DUDLEY INTEGRATED HEALTH AND CARE BOARD

TUESDAY 1 SEPTEMBER 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** First Contact Practitioner Service – Patient Feedback & Outcomes	Verbal	Ms L Grady	09.35
5.	**Minutes from the previous meeting held on 4 August 2020 for approval**	Enclosure 1	Mr H Turner	10.00
6.	**Action Register and Matters Arising**	Enclosure 2	Mr H Turner	10.05
7.	**Agenda for Part Two**	Enclosure 3	Mr H Turner	10.07
8.	**Chief Executive's Report**	Enclosure 4	Mr P Assinder	10.10
9.	**Chair's Update**	Verbal	Mr H Turner	10.20
10.	**Covid 19 and Post Covid Services**	Verbal	Mrs C Brunt	10.25
11. 11.1 11.2 11.3	**Corporate Governance and Compliance** Establishment of Finance, Performance & Digital and Quality & Safety Committees Corporate Calendar Corporate Risk Register	 Enclosure 5 Enclosure 6 Enclosure 7	 Mr J Young Mr J Young Mr J Young	10.30
12. 12.1	**Partnerships and Integration** Report from Primary Care Integration Committee	Enclosure 8	Dr G Solomon	10.55
13. 13.1	**Quality & Safety** Assurance Report from Integrated Governance Committee	Enclosure 9	Ms V Little	11.05
14. 14.1	**Finance, Performance and Digital** Assurance Report from Integrated Governance Committee	Enclosure 10	Mr I Buckley	11.15

Item No	Agenda Item	Enclosure	Presented by	Time
15. 15.1	**Workforce & OD** Report from People Committee	Enclosure 11	Mr M Evans	11.25
16. 16.1	**Transaction and ICP Development** Report from Transaction Committee	Enclosure 12	Mrs S Cartwright	11.35
17.	**Any Other Business**	Verbal	Mr H Turner	11.45
18.	**Questions from the public**	Verbal	Mr H Turner	11.50
19.	**Board reflections**	Verbal	Mr H Turner	11.55
20.	**Date of next meeting:** 6 October 2020, 09.30 – 12.00 Venue TBC			

NHS
Dudley Integrated Health and Care
NHS Trust

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DUDLEY INTEGRATED HEALTH AND CARE BOARD

MINUTES OF THE PUBLIC MEETING HELD ON 4 AUGUST 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 D Gilburt (DG)	Non-Executive Director, Dudley IHC
Mr M Evans (ME)	Non-Executive Director, Dudley IHC
Dr G Solomon (GS)	Non-Executive Director, Dudley IHC
Mr I Buckley (IB)	Non-Executive Director, Dudley IHC
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 (from item 11)

In Attendance:

Mr J Young (JY)	Acting Board Secretary, Dudley IHC
Mrs C Austin (CA)	Communications Lead, Dudley IHC
Mrs J Boothroyd (JB)	Programme Director, Dudley IHC
Ms K Stringer (KS)	Health Visitor & Nurture and Resilience Lead, Black Country Healthcare NHS Foundation Trust
Mr P Singh (PS)	Equality & Diversity Lead, Black Country Healthcare NHS Foundation Trust (Item 10 Only)

Minute Taker:

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

072/20. CHAIRMAN'S WELCOME

The Chair welcomed everyone to the Board meeting and provided a note of thank you to members of the Executive Team who have joined the meeting during their annual leave.

The Chair stated that the Equality and Diversity Lead from Black Country Healthcare NHS Foundation Trust (BCH) will be joining the meeting to talk about what does good equality and diversity look like to help develop this important area as the Trust grows as an organisation.

073/20. APOLOGIES

No apologies were noted for this meeting.

074/20. DECLARATIONS OF INTEREST

No declarations of interest noted in relation to items on the agenda.

075/20. MINUTES FROM PREVIOUS MEETING HELD ON 9 JULY 2020

The minutes were agreed as an accurate record of the meeting held on 9 July 2020.

076/20. ACTION REGISTER AND MATTERS ARISING

058/20
It was noted that the Standing Orders and Standing Financial Instructions (SFIs) were agreed on 1 April 2020, and a refreshed version has been through Audit and Risk Committee for agreement. It was proposed for this action to be deferred to October Board for formal approval to align with service transfers in October.

061/20
The draft Workforce Race Equality Standard (WRES) with outline objectives will be taken to the first People Committee on 14 August 2020. The Trust is also looking to set up a staff experience network, and is hoping that BAME staff take part in this to help develop this piece of work.

066/20
Staff training compliance to be covered in the workforce report.

068/20
BE has circulated information around the staff condolence page. Action closed.

058/20a
It was agreed to defer this action to October.

077/20. AGENDA FOR PART TWO

The Board noted the agenda for part two.

078/20. CHIEF EXECUTIVE REPORT

PA confirmed receipt of the standing order that changed the name of the organisation formally to Dudley Integrated Health and Care NHS Trust (DIHC) with effect from 1 August 2020. PA stated that this milestone is a mark of confidence in the organisation, the Trust's stewardship of managing the small cohort of services to date and the overall direction of travel for the organisation.

It was noted the Secretary of State has indicated that the NHS, consistent with the national emergency position, switches from level four to level three with effect from 1 August 2020. PA commented that this position denotes the fact that Covid19 is still active and transferring throughout the community, and the NHS needs to be on full alert to respond to regional or local outbreaks.

The Trust has received the phase three letter of the NHS response to Covid19 which talks about the reset on the NHS from 1 April 2021 and moving forward to deliver the Five Year Forward View and Long Term Plan aspirations. The key headlines from the letter are around an increasing coordination role for the Sustainability and Transformation Partnership (STP), a new financial regime that will be put in place moving forward and an emphasis on equality and equal opportunities. It was noted that the NHS People Plan has been released this week and there will be detailed discussions and work around the content of this plan at the People Committee.

It was highlighted that Dudley Metropolitan Borough Council (MBC) gave the Freedom of the Borough to all NHS and Care staff in Dudley at the full Council meeting on 23 July which is a welcome acknowledgement of the work that has been done across the borough in response to Covid19.

Within the Chief Executive report it the achievements of the Trust's first 100 days and HT and PA have had a number of meetings with key stakeholders to update them on the organisations developments. PA

reflected that the main messages that come out of the meetings with stakeholders is the Trust aspiration to have a different and unique relationship with Primary Care, the Trust's commitment to listen to local people and to develop local accountability for outcome delivery and performance, and the genuine desire to relate differently to staff and colleagues.

The Trust shared the draft business case with partners on 31 July 2020 for comments and PA acknowledged the work of the team who enabled the full draft case to be ready for a challenging deadline. The Trust has also provided an early proposal on the subcontract arrangements with The Dudley Group NHS Foundation Trust (DGFT) and are awaiting feedback.

The Board noted the Chief Executive report.

079/20. CHAIRS UPDATE

The Chair on behalf of the Board provided a note of thank you to the Executive Team for delivering the draft business case and the incremental expansion documents. The Trust is to encourage system partners to provide feedback on the case.

Conversations have been taking place around developing a leadership model for the organisation and there is a session scheduled with the Kings Fund on 10 August 2020 to start the foundations of this model.

It was noted that HT and PA continue to engage fully with the system as it facilitates collaborative working to deliver the business case, and there is a further meeting on 6 August 2020 with the STP.

HT commented that within the recent written Secretary of State speech the Secretary of State referred to the better use of money and the 'Dudley pound' being the way forward.

The Board noted the update provided by the Chair.

080/20. COVID19 AND POST COVID SERVICES

CB reported that in relation to the Pensnett Respiratory Assessment Centre as of 1 August 2020 the staffing model is to match a clinical need of 15 patients per day which the team are managing appropriately. There is also the ability to step up capacity through the winter if required. In addition the team are involved in a project around remote monitoring.

HT enquired as to what the Trust is doing to help the system in terms of flu vaccinations and how the Trust is going to ensure all staff are vaccinated. CB responded a Clinical Lead within Dudley CCG is providing briefings regarding flu vaccinations and the Trust are connecting to the work the CCG are undertaking. Discussion are in progress with the Primary Care Network (PCN) Clinical Directors regarding how the Trust can create the opportunity to get as many staff vaccinated in their own PCN. The Trust is also working with the CCG Estates Lead to look at how to deliver the vaccinations at scale including potential outreach services where required.

It was recognised that the scale of exercise that is being asked around flu immunisation will require all partners to come together to deliver this effectively, and to consider the need for differential solutions for different areas of Dudley.

It was acknowledged that the Trust need access to robust data regarding vaccinations in order to ensure that the Trust have an accurate picture of both patient and staff vaccinations.

HT highlighted the need for flu vaccinations to be discussed at both the People Committee and the forthcoming Quality and Safety Committees as appropriate.

The Board noted the update provided by CB.

081/20. CORPORATE GOVERNANCE AND COMPLIANCE

Audit and Risk Committee Report

The Standing Orders and SFIs have been agreed by the Audit and Risk Committee and will be presented at Octobers Board meeting for approval.
It was noted that the Scheme of Delegation has been reviewed and is currently being worked on, and the Trust need to be clear on incremental changes. This will be reviewed again at the next Audit and Risk Committee and the updated version will be brought to Board on 6 October 2020.

The Committee looked at a list of 240 policies and it was noted that the committee highlighted additional policies that need to be added. JY is looking at how the list is brought to future committee meetings to ensure that all policies are refreshed and up to date.

The Board noted the Audit and Risk Committee Report.

Corporate Risk Register

The Audit and Risk Committee reviewed the entire corporate risk register at the July meeting. It was noted that risk T-007 has been proposed for amending in rating and will go through the next Transaction Committee for formal approval. Audit & Risk Committee also approved the addition of a new risk C-104.

JY stated that the Audit and Risk Committee are actively looking at the development of the Board Assurance Framework (BAF) and there is a piece of work being undertaken this week with the support of the Trust's internal auditors.

It was agreed to present the draft version of the BAF to the Board at the private session in September.
[Action added to Private Board action log]

The Board were assured that processes are in place to manage the corporate risk register. The Board noted the proposed increase in rating for T-007 and addition of risk C-104.

082/20. WHAT DOES EQUAL OPPORTUNITIES LOOK LIKE

PS was welcomed to the meeting to provide the Board with an overview of what equal opportunities look like. PS is the Equality and Diversity and Health and Wellbeing lead for BCH.

PS provided an overview of the national context in relation to key drivers from NHSE/I noting the policies and strategies that are in place.
PS commented that it is important to also look at the local context and know what the demographics are.

It was noted that when creating a strategy on a page for BCH, Equality Delivery System (EDS) goals were used as a legal framework looking at four key areas.
BCH have also used other initiatives to go beyond compliance and shift to the organisations culture by working in coproduction with staff networks and using culture ambassadors to support BAME staff. BAME staff have also been supported around the stepping up programme, career development programmes and the forward thinking leadership programme in conjunction with the leadership academy. PS stated it is important to show visible diversity and the role models within an organisation, looking at value based recruitment at all levels.

PS provided an overview on the impact COVID19 has had on equality and diversity. The challenge of COVID19 has given the opportunity to reframe and reinforce views of how things are and should be.

PS asked the Board a list of questions to consider and take forward:
- What are the cultures you are dealing with?
- How are you going to change cultures to influence and improve equality performance and indicators?

- How will you grow your workforce and nurture staff?
- Can staff be their authenticating self?
- How do you connect with your values to enable psychological safety?
- What are your levers for change?
- How will you use your innovation to go beyond compliance?

SC commented that it is an important time for all organisations particularly DIHC as a new and forming organisation that is bringing people together from a number of different areas. There is an opportunity for the Trust to shape how equality and diversity is addressed as systems do not change people, people change systems. SC stated that there is a refocus on this area post COVID19.

CW stated that the timing of this presentation is really helpful and that there needs to be new ways of thinking and working within Dudley. CW stated that he would value PS' thoughts on how to do this moving forwards.

ME commented that it is positive that the Board are reflecting that there is a lot of work to do. It was highlighted that the challenge within the current climate is that staff are working very remotely and this work needs to visibility. ME queried if PS has any short term advice to get through the barriers of working remotely.

PA agreed with all comments from Board members and stated that the Trust have a unique opportunity to build a new organisation from the ground up. It was agreed for a meeting to be scheduled with PS offline to explore and discuss key priorities that can be undertaken, and reflect on all comments made today.

The Chair on behalf of the Board provided a note of thank you to PS and acknowledged the work in the system around equality and diversity.

083/20. PARTNERSHIPS AND INTEGRATION

Primary Care Integration Committee

GS reported that the inaugural meeting was held on 15 July which was well attended. GS provided a note of thank you to those who helped organise the committee meetings.

The committee agreed the Terms of Reference (ToR) and this document is on today's agenda for the Board to formally sign off.

The Primary Care Integration Agreement was received by the committee, and the positive engagement events that were held with the GPs was noted. The committee discussed the process and timescales for practices to sign up to the agreement.
GS stated that it is encouraging to note that there was an appetite to move at pace with the agreement, and the indication is that sign up is to exceed the minimum required by the procurement.

The committee work plan was discussed and approved, and it was noted that there is an importance to have sight of the PCN workforce plans to ensure that work is being carried out in a mutually supported and integrated way that aligns with the clinical model.

The principles of financial decision making were presented and approved, this sets out the principles to be applied to the PCN Directed Enhanced Services (DES), the Practice Engagement Schemes, Local Improvement Schemes and other primary care integration activities.

Conversations were held around setting up the risk register, and progress is to be presented at the next meeting. The risks from this committee will feed into the corporate risk register.

SC stated this meeting is a fundamental part of the organisations future moving forward and is unique to

other NHS Trusts as it is around integration with primary care which is a core component of the ICP model and award of contract. Since the engagement events the Trust has been to a number of PCN meetings with the last meeting taking place today, and there has been no significant issues raised regarding the agreement. The aim is for practices to sign the Integration Agreement by the end of August. It was highlighted that the agreement will not come into full effect until 1 April 2021, although will be in place to deliver some of the Local Improvement Schemes.

HT queried if there is a feedback loop to the GP practices from this committee. SC responded that a summary of the committee is circulated within the fortnightly practice bulletin and the Trust are currently in the process of setting up monthly engagement events with the GPs.

IB shared the discussion held at the committee around the budget information being reported to the Finance, Performance and Digital Committee, once established, commenting that this is an area that the Trust can be innovative.

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

Primary Care Integration Committee Terms of Reference

The ToR was presented and approved at the Primary Care Integration Committee. No further amendments were made to the ToR.

The Board formally approved the ToR.

084/20. QUALITY AND SAFETY

Report from Integrated Governance Committee

VL reported that there are no items arising from the quality indicators presented that are areas of concern or emerging themes. No data to escalate to the board.

It was highlighted that the winter vaccination programme was discussed at the committee and has already been covered in conversations under item nine of this meeting.

VL reported that the Trust is receiving safeguarding data and there is a safeguarding model that gives a framework and outline for developing the Trust's own safeguarding structure, policies and processes. It was highlighted that the Trust need to reflect on the safeguarding roles and responsibilities in relation to continuing healthcare.

It was noted there is the opportunity to have additional resource to develop the safeguarding model at pace ready for service transfers ensuring that all in-house procedures are in place.

Assurance was provided at the committee around a named nurse and named doctor that is in place for all of the Trust's current services.

VL provided a note of thank you for colleagues who have been engaging with the Care Quality Commission (CQC).

The Board noted the Quality and Safety report from the Integrated Governance Committee for assurance.

085/20. FINANCE, PERFORMANCE AND DIGITAL

Report from Integrated Governance Committee

It was noted that the Trust is reporting a breakeven position which is largely due to the current financial regime that is in place for COVID19 around top up funding being available for provider organisations. There has been confirmation that the current financial regime will last until September 2020. The Trust is still to receive full confirmation of the financial regime for the period October 2020 – March 2021.

The committee supported the Digital Strategy which was presented and it was noted that some of the work from the strategy is being included within the business case ready for submission at the end of September.

There were no issues escalated to the Board, and IB commented that the level of reporting will increase once the Trust takes on more services.

The Board noted the Finance, Performance and Digital report from the Integrated Governance Committee for assurance.

086/20. WORKFORCE AND OD

Report from Integrated Governance Committee

MA stated that the first People Committee is scheduled to take place on 14 August 2020 and the KPIs linked to the mandatory training, the WRES and DES are agenda items for this committee. MA also assured the Board that following discussions at July's Board meeting, dates have been confirmed for the committee to take place on a monthly basis.

BE updated that the sickness rate in June was 1.65% therefore the rolling sickness is 4.32% which is down from 5.4% in April 2020. The appraisal rate is 89% and training compliance is at 85%. Safeguarding training compliance has increased, however there has been a slight decrease in medicines management and mental capacity act which will be picked up with the team leaders.

BE reassured the Board that there are only three areas of training which have to be face to face, these are; Management of Actual or Potential Aggression training (MAPA), manual handling and adult life support. These training sessions are being managed through BCH.

It was reported that there is only one outstanding COVID risk assessment for the Trust's operational staff. Risk assessments for the Non-Executive Directors will be progressed by BE on behalf of HT.

The Board noted the Workforce and OD report from the Integrated Governance Committee.

087/20. TRANSACTION AND ICP DEVELOPMENT

Report from Transaction Committee

The ToR for the ICP Development Team and the HR & Staff Engagement Collaborative Steering Group were approved by the Transaction Committee.

An update was provided to the committee around the completion of the business case and discussions were held around work taking place on a system level to move forward on areas of concern that have been raised. Progress has been made with the principles of the subcontract being issued to DGFT, the Clinical Strategy Board meetings are being held and there have been meetings to agree the way forward in terms of system risk management. The system meetings are continuing.

The business case was shared on 31 July with partners to receive as much feedback as possible, and there is a session this afternoon to walk Board members through the case.

The committee reviewed the governance plan, activities, associated timelines and milestones required for the submission of the full business case and these were agreed. The Trust is continuing to work to the agreed timescales for formal submission at the end of September.

Submissions were made on 31 July in relation to DIHC services to include the High Oak APMS Contract, CCG staff and services and provision of the Primary Care Local Improvement Schemes. The process was approved at the committee and was submitted on Friday subject to formal approval within the second session of this meeting.

Due Diligence requests have been made and the Trust is currently awaiting return of relevant information for the appropriate services.

SC raised that there has been an issue of non-attendance of Terrafirma at the Safe Landing Group for IT and Digital Services. Within the letter written to DGFT's Chief Executive around subcontracting arrangements, it was included that it is a requirement for Terrafirma to attend this meeting. It was noted this is becoming a risk for the Trust. The next Safe Landing Group is due to meet on 19 August and SC will raise this concern during the weekly partners call on 7 August.

The Transaction Committee signed off the communications and engagement strategy, it was noted that further work will be completed on the strategy as the organisation progresses. Further discussions around engagement over the next few months will be discussed within part two of the meeting.

The committee also reviewed the transaction and system risk register and amended accordingly.

The Board noted the Transaction Committee report.

088/20. ANY OTHER BUSINESS

None stated.

089/20. QUESTIONS FROM THE PUBLIC

The Chair invited KS to ask any questions or provide observations on the meeting.

KS stated that she joined the meeting to hear about the plans for the organisation moving forward as she is the Health Visitor and Nurture and Resilience Lead for BCH who will be joining DIHC. KS is currently mapping services for nurture and resilience for ages 0-5 looking at improving mental health outcomes and long term health outcomes.

KS commented the current concern with under five CAMHS is that they do not accept referrals from Health Visitors and it hoping that moving forward this will change as Health Visitors have an important role in identifying patent and child relationship problems. KS would also like to look at other ways to integrate services to make them streamlined for families to enable better support.

It was noted that there is a group that meets every six weeks who are working with families in the local community to improve services moving forward, and KS questioned the Trust's plans when the service is transferred to the organisation to ensure that the groups plans will align with the plans for the long term.

SC commented that the Trust are keen to talk to colleagues about the services which will be transferred to the organisation, and it was agreed for a meeting to be set up with KS to take this discussion further

around plans moving forward.

090/20. BOARD REFLECTIONS

Item to be discussed within part two of the meeting due to time.

091/20. DATE OF NEXT MEETING

1 September, 09.30 – 12.00

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

Ref	Date Raised	Action	Action Lead	Due Date	Update
058/20	09/07/2020	Standing Orders and SFI's to be presented to August Board for approval.	MG	Oct-20	Action agreed to be deferred to October at August Board
058/20a	09/07/2020	Scheme of Reservation and Delegation and Conflicts of Interest Policy to be reviewed and presented to Board for approval in September.	MG	Oct-20	Action agreed to be deferred to October at August Board

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DUDLEY INTEGRATED HEALTH AND CARE BOARD

TUESDAY 1 SEPTEMBER 2020
VIRTUAL MEETING VIA MICROSOFT TEAMS
12.30 – 14.50

PRIVATE AGENDA

Item No	Agenda Item	Enclosure	Presented by	Time
1.	**Chairman's Welcome**	Verbal	Mr H Turner	12:30
2.	**Commissioning Developments**	Verbal	Mr P Maubach	12:32
3.	**Apologies**	Verbal	Mr H Turner	13:00
4.	**Declarations of Interest**	Verbal	Mr H Turner	13:02
5.	**Minutes from previous meeting held on 4 August 2020**	Enclosure 1	Mr H Turner	13:05
6.	**Action Register and Matters Arising**	Enclosure 2	Mr H Turner	13:10
7.	**Reflections from Part One**	Verbal	Mr H Turner	13:15
8.	**Business Case Update**			13:20
8.1	Feedback from Partner Board Walkthrough	Verbal	Mrs S Cartwright	
8.2	Progress Report	Verbal	Mrs S Cartwright	
8.3	Appointment of Reporting Accountants	Verbal	Mr M Gamage	
9.	**Transfer of Children's Service Business Case**	Verbal	Mrs S Cartwright	13.35
10.	**Acquisition of High Oak Surgery, Local Improvement Schemes and CCG Staff & Services**	Enclosure 3	Mrs S Cartwright	13.45
11.	**Service Level Agreement**	Verbal	Mr M Gamage	14:30
12.	**Draft Board Assurance Framework**	Enclosure 4	Mr J Young	14:35
13.	**Incident, Complaints and Risk Management System**	Enclosure 5	Mr J Young	14.40
14.	**Any Other Business**	Verbal	Mr H Turner	14.50
15.	**Date of next meeting:** 6 October 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
DATE OF MEETING:	1 September 2020
KEY POINTS:	1. NHS Restoration and Recovery including the DoH Phase 3 Plan 2. Full Business Case Update 3. NHSEI Regional tier Strategic Transformation and Recovery (STaR) Board
RECOMMENDATION:	The Board is asked to note the report
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	No
ACTION REQUIRED:	Decision ☐ Approval ☐ Assurance ☒

<p style="text-align: center;">**Report of the Chief Executive to the Board of Directors**</p>

<p style="text-align: center;">**1st September 2020**</p>

1. NHS Restoration and Recovery

1.1 The Phase 3 Letter

The much-trailed NHS Phase Three letter, setting out the direction of travel for the NHS nationally through the remainder of 2020/21 and into the next financial year, was published on 31st July 2020.

The letter plans for the NHS in England to *"return to near-normal levels of non-covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter"*, when further emergency and covid pressures are anticipated.

The targets in the new guidance for phase three of the NHS's Covid response include:

a. In September trusts should deliver "at least 80 per cent of their last year's activity for both overnight electives and for outpatient/day case procedures, rising to 90% in October (while aiming for 70% in August)";
b. MRI/CT and endoscopy procedures should return to at least 90 per cent of their last year's levels in September, with an ambition to reach 100 per cent by October."
c. Trusts must hit 100 per cent of their last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year (and aiming for 90 per cent in August)."

The letter indicates that — while a form of block contract will remain in place for trusts — payments to providers will now "*be adjusted depending on delivery against the activity restart goals".* Although this detail is not yet available, it is likely that for the second six months of the financial year, trusts will have some element of funding linked to plan achievement, potentially with financial incentives and/or penalties operating. Further, the STP is likely to be given further powers to manage resources across providers in their region.

The letter says the ministers have agreed for the NHS to move from a "Level 4 (national) to Level 3 (regional)" emergency incident management "with effect from tomorrow (1st August)", suggesting a loosening of national control.

In the important area of continuing healthcare, which is one of the commissioning functions transferring to DIHC, the letter notes that *"Government has… decided that CCGs must resume NHS Continuing Healthcare assessments from 1 September 2020." T*he existing Covid arrangements provide funding by the NHS without assessment but from 1st September, patients will need to be assessed and moved to core NHS, social care or self-funding arrangements.

1.2 Implementing Phase 3 Guidance

On 7th August, the DoH issued further detailed guidance to supplement the phase 3 letter 'Implementing phase 3 of the NHS response to the COVID-19 pandemic' (Ref 01559).

a) Addressing Inequalities

The guidance recognises that COVID-19 has further exposed some of the health and wider inequalities that persist in our society. It asks trusts to work collaboratively with local communities and partners to take the following eight urgent actions:

- Protect the most vulnerable from COVID-19. The Board will be familiar with our staff risk assessment work.
- Restore NHS services inclusively, so that they are used by those in greatest need. This will be guided by new, core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities, by 31 October.
- Develop digitally enabled care pathways in ways which increase inclusion,
- Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes; including more accessible flu vaccinations, better targeting of long-term condition prevention and management programmes such as obesity reduction programmes
- Particularly support those who suffer mental ill health, as society and the NHS recover from COVID-19. This will be underpinned by more robust data collection and monitoring by 31 December.
- Strengthen leadership and accountability, with a named executive board member responsible for tackling inequalities in place in September in every NHS organisation, alongside action to increase the diversity of senior leaders. The Board will recall that we are actively participating in the NHS NeXT Programme.
- Proactively review and ensure the completeness of, patient ethnicity data by no later than 31 December, with general practice prioritising those groups at significant risk of COVID-19 from 1 September
- Collaborate locally in planning and delivering action to address health inequalities, including incorporating in plans for restoring critical services by 21 September; better listening to communities and strengthening local accountability; deepening partnerships with local authorities and the voluntary and community sector; and maintaining a continual focus on implementation of these actions, resources and impact, including a full report by 31 March.

It is of note the extent to which the DIHC population-based approach to health and care coordination is consistent with these objectives. Further, our People Committee will maintain a clear view of our responsibilities in the area of equality.

b) Mental health services

The Guidance states that the expansion of Improving Access to Psychological Therapies (IAPT) services should be at the forefront of this next phase as they provide NICE recommended treatment for the most common mental health problems and accept self-referral. The specialised support IAPT can offer to those with PTSD, anxiety, depression or to those who have spent lengthy time in an ICU, are all the more vital in the context of COVID-19. For this reason, the Guidance suggests that we must use this year to grow and bring in more trainees to the service. Money will be made available to augment salary replacement costs to help with the expected, significant, surge in demand for IAPT services. Where regions did not achieve IAPT targets last year (the BC&WB STP did not)

For providers, recovery trajectories must be provided as part of the planning process for the remainder of 2020/21.

2. Full Business Case for award of the Dudley Integrated Care Contract on 1st April 2021

The Trust remains on course for the award of the first ICP contract in April 2021. In the past month the Trust has been receiving comments on the circulated working draft, from system partners and has hosted a system 'walk through' of the draft case to promote understanding amongst partners.

The Trust is now in detailed dialogue with Dudley Group and Black Country Healthcare FTs to agree the detail of service sub contracts and back office and support SLAs.

We are delighted to welcome Ian Beattie, former mental health senior nurse, who will provide senior clinical support to the Director of Nursing and Jan Lowry, who is an experienced project manager, who will provide support to the work on children's services.

We remain on course to submit the FBC to the Regulator in September, as planned.

3. NHSEI Regional tier Strategic Transformation and Recovery (STaR) Board

The Trust is regulated at local level by the Midlands Regional Office of NHSEI, led by Regional Director, Dale Bywater.

In response to the Covid Phase 3 process, the Regulator has established a new sub structure to assist the development of the regional response to restoration and recovery and in particular, capturing the good practice lessons from the local Covid response.

This is headed by a Midlands Strategic Transformation and Recovery (STaR) Board and four co-dependent working groups that the Board will oversee. These will focus on the following key issues:

• Enduring unwarranted variation in patient safety, outcomes and experience

• Unacceptable levels of health inequalities

• COVID-19 related requirements and future pandemic preparedness

• Unwarranted variation in the productivity of service delivery

• Actions required to achieve a sustainable financial position

• NHS Long Term Plan achievement

• Radical improvement in the equality, diversity and inclusion in our NHS workforce

• Clarity on developing strategic commissioning arrangements

• The future provider landscape in the Midlands

The STaR Board has been established as a time-limited group, composed of senior leaders from health, local government and NHSE/I to collectively reflect, review and redesign regional strategies and frameworks in the context of the challenges we face.

The Board will oversee the outputs from these four, co-dependent working groups and will be supported by the **Regional People Board**, chaired by Crishni Waring, on workforce matters.

The four working groups are:

a. Clinical services and commissioning strategies
b. Strategies and approach to addressing inequalities and prevention
c. Timely and safe restoration and recovery of services
d. How we lead, organise and run NHS Midlands

The STaR Board and working groups are made up of executive and non-executive leaders from health and local government across the region and directors from NHSE/I.

PA Assinder

CEO

NHS
Dudley Integrated Health and Care
NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	**Establishment of Finance, Performance & Digital and Quality & Safety Committees**
PURPOSE OF REPORT:	To request approval from the Board for: • the establishment of a new Finance, Performance & Digital Committee • the establishment of a new Quality & Safety Committee • draft Terms of Reference for both new Committees • the cessation of the Integrated Governance Committee
AUTHOR OF REPORT:	Emma Smith – Governance Support Manager, Dudley CCG Jim Young - Interim Head of Quality & Governance
DATE OF MEETING:	01 September 2020

KEY POINTS:	• The Integrated Governance Committee (IGC) was originally established when the organisation was formed to cover the functions of a number of committees for a limited period of time to support the transition and development of the new organisation
	
	• The functions covered by IGC were:
	   ○ Quality & Safety Committee (Q&S Committee)
	   ○ Finance, Performance & Digital Committee (FP&D Committee)
	   ○ People
	
	• From August 2020, The People Committee split from IGC to become a separate committee
	
	• It is proposed that the remaining elements of IGC – Q&S Committee and FP&D Committee – become separate committees with effect from September 2020
	
	• The consequence of the establishment of these committees will be the cessation of the Integrated Governance Committee

RECOMMENDATION:	For the Board to: • approve the establishment of a new Finance, Performance & Digital Committee and Quality & Safety Committee • agree the draft Terms of Reference for both committees • approve the cessation of the Integrated Governance Committee

	• be assured that this represents an appropriate approach to robust governance of the functions currently covered by the Integrated Governance Committee
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision ☐
	Approval ☒
	Assurance ☒

Terms of Reference
Finance, Performance & Digital Committee

1. Constitution of the Committee

The Finance, Performance & Digital Committee is a non-statutory Committee established by the Board to provide assurance to the Board on the delivery of the financial aspects of the Trust's annual Operating Plan, including financial strategy and planning, transformation and sustainability, the financial performance of the Trust, and on commercial and procurement activity and contracts, strategic investments and the development of the Trust's digital and estates infrastructure.

2. Purpose and function

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

2.1   that the strategic financial principles, priorities, risk and performance parameters are aligned and support the Trust's strategic objectives and its long-term sustainability;

2.2   that the Trust's degree of exposure to financial risk, and any potential to compromise the achievement of the strategic objectives is being effectively managed;

2.3   that reporting on the financial performance of the Trust is being triangulated against agreed plans, progress and performance measures, reporting on progress to the Board;

2.4   that the Trust's resources and assets are being used effectively and efficiently;

2.5   on the robustness, credibility and quality of financial management and planning information, which is reviewed and triangulated by the Committee;

2.6   on the Trust's compliance with current statutory and external reporting standards and requirements, including NHS and Treasury policies and procedures;

2.7   on the development, effective management, and delivery of the Trust's capital programme, and that this is fit for purpose; and

2.8   on the robustness of procurement decisions.

2.9   The Committee will provide the Board with advice and support on the development and delivery of the following strategies:

- capital strategy;
- investment strategy;
- estates strategy;
- infrastructure strategy;
- commercial strategy;
- digital information Governance and security;
- information management and technology strategy; and
- any Trust strategies related to digital infrastructure, cyber and data security.

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 and / or the Trust Secretary).

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 six members, drawn from Non-Executive Directors (three members minimum) and members of the Executive team (three members minimum).

4.2 One of the Non-Executive members will be appointed by the Board of Directors as the Chair of the Committee.

4.3 A further Non-Executive member of the Committee will be appointed as Vice-Chair.

4.4 The membership of the Committee shall include:

Voting Members
- Three Non-Executive Directors
- Interim Director of Finance
- Interim Director of Operations, Strategy and Partnerships
- Interim Head of Quality & Governance

Participating Attendees
- One GP Associate Non-Executive Director (this post could rotate)
- Interim Director of People

4.5 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.

4.6 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.

4.7 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.

4.8 The Director of Finance shall act as the Executive Lead for the Committee.

4.9 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 rom being present for specific items.

4.10 The Trust Secretary, or their designated deputy, 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.

4.11 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.

4.12 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

4.13 The quorum necessary for the transaction of business shall be five members as defined in 4.4 above, including the Chair or Vice Chair, two Non-Executive Directors and two Executive Directors.

4.14 Members unable to attend a meeting of the Committee may nominated a deputy to attend on their behalf, agreed with the Chair of the Committee. Nominate deputies will not count towards the quorum.

4.15 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 Strategies and policies

The Committee will:

5.2.1 review the Trust's financial strategy, planning assumptions, and related delivery plans and transformation programmes, and provide informed advice to the Board on their robustness, comprehensiveness and relevance to the Trust's vision, values, strategic objectives and impact;

5.2.2   review guidance for the development and delivery of the financial aspects of annual operational, service, and financial planning, including assumptions on revenue, budgets, capital, working and associated targets, and parameters on efficient and effective use of resources;

5.2.3   review, and recommend to the Board of Directors, the Annual Financial Plan, including key financial performance indicators, following consultation and engagement with the People and Quality Committees;

5.2.4   provide advice and support on significant financial and commercial policies prior to their recommendation for Board approval. This will include policies relating to costing, revenue, capital, working capital, treasury management, investments, and benefits realisation;

5.2.5   identify learning and development needs arising from the work of the Committee for consideration by the People Committee.

5.3   Annual Financial Plan

The Committee will:

5.3.1   review the Trust's Annual Financial Plan for recommendation and approval by the Board;

5.3.2   review progress and performance against the approved plan and any significant supporting plans and targets, and analyse the robustness of any corrective action required;

5.3.3   review reports regarding future cost pressures and key financial risk areas;

5.3.4   review the Trust's Balance Sheet, with a particular focus on debtors, creditors, and asset valuations; and

5.3.5   receive and review an overview of financial and service delivery agreements and key contractual arrangements entered into by the Trust.

5.4   Risk

The Committee will:

5.4.1   receive regular reports of the Corporate Risk Register, and triangulate 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. The Committee will additionally and specifically review the most highly rated risks on the Risk Register and gain assurance around controls, mitigations, and the action planning process.

5.5   Performance and progress reporting

The Committee will:

5.5.1   monitor the effectiveness of the Trust's financial and operational performance reporting systems, ensuring that the Board is assured of continued compliance through its annual reporting processes, reporting by exception where required to the Board;

5.5.2   agree a succinct set of key performance and progress measures relating to the full assurance purpose and function of the Committee, including:

- the Trust's strategic financial priorities;
- national performance and statutory targets;
- consolidated financial performance summaries and related budgets;

- statement of financial position;
- working capital performance;
- cash flow status;
- progress on capital investment programme;
- use of resources ratings; and
- risk mitigation;

5.5.3 triangulate progress against these measures and seek assurance around any performance issues identified, including proposed corrective actions;

5.5.4 provide regular reports to the Board on assurance around key areas of Trust performance, risk, and corrective actions, both retrospectively and prospectively;

5.5.5 agree a programme of benchmarking activities and reference points to inform the understanding and effectiveness of the Committee and its work;

5.5.6 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;

5.5.7 ensure the alignment and consistency of Board assurances, use of data and intelligence, by working closely with the Audit Committee, Quality Committee and People Committee; and

5.5.8 review the following formal reports to the Board as part of the Annual Cycle of Business:

- Annual Financial Report;
- Capital Investment Policy;
- Scheme of Delegation;
- Standing Orders;
- Standing Financial Instructions; and
- Annual Report and Accounts (Group, Trust and Charity).

5.5.9 ensure that systems and processes are in place for the monitoring of performance of all its services, either directly provisioned and or contracted or sub-contracted.

5.6 Capital, investments, acquisitions and disposals

The Committee will:

5.6.1 review the Trust's capital and investment policies against appropriate benchmarks prior to recommendation for Board approval;

5.6.2 agree a consistent and robust methodology for the assessment of proposed capital expenditure, acquisitions, joint ventures, equity stakes, major property transactions, mergers, and formal or informal alliances with other Institutions;

5.6.3 review project initiation documents for capital schemes over an agreed amount;

5.6.4 review business cases and proposals and provide advice to the Board accordingly;

5.6.5 assure the Board, on a regular basis, of the effectiveness of, and compliance with, the capital and investment strategies and related policies, including the effective prioritisation of investment decisions, the robustness of processes and rigour of investment decision-making, and report on this as part of the Committee's Annual Report to the Board;

5.6.6   monitor the performance of investments, and commission and review reports on the benefits realisation of infrastructure and service improvement investments made; and

5.6.7   exercise delegated responsibility on behalf of the Board in line with the Standing Financial Instructions for proposals for acquisition and disposal of assets in accordance with Trust policy.

5.7   Infrastructure, estates and digital

         The Committee will:

5.7.1   review the following policies and plans, in order to provide informed and authoritative advice to the Board:

   - estates;
   - infrastructure;
   - digital strategy, including digital, cyber, and data security.

5.7.2   oversee that there are robust systems and processes in place to ensure compliance with General Data Protection Regulation (DGPR), Data Confidentiality, Data Protection Act and its related legislation and regulatory frameworks including Freedom of Information, Subject Access Request and all other related processes such as management, storage and disposal of medical records and all patient and staff information.

5.7.3   ensure necessary support is provided to the People Committee of the Trust in relation to all staff information that is held on the Trust HR and employment systems.

5.8   Commercial strategy

         The Committee will:

5.8.1   provide support and advice on the development and implementation of the commercial strategy for the Trust.

5.9   Statutory compliance

         The Committee will:

5.9.1   ensure, on behalf of the Board, that current statutory and regulatory compliance and reporting requirements are met, including compliance with treasury policies and procedures and the appropriate safeguards for security of the Trust's funds;

5.9.2   ensure the proper reporting of actions deemed 'high-risk' by regulators, or actions with an equity component, which entail a potentially significant risk to reputation or to the stability of the business of the Trust, or which create material contingent liabilities;

5.9.3   ensure future legislative and regulatory and reporting requirements are identified and appropriate action taken; and

5.9.4   consider, and recommend for approval by the Board, any proposed changes to Trust Standing Financial Instructions, Standing Orders and Scheme of Delegation.

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 will meet a minimum of 12 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, will be made available to each member of the Committee, no less than ten working days before the date of the meeting in electronic form. Supporting papers will be made available no later than five 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.

Procedural control statement:
Date approved: [INCLUDE DATE]
Approved by: Board of Directors
Review date: [INCLUDE DATE]

Terms of Reference
Quality & Safety Committee

1.   Constitution of the Committee

The Quality & Safety Committee is a non-statutory Committee established by the Trust Board to monitor, review and report to the Board on the quality of care to the Trust's patients, specifically in relation to patient safety, clinical effectiveness and patient experience, within the framework of the Board's agreed 5 facet approach to quality.

2.   Purpose and function

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

2.1   that the Trust has appropriate quality governance structures, systems, processes and controls in place to achieve consistently high-quality care and to meet the Trust's legal and regulatory obligations;

2.2   that the delivery of continuous quality improvement is a hallmark of the way the Trust and its people work, recognised by stakeholders, including partners and the public;

2.3   that any shortcomings in the quality of care against agreed standards are being identified and addressed in a systematic and effective manner;

2.4   on the Trust's approach to continuous quality improvement processes for all Trust services, the Trust's research and development activities and its clinical practice;

2.5   on the quality impact of changing professional and organisational practices, including those involved in increased system-based and partnership working (in collaboration with the People Committee);

2.6   around current and future statutory and mandatory quality standards, such as Care Quality Commission (CQC) Fundamental Standards, and the actions needed to meet them; and

2.7   on the effectiveness of mechanisms used for the involvement of patients and the public, staff, partners and other stakeholders in improving quality assurance and patient safety at the Trust, and report on their value and impact to the Board.

2.8   The Committee will have the remit and undertake responsibilities outlined in the Mental Health Capacity act and will discharge the responsibilities of the Mental Health Scrutiny Committee.

2.9   Receive relevant information to oversee the DIHC safeguarding arrangements for Safeguarding Children, Looked After Children and Safeguarding Adults.

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 Leads of the Committee and / or the Trust Secretary).

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

4.1   Members of the Committee shall be appointed by the Board and shall be made up of at least six members, drawn from Non-Executive Directors (three members minimum) and members of the Executive team (three members minimum).

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.

4.4   The membership shall include:

Voting Members
- Three Non-Executive Directors
- Interim Medical Director
- Interim Director of Nursing and Allied Health Professionals
- Interim Director of Operations, Strategy and Partnerships
- Interim Head of Quality & Governance

Participating Attendees
- One GP Associate Non-Executive Director (this post could rotate)
- Interim Director of People

4.5   The Chair of the Board of Directors and the Chief Executive shall not be members of the Committee, but may be in attendance.

4.6   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 Medical Director and the Executive Chief Nurse shall act jointly as the Executive Leads for the Committee.

4.9   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.

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 rom being present for specific items.

4.11   The Trust Secretary, or their designated deputy, 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 five members as defined in 4.4 above, including the Chair or Vice Chair, two Non-Executive Directors and two Executive Directors.

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 will not count towards the quorum.

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   Quality Strategy and policies

The Committee will:

5.2.1   assess the strategic priorities and investments needed to support high-quality clinical outcomes and improve clinical effectiveness in the Trust, and advise the Board accordingly;

5.2.2   review the Trust's Quality Strategy, Quality Account and related delivery plans and programmes, and provide informed advice to the Board on their robustness, comprehensiveness and relevance to the Trust's vision, values, strategic objectives and impact;

5.2.3   review and monitor the Trust's suite of quality-assurance policies against benchmarks to ensure they are comprehensive, up-to-date and reflect best practice; and

5.2.4   ensure that quality management and reporting processes are put in place for all its services, contracted or otherwise, to ensure high quality and safe services are delivered to its clients.

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 patient outcomes and quality of care;

5.3.2   be assured of the effectiveness of quality impact assessment processes to identify and mitigate risks arising from service change and research programmes at all levels of the organisation, including proposed transformation of services, cost improvement and cost reduction initiatives;

5.3.3   triangulate and be assured of the robustness of the process of reviewing the trends, themes and patterns emerging from key quality indicators in the Trust that inform and shape risk assessment, priority-setting and development of fit-for-purpose policies and procedures

5.3.4   oversee and ensure that systems are in place for the management and reporting of incidents across the trust including: Clinical incidents, health and safety incidents, Information Governance breach incidents, duty of candour related reported incidents, Serious Incident cases of litigation and complaints that may require further investigations

5.3.5   ensure that systems are in place for customer experience is enhanced, by ensuring there are effective systems in place for the management and processing of complaints and cases of litigation where it may be required to access the relevant negligence related schemes is needed.

5.4   Outcomes and processes

The Committee will:

5.4.1   review the Quality Account to be assured it reflects the integration of clinical quality and patient safety improvement processes;

5.4.2   be assured of the integrity of the Trust's control systems, processes and procedures relating to critical areas, to include:

- high quality care (through the Trust's quality review processes);
- compliance with fundamental standards of quality and safety;
- patient safety and harm reduction;
- infection, prevention and control;
- clinical audit;
- introduction of new clinical pathways and procedures;
- introduction of new clinical roles (in conjunction with the People Committee);
- dissemination and implementation of statutory guidance;
- escalation and resolution of quality concerns; and
- patient and carer involvement and engagement;

5.4.3   ensure the effective operation of processes relating to clinical practice and performance, including early detection of issues and problems, escalation, corrective action and learning.

5.4.4   Principles, systems and process for the management of quality will apply to all of the Trust services and functions, regardless of it being directly or indirectly provided by the Trust. However, for the services that are contracted it is expected that the process to measure the quality outcomes will be via robust and regular report to the committee.

5.4.5   The Committee in line with its remit may setup various sub-groups and sub-committees in order to ensure compliance of the Trust with the responsibilities set out in the Health and Social Care Act and the requirements of the regulatory requirements as set out by the health regulatory bodies (CQC) in its framework.

5.5   Learning and communication

The Committee will:

5.5.1   be assured of the effectiveness of systems and processes used for continuous learning, innovation and quality improvement, establishing ways of gaining assurance that appropriate action is being taken;

5.5.2   be assured that the robustness of procedures ensure that adverse incidents and events are detected, openly investigated, with lessons learned being promptly applied and appropriately disseminated in the best interests of patients, of staff and of the Trust;

5.5.3   review how systematically evidence-based practice, ideas, innovations and statutory and best practice guidance are identified, disseminated and applied within the Trust;

5.5.4   develop and oversee a programme of activities to engage Board members directly in quality assurance processes and to review, distil and implement the learning from these activities; and

5.5.5   be assured of the effectiveness of communication, engagement and development activities designed to support patient safety and improve clinical governance.

5.6   Patient and public engagement

The Committee will:

5.6.1   be assured of the effectiveness of a credible process for assessing, measuring and reporting on the 'patient experience' in a consistent way over time, including the appropriateness and effectiveness of processes for patient engagement in support of the Trust's strategic goals and programmes of work.

5.7   Research

The Committee will:

5.3.1   triangulate through assurance the robustness of quality-assurance processes relating to all research undertaken in the name of the Trust and / or by its staff, in terms of compliance with standards and ethics, and clinical and patient safety improvement processes.

5.8   Progress and performance reporting

The Committee will:

5.8.2   establish and review a succinct set of key performance and progress measures relating to the full purpose and function of the Committee, including:

- the standards of clinical and service quality in the Trust;
- compliance with agreed standards of care and national targets and indicators; and
- organisational quality performance measured against specified standards and targets;

5.8.3   review progress against these measures on a regular basis and seek assurance around any performance issues identified, including proposed corrective actions and reporting any significant issues and trends to the Board of Directors;

5.8.4   agree the programme of benchmarking activities to inform the understanding of the Committee and its work;

5.8.5   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;

5.8.6   ensure alignment of the Board assurances and consistent use of data and intelligence, by working closely with the Audit Committee, People Committee and the Finance Committee;

5.8.7   review the following formal reports prior to submission to the Board of Directors as part of the Annual Cycle of Business:

- an Annual Quality Report to inform and / or accompany the Trust's Annual Report
- safeguarding Annual Report
- Infection Control Annual Report; and
- the process for management review of specific service reports.

5.9   Statutory and regulatory compliance

The Committee will:

5.9.1   be assured of the arrangements for ensuring maintenance of the Trust's compliance standards specified by the Secretary of State, the CQC, the NHS Commissioning Board, and statutory regulators of health care professionals.

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. The Annual Quality Report shall:

- set out clearly how the Committee is discharging its responsibilities;
- be presented to the Annual Members Meeting / Annual General Meeting, with the Chair of the Committee in attendance to respond to any stakeholder questions on the Committee's activities
- include an assessment of compliance with the Committee's Terms of Reference and a review of the 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, or more frequently if deemed necessary by the Committee.

7.   Committee Administration

7.1   The Committee shall meet a minimum of 12 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, will be made available to each member of the Committee, no less than ten working days before the date of the meeting in electronic form. Supporting papers will be made available no later than five 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: [INCLUDE DATE]
Approved by: Board of Directors
Review date: [INCLUDE DATE]

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DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	**Corporate calendar**
PURPOSE OF REPORT:	To provide an update to the Board regarding the Board and Committee schedules for 2020/21
AUTHOR OF REPORT:	Jessica Colley - Business Administration and Communications & Engagement Apprentice Jim Young - Interim Head of Quality & Governance
DATE OF MEETING:	01 September 2020
KEY POINTS:	• Since the formation of the organisation on 1st April 2020, the committee structure has continually developed to meet the changing needs of the Trust • This document details the schedules for all Board and committee meetings for the remainder of the financial year • Also included are two meetings attended by both DIHC and other system partners that are key elements of DIHC governance arrangements • The planned split of Integrated Governance Committee (IGC) – subject to Board approval – requires a new schedule to be identified for the Finance, Performance & Digital Committee • Following the planned split of IGC, Quality & Safety Committee has been provisionally allocated to the IGC schedule but this is to be confirmed following the first meeting in September • Committee sub-groups are currently being mapped out, together with a schedule of reporting for each committee
RECOMMENDATION:	For the Board to: • Note the updated corporate calendar • Be assured that this schedule represents appropriate governance arrangements for the Trust
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision ☐ Approval ☐ Assurance ☒

Corporate Calendar 2020/21

NHS Dudley Integrated Health and Care NHS Trust

(E) - extraordinary meeting

		2020									2021		
		Quarter 1			Quarter 2			Quarter 3			Quarter 4		
		April	May	June	July	August	September	October	November	December	January	February	March
Board	Public	Wednesday 01/04/2020 9:00 – 10:00	Tuesday 05/05/2020 10:00-12:00	Tuesday 02/06/2020 9:30-12:00	Thursday 09/07/2020 9:30-12:00	Tuesday 04/08/2020 9:30-12:00	Tuesday 01/09/2020 9:30-12:00	Tuesday 06/10/2020 9:30-12:00	Tuesday 03/11/2020 9:30-12:00	Tuesday 01/12/2020 9:30-12:00	Tuesday 05/01/2021 9:30-12:00	Tuesday 02/02/2021 9:30-12:00	Tuesday 02/03/2021 9:30-12:00
	Private	Wednesday 01/04/2020 10:00 – 11:00	Tuesday 05/05/2020 12:30-13:30	Tuesday 02/06/2020 12:30-13:30	Thursday 09/07/2020 12:30-13:30	Tuesday 04/08/2020 12:30-14:30	Tuesday 01/09/2020 12:30-13:30	Tuesday 06/10/2020 12:30-13:30	Tuesday 03/11/2020 12:30-13:30	Tuesday 01/12/2020 12:30-13:30	Tuesday 05/01/2021 12:30-13:30	Tuesday 02/02/2021 12:30-13:30	Tuesday 02/03/2021 12:30-13:30
Committees	Audit and Risk	Wednesday 01/04/2020 12:00 – 12:30		Monday (E) 15/06/2020 16:00-17:00 / Tuesday (E) 23/06/2020 16:15-17:15	Monday 20/07/2020 10:00 – 12:00		Monday 28/09/2020 11:00-13:00				Monday 25/01/2021 11:00-13:00		
	Remuneration	Wednesday 01/04/2020 12:30 – 13:00											
	Integrated Governance	Tuesday 07/04/2020 11:00-12:00	Tuesday 19/05/2020 10:00-12:00	Tuesday 16/06/2020 10:00-12:00	Tuesday 21/07/2020 10:00-12:00	Tuesday 18/08/2020 10:00-12:00	*Split into constituent committees*				*Split into constituent committees*		
	Quality & Safety	*Part of IGC*					Tuesday 15/09/2020 09:30-11:00	Tuesday 20/10/2020 10:00-12:00	Tuesday 17/11/2020 10:00-12:00	Tuesday 15/12/2020 10:00-12:00	Tuesday 19/01/2021 10:00-12:00	Tuesday 16/02/2021 10:00-12:00	Tuesday 16/03/2021 10:00-12:00
	Finance, Performance & Digital	*Part of IGC*					15/09/2020 11:00-12:30	TBC	TBC	TBC	TBC	TBC	TBC
	Transaction		Tuesday 12/05/2020 10:00-12:00	Wednesday 10/06/2020 10:00-12:00	Tuesday 14/07/2020 10:00-12:00	Tuesday 11/08/2020 10:00-12:00	Tuesday 08/09/2020 10:00-12:00	Tuesday 13/10/2020 10:00-12:00	Tuesday 10/11/2020 10:00-12:00	Tuesday 08/12/2020 10:00-12:00	Tuesday 12/01/2021 10:00-12:00	Tuesday 09/02/2021 10:00-12:00	Tuesday 09/03/2021 10:00-12:00
	People	*Part of IGC*				Friday 14/08/2020 9:30-11:30	Friday 11/09/2020 9:30-11:30	Friday 16/10/2020 9:30-11:30	Friday 13/11/2020 9:30-11:30	Friday 18/12/2020 9:30-11:30	Friday 15/01/2021 9:30-11:30	Friday 15/01/2021 9:30-11:30	Friday 12/03/2021 9:30-11:30
	Primary Care Integration				Wednesday 15/07/2020 12:00-14:00	Wednesday 19/08/2020 12:00-14:00	Wednesday 16/09/2020 12:00-14:00	Wednesday 21/10/2020 12:00-14:00	Wednesday 18/11/2020 12:00-14:00	Wednesday 16/12/2020 12:00-14:00	Wednesday 20/01/2021 12:00-14:00	Wednesday 17/02/2021 12:00-14:00	Wednesday 17/03/2021 12:00-14:00
System	Clinical Strategy Board				Tuesday 14/07/2020 17:30-19:00 / Wednesday 29/07/2020 17:00-18:30	Thursday 13/08/2020 17:00-18:30 / Wednesday 26/08/2020 17:00-18:30	Wednesday 09/09/2020 17:00-18:30 / Wednesday 23/09/2020 17:00-18:30	*To be scheduled*			*To be scheduled*		
	Stakeholder Forum	Wednesday 22/04/2020 14:00-16:00	Wednesday 20/05/2020 12:30-15:30	Wednesday 17/06/2020 14:00-16:00	Wednesday 22/07/2020 14:00 - 16:00	*FBC walkthrough session*	Wednesday 16/09/2020 14:30-16:30	Wednesday 21/10/2020 14:30 -16:30	Wednesday 18/11/2020 14:30-16:30	Wednesday 16/12/2020 14:30-16:30	Wednesday 20/01/2021 14:30-16:30	Wednesday 17/02/2021 14:30-16:30	Wednesday 17/03/2021 14:30-16:30

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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:	01 September 2020
KEY POINTS:	• There is currently one red-rated risk – **T-007** • There are no proposed changes for approval • The risk register is currently being reviewed in line with the development of the BAF • Risks have provisionally been separated out in preparation for the Integrated Governance Committee splitting into Quality & Safety Committee and Finance, Performance & Digital Committee • A risk register is currently under development for the Primary Care Integration Committee following its establishment in July
RECOMMENDATION:	For the Board to: • be assured by the processes in place to manage the corporate risk register
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision ☐ Approval ☐ Assurance ☒

Dudley Integrated Health and Care NHS Trust Risk Register

NHS Dudley Integrated Health and Care NHS Trust

				STEP 1 - IDENTIFY									STEP 2 - EVALUATE							STEP 3 - PLAN						
				Committees (integrated Governance joined until 1 Jul 2020)							Risk Description			Inherent / Initial Risk Score				Current Score				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.			Target Risk Rating			
Date Last Reviewed	Date of next review	Ref	Risk Category/type	COVID-19	Audit and risk	Renumeration	Int. gov. - Q&S	Int. gov. - F, P & D	Workforce & OD	Transaction	Accountable Director (Risk Sponsor)	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	Assurance (RAG) rating for the strength of controls	(L)likelihood Score	(I)impact Score	Risk Rating	Risk Movement from last assessment	Risk Response Tolerate / treat / transfer / terminate	SMART actions: S = Specific M= Measurable A= Attainable R= Relevant T= Timely	Responsibility of	Action Deadline	(L)likelihood	(I)impact Score	Risk Rating (L x I)	Status
27/07/2020	08/09/2020	T-007	Strategic	●	✗	✗	✗	✗	✗	✓	Steph Cartwright	Risk to go live and completion of the business case due to the requirement to complete full service and financial models and lack of clarity on service redesign, including the services earmarked to transfer from DGFT and the workforce skills required to deliver the change in pathways.	This will impact on contract go live and thereby resulting in reputational damage mitigated by seeking to agree a delay to the published timeline with the CCG and Regulators and securing the resources from the CCG and/or external sources to undertake separation/transaction activities.	3	5	15	Clinical Advisory Groups in place to oversee clinical modelling, reporting to Clinical Strategy Group which is being refreshed. Clinical Service modelling is being carried out in the development of the Full Business Case. Weekly partners meeting in place to oversee the transaction. Constructive dialogue has commenced on the sub contract and due diligence required. Engagement with PCNs to develop workforce at PCN level is progressing very well with a joint workforce development plan being developed between the PCNs and community services.	Weak - Yellow	3	5	15	→	Treat	The Clinical Strategy Board is being reconvened in July and will meet on a fortnightly basis for the next three months. Financial modelling is currently being completed in preparation for sharing with all partners. Business case shared with partners and a walkthrough session held on 19/08/20. Feedback to be provided by partners by 31/08/20; to be reviewed and incorpoated into the next version of the FBC.	Steph Cartwright	08/09/2020	2	4	8	Open

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DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Report from Primary Care Integration Committee held on 19th August 2020
PURPOSE OF REPORT:	To update Board Members on discussions held at the Primary Care Integration Committee on 19th August 2020
AUTHOR OF REPORT:	Daniel King Head of Membership Development and Primary Care, Dudley CCG
DATE OF MEETING:	1st September 2020

KEY POINTS:	• The report summarises the key points and decisions of the Primary Care Integration Committee on the 19th August 2020
	• The Board are asked to note that all key milestones for the Committee were achieved for the period up to 31st July 2020 most notably;
	   ○ The Primary Care Integration Agreement was finalised and shared for completion with General Practice(s)
	   ○ The acquisition Business Case for High Oak and Local Improvement Schemes have been produced and approved by the Transaction Committee – and mobilisation plans were in place on and on track to achieve both transfers for the 1st October 2020
	• For its next meeting in September the Committee had requested
	   ○ An update on the transition plans for the transfer of High Oak Alternative Provider Medical Services (APMS) to DIHC from the 1st October
	   ○ An update on the arrangements agreed between DIHC and the Primary Care Networks (PCNs) on the process for appointing roles into the PCNs that are reimbursed to PCNs through the National Directed Enhanced Service (DES) and the process for producing an integrated workforce plan with PCNs by 31st March 2021
	   ○ A new standing item for Primary Care Network (PCNs) Clinical Directors to report and feedback into the Committee at each meeting
	• The Board are asked to note that the Committee approved the Interim Head of Interim Head of Quality and Governance attending the CCG Primary Care Operational Group (PCOG) with a view to developing joint reporting arrangements from that group into the CCG (via the Primary Care Commissioning Committee) and DIHC (via the Primary Care Integration Committee)

RECOMMENDATION:	To note the contents of this report.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None that are not already declared.
ACTION REQUIRED:	Decision ☐ Approval ☐ Assurance ☒

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: **Primary Care Integration Committee**

Date of meeting: 19th August 2020 (via Microsoft Teams)

Significant risks/issues for escalation	None identified

Key issues/matters discussed at the Committee	- The committee received and approved an updated work plan for 2020-21. - The committee received and noted for assurance a work stream update – all key milestones were achieved for July most notably, - The Primary Care Integration Agreement had been finalised and shared with practices for completion, before the Agreement itself is shared for electronic signature before the end of August. - As at the time of preparing this update 40/43 practices had completed and returned the schedules - The committee received, for assurance, the acquisition Business Case for High Oak and Local Improvement Schemes approved by the transaction committee. - The committee requested an update on the project plan and progress of the High Oak transfer at its next meeting in September. The committee were seeking assurance that DIHC would be in a position to take on the High Oak Alternative Provider Medical Services (APMS) contract with effect from the 1st October 2020 - The committee received an update on the Primary Care Network (PCN) Directed Enhanced Service (DES). - The committee noted that DIHC would be recruiting into those roles reimbursed to PCNs via the DES for 2020/21 and that DIHC and the PCNs would be developing an integrated workforce plan by 31st March 2021. - The committee received an update on primary care restoration planning for assurance – the PCNs are preparing restoration plans for submission to the CCG for approval by the end of August. - The committee requested an update on the Dudley Quality Outcomes for Health Framework (DQOFH) at its next meeting in September – the DQOFH forms part of the restoration plan and DIHC will assume responsibility on the 1st October for supporting General Practice(s) to deliver the DQOFH. - The committee will receive an update on the risk register and reporting at its next meeting in September – data sharing agreements (DSAs) will need to be put in place and General Practice(s) and the CCG in order for the committee to receive reporting of DQOFH variation at a practice and PCN level.

	• The committee agreed that Jim Young, Interim Head of Quality & Governance will represent DIHC at the CCG meeting of the Primary Operational Group (PCOG). The CCG will be amending the Terms of Reference for the PCOG to enable this change. • Jim Young, Interim Head of Quality and Governance will be working with Dan King, Head of Membership Development and Primary Care at the CCG to recommend the reporting arrangements from the PCOG into the committee(s) of the both DIHC and the CCG • The committee agreed that PCN reporting would be added to the agenda as a standing item. The committee Chair will be meeting with PCN Clinical Directors to discuss the way in which PCNs will report into the committee under this new standing item.
Decisions made by the Committee	• Approval of the PCIC work plan for 2020-21 • Approval of the Interim Head of Quality and Governance attending the CCG Primary Care Operational Group
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	None identified
Items/Issues for referral to other Committees	None identified

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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 August 2020.
AUTHOR OF REPORT:	Caroline Brunt – Interim Director of Nursing, AHPs and Quality
DATE OF MEETING:	1 September 2020
KEY POINTS:	• 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 approach being taken to further develop the Trust governance and assurance processes and aware of the capacity issues associated with the work to be undertaken. The Board Assurance Framework was identified as a key priority requiring progression. • Committee discussed and were assured by the work to develop DIHC safeguarding function with external specialist support. • Proposed System Quality Impact Assessment/Equality Impact Assessment discussed and approved for sharing with system clinical leaders for consultation process • Procurement of incident management system and stakeholder involvement was discussed and supported.
RECOMMENDATION:	• That the report is received by the Board for assurance
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision ☐ Approval ☐ Assurance ☒

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COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: **Integrated Governance Committee – Quality & Safety**

Date of meeting: 18 August 2020 (via Microsoft Teams)

Significant risks/issues for escalation	*The Integrated Governance Committee were assured on the quality indicators and associated discussions and noted that there are no immediate emerging concerns that require escalation.*

Key issues/matters discussed at the Committee	• The quality indicator data was assuring with no identify areas of concern or emerging themes and no Serious Incidents or formal complaints reported in month. • Quality data remains a focus for discussion within the SLA to ensure an appropriate level of detail is shared with services and the executive team. • Principles associated with the external review of safeguarding practice was shared with the Committee for assurance. • DIHC governance and associated policy and procedural suite development was discussed and assurance received. Progression of the Board Assurance Framework (BAF) was considered to be a high priority. • Proposed System Quality Impact Assessment/Equality Impact Assessment discussed and approved in draft for sharing with Clinical leads, Medical Directors and Directors of Nursing for comment, consultation and approval through Clinical Strategy Board • Procurement of incident management system and stakeholder involvement was discussed and supported. • Infection Control and Prevention and Health & Safety issues including organisational winter preparation, flu vaccination planning and ongoing Covid 19 response were highlighted and assurance received.

Decisions made by the Committee	• Approval to progress with procurement of Incident Management System. • Prioritisation of progression of the BAF with Board members. • Approval of draft System Quality Impact Assessment/Equality Impact Assessment discussed and agreement to share clinical system leads

Implications for the Corporate Risk Register	BAF progression highlighted as a key priority – Interim Head of Quality and Governance & Board Secretary to progress with Board members

or the Board Assurance Framework (BAF)	
Items/Issues for referral to other Committees	None identified

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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 August 2020.
AUTHOR OF REPORT:	Matthew Gamage – Interim Director of Finance
DATE OF MEETING:	1st September 2020
KEY POINTS:	- 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:	That the report is received by the Board for assurance
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	
ACTION REQUIRED:	Decision ☐ Approval ☐ Assurance ☒

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: **Integrated Governance Committee – Finance, Performance and Digital**

Date of meeting: 18th August 2020 (via Microsoft Teams)

Significant risks/issues for escalation	None identified
Key issues/matters discussed at the Committee	- The committee received the finance and performance report related to the period April to July 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 July 2020 the Trust will receive £2.49m income to cover the £2.49m expenditure incurred - There are currently vacancies within the IAPT and Primary Care Mental Health Team, however the IAPT service are currently recruiting a number of trainees and high intensity workers - Better Payment Practice code was achieved in July for NHS payments but not achieved for non NHS payments - The IAPT access performance reduced to 74.68% in July following a significant improvement in June. 49.22% of people who completed treatment for IAPT entered recovery. This is just under the required target of 50% - IAPT waiting times achieved in June 2020 - The committee received a verbal update from the Digital Strategy Group which covered the following; - The safe landing group was attended by all partners and the project plan for the incremental transfers were reviewed - No significant issues were raised in the relation to the transfer of these services
Decisions made by the Committee	The Committee were assured by the finance and performance report and the digital safe landing update.
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

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DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Update from the People Committee
PURPOSE OF REPORT:	To update the Board on the key issues raised at the People Committee
AUTHOR OF REPORT:	Bev Edgar
DATE OF MEETING:	14th August 2020
KEY POINTS:	- This was the first DIHC People Committee. - As well as agreed membership guests invited to join the meeting included Mwamba Bennett currently employed with the CCG and supporting the Staff Health and Wellbeing Agenda, Mike Crump HR lead for the DIHC SLA with BCH and Joe Taylor currently employed by the CCG who leads on education support for Primary Care. - It was agreed after committee that future meetings would be split in 2 parts to include a members only section and a second section where invited guests can contribute to ensure confidentiality and avoid any conflict of interest - The draft Workplan for Committee was shared with the understanding there is more work needed to develop and agree dates of submission of future reports of each workstream to the Committee - Trust KPIs (Appended) were reviewed and included discussion on appraisals and staff sickness although reducing there could still be issues of stress/anxiety as a result of working from home. It was agreed to reinforce the MH Wellbeing offer with staff as well as consider wellbeing check ins alongside the Risk Assessments currently taking place. It was agreed the Flexible Working and Working from Home Policies would be reviewed/updated and that the Trust would engage in Mental Health First Aid training for any staff interested in volunteering for that role. - The WRES and DES objectives 2020/24 were agreed for publication on the IHC website with some further work in terms of timelines and agreed action plan identifying tangible outcomes. This plan can be developed on an ongoing basis as the Trust grows and resources are identified to help address inequalities. - The Committee was given an update on the commissioning of a Workforce Strategy from the Strategy Unit. This will support the FBC and the Committee will have the opportunity to give feedback on the

	draft document at the September meeting. The committee agreed to prioritise time within the meeting on the 11th September dedicated to considering this Strategy and taking feedback from members would be valuable.
	• Feedback from the IHC 100-day staff survey was shared with the Committee. Further details on building on this survey feedback will be shared in due course.
	• There is an agreed plan to develop an online induction pack.
	• The Committee received an updated list of staff transfer dates as shared with the Transaction Committee and included an update of staff recruitment in Primary Care using the STP Role Reimbursement Scheme
	• The decision to move to a single payroll provider – RWT was agreed and also the proposed alignment of ESR for all staff transferred in October.
	• The STP People Board priorities were shared with the Committee indicating where the DIHC attends sub- group meetings. It was requested the DIHC attends the Health and Wellbeing group where possible.
	• Committee requested an update on the Flu vaccination for staff in October.
	• Risk C064 – Members were assured on this Board Risk
RECOMMENDATION:	The Board to accept the update from the Committee and to support the publication of the WRES and DES objectives and the transfer of payroll services to a single provider. To formally confirm the Freedom to Speak Up Guardian and Health and Wellbeing and Equality and Diversity Leads for the Board in line with NHS requirements.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	
ACTION REQUIRED:	Decision ☐ Approval ☐ Assurance ☒

Workforce KPIs

July 2020

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

Dashboard

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	63.41	63.41					
Staff in Post FTE (Contracted)					60.06	60.15	61.15	61.45					
WTE Variance					3.35	3.26	2.26	1.96					
Vacancy %	10.0%				5.28%	5.14%	3.56%	3.09%					
Headcount					68	67	68	68					
Starters					1.27	0.00	1.00	0.00					
Leavers					1.62	0.00	0.00	0.00					
Turnover % (12 Months)	10-13%				11.48%	9.82%	9.66%	10.20%					
Turnover % (in Month)	0.8-1.1%				2.97%	0.00%	0.00%	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%	1.65%	1.63%					
Sickness % (12 Months)	4.68%				5.40%	4.93%	4.32%	4.01%					
Long Term Sickness % (12 Months)					74.82%	76.68%	77.31%	76.81%					
Maternity % (Month)					4.85%	4.87%	4.94%	2.60%					

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%	89.47%	78.18%					
Training Compliance %	90%				85.75%	85.83%	85.03%	91.21%					
Training DNA Rate %					-	-	-	-					
Supervision received (HC)					-	-	-	-					

Dashboard

Training Compliance by Competencies

Competence	Compliant	Expiring Soon	Total Required	Total Non compliant	Total Compliance %
NHS|CSTF|Dementia awareness - No Specified Renewal|	42	0	46	4	91.30%
NHS|CSTF|Equality, Diversity and Human Rights - 3 Years|	56	0	57	1	98.25%
NHS|CSTF|Fire Safety - 1 Year|	51	0	57	6	89.47%
NHS|CSTF|Health, Safety and Welfare - 3 Years|	55	0	57	2	96.49%
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|	40	0	47	7	85.11%
NHS|CSTF|Information Governance and Data Security - 1 Year|	51	0	57	6	89.47%
NHS|CSTF|Moving and Handling - Level 1 - 3 Years|	55	0	57	2	96.49%
NHS|CSTF|NHS Conflict Resolution (England) - 3 Years|	38	0	39	1	97.44%
NHS|CSTF|Preventing Radicalisation - Prevent Awareness - 3 Years|	40	0	45	5	88.89%
NHS|CSTF|Resuscitation - Level 2 - Adult Basic Life Support - 1 Year|	23	0	25	2	92.00%
NHS|CSTF|Safeguarding Adults (Version 2) - Level 1 - 3 Years|	25	0	28	3	89.29%
NHS|CSTF|Safeguarding Adults (Version 2) - Level 2 - 3 Years|	45	0	48	3	93.75%
NHS|MAND|Clinical Risk Assessment - 3 Years|	36	0	42	6	85.71%
NHS|MAND|Domestic Violence and Abuse - 3 years|	31	0	31	0	100.00%
NHS|MAND|Medicines Management Awareness - 3 Years|	8	0	16	8	50.00%
NHS|MAND|Mental Capacity Act - 3 Years|	30	0	36	6	83.33%
NHS|MAND|Mental Health Act - 3 Years|	29	0	33	4	87.88%
NHS|MAND|Safeguarding Adults Level 3 - 1 Year|	21	0	23	2	91.30%
NHS|MAND|Safeguarding Children Level 1 - 3 Years|	34	0	37	3	91.89%
NHS|MAND|Safeguarding Children Level 2 - 3 Years|	47	0	48	1	97.92%
NHS|MAND|Safeguarding Children Level 3 - 1 Year|	21	0	23	2	91.30%

Covid 19 Risk Assessments

Summary of Returns to the HR Covid inbox

Division	Total Returns	Individual Risks			Workplace Risk			Total Risk Level			% of Returns at Medium or Higher Total Risk
		High	Medium	Low	High	Medium	Low	High	Medium	Low	
Dudley IHC	45		1	44		22	23		1	44	2.22%
Grand Total	**45**	**0**	**1**	**44**	**0**	**22**	**23**	**0**	**1**	**44**	**2.22%**

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	8		1	7		4	4		1	7
Grand Total	**8**	**0**	**1**	**7**	**0**	**4**	**4**	**0**	**1**	**7**

Staff Home Working

Division	All Returns				BAME			
	Yes	No	N/A	Grand Total	Yes	No	N/A	Grand Total
Dudley IHC	44		1	45	8			8
Grand Total	**44**	**0**	**1**	**45**	**8**	**0**	**0**	**8**

Covid 19 Risk Assessments

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		5	3	8
Grand Total	**0**	**16**	**29**	**45**	**0**	**5**	**3**	**8**

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		5	3	8
Grand Total	**0**	**16**	**29**	**45**	**0**	**5**	**3**	**8**

NHS
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DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Report from Transaction Committee held on 11th August 2020
PURPOSE OF REPORT:	To update Board Members on discussions held at Transaction Committee on 11th August 2020
AUTHOR OF REPORT:	Stephanie Cartwright Director of Operations, Strategy and Partnerships
DATE OF MEETING:	1st September 2020
KEY POINTS:	• 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 the approval of the DIHC Estates Strategy • 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 with anticipation of award of contract on 1st April 2021. A timeline and milestone plan has been agreed up to the submission date of the full business case. • The financial due diligence report was received and reviewed. • Plans for staff transfers to DIHC were discussed and agreed. The committee will receive regular updates on all staff transfers.
RECOMMENDATION:	To note the contents of this report.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None that are not already declared.
ACTION REQUIRED:	Decision ☐ Approval ☐ Assurance ☒

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Transaction Committee

Date of meeting: 11th August 2020 (via Microsoft Teams)

Significant risks/issues for escalation	None identified

Key issues/matters discussed at the Committee	- A report was submitted to the committee on the process with regard to staff transfers that will be taking place until 1st April 2020. These included the transfer of staff from the CCG and staff from High Oak Surgery that is due to take place on 1st October 2020, the transfer of staff from Shropshire Community Healthcare NHS Trust and Black Country Healthcare NHS Foundation Trust that is due to take place between December 2020 and February 2021, and the transfer of staff from Dudley Group NHS Foundation Trust that is due to take place on 1st April 2021. The committee discussed the need to ensure all staff transfers are planned accordingly, and that all staff are welcomed in a consistent and appropriate manner which will include communication with all teams before the transfer dates. The committee agreed a standard welcome and introduction pack needed to be produced for all employees, with formal induction on the transfer date and a welcome video from the Chair, Chief Executive and members of the Board. Transaction Committee will receive a regular update on each transfer. - The committee received and approved the DIHC Estates Strategy which outlines the plans and opportunities for estates development following the award of the ICP contract to DIHC on 1st October 2020. The committee noted the continued work to do on establishment of community hubs, and the opportunities for development of community services through the new builds in the centre of Dudley and Kingswinford, in addition to opportunities from using existing estate such as Brierley Hill Health and Social Care Centre and St James Medical Practice. The Estates Strategy will be submitted to NHSI with the full business case for the ICP contract. - The committee received the Financial Due Diligence report regarding the transfer of services. This due diligence report has been supported in its production by Deloitte who have been working alongside the DIHC and partner teams. The report details any issues that have been identified through the due diligence work and describes plans to resolve and the committee requested that all aspects of the findings are covered within the full business case. - The committee discussed the draft Post Transaction Integration Plan (PTIP) that has been produced and

noted that the plan incorporates all of the transfers of services and not only the ones associated with the award of the ICP contract on 1st April 2021. It was noted that the PTIP will consider all aspects of integrated services and staff from a number of transferring organisations and will be supported by a number of accompanying project plans. The PTIP will cover the 12 months from 1st October 2020 through to 1st October 2021.

- The committee were informed that a Change Management Strategy will accompany the PTIP when it is submitted to NHSI as part of the full business case submission, and it was noted that the PTIP would describe what and when actions would occur, and the Change Management Strategy would explain how changes would be managed and undertaken with full consideration given to staff affected.

- The committee received an update on the production of the full business case for the award of the ICP contract. The committee noted the progress within the system discussions that are being led by the Chair of the Black Country and West Birmingham STP around areas of concerns raised with regards to the award of the ICP contract to DIHC. These discussions will continue whilst issues are being resolved and DIHC are taking forward any required actions to resolve concerns. Work is progressing well on content development of the full business case, and the draft "work in progress" full business case was shared with partners and stakeholders on 31st July 2020. A detailed draft FBC walk through and feedback session is planned with Stakeholder Forum and wider partners on 19th August 2020 with final comments being requested by 26th August 2020. Members of committee were asked to provide initial feedback on the draft business case, and feedback included confirmation that with regards to sub-contracting arrangements financial incentives would be based on achievement of improved outcomes for patients, that the symbiosis of the PCNs and DIHC was apparent, that within the case the seven pillars of the clinical model were described, with more detail provided in the clinical model appendix and that the clinically led redesign process for patient pathways be explained in more detail.   The final full business case will be submitted subject to DIHC Board Approval to NHSI on 30th September 2020 and formally submitted with DIHC Board approval on 7th October 2020 following the DIHC Board meeting. The business case will include reference to the early transfers of CCG staff and services, High Oak Practice APMS contract and the Dudley GP Local Improvement Schemes that are anticipated to take place on 1st October 2020. All outstanding areas relating to the procurement (following bid evaluation) have either been addressed with the CCG or will be addressed in the full business case. The committee received an update on the Transaction

	and System risk registers and agreed recommended changes to risk scores accordingly. The committee noted the ongoing work that is being led by the Good Governance Institute to ensure all system risks and their impact on partners is captured.
Decisions made by the Committee	• Approval of the DIHC Estates Strategy. • Approval of the Financial Due Diligence Report.
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

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DUDLEY INTEGRATED HEALTH AND CARE BOARD

MINUTES OF THE PUBLIC MEETING HELD ON 4 AUGUST 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 D Gilburt (DG)	Non-Executive Director, Dudley IHC
Mr M Evans (ME)	Non-Executive Director, Dudley IHC
Dr G Solomon (GS)	Non-Executive Director, Dudley IHC
Mr I Buckley (IB)	Non-Executive Director, Dudley IHC
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 (from item 11)

In Attendance:

Mr J Young (JY)	Acting Board Secretary, Dudley IHC
Mrs C Austin (CA)	Communications Lead, Dudley IHC
Mrs J Boothroyd (JB)	Programme Director, Dudley IHC
Ms K Stringer (KS)	Health Visitor & Nurture and Resilience Lead, Black Country Healthcare NHS Foundation Trust
Mr P Singh (PS)	Equality & Diversity Lead, Black Country Healthcare NHS Foundation Trust (Item 10 Only)

Minute Taker:

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

072/20. CHAIRMAN'S WELCOME

The Chair welcomed everyone to the Board meeting and provided a note of thank you to members of the Executive Team who have joined the meeting during their annual leave.

The Chair stated that the Equality and Diversity Lead from Black Country Healthcare NHS Foundation Trust (BCH) will be joining the meeting to talk about what does good equality and diversity look like to help develop this important area as the Trust grows as an organisation.

073/20. APOLOGIES

No apologies were noted for this meeting.

074/20. DECLARATIONS OF INTEREST

No declarations of interest noted in relation to items on the agenda.

075/20. MINUTES FROM PREVIOUS MEETING HELD ON 9 JULY 2020

The minutes were agreed as an accurate record of the meeting held on 9 July 2020.

076/20. ACTION REGISTER AND MATTERS ARISING

058/20
It was noted that the Standing Orders and Standing Financial Instructions (SFIs) were agreed on 1 April 2020, and a refreshed version has been through Audit and Risk Committee for agreement. It was proposed for this action to be deferred to October Board for formal approval to align with service transfers in October.

061/20
The draft Workforce Race Equality Standard (WRES) with outline objectives will be taken to the first People Committee on 14 August 2020. The Trust is also looking to set up a staff experience network, and is hoping that BAME staff take part in this to help develop this piece of work.

066/20
Staff training compliance to be covered in the workforce report.

068/20
BE has circulated information around the staff condolence page. Action closed.

058/20a
It was agreed to defer this action to October.

077/20. AGENDA FOR PART TWO

The Board noted the agenda for part two.

078/20. CHIEF EXECUTIVE REPORT

PA confirmed receipt of the standing order that changed the name of the organisation formally to Dudley Integrated Health and Care NHS Trust (DIHC) with effect from 1 August 2020. PA stated that this milestone is a mark of confidence in the organisation, the Trust's stewardship of managing the small cohort of services to date and the overall direction of travel for the organisation.

It was noted the Secretary of State has indicated that the NHS, consistent with the national emergency position, switches from level four to level three with effect from 1 August 2020. PA commented that this position denotes the fact that Covid19 is still active and transferring throughout the community, and the NHS needs to be on full alert to respond to regional or local outbreaks.

The Trust has received the phase three letter of the NHS response to Covid19 which talks about the reset on the NHS from 1 April 2021 and moving forward to deliver the Five Year Forward View and Long Term Plan aspirations. The key headlines from the letter are around an increasing coordination role for the Sustainability and Transformation Partnership (STP), a new financial regime that will be put in place moving forward and an emphasis on equality and equal opportunities. It was noted that the NHS People Plan has been released this week and there will be detailed discussions and work around the content of this plan at the People Committee.

It was highlighted that Dudley Metropolitan Borough Council (MBC) gave the Freedom of the Borough to all NHS and Care staff in Dudley at the full Council meeting on 23 July which is a welcome acknowledgement of the work that has been done across the borough in response to Covid19.

Within the Chief Executive report it the achievements of the Trust's first 100 days and HT and PA have had a number of meetings with key stakeholders to update them on the organisations developments. PA

reflected that the main messages that come out of the meetings with stakeholders is the Trust aspiration to have a different and unique relationship with Primary Care, the Trust's commitment to listen to local people and to develop local accountability for outcome delivery and performance, and the genuine desire to relate differently to staff and colleagues.

The Trust shared the draft business case with partners on 31 July 2020 for comments and PA acknowledged the work of the team who enabled the full draft case to be ready for a challenging deadline. The Trust has also provided an early proposal on the subcontract arrangements with The Dudley Group NHS Foundation Trust (DGFT) and are awaiting feedback.

The Board noted the Chief Executive report.

079/20. CHAIRS UPDATE

The Chair on behalf of the Board provided a note of thank you to the Executive Team for delivering the draft business case and the incremental expansion documents. The Trust is to encourage system partners to provide feedback on the case.

Conversations have been taking place around developing a leadership model for the organisation and there is a session scheduled with the Kings Fund on 10 August 2020 to start the foundations of this model.

It was noted that HT and PA continue to engage fully with the system as it facilitates collaborative working to deliver the business case, and there is a further meeting on 6 August 2020 with the STP.

HT commented that within the recent written Secretary of State speech the Secretary of State referred to the better use of money and the 'Dudley pound' being the way forward.

The Board noted the update provided by the Chair.

080/20. COVID19 AND POST COVID SERVICES

CB reported that in relation to the Pensnett Respiratory Assessment Centre as of 1 August 2020 the staffing model is to match a clinical need of 15 patients per day which the team are managing appropriately. There is also the ability to step up capacity through the winter if required. In addition the team are involved in a project around remote monitoring.

HT enquired as to what the Trust is doing to help the system in terms of flu vaccinations and how the Trust is going to ensure all staff are vaccinated. CB responded a Clinical Lead within Dudley CCG is providing briefings regarding flu vaccinations and the Trust are connecting to the work the CCG are undertaking. Discussion are in progress with the Primary Care Network (PCN) Clinical Directors regarding how the Trust can create the opportunity to get as many staff vaccinated in their own PCN. The Trust is also working with the CCG Estates Lead to look at how to deliver the vaccinations at scale including potential outreach services where required.

It was recognised that the scale of exercise that is being asked around flu immunisation will require all partners to come together to deliver this effectively, and to consider the need for differential solutions for different areas of Dudley.

It was acknowledged that the Trust need access to robust data regarding vaccinations in order to ensure that the Trust have an accurate picture of both patient and staff vaccinations.

HT highlighted the need for flu vaccinations to be discussed at both the People Committee and the forthcoming Quality and Safety Committees as appropriate.

The Board noted the update provided by CB.

081/20. CORPORATE GOVERNANCE AND COMPLIANCE

Audit and Risk Committee Report

The Standing Orders and SFIs have been agreed by the Audit and Risk Committee and will be presented at Octobers Board meeting for approval.
It was noted that the Scheme of Delegation has been reviewed and is currently being worked on, and the Trust need to be clear on incremental changes. This will be reviewed again at the next Audit and Risk Committee and the updated version will be brought to Board on 6 October 2020.

The Committee looked at a list of 240 policies and it was noted that the committee highlighted additional policies that need to be added. JY is looking at how the list is brought to future committee meetings to ensure that all policies are refreshed and up to date.

The Board noted the Audit and Risk Committee Report.

Corporate Risk Register

The Audit and Risk Committee reviewed the entire corporate risk register at the July meeting. It was noted that risk T-007 has been proposed for amending in rating and will go through the next Transaction Committee for formal approval. Audit & Risk Committee also approved the addition of a new risk C-104.

JY stated that the Audit and Risk Committee are actively looking at the development of the Board Assurance Framework (BAF) and there is a piece of work being undertaken this week with the support of the Trust's internal auditors.

It was agreed to present the draft version of the BAF to the Board at the private session in September.
[Action added to Private Board action log]

The Board were assured that processes are in place to manage the corporate risk register. The Board noted the proposed increase in rating for T-007 and addition of risk C-104.

082/20. WHAT DOES EQUAL OPPORTUNITIES LOOK LIKE

PS was welcomed to the meeting to provide the Board with an overview of what equal opportunities look like. PS is the Equality and Diversity and Health and Wellbeing lead for BCH.

PS provided an overview of the national context in relation to key drivers from NHSE/I noting the policies and strategies that are in place.
PS commented that it is important to also look at the local context and know what the demographics are.

It was noted that when creating a strategy on a page for BCH, Equality Delivery System (EDS) goals were used as a legal framework looking at four key areas.
BCH have also used other initiatives to go beyond compliance and shift to the organisations culture by working in coproduction with staff networks and using culture ambassadors to support BAME staff. BAME staff have also been supported around the stepping up programme, career development programmes and the forward thinking leadership programme in conjunction with the leadership academy. PS stated it is important to show visible diversity and the role models within an organisation, looking at value based recruitment at all levels.

PS provided an overview on the impact COVID19 has had on equality and diversity. The challenge of COVID19 has given the opportunity to reframe and reinforce views of how things are and should be.

PS asked the Board a list of questions to consider and take forward:
- What are the cultures you are dealing with?
- How are you going to change cultures to influence and improve equality performance and indicators?

- How will you grow your workforce and nurture staff?
- Can staff be their authenticating self?
- How do you connect with your values to enable psychological safety?
- What are your levers for change?
- How will you use your innovation to go beyond compliance?

SC commented that it is an important time for all organisations particularly DIHC as a new and forming organisation that is bringing people together from a number of different areas. There is an opportunity for the Trust to shape how equality and diversity is addressed as systems do not change people, people change systems. SC stated that there is a refocus on this area post COVID19.

CW stated that the timing of this presentation is really helpful and that there needs to be new ways of thinking and working within Dudley. CW stated that he would value PS' thoughts on how to do this moving forwards.

ME commented that it is positive that the Board are reflecting that there is a lot of work to do. It was highlighted that the challenge within the current climate is that staff are working very remotely and this work needs to visibility. ME queried if PS has any short term advice to get through the barriers of working remotely.

PA agreed with all comments from Board members and stated that the Trust have a unique opportunity to build a new organisation from the ground up. It was agreed for a meeting to be scheduled with PS offline to explore and discuss key priorities that can be undertaken, and reflect on all comments made today.

The Chair on behalf of the Board provided a note of thank you to PS and acknowledged the work in the system around equality and diversity.

083/20. PARTNERSHIPS AND INTEGRATION

Primary Care Integration Committee

GS reported that the inaugural meeting was held on 15 July which was well attended. GS provided a note of thank you to those who helped organise the committee meetings.

The committee agreed the Terms of Reference (ToR) and this document is on today's agenda for the Board to formally sign off.

The Primary Care Integration Agreement was received by the committee, and the positive engagement events that were held with the GPs was noted. The committee discussed the process and timescales for practices to sign up to the agreement.
GS stated that it is encouraging to note that there was an appetite to move at pace with the agreement, and the indication is that sign up is to exceed the minimum required by the procurement.

The committee work plan was discussed and approved, and it was noted that there is an importance to have sight of the PCN workforce plans to ensure that work is being carried out in a mutually supported and integrated way that aligns with the clinical model.

The principles of financial decision making were presented and approved, this sets out the principles to be applied to the PCN Directed Enhanced Services (DES), the Practice Engagement Schemes, Local Improvement Schemes and other primary care integration activities.

Conversations were held around setting up the risk register, and progress is to be presented at the next meeting. The risks from this committee will feed into the corporate risk register.

SC stated this meeting is a fundamental part of the organisations future moving forward and is unique to

other NHS Trusts as it is around integration with primary care which is a core component of the ICP model and award of contract. Since the engagement events the Trust has been to a number of PCN meetings with the last meeting taking place today, and there has been no significant issues raised regarding the agreement. The aim is for practices to sign the Integration Agreement by the end of August. It was highlighted that the agreement will not come into full effect until 1 April 2021, although will be in place to deliver some of the Local Improvement Schemes.

HT queried if there is a feedback loop to the GP practices from this committee. SC responded that a summary of the committee is circulated within the fortnightly practice bulletin and the Trust are currently in the process of setting up monthly engagement events with the GPs.

IB shared the discussion held at the committee around the budget information being reported to the Finance, Performance and Digital Committee, once established, commenting that this is an area that the Trust can be innovative.

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

Primary Care Integration Committee Terms of Reference

The ToR was presented and approved at the Primary Care Integration Committee. No further amendments were made to the ToR.

The Board formally approved the ToR.

084/20. QUALITY AND SAFETY

Report from Integrated Governance Committee

VL reported that there are no items arising from the quality indicators presented that are areas of concern or emerging themes. No data to escalate to the board.

It was highlighted that the winter vaccination programme was discussed at the committee and has already been covered in conversations under item nine of this meeting.

VL reported that the Trust is receiving safeguarding data and there is a safeguarding model that gives a framework and outline for developing the Trust's own safeguarding structure, policies and processes. It was highlighted that the Trust need to reflect on the safeguarding roles and responsibilities in relation to continuing healthcare.

It was noted there is the opportunity to have additional resource to develop the safeguarding model at pace ready for service transfers ensuring that all in-house procedures are in place.

Assurance was provided at the committee around a named nurse and named doctor that is in place for all of the Trust's current services.

VL provided a note of thank you for colleagues who have been engaging with the Care Quality Commission (CQC).

The Board noted the Quality and Safety report from the Integrated Governance Committee for assurance.

085/20. FINANCE, PERFORMANCE AND DIGITAL

Report from Integrated Governance Committee

It was noted that the Trust is reporting a breakeven position which is largely due to the current financial regime that is in place for COVID19 around top up funding being available for provider organisations. There has been confirmation that the current financial regime will last until September 2020. The Trust is still to receive full confirmation of the financial regime for the period October 2020 – March 2021.

The committee supported the Digital Strategy which was presented and it was noted that some of the work from the strategy is being included within the business case ready for submission at the end of September.

There were no issues escalated to the Board, and IB commented that the level of reporting will increase once the Trust takes on more services.

The Board noted the Finance, Performance and Digital report from the Integrated Governance Committee for assurance.

086/20. WORKFORCE AND OD

Report from Integrated Governance Committee

MA stated that the first People Committee is scheduled to take place on 14 August 2020 and the KPIs linked to the mandatory training, the WRES and DES are agenda items for this committee. MA also assured the Board that following discussions at July's Board meeting, dates have been confirmed for the committee to take place on a monthly basis.

BE updated that the sickness rate in June was 1.65% therefore the rolling sickness is 4.32% which is down from 5.4% in April 2020. The appraisal rate is 89% and training compliance is at 85%. Safeguarding training compliance has increased, however there has been a slight decrease in medicines management and mental capacity act which will be picked up with the team leaders.

BE reassured the Board that there are only three areas of training which have to be face to face, these are; Management of Actual or Potential Aggression training (MAPA), manual handling and adult life support. These training sessions are being managed through BCH.

It was reported that there is only one outstanding COVID risk assessment for the Trust's operational staff. Risk assessments for the Non-Executive Directors will be progressed by BE on behalf of HT.

The Board noted the Workforce and OD report from the Integrated Governance Committee.

087/20. TRANSACTION AND ICP DEVELOPMENT

Report from Transaction Committee

The ToR for the ICP Development Team and the HR & Staff Engagement Collaborative Steering Group were approved by the Transaction Committee.

An update was provided to the committee around the completion of the business case and discussions were held around work taking place on a system level to move forward on areas of concern that have been raised. Progress has been made with the principles of the subcontract being issued to DGFT, the Clinical Strategy Board meetings are being held and there have been meetings to agree the way forward in terms of system risk management. The system meetings are continuing.

The business case was shared on 31 July with partners to receive as much feedback as possible, and there is a session this afternoon to walk Board members through the case.

The committee reviewed the governance plan, activities, associated timelines and milestones required for the submission of the full business case and these were agreed. The Trust is continuing to work to the agreed timescales for formal submission at the end of September.

Submissions were made on 31 July in relation to DIHC services to include the High Oak APMS Contract, CCG staff and services and provision of the Primary Care Local Improvement Schemes. The process was approved at the committee and was submitted on Friday subject to formal approval within the second session of this meeting.

Due Diligence requests have been made and the Trust is currently awaiting return of relevant information for the appropriate services.

SC raised that there has been an issue of non-attendance of Terrafirma at the Safe Landing Group for IT and Digital Services. Within the letter written to DGFT's Chief Executive around subcontracting arrangements, it was included that it is a requirement for Terrafirma to attend this meeting. It was noted this is becoming a risk for the Trust. The next Safe Landing Group is due to meet on 19 August and SC will raise this concern during the weekly partners call on 7 August.

The Transaction Committee signed off the communications and engagement strategy, it was noted that further work will be completed on the strategy as the organisation progresses. Further discussions around engagement over the next few months will be discussed within part two of the meeting.

The committee also reviewed the transaction and system risk register and amended accordingly.

The Board noted the Transaction Committee report.

088/20. ANY OTHER BUSINESS

None stated.

089/20. QUESTIONS FROM THE PUBLIC

The Chair invited KS to ask any questions or provide observations on the meeting.

KS stated that she joined the meeting to hear about the plans for the organisation moving forward as she is the Health Visitor and Nurture and Resilience Lead for BCH who will be joining DIHC. KS is currently mapping services for nurture and resilience for ages 0-5 looking at improving mental health outcomes and long term health outcomes.

KS commented the current concern with under five CAMHS is that they do not accept referrals from Health Visitors and it hoping that moving forward this will change as Health Visitors have an important role in identifying patent and child relationship problems. KS would also like to look at other ways to integrate services to make them streamlined for families to enable better support.

It was noted that there is a group that meets every six weeks who are working with families in the local community to improve services moving forward, and KS questioned the Trust's plans when the service is transferred to the organisation to ensure that the groups plans will align with the plans for the long term.

SC commented that the Trust are keen to talk to colleagues about the services which will be transferred to the organisation, and it was agreed for a meeting to be set up with KS to take this discussion further

around plans moving forward.

090/20. BOARD REFLECTIONS

Item to be discussed within part two of the meeting due to time.

091/20. DATE OF NEXT MEETING

1 September, 09.30 – 12.00

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

Ref	Date Raised	Action	Action Lead	Due Date	Update
058/20	09/07/2020	Standing Orders and SFI's to be presented to August Board for approval.	MG	Oct-20	Action agreed to be deferred to October at August Board
058/20a	09/07/2020	Scheme of Reservation and Delegation and Conflicts of Interest Policy to be reviewed and presented to Board for approval in September.	MG	Oct-20	Action agreed to be deferred to October at August Board

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DUDLEY INTEGRATED HEALTH AND CARE BOARD

TUESDAY 1 SEPTEMBER 2020
VIRTUAL MEETING VIA MICROSOFT TEAMS
12.30 – 14.50

PRIVATE AGENDA

Item No	Agenda Item	Enclosure	Presented by	Time
1.	**Chairman's Welcome**	Verbal	Mr H Turner	12:30
2.	**Commissioning Developments**	Verbal	Mr P Maubach	12:32
3.	**Apologies**	Verbal	Mr H Turner	13:00
4.	**Declarations of Interest**	Verbal	Mr H Turner	13:02
5.	**Minutes from previous meeting held on 4 August 2020**	Enclosure 1	Mr H Turner	13:05
6.	**Action Register and Matters Arising**	Enclosure 2	Mr H Turner	13:10
7.	**Reflections from Part One**	Verbal	Mr H Turner	13:15
8.	**Business Case Update**			13:20
8.1	Feedback from Partner Board Walkthrough	Verbal	Mrs S Cartwright	
8.2	Progress Report	Verbal	Mrs S Cartwright	
8.3	Appointment of Reporting Accountants	Verbal	Mr M Gamage	
9.	**Transfer of Children's Service Business Case**	Verbal	Mrs S Cartwright	13.35
10.	**Acquisition of High Oak Surgery, Local Improvement Schemes and CCG Staff & Services**	Enclosure 3	Mrs S Cartwright	13.45
11.	**Service Level Agreement**	Verbal	Mr M Gamage	14:30
12.	**Draft Board Assurance Framework**	Enclosure 4	Mr J Young	14:35
13.	**Incident, Complaints and Risk Management System**	Enclosure 5	Mr J Young	14.40
14.	**Any Other Business**	Verbal	Mr H Turner	14.50
15.	**Date of next meeting:** 6 October 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
DATE OF MEETING:	1 September 2020
KEY POINTS:	1. NHS Restoration and Recovery including the DoH Phase 3 Plan 2. Full Business Case Update 3. NHSEI Regional tier Strategic Transformation and Recovery (STaR) Board
RECOMMENDATION:	The Board is asked to note the report
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	No
ACTION REQUIRED:	Decision ☐ Approval ☐ Assurance ☒

Report of the Chief Executive to the Board of Directors

1st September 2020

1. NHS Restoration and Recovery

1.1 The Phase 3 Letter

The much-trailed NHS Phase Three letter, setting out the direction of travel for the NHS nationally through the remainder of 2020/21 and into the next financial year, was published on 31st July 2020.

The letter plans for the NHS in England to *"return to near-normal levels of non-covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter"*, when further emergency and covid pressures are anticipated.

The targets in the new guidance for phase three of the NHS's Covid response include:

a. In September trusts should deliver "at least 80 per cent of their last year's activity for both overnight electives and for outpatient/day case procedures, rising to 90% in October (while aiming for 70% in August)";
b. MRI/CT and endoscopy procedures should return to at least 90 per cent of their last year's levels in September, with an ambition to reach 100 per cent by October."
c. Trusts must hit 100 per cent of their last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year (and aiming for 90 per cent in August)."

The letter indicates that — while a form of block contract will remain in place for trusts — payments to providers will now "*be adjusted depending on delivery against the activity restart goals".* Although this detail is not yet available, it is likely that for the second six months of the financial year, trusts will have some element of funding linked to plan achievement, potentially with financial incentives and/or penalties operating. Further, the STP is likely to be given further powers to manage resources across providers in their region.

The letter says the ministers have agreed for the NHS to move from a "Level 4 (national) to Level 3 (regional)" emergency incident management "with effect from tomorrow (1st August)", suggesting a loosening of national control.

In the important area of continuing healthcare, which is one of the commissioning functions transferring to DIHC, the letter notes that *"Government has… decided that CCGs must resume NHS Continuing Healthcare assessments from 1 September 2020." T*he existing Covid arrangements provide funding by the NHS without assessment but from 1st September, patients will need to be assessed and moved to core NHS, social care or self-funding arrangements.

1.2 Implementing Phase 3 Guidance

On 7th August, the DoH issued further detailed guidance to supplement the phase 3 letter 'Implementing phase 3 of the NHS response to the COVID-19 pandemic' (Ref 01559).

a) Addressing Inequalities

The guidance recognises that COVID-19 has further exposed some of the health and wider inequalities that persist in our society. It asks trusts to work collaboratively with local communities and partners to take the following eight urgent actions:

- Protect the most vulnerable from COVID-19. The Board will be familiar with our staff risk assessment work.
- Restore NHS services inclusively, so that they are used by those in greatest need. This will be guided by new, core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities, by 31 October.
- Develop digitally enabled care pathways in ways which increase inclusion,
- Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes; including more accessible flu vaccinations, better targeting of long-term condition prevention and management programmes such as obesity reduction programmes
- Particularly support those who suffer mental ill health, as society and the NHS recover from COVID-19. This will be underpinned by more robust data collection and monitoring by 31 December.
- Strengthen leadership and accountability, with a named executive board member responsible for tackling inequalities in place in September in every NHS organisation, alongside action to increase the diversity of senior leaders. The Board will recall that we are actively participating in the NHS NeXT Programme.
- Proactively review and ensure the completeness of, patient ethnicity data by no later than 31 December, with general practice prioritising those groups at significant risk of COVID-19 from 1 September
- Collaborate locally in planning and delivering action to address health inequalities, including incorporating in plans for restoring critical services by 21 September; better listening to communities and strengthening local accountability; deepening partnerships with local authorities and the voluntary and community sector; and maintaining a continual focus on implementation of these actions, resources and impact, including a full report by 31 March.

It is of note the extent to which the DIHC population-based approach to health and care coordination is consistent with these objectives. Further, our People Committee will maintain a clear view of our responsibilities in the area of equality.

b) Mental health services

The Guidance states that the expansion of Improving Access to Psychological Therapies (IAPT) services should be at the forefront of this next phase as they provide NICE recommended treatment for the most common mental health problems and accept self-referral. The specialised support IAPT can offer to those with PTSD, anxiety, depression or to those who have spent lengthy time in an ICU, are all the more vital in the context of COVID-19. For this reason, the Guidance suggests that we must use this year to grow and bring in more trainees to the service. Money will be made available to augment salary replacement costs to help with the expected, significant, surge in demand for IAPT services. Where regions did not achieve IAPT targets last year (the BC&WB STP did not)

For providers, recovery trajectories must be provided as part of the planning process for the remainder of 2020/21.

2. Full Business Case for award of the Dudley Integrated Care Contract on 1st April 2021

The Trust remains on course for the award of the first ICP contract in April 2021. In the past month the Trust has been receiving comments on the circulated working draft, from system partners and has hosted a system 'walk through' of the draft case to promote understanding amongst partners.

The Trust is now in detailed dialogue with Dudley Group and Black Country Healthcare FTs to agree the detail of service sub contracts and back office and support SLAs.

We are delighted to welcome Ian Beattie, former mental health senior nurse, who will provide senior clinical support to the Director of Nursing and Jan Lowry, who is an experienced project manager, who will provide support to the work on children's services.

We remain on course to submit the FBC to the Regulator in September, as planned.

3. NHSEI Regional tier Strategic Transformation and Recovery (STaR) Board

The Trust is regulated at local level by the Midlands Regional Office of NHSEI, led by Regional Director, Dale Bywater.

In response to the Covid Phase 3 process, the Regulator has established a new sub structure to assist the development of the regional response to restoration and recovery and in particular, capturing the good practice lessons from the local Covid response.

This is headed by a Midlands Strategic Transformation and Recovery (STaR) Board and four co-dependent working groups that the Board will oversee. These will focus on the following key issues:

• Enduring unwarranted variation in patient safety, outcomes and experience

• Unacceptable levels of health inequalities

• COVID-19 related requirements and future pandemic preparedness

• Unwarranted variation in the productivity of service delivery

• Actions required to achieve a sustainable financial position

• NHS Long Term Plan achievement

• Radical improvement in the equality, diversity and inclusion in our NHS workforce

• Clarity on developing strategic commissioning arrangements

• The future provider landscape in the Midlands

The STaR Board has been established as a time-limited group, composed of senior leaders from health, local government and NHSE/I to collectively reflect, review and redesign regional strategies and frameworks in the context of the challenges we face.

The Board will oversee the outputs from these four, co-dependent working groups and will be supported by the **Regional People Board**, chaired by Crishni Waring, on workforce matters.

The four working groups are:

a. Clinical services and commissioning strategies
b. Strategies and approach to addressing inequalities and prevention
c. Timely and safe restoration and recovery of services
d. How we lead, organise and run NHS Midlands

The STaR Board and working groups are made up of executive and non-executive leaders from health and local government across the region and directors from NHSE/I.

PA Assinder

CEO

NHS
Dudley Integrated
Health and Care
NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	**Establishment of Finance, Performance & Digital and Quality & Safety Committees**
PURPOSE OF REPORT:	To request approval from the Board for: • the establishment of a new Finance, Performance & Digital Committee • the establishment of a new Quality & Safety Committee • draft Terms of Reference for both new Committees • the cessation of the Integrated Governance Committee
AUTHOR OF REPORT:	Emma Smith – Governance Support Manager, Dudley CCG Jim Young - Interim Head of Quality & Governance
DATE OF MEETING:	01 September 2020

KEY POINTS:	• The Integrated Governance Committee (IGC) was originally established when the organisation was formed to cover the functions of a number of committees for a limited period of time to support the transition and development of the new organisation
	
	• The functions covered by IGC were:
	
	    o Quality & Safety Committee (Q&S Committee)
	    o Finance, Performance & Digital Committee (FP&D Committee)
	    o People
	
	• From August 2020, The People Committee split from IGC to become a separate committee
	
	• It is proposed that the remaining elements of IGC – Q&S Committee and FP&D Committee – become separate committees with effect from September 2020
	
	• The consequence of the establishment of these committees will be the cessation of the Integrated Governance Committee

RECOMMENDATION:	For the Board to: • approve the establishment of a new Finance, Performance & Digital Committee and Quality & Safety Committee • agree the draft Terms of Reference for both committees • approve the cessation of the Integrated Governance Committee

	• be assured that this represents an appropriate approach to robust governance of the functions currently covered by the Integrated Governance Committee
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision ☐
	Approval ☒
	Assurance ☒

Terms of Reference
Finance, Performance & Digital Committee

1.   Constitution of the Committee

The Finance, Performance & Digital Committee is a non-statutory Committee established by the Board to provide assurance to the Board on the delivery of the financial aspects of the Trust's annual Operating Plan, including financial strategy and planning, transformation and sustainability, the financial performance of the Trust, and on commercial and procurement activity and contracts, strategic investments and the development of the Trust's digital and estates infrastructure.

2.   Purpose and function

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

2.1   that the strategic financial principles, priorities, risk and performance parameters are aligned and support the Trust's strategic objectives and its long-term sustainability;

2.2   that the Trust's degree of exposure to financial risk, and any potential to compromise the achievement of the strategic objectives is being effectively managed;

2.3   that reporting on the financial performance of the Trust is being triangulated against agreed plans, progress and performance measures, reporting on progress to the Board;

2.4   that the Trust's resources and assets are being used effectively and efficiently;

2.5   on the robustness, credibility and quality of financial management and planning information, which is reviewed and triangulated by the Committee;

2.6   on the Trust's compliance with current statutory and external reporting standards and requirements, including NHS and Treasury policies and procedures;

2.7   on the development, effective management, and delivery of the Trust's capital programme, and that this is fit for purpose; and

2.8   on the robustness of procurement decisions.

2.9   The Committee will provide the Board with advice and support on the development and delivery of the following strategies:

- capital strategy;
- investment strategy;
- estates strategy;
- infrastructure strategy;
- commercial strategy;
- digital information Governance and security;
- information management and technology strategy; and
- any Trust strategies related to digital infrastructure, cyber and data security.

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 and / or the Trust Secretary).

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 six members, drawn from Non-Executive Directors (three members minimum) and members of the Executive team (three members minimum).

4.2 One of the Non-Executive members will be appointed by the Board of Directors as the Chair of the Committee.

4.3 A further Non-Executive member of the Committee will be appointed as Vice-Chair.

4.4 The membership of the Committee shall include:

Voting Members
- Three Non-Executive Directors
- Interim Director of Finance
- Interim Director of Operations, Strategy and Partnerships
- Interim Head of Quality & Governance

Participating Attendees
- One GP Associate Non-Executive Director (this post could rotate)
- Interim Director of People

4.5 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.

4.6   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.

4.7   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.

4.8   The Director of Finance shall act as the Executive Lead for the Committee.

4.9   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 rom being present for specific items.

4.10   The Trust Secretary, or their designated deputy, 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.

4.11   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.

4.12   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

4.13   The quorum necessary for the transaction of business shall be five members as defined in 4.4 above, including the Chair or Vice Chair, two Non-Executive Directors and two Executive Directors.

4.14   Members unable to attend a meeting of the Committee may nominated a deputy to attend on their behalf, agreed with the Chair of the Committee. Nominate deputies will not count towards the quorum.

4.15   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   Strategies and policies

The Committee will:

5.2.1   review the Trust's financial strategy, planning assumptions, and related delivery plans and transformation programmes, and provide informed advice to the Board on their robustness, comprehensiveness and relevance to the Trust's vision, values, strategic objectives and impact;

5.2.2 review guidance for the development and delivery of the financial aspects of annual operational, service, and financial planning, including assumptions on revenue, budgets, capital, working and associated targets, and parameters on efficient and effective use of resources;

5.2.3 review, and recommend to the Board of Directors, the Annual Financial Plan, including key financial performance indicators, following consultation and engagement with the People and Quality Committees;

5.2.4 provide advice and support on significant financial and commercial policies prior to their recommendation for Board approval. This will include policies relating to costing, revenue, capital, working capital, treasury management, investments, and benefits realisation;

5.2.5 identify learning and development needs arising from the work of the Committee for consideration by the People Committee.

5.3 Annual Financial Plan

The Committee will:

5.3.1 review the Trust's Annual Financial Plan for recommendation and approval by the Board;

5.3.2 review progress and performance against the approved plan and any significant supporting plans and targets, and analyse the robustness of any corrective action required;

5.3.3 review reports regarding future cost pressures and key financial risk areas;

5.3.4 review the Trust's Balance Sheet, with a particular focus on debtors, creditors, and asset valuations; and

5.3.5 receive and review an overview of financial and service delivery agreements and key contractual arrangements entered into by the Trust.

5.4 Risk

The Committee will:

5.4.1 receive regular reports of the Corporate Risk Register, and triangulate 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. The Committee will additionally and specifically review the most highly rated risks on the Risk Register and gain assurance around controls, mitigations, and the action planning process.

5.5 Performance and progress reporting

The Committee will:

5.5.1 monitor the effectiveness of the Trust's financial and operational performance reporting systems, ensuring that the Board is assured of continued compliance through its annual reporting processes, reporting by exception where required to the Board;

5.5.2 agree a succinct set of key performance and progress measures relating to the full assurance purpose and function of the Committee, including:

- the Trust's strategic financial priorities;
- national performance and statutory targets;
- consolidated financial performance summaries and related budgets;

- statement of financial position;
- working capital performance;
- cash flow status;
- progress on capital investment programme;
- use of resources ratings; and
- risk mitigation;

5.5.3 triangulate progress against these measures and seek assurance around any performance issues identified, including proposed corrective actions;

5.5.4 provide regular reports to the Board on assurance around key areas of Trust performance, risk, and corrective actions, both retrospectively and prospectively;

5.5.5 agree a programme of benchmarking activities and reference points to inform the understanding and effectiveness of the Committee and its work;

5.5.6 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;

5.5.7 ensure the alignment and consistency of Board assurances, use of data and intelligence, by working closely with the Audit Committee, Quality Committee and People Committee; and

5.5.8 review the following formal reports to the Board as part of the Annual Cycle of Business:

- Annual Financial Report;
- Capital Investment Policy;
- Scheme of Delegation;
- Standing Orders;
- Standing Financial Instructions; and
- Annual Report and Accounts (Group, Trust and Charity).

5.5.9 ensure that systems and processes are in place for the monitoring of performance of all its services, either directly provisioned and or contracted or sub-contracted.

5.6 Capital, investments, acquisitions and disposals

The Committee will:

5.6.1 review the Trust's capital and investment policies against appropriate benchmarks prior to recommendation for Board approval;

5.6.2 agree a consistent and robust methodology for the assessment of proposed capital expenditure, acquisitions, joint ventures, equity stakes, major property transactions, mergers, and formal or informal alliances with other Institutions;

5.6.3 review project initiation documents for capital schemes over an agreed amount;

5.6.4 review business cases and proposals and provide advice to the Board accordingly;

5.6.5 assure the Board, on a regular basis, of the effectiveness of, and compliance with, the capital and investment strategies and related policies, including the effective prioritisation of investment decisions, the robustness of processes and rigour of investment decision-making, and report on this as part of the Committee's Annual Report to the Board;

5.6.6 monitor the performance of investments, and commission and review reports on the benefits realisation of infrastructure and service improvement investments made; and

5.6.7 exercise delegated responsibility on behalf of the Board in line with the Standing Financial Instructions for proposals for acquisition and disposal of assets in accordance with Trust policy.

5.7 Infrastructure, estates and digital

The Committee will:

5.7.1 review the following policies and plans, in order to provide informed and authoritative advice to the Board:

- estates;
- infrastructure;
- digital strategy, including digital, cyber, and data security.

5.7.2 oversee that there are robust systems and processes in place to ensure compliance with General Data Protection Regulation (DGPR), Data Confidentiality, Data Protection Act and its related legislation and regulatory frameworks including Freedom of Information, Subject Access Request and all other related processes such as management, storage and disposal of medical records and all patient and staff information.

5.7.3 ensure necessary support is provided to the People Committee of the Trust in relation to all staff information that is held on the Trust HR and employment systems.

5.8 Commercial strategy

The Committee will:

5.8.1 provide support and advice on the development and implementation of the commercial strategy for the Trust.

5.9 Statutory compliance

The Committee will:

5.9.1 ensure, on behalf of the Board, that current statutory and regulatory compliance and reporting requirements are met, including compliance with treasury policies and procedures and the appropriate safeguards for security of the Trust's funds;

5.9.2 ensure the proper reporting of actions deemed 'high-risk' by regulators, or actions with an equity component, which entail a potentially significant risk to reputation or to the stability of the business of the Trust, or which create material contingent liabilities;

5.9.3 ensure future legislative and regulatory and reporting requirements are identified and appropriate action taken; and

5.9.4 consider, and recommend for approval by the Board, any proposed changes to Trust Standing Financial Instructions, Standing Orders and Scheme of Delegation.

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 will meet a minimum of 12 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, will be made available to each member of the Committee, no less than ten working days before the date of the meeting in electronic form. Supporting papers will be made available no later than five 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.

Procedural control statement:
Date approved: [INCLUDE DATE]
Approved by: Board of Directors
Review date: [INCLUDE DATE]

**Terms of Reference
Quality & Safety Committee**

1. Constitution of the Committee

The Quality & Safety Committee is a non-statutory Committee established by the Trust Board to monitor, review and report to the Board on the quality of care to the Trust's patients, specifically in relation to patient safety, clinical effectiveness and patient experience, within the framework of the Board's agreed 5 facet approach to quality.

2. Purpose and function

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

2.1   that the Trust has appropriate quality governance structures, systems, processes and controls in place to achieve consistently high-quality care and to meet the Trust's legal and regulatory obligations;

2.2   that the delivery of continuous quality improvement is a hallmark of the way the Trust and its people work, recognised by stakeholders, including partners and the public;

2.3   that any shortcomings in the quality of care against agreed standards are being identified and addressed in a systematic and effective manner;

2.4   on the Trust's approach to continuous quality improvement processes for all Trust services, the Trust's research and development activities and its clinical practice;

2.5   on the quality impact of changing professional and organisational practices, including those involved in increased system-based and partnership working (in collaboration with the People Committee);

2.6   around current and future statutory and mandatory quality standards, such as Care Quality Commission (CQC) Fundamental Standards, and the actions needed to meet them; and

2.7   on the effectiveness of mechanisms used for the involvement of patients and the public, staff, partners and other stakeholders in improving quality assurance and patient safety at the Trust, and report on their value and impact to the Board.

2.8   The Committee will have the remit and undertake responsibilities outlined in the Mental Health Capacity act and will discharge the responsibilities of the Mental Health Scrutiny Committee.

2.9   Receive relevant information to oversee the DIHC safeguarding arrangements for Safeguarding Children, Looked After Children and Safeguarding Adults.

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 Leads of the Committee and / or the Trust Secretary).

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

4.1   Members of the Committee shall be appointed by the Board and shall be made up of at least six members, drawn from Non-Executive Directors (three members minimum) and members of the Executive team (three members minimum).

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.

4.4   The membership shall include:

Voting Members
● Three Non-Executive Directors
● Interim Medical Director
● Interim Director of Nursing and Allied Health Professionals
● Interim Director of Operations, Strategy and Partnerships
● Interim Head of Quality & Governance

Participating Attendees
● One GP Associate Non-Executive Director (this post could rotate)
● Interim Director of People

4.5   The Chair of the Board of Directors and the Chief Executive shall not be members of the Committee, but may be in attendance.

4.6   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 Medical Director and the Executive Chief Nurse shall act jointly as the Executive Leads for the Committee.

4.9 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.

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 rom being present for specific items.

4.11 The Trust Secretary, or their designated deputy, 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 five members as defined in 4.4 above, including the Chair or Vice Chair, two Non-Executive Directors and two Executive Directors.

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 will not count towards the quorum.

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 Quality Strategy and policies

The Committee will:

5.2.1 assess the strategic priorities and investments needed to support high-quality clinical outcomes and improve clinical effectiveness in the Trust, and advise the Board accordingly;

5.2.2 review the Trust's Quality Strategy, Quality Account and related delivery plans and programmes, and provide informed advice to the Board on their robustness, comprehensiveness and relevance to the Trust's vision, values, strategic objectives and impact;

5.2.3 review and monitor the Trust's suite of quality-assurance policies against benchmarks to ensure they are comprehensive, up-to-date and reflect best practice; and

5.2.4 ensure that quality management and reporting processes are put in place for all its services, contracted or otherwise, to ensure high quality and safe services are delivered to its clients.

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 patient outcomes and quality of care;

5.3.2   be assured of the effectiveness of quality impact assessment processes to identify and mitigate risks arising from service change and research programmes at all levels of the organisation, including proposed transformation of services, cost improvement and cost reduction initiatives;

5.3.3   triangulate and be assured of the robustness of the process of reviewing the trends, themes and patterns emerging from key quality indicators in the Trust that inform and shape risk assessment, priority-setting and development of fit-for-purpose policies and procedures

5.3.4   oversee and ensure that systems are in place for the management and reporting of incidents across the trust including: Clinical incidents, health and safety incidents, Information Governance breach incidents, duty of candour related reported incidents, Serious Incident cases of litigation and complaints that may require further investigations

5.3.5   ensure that systems are in place for customer experience is enhanced, by ensuring there are effective systems in place for the management and processing of complaints and cases of litigation where it may be required to access the relevant negligence related schemes is needed.

5.4   Outcomes and processes

The Committee will:

5.4.1   review the Quality Account to be assured it reflects the integration of clinical quality and patient safety improvement processes;

5.4.2   be assured of the integrity of the Trust's control systems, processes and procedures relating to critical areas, to include:

- high quality care (through the Trust's quality review processes);
- compliance with fundamental standards of quality and safety;
- patient safety and harm reduction;
- infection, prevention and control;
- clinical audit;
- introduction of new clinical pathways and procedures;
- introduction of new clinical roles (in conjunction with the People Committee);
- dissemination and implementation of statutory guidance;
- escalation and resolution of quality concerns; and
- patient and carer involvement and engagement;

5.4.3   ensure the effective operation of processes relating to clinical practice and performance, including early detection of issues and problems, escalation, corrective action and learning.

5.4.4   Principles, systems and process for the management of quality will apply to all of the Trust services and functions, regardless of it being directly or indirectly provided by the Trust. However, for the services that are contracted it is expected that the process to measure the quality outcomes will be via robust and regular report to the committee.

5.4.5   The Committee in line with its remit may setup various sub-groups and sub-committees in order to ensure compliance of the Trust with the responsibilities set out in the Health and Social Care Act and the requirements of the regulatory requirements as set out by the health regulatory bodies (CQC) in its framework.

5.5 **Learning and communication**

The Committee will:

5.5.1 be assured of the effectiveness of systems and processes used for continuous learning, innovation and quality improvement, establishing ways of gaining assurance that appropriate action is being taken;

5.5.2 be assured that the robustness of procedures ensure that adverse incidents and events are detected, openly investigated, with lessons learned being promptly applied and appropriately disseminated in the best interests of patients, of staff and of the Trust;

5.5.3 review how systematically evidence-based practice, ideas, innovations and statutory and best practice guidance are identified, disseminated and applied within the Trust;

5.5.4 develop and oversee a programme of activities to engage Board members directly in quality assurance processes and to review, distil and implement the learning from these activities; and

5.5.5 be assured of the effectiveness of communication, engagement and development activities designed to support patient safety and improve clinical governance.

5.6 **Patient and public engagement**

The Committee will:

5.6.1 be assured of the effectiveness of a credible process for assessing, measuring and reporting on the 'patient experience' in a consistent way over time, including the appropriateness and effectiveness of processes for patient engagement in support of the Trust's strategic goals and programmes of work.

5.7 **Research**

The Committee will:

5.3.1 triangulate through assurance the robustness of quality-assurance processes relating to all research undertaken in the name of the Trust and / or by its staff, in terms of compliance with standards and ethics, and clinical and patient safety improvement processes.

5.8 **Progress and performance reporting**

The Committee will:

5.8.2 establish and review a succinct set of key performance and progress measures relating to the full purpose and function of the Committee, including:

- the standards of clinical and service quality in the Trust;
- compliance with agreed standards of care and national targets and indicators; and
- organisational quality performance measured against specified standards and targets;

5.8.3 review progress against these measures on a regular basis and seek assurance around any performance issues identified, including proposed corrective actions and reporting any significant issues and trends to the Board of Directors;

5.8.4 agree the programme of benchmarking activities to inform the understanding of the Committee and its work;

5.8.5 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;

5.8.6 ensure alignment of the Board assurances and consistent use of data and intelligence, by working closely with the Audit Committee, People Committee and the Finance Committee;

5.8.7 review the following formal reports prior to submission to the Board of Directors as part of the Annual Cycle of Business:

- an Annual Quality Report to inform and / or accompany the Trust's Annual Report
- safeguarding Annual Report
- Infection Control Annual Report; and
- the process for management review of specific service reports.

5.9 Statutory and regulatory compliance

The Committee will:

5.9.1 be assured of the arrangements for ensuring maintenance of the Trust's compliance standards specified by the Secretary of State, the CQC, the NHS Commissioning Board, and statutory regulators of health care professionals.

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. The Annual Quality Report shall:

- set out clearly how the Committee is discharging its responsibilities;
- be presented to the Annual Members Meeting / Annual General Meeting, with the Chair of the Committee in attendance to respond to any stakeholder questions on the Committee's activities
- include an assessment of compliance with the Committee's Terms of Reference and a review of the 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, or more frequently if deemed necessary by the Committee.

7. Committee Administration

7.1 The Committee shall meet a minimum of 12 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, will be made available to each member of the Committee, no less than ten working days before the date of the meeting in electronic form. Supporting papers will be made available no later than five 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: [INCLUDE DATE]
Approved by: Board of Directors
Review date: [INCLUDE DATE]

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DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	**Corporate calendar**
PURPOSE OF REPORT:	To provide an update to the Board regarding the Board and Committee schedules for 2020/21
AUTHOR OF REPORT:	Jessica Colley - Business Administration and Communications & Engagement Apprentice Jim Young - Interim Head of Quality & Governance
DATE OF MEETING:	01 September 2020
KEY POINTS:	• Since the formation of the organisation on 1st April 2020, the committee structure has continually developed to meet the changing needs of the Trust • This document details the schedules for all Board and committee meetings for the remainder of the financial year • Also included are two meetings attended by both DIHC and other system partners that are key elements of DIHC governance arrangements • The planned split of Integrated Governance Committee (IGC) – subject to Board approval – requires a new schedule to be identified for the Finance, Performance & Digital Committee • Following the planned split of IGC, Quality & Safety Committee has been provisionally allocated to the IGC schedule but this is to be confirmed following the first meeting in September • Committee sub-groups are currently being mapped out, together with a schedule of reporting for each committee
RECOMMENDATION:	For the Board to: • Note the updated corporate calendar • Be assured that this schedule represents appropriate governance arrangements for the Trust
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision ☐ Approval ☐ Assurance ☒

Corporate Calendar 2020/21

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(E) - extraordinary meeting

		2020									2021		
		Quarter 1			Quarter 2			Quarter 3			Quarter 4		
		April	May	June	July	August	September	October	November	December	January	February	March
Board	Public	Wednesday 01/04/2020 9:00 – 10:00	Tuesday 05/05/2020 10:00-12:00	Tuesday 02/06/2020 9:30-12:00	Thursday 09/07/2020 9:30-12:00	Tuesday 04/08/2020 9:30-12:00	Tuesday 01/09/2020 9:30-12:00	Tuesday 06/10/2020 9:30-12:00	Tuesday 03/11/2020 9:30-12:00	Tuesday 01/12/2020 9:30-12:00	Tuesday 05/01/2021 9:30-12:00	Tuesday 02/02/2021 9:30-12:00	Tuesday 02/03/2021 9:30-12:00
	Private	Wednesday 01/04/2020 10:00 – 11:00	Tuesday 05/05/2020 12:30-13:30	Tuesday 02/06/2020 12:30-13:30	Thursday 09/07/2020 12:30-13:30	Tuesday 04/08/2020 12:30-14:30	Tuesday 01/09/2020 12:30-13:30	Tuesday 06/10/2020 12:30-13:30	Tuesday 03/11/2020 12:30-13:30	Tuesday 01/12/2020 12:30-13:30	Tuesday 05/01/2021 12:30-13:30	Tuesday 02/02/2021 12:30-13:30	Tuesday 02/03/2021 12:30-13:30
Committees	Audit and Risk	Wednesday 01/04/2020 12:00 – 12:30		Monday (E) 15/06/2020 16:00-17:00	Monday 20/07/2020 10:00 – 12:00		Monday 28/09/2020 11:00-13:00				Monday 25/01/2021 11:00-13:00		
				Tuesday (E) 23/06/2020 16:15-17:15									
	Remuneration	Wednesday 01/04/2020 12:30 – 13:00											
	Integrated Governance	Tuesday 07/04/2020 11:00-12:00	Tuesday 19/05/2020 10:00-12:00	Tuesday 16/06/2020 10:00-12:00	Tuesday 21/07/2020 10:00-12:00	Tuesday 18/08/2020 10:00-12:00	*Split into constituent committees*				*Split into constituent committees*		
	Quality & Safety	*Part of IGC*					Tuesday 15/09/2020 09:30-11:00	Tuesday 20/10/2020 10:00-12:00	Tuesday 17/11/2020 10:00-12:00	Tuesday 15/12/2020 10:00-12:00	Tuesday 19/01/2021 10:00-12:00	Tuesday 16/02/2021 10:00-12:00	Tuesday 16/03/2021 10:00-12:00
	Finance, Performance & Digital	*Part of IGC*					15/09/2020 11:00-12:30	TBC	TBC	TBC	TBC	TBC	TBC
	Transaction		Tuesday 12/05/2020 10:00-12:00	Wednesday 10/06/2020 10:00-12:00	Tuesday 14/07/2020 10:00-12:00	Tuesday 11/08/2020 10:00-12:00	Tuesday 08/09/2020 10:00-12:00	Tuesday 13/10/2020 10:00-12:00	Tuesday 10/11/2020 10:00-12:00	Tuesday 08/12/2020 10:00-12:00	Tuesday 12/01/2021 10:00-12:00	Tuesday 09/02/2021 10:00-12:00	Tuesday 09/03/2021 10:00-12:00
	People	*Part of IGC*				Friday 14/08/2020 9:30-11:30	Friday 11/09/2020 9:30-11:30	Friday 16/10/2020 9:30-11:30	Friday 13/11/2020 9:30-11:30	Friday 18/12/2020 9:30-11:30	Friday 15/01/2021 9:30-11:30	Friday 15/01/2021 9:30-11:30	Friday 12/03/2021 9:30-11:30
	Primary Care Integration				Wednesday 15/07/2020 12:00-14:00	Wednesday 19/08/2020 12:00-14:00	Wednesday 16/09/2020 12:00-14:00	Wednesday 21/10/2020 12:00-14:00	Wednesday 18/11/2020 12:00-14:00	Wednesday 16/12/2020 12:00-14:00	Wednesday 20/01/2021 12:00-14:00	Wednesday 17/02/2021 12:00-14:00	Wednesday 17/03/2021 12:00-14:00
System	Clinical Strategy Board				Tuesday 14/07/2020 17:30-19:00	Thursday 13/08/2020 17:00-18:30	Wednesday 09/09/2020 17:00-18:30	*To be scheduled*			*To be scheduled*		
					Wednesday 29/07/2020 17:00-18:30	Wednesday 26/08/2020 17:00-18:30	Wednesday 23/09/2020 17:00-18:30						
	Stakeholder Forum	Wednesday 22/04/2020 14:00-16:00	Wednesday 20/05/2020 12:30-15:30	Wednesday 17/06/2020 14:00-16:00	Wednesday 22/07/2020 14:00 - 16:00	*FBC walkthrough session*	Wednesday 16/09/2020 14:30-16:30	Wednesday 21/10/2020 14:30 -16:30	Wednesday 18/11/2020 14:30-16:30	Wednesday 16/12/2020 14:30-16:30	Wednesday 20/01/2021 14:30-16:30	Wednesday 17/02/2021 14:30-16:30	Wednesday 17/03/2021 14:30-16:30

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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:	01 September 2020
KEY POINTS:	• There is currently one red-rated risk – **T-007** • There are no proposed changes for approval • The risk register is currently being reviewed in line with the development of the BAF • Risks have provisionally been separated out in preparation for the Integrated Governance Committee splitting into Quality & Safety Committee and Finance, Performance & Digital Committee • A risk register is currently under development for the Primary Care Integration Committee following its establishment in July
RECOMMENDATION:	For the Board to: • be assured by the processes in place to manage the corporate risk register
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision ☐ Approval ☐ Assurance ☒

Dudley Integrated Health and Care NHS Trust Risk Register

NHS Dudley Integrated Health and Care NHS Trust

				STEP 1 - IDENTIFY											STEP 2 - EVALUATE							STEP 3 - PLAN						
				Committees (integrated Governance joined until 1 Jul 2020)						Accountable Director (Risk Sponsor)	Risk Description		Inherent / Initial Risk Score				Current Score					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			Target Risk Rating			
Date Last Reviewed	Date of next review	Ref	Risk Category/type	COVID-19	Audit and risk	Renumeration	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)	Controls in Place i.e. arrangements that are already in place and are helping to control the risk – please provide evidence of the risk being controlled	Assurance (RAG) rating for the strength of controls	(L)likelihood Score	(I)impact Score	Risk Rating	Risk Movement from last assessment	Risk Response Tolerate / treat / transfer / terminate		Responsibility of	Action Deadline	(L)likelihood	(I)impact Score	Risk Rating (L x I)	Status
27/07/2020	08/09/2020	T-007	Strategic	●	✗	✗	✗	✗	✗	✓	Steph Cartwright	Risk to go live and completion of the business case due to the requirement to complete full service and financial models and lack of clarity on service redesign, including the services earmarked to transfer from DGFT and the workforce skills required to deliver the change in pathways.	This will impact on contract go live and thereby resulting in reputational damage mitigated by seeking to agree a delay to the published timeline with the CCG and Regulators and securing the resources from the CCG and/or external sources to undertake separation/transaction activities.	3	5	15	Clinical Advisory Groups in place to oversee clinical modelling, reporting to Clinical Strategy Group which is being refreshed. Clinical Service modelling is being carried out in the development of the Full Business Case. Weekly partners meeting in place to oversee the transaction. Constructive dialogue has commenced on the sub contract and due diligence required. Engagement with PCNs to develop workforce at PCN level is progressing very well with a joint workforce development plan being developed between the PCNs and community services.	Weak - Yellow	3	5	15	→	Treat	The Clinical Strategy Board is being reconvened in July and will meet on a fortnightly basis for the next three months. Financial modelling is currently being completed in preparation for sharing with all partners. Business case shared with partners and a walkthrough session held on 19/08/20. Feedback to be provided by partners by 31/08/20; to be reviewed and incorpoated into the next version of the FBC.	Steph Cartwright	08/09/2020	2	4	8	Open

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Report from Primary Care Integration Committee held on 19th August 2020
PURPOSE OF REPORT:	To update Board Members on discussions held at the Primary Care Integration Committee on 19th August 2020
AUTHOR OF REPORT:	Daniel King Head of Membership Development and Primary Care, Dudley CCG
DATE OF MEETING:	1st September 2020
KEY POINTS:	- The report summarises the key points and decisions of the Primary Care Integration Committee on the 19th August 2020 - The Board are asked to note that all key milestones for the Committee were achieved for the period up to 31st July 2020 most notably; - The Primary Care Integration Agreement was finalised and shared for completion with General Practice(s) - The acquisition Business Case for High Oak and Local Improvement Schemes have been produced and approved by the Transaction Committee – and mobilisation plans were in place on and on track to achieve both transfers for the 1st October 2020 - For its next meeting in September the Committee had requested - An update on the transition plans for the transfer of High Oak Alternative Provider Medical Services (APMS) to DIHC from the 1st October - An update on the arrangements agreed between DIHC and the Primary Care Networks (PCNs) on the process for appointing roles into the PCNs that are reimbursed to PCNs through the National Directed Enhanced Service (DES) and the process for producing an integrated workforce plan with PCNs by 31st March 2021 - A new standing item for Primary Care Network (PCNs) Clinical Directors to report and feedback into the Committee at each meeting - The Board are asked to note that the Committee approved the Interim Head of Interim Head of Quality and Governance attending the CCG Primary Care Operational Group (PCOG) with a view to developing joint reporting arrangements from that group into the CCG (via the Primary Care Commissioning Committee) and DIHC (via the Primary Care Integration Committee)

RECOMMENDATION:	To note the contents of this report.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None that are not already declared.
ACTION REQUIRED:	Decision ☐ Approval ☐ Assurance ☒

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: **Primary Care Integration Committee**

Date of meeting: 19th August 2020 (via Microsoft Teams)

Significant risks/issues for escalation	None identified

Key issues/matters discussed at the Committee	- The committee received and approved an updated work plan for 2020-21. - The committee received and noted for assurance a work stream update – all key milestones were achieved for July most notably, - The Primary Care Integration Agreement had been finalised and shared with practices for completion, before the Agreement itself is shared for electronic signature before the end of August. - As at the time of preparing this update 40/43 practices had completed and returned the schedules - The committee received, for assurance, the acquisition Business Case for High Oak and Local Improvement Schemes approved by the transaction committee. - The committee requested an update on the project plan and progress of the High Oak transfer at its next meeting in September. The committee were seeking assurance that DIHC would be in a position to take on the High Oak Alternative Provider Medical Services (APMS) contract with effect from the 1st October 2020 - The committee received an update on the Primary Care Network (PCN) Directed Enhanced Service (DES). - The committee noted that DIHC would be recruiting into those roles reimbursed to PCNs via the DES for 2020/21 and that DIHC and the PCNs would be developing an integrated workforce plan by 31st March 2021. - The committee received an update on primary care restoration planning for assurance – the PCNs are preparing restoration plans for submission to the CCG for approval by the end of August. - The committee requested an update on the Dudley Quality Outcomes for Health Framework (DQOFH) at its next meeting in September – the DQOFH forms part of the restoration plan and DIHC will assume responsibility on the 1st October for supporting General Practice(s) to deliver the DQOFH. - The committee will receive an update on the risk register and reporting at its next meeting in September – data sharing agreements (DSAs) will need to be put in place and General Practice(s) and the CCG in order for the committee to receive reporting of DQOFH variation at a practice and PCN level.

	- The committee agreed that Jim Young, Interim Head of Quality & Governance will represent DIHC at the CCG meeting of the Primary Operational Group (PCOG). The CCG will be amending the Terms of Reference for the PCOG to enable this change. - Jim Young, Interim Head of Quality and Governance will be working with Dan King, Head of Membership Development and Primary Care at the CCG to recommend the reporting arrangements from the PCOG into the committee(s) of the both DIHC and the CCG - The committee agreed that PCN reporting would be added to the agenda as a standing item. The committee Chair will be meeting with PCN Clinical Directors to discuss the way in which PCNs will report into the committee under this new standing item.
Decisions made by the Committee	- Approval of the PCIC work plan for 2020-21 - Approval of the Interim Head of Quality and Governance attending the CCG Primary Care Operational Group
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	None identified
Items/Issues for referral to other Committees	None identified

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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 August 2020.
AUTHOR OF REPORT:	Caroline Brunt – Interim Director of Nursing, AHPs and Quality
DATE OF MEETING:	1 September 2020
KEY POINTS:	- 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 approach being taken to further develop the Trust governance and assurance processes and aware of the capacity issues associated with the work to be undertaken. The Board Assurance Framework was identified as a key priority requiring progression. - Committee discussed and were assured by the work to develop DIHC safeguarding function with external specialist support. - Proposed System Quality Impact Assessment/Equality Impact Assessment discussed and approved for sharing with system clinical leaders for consultation process - Procurement of incident management system and stakeholder involvement was discussed and supported.
RECOMMENDATION:	That the report is received by the Board for assurance
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision ☐ Approval ☐ Assurance ☒

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COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: **Integrated Governance Committee – Quality & Safety**

Date of meeting: 18 August 2020 (via Microsoft Teams)

Significant risks/issues for escalation	*The Integrated Governance Committee were assured on the quality indicators and associated discussions and noted that there are no immediate emerging concerns that require escalation.*

Key issues/matters discussed at the Committee	• The quality indicator data was assuring with no identify areas of concern or emerging themes and no Serious Incidents or formal complaints reported in month. • Quality data remains a focus for discussion within the SLA to ensure an appropriate level of detail is shared with services and the executive team. • Principles associated with the external review of safeguarding practice was shared with the Committee for assurance. • DIHC governance and associated policy and procedural suite development was discussed and assurance received. Progression of the Board Assurance Framework (BAF) was considered to be a high priority. • Proposed System Quality Impact Assessment/Equality Impact Assessment discussed and approved in draft for sharing with Clinical leads, Medical Directors and Directors of Nursing for comment, consultation and approval through Clinical Strategy Board • Procurement of incident management system and stakeholder involvement was discussed and supported. • Infection Control and Prevention and Health & Safety issues including organisational winter preparation, flu vaccination planning and ongoing Covid 19 response were highlighted and assurance received.

Decisions made by the Committee	• Approval to progress with procurement of Incident Management System. • Prioritisation of progression of the BAF with Board members. • Approval of draft System Quality Impact Assessment/Equality Impact Assessment discussed and agreement to share clinical system leads

Implications for the Corporate Risk Register	BAF progression highlighted as a key priority – Interim Head of Quality and Governance & Board Secretary to progress with Board members

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 – 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 August 2020.
AUTHOR OF REPORT:	Matthew Gamage – Interim Director of Finance
DATE OF MEETING:	1st September 2020
KEY POINTS:	- 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:	That the report is received by the Board for assurance
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	
ACTION REQUIRED:	Decision ☐ Approval ☐ Assurance ☒

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: **Integrated Governance Committee – Finance, Performance and Digital**

Date of meeting: 18th August 2020 (via Microsoft Teams)

Significant risks/issues for escalation	None identified

Key issues/matters discussed at the Committee	- The committee received the finance and performance report related to the period April to July 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 July 2020 the Trust will receive £2.49m income to cover the £2.49m expenditure incurred - There are currently vacancies within the IAPT and Primary Care Mental Health Team, however the IAPT service are currently recruiting a number of trainees and high intensity workers - Better Payment Practice code was achieved in July for NHS payments but not achieved for non NHS payments - The IAPT access performance reduced to 74.68% in July following a significant improvement in June. 49.22% of people who completed treatment for IAPT entered recovery. This is just under the required target of 50% - IAPT waiting times achieved in June 2020 - The committee received a verbal update from the Digital Strategy Group which covered the following; - The safe landing group was attended by all partners and the project plan for the incremental transfers were reviewed - No significant issues were raised in the relation to the transfer of these services

Decisions made by the Committee	The Committee were assured by the finance and performance report and the digital safe landing update.

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

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DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Update from the People Committee
PURPOSE OF REPORT:	To update the Board on the key issues raised at the People Committee
AUTHOR OF REPORT:	Bev Edgar
DATE OF MEETING:	14th August 2020
KEY POINTS:	- This was the first DIHC People Committee. - As well as agreed membership guests invited to join the meeting included Mwamba Bennett currently employed with the CCG and supporting the Staff Health and Wellbeing Agenda, Mike Crump HR lead for the DIHC SLA with BCH and Joe Taylor currently employed by the CCG who leads on education support for Primary Care. - It was agreed after committee that future meetings would be split in 2 parts to include a members only section and a second section where invited guests can contribute to ensure confidentiality and avoid any conflict of interest - The draft Workplan for Committee was shared with the understanding there is more work needed to develop and agree dates of submission of future reports of each workstream to the Committee - Trust KPIs (Appended) were reviewed and included discussion on appraisals and staff sickness although reducing there could still be issues of stress/anxiety as a result of working from home. It was agreed to reinforce the MH Wellbeing offer with staff as well as consider wellbeing check ins alongside the Risk Assessments currently taking place. It was agreed the Flexible Working and Working from Home Policies would be reviewed/updated and that the Trust would engage in Mental Health First Aid training for any staff interested in volunteering for that role. - The WRES and DES objectives 2020/24 were agreed for publication on the IHC website with some further work in terms of timelines and agreed action plan identifying tangible outcomes. This plan can be developed on an ongoing basis as the Trust grows and resources are identified to help address inequalities. - The Committee was given an update on the commissioning of a Workforce Strategy from the Strategy Unit. This will support the FBC and the Committee will have the opportunity to give feedback on the

	draft document at the September meeting. The committee agreed to prioritise time within the meeting on the 11th September dedicated to considering this Strategy and taking feedback from members would be valuable. • Feedback from the IHC 100-day staff survey was shared with the Committee. Further details on building on this survey feedback will be shared in due course. • There is an agreed plan to develop an online induction pack. • The Committee received an updated list of staff transfer dates as shared with the Transaction Committee and included an update of staff recruitment in Primary Care using the STP Role Reimbursement Scheme • The decision to move to a single payroll provider – RWT was agreed and also the proposed alignment of ESR for all staff transferred in October. • The STP People Board priorities were shared with the Committee indicating where the DIHC attends sub- group meetings. It was requested the DIHC attends the Health and Wellbeing group where possible. • Committee requested an update on the Flu vaccination for staff in October. • Risk C064 – Members were assured on this Board Risk
RECOMMENDATION:	The Board to accept the update from the Committee and to support the publication of the WRES and DES objectives and the transfer of payroll services to a single provider. To formally confirm the Freedom to Speak Up Guardian and Health and Wellbeing and Equality and Diversity Leads for the Board in line with NHS requirements.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	
ACTION REQUIRED:	Decision ☐
	Approval ☐
	Assurance ☒

Workforce KPIs

July 2020

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

Dashboard

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	63.41	63.41					
Staff in Post FTE (Contracted)					60.06	60.15	61.15	61.45					
WTE Variance					3.35	3.26	2.26	1.96					
Vacancy %	10.0%				5.28%	5.14%	3.56%	3.09%					
Headcount					68	67	68	68					
Starters					1.27	0.00	1.00	0.00					
Leavers					1.62	0.00	0.00	0.00					
Turnover % (12 Months)	10-13%				11.48%	9.82%	9.66%	10.20%					
Turnover % (in Month)	0.8-1.1%				2.97%	0.00%	0.00%	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%	1.65%	1.63%					
Sickness % (12 Months)	4.68%				5.40%	4.93%	4.32%	4.01%					
Long Term Sickness % (12 Months)					74.82%	76.68%	77.31%	76.81%					
Maternity % (Month)					4.85%	4.87%	4.94%	2.60%					

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%	89.47%	78.18%					
Training Compliance %	90%				85.75%	85.83%	85.03%	91.21%					
Training DNA Rate %					-	-	-	-					
Supervision received (HC)					-	-	-	-					

Dashboard

Training Compliance by Competencies

Competence	Compliant	Expiring Soon	Total Required	Total Non compliant	Total Compliance %
NHS|CSTF|Dementia awareness - No Specified Renewal|	42	0	46	4	91.30%
NHS|CSTF|Equality, Diversity and Human Rights - 3 Years|	56	0	57	1	98.25%
NHS|CSTF|Fire Safety - 1 Year|	51	0	57	6	89.47%
NHS|CSTF|Health, Safety and Welfare - 3 Years|	55	0	57	2	96.49%
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|	40	0	47	7	85.11%
NHS|CSTF|Information Governance and Data Security - 1 Year|	51	0	57	6	89.47%
NHS|CSTF|Moving and Handling - Level 1 - 3 Years|	55	0	57	2	96.49%
NHS|CSTF|NHS Conflict Resolution (England) - 3 Years|	38	0	39	1	97.44%
NHS|CSTF|Preventing Radicalisation - Prevent Awareness - 3 Years|	40	0	45	5	88.89%
NHS|CSTF|Resuscitation - Level 2 - Adult Basic Life Support - 1 Year|	23	0	25	2	92.00%
NHS|CSTF|Safeguarding Adults (Version 2) - Level 1 - 3 Years|	25	0	28	3	89.29%
NHS|CSTF|Safeguarding Adults (Version 2) - Level 2 - 3 Years|	45	0	48	3	93.75%
NHS|MAND|Clinical Risk Assessment - 3 Years|	36	0	42	6	85.71%
NHS|MAND|Domestic Violence and Abuse - 3 years|	31	0	31	0	100.00%
NHS|MAND|Medicines Management Awareness - 3 Years|	8	0	16	8	50.00%
NHS|MAND|Mental Capacity Act - 3 Years|	30	0	36	6	83.33%
NHS|MAND|Mental Health Act - 3 Years|	29	0	33	4	87.88%
NHS|MAND|Safeguarding Adults Level 3 - 1 Year|	21	0	23	2	91.30%
NHS|MAND|Safeguarding Children Level 1 - 3 Years|	34	0	37	3	91.89%
NHS|MAND|Safeguarding Children Level 2 - 3 Years|	47	0	48	1	97.92%
NHS|MAND|Safeguarding Children Level 3 - 1 Year|	21	0	23	2	91.30%

Covid 19 Risk Assessments

Summary of Returns to the HR Covid inbox

Division	Total Returns	Individual Risks			Workplace Risk			Total Risk Level			% of Returns at Medium or Higher Total Risk
		High	Medium	Low	High	Medium	Low	High	Medium	Low	
Dudley IHC	45		1	44		22	23		1	44	2.22%
Grand Total	**45**	**0**	**1**	**44**	**0**	**22**	**23**	**0**	**1**	**44**	**2.22%**

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	8		1	7		4	4		1	7
Grand Total	**8**	**0**	**1**	**7**	**0**	**4**	**4**	**0**	**1**	**7**

Staff Home Working

Division	All Returns				BAME			
	Yes	No	N/A	Grand Total	Yes	No	N/A	Grand Total
Dudley IHC	44		1	45	8			8
Grand Total	**44**	**0**	**1**	**45**	**8**	**0**	**0**	**8**

Covid 19 Risk Assessments

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		5	3	8
Grand Total	**0**	**16**	**29**	**45**	**0**	**5**	**3**	**8**

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		5	3	8
Grand Total	**0**	**16**	**29**	**45**	**0**	**5**	**3**	**8**

NHS
Dudley Integrated
Health and Care
NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Report from Transaction Committee held on 11th August 2020
PURPOSE OF REPORT:	To update Board Members on discussions held at Transaction Committee on 11th August 2020
AUTHOR OF REPORT:	Stephanie Cartwright Director of Operations, Strategy and Partnerships
DATE OF MEETING:	1st September 2020
KEY POINTS:	• 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 the approval of the DIHC Estates Strategy • 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 with anticipation of award of contract on 1st April 2021. A timeline and milestone plan has been agreed up to the submission date of the full business case. • The financial due diligence report was received and reviewed. • Plans for staff transfers to DIHC were discussed and agreed. The committee will receive regular updates on all staff transfers.
RECOMMENDATION:	To note the contents of this report.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None that are not already declared.
ACTION REQUIRED:	Decision ☐ Approval ☐ Assurance ☒

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Transaction Committee

Date of meeting: 11th August 2020 (via Microsoft Teams)

Significant risks/issues for escalation	None identified

Key issues/matters discussed at the Committee	• A report was submitted to the committee on the process with regard to staff transfers that will be taking place until 1st April 2020. These included the transfer of staff from the CCG and staff from High Oak Surgery that is due to take place on 1st October 2020, the transfer of staff from Shropshire Community Healthcare NHS Trust and Black Country Healthcare NHS Foundation Trust that is due to take place between December 2020 and February 2021, and the transfer of staff from Dudley Group NHS Foundation Trust that is due to take place on 1st April 2021. The committee discussed the need to ensure all staff transfers are planned accordingly, and that all staff are welcomed in a consistent and appropriate manner which will include communication with all teams before the transfer dates. The committee agreed a standard welcome and introduction pack needed to be produced for all employees, with formal induction on the transfer date and a welcome video from the Chair, Chief Executive and members of the Board. Transaction Committee will receive a regular update on each transfer. • The committee received and approved the DIHC Estates Strategy which outlines the plans and opportunities for estates development following the award of the ICP contract to DIHC on 1st October 2020. The committee noted the continued work to do on establishment of community hubs, and the opportunities for development of community services through the new builds in the centre of Dudley and Kingswinford, in addition to opportunities from using existing estate such as Brierley Hill Health and Social Care Centre and St James Medical Practice. The Estates Strategy will be submitted to NHSI with the full business case for the ICP contract. • The committee received the Financial Due Diligence report regarding the transfer of services. This due diligence report has been supported in its production by Deloitte who have been working alongside the DIHC and partner teams. The report details any issues that have been identified through the due diligence work and describes plans to resolve and the committee requested that all aspects of the findings are covered within the full business case. • The committee discussed the draft Post Transaction Integration Plan (PTIP) that has been produced and

noted that the plan incorporates all of the transfers of services and not only the ones associated with the award of the ICP contract on 1st April 2021. It was noted that the PTIP will consider all aspects of integrated services and staff from a number of transferring organisations and will be supported by a number of accompanying project plans. The PTIP will cover the 12 months from 1st October 2020 through to 1st October 2021.

- The committee were informed that a Change Management Strategy will accompany the PTIP when it is submitted to NHSI as part of the full business case submission, and it was noted that the PTIP would describe what and when actions would occur, and the Change Management Strategy would explain how changes would be managed and undertaken with full consideration given to staff affected.

- The committee received an update on the production of the full business case for the award of the ICP contract. The committee noted the progress within the system discussions that are being led by the Chair of the Black Country and West Birmingham STP around areas of concerns raised with regards to the award of the ICP contract to DIHC. These discussions will continue whilst issues are being resolved and DIHC are taking forward any required actions to resolve concerns. Work is progressing well on content development of the full business case, and the draft "work in progress" full business case was shared with partners and stakeholders on 31st July 2020. A detailed draft FBC walk through and feedback session is planned with Stakeholder Forum and wider partners on 19th August 2020 with final comments being requested by 26th August 2020. Members of committee were asked to provide initial feedback on the draft business case, and feedback included confirmation that with regards to sub-contracting arrangements financial incentives would be based on achievement of improved outcomes for patients, that the symbiosis of the PCNs and DIHC was apparent, that within the case the seven pillars of the clinical model were described, with more detail provided in the clinical model appendix and that the clinically led redesign process for patient pathways be explained in more detail. The final full business case will be submitted subject to DIHC Board Approval to NHSI on 30th September 2020 and formally submitted with DIHC Board approval on 7th October 2020 following the DIHC Board meeting. The business case will include reference to the early transfers of CCG staff and services, High Oak Practice APMS contract and the Dudley GP Local Improvement Schemes that are anticipated to take place on 1st October 2020. All outstanding areas relating to the procurement (following bid evaluation) have either been addressed with the CCG or will be addressed in the full business case. The committee received an update on the Transaction

	and System risk registers and agreed recommended changes to risk scores accordingly. The committee noted the ongoing work that is being led by the Good Governance Institute to ensure all system risks and their impact on partners is captured.
Decisions made by the Committee	• Approval of the DIHC Estates Strategy. • Approval of the Financial Due Diligence Report.
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