Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE BOARD

TUESDAY 3 NOVEMBER 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	**Service Story** Pharmaceutical Services	Verbal	Mr D Jenkins	09:35
5.	**Minutes from the previous meeting held on 6 October 2020 for approval**	Enclosure 1	Mr H Turner	10:00
6.	**Action Register and Matters Arising**	Enclosure 2	Mr H Turner	10:03
7.	**Agenda for Part Two**	Enclosure 3	Mr H Turner	10:05
8.	**Chief Executive's Report**	Enclosure 4	Mr P Assinder	10:07
9.	**Chair's Update**	Verbal	Mr H Turner	10:20
10.	**COVID19 Response**	Verbal	Mrs C Brunt	10:30
11. 11.1	**Corporate Governance and Compliance** Corporate Risk Register	Enclosure 5	Mr J Young	10:40
12. 12.1	**Partnerships and Integration** Report from Primary Care Integration Committee	Enclosure 6	Dr G Solomon	10.45
13. 13.1	**Quality & Safety** Quality & Safety Committee Report	Enclosure 7	Ms V Little	10:55
14. 14.1	**Finance, Performance and Digital** Finance, Performance and Digital Committee Report	Enclosure 8	Mr I Buckley	11:05
15. 15.1	**Workforce & OD** Report from People Committee	Enclosure 9	Mr M Evans	11:15
16. 16.1	**Transaction and ICP Development** Report from Transaction Committee	Enclosure 10	Mrs S Cartwright	11:30
17.	**Any Other Business**	Verbal	Mr H Turner	11:45
18.	**Questions from the public**	Verbal	Mr H Turner	11:50

Item No	Agenda Item	Enclosure	Presented by	Time
19.	**Board reflections**	Verbal	Mr H Turner	11:55
20.	**Date of next meeting:** 1 December 2020, 09.30 – 12.00 Virtual Meeting via Microsoft Teams			

Enclosure 1

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE BOARD

MINUTES OF THE PUBLIC MEETING HELD ON 6 OCTOBER 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
Mrs B Edgar (BE)	Interim Associate Director of People, 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
Dr R Tapparo (RT)	Interim Associate Non-Executive Director, Dudley IHC
Dr G Love (GL)	Interim Associate Non-Executive Director, Dudley IHC

In Attendance:

Mr J Young (JY)	Acting Board Secretary, Dudley IHC
Mrs H Codd (HC)	Communications & Engagement Manager, Dudley IHC
Mrs J Boothroyd (JB)	Programme Director, Dudley IHC
Ms L Meeks (LM)	Regional Director, RCN West Midlands
Mr R Dalziel (RD)	Participatory Research Officer, Healthwatch Dudley

Minute Taker:

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

112/20. CHAIRMAN'S WELCOME

The Chair welcomed the Board to the meeting.

The Chair stated that this is a significant meeting because it is the meeting after which the Trust expanded the organisation and in part two the Board will be discussing the full business case.

113/20. APOLOGIES

No apologies were noted.

114/20. DECLARATIONS OF INTEREST

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

115/20. MINUTES OF PREVIOUS MEETING HELD ON 1 SEPTEMBER 2020 FOR APPROVAL

The minutes of the previous meeting held on 1 September 2020 were agreed as an accurate record.

116/20. ACTION REGISTER AND MATTERS ARISING

Ref 058/20 & 058/20a
The Audit and Risk Committee is currently being rescheduled, it was agreed to defer these actions to November.

Ref 099/20
It was noted that the Wellbeing, Equality and Diversity role will be discussed at the People Committee on 16 October. ME to update the Board in November. Action to remain open.

Ref 106/20
ME updated that he has spoken to the Freedom to Speak Up Non-Executive Lead for Walsall Healthcare. It was noted the Non-Executive Role and Executive Role is a Freedom to Speak Up Lead, the Guardian is the individual that works within the Trust that oversees the role on a day to day basis. The Trust will be working to develop the Freedom to Speak Up Strategy which will be picked up at the People Committee with one of the elements being to identify a member of staff to be the Freedom to Speak Up Guardian. The Trust currently are accessing the Freedom to Speak Up Guardian from Black Country Healthcare NHS Foundation Trust (BCH) and HT stated it would be helpful to invite their Guardian to the People Committee to help shape the role within the Trust.

SC added within the Trust's welcome pack, the Trust has included the role of the Freedom to Speak Up Guardian to continue for the services the Trust inherited from Dudley and Walsall Mental Health Partnership Trust for continuity. It was noted that Mwamba Bennett has volunteered to step into the Freedom to Speak Up Guardian for an interim period for the staff that transferred from the CCG to the Trust on 1 October 2020. Action closed.

Ref 106/20a
SC updated that the Board have undertaken a lot of work on the mandatory training compliance. It has been raised that in some instances the data being received is not fully accurate and therefore SC and BE have escalated this matter to BCH. It was noted that this is a data processing problem that BCH is having with their own teams and are currently undertaking a manual exercise to understand and provide up to date information on compliance. It was noted the service team leaders have confirmed that the current data is an underestimate of the training compliance, and it was agreed for an updated position to be provided at the next Board meeting. Action to remain open.

Ref 106/20b
ME updated that there were two outstanding COVID19 risk assessment excluding those on long term sick. It was confirmed that the two outstanding assessments have been completed and the Trust now has 100% compliance. ME assured the Board that monthly updates will be provided to the Board through the People Committee report. Action closed.

117/20. AGENDA FOR PART TWO

The Board noted the agenda for part two.

118/20. CHIEF EXECUTIVE REPORT

PA formally noted a huge welcome to around 80 colleagues who have joined the Trust from Dudley CCG and High Oak Surgery. PA provided a note to BE and the team for the detailed 'on-boarding' and induction process and also a note of thank you to the Board who joined the welcome meeting on 1 October. It was noted the feedback received has been extremely positive and that individuals felt genuinely welcomed to the organisation.

PA commended the Executive Team and Senior Management Team for the tremendous work on developing the full business case. It was noted the business case has been circulated to partner organisations and positive feedback has been received from the Sustainability and Transformation Partnership (STP).
HT also provided a note of thank you to all of the team for going the extra mile to complete the case.

In terms of primary care integration, PA celebrated that 41 GP Practices have signed the Primary Care Integration Agreement. PA commented that the success rate for this is phenomenal and it is a signal of the support from the local primary care community for the organisation.

PA formally welcomed Dr Karen Wright who has been appointed Director of Public Health for Dudley and is starting in the borough on 1 April 2021.

The Board noted the Chief Executive report.

119/20. CHAIRS UPDATE

HT updated the Board that a presentation was shared around the appointment of two Associate Non-Executive Directors from the primary care population at the Primary Care Integration Committee and at a weekly Primary Care meeting. Following this proposal the Trust entered into a period of reflection. HT stated that no substantive comments have been received back during this period, therefore HT will be producing a proposal based on the presentation made, which will be taken to the Primary Care Integration Committee on 21 October. The Trust will start the process of recruitment over the winter period.

It was noted that HT and PA continue with a series of engagement with Stakeholders. There are two dates in the diary towards the end of October to brief MPs on the status of the organisation. HT asked if this could be logged to ensure compliance with the communications concordat.

The Board noted the Chair's update.

120/20. RATIFICATION OF URGENT DECISIONS

HT informed the Board that the Trust had to make an urgent decision under the 'Chair's Action' provision in Standing Orders (which provides for the Chair to make urgent decisions between board meetings only after consulting with two fellow Non Executives) for PA to sign the Service Level Agreement (SLA) with both the CCG and BCH, in time to take full effect from 1 October 2020.

Following this process HT consulted DG and IB who consented this decision which allowed PA the authority to sign both SLA's before 1 October 2020.

It was noted that these SLA's will be discussed in more detail within part two.

The Board noted the information regarding the urgent decision made to sign the CCG and BCH SLA.

120/20. CORPORATE GOVERNANCE AND COMPLIANCE

Audit and Risk Committee Update

DG updated that due to pressure of work on completing the business case, it was agreed to defer the Audit and Risk Committee that was scheduled to take place on Monday 28 September 2020. The agenda is included in papers for the Board to have sight of the items that were due to be discussed.

The meeting is in the process of being rescheduled and DG is hopeful that the meeting will take place towards the end of the month to enable an update on the outcome of the meeting to be provided to Board

in November.
HT emphasised the importance of this meeting taking place in a timely manner.

Corporate Risk Register

JY highlighted that there is one red related risk (C-105) currently on the risk register. It was noted the other previously red-rated risk (T-007) has been reviewed and approved for reduction in rating at the September Extraordinary Board meeting.

JY assured the Board that work continues to review the risks on a regular basis.

It was noted that risk T-007 is related to the business case submission which will be reviewed heavily over the coming few days.

HT raised in relation to risk C-105, recent data shows that the Pensnett Assessment Centre activity has started to increase which will have an impact on the Trust. HT also stated that there has been a report published on the proposal in relation to vaccinations. It was queried if the Board want to reinstate a monthly COVID19 update as an exceptional item to the Board for the next couple of months.

CB stated it would helpful to bring back a monthly update. CB commented that the centre are seeing that patients are sicker on arrival and the team are conscious of the changing picture. CB added that from a clinical point of view the team are seeing a dynamic situation which is one the Trust will continue to monitor.

PA highlighted that the current rates in Dudley are reported at around 47 infections per 100,000 population and that compares with over 100 infections in Birmingham and 88 in Sandwell. PA stated that it is important to recognise that there are pressures building around the borders of the Dudley borough and therefore it would be helpful to dedicate some time to discuss at Board.

The Board agreed to reinstate COVID19 as an exceptional item on the Public Board agenda.

The Board noted the Corporate Risk Register update.

121/20. PARTNERSHIPS AND INTEGRATION

Report from Primary Care Integration Committee

GS provided a note of thank you to the Head of Primary Care for preparing the report.

GS reported that the Committee approved the updated Terms of Reference (ToR) and the relationship with Primary Care Networks (PCN) continues to develop with the first PCN update being provided by Dr Richard Bramble on behalf of PCN Clinical Directors. It was noted that a PCN update will become a standing item on the Committee agenda.
The Committee received assurance that the PCNs have workforce plans in place, that they are delivering extended access appointments and have development plans in place to improve early cancer diagnosis.

The High Oak Surgery transfer took place on 1 October 2020 and GS stated that the project group remains in place to oversee any operational issues.

The Committee received an update in relation to the Dudley Quality Outcomes Framework (QOF) and agreed to receive a monthly report for assurance.

GS referred to the Primary Care Integration Agreement which was noted under PA's report. SC stated it is important to note as a Board the significance of the signed Integration Agreements from the GP practices.

It was noted that the Committee received an update from SC on the development of the joint workforce strategy between the Trust and PCNs.

Work also continues to develop the risk register which is due to be presented at the October meeting.

GS stated that the Committee were updated on the CCG operational group which is undergoing a review so that it has dual reporting functions to both the CCG and the Trust on appropriate issues.

HT queried the relationship between the Primary Care Integration Committee Risk Register and the Corporate Risk Register. JY responded that the Trust identified that there were pre-existing risks that moved naturally across to the individual committees when they evolved. There are no risks on the corporate risk register that relate to the Primary Care Integration Committee and the Trust want to work with primary care to identify any risks that should be monitored through this Committee. JY stated the Trust are mindful of the function and the focus of Committee through GS's leadership between now and April 2021 and that the Committee will have a different emphasis from April onwards. The Committee are identifying key risks that need to be jointly monitored and managed with primary care.

The Board noted the Primary Care Integration Committee report.

122/20. QUALITY AND SAFETY

Quality and Safety Committee Report

VL reported that there are no immediate emerging concerns that the Committee feel need escalating to the Board based on data presented.

It was noted that work is needed to improve the data information flows and the Committee will ensure that this is completed. VL commented that some of this relates to the safeguarding incident management through to services and work is ongoing to ensure there is connectivity.

VL stated that certain elements of the safeguarding training particularly with front line staff were face to face training and due to the COVID19 restrictions this training is not possible, therefore BCH are exploring the possibility of an online webinar training solution to ensure staff are compliant in relation to safeguarding.

VL updated the Board that Committee considered the safeguarding review of the services that transferred on 1 October 2020 and the Committee noted a few actions to complete. VL will be keeping track of these actions through the Committee.

It was noted that documented service level risk registers need to be put in place.

CB noted that the Commissioning Manager for Continuing Care and the CCG designates have been supportive to work with the Trust on the Safeguarding review of services findings. CB stated that the review indicated that the service is overly reliant on the designate role, and the Trust have fortunately been able to secure for the next six months through the SLA. This will be a high priority for the Trust to make sure there is greater resilience around the safeguarding function going forward.

VL highlighted the backlog of continuing healthcare assessments has fed through into the risk assessments which the Quality and Safety Committee will monitor. CB commented that the Commissioning Manager for Continuing Care is really sighted on the challenges the Trust face. It was noted that the Trust want to urgently move forward in terms of recruitment to become more independent and less reliant on the additional support from agencies.

SC mentioned that in relation to the backlog, there is funding available to each CCG. It was noted the

Commissioning Manager for Continuing Care will be linking in with the CCG with MG's involvement to identify appropriate access to this funding.

DG queried if the funding available from the CCG is to fund the cost of the extra assessments for the backlog, or fund the continuing healthcare cost of patients once assessed. SC confirmed it is for the assessment backlog.

DG also queried if when covering the backlog of assessments, if the continuing healthcare creates a cost pressure for the Trust going forward. MG responded it will add cost to the continuing healthcare expenditure, and over the next six months the Trust will agree with the CCG the appropriate start point for the contract value. It was noted that the intention would be that the contract value reflects most up to date continuing healthcare spend.

VL stated that the Committee reviewed the Quality Impact Assessment which has subsequently looked at by other Committees and has been included within the business case.

The Committee approved and were assured by reports on clinical due diligence for the services that transferred on 1 October 2020. The Committee also reviewed the COVID19 building risk assessments with service leads in preparations for any staff that need to return to face to face clinical work.

VL highlighted that infection, prevention and control is crucially important with the increase in COVID19 cases and the Committee reviewed and are assured on the actions being taken. A plan will be presented to the next Quality and Safety Committee to discuss how the Trust will keep track of the data, and it was noted that flu vaccinations will be discussed at the People Committee. VL highlighted the importance to get the whole of the Trust's directly employed workforce immunised.

HT queried how the Trust will be managing the reporting of flu vaccinations given the current working circumstances.

CB responded that the vaccination plan is predicated on a voucher system where vouchers are being supplied to individuals in order for them to receive their vaccination. It was noted that the Trust's pharmacy team will manage this for the CCG staff who transferred to the Trust on the 1 October, and BCH have a mechanism for vouchers to be supplied to staff to access vaccines locally. It was highlighted that the biggest challenge is staff self-reporting that they have received their vaccinations. CB stated that the Government are asking for individual names at Trust level to be communicated back to a central system which has been resisted by Trust's across the country due to information governance issues.

CW commented as Caldicott Guardian for the organisation, he is concerned with the request for individual names to be communicated to a central system. CW stated that staff are patients in their own right and patient confidentiality must be maintained. CW added that without a clear view as to why the information is being shared he would not be able to support an approach where staff names are released. BE confirmed that the Trust will not be taking individuals details.

The Board were made aware that the Staff Flu Immunisation Programme is due to be presented for discussion at the next People Committee. Flu vaccinations are a priority for the Trust and the Trust will be ensuring the population have access to the vaccine and will highlight the importance for the protection of communities. Reporting will either be through GP's or through an occupational health mechanism supported by the Trust.

HT commented that it would be helpful to send out a communication to all staff regarding flu vaccinations. It was agreed SC would pick this up with the Communications lead.

GS queried that if staff have vouchers and are having difficulty getting the vaccine through their local pharmacist, is there another option as some pharmacists could have a supply issue. BE responded that the clinics are currently being ran through the BCH campaign and there is an email from BCH to outline how people can access the clinics. There are also vouchers to receive a vaccination at a local pharmacist.

GL commented that her practice are very busy with flu clinics every weekend which are working well.

CB highlighted that the uptake of vaccines has been more positive than normally expected.

It was noted that a paper is to be presented at a future Quality and Safety Committee regarding the return of more face to face working for Mental Health services.

The Board noted the Quality and Safety report.

Action: Information regarding flu vaccinations to be circulated to all staff.

123/20. FINANCE, PERFORMANCE AND DIGITAL

Finance, Performance & Digital Committee Report

IB reported that the Trust is reporting a break even position. It was noted that the transaction costs will be discussed in more detail at the next Committee meeting.

IB stated that there was a presentation on Improving Access to Psychological Therapies (IAPT) at the Committee, which gave the Committee an idea of the challenges the service is facing largely due to shortage of staff. It was highlighted that this is an issue to pick up over time particularly training of new staff and the access.

MG reported that a significant proportion of the funding for months 7 to 12 will be issued to the STP and local organisations will be meeting next week to determine how these funds are in turn allocated to each provider in the system. MG will ensure that the Finance, Performance and Digital Committee are updated on this new financial regime.

DG commented that if the STP is deciding how funds are allocated in the second half of the year, the Board should be looking to understand better the governance arrangements behind the allocation basis and that it is done on a rational and objective basis. DG queried how the Board are provided assurance that the allocation process is fair and objective.

MG responded that DG's comment is a very important point as the process introduces an element of risk in the last six months to the Trust. MG stated that the STP Finance Directors are discussing fair allocation of resources and the Trust need to ensure governance needs are appropriate for agreeing this. The Trust are aware of the risk and MG and PA will flag the governance issues to make sure funding allocation is appropriately signed off.

It was noted that the Trust has received the updated IAPT figures. In August there were 449 people who entered treatment for IAPT against the target of 674. The service hit the waiting times for six weeks and 18 weeks with 98% however did not deliver against the recovery target, achieving 44.74% against the 50% target.

MG stated that over the last couple of weeks the percentage has increased to 80% of people entering treatment of the target.

SC made the Board aware that the IAPT service performance figures are the highest in the Black

Country. It was noted there are IAPT issues around the country and services are not yet seeing the influx of people as a result of COVID19. The Trust are undertaking some reach out work with the local hospital around the discharges of patients who have had COVID19 and how the Trust can support individuals. There is also a pilot in Halesowen with the first point of referral being the IAPT service and SC commented that if this was across all the PCNs the Trust would be hitting the targets.
It was noted that the Trust are redesigning the community mental health services using the First Contact Practitioner model with regards service development model.

The Board noted the Finance, Performance and Digital report.

124/20. WORKFORCE AND OD

Report from People Committee

ME provided a note of thanks to BE for producing the report.

ME reported that there has been one People Committee and an Extraordinary Committee since the last Board meeting in September. Both meetings were focused around work on the People Strategy, and ME expressed thanks to SC for leading this work and to Karen Bradley and Susan Blakey from The Strategy Unit for working on the strategy.

At the Extraordinary Committee, it was noted that the Committee signed off and agreed the People Strategy for Trust. The Committee worked through the aims, purpose and commitments that as a Board have been developed and agreed. The Committee agreed that the strategy is fit for purpose but noted that the strategy must remain a living document that is continually being developed and reviewed.

ME noted that there are no changes to risk C-064 that is allocated to the People Committee.

The Committee received updates from BE in relation to the TUPE transactions and assurance was given in relation to the transfer of staff that moved over on 1 October 2020.

ME and VL are ensuring work is joined up in relation to flu vaccines through both the People Committee and the Quality and Safety Committee. ME stated that there is guidance out nationally and an expectation in relation to completing a risk assessment and publishing information with Public Board papers which will be worked through at the next People Committee.

ME made the Board aware that the Key Performance Indicators (KPI) were reviewed at the last People Committee and the Committee identified some discrepancies. Cleansing work is being undertaken to ensure that the information provided is accurate and the KPI's included within the Board papers has been refreshed. However, it was noted that this updated information has not been presented back to the People Committee.

It was further noted that there has been some loss of data following the separation of the Electronic Staff Record (ESR) files by BCH Trust, although this has largely now been resolved. BE stated that this issue had impacted the first run of KPIs for the first People Committee. However the Trust believes the baseline of data has now been appropriately reset.

BE highlighted that in relation to mandatory training, the Trust has some concerns with the medicines management and the mental capacity act compliance recording by BCH colleagues. This has been raised with the teams at BCH and feedback has been received that the service leads are undertaking a piece of in depth work to check their team's performance.

It was noted that the Clinical Operational Manager for the Trust is working with the two service managers

to get an accurate positon on data so that it corresponds with ESR. The Board were reassured that the data is showing an under performance which means the accurate data will confirm that more staff are compliant than indicated in reports received from BCH. The Board noted remedial actions being taken to improve reporting of training compliance.

CW commented that it is reassuring to hear that the numbers presented are highly likely to be an underestimate but queried how long will it take for the data issues to be corrected. If it is going to be a long period of time the Trust may need to look at a different way of assessing the data within the teams.

It was confirmed that the Trust will discuss this with BCH and that if it is likely tol be a long period of time the Trust may have to carry out manual recording of data.

RT queried the alignment between current staff using ESR and recent joiners from the CCG using Blue Stream, and whether there will be two separate data systems for primary care and other services. BE confirmed that there will be two separate data systems for the time being as the content of the training is for primary care opposed to the content of the training from the national learning modules. Licence cover will continue beyond April 2020, so the Trust will be able to arrange a planned transition to ESR, if desirable.

PA assured the Board that the Executive Team will ensure these data processing issues are resolved, recognising the exponential rate at which the Trust will grow its workforce in future months.

IB highlighted that on the dashboard there is no reference to agency or bank usage. It was noted IB would like this to be included moving forwards as it will have a relevance to cost and a relevance in terms of safeguarding.

BE responded that there are no agency staff in the staff group currently. Those supplied through the Bank at the moment are being supplied through corporate services and BE can ensure a separate bank update is provided. BE further assured the Board that Bank staff are being included in staff risk assessments etc.

HT commented that the Trust will be given an agency expenditure cap by NHSEI in the future and this is an important component of the financial risk rating of Trusts.

MG stated within the financial reporting pack to the Board agency spend is compared to the substantive staff base and current bank usage is reported. MG confirmed that he will liaise with BE to ensure there is connection with reporting to the People Committee and the Finance, Performance and Digital Committee.

The Board noted the People Committee report.

125/20. TRANSACTION AND ICP DEVELOPMENT

Report from Transaction Committee

SC reported that the current Executive Team are all interim appointments and this needs to be addressed for continuity particularly in regards to the award of the contract and with regards to the infrastructure the Trust need to recruit to. The recruitment challenge has been raised with NHSE/I and the Trust are awaiting a response.

It was noted that the Committee approved the ToR for the Joint Mobilisation Group. SC stated that this is a fortnightly meeting between the Trust and the CCG as the Trust moves towards the award of the ICP contract.

The Committee were also provided with a verbal update on the transfers that took place on 1 October and

a verbal update on the transfer of staff that are intended to transfer on 1 April 2021 from DGFT, BCH and Shropshire Community Trust. Information was provided through the due diligence reports on all of these transfers. It was noted that there is still some outstanding information, however this detail is now starting to be received. SC stated that with regards to the High Oak and Dudley CCG transfers, whilst there are some risks identified, none are red risks and all are manageable with the processes the Trust have in place.

It was highlighted that the Committee did discuss the outstanding information regarding High Oak however it was noted that the information was received before the transfer took place.

The Committee discussed the CCG clinical due diligence report with regards to the Continuing Healthcare assessments and repeat prescriptions which is being managed through the Medicines Management team. SC highlighted that an issue was flagged with regards to capacity and bandings of the Continuing Healthcare team the Trust is inheriting. It was noted that there is a re-banding process as part of the restructuring of the CCG and the Trust's staff will be included in this. The Trust has also asked for the capacity assessment to take place at the same time so that there is parity of capacity within the CHC teams across the Black Country and the CCG has responded positively.

The financial due diligence for the transfer of the High Oak Surgery was reviewed by the Committee and it was noted that the CFO has confirmed that the practice is financially viable for the next 12 months.

In relation to the workforce reports for the 1 October transfers, from a due diligence perspective, SC stated that there are some challenges with regards to recruitment and vacancies for the Continuing Healthcare team. The Committee also reviewed the workforce reports for the services transferring on 1 April 2021 and it was noted that there are still some gaps of information in regards to the transfer of services from one provider. The Trust are working with them on this and information is starting to be received.

It was noted that the Trust has got all of the legal and transferring documentation in place for the transfers on 1 October 2020.

SC stated that the Committee discussed the business case and the comments log. All of the comments received have been answered and this will be discussed within the part two when going through the final version of the case.

The Committee also reviewed the red flags that had been raised when the Strategic Case was submitted. The Committee agreed to give the Trust's responses further consideration ahead of the submission of the full business case and the Extraordinary Board received an update on the position with regards to the all the red flags that have been addressed within the business case.

The Committee noted the QIAs that have been completed and approved through Q&S and included within the business case. The ongoing production of the Post Transaction Integration Plan (PTIP) was also discussed and it was noted this has been updated and shared with the Board to reflect the most recent version in preparation for the consideration of the business case.

It was noted that the Committee agreed to the addition of three additional risks which are in relation to COVID19, recruitment and system support.

The Board noted the Transaction Committee report.

126/20. ANY OTHER BUSINESS

No items raised.

127/20. QUESTIONS FROM THE PUBLIC

HT invited LM and RD to ask any questions or provide any comments to the Board.

LM commented that it was an enjoyable meeting and helped with the understanding of the organisation and how it fits into the health economy within Dudley. LM reassured the Board that she is having regular catch ups with CB and also meeting with members of Trust staff who are Royal College of Nursing members on 12 October and will feedback to CB.

LM queried if the Board had any thought to engagement with staff side and whether there has been thoughts to an Equality, Diversity and Inclusion lead. ME responded that there is an item at the People Committee to talk through areas for focus on initially including staff associations as the Trust really want to develop staff networks.

LM stated she was surprised that the Government want to receive staff names in relation to flu vaccinations and will feedback this to the College. LM stated that the Trust has a good opportunity to address any mandatory training issues and HT responded that the Trust will ensure that this is sorted.

RD commented that it was interesting to catch up on the continuing progress that is being made around development of the organisation and particularly in regards to the transfer of High Oak Surgery.

RD added that it was interesting to hear the position on the IAPT as work has been undertaken by Healthwatch and the feedback received from volunteers working with shielding and vulnerable person is COVID19 is creating high levels of worry and anxiety around their personal situations and mental health to some extent. RD stated that there seems to be increased levels of low level depression and Healthwatch are conscious of how this may surface in the coming months.

It was noted that a particular focus at Healthwatch at the moment is on the issue of the digital inclusion and exclusion. RD stated Healthwatch England are also undertaking work regarding this and Healthwatch Dudley will coordinate work and work locally with people on this to better understand issues moving forward.

SC commented that the Trust are working with the Primary Care Mental Health Team and thinking about a preventative approach from a population health management perspective to identify people who are showing signs of struggling to get access to services quickly. SC agreed to link in with RD to ensure that if volunteers identify a person who may need support that they get access to the Trust's services.

128/20. BOARD REFLECTIONS

Item to be discussed in part two.

129/20. DATE OF NEXT MEETING

3 November 2020, 9.30 – 12.00

Enclosure 2

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

Dudley Integrated Health and Care NHS Trust

Ref	Date Raised	Action	Action Lead	Due Date	Update
058/20	09/07/2020	Standing Orders and SFI's to be presented to August Board for approval.	MG	Nov-20	Audit and Risk Committee scheduled 5 November 2020 propose to defer action to December.
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	Nov-20	Audit and Risk Committee scheduled 5 November 2020 propose to defer action to December.
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	Nov-20	It has been agreed at the People Committee that there will be one Executive lead for Wellbeing, Equality and Diversity which is BE
106/20a	01/09/2020	ME to confirm the mandatory training compliance for Medicines Management.	ME	Nov-20	
122/20	06/10/2020	Information regarding flu vaccinations to be circulated to all staff.	SC	Nov-20	

Enclosure 3

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE BOARD

TUESDAY 3 NOVEMBER 2020
VIRTUAL MEETING VIA MICROSOFT TEAMS
12:30 – 14:00

PRIVATE AGENDA

Item No	Agenda Item	Enclosure	Presented by	Time
1.	**Chairman's Welcome**	Verbal	Mr H Turner	12:30
2.	**Apologies**	Verbal	Mr H Turner	12:35
3.	**Declarations of Interest**	Verbal	Mr H Turner	12:36
4.	**Minutes from previous meeting held on 6 October 2020**	Enclosure 1	Mr H Turner	12:40
5.	**Minutes from the extraordinary meeting held on 20 October 2020**	Enclosure 2	Mr H Turner	12:42
6.	**Action Register and Matters Arising**	Enclosure 3	Mr H Turner	12:43
7.	**Reflections from Part One**	Verbal	Mr H Turner	12:45
8.	**Chairman's Update**	Verbal	Mr H Turner	12:50
9.	**High Oak Surgery**	Verbal	Mr P Assinder	13:00
10.	**CCG Transfers Update**	Verbal	Mr P Assinder	13:10
11.	**Full Business Case – Transaction Update**	Enclosure 4	Mrs S Cartwright	13:20
12.	**Kingswinford Development Hub Business Case**	Verbal	Mr I Buckley	13:30
13.	**Draft Board Assurance Framework**	Enclosure 5	Mr J Young	13:40
14.	**Any Other Business**	Verbal	Mr H Turner	13:55
15.	**Date of next meeting:** 1 December 2020, 12:30 – 14:00 Virtual Meeting via Microsoft Teams			

Enclosure 4

Dudley Integrated Health and Care NHS Trust

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:	3rd November 2020
KEY POINTS:	1. Covid 19 Update 2. Flu' Vaccination arrangements 3. Combined Black Country CCG 4. Deputy Chief Executive 5. NHSEI Regional performance management arrangements 6. Dudley CVS Covid Hero Awards 7. Equality Diversity & Inclusion update
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

3rd November 2020

1. Covid 19 system-wide response

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.

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 few weeks. Whilst these infection spikes are impacting different areas and regions of the Country differentially, it is of concern that locally our 3 neighbouring Black Country Boroughs; Sandwell; Wolverhampton; and Walsall (together with Birmingham) have been classified as 'tier 2' risk local authorities, necessitating greater public health intervention than the Country generally.

At this time (27th October) Dudley is designated as a Tier 1 (medium) risk borough. However, given recent trends in infections, it is understood that Dudley Public Health colleagues may be considering seeking a higher risk designation from Public Health England in the near future. Certainly, Dudley is seeing a higher rate of both presentations to our Covid Respiratory Assessment Centre at Pensnett and of admissions to Russells Hall Hospital, than at the start of autumn.

DIHC continues to work with system colleagues from primary care, local NHS providers, the local authority and the local voluntary sector to contribute to the coordinated response across the Borough. DIHC staff have been reminded of the need for:

- Risk Assessments to be kept up to date
- Not attending work if unwell
- Full and correct use of PPE and social distancing in patient facing environments
- Working remotely where possible until further notice.

2. Flu' Vaccination of staff colleagues

The Trust has approved a detailed flu' vaccination strategy, which aims that all DIHC colleagues should be vaccinated against influenza this winter (unless clinically inappropriate). The Trust has developed multiple routes to vaccination, including the purchase of 100 'vaccination vouchers' with Boots Pharmacy; agreement to purchase vaccination slots with 2 commercial pharmacy chains with multiple branches across Dudley; and an agreement to utilise clinic capacity at Black Country Healthcare Trust.

We are arranging a confidential survey of staff to gauge take up during the next few weeks.

3. Combined Black Country & West Birmingham Clinical Commissioning Group

Earlier this year our local CCGs sought the views of stakeholders on a proposal to merge the four Black Country and West Birmingham CCGs. Some 98% of GP members across the CCGs' area have now voted on the matter and of these, 90% of them voted to support the proposal. The breakdown of supportive votes was SWB 83%, Wolverhampton 92%, Walsall 92%, and Dudley 91%. High Oak Surgery also supported this proposal.

Local CCG Governing Bodies from the four local Black Country CCGs, will meet in public session on 27 October to consider the vote and to decide if they should submit a formal application to NHS England and Improvement (NHSEI) to merge the four existing CCGs on 1 April 2021.

This vote represents a significant show of support from local GPs to the concept of a Black Country wide commissioner, which will be coterminous with the local STP boundaries and which is likely to strengthen the case for a local integrated care system (ICS) status.

This direction of travel is also wholly consistent with our FBC submission and further strengthens the key importance of 'place' in our local system plans.

4. New arrangements for 'system' performance management

NHSEI has recently announced new arrangements for the local performance management of the local NHS. From 1st October onwards, the key focus will be on the performance of whole systems operating at 'place' level. That is, for DIHC, the resilience of the Dudley Healthcare Economy (inclusive of contributions from Dudley Group NHSFT, BCH NHSFT, primary care and local commissioners) will be as relevant as trust-specific KPIs. This a welcome development and one that is wholly consistent with our vision for integrated care in Dudley.

It is likely that, at a practical level, performance monitoring responsibilities will effectively be devolved from NHSEI regionally to local STPs.

In undertaking this change, NHSEI has made clear the importance of Integrated Care Providers (ICP) and Integrated Care Systems (ICS) development.

5. Deputy Chief Executive

I am delighted to report that the Trust Nominations and Remuneration Committee has agreed the designation of Steph Cartwright as Interim Deputy Chief Executive, until 31st March 2021. This designation will continue in addition to Steph's existing responsibilities as Director of Operations, Strategy & Partnerships.

6. Dudley CVS Covid Hero Awards

I was delighted to represent the Trust at the Dudley CVS Covid Hero Awards Ceremony and Dudley CVS AGM on 22nd October. DCVS decided, in addition to their usual volunteer awards, to give special recognition to individuals and organisations who went the extra mile to support our residents during the first wave of the pandemic. I was delighted to introduce one of the award categories,

'Kindness in a Crisis' helping to share the highly commended nominees and the overall winner's stories with the online audience and recognising their inspirational contributions.

7. Equality Diversity & Inclusion

Improving equality, diversity and inclusion in the Trust remains one of the Board's key priorities. To this end, the Board's People Committee has approved the establishment of a dedicated Equality & Diversity Sub Committee of People Committee, which will be chaired by myself as Chief Executive of the Trust and which will monitor in detail the practical steps being taken by the Trust to improve equality, diversity and inclusion (EDI) in DIHC's processes and working practices.

Bev Edgar, who fulfils the role of Board Lead on EDI, is now a member and regular attendee of the Black Country & West Birmingham STP Equality, Diversity and Inclusion Committee to provide an important link to wider system working and communications in this area. Further, the Trust continues to work closely through its SLA arrangements, with Black Country Healthcare NHSFT on the diversity agenda, with the DIHC Board welcoming thoughtful presentations from Michael Hirons (F2SU Champion) and Paul Singh (Inclusion Lead).

The Trust continues to work with the NHSEI Appointments Unit on the NExT Programme for the recruitment of Board Directors.

PA Assinder

CEO

Appendix 1

Healthier Futures
Black Country and West Birmingham
Building Healthier, Happier Communities

NHS

NHS Communications Concordat

Partnership working in the Black Country and West Birmingham

Summary of commitments:

There are many stakeholders who have an interest in the health and care services in the Black Country and West Birmingham area.

The commitment of these partners is to work together to improve the health of the people we serve.

It is imperative that all parties provide timely, accurate and consistent communications in relation to these efforts.

This document sets out the agreement between NHS partners when discussing matters relating to the partnership and our priorities.

We will:

- Ensure our communications accurately reflect the work of the Partnership and the commitment set out in the strategic plan for the Black Country and West Birmingham (BCWB).
- Maintain the highest standards of rigour and integrity in all aspects of our engagement with all stakeholders.
- Ensure that the communications celebrate the success and activities of the BCWB as a whole, maximising opportunities to speak with one voice about the improvements we are collectively making

We will not:

- Actively brief against any other organisation in any public or external forum

Signatories to the concordat:

These signatories will be referred to throughout this document as the partnership/ partners:

- Royal Wolverhampton NHS Trust
- Walsall Healthcare NHS Trust
- The Dudley Group of Hospitals NHS Foundation Trust
- Sandwell & West Birmingham Hospitals NHS Trust
- NHS Dudley CCG
- NHS Walsall CCG
- NHS Sandwell and West Birmingham CCG
- NHS Wolverhampton CCG
- West Midlands Ambulance Service University NHS Foundation Trust
- Black Country Healthcare NHS Foundation Trust
- Dudley Integrated Health and Care NHS Trust
- Birmingham Community NHS Trust

Commitment by the signatories to the concordat:

The BCWB Partnership is designed to bring about wide spread transformation of health and social care for the populations we serve. We all have a collective responsibility to deliver the commitments in the strategic plan, to ensure our local health and care system is fit for the future.

Our priorities for the next 5 years are:

1. We will ensure our local health and care system is fit for the future

- Develop our Primary Care Networks
- Organise health and care delivery around our five 'places'
- NHS organisations will work closer together provide services
- Commissioning with a single voice
- Become an Integrated Care System

2. We will deliver the best quality of care for our population

- Deliver the clinical priorities set out in our Clinical Strategy
- Implement a new quality framework to improve consistency and reduce inequalities
- Collaboration of NHS organisations to provide services facing sustainability challenges

3. We will work together to be a sustainable health and care system

- Sustainable people and communities
- Financially sustainable
- Sustainable workforce

We will ensure we promote ways of working together which are in the interests of local people, who will remain at the heart of the development of this programme.

Where issues relate to more than one partner best endeavours to be made to ensure that proactive and reactive media statements are agreed with signatories prior to external release. We should seek to undertake a joint approach to communication on matters involving more than one partner.

Media enquiries ascertaining to partnership activity, received within each organisation to be briefed to the Partnership Communications lead prior to response being issued.

Adopting a 'no surprises' approach to proposals or announcements, by sharing information with partners in a timely and coordinated manner.

Partners should give each other information on planned meetings with stakeholders at which partnership issues are likely to be a topic of discussion as a matter of courtesy. If partnership matters are raised in meetings these should be shared with partners.

Communications leads meet regularly to discuss system communication issues and this group should be used to in act this concordat.

Partnership leaders should also be conscious of their activity on social media in relation to this concordat.

Each partner commits to communicate in a way that is:

- Open and transparent – our communication will be as open as we can be, ensuring that when the information cannot be given or is unavailable, the reasons are explained

- Consistent – There are no contradictions in the messages given to different stakeholder groups or individuals. The priority to those messages and the degree of detail may differ, but they should never conflict
- Two-way – There are opportunities for open and honest feedback and people have the chance to contribute their ideas and opinions about issues and decisions
- Clear – Communication should be jargon free, to the point, easy to understand and not open to interpretation
- Planned – Communications are planned and timely rather than ad-hoc and are regularly reviewed to ensure effectiveness
- Accessible – Our communications are available in a range of formats to meet the needs of the target audience
- High quality – Our communications are high quality in relation to structure, content and presentation at all times

Signatures

Organisation	CEO	Chair	Medical Director
Healthier Futures Partnership			
The Dudley Group of Hospitals NHS Trust			
Royal Wolverhampton NHS Trust			
Sandwell and West Birmingham NHS Trust			
Walsall Healthcare NHS Trust			
NHS Dudley CCG			
NHS Wolverhampton CCG			
NHS Sandwell and West Birmingham CCG			
NHS Walsall CCG			
West Midlands Ambulance Service University NHS Foundation Trust			
Black Country Healthcare NHS Foundation Trust			

Dudley Integrated Health and Care NHS Trust			
Birmingham Community NHS Trust			

Enclosure 5

Dudley Integrated Health and Care NHS Trust

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 and to provide assurance that the risks are being appropriately managed
AUTHOR OF REPORT:	Jim Young, Interim Head of Quality & Governance
DATE OF MEETING:	03 November 2020
KEY POINTS:	• There is currently one red-rated risk – **C-105** –relating to NHSEI's capacity to review the business case in the required timescales; there are currently no proposed changes but this risk is being closely monitored through regular dialogue.
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

Dudley Integrated Health and Care NHS Trust

STEP 1 - IDENTIFY																STEP 2 - EVALUATE								STEP 3 - PLAN							
					Committees							Risk Description			Inherent / Initial					Current Score							Target Risk				
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 OF:	IMPACT/CONSEQUENCES	(L)ikelihood Score	(I)mpact Score	Risk Rating (L x I)	Controls in Place i.e. arrangements that are already in place and are helping to control the risk – please provide evidence of the risk being controlled	Assurance (RAG) rating for the strength of controls	(L)ikelihood Score	(I)mpact Score	Risk Rating	Risk Movement from last assessment	Risk Response Tolerate / treat / transfer / terminate	Actions to address the risks: i.e. What actions are you going to take to strengthen control of the risk and achieve the target risk rating. SMART actions: S = Specific M= Measurable A= Attainable R= Relevant T= Timely	Responsibility of	Action Deadline	(L)ikelihood	(I)mpact Score	Risk Rating (L x I)	Status
23/10/2020	05/12/2020	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 contact with NHSEI following submission; discuss possible alternative arrangements with NHSEI for maintaining planned timeframe should a problem arise	Steph Cartwright	30/11/2020	1	5	5	Open

Enclosure 6

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Report from Primary Care Integration Committee held on 21st October 2020
PURPOSE OF REPORT:	To update Board Members on discussions held at the Primary Care Integration Committee on 21st October 2020
AUTHOR OF REPORT:	Daniel King Head of Primary Care Development
DATE OF MEETING:	3rd November 2020
KEY POINTS:	• The report summarises the key points and decisions of the Primary Care Integration Committee on the 21st October 2020 • The Board are asked to note that o The committee received and update from the PCN Clinical Directors. Development sessions of the Committee and Board will be organised as a result to determine and agree the governance and operational working arrangements between DIHC and PCNs. o Further meetings will be scheduled between Executive Directors of the CCG and DIHC to determine responsibility and accountability in relation to primary care. o The committee received an update on the process to appoint the GP Associate Non-Executive Directors and GP Associate Medical Director roles and the PCNs provided feedback as to the nature and responsibilities that should sit within each role. o The committee received a work stream update and noted that the successful transfer of High Oak and Local Improvement Schemes took place on 1st October 2020 along with 40 practices that have entered into the Primary Care Integration Agreement. o The committee received an update on the development of the full integration strategy and noted that primary care, executive and board development sessions will be organised to discuss and agree the key strategic principles. o The committee received an update on the Dudley Quality Outcomes for Health Framework, noting that further work is to be done to determine the support that will be provided to address variation. o The committee noted that work has been undertaken with the CCG to formally establish dual reporting from existing CCG operational groups on reporting and coordination of support to primary care.

	o The committee still needs to develop its risk register, and a workshop is being organised to develop and recommend this to the next meeting of the committee in November.
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 ☐
	Approval ☐
	Assurance ☒

Dudley Integrated Health and Care NHS Trust

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: **Primary Care Integration Committee**

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

Significant risks/issues for escalation	• Further development sessions to be organised to determine the responsibilities of the Committees in relation to primary care issues i.e. prescribing, IT and quality and safety • Further meetings scheduled between Executive Directors of the CCG and DIHC to determine responsibility and accountability in relation to primary care.
Key issues/matters discussed at the Committee	• The report summarises the key points and decisions of the Primary Care Integration Committee on the 21st October 2020 • The committee received and update from the PCN Clinical Directors. This illustrated the need for further work to be undertaken to determine the relationship between the PCNs and DIHC, and some practical examples of how issues being reporting by practices and PCNs are addressed when they relate to issues being managed in other Committees i.e. prescribing performance, employment of staff within PCNs contributing to the delivery of DIHC services, provision of IT within primary and community services etc. • It was agreed that there would be further development sessions of the Committee and Board organised as a result to determine and agree the governance and operational working arrangements between DIHC and PCNs, and the governance and reporting arrangements between Committees. • The committee received an update on the process to appoint the GP Associate Non-Executive Director and GP Associate Medical Director roles. The PCNs provided feedback as to the nature and responsibilities that should sit within each role that will be incorporated into job descriptions and work plans. • The committee received a work stream update, noting that the successful transfer of High Oak and Local Improvement Schemes took place on 1st October 2020 along with 40 practices that have entered into the Primary Care Integration Agreement. • The committee has further work streams in place to develop an engagement plan and the development of the full integration strategy.

	• The committee received an update on the development of the full integration strategy. The committee noted the complexity and scale of this work and noted that primary care, executive and board development sessions will be organised to discuss and agree the key strategic principles. The committee noted that the PCN Clinical Directors are very keen to see the development and implementation of the strategy as quickly as possible. • The committee received an update on the Dudley Quality Outcomes for Health Framework. The committee noted that further work is to be done to determine the support that will be provided to address variation, and that this was supported by the PCN Clinical Directors who were keen to determine 'what good looked like' as part of the primary care operating model. This work in continuing. • The committee noted that work has been undertaken with the CCG to formally establish dual reporting from existing CCG operational groups on reporting and coordination of support to primary care. • The committee noted that further meetings have been organised between the Managing Director of Dudley CCG and the Director of Primary Care for the CCGs to meet with the Director of Operations, Strategy and Partnerships, the Director of Nursing, Quality and AHPs and Head of Primary Care to determine the responsibilities and accountabilities in relation to primary care across the CCG and DIHC. • The committee will be developing its risk register, and a workshop is being organised to develop and recommend this to the next meeting of the committee in November.
Decisions made by the Committee	• None
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	None identified
Items/Issues for referral to other Committees	None identified

Enclosure 7

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	**Quality & Safety Committee Assurance Report**
PURPOSE OF REPORT:	The report summarises the key points related to discussions taken within the Quality & Safety Committee held in October 2020.
AUTHOR OF REPORT:	Caroline Brunt – Interim Director of Nursing, AHPs and Quality
DATE OF MEETING:	3rd November 2020
KEY POINTS:	**The report captures the key points discussed at the Quality & Safety Committee regarding:** • Based on the quality indicator data available to Committee were no concerns regarding the quality of services currently provided by the Trust; • No Serious Incidents reported during the reporting period; • Two complaints had been reported in relation to Primary Care Mental Health and an investigation process was underway; • Patient feedback regarding Pensnett Assessment Centre was presented and discussed; • Assurance on Children and Young People (CYP) & Adult Continuing Health Care issues including Covid related backlog of assessments was presented; • Assurances relating to the Infection Control & Prevention and Health & Safety issues, particularly in the context of Covid 19, were received; • Quality Impact Assessment was approved; • Assurance and approval was given regarding management of governance related projects within DIHC; • Request for approval to delegate Accountable Officer for Controlled Drugs function from Dr Chris Weiner, Interim Medical Director to Mr Duncan Jenkins, Specialist in Pharmaceutical Public Health
RECOMMENDATION:	• That the report is received by the Board for assurance

	• That approval is given for delegation of Accountable Officer for Controlled Drugs function to Mr Duncan Jenkins, Specialist in Pharmaceutical Public Health
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision ☐
	Approval ☒
	Assurance ☒

Dudley Integrated Health and Care NHS Trust

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: **Quality & Safety Committee**

Date of meeting: 20th October 2020 (via Microsoft Teams)

Significant risks/issues for escalation	*The 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. • Two complaints received in month relating to Primary Care Mental Health Services were discussed and associated management arrangements. • Quality data including safeguarding and other mandatory and statutory training remains a focus for discussion with BCH to ensure the SLA achieves robust information flows. • Request for approval to delegate Accountable Officer for Controlled Drugs function from Dr Chris Weiner, Interim Medical Director to Mr Duncan Jenkins, Specialist in Pharmaceutical Public Health • CAS alerts are now being managed through the Pharmaceutical Public Health Team following their transfer on 1st October 2020. • Children and Young People (CYP) (particularly given CYP not returning to school due to the need for Aerosol Generating Procedures) & Adult CHC Covid backlog assessment including the Community Deprivation of Liberty and Mental Capacity Assessments and associated staffing challenges were discussed, action plan following Due Diligence to be presented to November Q&S Committee alongside assurance processes linked to CCG and progress monitoring agreed. • Specific service level information & updates given with assurance received. • COVID building risk assessments are ongoing in preparation for return to face to face clinical work where appropriate and safe for staff and patients to do so. • Pensnett Assessment Centre (both Pensnett and Guest sites) patient feedback provided, generally

	positive feedback discussed and commitment to follow up with further patient feedback. • Assurance was given on; Integrated Assurance Framework, Incident Management System, policy development and development of other clinical governance systems; revised projects plans and their scope were discussed and the approval of the proposed approach to project oversight was given. • Infection Control and Prevention and Health & Safety issues including organisational winter preparation, flu vaccination planning. • DIHC staff vaccination programme discussed and agreed as an organisational priority. • DIHC Quality Impact Assessment discussed and approved
Decisions made by the Committee	Assurance received and approval given as above.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	Work regarding the risk register and BAF are ongoing no specific implications from the meeting.
Items/Issues for referral to other Committees/Board	• No issues for referral to other Committees identified • Board are requested to agree the delegation of the Accountable Officer for Controlled Drugs function from Dr Chris Weiner, Interim Medical Director to Mr Duncan Jenkins; Specialist in Pharmaceutical Public Health.

Enclosure 8

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	**Finance, Performance and Digital Committee**
PURPOSE OF REPORT:	The report summarises the key points and decisions from the Finance, Performance and Digital Committee held in October 2020
AUTHOR OF REPORT:	Matthew Gamage – Interim Director of Finance
DATE OF MEETING:	03 November 2020
KEY POINTS:	• The report captures the key points in relation to 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:	
ACTION REQUIRED:	Decision ☐
	Approval ☐
	Assurance ☒

Dudley Integrated Health and Care NHS Trust

COMMITTEE ASSURANCE REPORT TO THE BOARD

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

Date of meeting: 20th October 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 September 2020 • The Trust is reporting a break even position for the period • National block funding arrangements are in place during April to September 2020. For the period April to September 2020 the Trust will receive £3.74m income to cover the £3.74m expenditure incurred • There are currently vacancies within the IAPT and Primary Care Mental Health Team, however the underspend on these services has been offset by an overspend on transaction costs • The Better Payment Practice code was not achieved in month 6 for NHS payments and Non NHS payments with the exception of NHS payment values for which the Trust achieved 99.2%. • In September 511 people entered treatment for IAPT compared to the target of 624 which equates to achievement of 81.89%. • The recovery target was not achieved with 41.2% of people completing treatment moving to recovery compared to the 50% target. • IAPT waiting times achieved in September 2020 • IAPT performance was presented at a PCN level which showed Halesowen PCN achieving the target in quarter 1. This PCN is currently piloting the new IAPT referral process. • The Digital Steering Group has only met once due to the Prioritisation of Digital Safe Landing Group work. • High Oak Surgery and Dudley CCG services and staff have safely transferred on 1st October 2020. • The Trust will meet with Alscient to discuss future IT support requirements. • The N365 licences have been received and are being applied by NHS Digital. • The committee were assured that the Kingswinford Hub remained a viable option under each possible accounting treatment. • The obligations that will be imposed under the lease are likely to result in the Trust's proposed treatment being

	acceptable, however the committee agreed to share this with External Audit.
	• The committee received an update on Dudley Quality Outcomes for Health (DQOFH) based on Q2 data for 2020/21.
	  o There were 12 practices which were lower than the required access standard of 75 contacts per week per 1000 population
	  o Many of the indicators for continuity and coordination are currently red, however this is to be expected as it is still fairly early in the yearly cycle. Also, there is a recognition that due to COVID-19 pandemic, practices have found delivery of the framework a real challenge, specifically during quarter 1.

Decisions made by the Committee	• The Committee were assured by the finance and performance report, the digital safe landing update and recommended that the Board approve the Kingswinford development at the November Board meeting.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	No specific implications identified
Items/Issues for referral to other Committees	None identified

Enclosure 9

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Update from People Committee
PURPOSE OF REPORT:	To inform the Board of the assurance received at the People Committee and its priorities and risks.
AUTHOR OF REPORT:	Bev Edgar
DATE OF MEETING:	3rd November 2020
KEY POINTS:	• New risk identified in 2 Services due to staff vacancies to be added to the corporate risk register • Equality and Diversity Committee to be established • Flu campaign underway
RECOMMENDATION:	The Board supports the development of the Equality and Diversity Committee
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None
ACTION REQUIRED:	Decision ☐
	Approval ☒
	Assurance ☐

Dudley Integrated Health and Care NHS Trust

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: People Committee

Date of meeting: 16th October 2020

Significant risks/issues for escalation	Recruitment in IAPTs and CHC
Key issues/matters discussed at the Committee	• The Committee received an update on the role of the Freedom to Speak Up Guardian from Michael Hirons at BCH. This was informative and enabled the group to consider the types of issues being raised. DIHC will look to develop local F2SU Champions in the future. • Committee received an update on the Flu vaccine provision including providing vouchers and access to clinics for staff – a further update will be provided at the November People Committee • Further work is required to finalise the Committee workplan that will be shared again in November • The committee received an update on the TUPE transactions on October 1st with an update on the payroll transfer. There were some issues in delayed information being provided now resolved. • The revised KPIs indicate clinical training compliance in 2 areas of face to face training needing immediate action by line managers • The Covid Risk Assessments indicate full compliance of existing services although all CCG staff need to complete updated RAs • The DIHC Equality and Diversity Committee will now be formed in response to the WRES and DES • The agency costs and recruitment challenges were discussed by the Committee and agreed formed an additional risk to the Board
Decisions made by the Committee	• To agree to create The Equality and Diversity Committee as a sub- group of the People Committee with the CEO as Chair
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	The current workforce risk relates to timely communications with staff potentially transferring over to the DIHC in April 2021 in order to mitigate concerns and reduce staff turnover. This has been raised with particular reference to staff from DGHFT as there are no dates yet identified to hold staff briefings. An additional risk has now been identified at the committee relates to inherited staff vacancies in IAPTs and CHC,

Items/Issues for referral to other Committees	The TUPE and staff communications in relation to future transfer updates are received at Transaction Committee.

Workforce KPIs

September 2020

Dudley Integrated Health and Care NHS Trust

Dashboard

445 Dudley IHC — Sep-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	63.41			
Staff in Post FTE (Contracted)					54.95	54.95	55.95	55.95	56.95	56.95			
WTE Variance					8.46	8.46	7.46	7.46	6.46	6.46			
Vacancy %	10.0%				13.34%	13.34%	11.76%	11.76%	10.19%	10.19%			
Headcount					61	61	62	62	63	63			
Starters					1.27	0.00	1.00	0.00	1.00	0.00			
Leavers					1.62	0.00	0.00	0.00	0.00	0.00			
Turnover % (12 Months)	10-13%				11.48%	9.82%	9.66%	10.20%	9.50%	10.09%			
Turnover % (in Month)	0.8-1.1%				2.97%	0.00%	0.00%	0.00%	0.00%	0.00%			

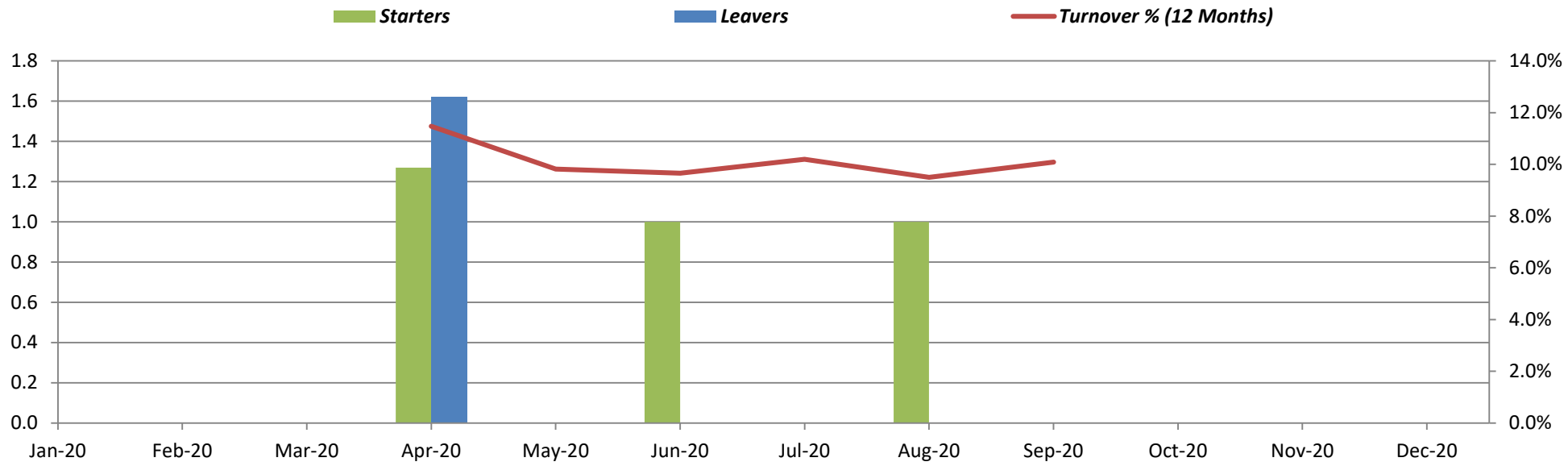
Absence

	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%	1.62%			
Sickness % (12 Months)	4.68%				5.40%	4.93%	4.32%	4.01%	3.43%	2.99%			
Long Term Sickness % (12 Months)					74.82%	76.68%	77.31%	76.81%	77.84%	77.84%			
Maternity % (Month)					4.85%	4.87%	4.94%	2.60%	2.43%	2.43%			

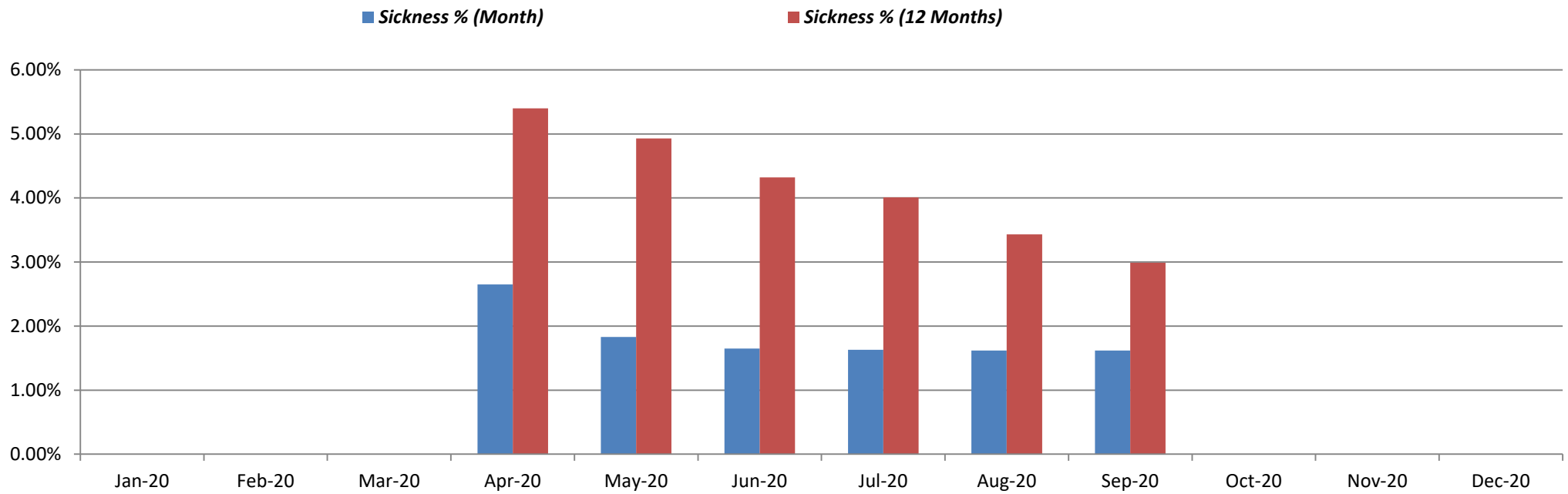
Development

	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%	80.85%			
Training Compliance %	90%				85.75%	85.83%	85.03%	91.21%	86.14%	86.14%			
Training DNA Rate %					-	-	-	-	-				
Covid Risk Assessment %					-	-	-	-	100.00%	100.00%			
Supervision received (HC)					-	-	-	-	-				

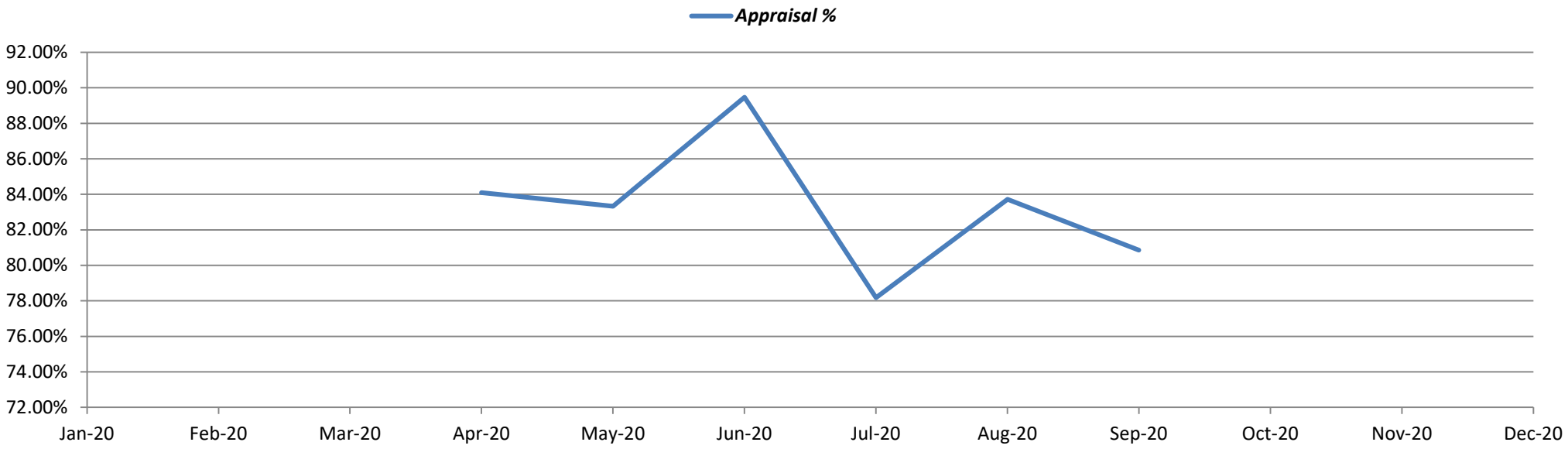
Staffturn


Starters
Leavers
Turnover % (12 Months)
1.8
1.6
1.4
1.2
1.0
0.8
0.6
0.4
0.2
0.0
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20

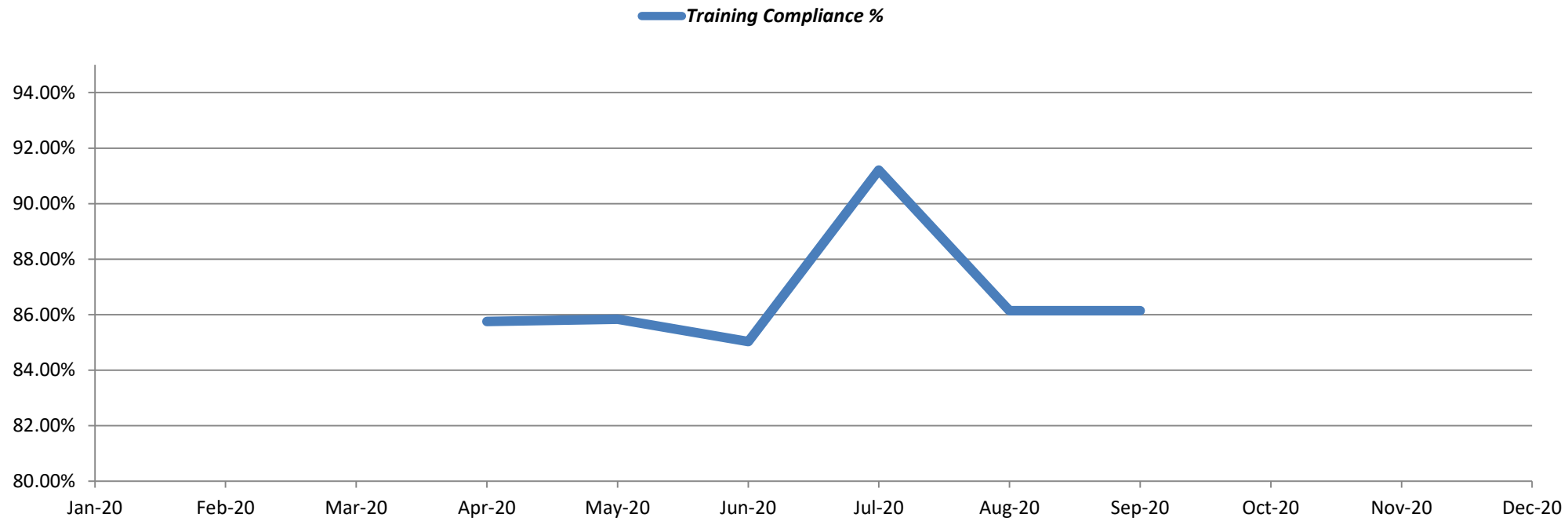
Sickness Absence



Appraisal


Appraisal %
92.00%
90.00%
88.00%
86.00%
84.00%
82.00%
80.00%
78.00%
76.00%
74.00%
72.00%
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20

Training Compliance



Training Compliance by Competencies

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

		Individual Risks			Workplace Risk			Total Risk Level			
Division	Total Returns	High	Medium	Low	High	Medium	Low	High	Medium	Low	% of Returns at Medium or Higher Total Risk
Dudley IHC	55		1	54		23	54		1	54	1.82%
Grand Total	**55**	**0**	**1**	**54**	**0**	**23**	**54**	**0**	**1**	**54**	**1.82%**

Summary of Returns (BAME Staff)

		Individual Risks			Workplace Risk			Total Risk Level		
Division	Total Returns	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

	All Returns				BAME			
Division	Yes	No	N/A	Grand Total	Yes	No	N/A	Grand Total
Dudley IHC	51		3	54	8			8
Grand Total	**51**	**0**	**3**	**54**	**8**	**0**	**0**	**8**

Covid Risk Assessments

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
Grand Total	**0**	**19**	**35**	**54**	**0**	**5**	**3**	**8**

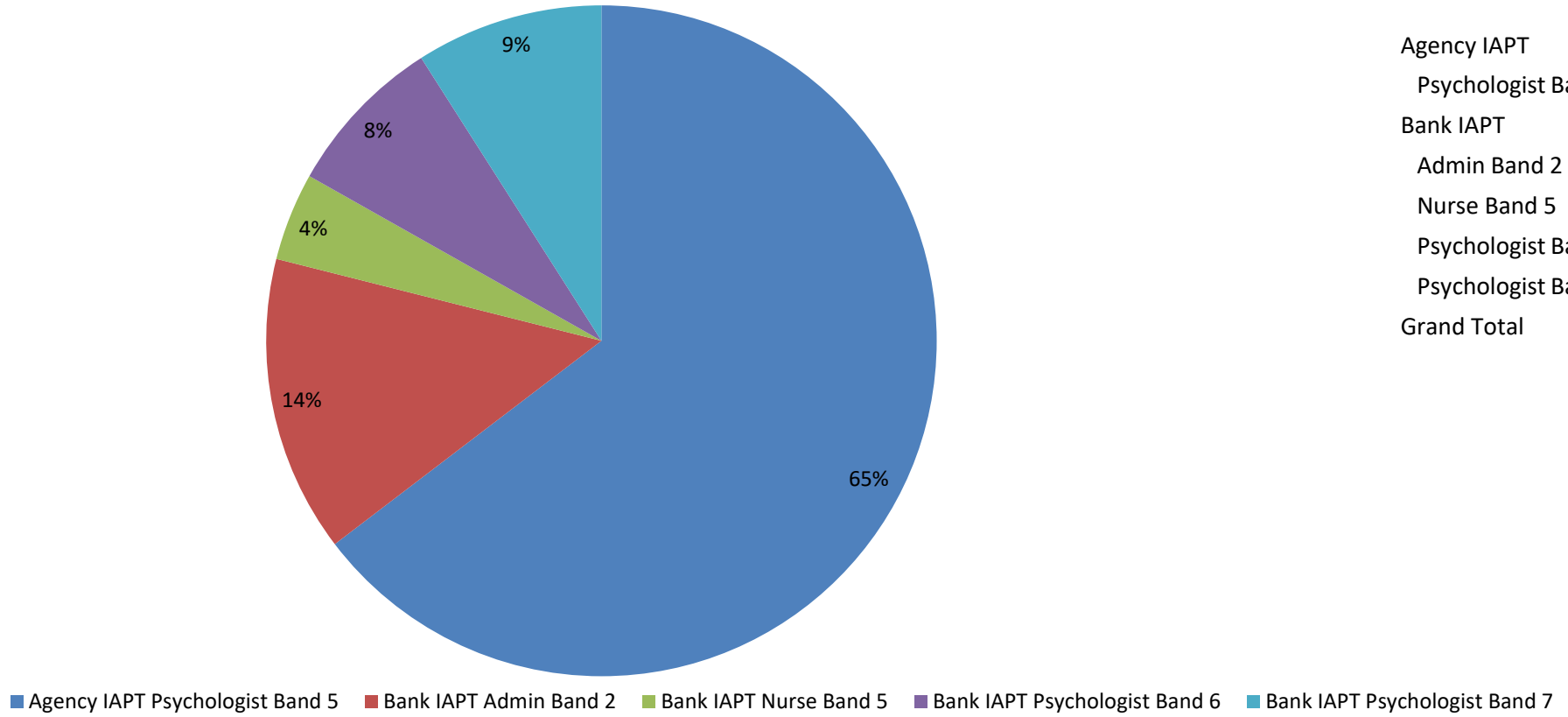
Staff Redeployed or moved to different premises

	All Returns				BAME			
Division	Yes	No	N/A	Grand Total	Yes	No	N/A	Grand Total
Dudley ICH		19	35	54		5	3	8
Grand Total	**0**	**19**	**35**	**54**	**0**	**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

Agency & Bank Spend September 2020



	£
Agency IAPT	£ 12,800.00
Psychologist Band 5	£ 12,800.00
Bank IAPT	£ 7,003.77
Admin Band 2	£ 2,830.75
Nurse Band 5	£ 839.76
Psychologist Band 6	£ 1,544.31
Psychologist Band 7	£ 1,788.95
Grand Total	£ 19,803.77

Enclosure 10

Dudley Integrated Health and Care NHS Trust

DUDLEY INTEGRATED HEALTH AND CARE NHS BOARD

TITLE OF REPORT:	Report from Transaction Committee held on 13th October 2020
PURPOSE OF REPORT:	To update Board Members on discussions held at Transaction Committee on 13th October 2020
AUTHOR OF REPORT:	Stephanie Cartwright Director of Operations, Strategy and Partnerships
DATE OF MEETING:	3rd November 2020
KEY POINTS:	• The report summarises the key points and decisions regarding Dudley IHC transactions and the work towards the planned award of the ICP contract on 1st April 2021. • An update on the submission of the full business case and process in place to ensure all queries from NHSI are responded to efficiently and effectively. • The committee noted the due diligence report on the transfer of employment and how any issues on transfer would be covered by indemnity agreements. • The staff transfers to DIHC from Dudley CCG and High Oak Surgery on 1st October were discussed. • The committee noted the progress on the planned transfers of staff and services to DIHC on 1st April 2021 from Dudley Group NHS Foundation Trust (community services), Black Country Partnerships NHS Foundation Trust and Shropshire Community NHS Partnership Trust (children's services). • The committee noted the progress of the ICP Contract Joint Mobilisation Group between Dudley CCG, Dudley Council and DIHC representatives. • The committee discussed the change of focus of the ICP Development Group from business case development to overseeing the staff transfers and completion of the Post Transaction Integration Plan. • The committee agreed to close two risks on the Transaction Risk Register.
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 ☒

Dudley Integrated Health and Care NHS Trust

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: **Transaction Committee**

Date of meeting: 13th October 2020 (via Microsoft Teams)

Significant risks/issues for escalation	None identified
Key issues/matters discussed at the Committee	• The committee noted the submission of the full business case for the award of the ICP contract that had been successfully submitted to NHSI colleagues on 6th October 2020. Due to the size and number of appendices a portal is being established between NHSI and DIHC colleagues to upload all document. The committee received an update on the business case approval process and were informed that numerous queries are being received from the NHSI team which are being responded to in a timely manner. All queries and responses are being co-ordinated through the Director of Operations, Strategy and Partnerships and the Programme Director. A log of all queries and responses is being maintained which will be shared with NHSI colleagues on a weekly basis and DIHC executives are meeting three times a week to review and ensure progress on responding to all queries. The committee were informed of Dudley Group NHS Foundation Trust's (DGFT) temporary withdrawal from the Clinical Advisory Groups and Clinical Strategy Board and noted that the Clinical Strategy Board will continue to meet with remaining system colleagues. The committee noted that Dudley CCG representatives are meeting with DGFT consultants imminently regarding the recent issues that have been raised. • The committee were informed that DGFT (Terrafirma) has withdrawn from the Digital Safe Landing Group. It was agreed that this would be escalated to the DGFT Chief Executive by the DIHC Chief Executive. • The committee received a due diligence report from BrowneJacobson on the transfer of staff to DIHC and it was noted there were no flags or problematic claims that are outstanding. The committee discussed the current Supreme Court Flowers Case which includes a challenge to an employer over holiday entitlement for voluntary overtime worked and noted the need to ensure that transferring organisations are making holiday payments correctly. The committee were assured that any issue would be minor and would be covered by the indemnity agreements that will be in place. • A verbal update was provided to committee on the staff transfers from Dudley CCG and High Oak Surgery that had taken place on 1st October 2020. The committee were assured that both transfers had taken place

smoothly with some issues in relation to ESR being experienced but no loss of access to emails, files for information. It was noted that some issues had been experienced on the transfer of information between the CCG existing payroll provider and the new DIHC payroll provider, which had been resolved by a checking exercise with staff that information held is correct. The Director of Operations, Strategy and Partnerships and Associate Director of People have led a learning discussion with CCG colleagues to ensure similar problems are not experienced in the future.

- The committee received an update on the transfer of community services from DGFT to DIHC planned for 1st April 2021. It was noted that currently DGFT are not engaging in the transfer process and this is being addressed at a system level with STP and CCG colleagues.
- The committee received an update on the transfer of children's services from Black Country Healthcare NHS Foundation Trust and Shropshire NHS Community Trust. Working groups have been established for both transfers with full attendance by all organisations and terms of reference agreed, project plans in place and good progress being made.
- The committee noted the progress of the ICP Contract Joint Mobilisation Group which included planning and preparation for the Integrated Support and Assurance Process planned to take place in February and March 2021(submissions have made to NHSE to coincide with the business case submission to NHSI), the ICP contract and schedules that are currently being populated and plans for contract completion (December 2020) and contract signing (March 2021).
- The committee noted the change of focus and terms of reference for the ICP Development Group that will be changing its focus from completion of the business case to overseeing the planned transfers of staff and services and the completion of work detailed in the Post Transaction Integration Plan.
- The committee reviewed the Post Transaction Integration Plan (PTIP) and noted the substantial work undertaken to expand the PTIP to incorporate all actions required to develop DIHC in preparation for the award of the ICP contract and the transfer of staff and services to DIHC on 1st April 2021. It was noted that the PTIP is reviewed on a weekly basis led by the Director of Operations, Strategy and Partnerships and the Programme Director and supported by various members of the DIHC programme management team.
- The committee reviewed the risk register and agreed to close risks T-007 (as the business case has now been submitted and any ongoing risks to future service transfers relating to lack of partner engagement is already covered by risk C-107) and T-102 (as this risk is incorporated with risk C-103 detailing the risk of

	COVID-19 impacting on the resources to deliver the transaction).
Decisions made by the Committee	• Escalation of the DGFT (Terrafirma) lack of attendance at the Digital Safe Landing Group to the Chief Executive of DGFT. • Approval to close two risks on the Transaction Risk Register.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	No specific implications identified within the meeting.
Items/Issues for referral to other Committees	None identified