

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

TUESDAY 2 MARCH 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 2 February 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 Staff Story - Work of the Contracting Department and view of a Staff Side Representative	For Information	Verbal	Ms M Bennett	09:35
3.	Standing Items				10:15
	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	10:25
5.	Board Assurance Framework & Corporate Risk Register	To Review	Enclosure 5	Ms E Doyle	10:30

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	10:35
7.	Quality and Safety Committee Assurance Report	For Assurance	Enclosure 7	Ms V Little	10:40
The best place to work, supported by a new leadership and workforce culture, organically co-developed, together					
8.	Workforce Performance Report	For Information	Enclosure 8	Ms B Edgar	10:45
9.	People Committee Assurance Report	For Assurance	Enclosure 9	Mr M Evans	10:50
10.	Equality, Diversity and Inclusion	For Information	Enclosure 10	Mr P Assinder & Ms B Edgar	10:55
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	11:00
12.	Finance, Performance and Digital Committee Assurance Report	For Assurance	Enclosure 12	Mr I Buckley	11:05
Help and Empower the People of Dudley to live longer and healthier lives through fully integrated community based healthcare					
13.	Report from the Primary Care Integration Committee	For Assurance	Enclosure 13	Dr G Solomon	11:10
14.	Report from the Transaction Committee	For Assurance	Enclosure 14	Ms S Cartwright	11:15
Our Organisation					
15.	Integrated Governance Development Programme	For Assurance	Verbal	Mr J Young	11:20
16	Integration and Innovation: Working together to improve health and social care for all	For Information	Verbal	Ms S Cartwright	11:25
Governance and Assurance					
17.	Audit and Risk 17.1 Audit and Risk Committee Assurance Report	For Assurance	Enclosure 17	Mr D Gilburt	11:35
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
22.	Date of next meeting: 12 April 2021, 09.30 – 12.00 TBC				

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 Gilburt	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	
			Shareholder 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	
			Presiding Magistrate Worcestershire				✓	2005	
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)			✓			

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	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	
Dr	Stephen Cartwright	Associate GP Non-Executive Director	Partner GP - Keelinge House Surgery	✓	✓			1991	
			Part owner of Keelinge House Building	✓				1998	
			Shareholder of Future Proof Health	✓				Aug 2014	
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 2 FEBRUARY 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)	Associate Non-Executive Director, Dudley IHC
Dr Stephen Cartwright (STC)	Associate Non-Executive Director, Dudley IHC

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
Dr Lucy Martin (LM)	Associate Medical Director, Dudley IHC
Ms Sue Nicholls (SN)	Deputy Director of Nursing, Dudley IHC
Mr R Dalziel (RD)	Participatory Research Officer, Healthwatch Dudley
Ms H Cole (HC)	Dudley Primary Care Mental Health Service Manager (Item 2 Only)
Ms E Gould (EG)	Team Manager, Dudley Talking Therapy Service (Item 2 Only)

Minute Taker:

Miss K Weston (KW)	Interim Executive Assistant, Dudley IHC
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188/20. CHAIR'S WELCOME

Apologies

Dr Richard Bramble was invited to the Board meeting today however was unable to join due to clinical commitments, the Chair formally recorded Dr Bramble's apologies.

Declarations of Interest

LM raised that they are a shareholder of Future Proof Health Ltd and a Dudley GP.

GS raised that he has signed on as a vaccinator and clinical supervisor for the Covid19 vaccination programme through the Dudley Bank via The Dudley Group NHS Foundation Trust.

Board of Directors' Register of Interest

The Board noted the register of interest.

Public Board Minutes – meeting held on 12 January 2021

The minutes of the meeting held on 12 January 2021 were agreed as an accurate record.

Action Register & Matters Arising

Ref 177/20

MG updated that they have been meeting with JY to discuss how the Trust show the Key Performance Indicators (KPIs) from each SLA's through the relevant Board Committees.

It was noted that there will be a distinction between the KPI's that measure how the Trust is performing and a set of KPIs that would indicate how the SLA is performing. The Trust is working through this at the moment with the SLA Providers.

It was agreed that MG will bring back an outline proposal in March with the KPI's being reported through the relevant Board Committees from April 2021.

Action to remain open

189/20. SERVICE STORY

DIHC Mental Health Services and Response to COVID

SC introduced HC and ED and acknowledged that the Primary Care Mental Health team and the Talking Therapies team were the first two teams that started with the Trust in April 2020. SC commented that the two teams have developed over the last 10 months and continue to deliver during these unprecedented and difficult times. It was noted that both HC and ED have been stepping up to help Black Country Healthcare NHS Trust (BCH), and two members of HC's team are supporting BCH by relocating into BCH's teams during their current pressures.

HC provided the Board with an overview of one of the changes that has been recently implemented which is a new referral pathway. It was acknowledged that there were repeated assessments and that patients were being referred to multiple services therefore this new pathway provides a single referral pathway for GPs. It was noted that the service accepts patients registered with a Dudley GP who are 16 years+ and the GPs have the referral route embedded into their EMIS system.

One of the aims of this change was to increase referrals into IAPT and ensure that patients are referred to the right service at the right time.

EG outlined the process that was undertaken to put in place the new referral pathway. It was noted that the Halesowen Primary Care Network (PCN) was the proof of concept site to ensure that the process was going to work for patients, services and GPs. An evaluation was undertaken via the service transformation group.

The pathway diagram was shown to Board members which incorporates all of the elements within primary care mental health services (the primary care mental health team, taking therapies and the first contact practitioner role). It was noted that the patient's journey is more easily followed with the new process and also more straightforward for referring GPs.

HC provided the Board with an update on how the two services have been responding to Covid19 and supporting secondary care services in moving patients into primary care. The services have also increased networking with the Local Authority to offer easy access to mental health support.

SC commented that the impact of Covid19 is currently on the acute sector, particularly critical care, although it is anticipated that community services and mental health services will experience an impact for four years from Covid. It was highlighted that it is important to manage the longer term impact from Covid.

SC stated that whilst the services are not yet seeing the increase in referral numbers due to Covid, there is an increase in the number of patients being seen by the crisis team. There is a priority for the Trust to work with the services to reach out to the community working with the Local Authority and the Voluntary Sector to promote the services to help more people access help before reaching a crisis point.

The Board recognised from an IAPT perspective that the service is a top performer within the Black Country.

DG queried the plans for rolling out the new pathway to all of the PCN's and if the services have the resources to cope with the additional referrals that this may generate.

HC responded that it is week three of the new pathway that has been rolled out to all of the PCN's. The services are seeing a huge amount of referrals coming through and discussions are being held around how this might affect capacity moving forwards. HC assured the Board that this will be closely monitored.

ME queried how easy it was to obtain the data and information that was needed to understand what the issues were, and secondly when the pathway was developed and the pilot was ran, how easy it was to obtain the data to understand what the impact of the work was that the services were doing and the difference it was making.

HC responded that they and EG like to analyse the data as they know the data is quite intuitive, however from a resource point of view this means time is taken away from normal business. It was noted that before the pathway was rolled out, data was taken from the past two years of a period of three months because it is important that the service does not lose sight of the referrals that need to go into IAPT and not inadvertently taken in primary care mental health. The data will be continually monitored to ensure there is a risk in trend into IAPT and not a decrease, and HC stated that it is really helpful that the GPs have enabled the services to work remotely on EMIS.

VL commented that they are pleased to hear the services are taking referrals from 16 years old+ and queried if any trends for referrals of 16 – 18 year olds have been noticed in numbers or type? EG responded that the service has seen a large increase of 16-17 years over the last 12 months in terms of presentation and complexity. It was noted that EG has been working with colleagues around the borough to see if there are other ways to provide support to this patient group.

GL queried how the services fits in with Here4Youth as the Primary Care Networks (PCN's) have employed staff from Here4Youth to help 11 – 24 year olds and that there is also Phase Trust in Halesowen. It was noted that talking therapies do signpost into Here4Youth where necessary and that there will be communications between the three organisations outside the meeting to ensure all services are linked.

Discussions were held around plans for evaluation, and STC queried how the evaluation will help in terms of development for the future. It was noted that there is a service development meeting this week to discuss the evaluation process and HC would welcome any thoughts from Board members as to what would be beneficial. The services will be monitoring the referrals with the anticipated change of seeing an increase into primary care and decrease into secondary care. The services will also be looking at DNA's (Did Not Attend) and will be doing more follow ups, along with gathering GP feedback.

It was noted that the evaluation will help to see where there are gaps for services and enable the Trust to look at if there is a need for services to be designed.

SC commented that the new pathway is a result of the evaluation following the proof of concepts. The Primary Care Commissioning Manager has been supporting this and has been working with the teams

and leading the evaluation process.

MG commented that the Trust is engaging with the teams on the Business Intelligence (BI) development work, to look at how the organisation can help the services going forward.

HT provided a note of thank you to HC, EG and their teams, noting that the Board are appreciative of all that the teams are doing.

190/20. STANDING ITEMS

Chair's Update

The Board were updated that HT, PA and SC continue to meet with Stakeholders in terms of engagement and collaboration across the system.

HT reported that he spoke at a conference last week that generated a huge amount of interest around the organisation and integrated care. There was particular interest around governance and the way that the Trust as an organisation, could put governance in place whereas an alliance or partnership would struggle.

HT has provided a note of thank you to the Chief Pharmacist and the Pharmacy Team for the incredible work on the vaccination programme. It was highlighted that there was a great opening of the mass vaccination centre at the Black Country Living Museum.

The Board noted the Chair's update.

Chief Executive's Report

PA reported that the Black Country and Birmingham continued to see some of the highest levels of Covid infection rates in the country during the month of January. It was noted that the modelling suggests that the second spike to Covid infection rates locally peaked at the end of January. In the last week there has been a slow decline in the number of community-based infections across the Black Country and in the Dudley borough.

It was noted that there is still considerable residual pressure on health and social care services across the borough. Pressures remain on the local Acute Trust, as there are high occupancy levels in critical care, and there is continued pressure on primary care and high numbers of presentations at the Respiratory Assessment Centre.

PA provided a note of thanks to the DIHC Pharmacy Team who are providing fantastic support to primary care's mobilisation of vaccination services, along with the mass vaccination centre at Black Country Living Museum and the mobile vaccination service that has been effectively vaccinating care homes around the borough. PA also provided a note of thank you to the Commissioning Manager for Integration and his team for the great work in relation to standing up the broader response to local care homes. It was noted that Dudley should be on course to achieve the next milestone which is to complete the cohorts one to four by 15 February 2021.

The Trust is currently in conversation with both Local Authority and NHS Commissioners around next year's contract portfolio. The Trust also plans to grow the service portfolio from 1 April 2021 and PA stated that discussions are going extremely well with Shropshire Community Health NHS Trust who currently host the School Nursing Service.

PA reported that the Executive Directors have reviewed the development of senior management working in the Trust. An Executive Committee now meets weekly and a Trust Management Board has been established that will meet monthly from March. The outputs of both meetings will be included in the Chief Executive's report in future. It was highlighted the Trust Management Board membership states Associate

Director of Primary Care and the title should read Head of Primary Care. This was noted by the Board.

It was noted that all Chief Executive's have received a letter from the Chief Operating Officer from NHSE/I which mentions standing down some of the procedural aspects of NHS working as the NHS continues to focus on the Covid response moving forward. The Trust will give thought to the frequency of meetings and extent as to which individuals are required to provide information.

PA stated the Care Quality Commission (CQC) are reflecting on their experiences of working through Covid and have launched a consultation on how it plans to engage with organisations moving forwards. PA has included a link in the today's report for more information and it was noted the Trust will consider a response to the consultation.

The Board noted the Chief Executive report.

Agenda for Part Two – Private Board

The Board noted the agenda for part two.

191/20. COVID19 RESPONSE – VACCINATION UPDATE

CW reinforced how proud the Board are of the teams who are working on the Covid19 response.

It was noted the team at the Pensnett Respiratory Centre have been working the last few days at full capacity and are supporting primary care as much as possible.

It was agreed that a note of thank you will be sent to the vaccination teams to let them know how grateful the DIHC Board are for all of their hard work.

GS queried with the recent announcement of a case of the South African Covid19 variant in Walsall if this will impact any work of the Trust. CW responded that they have not been informed of any cases in Dudley at this stage or of any work the Trust needs to undertake. It was noted door to door testing is taking place in Walsall to try and stop the spread of the variant. The Trust will keep supporting the delivery of the immunisation programme and supporting people to maintain the lockdown locally.

SC stated that the Trust are trying to identify any members of staff that live in the Walsall postcode area where the South African variant outbreak has been detected. SC assured that if there are any members of DIHC staff living within that area, the Trust will ensure that staff are put forward for testing.

The Board noted the Covid19 response – vaccination update.

192/20. BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER

ED reported that there are three changes in scoring since the Committees' review, to the following Board Assurance Framework risks:

- BAF 001, there is an increase in scoring of this risk due to the delay of the ICP contract award
- BAF 002, the scoring of this risk has decreased 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. ED assured the Board that this risk will be reviewed as part of 2021/22 planning during April and May.
- BAF 007, there is an increase in scoring due to the current size of DIHC

It was noted that one new risk has been added C-109 which is in regards to the impact of Covid19 on the Internal Audit Work Plan and subsequently the Head of Internal Audit Opinion. This risk is currently very low in scoring and is being monitored weekly.

DG commented that C-109 was discussed at the Audit and Risk Committee on 25 January 2021 and there is a revised timeline agreed for the final accounts. The Auditors gave assurance that they believe this is a very low risk and expect to give a Head of Internal Audit Opinion. DG assured the Board that this will be kept under review.

It was noted that the January Corporate Risk Register is now aligned to the BAF and Risk Management Strategy risk assessment matrix.

The Board noted the BAF and Corporate Risk Register for January 2021. The Board approved the changes in risk score for the three BAF risks and approved the addition of one corporate risk.

193/20. QUALITY AND SAFETY PERFORMANCE AND ASSURANCE REPORT

It was reported that in regards to safeguarding data, work is being progressed to ensure the data is received in a timely manner to enable the monthly reporting flow. CB assured the Board that they have met with three of the leads in the Governance Team who are supporting in the management of the SLA to ensure that this is resolved.

It was noted the incident reviews are taking place in services, and the Trust are looking to have peer review processes in place and develop an operational learning group to translate learning across services as the organisation grows.

CB updated that the Trust has received patient feedback from the High Oak patient engagement survey, which has gave interesting feedback, and has given the team within High Oak an opportunity to see the perspective of their patients.

The Committee discussed the Flu and Covid vaccination uptake which has steadily increased, however there is currently a gap between patient facing and non-patient facing workforce. It was noted that a task and finish group is being put in place as it is recognised that this is an all-year-round way of working to encourage and promote vaccinations.

CB stated that there was a significant amount of discussion at Committee about how the Trust can promote vaccinations and how it understands reasons that patients decline flu vaccinations in more detail. A piece of work is being undertaken within High Oak to speak to patients who are declining their vaccination. VL commented that the Trust will think about various ways to gain insight and that it is great to see High Oak Practice doing some of this work in terms of having conversations with patients.

BE queried whether a system called 'AskMyGP' could be used to improve access for patients. CB responded that the Trust are looking at the opportunity to improve the phone lines at High Oak, and STC confirmed that there is an online chat function available on Footfall so that patients can speak to their GP online.

CW commented that there has been a huge amount of innovation, with a move to online consultations, in primary care. It was noted that it is important to hold onto the benefits that have been delivered through the Covid crisis and use it to drive improvement in primary care in the future.

ME queried whether a conversation had been held in committee in relation to the numbers of responses from the High Oak patient survey. VL responded that it was recognised the low number of feedback however this was anticipated due to the demographics of the High Oak patient population. It was noted that the Trust need to think about how to develop insight work with the communities.

DG commented there is a high number of patients from High Oak declining the flu vaccine and that it would be helpful to collect the reasons why people are declining, and address the concerns. CB confirmed that the Team have started to gather the data around the reason for declining and this will be taken to the next Quality and Safety Committee.

The Board noted the Quality and Safety performance and assurance report.

194/20. WORKFORCE PERFORMANCE REPORT/PEOPLE COMMITTEE ASSURANCE REPORT

BE updated the Board that as part of the ongoing work in harmonising working practices and policies to provide the level of service required the organisation is currently undertaking a review of all of its workforce data. This involves a complete data cleanse of employee data, alignment of both training systems currently used for access and the recording of all mandatory training, organisation hierarchy system management and training/refresher guidance for managers and staff to enable them to fully record all employee data.

A data review and cleanse exercise will take place over the months of February and March 2021 and ME assured the Board that this is a priority piece of work. BE stated that this exercise will ensure the smoother transition of any future transfer of staff onto the Trust's systems moving into April 2021.

It was noted that a formal report was received at the People Committee regarding the work of the Equality Diversity and Inclusion Committee (EDIC) which held its first meeting on 11 December 2020. BE provided the Board with an update on items that were noted within that report and ME commented that they are enthused with the work that this Committee is progressing.

It was highlighted that the Committee received a report on the Occupational Health provision through existing SLAs and the options appraisal to move to a single provider whilst developing the DIHC Wellbeing offer for the Intranet.

ME stated that there is an Extraordinary meeting on 5 February 2021 to focus on the Corporate Risk Register and risks appropriately aligned to the People Committee.

The Board noted the workforce performance update and assurance report.

195/20. EQUALITY, DIVERSITY AND INCLUSION

PA stated that Equality, Diversity and Inclusion is an area that PA and BE would like to discuss in depth at a dedicated Board Seminar.

PA stated that they would like to invite the Board to make a shift between an organisation that is non-discriminatory in its practices that has reviewed all its policies and working procedures to minimise discrimination to one that is positively anti-discriminatory and anti-racist. This will be discussed at the People Committee in February and an update will be brought back to the Board in due course.

The Board noted the Equality, Diversity and Inclusion update.

196/20. FINANCE, PERFORMANCE AND DIGITAL PERFORMANCE AND ASSURANCE REPORT

MG reported in terms of the financial position from April 2020 – December 2020 the report shows that the Trust are achieving a small surplus of 60k, forecast to achieve a similar surplus for the year end out term position. Current forecast is that the remaining months of the year the Trust will spend in line with the monthly budget plan.

In terms of the Better Payment Practice performance MG reported that this has improved substantially and the Trust are achieving the targets.

In terms of IAPT for period of December, it was noted there was a decline in the access performance down to 63.78% which the Trust believe was impacted by the Christmas and holiday period. MG highlighted that during this period the referrals declined too. Work is ongoing to improve referral rates, as

highlighted earlier in the meeting in the presentation from the Trust mental health teams.

MG reported that the Respiratory Assessment Centre activity has increased up to an average of 15 people per day. The Trust were asked by the STP to open the Centre over the weekend however when this was actioned, CB made the Board aware that this was not clinically warranted as there were low single figure attendance and was not financially sustainable. It was noted the Centre has flexed its hours of working Monday – Friday and are flexible with their opening hours dependent on patient need.

Within the report MG included the STP financial summary. The Trust are currently in a risk share arrangement with the NHS organisations within the STP, and the performance is being reported to each organisations Board to view the financial position. For the year-end plan for the STP, MG stated that a planned deficit was submitted as £27 million, although the actual forecast to date as of month eight is a deficit of £21 million. MG highlighted that since the report that deficit has reduced to down to £15 million.

It was noted that the Trust is now reporting the NHS oversight framework measures within the finance report, and the Trust is performing well on most categories with the exception of the capital cover which is the nature of the surplus the Trust is delivering this year.

IB stated that the Trust has received procurement advice in relation to the purchase of a clinical system which will support the transfer of the school nursing service.

VL queried the timescale for getting a more definite assessment of the cash position of the Trust. MG commented that there is significant amount of cash in working capital to aid the development of the organisation. In terms of the actual cash balance, the Trust is holding in excess of £5 million and the majority of that comes from the start-up capital transferred at the start of the financial year by BCH. MG stated that the organisation is going through an assessment process with BCH which is likely to result in £1.2 million transferring back to BCH to get the position correct. It was noted that there will be a more settled position at month 11.

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

197/20. SUSTAINABILITY STRATEGY FOR NET ZERO NHS

ED reported that this document has been re-looked at in terms of timeline and commitments for the Trust. The Trust recognises the importance of this agenda and that it is coming into standard contracts and as part of normal planning.

It was noted that this was discussed at a previous Board Seminar and that there is Board commitment to set a green plan for March 2022.

A Non-Executive Director is to be appointed as a lead who will be required to provide assurance on this agenda, with an Executive Director taking the overall lead.

Discussion was held and it was agreed that PA will take the overall Executive lead, and throughout the commitments Executive leads will be covering their own portfolios, for example MG for estates/property. It was agreed that DG will be the Non-Executive Director lead on this.

It was noted that as contracts come up for renewal the Trust will be looking to replace them with certified renewable sources.

The Board will be assured on this agenda through the Finance, Performance and Digital Committee.

CW reminded the Board that this is a way to deliver tangible benefits to the health of people in Dudley.

It was noted that this will be reflected in annual reporting accounts and an update will be provided quarterly to the Board from July 2021 with a plan and governance arrangements to get a green plan in place for March 2022.

The Board approved the Sustainability Strategy and Ambitions for 2021/22.

198/20. REPORT FROM PRIMARY CARE INTEGRATION COMMITTEE – DEVELOPMENT SESSION

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

GS reported that a development session was held on 20 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.

It was noted that there was input at this session from the CCG's Director of Primary Care who has significant experience in this area and gave a look at international comparisons.

GS stated that the session was organised around three case study examples of General Practices that were considering full integration. It was recognised that the development of a full integration 'offer' is a complex task and is new for NHS organisations to work in this way.

During the session it was agreed that a project group will be set up to develop the work further which will be reported into the Primary Care Integration Committee. The group will be led by an Executive Director with Non-Executive input. The Trust will also ask the CCG Director of Primary Care to input into this group with GP input from the Associate Medical Directors and Clinical Leads.

GS confirmed that there are no issues to escalate to the Board.

It was noted that the Terms of Reference (ToR) for the project group will go to the next Committee meeting.

There is another development session in March and it is proposed that this session widened out to the Board to think about how primary care is much more integrated with DIHC.

The Board noted the report from the Primary Care Integration Committee – Development Session.

199/20. REPORT FROM TRANSACTION COMMITTEE

SC reported that the Trust is continuing with the assurance process with NHSI. The Integrated Support and Assurance Process (ISAP) from the CCG perspective is delayed whilst system discussions continue to develop integrated care in Dudley with system alignment.

The ICP contract is not going to be awarded as planned on 1 April 2021 however the Trust will continue to work with CCG and system partners to develop timescales.

The Trust is working with system partners on the model for integrated care in Dudley. SC stated that this work should be concluded over the coming weeks.

The Committee reviewed the BAF and risk register and have made some suggested changes based on the review in light of the informal feedback from NHSE/I colleagues and request for further work that the Trust is undertaking.

It was noted that further changes are being made to the risk register which will be presented back to the next committee meeting in February.

SC stated that the CCG are leading discussions in regards to system alignment which commenced with a meeting of all Chief Executive Officers in Dudley. System alignment discussions will continue with representatives from each of the partners.

The Committee discussed the SLA's that the Trust will need to have in place for 1 April 2021 to support the continuation of the Trust's existing services, and also the intended transfer of the School Nursing Service. It was noted that robust conversations are being held between BCH and the CCG with regards to provision moving forwards and an update will be provided to the Transaction Committee next week.

The Committee discussed service transfers as the school nursing service is planned to progress on 1 April 2021. The transfer of children's services and community services transfer will be delayed and is anticipated to take place later following the completion of the assurance processes with NHSE/I and the CCG.

It was noted that the CCG and the Dudley Metropolitan Borough Council (Dudley MBC) have asked for much more closer working between the current providers and planned new providers so that there is more involvement on integration, transformation and oversight of the services prior to transfer which the Trust is very supportive of.

The Trust are continuing work with the CCG in regards to the population of the ICP contract in readiness for the completion of the contract. SC assured the Board that the Trust are completing outstanding pieces of work on the contract with the CCG.

The Committee received an update on a review of the business case and PTIP document, and produced a prioritisation plan which will be reported through to the Transaction Committee on a monthly basis. The Trust is currently focusing on readiness for 1 April 2021.

The Board noted the Transaction Committee report.

200/20. INTEGRATED GOVERNANCE DEVELOPMENT PROGRAMME

JY reported that this paper describes how the Trust are integrating the approach to governance development across clinical and corporate functions. With regards to Business Intelligence (BI) development, JY clarified distinction between fit for purpose BI functionality on an interim basis versus what the Trust consider to be a full future system.

MG commented that the CSU have been doing a piece of work to scope the business-as-usual BI requirements from 1 April 2021, and that the Trust is expecting the outcome of that work this week with a proposal for what needs to be implemented from 1 April. MG stated this is progressing well and that they will be able to update committees following the discussion with the CSU.

It was noted that the policy work is progressing rapidly, and that more policies that have been revised and are going through to the Policy Review Group tomorrow.

JY stated that Datix is a huge project which is progressing extremely well with good engagement from a variety of staff.

It was agreed that JY will provide a monthly update to the Board on this work moving forwards.

The Board noted the Integrated Governance Development Programme update.

201/20. AUDIT AND RISK

Chair's Escalation Report from Audit and Risk Committee

The Audit and Risk Committee met on 25 January 2021 and DG noted that the meeting was quorate and well represented by both internal and external audit colleges.

The Committee reviewed the BAF and risk management processes, and approved the updated ToR for the Committee.

DG updated that the Committee received updates on information governance and that work is underway to allow sign off of the integrated governance statements at year end. The Committee also agreed the extended timetable for the annual accounts, which DG highlighted will require some rescheduling of meetings at financial year end.

The Committee received updates on the current financial situation and forecast, and took assurance from the reporting of the finances which included a review of purchases where a waiver had been required.

DG stated that the Committee also received an update from internal audit, the local counter fraud specialist and external audit. DG stated that the Committee were assured by the progress each are making.

The Committee held a discussion on the risk landscape to ensure that the risks are appropriately reflected in the BAF.

The Board noted the Audit and Risk Committee update.

202/20. ANY OTHER BUSINESS

None stated.

203/20. QUESTIONS FROM THE PUBLIC

No questions raised.

204/20. RISK REFLECTION

The Board confirmed that they are satisfied that all the risks are captured and mitigations are in place.

205/20. BOARD REFLECTIONS

To be picked up in part two.

206/20. DATE OF NEXT MEETING

2 March 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	Mar-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 Officer
DATE OF MEETING:	2 nd March 2021
KEY POINTS:	<ol style="list-style-type: none"> 1. Covid 19 Update 2. School Health 3. Pensnett Centre 4. Fit & Proper Persons 5. White Paper
RECOMMENDATION:	The Board are asked to note the report
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
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 March 2021

1. Covid 19 system-wide response

The Black Country and Birmingham continued to see high levels of Covid infection rates during the past few weeks but these appear to have stabilised following the institution of a national lockdown in January. At the time of drafting this report, 24th February, Dudley is experiencing community infection rates of 180 per 100,000 of population compared with over 800 at the turn of the year.

As a result, some pressure on health, social care and local voluntary organisations has eased but all are still currently experiencing escalated levels of demand for services. Presentations to our Covid Respiratory Assessment Centre at Pensnett and admissions to Russells Hall Hospital Critical Care Unit, are still 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 have continued 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 remains 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.

Dudley's Covid vaccination response has been commendable. Locally NHS staff continue to be vaccinated through the Walsall Hospital Hub and recently at the Russell Hall Hospital satellite Hub (although the latter has been temporarily stood down due to supply issues).

In the wider Community, the Black Country Living Museum Centre has now vaccinated over 20,000 local residents, each Dudley PCN has well established vaccination Hubs and these are supported by two local high street pharmacies and a roving vaccination service to meet the needs of local care homes and the housebound. Dudley has met its target for offering vaccinations to all citizens in priority cohorts 1 to 4 and remains well placed to meet the Prime Minister's commitment that all adults in England should be offered vaccination by 31st July.

I have this week received a letter of thanks from Amanda Pritchard, Chief Operating Officer of NHS England & Improvement on behalf of all the staff in Dudley on the significant achievement of the Mid February vaccination milestone.

2. The Dudley School Health Service

I am delighted to report that following approval by the Board of Directors in February, NHSEI has indicated that the contract for the Dudley School Health Nursing Teams, between Dudley MBC and Shropshire Community NHST, can transfer to DIHC from 1st April 2021. Nursing staff will move to DIHC under the TUPE process on that date.

Colleagues should be congratulated on the hard work undertaken to make this transfer possible and this represents another important milestone in the development of DIHC.

3. TV Coverage of the Pensnett Respiratory Assessment Centre

The BBC Midlands Today Team has this week featured the work of the Pensnett Covid Assessment Centre and in particular its deployment of a computer application called Dignio. A local application of Dignio called 'MyDignio' has been developed to monitor patients who have the covid at home, allowing prompt follow up of those whose clinical condition could deteriorate.

The app is offered to patients with mild to moderate symptoms of coronavirus that can be managed in the community. Following a consultation with a health professional, patients will download the MyDignio app on their own smartphone, and will be trained in the clinic on how to use the monitoring equipment and the app, before self-isolating at home.

4. CQC Consultation on the Fit & Proper Persons Test

In January, the Care Quality Commission launched a short consultation on the future deployment of the fit and proper persons test of NHS Board Directors. Details of this consultation can be accessed on the CQC & NHS England websites.

<https://www.cqc.org.uk/get-involved/consultations/>

5. White Paper Integration and Innovation

On 11 February 2021, the government published a [white paper](#) setting out a raft of proposed reforms to health and care in England. Many of the measures introduced under David Cameron's government, through the Health and Social Care Act 2012 are set to be abolished, with a broad move away from competition and internal markets and towards integration and collaboration between services. Key Points are as follows:

- Integrated care systems (ICSs) are to be established on a statutory footing through both an 'NHS ICS board' (though this will also include representatives from local authorities) and an ICS health and care partnership. The ICS NHS body will be responsible for the day-to-day running of the ICS, NHS planning and allocation decisions. The partnership will bring together the NHS, local government and wider partners such as those in the voluntary sector to address the health, social care and public health needs of their system.
- A duty to collaborate will be created to promote collaboration across the healthcare, public health and social care system. This will apply to all partners within systems, including local authorities.
- There will be new powers for the Secretary of State for Health and Social Care over the NHS and other arm's-length bodies (ALBs). Under the proposals, the Secretary of State will be able to intervene in service reconfiguration changes at any point without need for a referral from a local authority. The Department of Health and Social Care will also be able to reconfigure and transfer the functions of arm's-length bodies (including closing them down) without primary legislation.
- Certain new duties on the Secretary of State will also be introduced. This will include a statutory duty to publish a report in each parliament on workforce planning responsibilities across primary, secondary and community care, as well as sections of the workforce shared between health and social care (such as district nurses).

- There will be significant changes to procurement. It is proposed that section 75 of the Health and Social Care Act 2012 (including the Procurement, Patient Choice and Competition Regulations 2013) will be repealed and replaced with a new procurement regime. However, it is important that we avoid ending up with local monopolies and continue to work effectively with the independent and voluntary sector.

A more detailed briefing will be provided to Board members in due course.

PA Assinder
CEO

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST BOARD

**TUESDAY 2 MARCH 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 2 February 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.	Transfers to DIHC on 1 April 2021	For Assurance	Enc 2	Mrs S Cartwright	12:45
3.	DIHC Future Development	For Discussion	Verbal	Mr P Assinder	13:00
4.	Annual Governance Statement and Board Certification	For Assurance	Enc 4	Ms E Doyle	13:10
5.	Ratified Committee Minutes				13:25
	5.1 Quality and Safety Committee – meeting held on 19 January 2021	For Assurance	Enc 5.1	Ms V Little	
	5.2 Finance, Performance and Digital Committee – meeting held on 19 January 2021	For Assurance	Enc 5.2	Mr I Buckley	
	5.3 Primary Care Integration Committee – meeting held on 16 December 2020	For Assurance	Enc 5.3	Dr G Solomon	
	5.4 People Committee – meeting held on 15 January 2021	For Assurance	Enc 5.4	Mr M Evans	

	5.5 Transaction Committee – meeting held on 14 January 2021	For Assurance	Enc 5.5	Mrs S Cartwright	
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Item No	Agenda Item			Presented by	Time
6.	Any Other Business		Verbal	Mr H Turner	13:25
7.	Date of next meeting: 12 April 2021, 12:30 – 13:30 TBC				

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 nd March 2021
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 February 2021 includes the latest actions following review by the committees, the supporting information included for only those risks where there have been changes to the BAF actions.</p> <p>A risk workshop was held on 5th February that reviewed all the workforce and people related risks, recommendations were then taken to the Transaction, Quality and Safety and People Committees. The strategic risk BAF-008 Recruit, train and retain appropriate innovative workforce was reviewed and the actions updated.</p> <p>The Quality and Safety Committee reviewed the complete corporate risk register to ensure that the quality and safety aspects had been effectively captured and following the review no changes were suggested. It is worth noting however, that several emerging risks had been discussed including the Quality Impact Assessment for the School Nurses Transfer and wider transaction related risks and the committee were assured on the Executive oversight and escalation processes.</p>

The committee requested further assurance on process of ID badges. Since committee this issue has been actively managed by Executive Committee and no risk has subsequently emerged, both the People and Quality and Safety will receive assurances at the next meetings.

Changes to the BAF and Corporate Risk Register as recommended by committees are outlined in the table below, one risk is recommended for closure:

Proposed Changes to BAF and Corporate Risks Scores and recommendation for closure

C-106 – Not having approval from NHSEI to recruit substantively to key posts prior to April 1st 2021	Increasing Moderate 12 (3 x 4) To High 16 (4 x 4)	The impact of being unable to recruit substantively is now impacting on the organisation, empirical evidence suggests that whilst staff want to work for the organisation, leaving a substantive organisation for fixed term or temporary positions is too high risk.
C-064 – Risk of substantive workforce shortages (through vacancies, absence or excess demand) result in additional premium costs being incurred	Increasing Moderate 12 (3 x 4) To High 16 (4 x 4)	Whilst the data is suggesting there is not a pattern of absence or high number of vacancies, staff are leaving or about to leave DIHC due to the wider management of change and ending of secondments. Recruiting within pool of staff from system partners which is getting smaller due to the taking up of substantive posts, coupled with the inability to recruit substantively (Risk C106) increases the dependency on agency staff which costs more and compromises capacity due to being able to fill less posts due to costs.

		T-037 – Risk of delay/protracted HR consultation periods and risk of delay resulting from any Trade Union disputes	Increasing Very Low 4 (1 x 4) To Low 6 (2 x 3)	This risk covers the holistic process of all future transfers and not just for one particular service. Whilst the evidence supports positive and effective engagement with School Nurses with the process for transfer on track, when looking at the position for the future transfers, whilst the impact is lessening in the main, however, it was felt that the likelihood of protracted or delayed processes is increasing.
		T-085 – Risk to reputation and delayed implementation of workforce support due to lack of communication provision and visibility of the leadership	Recommend for closure Very Low 4 (1 x 4)	This has been actively managed to within tolerance / target risk score and following review at a Workforce Risk Workshop and on recommendation of the People Committee from the positive feedback from staff survey questionnaires, the management health checks, including the NED virtual visits and go-live of the HR intranet page it is recommended that the risk is closed.

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 March 2021.

This paper provides:

- 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.

	<ul style="list-style-type: none"> • Appendix 3 outlines the risks which are below tolerance. • The risk recommended for closure is captured at Appendix 4.
RECOMMENDATION:	<p>The Board are asked that they:</p> <ul style="list-style-type: none"> • Review the BAF and Corporate Risk Register for February 2021 • Approve the recommendation of committees to the updating of risk scores • Approve the closure of the one corporate risk
ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:	None identified
ACTION REQUIRED:	Decision <input type="checkbox"/>
	Approval <input checked="" type="checkbox"/>
	Assurance <input 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 current and emerging issues such as EU Exit and assessing the impact of the ongoing Covid-19 pandemic.

During February 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 (09/02/2021)	C-106 Substantive Recruitment	Steph Cartwright, Director of Operations, Strategy and Partnerships	Increasing Moderate 12 (3 x 4) To High 16 (4 x 4)	The impact of being unable to recruit substantively is now impacting on the organisation, empirical evidence suggests that whilst staff want to work for the organisation, leaving a substantive organisation for fixed term or temporary positions is too high risk.
	C-064 – Risk of substantive workforce shortages (through vacancies, absence or excess demand) result in additional premium costs being incurred	Bev Edgar, Associate Director of People	Increasing Moderate 12 (3 x 4) To High 16 (4 x 4)	Whilst the data is suggesting there is not a pattern of absence or high number of vacancies, staff are leaving or about to leave DIHC due to the wider management of change and ending of secondments. Recruiting within

				pool of staff from system partners which is getting smaller due to the taking up of substantive posts, coupled with the inability to recruit substantively (Risk C106) increases the dependency on agency staff which costs more and compromises capacity due to being able to fill less posts due to costs.
	T-037 – Risk of delay/protracted HR consultation periods and risk of delay resulting from any Trade Union disputes	Bev Edgar, Associate Director of People	Increasing Very Low 4 (1 x 4) To Low 6 (2 x 3)	This risk covers the holistic process of all future transfers and not just for one particular service. Whilst the evidence supports positive and effective engagement with School Nurses with the process for transfer on track, when looking at the position for the future transfers, whilst the impact is lessening in the main, however, it was felt that the likelihood of protracted or delayed processes is increasing.
	T-085 – Risk to reputation and delayed implementation of workforce support due to lack of	Bev Edgar, Associate Director of People	Recommend for closure Very Low 4 (1 x 4)	This has been actively managed to within tolerance / target risk score and following review at a

	communication provision and visibility of the leadership			Workforce Risk Workshop and on recommendation of the People Committee from the positive feedback from staff survey questionnaires, the management health checks, including the NED virtual visits and go-live of the HR intranet page it is recommended that the risk is closed.
People Committee (12/02/2021)	BAF-008 Recruit, train and retain appropriate innovative workforce	Bev Edgar, Associate Director of People	Actions updated	Two actions have been completed and two additional actions developed.
	Full risk review of Corporate Risks held at a workshop on 05/02/2021	Bev Edgar, Associate Director of People	Recommended changes to risks reflected by responsible committee	A full review was undertaken of all the workforce and people related risks, recommendations were then taken to the Transaction, Quality and Safety and People Committees.
Quality and Safety (16/02/2021)	Full risk review of Corporate Risks	Caroline Brunt, Director of Nursing, AHPs and Quality	None recommended	The Committee considered the DIHC corporate risk register and following robust discussion it was confirmed there were no quality and safety aspects they wished to add.
Finance, Performance and Digital	BAF-002 Insufficient resources	Matt Gamage, Director of Finance,	Actions updated	Two actions have been completed.

(16/02/2021)		Performance and Digital		
	Full risk review of Corporate Risks	Matt Gamage, Director of Finance, Performance and Digital	Under review	During March and as part of the planning for 2021/22 a financial risk review exercise would be undertaken including reviewing existing risks on the corporate risk register.
	Emerging risks: Potential risks to achieving the recurrent savings within the prescribing budgets	Matt Gamage, Director of Finance, Performance and Digital	Under review	Following discussion it was agreed that further review of the assumptions made as part of the budget allocation and potential savings within the prescribing service would be undertaken.
Primary Care Integration (17/02/2021)	Development of committee corporate risk register to support the risks and emerging issues that are already captured as part of the work plan and reported through the programme and project reporting to Transaction Committee	Steph Cartwright, Director of Operations, Strategy and Partnerships	In development	Risk Management Workshop was held in December 2020 following the development of the work plan, the development session and the subsequent development towards full integration planning it was appropriate to wait until after the March development session to bring a draft risk register to the committee.

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.

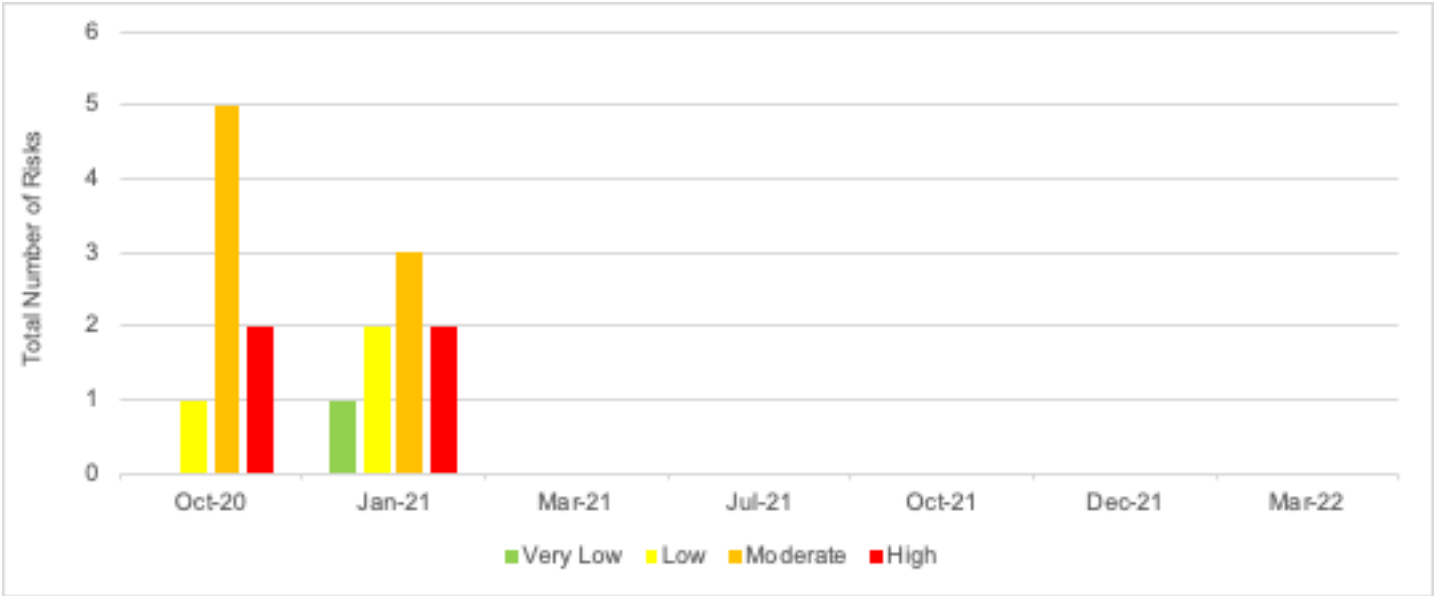
Risk Levels	1 Minimal	2 Cautious	3 Open	4 Seek	5 Mature
Risk Appetite	Very Low	Low	Moderate	High	
Risk Tolerance Score (Net L x C)	1 - 5	6 - 11	12 - 15	16 - 25	
No of BAF Risks	1	2	3	2	
No of Corporate Risks	5	15	9	2	

Heat Map of BAF Current Score

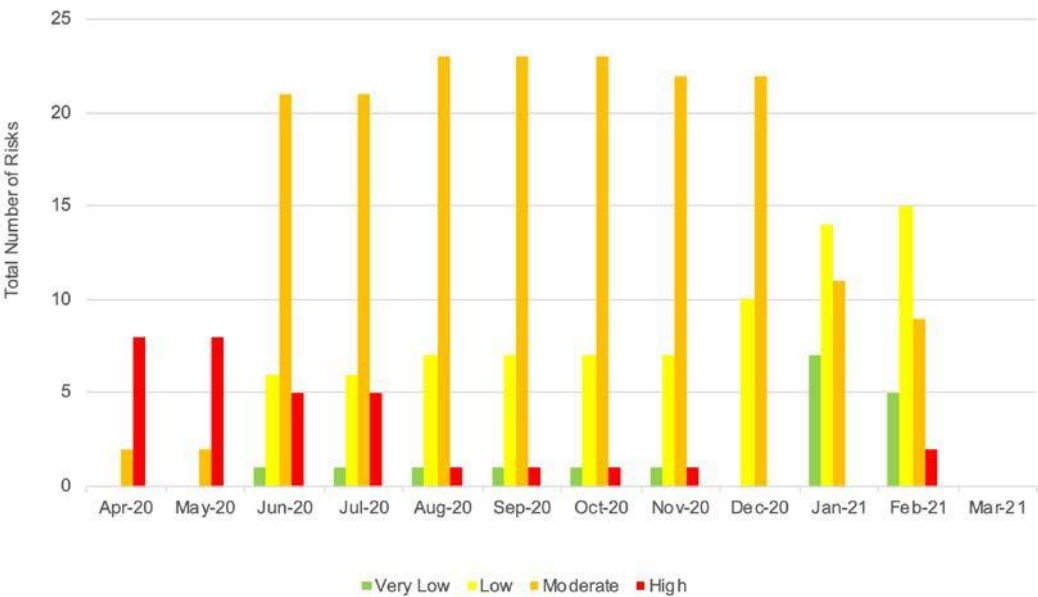
		CONSEQUENCE				
		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
LIKELIHOOD	1. Rare	1	2	3	4	5
	2. Unlikely	2	4 002	6	8	10
	3. Possible	3	6	9 003, 008	12	15
	4. Likely	4	8	12 004, 005, 006	16 001, 007	20

	5. Almost Certain	5	10	20	20	25
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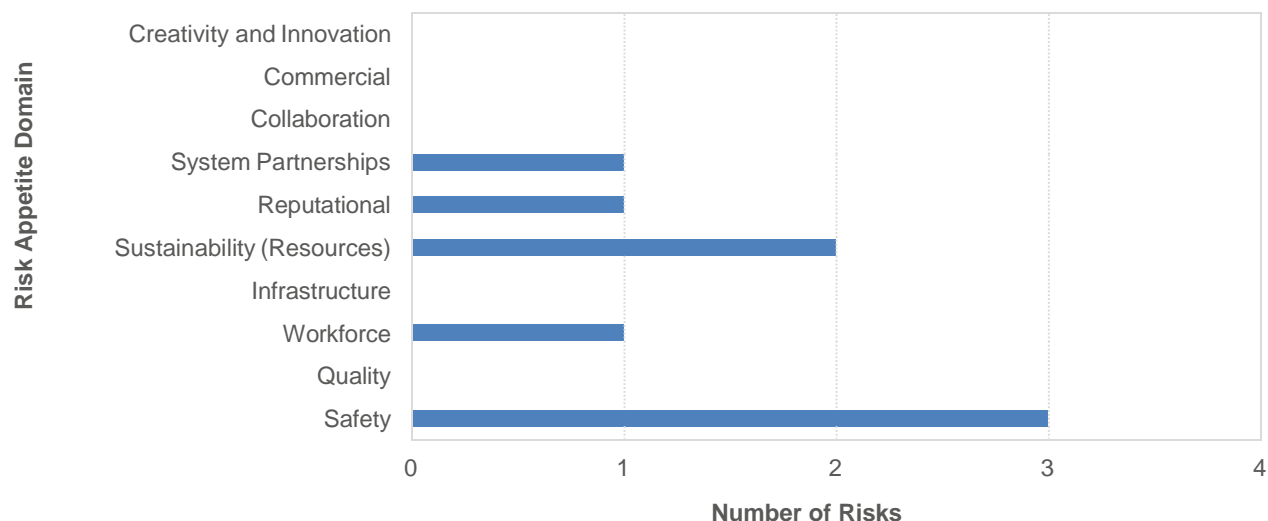
Below is a graph showing the total number of strategic risks by risk current score. This will be developed over time as the BAF is reviewed, and will be presented graphically over time on a quarterly basis to represent the movement in current scores over time.



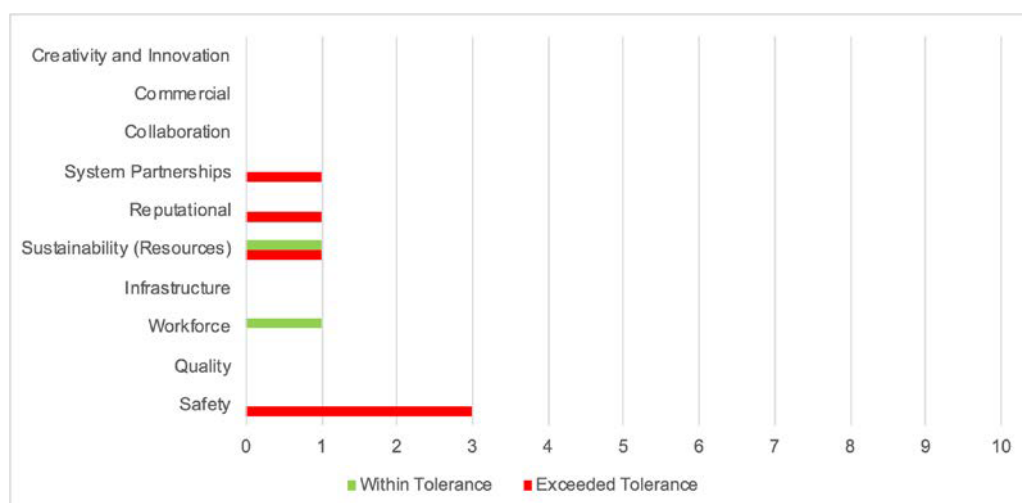
Overleaf is the total number of corporate risks since April 2020 and over time by current score. Please note that during January the Corporate Risk Register was aligned to the BAF and Risk Management Strategy risk assessment matrix as outlined in the section 1 above. A refining of the boundaries (has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



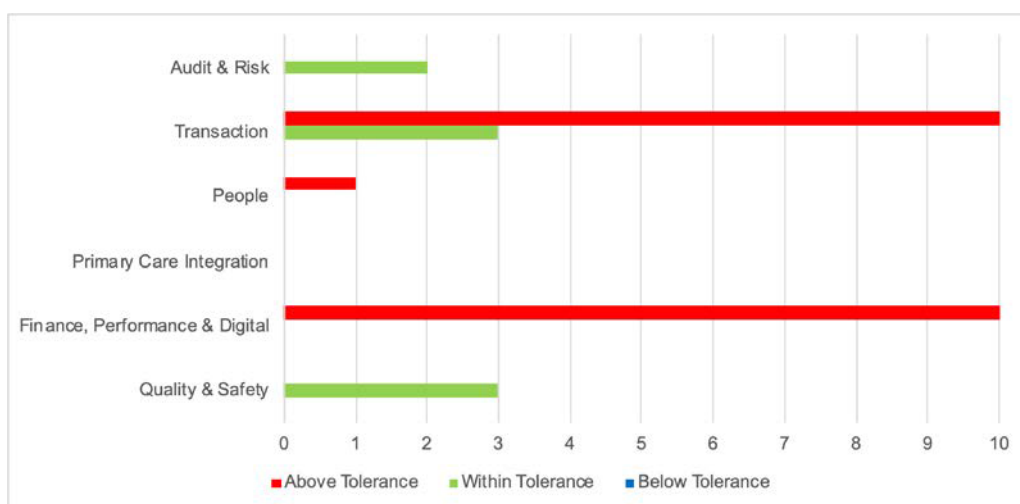
The highest risk appetite category is Safety encompassing Statutory and Regulatory Compliance, which is defined as risks relating to the impact of Covid-19 and the safe transfer of services.



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.

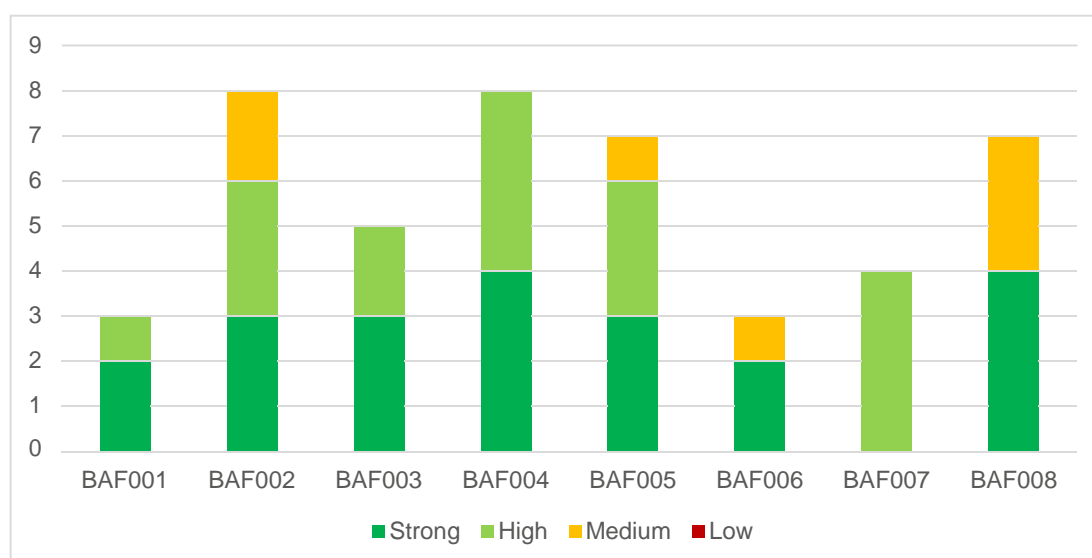


Below is a graph detailing the 31 open risks by committee, it excludes the one risk within tolerance recommended for closure. The graph outlines, for each committee, where the risk is below tolerance, approaching target risk score and exceeding target risk score. This should direct the committee to the 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 February 2021.



A graph of assurance strengths by strategic risk and a summary table of the volume of controls is overleaf. 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.

Two actions for BAF-002 Insufficient resources have been completed, with two new actions have been identified for BAF-008 DIHC can't recruit, train and retain the appropriate innovative workforce required to deliver the transformational Integrated Care Provider ambitions for service user and a further two actions against that same risk are now reported as complete.



Summary of Aggregated BAF Risks by Assurances and Actions					
Effective Control - Assurance Strengths			Actions - Progress		
	Nos	%		Nos	%
Strong	21	47	Completed	4	17
High	19	42	Green	21	79
Medium	5	11	Amber	1	4

Low	0	0	Red	0	0
Totals	45	100	Totals	24	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.

Board Assurance Framework (BAF)

PUBLIC BOARD

March 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 Updated Actions
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	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
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 Updated Actions


BAF ASSURANCE REPORTING BY RISK

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)
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CONTROLS	ASSURANCES ON CONTROLS	ASSURANCES
1. Financial Planning process	High	<ul style="list-style-type: none"> Development of planning and budgeting during Q4 STP 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 People Resource gaps are being identified and reported through appropriate committees and working groups NHSEI Assessment and Review
3. Long Term Financial Plan and modelling	Strong	<ul style="list-style-type: none"> NHSEI Assessment and Review Independent 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 2020 Board 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 CCG Resources 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
9. Project plans in place that are monitored and reported through Board sub-committees	High	<ul style="list-style-type: none"> Progress on delivery against plan tracked, monitored and prioritised
10. Financial performance reported and monitored at Finance, Performance and Digital Committee and Audit and Risk Committee	High	<ul style="list-style-type: none"> Reporting breakeven position
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 position Scenario modelling

• Development of the Benefits Realisation and CIP programme	• Plans will be developed
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ACTIONS (mitigations)		OUTCOME (OUTPUT)	ACTION OWNER	DEADLINE	ACTION STATUS
1	<p>Ongoing development of PTIP and monitoring of progress through to relevant Committees</p> <p>Finance and Procurement and Sub-Contract PTIP plans have been developed and a formal reporting mechanism through the PTIP Development Group through to Transaction Committee established during January 2021.</p>	Progress reports on supporting plans, risks and resource requirements known, planned for and mitigated	Elaine Doyle	31/12/21	Complete
2	SBS / BI / ESR reporting to be developed	Integrated recourses reporting processes that support integrated assurance framework	Matt Gamage / Jack Wilkinson	31/01/21	G
3	<p>Complete analysis of required resources including options to re-align existing resources to maximise benefit</p> <p>Regular monitoring and delivery against a break even position.</p>	Clear resource requirement defined that is supported by revised allocation of existing resources	Matt Gamage	31/01/21	Complete

<div>Strategic Objective Ref: SSO4: Define the organisation required from 1st April 2021</div>	<div>Strategic Risk: 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</div>	<div>Risk Accountability</div> <div>NED Oversight: Martin Evans, NED as Chair</div> <div>Assurance Committee: People</div> <div>Executive Lead: Bev Edgar, Director of People</div>	<div>BAF Ref: 08</div>																
<div>Rationale for Risk: DIHC requires a workforce that is experienced, capable and flexible to deliver the services now and is supportive and agile enough to meet the needs of transformation and innovation ambitions outlined in the FBC, all workforce plans developed would need to align and reflect the work DIHC is doing collaboratively with our partners and on a local / national level. The timeline for delivery is short and for primary care is dependent on clinical strategies and pathways being sufficiently developed to meet the needs for service users and patients with increasing complexities that also addresses increasing demand and reduces variation and health inequalities. This needs a workforce that meets the clinical and professional skills and capabilities required but is also supportive and agile enough to meet the needs of any transformation.</div>			<div>Risk Appetite: Moderate (6 – 11)</div>																
<div>Risk Movement Graph</div> <div></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>Low 9</td><td>Low 9</td><td></td><td>6 to 11</td></tr><tr><td>C x L</td><td>(3 x 3)</td><td>(3 x 3)</td><td></td><td></td></tr></table>			Inherent Oct 2020	Q3	Q4	Target	Total	Low 9	Low 9		6 to 11	C x L	(3 x 3)	(3 x 3)			<div>Rational for Current Risk Score</div> <div>Risk Proximity: Active and happening now in some services</div>
	Inherent Oct 2020	Q3	Q4	Target															
Total	Low 9	Low 9		6 to 11															
C x L	(3 x 3)	(3 x 3)																	
CONTROLS		ASSURANCES	ASSURANCES																

	ON CONTROLS	
1. Vacancies rates and plan for managing recruitment in key areas of CHC	Strong	<ul style="list-style-type: none"> Manged through People Committee in the KPIs and metrics, exception reporting to committees and Trust Board
2. Development of the People Strategy and high-level visions within the FBC	Strong	<ul style="list-style-type: none"> Ongoing development of the supporting project plans Gaps in plans identified with oversight from the People and the Transaction Committees
3. Confirmation of financial allocation of six months to end of March 2021	Strong	<ul style="list-style-type: none"> Report to Finance, Performance & Digital and Audit & Risk Committees Impact of allocation reported to People Committee
4. Further development is evidenced through the PTIP across the core areas	Medium	<ul style="list-style-type: none"> Ongoing development of the supporting project plans Gaps in plans identified with oversight from the Transaction Committee
5. Working with Local People Board (was called Local Workforce Action Board) on the system wide response to the workforce	Medium	<ul style="list-style-type: none"> Development of a system wide Workforce Plan DIHC recruitment plan aligned to system partners and STP
6. Well-developed engagement sessions for staff and ongoing support from BCH through the SLA for access to Well Being Networks	Medium	<ul style="list-style-type: none"> Regular communications with staff and surveys highlight areas for concern Access to Well Being Networks ensures that cross-fertilisation of strategies, support available etc Supported by Staff Survey results, reduced sickness levels, incidents and turnover also reduced
7. Integrated Workforce plan will be in developed by February	Strong	<ul style="list-style-type: none"> Reports through the Transaction and People Committees
GAPS IN CONTROLS		GAPS IN ASSURANCES
<ul style="list-style-type: none"> Leadership Recruitment and Development Strategy 		<ul style="list-style-type: none"> High-level strategic outlined in FBC but supporting plans need to be developed
<ul style="list-style-type: none"> Development of recruitment and retention policies in line with regional and national agendas 		<ul style="list-style-type: none"> Working with BCH on policy to reduce turnover and vacancy levels (linked back to KPIs reported to People Committee) Staff and staff side engagement with the development and sign off of policies
<ul style="list-style-type: none"> Development of aims, purpose and commitments supported by behaviours led 'caring' culture 		<ul style="list-style-type: none">
<ul style="list-style-type: none"> Leavers / Exit Questionnaire for staff 		<ul style="list-style-type: none"> Analysis undertaken and reported through to People Committee
<ul style="list-style-type: none"> Development of formal staff engagement and support processes (potential use of KPIs) 		

- Occupational Health Services

- Uptake of service and impact on sickness levels reported to People Committee

ACTIONS (mitigations)		OUTCOME (OUTPUT)	ACTION OWNER	DEADLINE	ACTION STATUS
1	The HR workplan and supporting HR PTIP has been developed and a formal reporting mechanism through the PTIP Development Group through to Transaction Committee established during January 2021. This reporting cycle will continue post April 2021 and through to when the establishment of DIHC is stable and the transfers of services are completed.	Progress reports on supporting plans, risks and resource requirements known, planned for and mitigated.	Bev Edgar	31/01/21	COMPLETE
2	Further review of the workplan to identify strategic priorities, develop supporting operational plans and timelines is ongoing. This will include ensuring separation of Organisational / Cultural Development from core HR and L&D priorities to ensure business as usual recruitment and retention activities are separated out from the transformational and innovative work to develop the agile workforce DIHC needs. The EDI work also will be captured as a priority within BAU and developmental work.	Experienced, capable and agile workforce that is reflective of the community it serves. Demonstrated through retention and vacancy management KPIs.	Bev Edgar	31/03/2021	G
3	Established Policy and Procedures Development Group, with HR membership, supported by a prioritised programme of policies identified for harmonisation and staff side engagement.	DIHC have legacy HR policies from 'good' rated trust that staff can access and have a planned programme for harmonisation.	Bev Edgar	31/03/21	COMPLETE
4	With each transfer of services, the work to deliver the policy harmonisation grows, it is expected that this will be a 18-month programme and monitoring is through People Committee for HR policies and overall programme management will be through the Executive Committee and Quality & Safety Group.	DIHC policies supported by one process for all core policies that staff have ease of access to through the intranet.	Bev Edgar	31/3/2022	G

5	Develop recruitment policy including development opportunities, training, developing talent and leadership programmes. <The supporting programme of actions / activities that support to be developed by end of March 2021>	DIHC seen as an attractive place to work.	Bev Edgar	31/01/21	G
6	DIHC programmes and workstreams aligned and supportive of STP Workforce Plan. <The supporting programme of actions / activities that support to be developed by end of March 2021>	DIHC established as a key partner and employer with benefits seen across all areas of recruitment and retention of staff.	Bev Edgar	31/03/21	G

Dudley Integrated Health and Care NHS Trust

Corporate Risk Register

Appendix 2 Risks ABOVE Tolerance



Dudley Integrated Health and Care
NHS Trust

STEP 1 - IDENTIFY										STEP 2 - EVALUATE							STEP 3 - PLAN										
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	Action Deadline	Target Risk Rating			Above or Below Tolerance	
		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)
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 Priority posts for recruitment are being reviewed by the DIHC Executive Team	Strong - Green	4	4	16	➡	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	31/03/2021	1	5	5	Above
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 Participation in discussions led by the CCG by identifying a plan that all system partners are aligned to.	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	31/03/2021	2	3	6	Above
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	4	4	16	➡	Treat	Work with Partners to manage at system level.	Bev Edgar	31/03/2021	1	4	4	Above
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	31/03/2021	1	4	4	Above
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	31/03/2021	3	2	6	Above

STEP 1 - IDENTIFY										STEP 2 - EVALUATE							STEP 3 - PLAN									
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		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	
C-073							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	31/03/2021	3	3	9	Above
C-102							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	31/03/2021	1	4	4	Above
C-030							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 takes place on a regular basis.. 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	31/03/2021	1	4	4	Above
C-078							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	PTIP clearly defines required activities	Matt Gamage	31/03/2021	1	4	4	Above
C-103							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	31/03/2021	1	4	4	Above

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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	31/03/2021	1	5	5	Above
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	31/03/2021	1	4	4	Above
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	31/03/2021	1	4	4	Above
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	31/03/2021	3	2	6	Above
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	31/03/2021	2	3	6	Above
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	31/03/2021	1	4	4	Above
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.	Strong - Green	2	4	8	➡	Treat	On hold - Regular weekly subcontract discussion meetings Engagement with CCG to support subcontractor understanding of outcomes	Steph Cartwright	31/03/2021	1	4	4	Above

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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	31/03/2021	2	2	4	Above
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	31/03/2021	1	4	4	Above
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	31/03/2021	1	4	4	Above
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	Clear communications and engagement group. Utilise existing channels e.g. Healthcare Forum, PPGs to share the developments. Work is ongoing through COVID with regular public engagement taking place. Referesh of the Communications and Engagement Strategy	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	31/03/2021	1	4	4	Above
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	31/03/2021	2	2	4	Above

STEP 1 - IDENTIFY											STEP 2 - EVALUATE										STEP 3 - PLAN					
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		Audit and risk	Remuneration	Q&S	F, P & D	People				(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)	
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.	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	31/03/2021	2	2	4	Above
C-104	✓	✓	✗	✗	✗	✗	Paul Assinder	Risk of legal action as a result of decisions made in response to COVID-19	Potential financial penalties and/or adverse media attention	3	3	9	Decisions log being maintained regarding key COVID-related decisions Decisions log entries aligned with CCG process to ensure all relevant information is captured	Strong - Green	2	2	4	⇒	Treat	Reiterate to the exec team the need to discuss and capture key decisions Update decisions log on a regular basis robust approval process for incremental expansion	Jim Young	31/03/2021	2	3	6	Above
C-046	●	✗	✗	✗	✗	✓	Bev Edgar	Risk of failure to identify and manage cultural differences between organisations coming together in ICP and as a result causes continuation of siloed working in different sectors.	This will result in benefits of ICP not realised/delivered	5	4	20	Funding for a learning culture programme in partnership with BCH.	Weak - Yellow	2	3	6	⇒	Treat	Develop clinical leadership programme and support for frontline staff and utilise the engagement opportunities the development of the ICT/PCN offers and create a clear OD Development Plan.	Bev Edgar	31/03/2021	1	4	4	Above

Dudley Integrated Health and Care NHS Trust

Corporate Risk Register

Appendix 3 Risks BELOW Tolerance



Dudley Integrated Health and Care
NHS Trust

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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	Action Deadline	Target Risk Rating			Above or Below Tolerance	
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C-101	✓	✗	✗	✓	✗	✓	✗	Steph Cartwright	Risk of COVID-19 affecting staff	Impact on delivery on services and/or management of ICP	4	5	20	DIHC senior management team involved in BCH, Dudley system and Black Country COVID-19 meetings, which include a review of workforce arrangements. Remote home working implemented wherever possible; PPE provision for Red Centre staff above minimum specification for higher risk patients such as children. Weekly meetings held with Red Centre staff and management. Daily operations calls with Senior Management Team where required.	Strong - Green	3	4	12	⇒	Treat	Review and update the Business Continuity Plans. Review workload of Red Centre and identify any improvements to clinical practice required. Clear messaging to be provided to staff including learning from review of internal incidents Identify plan for staff vaccinations	Caroline Brunt	31/03/2021	3	4	12	Below
C-084	●	✗	✗	✗	✗	✗	✓	Steph Cartwright	Risk of uncoordinated care delivered to the population by various service providers and patient access points, due to clinicians unwilling to change practices	This will result in creating inefficiencies and reduced ability to create the opportunity and effective care delivery to the population, subsequently leading to the Inability for ICP to deliver consistent and robust clinical care model.	3	4	12	Clinical Strategy Board (CSB)in place to provide assurance. This will be underpinned by Integrated Care Pathways and improved care planning for those at greatest risk.	Strong - Green	2	3	6	⇒	Treat	Clarify and confirm partner participation in future CSB and Clinical Advisory Group meetings	Steph Cartwright	31/03/2021	2	4	8	Below
C-082	●	✗	✗	✓	✗	✗	✗	Steph Cartwright	Risk to the continuity of business due to not fully formed and robust business continuity plans.	This will have an impact and possible causing an effect on provision of patient care.	1	4	4	Planned activities for the development of DIHC Support for business continuity / emergency preparedness secured via the BCH SLA - EPRR and business continuity training completed in November	Strong - Green	1	4	4	⇒	Tolerate	Training schedule to be agreed with BCH; business continuity plan session scheduled for 10/12/20 Business continuity plans being actively reviewed and revised alongside relevant policies	Steph Cartwright	31/03/2021	1	4	4	Below
T-037	●	✗	✗	✗	✗	✓	✓	Bev Edgar	Risk of delay/protracted HR consultation periods and risk of delay resulting from any Trade Union disputes	This will impact the timetable for service/contract commencement not viable	3	4	12	Engage early with the Unions and Staff side through the Workforce Development Group and engage in 'what matters to staff' prior to TUPE discussions and understand the current workforce pressures and challenges.	Strong - Green	1	4	4	⇒	Treat	Continue to engage with relevant partners. Staff side are regular attendees at monthly HR collaborative	Bev Edgar	31/03/2021	1	4	4	Below
T-045	●	✗	✗	✗	✗	✗	✓	Steph Cartwright	Risk of occupation/lease agreements for required premises are not in place by contract start date. There is a Lack of clarity around responsibilities and costs - potential delay in contract start.	This will impact in seeking clarity around responsibilities and costs – potential delay in contract start	3	4	12	The space required for the 1st April services has been identified. The BTA with BCP includes provision of required spaces in their premises. In respect of NHSPS premises all Dudley tenants are undocumented and the ICP is part of a health economy-wide process for lease regularisation.	Strong - Green	2	2	4	⇒	Tolerate	Ensure space continues to be identified for the 1st April transfer and that the regularisation process completes prior to 31st March 2021	Phil Cowley	31/03/2021	2	2	4	Below
C-108	●	✗	✗	✓	✗	✗	✗	Chris Weiner	There is a risk that EU Exit disrupts the supply chain of goods, services or people required by the Trust to deliver its clinical services	This disruption adversely affects the quality of services provided by DIHC	1	4	4	Routine management of supply shortages of medicines already in place and managed through the pharmacy team	Strong - Green	1	4	4	New	Tolerate	Situation will be kept under review with a particular focus on the point in time when DIHC expands its service provision following agreement with NHSE/I and the CCG	Chris Weiner	31/03/2021	1	4	4	Below

Dudley Integrated Health and Care NHS Trust
Corporate Risk Register
Appendix 4 Risk to be CLOSED

STEP 1 - IDENTIFY										STEP 2 - EVALUATE							STEP 3 - PLAN										
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	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			Above or Below Tolerance	
		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)
T-085	●	✗	✗	✗	✗	✓	✓	Bev Edgar	Risk to reputation and delayed implementation of workforce support due to lack of communication provision and visibility of the leadership	This will impact leaderships ability to be visible and approachable to all staff in ICP and will restrict the ability to consult with the partnership.	3	4	12	HR Director workforce group how will lead the transfer and due diligence - roadshows and consultation Workforce benefits and intranet in complete supported by HR Team	Strong - Green	1	4	4	➡	Treat	Develop detailed staff engagement and leadership programme ensuring early targeted approaches to engage with staff at all levels	Bev Edgar	31/03/2021	1	4	4	Below

Quality & Safety Report

Reporting period: January 2021

Reporting to: February 2021 Quality & Safety Committee

Reported by: Caroline Brunt, Director of Nursing, Quality & AHPs
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
- One formal complaints reported this month

Key Areas of Success

- Staff flu vaccination uptake continues to increase with Covid data now being included from High Oak
- Progress being made with regards to safeguarding information; some previous data has now been provided
- Committee Effectiveness Review undertaken supported by review of terms of reference and cycle of business

Key Areas of Concern

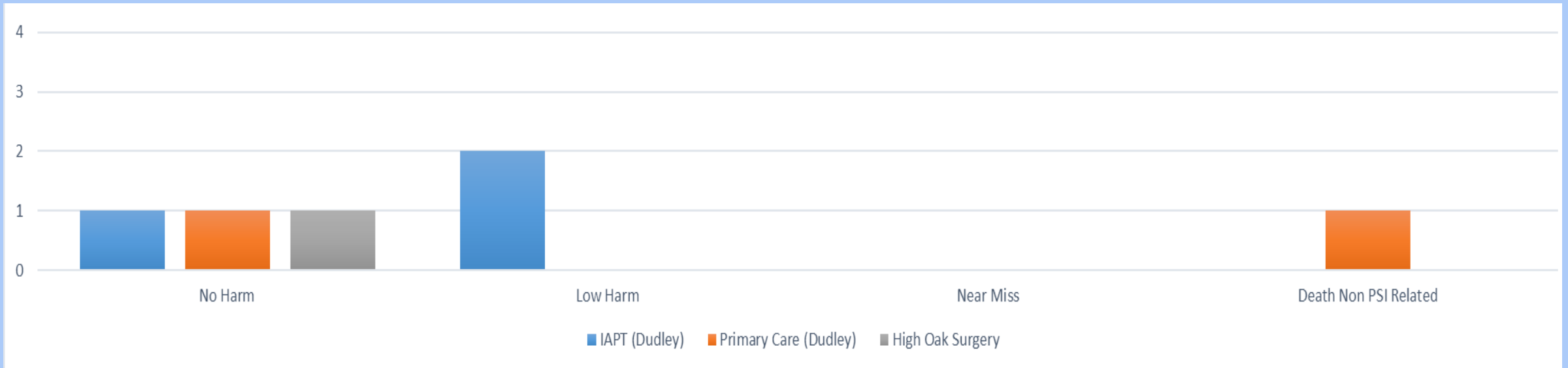
- A risk in relation to the absence of staff identification badges was raised for the Committees awareness. While acknowledged as a People Committee risk it was also considered as a potential quality and safety issue that the members needed to be sighted on.

Focus for Next Committee

- Maintain focus on vaccination programme
- Safeguarding will remain high priority
- Quality Account including priorities for 2021/22
- Deep dive process
- Embedding Lessons Group terms of reference

INCIDENTS - reported during January 2021

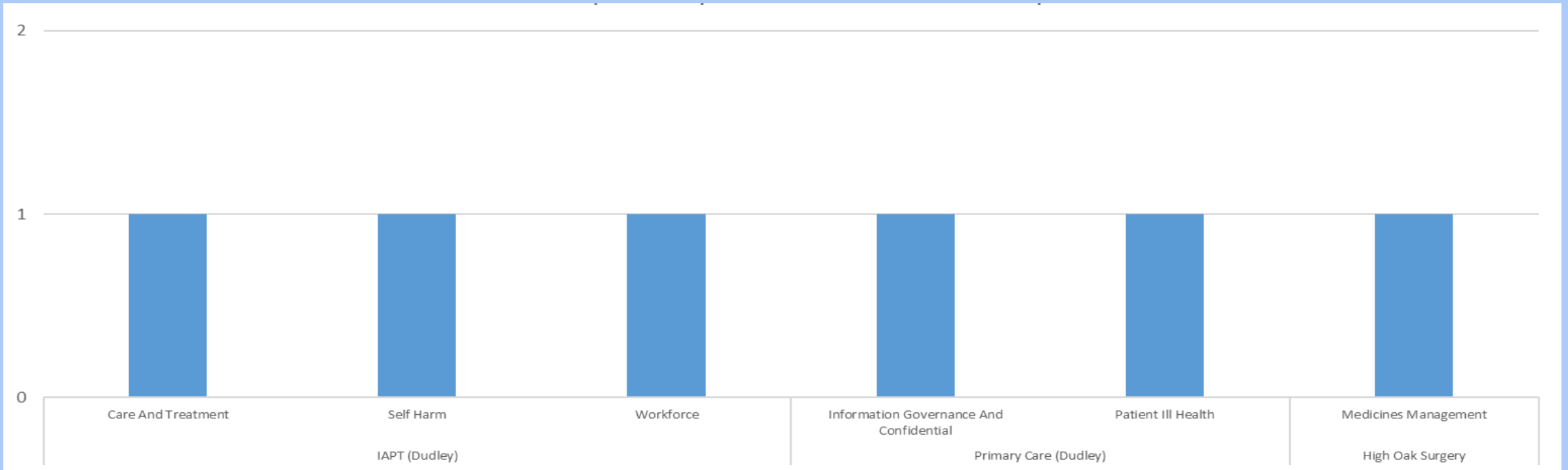
Reported by Service and Impact



- 6 incidents reported this month; none meet the criteria for reporting as a Serious Incident
- The 2 low harm incidents do not relate to any aspect of treatment provided by the DIHC IAPT team
- The death refers to a patient passing away in hospital from natural causes, unrelated to any treatment provided by the PCMHS team

INCIDENTS - reported during January 2021

Reported by Service and Cause



- The High Oak medication incident relates to an incorrect dose being administered; the PBP is aware and no impact on the patient
- The self-harm incident relates to a previous service user who last received support from PCMH in 2016

SERVICE USER FEEDBACK – reported during January 2021

Reported by service and type

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

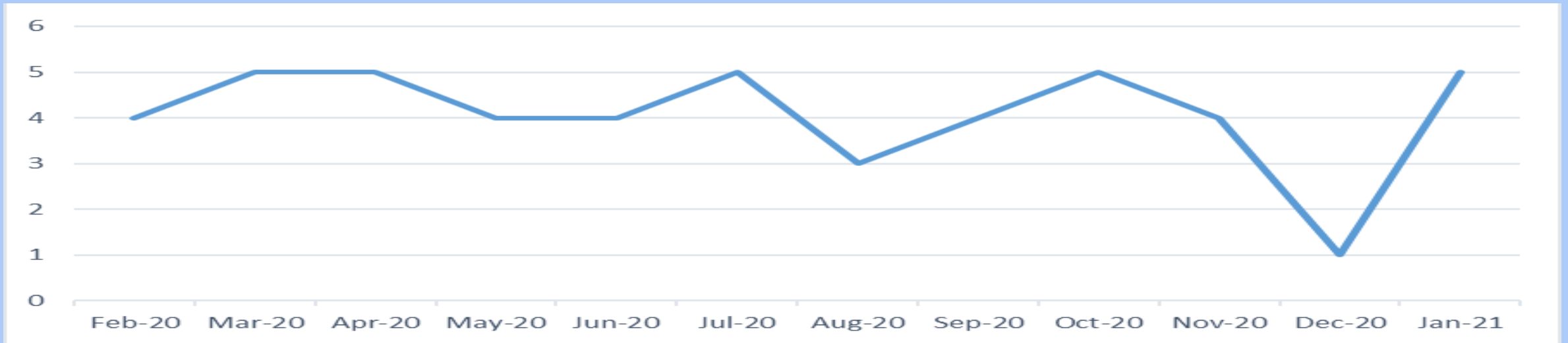
- Four IAPT-related informal concerns reported during this period, all relating to patients following up on appointments; all have been contacted and either an appointment confirmed or updated on the expected wait
- One formal complaint has been received – relates to the alleged lack of compassion shown by the GP; investigation currently being supported by the Governance team

SERVICE USER FEEDBACK – open complaints & rolling 12 months

Total open complaints

Only one reported this month; none previously reported

Complaints / concerns – rolling 12 months



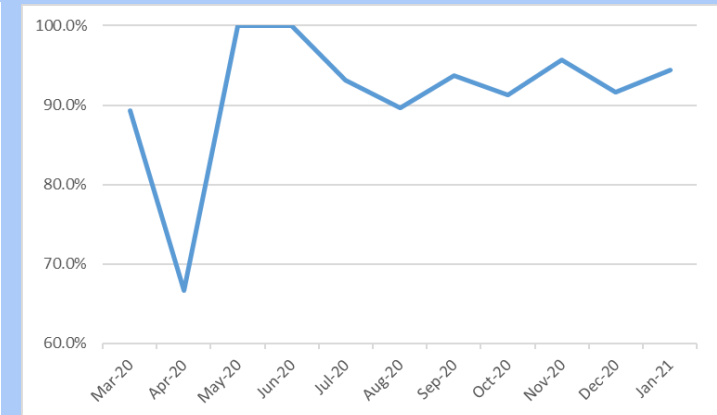
- There are no obvious trends emerging from the 12 month rolling dataset

SERVICE USER FEEDBACK – Friends & Family Test

- Currently only have access to FFT data for High Oak; currently being explored for other services (see 'Service-level assurance reporting' below)
- 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:

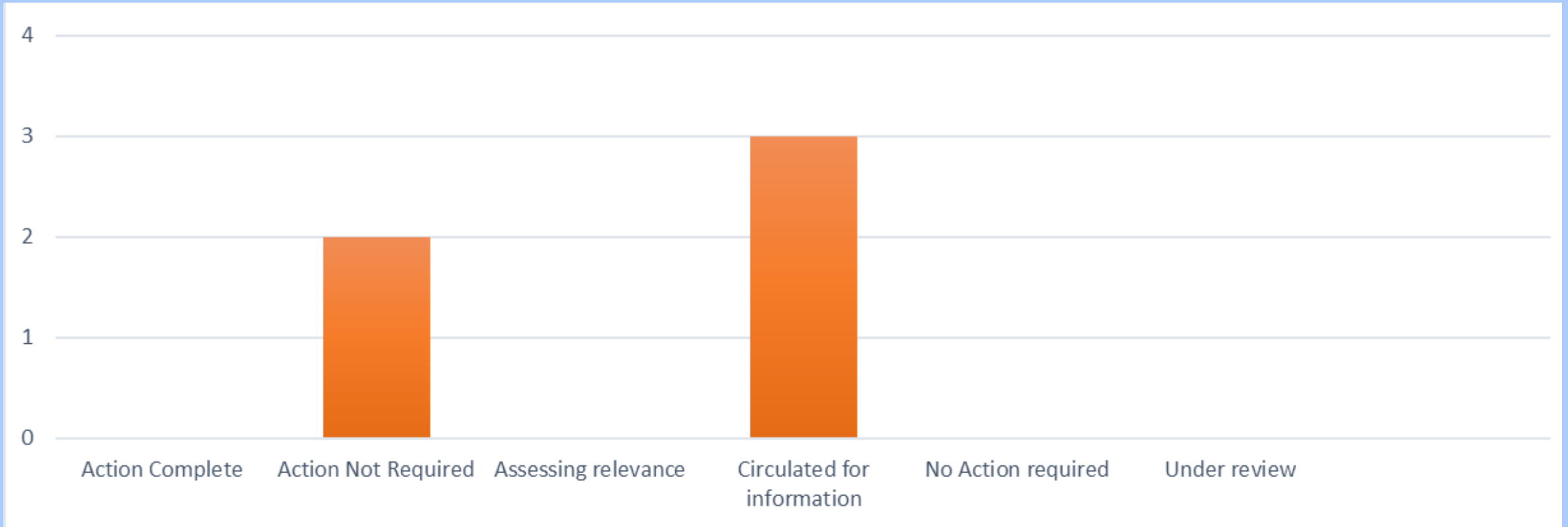
Month	Total number of respondents	% Not recommended	% Neither / don't know	% Recommended
Nov 20	46	2%	2%	96%
Dec 20	48	4%	4%	92%
Jan 21	71	4.2%	1.4%	94.4%

% recommended over time



- High Oak are currently focussing FFT on face to face appointments but are looking at ways to expand this to remote consultations too
- The reasons for not recommending are currently being explored

CAS SAFETY ALERTS – reported during January 2021



- 5 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 – the Trust is currently in the process of purchasing an additional Datix module to centralise this from April

SAFEGUARDING

- The DIHC Interim Director of Nursing, AHPs & Quality has recently met with the Interim Head of Safeguarding for the Dudley & Walsall Division of Black Country Health Care NHS Trust
- From that meeting, a way forward has been agreed to ensure robust safeguarding assurance can be provided for the mental health services of IAPT & PC MH; this includes:
 - The provision of November and December safeguarding data for the PCMH & IAPT teams (see **Appendix 1 & 2**)
 - A timely, service-specific dashboard to be developed as a matter of priority which meets the CCG contractual requirements;
 - An urgent meeting to be arranged between operational leads to understand the information held by BCH, its extraction and collation and any data quality issue;
 - The links with IAPT and PC MH service leads and their teams to be strengthened to give qualitative assurance in relation to a set of agreed KPIs;
 - Provision of safeguarding supervision that is predominately proactive and reactive where necessary.

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 uptake has also increased
- Latest uptake data (as of 08/02/2021):

Flu	Total staff	Number vaccinated	% vaccinated
Patient facing	158	109	69%
Non-patient facing	54	50	93%
TOTAL	212	159	75%

COVID-19	Total staff	Number vaccinated	% vaccinated
Patient facing	164	93	57%
Non-patient facing	54	43	80%
TOTAL	218	136	62%

- 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 04/02/2021):

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	446	70%	94%
50 years - 64 years At Risk	307	146	47.5%	79%
18 years - <50 years At Risk	430	144	33.4%	61%
12 years - <18 years At Risk	20	6	30%	45%
2yrs - < 4 years Old (Nasal)	191	63	33%	50%
Pregnant Patients - in other at risk group	4	28	64%	89%
Pregnant Patients - NOT in another risk group	40			

- No follow up of flu declines was possible this month due to the focus on Covid vaccination; this will be re-established as soon as possible
- See also service-level assurance report summary

INFECTION PREVENTION & CONTROL

- Covid vaccination programme at High Oak now underway; latest uptake data (as of 08/02/2021):

Age group	Total Population Per Age Group	Total Vaccinated FIRST DOSE	Total Vaccinated SECOND DOSE	Total patients declined
Over 80	208	178	41	12
75 - 80	111	49		1
70 -75	156	35		2

- Initial review of patients declining the vaccine has identified no rational in most cases; however for the small number that did provide reasons these included:
 - Partner being in a different cohort so wished to wait to have together
 - Unwell at the time of being called
 - Wanted to discuss with daughter before agreeing
 - A needle phobia
- See also service-level assurance report summary

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Quality & Safety Committee

Date of meeting: 16th February 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 committee was quorate
- The developing quality report with service level information was discussed and assurance gained recognising that we remain reliant on manual data collection while automation is being explored and progressed;
- 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 (SI) were reported during the reporting period however the Committee were made aware of a SI reported in the days leading up to the Committee. Assurance was given that a 72 hour brief was underway and would be reported in line with Trust processes.
- One complaint had been received and an investigation was being conducted;
- Safeguarding data for November & December 2020, for the IAPT & Primary Care Mental Health services, was shared and discussed. Assurance was gained that there was a commitment from all parties to resolving the lack of performance data and providing it in a consistent and timely way;
- DIHC staff flu & Covid vaccination programme was discussed and assurance gained that there were increasing numbers of staff vaccinated. There continues to be a disparity in the uptake of vaccination amongst patient facing staff and non-patient facing staff for both vaccines.
- At the time of Committee reporting the data was:
 - - Staff flu vaccination levels at 69% for patient facing vs. 93% for non-patient facing staff. The overall Trust reported position at Committee was 75% therefore meeting the national target;
 - - Covid at 57% for patient facing vs. 80% for non-patient facing staff.
- There was a lengthy discussion regarding patient and staff risk assessment in relation to staff declining vaccination; strong engagement and messaging required that vaccination is organisationally promoted unless clinically contraindicated with a commitment to understand, support and positively challenge staff without contravening their right to decline the vaccination;

- Patient vaccination rates within High Oak practice were discussed and assurance gained; in response to the Committees request for further quantitative and qualitative information about patients that are declining vaccination a summary of refusal reasons were given. The focus was on Covid vaccination refusals as this had been the priority during the reporting period;
- Training data and compliance levels were considered and discussed as a risk albeit the risk relates directly to People Committee it is a potential quality and safety issue as it relates to workforce competence.
- A risk in relation to the absence of staff identification badges was raised for the Committees awareness. While acknowledged as a People Committee risk it was also considered as a potential quality and safety issue that the members needed to be sighted on.

Clinical Governance systems:

- An updated progress report was provided to Committee on the governance developments (Implementation of Datix, Integrated Assurance Framework, Policy development & clinical audit) and assurance gained;
- Information and assurance was provided on the transfer of Shropshire School Nursing Services (to be known as School Health Advisors) to DIHC on April 1st 21 and ensuring a 'Clinical Governance safe landing';
- Quality & Safety Committee effectiveness review was discussed alongside Committee Terms of Reference; these were agreed with required modifications. A review rating of Adequate was supported as an accurate reflection of the Committees current state of development;
- The Clinical Quality Oversight & Review Group has now been established within the DIHC corporate calendar, as an additional level of assurance, to scrutinise the service data reporting through to the Quality and Safety Committee.

Board Assurance Framework & Risk Register:

The Board Assurance Framework and Risk Register were presented to committee for approval and assurance noting: -

- The Committee had a stable risk profile.
 - EU Exit had been the only new risk in the last three months;
 - The Committee considered the other organisational risks not assigned to Quality and Safety Committee and confirmed there were no quality and safety aspects they wished to add;
 - The Committee agreed the BAF risks were appropriate as were the existing controls.
- The risk register review and reflection required no further changes.

Decisions made by the Committee	<ul style="list-style-type: none"> • None
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	<ul style="list-style-type: none"> • None
Items/Issues for referral to other Committees	Risks relating to ID badges and training compliance already covered via People Committee

Workforce Performance Report January 2021

Reported at: February 2021 People Committee

Reported by: Bev Edgar, Interim Director of People

Workforce Highlight

Executive Lead: Bev Edgar, Interim Director of People

Non-Executive Director Lead and Chair of People Committee: Martin Evans

Summary

- Flu Vaccine compliance for frontline staff was reported at 69% with the Covid-Vaccination being reported to committee as 136 out of 218 eligible staff having received it (reported at 9th February 2021)
- The committee received an update on the School Nurses TUPE, Future Proof Health, E-rostering, Practice Based Pharmacy and GP Recruitment

Key Areas of Success

- HR Policies harmonisation programme was agreed and work on going with Staff Side to ensure prioritised policies are agreed and the DIHC Recognition Agreement which will be presented to Staff Side in February 2021
- Data cleanse work on the ESR system supported by a 'Getting Managers to use ESR' communications has demonstrated to the committee that there is a grip on workforce data and assurance given on workforce performance data
- A Risk Management Workshop was held to review the Workforce and People risks across the organisation, output was reported back to the February Committee
- Committee effectiveness review has been undertaken and an updated Terms of Reference and new Cycle of Business has been developed for 2021

Key Areas of Concern

- Resources continue to be an issue for the delivery of the ambitious HR and OD work plan
- Development of plan to move to one system for reporting of all HR data, that is the alignment of Bluestream and ESR and the manual input of transfers of future staff is ongoing and agreement has been given to fund any additional resources
- The development of the Service Level Agreement post May 2021 (recognising the three month run on) needs to be finalised in order to develop an in-house team (following Finance Services model) or detailed SLA negotiated

Focus for Next Committee

- Continued focus on the development of Workforce reporting supported by KPIs
- Start of the Annual Report process (EDI, WRES WDES, Staff Survey, F2SU etc)

Workforce Dashboard

445 Dudley IHC

Jan-21

Staff in Post

	Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Funded Establishment				63.41	63.41	63.41	63.41	63.41	63.41	-	-		
Staff in Post FTE (Contracted)				54.95	54.95	55.95	55.95	56.95	56.95	116.84	125.04	148.62	166.51
WTE Variance				8.46	8.46	7.46	7.46	6.46	6.46				
Vacancy %	10.0%			13.34%	13.34%	11.76%	11.76%	10.19%	10.19%				
Headcount				61	61	62	62	63	63	148	155	183	205
Starters				1.27	0.00	1.00	0.00	1.00	0.00	64.25	6.68	25.28	16.76
Leavers				1.62	0.00	0.00	0.00	0.00	0.00	1.00	0.00	1.00	0.00
Turnover % (12 Months)	10-13%			11.48%	9.82%	9.66%	10.20%	9.50%	10.09%	7.25%	6.29%	7.48%	6.66%
Turnover % (in Month)	0.8-1.1%			2.97%	0.00%	0.00%	0.00%	0.00%	0.00%	1.30%	0.00%	0.73%	0.00%

Notes:

Funded establishment not received as yet

No leavers this month

22 new starters in January within PCN giving an increase of 17.89 FTE which is an increase of 10.74% to overall workforce WTE.

Current Advertised Vacancies:

HCA – High Oak Surgery, shortlisting in process

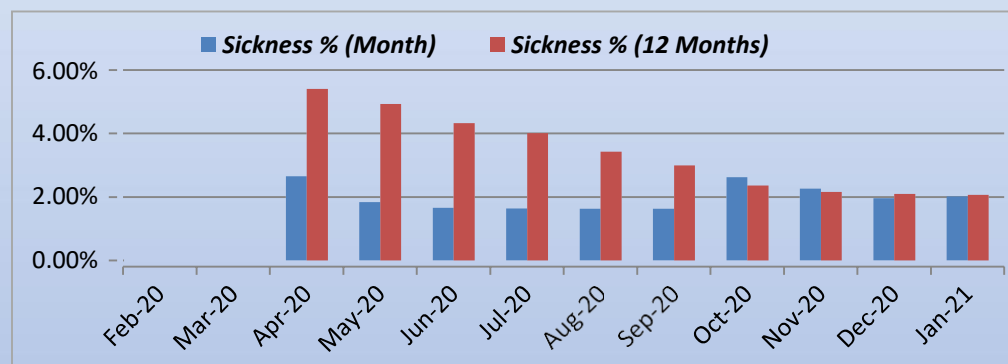
Salaried GP – High Oak Surgery, advert being placed with NHS jobs

Bank HR Manager – application under process

Bank Governance Officer – application under process

Absence Management

Absence	Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Sickness % (Month)	4.68%			2.65%	1.83%	1.65%	1.63%	1.62%	1.62%	2.62%	2.26%	1.95%	2.02%
Sickness % (12 Months)	4.68%			5.40%	4.93%	4.32%	4.01%	3.43%	2.99%	2.36%	2.16%	2.10%	2.07%
Long Term Sickness % (12 Months)				74.82%	76.68%	77.31%	76.81%	77.84%	77.84%	69.37%	62.96%	100.00%	66.34%
Maternity % (Month)				4.85%	4.87%	4.94%	3.11%	3.10%	3.75%	2.46%	2.34%	1.39%	1.18%



Notes:

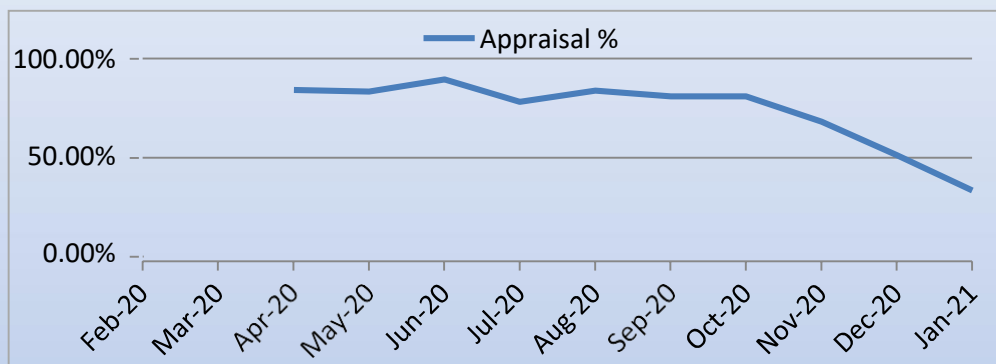
Recording of sickness absence is not consistent through the organisation and further work is needed to highlight the use of ESR recording to ensure under reporting is not happening.

Current Absence reporting highlights 2 employees being actively managed for long term sickness absence.

Appraisal

Development

	Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Appraisal %	85%			84.09%	83.33%	89.47%	78.18%	83.72%	80.85%	80.85%	68.09%	51.11%	33.33%



Notes:

Appraisal completion is at 33.3% and for the first time includes both the CCG and High Oaks staff cohorts.

While this is an overall reduction in compliance, as an aside, for the Primary Care and IAPT staff the underlying rate of compliance is 76.09% compared to 55.11% from last month. This was a significant improvement from the position reported for December 2020.

The target of 100% compliance by 1st April 2021 and is being monitored closely by the Executive Team.

Covid Risk Assessment

The data for Risk Assessments is obtained from 3 sources, ESR, the COVID inbox and direct from the PCN.

Figures show that 60 staff have completed the COVID Risk Assessment and recorded it on ESR and are up to date.

55 staff have completed the COVID Risk Assessment and recorded it via the COVID inbox.
48 staff recently recruited in December and January by the PCN have had a COVID Risk Assessment completed.

This gives a compliance of 76.8%.

To be able to highlight those who have not completed the Risk Assessment within the required timeframe data from the COVID inbox and the PCN needs to be uploaded to ESR.

The Covid-19 Risk Assessments data is being reviewed this month and will be reported in detail in the March 2021 report.

The target of 100% compliance by 30th April 2021.

Mandatory Training Compliance

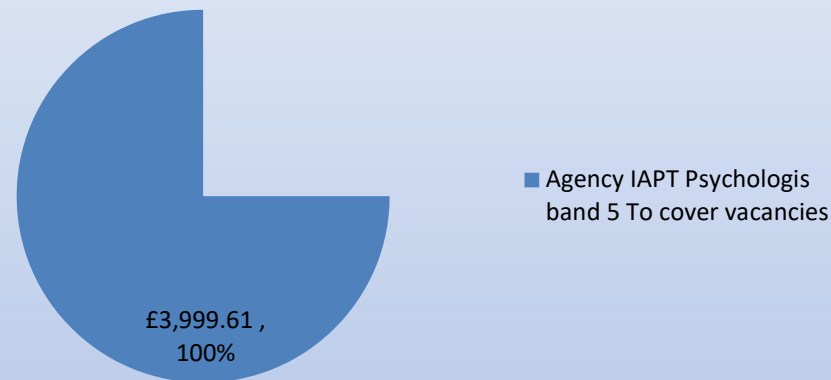
Competence	Overall Compliance			
	Total	Compliant	Non Compliant	% Compliant
NHS CSTF Dementia awareness - No Specified Renewal	55	49	6	89.09%
NHS CSTF Equality, Diversity and Human Rights - 3 Years	205	161	44	78.54%
NHS CSTF Fire Safety - 1 Year	201	141	60	70.15%
NHS CSTF Health, Safety and Welfare - 3 Years	203	147	56	72.41%
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	18	13	5	72.22%
NHS CSTF Infection Prevention and Control - Level 2 - 1 Year	55	41	14	74.55%
NHS CSTF Information Governance and Data Security - 1 Year	201	131	70	65.17%
NHS CSTF Moving and Handling - Level 1 - 3 Years	201	122	79	60.70%
NHS CSTF NHS Conflict Resolution (England) - 3 Years	82	56	26	68.29%
NHS CSTF Preventing Radicalisation - Prevent Awareness - 3 Years	53	43	10	81.13%
NHS CSTF Resuscitation - Level 2 - Adult Basic Life Support - 2 Year	24	21	3	87.50%
NHS CSTF Safeguarding Adults (Version 2) - Level 1 - 3 Years	34	29	5	85.29%
NHS CSTF Safeguarding Adults (Version 2) - Level 2 - 3 Years	59	52	7	88.14%
NHS MAND Clinical Risk Assessment - 3 Years	39	21	18	53.85%
NHS MAND Domestic Violence and Abuse - 3 years	22	21	1	95.45%
NHS MAND Medicines Management Awareness - 3 Years	17	8	9	47.06%
NHS MAND Mental Capacity Act - 3 Years	43	17	26	39.53%
NHS MAND Mental Health Act - 3 Years	21	11	10	52.38%
NHS MAND Safeguarding Adults Level 3 - 1 Year	24	18	6	75.00%
NHS MAND Safeguarding Children Level 1 - 3 Years	26	24	2	92.31%
NHS MAND Safeguarding Children Level 2 - 3 Years	59	53	6	89.83%
NHS MAND Safeguarding Children Level 3 - 1 Year	23	19	4	82.61%
Totals	1,665	1,198	467	71.95%

Notes:

Training data has been taken from ESR records and Blue Stream records and combined into one report.

New PCN staff included within numbers but mandatory training not completed thereby reducing % compliance, compliance without new PCN staff would be 78.15%

Agency and Bank Spend January 2021



Agency IAPT, £3,999.61, Psychologist Band 5

In the fifth month of reporting Agency and Bank spend, while there has been an overall reduction of 20% in the level of commitment required for the role, a reduction from 1 FTE to 0.8 FTE). As the costs incurred relate to the same role and reason as November and December 2020, this trend suggests a stabilisation in the use of agency staff.

Flu and Covid-19 Vaccination Compliance

Flu Vaccine – Patient Facing

	Vaccinated	% Compliance
IAPS	29	78%
PCMH	22	85%
CHC	13	76%
High Oak	9	64%
PCN	26	54%
Pharmacy	10	63%
		69%

COVID Vaccine – Patient Facing

	Vaccinated	% Compliance
IAPS	17	40%
PCMH	19	73%
CHC	11	65%
High Oak	5	38%
PCN	29	60%
Pharmacy	12	71%
		57%

Flu Vaccine – Non Patient Facing

	Vaccinated	% Compliance
Nursing Directorate	5	83%
Operations Directorate	34	97%
Contracts Management	4	100%
Communications	2	67%
Bank – Admin	2	67%
CHC - Non Patient Facing	3	100%
		93%

COVID Vaccine – Non Patient Facing

	Vaccinated	% Compliance
Nursing Directorate	4	67%
Operations Directorate	32	91%
Contracts Management	1	25%
Communications	1	33%
Bank - Admin	2	67%
CHC - Non Patient Facing	3	100%
	43	80%

Total Flu Compliance

	% Compliance
Patient Facing	69%
Non Patient Facing	93%
	75%

Total COVID Compliance

	% Compliance
Patient Facing	57%
Non Patient Facing	80%
	62%

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: People Committee

Date of meeting: 12th February 2021

Presented By: Martin Evans, Non-Executive Director

Significant risks/issues for escalation

Nil

Key issues/matters discussed at the Committee

- The Equality Diversity and Inclusion Committee (EDIC) took place on 11th February and so will present a formal report to People Committee in March.
- The Committee had already held a Risk workshop and agreed to recommend to the Transaction committee a change in risk ratings to C-106 C064 T037 and to recommend closing risk T- 085.
- Good progress has been made towards the actions within the BAF 008 and agreement to continue to align with new Workforce strategic priorities such as EDIC and Cultural Integration from April 21 onwards
- An update was provided on the progress of the committee Work Plan and its alignment with the PTIP and cycle of business.
- The committee reviewed its Terms of Reference (ToR) and Cycle of Business. A few minor amendments were made to the ToR and both reports were approved for ratification by the Board.
The Committee received its Self assessment report which had been reviewed by the Chair of the committee. The overall evaluation of the committee is assessed as 'Adequate'. This assessment reflected the maturity of the committee after 6 months. Key areas for development are understood and plans are in place to address them.
- An update was provided on the work that has taken place to improve the accuracy of KPIs being produced and reported to the committee. Assurance was given that the data now presented to the board was accurate. The information has been provided in a new format which also includes data for CCG and High Oak Staff.
- The funded establishment data is not available this month but the DoF gave assurance that a full set of data will be available for the committee in March.
- Sickness Absence Data – there is still a delay in producing this information.
- Assurance was given that the data is accurate.
- Appraisal data performance has declined this month - this is due to the inclusion of data from the CCG. It was agreed that this was unacceptable and it would be escalated and monitored by the Executive committee. **The committee agreed the Appraisal rate target should be 85% to be achieved by 1st April 2021**

	<ul style="list-style-type: none"> • Covid Risk Assessment shows compliance of 76% - a further review of the data is required. The committee agreed a target of 100% compliance by 30th April 2021. • Mandatory training data requires further development to provide team manager level reports. • Training via the Blue Stream System will cease from April 1st 2021. The data from this platform will be transferred to ESR to enable full reporting. • The Committee agreed to support the continued full cleanse of ESR due to concerns about incorrect data being transferred in October resulting in potentially inaccurate KPIs. • Flu Vaccine update - compliance amongst patient facing staff has increased. Line Managers are actively encouraging uptake amongst patient facing staff. Vaccination rates as at 9th February 2021 <p>Flu Vaccinations - COVID Vaccinations – Overall – 69% Overall – 62%</p> <ul style="list-style-type: none"> • The Committee received an update on the proposed staff transfer from Shropshire Healthcare and Future Proof Health on April 1st 2021- no issues were identified that have not got required plans in place to address. • The Committee received an update on the new guidance for Recruitment and selection for DIHC and supported the final completion of the document to be accessible on the DIHC Intranet • The Committee received the proposed guidance on the recruitment of GPs to be employed by DIHC. This was approved as part of the overall recruitment guidance to be shared on the Intranet • The committee received an update on the Apprenticeships models within the NHS and confirmed that whilst specific Apprenticeship roles were yet to be identified within DIHC there were a number of staff at High Oak practice who were already studying for various levels in conjunction with Dudley College. DIHC will be expected to secure and use levy as its pay bill exceeds £3m and it is the intention of the Trust to grow its Apprenticeship numbers in the future
<p>Decisions made by the Committee</p>	<ul style="list-style-type: none"> • To support the recruitment processes documentation • To support the continued ESR data cleanse work

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

Recommendation to the Transaction committee for a change in risk ratings to C-106 C064 T037 and to recommend closing risk T- 085 .

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Equality, Diversity and Inclusion Committee

Date of meeting: 11th February 2021

Author of the Report: Paul Assinder, Chief Executive Officer

Significant risks/issues for escalation

- The relationship between DIHC and PCNs is dependent on a number of areas in development as described below.

Key issues/matters discussed at the Committee

- The Committee met on Thursday 11th February 2021.

Inclusion Objectives

- The Committee noted the importance of work around the inclusion of LBGT+ community and it was agreed that the Associate Director of People would contact Stonewall to see that more could be done as an organisation as we moved towards developing a timeline to readiness in completion of the Stonewall assessment. It was noted that the pausing of the assessment reflects the significant amount of resources this would need and given where DIHC is on its journey to establishment and full complement the committee felt it was important to comment that was the reason for pausing and not as reflection of the importance of the Stonewall agenda.
- The approval and support of the committee was noted in moving forward with the Disability Accreditation and it was felt this could be achieved.
- It was agreed that further promotion and communicating of the BAME Network would continue and include raising at Team Meetings and an article within the Friday Roundup.

Guidance for Recruitment

- The Committee reviewed the guidance and felt it was clear, concise and useful in limiting unconscious bias. It was recommended that a definition of the nine protected characteristics be included in the document before publication on the intranet.
- It was agreed that a statement that shows DIHC commitment to equality, diversity and inclusion be developed and included on all job adverts.

- The Board welcomed the update that DIHC would be developing its own organisational branded TRACs online recruitment system.

Board Pledge and Leadership Development

- The Committee welcomed the development of an anti-racist statement and committed to a Board Development session followed by a public declaration on its Anti-Racism position.
- For the annual report it was agreed that narrative on 'where we are now' by acknowledging DIHC poor position in terms of diversity and the work and supporting initiatives that are being undertaken would be undertaken to supplement the statutory reporting requirements on EDI. This included the work on engaging with the Mary Seacole Trust on developing opportunities for Diversity in Leadership and the recruitment of Non-Executive Directors, development of recruitment guidance, auditing of short-listing, board pledge, etc.
- A robust discussion was had on the Covid Vaccination programme for staff and wider Dudley population and additional reporting on the uptake by ethnicity groups would be received by the committee.
- The Committee supported the proposal that a Community Leader become a member of the committee which would be taken forward by the Head of Communications and Engagement with the GP Lead.

Reciprocal Mentoring

- The Committee approved the recommendations of establishing a programme of reciprocal mentoring which seeks to establish a number of relationships between board and senior leaders, with individuals from across the organisation, so that there is a wider network of 'partners in progress' can be developed.
- It was agreed that DIHC would develop communications plan and reach out to find partners in progress (these are members of the board/senior leadership team, to partner with a member of DIHC staff who is passionate about improving the experience for black, Asian and minority ethnic staff).
- The Partners in Progress will have a number of modules with the LA. These will be spaced over the 18 months (approximately 4 modules) and in between modules will have commitment to action.

	<ul style="list-style-type: none"> Partners in Progress will have regular 1:1 meetings throughout to discuss their learning and actions and part of this process will be about joining forces across the Black Country with other organisations that are part of the programme to develop system wide change. <p>Other Business</p> <ul style="list-style-type: none"> The committee discussed the terms of reference and agreed these would be shared with the People Committee for assurance. Future meeting dates were agreed.
Decisions made by the Committee	<ul style="list-style-type: none"> Approval of the Recruitment Guidance Development of the Board Anti-Racism Pledge Development of the Reciprocal Mentoring Programme Widening of attendees to include a Community Leader
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	<ul style="list-style-type: none"> None identified
Items/Issues for referral to other Committees	<ul style="list-style-type: none"> None identified

Finance and Performance Report

Reporting Period April to January 2021

Reported at: February 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 January 2021. 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	4		
Capital Service Cover Rating	Degree to which the provider's generated income covers its financial obligations	>2.5x	1.75-2.5x	1.25-1.75x	<1.25x	0	4
Liquidity Rating	Days of operating costs held in cash or cash equivalent forms, including wholly committed lines of credit available for drawdown	>0	(7)-0	(14)-(7)	<(14)	214 Days	1
I&E Margin Rating	I&E surplus or deficit/total revenue	>1%	1-0%	0-(1)%	<(1)%	0.06%	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)%	<(2)%	500.00%	1
Agency Rating	Distance from providers cap	<0%	0%-25%	25-50%	>50%	-48.85%	1
Overall Score						2	
Local Finance Indicators		Green	Amber	Red		RAG	
Expenditure - Pay	Variance to plan	>0%	(2)-0%	<(2)%		7.5%	
Expenditure - Non Pay	Variance to plan	>0%	(2)-0%	<(2)%		-34.5%	
Income	Variance to plan	>0%	(2)-0%	<(2)%		4.3%	
BPP - no. of payments - NHS	Better Payment Practice Code - Number of payments made on time	>95%	75-95%	<75%		91.7%	
BPP - no. of payments - Non NHS	Better Payment Practice Code - Number of payments made on time	>95%	75-95%	<75%		90.7%	
BPP - value of payments - NHS	Better Payment Practice Code - Value of payments made on time	>95%	75-95%	<75%		99.3%	
BPP - value of payments - Non NHS	Better Payment Practice Code - Value of payments made on time	>95%	75-95%	<75%		98.6%	
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%		64.9%	
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%		39.7%	
IAPT Waiting times - 6 weeks	% of patients treated within 6 weeks	>75%	70-75%	<70%		97.8%	
IAPT Waiting times - 18 weeks	% of patients treated within 18 weeks	>95%	90-95%	<90%		98.5%	

Liquidity rating shows that the Trust has enough cash to cover 214 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 Healthcare NHS Foundation Trust.

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 10 for NHS payments and Non NHS payments in terms of value. The target for the number of payments was not achieved due to the time taken to set up two new suppliers on the system.

IAPT performance information is delayed due to technical issues with the IT server. An update will be provided at the committee.

Income and Expenditure Summary

	Annual Budget	YTD Budget	YTD Actual	YTD Variance	Forecast Variance
	£	£	£	£	£
Income					
Main Contract Income	(10,091,000)	(7,994,418)	(8,105,490)	111,072	193,566
Primary Care Network Income	0	0	(116,676)	116,676	217,166
Other Income	0	0	0	0	
Total Income	(10,091,000)	(7,994,418)	(8,222,166)	227,748	410,732
Expenditure					
Corporate Services					
Executive Team	772,957	644,171	644,319	(148)	(226)
Chair and Non Execs	188,562	157,133	132,056	25,077	29,314
Executive Support	76,711	62,936	48,144	14,792	16,853
Finance	195,792	178,789	308,848	(130,059)	(142,560)
Contract Management	77,120	51,408	49,035	2,373	3,568
Corporate Services SLA	840,000	700,000	700,000	0	0
Capital Charges	110,000	91,668	101,505	(9,837)	889
Other Corporate	1,174,982	1,010,320	1,802,114	(791,794)	(996,759)
Sub Total Corporate	3,436,124	2,896,425	3,786,021	(889,596)	(1,088,921)
Mental Health Services					
Primary Care Mental Health	1,241,729	1,035,649	889,447	146,202	172,734
IAPT	1,663,213	1,386,014	1,017,809	368,205	471,941
IAPT Physical Health	239,684	199,734	77,591	122,143	137,981
IAPT Trainees	0	0	104,908	(104,908)	(166,071)
Sub Total Mental Health Services	3,144,626	2,621,397	2,089,755	531,642	616,585
COVID-19					
Pensnett Assessment Centre	1,063,000	845,332	731,728	113,604	91,272
Other	0	0	0	0	0
Sub Total COVID-19	1,063,000	845,332	731,728	113,604	91,272
High Oak Surgery					
High Oak Surgery	387,000	257,968	235,485	22,483	28,637
Sub Total High Oak Surgery	387,000	257,968	235,485	22,483	28,637
CCG Transferred Activities					
HR	13,142	8,756	0	8,756	13,142
Local Improvement Schemes	67,000	44,664	44,664	0	0
Clinical Leads	337,187	224,768	194,870	29,898	41,692
Continuing Care & Intermediate Care Team	551,731	367,752	351,414	16,338	21,419
Medical Directorate	29,246	19,496	33,341	(13,845)	(20,765)
Medicines Management Team	424,515	282,984	262,657	20,327	22,224
Nursing Directorate	22,819	15,204	13,129	2,075	3,126
Operations	122,118	81,404	74,068	7,336	12,673
POD	196,290	130,824	116,259	14,565	23,466
Quality and Governance	39,800	26,528	28,736	(2,208)	(3,304)
Service Delivery and Performance	256,402	170,916	138,199	32,717	49,412
Sub Total CCG Transferred Activities	2,060,250	1,373,296	1,257,337	115,959	163,085
Primary Care Networks					
Primary Care Networks	0	0	116,676	(116,676)	(217,166)
Sub Total Primary Care Networks	0	0	116,676	(116,676)	(217,166)
Total Expenditure	10,091,000	7,994,418	8,217,001	(222,583)	(406,508)
Surplus / Deficit (-)	0	0	(5,165)	5,165	4,224

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 £227,748 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 January 2021 expenditure was £222,583 more than expected. This is as a result of £116,676 additional expenditure on additional roles for Primary Care Networks for which additional income has been received and a £60,000 payment relating to the STP risk share arrangement for quarter 3.

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 £368,205, an underspend of £122,143 in the IAPT Physical Health budget and a £146,202 underspend in the Primary Care Mental Health budget.

The Pensnett Assessment Centre is currently reporting a year to date underspend of £113,604. 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 £191k. This represents a significant improvement on the previous forecast of £40k surplus. This has resulted from a review of all expenditure lines by the management accountant with budget holders.

Surplus/Deficit

The Trust is currently reporting a surplus for the period April to January 2021 of £5,165. The forecast assumes that expenditure in the remaining months will be in line with the monthly income received.

Black Country and West Birmingham STP Financial Summary – Month 9

	YTD			Full Year		
	Plan £m	Actual £m	F/(A) Var. £m	Plan £m	Actual £m	F/(A) Var. £m
Adjusted Financial Performance Surplus/(Deficit)						
Dudley	(0.6)	(0.4)	0.2	(1.5)	(0.8)	0.7
SWB	(1.2)	(0.8)	0.4	(2.5)	(1.5)	1.0
Walsall	(0.6)	(0.2)	0.4	(1.5)	(0.7)	0.7
Wolverhampton	(0.5)	(0.4)	0.1	(1.3)	(0.6)	0.7
Total CCGs	(3.0)	(1.9)	1.1	(6.8)	(3.6)	3.2
BCH	0.0	0.2	0.2	0.0	0.4	0.4
DIHC	-	0.1	0.1	-	0.1	0.1
DGFT	(0.3)	0.1	0.4	(2.0)	(2.0)	0.0
SWBH	(1.3)	0.2	1.5	(3.8)	(0.8)	3.0
RWT	(2.0)	(0.5)	1.5	(4.3)	(2.3)	2.0
WHT	(1.6)	(1.3)	0.3	(3.9)	(3.9)	(0.0)
WMAS	(3.1)	(1.8)	1.3	(6.3)	(2.0)	4.3
Total Providers	(8.4)	(3.0)	5.4	(20.3)	(10.5)	9.7
Total STP	(11.3)	(4.9)	6.5	(27.1)	(14.1)	13.0

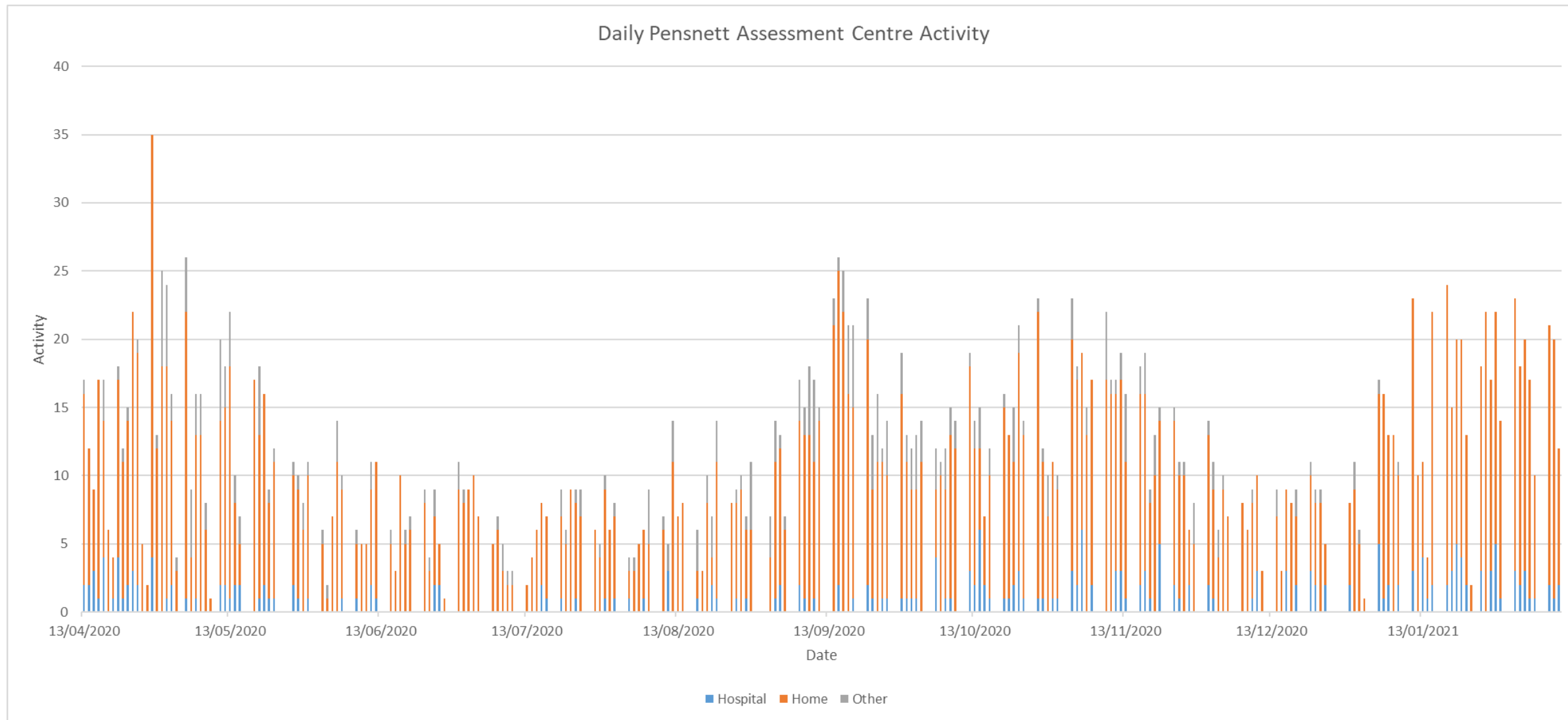
The table on the left shows the variance against plan for all NHS organisations within the Black Country and West Birmingham STP area.

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
- £6.5m Other income issues cover a wide range of income sources relating to medical students, overseas visitors, specialist labs, catering, etc.

Excluding annual leave accrual movements, and assuming COVID-19 outside of envelope funding is received (e.g. HDP £6.2m YTD), as at month 9 the STP is forecasting a deficit of £14.1m, which is £13.0m favourable to the original plan deficit of £27.1m. The favourable variance is due to:

- £1.2m allocation received by the CCGs re: GP Debt Recovery technical error;
- £2.0m rephasing of digitisation of pathology (£0.5m per CCG);
- £3.0m invoice raised by RWT to recover the majority of the other income error highlighted in the P3 submission;
- £2.0m improvement at SWBH re: resolving Taper Relief error highlighted in the P3 submission;
- £4.3m underlying improvement at WMAS (surge funding not yet agreed); and
- £0.4m across BCH and DIHC.



The above chart shows the daily activity at the Pensnett Assessment centre since April 2020. Activity has increased since January has to an average of 18 people per day being seen in February 2021.

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Finance, Performance and Digital Committee

Date of meeting: 16th February 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 reviewed the Board Assurance Framework and corporate risks
 - The actions for BAF-002 Insufficient resources were reviewed and two additional actions added with two reported as complete.
 - Following discussion it was agreed that further review of the assumptions made as part of the budget allocation and potential savings within the prescribing service would be undertaken
 - During March and as part of the planning for 2021/22 a financial risk review exercise would be undertaken including reviewing existing risks on the corporate risk register.
- The committee received the Finance and Performance report related to the period April 2020 to January 2021
- The Trust is reporting a surplus position of £5,165 for the year to date position and £4,224 surplus for 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 Code is being achieved for both NHS and Non NHS payments for the value of payments. The target for the number of payments have not been achieved in month.
- The 2019/20 'true up' process has been completed during month 10 and will be transacted during M11 which will clear a number of inherited balances from DWMH.
- The cash position continues to be healthy at £5.8m
- IAPT performance information was unavailable due to technical issues with the IT server
- Activity at the Pensnett Assessment Centre has increased to an average of 18 people per day in February 2021.
- The committee received an update of the STP position for April – December 2020. This showed a £13m improvement against a planned deficit of £27.1m resulting in a forecast deficit position of £14.1m.
- The committee received an update on the progress being made in relation to the implementation of the IT

	<p>requirements for school nursing on the 1st April 2021. There is a risk that the EMIS system will not be in place for 1st April 2021 but the committee were assured that contingency arrangements have been discussed with Shropshire Community to allow continued access to existing systems</p>
Decisions made by the Committee	<ul style="list-style-type: none"> The Committee were assured by the finance and performance report, the Board Assurance Framework and the progress made on the digital solution for school nursing
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	No specific implications identified
Items/Issues for referral to other Committees	None identified

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Primary Care Integration Committee

Date of meeting: 17th February 2021

Presented By: Dr George Solomon, Non-Executive Director

Significant risks/issues for escalation

- The development of DIHC and PCNs is dependent on a number of areas as described below.

Key issues/matters discussed at the Committee

- The Committee met on the 17th February 2021.

DIHC/PCN Interface Group Update

- The PCN CDs desire and require the support of DIHC to fully utilise the £4M of ARRS money in 2021/22.
- The PCNs are committed to entering into a formal, legally binding agreement with DIHC on the use of ARRS resources.
- The PCNs have agreed to jointly fund the legal costs associated with preparing the agreement on the use of ARRS resources.
- The PCN CDs require assurance that recruitment of ARRS would happen at pace and that the £4M ARRS investment for 2021/22 would be fully utilised.
- The PCN CDs and DIHC discussed the necessity to support and manage the delivery of a £4M investment programme in ARRS recruitment for 2021/22
- The PCN CDs raised two operational issues that are impacting the recruitment of ARRS staff this financial year – the provision of IT (laptops and support) and sufficient accommodation (estate) in which to base the ARRS staff. Both of these issues are being taken forward by DIHC.
- The PCN CDs expressed their desire for DIHC to review the Prescription Ordering Direct (POD) service as described in the clinical model and DIHC strategic outline case to provide more parity across all practices.
- The Committee agreed actions in respect of all of the key points above, including an executive team briefing on 23rd February 2021 on the operational issues raised by the PCN CDs.
- The Committee members agreed that all operational issues would be resolved or have agreed actions in place prior to the next Committee development session on 17th March 2021.

Committee Workplan

	<ul style="list-style-type: none"> • All areas of the workplan are either on track or complete. • The Committee noted and agreed one change in relation to the development of the full integration offer which is extending the completion date from June 2021 to March 2022. <p>Development of Full Integration for GP Practices</p> <ul style="list-style-type: none"> • The Committee approved the Terms of Reference for the GP Practice Full Integration Development Group. • The Committee agreed that Ian Buckley will be the Non-Executive Director joining the GP Practice Full Integration Group.
<p>Decisions made by the Committee</p>	<ul style="list-style-type: none"> • The Committee approved the Terms of Reference for the Full Integration Development Group and agreed Ian Buckley would be the NED on that group. • The Committee agreed to hold a development session in March dedicated to developing the already well established relationship between DIHC and PCNs to the next stage and planning for 2021/22. This will include a legally binding agreement that commits and protects DIHC and the PCNs on the arrangements for the use of ARRS resources • The Committee agreed to highlight the various operational issues raised by the PCNs to the Board
<p>Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)</p>	<ul style="list-style-type: none"> ○ None identified
<p>Items/Issues for referral to other Committees</p>	<ul style="list-style-type: none"> ○ None identified

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Transaction Committee

Date of meeting: 9th February 2021 (via Microsoft Teams)

Presented By: Stephanie Cartwright, Director of Operations, Strategy and Partnerships

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 as a result of the delay to the award of the ICP contract to DIHC and the ongoing assurance processes. The risk register has been reviewed and suggested changes were made accordingly. It was noted that corresponding risks between the Transaction and People Committee were valid due to the impact on people involved in the development of DIHC. The framework was also updated to reflect the current position with regards to the development of the organisation.
- The committee received an update on ongoing dialogue with NHSI colleagues and the delayed assurance processes. The committee were informed that DIHC executives have been actively participating in system discussions to develop a plan for integrated services in Dudley and to agree next steps and stages for development for the Dudley system. Formal feedback is awaited from NHSI which will assist in guiding these discussions and agreeing a way forward within the system. The committee agreed the priority for DIHC was to progress where possible, to build relationships in the system, to maintain a sustainable organisation and to focus on the development of the Dudley place with system colleagues in line with the ICS recent publication.
- The committee were informed that a refreshed PTIP would be presented to the March committee meeting. The refreshed PTIP will focus on the new delivery plan and timescales, and associated work required to maintain progress. The supporting governance (PTIP Oversight Group and ICP Development) will also be refreshed ahead of the revised PTIP submission to committee.
- The committee discussed and agreed the proposal to temporarily stand down the Stakeholder Forum to both recognise the pressure the system is currently experiencing and to also recognise the system alignment work that is underway.
- The committee received an update on the ongoing work of the Joint Mobilisation Group for the ICP contract and

	<p>were informed that the contract will be completed as far as possible in readiness for a future award.</p> <ul style="list-style-type: none"> The committee received an update on the planned transfers of staff and services from Shropshire Community Healthcare NHS Trust on 1st April 2021. The case for transfer was approved at the Trust Board on 2nd February 2021, supported for submission at the Shropshire Community Healthcare NHS Trust on 4th February 2021 and submitted to NHSI colleagues on 5th February 2021. The transfer is progressing with no untoward issues for raising with committee members. The committee and Trust Board will be kept updated on progress.
Decisions made by the Committee	<ul style="list-style-type: none"> To temporarily stand down the Stakeholder Forum in light of system pressures and in recognition of the system alignment work currently taking place.
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>

COMMITTEE ASSURANCE REPORT TO THE BOARD

Committee: Audit and Risk Committee

Date of meeting: 25th January 2021 (via Microsoft Teams)

Presented By: David Gilbert, Non-Executive Director

Significant risks/issues for escalation

None identified

Key issues/matters discussed at the Committee

- The committee was quorate
- The Audit and Risk Committee Terms of Reference and Cycle of Business were presented to committee for approval and assurance.
- The committee received an update on the Integrated Governance Development Programme and were assured by the work identified to develop robust clinical governance systems for the Trust.
- The committee received an Information Governance Update and were assured by the processes and procedures in place to manage Information Governance within the Trust
- The Annual Governance Statement update was presented to committee for information and assurance. The committee noted the contents of the report and that the Trust is still awaiting the latest national guidance
- The Annual Report, Accounts Timetable and Year End arrangements were presented to committee for information and assurance. The committee noted the contents of the report and the extension request to the accounts timetable.
 - Between 2nd May and 11th May 2021– Full PFR submission with draft accounts
 - 29th June 2021 – Full audited submission
- The Waiver Review was presented to committee for information and assurance.
- The committee received the External Audit Progress Report for information and assurance.
- The committee received the Internal Audit Progress Report for information and assurance.
- The committee received the Quality Framework for information and assurance.
- The committee received the Continuing Healthcare Self-Assessment Checklist for information and assurance.
- The committee received the Counter Fraud Progress Report for information and assurance.
- The Board Assurance Framework and Corporate Risk Register was presented to committee for approval.

Decisions made by the Committee

- The committee received the Terms of Reference and a recommended approval by the Board
- The committee received the Cycle of Business and a recommended approval by Board

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

Items/Issues for referral to other Committees

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'

