

# DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

**TUESDAY 1 DECEMBER 2020**  
**VIRTUAL MEETING VIA MICROSOFT TEAMS**  
**09.30 – 12.00**

## **PUBLIC AGENDA**

Item No	Agenda Item	Enclosure	Presented by	Time
1.	<b>Chairman's Welcome</b>	Verbal	Mr H Turner	09:30
2.	<b>Apologies</b>	Verbal	Mr H Turner	09:32
3.	<b>Declarations of Interest</b>	Verbal	Mr H Turner	09:33
4.	<b>Service Story</b>			
4.1	Continuing Healthcare	Verbal	Ms J Cale	09:35
5.	<b>Minutes from the previous meeting held on 3 November 2020 for approval</b>	Enclosure 1	Mr H Turner	10:00
6.	<b>Action Register and Matters Arising</b>	Enclosure 2	Mr H Turner	10:03
7.	<b>Agenda for Part Two</b>	Enclosure 3	Mr H Turner	10:05
8.	<b>Chief Executive's Report</b>	Enclosure 4	Mr P Assinder	10:07
9.	<b>Chair's Update</b>	Verbal	Mr H Turner	10:20
10.	<b>Ratification of Urgent Decisions</b>	Enclosure 5	Mr H Turner	10:25
11.	<b>COVID19 Response</b>	Verbal	Mrs C Brunt & Dr C Weiner	10:30
12.	<b>Corporate Governance and Compliance</b>			10:45
12.1	Audit and Risk Committee Report	Enclosure 6	Mr D Gilbert	
12.2	Corporate Risk Register	Enclosure 7	Mr J Young	
13.	<b>Partnerships and Integration</b>			10:55
13.1	Report from Primary Care Integration Committee – Development Session	Enclosure 8	Dr G Solomon	
14.	<b>Quality &amp; Safety</b>			11:05
14.1	Quality & Safety Committee Report	Enclosure 9	Ms V Little	
15.	<b>Finance, Performance and Digital</b>			11:15
15.1	Finance, Performance and Digital Committee Report	Enclosure 10	Mr I Buckley	
16.	<b>Workforce &amp; OD</b>			11:25
16.1	Report from People Committee	Enclosure 11	Mr M Evans	

Item No	Agenda Item	Enclosure	Presented by	Time
17. 17.1	<b>Transaction and ICP Development</b> Report from Transaction Committee	Enclosure 12	Mrs S Cartwright	11:35
18.	<b>Any Other Business</b>	Verbal	Mr H Turner	11:45
19.	<b>Questions from the public</b>	Verbal	Mr H Turner	11:50
20.	<b>Board reflections</b>	Verbal	Mr H Turner	11:55
21.	<b>Date of next meeting:</b> 12 January 2021, 09.30 – 12.00 Virtual Meeting via Microsoft Teams			

# DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

## MINUTES OF THE PUBLIC MEETING HELD ON 3 NOVEMBER 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 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 G Love (GL)	Interim Associate Non-Executive Director

### In Attendance:

Mr J Young (JY)	Head of Quality and Governance, Dudley IHC
Mrs H Codd (HC)	Communications and Engagement Manager, Dudley IHC
Mr R Dalziel (RD)	Participatory Research Officer, Healthwatch Dudley
Dr D Jenkins (DJ)	Specialist in Pharmaceutical Public Health, Dudley IHC (Item 4 only)
Mr S Steele (SS)	Member of the Public

### Minute Taker:

Miss K Weston (KW)	Interim Executive Assistant, Dudley IHC
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### 130/20. CHAIRMAN'S WELCOME

The Chair welcomed the Board to the meeting.

### 131/20. APOLOGIES

No apologies were noted.

### 132/20. DECLARATIONS OF INTEREST

No declarations of interest were noted in relation to today's agenda items.

### 133/20. SERVICE STORY

#### Pharmaceutical Services

CW introduced Dr Duncan Jenkins who is a Specialist in Pharmaceutical Public Health at the Trust.

DJ provided a virtual introduction of the Pharmaceutical Public Health Team shown on an organogram

and outlined the background of the team. It was noted how the team will be working with the Integrated Care Teams (ICTs) in each of the Primary Care Networks (PCNs).

DJ highlighted the various awards that have been won by the Pharmaceutical Public Health team and some of the case studies that have been published. DJ explained that there was a case study in relation to hypertension management, and that the team are continuing this work and are about to start a hypertension detection pilot through community pharmacies in Dudley and Netherton PCN.

DJ briefly outlined the opportunities within the Trust which included; population health management, new ways of working and having a focus on outcomes. DJ also outlined the current challenges for the team including Covid19, Brexit and medicines shortages, aligning to a new organisation and workforce moving across contracts.

DJ commented that the experience the team have had since starting in 2002 in the public health system has really prepared the team well for an ICP model, and are in a strong place to contribute to delivery.

GL commented that anything that is being done to support the contract for service to agenda for change rollover needs to align to the PCN Directed Enhanced Service (DES). DJ responded that the team are well sighted on this, the process that is being put in place is to agree with the PCN Clinical Directors on an annual basis with a regular review of what Key Performance Indicators (KPIs) the team will be delivering on alongside the Quality, Innovation, Productivity and Prevention (QIPP) programme and what practice support can be provided.

MG queried the future direction of travel working with the ICTs and how this can be developed over time.

DJ responded that the ICTs and practices will be working closely and there will be a realignment of the model of care. The ICTs will be providing wrap around care and having integrated teams will be more efficient. It was noted it is important to have consistent models across the ICTs and a consistent approach that is systematic and data driven. CW added that the use of wrapping the pharmaceutical team around the ICTs is a route to deliver a systematic approach to population health management across Dudley.

ME acknowledged the vision of the team which fits in with the Trust's mission and purpose moving forwards.

It was noted that there are areas that are being looked at across the STP and there is a strong pharmacy leadership group that works across primary care, acute secondary care, mental health and community pharmacy that works together to look at areas where the NHS can save money.

A brief discussion was held around HR support for the Pharmaceutical Public Health Team and BE highlighted that there is dedicated HR support who is currently seeking legal advice around liabilities of existing contracts ahead of any decision to recruit which will be reported through the Finance, Performance and Digital Committee and the People Committee. It was noted that the team need to look at recruiting in the short term to help deal with winter pressures and it was agreed for BE to provide an update on progress regarding this at the next Board meeting.

HT provided a note of thank you to DJ and the team on behalf of the Board for the fantastic work.

***Action: BE to identify and agree a way forward regarding short term Locum Pharmacists recruitment prior to the long -term solution being established.***

#### **134/20. MINUTES OF PREVIOUS MEETING HELD ON 6 OCTOBER 2020 FOR APPROVAL**

It was agreed to remove the three words under 'Finance, Performance and Digital Report' paragraph seven.

Following the above amendment, the minutes were agreed as an accurate record of the previous meeting.

## **135/20. ACTION REGISTER AND MATTERS ARISING**

### *Ref 058/20 & 058/20a*

It was noted a decision was made to defer the Audit and Risk Committee that was scheduled in September due to the ongoing work on the business case. The next Audit and Risk Committee is scheduled for 5 November therefore it was agreed to defer the actions to December.

### *Ref 099/20*

It has been agreed at the People Committee that there will be one Executive lead for Wellbeing, Equality and Diversity which is BE.

### *Ref 106/20a*

Action to be picked up under the People Committee report. Action to be closed.

### *Ref 122/20*

SC confirmed that information regarding flu vaccinations has been circulated to all staff.

## **136/20. AGENDA FOR PART TWO**

The Board noted the agenda for part two.

## **137/20. CHIEF EXECUTIVE REPORT**

PA reported that the NHS is formally on a level three emergency footing and are anticipating with the Prime Ministers recent announcement on 31 October 2020 whether the NHS will go back to level four national escalation. Chief Executives and other system leads are meeting every other day in terms of a formal Black Country wide system response.

Dudley is seeing a higher rate of both presentations to the Respiratory Assessment Centre and to secondary care. It was noted over the last 48 hours it was been reported that there are now over 400 new infections per 100,000 population in Dudley.

PA stated there are routine meetings of Senior Clinicians from primary care and secondary care with good working relationships.

PA highlighted that Dudley Integrated Health and Care NHS Trust (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.

In relation to vaccines, the Trust has developed multiple routes for flu vaccinations across Dudley and are providing a confidential survey for staff to complete to keep check of numbers for the organisation.

It was noted earlier this year the local CCGs sought the views of stakeholders on a proposal to merge the four Black Country and West Birmingham CCGs. PA reported that 98% of GP members across the Black Country and West Birmingham have voted on this matter and 90% of colleagues have voted in favour of the merger. The local CCGs have now submitted a formal application to NHSE/I to merge the existing CCGs with effect from 1 April 2021. It was highlighted that this direction of travel is wholly consistent with the Trust's business case and proposition to work at place around the population health initiative.

PA stated recently there has been a delegation announcement of the performance management function previously held by NHSI and delivered regionally which is going to be being delegated down to local STPs. It was noted that the key focus will be on the performance of whole systems operating at 'place' level.

PA formally congratulated SC on the appointment of Interim Deputy Chief Executive Officer for the Trust which was approved by the Trust's Remuneration Committee on 20 October 2020.

It was noted that PA and HT attended the virtual Dudley Council for Voluntary Service (Dudley CVS) Covid Heroes Event and PA stated that it was a real opportunity to celebrate the work of the voluntary sector across Dudley. PA acknowledged the effort of the voluntary sector who have gone the extra mile through the Covid pandemic and are committed to working with the Trust and other system partners to get the best solution for the local population.

Equality, Diversity and Inclusion remains a key focus for the Trust and the People Committee has approved the establishment of a dedicated Equality and Diversity Sub-Committee of the People Committee which with formal approval from the Board, PA will be chairing.

PA noted that the Trust continues to work with the NHSE/I appointments unit around their NExT programme for the future recruitment of Board Directors.

It was highlighted that the Trust will support all system partners throughout the second wave of Covid and the predicted winter pressures, as pressures are increasing in both primary care and secondary care. CW commented that the Trust are discussing with partners how to work together to relieve pressure.

DG commented that he is pleased with the communications concordat which is an appendix to PA's report where there is heads of agreement with providers and commissioners in the Black Country and that it is good to see the system pulling together during these extraordinary times.

**The Board noted the Chief Executive's report.**

#### **138/20. CHAIRS UPDATE**

HT and PA continue to meet with stakeholders and have recently met with a number of Councillors and MPs. The Trust are also meeting regularly with The Dudley Group NHS Foundation Trust (DGFT) in relation to the award of the ICP contract to the Trust.

HT reported that the Trust are going out to the GP population to start the recruitment of the two Associate Non-Executive Directors and a GP Associate Medical Director.

It was noted that the European Health Management Association accepted an abstract that was jointly prepared between the Trust and the Good Governance Institute around the subject of integration. HT has been invited to speak at the conference on 18 November 2020 to present the Trust's work.

**The Board noted the Chair's update.**

#### **139/20. COVID19 RESPONSE**

CB reported the Respiratory Assessment Centre is currently providing a 23 patient assessment capacity alongside Covid testing. The team are also undertaking research work in terms of facilitating remote patient monitoring for follow ups. The Trust are working with the team and anticipate that there will be additional capacity added which will mean the team will lengthen their day to cover any extra assessments. CB acknowledged that the team are incredibly flexible and adaptable during these unprecedented times.

CB reported within the last month 270 patients were seen at the centre with the average being in the mid-teens for most of the days.

The team continue to offer continuity and have the ability to increase capacity to meet the needs of the population going forward.

HT asked CB to pass on a note of thank you to the team on behalf of the Board.

**The Board noted the update provided regarding the COVID19 Response.**

## **140/20. CORPORATE GOVERNANCE AND COMPLIANCE**

### **Corporate Risk Register**

JY reported that there is currently one red rated risk with no proposed changes. It was noted that this risk is due to be reviewed at the Transaction Committee on 10 November 2020.

It was noted that the organisation is focusing on the Board Assurance Framework, and once this has been established the team will look at the current risk management process and the strategy that sits below this process. JY assured that this will be reported through to the Board accordingly.

**The Board noted the update regarding the Corporate Risk Register and are assured that it is being appropriately managed.**

## **141/20. PARTNERSHIPS AND INTEGRATION**

### **Primary Care Integration Committee Report**

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

At the last meeting on 21 October, GS reported that the Committee had received an update from the PCN Clinical Directors and as a result of that discussion, it was agreed that there would be further development sessions organised to determine the governance and operational working arrangements between the Trust and PCNs, and the governance and reporting arrangements between Committees.

Work continues between the Trust and the CCG on determining the responsibility and accountability in relation to primary care. Linked with this is work on a dual reporting mechanism to aid the coordination and support to primary care.

The Committee received an update on the development of the full integration strategy and noted the complexity and scale of this work. There will be primary care, executive and board development sessions organised to discuss and agree the key strategic principles.

An update was provided at the Committee in relation to the Dudley Quality Outcomes for Health Framework and it was noted that there is a lot of variation and further work is being undertaken to address this. The Committee acknowledged that the first wave of Covid had an impact on performance.

GS stated that the Committee are continuing to carry out work to identify any risks that are relevant to the Committee which will feed into the corporate risk register.

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

## **142/20. QUALITY AND SAFETY**

### **Quality and Safety Committee Report**

VL provided a note of thank you to CB, CW and JY for producing the report.



VL reported that the Committee formally approved to delegate the position of Accountable Officer for Controlled Drugs function to Dr Duncan Jenkins, Specialist in Pharmaceutical Public Health. The Board were in support of the Committee's decision.

It was noted that the Committee reviewed the risks that are aligned to the Quality and Safety Committee and one of the mitigations was slightly amended in relation to business continuity plans. The Committee were made aware of a potential additional risk which is currently being reviewed and has not yet been formally added to the risk register.

VL stated that the Committee discussed the First Contact Practitioner pilots in the mental health services, and are due to have a substantial report regarding the findings from the pilots and how the Trust can take steps to move forwards to work with integrated teams in mental healthcare at the community and primary level at a future meeting.

VL acknowledged that the service user feedback from the Pensnett Assessment Centre was very positive and VL stated that she is grateful to the staff for the way in which they are conducting the service during these unprecedented times.

It was noted that the Trust need to ensure it is sighted on the tracking of the percentage coverage for flu vaccinations including staff and the percentage of the eligible population. VL highlighted that the Committee were assured of the actions being taken to ensure the practice population receives the vaccination.

VL stated that the Committee have four governance projects; the Integrated Assurance Framework, the Incident Management System, policy development and development of other clinical governance systems. VL commented that it is important to note the volume of work the team are undertaking to try and deliver the fully integrated quality governance, and VL provided a note of thank you to colleagues who are working on these projects.

It was noted two complaints have been reported in relation to Primary Care Mental Health and an investigation process is underway.

It was highlighted that the data flows in relation to safeguarding have improved and VL assured that safeguarding work continues and the team are making progress to have the Trust's own safeguarding capability.

GS queried in relation to Continuing Healthcare Assessments and in light of the increase of Covid cases, if there is going to be an impact on assessments moving forward.

CB responded that the Commissioning Manager for Continuing Care and her team are being as proactive as possible, noting that there will be additional pressures moving into the winter period. The Commissioning Manager for Continuing Care is monitoring the pressures on a daily basis and the Quality and Safety Committee will be kept informed in relation to the backlog.

**The Board noted the Quality and Safety report and approved that Dr Duncan Jenkins is delegated the position of Accountable Officer for Controlled Drugs.**

## **143/20. FINANCE, PERFORMANCE AND DIGITAL**

### **Finance, Performance & Digital Report**

IB provided a note of thank you to MG for producing the report.

IB reported that the Trust are reporting a breakeven position, and are also forecasting a breakeven position



for year-end following the proposal at STP level around the allocations for the last six months of the year.

MG stated that the budgets are being uploaded onto the new finance system and MG is in discussions with Executive team members in terms of support to get through the mobilisation phase. The transaction costs were reviewed at the Committee and the Trust need to ensure there is appropriate funding over the next six months.

Good progress is being made for Improving Access to Psychological Therapies (IAPT) and IB noted that the pilot that has been trialled in Halesowen is showing positive results.

The Committee discussed the Kingswinford Development Hub and were assured that the 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.

It was noted that there is a proposal being considered at STP level around risk and gain share agreements whereby if a particular organisation is doing better than planned, the money is put back into the STP to be shared with organisations. Those proposals will be reported through Finance, Performance and Digital Committee.

MG highlighted that IT is the priority for the Committee and the team are looking at the IT plans that will be required for the next 12 – 18 months along with the necessary resources.

PA noted that he has been in discussions with MG around informing the Board about how the new financial regime may play out going forward and dedicated time will be allocated at a Board Seminar.

**The Board noted the Finance, Performance and Digital Committee report.**

## **144/20. WORKFORCE AND OD**

### **Report from People Committee**

ME reported that the Committee discussed the need for a Sub-Committee to be set up around equality and diversity and ME formally requested approval from the Board. If approved the Committee will draft a terms of reference and create a separate action plan.

It was noted that the Committee received an update on the role of the Freedom to Speak Up Guardian from Michael Hiron at Black Country Healthcare NHS Foundation Trust (BCH), and the Trust will look to develop local Freedom to Speak Up Champions for the Trust in the future.

An update was provided to the Committee in relation to flu vaccines and a further update will be provided at the next meeting as the team are trying to capture data to enable an indication of numbers of staff that have received the vaccine. The People Committee will also be ensuring that any requirements of best practice nationally, that the Trust need to report back on, is being carried out.

BE stated that the most updated flu figures are from BCH which indicate a 20% uptake from staff two weeks into the programme and regular updates will be provided to the Committee. The Trust are currently waiting for additional information to be supplied from the CCG.

The Committee scrutinised the KPI data and ME clarified that the data presented to the Board today is more accurate than previous. It was acknowledged that the data included within today's papers is pre-the transfer of staff moving across in October 2020.

ME confirmed that there is no change to the one risk allocated to the People Committee. There is a second risk that the Committee believes needs to be added to the risk register in relation to staff shortages within

the IAPT and the Continuing Healthcare team. The Board were made aware that staff shortages in these teams is a national issue.

BE reported that the response from the Trust in relation to the national staff survey is 53% with three weeks left for staff to complete the survey. The national results will be received in February and BE confirmed that these results will be shared with the People Committee.

In relation to resuscitation training, there was agreement through the Ethics Committee at BCH that during the first six months of the Covid outbreak there would not be any face to face resuscitation training due to the risks for staff as there was no adequate Personal Protective Equipment (PPE) available to trainers. BE stated that the current approach to resuscitation training is that BCH will be able to offer the competency training to first responders and to new staff and will look at remaining on a risk assessment basis. The Resuscitation Council have given an indication that they have agreed that any outstanding competence could be carried over for up to a year due to the current challenges which are ongoing. BE has asked BCH to adjust the Trust's data to include where some members may have out of date training as we move forward to a 12 months extension period.

CB has spoken to DGFT who may have some provision for the Trust and are looking at this as a potential option, there are some online modules that could be accessed which would support resuscitation training.

In relation to medicines management, there is an online version that is available through the national learning management system and it has been asked that the training competence is being explored by Dr Duncan Jenkins to see if it this can be seen as an alternative for the Trust. Given the ongoing current situation face to face training is not possible.

BE raised that the Committee discussed the challenges around workforce as there is a TUPE transfer planned of 700 staff and there is a significant amount of due diligence to start preparing for in January 2021 when those staff go into consultation. The HR team are mapping policies with five of the organisations that are transferring and are making good progress.

It was noted another piece of work is in relation to practice based pharmacies was imminent. The work will require the change of contract through recruitment of 40 staff and is an opportunity to put staff onto agenda for change contracts once the risks and costs are fully understood. It was mentioned that staff are still on contracts for service with the CCG and therefore BE will provide support to consider the options available. BE highlighted the Trust is working towards streamlining to one occupational health provider before April 2021 to streamline the TUPE transfer and the management of staff welfare provision.

MG commented that going forward, where there are staff shortages in particular areas, the Trust need to start considering a more integrated way of working and taking a different approach to work differently. MG also added that given the new ways of working and online consultations, the Trust need to start thinking about how to react if a patient or colleague is need of help for example resuscitation and what the process is around this. MG stated the Executive Team will be discussing this at their next weekly meeting.

SC stated that the Trust do need to consider how to offer interventions differently using the online approach which is very different to a face to face approach.

It was noted that the hospitality sector have introduced a 'be kind' policy which is a campaign which allows staff access into counselling, financial support etc. SC stated that the Trust's Senior Contracts Manager has pulled together a number of different areas that staff can access which has been previously shared and it was agreed to re-include this information in the Trust's weekly newsletter.

BE reported that the IAPT service had been successful in recruiting trainees and IAPT will leave some staff vacancies free with the intention to be able to recruit the trainees into a full-time role once qualified. BE highlighted that the Trust may see differing costs around Bank and agency as the Trust moves through the year.

**The Board noted the report from the People Committee. The Board confirmed that it supports the creation of the Equality and Diversity Sub-Committee.**

## **145/20. TRANSACTION AND ICP DEVELOPMENT**

### **Report from Transaction Committee**

SC reported that the business case was submitted on 6 October 2020 with 50 accompanying appendices that have been sent through a portal to NHSI. The Executive Team have been working at pace through a series of questions received from NHSI and SC confirmed that all questions have been responded to.

The team are keeping a log of queries and questions received along with the Trust's responses which is being reported through the Transaction Committee so that Board members are kept informed.

SC noted that the Executive team meet three times a week to check in on the progress against the business case which is proving to be successful for maintaining progress.

It was raised that the Trust did have a concern with the withdrawal from DGFT (Terafirma) from the Digital Safe Landing Group which has been escalated to the Chief Executive and the Trust have been assured that this is being rectified and there will attendance at the meeting moving forward.

The Committee received a report in relation to the due diligence for staff transfers and it was noted there were no flags or problematic claims that are outstanding. The Committee also 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. It was noted that the Committee acknowledged that taking annual leave is important particularly throughout this current time and may have an impact to NHS organisations as staff are allowed to carry over more annual leave into the next financial year. This will be monitored through the People Committee.

The Committee were updated on the transfers of the CCG staff and High Oak staff and it was reported that both transfers took place smoothly. 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. SC and BE have led a learning discussion with the CCG in advance of some of their bigger transfers with the Black Country configuration.

It was reported that the Committee received an update on the Children's Services transfer from BCH and Shropshire NHS Community Trust and working groups have been established for both transfers. Both of the transfers are being led by CB.

In regards to the Community Services transfer, it was noted that a group was in place at the latter part of August and throughout September this group was stood down by DGFT. SC stated that she has reinstated the group and invited attendance from DGFT colleagues, the meeting starts on 5 November 2020.

The Committee noted the progress at the Joint Mobilisation Group which is regular fortnightly meeting with the CCG focusing on completion of the ICP contract. It is anticipated that the contract will be fully populated by December with the aim of signature by the end of March 2021. The Trust are also looking towards the Board to Board with NHSI in January 2021 as it needs to be completed ahead of the Integrated Support and Assurance Process (ISAP) for the award of an ICP contract which is planned for February/March 2021.

It was noted that there is a session scheduled in Board members diaries in December to meet with

members of the BCH Board to helpfully learn from their experience of the Board to Board with NHSI.

The change of focus and terms of reference for the ICP Development Group was noted by the Committee as it has changed its focus to monitoring progress against the PTIP and transfers of services.

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.

**The Board noted the Transaction Committee report.**

#### **146/20. ANY OTHER BUSINESS**

No items raised.

#### **147/20. QUESTIONS FROM THE PUBLIC**

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

RD commented that he is pleased to note the progress across a number of areas. In relation to the presentation presented by Dr Duncan Jenkins, ED stated that Healthwatch Dudley has had a good relationship with pharmacy over a number of years and has helped with a number of pieces of work including pharmaceutical needs assessment and evaluation of how the POD innovation was working. RD commented that he pleased to state that Dudley stands out in terms of the pharmacy work and the national recognition stands in good stead for the future. The Pharmacy Team are also keen to work outside the traditional orders of pharmacy to look at the wider public health agenda.

RD alluded to the Dudley CVS Covid Heroes event and highlighted the tremendous response in Dudley to the Covid19 pandemic. The awards show recognises all of the effort that volunteers and voluntary sectors put in to help vulnerable people and Healthwatch Dudley and Voluntary Sector partners are aware that they may need to step up if required when going into the second lockdown thinking about vulnerable people.

SS commented on the fantastic work of the team, and queried how patient participation is going to be represented in the new society.

HC responded that the Patient Opportunity Panels and Healthcare Forums are being scheduled and there is a communications and engagement strategy that the Trust want to coproduce with a group of residents from Dudley. HC stated that the Trust are a new organisation and it needs to build its approach to engagement and co-production alongside communities and staff so that it adds value and makes a difference. It was noted that HC will be looking at this soon.

HT assured that Dudley will be fully represented as a place and as part of the Black Country moving forwards.

#### **148/20. BOARD REFLECTIONS**

HT stated that this agenda item is to be carried forward to the end of part two of the meeting.

#### **149/20. DATE OF NEXT MEETING**

1 December 2020, 9.30 – 12.00

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



Ref	Date Raised	Action	Action Lead	Due Date	Update
058/20	09/07/2020	Standing Orders and SFI's to be presented to August Board for approval.	MG	Dec-20	Documents to be reviewed in December's Audit and Risk Committee
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	Dec-20	Documents to be reviewed in December's Audit and Risk Committee
133/20	03/11/2020	BE to identify and agree a way forward regarding short term Locum Pharmacists recruitment prior to the long -term solution being established.	BE	Dec-20	

# DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

**TUESDAY 1 DECEMBER 2020**  
**VIRTUAL MEETING VIA MICROSOFT TEAMS**  
**12:30 – 13:30**

## **PRIVATE AGENDA**

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6.	<b>Reflections from Part One</b>	Verbal	Mr H Turner	12:45
7.	<b>Chairman's Update</b>	Verbal	Mr H Turner	12:50
8.	<b>COVID-19 Vaccination Deployment</b>	Enclosure 3	Mr P Assinder	12:55
9.	<b>Full Business Case – Transaction Update</b>	Enclosure 4	Mrs S Cartwright	13:00
10.	<b>Board Assurance Framework</b>	Enclosure 5	Mrs E Doyle	13:10
11.	<b>Integrated Performance Report</b>	Enclosure 6	Mr J Young	13:20
12.	<b>Any Other Business</b>	Verbal	Mr H Turner	13:30
13.	<b>Date of next meeting:</b> 12 January 2021, 12:30 – 13:30 Virtual Meeting via Microsoft Teams			

## DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

<b>TITLE OF REPORT:</b>	Chief Executive's Report
<b>PURPOSE OF REPORT:</b>	Board update on current issues
<b>AUTHOR OF REPORT:</b>	Paul Assinder
<b>DATE OF MEETING:</b>	1 December 2020
<b>KEY POINTS:</b>	<ol style="list-style-type: none"> <li>1. Covid 19 Update</li> <li>2. Flu' Vaccination arrangements</li> <li>3. Integrated Care policy</li> </ol>
<b>RECOMMENDATION:</b>	The Board is asked to note the report
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	None
<b>ACTION REQUIRED:</b>	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>



# **Report of the Chief Executive to the Board of Directors**

**1<sup>st</sup> December 2020**

## **1. Covid 19 system-wide response**

At this time (18<sup>th</sup> November) Dudley is recording amongst the highest levels of new Covid-19 infections in the Country (over 480 per 100,000 population) and health, social care and local voluntary organisations are all experiencing escalated levels of demand for services.

Certainly, Dudley is now 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 the autumn period.

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. Black Country system 'Gold Command' calls have reverted to being held 7 days per week. 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.

On a more positive note, routine testing of patient facing colleagues is becoming possible, with the successful piloting locally of the quicker turnaround lateral flow self-testing (LFT) technology and the imminent distribution to NHS staff of rapid antigen testing capability. To date the NHS has distributed some 21m self-testing (LFT) kits to NHS staff.

In addition, Board colleagues will be aware of recent publicity about welcome developments in the licensing and industrial scale production of various anti-Covid-19 vaccines. These will be potentially available for distribution to high-risk cohorts of the UK population during the next few weeks. The Trust is working with neighbouring partners to coordinate mobilisation of various vaccination centres across the Black Country. These will consist 'NHS Trust Vaccination Centres' and 'Community Services Vaccination Centres'. A national call centre facility is being established for booking and advice to NHS colleagues and the general population.

Locally, a mass vaccination centre location has been identified for the Black Country and staff are actively being recruited to administer vaccines to the public.

## **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.

In common with a number of local Trusts, DIHC is currently reporting a lower level of vaccination of colleagues 50% than the national average. We intend to organise additional communications and a large 'push' to increase vaccination levels in the final days of this campaign.

### **3. DIHC sharing our plans for integrated care**

Interest in DIHC's progress from other NHS systems continues to be high. Following on from a recent virtual meeting with the Nottinghamshire Health economy in recent weeks, our Chair Harry Turner has recently presented at a major European Health Management Conference on the Dudley ICP model and I have been invited to speak next week at the National Healthcare financial Management Association (HFMA) Annual Conference.

It is likely that the NHS will receive a major restatement of national policy direction (Phase four) in the next few months that will pave the way for the development of the service in a post-Covid environment. Whilst it is certain that lessons will be drawn from the UK's Covid-response effort, it is equally certain that the development of integrated care systems and place-based integrated care will form a core component of national policy making.

**PA Assinder**

**CEO**

# DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

<b>TITLE OF REPORT:</b>	<b>Ratification of Urgent Decision</b>
<b>PURPOSE OF REPORT:</b>	This report details an Urgent Decision taken on behalf of the Board
<b>AUTHOR OF REPORT:</b>	Elaine Doyle – Programme Manager
<b>DATE OF MEETING:</b>	1 December 2020
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>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</li> <li>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</li> <li>Since the November Board was held, an Urgent Decision was made at the November Transaction Committee, in accordance with Section 5.2 of the Standing Orders:</li> </ul> <p><b>10/22/2020: Approval to engage the Reporting Accountant</b> Following discussion at Transaction Committee, it was agreed to engage the services of Deloitte in providing the independent opinion for the two Board statements and memoranda for Financial Reporting Procedures and Quality Governance. This decision was required to be taken at this time to ensure that the fieldwork can be undertaken during December 2020 and the findings reported during January 2021. This is in line with both the NSHEI assurance process and current ISAP timelines. The three Non-Executive Directors who attend Transaction Committee – Martin Evans, Ian Buckley and Valerie Little - were consulted on this matter as part of the decision being made.</p>
<b>RECOMMENDATION:</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>Note the occasion when Urgent Decision was made</li> <li>Be assured that these actions were taken in accordance with Section 5.2 of the Standing Orders</li> <li>Ratify the Urgent Decision to approve the appointment of the reporting accountant</li> </ul>
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	None identified
<b>ACTION REQUIRED:</b>	<div>Decision <input type="checkbox"/></div> <div>Approval <input checked="" type="checkbox"/></div>

	Assurance <input checked="" type="checkbox"/>
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# DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

<b>TITLE OF REPORT:</b>	<b>Audit and Risk Committee</b>
<b>PURPOSE OF REPORT:</b>	The report summarises the key points and decisions made at Audit Committee in November 2020
<b>AUTHOR OF REPORT:</b>	Matthew Gamage – Interim Director of Finance Jim Young – Interim Head of Quality and Governance
<b>DATE OF MEETING:</b>	1 <sup>st</sup> December 2020
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>The report captures the key points and decisions made at Audit Committee in November 2020.</li> </ul>
<b>RECOMMENDATION:</b>	<ul style="list-style-type: none"> <li>That the report is received by the Board for assurance</li> </ul>
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	
<b>ACTION REQUIRED:</b>	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

# COMMITTEE ASSURANCE REPORT TO THE BOARD

**Committee: Audit and Risk Committee**

**Date of meeting:** 5<sup>th</sup> November 2020 (via Microsoft Teams)

## Significant risks/issues for escalation

None identified

## Key issues/matters discussed at the Committee

- The Committee was quorate
- The Committee considered a paper which reviewed the scheme of delegation in preparation for the services which transferred on the 1<sup>st</sup> October 2020.
- The Committee agreed that the scheme of delegation should be adjusted to amend the Director of Finance approval limit to £49,999 in line with the previous discussions at Board and the need to review this limit in advance of the significant subcontracts being established as part of the new ICP contract arrangements
- The Committee approved the list of names, roles and limits for the new service transfers and were assured that these were in line with the current scheme of delegation.
- The Committee received an update on the development of Trust policies and approved the creation of a short term Policy Review Group to support this work
- The Committee reviewed the corporate risk register and were assured that risks are being adequately managed
- The Committee received an extract of the finance and performance committee report for assurance regarding the Trusts financial position
- The Committee reviewed the outstanding audit actions brought forward from 2019/20 to ensure that they are appropriately assigned to the relevant organisation. There were 21 actions in total of which, 12 were assigned to Black Country Healthcare NHS Foundation Trust (BCHFT), 2 were assigned to Dudley Integrated Health and Care NHS Trust and 7 were assigned to both organisations.
- The Committee agreed with the assignment of the actions and to monitor these on a regular basis with the exception of the BCHFT actions, for which subject to confirmation by the BCHFT Director of Finance would transfer to BCHFT.
- Internal Audit have completed part one of the financial governance review, which received significant assurance.
- Part two of the financial governance review will take place during this financial quarter.

	<ul style="list-style-type: none"> <li>The non-financial audit reviews will take place during quarter four to ensure there is sufficient information in relation to the services which have transferred on the 1<sup>st</sup> October.</li> </ul>
<b>Decisions made by the Committee</b>	<ul style="list-style-type: none"> <li>The Committee agreed that the scheme of delegation is fit for purpose following the transfer of services on 1<sup>st</sup> October 2020 and that the Director of Finance approval limit should be changed to £49,999.</li> <li>The Committee agreed to set up a Short Term policy Review Group.</li> </ul>
<b>Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)</b>	
<b>Items/Issues for referral to other Committees</b>	



## DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

<b>TITLE OF REPORT:</b>	<b>Corporate Risk Register</b>
<b>PURPOSE OF REPORT:</b>	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
<b>AUTHOR OF REPORT:</b>	Jim Young, Interim Head of Quality & Governance
<b>DATE OF MEETING:</b>	1 December 2020
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• There are currently no red-rated risks on the risk register following the reduction in rating of <b>C-105</b> at the November Transaction Committee</li> <li>• The risk register is currently being reviewed in line with the development of the Board Assurance Framework</li> </ul>
<b>RECOMMENDATION:</b>	For the Board to: <ul style="list-style-type: none"> <li>• be assured by the processes in place to manage the corporate risk register</li> </ul>
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	None identified
<b>ACTION REQUIRED:</b>	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	Committees						Accountable Director (Risk Sponsor)	Risk Description		Inherent / Initial			Controls in Place	Assurance (RAG) rating for the strength of controls	Current Score			Risk Movement from last assessment	Risk Response	Tolerate / treat / transfer / terminate	Actions to address the risks:  i.e. What actions are you going to take to strengthen control of the risk and achieve the target risk rating.  SMART actions: S = Specific M = Measurable A = Attainable R = Relevant T = Timely	Responsibility of	Action Deadline	Target Risk			Status
					Audit and risk	Remuneration	Q&S	F, P & D	People	Transaction		RISK OF:	IMPACT/CONSEQUENCES	(L)likelihood Score	(I)Impact Score	Risk Rating (L x I)			(L)likelihood Score	(I)Impact Score	Risk Rating							(L)likelihood	(I)Impact Score	Risk Rating (L x I)	
22/10/2020	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	2	4	8	🔽	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	

# DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

<b>TITLE OF REPORT:</b>	<b>Primary Care Integration Committee Assurance Report - Development Session</b>
<b>PURPOSE OF REPORT:</b>	The report summarises the key points related to discussions taken within the Primary Care Integration Committee Development Session held in November 2020.
<b>AUTHOR OF REPORT:</b>	George Solomon – Chair of PCI Committee
<b>DATE OF MEETING:</b>	1 December 2020
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• There are no issues for escalation to the Board</li> <li>• It was agreed that the development session was a valuable use of time and an externally facilitated development session is to be held in January 2021, with output being used to inform wider development sessions with the Executive.</li> </ul>
<b>RECOMMENDATION:</b>	<ul style="list-style-type: none"> <li>• That the report is received by the Board for assurance</li> </ul>
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	None identified
<b>ACTION REQUIRED:</b>	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:** 18<sup>th</sup> November 2020 (via Microsoft Teams)

## Significant risks/issues for escalation

None identified

## Key issues/matters discussed at the Committee

### The report captures the key points discussed at the Primary Care Integration (PCI) Committee regarding:

- Following agreement to hold bi-monthly development sessions, the Committee met for its first session on the 18<sup>th</sup> November to review and develop its terms of reference.
- During the development session the committee identified and agreed a number of work streams and tasks that will be reflected in a work plan for 2021-22.
- It was agreed the committee will receive the Project Initiation Documents (PIDs) at the December meeting for the key areas of work:
  1. Defining the relationship between PCNs/DIHC specifically, agreeing the way in which Additional Role Reimbursement Scheme (ARRS) provided by Primary Care Networks (PCNs) is organised and delivered by the Trust on behalf of PCNs;
  2. Defining the way in which Integrated Care Teams (ICTs) support the delivery of the Dudley Quality Outcomes for Health Framework (DQOFH); and
  3. Defining the principles for a full integration strategy to be developed informed by the Executive team and the Board.
- A number of other projects and objectives discussed including the development of a GP engagement scheme for 2021-22 and the a review of the commissioning arrangements for the Local Improvement Schemes (LISs) that will be reflected in the work plan and PID for 2021-22.
- The next development session, in January 2021 will be externally facilitated and will focus on full integration. It will inform further development sessions to be held with the Executive Team in 2021/22.

**Decisions made by the Committee**

- To receive a workplan for key areas of work, due to commence in 2021/22 at its December Committee meeting
- To convene a risk management workshop in December
- The next externally facilitated development session will be in January 2021

**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

<b>TITLE OF REPORT:</b>	<b>Quality &amp; Safety Committee Assurance Report</b>
<b>PURPOSE OF REPORT:</b>	The report summarises the key points related to discussions taken within the Quality & Safety Committee held in November 2020.
<b>AUTHOR OF REPORT:</b>	Valerie Little – Chair of Q&S Committee
<b>DATE OF MEETING:</b>	1 December 2020
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• The report captures the key points in relation to the Quality &amp; Safety aspects of the Integrated Governance Committee</li> <li>• Based on the quality indicator data available there were no concerns regarding the quality of services currently provided by the Trust</li> <li>• There are no issues for escalation to the Board</li> </ul>
<b>RECOMMENDATION:</b>	<ul style="list-style-type: none"> <li>• That the report is received by the Board for assurance</li> </ul>
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	None identified
<b>ACTION REQUIRED:</b>	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:** 17 November 2020 (via Microsoft Teams)

<b>Significant risks/issues for escalation</b>	None identified
<b>Key issues/matters discussed at the Committee</b>	<p><b>The report captures the key points discussed at the Quality &amp; Safety (Q&amp;S) Committee regarding:</b></p> <ul style="list-style-type: none"> <li>• Based on the quality indicator data available to Q&amp;S Committee there were no immediate or emerging concerns regarding the quality of services currently provided by the Trust</li> <li>• No Serious Incidents reported during the reporting period</li> <li>• No new complaints and ongoing investigation processes are underway to manage and resolve complaints and concerns</li> <li>• Staff feedback regarding their views on DIHC flu vaccination programme was presented and discussed alongside the challenges associated with collating staff uptake rates and reporting externally</li> <li>• Clinical service level information, updates on relevant workforce, infection prevention &amp; control, training, appraisal &amp; education, health &amp; safety issues, and associated assurance was discussed</li> <li>• Board Assurance Framework was discussed and strategic risks agreed</li> <li>• Progress on governance developments (Implementation of Datix, Integrated Assurance Framework, Policy development &amp; a range of associated clinical governance systems) were shared, discussed and Committee members advice and guidance given and assurance gained</li> <li>• Following the pre-transfer due diligence exercise, an action plan regarding a support and development package for Adult Continuing Health Care (CHC) team and Intermediate Health Care (IHC) team was agreed</li> <li>• It was agreed that monitoring of the CHC/IC action plan will go through Clinical Oversight Group (COG) and assurance on progress through Quality &amp; Safety Committee with an update regarding the staff recruitment reported through to People Committee</li> <li>• Process for Non-Executive Director virtual visits to services was agreed</li> <li>• EU Exit risk management discussed and agreement for the COG to discuss and make recommendations to the</li> </ul>



	<p>Q&amp;S Committee in December on inclusion on DIHC corporate risk register</p> <ul style="list-style-type: none"> <li>• Committee reviewed and supported progress regarding recent transformational developments within DIHC Mental Health services</li> </ul>
<b>Decisions made by the Committee</b>	<ul style="list-style-type: none"> <li>• Board Assurance Framework strategic risks assigned to the Q&amp;S Committee</li> <li>• CHC/IHC action plan &amp; associated monitoring agreed</li> </ul>
<b>Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)</b>	<p>No specific implications identified within the meeting; EU Exit risk to be defined for approval at next meeting</p>
<b>Items/Issues for referral to other Committees</b>	<p>Agreement on CHC/IHC staff recruitment updates to be reported via People Committee</p>

# DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

<b>TITLE OF REPORT:</b>	<b>Finance, Performance and Digital Committee</b>
<b>PURPOSE OF REPORT:</b>	The report summarises the key points and decisions from Finance, Performance and Digital Committee held in November 2020.
<b>AUTHOR OF REPORT:</b>	Ian Buckley - Chair of Finance, Performance and Digital Committee
<b>DATE OF MEETING:</b>	1 <sup>st</sup> December 2020
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• The report captures the key points in relation to the Finance, Performance and Digital Committee</li> <li>• There are no issues for escalation to the Board</li> </ul>
<b>RECOMMENDATION:</b>	<ul style="list-style-type: none"> <li>• That the report is received by the Board for assurance</li> </ul>
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	
<b>ACTION REQUIRED:</b>	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**

**Date of meeting:** 17<sup>th</sup> November 2020 (via Microsoft Teams)

<b>Significant risks/issues for escalation</b>	None identified
<b>Key issues/matters discussed at the Committee</b>	<ul style="list-style-type: none"> <li>• The Committee received the finance and performance report related to the period April to October 2020</li> <li>• The Trust is reporting a break even position for the period</li> <li>• There are currently vacancies within the IAPT and Primary Care Mental Health Team</li> <li>• The budgets have been updated to include the services which transferred on 1<sup>st</sup> October 2020 and to reflect the agreed allocation for the period October 2020 to March 2021.</li> <li>• The Director of Finance, Performance and Digital updated the committee regarding a proposal being developed for an STP risk share arrangement for the last 6 months of the year. Once finalised this will be presented to the Board for approval.</li> <li>• In October 482 people entered treatment for IAPT compared to the target of 624 which equates to achievement of 77%.</li> <li>• The recovery target was not achieved with 39.86% of people completing treatment moving to recovery compared to the 50% target.</li> <li>• IAPT waiting times achieved in October 2020</li> <li>• An average of 15 people per day were seen by the Pensnett Assessment Centre during October 2020.</li> <li>• The Committee considered the Terms of Reference following approval of the initial draft by the Board in September. A small number of amendments were proposed which included;             <ul style="list-style-type: none"> <li>○ Referencing operational performance with 'Purpose and Function' section</li> <li>○ Changing the membership to include the Chief Executive</li> <li>○ Attendees amended to reflect Associate Director of People role and the inclusion of the Digital Programme manager</li> </ul> </li> <li>• The Committee approved the proposed amendments and also suggested some further minor changes which would be approved virtually by committee members by the end of November.</li> <li>• The Committee received an update on the Board Assurance Framework development work and reviewed</li> </ul>

	<p>the proposed risks identified for oversight by the FPD committee.</p> <ul style="list-style-type: none"> <li>• The Digital Steering Group have agreed to meet on a monthly basis</li> <li>• The Digital Safe Landing Group meetings have been suspended and have been replaced by the digital sub-groups of each of the 3 service transfer working groups.</li> <li>• The Digital User Group will be re-established with support from Communications and Engagement.</li> <li>• Additional IT support from Alscient has been secured to support the transfer of services</li> </ul>
<b>Decisions made by the Committee</b>	<ul style="list-style-type: none"> <li>• The Committee were assured by the finance and performance report, the development work on the Board Assurance Framework and the Digital Update.</li> </ul>
<b>Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)</b>	No specific implications identified
<b>Items/Issues for referral to other Committees</b>	None identified

# DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

<b>TITLE OF REPORT:</b>	Update from People Committee
<b>PURPOSE OF REPORT:</b>	To inform the Board of the assurance received at the People Committee and its priorities and risks.
<b>AUTHOR OF REPORT:</b>	Martin Evans, Chair of the People Committee
<b>DATE OF MEETING:</b>	1 <sup>st</sup> December 2020
<b>KEY POINTS:</b>	<p>The People Committee :-</p> <ul style="list-style-type: none"> <li>• Agreed ToR for Equality &amp; Diversity Committee.</li> <li>• Agreement to extend ALS Level 2 training compliance by up to 12 months as per Resus Council guidance.</li> <li>• Agreed to consider the full vacancies within DIHC at the next meeting</li> <li>• Amended Corporate risk to include additional wording with reference to maintaining services (not an additional risk)</li> </ul>
<b>RECOMMENDATION:</b>	The Board accepts the report for assurance.
<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	None
<b>ACTION REQUIRED:</b>	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:** 13<sup>th</sup> November 2020

### Significant risks/issues for escalation

None identified

### Key issues/matters discussed at the Committee

- The Committee received an update on the recruitment within the PCNs by Alec Gandy and the support needed for these staff in new roles. The overall managerial structure ensuring clear lines of accountability for staff on a day to day basis is being established. Induction is now in place.
- The Committee received an update on the Flu Vaccination indicating 50% compliance for patient - facing staff
- Further work to finalise the Committee workplan to align with the Workforce Strategy and further development to reference the Full Trust Strategic objectives was agreed
- The DIHC Equality and Diversity Committee TOR were presented including a provisional WRES action plan and task and finish group to address fair recruitment. The overall workforce profile data shared does not reflect the population of Dudley and will be used to drive a future recruitment strategy. It was acknowledged that the profile of the workforce may alter as the organisation grows therefore further analysis of the work force will take place after the staff transfer takes place April 2021.
- Data on gender pay gap needs to be prepared to share on the Trust website as soon as possible
- The DIHC headcount has increased to 148 but Bluestream training data is not yet included in the KPI report.
- Training KPIs have improved this month. The refresher training requirements for resuscitation training have been amended to reflect the Resus Council guidance (extended up to 12 months)
- Appraisal compliance - no change.
- Medicines Management Compliance – An online learning module is being considered by Dr Jenkins.
- HR Policy mapping has begun ahead of any future harmonisation. An overarching statement will be developed with clear reference to Health & Wellbeing of all staff and added to all the different organisations' policies to reaffirm this as a significant priority for the Trust.
- Community staff vacancies – it was confirmed that an action plan will be presented to the Quality & Safety Committee and a similar update would be presented to the People Committee in December including recruitment, plans for outstanding CHC vacancies, banding issues and staff retention challenges.

	<ul style="list-style-type: none"> <li>A further review will identify any gaps in Primary Care Mental health. There is some staff vacancy risk in IAPT. Discussion took place around the strategic risks and it was agreed that 1 overarching strategic risk was required as now summarised in the BAF.</li> </ul>
<b>Decisions made by the Committee</b>	<ul style="list-style-type: none"> <li>Agreed ToR for Equality &amp; Diversity Committee</li> <li>Agreement to extend training compliance by up to 12 months as per Resus Council guidance</li> <li>To consider the full vacancies within DIHC at the next meeting</li> </ul>
<b>Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)</b>	<ul style="list-style-type: none"> <li>The BAF risk has now been identified and relates to both inherited staff vacancies in IAPTs and CHC and the development of appropriate resources to respond to new skills and competences to meet the requirements of changing clinical pathways</li> <li>Corporate Risk – now amended to include impact of services <ul style="list-style-type: none"> <li>Risk of substantive workforce shortages through vacancies absence or excess demand resulting in premium pay costs being incurred and potential difficulties in maintaining services</li> </ul> </li> <li>There are 4 risks on the Transaction Committee Register below: <ul style="list-style-type: none"> <li>Risks of significant vacancies of transferring staff to the DIHC as staff become unsettled during change</li> <li>Failure to identify and manage cultural differences ahead of transfer and during integration</li> <li>Risk of a delay in a protracted HR TUPE Consultation led by any of the partners</li> <li>Risk to reputation in not providing effective workforce support as a result of a lack of access to provide direct communication with transferring staff within all partner Trusts</li> </ul> </li> </ul>
<b>Items/Issues for referral to other Committees</b>	<ul style="list-style-type: none"> <li>Recruitment and vacancy in CHC and IAPTs update to be presented to the Quality and Safety Committee.</li> </ul>



# Workforce KPIs

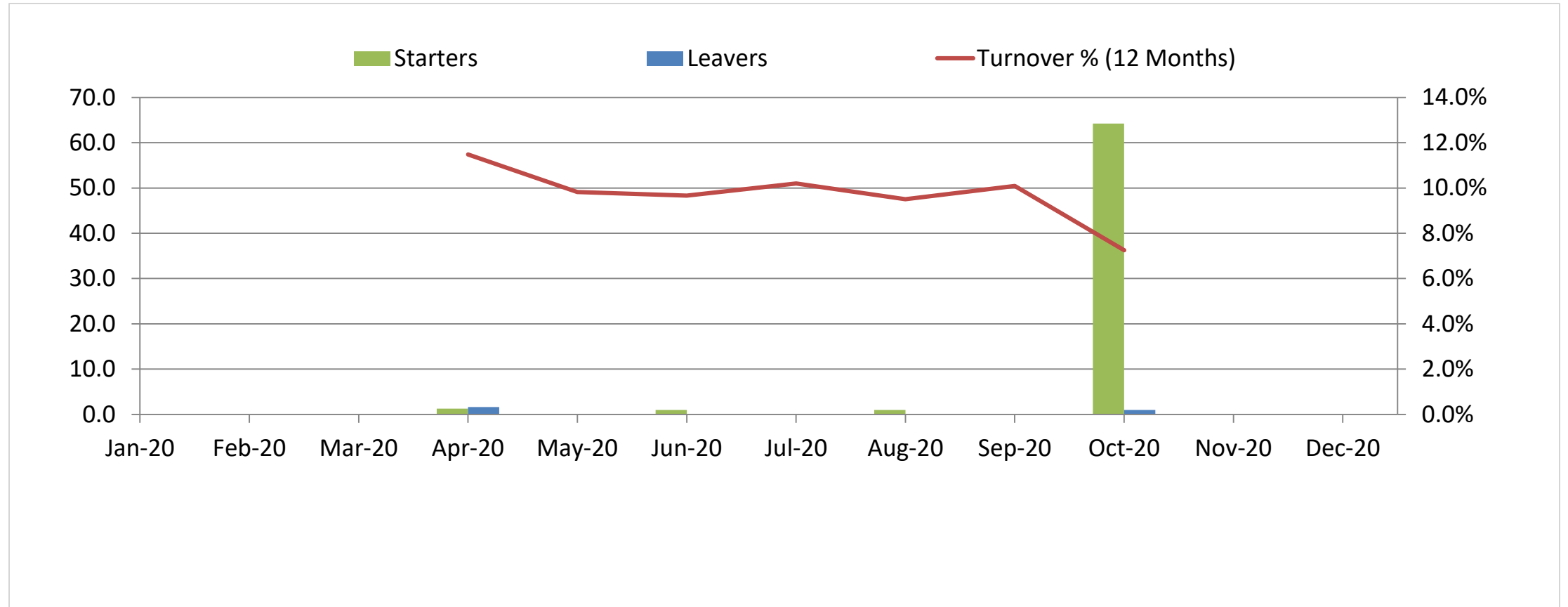
October 2020



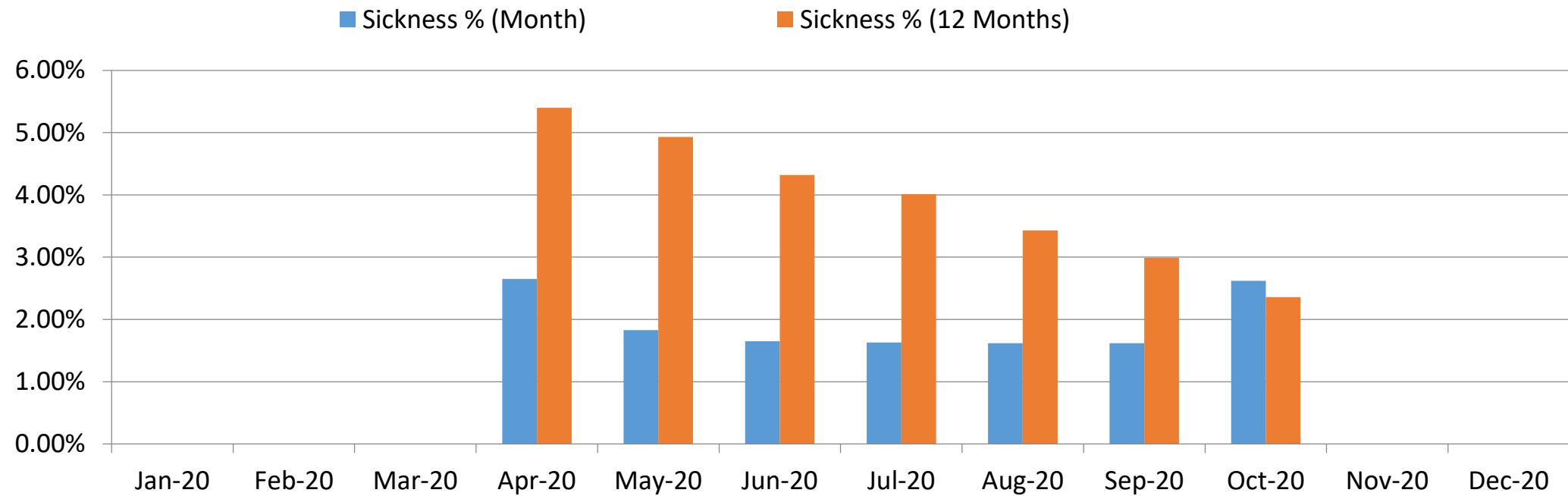
**Dudley Integrated  
Health and Care**  
NHS Trust



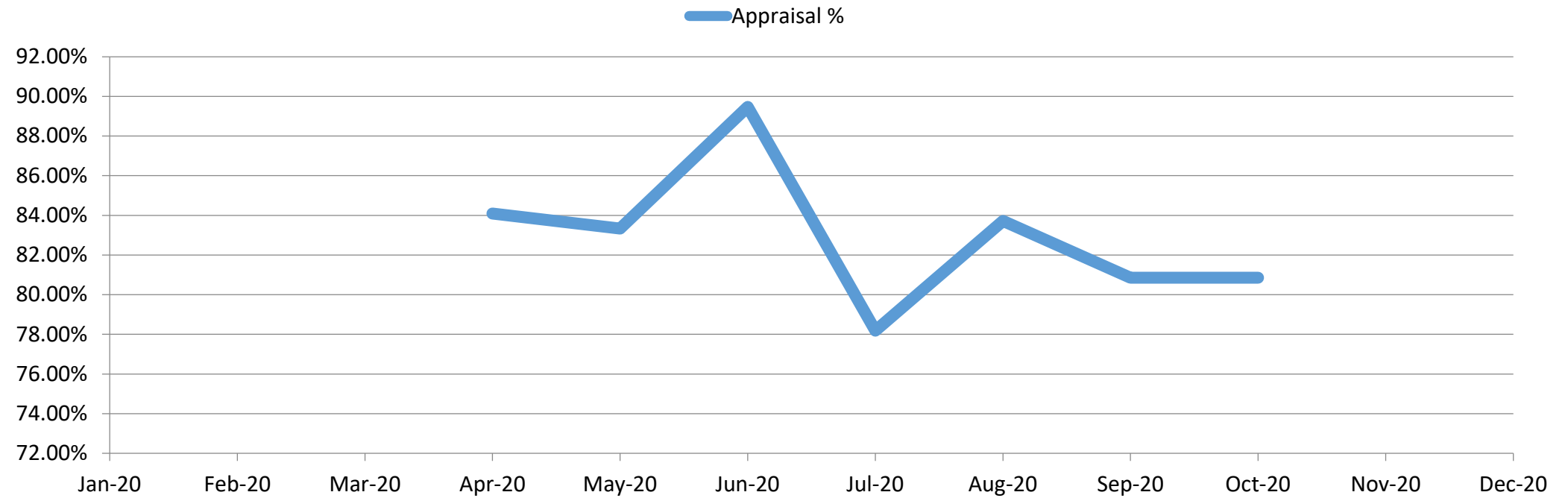
# Staffturn



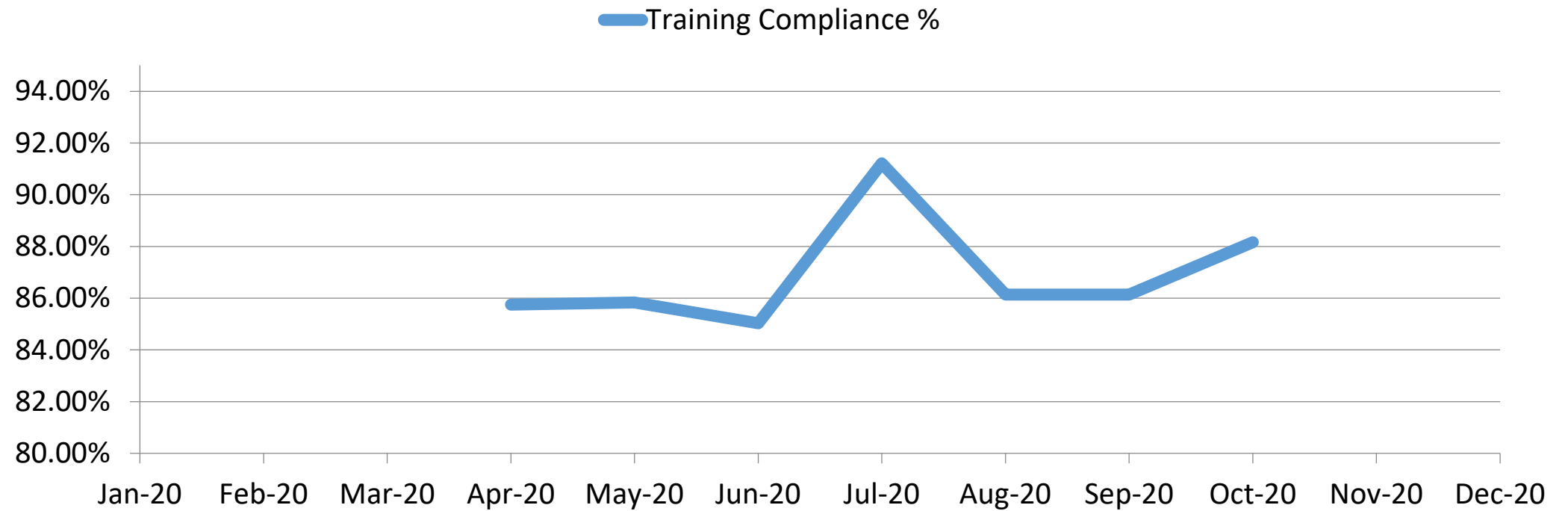
# Sickness Absence



# 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	46	0	47	1	97.87%
NHS CSTF Equality, Diversity and Human Rights - 3 Years	55	3	57	2	96.49%
NHS CSTF Fire Safety - 1 Year	54	14	57	3	94.74%
NHS CSTF Health, Safety and Welfare - 3 Years	56	6	57	1	98.25%
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	8	1	9	1	88.89%
NHS CSTF Infection Prevention and Control - Level 2 - 1 Year	41	7	48	7	85.42%
NHS CSTF Information Governance and Data Security - 1 Year	54	13	57	3	94.74%
NHS CSTF Moving and Handling - Level 1 - 3 Years	53	3	57	4	92.98%
NHS CSTF NHS Conflict Resolution (England) - 3 Years	18	3	23	5	78.26%
NHS CSTF Preventing Radicalisation - Prevent Awareness - 3 Years	42	2	45	3	93.33%
NHS CSTF Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	10	7	23	13	43.48%
NHS CSTF Safeguarding Adults (Version 2) - Level 1 - 3 Years	23	2	24	1	95.83%
NHS CSTF Safeguarding Adults (Version 2) - Level 2 - 3 Years	48	3	48	0	100.00%
NHS MAND Clinical Risk Assessment - 3 Years	27	6	39	12	69.23%
NHS MAND Domestic Violence and Abuse - 3 years	22	1	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	13	2	22	9	59.09%
NHS MAND Safeguarding Adults Level 3 - 1 Year	17	3	23	6	73.91%
NHS MAND Safeguarding Children Level 1 - 3 Years	22	3	22	0	100.00%
NHS MAND Safeguarding Children Level 2 - 3 Years	48	1	48	0	100.00%
NHS MAND Safeguarding Children Level 3 - 1 Year	19	3	23	4	82.61%
<b>TOTAL</b>	<b>700</b>	<b>84</b>	<b>794</b>	<b>94</b>	<b>88.16%</b>

# 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

## Staff Home Working

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

## 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 TRUST BOARD

<b>TITLE OF REPORT:</b>	Report from Transaction Committee held on 10 <sup>th</sup> November 2020
<b>PURPOSE OF REPORT:</b>	To update Board Members on discussions held at Transaction Committee on 10 <sup>th</sup> November 2020
<b>AUTHOR OF REPORT:</b>	Stephanie Cartwright Director of Operations, Strategy and Partnerships
<b>DATE OF MEETING:</b>	1 <sup>st</sup> December 2020
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• The report summarises the key points and decisions regarding Dudley IHC transactions and the work towards the planned award of the ICP contract on 1<sup>st</sup> April 2021.</li> <li>• The Committee noted the update since the submission of the full business case and the various queries from the national NHSI transactions team that have been responded to noting the stakeholder interviews that are also taking place.</li> <li>• The Committee received an update on progress towards the anticipated transfer of community services from Dudley Group NHS Foundation Trust to DIHC on 1<sup>st</sup> April 2021, the anticipated transfer of children's services from Black Country Healthcare NHS Foundation Trust to DIHC on 1<sup>st</sup> April 2021 and the anticipated transfer of the school nursing service from Shropshire Community Healthcare NHS Trust to DIHC on 1<sup>st</sup> April 2021</li> <li>• The Committee noted the progress of the ICP Contract Joint Mobilisation Group between Dudley CCG, Dudley Council and DIHC representatives.</li> <li>• The Committee received an update from the ICP Development Group who oversee the three service transfers and an update on progress against the Post Transaction Integration Plans.</li> <li>• The Committee approved the revised terms of reference for the Stakeholder Forum.</li> <li>• The Committee approved the appointment of a reporting accountant.</li> <li>• The Committee discussed and agreed the scoring in relation to the risks that will be the responsibility of the Transaction Committee in the Board Assurance Framework.</li> <li>• The Committee agreed to reduce the score of a risk and to close another risk on the Transaction Committee Risk Register.</li> </ul>
<b>RECOMMENDATION:</b>	To note the contents of this report.

<b>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</b>	None that are not already declared.
<b>ACTION REQUIRED:</b>	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:** 10<sup>th</sup> November 2020 (via Microsoft Teams)

## Significant risks/issues for escalation

None identified

## Key issues/matters discussed at the Committee

- The Committee received an update on the work on the business case since its submission on 6<sup>th</sup> October 2020 which includes responding to various queries from the national NHSI transaction assessment team and the further submission of project and transfer plans to support the Post Transfer Integration Plans (PTIP). The Committee noted that the national NHSI transaction assessment team were currently undergoing interviews with all stakeholders and it was noted that the interview with the DIHC executive team would be taking place on 12<sup>th</sup> November 2020. The Committee discussed the outstanding issues from both Black Country Healthcare NHS Foundation Trust (BCH) and Dudley Group NHS Foundation Trust (DGFT) following submission of the business case. It was noted that good progress is being made with outstanding areas with BCH and that a report prepared by Alvarez and Marsal for the DGFT Board on the business case had been shared with DIHC. Transaction Committee received an update from the DIHC executive on the content of the report and formal feedback will be given to DGFT.
- The Committee received an update on the progress towards the anticipated transfer of community services from DGFT to DIHC on 1<sup>st</sup> April 2021. It was noted that whilst DGFT executive had stood down from engagement on the transfer at the end of September the group has reformed and are meeting on a weekly basis with representation from community services senior leadership and making progress on the transfer plans. As much progress as possible is being made until DGFT executive are in a position to re-engage.
- The Committee received an update on the anticipated transfer of children's services from BCH to DIHC on 1<sup>st</sup> April 2021. This work is progressing at pace with representation from BCH and DIHC at an executive and service level. Regular engagement sessions are taking place with staff that are jointly led by senior leadership from DIHC and BCH.
- The Committee received an update on the anticipated transfer of the school nursing service from Shropshire Community Healthcare NHS Trust on 1<sup>st</sup> April 2021. This work is also progressing at pace with excellent engagement at every level from Shropshire Community Healthcare NHS Trust and DIHC. Regular engagement sessions are taking place with staff that are jointly led

by senior leadership from DIHC and Shropshire Community Healthcare NHS Trust.

- 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. The ICP contract and schedules are currently being populated and it is planned for contract population to be completed by the end of December 2020 and contract signing by March 2021. The CCG are currently awaiting confirmation from NHSE/I when the ISAP 2 and 3 checkpoint submission process will commence. SC stated that all DIHC intended sub-contractors had been written to by the CCG and that engagement events with all sub-contractors would be commencing imminently. It was also noted that an independent review of the system financial model as a result of the implementation of DIHC has been commissioned by Dudley CCG from PA Consulting and this work is currently underway. Regular updates on this work will be provided to Stakeholder Forum.
- The Committee received an update from the work of the ICP development team who oversee the progress of the three service transfers and against the Post Transaction Integration Plans. There were no areas of concern that needed escalation to Transaction Committee.
- The Committee approved the revised terms of reference for the Stakeholder Forum noting the submission of the business case and also the regular review at Stakeholder Forum on progress on outstanding issues for partners following the submission of the business case.
- The Committee received a report on the reporting accounting opinions that will be required as completion of the transaction review process for the business case. It was noted that the Trust Board will be asked to make a series of Board statements with supporting memorandum underneath those statements which will need to be completed ahead of the Board to Board meeting with NHSE/I planned for January 2021. The Trust have to consider appointing an accountant to provide an opinion on financial reporting procedures and quality governance procedures and the committee agreed to commission Deloitte to support the production of these opinions as they have undertaken previous due diligence work to support the service transfers.
- The Committee reviewed the progress against the Post Transaction Integration Plan and noted good progress is being made with the production of supporting project initiation documents and plans to support the various strands of work and executive leads in place for all areas of the plan.
- The Committee received a presentation on the production of the Board Assurance Framework and the

	<p>identified risks that are the responsibility of the Transaction Committee. The committee discussed the associated risks and scoring in preparation for formal presentation to the Trust Board in December 2020.</p> <ul style="list-style-type: none"> <li>• The Committee reviewed the risk register and agreed to reduce the risk score of C-105 from its current scoring of 15 down to 8 as NHSE/I are currently reviewing the business case and the Trust are receiving various questions which have been responded to, and that risk T-036 is now closed as the Integration Agreement has now been signed by all anticipated practices. The Committee were in support of the change of scoring and the closure.</li> </ul>
<b>Decisions made by the Committee</b>	<ul style="list-style-type: none"> <li>• Approval of the revised terms of reference for Stakeholder Forum</li> <li>• Closure of risk T-036.</li> </ul>
<b>Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)</b>	No specific implications identified within the meeting.
<b>Items/Issues for referral to other Committees</b>	None identified

## Dudley Integrated Health and Care NHS Trust

### Glossary and Jargon Buster

The following is provided to help those who are unfamiliar with the abbreviations and terminology used within Dudley Integrated Health and Care NHS Trust

Acronym	Term	Meaning / explanation
<b>AfC</b>	Agenda for Change	NHS system for job grading and pay determination. A national system which applies to all posts except very senior manager posts and medical staff. Introduced in October 2004, replacing numerous and varied sets of terms and conditions for NHS staff.
<b>AGS</b>	Annual Governance Statement	Outlines the system of internal control in place in at DIHC
<b>AGPs</b>	Aerosol Generating Procedures	Certain medical and patient care activities that can result in the release of airborne particles (aerosols). AGPs can create a risk of airborne transmission of infections that are usually only spread by droplet transmission.
<b>AHP</b>	Allied Health Professionals	The 14 Allied Professional Services consisting of: Art Therapists, Drama therapists, Chiropodists/podiatrists, Dietitians, Occupational therapists, Operating Department Practitioners, Orthoptists, Osteopaths, Paramedics, Physiotherapists, Prosthetists and Orthotists, Radiographers & Speech and language therapists
<b>AHSN</b>	Academic Health Science Network	AHSN align education, clinical research, informatics, innovation, training and education and healthcare delivery. Their goal is to improve patient and population health outcomes by translating research into practice, and developing and implementing integrated health care services.
<b>ALSI</b>	Advanced Life Support Instructor	To instruct healthcare professionals who would be expected to apply the skills taught as part of their clinical duties.
<b>AMHP</b>	Approved Mental Health Professional	Developed by the 2007 Mental Act amendment. Prior to this the role was known as Approved Social Worker or ASW. The amendment to the Act broadened who could undertake the role beyond social workers to other registered Mental Health Professionals such as Nurses and Occupational Therapists who underwent specific training.
<b>ANP</b>	Advanced Nurse Practitioners	Advanced practice is a level of practice, rather than a type or specialty of practice. Advanced practitioners are educated at Masters level in advanced practice and are assessed as competent in practice, using expert knowledge and skills. They have the freedom and authority to act, making autonomous decisions in the assessment, diagnosis and treatment of patients.
<b>AOP</b>	Annual Operating Plan	Sets out DIHC key priorities for the coming year.

Acronym	Term	Meaning / explanation
<b>APMS</b>	Alternative Provider Medical Service	Alternative Provider Medical Services (APMS) is a contracting route allow contracts with non-NHS bodies, such as voluntary or commercial sector providers, supply enhanced and additional primary medical services. APMS contracts can be with any individual or organisation to meet local needs, as long as core NHS values are fully protected and secured.
<b>AQP</b>	Any Qualified Provider	Is a type of NHS contract, which allows non NHS as well as NHS organisations to provide NHS services
<b>BBV</b>	Blood Borne Viruses	Viruses carried or transmitted by blood, for example Hepatitis B, Hepatitis C and HIV
<b>BCHFT</b>	Black Country Healthcare NHS Foundation Trust	The new name of the Trust following the merger in April 2020 of Black Country Partnership NHS Foundation Trust and Dudley & Walsall Mental Health Partnership NHS Trust. NHS provider of acute mental healthcare services in Black Country. Hospital sites throughout the Black Country. They are a Foundation Trust.
<b>BAF</b>	Board Assurance Framework	Reporting infrastructure which enables the Board to monitor progress against the Trust's strategic objectives.
<b>BAME</b>	Black, Asian, and Minority Ethnic	To refer to members of non-white communities in the UK.
<b>BME</b>	Black and Minority Ethnic	Similar to BAME (above), the terms are widely used by government departments, public bodies, the media and others when referring to ethnic minority groups.
<b>BAU</b>	Business As Usual	The time when a project has closed and the new system is used as part of a normal working process
<b>BDP</b>	Borderline Personality Disorder	The main feature of BPD is a pervasive pattern of instability in interpersonal relationships, self-image and emotions. People with BPD are also usually very impulsive, oftentimes demonstrating self-injurious behaviours.
<b>B&amp;H</b>	Bullying and Harassment	Bullying is defined as Offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient. Harassment is defined as unwanted conduct, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual.
<b>BMA</b>	British Medical Association	The professional association and registered trade union for doctors in the United Kingdom.
<b>BMJ</b>	British Medical Journal	A weekly peer-reviewed medical journal.



Acronym	Term	Meaning / explanation
<b>BPPC</b>	Better Payment Practice Code	This is a target that NHS organisations will pay 95% of bills within contract terms or in 30 days where there are no terms agreed.
<b>CAG</b>	Clinical Advisory Group	Clinically led groups focussed on delivering improved clinical pathways underpinned by the integrated care pathway model and identify benefits, workforce / financial impacts and risk analysis / mitigation.
<b>CAMHS</b>	Child and Adolescent Mental Health Services	Mental Health services for under-18s. NB – inpatient beds for under-18s in Dudley are provided by Birmingham Children’s Hospital.
<b>CARM</b>	Contract Activity Review Meeting	This is an internal meeting held monthly within the Trust that brings finance, information and operational staff together to discuss the level of patient treatment activity.
<b>CAS</b>	Central Alerting System	A web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.
<b>CAU</b>	Clinical Assessment Unit	A Clinical Assessment Unit provide assessment and treatment for patients with moderate illness and non-life threatening illnesses and in some cases may forward a referral onto another specialist service.
<b>CBT</b>	Cognitive Behavioural Therapy	A talking therapy designed to help people manage their problems by changing the way people think and behave. It is commonly used to treat anxiety and depression, but can be useful for other mental health problems
<b>CCG</b>	Clinical Commissioning Group	CCGs are clinically led groups that include all of the GP groups in their geographical area. The aim of this is to give GPs and other clinicians the power to influence commissioning decisions for their patients. They are overseen by NHS England.
<b>CCQI</b>	Royal College of Psychiatrists Centre for Quality Improvement	The CCQI provide many national initiatives which aim to improve standards of care in mental health services. They engage directly with managers, clinicians, and service users and support them to take responsibility for improving local services. CCQI also recognises local achievement, offering accreditation. A review process is used whereby high standards of organisation and care are identified and acknowledged.
<b>CDEL</b>	Capital Department Expenditure Limit (our maximum capital spend permitted by NHSE/I)	Expenditure on the acquisition of fixed assets, (such as purchase of IT systems or new buildings) Investments in new equipment and infrastructure expenditure that has a life over more than one financial year (equipment and infrastructure).

Acronym	Term	Meaning / explanation
<b>CDiF</b>	Clostridium difficile	A type of bacterial infection that can affect the digestive system. It most commonly affects people who have been treated with antibiotics
<b>CDWs</b>	Community Development Workers	Posts specific to Mental Health Trusts, established to work with Black and Minority Ethnic communities to improve their understanding of mental health issues and access to services
<b>CFO</b>	Chief Finance Officer	A senior executive with responsibility for the financial affairs of a company or other institution
<b>CG</b>	Clinical Guidance (from National Institute for Health and Care Excellence)	NICE clinical guidelines are recommendations on how healthcare and other professionals should care for people with specific conditions. The recommendations are based on the best available evidence. Clinical guidelines are also important for health service managers and those who commission NHS services.
<b>CIP / CIT</b>	Cost Improvement Programme / Target	Annual targets for reducing costs
<b>CIR</b>	Critical Infrastructure Risks	Risks concerning Trust assets which are essential to it still being able to function (maintain safety of patients, visitors and staff; and the resilience of its services)
<b>CNST</b>	Clinical Negligence Claims	Occurs when a patient takes their medical practitioner or hospital (or both) to court for compensation due to an act or acts of negligence incurred during their medical care
<b>COSHH</b>	Control of Substances Hazardous to Health	Under the Control of Substances Hazardous to Health Regulations (COSHH, 2002) employers are required to either prevent, reduce or at the very least, control exposure to hazardous substances in order to prevent ill health to their workers
<b>COP</b>	Code of Practice	A set of written rules which explains how people working in a particular profession should behave
<b>CRL</b>	Capital Resource Limit	This is an expenditure limit determined by the Department of Health for each NHS organisation limiting the amount that may be spent on capital purchases e.g. property or IT equipment
<b>CRR</b>	Corporate Risk Register	Corporate Risk Register be monitored monthly by a nominated Board Committee to ensure that the management of the risks reported within it is effective. Feeds into the Trust Risk Register
<b>C&amp;V/Block</b>	Cost and Volume / Block	Terminology referring to types of contract. 'Block' is a set amount of money which is not related to activity levels. 'Cost and Volume' involves payments for services which are related to the quantity of activity delivered. Traditionally, mental health services have been subject mainly to 'block' contracts. Gradual move toward C&V

Acronym	Term	Meaning / explanation
<b>CoSR</b>	Continuity of Services Risk Rating	The continuity of services risk rating will identify the level of risk to the ongoing availability of key services
<b>CPA</b>	Care Programme Approach	An overall clinical approach which covers the assessment of individuals' needs, the planning of their care, evaluation of progress and review of treatment. As a result of CPA, a 'Care Plan' is developed and agreed with the service user; this is a comprehensive description of all aspects of the person's care and treatment
<b>CPN</b>	Community Psychiatric Nurse	A mental health nurse who works in the community
<b>CQC</b>	Care Quality Commission	Quality regulator for health and social care providers. In 2010, introduced a system of 'registering' providers as a demonstration of quality
<b>CQR</b>	Clinical Quality Review	The Trust meets regularly with its Commissioners to discuss the quality and activity performance. Through these meetings, the Trust's key commissioners can hold the Trust to account
<b>CQUIN</b>	Commissioning for Quality and Innovation	CQUIN is a national initiative which aims to embed demonstrable quality improvements within the commissioning cycle for NHS healthcare. The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of healthcare providers' income to the achievement of local quality improvement goals
<b>CRHT</b>	Crisis Resolution / Home Treatment	Specific type of 24-hour community-based mental health service which looks after people when they are in a crisis or acute episode of their illness. Aims to treat the individual at home where possible. If hospital admission is required, this team will 'gatekeep' the inpatient beds
<b>CSB</b>	Clinical Strategy Board	A multi-stakeholder group to provide assurance and leadership for those pathways that require collaboration across organisational boundaries. It will make recommendations in an advisory capacity to the sovereign organisations.
<b>CSU</b>	Commissioning Support Unit	Provide Clinical Commissioning Groups with external support, specialist skills and knowledge to support them in their role as commissioners, for example, by providing business intelligence services, and clinical procurement services
<b>CTO</b>	Community Treatment Order	Part of the recently revised Mental Health Act which enables someone who remains subject to the Act to be allowed to live in the community, as long as they remain compliant with their treatment
<b>CYP(F)</b>	Children and Young People	Relates to children and young people (and their families) from birth until their 18th birthday

Acronym	Term	Meaning / explanation
<b>DAAT</b>	Drug and Alcohol Action Team	Multi-agency team which commissions all drug and alcohol services within a borough
<b>DAR</b>	Donated Asset Reserve	The donated asset reserve acknowledges that the Trust has been donated property, plant and equipment from sources external to the Department of Health
<b>Datix</b>	Electronic system of risk reporting (incidents/complaints etc)	An electronic system used to report clinical incidents, complaints and risks
<b>DBS</b>	Disclosure and Barring Service	Helps employers make safer recruitment decisions by processing and issuing DBS checks for England, Wales, the Channel Islands and the Isle of Man. DBS also maintains the adults' and children's Barred Lists and makes considered decisions as to whether an individual should be included on one or both of these lists and barred from engaging in regulated activity
<b>DBT</b>	Dialectical Behavioural Therapy	A type of talking therapy based on cognitive behavioural therapy (CBT), but adapted to meet the particular needs of people who experience emotions very intensely. It is mainly used to treat problems associated with borderline personality disorder (BPD)
<b>DCH</b>	Dudley Clinical Hub	The single point of access contact centre which can be accessed by patients and providers
<b>DCVS</b>	Dudley Council for Voluntary Service	Local infrastructure agency supporting the voluntary and community sector of Dudley by offering services to the sector, promoting networking, representing the sector and helping the sector become more involved with partnership activities
<b>DDA</b>	Disability Discrimination Act	Refers to the 1995 act which has since been repealed and replaced with the Equality Act 2010
<b>DES</b>	Directed Enhanced Services	The mechanism on how practices (primary medical services contractor) receive payment for the eligible services they provide
<b>DGH</b>	District General Hospital	An NHS term available to UK residents, which provide an array of diagnostic and therapeutic services. While some clinics may be staffed by senior registrars in certain specialties, DGHs are not regarded as teaching hospitals
<b>DGFT</b>	Dudley Group of Hospitals	NHS provider of acute healthcare services in Dudley. Main hospital site is Russells Hall. They are a Foundation Trust
<b>DH</b>	Department of Health	Supports ministers in leading the nation's health and social care to help people live more independent, healthier lives for longer

Acronym	Term	Meaning / explanation
<b>DIHC</b>	Dudley Integrated Health and Care NHS Trust	Our Trust, integrating primary care across Dudley with community physical and mental health services
<b>DN</b>	District Nursing	District nurses play a crucial role in the primary health care team. They visit people in their own homes or in residential care homes, providing care for patients and supporting family members
<b>DNA</b>	Did Not Attend	Referring to someone who failed to attend for a pre-planned engagement/appointment
<b>DoLS</b>	Deprivation of Liberty Safeguards [see PLS]	Linked to Mental Capacity Act, DOLS is a governance infrastructure usually used for people in hospitals or care homes who may need to be deprived of their liberty in some way to protect them from harm
<b>DPA</b>	Data Protection Act	Controls how personal information can be used and your rights to ask for information about yourself
<b>DQOF</b>	Dudley Quality Outcomes for Health	Is a system for the performance management and payment of general practitioners (GPs)
<b>DSE</b>	Display Screen Equipment	Used to describe equipment such as PCs, laptops, tablets and smartphones
<b>DSG</b>	Digital Steering Group	The governance and oversight group formed to oversee the development and implementation of the Digital Strategy, which is the document that sets out a high level vision and strategy regarding digital initiatives for DIHC over the next three to five years
<b>EA</b>	Equality Act	An Act of Parliament with the primary purpose to consolidate and supplement the anti-discrimination laws for example, equal pay, sex discrimination, race relations, disability discrimination and discrimination in employment on grounds of religion or belief, sexual orientation or age.
<b>EBE</b>	Expert by Experience	An EBE is a volunteering role and those appointed use their experiences of Trust services – as a service user or a carer of someone – to influence the delivery and quality of services we provide. They also help represent the interests and views of other local service users and carers and promote involvement opportunities within the Trust
<b>EBITDA</b>	Earnings Before Interest, Taxes, Depreciation, and Amortization	An accounting measure calculated using a company's net earnings, before interest expenses, taxes, depreciation and amortization are subtracted, as a proxy for a company's current operating profitability
<b>EC</b>	Executive Committee	The executive committee or board of an organization is a committee within that organization which has the authority to make decisions and ensures that these decisions are carried out
<b>ED</b>	Emergency Department [A&E]	NHS hospital service staffed by expert teams to provide specialised emergency treatment, giving patients the best chance of recovery

Acronym	Term	Meaning / explanation
<b>ED</b>	Executive Director	The highest-ranking executive in an organisation, company, or department, with ultimate responsibility for making managerial decisions
<b>E &amp; D</b>	Equality and Diversity	The term used for 'Equal Opportunities'. It is the legal obligation to protect against discrimination. Discrimination can be against a person's sex, gender, disability, sexual orientation, religion, belief, race or age
<b>EDHR</b>	Equality, Diversity and Human Rights	Diversity is about recognising and valuing differences to be found between individuals. Diversity results from differences including age, gender, sexual orientation, racial or ethnic background, physical or mental abilities, religion or belief, social, domestic or employment circumstances or background. All of these factors provide different experiences, perspectives and knowledge, which in turn can be of value to other people or organisations Equality is about creating a fairer society where everyone has an equal level of opportunity to participate and to fulfil their potential as an individual member of society Human Rights relate to our humanity and reflect our desire for respect, dignity and freedom from oppression and injustice. In 1998 the Human Rights Act was passed and details the <b>rights</b> and freedoms that everyone in the UK is entitled to
<b>EDS</b>	Equality Delivery System	This is an optional tool to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse
<b>EFL</b>	External Financing Limit	This is a limit set by the Department of Health for each NHS Trust limiting in cash terms the level of external financing it can draw on
<b>EIA</b>	Equality Impact Assessment	A process designed to ensure that a policy, project or scheme does not unlawfully discriminate against any protected characteristic
<b>EIP</b>	Early Intervention in Psychosis	Specific type of community based mental health team which look after younger people experiencing their first episode of a psychotic illness. Evidence base suggests that EI approach improves recovery and reduces likelihood of life-long dependency on mental health services
<b>E-LEARNING</b>	Electronic Learning	Training materials that can be used by an individual with or without support as a way of learning and supporting learning
<b>EPR</b>	Electronic Patient Record	A digital version of a patient's record
<b>ELoC</b>	End of Life Care	Refers to health care of patients with a terminal illness or terminal condition

Acronym	Term	Meaning / explanation
<b>EM</b>	Emergency Planning	An emergency management plan is a course of action developed to mitigate the damage of potential events that could endanger an organization's ability to function
<b>EMIS</b>	Egton Medical Information Systems	The principal clinical system used by all GPs in Dudley which stores the core electronic patient record
<b>EOL</b>	End of Life	The term 'end of life' usually refers to the last year of life, although for some people this will be significantly shorter
<b>EPRR</b>	Emergency Preparedness, Resilience and Response	The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or service user care
<b>ERIC</b>	Estates Return Information Collection	The Estates Return Information Collection (ERIC) contains information relating to the costs of providing, maintaining, and servicing the NHS estate. It provides essential information relating to its safety, quality, running costs and activity, and also supports work to improve efficiency
<b>ESR</b>	Electronic Staff Record	A national web based NHS system used for HR and Payroll purposes. It is used to record and maintain employee information and has a number of 'self-service' modules which enable staff and managers to make changes to the information held
<b>EUTE</b>	End User Training Environment	A replica of the software containing fictitious patient data, used to train end users
<b>EOI</b>	Expression of Interest	A statement by a company or investor of their intention to compete for an opportunity to do a job or become involved in a business
<b>F2SU</b>	Freedom to Speak Up	The mechanism whereby staff can raise anything that gets in the way of high-quality effective care or that affects their working life
<b>FBC</b>	Full Business Case	The written case that supports the transaction, the strategic context, economic analysis, commercial approach, financial case and management approach
<b>FCP</b>	First Contact Practitioners	The health professional that is able to see patients without the need to be referred by a GP, to make a more rapid assessment of the patient and refer onwards if necessary
<b>FFT</b>	Friends & Family Test	A survey to help service providers and commissioners understand whether service users are happy with the service provided, or where improvements are needed
<b>FFF</b>	Future-Focused Finance	Launched in 2014, it is a vision for NHS finance to aspire to over a five-year period, with a tagline of 'Making People Count'
<b>F,P&amp;D</b>	Finance, Performance and Digital Committee	A committee of the Trust Board. The Committee seeks assurance regarding the financial position of the Trust, and addresses such matters as the delivery of financial targets, and contracting position. It



Acronym	Term	Meaning / explanation
		also approves investments and business plans (within limits set by Trust Board) as well monitoring Digital Strategy
<b>FOI</b>	Freedom of Information	The right to access information held by public bodies
<b>FOIA</b>	Freedom of Information Act	The Freedom of Information Act 2000 provides public access to information held by public authorities
<b>FPPR</b>	Fit and Proper Person Requirement [for Directors]	The FPPR came into force for all NHS trusts in November 2014. The regulations require trusts to assure themselves that all executive and non-executive directors (or those in equivalent roles) are fit and proper individuals to carry out their role. The purpose of the FPPR is not only to hold trust board members to account in relation to their conduct and performance, but also to instil confidence in the public that the individuals leading NHS organisations are suitable to hold their positions. The CQC holds trusts to account in relation to the FPPR through the well-led key question of its regulatory model. CQC's guidance on the FPPR places ultimate responsibility on the chair to discharge the requirements of the FPPR
<b>FRF</b>	Finance Recovery Fund	A financial framework was introduced by NHSE/I to the provider sector, with the aim of eliminating all Trust deficits by 2023/24. Central to this is the Financial Recovery Fund that is targeted at Trusts that agree control totals, deliver efficiencies but still record a deficit
<b>FT</b>	Foundation Trust	Type of NHS provider organisation which has more autonomy and different governance arrangements. FTs are authorised and regulated by 'Monitor'. Government policy requires all provider Trusts to be FTs by 2013
<b>GDPR</b>	General Data Protection Regulation	A legal framework that sets guidelines for the collection and processing of personal information from individuals who live in the European Union (EU)
<b>GMC</b>	General Medical Council	Works to protect patient safety and improve medical education and practice across
<b>GP</b>	General Practitioner	A doctor based in the community who treats patients with minor or chronic illnesses and refers those with serious conditions to a hospital
<b>HCA</b>	Health Care Assistant	Work within a range of NHS hospital or community settings under the guidance of a variety of healthcare professionals. An HCA could be working alongside nurses in hospitals or midwives in maternity services or in mental health, community or General Practice (GP) surgeries, for example
<b>HCPC</b>	Health and Care Professions Council	A regulator of health and care professions in the UK



Acronym	Term	Meaning / explanation
<b>HEE</b>	Health Education England	A Special Health Authority of the Department of Health. Its function is to provide national leadership and coordination for the education and training within the health and public health workforce within England
<b>HEWM</b>	Health Education West Midlands	The body responsible for the education and training of health and public health workers at a regional level
<b>HFMA</b>	Healthcare Financial Management Association	The representative body for finance staff in healthcare
<b>HIA</b>	Health Impact Assessment	A practical approach used to judge the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups
<b>HoNOS</b>	Health of the Nation Outcome Scales	HoNOS is a clinical outcome measure that is used to help plan care and interventions for service users, and is completed following the routine clinical assessment of a service users' needs. 12 simple scales are used on which service users are rated by clinical staff. These ratings can be repeated following a course of treatment or intervention and then compared to the original ones recorded to see if a service users status has changed
<b>HR</b>	Human Resources	The personnel of a business or organization, regarded as a significant asset in terms of skills and abilities
<b>HSA</b>	Health and Safety Act	The Health and Safety at Work Act 1974 (HASAWA) lays down wide-ranging duties on employers. Employers must protect the 'health, safety and welfare' at work of all their employees, as well as others on their premises, including temps, casual workers, the self-employed, clients, visitors and the general public
<b>HSE</b>	Health and Safety Executive	The Health and Safety Executive (HSE) is Britain's national regulator for workplace health and safety. It prevents work-related death, injury and ill health
<b>HWE</b>	Health Watch England	The independent national champion for people who use health and social care services
<b>IA</b>	Initial Assessment	An initial assessment will be carried out on an individual whenever they approach the NHS for help, or perhaps when they are transferred to a different department or team within the NHS as part of their ongoing care. This initial assessment will build up an accurate picture of a person's needs. Different professionals and organisations provide a range of services and so an initial assessment may take many forms. Professionals involved could include nurses, social workers, psychologists, pharmacists, psychiatrists, or a combination of these
<b>IAPT</b>	Improving Access to Psychological Therapies	One of the Trust's services, transferred over on 1 <sup>st</sup> April 2020. An NHS programme rolling out services across England offering interventions for treating people with depression and anxiety disorders

Acronym	Term	Meaning / explanation
<b>IBS</b>	Irritable Bowel Syndrome	A common condition that affects the digestive system. It causes symptoms like stomach cramps, bloating, diarrhoea and constipation. These tend to come and go over time, and can last for days, weeks or months at a time
<b>ICA</b>	Integrated Care Alliance	Where NHS organisations are working in partnership with the local council and others, to take collective responsibility for managing resources, delivering standards, and improving the health and social care of the population
<b>ICO</b>	Information Commissioner's Office	The Information Commissioner's Office (ICO) upholds information rights in the public interest, promoting openness by public bodies and data privacy for individuals. ICO is an executive non-departmental public body, sponsored by the Department for Digital, Culture, Media & Sport
<b>ICP</b>	Integrated Care Plan	Care that is planned with people who work together to understand the service user and their carer(s), puts them in control and coordinates and delivers services to achieve the best outcomes
<b>I&amp;E</b>	Income & Expenditure	a summary of all items of incomes and expenses which relate to the ongoing accounting year. It is prepared with the objective of finding out the surplus or deficit arising out of current incomes over current expenses
<b>IFRS</b>	International Financial Reporting Standards	International Financial Reporting Standards (IFRS) set common rules so that financial statements can be consistent, transparent, and comparable around the world. ... They specify how companies must maintain and report their accounts, defining types of transactions, and other events with financial impact
<b>IG</b>	Information Governance	Information Governance (IG) is to do with the way organisations process or handle information. ... It allows organisations and individuals to ensure that personal information is handled legally, securely, efficiently and effectively in order to support delivery of the best possible care
<b>IM&amp;T</b>	Information Management and Technology	Information management technology refers to the processes, systems, hardware, and software a company uses to conduct its day-to-day operations
<b>IMT</b>	Incident Management Team	A multi-disciplinary, multiagency group with responsibility for investigating and managing an incident
<b>IPC</b>	Infection Prevention and Control	A scientific approach and practical solution designed to prevent harm caused by infection to service users and health workers
<b>IPD</b>	Integrated Performance Dashboard	A report produced for Trust Board and appropriate Committees to monitor key quality, patient safety and financial performance. The report provides assurance of ongoing monitoring against key

Acronym	Term	Meaning / explanation
		performance indicators, allowing the Trust Board or Committee to gain assurance regarding performance, and remedial actions
<b>ISAP</b>	Integrated Support and Assurance Process	The set of activities that begin when commissioners start to develop a strategy for a complex or novel contract
<b>JSNA</b>	Joint Strategic Needs Assessment	The Joint Strategic Needs Assessment (JSNA) is a process by which local authorities and Clinical Commissioning Groups assess the current and future health, care and wellbeing needs of the local community to inform local decision making
<b>KLOE</b>	Key Lines of Enquiry (CQC)	Covers the various different areas, which regulatory bodies such as CQC will investigate when they come to do an inspection of a care setting
<b>KPIs</b>	Key Performance Indicators	These are measures of performance and are used by the Trust to evaluate levels of success in achieving its goals
<b>LA</b>	Local Authority	The Local Council, i.e. Dudley Metropolitan Borough Council
<b>LAC</b>	Looked After Children	A child cared for by Government and are more vulnerable to health inequalities
<b>LD</b>	Learning Disabilities	<p>A learning disability affects the way a person learns new things throughout their lifetime. It affects the way a person understands information and how they communicate. This means they can have difficulty:</p> <ul style="list-style-type: none"> <li>• understanding new or complex information</li> <li>• learning new skills</li> <li>• coping independently</li> </ul> <p>A learning disability can be mild, moderate, or severe. Some individuals with a learning disability are able to live independently, while others need help with everyday tasks</p>
<b>LETB</b>	Local Education and Training Board	Committees of HEE, that are responsible for training and education of NHS staff, made up of representatives from local providers of NHS services. The local LETB is Health Education West Midlands (HEWM)
<b>LGBT</b>	Lesbian, Gay, Bisexual, Transgender	These terms are used to describe a person's sexual orientation or gender identity
<b>LGBTQ</b>	Lesbian, Gay, Bisexual, Trans, Questioning	These terms are used to describe a person's sexual orientation or gender identity
<b>LHE</b>	Local Health Economy	Term used to refer to a system of health organisations within a geographical area, usually within the boundary of a particular Local Authority

Acronym	Term	Meaning / explanation
<b>LPS</b>	Liberty Protection Safeguards	The LPS will provide legal authorisation for depriving people in England and Wales of their liberty for the purposes of health or social care services, where the person lacks capacity to consent to their confinement. It will replace the Deprivation of Liberty Safeguards (DoLS), in relation to cases involving care homes or hospitals, and the authorisation of deprivations in other settings by the Court of Protection
<b>LOS</b>	Length of Stay	The length of time that someone remains in hospital
<b>LTA</b>	Long-Term Agreement	A type of contract that performs the work for another over an extended period of time, more than five years in duration
<b>LTC</b>	Long-Term Conditions	A Long Term Condition (also known as a Chronic Condition) is a health problem that requires ongoing management over a period of years or decades. One that cannot currently be cured but can be controlled with the use of medication and/or other therapies
<b>LTFM</b>	Long Term Financial Model	Accompanies the FBC. Describes the financial plans for the Trust over at least a 5-year period
<b>LTPS</b>	Liability to Third Party Scheme	Typically covers employers' and public liability claims from NHS staff, patients and members of the public. These range from straightforward slips and trips to serious workplace manual handling, bullying and stress claims
<b>MASH</b>	Multi-Agency Safeguarding Hub	The Multi Agency Safeguarding Hub (MASH) brings key professionals together to facilitate early, better quality information sharing, analysis and decision-making, to safeguard vulnerable children and young people more effectively
<b>MAU</b>	Medical Assessment Unit	A short-stay unit in some UK hospitals that may be co-located with A&E (accident and emergency or casualty), which serves to reduce patient turnaround time
<b>MBC</b>	Metropolitan Borough Council	DIHC covers one Dudley
<b>MCA</b>	Mental Capacity Act	Relatively new piece of legislation which has much wider application than mental health services. Aims to assess individuals' capacity to make decisions
<b>MDT</b>	Multidisciplinary Teams	A team with specialist healthcare professionals who manage patients with more complex needs
<b>MHA</b>	Mental Health Act	Specific legislation which allows mental health Trusts and some other agencies to detain an individual against their will for assessment or treatment. Mental Health Trusts are required to establish a sub-committee of the Board which scrutinises its application of the Act

Acronym	Term	Meaning / explanation
<b>MHMDS</b>	Mental Health Minimum Data Set	Set of information which is used as the basis for measuring, recording and evaluating activity
<b>MHRA</b>	Medicines and Healthcare Products Regulatory Agency	The UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness
<b>MoU</b>	Memorandum of Understanding	A memorandum of understanding (MoU) is a document that records the common intent and agreement between two or more parties. It defines the working relationships and guidelines between collaborating groups or parties
<b>MRC</b>	Medical Research Council	The Medical Research Council (MRC) improves the health of people in the UK - and around the world - by supporting excellent science, and training the very best scientists
<b>MRSA</b>	Meticillin-resistant Staphylococcus aureus	MRSA is a common skin bacterium that is resistant to a range of <u>antibiotics</u> , including meticillin. 'Meticillin-resistant' means the bacteria are unaffected by the meticillin. About 1/3 of us carry the SA bacteria on the surface of our skin or in our nose without developing infection, this is known as being colonised by the bacteria. MRSA infection occurs when the bacteria enter the body through a break in the skin and multiply, causing various <u>symptoms</u> (often swelling and redness at the site of infection)
<b>MSNAP</b>	Memory Services National Accreditation Programme	MSNAP an initiative of the CCQI. It is a standards based accreditation programme designed to improve the quality of care received by individuals with memory problems and dementia. Focuses is on the assessment and diagnosis process
<b>MSK</b>	Musculoskeletal	Relating to or denoting the musculature and skeleton together
<b>NA</b>	Nursing Associate	A nursing associate is a member of the nursing team in England that helps bridge the gap between health and care assistants and registered nurses
<b>NAO</b>	National Audit Office	The UK's independent public spending watchdog
<b>NED</b>	Non-Executive Director	A non-executive director is a member of a company's board of directors who is not part of the executive team. A non-executive director typically does not engage in the day-to-day management of the organization but is involved in policymaking and planning exercises

Acronym	Term	Meaning / explanation
<b>NEWS</b>	National Early Warning Score, EWS – Early Warning Score	A tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes
<b>NHS</b>	National Health Service	The umbrella term for the publicly-funded healthcare systems of the United Kingdom
<b>NHSD</b>	NHS Digital	The national information and technology partner to the NHS, using digital technology to transform the NHS and social care
<b>NHSEI</b>	NHS England and NHS Improvement	NHS England and NHS Improvement were previously separate entities, but now form a new integrated leadership structure, and are a non-departmental public body of the Department of Health and Social Care Jointly they oversee the budget, planning, delivery and day-to-day operation of both the commissioning and provider side of the NHS in England, as well as independent providers that provide NHS-funded care
<b>NHSLA</b>	National Health Service Litigation Authority	A Special Health Authority which deals with legal claims against NHS organisations. Based on a risk-pooling concept, NHS Trusts pay a yearly subscription, based on their risk profile and the nature of services provided. Assesses Trusts against a range of risk management standards. DWMHPT is currently accredited at NHSLA level 1
<b>NHSPS</b>	National Health Service Property Services	Government owned company which exists to help the NHS get the most of its estate by ensuring it is fit for purpose, its portfolio is the largest in the UK with more than 3000 properties, valued at over £3bn
<b>NHSR</b>	NHS Resolution	NHS Resolution is an arm's-length body of the Department of Health and Social Care. They provide expertise to the NHS on resolving concerns and disputes fairly, sharing learning for improvement and preserving resources for patient care
<b>NHSCT</b>	NHS Charities Together	NHS Charities Together is a collective experience representing, supporting and championing the work of the NHS' official charities
<b>NICE</b>	National Institute for Health and Clinical Excellence	NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health
<b>NMC</b>	Nursing and Midwifery Council	The nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland

Acronym	Term	Meaning / explanation
<b>NPSA</b>	National Patient Safety Agency	The NPSA are a body of the Department of Health. It leads and contributes to improved, safe patient care by informing, supporting and influencing the NHS. This has now closed and no longer operational
<b>NQB</b>	National Quality Board	The National Quality Board (NQB) was established to deliver high quality care for patients throughout the NHS and at the interface of health and social care
<b>NTA</b>	National Treatment Agency	A Special Health Authority which oversees drug treatment.
<b>OH</b>	Occupational Health	The branch of medicine dealing with the prevention and treatment of job-related injuries and illnesses
<b>OJEU</b>	Office of the Journal of the European Union	This is the publication in which all tenders from the public sector which are valued above a certain financial threshold according to EU legislation must be published
<b>OOH</b>	Out of Hours	Out of hours is the period of time outside of 'normal' working hours. In the NHS out of hours is defined as from 6.30pm to 8am on weekdays and all day at weekends and on bank holidays. If you need emergency help outside of normal working hours you will often be diverted to an out of hours service, such as an urgent care centre, A&E Dept, or Crisis Team
<b>ONS</b>	Office for National Statistics	UK's largest independent producer of official statistics and its recognised national statistics institute, responsible for collecting and publishing statistics relating to the economy, population and society at national, regional and local levels
<b>OP</b>	Out Patients	A patient who has been referred to hospital but does not need to stay overnight
<b>OT</b>	Occupational Therapy	A science degree-based, health and social care profession, regulated by the Health and Care Professions Council. Occupational therapy takes a "whole-person approach" to both mental and physical health and wellbeing and enables individuals to achieve their full potential
<b>OTC</b>	Over The Counter	Available by ordinary retail purchase, with no need for a prescription or licence
<b>PALs</b>	Patient Advice Liaison Service	The Patient Advice and Liaison Service, known as PALS, has been introduced to ensure that the NHS listens to patients, their relatives, carers and friends and answers their questions and resolves their concerns as quickly as possible
<b>PBR</b>	Payment by Results	System within which there are standardised national prices for healthcare interventions. Mental health services are not currently subject to this tariff
<b>PCN</b>	Primary Care Network	Primary care networks (PCN) are groups of practices working together to focus local patient care
<b>PCT</b>	Primary Care Trust	NHS organisations currently responsible for public health needs assessment, commissioning healthcare services and providing community services. NHS White Paper has stated that PCTs will be abolished



Acronym	Term	Meaning / explanation
<b>PDC</b>	Public Dividend Capital	A form of long-term government finance which was initially provided to NHS Trusts when they were first formed to enable them to purchase the Trust's assets from the Secretary of State
<b>PDP</b>	Personal Development Plan	People working in health are encouraged to review their goals and achievements on a regular basis using a Personal Development Plan. This plan is individual to each staff member, and identifies and addresses any educational and professional development needs, and also looks at areas for further development. A plan can identify goals for the forthcoming year and methods for achieving these goals
<b>PE</b>	Pulmonary Embolism, DVT – Deep Vein Thrombosis	Pulmonary embolism is a blockage in one of the pulmonary arteries in your lungs. In most cases, pulmonary embolism is caused by blood clots that travel to the lungs from deep veins in the legs or, rarely, from veins in other parts of the body (deep vein thrombosis)
<b>PES</b>	Property Expenses Scheme	The scheme is administered by NHSLA on behalf of the Secretary of State. It covers “first party” losses for material damage to buildings and contents from a variety of causes, including fire, theft and water damage. It also offers business interruption expense cover arising from property damage
<b>PFI</b>	Private Finance Investments	Arrangements set up with private sector companies to organise such things as large scale infrastructure buildings (e.g. new hospitals). The projects are put out to tender and bids invited from buildings firms and developers who raise capital, build the premises and then lease them back to the government
<b>PHE</b>	Public Health England	An executive agency sponsored by the Department of Health and Social care to protect and improve the nation's health and wellbeing, and reduce health inequalities
<b>PICU</b>	Psychiatric Intensive Care Unit	Psychiatric Intensive Care Units (PICU) are specialist wards that provide inpatient mental health care, assessment and comprehensive treatment to individuals who are experiencing the most acutely disturbed phase of a serious mental disorder
<b>PID</b>	Project Initiation Document	Document which is developed at the beginning of a project which describes how the project will be implemented, how decisions will be made and what arrangements for reporting and accountability are in place
<b>PIP</b>	Productivity Improvement Project	National project for mental health services which will enable better evaluation of productivity and crucially, help to prepare mental health services for a tariff. Within the Trust, this project is led by Phillip Hogarth



Acronym	Term	Meaning / explanation
<b>PLACE</b>	Patient-led assessments of the care environment	The system for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections. The assessments see local people go into hospitals as part of teams to assess how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance
<b>PMO</b>	Programme Management Office	The Programme Management Office to support delivery of the Trust's strategic objectives via service transformation, improvement, growth and cost improvement
<b>PMVA</b>	Prevention and Management of Violence and Aggression	Prevention and Management of Violence and Aggression involves such things as effective communication, effective risk assessment, prevention planning, service user involvement and learning from incidents. All these things contribute to reducing the amount of violence and aggression experienced by NHS staff
<b>PPE</b>	Personal Protective Equipment	PPE protects the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. It also includes respiratory protective equipment, such as face masks
<b>PQQ</b>	Pre-qualification questionnaire	The PQQ is used to select a shortlist of bidders out of those who expressed an interest. Those bidders who are successful at the pre-qualification stage will then be invited to tender
<b>PTIP</b>	Post Transaction Integration Plan	The written plan that demonstrates the benefits of the transaction, feasibility of the proposed structure, underpinning project plans, plans for cultural integration, plans for transformational change and plans for continued achievement of national targets and core standards
<b>Q&amp;S</b>	Quality & Safety Committee	A Committee of the Trust Board. The Committee seeks assurance about the governance systems and processes in place to support the Trust in delivering services against the mandated and accredited standards expected of service delivery. The Committee covers a wide range of items, such as incidents, health and safety, quality assessments, safeguarding, and violence and aggression
<b>QIA</b>	Quality Impact Assessment	A tool to consider the impacts and changes on patient safety, experience and quality of care
<b>QPR</b>	Quarterly Performance Review	A review undertaken every quarter within a year (4 times each year) which looks at whether the Trust is achieving against its agreed targets
<b>RAG</b>	Red/Amber/Green	A system of categorising performance / risk etc, indicating how a particular plan or action is progressing

Acronym	Term	Meaning / explanation
<b>RCA</b>	Root Cause Analysis	Root Cause Analysis was developed for the health services to promote an organised approach to the investigation of serious incidents. It identifies any underlying system and process issues that may have caused or contributed to the incident
<b>ROI</b>	Return on Investment	The benefit to the investor resulting from an investment of some resource. A high ROI means the investment gains compare favourably to investment cost
<b>RTT</b>	Referral to Treatment	In England patients have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment
<b>SAMh</b>	Support Association for Mental Health	A service user-led organisation that aims to ensure mental health services are meeting the needs of local people
<b>SE</b>	Service Experience	The Trust's central point of contact for all concerns and enquiries from service users, families and carers whether these are formal or informal, compliments, suggestions or complaints
<b>SEN(D)</b>	Special Educational Need (and Disabilities)	A legal definition and refers to children with learning problems or disabilities that make it harder for them to learn than most children the same age
<b>SFI</b>	Standing Financial Instructions	These Instructions explain the financial responsibilities, policies and procedures to be adopted by the Trust. They are designed to ensure that its financial transactions are carried out in accordance with the law, Government policy, and best practice. The instructions apply to all Trust staff in relation to all financial matters
<b>SI/SUI</b>	Serious Incident/Serious Untoward Incident	Any unplanned occurrence which has actual or potential negative impact
<b>SID</b>	Senior Independent Director	The senior independent director is a non-executive director appointed by the Board of Directors. The senior independent director supports the chairperson and serves as an intermediary for the other directors when necessary
<b>SIRI</b>	Serious Incident Requiring Investigation	An incident that occurs in relation to NHS-funded services and care resulting in one of the following: <ul style="list-style-type: none"> <li>• Acts or omissions in care that result in; unexpected or avoidable death.</li> <li>• Unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm, abuse.</li> </ul>

Acronym	Term	Meaning / explanation
		<ul style="list-style-type: none"> <li>• Never Events, incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services</li> </ul>
<b>SIRO</b>	Senior Information Risk Owner	The senior risk owner in DIHC and champions information security at Board level
<b>SitRep</b>	Situation Report	A report explaining the situation in regards to any particular matter
<b>SJR</b>	Structured Judgement Review	Structured judgement review blends clinical-judgement based review methods with a standard format. This approach requires reviewers to make safety and quality judgements over phases of care, to make explicit written comments about care for each phase, and to score care for each phase. This results in a short but rich set of information about each case in a form that can also be collected to produce knowledge about clinical services and systems of care
<b>SLA</b>	Service Level Agreement	Agreement between two organisations where one is providing a service to the other. Describes the nature of the service and usually, the financial arrangements in place to support the exchange. Utilised a great deal within the NHS as contracts between NHS organisations (except Foundation Trusts) are not legally enforceable
<b>SLR</b>	Service Line Reporting	Aims to improve the level of financial and performance information available to managers of service functions. It brings together the income generated by services and the costs associated with providing that service to patients, and reports this for each operational unit
<b>SOF</b>	Single Oversight Framework	<p>The SOF is a framework for NHS Trusts which takes account of the challenges facing NHS providers. The framework is used to segment Trusts according to the level of support each Trust needs across five themes:</p> <ul style="list-style-type: none"> <li>• Quality of care</li> <li>• Finance and use of resources</li> <li>• Operational performance</li> <li>• Strategic change</li> <li>• Leadership and improvement capability</li> </ul> <p>The segmentation defines the approach that NHSE/I will take with a Trust with regard to the oversight and support provided</p>

Acronym	Term	Meaning / explanation
<b>SRO</b>	Senior Responsible Officer	The visible owner of the Trust's overall business change, accountable for successful delivery and is recognised throughout the organisation as the key leadership figure in driving the change forward
<b>Stat/Man</b>	Statutory and Mandatory Training	Statutory training is required to ensure that the Trust is meeting any legislative duties Mandatory training is an organisational requirement to limit risk and maintain safe working practice
<b>STP</b>	Sustainability and Transformation Partnership	NHS organisations, local authorities and clinical commissioning groups working together to improve the health and wellbeing of a population in a particular area. Each area produces its own STP Plan and those organisations with that particular STP work together to achieve it
<b>SUI</b>	Serious Untoward Incident	An incident occurring during NHS funded healthcare (including in the community) which results in one or more of the following: unexpected or avoidable death or severe harm of one or more patients, staff or members of the public
<b>TB</b>	Trust Board	Led by the Chair and composed of a mixture of executive and non- executive members, the Trust Board has a collective responsibility for the performance of the organisation. The main focus of the Trust Board is providing high standards of health care. The Trust Board are essential in shaping the strategy, vision and purpose of an organisation. They are responsible for holding the organisation to account for the delivery of the strategy and to ensure value for money
<b>TCS</b>	Transforming Community Services	National policy directive under which PCTs are required to divest themselves of the management of all provider services. This must be effected by April 2012
<b>TNA</b>	Training Needs Analysis	An analysis of the current skills of a learner which is used to determine the skills to be developed
<b>ToR</b>	Terms of Reference	Define the purpose and structure of a project, committee, meeting, negotiation, or any similar collection of people who have agreed to work together to accomplish a shared goal
<b>TtT</b>	Train the Trainer	A training course to show trainers how to use software to enable them to train end users
<b>TUPE</b>	Transfer of Undertakings (Protection of Employment) Regulations 1981	Rules which protect employees if the business in which they are employed changes hands. Its effect is to move employees and any liabilities associated with them from the old employer to the new employer by operation of law
<b>UAT</b>	User Acceptance Testing	Programme team undertakes formal test and acceptance with Trust services that the system is fit for purpose and makes any design changes necessary

Acronym	Term	Meaning / explanation
<b>UCAS</b>	Urgent Care and Access Services	An illness or injury that requires urgent attention but is not a life-threatening situation. Urgent care services include a phone consultation through the NHS111 Clinical Assessment Service, pharmacy advice, out-of-hours GP appointments, and/or referral to an urgent treatment centre (UTC)
<b>UCC</b>	Urgent Care Centre	Urgent treatment centres are a facility you can go to if you need urgent medical attention, but it's not a life-threatening situation
<b>WDES</b>	Workforce Disability Equality Standard	Is a set of ten specific measures (metrics) which enables <b>NHS</b> organisations to compare the workplace and career experiences of Disabled and non-disabled staff. <b>NHS</b> trusts use the metrics data to develop and publish an action plan
<b>WRES</b>	Workforce Race Equality Standard	It provides an overview of the data on all nine WRES indicators and where possible, comparison against data from previous years Understanding the data is one of the steps in helping organisations to develop evidence-based action plans, to improve on the workforce race equality agenda
<b>WTE</b>	Whole time equivalent	The WTE for each person is based on their hours worked as a proportion of the contracted hours normally worked by a full-time employee in the post
<b>YTD</b>	Year to Date	Term often used in financial reporting meaning from the beginning of the financial year to this point in time'