

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TUESDAY 2 FEBRUARY 2021
VIRTUAL MEETING VIA MICROSOFT TEAMS
09.30 – 12.00

PUBLIC AGENDA

Please note, as part of DIHC's commitment to openness and accountability, members of the public are able to join the meeting via MS Teams, but will need to notify in advance to do so as the link for the meeting will not be available on the public website. Should you wish to join the meeting please email James Young, Head of Governance and Quality on james.young8@nhs.net who will provide details and guidance on observing the meeting. Should you wish to ask a question about the issues on the Board Agenda please send your question prior to the meeting. The papers, minutes and any questions and answers to the items on the Board Agenda will be published on the DIHC website.

Equipment, technical advice or support for members of the public wishing to observe the meeting cannot be provided.

Item No	Agenda Item			Presented by	Time
Formalities: to declare the meeting open, quorate and in accordance with the standing orders:					
1.	Chair's Welcome		Verbal	Mr H Turner	09:30
	1.1 Apologies	To Receive	Verbal	Mr H Turner	
	1.2 Declarations of Interest	To Receive	Verbal	Mr H Turner	
	1.3 Board of Directors' Register of Interests	To Receive	Enclosure 1.3	Mr H Turner	
	1.4 Public Board Minutes – meeting held on 12 January 2021	For Approval	Enclosure 1.4	Mr H Turner	
	1.5 Action Register and Matters Arising	For Approval	Enclosure 1.5	Mr H Turner	
2.	Service Story				
	2.1 DIHC Mental Health Services and Response to COVID	For Information	Verbal	Ms H Cole & Ms E Gould	09:35
3.	Standing Items				10:00
	3.1 Chair's Update	For Information	Verbal	Mr H Turner	
	3.2 Chief Executive's Report	For Information	Enclosure 3.2	Mr P Assinder	
	3.3 Agenda for Part Two – Private Board	For Information	Enclosure 3.3	Mr H Turner	
Our Services					
4.	COVID19 Response – Vaccination Update	For Assurance	Verbal	Mrs C Brunt & Dr C Weiner	10:15
5.	Board Assurance Framework & Corporate Risk Register	To Review	Enclosure 5	Ms E Doyle	10:20

Item No	Agenda Item			Presented by	Time
Delivering safe and quality services, supported by integrated governance that drives quality clinical improvements					
6.	Quality and Safety Performance Report	For Information	Enclosure 6	Ms C Brunt	10:30
7.	Quality and Safety Committee Assurance Report	For Assurance	Enclosure 7	Ms V Little	10:35
The best place to work, supported by a new leadership and workforce culture, organically co-developed, together					
8.	Workforce Performance Report	For Information	Verbal	Ms B Edgar	10:40
9.	People Committee Assurance Report	For Assurance	Enclosure 9	Mr M Evans	10:45
10.	Equality, Diversity and Inclusion	For Information	Verbal	Mr P Assinder & Ms B Edgar	10:50
Doing the best with what we have, to be affordable today and sustainable tomorrow					
11.	Finance, Performance and Digital Report	For Information	Enclosure 11	Mr M Gamage	10:55
12.	Finance, Performance and Digital Committee Assurance Report	For Assurance	Enclosure 12	Mr I Buckley	11:00
13.	Sustainability Strategy for Net Zero NHS	For Approval	Enclosure 13	Ms E Doyle	11:05
Help and Empower the People of Dudley to live longer and healthier lives through fully integrated community based healthcare					
14.	Report from the Primary Care Integration Committee – Development Session	For Assurance	Enclosure 14	Dr G Solomon	11:10
15.	Report from the Transaction Committee	For Assurance	Enclosure 15	Ms S Cartwright	11:15
Our Organisation					
16.	Integrated Governance Development Programme	For Assurance	Enclosure 16	Mr J Young	11:20
Governance and Assurance					
17.	Audit and Risk				11:30
	17.1 Chair's Escalation Report from Audit and Risk Committee	For Assurance	Verbal	Mr D Gilburt	
End of Meeting Formalities: to bring the meeting to an end and include reflections on the meeting before inviting an opportunity for questions from the public. Normally pre-submitted in advance of the meeting and answered during the allotted time or in writing following the meeting.					
18.	Any Other Business		Verbal	Mr H Turner	11:40
19.	Questions from the public – pre-submitted	To Receive	Verbal	Members of Public	11:45
20.	Risk Reflection		Verbal	Mr H Turner	11:50
21.	Board reflections		Verbal	Mr H Turner	11:55

Item No	Agenda Item			Presented by	Time
21.	Date of next meeting: 2 March 2021, 09.30 – 12.00 Virtual Meeting via Microsoft Teams				

Dudley Integrated Health and Care NHS Trust

Declaration of Interest Register

Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To
Mrs	Beverley Edgar	Interim Associate Director of People	Edgar HR Consultancy	✓			✓	Mar 2020	
			Trustee at John Taylor Hospice		✓			July 2019	
			Trustee at BHS Trust Fund			✓		Feb 2021	
Mr	David Gilbert	Non-Executive Director & Audit Chair	Chair of Cheshire PCC and Chief Constable's Joint Audit Advisory Committee.	✓				2017	
			Non-Executive Director and Audit Chair of the Robert Jones & Agnes Hunt NHS FT	✓				2015	
			Member of the HFMA Governance & Audit Committee		✓			2018	
Mrs	Caroline Brunt	Interim Director of Nursing and Allied Health Professionals	Currently seconded to Interim Executive Director role from Dudley CCG		✓			Apr 2020	April 2021
Dr	Chris Weiner	Interim Medical Director	Currently seconded from NHSE/I		✓			May 2020	April 2021
Dr	George Solomon	Non-Executive Director	Partner is a Non-Executive Director of Walsall Healthcare NHS Trust				✓	Apr 2020	
Dr	Gillian Love	Associate Non-Executive Director	GP Partner Halesowen Medical Practice		✓	✓		1996	
			Clinical Director of Halesowen PCN		✓			2019	
			Director of Future Proof Health		✓			Jan 2020	
			Share Holder of Future Proof Health		✓			Aug 2014	
			Director of Mary Martin Enterprise Ltd					2014	

Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To
Mr	Harry Turner	Chairman	Deputy Chair S.I.D Robert Jones Orthopaedic Hospital	✓				Jan 2017	
			Chair – John Taylor Hospice		✓			Nov 2016	
			Intercontinental Hotels – Consultant	✓				Aug 2006	
			Chair St Mary's Hospice, Birmingham		✓			March 2020	
Mr	Ian Buckley	Non-Executive Director	N/A						
Mr	Martin Evans	Non-Executive Director	N/A						
Mr	Matthew Gamage	Interim Director of Finance	CIMA Member		✓			2012	
			Currently seconded to Interim Director of Finance role from Dudley CCG		✓			Apr 2020	April 2021
Mr	Paul Assinder	Interim Chief Executive Officer	Non-Executive Director of Walsall Healthcare NHS Trust	✓				Nov 2019	
			Director of Rodborough Consultancy Ltd (providing financial consultancy to NHS and other clients)	✓				Jun 2014	
			Honorary Lecturer, University of Wolverhampton (unpaid)		✓			2012	
			Governor of Solihull College & University Centre (unpaid)			✓			
Mrs	Stephanie Cartwright	Director of Operations, Strategy and Partnerships for Dudley Integrated Health and Care NHS Trust (Internal Secondment)	Currently seconded to Interim Executive Director role from Dudley CCG		✓			Apr 2002	April 2021
			Married to the Chief Executive Officer of Black Country and West Birmingham CCGs			✓		Mar 2020	

Title	Name	Job Title/Relationship with Dudley Integrated Health and Care NHS Trust	Declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To
Dr	Stephen Cartwright	Associate GP Non-Executive Director	Partner GP - Keelinge House Surgery	✓	✓			2019	
			Part owner of Keelinge House Building	✓				1998	
Ms	Valerie Ann Little	Non-Executive Director	Vice Chair of Corporation of Dudley College of Technology		✓			Sep 2019	
			Member of the Corporation of Dudley College of Technology		✓			Jan 2016	
			Member of the Board of Care & Repair England		✓			Jun 2015	

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

MINUTES OF THE PUBLIC MEETING HELD ON 12 JANUARY 2021 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 (Until Item 5)

In Attendance:

Mr J Young (JY)	Head of Quality and Governance, Dudley IHC
Ms E Doyle (ED)	Programme Manager, Dudley IHC
Mrs H Codd (HC)	Communications and Engagement Manager, Dudley IHC
Mr R Dalziel (RD)	Participatory Research Officer, Healthwatch Dudley
Mr A Hindle	Commissioner for Integration, Dudley IHC (Item 2 Only)
Ms K Hanson	Deputy Director of Operations for Integrated Care, The Dudley Group NHS Foundation Trust (Item 2 Only)
Mr D Hunter	Observer
Mr J McLeod	Observer
Dr Stephen Cartwright (STC)	Observer

Minute Taker:

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

171/20. CHAIR'S WELCOME

Apologies

No apologies noted.

Conflicts of Interest

No conflicts of interest were raised in relation to matters on today's agenda.

Board of Directors' Register of Interest

The Board of Directors' register of interest was noted.

Two interests are to be added to the register for Bev Edgar:

- Trustee role at John Taylor Hospice
- Trustee role at BHS Trust Fund

The interests will be added to the register following the meeting.

Public Board Minutes – meeting held on 1 December 2020

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

Action Register & Matters Arising

Ref 169/20

SC confirmed that Board meeting dates have been added into the Trust's welcome pack for staff. Action closed.

The Chair welcomed Dr Stephen Cartwright who has been appointed as the second Associate Non-Executive Director, and virtual introductions were made.

172/20. SERVICE STORY

Future Developments of the Clinical Hub

KH and AH were welcomed to the meeting.

KH summarised the Clinical Hub's vision and provided the Board with a service overview, noting that the Clinical Hub is a community based integrated service that coordinates care and advice for patients, and health and social care professionals.

It was highlighted there are a number of different referral routes into the Clinical Hub which KH listed to the Board, the referrals are sent through to a Single Point of Access (SPA) and the patient is triaged to the appropriate service. The SPA is provided by Triage Nurses with support from an administration team and KH provided a brief summary of the SPA response time.

The service is available seven days a week from 08.00am until 09.00pm.

Within the Clinical Hub there are a number of Teams that the SPA can triage to including:

- Community Response Team
- Enhanced Care Home Team
- Long Term Conditions Team
- End of Life Team
- IV Team
- Community Nursing Services
- Own Bed Instead
- Intermediate Care

AH briefly outlined the Own Bed Instead pilot which is an integrated service between the Local Authority, DGFT and DIHC. The service is therapist led supported by social care.

AH highlighted that since mid-September there has been collaborative working between the clinical hub and WMAS, focusing on increasing referrals to the clinical hub to reduce unnecessary conveyances to hospital.

The Board were provided with an overview on the impact of Covid19 during the first wave and the changes

the teams had to make during this time. The areas of development were listed which included having acute care referrals from primary care going straight through to the hub by the end of 2021, working with DIHC on the development of a centralised bed bureau, improving links with mental health services and many more.

It was noted that moving forwards the hub's collaboration and integration within community and primary care is essential for delivering the key outcomes of:

- Avoiding inappropriate admissions to secondary care
- Ensuring more people are cared for at end of life in their preferred place of care
- Supporting the care home sector and triaging all care home provider calls via the clinical hub
- Improve population health outcomes for the over 65's

SC commented that the Clinical Hub and the Integrated Care Teams are the core of the development of the ICP model in Dudley along with primary care integration.

IB questioned the background on how the integration with GPs and PCN's is working on a daily basis, and how information flows as many elements in the presentation showed a paper based movement. KH responded that the teams are very supportive and work closely with the GPs. It was noted that there are currently restrictions around IT although there has been some investment in telephone systems and there is a centralised triage which helps make a difference.

ME questioned how the hub may look to try and improve some of the qualitative measures around patient/family experience. KH responded that there is a Clinical Oversight Group for the hub that commenced in December 2020, as it is recognised that there is a need to listen to patient voices and get patients involved. KH highlighted that the group will consider a plan around patient surveys for specific elements of the services which will help the group to understand what is working well or what potentially may need to change.

It was highlighted that DIHC have Patient Opportunity Panels in place, and that it would be great for KH and AH to join one of these meetings to discuss the Clinical Hub. The Communications and Engagement Manager for the Trust agreed to pick this up outside of the meeting.

VL queried what would be the single most important element which would assist the team in taking forward the development of these services. KH responded that IT is an important element to ensure staff have the correct and meaningful data, and that by having efficient IT this will release time to care for patients. AH added an electronic shared care record is the ambition.

HT commented that the Trust will help and support the Clinical Hub where it can in terms of pathway development.

A note of thank you was provided to KH and AH for their work through Covid and the proactive approach that has been maintained. A note of thank you was also provided to AH for the work around vaccinations for care home residents.

It was noted it is important to celebrate the significant achievements of the Clinical Hub and that DIHC will support the team to build on the success.

173/20. STANDING ITEMS

Chair's Update

HT stated that both GL and STC have been appointed as the two Associate Non-Executive Directors and that both these appointments will be formalised over the coming days.

The Board noted the update.

Chief Executive's Report

PA reported that DIHC continues to work with system colleagues from primary care, neighbouring NHS providers, the local authority and the local voluntary sector, to contribute to the coordinated Covid19 response across the Borough. It was noted infections rates remain high and across the Black Country organisations are under significant pressure.

It was highlighted that as of Sunday 10 January 2021 the UK had vaccinated 2.3 million people, and that Dudley has access to the Pfizer and AstraZeneca vaccine. PA stated that the six Dudley PCNs have been amongst the first in the UK to deliver Covid19 vaccinations to at risk cohorts of their registered patients.

Trust staff are currently accessing vaccination opportunities initially through the NHS Hub at the Walsall Manor Hospital and with effect from last weekend, there has been a sub-hub established at Russells Hall Hospital.

PA reported that supporting local care homes during the Covid Pandemic has been an important feature of DIHC's work. The Care Home vaccination programme starts this week and is anticipated to be completed within four weeks. PA provided a note of thanks to Andrew Hindle, Dr Duncan Jenkins and their respective teams, for their work on the care home vaccination programme.

It was reported that the (EU) 'Future Relationship Bill' was approved by Parliament on 30 December 2020 with the Agreement formally taking effect on 1 January 2021. It was noted that the Trust has undertaken work in relation to assess risks resulting from the UK's departure from the EU, led by CW with support from MG, and it is not believed that the Trust has any significant potential impacts on operations.

Within this month's report PA noted that a link has been included to view the '2020 World Health Organisation Year of the Nurse & Midwife Celebratory E Book' which gives examples of the inspirational contribution to local healthcare being made by our nurses and midwives. The World Health Organisation Year of the Nurse & Midwife is being extended into 2021.

PA provided the Board with an overview of the system working and service user engagement that the Trust carried out over the month of December 2020.

It was noted that dialogue is continuing with the local population in regards to High Oak Surgery, and CW and CB led a meeting last week with local councillors to discuss their concerns and the view of people around the temporary transfer of the facility from Pensnett to Brierley Hill. PA stated that the feedback from users of the Brierley Hill facility has been very positive.

PA announced that the Trust has made two appointments to the Associate Medical Director post. The Trust welcomes Dr Lucy Martin and Dr Richard Bramble who commence in the role in early February 2021 working with and supporting CW. It was noted that together with the announcement of GL and STC appointments to the Board, and continued work with Dr Tim Horsburgh and Dr Steve Mann and other GP clinical leads, PA stated that provides confirmation of the DIHC commitment to local primary care.

VL commented that they are pleased to see within the report that a Teams session was held with students at Dudley College to explore perceptions around Dudley Talking Therapies, and it was noted that VL is really keen to develop and enhance the links with Dudley College.

The Board noted the Chief Executive's report.

Agenda for Part Two – Private Board

The Board noted the agenda for part two.

174/20. COVID19 RESPONSE – VACCINATION UPDATE

CB updated the Board on the Respiratory Assessment Centre, which is the centre that provides face to face assessments for Covid patients across primary care. CB stated that the centre is currently at maximum capacity and that the capacity will constantly be reviewed. It was highlighted that the team are incredibly resilient and flexible, and the manager of the Respiratory Assessment Centre is now joining the Dudley system 'Gold Calls' on a daily basis to support the system.

CW emphasised that the teams across the Dudley system are doing tremendous work in terms of carrying out the local immunisation programme. CW raised that the NHS is facing significant pressure from Covid19 which is likely to continue for two to three weeks. The Joint Committee on Vaccination and Immunisation has shifted national policy so that the time between the two vaccine doses has been extended from 21 days to 12 weeks to ensure first immunisation coverage for as many people as possible across communities, particularly in the high risk groups.

It was noted that the Black Country is significantly ahead of anywhere else in the Midlands in regards to deployment of vaccinations, which is driven by the GP Practices.

GL raised that there have been some issues with regard to vaccine supply, as Dudley are particularly ahead with immunising patients, and that GL would like to when possible start vaccinating over 75's. It was noted when available Dudley will be one of the first to request for additional vaccine supply.

The Board provided a note of thank you to GL and all of primary care for their work delivering the Covid19 vaccinations.

The Board noted the update on the Covid19 response and vaccination programme.

175/20. BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER

ED stated that the Board have had the opportunity to review the Board Assurance Framework (BAF) at the Private Board session on 1 December 2020 and it has had robust challenge and feedback through the Audit and Risk Committee.

It was highlighted that the committees will review the BAF alongside the Corporate Risk Registers during January and the BAF will be presented back to Board in February 2021 as part of an integrated and aligned risk management report. The Corporate Risk Register currently has 32 risks and ED assured the Board that these risks will be reviewed by committees during the month of January.

It is proposed that risk C-108 is added to the Corporate Risk Register which is around the disruption to the supply chain of goods, services or people following the Exit from the EU. VL helpfully assured the Board that this risk has been discussed and scrutinised at the Quality and Safety Committee with the recommendation that the risk should be added to the register.

DG provided a note of thank you for the work ED has been coordinating to ensure that the Board has thoroughly explored the risks that the organisation is exposed to and that there are mitigations in place.

The Board approved the BAF and Risk Management Strategy, and approved the addition of risk C-108 to the Corporate Risk Register.

176/20. QUALITY AND SAFETY PERFORMANCE AND ASSURANCE REPORT

CB reported within the performance report there is a breadth of information with a focus on risk and incident management, service user feedback and safeguarding.

CB highlighted that a new service level assurance reporting template has been introduced, and it was noted that this approach is designed to bring risk assessment into day to day assessment of how services are performing in a meaningful way, aligned with the five Trust pillars of quality. CB raised that within today's report the fifth pillar 'Sustainable Tomorrow' is not included as this is something the Trust are working on, but are not asking service leads to report specific information on. This is a development process to enable the Trust to understand what support service leads require for future submissions and an opportunity to provide further guidance with regards to risk assessment.

VL stated that it is a step forward for the Trust that there are key points of detail within the performance report against the five facet model that is set out in the DIHC business case, noting the Trust is working with service leads to report under the fifth facet 'Sustainable Tomorrow'.

The Trust has developed a clinical oversight and review meeting which reports through to the Quality and Safety Committee. The Clinical Hub has also developed its own Clinical Oversight meeting which will feed through to the DIHC Clinical Oversight and Review meeting reporting performance work that DIHC is helping to support the clinical hub with.

ME acknowledged the positive feedback received following the Covid Assessment Centre survey that was carried out in June-July 2020.

VL highlighted that it is important to note that the Quality and Safety Committee and the People Committee look at the rates for flu vaccination and that between the two reports there may be slightly different figures quoted due to the different timing of the Committees.

The Committee approved an interim Clinical Quality Governance policy and approved the wording of risk C-108 which was discussed and approved earlier under item five.

It was noted that during December's Quality and Safety Committee, the committee received assurance that the Trust has the data flows that give the accurate representation of the patient and staff flu vaccination rates, and that the Trust are making progress towards the targets for the population groups that the Trust are specifically responsible for vaccinating. It was noted the team at High Oak have an action plan in place and are showing improvement each week.

MG commented that in terms of performance for High Oak the Executive Team are working with the practice with meetings scheduled to discuss regular performance reporting and MG assured the Board that the flu data will be picked up in these meetings.

The Board noted the Quality and Safety Committee Performance report, and the assurance report.

177/20. WORKFORCE PERFORMANCE REPORT/PEOPLE COMMITTEE ASSURANCE REPORT

BE reported that the Equality, Diversity and Inclusion Committee met for the first time during December 2020.

It was noted that the flu vaccination compliance was reported at 68% to the People Committee on the 18 December 2020 and BE stated it is understood that as of today the flu vaccine uptake is above 75%.

BE stated the HR Policies harmonisation programme was agreed at the People Committee and the committee received the draft DIHC Recognition Agreement which will be presented to Staff Side this month to move towards a single Staff Side group which will be DIHC employed.

BE reminded the Board about the national disciplinary lessons learnt around the Amin Abdulla case, and reassured the Board that the Executive Team have gone through the recommendations within the report, and will be updating the Trust's Disciplinary Policy which will be agreed with Staff Side.

In regards to the Key Performance Indicators, BE highlighted that some of the data has been aligned using the Electronic Staff Record (ESR) and some data has been supplied through other training systems. A plan is in place with the Business Intelligence Support to move towards a single training system and there is a plan to develop ESR functionality.

BE stated that the current big focus for this week and next is for all managers to revisit staff risk assessments following the tighter regime in terms of lockdown for the country.

ME raised as chair of People Committee, the Trust have to be in a position where information is coming through to Committee as one and work needs to be done to align the receipt of the relevant information through to appropriate Executive Director and team meetings prior to it being reported at the People Committee. SC stated that the Executive Directors currently do not have an opportunity to review the data in advance of the committee meeting due to the time the data is received. It was noted BE is leading on extracting own data from the ESR data to enable the team to review data on a regular basis and have a clear position on all staff, and MG assured the Board that this will also be picked up as part of the SLA discussions.

VL queried if the sickness absence in November is largely due to Covid isolation. BE responded that there are cases of long term sickness which are being managed.

The Board noted the Workforce performance report, and the People Committee assurance report.

Action: Discuss timescales for provision of data as part of the SLA review discussions

178/20. EQUALITY, DIVERSITY AND INCLUSION

PA reported that the Equality, Diversity and Inclusion (EDI) Committee has been established, and the first meeting took place on 11 December 2020. PA assured the Board that there is a very good representative group established at the Committee. At the first meeting the Terms of Reference (ToR) for the Committee were agreed.

PA highlighted there is a Task and Finish group in place currently looking at recruitment including job descriptions, the language that is used and how and where jobs posts are advertised. It was noted the Trust will look at the ESR data in future to understand where attention needs to be focused moving forward.

It was noted that the Regional EDI lead has been invited to the next Committee meeting.

HT commented that around a year ago the organisation signed up to NExT Director Programme and asked for this to be an item of discussion at the EDI Committee.

BE stated that the Committee will be looking at the Regional Equality and Diversity strategy and the Trust are also looking at commissioning anti-racist training which would form part of the leadership programme. The Board will be updated on this at a future meeting following discussion between PA and BE further outside of the meeting.

The Board noted the update regarding Equality, Diversity and Inclusion.

179/20. FINANCE, PERFORMANCE AND DIGITAL PERFORMANCE AND ASSURANCE REPORT

MG reported the Trust are on track to deliver a break even position in line with the agreed target as part of the STP plans. The current position is a surplus of 47k for the period April 2020 – November 2020.

In regards to the IAPT performance, the team delivered 84.13% of the access target in the month of November 2020, and it was noted that MG and SC are meeting with the IAPT team to look at an improvement trajectory which has been requested by the Finance, Performance and Digital Committee.

SC made the Board aware that the teams are helping the Crisis Resolution Teams at BCH with regards to the Covid19 response which may have a small impact on delivery.

In terms of waiting times MG reported that the targets continue to be achieved with both the 6 and 18-week target achieved in November.

It was noted that the Respiratory Assessment Centre in November has dropped to an average of 10 people per day however as mentioned earlier within the meeting, the Board will see an increase in the next report for December.

MG stated that the Better Payment Practice has continued to improve, and in November the Trust achieved 100% for NHS payments and nearly 100% for non-NHS payments. It was noted that the Trusts internal controls around payments have improved significantly over the last few months.

IB highlighted that there is some data still outstanding to enable the Committee to support the Trust's ambitions in terms of digital development, and it was noted that the profile of digital data will increase over coming meetings.

The Board noted the Finance, Performance and Digital performance report and assurance report.

180/20. REPORT FROM PRIMARY CARE INTEGRATION COMMITTEE

GS reported that the Committee approved the work plan for 2020/21. The work plan has four key areas which GS listed; Partial Integration and Primary Care Networks, Full Integration, Integrated Care Teams (ICTs) and Dudley Quality, Outcomes for Health Framework (DQOF) and Commissioning.

It was noted that there is a Full Integration workshop planned for next week which all Board members have been invited to, including attendance from Director of Primary Care for the Black Country and West Birmingham CCGs.

GS stated the Committee received an update on the DQOF and it was noted that some of the parameters have been flexed to take in account the Covid19 situation and to allow some further capacity for the vaccination programme.

The Committee discussed the BAF and Strategic Risks for the Committee and it was noted that a workshop was held on 17 December 2020 to discuss the Committee's risk register. Outcomes of this workshop will be reported to the Committee and Board in due course.

SC commented that the split between one month being a Committee meeting and the following month being a development session is working well for committee development. This will be continued until the end of March 2021.

It was noted with regards to development with PCNs, there is a session scheduled tomorrow to discuss how to develop the Joint Integrated Workforce Development Plan with DIHC and PCN Clinical Directors.

The Board noted the Primary Care Integration Committee report.

181/20. REPORT FROM TRANSACTION COMMITTEE

SC reported that the Trust is currently awaiting formal feedback from NHSE/I with regards to the Full Business Case that was submitted on 6 October 2020. Conversations were held with NHSE/I before Christmas, and the Trust is expecting to get a formal response and further clarification imminently.

SC stated that the Committee discussed the work of the Reporting Accountant and that this work has

been delayed until formal feedback has been received from NHSE/I.

It was noted that the Executive Team have reflected on the transaction timeline and that the updated timeline will be brought back to a future Board meeting in regards to the organisations development.

SC reported the system financial model work that has been led by the CCG and supported by PA Consulting has concluded and is ready to be submitted through to NHSE as part of the Integrated Support and Assurance Process (ISAP). The CCG are waiting for guidance as to when this will be reviewed.

A discussion was held at the Committee with regards to the ongoing provision of the SLA arrangements with BCH from 1 April 2021 onwards.

The Committee looked at the transfer of existing services and there will be a clearer picture of the timeline for the transfer of services once clarification is provided by NHSE/I. SC assured the Board that the teams are meeting regularly, at Executive and Senior Managers level, to ensure planning work is underway and that the transfer of services are as seamless as possible.

The Board were informed that meetings with the CCG continue with regards to population of the contract and subcontract, discussions have been focusing on the subcontract that will be in place between the CCG and DIHC and populating the schedules.

SC stated that the Executive Team have recently completed a piece of work reviewing the FBC and the Post Transaction Integration Plan (PTIP) and have lifted out the actions and the development areas which were quoted in those documents. The team has carried out an assessment piece of work as to what has been completed and what is still currently outstanding, prioritising what needs to be completed within the next month. This document will be shared with the Transaction Committee at the next meeting on 14 January 2021.

The Committee reviewed the risk register and BAF which were both agreed by the Committee.

It was noted in light of the current pressures on the NHS and the National and Regional teams of NHSE/I, the Board acknowledged that it is understandable the Trust have not received formal clarification at this time.

The Board noted the Transaction Committee report.

182/20. AUDIT AND RISK

Chair's Escalation Report from Audit and Risk Committee

DG reported that the Audit and Risk Committee reviewed a number of policies and have recommended them for approval at today's Board.

At the meetings, DG made the Board aware that the Audit and Risk Committee receive a summary of the monthly performance reporting so that the committee can assure itself that appropriate governance is in place around the reporting processes. It was highlighted that one request was for MG to prepare an additional piece of information for the Finance, Performance and Digital Committee, to understand the underlying financial position with all Covid expenses and income excluded. This will give a position of what the normalised financial position will look like in a future year to provide assurance of stability and sustainability of the Trust.

The Board noted the Audit and Risk report.

183/20. STRATEGIES AND POLICIES FOR BOARD APPROVAL

Board Assurance Framework and Risk Management Strategy

The BAF and Risk Management Strategy has been through all Committees and robustly challenged at the Audit and Risk Committee.

No comments or questions were raised.

The Board formally approved the BAF and Risk Management Strategy.

Conflict of Interest Policy

The Conflict of Interest Policy has been developed alongside Counter Fraud experts and internal audit colleagues. Challenged and discussed at Audit and Risk Committee.

The Board formally approved the Conflict of Interest Policy.

Standing Orders and Standing Financial Instructions

The Standing orders and Standing Financial Instructions have been received following the Trust's incremental expansion in October 2020. These documents have been reviewed by internal and external audit colleagues, and have also been reviewed at the Finance, Performance and Digital Committee and Audit and Risk Committee. It was noted that these documents are currently fit for purpose.

The Board formally approved the Standing Orders and Standing Financial Instructions.

184/20. ANY OTHER BUSINESS

None stated.

185/20. QUESTIONS FROM THE PUBLIC

HT invited those in attendance to ask any questions or provide comments.

RD commented that Healthwatch are continuing to work on the inclusion, exclusion and Digital Care project with Healthwatch England and some GP practices in the borough. RD stated that they were impressed by the presentation on the Clinical Hub and that it highlighted the really great work being done. A note of thank you was provided to everyone working hard on the response to the Covid19 pandemic third wave and vaccination programme.

DH commented on the presentation around the clinical hub and noted that it was very inspiring.

186/20. BOARD REFLECTIONS

Board reflections to be picked up in part two.

187/20. DATE OF NEXT MEETING

2 February 2021, 9.30am – 12.00noon

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



Ref	Date Raised	Action	Action Lead	Due Date	Update
177/20	12/01/2021	Discuss timescales for provision of data as part of the SLA review discussions	MG	Feb-21	

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

TITLE OF REPORT:	Chief Executive's Report
PURPOSE OF REPORT:	Board update on current issues
AUTHOR OF REPORT:	Paul Assinder, Chief Executive
DATE OF MEETING:	2 nd February 2021
KEY POINTS:	<ol style="list-style-type: none"> 1. Covid 19 Update 2. Development of DIHC Service Portfolio 3. Establishment of Trust Management Board 4. Reducing the admin burden on trusts 5. CQC Consultation
RECOMMENDATION:	The Board is asked to note the report
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	No
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

Report of the Chief Executive to the Board of Directors

2nd February 2021

1. Covid 19 system-wide response

The Black Country and Birmingham continues to see some of the highest levels of Covid infection rates in the country during January and this has manifest in significant pressures placed upon all NHS and social care services locally. At the time of drafting this report, 26th January, Dudley is experiencing community infection rates of 680 per 100,000 of population and this rate has remained stubbornly consistent throughout the last few weeks. Current system modelling suggests that, in view of the national lockdown restrictions on social interactions, coupled with the rapid deployment of the Covid 19 vaccines in Dudley, the infection and hospitalisation rates will soon peak and begin to fall.

As a result, health, social care and local voluntary organisations are all currently experiencing escalated levels of demand for services. Presentations to our Covid Respiratory Assessment Centre at Pensnett and admissions to Russells Hall Hospital, are continually running higher than at the previous Spring/Early summer peak.

DIHC continues to work with system colleagues from primary care, neighbouring 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 continue to be held 7 days per week.

On a more positive note, routine testing of DIHC staff through the quicker turnaround lateral flow self-testing (LFT) technology is now in place, with improved reporting and management of sickness and self-isolation arrangements. Thankfully, Covid related staff absences for DIHC staff remain extremely low, with many staff groups deployed to work from home, rather than in public facing environments.

On a more positive note, Dudley is benefiting from the deployment of both the Pfizer Biontech and the Astra-Zeneca vaccines. Patient facing and higher risk members of staff are already beginning to receive anti-Covid-19 vaccination at the NHS Hub at the Walsall Manor Hospital and indeed can now receive vaccination at Russells Hall Hospital.

Locally, a mass vaccination centre location has been established at the Black Country Museum site and DIHC staff are among a number of local volunteer vaccinators. Our six Dudley PCNs have been amongst the first in the UK to deliver Covid 19 vaccinations to at risk cohorts of their registered patients and I'm delighted to report that they not only achieved the January targets for vaccinating the most at risk cohorts in our community but significantly exceeded these. Dudley remains on course to achieve the national commitment to vaccinate the JCVI Cohorts 1 to 4 (most at risk groups) in the community by 15th February.

2. Development of DIHC Service Portfolio

Following the announced 'pause' in NHSEI's evaluation of our Full Business Case and in Dudley CCG's parallel work on approval to award the Integrated Care Contract for Dudley, the Trust continues to work with provider partners and commissioners on interim arrangements for 2021/22.

Of note however, is the agreed proposal for Dudley School Health Services to transfer to DIHC from the Shropshire Community Healthcare NHS Foundation Trust. We are working closely with Shropshire colleagues to manage a smooth and safe transfer of staff in April, if the Board approve the case for change.

3. Establishment of Trust Management Board

The Board will wish to note that the Executive directors have reviewed the development of senior management working in the Trust. This has been informed by the increasingly close working relationships between DIHC and Dudley Primary Care Networks and the need to 'future proof' working practices as the Trust approaches a further period of growth.

Therefore, from 1st February, the senior management governance architecture of the Trust will consist of a core **Executive Committee**, meeting weekly and a **Trust Management Board**, meeting monthly. These are composed of:

Executive Committee Core Membership:

Chief Executive Officer	Director of Finance, Performance and Digital
Medical Director	Director of Nursing, Quality and AHPs
Associate Director of People	Head of Governance and Quality
Trust Secretary	Associate Medical Directors
Director of Operations, Strategy and Partnerships (Deputy Chief Executive)	

The Committee may call other Heads of Service, Professional Leads and any managers, for example Heads of Service or Professional Leads to attend its meetings in furtherance of its duties.

Trust Management Board Core Membership

Members of the Executive Committee (as above)

Primary Care Network Clinical Directors	Associate Director of Primary Care
Deputy Director of Finance	Heads of Service Professional Leads
Clinical Division representatives	

TMB may call other Heads of Service, Professional Leads and any managers, for example Heads of Service or Professional Leads, to attend its meetings in furtherance of its discussions.

This structure is designed to improve line of sight communications between the Board, Executive Directors and front-line teams, particularly in primary care. The Board will wish to further note that a more formal tone to committee working has been established, through SMART objective setting and action planning, agenda and minuting. It is anticipated that a summary of TMB discussions will be provided for the Board each month.

4. NHSEI Commitment to reduce the administrative burden on Trusts during Covid

On 26th January, Amanda Pritchard, Chief Operating Officer NHSEI, wrote to CEOs confirming NHSEI's continued commitment, during the current Covid response, to minimise the administrative and management burden on trusts arising from their oversight and performance management regimes.

In particular, this letter updates and reconfirms NHSEI's position on regulatory and reporting requirements for NHS trusts and foundation trusts, including:

- pausing all non-essential oversight meetings
- streamlining assurance and reporting requirements
- providing greater flexibility on various year-end submissions
- focussing our improvement resources on COVID-19 and recovery priorities
- only maintaining those existing development work streams that support recovery.

Whilst this approach is beneficial to the local Covid response, it does set some challenges for DIHC's plans for the development of new care models.

5. CQC Consultation on changes for more flexible and responsive regulation

The pandemic has made it clear that some of the ways the Care Quality Commission currently operate prevent it from being flexible and responsive to situations as they happen. Following on from an earlier consultation on CQC's new strategy and ambitions, launched earlier in January, they are now proposing some specific changes that will enable them to deal with ongoing challenges arising from the pandemic and allow them to move towards their stated ambition to be a more dynamic, proportionate and flexible regulator.

The CQC has launched a consultation on their proposed changes, with responses welcomed before 23rd March. Jim Young will co-ordinate a DIHC response, so please send comments or observations, directly to Jim by email.

The consultation can be viewed at:

<https://www.cqc.org.uk/get-involved/consultations/consultation-changes-more-flexible-responsive-regulation-consultation>

PA Assinder

CEO

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

**TUESDAY 2 FEBRUARY 2021
VIRTUAL MEETING VIA MICROSOFT TEAMS
12:30 – 13:30**

PRIVATE AGENDA

Item No	Agenda Item			Presented by	Time
1.	Chair's Welcome				12:30
	1.1 Apologies	To Receive	Verbal	Mr H Turner	
	1.2 Declarations of Interest	To Receive	Verbal	Mr H Turner	
	1.3 Private Board Minutes – meeting held on 12 January 2021	For Approval	Enc 1.3	Mr H Turner	
	1.4 Action Register and Matters Arising	For Approval	Enc 1.4	Mr H Turner	
	1.5 Reflections from Part One	For Discussion	Verbal	Mr H Turner	
2.	Incremental Expansion Case – Transfer of School Nursing Service from Shropshire Community Healthcare	For Approval	Enc 2	Mrs S Cartwright	12:45
3.	DIHC Future Development	For Discussion	Verbal	Mr P Assinder	13:15
4.	Ratified Committee Minutes				13:25
	4.1 Quality and Safety Committee – meeting held on 15 December 2020	For Assurance	Enc 4.1	Ms V Little	
	4.2 Finance, Performance and Digital Committee – meeting held on 15 December 2020	For Assurance	Enc 4.2	Mr I Buckley	
	4.3 Primary Care Integration Committee – meeting held on 21 October 2020	For Assurance	Enc 4.3	Dr G Solomon	
	4.4 People Committee – meeting held on 18 December 2020	For Assurance	Enc 4.4	Mr M Evans	
	4.5 Audit and Risk Committee – meeting held on 21 December 2020	For Assurance	Enc 4.5	Mr D Gilburd	
	4.6 Transaction Committee – meeting held on 8 December 2020	For Assurance	Enc 4.6	Mrs S Cartwright	

Item No	Agenda Item			Presented by	Time
5.	Any Other Business		Verbal	Mr H Turner	13:25
6.	Date of next meeting: 2 March 2021, 12:30 – 13:30 Virtual Meeting via Microsoft Teams				

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

TITLE OF REPORT:	Board Assurance Framework and Corporate Risk Register
PURPOSE OF REPORT:	To receive the Board Assurance Framework and the Corporate Risk Register
AUTHOR OF REPORT:	Elaine Doyle, Programme Manager
DATE OF MEETING:	2 February 2021
<ul style="list-style-type: none"> KEY POINTS: 	<p>The Board Assurance Framework (BAF) forms a part of the overall risk management and assurance process of the Trust and allows the Board to maintain oversight of the principal risks to delivery of the Trust's strategic objectives.</p> <p>BAF risks are mapped to the Trust's strategic objectives, detailing the strategic risks defined as potentially impacting on the delivery of the strategic objectives and reporting is escalated through the relevant Trust Committee structures.</p> <p>The corporate risk register outlines current risks to the operational delivery of services.</p> <p>Action plans for all risks are reviewed on a monthly basis by Executive Directors and the BAF risks and the Corporate Risk Registers are reviewed each meeting.</p> <p>The BAF Tracker for January 2021 includes the latest risk rating following review by the committees, the supporting information included for only those risks where changes to scores have been recommended by committees.</p> <p>New additions and changes to the BAF and Corporate Risk Register as recommended by committees:</p> <div> <p>Proposed Changes to BAF and Corporate Risks and Recommendations for Committee</p> </div>

	BAF-001 Award of ICP Contract being not awarded or significantly delayed	Increase in current risk score up from Moderate 12 (4 x 3) to High 16 (4 x 4)	Due to the impact of the delay in receiving the formal NHSEI feedback and the impact that this may potentially have on the planning of transfers, awards of sub-contracts and holding up of work to facilitate the transfers.
	BAF-002 Insufficient resources	Decrease in risk score from High 16 (4 x 4) to Very Low 4 (2 x 2)	Following confirmation of the financial position to end of Q1 2021 and the agreements of the Black Country and West Birmingham STP Risk Share arrangements. This position will be reviewed for 2021/22 once the outcome of the transfer of budgets from CCG discussions.
	BAF-007 Future changes to the NHS financial regime	Increase in risk score from Moderate 12 (4 x 3) to High 16 (4 x 4)	Due to the current size of DIHC the impact would be significant and further discussions ongoing on a system wide plan. Three new actions have been added.
	C-109 Impact of Covid-19 on the Internal Audit Work Plan and subsequently the Head of Internal Audit Opinion	New Risk Very Low 4 (2 x 2)	Whilst the HoIA remained confident in delivery, with the work plan updated following a review of outstanding audit start dates, a pragmatic approach was agreed and the risk reflected on the register to ensure any change in position is accurate and responsive to the ongoing Covid-19 pandemic.
No BAF or Corporate Risks were recommended for closure in January 2021.			

	<p>The impact of the pandemic, risk C-101 – Covid-19 was discussed at all committees. No changes have been proposed, it was agreed that the impact of the Covid-19 was reflected accurately and continued to be a priority, of which the impact of any changing position will be actively managed and changes reported through to committees in February 2021.</p> <p>This paper provides:</p> <ul style="list-style-type: none"> • A detailed description of any changes made to the BAF and CRR. • A summary of both the overall number and current score of risks contained in the Board Assurance Framework (BAF) and Corporate Risk Register (CRR). • A copy of the BAF Tracker is included at Appendix 1. • A detailed description of the risks which have exceeded a Risk Appetite included on the BAF/CRR at Appendix 2. 						
RECOMMENDATION:	<p>The Board are asked that they:</p> <ul style="list-style-type: none"> • Note the BAF and Corporate Risk Register for January 2021 • Approve the changes in risk score for the three BAF risks • Approve the addition of the one corporate risk 						
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified						
ACTION REQUIRED:	<table> <tr> <td>Decision</td><td><input type="checkbox"/></td></tr> <tr> <td>Approval</td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>Assurance</td><td><input checked="" type="checkbox"/></td></tr> </table>	Decision	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
Decision	<input type="checkbox"/>						
Approval	<input checked="" type="checkbox"/>						
Assurance	<input checked="" type="checkbox"/>						

Board Assurance Framework and Corporate Risk Register

1. Risk Management Review Cycle and Changes

The Board Assurance Framework (BAF) details the strategic risks that could potentially impact on the delivery of the strategic objectives. The corporate risk register outlines current risks to the operational delivery of services and the potential impact of emerging issues such as EU Exit and potential impact of the ongoing Covid-19 pandemic.

During January 2021 the committee reviewed the mitigations, controls and supporting actions to address gaps in controls and assurances, recommended changes to the BAF and Corporate risk scores, actions and mitigations and a summary of recommendation by committee are outlined below:

Summary of Board Committees Review and Recommendations by Risk				
Responsible Committee	Risk Description	Executive Lead	Change	Comments
Transaction Committee (14/01/2021)	BAF-001 Award of ICP Contract being not awarded or significantly delayed	Steph Cartwright, Director of Operations, Strategy and Partnerships	Increase in current risk score up from Moderate 12 (4 x 3) to High 16 (4 x 4)	Due to the impact of the delay in receiving the formal NHSEI feedback and the impact that this may potentially have on the planning of transfers, awards of sub-contracts and holding up of work to facilitate the transfers.
	C-106 Substantive Recruitment	Steph Cartwright, Director of Operations, Strategy and Partnerships	Under review	The risks above tolerance were robustly discussed and for the seven risks described it was agreed an updated risk score, along with supporting actions for mitigation would be reported back to committee in February. In summary this was due to the impact of the timing of transfers
	C-107 System Wide Support	Steph Cartwright, Director of Operations, Strategy and Partnerships	Under review	
	C102 System Alignment	Steph Cartwright, Director of Operations, Strategy and Partnerships	Under review	
	C103 Safe Landing of Transfer	Steph Cartwright, Director of Operations,	Under review	

		Strategy and Partnerships		and award of contract, including exploring the potential to close current risks and reflect in new risks based on current state of play. A full risk review of the risks below or within tolerance is also being undertaken and will be reported back to the February Committee.
	C-088 Estates – Securing availability of Premises	Matt Gamage, Director of Finance, Performance and Digital	Under review	
	T-045 Estates – Responsibilities and costs	Steph Cartwright, Director of Operations, Strategy and Partnerships	Under review	
People Committee (15/01/2021)	C-064 Substantive workforce shortages	Bev Edgar, Associate Director of People	Under review	A focussed workshop is planned for 5 th February, this workshop to review strategic and operational workforce risks and will ensure controls and assurances are a fair reflection that is a representation of where we are as an organisation.
	C-030 – Impact of organisational change on transferred in staff	Bev Edgar, Associate Director of People	Under review	
	C-046 – Cultural Differences	Bev Edgar, Associate Director of People	Under review	
	T-037 – Consultation and Trade Unions Disputes	Bev Edgar, Associate Director of People	Under review	
	T-085 – Workforce Support	Bev Edgar, Associate Director of People	Under review	
Quality and Safety (19/01/2021)	C-101 – Impact of Covid-19	Steph Cartwright, Director of Operations, Strategy and Partnerships	Continued close monitoring given the vaccination programme and continued operational impact of the pandemic.	Robust discussion on the impact and it was agreed the rating, mitigations and controls are still current and reflect the position.
	C-108 EU Exit	Chris Weiner, Medical Director	Review again in two months (expectation in six	Following discussion it was agreed that a

			months may look to close).	review following the transfer of services in April 2021 risk should be reviewed.
Finance, Performance and Digital (19/01/2021)	BAF-002 Insufficient resources	Matt Gamage, Director of Finance, Performance and Digital	Decrease in risk score from High 16 (4 x 4) to Very Low 4 (2 x 2)	Following confirmation of the financial position to end of Q1 2021 and the agreements of the Black Country and West Birmingham STP Risk Share arrangements. This position will be reviewed for 2021/22 once the outcome of the transfer of budgets from CCG discussions.
	BAF-007 Future changes to the NHS financial regime	Matt Gamage, Director of Finance, Performance and Digital	Increase in risk score from Moderate 12 (4 x 3) to High 16 (4 x 4)	Due to the current size of DIHC the impact would be significant and further discussions ongoing on a system wide plan. Three new actions to control the risk have been added.
	C-067 – Sub-contract	Matt Gamage, Director of Finance, Performance and Digital	Under review	Following discussion on the impact of the timing of the award of contract, it was agreed the risk would be reviewed to reflect the position.
Primary Care Integration (20/01/202)	Risk Management Workshop was held in December 2020 and will be reported at the next committee in February 2021	Steph Cartwright, Director of Operations, Strategy and Partnerships	Under review following full integration development session in January 2021	Initial risks have been identified following the workshop, including risks to the Primary Care (PC) Integration Work Plan, Digital as an Enabler and continued PC and GP engagement,

				these will be developed following the development session and presented in draft to the next committee
Audit and Risk (25/01/2021)	C-109 – Impact of Covid-19 on the Internal Audit Work Plan and subsequently the Head of Internal Audit Opinion (HoIA)	Matt Gamage, Director of Finance, Performance and Digital	New Risk Very Low 4 (2 x 2)	Whilst the HoIA remained confident in delivery, with the work plan updated following a review of outstanding audit start dates, a pragmatic approach was agreed and the risk reflected on the register to ensure any change in position is accurate and responsive to the ongoing Covid-19 pandemic.

2. BAF and Corporate Risk Register Summary Position

Appendix 1 details the full BAF Tracker Dashboard including dashboard and the supporting BAF reports for each of the strategic risks where any changes have been reflected. The report shows clearly the current strategic risk rating, the tolerance level and should direct the Board to focus on the controls, assurances and action plans to actively manage the strategic risk back to within tolerance levels.

Below is a table showing the overall number and grade of risks and by domain held on the Board Assurance Framework and Corporate Risk Register, followed by a heat map of the eight strategic risks as recommended by the committees.

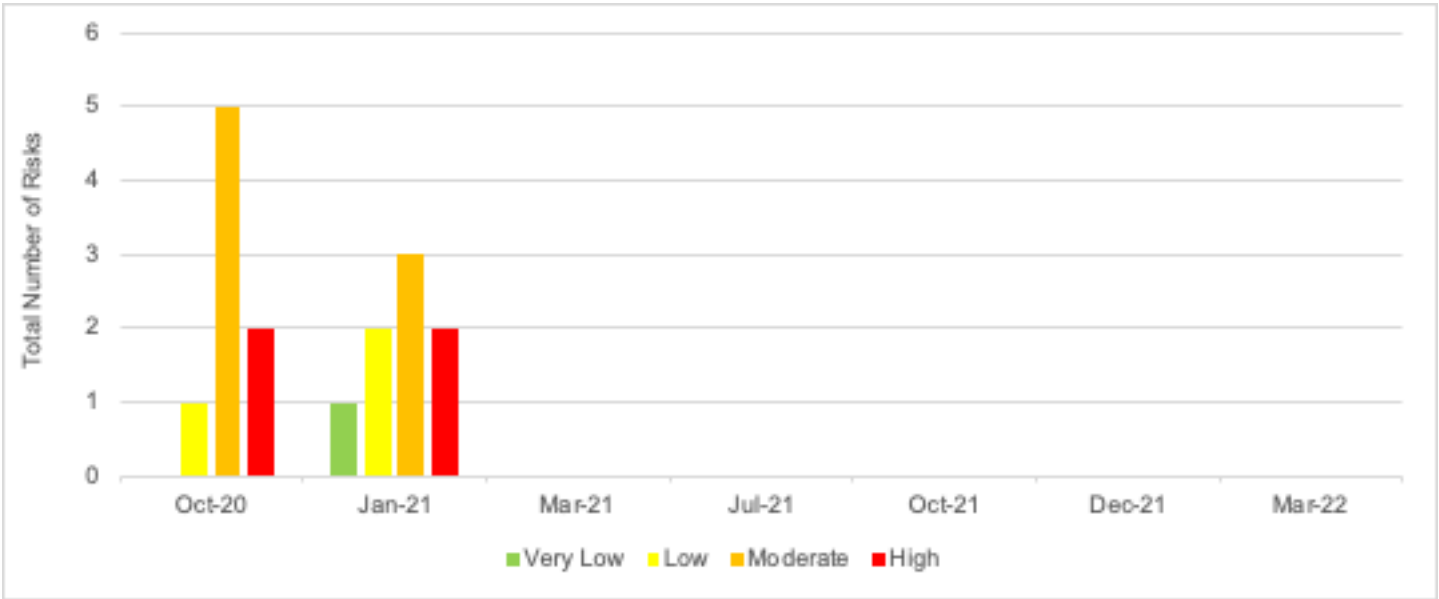
Risk Levels	1 Minimal	2 Cautious	3 Open	4 Seek	5 Mature
Risk Appetite	Very Low	Low	Moderate	High	
Risk Tolerance Score (Net L x C)	1 - 5	6 - 11	12 - 15	16 - 25	
No of BAF Risks	1	2	3	2	

No of Corporate Risks	8	14	11	0
-----------------------	---	----	----	---

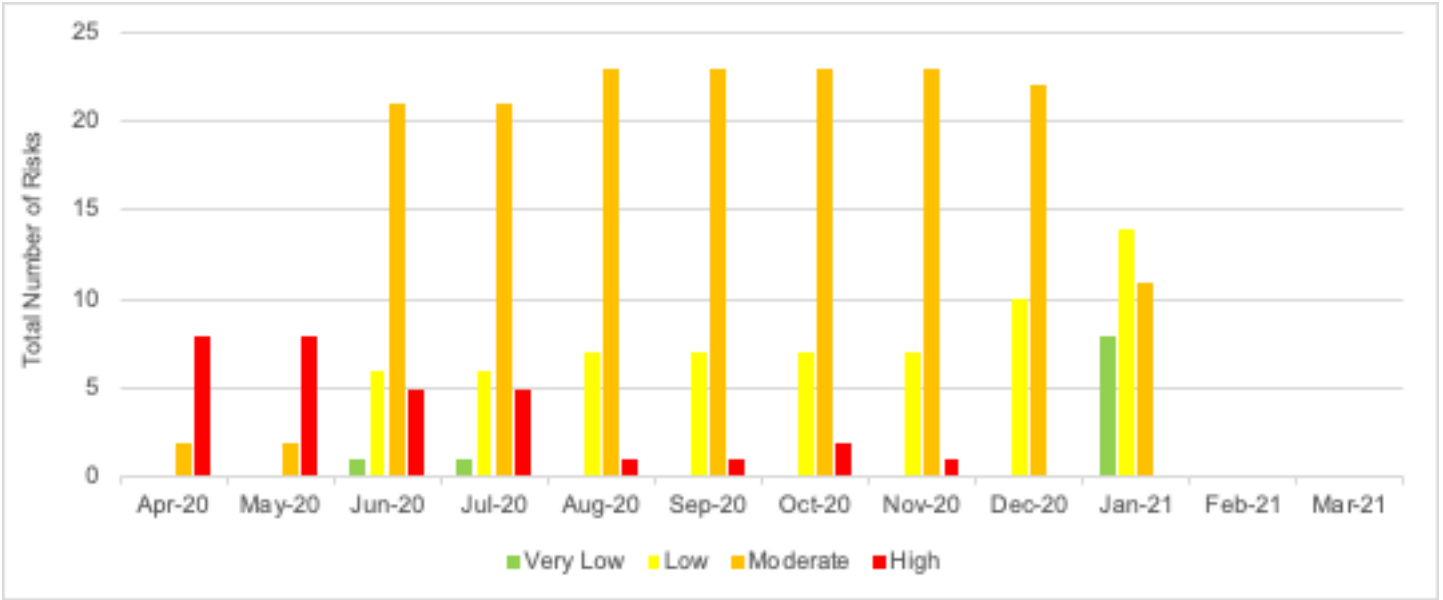
Heat Map of BAF Current Score

		CONSEQUENCE				
		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
LIKELIHOOD	1. Rare	1	2	3	4	5
	2. Unlikely	2	4 002	6	8	10
	3. Possible	3	6	9 003, 008	12	15
	4. Likely	4	8	12 004, 005, 006	16 001, 007	20
	5. Almost Certain	5	10	20	20	25

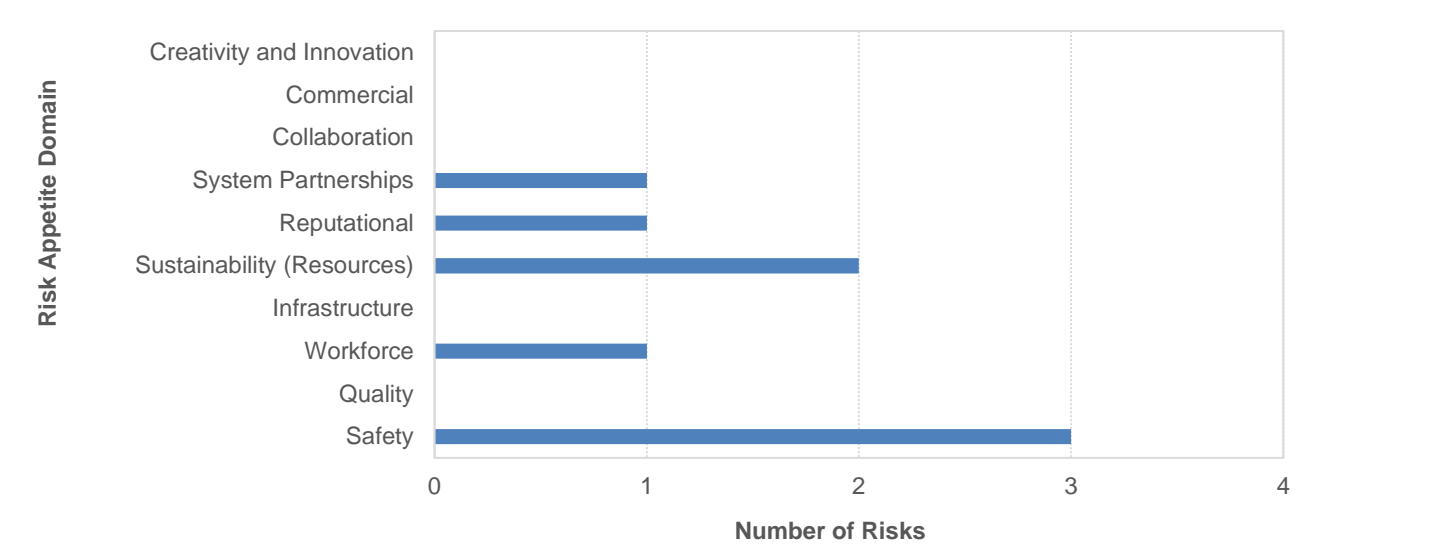
Below is a graph showing the total number of strategic risks by risk current score. This will be developed over time as the BAF is reviewed, and will be presented graphically over time on a quarterly basis to represent the movement in current scores over time.



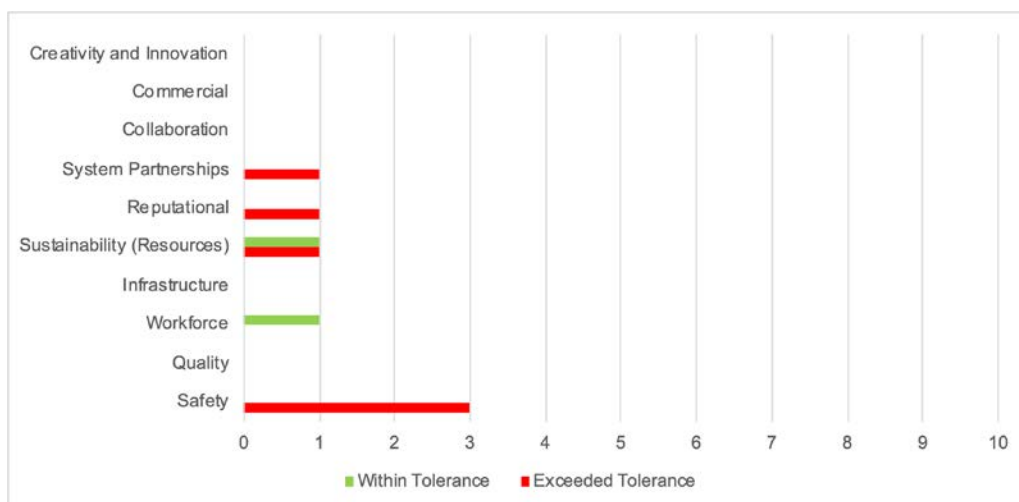
Below is the total number of corporate risks since April 2020 and over time by current score. Please note that the January Corporate Risk Register is now aligned to the BAF and Risk Management Strategy risk assessment matrix as outlined in the section 1 above. A refining of the boundaries (has resulted in some risks previously rated as moderate and low being redefined as very low (1 to 5) and low (6 to 11).



Risk appetite has been implemented throughout the Board Assurance Framework and Corporate Risk Register and the table below shows risks by risk appetite category. The highest risk appetite category is Safety encompassing Statutory and Regulatory Compliance, which is defined as risks relating to the impact of Covid-19 and the safe transfer of services.

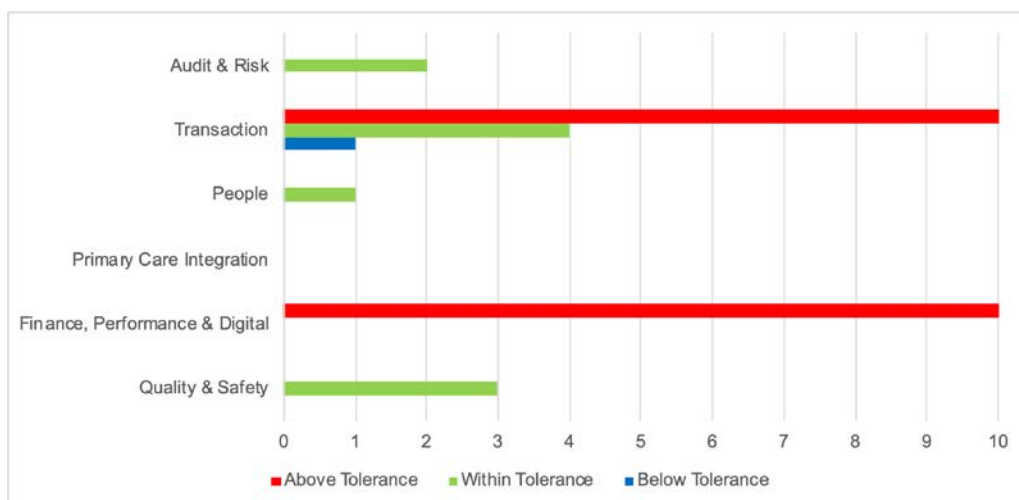


Each risk category has an assigned risk tolerance score, this is detailed for each strategic risk in Appendix 1 BAF Tracker Dashboard. The risk tolerance score highlights when a risk is below, within or has exceeded a risk appetite tolerance. Currently 6 out of 8 risks on the BAF have exceeded a risk appetite tolerance.

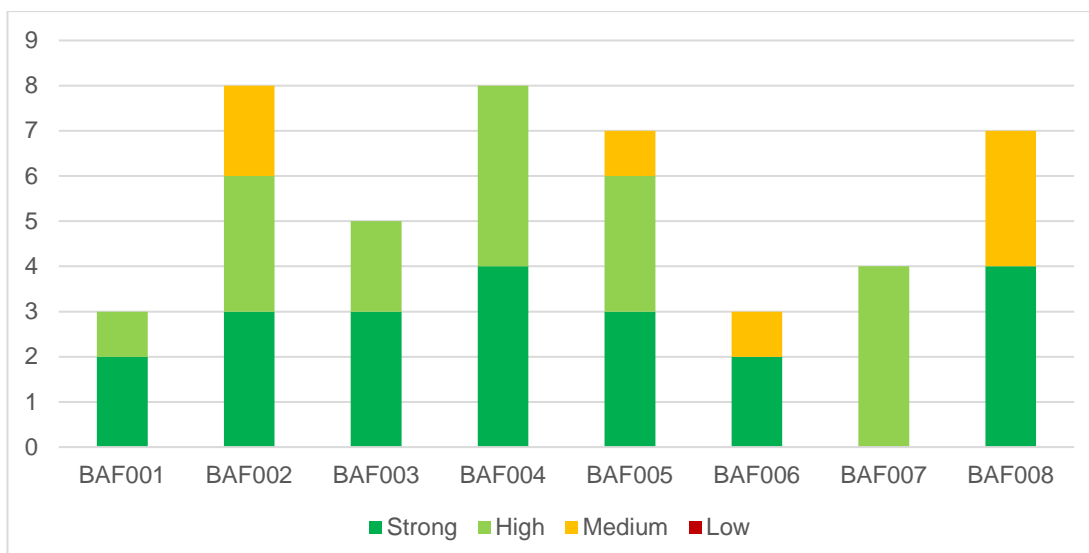


Risk appetite has been implemented throughout the Board Assurance Framework and will be applied to the Corporate Risk Register during February to align and integrate risk management reporting.

Below is a graph detailing the 33 risks by committee. The graph outlines, for each committee, where the risk is below tolerance, approaching target risk score and exceeding target risk score. This should direct the committee to the focus the actions for the appropriate level of response. Appendix 2 outlines the risk over tolerance and have been reviewed by Executives and Committees during January 2021, Transaction Committee undertaken a further detailed review of six risks and all risks within or below tolerance during February 2021.



A graph of assurance strengths by strategic risk and a summary table of the volume of controls is below. Reporting and trend analysis will be developed as the review cycle continues, and is designed to give an overview of the effective level of control for the portfolio of risks. Three new actions have been added to the BAF-007 Future changes to the NHS financial regime.



Summary of Aggregated BAF Risks by Assurances and Actions					
Effective Control - Assurance Strengths			Actions - Progress		
	Nos	%		Nos	%
Strong	21	47	Completed	0	0
High	19	42	Green	21	95
Medium	5	11	Amber	1	5
Low	0	0	Red	0	0
Totals	45	100	Totals	22	100

3. Next Steps

The risk management report will continued to be updated to show the movement in risk scores, assurance (controls and mitigations) and actions including the amendments to risk, alignment of the BAF with the Corporate Risks, escalation of risks, risks marked for de-escalation and information on emerging risks and horizon scanning.

Reporting will continue to develop and the report for committee will be developed using the agreed performance reporting format using the following headings within an Executive Summary:

- Headlines
- Key Issues
- Other Updates
- Risks movement
- Recommendations
- Risks mapped to strategic objectives
- Risks by severity of risk score

There will be appendices to the report which will outline the following:

- BAF Tracker Dashboard
- Risk tracker above tolerance / target
- Risk tracker below tolerance / target
- New risks

BAF risks are mapped to the Trust's strategic objectives and reporting is escalated through the relevant Trust Committee structures. The corporate risks are aligned to committees and managed through the relevant committees. Alignment of both strategic BAF and corporate risks has now taken place, during February and March alignment with the implementation of Datix (the Trust's risk and incident management system) will commence. Go-live is scheduled for 1st April.

Internal Audit will be starting their annual review following the agreement of the terms of reference and findings will be shared with all committees and the Board. An update on progress will be provided through the BAF and RM reporting and through Audit & Risk as part of the internal audit work plan assurance processes.

Appendix 1 - BAF TRACKER DASHBOARD FOR ALL STRATEGIC RISKS

Board Assurance Framework (BAF)

Public Board

Position as at end of January 2021

Appendix 1 - BAF TRACKER DASHBOARD FOR ALL STRATEGIC RISKS


Strategic Priorities	BAF Risk No	Risk Descriptor	Exec Lead	Risk Oversight Committee	Inherent Risk Score October 2020 (LXC)	Risk Score Q3 December 2020 inc Movement	Risk Score Q4 March 2021 Inc Movement	Risk Appetite Domain	Risk Tolerance Level	Assurance on Controls	Actions on Track
SSO1: Award of the ICP contract	BAF-001	There is a risk to the ICP contract not being awarded, or significantly delayed, due to pressures on the local system, transfer of services from within the health system and the workforce skills/capacity required to deliver service changes	Steph Cartwright, Director of Operations, Strategy and Partnerships	Transaction	Moderate 12 (4x3)	High 16 (4x4)		System Partnerships	Low 6 to 11	Medium	Green
SSO2: Integrate and develop existing services	BAF-002	There is a risk that there are insufficient resources in place to safely and effectively manage existing services; improve existing services; or to effectively manage the extended scope of business required for future service improvement and partnership working	Matt Gamage, Director of Finance, Performance and Digital	Finance, Performance & Digital	High 16 (4x4)	Very Low 4 (2x2)		Sustainability (Resources)	Low 6 to 11	Medium	Green
SSO3: Safe transfer of services on 1st April 2021	BAF-003	There is a risk that there are insufficient resources and systems in place to safely and effectively manage the transfer of additional services into the organisation	Steph Cartwright, Director of Operations, Strategy and Partnerships	Transaction	Low 9 (3x3)	Low 9 (3x3)		Safety Sustainability (Resources) Infrastructure	Very Low 5 and below	Medium	Green

SSO5: Establish robust governance arrangements	BAF-004	There is a risk the governance arrangements that are put in place to manage the business and its planned development are not as connected, adaptable, agile, responsive or supportive of the innovation and transformation required to meet our strategic objectives; this could result in a decision-making process that is slow, leading to a failure to deliver clinical services effectively and efficiently and potentially could impact on patient safety		Quality & Safety	Moderate 12 (4x3)	Moderate 12 (4x3)		Safety Quality Reputational	Very Low 5 and below	High	Green
SSO7: Maintain effective contribution to system response to Covid-19	BAF-005	There is a risk that the Trust unable to meet demand in relation to the COVID-19 response	Caroline Brunt, Director of Nursing, AHPs and Quality	Quality & Safety	Moderate 12 (4x3)	Moderate 12 (4x3)		Safety Quality Reputational	Very Low 5 and below	High	Green
SSO8: Establish the Trust as a key clinical and system partner	BAF-006	There is a risk that the Trust is unable to effectively engage with its system partners and demonstrate appropriate system leadership	Steph Cartwright, Director of Operations, Strategy and Partnerships	Transaction	Moderate 12 (4x3)	Moderate 12 (4x3)		Reputational Collaboration	Low 6 to 11	High	Green

SS09 - Make efficient and effective use of financial, workforce and estate resources	BAF- 007	There is a risk that our financial sustainability will be impacted by future changes to the NHS financial regime, which could see resources diverted from our trust and result in significant financial / cost pressures	Matt Gamage, Director of Finance, Performance and Digital	Finance, Performance & Digital	Moderate 12 (4x3)	High 16 (4x4)		Sustainability (Resources)	Low 6 to 11	High	Green
SSO4: Define the organisation required from 1st April 2021	BAF- 008	There is a risk DIHC can't recruit, train and retain the appropriate innovative workforce required to deliver the transformational Integrated Care Provider ambitions for service users	Bev Edgar, Director of People	People	Low 9 (3x3)	Low 9 (3x3)		Workforce	Low 6 to 11	High	Green


Strategic Objective Ref: SSO1: Award of the ICP contract		Strategic Risk: There is a risk to the ICP contract not being awarded, or significantly delayed, due to pressures on the local system, transfer of services from within the health system and the workforce skills/capacity required to deliver service changes		Risk Accountability NED Oversight: Harry Turner, Chair Assurance Committee: Transaction Executive Lead: Steph Cartwright, Director of Operations, Strategy and Partnerships		BAF Ref: 001
Rationale for Risk: There is a risk that the contract is not awarded or significantly delayed due to the dependency on the ISAP process and system pressures including Covid-19 and concerns on the engagement of Dudley Group NHS Foundation Trust (DGFT) on the transfer of services process and in the pathways development (through the CAGs and CSB)						Risk Appetite: Moderate (6 – 10)
<div><div><div><div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div> </						

		ON CONTROLS				
1. Compliance with the NHSEI transaction guidance and understanding of dependency on the ISAP processes		Strong	<ul style="list-style-type: none">Submission of Full Business Case October 2021Impact of ISAP processes and check points captured as part of timeline and supporting PTIP			
2. Range of processes for managing impact of Covid-19 on services		Strong	<ul style="list-style-type: none">Assurance calls through BCH Gold command with all Trust committee meetings consider impact and risk of Covid-19 on services and workforceAllocation of resources and continued review of guidanceIPC oversight including staff feedback, including proactive risk assessment process and support for vulnerable groupsIncident management and investigation processes, reflective processes			
3. Engaged support of system partners and stakeholders on management of relationship with DGFT including Plan B on service provision		High	<ul style="list-style-type: none">Communication and engagement with system partners and stakeholders through formal committees / working groups, engagement sessions and Exec to Exec meetings			
GAPS IN CONTROLS			GAPS IN ASSURANCES			
<ul style="list-style-type: none">Lack of resources			<ul style="list-style-type: none">Resources and gaps reported to Executive Committee and awaiting formal feedback from NHSEI			
ACTIONS (mitigations)			OUTCOME (OUTPUT)	ACTION OWNER	DEADLINE	ACTION STATUS
1	Ongoing development of PTIP and monitoring of progress through to Transaction Committee		Progress reports on supporting plans, risks and resource requirements known, planned for and mitigated	Jess Boothroyd	31/03/21	G
2	Engagement of reporting accountant and development of Board memorandum and reporting the Transaction Committee		Supporting opinion and signed Board memorandum	Elaine Doyle	31/01/21	ON HOLD
3	Ongoing development of workplans within the PTIP, categorising the actions specifically related to the incremental transfers and the award of the ICP contract from the ongoing development work related to establishing the Trust in advance of formal feedback from NHSEI		Prioritised action plans and clarity of strategic direction	Steph Cartwright	31/01/21	G

Strategic Objective Ref: SSO2: Integrate and develop existing services		Strategic Risk: There is a risk that there are insufficient resources and systems in place to safely and effectively manage existing services; improve existing services; or to effectively manage the extended scope of business, required for future service improvement and partnership working.		Risk Accountability NED Oversight: Ian Buckley as Chair Assurance Committee: Finance, Performance and Digital Executive Lead: Matt Gamage, Director of Finance, Performance and Digital		BAF Ref: 002																		
Rationale for Risk: Impact of lack of resources (staff) due to financial cost pressures impacts across all areas, which would have implications on the provision of existing services and the current supporting systems within the corporate functions. This would not support the safe transfer of services as planned on 1 st April 2021							Risk Appetite: Moderate (6 – 11)																	
<div>Risk Movement Graph</div> 				<div>Risk Rating</div> <table><tr><td></td><td>Inherent Oct 2020</td><td>Q3</td><td>Q4</td><td>Target</td></tr><tr><td>Total</td><td>High 16</td><td>Very Low 4</td><td></td><td>6 to 11 Low</td></tr><tr><td>C x L</td><td>4 x 4</td><td>2 x 2</td><td></td><td></td></tr></table>					Inherent Oct 2020	Q3	Q4	Target	Total	High 16	Very Low 4		6 to 11 Low	C x L	4 x 4	2 x 2			<div>Rational for Current Risk Score Plans for mitigation being developed, waiting for NHSEI approval</div> <div>Risk Proximity Active and happening now</div>	
	Inherent Oct 2020	Q3	Q4	Target																				
Total	High 16	Very Low 4		6 to 11 Low																				
C x L	4 x 4	2 x 2																						
CONTROLS		ASSURANCES ON CONTROLS	ASSURANCES																					

1. Financial Planning process	High	<ul style="list-style-type: none">Development of planning and budgeting during Q4STP CFO / FD meetings				
2. Development of the PTIP to include resource planning	Medium	<ul style="list-style-type: none">PMO approach on planning, monitoring and management through the Programme Director, Finance Director and Director of PeopleResource gaps are being identified and reported through appropriate committees and working groupsNHSEI Assessment and Review				
3. Long Term Financial Plan and modelling	Strong	<ul style="list-style-type: none">NSHEI Assessment and ReviewIndependent review as part of the system wide financial assurance review by PA Consulting				
4. NHSEI scrutiny and assessment of FBC and PTIP including plans for Resources	Strong	<ul style="list-style-type: none">Soft feedback expected mid-November 2020Board to Board January 2020 with risk rating shortly after				
5. Resource planning for high on the incremental expansion agenda, plans being developed and agreed, with formal reviews for each key stage of expansion	Medium	<ul style="list-style-type: none">Finance and Procurement functions in place following TUPE from CCGResources discussed at every level and escalated				
6. Clear Executive Leadership and Committee Oversight	High	<ul style="list-style-type: none">Clear reporting processes in place and discussion at Board and F,P&D committee				
7. Confirmation of financial allocation of six months to end of March 2021	Strong	<ul style="list-style-type: none">Clear reporting processes in place and discussion at all committees				
8. NHSEI guidance and direction on recruitment timelines being actively sought	High	<ul style="list-style-type: none">Feedback from regular dialogue with NHSEI				
GAPS IN CONTROLS		GAPS IN ASSURANCES				
<ul style="list-style-type: none">Full understanding of the underlying position including impact of stranded costs arising from the transfer of services from DGFT and BCHFT		<ul style="list-style-type: none">Regular analysis, interrogation and challenge of the underlying positionScenario modelling				
<ul style="list-style-type: none">Development of working capital and cash balance with SBS		<ul style="list-style-type: none">Plans will be developed				
<ul style="list-style-type: none">Development of the Benefits Realisation and CIP programme		<ul style="list-style-type: none">Plans will be developed				
ACTIONS (mitigations)			OUTCOME (OUTPUT)	ACTION OWNER	DEADLINE	ACTION STATUS

1	Ongoing development of PTIP and monitoring of progress through to relevant Committees	Progress reports on supporting plans, risks and resource requirements known, planned for and mitigated	Elaine Doyle	31/12/21	G
2	SBS / BI / ESR reporting to be developed	Integrated recourses reporting processes that support integrated assurance framework	Matt Gamage	31/01/21	G
3	Complete analysis of required resources including options to re-align existing resources to maximise benefit	Clear resource requirement defined that is supported by revised allocation of existing resources	Matt Gamage	31/01/21	A

Strategic Objective Ref: SS09 - Make efficient and effective use of financial, workforce and estate resources	Strategic Risk: There is a risk that our financial sustainability will be impacted by future changes to the NHS financial regime, which could see resources diverted from our trust and result in significant financial / cost pressures	Risk Accountability NED Oversight: Ian Buckley as Chair Assurance Committee: Finance, Performance and Digital Executive Lead: Matt Gamage, Director of Finance, Performance and Digital	BAF Ref: 007																
Rationale for Risk: Strategic decisions by the Department of Health and Social Care on future funding of the national, regional and locality commissioning and contracting of pathways negatively impact on DIHC and the local health economy. Ensure involvement in the development of Black Country STP and balance locality / place-based priorities.			Risk Appetite: Moderate (6 – 11)																
<div>Risk Movement Graph</div> 		<div>Risk Rating</div> <table><tr><td></td><td>Inherent Oct 2020</td><td>Q3</td><td>Q4</td><td>Target</td></tr><tr><td>Total</td><td>Moderate 12</td><td>High 16</td><td></td><td>6 to 11 Low</td></tr><tr><td>C x L</td><td>4 x 3</td><td>4 x 4</td><td></td><td></td></tr></table>			Inherent Oct 2020	Q3	Q4	Target	Total	Moderate 12	High 16		6 to 11 Low	C x L	4 x 3	4 x 4			<div>Rational for Current Risk Score Trust reporting break even and plans for 2021/22 being developed in Q4</div> <div>Risk Proximity Active and happening now</div>
	Inherent Oct 2020	Q3	Q4	Target															
Total	Moderate 12	High 16		6 to 11 Low															
C x L	4 x 3	4 x 4																	
CONTROLS		ASSURANCES	ASSURANCES																

		ON CONTROLS				
1.	Active participation and involvement in the STP CFOs / DoFs Forum	High	<ul style="list-style-type: none"> Consideration of all new guidance Feedback from system partners 			
2.	Robust strategic DIHC leadership within the STP of the development of clinical strategies and pathways that drives forward the needs of the Dudley population in line with Black Country and national agenda	High	<ul style="list-style-type: none"> Mental Health Service priorities developed with our BCH partners and recognised at STP level CSB and CAGs involvement Learning Disabilities and Children's' Services priorities being developed with our partners 			
3.	Clear Executive Leadership and Committee Oversight	High	<ul style="list-style-type: none"> Clear reporting processes in place and discussion at Board and F,P&D committee 			
4.	Clear support from PCN and Local Authority Partners and key stakeholders	High	<ul style="list-style-type: none"> Letters of support from key stakeholder groups 			
GAPS IN CONTROLS			GAPS IN ASSURANCES			
<ul style="list-style-type: none"> Lack of system financial strategy 			<ul style="list-style-type: none"> Financial Management Framework for the STP 			
<ul style="list-style-type: none"> Monitoring of benefits of the transaction including impact on health inequalities 			<ul style="list-style-type: none"> Development of benefits realisation reporting 			
<ul style="list-style-type: none"> Re-engagement with service users and Dudley population to strengthen their voice 			<ul style="list-style-type: none"> Output of service user engagement with Dudley population 			
ACTIONS (mitigations)			OUTCOME (OUTPUT)	ACTION OWNER	DEADLINE	ACTION STATUS
1	Continued engagement and membership of the Director of Finance, Performance and Digital with the STP Finance Director Forum		Strengthening of place within system	Matt Gamage	31/03/21	G
2	Attendance at the STP Deputy Director Forum		Strengthening of place within system	Jack Wilkinson	31/03/21	G
3	Report back on the Operational Planning Guidance for 2021/22, confirmed will not be released in January 2021		Planning requirements will be defined and deadlines planned for	Matt Gamage	31/03/21	G

Dudley Integrated Health and Care NHS Trust
Corporate Risk Register
Board
Appendix 2 Risks Above Tolerance



Dudley Integrated Health and Care
NHS Trust

STEP 1 - IDENTIFY										STEP 2 - EVALUATE							STEP 3 - PLAN									
Date Last Reviewed	Ref	COVID-19	Committees (integrated Governance joined until 1 Jul 2020)					Accountable Director (Risk Sponsor)	Risk Description		Inherent / Initial Risk Score			Controls in Place i.e. arrangements that are already in place and are helping to control the risk – please provide evidence of the risk being controlled	Assurance (RAG) rating for the strength of controls	Current Score			Risk Movement from last assessment	Risk Response /Tolerate /treat / transfer / terminate	Actions to address the risks: i.e. What actions are you going to take to strengthen control of the risk and achieve the target risk rating. SMART actions: S = Specific M= Measurable A= Attainable R= Relevant T= Timely	Responsibility of	Target Risk Rating			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	
31/01/2021	C-106							Steph Cartwright	Not having approval from NHSEI to recruit substantively to key posts prior to April 1st 2021	Significant gaps in corporate structure result in Trust being unable to manage April 1st transactions and other core functions	3	4	12	SLAs in place providing some core 'back-office' functions Additional interim external support already being used Discussions ongoing regarding external provision of back-office functions from 1st April 2021	Strong - Green	3	4	12	➡	Treat	Clarify recruitment timeframes with NHSEI Finalise external back-office function arrangements Explore options for extending current external support 2020-09-24 Flagged with national NHSI colleagues Get feedback from NHSEI on way forward	Steph Cartwright	1	5	5	Open
31/01/2021	C-107							Steph Cartwright	Insufficient system-wide support for the creation of the ICP	This creates a visible adverse reaction from one or more partners, potentially reflected in a public arena, which results in NHSEI not approving the award of the contract	3	4	12	Continuous partner engagement through Stakeholder Forum, system-level meetings and focussed discussions regarding specific aspects of the business case Strong engagement with clinical representatives within the local system through Clinical Strategy Board Agreed process for managing system risks	Strong - Green	3	4	12	➡	Treat	Outstanding issues with business case to be discussed at Stakeholder Forum and Transaction Committee Contribute to the mitigation of risks identified by partners Maintain appropriate engagement with all partners	Steph Cartwright	2	3	6	Open
31/01/2021	C-064							Bev Edgar	Risk of substantive workforce shortages (through vacancies, absence or excess demand) result in additional premium costs being incurred.	Reduced service quality and restricted ability to implement service change. Expenditure above plan and failure to meet control total.	3	4	12	Staff support mechanisms in place; strong HR practices.	Weak - Yellow	3	4	12	➡	Treat	Work with Partners to manage at system level.	Bev Edgar	1	4	4	Open
31/01/2021	C-067							Matt Gamage	Risk of sub-contract terms and incentives not aligned with ICP contract or strategy	This will impact on delivery of the clinical model and outcomes framework resulting in potential loss of income.	4	4	16	Financial model for DIHC will need to signed off by the Board. SFIs have now been agreed by the DIHC Board. Subcontracts will be need to be completed as part of the business case process and will require sign off in line with the Scheme of Delegation and SFIs CCG will also have oversight of whether the subcontract arrangements entered into by DIHC are adequate before signing the main contract The Trust has held engagement events with all of smaller subcontractors and has explained the outcome elements of the head contract.	Strong - Green	3	4	12	➡	Treat	A survey is being sent to all of the providers to identify areas where they could contribute to the delivery of the outcomes framework. Subcontract contract negotiation discussions will commence in December 2020	Matt Gamage	1	4	4	Open
31/01/2021	C-070							Matt Gamage	Risk of increase in drug volume and prices in excess of planned growth and inflation	This will impact recurrent cost base to increase and restrict margins for investments and service developments and Unplanned cost increases resulting in failure to achieve control total or increased CIP requirement	4	4	16	Strong medicines management practices to ensure appropriate and consistent use. Prescribing expenditure will be monitored at Integrated Assurance Committee Prescribing performance will be monitored at a PCN level Practice Based Pharmacists and medicines management team will have budget responsibility.	Strong - Green	3	4	12	➡	Treat	2020/21 CCG financial performance information including continuing healthcare and prescribing expenditure to be presented to DIHC FPD committee on a monthly basis from January 2021	Matt Gamage	3	2	6	Open

STEP 1 - IDENTIFY										STEP 2 - EVALUATE							STEP 3 - PLAN										
Date Last Reviewed	Ref	COVID-19	Committees (integrated Governance joined until 1 Jul 2020)						Accountable Director (Risk Sponsor)	Risk Description		Inherent / Initial Risk Score			Controls in Place i.e. arrangements that are already in place and are helping to control the risk – please provide evidence of the risk being controlled	Assurance (RAG) rating for the strength of controls	Current Score			Risk Movement from last assessment	Risk Response /Tolerate /treat/ transfer /terminate	Actions to address the risks: i.e. What actions are you going to take to strengthen control of the risk and achieve the target risk rating. SMART actions: S = Specific M= Measurable A= Attainable R= Relevant T= Timely	Responsibility of	Target Risk Rating			Status
			Audit and risk	Remuneration	Q&S	F, P & D	People	Transaction		(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)			
31/01/2021	C-073	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Matt Gamage	Risk of placement costs relating to Continuing care to be in excess of planned levels due to any unforeseen changes to the eligibility criteria and sufficiently robust system to record costs accurately.	Subsequently the unplanned cost increases will result in failure to achieve control total or increased CIP requirement	4	4	16	Regular reviews to ensure care packages match requirements, and ICP is responsible commissioner. Consider alternative provision options. Due diligence on service transfer.	Strong - Green	4	3	12	➡	Treat	2020/21 CCG financial performance information including continuing healthcare and prescribing expenditure to be presented to DIHC FPD committee on a monthly basis from January 2021	Matt Gamage	3	3	9	Open
31/01/2021	C-102	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Steph Cartwright	Risk of lack of system alignment	This has the potential to lead to organisational, board and/or procurement challenges and could impact on trust amongst partners.	3	4	12	Active engagement with partners during Business Case development. Regular Stakeholder Forum meetings involving representation from all key partners.	Strong - Green	3	4	12	➡	Treat	Continued engagement and stakeholder involvement following business case submission. Stakeholder Forum and meets on a monthly basis. Amends made to business case in response to comments received from partners and ongoing issues managed through Transaction Committee and Stakeholder Forum	Steph Cartwright	1	4	4	Open
31/01/2021	C-030	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Bev Edgar	Risk of significant vacancy factors in staff groups that transfer into the ICP due to the workforce becoming unsettled around the new model of care or organisational change.	This will Impact on delivery of the clinical model and delay in improving patient access, continuity and co-ordination of care. Delays in improving population health outcomes.	5	4	20	The workforce development group with representation from all affected providers has been re-established. The ongoing training needs analysis to be aligned to the clinical skills pathway redesign.	Weak - Yellow	3	4	12	➡	Treat	Complete workforce modelling of community services and mental health. Identify vacancies, sickness and skills gaps. Develop targeted workforce action plan and programme of staff engagement to describe the new care model in more detail. Promote joined up working through the ICT/PCN networks and host engagement workshops with frontline staff to understand what's important to them. Align organisational messages to staff throughout the period of change.	Bev Edgar	1	4	4	Open
31/01/2021	C-078	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Matt Gamage	Risk of delayed implementation of clinical service strategy as organisation is established	This may result in expenditure above planned trajectory, restricting ability to achieve control total	4	4	16	Management and system focus on delivery (not organisational form). Use of external suppliers for OD and transition included in financial plan.	Weak - Yellow	3	4	12	➡	Treat	Ensure PTIP clearly defines required activities	Matt Gamage	1	4	4	Open
31/01/2021	C-103	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Steph Cartwright	Lack of sufficient resources being available to support safe landing due to delays incurred as a result of COVID-19	Unable to complete transaction to enable the next phase of transferred services to go live. Unable to provide appropriate back office functions to support expansion.	4	4	16	Ongoing review of the phasing and key deliverables to determine capacity to deliver. Appropriate discussions are taking place at executive team and Transaction Committee.	Weak - Yellow	3	4	12	➡	Treat	Regular review of resources at Transaction Committee.	Steph Cartwright	1	4	4	Open

STEP 1 - IDENTIFY										STEP 2 - EVALUATE							STEP 3 - PLAN										
Date Last Reviewed	Ref	COVID-19	Committees (integrated Governance joined until 1 Jul 2020)						Accountable Director (Risk Sponsor)	Risk Description		Inherent / Initial Risk Score			Controls in Place i.e. arrangements that are already in place and are helping to control the risk – please provide evidence of the risk being controlled	Assurance (RAG) rating for the strength of controls	Current Score			Risk Movement from last assessment	Risk Response Tolerate /treat/ transfer /terminate	Actions to address the risks: i.e. What actions are you going to take to strengthen control of the risk and achieve the target risk rating. SMART actions: S = Specific M= Measurable A= Attainable R= Relevant T= Timely	Responsibility of	Target Risk Rating			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)										
31/01/2021	C-105	✓	✗	✗	✗	✗	✗	✓	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	1	5	5	Open
31/01/2021	C-024	●	✗	✗	✗	✓	✗	✗	Matt Gamage	Risk of not being able to appropriately share patient information across the ICP partners and its stakeholders due to data sharing agreements may not be in place.	This will impact the new service not being able to share information effectively - a safeguarding and/or clinical risk. This will also impact monitoring and reporting on performance.	3	4	12	Work on the development of single shared record Digital Safe Landing Group with system partners established.	Strong - Green	2	5	10	➡	Treat	Prior to services transferring ensure information sharing agreement is in place. Ensure BI/IT teams working closely during the mobilisation period and ensure working group established to ensure smooth transfer. Multiple cycles of testing and process refinement and ongoing auditing of data quality. IG representation to be identified within each IT project team	Matt Gamage	1	4	4	Open
31/01/2021	C-023	●	✗	✗	✗	✓	✗	✗	Matt Gamage	Risk to the delivery of ICP due to digital strategy not clearly defined.	This will have an impact on the delivery of ICP and its outcomes, support to PCNs, and mobilisation.	4	4	16	Digital Steering Group has been established. Safe landing document produced and agreed. Digital strategy agreed at IGC in July and included as part of the FBC submission	Weak - Yellow	3	3	9	➡	Treat	Digital safe landing plans being developed. Engagement with service managers.	Matt Gamage	1	4	4	Open
31/01/2021	C-057	●	✗	✗	✗	✓	✗	✗	Matt Gamage	Risk of reduction in annual payments due to factors beyond the control of the ICP	This will impact in maintaining a positive balance between the income growth against the growth in demand	4	4	16	Contract Meetings are in place with the CCG to agree the terms of the contract	Strong - Green	3	3	9	➡	Treat	Final business case and contract will require Board Approval Sensitivity analysis to be undertaken as part of financial case	Matt Gamage	3	2	6	Open
31/01/2021	C-076	●	✗	✗	✗	✓	✗	✗	Matt Gamage	Risk of restricted access to investment funds due to other financial pressures.	This will subsequently delay in implementation of clinical strategy, and under-achievement of outcomes	3	4	12	Re-prioritisation or re-phasing of investments. Use of non-recurrent funds if possible.	Weak - Yellow	3	3	9	➡	Treat	Progress discussions with NHSEI and NHSD regarding external funding options for IT investment	Matt Gamage	2	3	6	Open
31/01/2021	C-060	●	✗	✗	✗	✓	✗	✗	Matt Gamage	Risk of planned efficiencies and benefits not delivered in full due to restricted investment, following the formation of the ICP	Recurrent cost base erodes contribution margin and restrict investment in service developments	4	4	16	CIP plans and savings schemes will be monitored through Finance and Performance Committee	Weak - Yellow	3	3	9	➡	Treat	Savings and efficiency plans quantified as part of the Full Business Case Benefits Realisation plan to be constructed and monitored on an ongoing basis	Matt Gamage	1	4	4	Open
31/01/2021	T-033	●	✗	✗	✗	✗	✗	✓	Matt Gamage	Negotiation of terms with supply chain organisations not finalised	Subcontracts not in place. Elements of service cannot be delivered. Contract delayed.	4	4	16	Ensure negotiations with all sub-contractors commence at the same time as main contractual arrangements. Regular subcontract negotiations through weekly meetings during August and September	Strong - Green	2	4	8	➡	Treat	Regular weekly subcontract discussion meetings Engagement with CCG to support subcontractor understanding of outcomes	Steph Cartwright	1	4	4	Open

STEP 1 - IDENTIFY										STEP 2 - EVALUATE								STEP 3 - PLAN									
Date Last Reviewed	Ref	COVID-19	Committees (integrated Governance joined until 1 Jul 2020)						Accountable Director (Risk Sponsor)	Risk Description		Inherent / Initial Risk Score			Controls in Place i.e. arrangements that are already in place and are helping to control the risk – please provide evidence of the risk being controlled	Assurance (RAG) rating for the strength of controls	Current Score			Risk Movement from last assessment	Risk Response /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	Target Risk Rating			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)			
31/01/2021	C-051	●	✗	✗	✗	✓	✗	✗	Matt Gamage	Risk of ICP failing to attract appropriate income under the payment by outcomes arrangements.	ICP failing to control its costs and deliver its control total.	3	4	12	Robust operational management with close monitoring of performance KPIs and rapid intervention if required.	Weak - Yellow	2	4	8	➡	Treat	Negotiate non-recurrent reinvestment of PBO deduction to drive required quality improvements.	Matt Gamage	2	2	4	Open
31/01/2021	C-053	●	✗	✗	✗	✓	✗	✗	Matt Gamage	Risk of cash not being received on a timely basis, leading to ICP cash shortfall	Cash shortfalls will have a significant impact on the organisations paying its liabilities on time, in particular salaries and sub-contractors	3	4	12	Robust working capital management £3.4m loan agreed with BCH The Trust has appointed an interim financial controller and debtors will be chased up by Shared Business Services as part of the financial services contract.	Strong - Green	2	4	8	➡	Treat	Ensure contract agreement with CCG has appropriate dates for payments to be received by DIHC	Matt Gamage	1	4	4	Open
31/01/2021	C-063	●	✗	✗	✗	✓	✗	✗	Matt Gamage	Risk of financial overspend due to insufficient financial controls This may result in unauthorised over spend, loss of financial control inability to meet the control total and impact on service delivery	Loss of financial control and failure to meet control total. Impact on service delivery	3	4	12	Robust financial control environment, with regularly reviewed procedures. SFIs, SoRD and SOs agreed at Board & reviewed at A&R Committee Monthly SLA meetings established with BCH.	Weak - Yellow	2	4	8	➡	Treat	Further review of financial management principles planned for Jan 2021 A&R Committee Interim Financial Controller to review and update financial policies and procedures – Dec/Jan	Matt Gamage	1	4	4	Open
31/01/2021	T-047	●	✗	✗	✗	✗	✗	✓	Steph Cartwright	Failure to engage and communicate with patients, staff and the public on ICP mobilisation and developments for the changes to existing service and models for new services in Dudley.	Resistance to proposals and change. Benefits of ICP not delivered and publics do not utilise the new services fully as not aware of them.	5	4	20	ICP has a clear communications and engagement group. Utilise existing channels e.g. Healthcare Forum and Council of Governors, PPGs to share the developments on the ICP. Work is ongoing through COVID with regular public engagement taking place.	Strong - Green	2	4	8	➡	Treat	Fully utilise the DIHC website and social media to keep the public engaged. Continue work on public engagement through COVID by using virtual mechanisms. Ensure public involved and co-create details of new service models and fully informed stakeholders and community via the development of the dedicated new web-site and focused communication activities. Refresh the Communications and Engagement Strategy for DIHC.	Claire Austin	1	4	4	Open
31/01/2021	C-031	●	✗	✗	✗	✓	✗	✗	Matt Gamage	Risk of contract financial envelope less than the cost of providing the services.	This may result in the ICP starting its first trading year with a financial deficit and limited ability to hit the control total and restrict investment opportunities.	5	4	20	Due diligence has been undertaken on the services transferring to DIHC to ensure costs of services are robust Financial model for DIHC will need to signed off by the Board. Financial monitoring to be reported to Integrated Assurance committee	Strong - Green	2	3	6	➡	Treat	Financial model in business case demonstrates financial sustainability for DIHC. Sensitivity analysis to be undertaken as part of financial case Agree risk share arrangements with CCG and relevant partners as part of contract arrangements	Matt Gamage	2	2	4	Open

Date Last Reviewed	Ref	COVID-19	Committees (integrated Governance joined until 1 Jul 2020)					Accountable Director (Risk Sponsor)	STEP 1 - IDENTIFY		STEP 2 - EVALUATE							STEP 3 - PLAN									
			Audit and risk	Remuneration	Q&S	F, P & D	People		Transaction	Risk Description		Inherent / Initial Risk Score			Controls in Place	Assurance (RAG) rating for the strength of controls	Current Score			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	Target Risk Rating		Status		
										RISK OF:	IMPACT/CONSEQUENCES	(L) Likelihood Score	(I) Impact Score	Risk Rating (L x I)			(L) Likelihood Score	(I) Impact Score	Risk Rating				Risk Movement from last assessment	(L) Likelihood		(I) Impact Score	Risk Rating (L x I)
31/01/2021	C-088							Matt Gamage	Risk to the health care estates function of the ICP due to: - insufficient capital funding available to make necessary premises investments, as the ICP will have limited capital funding of its own, and access to PFI and national capital is limited - insufficient space within the community healthcare estate to fully implement the ICP clinical model in each locality	ICP not able to secure the premises to provide the desired clinical care model.	2	4	8	Local Delivery plan process is designed to identify service estate needs, gaps in the current estate and prioritised options to address these gaps. Integration of requirements into CCG-led primary care premises developments offers a potential route to ETTF and other NHS capital, as well as Local Authority funding sources and potential third party development.	Weak - Yellow	2	3	6	⇓	Treat	Estates strategy approved in August 2020; plans being developed to consider current and future estates requirements in line with strategy	Matt Gamage	2	2	4	Open	

Dudley Integrated Health and Care NHS Trust
Corporate Risk Register
Board
Appendix 3 New Risks

Date Last Reviewed	Ref	COVID-19	Committees (Integrated Governance joined until 1 Jul 2020)					Accountable Director (Risk Sponsor)	STEP 1 - IDENTIFY			STEP 2 - EVALUATE						STEP 3 - PLAN										
			Audit and risk	Remuneration	Q&S	F, P & D	People		Transaction	Risk Description		Inherent / Initial Risk Score		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 Rating					
										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)	Status
25/01/2021	C-109								Matt Gamage	Impact of Covid-19 on the Internal Audit Work Plan and subsequently the Head of Internal Audit Opinion	The inability of HoIA to provide an opinion delaying submission of the annual report	2	2	4	Internal Audit work plan monitored by Audit and Risk Committee	Strong - Green	2	2	4	New	Treat	Start dates for outstanding audit plans agreed and timetabled and kept under close review	Matt Gamage	28/02/2021	1	2	2	Pending

Quality and Safety Performance Report December 2020

Reported at: January 2021 Quality & Safety Committees

Reported by: Caroline Brunt, Director of Nursing, AHPs & Quality
Jim Young, Head of Quality & Governance

Quality and Safety Highlight

Executive Lead: Caroline Brunt, Interim Director of Nursing, AHPs and Quality

Non-Executive Director Lead and Chair of Quality and Safety Committee: Valerie Little

Summary

- There are no issues or concerns requiring escalation to the Board
- Based on the quality indicator data currently available, together with the area-specific narrative relating to key areas of Quality & Safety there do not appear to be any concerns regarding the quality of services currently provided by the Trust
- Based on the quality indicator data currently available there do not appear to be any concerns with regards to emerging trends; this assurance will be improved by the development of appropriate statistical analysis over time
- No Serious Incidents reported this month
- No formal complaints reported this month

Key Areas of Success

- Significant assurance received from the Internal Audit on the Quality Framework
- Staff flu vaccination uptake continues to increase with Covid vaccinations now underway as well
- Friends & Family Test (FFT) data now starting to be included
- High Oak patient survey results received
- Collation and presentation of data for the report continues to develop and improve

Key Areas of Concern

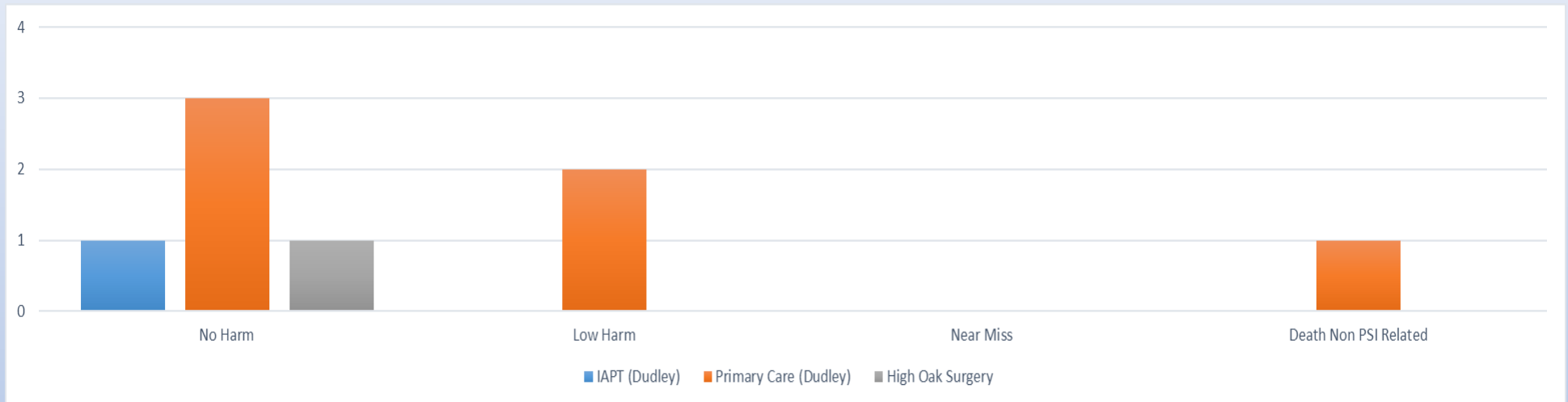
- Concerns regarding the continued absence of safeguarding data were discussed. Assurance was given that the Interim Director of Nursing, Quality and AHPs was meeting with colleagues in January to address and seek to resolve the issues;

Focus for Next Committee

- Maintain focus on vaccination programme
- Safeguarding will remain high priority
- Committee Effectiveness Review
- Starting of the Quality Reporting for the Annual Report and Accounts

INCIDENTS - reported during December 2020

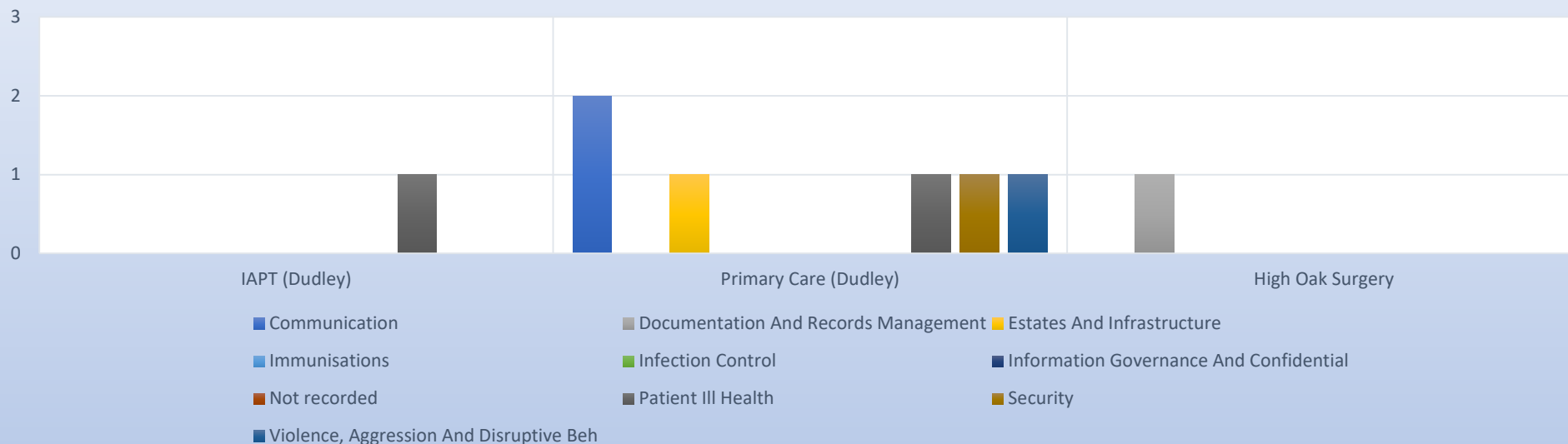
Reported by Service and Impact



- 8 incidents reported this month; none meet the criteria for reporting as a Serious Incident
- The death refers to a patient passing away in hospital having been admitted for treatment of a recurring infection; it was not related to the treatment being provided by the DIHC Primary Care Mental Health Service

INCIDENTS - reported during December 2020

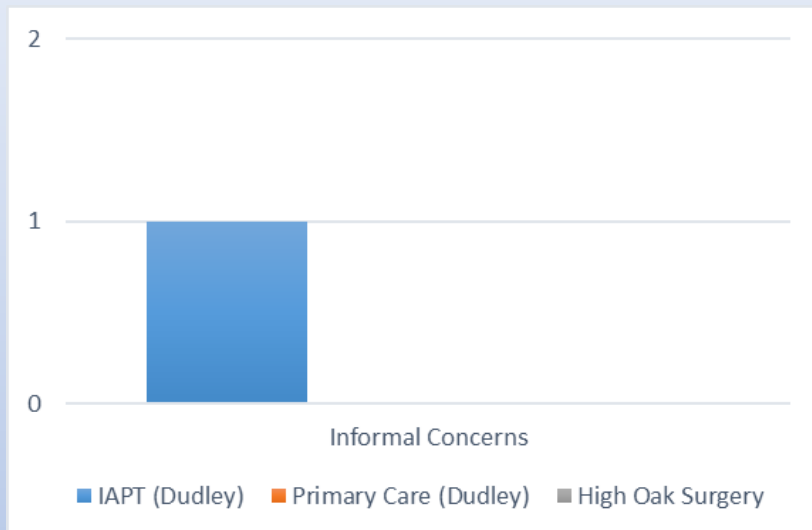
Reported by Service and Cause



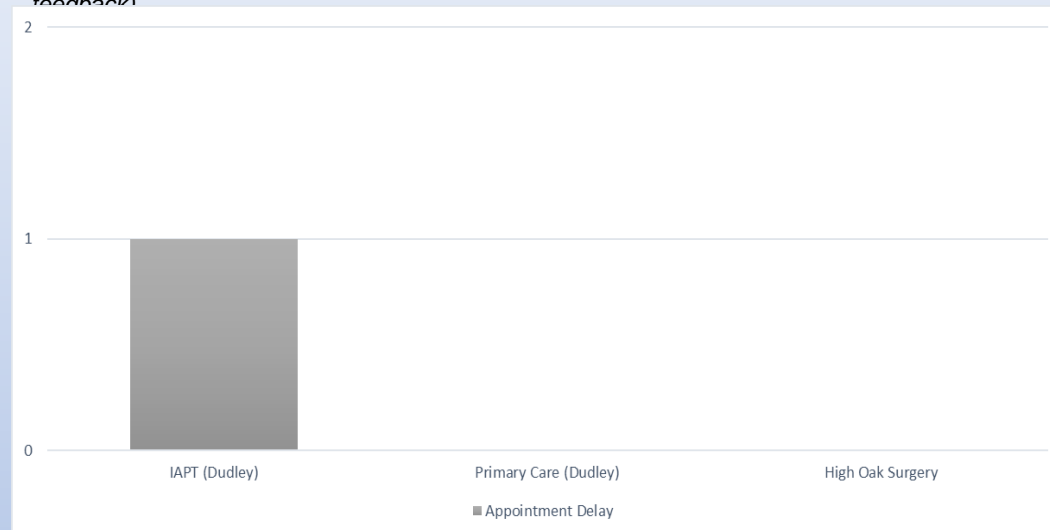
- The High Oak incident relates to a national issue where some NHS mail documents over a two month period were not processed correctly by DocMan; a clinical review of all affected documents has confirmed no clinical impact
- The violence & aggression incident relates to an alleged (unconfirmed) assault by a current service user on a member of the public and resulted in a referral to the Mental Health Assessment Service

SERVICE USER FEEDBACK – reported during December 2020

Reported by service and type



Reported by category (>1 category may be allocated to each piece of feedback)



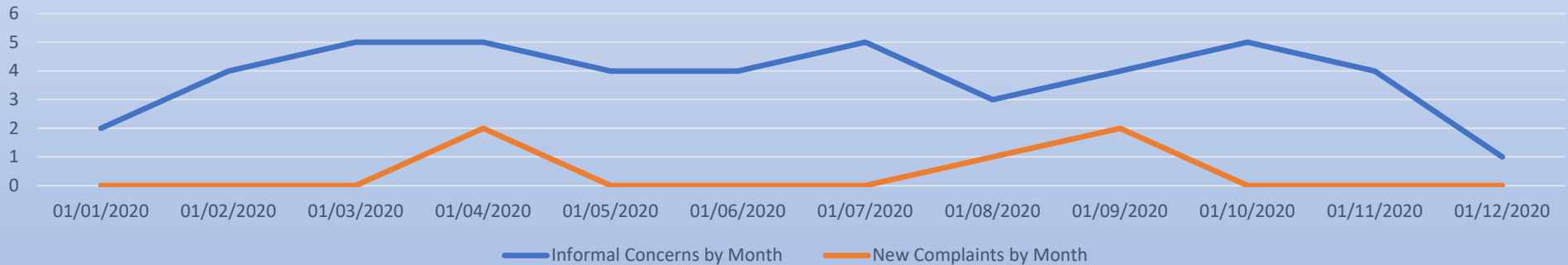
- One informal concern reported during this period – patient self-referred to the service but had not heard anything since; identified this was due to there being an incorrect phone number on file
- No formal complaints received
- Feedback data from CHC/IC team does not currently get reported centrally – this is being reviewed with the team to ensure a robust reporting process and inclusion in the Trust dataset for next month

SERVICE USER FEEDBACK – formal complaints & rolling 12 months

Formal complaints currently open

No open complaints

Complaints / concerns – rolling 12 months



- There are no obvious trends emerging from the 12 month rolling dataset

SERVICE USER FEEDBACK – Friends & Family Test

- Currently only have access to FFT data for High Oak; currently being explored for other services as some do already use FFT e.g. IAPT
- FFT based on giving a score on a range from 'extremely likely' to 'extremely unlikely' to recommend the service; the practice send out to patients via text message
- Latest data for High Oak below:

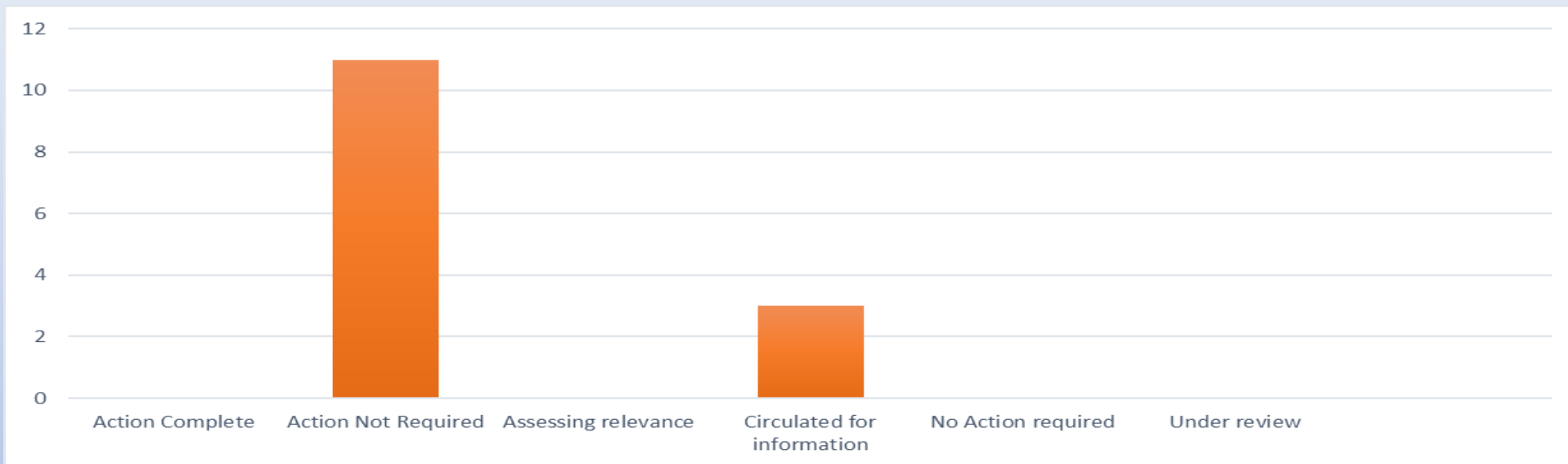
Month	Total number of respondents	% Not recommended	% Neither / don't know	% Recommended
Oct 20	171	5%	4%	91%
Nov 20	46	2%	2%	96%
Dec 20	48	4%	4%	92%

- High Oak are currently focussing on face to face appointments which is naturally going to be quite low at the moment; they are looking at ways to expand this to remote consultations too
- The higher number of respondents in October equates to a larger number of face to face appointments with patients attending for flu clinics

SERVICE USER FEEDBACK – High Oak Patient Survey

- A letter was sent out to each registered household at the end of November 2020 explaining why a decision was made to temporarily relocate the practice and inviting views on experiences over last 6 months
- The survey closed on 23rd December 2020 with 35 responses having been received; this is from a list size of 4098 patients which equated to over 1000 households being written to
- **Appendix 1** provides details of the responses; although overall the responses appear to indicate a negative impact from the practice moving location, there are a number of positive points identified about the current locations as well as several apparently conflicting responses
- Some potential improvements have been identified from the survey and are currently being explored by the practice e.g. a telephone queuing system

CAS SAFETY ALERTS – reported during December 2020



- 14 alerts have been reported this month; all relevant actions have been taken
- There are no alerts with any outstanding actions
- CAS alert information continues to be collated from each individual service – work is still in progress to centralise CAS alert management within the Trust

Safeguarding

- Issues still remain with regards to the timely provision of safeguarding data via the BCH SLA; this has been escalated by the Interim Director of Nursing, Quality and AHPs and a meeting convened with the BCH Safeguarding lead w/b 18/01/21
- No data has been provided in January despite several requests

WORKFORCE - Vaccinations

- Flu vaccination uptake has continued to improve as has the trust ability to collate uptake data for different staff groups / services from various sources; Covid vaccinations have also now started
- Latest uptake data (as of 12/01/2021):

<u>Flu</u>	Total Staff	Number vaccinated	% vaccinated
Patient Facing	146	97	66.4%
Non Patient Facing	54	50	92.6%
TOTAL	200	147	73.5%

<u>COVID-19</u>	Total Staff	Number vaccinated	% vaccinated
Patient Facing	152	29	19.1%
Non Patient Facing	54	12	22.2%
TOTAL	206	41	19.9%

- See also service-level assurance report summary
- Further workforce information will be provided and discussed at the People Committee

INFECTION PREVENTION & CONTROL

- Flu vaccination programme at High Oak continues to be a focus; latest uptake data (as of 04/01/2021):

Age Group	Total Population Per Age Group	Total Vaccinated	% Status Vaccinated in Practice	% of patients that have been given vaccine (in-house or elsewhere) or declined
Over 65 Years Old	637	444	69.7%	93.4%
50 years - 64 years At Risk	307	145	47.2%	73%
18 years - <50 years At Risk	404	149	36.9%	64%
12 years - <18 years At Risk	20	6	30%	45%
2yrs - < 4 years Old (Nasal)	191	55	28.8%	35%
Pregnant Patients - in other at risk group	4	25	56.8%	72.7%
Pregnant Patients - NOT in another risk group	40			

- See also service-level assurance report summary

Service-level Assurance Reporting – Key Points

- This is the second month that this report format has been used by each of the services
- A summary of the key points collated from all of the responses is provided below; a combined risk assessment rating has not been determined but will be incorporated over the coming months once the report is more established
- Due to workload pressures resulting from the support being provided to the Covid vaccination programme, there is no update from the Medicines Management team this month

<p>...being SAFE: ensuring services do no harm but the staff and services learn lessons where care could be improved</p>	<p>...being EFFECTIVE: able to deliver evidence-based care</p>
<p>High Oak:</p> <ul style="list-style-type: none"> Routine monthly staff risk assessments continue as well as further RAs for two members of staff who are pregnant Internal IPC audit undertaken and improvement actions identified Support provided by DIHC Deputy DoN regarding improving safeguarding procedures; attendance at regular safeguarding meetings has also improved slightly inc. school nurse <p>IAPT:</p> <ul style="list-style-type: none"> Staff risk assessments continue to be completed monthly, as well as ongoing assessments of space used <p>PCMHS:</p> <ul style="list-style-type: none"> Some outstanding laptop and desktop upgrades; CRS team using some PCMHS phones until theirs are delivered but no impact on service Lack of (read-only) access to Rio has been escalated within BCH H & S action plan to be addressed following the move to the portacabin area in Halesview; estates issues being monitored inc. possible risk of reduced clinical space <p>CHC:</p> <ul style="list-style-type: none"> Regular (3 times a week) Covid testing in place; 73% of staff have now received the vaccine Quality review of Russell Court complete and new SLA including support services developed; service recommenced from 04/01/21 	<p>High Oak:</p> <ul style="list-style-type: none"> Developed an action plan relating to DQOFH performance improvement; improvements in performance continue to be seen <p>Pensnett Assessment Centre:</p> <ul style="list-style-type: none"> Demand remained steady for the first 3 months but decreased over Xmas / New Year <p>IAPT:</p> <ul style="list-style-type: none"> Wait times remain challenging to deliver due to increased complexity of presentations; regular review of need is undertaken to try and ensure needs of service users is met <p>PCMHS:</p> <ul style="list-style-type: none"> Clinical processes reviewed to now include triage for the implementation of the PCN triage process from 18/01/2021; baseline referral data to be collected week commencing 11/01/21 <p>CHC:</p> <ul style="list-style-type: none"> Backlog improvement trajectory remains on target
<p>...providing a GOOD EXPERIENCE: patients and the wider community alongside Trust staff have a positive experience of the Trust services</p>	<p>... being AFFORDABLE TODAY: there are sufficient and appropriate staff, financial and capital resources in order to able to deliver the healthcare</p>
<p>High Oak:</p> <ul style="list-style-type: none"> See above for results of FFT See above for results of survey sent out to patients regarding how they have accessed practice during Covid and inviting feedback <p>Pensnett Assessment Centre:</p> <ul style="list-style-type: none"> Feedback from Dignio monitoring service has been positive Second survey in the process of being produced <p>IAPT:</p> <ul style="list-style-type: none"> Currently captured as part of the assessment and discharge process; responses reported to be satisfactory <p>PCMHS:</p> <ul style="list-style-type: none"> Work remains underway to move to using FFT <p>CHC:</p> <ul style="list-style-type: none"> One complaint raised and 2 LRP appeals concluded 	<p>High Oak:</p> <ul style="list-style-type: none"> Continue to rely on locums but recent and planned recruitment should improve this situation 1 vacancy for a medical receptionist <p>IAPT:</p> <ul style="list-style-type: none"> Currently have 2 agency workers to support assessments into the service 5 vacancies at high intensity, in the process of recruiting 1 following recent interviews; this does continue to cause issues re ability to deliver treatment <p>CHC</p> <ul style="list-style-type: none"> 1 vacancy recruited to due to commence early Feb 21 with other candidate withdrawn; results in 3 vacancies still to recruit to

APPENDIX 1: HIGH OAK PATIENT SURVEY RESULTS

High Oak patient survey

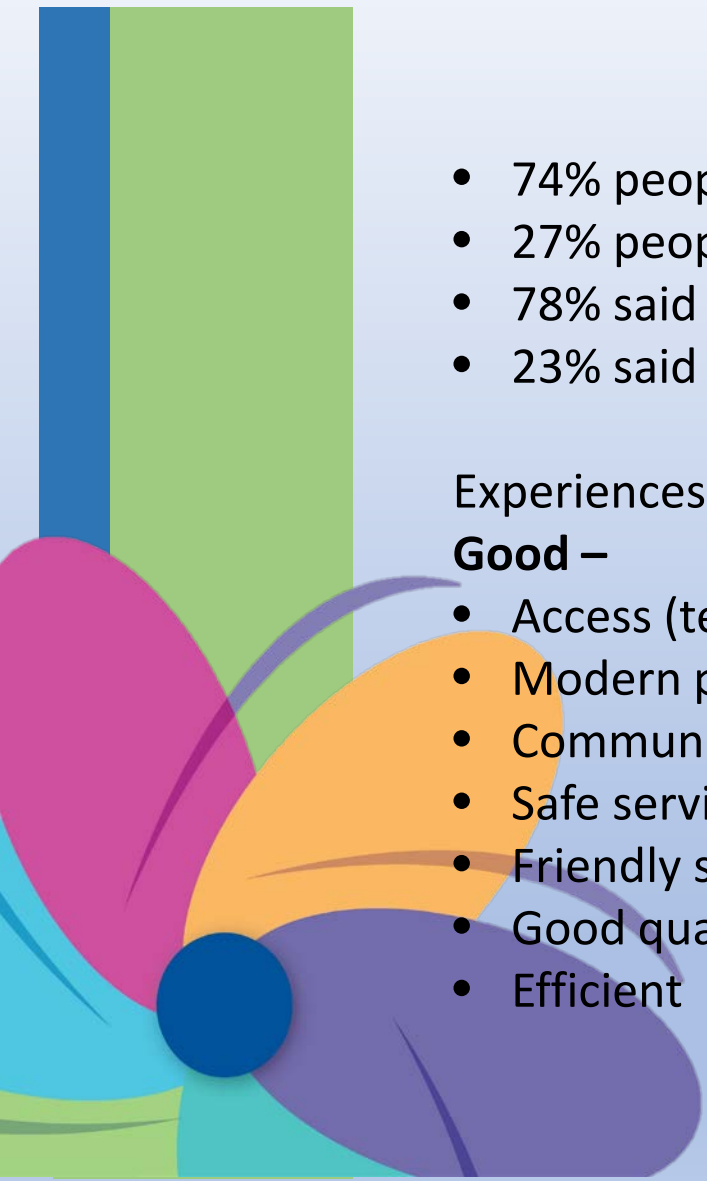
- 88% had needed to contact the practice during Covid of which -
 - 10% aged between 0 yrs and 24yrs
 - 43% aged between 25yrs and 64yrs
 - 48% aged 65+
- 72% rang the practice
- 19% used the practice website
- 7% attempted to visit the practice
- 35% needed prescriptions
- 35% had a new issue with health they required help with
- 32% had ongoing issues they needed help with
- 13% for other reasons including information on flu vaccines and an update on the situation with the surgery
- Majority of respondents classed themselves as White British



NHS

**Dudley Integrated
Health and Care**

NHS Trust

- 
- 74% people had a telephone appointment
 - 27% people had a face to face appointment
 - 78% said their experience was either okay or good
 - 23% said their experience was not good

Experiences ranged -

Good –

- Access (telephone and location)
- Modern premises
- Communication
- Safe services
- Friendly staff
- Good quality of care
- Efficient



NHS

**Dudley Integrated
Health and Care**

NHS Trust



Not so good -

- Poor communication
- Access (telephone lines and location)
- Didn't feel safe
- Quality of care

Is there anything we are doing differently during Covid we should keep?

- Telephone consultations and triage
- New website
- No – do not want to discuss health issues with reception staff and prefer old location
- The new premises
- Can we have a telephone queuing system



NHS

**Dudley Integrated
Health and Care**

NHS Trust



Has there been an impact on you since the surgery moved

- 6% positive impact
- 20% neutral impact
- 75% negative impact

What were the impacts

- Location – difficult to get to, prefer local & further to travel
- Have used pandemic as an excuse to move surgery
- Concern for those who are not digitally able
- Parking is better and more accessible
- Premises are far better
- Near to local shops
- Secure covid measures easily put into place in this location
- Consider increasing home visits



NHS

**Dudley Integrated
Health and Care**

NHS Trust

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Quality and Safety Committee

Date of meeting: 19th January 2021 (via Microsoft Teams)

Presented By: Valerie Little, Non-Executive Director

Significant risks/issues for escalation

None identified

Key issues/matters discussed at the Committee

The report captures the key points discussed at the Quality & Safety (Q&S) Committee regarding:

- The developing quality report with service level information was discussed and assurance gained recognising that work continued on improving and automating the collation of data
- Based on the quality indicator data available to Q&S Committee there were no concerns regarding the quality of services currently provided by the Trust;
- No Serious Incidents reported during the reporting period;
- No new complaints had been received and previous complaint investigation processes had been concluded in a timely way;
- Concerns regarding the continued absence of safeguarding data were discussed. Assurance was given that the Interim Director of Nursing, Quality and AHPs was meeting with colleagues in January to address and seek to resolve the issues;
- DIHC staff flu vaccination programme was discussed and assurance gained. However there continues to be concerns regarding the uptake of vaccination by patient facing staff which, at the time of reporting, was stable at 66.4% vs. 92.6% for non-patient facing staff. The overall Trust reported position at Committee was 73.5% therefore slightly below the national target of 75%;
- There will be a 'Look Back & Look Forward' Task & Finish group established to prepare for the 21/22 vaccination campaign;
- DIHC staff Covid vaccination rates are now being tracked at service level and were reported for assurance; detailed discussion regarding how uptake could be improved
- Patient vaccination rates within High Oak practice were discussed and assurance gained; the Committee requested further quantitative and qualitative information about the groups of patients that are declining vaccination;
- A High Oak 'Pulse Check' patient survey was reported and discussed at Committee. It was agreed that, while it was a small sample, (35 responses of the 4098 registered patients) it offered a valuable insight and assisted the High

	<p>Oak staff to understand the patient perspective of their current service provision. The practice manager is leading the development of an action plan associated with the feedback.</p> <ul style="list-style-type: none"> • In addition to the patient survey the High Oak Family and Friends Test (FFT) was now being reported. An average of 93% of patients recommended the service over the period from October – December 2020. A retrospective & comparative review of the performance was agreed; • The Committee discussed and agreed to the establishment of an Operational Learning Group to ensure we scrutinise and embed learning from service level & patient feedback, complaints and incidents etc. across the organisation. <p>Clinical Governance systems:</p> <ul style="list-style-type: none"> • A progress report was shared on governance developments (Implementation of Datix, Integrated Assurance Framework, Policy development & clinical audit) and assurance gained; • A proposed Interim Clinical Quality Governance policy was discussed and agreed; • The Clinical Quality and Oversight Group Terms of Reference were presented, discussed and agreed. The Group provides an Executive level oversight and reporting structure through to Q&S Committee to monitor the quality and safety of DIHC services. <p>Board Assurance Framework & Risk Register:</p> <ul style="list-style-type: none"> • Ongoing work on the Board Assurance Framework (BAF) was noted alongside the risk strategy with the committee reviewing the strategic and corporate risk registers and making recommendations regarding required updates; • Risk register was reviewed – no changes required but to be closely monitored over the coming months
<p>Decisions made by the Committee</p>	<ul style="list-style-type: none"> • Approval of Interim Clinical Quality governance Policy
<p>Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)</p>	<p>None</p>
<p>Items/Issues for referral to other Committees</p>	<p>None identified</p>

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: People Committee

Date of meeting: 15th January 2021

Presented By: Martin Evans, Non-Executive Director

Significant risks/issues for escalation

ESR/KPI data inaccuracies

Key issues/matters discussed at the Committee

- A formal report was presented to the People Committee regarding the work of the Equality Diversity and Inclusion Committee (EDIC) which held its first meeting on 11th December. It was agreed to extend membership to include a local GP, comms lead and the Company Secretary. The report included an update on the operational action plan and the ongoing work to ensure fair recruitment practice. The committee supported the recommendations to progress the immediate work in relation to Anti- Racist Training. The committee supported the developing WRES and action plan.
- A Flu Vaccine and Covid vaccine update was received - compliance amongst patient facing staff has increased. Line Managers are actively encouraging uptake amongst patient facing staff. Vaccination rates as at 15th January :

Flu Vaccinations -

Patient Facing – 63%
 Non Patient Facing – 93%
 Overall – 74%

COVID Vaccinations –

Patient Facing – 34%
 Non Patient Facing – 70%
 Overall – 43%

- The People Committee work plan was reviewed. Good progress has been made to complete the workplan to align with the PTIP priorities with just some finalising of committee paper sequence to be agreed at the next meeting.
- The Committee received a report on the OH provision through existing SLAs and the options appraisal to move to a single provider whilst developing the DIHC Wellbeing offer for the Intranet. Work is ongoing and will be reviewed again at the March People Committee meeting.
- The Committee received an update on the work of the RWT Payroll Partnership work and that DIHC will aim to be an active member of this group.
- The Committee reviewed the KPI data and highlighted the need to address the inaccurate and incomplete data that is currently being produced as a matter of priority. A number of actions have instigated including a full cleanse of ESR, messaging to staff in relation to its use and the requirement for line managers to be

	<p>providing assurance around accuracy of data for their members of staff. There is an expectation that future KPI data being produced is accurate.</p>
<p>Decisions made by the Committee</p>	<ul style="list-style-type: none"> • To support the Payroll Partnership development • To support the streamlining of OH support for DIHC staff • To support the ESR data cleanse work • To not share the KPI data wider until it has been confirmed that it is accurate.
<p>Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)</p>	<ul style="list-style-type: none"> • The Risk Register and BAF are now integrated and will be reviewed to ensure any additional risks as a result of delayed transfers are recorded where appropriate • An extra ordinary People Committee is scheduled to take place to consider any emerging issues that may need to be added to the Corporate Risk Register.

Finance and Performance Report

Reporting Period April to December 2020

Reported at: January 2021 Finance, Performance and Digital Committee

Reported by: Matt Gamage, Director of Finance, Performance and Digital

Finance and Performance Dashboard

The finance and performance dashboard shows performance against the key financial and performance metrics for Dudley Integrated Health and Care NHS for the period April to December 2020. The dashboard now includes the measures relating to the key indicators from the NHS Oversight Framework.

Indicator	Definition	Scoring criteria			Actual	Score
NHS Oversight Framework		1	2	3		
Liquidity Rating	Days of operating costs held in cash or cash equivalent forms, including wholly committed lines of credit available for drawdown	>2.5x	1.75-2.5x	1.25-1.75x	230 days	1
Capital Service Cover Rating	Degree to which the provider's generated income covers its financial obligations	>0	(7)-0	(14)-(-7)	0x	4
I&E Margin Rating	I&E surplus or deficit/total revenue	>1%	1-0%	0-(-1)%	0.85%	2
Distance from Financial Plan	Year to date actual I&E surplus/deficit in comparison to Year-to-date plan I&E surplus/deficit	>0%	(1)-0%	(2)-(-1)%	6100%	1
Agency Rating	Distance from providers cap	<0%	0%-25%	25-50%	-55.16%	1
Overall Score					2	
Local Finance Indicators		Green	Amber	Red	RAG	
Expenditure - Pay	Variance to plan	>0%	(2)-0%	<(2)%	12.86%	
Expenditure - Non Pay	Variance to plan	>0%	(2)-0%	<(2)%	41.98%	
Income	Variance to plan	>0%	(2)-0%	<(2)%	1.81%	
BPP - no. of payments - NHS	Better Payment Practice Code - Number of payments made on time	>95%	75-95%	<75%	100.00%	
BPP - no. of payments - Non NHS	Better Payment Practice Code - Number of payments made on time	>95%	75-95%	<75%	99.25%	
BPP - value of payments - NHS	Better Payment Practice Code - Value of payments made on time	>95%	75-95%	<75%	100.00%	
BPP - value of payments - Non NHS	Better Payment Practice Code - Value of payments made on time	>95%	75-95%	<75%	97.61%	
Local Performance Indicators		Green	Amber	Red	RAG	
IAPT access (in month)	Percentage achievement against target for number of people entering treatment	>100%	80-100%	<80%	63.78%	
IAPT Recovery (in month)	Percentage of people who are moving to recovery of those who have completed treatment in the reporting period	>50%	45-50%	<45%	42.21%	
IAPT Waiting times - 6 weeks	% of patients treated within 6 weeks	>75%	70-75%	<70%	98.00%	
IAPT Waiting times - 18 weeks	% of patients treated within 18 weeks	>95%	90-95%	<90%	99.70%	

Liquidity rating shows that the Trust has enough cash to cover 230 days of operating costs. This is so high partially as a result of the loan funding and partially as a result of holding to cash to pay for inherited liabilities that have not been payable. The truing up process currently being undertaken in a reduction in cash for the Trust.

Capital Service Cover measures the ability to pay for financial obligations such as loan principal and interest repayments. The YTD operating surplus does not cover the principal and interest elements of the loan from Black Country Health Care.

I&E margin is positive as a surplus is being reported, despite a break even plan. The break even plan is the reason for the extreme favourable position on the distance from financial plan.

Pay costs are underspending as a result of vacancies within the IAPT and Primary Care Mental Health Services. Non pay costs are overspending as a result of additional support required to complete the full business case and incremental expansion of services to be provided by the Trust.

Income position has improved in December 2020 as a result of additional growth funding for the IAPT service. This has resulted in the Trust reporting a favourable variance against the income plan.

Better Payment Practice code was achieved in month 9 for NHS payments and Non NHS payments.

IAPT Access has reduced in December, with 398 people entering treatment compared to the target of 624, equating to an achievement of 63.78%. The recovery target was not achieved with 42.21% of people completing treatment moving to recovery compared to the 50% target. The waiting time targets for both 6 and 8 weeks were achieved in December.

Income and Expenditure Summary

Income

The annual income budget matches the annual plan for DIHC which was agreed with the STP and reconciles to the NHSI financial templates.

Actual income is more than anticipated due to additional growth funding being received for IAPT and Primary Care Network funding being received for additional PCN roles funded through the Additional Role Reimbursement Scheme.

Expenditure

In the period April to December 2020 there was a total underspend against the expenditure budget of £65,032.

There is a significant overspend against other corporate costs resulting from the additional support required to complete the full business case and incremental expansion of services to be provided by the Trust.

The Trust is reporting an underspend against the IAPT budget of £313,601, an underspend of £105,279 in the IAPT Physical Health budget and a £134,784 underspend in the Primary Care Mental Health budget.

The Pensnett Assessment Centre is currently reporting a year to date underspend of £38,991. The forecast assumes that costs will increase in the last quarter of the year given the current increase in COVID-19 cases.

The services which transferred on the 1st October 2020 (High Oak and CCG activities) are forecasting a combined surplus of £40k. The managements accounts team will continue to work closely with budget holders over the coming months to ensure all expenditure items are captured and to further refine the forecast values based on information from the services.

In the period November to December the Trust has spent £46,221 on additional roles for Primary Care Networks.

Surplus/Deficit

The Trust is currently reporting a surplus for the period April to December 2020 of £60,000. The forecast assumes that expenditure in the remaining months will be in line with the monthly plan.

	Annual Budget	YTD Budget	YTD Actual	YTD Variance	Forecast Variance
	£	£	£	£	£
Income					
Main Contract Income	(10,091,000)	(6,946,209)	(7,025,020)	78,811	193,566
Primary Care Network Income	0	0	(46,221)	46,221	128,433
Other Income	0	0	0	0	0
Total Income	(10,091,000)	(6,946,209)	(7,071,241)	125,032	321,999
Expenditure					
Corporate Services					
Executive Team	772,957	579,776	579,887	(111)	(225)
Chair and Non Execs	188,562	141,420	118,219	23,201	18,000
Executive Support	76,711	56,050	42,287	13,763	16,853
Finance	195,792	170,913	119,096	51,817	32,083
Contract Management	77,120	38,556	36,776	1,780	2,426
Corporate Services SLA	840,000	630,000	630,000	0	0
Capital Charges	110,000	82,501	92,031	(9,530)	890
Other Corporate	1,174,982	927,990	1,574,899	(646,909)	(736,346)
Sub Total Corporate	3,436,124	2,627,206	3,193,195	(565,989)	(666,320)
Mental Health Services					
Primary Care Mental Health	1,241,729	931,883	797,099	134,784	174,055
IAPT	1,663,213	1,247,412	933,811	313,601	343,651
IAPT Physical Health	239,684	179,761	74,482	105,279	137,286
IAPT Trainees	0	0	74,327	(74,327)	(163,252)
Sub Total Mental Health Services	3,144,626	2,359,056	1,879,719	479,337	491,739
COVID-19					
Pensnett Assessment Centre	1,063,000	736,499	697,508	38,991	1,007
Other	0	0	0	0	0
Sub Total COVID-19	1,063,000	736,499	697,508	38,991	1,007
High Oak Surgery					
High Oak Surgery	387,000	193,476	193,204	272	(7,033)
Sub Total High Oak Surgery	387,000	193,476	193,204	272	(7,033)
CCG Transferred Activities					
HR	13,142	6,567	0	6,567	6,520
Local Improvement Schemes	67,000	33,498	33,498	0	0
Clinical Leads	337,187	168,576	147,527	21,049	25,148
Continuing Care & Intermediate Care Team	551,731	275,814	291,158	(15,344)	(5,994)
Medical Directorate	29,246	14,622	25,006	(10,384)	(20,765)
Medicines Management Team	424,515	212,238	212,960	(722)	(290)
Nursing Directorate	22,819	11,403	16,880	(5,477)	(25,006)
Operations	122,118	61,053	52,609	8,444	16,443
POD	196,290	98,118	92,152	5,966	13,373
Quality and Governance	39,800	19,896	21,552	(1,656)	(3,304)
Service Delivery and Performance	256,402	128,187	108,052	20,135	40,915
Sub Total CCG Transferred Activities	2,060,250	1,029,972	1,001,394	28,578	47,041
Primary Care Networks					
Primary Care Networks	0	0	46,221	(46,221)	(128,433)
Sub Total Primary Care Networks	0	0	46,221	(46,221)	(128,433)
Total Expenditure	10,091,000	6,946,209	7,011,241	(65,032)	(261,999)
Surplus / Deficit (-)	0	0	(60,000)	60,000	60,000

Black Country and West Birmingham STP Financial Summary – Month 8

	Year-to-Date			Forecast		
	Plan £000s	Actual £000s	F/(A) Var. £000s	Plan £000s	Forecast £000s	F/(A) Var. £000s
Adjusted Financial Performance Surplus / (Deficit)						
CCGs						
Dudley	(463)	(401)	62	(1,547)	(1,546)	0
SWB	(1,198)	(1,122)	76	(2,476)	(2,477)	(0)
Walsall	(489)	(133)	357	(1,468)	(258)	1,210
Wolverhampton	(440)	114	554	(1,321)	(1,321)	(0)
Total CCGs	(2,590)	(1,542)	1,048	(6,812)	(5,602)	1,210
Providers						
BCH	2	73	71	6	12	6
DIHC	-	47	47	-	15	15
DGFT	(102)	240	342	(2,000)	(2,000)	-
RWT	(574)	(609)	(35)	(3,800)	(800)	2,999
SWBH	(1,123)	(428)	695	(4,310)	(2,310)	2,000
WHT	(404)	(329)	75	(3,870)	(3,870)	(0)
WMAS	(2,103)	(1,715)	388	(6,300)	(6,300)	0
Total Providers	(4,303)	(2,721)	1,582	(20,273)	(15,253)	5,020
Total STP	(6,894)	(4,263)	2,631	(27,085)	(20,855)	6,230

The table on the left shows the variance against plan for all NHS organisations within the Black Country and West Birmingham STP area.

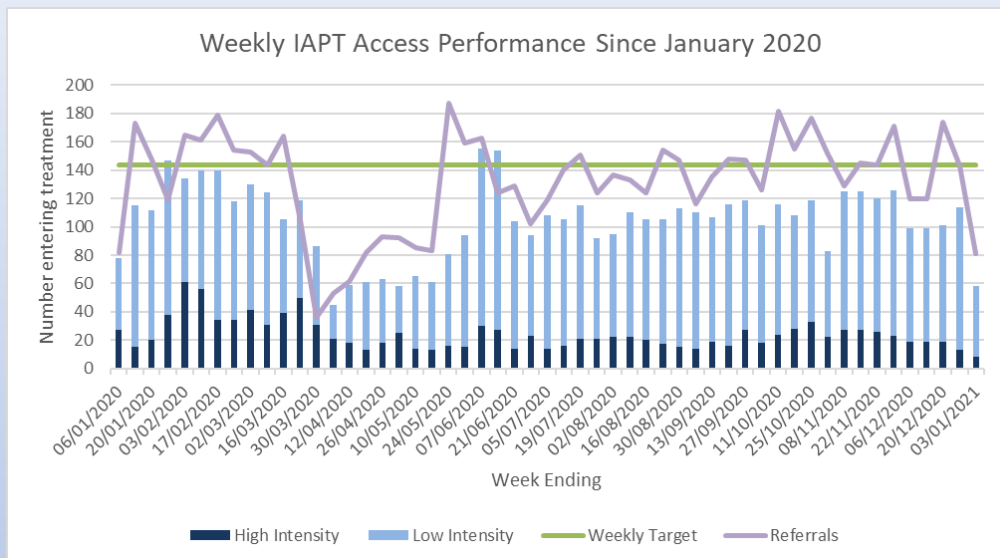
The STP submitted a Phase 3 forecast plan deficit of £27.1m for months 7 to 12. The drivers of the deficit were due to a range of technical issues and errors:

- £2.0m digitisation of pathology, £3.2m GP debt recovery issue and £1.6m DIHC funding issue (CCGs);
- £3.4m error in envelope treatment of DH Trust Special Advisor funding (RWT);
- £2m baseline error due to incorrect treatment of inter-NHS transactions in month 9 reporting (WHT);
- £2.1m Taper Relief issue (SWBH);
- £6.3m additional funding request re: increase in demand for acute inpatient care across winter (WMAS); and
- Other income issues cover a wide range of income sources relating to medical students, overseas visitors, specialist labs, catering, etc.

As at month 8 the STP is forecasting a deficit of £20.9m, which is £6.2m favourable to the plan deficit of £27.1m. The favourable variance is due to:

- £1.2m allocation received by Walsall CCG re: GP Debt Recovery technical error;
- £3.0m invoice raised by RWT to recover the majority of the other income error highlighted in the Phase 3 submission; and
- £2.0m improvement at SWBH based on the expectation the Taper Relief error highlighted in the Phase 3 submission will be resolved.

IAPT Performance



IAPT Metric	Threshold	Actual
No of people entering treatment	624	398
Percentage of people who are moving to recovery of those who have completed treatment in the reporting period	50%	42.21%
% of patients treated within 6 weeks	75%	98.0%
% of patients treated within 18 weeks	95%	99.7%

The chart to the left shows the weekly activity information for the number of new people entering treatment. There was a significant reduction in referrals and people entering treatment towards the end of March as a result of the Covid-19 pandemic. Referrals increased significantly towards the end of May resulting in the weekly target being achieved in the first two weeks of June.

Referrals and activity have remained at steady level since July, however they have reduced significantly over the Christmas period.

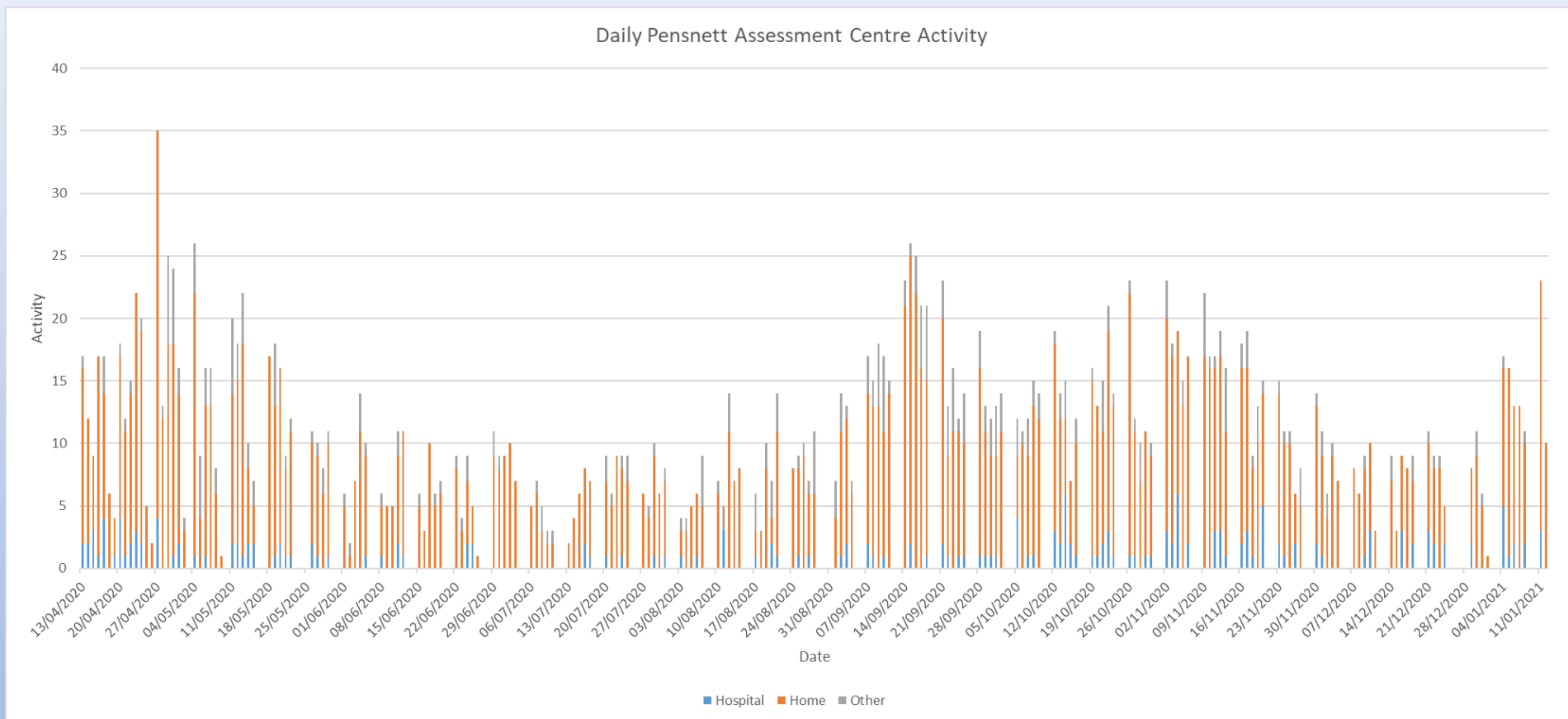
Work is underway with the IAPT services to develop a trajectory for improvement and this will be reported separately to the committee.

The table on the bottom left shows that 398 people entered treatment in the month of December. This equates to 63.78% of the monthly target which represents a significant decrease from the 84% achieved in November.

42.21% of people completing treatment moved to recovery during December 2020.

The waiting time targets for 6 and 18 weeks were both met.

Pensnett Assessment Centre



The above chart shows the daily activity at the Pensnett Assessment centre since April 2020. Activity reduced significantly during December to an average of 10 people per day, however activity in the first part of January has increased to average of 15 people per day, with 23 people been seen on the 11th January 2021.

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Finance, Performance and Digital Committee

Date of meeting: 19th January 2021 (via Microsoft Teams)

Presented By: Ian Buckley, Non-Executive Director

Significant risks/issues for escalation

None identified

Key issues/matters discussed at the Committee

- The committee reviewed the risks allocated to FPD Committee
 - The committee agreed to change the amend the scores for two risks
 - BAF-002 – Following confirmation of the likely financial position for year end, the risk was moved from high to very low. It was agreed that this would be reviewed for 2021/22
 - BAF-007 – It was agreed that potential changes in the financial regime for 2021/22 could be significant given the current size of the organisation. The risk was moved from moderate to high
- The committee reviewed the corporate risks above the agreed tolerances
 - Director of Finance, Performance and Digital and Director of Operations, Strategy and Partnerships to review corporate risks for impact of delay in the ICP Contract Award and to assess whether there is an emerging potential risk falling from the impact of Covid on the business-as-usual activities as focus remains on the significant deployment of vaccines.
- The committee received the finance and performance report related to the period April to December 2020
- The Trust is reporting a surplus position of £60,000 for both the year to date position and the forecast position for 2020/21
- There continues to be vacancies within the IAPT and Primary Care Mental Health Team resulting in an underspend against pay budgets
- Better Payment practice has improved again in December with 100% of NHS payments being made on time and 99.25% of Non NHS payments being made on time
- 63.78% of the IAPT access target was achieved in December 2020. It has been agreed to present a trajectory for improvement at future meetings
- Both of the waiting time targets for IAPT were achieved in month
- There has been a decrease in the number of people seen by the Pensnett Assessment Centre during December 2020 with an average of 10 people per day being.

	<p>However, activity in the first part of January has increased to average of 15 people per day</p> <ul style="list-style-type: none"> • The committee received an update of the STP position for April – November 2020. This showed a £6.2m improvement against a planned deficit of £27.1m resulting in a forecast deficit position of £20.8m • The Trust has received procurement advice in relation to the purchase of a clinical system. A draft quote has been received from EMIS and order is expecting to be placed to support the transfer of the school nursing service • The committee received an update on the performance against the Data Security and Protection Toolkit (DPST) <ul style="list-style-type: none"> ○ 69% of the mandatory requirements have been completed ○ 13% of the non-mandatory requirements have been completed ○ The committee were assured by the progress made towards completion of the DPST for June 2021 • The committee received an update on the core clinical governance developments currently being undertaken by the Trust and were assured by the work identified to ensure progress is made in these areas.
Decisions made by the Committee	<ul style="list-style-type: none"> • The Committee were assured by the finance and performance report and recommended the revision scores for two risks (BAF-002 and BAF007)
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	<p>No specific implications identified</p>
Items/Issues for referral to other Committees	<p>None identified</p>

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

TITLE OF REPORT:	Sustainability Strategy for Net Zero NHS
PURPOSE OF REPORT:	To receive the Sustainability Ambitions and commitment for a Green Plan from April 2022
AUTHOR OF REPORT:	Elaine Doyle, Programme Manager
DATE OF MEETING:	2 February 2021
<ul style="list-style-type: none"> KEY POINTS: 	<p>In recognition of the importance of the Net Zero NHS agenda and to support the development of a three-year Green Plan the Trust recognises it must embrace and embed a sustainable and environmentally conscious culture.</p> <p>To support the delivery of a Green Plan by March 2022 the Board is asked to support a number of ambitions based on the NHS Net Zero Programme. The ambitions are described in the Sustainability Strategy, Appendix 1 and detailed below:</p> <ul style="list-style-type: none"> • Appoint a Non-Executive Director (NED) as lead for Sustainability • Continued working with our STP partners to ensure a co-ordinated response to the impact of climate change • Development of a Sustainability Impact Assessment (SIAs) for Policies and Procedures by Trust Secretary as Interim Sustainability Lead, information from the SIAs will be used to build a baseline for the Green Plan • Receive Quarterly reports on progress towards the Green Plan and on initiatives to embed a sustainable and environmentally conscious culture • Commitment to deliver a three year Green Plan for end-March 2022 • The Green Plan 2022 to 2025 is to include commitments on: <ul style="list-style-type: none"> ○ Green Travel ○ Renewable Energy Commitment ○ Plastic Reduction Pledge ○ Net Zero Carbon standards within any future Estates Strategy
RECOMMENDATION:	<p>The Committee are asked that they:</p> <ul style="list-style-type: none"> • Approve the Sustainability Strategy and Ambitions for 2021/22 • Received quarterly updates on progress from July 2021

	<ul style="list-style-type: none"> • Delivery of a Green Plan by March 2022 for a three-year period, 2022 to 2025
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input checked="" type="checkbox"/>
	Assurance <input type="checkbox"/>

Sustainability Strategy for 202/22 (Net Zero NHS)

The NHS has committed to being the world's first 'Net Zero Carbon' health service, to mitigate the impact of climate change and its profound threat to the health of the nation. To support this aim, NHSE/I published a report 'Delivering a 'Net Zero' National Health Service' in October 2020, setting out a clear plan with milestones to get to 'net zero carbon' covering both care delivery (the NHS Carbon footprint) and the entire scope of NHS emissions (the NHS Carbon Footprint Plus).

The 'Net Zero' report sets out the expectation that all NHS organisations will also be required to have a board-level lead, responsible for leading on net zero and the broader greener NHS agenda.

The NHS Operational Planning and Contracting Guidance 2020/21 commits the NHS to developing a plan to reach Net Zero carbon as part of the 'For a Greener NHS' programme, setting out guidance for NHS organisations to develop a 'Green Plan'. The key requirements of a green plan are:

- Reduce carbon, waste and water
- Improve air quality
- Reduce the use of avoidable single use plastics
- Adapt to a range of scenarios to prepare for future climate
- Reported annually to Board and stakeholders

Whilst the usual planning process for 2020/21 was not followed due to the impact of the COVID-19 pandemic, it is expected that any delay in progressing this agenda is temporary. Appendix C is an extract of the NHS Standard Service Contract 18 draft wording 2020/21 outlining the intention to continue to strengthen the requirements in the Contract on green issues, in line with commitments set out in Delivering a 'Net Zero' National Health Service. Proposed changes to service condition 18 for 2021/22 include:

- identifying a board-level officer accountable for actions to deliver on 'Net Zero' commitments;
- ensuring all electricity purchased is from certified renewable sources; and
- stronger targets focused on the reduction of harmful greenhouse gases and air pollution.

The impact of the continued Covid pressures including the Vaccination Programme, indications from the STP are that the timeframe to have a formal Green Plan approved before the year end is expected to be pushed back to March 2022.

The Black Country and West Birmingham STP has formally set up a Sustainability Working Group, that meets monthly, with representation from each organisation within the STP. Paul Tulley, Managing Director of Wolverhampton CCG has been appointed the STP Sustainability Lead. Elaine Doyle, Programme Manager and Paul Sharkey, Finance Manager (and lead for Dudley CCG) have been routinely attending on behalf of DIHC.

Whilst each organisation within the STP has their own arrangements for meeting the NET Zero NHS requirements, the group has been set up as a network to share expertise, information and good practice and provides a vehicle to learn together where there are knowledge and skills gaps. This has included inviting external speakers to address the Network including experts from the Sustainable Development Unit (SDU) (part of DHSC). Individual progress of our STP partners is below:

- Royal Wolverhampton NHS Trust - Early adopters and have Board approved comprehensive SDMP (Sustainability Development Management Plan, early version of Green Plan) are refreshing this in line with the Green Plan guidance. Recognised by the network as the current STP leaders on sustainability and have provided strong support for their network partners,

have established Sustainability networks within their organisation and plans for green initiatives including planning for a solar farm and other wide-reaching projects. RWT have also engaged the services of sustainability experts who have been successful in supporting bid funding and advice for their projects.

- Dudley Group of Hospitals NHS Foundation Trust - 5 Year Plan scheduled to go before the Board in March 2021.
- Sandwell and West Birmingham - Draft SDMP but not as comprehensive as a Green Plan with the impact of NHS Net Zero still being assessed.
- Walsall – Plans underdevelopment at present but have plans for waste management and LED light replacement projects.
- Black Country Healthcare NHS Foundation Trust - Timeline to develop Green Plan for April 2022 with summary update paper agreeing to timeline for development going to Board end Jan 2021.
- Dudley CCG - Draft plan using guidance from NHSI/SDU which describes a number of projects with some reported environmental outcomes due before end-March 2021.

Our progress towards a Green Plan for end-March 2022 has included development of the strategic ambitions, supported by sustainability impact assessment process for policies, procedures and can be adapted for projects where relevant. This has been developed with support from 'For a Greener NHS'.

Environmental Due Diligence in support of the ICP Award of Contract Full Business Case was completed back in March 2020. This report found that the main emphasis on compliance in achieving the environmental targets had been through the use of Estates Strategy. This included aspiring to the BREEAM excellent standard, an independent certification process of a properties environmental, social and economic sustainability performance, using internationally recognised standards and the use of latest guidance on the use of sustainable materials in all capital schemes, including using LED light fittings and upgrading a Building Management System to all premises.

Data from the Estates Return Information Collection (ERIC), a mandatory collection for all NHS trusts, comprising information relating to the costs of providing and maintaining the NHS Estate including buildings, maintaining and equipping hospitals, the provision of services and the costs and consumption of utilities, including green energy consumption can be used to build a baseline. Further work to help the development of this baseline can be undertaken and aide in the reporting of environmental information within future annual reports and for target setting within the Green Plan.

Next Steps

- Approve Non-Executive Director as Sustainability Lead
- Approve the Sustainability Plan and support delivery of the ambitions, including the commitment to deliver a Green Plan in March 2022
- Continued engagement with the STP Sustainability Working Group
- Support the development of the Sustainability Impact Assessment process for policies and procedures
- Receive the update including project plan for delivery of the Green Plan by March 2022, to be tabled during the Summer 2021



Sustainability Strategy for 2021/22 (Net Zero NHS Ambition)

Policy Reference Number:	Issued upon ratification
Version Number:	1.0
Policy Lead / Authors:	Trust Secretary Elaine Doyle, Programme Manager
Responsible Department:	Chief Executive
Executive Director:	Paul Assinder, Chief Executive

To review annually	Day	Month	Year
Policy Ratification Date:	02	02	2021
Policy Review Date:	31	12	2021
Document Status:	This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled.		

NB: The version of this policy posted on the intranet must be a PDF copy of the approved version.



Strategy Summary Page

Title of Strategy:	Sustainability / Net Zero NHS Ambition
Is this a new or existing Strategy	New
Disclosure status:	To be published on website
Ratification Group/Committee:	Trust Board
What is the purpose of this document?	
<p>This strategy reflects on the recently published NHS England and NHS Improvement (NHSEI) report, 'Delivering a 'Net Zero' National Health Service'. It details the implications and sets out the ambitions for DIHC.</p> <p>The NHS has committed to being the world's first 'Net Zero Carbon' health service, to mitigate the impact of climate change and its profound threat to the health of the nation. To support this aim, NHSE/I have relaunched and invested in their sustainability advice and support service, previously known as the 'Sustainable Development Unit'.</p> <p>NHSE/I published a report 'Delivering a 'Net Zero' National Health Service' in October 2020, setting out a clear plan with milestones to get to 'net zero carbon' covering both care delivery (the NHS Carbon footprint) and the entire scope of NHS emissions (the NHS Carbon Footprint Plus).</p> <p>References:</p> <ul style="list-style-type: none"> • Delivering a 'Net Zero' NHS October 2020 • How to Produce a Green Plan Jan 2020 • NHS Standard Contract 2020/21 • NHS Operational and Planning Guidance for 2020/21 • The NHS Long Term Plan 2019 • The Lancet, Managing the Health Effects of Climate Change 2009 • Adaption to Climate Change Planning Guidance for Health and Social Care Organisations 2014 • Health Care Climate Footprint Report 2019 • NHS Sustainable Development Unit Carbon Hotspots – Travel • The Climate Change Act 2008 (2050 Target Amendment) Order 2019 • IPCC Special Report: Global Warming of 1.5 °C • UN Sustainable Development Goals 	
Which areas of service does this document apply to?	
This strategy applies to all staff working within Dudley Integrated Health and Care NHS Trust.	
What other policies, guidance and directives both locally and nationally should this document be read in conjunction with	



- Estates Strategy
- Digital Strategy
- People Strategy
- Business Continuity and Emergency Preparedness Policies
- Board Assurance Framework and Risk Management Strategy
- Policy for Policies



Version and Amendment History

Version	Author	Details of Change	Date
0.1	Elaine Doyle, Programme Manager	Early draft of new strategy	07/01/2021
0.1	Elaine Doyle, Programme Manager	Presented to Executive Committee	26/01/2021
0.2	Elaine Doyle, Programme Manager	Revised following comments from Executive Committee	27/01/2021
1.0		Presented to Board	02/02/2021



Contents Page

	Contents	Page
1.	Background	6
2.	NHS Provider Context	6
3.	Ambitions for 2021/22	8
4.	Annual Report and Accounts Reporting for 2020/21	11
5.	Delivery of a Green Plan for 2022 to 2025	11
6.	Equality Impact Assessment	12
7.	Sustainability Impact Assessment	12
8.	Data Protection and Freedom of Information	12
	Appendices	
A	Sustainability Impact Assessment Form and Guidance	13
B	Extract from NHS Operational Planning Guidance 2020/21	16
C	Extract from NHS Standard Service Contract 18 Wording 2020/21	18
D	Drivers for Sustainable Development	21



1. Background

With climate change impacting the physical and mental health and wellbeing of the UK population there have been increasing regulatory and contract requirements relating to sustainability being implemented across the NHS. One of the requirements includes the development of a 'Green Plan' to be approved by the Board and shared with stakeholders.

The NHS has committed to being the world's first 'Net Zero Carbon' health service, to mitigate the impact of climate change and its profound threat to the health of the nation. To support this aim, NHSE/I have relaunched and invested in their sustainability advice and support service, 'For a Greener NHS' previously known as the 'Sustainable Development Unit'.

The 'For a Greener NHS' programme was launched in March 2020 and Dr Nick Watts was appointed into the new national role of Chief Sustainability Officer, previously Dr Watts was Executive Director of The Lancet Countdown, a project designed to ensure that health is at the centre of how governments understand and respond to climate change. The findings were published annually in medical journal 'The Lancet'.

NHSE/I published a report 'Delivering a 'Net Zero' National Health Service' in October 2020, setting out a clear plan with milestones to get to 'net zero carbon' covering both care delivery (the NHS Carbon footprint) and the entire scope of NHS emissions (the NHS Carbon Footprint Plus).

The 'Net Zero' report sets out the expectation that all NHS organisations will also be required to have a board-level lead, responsible for leading on net zero and the broader greener NHS agenda. It sets out a helpful summary of the NHS carbon footprint, and demonstrates how proposed actions improve patient care, delivering sustainable healthcare and supporting the reduction of health inequalities.

While the overall NHS carbon footprint has reduced by 62% compared with 1990 levels, reducing current emissions to net zero presents a significant challenge.

2. NHS Provider Context

"While the NHS is already a world leader in sustainability, as the biggest employer in this country and comprising nearly a tenth of the UK economy, we're both part of the problem and part of the solution."

"Indeed if health services across the world were their own country, they'd be the fifth-largest emitter on the planet."

"That's why we are mobilising our 1.3 million staff to take action for a greener NHS, and it's why we'll be working with the world's leading experts to help set a practical, evidence-based and ambitious route map and date for the NHS to reach net zero."

Sir Simon Stevens, NHS Chief Executive.



The NHS is estimated to be responsible for approximately 5% of all UK environmental emissions and the NHS Long Term Plan states that 'The NHS is leading by example in sustainable development and reducing use of natural resource in line with government commitment' and 'progress in reducing waste, water and carbon will be delivered by ensuring all trusts adhere to best practice efficiency standards and adoption of new innovations. Key to this will be delivering improvements, including reductions in single use plastics, throughout the NHS supply chain'.

It is accepted that the carbon emissions by the specialist and mental health providers are small in comparison to the acute and primary care sectors, however, all NHS organisations have a duty to reduce their own emissions to net zero, by 2040 for care delivery, with 80% of the planned reductions expected by no later than 2032, and by 2045 for the wider health system.

An extract of the NHS Operational Planning and Contracting Guidance 2020/21, at appendix B, commits the NHS to developing a plan to reach Net Zero carbon as part of the 'For a Greener NHS' programme, setting out guidance for NHS organisations to develop a 'Green Plan'. The key requirements of a green plan are:

- Reduce carbon, waste and water;
- Improve air quality;
- Reduce the use of avoidable single use plastics;
- Adapt to a range of scenarios to prepare for future climates; and
- Reported annually to Board and stakeholders.

Whilst the usual planning process for 2020/21 was not followed due to the impact of the COVID-19 pandemic, it is expected that any delay in progressing this agenda is temporary. Appendix C is an extract of the NHS Standard Service Contract 18 draft wording 2020/21 outlining the intention to continue to strengthen the requirements in the Contract on green issues, in line with commitments set out in Delivering a 'Net Zero' National Health Service. Proposed changes to service condition 18 for 2021/22 include:

- identifying a board-level officer accountable for actions to deliver on 'Net Zero' commitments;
- ensuring all electricity purchased is from certified renewable sources; and
- stronger targets focused on the reduction of harmful greenhouse gases and air pollution.

Since April 2020 a growing number of NHS organisations have declared 'climate emergencies', along with local authorities and government departments and non-governmental department bodies to publicly acknowledge and declare the severity of the impact of climate change, the current situation and commitments to 'Net Zero' carbon targets by 2040 (the current legal requirement). Some larger Trusts are now announcing a faster timeline of delivery of the Net Zero agenda. The impact of climate change and sustainability is more commonly appearing on Trust Board Assurance Frameworks and Corporate Risk Registers.



In further support the emerging importance of the environmental agenda the Black Country and West Birmingham STP have created an active Sustainability Network with leads from each partner organisation to support delivery of the Green Plans by collaborative working and sharing of resources.

3. Ambitions for 2021/22

To recognise the importance of the sustainability and environmental impact and to support the development of a three-year Green Plan by March 2022 the Trust recognises it must embrace and embed the sustainability agenda and to this end has outlined a number of ambitions to support integrated approach to the Net Zero NHS programme.

The Green Plan 2022 to 2025 will be developed and approved by the Board setting out actions to support a statement based on the eight areas for action, outline ambitions are detailed below:

Net Zero NHS Programme Ambitions against the Eight Areas for Action		Ambitions for DIHC in supporting Net Zero NHS for 2021/22
Innovation and Transformation	Net Zero to be included in the NHS Research Strategy.	Development of a Sustainability Impact Assessment (SIAs) for Policies and Procedures by Trust Secretary as Interim Sustainability Lead.
	Rapidly embed sustainability into the decision-making processes of all innovation programmes.	Capturing actions arising from the SIAs for the Green Plan 2022 to 2025 with Director of Operations, Strategy and Partnerships. Working with our STP partners to ensure a co-ordinated response to the impact of climate change.
Governance	NHSE/I to improve their staff understanding of links between climate change and climate change, via their induction.	Clear governance structure with Trust Secretary as Interim Sustainability Lead and Non-Executive Director Sustainability Lead.
	Sustainable healthcare to be introduced into the curricula for all health professionals. NHS Confederation to develop training for non-executive directors.	Quarterly reports on progress towards the delivery of Green Plan to Board and on embedding sustainability and environmental considerations within the activities and culture. Commitment to deliver a three year Green Plan for end-March



Net Zero NHS Programme Ambitions against the Eight Areas for Action		Ambitions for DIHC in supporting Net Zero NHS for 2021/22
	Net zero and sustainable development to be incorporated into the NHS Constitution and contract requirements.	2022 supported by reporting and monitoring processes. Further development of the Sustainability Ambitions with Senior Leadership buy-in and a number of ambitions and actions to develop, awareness and ensure sustainability and environmental considerations are taken into account in processes design and decision-making activities.
Adaption and culture	Building resilience and adaptation into the net zero agenda, taking into account the forthcoming Health and Social Care Sector Climate Change Adaptation Report.	Will be embedded in the delivery of the Green Plan 2022 to 2025. Recognition of the impact of climate change, increase of extreme weather events and impact on physical and mental health, including well-being and infrastructure.
Models of Care	Evaluate carbon reduction when considering new models of care to meet Long Term Plan requirements. Reduce waste in the system. Focus on prevention, health inequalities, population health, digitally enabled care and empowering patients.	Principles to be embedded in the delivery of the Green Plan 2022 to 2025. Supported by Medical Director and Director of Nursing, Allied Health Professionals (AHPs) and Quality. A key part of the sustainability agenda is the development of sustainable models of care. This includes initiatives to deliver care closer to home, preventing admission or attendance at hospital, maximising the use of health centres or similar facilities to reduce travel and maximising the use of digital technologies.
Transport and Travel	The NHS accounts for 3.5% of all road travel in England. Cut business mileages and NHS fleet air pollutant	Green Travel Plan to be developed to promote reduced vehicle use and electric charge points at buildings supported by an installation programme.



Net Zero NHS Programme Ambitions against the Eight Areas for Action		Ambitions for DIHC in supporting Net Zero NHS for 2021/22
	<p>emissions by 20% by 2024.</p> <p>Transition to zero emissions fleet by 2032.</p>	<p>If applicable, fleet vehicles leased or purchased are low or ultra-low emissions (ULEV) in line with the LTP Commitments.</p> <p>End business travel reimbursement for any domestic flights within England, Wales and Scotland.</p>
Heating and Lighting	<p>Upgrade retained estate to reduce emissions and deliver 100% LED lighting.</p> <p>Real time energy monitoring and control systems.</p> <p>Increase on-site renewable energy and heat generation.</p> <p>Net zero carbon capital planning tool & other supporting strategies to be developed.</p>	<p>Will be embedded in the delivery of the Green Plan 2022 to 2025.</p> <p>Supported by Director of Finance, Performance and Digital on any available funding to secure external energy audits and support for bid funding when funds become available.</p> <p>Move to purchasing 100% renewable electricity from their energy suppliers by April 2022.</p> <p>Replace lighting with LED alternatives during routine maintenance activities.</p>
Medicines and Supply Chain	<p>Work with suppliers to deliver net zero emissions.</p>	<p>Reduce paper use.</p> <p>Deliver the NHS Plastic Reduction Pledge of no longer purchase single-use plastic straws and stirrers (April 2020), cutlery, plates or single use cups (April 2021) and after April 2022 as part of the Green Plan for 2022 to 2025 reflect on wider single use plastic food, containers and plastic cups including covers and lids.</p>
New builds and Refurbishment Projects	<p>Apply Net Zero Carbon Standard to 40 new hospitals.</p>	<p>Not applicable but where appropriate environmental implications should be captured through the Estates Strategy with the Director of Operations, Strategy and Partnership.</p>



Net Zero NHS Programme Ambitions against the Eight Areas for Action		Ambitions for DIHC in supporting Net Zero NHS for 2021/22
		Any new builds or refurbishment projects are delivered to net zero carbon standards.

4. Annual Report and Accounts Reporting for 2020/21

A simplified Annual Report and Accounts for 2020/21 has been proposed, including omitting a detailed performance analysis. However, building on the reporting of the legacy services within the 2018/19 and 2019/20 Annual Reports, some analysis can be undertaken to summarise progress in respect of environmental sustainability during 2020/21.

Previous reporting of environmental aspirations included aspiring to the BREEAM excellent standard, an independent certification process of a properties environmental, social and economic sustainability performance, using internationally recognised standards and the use of latest guidance on the use of sustainable materials in all capital schemes, including using LED light fittings and upgrading a Building Management System to all premises.

Data from the Estates Return Information Collection (ERIC), a mandatory collection for all NHS trusts, comprising information relating to the costs of providing and maintaining the NHS Estate including buildings, maintaining and equipping hospitals, the provision of services and the costs and consumption of utilities, including green energy consumption. By using the ERIC returns, which report green energy tariff electricity as a % of total electricity consumed and energy consumption per m2 (kWh / m2) this can present a baseline picture for 2021/22 for development of the Green Plan targets.

This work will help the development of a 'baseline' for DIHC for 2021/22 and aide reporting of environmental information within future annual reports and for target setting within the Green Plan.

5. Delivery of a three-year Green Plan for 2022 to 2025

Support the delivery of the three-year Green Plan by communicating the Sustainability Ambitions for 2021/22.

Support the proposed governance arrangements including the continued engagement with the STP wide Sustainability Group as well as quarterly reporting on progress to the Board.

Collection of information and data collected following the completion of the Sustainability Impact Assessments and supported by the wider engagement on Green



Plan Development plan during Q2 August 2021 will support the emerging environmental agenda within DIHC in readiness for developing the Green Plan.

6. Equality Impact Assessment

DIHC is committed to ensuring that the way we provide services and the way we recruit and treat staff reflects individual needs, promotes equality and does not discriminate unfairly against any particular individual or group. The Equality Impact Assessment for this policy has been completed and is readily available upon request. If you require this policy in a different format e.g. larger print, Braille, different languages or audio tape, please contact the HR Team or the Equality and Diversity lead.

7. Sustainability Impact Assessment

DIHC is committed to ensuring that the way we provide services is responsible and minimises the impact on the environment e.g. zero waste to landfill, recycling and reuse percentages, commuting and starts to support the reporting of the Trust's annual carbon footprint and progress against Climate Change Act and NHS targets, and on progress against the Green Government Commitments and carbon reduction targets where applicable.

8. Data Protection and Freedom of Information

This statement reflects legal requirements incorporated within the Data Protection Act and Freedom of Information Act that apply to staff who work within the public sector. All staff have a responsibility to ensure that they do not disclose information about the Trust's activities in respect of service users in its care to unauthorised individuals. This responsibility applies whether you are currently employed or after your employment ends and in certain aspects of your personal life e.g. use of social networking sites etc. The Trust seeks to ensure a high level of transparency in all its business activities but reserves the right not to disclose information where relevant legislation applies.

Appendix A

Sustainability Impact Assessment for Policy and Procedures

Policy Details

Policy Name	
Policy Author	
New / Revised Policy	
Name of Person completing Sustainability Impact Assessment	

Sustainability Impact Assessment

Has the Sustainability Impact Assessment review questions been completed?	Yes / No
Has the policy had an impact on travel, including 'care miles'?	Yes / No
If so has any quantified health outcomes via the Health Outcomes of Travel Tool (HOTT) been completed?	Yes / No https://www.sduhealth.org.uk/delivery/measure/health-outcomes-travel-tool.aspx
Outline the provider based data outcomes from the HOTT	
Submit information to the Sustainability Lead	Yes / No

Approval of Sustainability Impact Assessment

Approved by:	
Sustainability Lead / Trust Secretary:	
Date of Approval:	

Domain	Review questions	Assessment of Impact Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Models of Care	<p>Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?</p> <p>Will it create incentives to promote prevention, healthy behaviours, mental wellbeing, living independently and self-management?</p> <p>Will it provide evidence-based, personalised care that achieves the best possible health and well-being outcomes with the resources available?</p> <p>Will it reduce avoidable hospital admissions or permanent admissions to residential care or nursing homes?</p> <p>Will it pay for services based on health outcomes rather than activity for example through personal budgets?</p> <p>Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/clinical-and-care-models.aspx</p>	Choose an item.		
Travel	<p>Will it reduce 'care miles' (telecare, care closer) to home?</p> <p>Will it reduce repeat appointments?</p> <p>Will it provide / improve / promote alternatives to car based transport (e.g. public transport, walking and cycling)?</p> <p>Will it support more efficient use of cars (car sharing, low emission vehicles, community transport, environmentally friendly fuels and technologies)?</p> <p>Will it improve access to services and facilities for vulnerable or disadvantaged groups or individuals?</p> <p>Have you quantified the health outcomes via the HOTT (Health Outcomes of Travel Tool)</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/travel.aspx and https://www.sduhealth.org.uk/delivery/measure/health-outcomes-travel-tool.aspx</p>	Choose an item.		
Procurement	<p>Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery in line with the Public Services (Social Value) Act 2012?</p> <p>Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?</p> <p>Will it reduce waste, environmental hazards and toxic materials for example by reducing PVC, antibiotic use, air pollution, noise, mining and deforestation?</p> <p>Will it reduce use of natural resources such as raw materials, embedded water, and energy to promote a circular economy?</p> <p>Will it support the local economy through local suppliers, SMEs or engage with third sector or community groups?</p>	Choose an item.		

	Will it promote ethical purchasing of goods or services e.g. increasing transparency of modern slavery in the supply chain globally? More info: http://www.sduhealth.org.uk/areas-of-focus/commissioning-and-procurement/procurement.aspx			
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/waste.aspx Will it reduce water consumption? Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)? Will it improve green space and access to green space? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/energy.aspx	Choose an item.		
Workforce	Will it provide employment opportunities for local people? Will it promote or support equal employment opportunities? Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)? Will it offer employment opportunities to disadvantaged groups and pay above living wage? More info: http://www.sduhealth.org.uk/areas-of-focus/social-value.aspx	Choose an item.		
Community Engagement	Will it promote health, increase community resilience, social cohesion, reduce social isolation and support sustainable development? Will it reduce inequalities in health and access to services? Will it increase participation including patients, the public, health professionals and elected officials to contribute to decision making? Have you sought the views of our communities in relation to the impact on sustainable development for this activity? Will it increase peer-support mechanisms? More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience.aspx	Choose an item.		
Adaptation to Climate Change	Will it support mitigation of the likely effects of climate change (e.g. identifying proactive and community support for vulnerable groups; contingency planning for flood, heatwave and other weather extremes)? More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience/community-resilience-copy.aspx	Choose an item.		
Estimated carbon benefit	What is the estimated carbon benefit (in terms of tCO ₂ e) from the implementation of this project? As opposed to the current business as usual position. Speak with your sustainability manager and see the following guidance: More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/pharmaceuticals/cspm/sustainable-care-pathways-guidance.aspx			

Appendix B

Extract from NHS Operational Planning Guidance 2020/21

It is estimated that up to 40,000 people die prematurely every year linked to poor air quality. The NHS Long Term Plan seeks to reduce the impact the NHS has on the environment by reducing its carbon footprint, reducing the use of avoidable single use plastics, and working with partners, including local government, to tackle local air pollution.

During 2020 the NHS will develop a plan to reach Net Zero carbon as part of the 'For a Greener NHS' programme.

Whilst many already do, in the meantime all systems should have a Green Plan (also known as the Sustainable Development Management Plan or SDMP) and a plan to deliver the sustainable development related NHS Long Term Plan commitments.

Deliverables for sustainable development include:

- Cut business mileages and NHS fleet air pollutant emissions by 20% by 2023/24. In 2020/21 organisations should:
 - Consider signing up for a free Green Fleet Review which can be booked via this link. Reduce air pollution from fleet vehicles, by ensuring all fleet vehicles purchased or leased by the organisation after 1 April 2020 support the transition to low and ultra-low emission (ULEV) in line with Long Term Plan Commitments.
 - Using the Sustainable Development Unit's Health Outcomes of Travel Tool (HOTT) can help organisations to measure the impact their travel and transport has in environmental, financial and health terms.
 - Ensure that any car leasing schemes restrict the availability of high emission vehicles.
 - End business travel reimbursement for any domestic flights within England, Wales and Scotland.
- All NHS organisations should move to purchasing 100% renewable electricity from their energy suppliers by April 2021.
- Providers should replace lighting with LED alternatives during routine maintenance activities.
- All NHS organisations must ensure all new builds and refurbishment projects are delivered to net zero carbon standards.
- All organisations are expected to implement the Estates and Facilities Management Stretch programme which will be published by NHS England and NHS Improvement in 2020. This will set out key activity's organisations can take to reduce the environmental impact of their estates.
- Reduce the use of single use plastics in the NHS, beginning by signing up to and delivering the NHS Plastics Pledge which commits organisations to phase out avoidable single-use plastic items.
- Reduce the carbon impact of Metered Dose Inhalers in line with long term plan commitments, including by:

- Decreasing the percentage of inhaler prescriptions that are for Metered Dose Inhalers where clinically appropriate.
 - Reducing the overall carbon impact of all inhalers dispensed at pharmacy, encouraging patients to return spent devices for green disposal in pharmacy medicines waste.
- Reduce the carbon footprint associated with anaesthetic gases in line with long term plan commitments by:
 - Appropriately reducing the proportion of desflurane to sevoflurane used in surgery to less than 20% by volume, and
 - local systems and providers assessing the potential to reduce unnecessary emissions of nitrous oxide to atmosphere.

Appendix C

Extract from NHS Standard Contract 2020/21 – Service Contract 18

SC18 Sustainable Development

18.1 In performing its obligations under this Contract the Provider must take all reasonable steps to minimise its adverse impact on the environment.

18.2 The Provider must maintain and deliver a Green Plan, approved by its Governing Body, in accordance with Green Plan Guidance and must provide an annual summary of progress on delivery of that plan to the Co-ordinating Commissioner.

18.3 Within its Green Plan the Provider must quantify its environmental impacts and publish in its annual report quantitative progress data, covering as a minimum greenhouse gas emission in tonnes, emissions reduction projections and the way in which those projections will be achieved.

18.4 As part of its Green Plan the Provider must have in place clear, detailed plans as to how it will contribute towards a 'Green NHS' with regard to NHS Long Term Plan commitments in relation to:

18.4.1 Air pollution, and specifically how it will, by no later than 31 March 2021:

18.4.1.1 Take action to reduce air pollution from fleet vehicles, transitioning as quickly as reasonably practicable to the exclusive use of low and ultra-low emission vehicles;

18.4.1.2 Take action to phase out oil and coal for primary heating and replace them with less polluting alternatives;

18.4.1.3 Develop and operate expenses policies for Staff which promote sustainable travel choices; and

18.4.1.4 Ensure that any car leasing schemes restrict high-emission vehicles;

18.4.2 Climate change, and specifically how it will, by no later than 31 March 2021, take action:

18.4.2.1 To reduce greenhouse gas emissions from the Provider's Premises in line with targets under the Climate Change Act 2008;

18.4.2.2 In accordance with Good Practice, to reduce the impacts from the use, or atmospheric release, of environmentally damaging fluorinated gases used as anaesthetic agents and as propellants in inhalers, including by appropriately reducing the proportion of desflurane to sevoflurane used in

surgery to less than 20% by volume, through clinically appropriate prescribing of lower greenhouse gas emitting inhalers, and the appropriate disposal of inhalers; and

18.4.2.3 To adapt the Provider's Premises and the manner in which Services are delivered to mitigate risks associated with climate change and severe weather;

18.4.3 Single use plastic products and waste, and specifically how it will with effect from 1 April 2020 cease use at the Provider's Premises of single use plastic straws and stirrers unless there is clinical need to do so for medical purposes, as would be permitted by the draft Environmental Protection (Plastic Straws, Cotton Buds and Stirrers) (England) Regulations 2020, if enacted, and by no later than 31 March 2021 take action:

18.4.3.1 To reduce waste and water usage through best practice efficiency standards and adoption of new innovations; and

18.4.3.2 To reduce avoidable use of single use plastic products, including by signing up to and observing the Plastics Pledge;

18.4.3.3 So far as clinically appropriate, to cease use at the Provider's Premises of single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo-degradable plastics;

18.4.3.4 To reduce the use at the Provider's Premises of single-use plastic food and beverage containers, cups, covers and lids;

18.4.4. To make provision with a view to maximizing the rate of return of walking aids for re-use or recycling, and must implement those plans diligently.

18.5 The Provider must, in performing its obligations under this Contract, give due regard to the potential to secure wider social, economic and environmental benefits for the local community and population in its purchase and specification of products and services, and must discuss and seek to agree with the Co-ordinating Commissioner, and review on an annual basis, which impacts it will prioritise for action.

Appendix D

Drivers for Sustainable Development – Extract from Environmental Due Diligence *Paul Sharkey, Finance Manager, DIHC and DCCG*

Legislative

EU Directive on Public Procurement 2016 and European Commission's Public Procurement Strategy 2017	Includes positive drivers for sustainable development
Paris Agreement under the UNFCCC 2015 (UK ratified 2016)	International agreement to limit the global temperature rise this century to 2 degrees Celsius and aspiring to a limit of 1.5 degrees
Public Services (Social Value) Act 2012	Requires commissioners to consider economic, social and environmental benefits in the procurement of goods and services on a value for money basis
Climate Change Act 2008	Legally binding framework to reduce carbon emissions (80% CO ₂ e by 2050 1990 baseline) and to mitigate and adapt to climate change
Sustainable Communities Act 2007	Enables local people to ask for the removal of legislative and other barriers that prevent them from improving the economic, social and environmental well-being of their area
Aarhus Convention on Access to Information, Public Participation in Decision-Making and Access to Justice in Environmental Matters 1998 (UK ratified 2005)	Parties are required to make necessary provisions such that public authorities will contribute to the public rights established in the convention
Civil Contingencies Act 2004	Requires certain organisations to prepare for adverse events and incidents (e.g. extreme weather events and their impact upon health and healthcare delivery)
Local Government Act 2000	Gives Local Government a responsibility for the economic, social and environmental well-being of their

	area and requires them to contribute to sustainable development in the UK
Convention on Biological Diversity 1992 (UK ratified 1994)	States have a responsibility to ensure that their activities with regard to exploiting their own resources do not cause damage to other states or areas
Environmental Protection Act 1990	Brings together regulation of air, water and land pollution imposing a broad duty of care on importers, producers, carriers, keepers and disposers of controlled waste
Montreal Protocol on Substances that Deplete the Ozone Layer 1987 (UK ratified 1988)	International Treaty designed to protect the ozone layer by phasing out production of numerous substances
Vienna Convention for the Protection of the Ozone Layer 1985 (UK ratified 1987)	Framework for international efforts to protect the Ozone Layer ratified by all 197 states
Convention on Long-Range Transboundary Air Pollution (LRTAP) 1979 (UK ratified 1982)	Parties will limit and (as far as possible) gradually reduce and prevent air pollution, including long-range, trans-boundary pollution

NHS Requirements and Guidance

NHS Constitution	Principle 6 states 'The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources'
NHS Standard Contract	Service Condition 18 covers sustainable development, specifically; minimising adverse environmental impacts (18.1), maintaining a Sustainable Development Management Plan and demonstrating and providing a summary of progress in its annual report (18.2) and giving regard to the impact of its expenditure on the community over and above the direct purchase of goods and services

Department of Health and Social Care Group Accounting Manual	Section 3.17 sets out the minimum performance reporting requirements to be included in the annual report and accounts regarding the impact of the CCG's business on the environment
Public Health Outcomes Framework	The Health Protection and Resilience domain within the framework contains the indicator 'Public sector organisations with a board-approved Sustainable Development Management Plan'
NHS Long Term Plan 2019	Specific commitments on sustainability including the carbon targets in the Climate Change Act 2008, targets to improve air quality and assurances with respect to waste and water. It identified the NHS as an 'anchor institution'
Five Year Forward View 2015 and 5YFV: Next Steps 2017	A key inclusion in the 5YFV was a footnote stating that STPs and ICSs must assess their contribution to local environmental, economic and social wellbeing
Health Sector Report on Adaptation for 2015	SDU with support from NHSE and PHE nominated as reporting authority for health sector under provisions in Climate Change Act 2008
National Institute for Clinical Excellence (NICE) Physical Activity; walking and cycling 2012	Public Health Guidance 41 addresses local measures to promote walking and cycling as forms of travel and recreation
Marmot Review 2010; Fair Society, Healthy Lives	Independent review regarding health inequalities in England. The proposals align with the objectives of the Sustainable Development Strategy
NHS Carbon Reduction Strategy 2009	Set out an ambition for the NHS to help drive change towards a low carbon society
Health and Social Care Carbon Footprint	https://www.sduhealth.org.uk/policy-strategy/reporting.aspx

NHS Marginal Abatement Cost Curves	Developed by the NHS in England demonstrate significant cost savings through initiatives to reduce carbon emissions
------------------------------------	---

General UK Requirements and Guidance

HM Treasury Sustainability Reporting Framework	Mandates companies and public bodies to disclose their sustainability and environmental performance
Emissions reduction pledge 2020: emissions reporting in public and higher education sectors, BEIS 2018	Target to reduce energy and water greenhouse gas emissions across these sectors by 30% between 2020 and 2021 compared to the 2009 to 2010 baseline
National Planning Policy Framework 2018	Sets out the Government's planning policies for England with a specific section on Promoting Healthy Communities
Clean Growth Strategy, BEIS 2018	Addresses growing the national income while cutting greenhouse gas emissions and it has specific policies and proposals for the health sector
Road to Zero, DfT 2018	Strategy to move towards zero emission vehicles within the UK
The National Adaptation Programme 2013; Making the country resilient to the changing climate	Sets out the actions government and others will take to adapt to the challenges of climate change in the UK
Department of Environment, Food and Rural Affairs (DEFRA) The Economics of Climate Resilience 2013	Assessed the UK's capacity to adapt to the future challenges of climate change and the degree to which adaptation action is already being implemented
Strategy for exercising the Adaptation Reporting Power 2013	Requests organisations to report on current and future impacts of climate change, proposals and policies for adapting to climate change and progress on implementing previous plans

Health Protection Agency (HPA) Health Effects of Climate Change 2012	Provides evidence of the risks to public health from climate change in the UK
The Stern Review 2006; The Economics of Climate Change	Assessed the economic costs of climate change and concluded the benefits of strong and early action far outweigh not acting
National Adaptation Programme	Sets out what government, businesses and society are doing to become more climate ready. Health and resilient communities has its own chapter
Department of Environment, Food and Rural Affairs (DEFRA) 25 Year Plan	Chapter 3 is dedicated to connecting people to the natural environment
Sustainable procurement: Government Buying Standards	Product specifications that enable public authorities to develop tenders which procure sustainably
National Infrastructure Assessment	6 key recommendations for buildings and infrastructure including low carbon/renewable energy and reducing waste
Carbon Reduction Commitment (CRC)	Mandated energy efficiency scheme (with penalties for compliance failure) for organisations exceeding a minimum electricity consumption

International Guidance

World Health Organisation (WHO) Health 2020; European Policy for Health and Wellbeing	Aims to support action to 'significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality'
United Nations (UN) Sustainable Development Goals (SDG's) 2016	17 goals providing a framework for action by 2030
Intergovernmental Panel on Climate Change (IPCC) AR5 2013	Key IPCC action in the preparation of a comprehensive report on scientific,

	technical and socio-economic knowledge in relation to climate change
United Nations Framework Convention on Climate Change (UNFCCC) 1992	Treaty aiming to protect the climate system by stabilising greenhouse gas concentrations in the atmosphere at a level that prevents dangerous anthropogenic interference with the climate system
Kyoto Protocol	Treaty extending and implementing the UNFCCC by listing 6 greenhouse gases to be reduced in the atmosphere and setting a series of binding commitments up to 2012 based upon 1990 levels

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Primary Care Integration Committee – Development Session

Date of meeting: 20th January 2021

Presented By: Dr George Solomon, Non-Executive Director

Significant risks/issues for escalation

- None identified

Key issues/matters discussed at the Committee

- The Committee held a development session on the 20th January 2021 to focus on the development of full integration.
- The development of a full integration 'offer' is a key strategic aim for the Trust, and is a key priority as part of the Committee work plan for 2021-22.
- The development session of the Committee was extended to include all members of the Trust Board and the Black Country and West Birmingham CCG Director of Primary Care.
- The development session was facilitated in part by the Strategy Unit of the Midlands and Lancashire Commissioning Support Unit (CSU)
- The session was organised around three case study examples of General Practices that were considering full integration
- Each case study presented a different set of issues intended to inform key issues that would need to be addressed as part of the Trust's 'offer'
- The development of a full integration 'offer' is a complex task – it is inter dependent with the development of strategies and plans for workforce and estates.
- The Committee identified that that full integration requires the Trust to operate in a way that has not previously been done the in the NHS.
- The Committee identified that the Trust will require commercial skills and expertise in the 'acquisition' of General Practices.

Decisions made by the Committee

- The Committee agreed that a project group would be established to develop the full integration 'offer'.
- The project group will be led by Executive Director with Non-Executive Director and CCG Director as members, along with GP input from Associate Medical Director and GP Clinical Leads.

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

○ None identified

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

○ None identified

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Transaction Committee

Date of meeting: 14th January 2021 (via Microsoft Teams)

Significant risks/issues for escalation

None identified

Key issues/matters discussed at the Committee

- The committee reviewed the Board Assurance Framework and the transaction risk register and discussed the delay to the award of the ICP contract to DIHC as a result of the ongoing assurance processes. It was agreed to update the framework and amend the risk register accordingly in light of this. The risk register will be reviewed in advance of the next Transaction Committee on 9th February 2021.
- The committee received an update on recent dialogue with NHSI colleagues, the informal feedback following submission of the business case and the need to continue with appropriate assurance processes. The committee were informed that DIHC executives would be participating in system discussions imminently to agree next steps on the development of DIHC and the integrated care model for the Dudley system. Formal feedback is awaited from NHSI which will assist in guiding these discussions.
- The committee received an update on the continuation of the service level agreement with Black Country Healthcare NHS Foundation Trust for support and services to DIHC from 1st April 2021. These discussions will be beginning in earnest over imminent weeks and Transaction Committee will be kept informed of progress. The support services will be in two forms; firstly in the form of a long term arrangement for back office support to create efficiencies in the system, and secondly in the form of additional support required whilst DIHC substantively appoints to its corporate structure.
- The committee received an update on the planned transfers of staff and services from Dudley Group NHS Foundation Trust (DGFT), Black Country Healthcare NHS Foundation Trust (BCH) and Shropshire Community Healthcare NHS Trust. The committee acknowledged that whilst the transfers from DGFT and BCH would be delayed as consequence of the ongoing transaction assurance processes, there was agreement between DIHC, Dudley CCG and Dudley Metropolitan Borough Council to continue with plans to progress the transfer of the school nursing service from Shropshire Community Healthcare NHS Trust on 1st April 2021.
- The committee noted the progress of the ICP Contract Joint Mobilisation Group which has been focussed on population of the ICP contract and associated

	<p>schedules which is expected to be completed by the end of January 2021.</p> <ul style="list-style-type: none"> • The committee received an update on the recent review of the full business case, the Post Transaction Integration Plan and associated project plans. The committee were presented with a summary of work completed and priorities for completion by the end of February and the end of the financial year.
Decisions made by the Committee	<ul style="list-style-type: none"> • None
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	<p>This will be reviewed as part of the updates to the Transaction Committee risk register.</p>
Items/Issues for referral to other Committees	<p>None identified</p>

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST PUBLIC BOARD

TITLE OF REPORT:	Integrated Governance Development update
PURPOSE OF REPORT:	This report highlights some of the key developments to date and planned work over the coming months, together with an indication of the level of progress made versus plan
AUTHOR OF REPORT:	Jim Young – Head of Quality & Governance Elaine Doyle – Programme Manager Nicola Dawe – Interim Governance Manager
DATE OF MEETING:	2 nd February 2021
KEY POINTS:	<ul style="list-style-type: none"> • Since April 1st 2020, the Trust has committed to continuously developing and improving its governance arrangements • Crucially, there is a clear aim to create a holistic, integrated approach to governance across both the overarching corporate governance arrangement as well as the detailed clinical governance arrangements that support each of our services • Work is progressing well in most areas; where there have been delays these are now being targeted and visible progress being made
RECOMMENDATION:	<ul style="list-style-type: none"> • That the report is received by the Board for assurance
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>

Integrated Governance Development update

1. Background

- Since April 1st 2020, the Trust has committed to continuously developing and improving its governance arrangements.
- Crucially, there is a clear aim to create a holistic, integrated approach to governance across both the overarching corporate governance arrangement as well as the detailed clinical governance arrangements that support each of our services
- This document highlights some of the key developments to date and planned work over the coming months, together with an indication of the level of progress made versus plan

2. Current areas of Development

2.1. Board Assurance Framework & Risk Management	Complete
<ul style="list-style-type: none"> • BAF and Risk Management Strategy approved • Strategic & Corporate risks have now been aligned • Reporting is now established as business as usual 	

2.2. Reporting & Assurance / BI development	In progress								
<ul style="list-style-type: none"> • Previously separate projects now being re-scoped to ensure clear alignment between corporate and clinical governance arrangements • First Integrated Performance report presented at January Public Board • Monthly service-level assurance reporting established • Comprehensive set of KPIs identified and data quality review nearly completed • Ongoing 'business as usual' BI development now clearly aligned with wider developmental work to provide clearer roadmap of development <p>Future BI function being defined; system and resources</p> <p>Key dates:</p> <table border="1"> <tr> <td>Early Feb 21</td><td>Define future BI function</td></tr> <tr> <td>End Feb 21</td><td>Interim BAU BI systems completed</td></tr> <tr> <td>End Feb 21</td><td>Agreed plan for implementation</td></tr> <tr> <td>End Mar – end June</td><td>Implementation of full BI function</td></tr> </table>		Early Feb 21	Define future BI function	End Feb 21	Interim BAU BI systems completed	End Feb 21	Agreed plan for implementation	End Mar – end June	Implementation of full BI function
Early Feb 21	Define future BI function								
End Feb 21	Interim BAU BI systems completed								
End Feb 21	Agreed plan for implementation								
End Mar – end June	Implementation of full BI function								

2.3. Integrated Governance Framework

In progress

- Board seminar undertaken 25/01/21 to walk through key elements of work
- Executive Committee now established
- Trust Management Board agreed to formally commence from February 2021
- Good progress now being made regarding Sustainability / 'Net Zero' NHS
- Three areas of focus currently – further detail provided below:
 - Board and Committee Effectiveness Review Work
 - Annual Governance Statement
 - Annual Report and Accounts

Board and Committee Effectiveness Review Work

It is a requirement of the NHS guidance and the UK Code that the Board and its supporting committees undergo a self-assessment of performance, 'including the balance of skills, experience, independence and knowledge of the organisation on the board, its diversity, including gender, how the board works together as a unit, and other factors relevant to its effectiveness'. Whilst the self-assessment is primarily for us to facilitate continuous improvement this process does support the regulatory assessments by CQC for development reviews. It is planned that the Board will undertake its own feedback including reviewing the terms of reference, cycles of business and the results of Committee self-assessments in against the checklists in March 2021.

As part of this process the Terms of Reference and Cycle of Business of the committees will have been reviewed against current guidance, legislation and regulatory frameworks and benchmarked with outstanding well led specialist and integrated providers.

Key dates:

Feb / Mar 2021	Board Development sessions for review and future development proposals; to ensure all committee developments are co-ordinated.
Q1 2021/22	Effectiveness review for the Primary Care Integration Committee; to support the current work plan and development programme.

Annual Governance Statement

The annual governance statement (AGS) is a backwards-looking statement that captures information on risk management and internal control, and includes some specific requirements on quality governance. Formal guidance from DHSC is still to be issued for 2020/21, however, expectations are that yearly amendments are nominal and work can begin on the known requirements based on 2019/20 guidance.

Key dates:

Feb 2021	Initiate work
April 2021	Reporting to board as part of compliance work; assurance will be taken from the Audit and Risk Committee, Internal Audit reviews and Head of Internal Audit Opinion.

Annual Report and Accounts

The 2020/21 Annual Report and Accounts Timetable and Year End Arrangements Letter was issued on 15th January 2021 and an Annual report and Account Project working group is being set up for February 2021. Input from HR, Comms and wider colleagues

and the Executive Team will be sought at all stages and progress reported through the Executive Committee and to Audit and Risk Committee. As with last year a simplified annual report is being produced.

We have successfully applied for the extended year end accounts timetable, upon advice from our Auditors. This was due to a material change for the Trust at the beginning of the financial year with the transfer of most of our services to Black Country Healthcare NHS Foundation Trust (previous Black Country Partnership NHS Foundation Trust). The Trust has been repurposed during the year in order to provide integrated Primary and Community health care services and as part of this development the Trust also expanded its range of services on the 1st October 2020. Our auditors have also indicated that an extension is warranted due to the impacts of remote working, changes to the NAO, and auditing standards. The extended submission timetable is summarised below.

Key dates:

27 April 2021	Agreement of balances only.
3 May - 11 May 2021	Full PFR submission with draft accounts.
11 May 2021	Agreement of balances only.
By 29 June 2021	Full audited submission.

2.4. Supporting work / enablers

In progress

- **Three key areas of focus**
 - Implementation of Datix
 - Development of policies
 - Development of other clinical governance arrangements

Implementation of Datix

RLDatix has been chosen to provide the system for the Trust to manage:

- Incidents
- Complaints & service user feedback
- Risk

Work is on track and progressing well on the configuration of the system and initial training of system administrators starts in early February.

Representatives from other organisations whose services are planned or likely to transfer to DIHC in the future have engaged well and helped to design the system.

Key dates:

Early Feb 21	Administrator training
End Feb 21	Completion of User Acceptance Testing
Early March 21	Training of staff
March 21	Go live; will be phased based on different staff groups

Policy Development

All Trust policies are currently undergoing a process of review and revision; policies have been prioritised for review based on factors such as scheduled review date and support to current clinical services.

HR policies are subject to a different process due to the wider harmonisation programme following previous transfer of staff under TUPE but this is now aligned with other corporate policy review.

This work has been slower to progress than was originally planned but is now getting back on track through a number of actions including:

- A fortnightly Policy & Procedures Development Group has now been established to accelerate to review process
- A new Trust format for policies has now been defined
- Additional resource has been identified to undertake some rapid assessments of policies to ensure they remain fit for purpose
- Engagement continues with future service transfer representatives to identify best practice and incorporate their requirements in current round of policy review

Key dates:

End Feb 21	'Priority 1' policies revised
End Feb 21	Rapid assessment of all policies completed
End March 21	'Priority 2' policies revised
Apr – Jun 21	Scheduled review of remaining policies

Other Clinical Governance

Work continues to develop existing systems to ensure that they remain fit for purpose for all services that are now within the remit of the Trust; these include safety alert management, safeguarding and clinical audit management.

Changes will only be made where there is a tangible benefit to do so otherwise existing systems and processes will be continued; where this requires data to be collated from different sources for reporting purpose this is being picked up through the BI development work described above.

Discussions are ongoing to explore opportunities to further utilise Datix functionality where appropriate; demonstrations of other modules have been arranged and contact has been made with other Trusts who have implemented more novel uses of existing functionality to identify some quick-wins

N365-based solutions continue to be explored - limited expertise / resources available for development remain a challenge but progress is now being made with regards to identifying practical solutions.

Key dates:

End Feb 21	Agreed Datix vs N365 solutions where required
March 21	Develop & implement revised systems

Progress key:

Complete	On hold	On track	Behind plan; actions identified to rectify	Behind plan; no clear plans to rectify
----------	---------	----------	--	--

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
AfC	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.
AGS	Annual Governance Statement	Outlines the system of internal control in place in at DIHC
AGPs	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.
AHP	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
AHSN	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.
ALSI	Advanced Life Support Instructor	To instruct healthcare professionals who would be expected to apply the skills taught as part of their clinical duties.
AMHP	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.
ANP	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.
AOP	Annual Operating Plan	Sets out DIHC key priorities for the coming year.

Acronym	Term	Meaning / explanation
APMS	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.
AQP	Any Qualified Provider	Is a type of NHS contract, which allows non NHS as well as NHS organisations to provide NHS services
BBV	Blood Borne Viruses	Viruses carried or transmitted by blood, for example Hepatitis B, Hepatitis C and HIV
BCHFT	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.
BAF	Board Assurance Framework	Reporting infrastructure which enables the Board to monitor progress against the Trust's strategic objectives.
BAME	Black, Asian, and Minority Ethnic	To refer to members of non-white communities in the UK.
BME	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.
BAU	Business As Usual	The time when a project has closed and the new system is used as part of a normal working process
BDP	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&H	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.
BMA	British Medical Association	The professional association and registered trade union for doctors in the United Kingdom.
BMJ	British Medical Journal	A weekly peer-reviewed medical journal.

Acronym	Term	Meaning / explanation
BPPC	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.
CAG	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.
CAMHS	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.
CARM	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.
CAS	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.
CAU	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.
CBT	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
CCG	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.
CCQI	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.
CDEL	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
CDiF	Clostridium difficile	A type of bacterial infection that can affect the digestive system. It most commonly affects people who have been treated with antibiotics
CDWs	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
CFO	Chief Finance Officer	A senior executive with responsibility for the financial affairs of a company or other institution
CG	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.
CIP / CIT	Cost Improvement Programme / Target	Annual targets for reducing costs
CIR	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)
CNST	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
COSHH	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
COP	Code of Practice	A set of written rules which explains how people working in a particular profession should behave
CRL	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
CRR	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
C&V/Block	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
CoSR	Continuity of Services Risk Rating	The continuity of services risk rating will identify the level of risk to the ongoing availability of key services
CPA	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
CPN	Community Psychiatric Nurse	A mental health nurse who works in the community
CQC	Care Quality Commission	Quality regulator for health and social care providers. In 2010, introduced a system of 'registering' providers as a demonstration of quality
CQR	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
CQUIN	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
CRHT	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
CSB	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.
CSU	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
CTO	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
CYP(F)	Children and Young People	Relates to children and young people (and their families) from birth until their 18th birthday

Acronym	Term	Meaning / explanation
DAAT	Drug and Alcohol Action Team	Multi-agency team which commissions all drug and alcohol services within a borough
DAR	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
Datix	Electronic system of risk reporting (incidents/complaints etc)	An electronic system used to report clinical incidents, complaints and risks
DBS	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
DBT	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)
DCH	Dudley Clinical Hub	The single point of access contact centre which can be accessed by patients and providers
DCVS	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
DDA	Disability Discrimination Act	Refers to the 1995 act which has since been repealed and replaced with the Equality Act 2010
DES	Directed Enhanced Services	The mechanism on how practices (primary medical services contractor) receive payment for the eligible services they provide
DGH	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
DGFT	Dudley Group of Hospitals	NHS provider of acute healthcare services in Dudley. Main hospital site is Russells Hall. They are a Foundation Trust
DH	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
DIHC	Dudley Integrated Health and Care NHS Trust	Our Trust, integrating primary care across Dudley with community physical and mental health services
DN	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
DNA	Did Not Attend	Referring to someone who failed to attend for a pre-planned engagement/appointment
DoLS	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
DPA	Data Protection Act	Controls how personal information can be used and your rights to ask for information about yourself
DQOF	Dudley Quality Outcomes for Health	Is a system for the performance management and payment of general practitioners (GPs)
DSE	Display Screen Equipment	Used to describe equipment such as PCs, laptops, tablets and smartphones
DSG	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
EA	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.
EBE	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
EBITDA	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
EC	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
ED	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
ED	Executive Director	The highest-ranking executive in an organisation, company, or department, with ultimate responsibility for making managerial decisions
E & D	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
EDHR	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 rights and freedoms that everyone in the UK is entitled to
EDS	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
EFL	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
EIA	Equality Impact Assessment	A process designed to ensure that a policy, project or scheme does not unlawfully discriminate against any protected characteristic
EIP	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
E-LEARNING	Electronic Learning	Training materials that can be used by an individual with or without support as a way of learning and supporting learning
EPR	Electronic Patient Record	A digital version of a patient's record
ELoC	End of Life Care	Refers to health care of patients with a terminal illness or terminal condition

Acronym	Term	Meaning / explanation
EM	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
EMIS	Egton Medical Information Systems	The principal clinical system used by all GPs in Dudley which stores the core electronic patient record
EOL	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
EPRR	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
ERIC	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
ESR	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
EUTE	End User Training Environment	A replica of the software containing fictitious patient data, used to train end users
EOI	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
F2SU	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
FBC	Full Business Case	The written case that supports the transaction, the strategic context, economic analysis, commercial approach, financial case and management approach
FCP	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
FFT	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
FFF	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'
F,P&D	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
FOI	Freedom of Information	The right to access information held by public bodies
FOIA	Freedom of Information Act	The Freedom of Information Act 2000 provides public access to information held by public authorities
FPPR	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
FRF	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
FT	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
GDPR	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)
GMC	General Medical Council	Works to protect patient safety and improve medical education and practice across
GP	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
HCA	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
HCPC	Health and Care Professions Council	A regulator of health and care professions in the UK

Acronym	Term	Meaning / explanation
HEE	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
HEWM	Health Education West Midlands	The body responsible for the education and training of health and public health workers at a regional level
HFMA	Healthcare Financial Management Association	The representative body for finance staff in healthcare
HIA	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
HoNOS	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
HR	Human Resources	The personnel of a business or organization, regarded as a significant asset in terms of skills and abilities
HSA	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
HSE	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
HWE	Health Watch England	The independent national champion for people who use health and social care services
IA	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
IAPT	Improving Access to Psychological Therapies	One of the Trust's services, transferred over on 1 st April 2020. An NHS programme rolling out services across England offering interventions for treating people with depression and anxiety disorders

Acronym	Term	Meaning / explanation
IBS	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
ICA	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
ICO	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
ICP	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
I&E	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
IFRS	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
IG	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
IM&T	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
IMT	Incident Management Team	A multi-disciplinary, multiagency group with responsibility for investigating and managing an incident
IPC	Infection Prevention and Control	A scientific approach and practical solution designed to prevent harm caused by infection to service users and health workers
IPD	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
ISAP	Integrated Support and Assurance Process	The set of activities that begin when commissioners start to develop a strategy for a complex or novel contract
JSNA	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
KLOE	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
KPIs	Key Performance Indicators	These are measures of performance and are used by the Trust to evaluate levels of success in achieving its goals
LA	Local Authority	The Local Council, i.e. Dudley Metropolitan Borough Council
LAC	Looked After Children	A child cared for by Government and are more vulnerable to health inequalities
LD	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"> • understanding new or complex information • learning new skills • coping independently <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>
LETB	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)
LGBT	Lesbian, Gay, Bisexual, Transgender	These terms are used to describe a person's sexual orientation or gender identity
LGBTQ	Lesbian, Gay, Bisexual, Trans, Questioning	These terms are used to describe a person's sexual orientation or gender identity
LHE	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
LPS	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
LOS	Length of Stay	The length of time that someone remains in hospital
LTA	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
LTC	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
LTFM	Long Term Financial Model	Accompanies the FBC. Describes the financial plans for the Trust over at least a 5-year period
LTPS	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
MASH	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
MAU	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
MBC	Metropolitan Borough Council	DIHC covers one Dudley
MCA	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
MDT	Multidisciplinary Teams	A team with specialist healthcare professionals who manage patients with more complex needs
MHA	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
MHMDS	Mental Health Minimum Data Set	Set of information which is used as the basis for measuring, recording and evaluating activity
MHRA	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
MoU	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
MRC	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
MRSA	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)
MSNAP	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
MSK	Musculoskeletal	Relating to or denoting the musculature and skeleton together
NA	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
NAO	National Audit Office	The UK's independent public spending watchdog
NED	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
NEWS	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
NHS	National Health Service	The umbrella term for the publicly-funded healthcare systems of the United Kingdom
NHSD	NHS Digital	The national information and technology partner to the NHS, using digital technology to transform the NHS and social care
NHSEI	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
NHSLA	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
NHSPS	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
NHSR	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
NHSCT	NHS Charities Together	NHS Charities Together is a collective experience representing, supporting and championing the work of the NHS' official charities
NICE	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
NMC	Nursing and Midwifery Council	The nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland

Acronym	Term	Meaning / explanation
NPSA	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
NQB	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
NTA	National Treatment Agency	A Special Health Authority which oversees drug treatment.
OH	Occupational Health	The branch of medicine dealing with the prevention and treatment of job-related injuries and illnesses
OJEU	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
OOH	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
ONS	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
OP	Out Patients	A patient who has been referred to hospital but does not need to stay overnight
OT	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
OTC	Over The Counter	Available by ordinary retail purchase, with no need for a prescription or licence
PALs	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
PBR	Payment by Results	System within which there are standardised national prices for healthcare interventions. Mental health services are not currently subject to this tariff
PCN	Primary Care Network	Primary care networks (PCN) are groups of practices working together to focus local patient care
PCT	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
PDC	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
PDP	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
PE	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)
PES	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
PFI	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
PHE	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
PICU	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
PID	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
PIP	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
PLACE	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
PMO	Programme Management Office	The Programme Management Office to support delivery of the Trust's strategic objectives via service transformation, improvement, growth and cost improvement
PMVA	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
PPE	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
PQQ	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
PTIP	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
Q&S	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
QIA	Quality Impact Assessment	A tool to consider the impacts and changes on patient safety, experience and quality of care
QPR	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
RAG	Red/Amber/Green	A system of categorising performance / risk etc, indicating how a particular plan or action is progressing

Acronym	Term	Meaning / explanation
RCA	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
ROI	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
RTT	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
SAMh	Support Association for Mental Health	A service user-led organisation that aims to ensure mental health services are meeting the needs of local people
SE	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
SEN(D)	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
SFI	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
SI/SUI	Serious Incident/Serious Untoward Incident	Any unplanned occurrence which has actual or potential negative impact
SID	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
SIRI	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"> • Acts or omissions in care that result in; unexpected or avoidable death. • Unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm, abuse.

Acronym	Term	Meaning / explanation
		<ul style="list-style-type: none"> • 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
SIRO	Senior Information Risk Owner	The senior risk owner in DIHC and champions information security at Board level
SitRep	Situation Report	A report explaining the situation in regards to any particular matter
SJR	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
SLA	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
SLR	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
SOF	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"> • Quality of care • Finance and use of resources • Operational performance • Strategic change • Leadership and improvement capability <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
SRO	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
Stat/Man	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
STP	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
SUI	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
TB	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
TCS	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
TNA	Training Needs Analysis	An analysis of the current skills of a learner which is used to determine the skills to be developed
ToR	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
TtT	Train the Trainer	A training course to show trainers how to use software to enable them to train end users
TUPE	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
UAT	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
UCAS	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)
UCC	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
WDES	Workforce Disability Equality Standard	Is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff. NHS trusts use the metrics data to develop and publish an action plan
WRES	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
WTE	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
YTD	Year to Date	Term often used in financial reporting meaning from the beginning of the financial year to this point in time'