5.14%							
Starters					1.27	0.00							
Leavers					1.62	0.00							
Turnover % (12 Months)	10-13%				11.48%	9.82%							
Turnover % (in Month)	0.8-1.1%				2.97%	0.00%							

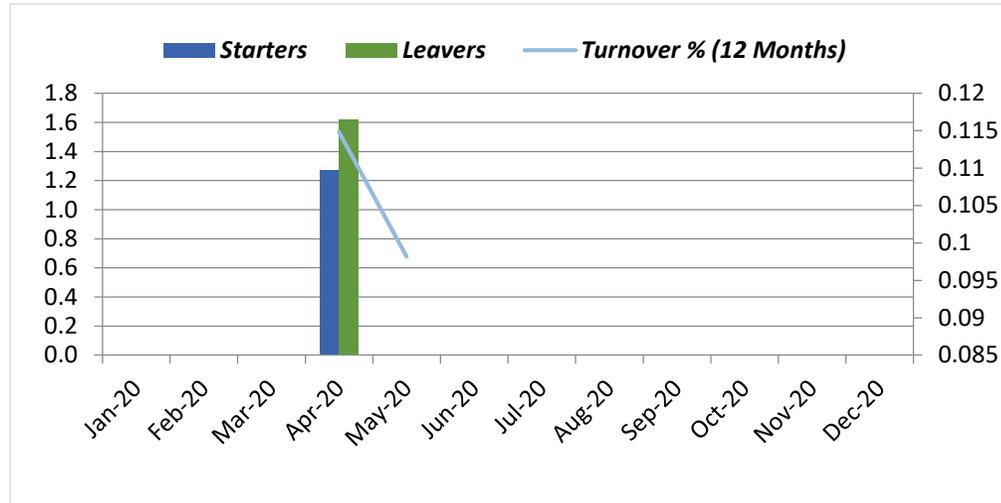
Absence

	Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Sickness % (Month)	4.68%				2.65%	1.83%							
Sickness % (12 Months)	4.68%				5.40%	4.93%							
Long Term Sickness % (12 Months)					74.82%								
Maternity % (Month)					4.85%	4.87%							

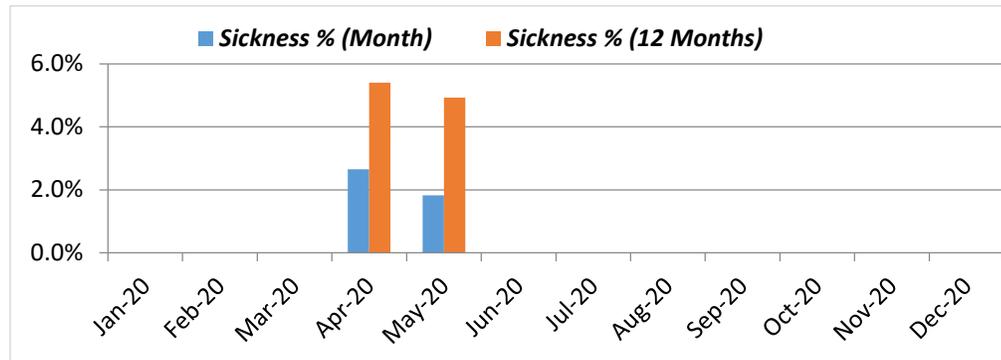
Development

	Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Appraisal %	85%				84.09%	83.33%							
Training Compliance %	90%				85.75%	85.83%							
Training DNA Rate %					-	-							
Supervision received (HC)					-	-							

Dashboard



There were no starters or leavers in May 2020



Training Compliance by Competencies

Competence	Compliant	Expiring Soon	Total Required	Total Non compliant	Total Compliance %
NHS CSTF Dementia awareness - No Specified Renewal	34	0	38	4	89.47%
NHS CSTF Equality, Diversity and Human Rights - 3 Years	54	6	56	2	96.43%
NHS CSTF Fire Safety - 1 Year	45	11	56	11	80.36%
NHS CSTF Health, Safety and Welfare - 3 Years	53	2	56	3	94.64%
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	7	0	9	2	77.78%
NHS CSTF Infection Prevention and Control - Level 2 - 1 Year	31	6	39	8	79.49%
NHS CSTF Information Governance and Data Security - 1 Year	47	10	56	9	83.93%
NHS CSTF Moving and Handling - Level 1 - 3 Years	53	2	56	3	94.64%
NHS CSTF NHS Conflict Resolution (England) - 3 Years	19	0	21	2	90.48%
NHS CSTF Preventing Radicalisation - Prevent Awareness - 3 Years	32	0	38	6	84.21%
NHS CSTF Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	16	3	21	5	76.19%
NHS CSTF Safeguarding Adults (Version 2) - Level 1 - 3 Years	18	0	22	4	81.82%
NHS CSTF Safeguarding Adults (Version 2) - Level 2 - 3 Years	36	3	39	3	92.31%
NHS MAND Clinical Risk Assessment - 3 Years	28	2	33	5	84.85%
NHS MAND Domestic Violence and Abuse - 3 years	20	0	21	1	95.24%
NHS MAND Medicines Management Awareness - 3 Years	7	0	15	8	46.67%
NHS MAND Mental Capacity Act - 3 Years	16	1	24	8	66.67%
NHS MAND Mental Health Act - 3 Years	15	0	20	5	75.00%
NHS MAND Safeguarding Adults Level 3 - 1 Year	16	3	21	5	76.19%
NHS MAND Safeguarding Children Level 1 - 3 Years	18	0	19	1	94.74%
NHS MAND Safeguarding Children Level 2 - 3 Years	37	2	39	2	94.87%
NHS MAND Safeguarding Children Level 3 - 1 Year	16	3	21	5	76.19%

BAME Risk Assessments

Summary of Returns

Division	Total Returns	Individual Risks			Workplace Risk			Total Risk Level			% of Returns at Medium or Higher Total Risk	Headcount	% of Returns by Headcount
		High	Medium	Low	High	Medium	Low	High	Medium	Low			
Dudley IHC	45		1	44		22	23		1	44	2.22%	65	69.23%

Summary of Returns (BAME Staff)

Division	Total Returns	Individual Risks			Workplace Risk			Total Risk Level		
		High	Medium	Low	High	Medium	Low	High	Medium	Low
Dudley IHC			1	5		3	3		1	5

BAME Risk Assessments

Staff Home Working

Division	All Returns				BAME			
	Yes	No	N/A	Grand Total	Yes	No	N/A	Grand Total
Dudley IHC	44		1	45	6			6

Staff Redeployed to lower risk area

Division	All Returns				BAME			
	Yes	No	N/A	Grand Total	Yes	No	N/A	Grand Total
Dudley ICH		16	29	45		3	3	6

Staff Redeployed or moved to different premises

Division	All Returns				BAME			
	Yes	No	N/A	Grand Total	Yes	No	N/A	Grand Total
Dudley ICH		16	29	45		3	3	6

Adjustments made to role

Division	All Returns				BAME			
	Yes	No	N/A	Grand Total	Yes	No	N/A	Grand Total
Dudley ICH	1	15	29	45	1	2	3	6

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Report from Transaction Committee held on 10 th June 2020
PURPOSE OF REPORT:	To update Board Members on discussions held at Transaction Committee on 10 th June 2020
AUTHOR OF REPORT:	Stephanie Cartwright Director of Operations, Strategy and Partnerships
DATE OF MEETING:	9 th July 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 • The Board are asked to note that the revised Integration Agreement will be shared with each GP Practice and engagement events will be held on 30th June 2020. • It has been agreed with NHSI that the full business case for the award of the ICP contract will be submitted on 30th September 2020. • 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: 10th June 2020 (via Microsoft Teams)

Significant risks/issues for escalation

None identified

Key issues/matters discussed at the Committee

- The Terms of Reference for Dudley Integrated Health and Care NHS (DIHC) Stakeholder Forum were approved by the Committee. The Stakeholder Forum is a natural transition from Delivery Board and will be the forum for discussion with stakeholders on the production of the full business case for the ICP contract award to ensure partner engagement on the transfer of services and the development of models. The membership is the same as Delivery Board, other than an invitation has now been extended to the Council and CCG to facilitate transparency and progress. The Terms of Reference have been discussed at Stakeholder Forum and subsequently various changes have been made to emphasise the importance of partnership working and also to manage the risks associated with the transaction. Stakeholder Forum will report to Transaction Committee.
- The Terms of Reference were approved for DIHC Development Communications and Engagement Group. This group has been in place throughout the development and will now report to Transaction Committee. All partners are represented on the group and there is close working with the DIHC HR Partners Collaborative.
- The committee received an update on incremental expansion and it was confirmed that a proposed list of services for transfer into DIHC ahead of the award of the ICP contract has been agreed with the CCG. This list has been shared with NHSI along with the legal advice that has been obtained on the transaction assurance required. A communications strategy for any expansion will be developed and the resources to deliver will be kept under regular review. Recent dialogue that has been undertaken with the Chair and Chief Executive of Black Country Healthcare NHS Foundation Trust (BCH) was discussed and DIHC Board were informed that BCH colleagues remained fully supportive of the development of the ICP model in its proposed form.
- The committee received an update on the production of the full business case for the award of the ICP contract. The development team have completed a gap analysis and significant work continues on the clinical model and

	<p>development of the integration agreement with primary care. A submission date of 30th September 2020 has been proposed by the DIHC team, the CCG and the STP to ensure alignment with the NHS reset timescales. Subsequently since the committee met this submission date has been agreed with NHSI. The business case will include reference to system restoration plans and also reference to any earlier transfers of services that will have already taken place. The committee were informed that any outstanding areas connected to the procurement are being addressed.</p> <ul style="list-style-type: none"> • The committee reviewed the revised Integration Agreement that will be used when General Practices integrate with DIHC. The committee were informed that over recent week's extensive work has been undertaken on refreshing the integration agreement in preparation for two engagement events with primary care on Tuesday 30th June 2020. The latest version of the agreement includes an updated clinical and primary care operating model, an update following any legislative changes and revisions following feedback from the last consultation. The Integration Agreement was approved by the committee. • The committee received an update on the Transaction and System risk registers and agreed re-alignment of some risks to Integrated Governance Committee. An approach for managing system risks was proposed and agreed. This proposal will be discussed in full at the Stakeholder Forum on 17th June 2020.
<p>Decisions made by the Committee</p>	<ul style="list-style-type: none"> • To approve the terms of reference for DIHC Stakeholder Forum. The Forum will report to Transaction Committee. • To approve the terms of reference for the DIHC Development Communications and Engagement. This group will report to Transaction Committee. • To submit the full business case for the ICP contract award on 30th September 2020. • Approval of the Integration Agreement for sharing with general practice at forthcoming engagement events. • A proposal to be made to Stakeholder Forum on how to manage system risks as a result of the transaction.
<p>Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)</p>	<p>No specific implications identified within the meeting; agreed amendments will be made.</p>
<p>Items/Issues for referral to other Committees</p>	<p>None identified</p>