

DUDLEY INTEGRATED HEALTH AND CARE BOARD

TUESDAY 6 OCTOBER 2020
VIRTUAL MEETING VIA MICROSOFT TEAMS
09.30 – 11.00

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.	Minutes from the previous meeting held on 1 September 2020 for approval	Enclosure 1	Mr H Turner	09:35
5.	Action Register and Matters Arising	Enclosure 2	Mr H Turner	09:37
6.	Agenda for Part Two	Enclosure 3	Mr H Turner	09:40
7.	Chief Executive's Report	Enclosure 4	Mr P Assinder	09:42
8.	Chair's Update	Verbal	Mr H Turner	09:50
9.	Ratification of Urgent Decisions	Enclosure 5	Mr H Turner	09:55
10.	Corporate Governance and Compliance			10:00
10.1	Audit & Risk Committee Update	Enclosure 6	Mr D Gilbert	
10.2	Corporate Risk Register	Enclosure 7	Mr J Young	
11.	Partnerships and Integration			10:05
11.1	Report from Primary Care Integration Committee	Enclosure 8	Dr G Solomon	
12.	Quality & Safety			10:10
12.1	Quality & Safety Committee Report	Enclosure 9	Ms V Little	
13.	Finance, Performance and Digital			10:20
13.1	Finance, Performance and Digital Committee Report	Enclosure 10	Mr I Buckley	
14.	Workforce & OD			10:25
14.1	Report from People Committee	Enclosure 11	Mr M Evans	
15.	Transaction and ICP Development			10:35
15.1	Report from Transaction Committee	Enclosure 12	Mrs S Cartwright	
16.	Any Other Business	Verbal	Mr H Turner	10:45
17.	Questions from the public	Verbal	Mr H Turner	10:50
18.	Board reflections	Verbal	Mr H Turner	10:55

Item No	Agenda Item	Enclosure	Presented by	Time
19.	Date of next meeting: 3 November 2020, 09.30 – 12.00 Venue TBC			

DUDLEY INTEGRATED HEALTH AND CARE BOARD

MINUTES OF THE PUBLIC MEETING HELD ON 1 SEPTEMBER 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 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 Gilbert (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
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 H Codd (HC)	Engagement Manager, Dudley CCG
Mrs J Boothroyd (JB)	Programme Director, Dudley IHC
Ms L Gibbs-Grady (LG)	Community MSK, Therapy Lead, The Dudley Group NHS Foundation Trust (item 4 only)
Mr R Dalziel (RD)	Participatory Research Officer, Healthwatch Dudley (from item 13)

Minute Taker:

Miss K Weston (KW)	Interim Executive Assistant, Dudley IHC
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092/20. CHAIRMAN'S WELCOME

The Chair welcomed the Board to the meeting.

093/20. APOLOGIES

Apologies recorded from Mrs B Edgar and Ms V Little.

094/20. DECLARATIONS OF INTEREST

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

095/20. STAKEHOLDER STORY

CB introduced LG who is the therapy lead for the community musculoskeletal service operated by The Dudley Group NHS Foundation Trust (DGFT). LG has been invited to talk to the Board about the service and the experience feedback from the client group that the team serve.

LG briefly outlined the process for patients when seeing a First Contact Practitioner and highlighted that musculoskeletal concerns make up 20% of the GP caseload which is big area the service can help with. The aims of the service were outlined and LG provided the Board with an outline of the achievements so far.

LG briefly discussed the challenges the service currently face regarding patients generally feeling like they need to see the GP first whereas it is more beneficial for them to see an FCP.

It was noted that as the team are part of national work regarding FCPs, the team also report through to Dudley CCG and NHSE/I.

PA provided a note of thank you to the succinct and informative presentation. PA mentioned that to get the best value from the service primary care receptionists need to be upskilled as they are the initial interface with the service user, and queried how this has been done.

LG responded that when the service is placed within a GP practice there is a receptionist pack which provides information of the service and a member of the team will spend time with the receptionist to talk about FCP.

RT commented that the FCP service does change GPs lives with its full roll out and has been working extremely well in RT's practice for many months.

DG declared a conflict of interest as a Non-Executive Director at the Orthopaedic Hospital in Oswestry. DG made the Board aware that with the change in demographics that is forecast for the country moving forward, the orthopaedic service cannot cope with the projected workload as the population grows older. DG stated that the FCP service is vitally important for both patients and secondary care.

HT provided a note of thank you on behalf of the Board to LG for the informative presentation and helpful service that FCP are providing.

096/20. MINUTES FROM PREVIOUS MEETING HELD ON 4 AUGUST 2020

The minutes of the previous meeting were agreed as an accurate record of the meeting.

097/20. ACTION REGISTER AND MATTERS ARISING

Ref 058/20 & 058/20a

Both actions due for October.

098/20. AGENDA FOR PART TWO

The Board noted the agenda for part two.

099/20. CHIEF EXECUTIVE REPORT

PA reported that the Trust received the phase three letter from Sir Simon Stevens on 31 July, and the main emphasis of the letter is around standing up services that either stopped or have been reduced as a result of the initial COVID19 response.

It was noted the NHS formally move from a level four to level three in regards to emergency incident management, with the standing down of the national organisation of the COVID19 response.

On 7 August the Trust received further detailed guidance to supplement the phase three letter, and PA highlighted the relevant outputs for the Trust within his report. PA stated that there are eight urgent actions for all NHS organisations to consider which will be picked up in detail at the People Committee.

It is suggested that the Trust has a named Board member for inequalities and the recommendation is that this will be the Associate Director of People.

The Board formally approved to appoint the Associate Director of People as the interim Inequalities Lead.

ME raised that there is a recommendation that the Board identify a Wellbeing Equality and Diversity lead. ME queried if the Trust have one lead for all elements or whether the role is split. It was agreed for this discussion to be picked up in the People Committee.

The Board have been asked to undertake reviews of progress against the initiatives and it is expected that the Board will receive an interim report in December 2020 and a full report in March 2021.

PA noted that in regards to mental health services, there are discussions around additional national resources being made available to expand Improving Access to Psychological Therapies (IAPT).

It was noted the Trust is regulated at local level by the Midlands Regional Office and in response to the COVID19 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 COVID19 response.

DG stated that the phase three letter has challenging targets, and queried as an integrated provider if the Trust has similar targets for primary care.

PA responded that the phase three letter is primarily secondary care and Acute Trust focused and that the Trust recognises the additional pressures in primary care when standing up services. As Dudley Integrated Health and Care NHS Trust (DIHC) develops, there is an opportunity for the Trust to lead on primary care restoration.

The Trust has also received the NHS People Plan and there will be detailed work around this at the People Committee. It was noted that there is an additional £10 million to fund clinical placements and other allied health professionals with a big recruitment drive promised for nursing professionals. There is a referencing to resilience hubs being established in every NHS organisation to support colleague's mental health and general resilience going forward, along with references to flexible working patterns, an international marketing campaign for the NHS to recruit overseas and new information around staff surveys to monitor morale and resilience of staff going forward.

It was noted that the Trust will have a workforce strategy in place by the end of the month and this strategy will reflect elements of the People Plan.

CW commented that the real challenge for primary care during the restoration phase is to hold onto the benefits around improving access that has been gained through the COVID19 response.

DG queried if there is a way to capture and monitor the delivery of the benefits going forward.

CW responded this is being acted upon, discussions are being held regionally and evidence is also being captured at a national level. Healthwatch have also been doing some work around the transformation in relation to virtual ways of working and gathering evidence of how well it has been adopted by the local community.

It was noted that the Trust has welcomed an interim Clinical Operational Manager and interim Project Manager to help support the Executive Team leading up to the submission of the business case at the end of September.

The Board formally noted the Chief Executive's report.

Action: ME to clarify if there will be one lead for Wellbeing, Equality and Diversity or if the role will be split.

100/20. CHAIRS UPDATE

HT stated that PA's report talks about the STaR programme that has been set up in the region, and one

of the work streams is around how the NHS Midlands is managed. David Nicholson chairs this work stream, and has reached out to HT to have a meeting to talk about this element. There are regular fortnightly meetings for chairs and CEOs and HT will keep the board updated on how this is progressing.

PA and HT continue to engage with the Sustainability and Transformation Partnership (STP). It was highlighted that as the Trust moves into the final phase of preparing the business case, the STP has been given a mandate to support a successful submission. There are four current work streams which are; clinical pathways, system risk register, due diligence and business case feedback. It has been agreed that Professor Sir Mike Richards will be working with clinicians on an organisational development piece of work.

101/20. COVID19 AND POST COVID SERVICES

It was agreed that from October this update will be incorporated into the quality and safety report.

CB reported that on average 50 patients a week are being seen at the Pensnett Assessment Centre. Operational calls are indicating that staffing levels are sufficient to meet the clinical needs within the community, and the team have started to work on contingency planning to step up the capacity on a daily adhoc basis or a sustained basis if necessary.

The feedback from the centre is positive and the Trust are currently awaiting for extracted information from specific feedback collated through the STP.

RT queried if the Trust are following an STP arrangement or a Dudley arrangement for the continuation of the COVID assessment centre.

CB responded that Dudley CCG have committed to funding the centre until March 2021. It is not expected that patients should travel outside the borough for an assessment.

The Board noted the update regarding COVID19 and post COVID services.

102/20. CORPORATE GOVERNANCE AND COMPLIANCE

Establishment of Finance, Performance & Digital and Quality & Safety Committees

JY stated that this paper is to formalise conversations regarding splitting out the final elements of the Integrated Governance Committee as this is a time limited committee. It is requested that the Board formally approve from September that the committee is split into its final constituent parts which will be a Finance, Digital and Performance Committee and a Quality and Safety committee.

The set of draft Terms of Reference (ToR) have been reviewed by the Chairs and it is recommended that the Board formally approve the documents with a caveat that at the first meeting minor changes may be made.

DG commented that the quorum could be read that there needs to be the Chair of the committee and two Non-Executive Directors which would mean all three Non-Executive Directors must be present at the meeting for it to be quorate. It was agreed to amend the quorum to be two Non-Executive Directors and two Executive Directors.

IB commented that under the 'purpose' heading in the Finance, Performance and Digital ToR there is no reference to performance, and for completeness asked for this to be added.

The Board formally approved the establishment of the Finance, Performance and Digital Committee and the Quality and Safety Committee.

The Board formally approved the ToR for the Finance, Performance and Digital Committee and Quality and Safety Committee, and give authority to the committee to make any non-substantive

changes if necessary.

Corporate Calendar

JY stated that the draft corporate calendar was presented to the first Board meeting in April, and this is an update on the high level details reflecting the committee changes. It was noted as new committees are established and the team work on subgroup arrangements, a more detailed schedule will be able to be provided.

JY commented that an individual schedule of reporting for each committee is also being developed.

SC commented it would be helpful to add the regular engagement activities to the calendar and as the Trust develops it would be helpful to have a monthly Exec to Exec with the two main subcontractors.

HT commented that the Transaction Committee is a time limited committee which will evolve into a Transformation Committee, and following discussions it was agreed to keep the Stakeholder Forum in place until March 2021 for purposes of mobilisation.

HT stated that as sub-committee mature, the Chairs and Executive lead will need to think about establishing work plans for quarter four and into next year so there is detail of what reporting is going to the committees each month.

The Board noted the Corporate Calendar.

Corporate Risk Register

In part two the Board will be talking in more detail around the development of the Board Assurance Framework (BAF) as there is a synergy between the risk register and the BAF ensuring they are both aligned.

There is a workshop being held to draft the risk register around the Primary Care Integration Committee which will be incorporated to the corporate risk register.

JY reported that there is currently one red rated risk and no proposed changes to the register. SC commented that it is appropriate that the current red risk remains the same, and the Trust are working very hard to reduce the scoring.

HT questioned if JY is satisfied that the system risk register is developing well. JY responded that all partners in the system are identifying their system risks and the process is being led successfully by the CCG.

SC commented that the Trust has agreed with CCG and Providers that the weekly partners meeting is focussing on the system risks.

The Board noted the update provided regarding the Corporate Risk Register.

103/20. PARTNERSHIPS AND INTEGRATION

Primary Care Integration Committee

The second meeting was held in August and the committee received the updated work plan for 20/21. The committee noted that the key milestones for July had been achieved as the Primary Care Integration Agreement had been finalised and circulated to GP Practices. GS reported that at the time this report was prepared, 40 out of the 43 practices had returned the completed schedules to go into the Integration Agreement.

It was noted that the document will be going out this week for electronic signatures from practices.

The committee received the acquisition business case for High Oak, and the committee will continue to receive updates on the project plan moving forwards.

GS commented that there was an update from the Primary Care Network (PCN) Direct Enhanced Service (DES), and GS and IB are meeting with PCN Clinical Directors tomorrow to discuss bringing PCN updates onto the agenda in a more formal way at the committee moving forwards.

The committee discussed the Dudley Quality Outcomes Framework (QOF) and are arranging to have an update at the next meeting.

GS highlighted that Dudley CCG has Primary Care Operational groups set up and there is a place for a representative from Dudley Integrated Health and Care (DIHC). The committee agreed that the representative should be JY and are currently working on appropriate joint reporting into both the CCG and the Trust.

GS stated that there are no items for escalation to Board or to refer to other committees.

DG commented on the progress in relation to the Integration Agreement stating it is a fantastic achievement. DG queried if there has been any progress on the three practices who have not completed the schedule to go into the Integration Agreement. SC commented that one of the three practices is within DIHC so it does not need to be partially integrated. The other two practices have had consistent messaging throughout the process that they are not looking to integrate.

It was noted that HT will be attending the September committee to discuss the recruitment of the substantive Associate Non-Executive Directors.

The Board noted the Primary Care Integration Committee report.

104/20. QUALITY AND SAFETY

Report from Integrated Governance Committee

CB reported that there are no quality concerns from the data received around contract management. The committee discussed the external reviews for safeguarding, the development work in respect of governance, policies and procedures, and prioritisation of the BAF.

The committee held an important discussion in relation to the Quality Impact Assessment (QIA) and the Equality Impact Assessment (EQIA) which was proposed as draft as a mechanism to engage with partners, particularly around clinical pathways through the Clinical Strategy Board and in respect of work to complete the business case.

It was noted that the Committee discussed the procurement of an incident, complaints and risk management system and agreed a preferred supplier.

A broad discussion was held at the committee around winter preparations and the committee are assured by steps being taken from the system and there is a particular intention for the Trust to meet the needs of the population for the High Oak Practice.

HT commented that the IAPT target was achieved in June and queried if there is any indication that the target was achieved in July. MG confirmed that IAPT achieved the waiting times in both June and July however clarified that the access target in June was not achieved, the figures fell just short of the monthly target. It was noted generally across the country IAPT referrals are low and this is a focus of redesign work for mental health services.

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

Committee.

105/20. FINANCE, PERFORMANCE AND DIGITAL

Report from Integrated Governance Committee

MG reported that the Trust are reporting a break even position and are still operating on a temporary financial regime.

MG made the Board aware that the STP are currently pulling together a financial plan for month seven to twelve, and the Trust has inputted into these plans. There will be further conversations around this and MG will update at next the board.

At the committee there was a request to include more forecast information so that there is a forecast year end position. The committee recognised this is difficult to date as there has not been clarity on the funding arrangement but it was agreed that this can be provided from next month as the picture becomes clearer.

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

106/20. WORKFORCE AND OD

Report from People Committee

The first People Committee was held in August and following useful feedback it was agreed that future meetings would be split in two parts to include a member's only section and a second section where invited guests can contribute to ensure confidentiality and avoid any conflict of interest.

The draft work plan for the committee was shared with the understanding that there is more detail to be added.

ME reported that the Key Performance Indicators (KPIs) were discussed at the meeting which have been included in today's meeting papers. Specific discussions were held at the committee around the appraisal rates and staff sickness, and it was agreed for the committee to review the Flexible Working and Working from Home policies. It was also agreed to reinforce the mental health wellbeing support that is available for all members of staff.

The committee discussed and agreed the initial Workforce Race Equality Scheme (WRES) and Disability Equality Scheme (DES) objectives and ME made the Board aware that the committee agreed that both documents are fit for publication with an acknowledgment that they are currently very broad and work will continue to develop moving forward. The Board were in support of this.

Assurance was provided to the People Committee by the Associate Director of People that an induction pack is being developed for staff that are transferring to the Trust in October. A debate was also held from People Committee perspective around the move to a single pay roll provider, and the committee were assured that this is appropriate for the Trust. The Board were also in support of this.

DG commented that there is an opportunity for the Trust to maintain the position to have one payroll provider going forward but can be open to discussion with partners as to which the is the most cost effective provider and undertake informal market testing.

PA noted that there are parallel discussion on a STP wide basis on payroll and back office provision and the Trust are keen participants in these discussions.

The work around flu vaccinations will be reported back to the People Committee in the next couple of months to ensure maximisation of the availability and access to vaccinations.

It was noted that there is requirement for the Trust to identify a Freedom to Speak Up Guardian. HT commented that the Board need to be clear on this role before confirming the appointment. SC commented that the Trust are more than doubling workforce in October and currently the Freedom to Speak Up Lead for the Trust is a colleague that works for Black Country Health NHS Foundation Trust (BCH). SC stated that the Trust should look to bring this in house from October.

PA highlighted that the Trust are 50% compliant for medicines management awareness which needs to be increased particularly if it is online training. SC confirmed that this is a figure that the committee has asked to be clarified and are waiting for feedback. HT requested ME to confirm at the next meeting.

It was noted that given the current situation, if the Corporate Team are planned to continue to work from home for the next six months then the Board need to agree working practices and principles.

HT mentioned that there are sanctions for organisations that have not received a high level return of COVID19 risk assessments and queried how many outstanding assessments there are for the Trust. It was confirmed that as of last week there are only two people that had not submitted their COVID19 risk assessment and SC agreed to chase this outside of the meeting. HT asked ME to clarify the final number at next meeting.

The Board noted the People Committee update. The Board supported the publication of the WRES and DES objectives and the transfer of the payroll services to a single provider.

Action: The role of the Freedom to Speak Up Guardian to be confirmed.

Action: ME to confirm the mandatory training compliance for Medicines Management.

Action: Return rates for COVID19 risk assessments to be clarified.

107/20. TRANSACTION AND ICP DEVELOPMENT

Report from Transaction Committee

SC reported that the Trust have submitted the business case on 31 July for the transaction of High Oak Surgery and CCG staff and services. Following this the decision has been made to not submit a case for the transfer of Children's Service earlier than 1 April 2021.

It was noted that SC, HC and the HR team are working on welcome packs for staff and have finalised the structure for 1 October.

The committee approved the Estates Strategy with recognition that more work is to be done as the organisation develops, particularly around the new builds coming into the borough and the location of some community services.

The committee received and approved the financial due diligence reports completed by Deloitte and any issues are being resolved through the committee and working groups that MG is leading on.

The draft Post Transaction Integration Plan (PTIP) was discussed at the committee, it was highlighted that this is an important document that brings together all of the transactions and is a plan that focuses from 1 April 2020 through to the transaction that take place on 1 April 2021 and beyond. The final version of this document will be ready for submission at the end of September.

It was noted that the Change Management Strategy will underpin the PTIP, this is a requirement by NHSE/I so that they can see the ability of the organisation to undertake the changes in relation to the transactions.

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 system meetings are continuing through to submission of the full business case.

HT stated that at a system meeting the point was raised that BCH had a number of new NEDs that are not up to date with developments regarding the ICP. There has been a request from BCH to hold a meeting for DIHC representatives to provide an update. The Board are currently holding the morning of the 14 September in diaries, and it was agreed for PA to confirm if this session is still required. It was noted that if this session goes ahead there will be an open invitation to anyone that wishes to join.

The Board noted the Transaction Committee report.

108/20. ANY OTHER BUSINESS

HT reminded the Board that this Thursday is the BCH Annual General Meeting which they will be reporting on Dudley and Walsall Mental Health Trust from last year. DIHC have a slot to talk about the repurposing of the Trust.

PA and HT have been discussing moving back to normality at a simple level and due to the current circumstances, have not had opportunity to say thank you to a whole range of staff. It was agreed to hold an informal meet the team session with full precautions in place after the business case is submitted if lockdown restrictions are not changed.

HT asked RB to take back a note of thank you on behalf of the Board to Jayne Emery at Healthwatch for the helpful and encouraging feedback on the business case.

109/20. QUESTIONS FROM THE PUBLIC

HT invited RD to ask any questions or provide any comments.

RD provided the Board with an update regarding work being undertaken by Healthwatch, in particular the information that has been collated during the pandemic period. Events have been held in conjunction with both Dudley CCG and Dudley Council to understand people's experiences of health and social care.

HT commented that the Trust are keen to build a strong relationship with Healthwatch.

110/20. BOARD REFLECTIONS

Item to be picked up in part two.

111/20. DATE OF NEXT MEETING

6 October, 09.30 – 11.00

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	Audit and Risk Committee being rescheduled, action deferred to November meeting
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	Audit and Risk Committee being rescheduled, action deferred to November meeting
099/20	01/09/2020	ME to clarify if there will be one lead for Wellbeing, Equality and Diversity or if the role will be split.	ME	Oct-20	
106/20	01/09/2020	The role of the Freedom to Speak Up Guardian to be confirmed.	ME	Oct-20	
106/20a	01/09/2020	ME to confirm the mandatory training compliance for Medicines Management.	ME	Oct-20	
106/20b	01/09/2020	Return rates for COVID19 risk assessments to be clarified.	ME	Oct-20	

DUDLEY INTEGRATED HEALTH AND CARE BOARD

TUESDAY 6 OCTOBER 2020
VIRTUAL MEETING VIA MICROSOFT TEAMS
11:15 – 15:00

PRIVATE AGENDA

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1.	Chairman's Welcome	Verbal	Mr H Turner	11:15
2.	Apologies	Verbal	Mr H Turner	
3.	Declarations of Interest	Verbal	Mr H Turner	
4.	Minutes from previous meeting held on 1 September 2020	Enclosure 1	Mr H Turner	
5.	Minutes from the Extraordinary Board meeting held on 28 September 2020	Enclosure 2	Mr H Turner	
6.	Action Register and Matters Arising	Enclosure 3	Mr H Turner	
7.	Reflections from Part One	Verbal	Mr H Turner	
8.	Kingswinford Development Hub Business Case	Enclosure 4	Mr P Cowley	11:30
9.	Service Level Agreements <ul style="list-style-type: none"> - CCG - Black Country Healthcare NHS Foundation Trust 	Enclosure 5 Enclosure 6	Mr M Gamage	11:50
BREAK – 12.30				
10.	Business Case Approval & Supporting Documents	Enclosure 7	Mrs S Cartwright	13:00
11.	Any Other Business	Verbal	Mr H Turner	14:50
12.	Date of next meeting: 3 November 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:	6 October 2020
KEY POINTS:	<ol style="list-style-type: none"> 1. Full Business Case Update 2. 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:	None
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

Report of the Chief Executive to the Board of Directors

6th October 2020

Welcome to services Transferred from Dudley CCG on 1st October

On Thursday 1st October, the Trust was delighted to welcome a number of new colleagues joining DIHC from Dudley CCG. This transfer represents a significant milestone in our development as a major service provider and is wholly consistent with our plans to establish truly integrated care across the Borough.

The approvals and transfer process has been reported separately to the Board and follows a due diligence exercise and formal approval from NHSEI of the associated 'material transaction'. The transfer is also a key enabler towards the reorganisation of CCG commissioning arrangements in the Black Country and West Birmingham.

A detailed 'on-boarding' and induction process has been organised for transferring colleagues and a warm welcome to them was extended by Board members on 1st October.

1. High Oak Surgery Contract

As part of the same due diligence and Regulator approvals process, the Trust has been awarded the contract to provide APMS services at the High Oak Surgery. Again, this represents a hugely important milestone for the Trust and affords us the opportunity to test the theory of primary care integration in practice, prior to the awarding of the formal Integrated Care Provider contract (subject to regulatory approval) in April.

Currently, the High Oak Surgery building is being occupied by our Respiratory Assessment Centre for Covid but excellent alternative facilities have been provided at Brierly Hill Health & Social Care Centre, which are proving popular with service users. Additional outreach services are planned for Pensnett residents, who prefer not to travel or have difficulty travelling to Brierley Hill.

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

The Trust has now completed the Full Business Case for the award of the Dudley Integrated Care Contract on 1st April 2021. This will be considered by the Board later today, together with the associated Long-Term Financial Model details.

I wanted to pay a public tribute to my Executive Director and Senior Management Team colleagues who have worked tirelessly and without complaint (despite long hours and occasionally challenging circumstances) to complete this Case, on time and in such good shape.

We have garnered wide system support in the process and the Trust remains on course for the award of the Country's first ICP contract in April 2021, subject to Board and Regulatory approval.

3. Primary Care Integration Agreements

Following the approval of the Board to the draft integration agreement with local GP practices, the Trust has received overwhelming support for the agreement from local GP practices and Primary Care Networks. At the time of writing it is expected that some 41 of the local 43 Dudley practices have signed or committed to sign the agreement.

This agreement is a cornerstone of our clinical model of provision and cements the essential bond between DIHC and primary care in Dudley.

4. Covid 19 response

The Board will note from coverage in the national media that England is experiencing a wave of new confirmed Covid 19 infections over the past 6 weeks. Whilst these infection spikes are impacting different areas and regions of the Country differentially, it is of concern that locally Sandwell, Wolverhampton and Birmingham have been designated as areas of concern and necessitating greater public health intervention.

Whilst nationally the NHS remains on a Level 3 emergency footing (local rather than national coordination and intervention), the local NHS has significantly stepped up its system preparedness through the 'gold command' infrastructure that existed during the early summer.

5. Communication with staff colleagues

The Trust has introduced its new communications strategy and this has now been operating for 4-5 weeks and has been well received.

Key features are:

- Management Briefs
- Ask Paul Q&A sessions
- '6 with Steph' multi-disciplinary conversations with the Director of Operations & Strategy.
- Friday Round Up newsletter.

The timing of these developments is really helpful in welcoming new colleagues to the Trust from this month.

PA Assinder

CEO

DUDLEY INTEGRATED HEALTH AND CARE NHS PRIVATE BOARD

TITLE OF REPORT:	Ratification of Urgent Decisions
PURPOSE OF REPORT:	This report details two Urgent Decisions taken on behalf of the Board
AUTHOR OF REPORT:	Jim Young – Interim Head of Quality & Governance
DATE OF MEETING:	06 October 2020
KEY POINTS:	<ul style="list-style-type: none"> In accordance with Section 5.2 of the Standing Orders there may occasionally be circumstances where decisions that would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board In these circumstances, the Chair and the Chief Executive may deal with matters on behalf of the Board after first consulting with at least two other Non-Executive Directors Since the September Board was held, an Urgent Decision was made on two occasions; both were in accordance with Section 5.2 of the Standing Orders: 30/09/2020: Approval of the Service Level Agreement (SLA) with Black Country Healthcare NHS Foundation Trust for the provision of various support services – the SLA was approved by BCH on 30th September 2020 and was required to come into force from 1st October 2020. Approval and signing by both CEOs was therefore required prior to the next scheduled Board meeting 30/09/2020: Approval of the Service Level Agreement (SLA) with Dudley Clinical Commissioning Group (Dudley CCG) for the provision of various support services – the SLA was required to come into force from 1st October 2020. Approval and signing by both organisations was therefore required prior to the next scheduled Board meeting In both instances the Non-Executive Directors consulted were Mr D Gilburt and Mr I Buckley The full SLAs will be presented at Part 2 of the October Board
RECOMMENDATION:	<p>The Board is asked to:</p> <ul style="list-style-type: none"> Note the occasions when Urgent Decisions were made

	<ul style="list-style-type: none"> • Be assured that these actions were taken in accordance with Section 5.2 of the Standing Orders • Ratify the Urgent Decision to approve the SLA with BCH • Ratify the Urgent Decision to approve the SLA with Dudley CCG
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input checked="" type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Audit and Risk Committee – Audit and Risk Committee update
PURPOSE OF REPORT:	To inform the board that September's Audit and Risk Committee meeting was deferred.
AUTHOR OF REPORT:	Matt Gamage – Interim Director of Finance
DATE OF MEETING:	6 October 2020
KEY POINTS:	<ul style="list-style-type: none"> • The Audit and Risk Committee meeting scheduled to take place on Monday 28 September 2020 was deferred by the Committee Chair, with the agreement of the DIHC Chair due to the pressure of work in relation to the business case submission. • The meeting is in the process of being rescheduled for week commencing Monday 12 October 2020. • A draft agenda is attached for information.
RECOMMENDATION:	That the report is received by the Board for assurance.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

AUDIT AND RISK COMMITTEE

Insert date once agreed (w/c 12 October 2020)

Virtual Meeting

Insert timings once agreed

AGENDA

Item No	Item		Presented by	Timings TBC
1.	Welcome and apologies:	Verbal	Mr D Gilbert	
2.	Declarations of Interest	Verbal	Mr D Gilbert	
3.	Previous draft minutes dated 20 July 2020	Enclosure 1	Mr D Gilbert	
4.	Action Register	Enclosure 2	Mr D Gilbert	
5.	Chair's introduction	Verbal	Mr D Gilbert	
6.	Governance matters <ul style="list-style-type: none"> Scheme of Delegation Policy development Draft Audit and Risk Committee Cycle of Business 	Enclosure 3 Enclosure 4 Enclosure 5	Mr J Young	
7.	<ul style="list-style-type: none"> Risk Register Board Assurance Framework 	Enclosure 6 Enclosure 7	Mr J Young	
8.	Latest Finance Report and Forecasts	Enclosure 8	Mr M Gamage	
9.	Ledger system changes	Verbal	Mr M Gamage	
10.	BCH/DIHC Internal/External Audit Action List arising from issues raised at Extraordinary Audit Committee	Enclosure 9	Mr M Gamage	
11.	External Audit <ul style="list-style-type: none"> External Audit update Kingswinford Hub Accounting Treatment 	Verbal	Mr M Stocks	
12.	Internal Audit <ul style="list-style-type: none"> Internal Audit update report Financial Governance (Covid19) part 1 review 	Enclosure 10 Enclosure 11	Mr P Capener/ Ms S Swan	

Item No	Item		Presented by	Timings TBC
	<ul style="list-style-type: none"> Annual Customer Satisfaction Survey Results 2019/20 	Enc 12		
13.	Draft Counter Fraud Plan	Enc 13	Mr P Westwood	
14.	Future Internal and External Audit contractual arrangements	Verbal	Mr M Gamage	
15.	Any Other Business	Verbal	All	
<p align="center">Date & Time of Next Meeting: Monday 25 January 2021 11:00 to 13:00 hours Format TBC</p>				

Future Audit and Risk Committee Meeting Dates

Monday 25 January 2021 11:00 to 13:00 hours

Monday 26 April 2021 11:00 to 13:00 hours

Extraordinary Audit and Risk Committee Meeting Dates

Monday 24 May 2021 11:00 to 13:00 hours

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:	06 October 2020
KEY POINTS:	<ul style="list-style-type: none"> • There is currently one red-rated risk – C-105 – approved for addition at the September Transaction Committee • The other previously red-rated risk – T-007 – has previously been reviewed and approved for reduction in rating at the September Extraordinary Board meeting • There are no proposed changes for approval
RECOMMENDATION:	For the Board to: <ul style="list-style-type: none"> • 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 <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

Dudley Integrated Health and Care NHS Trust

Risk Register



Dudley Integrated
Health and Care
NHS Trust

STEP 1 - IDENTIFY													STEP 2 - EVALUATE								STEP 3 - PLAN									
Date Last Reviewed	Date of next review	Ref	Risk Category/type	COVID-19	Audit and risk	Remuneration	Q&S	F, P & D	People	Transaction	Accountable Director (Risk Sponsor)	Risk Description		Inherent / Initial			Controls in Place i.e. arrangements that are already in place and are helping to control the risk – please provide evidence of the risk being controlled	Assurance (RAG) rating for the strength of controls	Current Score			Risk Movement from last assessment	Risk Response Tolerate / treat / transfer / terminate	Actions to address the risks. i.e. What actions are you going to take to strengthen control of the risk and achieve the target risk rating. SMART actions: S = Specific M = Measurable A = Attainable	Responsibility of	Action Deadline	Target Risk			Status
												RISK OF:	IMPACT/CONSEQUENCES	(L) Likelihood Score	(I) Impact Score	Risk Rating (L x I)			(L) Likelihood Score	(I) Impact Score	Risk Rating						(L) Likelihood	(I) Impact Score	Risk Rating (L x I)	
17/09/2020	31/10/2020	C-105	Strategic	🟡	✗	✗	✗	✗	✗	✔	Steph Cartwright	Increased pressure of Covid management during winter reduces NHSE/I capacity to review full business case in the agreed timescales	The ICP contract is not able to be awarded for 1st April 2021	3	5	15	Regular engagement with NHSEI; planned review period assumes worst-case scenario with regards to time required	Strong - Green	3	5	15	➡	Treat	Maintain regular meetings with NHSEI following submission; discuss possible alternative arrangements with NHSEI for maintaining planned timeframe	Steph Cartwright	31/10/2020	1	5	5	Open
06/10/2020	30/09/2020	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 Board. Clinical Service modelling ongoing in line with agreed processes. Weekly partners meeting in place to oversee the transaction. 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	4	12	➡	Treat	Significant development work undertaken to support the business case and the supporting financial, clinical and workforce modelling. Business case shared with partners 31/07/2020 and amends made throughout in response to comments raised. Business case submission on track.	Steph Cartwright	30/09/2020	2	4	8	Open

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Report from Primary Care Integration Committee held on 16 th September 2020
PURPOSE OF REPORT:	To update Board Members on discussions held at the Primary Care Integration Committee on 16 th September 2020
AUTHOR OF REPORT:	Daniel King Head of Membership Development and Primary Care, Dudley CCG
DATE OF MEETING:	6 October 2020
KEY POINTS:	<ul style="list-style-type: none"> • The report summarises the key points and decisions of the Primary Care Integration Committee on the 16th September 2020 • The Board are asked to note that <ul style="list-style-type: none"> ○ Updated Terms of Reference were received and agreed ○ The committee received its first PCN update – this will become as standing agenda item ○ The committee received assurance that the PCNs have workforce plans in place, are delivering extended access appointments, and have development plans in place to improve early cancer diagnosis as part of a project planned in partnership with the newly formed Black Country and West Birmingham Academy to improve population health ○ The committee received update and assurance that the acquisition and transfer of High Oak surgery remains on track to complete on the 1st October 2020 and that risks have been identified and mitigated ○ The committee received a presentation from Harry Turner, Chair, on the appointment of Non-Executive Directors from the GP membership ○ The committee received a report from Steph Cartwright, Director of Operations, Strategy and Partnerships on the arrangements that have been agreed between DIHC and PCNs on the joint development of a workforce plan, and the recruitment of all PCN posts into PCNs by DIHC with effect from the 1st April 2021 ○ The committee noted that work is ongoing with the CCG to develop and repurpose the existing primary care operational group to report into DIHC and the CCG via their respective primary care committees ○ The committee still needs to develop its risk register, and a workshop has been organised to develop and recommend this to the next meeting of the committee in October

RECOMMENDATION:	To note the contents of this report for assurance
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None that are not already declared.
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Primary Care Integration Committee

Date of meeting: 16th September 2020 (via Microsoft Teams)

Significant risks/issues for escalation	None identified
Key issues/matters discussed at the Committee	<ul style="list-style-type: none"> • The committee received and approved updated Terms of Reference – the main update reflecting that the committee now operated as part of Dudley Integrated Health and Care NHS Trust • The committee received the first PCN update from Dr Richard Bramble, PCN Clinical Director on behalf of all of the PCNs. • The PCN will become a standing item on the committee agenda. • They committee received assurance that all PCNs <ul style="list-style-type: none"> ○ had workforce plans in place and agreed processes in place to undertake joint workforce planning and recruitment with DIHC ○ were delivering extended access appointments in accordance with National contractual requirements ○ were developing plans to support and implement early cancer diagnosis in partnership with the Healthier Futures Academy supporting population health improvement across the Black Country • The committee received update and assurance from the High Oak project group that the acquisition of the High Oak practice would take place on the 1st October as planned • The committee agreed that the project group would remain in place post the 1st October to manage operational issues and to provide ongoing assurance to the committee on service delivery for High Oak • The committee received an update in relation to the Dudley Quality Outcomes for Health Framework (DQOFH) and agreed to receive monthly reporting for assurance • The committee received a presentation from Harry Turner, Chair, Dudley Integrated Health and Care Trust on the process for appointing Non-Executive Directors from the GP membership • The committee received a verbal update on the circulation and sign up process for the Primary Care Integration Agreement • It is expected that 41 General Practices in Dudley will have signed and entered into the Primary Care Integration Agreement by 29th September – a position that will be confirmed to the Board

	<p>The committee received an update from Steph Cartwright, Director of Operations, Strategy and Partnerships on the integrated workforce strategy and planning agreed between PCNs and DIHC - it has been agreed that DIHC will be the future employer of the PCN workforce and arrangements are being put in place to transfer the existing PCN workforce via TUPE to DIHC over the coming months.</p> <p>Mr Jim Young, Interim Head of Quality & Governance will be organising a workshop to discuss and agree the risk register for the committee – the workshop and draft register would be produced for the October meeting of the committee</p> <p>Mr D King, Head of Primary Care updated the committee on plans to 're purpose' the CCG primary care operational group (PCOG) so that it has dual reporting functions to DIHC and the CCG – it is proposed that the PCOG will coordinate and manage both contractual issues (CCG) and development issues (DIHC).</p>
Decisions made by the Committee	<ul style="list-style-type: none"> • Approval of updated Terms of Reference
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	<p>None identified</p>
Items/Issues for referral to other Committees	<p>None identified</p>

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Quality & Safety Committee Assurance Report – 15th September
PURPOSE OF REPORT:	The report summarises the key points related to discussions taken within the Quality & Safety Committee held in September 2020.
AUTHOR OF REPORT:	Caroline Brunt – Interim Director of Nursing, AHPs and Quality
DATE OF MEETING:	6th October 2020
KEY POINTS:	<p>The report captures the key points discussed at the Quality & Safety Committee regarding:</p> <ul style="list-style-type: none"> • Quality indicator data does not identify any areas of concern • Adaption of safeguarding education via BCH SLA to address face to face training requirements • The transferring service level findings associated with the external safeguarding specialist review • Escalation of Pensnett Assessment Centre to meet the population clinical need • The business case QIA and two clinical due diligence reports were approved • Deployment of the new Datix DIHC's incident management system (following a procurement process); until deployed the CCG Datix system will be used by the transitioning services and stakeholder involvement will be involved in the implementation of the new system • Assurance related to the ongoing development of corporate governance and assurance processes alongside a mapping of clinical governance was given • Assurances relating to the Infection Control & Prevention and Health & Safety issues, particularly in the context of Covid 19, were received.
RECOMMENDATION:	<ul style="list-style-type: none"> • That the report is received by the Board for assurance
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Quality & Safety Committee

Date of meeting: 15th Sept 2020 (via Microsoft Teams)

Significant risks/issues for escalation

The inaugural Quality and Safety 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, emerging themes and no Serious Incidents or formal complaints reported in month.
- Quality data remains a focus for discussion with BCH to ensure the SLA achieves robust information flows
- Safeguarding training compliance rate is reduced due to Covid restrictions. This is currently being addressed via BCH by securing a online webinar training solution to meet face to face requirement via the SLA
- Safeguarding review of services transitioning on Oct 1st 2020 concluded that
 - Staff were positive and engaged with review
 - Staff knowledge and capacity related to safeguarding needs to be improved significantly
 - Reliance on CCG designates needs to be addressed
 - Covid related backlog of CHC assessments, Community Deprivation of Liberty and Mental Capacity Assessments needs to be addressed
 - Absence of documented service level risk registers needs to be addressed
- The Business Case QIA was presented for approval; Committee were assured by the report and approved subject to minor changes
- Two clinical due diligence reports were presented for approval; Committee were assured by the reports and approved
- The Committee risk register was presented for assurance
- COVID building risk assessments reviewed with service leads in preparations for any return to

	<p>face to face clinical work; only where appropriate and safe for staff and patients to do so</p> <ul style="list-style-type: none"> • Pensnett Assessment Centre has met the increasing clinical need for face to face assessments; staffing levels are continually reviewed to ensure appropriate level of service • Datix has been confirmed as the future DIHC incident management system and work is underway to identify the project team to support development and implementation. Before deployment of the DIHC system the CCG Datix system has been amended to enable use by staff transferring to DIHC on 1st October • Policy and procedural development continues alongside mapping all clinical governance arrangements to ensure appropriate and robust assurance reporting with a focus on transferring services on 1st October • Infection Control and Prevention and Health & Safety issues including organisational winter preparation, flu vaccination planning with a particular focus on preparation for transferring services on 1st October and in the ongoing context of Covid 19 management.
Decisions made by the Committee	<ul style="list-style-type: none"> • Business case QIA and clinical due diligence reports were approved
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	<p>None</p>
Items/Issues for referral to other Committees	<p>None identified</p>

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Finance, Performance and Digital 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 Finance, Performance and Digital Committee held in September 2020.
AUTHOR OF REPORT:	Matt Gamage – Interim Director of Finance
DATE OF MEETING:	6 October 2020
KEY POINTS:	<ul style="list-style-type: none"> The report captures the key points in relation to the finance, performance and digital aspects of the Finance, Performance and Digital 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:	None
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Finance, Performance and Digital Committee – Finance, Performance and Digital

Date of meeting: 15 September 2020 (via Microsoft Teams)

Significant risks/issues for escalation

None identified.

Key issues/matters discussed at the Committee

- The committee received the finance, performance and digital report related to the period April to August 2020.
- The Trust is reporting a break-even position for the period.
- Additional Top up payments less than planned due to underspend on expenditure budget.
- COVID-19 expenditure is overspending against plan but is offset by additional funding.
- Transaction funding to be received from the CCG is less than expected due to additional expenditure being incurred at the end of 2019/20 reducing the balance of funding available in 2020/21.
- Transaction costs are over-spending and more detail will be provided to the committee in October 2020.
- Better Payment Practice Code for NHS payments and Non-NHS payments not achieved in August.
- Monthly IAPT performance data was not available due to the timing of the committee meeting.
- Red Centre activity has increased in recent weeks with capacity being reached on the 7th September (17 patients compared to a planned capacity of 15). Additional GP capacity is being funded.
- The committee received an update from the Digital Strategy Group which covered the following:
 - DGFT have taken part in DSLG meetings alongside our other system partners.
 - Good progress made on preparing for the safe landing of services transferring on 1st April 2021.
 - The Trust have had a constructive conversation with NHS England and NHS Improvement's Regional Director for Information regarding the digital strategy and potential funding options.

Decisions made by the Committee

- The Committee were assured by the finance and performance report and the digital safe landing updated.

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

No specific implications identified.

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

None identified.

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TITLE OF REPORT:	People Committee Assurance to Board
PURPOSE OF REPORT:	To update the Board on the key issues raised at the People Committee
AUTHOR OF REPORT:	Beverley Edgar
DATE OF MEETING:	6 th October 2020
KEY POINTS:	<ul style="list-style-type: none"> • Work Force strategy to be signed off at an extra ordinary People Committee on 28.09.20 • C-064 is currently the only risk allocated to this committee, no changes are proposed.
RECOMMENDATION:	The Board accept the update from the committee for assurance.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: People Committee

Date of meeting: 11th September 2020

<p>Significant risks/issues for escalation</p>	<p>The separation of the DIHC ESR has resulted in some loss of data needing immediate action particularly ahead of the alignment of CCG staff data in October – the attached KPIs reflect the amended version post the Committee meeting.</p>
<p>Key issues/matters discussed at the Committee</p>	<ul style="list-style-type: none"> • The meeting was used to seek feedback on the draft Workforce Strategy as prepared by the NHS Strategy Unit. The Strategy will accompany the FBC and will be signed off at an extraordinary People Committee on the 28th of September 2020 • Committee received an update on the Flu vaccine provision including providing vouchers for staff – a further update will be provided at the October People Committee • Further work was required to update the Committee workplan that will be shared in October • The committee received an update on the TUPE transactions on October 1st with no significant risks identified and agreed to receive an update on the payroll transfer again in October • The revised KPIs indicate clinical training non-compliance in 4 areas needing immediate action by line managers. Further work has been requested to ensure that that the KPI data currently being produced is accurate and that a more detailed summary narrative is provided. • The Covid Risk Assessments indicate just 2 staff reviews now outstanding excluding staff on long term sickness leave and NEDs
<p>Decisions made by the Committee</p>	<ul style="list-style-type: none"> • To approve the Workforce Strategy on the 28th September

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

The workforce risks relate to timely communications with staff potentially transferring over to the DIHC. Ongoing discussions with partners about early opportunities to talk to staff to reduce the risks of staff turnover increasing.

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

The TUPE updates are received at Transaction Committee.

Workforce KPIs

August 2020

Revised 30/09/2020



**Dudley Integrated
Health and Care**
NHS Trust

Dashboard

445 Dudley IHC

Aug-20

Staff in Post

	Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Funded Establishment					63.41	63.41	63.41	63.41	63.41				
Staff in Post FTE (Contracted)					54.95	54.95	55.95	55.95	56.95				
WTE Variance					8.46	8.46	7.46	7.46	6.46				
Vacancy %	10.0%				13.34%	13.34%	11.76%	11.76%	10.19%				
Headcount					61	61	62	62	63				
Starters					1.27	0.00	1.00	0.00	1.00				
Leavers					1.62	0.00	0.00	0.00	0.00				
Turnover % (12 Months)	10-13%				11.48%	9.82%	9.66%	10.20%	9.50%				
Turnover % (in Month)	0.8-1.1%				2.97%	0.00%	0.00%	0.00%	0.00%				

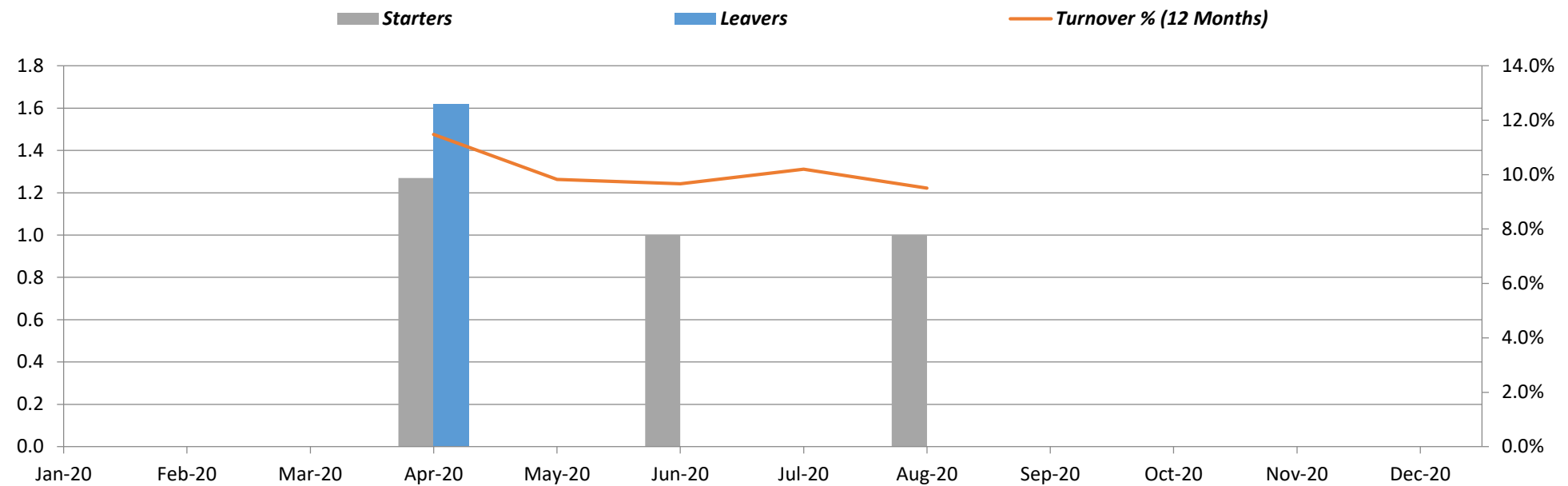
Absence

	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%	1.62%				
Sickness % (12 Months)	4.68%				5.40%	4.93%	4.32%	4.01%	3.43%				
Long Term Sickness % (12 Months)					74.82%	76.68%	77.31%	76.81%	77.84%				
Maternity % (Month)					4.85%	4.87%	4.94%	2.60%	2.43%				

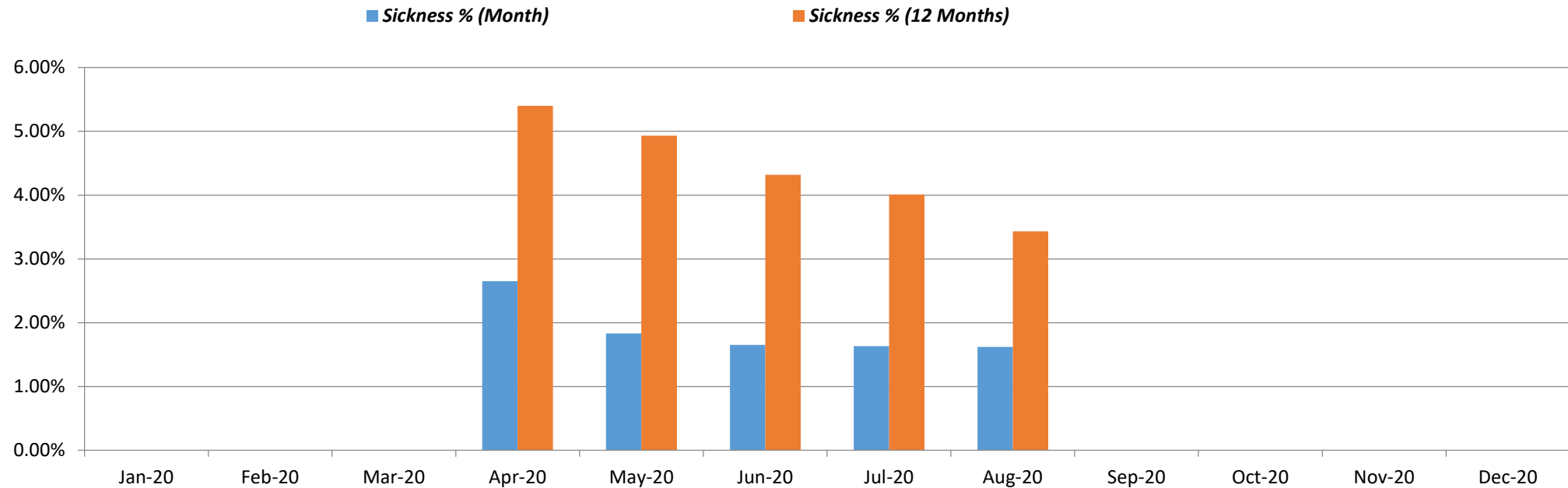
Development

	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%	83.72%				
Training Compliance %	90%				85.75%	85.83%	85.03%	91.21%	86.18%				
Training DNA Rate %					-	-	-	-	-				
Covid Risk Assessment %					-	-	-	-	-				
Supervision received (HC)					-	-	-	-	-				

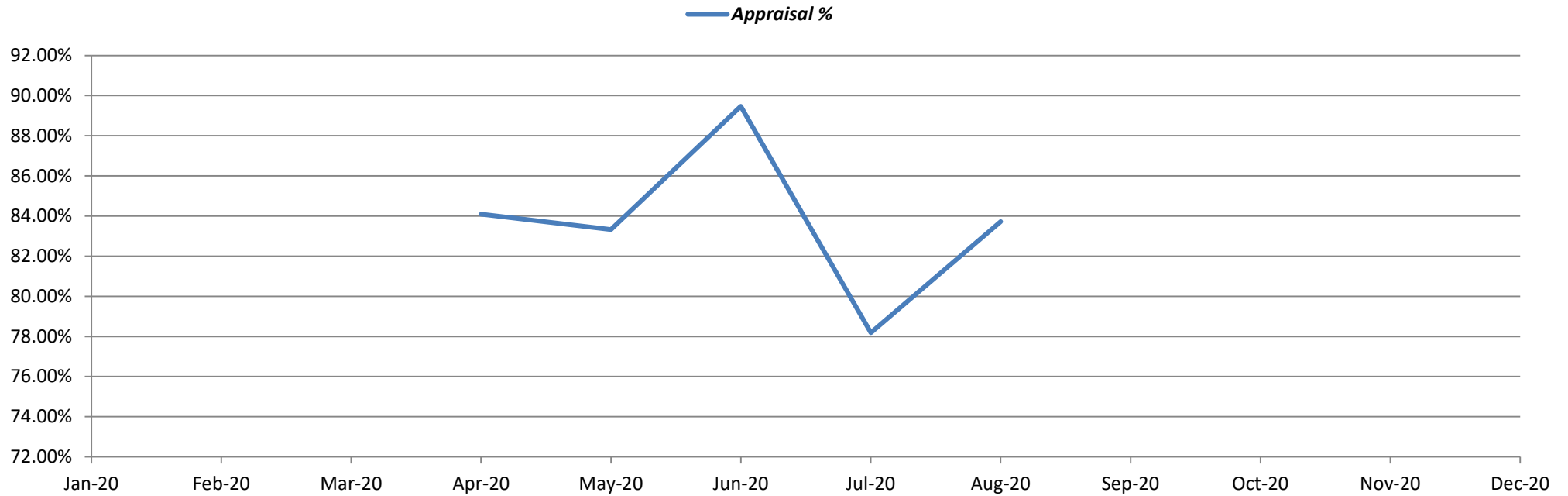
Staffturn



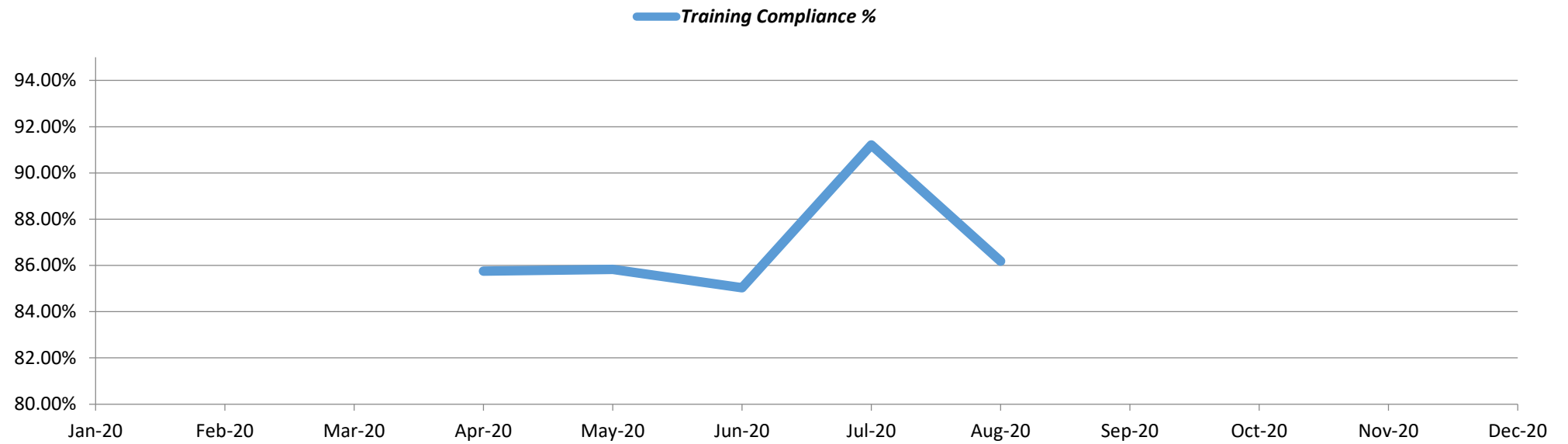
Sickness Absence



Appraisal



Training Compliance



Training Compliance by Competencies

Competence	Compliant	Expiring Soon	Total Required	Total Non compliant	Total Compliance %
NHS CSTF Dementia awareness - No Specified Renewal	45	0	46	1	97.83%
NHS CSTF Equality, Diversity and Human Rights - 3 Years	58	1	60	2	96.67%
NHS CSTF Fire Safety - 1 Year	53	5	60	7	88.33%
NHS CSTF Health, Safety and Welfare - 3 Years	59	5	60	1	98.33%
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	11	1	13	2	84.62%
NHS CSTF Infection Prevention and Control - Level 2 - 1 Year	37	10	47	10	78.72%
NHS CSTF Information Governance and Data Security - 1 Year	55	10	60	5	91.67%
NHS CSTF Moving and Handling - Level 1 - 3 Years	58	3	60	2	96.67%
NHS CSTF NHS Conflict Resolution (England) - 3 Years	19	2	23	4	82.61%
NHS CSTF Preventing Radicalisation - Prevent Awareness - 3 Years	39	1	44	5	88.64%
NHS CSTF Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	13	5	27	14	48.15%
NHS CSTF Safeguarding Adults (Version 2) - Level 1 - 3 Years	26	2	30	4	86.67%
NHS CSTF Safeguarding Adults (Version 2) - Level 2 - 3 Years	46	3	47	1	97.87%
NHS MAND Clinical Risk Assessment - 3 Years	30	3	45	15	66.67%
NHS MAND Domestic Violence and Abuse - 3 years	22	0	23	1	95.65%
NHS MAND Medicines Management Awareness - 3 Years	7	0	17	10	41.18%
NHS MAND Mental Capacity Act - 3 Years	17	1	25	8	68.00%
NHS MAND Mental Health Act - 3 Years	15	3	22	7	68.18%
NHS MAND Safeguarding Adults Level 3 - 1 Year	15	2	23	8	65.22%
NHS MAND Safeguarding Children Level 1 - 3 Years	27	2	28	1	96.43%
NHS MAND Safeguarding Children Level 2 - 3 Years	47	1	47	0	100.00%
NHS MAND Safeguarding Children Level 3 - 1 Year	16	2	23	7	69.57%
TOTAL	715	62	830	115	86.14%

Covid 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	55		1	54		23	54		1	54	1.82%

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

Covid Risk Assessments

Staff Home Working

	All Returns				BAME			
Division	Yes	No	N/A	Grand Total	Yes	No	N/A	Grand Total
Dudley IHC	51		3	54	8			8

Staff Redeployed to lower risk area

	All Returns				BAME			
Division	Yes	No	N/A	Grand Total	Yes	No	N/A	Grand Total
Dudley ICH		19	35	54		5	3	8

Staff Redeployed or moved to different premises

	All Returns				BAME			
Division	Yes	No	N/A	Grand Total	Yes	No	N/A	Grand Total
Dudley ICH		19	35	54		5	3	8

Adjustments made to role

	All Returns				BAME			
Division	Yes	No	N/A	Grand Total	Yes	No	N/A	Grand Total
Dudley ICH	1	18	35	54	1	4	3	8

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Report from Transaction Committee held on 21 st September 2020
PURPOSE OF REPORT:	To update Board Members on discussions held at Transaction Committee on 21 st September 2020
AUTHOR OF REPORT:	Stephanie Cartwright Director of Operations, Strategy and Partnerships
DATE OF MEETING:	6 th October 2020
KEY POINTS:	<ul style="list-style-type: none"> • The report summarises the key points and decisions regarding Dudley IHC transactions and the work towards award of the ICP contract. • The Terms of Reference of the Joint DIHC Mobilisation Group between DIHC and Dudley CCG were agreed. • The due diligence reports for the transfers taking place on 1st October 2020 and for the transfers taking place on 1st April 2021 were approved. • The progress of the Post Transactions Integration Plan was noted. • An update was received on the legal agreements required between sender and receiver organisations. • Progress on staff transfers to DIHC were discussed and agreed. The committee will receive regular updates on all staff transfers. • The committee noted the completion of the Quality Impact Assessment that has been completed for the award of the ICP contract to DIHC. • The committee discussed the responses to the red flags that had been raised when the Strategic Case had been approved and agreed to keep these under review until submission of the full business case. • The committee agreed to add three additional risks to the Transaction Risk Register. • The committee agreed to the need to approach NHSI regarding recruitment to key posts required within the DIHC structure ahead of award of the ICP contract on 1st April 2021.
RECOMMENDATION:	To note the contents of this report.
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None that are not already declared.
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Transaction Committee

Date of meeting: 21st September 2020 (via Microsoft Teams)

Significant risks/issues for escalation

None identified

Key issues/matters discussed at the Committee

- The committee agreed that it is necessary to speak to NHSI regarding the recruitment challenge of waiting for the full business case approval before being able to recruit to substantive positions within the executive team and also to be able to recruit to the structure ahead of the transfer of services on 1st April 2021 and the award of the ICP contract.
- The committee received and approved the Terms of Reference for the Joint DIHC Mobilisation Group which is a group with representatives from DIHC and Dudley CCG that has been set up to oversee the process of contract award and the ISAP process. The committee agreed that from DIHC perspective this group will report through to Transaction Committee and this will be reflected in the terms of reference.
- A verbal update was provided 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 on 1st April 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 that joint task and finish groups needed to be established for all transfers in the same way that there has been for the 1st October 2020 transfers. The committee noted that staff transfer information has been received on all transfers which is included in the due diligence reports.
- The committee received the due diligence reports for the transfers that are taking place on 1st October 2020 from High Oak surgery and Dudley CCG. The committee were asked to note the findings of the due diligence, note any risks that had been identified and how any risks were being managed and any support that is required for the transactions.

- The committee had no questions on the legal due diligence report for the CCG transfers.
- The committee asked about the outstanding information on the High Oak due diligence report that is required on management staff and pensions and were reassured that further information had been received since the papers had been circulated. The committee noted the intention of DIHC to improve the risk management position of High Oak and the improvements that had been recommended within the report.
- The committee noted the number of incidents in the CCG clinical due diligence report and noted that the majority of these were due to medication being stopped but repeat prescriptions remaining in the system. The committee also discussed the backlog of continuing care assessments as a result of COVID and noted that this is an issue nationally. It was noted that the capacity and bandings of some members of the CHC team within Dudley appears to be less than in other areas of the Black Country and it was agreed for this to be challenged ahead of the transfer date.
- The financial due diligence reports were considered and it was noted that High Oak surgery is currently generating a surplus. It was noted that there are plans to recruit substantive GPs to reduce locum costs. DIHC Director of Finance confirmed they were confident that High Oak surgery is financially viable for the next 12 months. It was noted that with regards to the CCG transfer the biggest risk will come when the budgets for continuing healthcare transfer and it was agreed that this will be kept under review.
- The committee considered the workforce due diligence reports and noted that there are two individuals transferring from the CCG that are on long term sickness and the challenges over recruitment to vacancies within the CHC team.
- The committee received the due diligence reports for the transfers that are taking place on 1st April 2021 from Shropshire Community Healthcare NHS Trust, Black Country Healthcare NHS Foundation Trust and Dudley Group NHS Foundation Trust. The committee were asked to note the findings of the due diligence, note any risks that had been identified and how any risks were being managed and any support that is required for the transactions.
- The committee discussed the risks that had been identified in the clinical due diligence report for the transfer from Black Country Healthcare NHS Foundation Trust and noted the actions that are agreed including monitoring areas with identified capacity problems. The committee noted that there were no concerns on the legal due diligence from Black Country Healthcare NHS Foundation Trust.
- The committee noted that minimal information had been received on the transfer of services from Dudley

Group NHS Foundation Trust. The risk of community nurses operating a paper based system and the lack of progress to transferring to using the EMIS system was noted as a disappointment by the committee. The committee noted that further due diligence information had been requested from Dudley Group NHS Foundation Trust and that once received it will be considered in a further due diligence report to a future Transaction Committee.

- The committee were informed that there had been substantial information received from Shropshire Community NHS Trust on the transfer of the school nursing service and noted that any risks were being managed accordingly through regular conversations between organisations. The committee noted the accommodation risk for the service and that future accommodation was being explored.
- The committee noted the status of legal agreements between transferring organisations and DIHC and the DIHC legal advisor assured the committee that there was nothing currently that would stop a transfer or transaction taking place and that all agreements were reaching agreement between organisations following a period of negotiation.
- The committee discussed the comments log that has been produced following feedback on the circulation of the “work in progress” FBC. It was noted that further assurance was required for Dudley Group NHS Foundation Trust that DIHC would not be transferring any consultant staff on 1st April 2021, and that the process on agreeing clinical pathways through the Clinical Strategy Board needed to be described in the FBC. The committee were assured that the issues log would include action taken on every comment received and that it would be circulated with the final version of the business case.
- The committee discussed the red flags that had been shared by NHSI following the approval of the Strategic Case earlier in the year. The committee agreed to give the DIHC responses further consideration ahead of the submission of 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 final version of the PTIP will be submitted with the full business case.
- The committee noted the Quality Impact Assessment that had been undertaken on the award of the ICP contract to DIHC which had been led by the Medical

	<p>Director and Director of Nursing, Quality and Allied Health Professionals. The committee noted the permission required to recruit to vital roles and the need to be fully sighted on all aspects of service and staff transfers.</p> <ul style="list-style-type: none"> • The committee agreed to the addition of three additional risks to the Transaction Risk Register which include the increased pressure of Covid management during winter which may reduce NHSE/I capacity to review full business case in the agreed timescale, not having approval from NHSEI to recruit substantively to key posts prior to 1st April 2021 and insufficient system-wide support for the creation of the ICP.
Decisions made by the Committee	<ul style="list-style-type: none"> • To speak to NHSI colleagues regarding recruitment to key roles ahead of the award of the ICP contract. • Approval of the Due Diligence Reports for the transfers taking place on 1st October 2020. • Approval of the Due Diligence Reports for the transfers taking place on 1st April 2021. • Approval of the terms of reference for the Joint DIHC Mobilisation Group. • Approval of three additional risks to the Transaction Risk Register.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	<p>No specific implications identified within the meeting; agreed amendments will be made.</p>
Items/Issues for referral to other Committees	<p>None identified</p>