West Yorkshire Integrated Care Board
Kirklees ICB Committee
9.00 am – 12.00 noon, Wednesday 11 January 2023
The Main Hall, Huddersfield Mission, 3-13 Lord Street, Huddersfield, HD1 1QA

Agenda

Members			**Apologies**
Liz Mear	(LM)	Independent Chair	✓
Dr Omar Akhtar	(OA)	Partner Member – Primary Medical Care	-
Stacey Appleyard	(SA)	Partner Member – Healthwatch	-
Gary Boothby	(GB)	ICB Kirklees Place Director of Finance	✓
Mark Brooks	(MB)	Partner Member – South West Yorkshire Partnership NHS Foundation Trust	-
Brendan Brown	(BB)	Partner Member – Calderdale and Huddersfield Foundation Trust	-
Jacqui Gedman	(JG)	Partner Member – Kirklees Council	-
Dr Mohammed Hussain	(MN)	Partner Member – Primary Medical Care	-
Karen Jackson	(KJ)	Partner Member – Community Services Provider (Locala)	-
Dipika Kaushal	(DK)	Partner Member – Voluntary, Community and Social Enterprise	-
Carol McKenna	(CM)	ICB Accountable Officer (Kirklees)	-
Dr Khalid Naeem	(KN)	Clinical representative drawn from Clinical and Professional Forum	-
Nadeem Raja	(NR)	Independent Member	-
Len Richards	(LR)	Partner Member – Mid Yorkshire Hospitals NHS Foundation Trust	-
Hilary Thompson	(HT)	Independent Member	-
Penny Woodhead	(PW)	ICB Kirklees Place Director of Nursing and Quality	-
In Attendance			
Cllr Viv Kendrick	(VK)	Chair of Health and Wellbeing Board	-
Emily Parry-Harries	(EPH)	Consultant in Public Health, Kirklees Council (deputy for Director of Public Health)	-
Vicky Dutchburn	(VD)	ICB Kirklees Place Director of Operational Performance and Delivery	-
Jill Greenfield	(JG)	Service Director for Communities and Customers, Kirklees Council	-
Louise Hall	(LH)	Interim Head of Governance	-
Alison Needham	(AN)	ICB Kirklees Place Operational Director of Finance	-
Nick Lamper	(NL)	ICB Kirklees Place Governance Manager (Corporate Governance and Risk)	-
Martin Pursey	(MP)	ICB Kirklees Place Director of Partner Relationship Management	-
Catherine Wormstone	(CW)	Director of Primary Care	-

ITEM	Time	By	Page
1. Welcome and introductions - To open the meeting with introductions.	9.00	LM	-
2. ICB Mission, Values and Behaviours - The Mission, Values and Behaviours are attached for reference.	-	LM	004
3. Apologies and Declarations of Interest - To note and record any apologies. - Those in attendance are asked to declare any interests presenting an actual/potential conflict of interest arising from matters under discussion.	-	LM	-
4. Accuracy of Minutes from 9 November 2022, Matters Arising, Action Log - To approve the minutes/review matters arising/outstanding actions.	9.05	LM	005
5. People Story - To share an experience of health and care services. **Contact:** Penny Woodhead, ICB Kirklees Place Quality Lead	9.10	PW	-

ITEMS FOR DECISION/ASSURANCE/STRATEGIC UPDATES

ITEM	Time	By	Page
6. Draft Finance Strategy – Kirklees Health and Care Partnership - To approve the strategy. **Contact:** Alison Needham, ICB Kirklees Place Operational Director of Finance	9.25	AN	020
7. Kirklees Inclusive Communities Framework - To consider the framework. **Contact:** Jill Greenfield, Service Director for Communities and Customers, Kirklees Council	9.45	RM	044

BREAK: 10.10 – 10.25

BI-MONTHLY REPORTING

ITEM	Time	By	Page
8. Questions from Members of the Public The relevant guidance is attached for reference. If time allows, there will be an opportunity for further questions at the end of the meeting.	10.25	LM	053
9. Accountable Officer's Report - To receive the report. **Contact:** Carol McKenna, Accountable Officer (Kirklees)	10.40	CM	054
10. Kirklees Place Quality Report - To receive the report and consider any issues raised. **Contact:** Penny Woodhead, ICB Kirklees Place Director of Nursing and Quality	10.45	PW	060
11. Finance and Contracting Report - To consider the report and any issues raised. **Contact:** Alison Needham, ICB Kirklees Place Operational Director of Finance; Martin Pursey, ICB Kirklees Place Director of Partner Relationship Management	11.00	AN/ MP	092
12. Performance Report against Key Performance Indicators for 2022/23 - To receive the report and consider any issues raised. **Contact:** Vicky Dutchburn, ICB Kirklees Place Director of Operational Performance and Delivery	11.15	VD	115

ITEM	Time	By	Page
13. High Level Risk Report: Cycle 3 2022/23 (November 2022 – January 2023) - To review and be given assurance regarding the risk register and log. **Contact:** Nick Lamper, Governance Manager (Corporate Governance and Risk)	11.25	NL	134

ITEMS FOR INFORMATION

ITEM	Time	By	Page
14. Items for the Attention of the ICB Board - To identify items to which the ICB Board needs to be alerted, of which it needs to be advised, or on which it needs to be assured.	11.35	LM	-
15. Committee Work Plan - To review the work plan. **Contact:** Louise Hall, Interim Head of Governance	11.40	LH	147
16. Receipt of Minutes - To receive copies of minutes for information purposes:- - Quality Sub-Committee – 26 October 2022 - Transformation Sub-Committee – 26 October 2022 - Finance and Performance Sub-Committee – 26 October 2022	11.45	LM	149
17. Date and Time of Next Meeting The next meeting of the Kirklees ICB Committee will be held at 9.00 am on Wednesday 8 March 2023, Al Hikmah Centre, 28 Track Road, Batley, WF17 7AA.	-	LM	-
18. Questions from Members of the Public If time allows, an opportunity for further questions from the public.	-	LM	-

Meeting close

Founding...

Mission, Values and Behaviours

West Yorkshire Health and Care Partnership

Mission

- Reduce health inequalities
- Manage unwarranted variations in care
- Use our collective resources wisely
- Secure the wider benefits of investing in health and care

Values

- We are ambitious for the people we serve and the staff we employ
- This is a true partnership

- We always agree the evidence and data, before taking action
- We value good governance to make good decisions and choices
- Subsidiarity applies in all we do

Behaviours

- Decisions motivated by shared purpose
- Empathy with staff and people
- Collaboration in all we do
- Suspend egos in service of each other
- We see diversity as strength
- Conceptual and critical thinking
- Agility
- Willingness to share risk
- Sharing power
- Retaining accountability giving others authority

NHS West Yorkshire Integrated Care Board
Minutes of the Kirklees ICB Committee Meeting (Public Session)
held at 9.00 am on Wednesday 9 November 2022 at
The Theatre, Huddersfield Mission, 3-13 Lord Street, Huddersfield, HD1 1QA

Members Present:

Liz Mear	(LM)	Independent Chair
Dr Omar Akhtar	(OA)	Partner Member – Primary Medical Care
Brendan Brown	(BB)	Partner Member – Calderdale and Huddersfield Foundation Trust
Karen Jackson	(KJ)	Partner Member – Community Services Provider (Locala)
Dipika Kaushal	(DK)	Partner Member – Voluntary, Community and Social Enterprise
Dr Khalid Naeem	(KN)	Clinical representative drawn from Clinical and Professional Forum
Richard Parry	(RP)	Deputy for Partner Member – Kirklees Council
Nadeem Raja	(NR)	Independent Member
Sean Rayner	(SR)	Deputy for Partner Member – South West Yorkshire Partnership NHS Foundation Trust
Len Richards	(LR)	Partner Member – Mid Yorkshire Hospitals NHS Foundation Trust
Hilary Thompson	(HT)	Independent Member
Penny Woodhead	(PW)	ICB Kirklees Place Director of Nursing and Quality

In Attendance:

Emily Parry-Harries	(EPH)	Consultant in Public Health, Kirklees Council (deputy for Director of Public Health)
Vicky Dutchburn	(VD)	ICB Kirklees Place Director of Operational Performance and Delivery
Louise Hall	(LH)	Interim Head of Governance
Nick Lamper	(NL)	ICB Kirklees Place Governance Manager (Corporate Governance and Risk)
Alison Needham	(AN)	ICB Kirklees Place Operational Director of Finance
Martin Pursey	(MP)	ICB Kirklees Place Director of Partner Relationship Management
Catherine Wormstone	(CW)	Director of Primary Care

Apologies:

Stacey Appleyard	(SA)	Partner Member – Healthwatch
Gary Boothby	(GB)	ICB Kirklees Place Director of Finance
Mark Brooks	(MB)	Partner Member – South West Yorkshire Partnership NHS Foundation Trust
Jacqui Gedman	(JG)	Partner Member – Kirklees Council
Dr Mohammed Hussain	(MN)	Partner Member – Primary Medical Care
Cllr Viv Kendrick	(VK)	Chair of Health and Wellbeing Board
Carol McKenna	(CM)	Accountable Officer (Kirklees), NHS West Yorkshire ICB

No members of the public attended the meeting.

37 Welcome and Introductions

LM welcomed everyone to the meeting with introductions.

38 ICB Mission, Values and Behaviours

The ICB's Mission, Values and Behaviours were submitted for reference.

39 Apologies and Declarations of Interest

Apologies were received as detailed above.

It was acknowledged that there would be potential conflicts in minutes of previous meetings and routine reports, but these would not need specific management unless detailed discussion ensued on a particular element where a conflict existed.

In respect of the item on Health Inequalities/Core20Plus5 (minute 42 below), a number of partner members' organisations were (or would potentially be) involved or engaged in the scoping, development or provision of activities in respect of which the report recommended the spending of the remaining funding. As such, DK, NR, SR and HT declared direct financial interests in the item and would withdraw to the public seating area following the presentation and prior to the decision on the item. (SA would have been similarly affected but was not present at the meeting.)

40 Accuracy of Minutes from 28 September 2022, Matters Arising, Action Log

Minutes

The minutes of the meeting held on 28 July 2022 were **APPROVED** as a correct record.

Matters Arising

There were no matters arising.

Action Log

7 – Kirklees ICB Committee – Sub-Committee Terms of Reference *– CM to discuss with JT how the Transformation Sub-Committee could best connect with the AHSN and consider how best to secure the required digital and technical knowledge into its work.* CM had provided a note advising that the Transformation Sub-Committee had received an update at its October meeting in relation to the digital programme across West Yorkshire, and how this related to Kirklees. Further updates were being built into the workplan of the sub-committee, which

would review its membership in due course to ensure it had the right level of expertise in this area. In addition, CM had made contact with Dr James Thomas who chaired the WY Innovation and Improvement Board, and subsequently met with Amy Overend who led the work of the West Yorkshire Innovation Hub. The Innovation Hub was part of the Yorkshire and Humber AHSN and was in its early stages of development. It had been agreed with Amy to keep in touch and ensure that opportunities were identified for her to connect with the Kirklees Health and Care Partnership as her work progressed. **CLOSED**

29(a) – Performance Report against Key Performance Indicators for 2022/23 *– PW to raise with EPH and JM the concerns expressed by MH that the collaboration between GP surgeries and Locala in respect of immunisation of children may be broken apart in Dewsbury.* PW advised that she had raised this matter with Jane O'Donnell. **CLOSED**

29(b) – Performance Report against Key Performance Indicators for 2022/23 *– VD to include an update on actions to address the position in respect of "S044a: Antimicrobial resistance appropriate prescribing of antibiotics in primary care" in the performance report to the next meeting of the committee.* VD advised that discussions had been undertaken in respect of which reports would contain which KPIs, and this measure would be included in Quality Reports going forward. LM asked how this committee would be assured that improvements were being made and VD advised that an action plan was in place and updates would be provided via the Quality Reports to this committee. **CLOSED**

41 People Story

EPH introduced a video on the work of Support to Recovery (S2R), an independent mental health and wellbeing charity, working across Kirklees, offering a range of wellbeing, creative and outdoor workshops.

The Kirklees ICB Committee **RECEIVED** and **NOTED** the content of the video.

42 The Kirklees Approach to Health Inequalities and Response to the Core20Plus5 Programme

A number of partner members' organisations were (or would potentially be) involved or engaged in the scoping, development or provision of activities in respect of which the report recommended the spending of the remaining funding. As such, DK, NR, SR and HT declared direct financial interests in this item and would withdraw to the public seating area following the presentation and prior to the decision on the item. (SA would have been similarly affected but was not present at the meeting.)

EPH presented a report outlining the principal issues in relation to health inequalities in Kirklees, setting out recommendations for spending the Kirklees Inequalities CORE20Plus5 monies, and proposing a future approach to viewing the totality of the spend of the ICB at place through an inequalities lens. She undertook a presentation building further on the key issues and setting out updated recommendations on the proposed spend to reflect the latest position.

KN joined the meeting.

LR joined the meeting.

BB commented that all the organisations had financial gaps and RP noted that one challenge to patients was the impact on their time – such as the potential loss of pay incurred by attending an appointment. KN and NR spoke of the role of community champions in these initiatives.

HT asked how quickly the money could be released and EPH responded that she hoped this could potentially be straight away.

In respect of the proposal to establishment an "Inequalities Unit" virtual team, PW suggested that learning could be taken from the Bradford system; EPH expressed a willingness to visit Bradford in this respect and asked partners to provide her with the names of those from their organisations whom she should involve in the work. DK added that she could see links between this and the Families Together initiative.

DK, NR, SR and HT withdrew to the public seating area.

LR asked how the evaluation would be undertaken and BB suggested that best practice and learning should be sought from farther afield than just West Yorkshire, giving the example of Bromley-by-Bow in Tower Hamlets. LM also asked about evaluation and EPH suggested that the Kirklees outcomes and indicators would be a good place to start in order to agree the measures in respect of which impact would be sought.

The Kirklees ICB Committee:-

- **CONSIDERED** the issues raised in the report and presentation in respect of the principal issues relating to health inequalities in Kirklees;
- **APPROVED** the recommendations for the utilisation of the CORE20Plus5 allocation (as set out in the report and updated in the presentation), these being:-
    - Welfare Rights, Benefits and Debt Advice at place (all five clinical areas) – £226,368;
    - Suicide Prevention – £120,000;
    - Community Champions (all five clinical areas) – £139,000;

    - Community Champions Engagement Activity (all five clinical areas) – £30,000;
    - KickAsh Smoking Prevention in schools (all five clinical areas) – £35,000; and
    - Antenatal Education – £50,000;
- **AGREED** the continuation of work to identify alternative funding for the proposals not able to be funded from the current allocation; and
- **APPROVED** the proposal that a working group be established to develop a virtual team, with capacity drawn from across the system to support the decision-making process of the Health and Care Partnership with a focus on practical action to reduce inequalities; this group would consider making visits to learn from good practice.

BB briefly stepped out of the meeting, making it temporarily inquorate (as four other members had withdrawn to the public seating area), but no business was transacted prior to his return.

EPH suggested that further discussions regarding implementation could take place at the December development session. VD added that the Strategic Planning Group would need to consider linking many elements together, such as patient transport. OA stated that he had been informed that transport was only available for those who were housebound or had serious conditions and KJ noted that some was provided by the voluntary sector. MP advised that there was a National Pathfinder Project for Patient Transport Services in West Yorkshire, which involved decreasing capacity but increasing awareness of other options; he would forward details to OA.

BB returned to the meeting, restoring its quorum.

LR commented that the way services were provided could, in itself, lead to health inequalities.

DK, NR, SR and HT re-joined the meeting.

43 System Winter Plans

VD presented a report and undertook a presentation to provide assurance to regarding the approach taken to the development of the System and Place 2022/23 Winter plans. The report aimed to demonstrate that:-

- The plans had been developed as a Calderdale, Kirklees and Wakefield system providing alignment of content and consistency of assurance processes;
- The approach and structure of the plans provided clearer overview of the Kirklees Place development and approach;

- The plans would be regularly updated throughout the winter based on the assurance process in place and ongoing implementation; and
- The plans would be fully reviewed in summer 2023 based on learning from the winter period.

KJ commented on the consequences of decisions on, for example, waiting lists, and noted that a respiratory peak was expected. It was important not to stop electives as this would not help the bed base. Similarly, the elective machinery had an impact on, for example, rehabilitation.

PW spoke of in extremis actions, going further on things which were already being done. It was important to make decisions in full view of the impacts, with all the information to hand, and having regard to the visibility of the six key metrics.

EPH added that there was an inequalities layer sitting across all of this. VD noted that there were knock-on impacts from patients in ambulances and corridors waiting for treatment. PW suggested that it was easier to measure harm in that space than at other stages of the pathway.

The Kirklees ICB Committee:-

- **NOTED** the approach in developing both the acute system winter plans affecting Kirklees Place service delivery;
- Was **ASSURED** of the system's readiness for what was anticipated to be a difficult winter across both acute system footprints; and
- **NOTED** that the plans would be continually reviewed and updated as an ongoing and learning process through the winter period and would be formally reviewed across both place and acute systems in summer 2023.

The meeting was adjourned for a break at 10.40 am and reconvened at 10.50 am.

44 Questions from Members of the Public

A number of questions and comments had been received from a member of the public prior to the meeting. These and the answers provided at the meeting, as set out below, would be sent to the individual who had raised them following the meeting.

Comment – Reports

Could I start with a comment, rather than a question? I was pleased to see all the acronyms and abbreviations were being explained. In some reports, there are so many it's like reading a foreign language.

Response

Thank you for your comment. We aim to make all our reports and documents as accessible as possible.

Question – The Flu Jab

In today's report regarding the flu jab, it says 80% of Kirklees residents who are over 65 years old had the flu jab last year. How many of those residents who had the flu jab died last year and what percentage died from the flu virus? Of the 20% of Kirklees residents who didn't have the flu jab [how many] died, and what percentage died from the flu virus?

Response

Thank you for your question. We would like to encourage all eligible patients to access their flu and COVID-19 vaccinations and this is an essential part of the NHS preparations for the very busy winter months. You may be aware that the constituent parts of the flu vaccination change each year to best match the virus strain(s) in circulation.

The ICB does not hold the information on death rates about which you have enquired, and does not (and should not) have access to patient-identifiable information which would most likely be necessary to make any links between flu vaccination and subsequent death rates. There could always be other factors involved in a patient passing away and it could be misleading to link the two separate data sources at local level.

As of yesterday, 8 November, 39.3% of the Kirklees population had had their flu vaccination in comparison with 37.4% at the same point last year. In respect of patients aged 65 or over, these figures are 73.8% this year and 69.4% last year.

Other Questions

I note you included two other questions on the paperwork you submitted but these were both questions you raised recently with our customer contact team and you have already received answers to these.

45 Accountable Officer's Report

PW presented a report providing the committee with an update on key issues, including:-

- Awards and Recognition
- West Yorkshire ICB – Key Meetings

- Links between the ICB Board and the Kirklees Health and Care Partnership
- Enhanced Access – Mobilisation of PCN Service 1 October 2022
- New Centre launched to tackle Health Inequalities
- More than 100,000 people have had their Autumn Booster in Kirklees

The Kirklees ICB Committee **RECEIVED** the report and **NOTED** its content.

46 Kirklees Place Quality Report

PW presented a report providing the committee with an overview against recent priority quality and patient safety activities. The report also includes Provider Quality Overview information, which included both positive assurances and exceptions, and highlighted the following points for discussion:-

- Provider Quality Overview
- Care Quality Commission (CQC) inspections
- Learning from lives and deaths – people with a learning disability and autistic people
- Kirklees Special Education Needs and Disabilities – Children and Young People Annual Report
- Primary Care update

With reference to the response from SWYPFT in relation to the Panorama programme six weeks previously in which Edenfield Hospital had been featured, PW advised that the organisation had since taken an assurance paper through its board. This would be discussed in more detail at the Quality Sub-Committee. SR added that the organisation had taken a long, hard look at itself and asked questions it needed to ask itself.

The Kirklees ICB Committee **RECEIVED** and **NOTED** the updates on quality and safety information for the main providers of Kirklees.

47 Finance and Contracting Report

AN presented a report to update the committee on the financial position of the Kirklees Health and Care Delegated Budgets as of September 2022 (month six) and a highlighted update in respect of the contracting position as presented to the Finance and Performance Sub-Committee.

Due to the timing of the report, the financial information provided only incorporated the delegated position for Kirklees. Future reports would include wider partners' positions that were relevant to the Kirklees Place.

Referring to the Risk Mitigation section of the report, AN advised that position had further declined from month six, with a most likely £2.5 M decline. A meeting with accounting officers was to be held the following Monday, at which mitigation measures and the management at risk would be discussed.

RP added that Kirklees Council was forecasting at Quarter 2 a net overspend for 2022/23 of £24.3 M after a draw-down of £10 M from reserves, closure of services and exhaustion of reserves to mitigate this.

BB questioned whether elective recovery was affordable, with over 104% of 2019/20 activity and its impact for communities and colleagues.

AN explained that a task and finish group had been established of finance leads and clinical leads. One of the group's tasks would be to look at medicines management.

BB commented that, if the 104% referred to above were not delivered, there would be an impact on funding further down the line.

OA asked whether it would ever be possible to redress the deficit; PW advised that the October development session had looked at the future financial strategy, but also the current position, and managing in year risk. AN added that an overview had been attained of where each system would be going into the following year.

HT questioned the best way to get the message across to the general public of the need to help themselves to prevent illness and support them to manage long term conditions where possible. PW concurred that there was a need to give thought to public messaging, and undertook to raise this with the communications networks.

ACTION: PW to raise public messaging with the communications networks, in addition to the issue being discussed at the Kirklees Delivery Collaborative.

DK believed that this could not be done without the public's help; prevention and preventative ways of working were important and there was a need to grasp the issue now. OA added that there was a need for an element of education for residents, with many going to Primary Care or A&E, or requesting an NHS 111 call back, when they did not need these services. Conversely, many who needed care did not seek it.

KJ suggested concentrating on a cost-effective way of delivering services where this was possible.

NR observed that targeting certain post codes had worked well with Dewsbury Hospital. KN saw a need to use care navigation systems better and LM wondered if this may be a conversation for the Delivery Collaborative.

KJ left the meeting.

LR observed that people sometimes waited or stayed too long in the system and came to harm.

MP introduced the contracting part of the report, explaining that 450 contracts had been moved across from the former to Kirklees CCG to the ICB in Kirklees place. This was work in progress, and there were still things being commissioned and decisions to be made on existing contracts/services. The Transformation Sub-Committee was receiving progress updates in respect of the Community Services Programme.

The Kirklees ICB Committee **NOTED**:-

The financial position for Kirklees Health Care Partnership as at September 2022 (month six);
The emerging financial risks of both the delegated budgets and those of the wider Kirklees system; and
The contracting position as at August 2022 (month five).

48 Performance Report against Key Performance Indicators for 2022/23

VD presented a report detailing performance at month four (July 2022) against the System Oversight Framework (SOF).

Kirklees Health and Care Partnership now had a statutory duty to report the SOF metrics through its governance process for information, discussion, and agreement of the Partnership's performance against the SOF metrics and note any further action required. Some of the historic constitutional metrics such as 18-weeks referral to treatment (RTT) and A&E four-hour standard were no longer reportable metrics in the SOF. As a responsible commissioner, it was proposed that the full set of recovery metrics to include SOF, BAF (Board Assurance Framework) measures and the elective recovery measures were reported quarterly to the committee to gain a full understanding of the demand and pressure within the system.

This report was by exception only and any standards not achieving the national thresholds within the SOF were highlighted in section 3 with details of actions taken by providers and partners to improve/address the underperformance. In several instances the performance was measured against agreed trajectories, so

although performance may not be achieving the target, it may well be in line with an agreed recovery trajectory.

There were several issues relating to published data as well as a move in some areas to report at ICB level rather than place level. Until such time as these issues were resolved, reporting would be on locally-identified information but as soon as the national reporting systems were fully functional the metrics would be updated to reflect the national view. There was therefore a risk that the reported performance in the report would change if the data sources used were different to the ones utilised through Futures for reporting the Kirklees SOF.

VD led the committee through the detail of the report.

LM noted that there were some reports of bullying in the data and asked if this was being dealt with. VD confirmed that it was, and that some of the data sources were now 12 months old.

LR remarked that winter metrics tended to focus on the “front door”, effectively creating pressure to offload into A&E.

The Kirklees ICB Committee **NOTED** the Kirklees Health and Care Partnership performance against the key outcomes and measures for the year to date.

49 High Level Risk Report: Cycle 2 2022/23 (September – November 2022)

NL presented the High Level Risk Report and Log, along with the Risk on a Page Report as at the end of the current risk review cycle (Cycle 2 2022/23).

Following review of individual risks by the Risk Owner and the allocated Senior Manager, all risks on the Kirklees Place Risk Register had been reviewed by the Kirklees Senior Leadership Team and then by the relevant sub-committees of the ICB Committee.

The total number of risks during the current cycle and the numbers of Critical and Serious Risks were set out in the report.

The Kirklees ICB Committee **RECEIVED** and **NOTED** the High Level Risk Report, Risk Log and Risk on a Page Report as an accurate representation of the Kirklees place risk position (recognising that work was ongoing to develop the full potential of the register under the enhanced partnership working afforded by the creation of the ICB).

50 Committee Work Plan

The committee’s work plan for submitted for review.

The Kirklees ICB Committee **REVIEWED** and **NOTED** the work plan.

51 Receipt of Minutes

The Kirklees ICB Committee **REVIEWED** and **NOTED** minutes from the following meetings:-

- Quality Sub-Committee – 31 August 2022
- Finance and Performance Sub-Committee – 31 August 2022
- Transformation Sub-Committee – 31 August 2022

52 Items for the Attention of the ICB Board

Assure

- The Core20Plus5 priorities had been signed off, work was now starting on these programmes, and an Inequalities Unit was being established.
- A detailed update had been received on the Kirklees Winter Plan, providing a clear overview of the Kirklees Place development and approach.

Alert

- Despite meeting QIPP targets, at month 7 the NHS financial position had deteriorated due to a number of pressures including those on the prescribing budget; this was further compounded by Kirklees Council financial forecast.

Advise

- Collaborative outcome measures to inform future collaborative services for residents would be considered at the December development session, along with the place financial strategy.
- The new Kirklees Director of Strategy would start in post in January 2023.
- Detailed findings from the National and WY Learning from Lives and Deaths Report had been considered and the Quality Sub-Committee would undertake a deep dive into local actions at its next meeting.
- An update had been received on the assurance work SWYPFT had undertaken in response to the Edenfield Reports and learning across place partners would be discussed by the Quality Sub-Committee.

53 Any Other Business

No items were raised.

54 Date and Time of Next Meeting

The next meeting of the committee would be held at 9.00 am on Wednesday 11 January 2023, at a venue to be confirmed.

55 Questions from Members of the Public

No members of the public were present.

The meeting concluded at 12.00 noon.

Chair's Signature: ..... Date: .....

Kirklees Health & Care Partnership

Kirklees ICB Committee
Action Log

NHS West Yorkshire Integrated Care Board

Date Raised	Action Ref	Action	Owner (Initials)	Due Date	Progress	Status
09/11/22	47	**Finance and Contracting Report** PW to raise public messaging with the communications networks, in addition to the issue being discussed at the Kirklees Delivery Collaborative.	PW	January		**OPEN**
ACTIONS RECENTLY CLOSED						
13/07/22	7	**Kirklees ICB Committee – Sub-Committee Terms of Reference** CM to discuss with JT how the Transformation Sub-Committee could best connect with the AHSN and consider how best to secure the required digital and technical knowledge into its work.	CM	November	The Transformation Sub-Committee had received an update at its October meeting in relation to the digital programme across West Yorkshire, and how this related to Kirklees. Further updates were being built into the workplan of the sub-committee, which would review its membership in due course to ensure it had the right level of expertise in this area. In addition, CM had made contact with Dr James Thomas who chaired the WY Innovation and Improvement Board, and subsequently met with Amy Overend who led the work of the West Yorkshire Innovation Hub, which was part of the Yorkshire and Humber AHSN and was in its early stages of development. It had been agreed with Amy to keep in touch and ensure that opportunities were identified for her to connect with the Kirklees Health and Care Partnership as her work progressed.	**CLOSED**

Date Raised	Action Ref	Action	Owner (Initials)	Due Date	Progress	Status
28/09/22	29(a)	**Performance Report against Key Performance Indicators for 2022/23** PW to raise with EPH and JM the concerns expressed by MH that the collaboration between GP surgeries and Locala in respect of immunisation of children may be broken apart in Dewsbury .	PW	November	PW advised that she had raised this matter with Jane O'Donnell	**CLOSED**
28/09/22	29(b)	**Performance Report against Key Performance Indicators for 2022/23** VD to include an update on actions to address the position in respect of *S044a: Antimicrobial resistance appropriate prescribing of antibiotics in primary care* in the performance report to the next meeting of the committee.	VD	November	VD advised that discussions had been undertaken in respect of which reports would contain which KPIS, and this measure would be included in Quality Reports going forward. LM asked how this committee would be assured that improvements were being made and VD advised that an action plan was in place and updates would be provided via the Quality Reports to this committee.	**CLOSED**

Meeting name:	Kirklees ICB Committee
Agenda item no.	6
Meeting date:	11 January 2023
Report title:	Draft Finance Strategy – Kirklees Health and Care Partnership
Report presented by:	Alison Needham – Operational Director of Finance
Report approved by:	Alison Needham – Operational Director of Finance
Report prepared by:	Alison Needham – Operational Director of Finance

Purpose and Action			
Assurance ☐	Decision ☒ (approve/recommend/ support/ratify)	Action ☒ (review/consider/comment/ discuss/escalate	Information ☐

Previous considerations:

Finance, Performance and Contracting Committee – 21 December 2022

Executive summary and points for discussion:

The following provides the committee with the draft financial strategy that has been developed to support a set of agreed of principles on how we will work together as part of the Kirklees Health Care Partnership.

The strategy unpins the West Yorkshire Finance Strategy presented previously to the committee and but incorporates the locality needs and asks of our individual partnership.

The purpose of the strategy is to:

a) Set out the purpose of the strategy
b) Overall objectives
c) Principles of how we will work
d) What approaches we will undertake to deliver
e) Outlines the scope of challenge we are facing
f) The governance route

Which purpose(s) of an Integrated Care System does this report align with?

☒ Improve healthcare outcomes for residents in their system
☒ Tackle inequalities in access, experience, and outcomes
☒ Enhance productivity and value for money
☒ Support broader social and economic development

Recommendation(s)
The committee are now asked to - • Note the contents of the draft strategy presented • Provide any feedback and comments which will be incorporated with the document • Approve the financial strategy (acknowledging that feedback will be incorporated and updated financial values once ratified).
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
No
Appendices
None
Acronyms and Abbreviations explained

What are the implications for?

Residents and Communities	None
Quality and Safety	N/A
Equality, Diversity and Inclusion	N/A
Finances and Use of Resources	N/A.
Regulation and Legal Requirements	N/A
Conflicts of Interest	N/A
Data Protection	N/A
Transformation and Innovation	n/a
Environmental and Climate Change	n/a
Future Decisions and Policy Making	n/a
Citizen and Stakeholder Engagement	n/a

1. Introduction

The West Yorkshire Integrated Care System (WYICS) was created on the 1st of July 2022. Kirklees Health and Care Partnership (KHCP) is one of five places that forms the wider West Yorkshire (WY) system. As part of these new ways of working, a WY financial strategy was developed to support how the system would work in relation to finances over this wider footprint. This was presented and approved by the committee during the summer.

It has been reflected that whilst this system financial strategy should underpin our work in place, there is a clear need to not only define our own requirements on how our individual Health Care Partnership (HCP) works together. It should also recognise the need to develop a clear plan to deliver a financial recovery programme, in order to allow the system to become more sustainable for the future.

The basis of this presented strategy is built on discussions held at the development session of the Kirklees Integrated Care Board (KICB) and incorporates views and comments from wider partners.

2 Financial Strategy - Journey

The financial leaders of West Yorkshire have been meeting together as a group for some time and has developed a strategy on how they would work together, as part of the wider system, that includes both Provider, Integrated Care Board and Local Authority colleagues.

It was agreed early in the development of the KHCP that our own individual financial strategy would be needed that would not only align to our own strategic vision but would support the financial sustainability required for our place.

To start this work a financial group discussion was held at a recent KICB development session and from this it was recognised that there were a number of areas which needed a collective focus. These included –

- Improving outcomes for its population
- Tackles health inequalities

- Enhances productivity and delivers value for money
- Supports the broader social and economic development of our place.

From this a draft strategy was created and has then gone through a number of stages of confirm and challenge with colleagues to ensure that it covered all aspects the KHCP collectively agreed on. These stages included -

- Presentation at the senior finance leaders' group of the Kirklees place, where the document was reviewed, and additional considerations were incorporated to reflect the voice of the wider partners.
- Presentation at the KHCP Senior Leadership Team
- Presentation of the Clinical Directors forum in Primary Care
- Review by the WY Director of Finance & Accountable Officer at place
- Presentation at Kirklees Finance, Performance and Contracting Committee.

All the feedback from these presentations and reviews have been incorporated into the document.

3 The Strategy

The draft strategy now presented to the committee is a cumulation of this work and provides an overview how the KHCP will work together to collectively in relation to finance. The strategy focuses on the following parts -

- Purpose – *why are we doing this?*
- Overall objectives – *what do we need to do.*
- Principles – *how we will work together incorporating our values and behaviours*
- Approach – *How will we do this*
- Scale of challenge – *what do we need and when*
- Governance – *Assurance to our committees and our population.*

4. Recommendations

The committee are now asked to -

- Note the contents of the draft strategy presented
- Provide any feedback and comments which will be incorporated with the document
- Approve the draft financial strategy (acknowledging that feedback will be incorporated and financial values will be included when ratified).

Proud to be part of West Yorkshire
Health and Care Partnership

NHS West Yorkshire
Integrated Care Board

Kirklees Health Care Partnership Finance Strategy

Kirklees
Health & Care
Partnership

Kirklees Health and Care Partnership (HCP) - Overview

NHS West Yorkshire Integrated Care Board

- Kirklees HCP is a member of the wider West Yorkshire Integrated Care System
- The Kirklees HCP will adhere to the financial principals outlined in the overarching Financial Strategy
- The Kirklees HCP strategy reflects these principals but also the unique asks of our place and the ways we want to work
- It is important that as a system we recognise that our services and resources may need to move around our system and we may need to break down organisational boundaries in order for us to transform and develop services for our patients and deliver a system that is financially sustainable for future generations to come
- We recognise that this will be challenging for organisations, but we will commit to work to support this journey together by promoting openness
- We recognise the impact the decision we make has on our environment

Kirklees Finance Strategy

NHS West Yorkshire
Integrated Care Board

- Purpose
- Overall objective
- Principles
- Approach
- Scale of challenge
- Governance

Kirklees Finance Strategy - Purpose

NHS West Yorkshire Integrated Care Board

The purpose of the Finance Strategy is to support our overall strategy and:

- improve outcomes in population health and healthcare – and so reduce health inequalities;
- tackle inequalities in outcomes, experience and access – and so manage unwarranted variations in care;
- enhance productivity and value for money – and so use our collective resources wisely; and
- help the Health and Social Care sector to support broader social and economic development – and so secure the economic and social benefits of investing in health and Social care.

The finance strategy for Kirklees supports the overall finance strategy for the West Yorkshire Integrated Care System (WYICS)

The Kirklees HCP finance strategy is supported by the financial plans and strategies of its partners

Kirklees Finance Strategy – Overall Objectives

NHS West Yorkshire
Integrated Care Board

The key element of the financial strategy is to ensure value for money and improved productivity.

- We will work together with partners to use our collective resources wisely and become financially sustainable
- We will undertake services in the best place to support patient care
- We will challenge our assumptions and review areas that do not deliver value
- We will work together to do things once.

Kirklees Finance Strategy - Principles

NHS West Yorkshire Integrated Care Board

To deliver the financial objectives, partners agreed the following principles, we need to be:

1. Brave
2. Fair
3. Transparent
4. Realistic

Principles 1. Brave

NHS West Yorkshire Integrated Care Board

Kirklees HCP has an underlying deficit position. To deliver financial recovery, it is agreed that BRAVE decisions are needed:

- Investments should only be within resources available and disinvestment as appropriate when not delivering outcomes
- We recognise that some services may need to stop and done differently
- We may adopt local variations to national and local planning assumptions
- We may choose to do things differently in the Kirklees Place, compared to wider WYICB, but will consider wider impacts
- Data and evidence should be the bedrock of these decisions and consider Health Inequalities and how we can drive value
- We will look to invest in doing this differently to deliver better Value for Money for the future
- We will be brave in our investment decisions that may lead to savings, but also recognise if they need to stop

Principle 2. Fair

NHS West Yorkshire Integrated Care Board

Across the HCP partners agree to be FAIR with resources:

- Our efficiency challenges may be allocated to where they are most likely to be delivered
- There will be a focus on costs in and costs out.
- We will also aim to understand un-releasable costs, and how they can reduce growth requirements and create longer term efficiencies
- There will be a consistent approach to overheads
- Consideration of approach to overheads are reasonable variable/semi-variable/fixed
- We consider the long term financial impact when services change or end in order we do not create a financial challenges
- We will look to be fair with resources at the outset to get the best objectives for patients

Principle 3. Transparent

NHS West Yorkshire Integrated Care Board

HCP partners collective drive for efficiency requires TRANSPARENCY in sharing financial information and costs relating to services provided:

- Partners agree within our place to share key information (financial and non financial - where agreed) relating to services provided including any loss or contribution to overheads.
- A commitment to share real information and not to hold information, to protect organisation.
- Recognition that some information may be commercially sensitive and we will recognise this as partners
- Information shared in place is not shared wider without agreement

Principle 4. Realistic

NHS West Yorkshire Integrated Care Board

HCP will commit to a financial recovery plan that is REALISTIC:

Recognised that there is a underlying deficit exists and future challenges will increase the challenge. The HCP will commit to a financial recovery timescale that is realistic and deliverable

Recognition there is a need for system wide change and will take time and challenges will happen along the way

We want a plan that is realistic and does not set us up to fail. We want to create a reputation that we will do what we say we will do

We will not over promise

Kirklees Finance Strategy – Approach

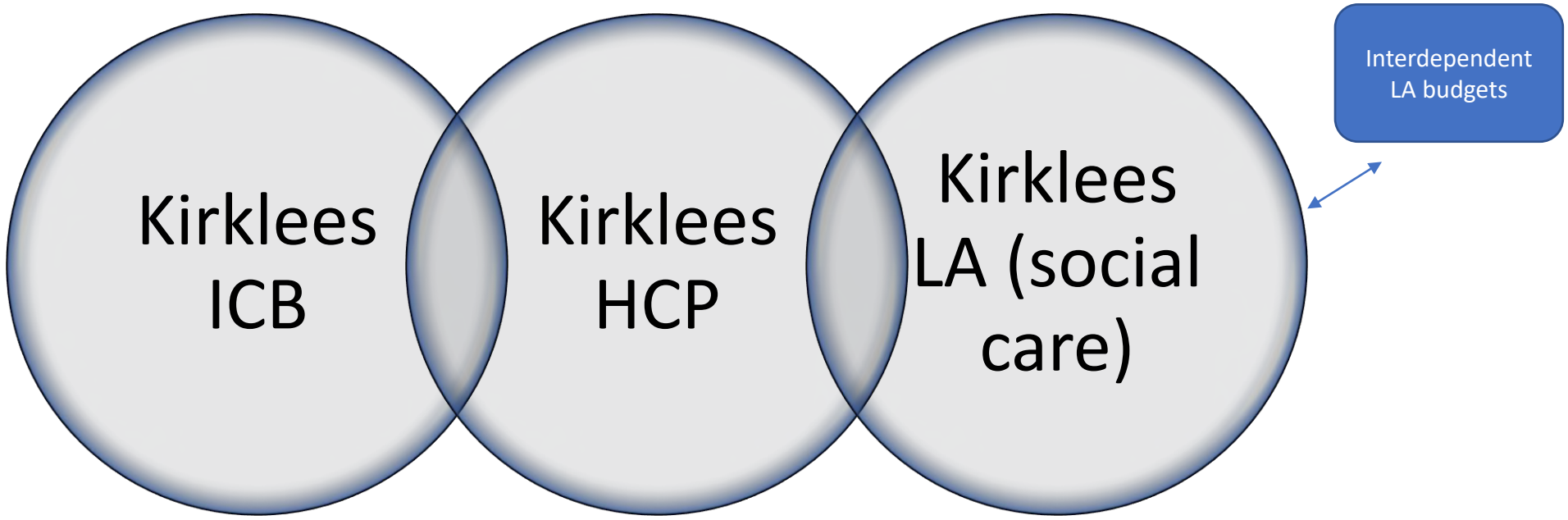
NHS West Yorkshire
Integrated Care Board

The approach to financial sustainability for Kirklees HCP will focus on:

1. Maximising resources available – ensure fair allocations as part of system working with place partners
2. Understanding where we are outliers to spend, where we can learn from others to create greater efficiencies and ensure we consider the impact on our environment
3. Understanding where we are good and share with our partners to create wider VfM and outcomes
4. Ensure the resources are used wisely – focus on services adding value to service users and all decisions made will be value based
5. Remove duplication where possible – aim to simplify pathways
6. Understand the complexity of our system and impact of health inequalities we face

Kirklees System

NHS West Yorkshire Integrated Care Board



Kirklees is a interlinked system – number of joint services
Multiple independencies
All systems facing financial challenges – that could impact other

Kirklees Financial Strategy – Scale of Challenge *(to be completed following planning stage)*

NHS West Yorkshire Integrated Care Board

- Submitted financial plans for Health recognised deficit plans for majority of providers – largest at CHFT
- All providers signified large financial challenges for 23/24 – estimated total £XX
- The expected efficiency ask for 23/24 is approx. 3% - against already stretched resources
- Due to impact of staff resources – increasing costs year on year
- For the Kirklees ICB
  - underlying deficit plan of £1.7m for 22/23
  - Underlying run rate moving into 23/24 is over £xxm of the total above
- Financial challenges in Local Authority are far reaching, with estimated cost savings of £XXm

Scale of Challenge - Timeline

NHS West Yorkshire
Integrated Care Board

- The timeline to achieve recovery is important and must be realistic 1 to 3 years to promote system transformation and financial sustainability
- The time line should follow the overarching strategy direction of the place and wider system delivery requirements
- The strategy will look at short, medium and long terms aims
- Recovery will be made up of individual organisation challenge but also opportunity arising from partnership and alternative ways of working
- The responsibility for recovery is from **all** partners

Scale of Challenge - Timeline

NHS West Yorkshire
Integrated Care Board

Year one – FY23/24 - Priorities	Year two onwards – FY 25 onwards medium to long term planning
• Financial plans developed from strategy – short & Long • Gaps, baseline costs, and areas of greatest need are identified in organisations • Opportunities and risk identified as part of recovery • System recovery developed Org/place/WY/System • Cash releasing savings schemes developed • Services decommissioned if not delivering outcomes and good value • Income flows agreed • QIPP targets agreed • Investments limited to priority areas • Financial principles agreed • Outcome measurements developed	• Refresh of long term plans • Outcomes measurements reviewed and evaluated • Refresh of baselines and costs • Continued focus on opportunities and risks • Continuation of recovery trajectories • Whole scale system transformation of services to maximise value and resources • Systematic review of costs and services • Investment to priority areas • Greater established joint working • Funding streams move around the system

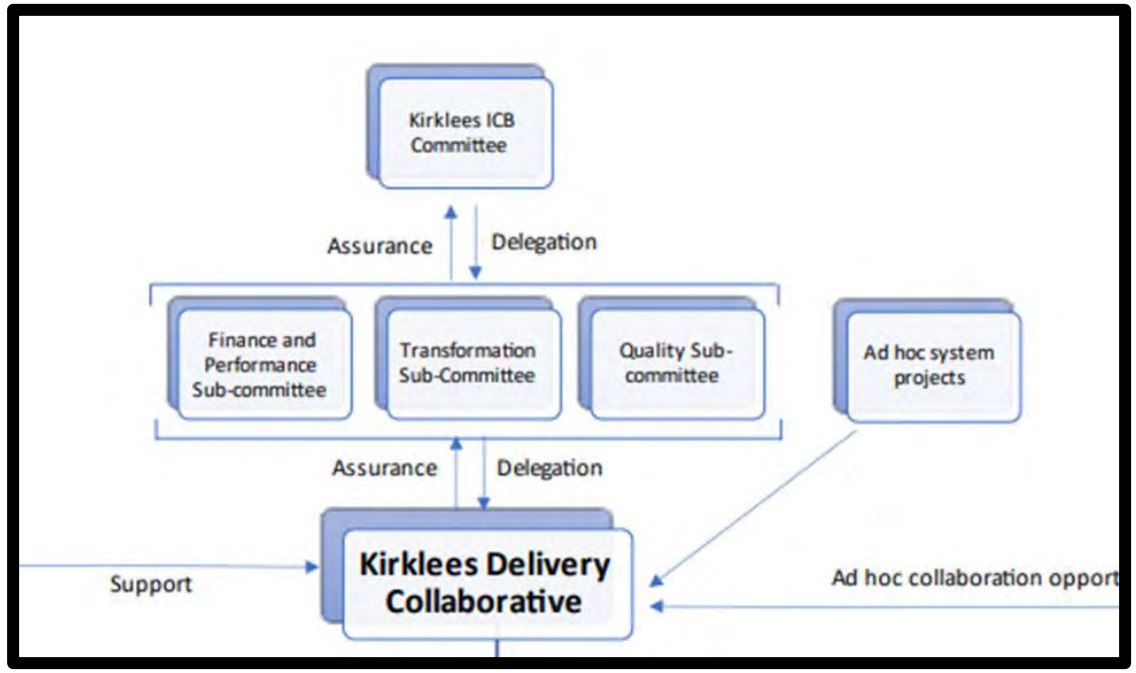
Kirklees System – reflection of where we are

NHS West Yorkshire
Integrated Care Board

Strengths	Weakness
• Strong partnership working • Work started on recovery as system • Health Inequalities team being created • Understanding of our financial challenges – not a new issue • Experience of delivery of recovery • Good joint working relationships in place and wider	• Challenged financial system as a whole • Unknown £ where we are spending greater that national average • High health inequalities in population • Challenge around management of organisation, place and WY • We don't stop things! • All provider buy in
Opportunities	**Threats**
• Ability to align resources and services • Good practice opportunities to be sourced • Potential quick win savings could be made	• System pressure to deliver recovery quicker • Stopping services creates greater Health Inequalities • Place and WY requirements • Patient demands • Government asks – differ to our priorities • Decisions made at WY impacting our local position • Patient expectations

Kirklees Financial Strategy – Governance 2

NHS West Yorkshire
Integrated Care Board



- Overall financial performance, including Financial Recovery, monitored at Kirklees ICB
- Transformation sub committee to monitor specific workstreams of recovery

Kirklees Financial Strategy – Governance

NHS West Yorkshire
Integrated Care Board

- Responsibility for delivery of financial plans is held within partner organisations primarily, but considers the impact on the wider system and partners
- Partners have own governance / process to deliver local efficiencies
- For Kirklees HCP, issues and risks from partners are escalated, alongside a remaining focus on historic Kirklees commissioning budgets

Kirklees Financial Strategy – Next steps

NHS West Yorkshire Integrated Care Board

- Financial strategy agreed
- Financial recovery group established
- Financial plans developed
- Threats and opportunities managed and understood
- Actions from timeline worked through
- Outcomes dashboard created
- Priority setting of actions developed.

Meeting name:	Kirklees ICB Committee
Agenda item number:	7
Meeting date:	11 January 2023
Report title:	Implementation of the Kirklees Inclusive Communities Framework
Report presented by:	Jill Greenfield/Mags Rogerson
Report approved by:	
Report prepared by:	Jill Greenfield

Purpose and Action:			
Assurance ☐	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/com- ment/discuss/escalate	Information ☐

Previous considerations:

Previously presented at KHWB SLT.

Executive summary and points for discussion:

The ICF provides a partner-produced strategic approach to support organisations building inclusive communities. It acts as a guide to all Kirklees partners to act by playing their part in talking and listening to communities and, where possible, working out together how to address challenges and/or unequal access and build on what we know works.

The ICF is one of four 'top-tier' strategic documents setting out how we will achieve our shared outcomes in partnership. The other four are the: Joint Health & Wellbeing Strategy, the Economic Strategy, and the Sustainable Environment Strategy. Executive Team are asked to note the top tier strategy statement, which is within the ICF, and which will be included in all top tier strategies. The ICF therefore provides a way for organisations to still be responsible for their own delivery, policy and impact measures whilst also emphasising their accountability for how these are done through inclusive ways of working.

Following the approval of the Inclusive Communities Framework (ICF) by the Communities Partnership Board, this report sets out the next steps for partners to embed the ICF in their organisations. The ICF supports partner agencies to embed the required culture change: new way of working – building on our desire to further develop the way in which we work alongside our communities

With which purpose(s) of an Integrated Care System does this report align?

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes

☐ Enhance productivity and value for money

☒ Support broader social and economic development
Recommendation(s):
The Kirklees ICB Committee is asked to: To note the update on the implementation of the ICF and commit to championing this in their respective organisations and wider partnerships To consider how the committee will champion the ICF; via ensuring partners adopt and implement the ICF? Will the committee commit to undertake the ICF Self-evaluation on how they function? As part of their own commitment? As a new approach to strategy development, we are offering briefing sessions to support agencies implement the ICF. The committee is asked to consider whether they would welcome a fuller briefing / training session to further understand the ICF and how they can adopt this in their role as system leaders through Kirklees ICB mechanisms.
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
N/A
Appendices
Appendix 1 – ICF Summary, Self-Assessment Tool, and Pillars of Inclusive Working
Acronyms and abbreviations explained:
ICF – Inclusive Communities Framework

What are the implications for:

Residents and Communities	As set out above, at its heart, the ICF is about the relationships between organisations (of which the Council is one) and the communities we serve and builds on existing good practice which it seeks to share and amplify.
Quality and Safety	Implementing the ICF inclusive approaches should contribute to improving and championing the design, delivery and quality of and more inclusive services and initiatives.
Equality, Diversity and Inclusion	The ICF helps people work out what action they need to take to be more inclusive and help us build a more inclusive Kirklees.

Finances and Use of Resources	Relevant and targeted comms campaign will take place to disseminate key messages and embed ICF and ways of working.
Regulation and Legal Requirements	Supports compliance with the Public Sector Equality Duty.
Conflicts of Interest	N/A
Data Protection	N/A
Transformation and Innovation	The ICF is a new approach to strategy development and implementation. The ICF supports partner agencies to embed the required culture change: new way of working – building on our desire to further develop the way in which we work alongside our communities
Environmental and Climate Change	No direct impact on climate change or air quality. As part of the suite of top-tier strategic documents, the ICF will support the development and delivery of the Sustainable Environment Strategy (currently in development). It will provide guidance to including communities in the development and delivery of that work. By adopting the pillars and inclusive approaches we will hear from a wider range of voices to inform our approach and will seek to enable communities to act
Future Decisions and Policy Making	Accountability on implementation will need to be considered
Citizen and Stakeholder Engagement	ICF approaches promote citizen and stakeholder engagement, and this would be further informed by the self-evaluation outcomes.

1. Main Report Detail

1.1 The ICF provides a partner-produced strategic approach to support organisations building inclusive communities. It acts as a guide to all Kirklees partners to act by playing their part in talking and listening to communities and, where possible, working out together how to address challenges and/or unequal access and build on what we know works.

1.2 The ICF is one of four 'top-tier' strategic documents setting out how we will achieve our shared outcomes in partnership. The other four are the: Joint Health & Wellbeing Strategy, the Economic Strategy, and the Sustainable Environment Strategy. Executive Team are asked to note the top tier strategy statement, which is within the ICF, and which will be included in all top tier strategies. The ICF therefore provides a way for organisations to still be responsible for their own delivery, policy and impact measures whilst also emphasising their accountability for how these are done through inclusive ways of working.

1.3 The ICF defines an inclusive community as one "where all people have a sense of security, connection and belonging. They enable everyone to participate and contribute, they value diversity and are resilient, proud, and welcoming".

1.4 The framework also recognises that "having inclusive communities helps us become a district that combines a strong, sustainable economy with a great quality of life – leading to thriving communities, growing businesses, high prosperity and low inequality where people enjoy better health throughout their lives".

1.5 The ICF identifies the following 3 pillars as guiding principles to creating an inclusive community -

- **Belief** that communities hold solutions, with skills and knowledge that is valuable and will help us achieve our shared goals.
- **Build belonging and trust**, with and between our diverse communities on shared interests and challenges, celebrating what is good in local places.
- **Care** about what matters to local communities and own our shared actions that give us a collective purpose to make a change.

These pillars are underpinned by the following 5 inclusive approaches which underpin the principles of the ICF -

- **Connecting** - How people connect to their place (through relationships / greenspaces) impacts on sense of belonging and pride.
- **Communicating** – both how people convey their ideas, feelings and thoughts but also how they listen to what people say and their stories.

- **Equalising** – is about recognising and addressing power in-balance, enabling communities to tackle deprivation, prejudice, discrimination and division.

- **Trusting** – is about developing relationships (between organisations and communities) which are honest, kind and reliable.

- **Celebrating** – taking time out to celebrate what individuals and communities achieve and what is good in our places.

A self-assessment framework (shown in Appendix 1) has been developed to assess where organisations sit in relation to the ICF approaches.

2. Next Steps

2.1 Following the approval of the Inclusive Communities Framework (ICF) by the Communities Partnership Board, this report sets out the next steps for partners to embed the ICF in their organisations.

2.2 The next phase in the implementation of the ICF is for organisations to assess where they are currently in relation to the 5 approaches to enable them to embed the ICF into the way their organisation delivers services. The self-assessment toolkit provides organisations with both a high-level organisation self-evaluation score and an ICF implementation and support plan for the next 12-month period. The Communities Board will have an oversight of the implementation of the ICF at both organisational and wider system impact levels.

2.3 There have been a number of ICF early adopters who have come forward. A core delivery team from the Council are offering additional support to organisations, where they can, to adopt and implement the ICF and complete the self-evaluation

3. Recommendations

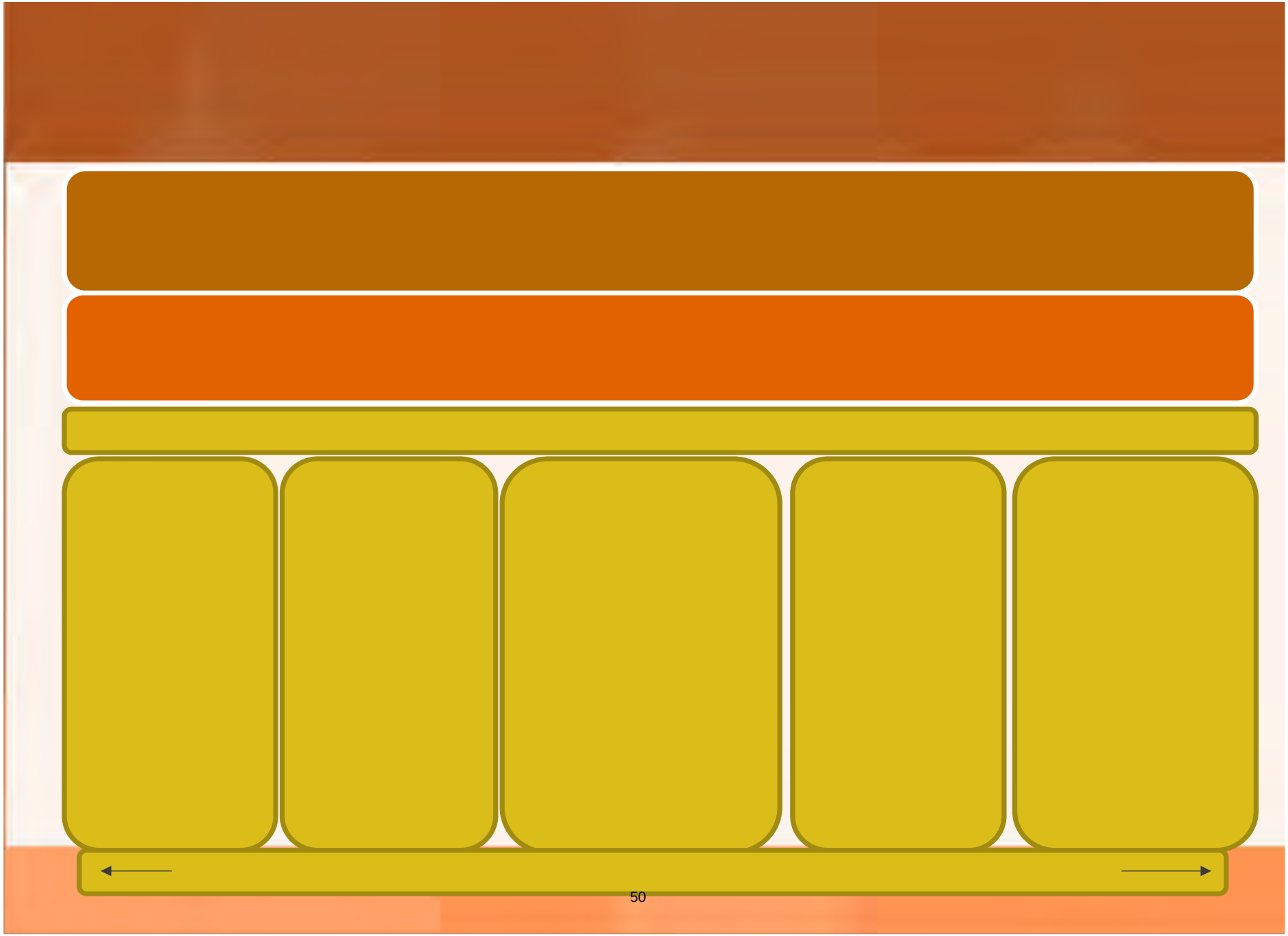
3.1 To note the update on the implementation of the ICF and commit to championing this in their respective organisations and wider partnerships

3.2 To consider how the committee will champion the ICF; via ensuring partners adopt and implement the ICF? Will the committee commit to undertake the ICF Self-evaluation on how they function? As part of their own commitment?

3.3 As a new approach to strategy development, we are offering briefing sessions to support agencies implement the ICF. The committee is asked to consider whether they would welcome a fuller briefing / training session to further understand the ICF and how they can adopt this in their role as system leaders through Kirklees ICB mechanisms.

4. Appendices

4.1 Appendix 1 – ICF Summary, Self-Assessment Tool, and Pillars of Inclusive Working.



The 5 inclusive approaches	What actions did / will you take to align with this approach?	How have / will you measure this? How will you know you have made a difference?	How well have you aligned to this approach? Rate success from 1 poor to 5 high success)	How confident do you feel aligning to this approach? Rate success from 1 not confident to 5 extremely confident	What will you do differently to be even better next time?	Is there any support needed to provide better alignment to this approach?
Connecting						
Communicating						
Equalising						
Trusting						
Celebrating						

Pillars of working inclusively - Please reflect on how each pillar has underpinned your work	
Belief that communities hold solutions, with skills and knowledge that is valuable and will help us achieve our shared goals.	
Build belonging and trust with and between our diverse communities on shared interests and challenges, celebrating what is good in local places.	
Care about what matters to local communities and own our shared actions that give us a collective purpose to make a change.	

What is the most important learning point to share with others from this self-evaluation?


Trusting
Equalising
Connecting
Communicating
Celebrating
Pillars of Inclusive Working
Supporting our Five Inclusive Approaches
BELIEF
BELONGING
CARE

Asking Questions at Meetings of the Kirklees ICB Committee

The committee wants to hear the views of the public in relation to the business on its agenda, and members of the public are encouraged to ask questions. A specific section entitled 'Questions from Members of the Public' is included on the agenda at the start of the meeting. A period of 15 minutes is allowed for this purpose.

It is also important to manage the conduct of the meeting effectively, so the following basic rules apply to the participation of the public in the meeting.

1. At the appropriate point on the agenda the Chair will invite questions from members of the public. Whilst it is encouraged that questions relate to the matters under discussion on the agenda, questions on other matters will also be answered. If time allows, there may be a further opportunity for questions at the end of the meeting, to pick up anything which has arisen during its course.

2. We encourage written questions submitted prior to the meeting as this means we can prepare a fuller answer than we can do live in the meeting itself.

3. Each member of the public is limited to speaking for a maximum of three minutes. This is to ensure that everyone has a reasonable opportunity to do so and that the committee has the opportunity to respond. Where many people wish to speak, the Chair may use his/her discretion in limiting the number and length of contributions in the interest of the efficient conduct of business.

4. All questions should be directed to the Chair who, where appropriate, may request another member of the committee or officer to reply.

5. Speakers are not required to identify themselves, but may wish to do so where this is relevant to the matter in hand. As a meeting held in public, and with published minutes, the committee will not respond to questions about individuals, or discuss individual circumstances. This is to ensure that we respect the confidentiality of individuals. If you have a question about your own circumstances that you would like a response to, then please use the question box at the back of the room and provide your contact details. We will get in touch with you after the meeting.

6. We cannot accept questions about anything while it is under legal investigation or appeal, or about individual ICB employees or committee members.

7. The Chair will not allow you to say anything which he/she thinks is improper, including questions or comments of a personal nature. If a question has been answered previously, you will be referred to that response.

8. In the unlikely event that a member of the public interrupts the proceedings, the Chair will warn him/her and, if the interruption continues, ask that they leave the meeting.

Meeting name:	Kirklees ICB Committee
Agenda item number:	9
Meeting date:	11 January 2023
Report title:	Accountable Officer's Report
Report presented by:	Carol McKenna, ICB Accountable Officer (Kirklees)
Report approved by:	
Report prepared by:	Carol McKenna, ICB Accountable Officer (Kirklees)

Purpose and Action:			
Assurance ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/com-ment/discuss/escalate	Information ☒

Previous considerations:

Executive summary and points for discussion:

This report provides the committee with an update on key issues, including:-

- Industrial Action
- Winter Resilience
- System Control Centres
- West Yorkshire ICB Board – 17 November 2022
- Appointment to the West Yorkshire NHS Integrated Care Board: Providers of Primary Medical Services Partner Member
- Health Service Journal Awards
- The King's Fund – Place Based Partnerships Explained

With which purpose(s) of an Integrated Care System does this report align?

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes

☐ Enhance productivity and value for money

☒ Support broader social and economic development

Recommendation(s):

The Kirklees ICB Committee is asked to **RECEIVE** the report and **NOTE** its content.

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
Appendices:
Acronyms and abbreviations explained:

What are the implications for:

Residents and Communities	None directly arising from the report.
Quality and Safety	None directly arising from the report.
Equality, Diversity and Inclusion	None directly arising from the report.
Finances and Use of Resources	None directly arising from the report.
Regulation and Legal Requirements	None directly arising from the report.
Conflicts of Interest	None directly arising from the report.
Data Protection	None directly arising from the report.
Transformation and Innovation	None directly arising from the report.
Environmental and Climate Change	None directly arising from the report.
Future Decisions and Policy Making	None directly arising from the report.
Citizen and Stakeholder Engagement	None directly arising from the report.

1. Main Report Detail

1.1 The report provides the committee with an update on current and relevant key issues, and is presented mainly for information.

1.2 ***Industrial Action***

1.2.1 The Royal College of Nursing took strike action on Thursday 15 December and Tuesday 20 December following the postal ballot which took place between 6 October and 2 November. The affected Trusts in West Yorkshire were Bradford Teaching Hospitals NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust, Leeds Community Healthcare NHS Trust, and the NHS West Yorkshire Integrated Care Board (ICB). The three main unions representing ambulance workers, Unison, Unite, and the GMB, staged a one-day strike on 21 December, with paramedics, emergency care assistants, call handlers and other staff set to hold a day of action on 28 December.

1.2.2 This report was written on 22 December and any updates on industrial action will be reported in a verbal update to the committee on 11 January 2023.

1.3 ***Winter Resilience***

1.3.1 Each year health and care services develop and implement plans to enhance capacity and resilience to respond to the additional demands and increased pressures that are experienced over the winter months. Throughout 2022 our services have experienced consistently high levels of demand, leading to operational pressures which are more typical of a challenging winter period. We continue to test our resilience through exercises, assessments of the impact of industrial action and through the daily reality of the pressures we face. We can build confidence from the history we have of working together across all our sectors and places: providing mutual aid, mutual support and mutual accountability.

1.3.2 Social care has had significant workforce challenges as competition from other sectors of the economy has increased. This has contributed to increasing delays in discharging people from hospital in a timely way and very high levels of hospital bed occupancy.

1.3.3 Against this background it is likely that pressures on health and care services will continue to be substantial over the winter months.

1.3.4 Integrated care boards and systems likes ours will be judged on progress with a range of actions. We will be expected to complete on six key metrics,

identified as key to the provision of safe and effective urgent and emergency care:

1. 111 call abandonment
2. Average (mean) 999 call answering times
3. Category 2 ambulance response times
4. Average hours lost to ambulance handover delays per day
5. Adult general and acute type 1 bed occupancy
6. Percentage of beds occupied by patients who no longer meet the criteria to reside

1.3.5 The Kirklees ICB Committee received a report on the Kirklees Winter Plans at its meeting in November.

1.4 ***System Control Centres***

1.4.1 In support of the winter resilience efforts summarised above, each of the 42 integrated care systems in England now has a dedicated 24/7 operation where teams, supported by senior clinicians, can track data in real time to help them make quick decisions in the face of emerging challenges. Control centre staff will monitor a range of live data including A&E performance and waiting times, staff sickness rates, ambulance response times, bed occupancy and operational escalation (OPEL) status. For example, data will be used to see where hospitals can benefit from mutual aid, or if ambulances can be diverted to another nearby hospital with more beds. Teams will also be able to monitor bed tracking dashboards and forecasting models and stay across capacity in social care and primary care demand.

1.5 ***West Yorkshire ICB Board – 17 November 2022***

1.5.1 The West Yorkshire ICB held its Board meeting on the afternoon of 17 November. It covered a deep dive into primary care, winter planning, risk, performance, finances, and innovation. The Board meeting itself was preceded by a listening engagement event with people, facilitated by Healthwatch, with good and poor experiences of primary care.

1.5.2 The recording of the Board meeting can be accessed here:

https://www.westyorkshire.icb.nhs.uk/meetings/integrated-care-board/integrated-care-board-meeting-15-november-2022

1.5.3 It was also notable that our NHS West Yorkshire Integrated Care Board (ICB) Board visit to Huddersfield Royal Infirmary included a visit to the current and the new A&E department. The latter is currently under construction and those

of us who visited were greatly encouraged by the progress, and in particular the way in which it will deliver a hugely improved environment for patients and staff.

1.6 ***Appointment to the West Yorkshire NHS Integrated Care Board: Providers of Primary Medical Services Partner Member***

1.6.1 Following an open nomination and interview process we are delighted to confirm the appointment of Dr Richard Vautrey as the Provider Primary Medical Services Partner Member for our NHS West Yorkshire Integrated Care Board (ICB). Richard's ICB Board member role will advocate for all aspects of primary care.

1.6.2 Richard is a GP partner for the Meanwood Group Practice in Leeds, where he has worked since 1994 and is also the Clinical Director for Central North Leeds Primary Care Network.

1.7 ***Health Service Journal Awards***

1.7.1 On 17 November 2022, teams from across the West Yorkshire Partnership were recognised at the Health Service Journal Awards. These included Leeds Community Healthcare NHS Trust for focusing on staff wellbeing, Bradford Teaching Hospitals NHS Foundation Trust being recognised for their work on Freedom to Speak Up, and Bradford District and Craven Place Partnership delivering improvements in flow through innovative care and relationships. The Root Out Racism campaign was also recognised with an award. The West Yorkshire Health and Care Partnership (ICS) won Integrated Care System of the year for the second year in a row.

1.8 ***Health Service Journal Awards***

1.8.1 Members of the committee may be interested in the recent report from the King's Fund in relation to the role of place-based partnerships within ICBs. West Yorkshire ICB is referenced in the report which can be accessed via the link below:

https://www.kingsfund.org.uk/publications/place-based-partnerships-explained

2. Next Steps

2.1 The Accountable Officer's Report will be presented on a regular basis to provide the committee with assurance of the work being undertaken and to highlight any key points to note.

3. Recommendations

3.1 The Kirklees ICB Committee is asked to **RECEIVE** the report and **NOTE** its content

Meeting name:	Kirklees ICB Committee
Agenda item number:	10
Meeting date:	11 January 2023
Report title:	Kirklees Place Quality Report
Report presented by:	Penny Woodhead, Director of Nursing and Quality
Report approved by:	Penny Woodhead, Director of Nursing and Quality
Report prepared by:	Place Nursing and Quality Team

Purpose and Action:			
Assurance ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/com-ment/discuss/escalate	Information ☒

Previous considerations:

Kirklees Quality Sub-Committee – 21.12.22

Executive summary and points for discussion:

This report provides the Kirklees ICB Committee with an overview against recent priority quality and patient safety activities. The report also includes our Provider Quality Overview information, which includes both positive assurances and exceptions.

Points for discussion:

Provider Quality Overview

Care Quality Commission (CQC) update, including publication of Mid Yorkshire NHS Hospital Trust inspection report

Learning from Edenfield- a review into the quality and safety of Mental Health, Learning Disability and Autism Inpatient services

Safeguarding Children and Adults update

Looked After Children annual report executive summary

Serious Incidents update

With which purpose(s) of an Integrated Care System does this report align?

☒ Improve healthcare outcomes for residents in their system
☒ Tackle inequalities in access, experience and outcomes
☐ Enhance productivity and value for money
☐ Support broader social and economic development

Recommendation(s):
The Committee is asked to: 1. Receive this update on quality and safety information for the main providers of Kirklees 2. Note the updates provided.
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
2201 – MYHT CQC 2147 – Care Homes
Appendices:
Appendix 1 – Provider Quality Overview Appendix 2 – CQC ratings for Adult Social Care Providers and Primary Care in Kirklees
Acronyms and abbreviations explained:
CQC – Care Quality Commission CHFT – Calderdale and Huddersfield NHS Foundation Trust MYHT – Mid Yorkshire Hospital NHS Trust SWYPFT – South West Yorkshire Partnership Foundation Trust ICS – Integrated Care System ICB – Integrated Care Board NHSE – NHS England PCN – Primary Care Network MHLDA - Mental Health, Learning Disability and Autism Programme CSE - Child Sexual Exploitation PSIRF - Patient Safety Incident Response Framework

What are the implications for:

Residents and Communities	None identified
Quality and Safety	This paper is applicable to vulnerable and protected patient groups.
Equality, Diversity and Inclusion	None identified
Finances and Use of Resources	None Identified
Regulation and Legal Requirements	Guidance included from regulators e.g., Care Quality Commission and NHS England/Improvement
Conflicts of Interest	None identified
Data Protection	None identified
Transformation and Innovation	None identified
Environmental and Climate Change	None identified
Future Decisions and Policy Making	None identified

Citizen and Stakeholder Engagement	People experience is central to our quality approach in Kirklees

1. Provider Quality Overview

1.1 In line with the principles in the agreed Integrated Quality Framework, this information supports robust and timely quality assurance as well as how the information presented contributes to system quality priorities and opportunities for quality improvement. In addition, it provides the oversight and assurance required to fulfil the statutory duty to ensure the fundamental standards of quality are delivered to patients. Appendix 1 provides an overview of the assurances being received from our providers. This includes identification and management of any quality risks or quality indicators performing below expected levels and information highlighted as part of enhanced quality surveillance processes.

1.2 The information provided has been collated in collaboration with the relevant providers and our Quality Managers continue to have dialogue with their provider quality counterparts to discuss any areas of concern to seek further information, gain assurance, share good practice or support quality improvement projects.

1.3 The processes also identify and address safety issues, address inequalities and variation, how concerns and risks are identified and then addressed with adequate improvement plans delivering the desired effect.

2. Care Quality Commission (CQC) update

2.1 CQC inspections Adult Social Care and Primary Care

2.1.1 Appendix 2 provides an overview of the CQC inspection reports published since the last Quality Sub-Committee meeting for both Adult Social Care providers and Primary Care providers in Kirklees.

2.1.2 Positive feedback was received at a recent Adult Social Care relationship meeting held with the CQC, who commented on numbers of outstanding and good providers in Kirklees which is not a typical picture. The ICB teams are working in partnership with Local Authority colleagues to improve the quality and safety of a small number of services.

2.3 CQC Mid Yorkshire NHS Hospitals Trust (MYHT) update

2.3.1 On 16 November 2022 the CQC published the inspection report following visits to various services at Pinderfields and Dewsbury Hospitals and a Trust well-led review in March and April 2022. The CQC inspected the emergency departments, medical care, maternity, and services for children and young people.

2.3.2 The diagram below shows the Trust now has a rating of Good in three domains – having improved the rating for the Well-led domain - however remains Requires Improvement overall.

2.3.3 Ratings for all three hospital sites remain as Requires Improvement

- Effective domain rating at Pontefract has increased to Good (this is not as a result of the inspection, but as the Trust no longer provides the Medical care core service from this site ratings have been recalculated)
- Effective and Well-led domains have deteriorated at Pinderfields to Requires Improvement
- Well-led domain has deteriorated at Dewsbury to Requires Improvement

2.3.4 Core service ratings at Pinderfields

- Medical care (including older people's care) – rating reduced to Requires Improvement overall and for Effective, Responsive and Well-led domains
- Services for children and young people – retained Good rating overall and improved rating to Good for Safe domain
- Urgent and emergency care services – rating remains Requires Improvement overall with reduced rating for Effective and Well-led domains to Requires Improvement
- Maternity – overall rating improved to Good overall and for Responsive and Well-led domains, and deteriorated rating for Safe domain to Requires Improvement

2.3.5 Core service ratings at Dewsbury

- Medical care (including older people's care) – rating reduced to Requires Improvement overall and for Effective, Caring, Responsive and Well-led domains
- Services for children and young people – retained Good rating overall and improved rating to Good for Safe domain
- Urgent and emergency care services – rating remains Requires Improvement overall with reduced rating for Well-led domain to Requires Improvement

- Maternity – overall rating remains Good overall, improved rating to Good for Well-led domain, and deteriorated rating for Safe domain to Requires Improvement

2.3.6 The CQC identified a number of Must Do actions the Trust and core services should take to bring services in line with regulatory requirements, but has not identified any breaches in regulations so no enforcement action (warning or requirement notices) has been issued. The CQC also identified a number of Should Do actions the Trust and core services should take.

2.3.7 It should be noted:

- That when the CQC visited in March 2022, the Trust was experiencing one of its busiest periods, with the Trust at OPEL level 4.
- The inspection comes on the back of sustained pressure as the Trust continues to deal with the impact of Covid-19, tries to recover services and tackle waiting lists alongside system reform, financial restraint and national staffing challenges. In this context the Trust has remained at Requires Improvement overall and now has no ratings of Inadequate for the first time.
- Improvements identified include the culture of the Trust; staff being focused on the needs of patients despite the challenges; engagement with patients, staff and partners to plan services; and active encouragement of staff to voice concerns; and good execution of the Duty of Candour. The report commends the well-being support offered to staff and is positive about the Trust's focus on innovation.

2.3.8 The Trust has acknowledged that there is further work to improve the experience of patients. The CQC highlighted issues around staffing levels; management of patient flow through the hospitals; the need for more robust documentation and record keeping; compliance with IPC principles regarding PPE in some areas; and the dispensing of time critical medicines.

2.3.9 The Trust's Regulation and Compliance team are working with the corporate and divisional teams to agree action plans to promote improvement in the areas identified. The action plan will be presented and monitored through the Trust's Quality Committee and regular updates reported through the Place Quality Sub Committee.

3. Learning from Edenfield - a review into the quality and safety of Mental Health, Learning Disability and Autism Inpatient services

3.1 In response to issues highlighted by a BBC Panorama programme which showed patients being abused whilst in the care of a NHS Mental Health Hospital all Chief Executives of Mental Health, Learning Disability and Autism service providers were written to by the National Director for Mental Health to urgently consider findings uncovered by the programme and undertake assurance reviews within their own organisations.

3.2 The undercover footage highlighted alleged verbal and physical abuse of vulnerable patients with mental health problems and autism. The programme raised serious concerns about the harmful and dangerous practices including unnecessary restraint and seclusion, near mistakes with medication, falsification of observation records and verbal and physical abuse.

3.3 The national Mental Health Team is considering what more can be done nationally, with regulators, with the inpatient quality programme and workforce supply. It affirm that ways abuse is prevented is by registered staff taking accountability for theirs and other's actions, by teams who regularly review the quality of care they provide, by local leaders who support, challenge and role model, by senior clinicians and managers, who train colleagues and have an open door and by boards who have line of sight to data, complaints, other intelligence, who walk the patch and who create a safe environment for people to speak up about poor care.

3.4 All Mental Health provider Boards have been asked to urgently review the safeguarding of care in their organisation and identify any immediate issues requiring action now; including but not limited to:

- freedom to speak up arrangements,
- advocacy provision,
- complaints,
- Care Education and Treatment Reviews (CETRs) and Independent Care (education) and treatment reviews IC(E)TRs,
- other feedback on services.

The national letter is clear in identifying mental health services provisions responsibility to patients and their families to ensure they receive the best possible care and are treated with dignity and compassion in safe surroundings.

Therefore, all Mental Health provider Boards have been asked to ask themselves the following:

- “could this happen here?”
- “how would we know?”
- how robust is the assessment of services and the culture of services?
- are we visible enough and do we hear enough from patients, their families and all staff on a ward e.g. the porter, cleaner, HCAs?

3.5 South West Yorkshire Partnership Foundation Trust has undertaken a review in line with the requests within the national letter and prepared a comprehensive summary of the measures and controls in place to provide assurance to their Board on the quality and safety of care provided by their mental health, learning disability and autism inpatient services.

3.6 There is evidence to demonstrate that the Trust has systems and processes in place to identify concerning practice and cultures, including Freedom to Speak up Guardians and whistleblowing policies.

3.7 Quality Monitoring visits are undertaken by non-executive directors and governors to provide an objective view of services provided by the Trust. In addition, there is a senior leadership visibility programme to provide a further opportunity for service users, carers and staff to share their experiences of Trust services.

3.8 The Trust’s RRPI (Reducing Restrictive Physical Interventions) inpatient training programme achieved accreditation with the Restraint Reduction Network in March 2021, with a significant focus of this training focusing on compassionate, least restrictive care. The training programme was reviewed again in March 2022 with the training programme maintaining accreditation, receiving positive feedback from the reviewing body (British Institute for Learning Disabilities, Association of Certified Training (BILD ACT).

3.9 The Executive Team is working collaboratively with colleagues across the Integrated Care Boards on a shared system of assurance. Discussions are taking place regarding an approach similar to the existing forensic network’s quality visits. A wide range of quality and performance information is collected, monitored, and used to make decisions about care and services and to provide assurance. Additional work is taking place to strengthen the triangulation of Trust data including use of feedback from service users, carers, staff, and stakeholders.

3.10 The Trust has emphasised its commitment to ensuring service user, carers and families experience will be listened too and acted upon. It also wants staff

to speak up with the understanding that they will be listened too and supported. An action plan has been developed to capture and monitor the work underway to further strengthen the connection to the reality of being on one of the Trusts inpatient wards, and to ensure staff and service users have mechanisms to say what is working well and where improvements are needed. The action plan is owned by staff and overseen by the Executive management team via the clinical governance group and operational management group.

3.11 Key Objectives of SWYPFT Action Plan

- To arrange and undertake additional service visits – gaining a greater understanding of what it feels like to be on the wards.
- Ensure staff are aware of and use the Freedom to Speak process.
- Develop a greater understanding of service user's feedback.
- Training to ensure staff understand their and colleagues' professional boundaries.
- Forums/discussions – to understand how staff are feeling.
- Support – to ensure staff along with students and volunteers feel valued and supported
- Communications – to let staff know what options of support are available to them.
- Sharing themes and learning.

4. Safeguarding Children and Adults update

4.1 A bi-annual report was received at the Kirklees Quality Sub-Committee on 21.12.22 which provided an update of the Safeguarding Adults and Safeguarding Children work and activities undertaken from 1st April 2022 – 30th September 2022 by the Kirklees ICB Safeguarding team. The report also provided assurance that the ICB continues to fulfil its statutory responsibilities, works in partnership with the Kirklees Safeguarding Board/Partnership and has assurance frameworks in place with the main commissioned providers to monitor safeguarding children and adult arrangements.

4.2 The team continue to engage in local, regional, and national safeguarding work, and for this reporting period has included:

- Collaboration across the West Yorkshire to scope what 'health' arrangements are in place in local Multi-Agency Front Door systems – this continues to provide an opportunity to benchmark services and share good practice and it is supporting the wider national work looking at Multi Agency Safeguarding Hubs. It has also been a conduit to commence conversations regarding the multi-agency arrangements of

the wider ICS footprint and consider how further work can be taken forward to review these arrangements.

- Continued development and engagement with Safeguarding GP Leads through regular meetings and facilitating a dedicated safeguarding Practice Protected Time event.
- Coordination of bespoke training to Primary Care colleagues facilitated by Front Door Children's Social Care leads on 'When to contact Children's Social Care'. and steer on this being part of the wider regular training offer as part of the Kirklees Safeguarding Child Protection arrangements. Feedback from Primary Care colleagues on this training was very positive and supported colleagues to understand their safeguarding responsibilities.
- Continued representation at the Non-Recent Child Sexual Exploitation (CSE) workshops where a review of the current service for survivors of non-recent CSE had been undertaken. There has been a focus on a design for a proposed new model. Multi-agency partners including health have been requested to sign up to a pledge for working together towards the overall goals of the partnership for the proposed service. The plan is to agenda these documents at the December 2022 Health Assurance and Improvement Group (HAIG) and Health Alliance meetings for children and adults so that Health Providers are fully sighted on the proposals and gain agreement for the sign up to be from a collective health voice.

4.3 Safeguarding Standards for Commissioned Providers

4.3.1 Standards developed in partnership across West Yorkshire and have been shared with providers in this reporting period.

4.3.2 Main provider standards - A themed analysis toolkit was developed so that each provider could receive individual feedback with the ICB Safeguarding Team having the ability to see an overarching themed analysis of all providers.

4.3.3 GP standards - A themed analysis toolkit was developed for the Calderdale and Kirklees GP Practices standards, so the ICB Safeguarding Team had the ability to view an overarching themed analysis. A plan is in place to feedback to the GP Safeguarding Leads in Quarter 4.

4.4 Provider highlights

4.4.1 Provider Safeguarding Committees continue to meet with ICB representation and form a significant part of assurance processes.

4.4.2 CHFT - The Trauma Navigator work (BLOSM) which is the new service aimed at tackling health inequalities through engagement with vulnerable service users presenting via emergency department remains in progress. The target age group initially being 11-25 years, with pathways in development for service users. The workforce in Emergency departments is being upskilled on being trauma informed approaches to support the progression of this pilot.

4.4.3 MYHT - Adult safeguarding leads highlight the increase in more complex cases, with a focus on having a 'think family' approach. The team report to have a more visible presence on the wards which has resulted in increased referrals. The Domestic Abuse team have produced a report celebrating the success of their new service which identified and supported a significant number of patients who are victims, including staff members.

5. Looked After Children (LAC) Annual Report Executive Summary

5.1 During 2021-22 the health team experienced resource challenges as alternative methods of working were necessary, e.g., the use of a hybrid approach of telephone and face to face initial health assessments, to comply with pandemic restrictions in clinics.

5.2 In other areas of the work there was a rise in demand for support. This was related to an increase in child health complexities, the numbers of unaccompanied asylum-seeking children (UASC), an increase in telephone and IT communication, and a rise in the involvement with children accommodated in Kirklees by other local authorities (OLA), related to risk and vulnerability.

5.3 The increased number of agencies using the electronic child health record SystmOne, amplified the number of communications via tasks, and the volume of information available to inform assessments. The wealth of material is an asset but has added significantly to the time element in the preparation of assessments.

5.4 Completion of the Review Health Assessments (RHA's) within statutory timescales continued to present a challenge. To alleviate pressure, a temporary 6-month measure was introduced to complete the RHA's in the month they were due, rather than the exact date in the month, resulting in several breaches.

5.5 To provide assurance of the focus of the work undertaken, an audit looking at reasons for breach in Quarter 1 of 2022, illustrated that children and their

families are at the heart of the planning, prioritising family, work, school, and outside activity commitments before timescales.

5.6 Dental access has improved and been supported by the 'Flexible Commissioning' programme, enabling all looked after children and care leavers in Kirklees to access services.

5.7 The immunisation rates across all ages have remained excellent.

5.8 The manual return rates of 'Strength and Difficulty Questionnaires' (SDQ's) which are used to screen the emotional wellbeing of children aged 4 to 17 years, has remained stubbornly low, despite efforts to improve compliance and the electronic portal has been unable to facilitate any system improvement. However, the redevelopment of the Local Authority Placement Support Service (PSS), has provided a multi-agency approach alongside the SDQ's, and the inclusion of a trauma screening assessment for Unaccompanied Asylum Seeking Children (UASC) by a Locala GP, has added a valuable dimension to the support options.

5.9 The Ages and Stages Social and Emotional (ASQ–SE) questionnaire, has continued to provide a resource to measure the emotional health of children and babies under 4 years old, and dovetails into the SDQ process and PSS as required.

5.10 Liaison with the sexual health, and substance misuse outreach workers has continued, reinforcing a collaborative working model.

5.11 Medical reports for foster carers, adopters, connected carers and children continue to be completed by the Medical Advisors, and all adoption panels in Kirklees and Calderdale have a Medical Advisor present for advice and support.

5.12 The 'Health Outcome Audit' project has enabled data collection to continue, measuring the health needs of children as they enter care, and a comparison of improvements to their health for those who remain in care, at the point of their first RHA. A re-audit is planned during 2022-23.

5.13 A reflection on the year identifies that it was not possible to resume pre-pandemic levels of performance. The service has required modification to meet the needs of a changed society and vulnerable group of children. Further adjustments may be needed, as we continue to experience changes to practice and demands on the service.

5.14 Key Points:

The number of Looked After Children reduced during the year, partially due to an increase in Special Guardianship Orders promoting children residing with people connected to them.
146 IHA's were completed (Including 12 for other authorities). Average 96% in timescales, plus 55 Pre-adoption medicals.
741 RHA's were completed including requests from other authorities.
A 'Flexible Commissioning' project has provided an opportunity for looked after children and care leavers to have easier access to dental services, with named surgeries signed up to prioritise vulnerable groups. Professional links have developed with e.g., regional dental groups, the local 'Oral Health Advisory Group' & NHSE to advocate for vulnerable children and young people.
Immunisation rates averaged 91.5% across all ages. Teenage boosters for Diphtheria/Tetanus/Polio & Meningitis ACWY remain the most common outstanding immunisations.
Children's emotional health has benefited from the development and expansion of the LA Placement Support Service. The Emotional Wellbeing Team (CAMHS), has been strengthened by the introduction of a multisystemic therapy programme and recently a trauma screening project for UASC, led by an experienced Locala GP.
71 Ages & Stages Questionnaires (emotional health of babies & young children under 4 years) were distributed.
Work continued to distribute care experienced young people's health histories.
236 adult medical reports for foster and special guardianship orders, 77 adult & 69 child medical reports for adoption plans and 26 meetings with prospective adopters, were carried out by the Medical Advisor.
Relationships were built with safeguarding professionals in the acute trusts and private residential homes linked to children accommodated in Kirklees from other authorities, where risk was a concern.
Health Plans are now sent to new carers when children move out of the locality
There is regular quality assurance of health assessments
Specialist nurses are linked to children with disabilities, UASC, care experienced young people, children from other authorities, young babies & children.

We have a long-standing, dedicated, experienced workforce in place

6. Serious Incidents update

6.1 The Kirklees Quality Sub-Committee received a 6-month assurance report on Serious incidents at its meeting on 21.12.22.

6.2 The Serious Incident team provide an end-to-end Serious Incident Management Service to give assurance to the ICB of their main providers' current performance against the relevant national guidance NHS Serious Incident Framework, support implementation of recently released the Patient Safety Incident Response Framework, (PSIRF) and gain insight into organisational learning and safety culture. Assurance is gained against provider organisational learning from incidents by ensuring robust investigations are undertaken which identify all contributory factors, identify appropriate actions are planned, including robust processes to ensure actions have happened and are embedded.

6.3 The team is involved in the transition to the new NHS England Patient Safety Incident Reporting framework (PSIRF) and will support providers and the ICB role in this. PSIRFs four main objectives are:

- compassionate engagement and involvement
- system based approaches to learning
- considered and proportionate responses
- supportive oversight

7. Recommendations

7.1 The Committee is asked to:

1. Receive this update on quality and safety information for the main providers of Kirklees
2. Note the updates provided.

8. Appendices

8.1 Appendix 1 – Provider Quality Overview
Appendix 2 – CQC inspection ratings for Adult Social Care Providers and Primary Care in Kirklees

Calderdale and Huddersfield NHS Foundation Trust
Overview and Positive Assurance

The areas covered within the overview report demonstrate quality concerns and quality improvements.

Information below has been extracted from the Trusts Integrated Performance Report – September 2022.

Serious Incidents & Never Events - 2 Serious Incidents were logged in September 2022. Incidents related to sub-optimal care of the deteriorating patient and a diagnostic incident. CHFT continue to build positive working relationships with the ICB following the recruitment of the Trusts Risk Manager. Bi-monthly meetings continue with CHFT colleagues to seek assurances and provide a position regarding themes, trends and learning from incidents.
3 Never Events have been logged since April 2022. The ICB have received and reviewed one of the reports with the others expected over the coming months.

Complaints – Increasing numbers of complaints have been noted due to prolonged waits and poor patient experience. The trust are continuing to find meeting their targets of responding to complaints within expected timeframes challenging with a 45.45% success rate in September. Specific focus on complaints continues with weekly oversight and scrutiny within Divisions and alongside the Corporate Team to improve the quality of responses and encourage response completion within deadlines.

Sepsis 1h to Treatment - For patients in the emergency department performance in August was 89.19% which is just below the 90% target, but is an improving picture than the previous months. For inpatients performance in August was 58.62% which is below the 90% target. The sepsis collaborative has implemented multiple actions to improve overall concordance of antibiotic treatment through a multidisciplinary team approach. This includes focussed priority of timely patient assessment and treatment through improved communication networks, timely patient assessments, education and ensuring accurate data results.

Information below has been extracted from the Trust Quality & Performance Report (Position from Month of September 2022)

Cancer – The Trust has been recognised nationally as 1 of only 3 organisations to consistently achieve the Two-Week target (93%) to see patients urgently referred with Suspected Cancer since August 2019. This is an outstanding achievement. In addition for the period April to June 2022 CHFT's Cancer 62-day Referral to Treatment performance was 1st in position nationally for all acute Trusts.

Information taken from Nursing, Midwifery and Allied Health Professional Safer Staffing Report (November 2022)

Due to the ongoing challenges facing the midwifery workforce both locally and nationally, a proposed new way of working was approved at Hard Truths in September 2022. This proposal included the recruitment of additional maternity support workers and registered nurses to backfill registered midwifery vacancies.

The areas covered within the overview report demonstrate quality concerns and quality improvements.

Information taken from Nursing, Midwifery and Allied Health Professional Safer Staffing Report (November 2022) Continued.
This position has been recognised as a short-medium term strategy as the long-term strategy would not be to reduce the number of registered midwives. A bid has also submitted in August 2022 to NHSE/I for midwifery international recruitment funding. The bid proposed is for the Trust to recruit 5 international midwives.

Stroke Deep Dive – ***Presented at November 2022 Quality Committee***

The Trust commissioned a deep dive to thoroughly investigate and analyse the current, risk, challenges and learning opportunities within the service. A working together to get results (WTTGR) session was held to understand and transform working practices, listen to staff ideas and put the patient at the heart of improvements.
A summary of the key challenges identified are below:

- The demand for stroke services has increased by 27% since 2019. This is further impacted by challenges in safely discharging patients with very high dependency levels.
- Overall length of stay has continued to be challenged due to in availability of beds on the specialist stroke wards. However this has significantly improved over the past 3 months.
- Staffing challenges in specialist stroke teams such as Occupational Therapy, Speech and Language teams and upcoming Consultant retirement will impact the service if new applicants are not attracted into the service.
- Challenges to access the stroke bed base due to a increasing demand for the service and performance against the 4 hour target.

The key actions and improvements developed at the WTTGR session were:

- Development of a step-down criteria for rehab patients to facilitate earlier discharge to ensure access to hyper acute beds are accessible.
- Exploration and increasing the development of key roles such as Advanced Clinical Practitioners. The Stroke Matron has now been permanently funded and further exploration of the Thrombolysis nurses and working patterns is planned.
- Working to develop a business case and exploring of funding streams to support key areas and enhancements in early supported discharge service, stroke pathways, stroke hub and community beds this would benefit patients length of stay and aid flow.
- Further analysis of diagnostic waiting times such as access to CT within 1 hour.

Calderdale and Huddersfield NHS Foundation Trust
Enhanced Surveillance – December 2022

The following indicators are below expected levels of performance and are an elevated risk to Quality and Safety. It is recommended that the Committee has a focus on these areas.

Area(s) of challenge	Why off plan	Proposed actions	When expected back on track
Never Events	• 3 Never Events this financial year	• Immediate learning identified following all incidents • Investigations ongoing • A deep dive of Never Event's has been commissioned due to themes and trends identified.	1 investigation report has been received. The remaining reports are expected to be received over the coming months. Actions will be monitored via existing governance routes and learning shared.
Workforce Resilience	• Sickness (Long term & Short term) • Covid fatigue • Recruitment • Red Flags	• Money received from Health Education England to support Allied Health Professional Workforce supply strategy planning project commenced. • HCA availability used to mitigate RN shortages in some areas. • A suite of nurse sensitive indicators have been adopted to monitor for any correlations alongside the care hours per patient day in line with national recommendations. • Development of workforce plan including ODP apprentices, Nurse Associate role. • Nursing and Healthcare support worker staffing is monitored and managed daily through the Nursing workforce group.	The requirement to staff additional capacity areas continues to impact on ability to staff all areas according to workforce models but the Trust remains committed to achieving its nurse and midwifery staffing establishments and developing the workforce as part of the Time to Care strategy. Delivery of actual care hours per patient day, whilst still fewer than planned, equates to the national median.
Complaints	Increasing number of complaints due to prolonged waits affecting patient experience.	• Performance continues to be concerning. • The Trust has recognised that performance is below what is expected, however momentum is being achieved in the complaints team meeting with individual Divisions for updates, and where scrutiny and oversight can take place on complaints not responded to within the agreed timeframe.	Trust wide meetings take place weekly, chaired by the Associate Director of Quality & Safety to add quality input and oversight to performance.

South West Yorkshire Partnership Foundation Trust
Overview and Positive Assurance

Information included within the overview report has been drawn from the Trust's Integrated Performance Report (IPR) and intelligence received from the provider. The areas covered within the overview report demonstrate challenges plus quality improvements made in patient safety, communication and experience.

Reducing Restrictive Physical Interventions

The Reducing Restrictive Physical Intervention (RRPI) team incorporates a person-centred, values-based and trauma-informed approach into all training offered to staff. In regard, to seclusion and long-term segregation, this includes clearly explaining the policies around same in training and encouraging a person-centred, "positive risk-taking" approach to reduce the use of these interventions. When seclusion is implemented, the seclusion policy states that if a service user spends more than 72 hours secluded or has three consecutive episodes of seclusion within a week, staff must contact the RRPI /safeguarding specialist advisors for advice as to how seclusion might be ended. This may include risk assessing having certain items in seclusion, e.g., radios, games devices, reinforcing a human-rights based approach by arranging family visits and/or adopting seclusion in a flexible manner. RRPI specialist advisors endeavour to be present in meetings to discuss long-term segregation (LTS) for a service user or how to end seclusion. They will offer advice on how this may be avoided, but if the intervention is necessary, they will offer specialist advice on how to make it person-centred, safe, dignified and using a trauma-informed approach. The Trust foster an open and transparent reporting culture with Specialist advisors regularly reviewing Datix's pertaining to seclusion and LTS and offer feedback on how this may be reduced on a regular basis. The data captured via Datix is analysed and shared for wider learning at the RRPI monthly Trust Assurance Group (TAG) meeting and via Integrated Performance Report (IPR). In response to the Mental Health Inpatient 'Use of Force' Act the information collated via Datix has recently been strengthened ensuring any disparities between service users with protected characteristic is captured, analysed, and resolved. The Trust continue to work in collaboration with the South-West Yorkshire initiative as a forum in which to share best practice and reduce the use of Seclusion and LTS

Safer Staffing

Where there are staffing challenges, escalation and continuity plans are followed to ensure the delivery of safe and effective care and these are supported by flexible staffing resource. The Trust is undertaking an establishment review within older person's service, working age adults and Forensic services which will provide a more comprehensive review of staffing and resolve some of the reliance on agency staff. SafeCare is also being embedded in the Forensic Care Group to help them understand the quality impacts on patient care. Acuity remains high across all areas and care groups are monitoring staff well being closely. Teams are focussing on delivering high quality of care, as well as being safe and this has had an impact on Section 17 leave being facilitated and has caused other interventions to be delayed, the impact on patient experience is continually being reviewed.

South West Yorkshire Partnership Foundation Trust
Overview and Positive Assurance

International Nurse Recruitment

Continues to go well with 27 nurses in the Trust. Eighteen nurses are successfully working on wards as registered nurses following successful registration with the Nursing and Midwifery Council. The remaining are due to complete final exams in December 2022. Further recruitment is underway with both international recruitment and local recruitment and the Trust are forecasted to have an additional 60 nurses by March 2023.

Safer discharges

A review of serious incidents linked to patients who had been discharged from hospital has been undertaken with key themes identified. The targets for improvement included adherence to:

- Adherence to Care Programme Approach (CPA) policy (family/carer feedback in discharge planning process)
- Completion of staying well plans (crisis + contingency plans), formulated pre-discharge
- Effective communication between wards, Intensive Home Based Treatment Team (IHBTT), community services
- Clarify roles/responsibilities of care coordinators (for patients in hospital)
- Establish standards around discharge processes (including documentation of follow-up plans and to promote family/carer involvement)
- Strengthen Multi-Disciplinary Team (MDT) template (evidence carer involvement/ planning of discharge)
- Streamline referral processes

A safer discharge from hospital project group was established consisting of inpatient matrons, quality and governance leads from community, gatekeeping and liaison services. Sustained improvements have been seen risk assessments, communication, documentation, process, oversight and experience, which has all contributed to facilitating safer discharges. Ongoing assurance remains via matrons.

Choose well

The Trust have created a new guide to help children and young people choose well for mental health. The 'choose well for mental health' guide will:

- Support people in looking after their mental health and wellbeing
- Inform people about how to access the right support when they need it
- Help people know what to do if they, or someone they know, experience a mental health crisis or emergency.

Parents, carers, families and friends can also use the 'choose well for mental health' guide to look out for children and young people close to them and help them get the right support and advice.

The guide has been co-created with children and young people with lived experience, and specialist healthcare teams who work with them, carers and their families.. 'choose well for mental health' guide

South West Yorkshire Partnership NHS Foundation Trust
Enhanced Surveillance – December 2022

The following indicators are below expected levels of performance and are an elevated risk to Quality and Safety. It is recommended that the Committee has a focus on these areas.

Area(s) of challenge	Why off plan	Proposed actions	When expected back on track
% service users on CPA offered care plan	A series of deep dives audits illustrated this is due to is a combination from how the information is drawn from the system and the ways the care plan is offered.	• Work continues in frontline services to adopt collaborative approach to care planning • A new metric has been identified and work has been undertaken to implement in coming months to improve performance • The direction of travel is to ensure improved co-production with service users and carers. • Task and Finish group to support personalised care has been established with a number of work streams identified.	• Although it is positive to see month on month improvement there is a longer term improvement programme underway to improve quality and reporting. • The progress will be monitored through governance and operational meetings.
Number of records with up to date Risk Assessment	A deep dive into the risk assessment data has highlighted that in a number of cases risk assessments are being completed but not within the timeframes.	• A series of deep dives has been taking place and the intelligence gleaned has led to some rapid improvement. • Issues are being addressed with staff and a trajectory of improvement has been created in order to improve performance • The direction of travel is to ensure improved co-production with service users and carers • Matrons and practice governance coaches are undertaking quality dip sample to review quality of risk assessment and provide feedback and learning to teams in a timely manner.	• The longer term improvement programme is also focusing on risk assessments • The progress will be monitored through governance and operational meetings • Further work to be undertaken as part of the improvement work including reviewing trajectory and RAG rating.

Locala
Overview and Positive Assurance

The ICB Quality team attend the Locala Quality Committee. The information summarised for this report is taken from papers presented and discussed at these Information summarised in this report has been taken from the Integrated Quality Report submitted to the Locala Quality Committee, which is also attended by the Quality Manager from Kirklees Health and Care Partnership. It has been reviewed by senior Quality colleagues at Locala.

Frontline Friday

Senior leaders have introduced a programme to increase their visibility and accessibility for frontline colleagues, every Friday to visit clinical areas and attend safety huddles. This aims to facilitate open communication about the pressures facing frontline staff, provide opportunities for raising concerns and give support. It is designed to be a reciprocal process of learning that will support our leaders to further develop their understanding of the services that we lead, and also support our staff and teams to learn more about them to support future collective and collaborative (quality) leadership.

Collaborative working for Quality Improvement (QI)

Locala QI team has developed a programme for quality improvement with General Practice, which included QI sessions, training, coaching and practical application of QI methods to specific areas identified by the practice, over a period of nine months. This produced measured improvement, for example improved uptake of cancer screening. The success of this programme provides an opportunity for further collaborative working between Locala and general practice.

Exemplary Care Initiative

Locala is strengthening its quality assurance processes will enable Locala to more accurately monitor and respond to variance in clinical standards, ultimately supporting achievement of the organisation's objective of delivering exemplary care and achieving CQC outstanding. This development was supported using a workshop held in November for staff from across all Locala's services, to promote and build on its Exemplary care initiative. A full information pack is being shared with all staff and a supplementary session for those who could not attend the full workshop. A revised and updated action plan is being produced for the Exemplary Care initiative to be rolled out across all Locala services.

Locala
Enhanced Surveillance – December 2022

The following indicators are below expected levels of performance and are an elevated risk to Quality and Safety. It is recommended that the Committee has a focus on these areas.

Area(s) of challenge	Why off plan	Proposed actions	When expected back on track
Clinical staffing within Community Nursing Network (CNN). • Reflecting the national and wider Integrated Care Board (ICB) workforce challenges, work continues to address the current and future clinical staffing challenge	• Multiple factors including staff vacancy / short term sickness. Further analysis of other triggers underway • Service demand and acute pressure across the health care system	• Management within organisation OPEL (Operational Pressures Escalation Levels) and surge and escalation plan to maintain safety – with mitigations including staff movement between teams to provide capacity and meet demand. Organisation response co ordinated (when indicated by OPEL) and escalated to gold response. • Increased level of pre-emptive surveillance by the Director of Nursing and Corporate nursing team - including reinstatement of staffing assurance oversight calls. • Daily review of CNN capacity and demand, with risk assessment • Prioritisation of life critical calls, triaging daily to ensure that clinical need is systematically assessed and prioritised • Continued focus on communication and staff support (Frontline Friday). • Recruitment actions enacted – including recruitment of international nurses.	• Reviewed in real time and managed through organisational escalation processes. • Monitored through Risk Register • Reported to Locala Executive Management Group (EMG), Quality Committee and Locala Board oversight

Mid Yorkshire Hospitals NHS Trust (MYHT)
Overview and Positive Assurance

The ICB Quality Team (Wakefield or Kirklees place) attend the MYHT Quality Committee and Maternity Quality Surveillance Group every month. The information summarised for this report is taken from papers presented and discussed at these meetings and has been agreed by MYHT's Director of Nursing. It reflects key risks to quality and safety as well as positive quality improvements.

Cardiac Rehabilitation

MYHT's Cardiac Rehabilitation programme had been certified 'Green' by the National Audit team, achieving all seven quality standards. Only 40% of programmes nationally achieve a green rating.

Surgical Pathway for adults with a Learning Disability

The 8 weeks surgical pathway for adult patients with a learning disability won the 2022 Nursing Times award in the category of Learning Disability Nursing, and were nominated for a Health Service Journal award. Following the success of the pathway the innovation has been commended by Mencap, and the Complex Needs team are being interviewed by NHS England to discuss how the pathway can be implemented nationally.

Maternity Quality and Safety update

Implementation of the Ockenden Inquiry recommendations and overall quality and safety of maternity services continues to be monitored by the Maternity Quality Surveillance Group (MQSG). The Group continues to meet monthly and is presented with a report on maternity quality and oversight and the maternity dashboard.

In October 2022 the Reading the Signals report was published following an independent review into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust between 2009 and 2020. NHSE asked every Trust and ICB to review the findings of the report at a public board meeting - MYHT Trust Board considered the report at their meeting in November 2022. In January 2023 a focused session with MYHT Quality Committee and the MQSG is planned to identify any action and discuss the effectiveness of assurance mechanisms in light of the report's findings.

Mid Yorkshire Hospitals NHS Trust
Enhanced Surveillance – December 2022

The following indicators are below expected levels of performance and are an elevated risk to Quality and Safety. It is recommended that the Committee has a focus on these areas.

Area under performance	Why off plan	Proposed actions	When expected back on track
Emergency Department (ED) waits over 12 hours From 1 April 2022 there were new national Urgent and Emergency Care Metrics, one of which measures patients who stay in the Emergency Department longer than 12 hours from arrival (rather than the previous measure of decision to admit). The national standard is for no more than 2% of waits over 12 hours to take clinical exceptions into account – the Trust is currently reporting 4.7% (September 2022). In September and October 2022 the Trust reported 14 times patients waiting longer than 12 hours from the decision to admit.	MYHT urgent and emergency services remain under considerable pressure – there are long waits in the emergency departments, long waits for beds once a decision to admit has been made, and the Trust has prioritised ambulance handovers to reduce system risk associated with ambulance delays. This is contributing to continued overcrowding in the department. The wider consequences on patient flow include bed availability and using unplanned locations (i.e. outliers and extra capacity) as ways to manage demand for inpatient beds. As well as impacting harm, additional beds result in diluted staffing numbers and impact on staff wellbeing and morale. The breaches are due to a number of reasons including patients waiting for a suitable acute mental health bed or admission to a tertiary neurosurgery bed at LTHT; and patients awaiting transport to an acute ward at Pinderfields Hospital.	The wider system and flow issues are being addressed through the internal and system unplanned care programme - System and internal Winter Plan is in place with a formal governance structure operational. - Review of bed configuration in the Division of Medicine, and a focus on reducing the length of stay to promote flow (One Less Day initiative). - System programmes linked to reducing conveyance to ED through alternatives to admission. - Recognised that inpatient delays and moves can increase length of stay, therefore, every effort is being made to reduce this and improve experience of care. - Identification of 100 patients who are most likely to be admitted to hospital and developing key plans to ensure they can remain at home. - The Integrated Transfer of Care (ITOC) hub up and running - Specific specialty pathways review to identify patients who can bypass ED and directly attend Same Day Emergency Care (SDEC) or be seen by specialist teams on Acute Assessment Unit (AAU).	The position is being closely monitored through the Trust's operational and governance arrangements.

CQC Ratings for Adult Social Care Providers in Kirklees 26.9.22 – 1.12.22

Following inspection, the CQC has published reports for the following services:

Service & provider name	Service Type	Date & type of Latest Inspection	Previous Rating	Current Rating	Additional Information
Colne Valley Equitable Care Society Ltd Co-operative Care Colne Valley	Domiciliary Care Provider	17.10.2022 & 20.10.2022 Partially announced	N/A	Safe – Good	This service was registered with the CQC on 23 October 2020 and this is the first inspection. This inspection was carried out under Section 60 of the Health and Social Care Act 2008 (the Act) as part of the CQC's regulatory functions. It checked whether the provider was meeting the legal requirements and regulations associated with the Act. It looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.
			N/A	Effective – Good	
			N/A	Caring – Good	
			N/A	Responsive – Good	
			N/A	Well-led – Good	
			N/A	Overall rating - Good	

Service & provider name	Service Type	Date & type of Latest Inspection	Previous Rating	Current Rating	Additional Information
Continuum Healthcare Ltd Ashcroft Nursing Home	Nursing Home	23.09.2022 & 27.09.2022 Unannounced	Safe – Good	Safe - Inadequate	The last rating for this service was Inadequate (published 8 November 2021) and there were breaches of regulation. The previous inspection was carried out in January/February 2019 and was rated as Good throughout. The latest inspection was prompted by a review of the information held by the CQC about this service. The inspection was prompted in part due to concerns received about the environment and the quality and safety of the care provided. The CQC decided to inspect and examine those risks. It was noted that the service had stopped providing nursing care at the time of inspection. The following breaches were identified: • people did not receive person-centred care that met their needs and reflected their preferences.
			Effective – Good	Effective – Requires Improvement	
			Caring – Good	Caring – Requires Improvement	
			Responsive - Good	Responsive - Inadequate	
			Well-Led – Good	Well-Led - Inadequate	
			Overall rating – Good	Overall rating – Inadequate	

					• Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. • Systems for safeguarding people were not robust enough to ensure people were protected. • Premises and equipment were not adapted to meet people's care needs. • There were insufficient numbers of staff deployed to meet people's care needs. Staff were not suitably trained or supported to fulfil the requirements of their role. The home was discussed at the Care Home Early Support and Prevention (CHESP) meeting on 15.11.2022 and it was decided that a Multi-Agency Risk Management Planning call would take place on 21.11.22 based on the intelligence received. Following this meeting it was agreed that the home would be placed into a Multi-Agency Enhanced Quality Surveillance Process and the first meeting

					has been arranged for 13.12.22. Issues around the management of medicines was identified in the inspection; therefore a medicines management support visit is taking place on 6.12.22. Council colleagues continue to undertake contract monitoring visits and an action plan will be requested by the CQC to understand what actions will take place to improve the quality and safety of the service. The home will be discussed further at the next CHESP meeting on 13.12.2022 where further actions agreed.
Service & provider name	**Service Type**	**Date & type of Latest Inspection**	**Previous Rating**	**Current Rating**	**Additional Information**
Care Network Solutions Ltd Clarence House	Care Home - learning disability and complex behavioural or mental	18.10.2022 Unannounced	Safe – Good Effective – Good Caring – Good Responsive – Good	Safe - Good Effective – Good Caring – Good Responsive – Good	The inspection was prompted in part due to concerns received about how risks to people's care were managed. As a result, the CQC undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, the ratings awarded at the last inspection were used to calculate the

	health related support needs		Well-Led – Good Overall rating – Good	Well-Led – Good Overall rating - Good	overall rating. The CQC found no evidence during this inspection that people were at risk of harm from this concern.
Service & provider name	**Service Type**	**Date & type of Latest Inspection**	**Previous Rating**	**Current Rating**	**Additional Information**

Together in Care Forensic Ltd Together in Care	Domiciliary Care	1.9.2022 & 11.10.2022 Unannounced	Safe – Good Effective – Good Caring - Good Responsive – Good	Safe – Requires Improvement Effective – Good Caring – Good Responsive - Good	The inspection was prompted in part due to concerns received about staff working an excessive number of hours and the working culture some staff experienced. A decision was made to inspect and examine those risks. For those key questions not inspected, the ratings awarded at the last inspection were used to calculate the overall rating. The overall rating for the service has changed from good to requires

			Well-led – Good	Well-led – Requires Improvement	improvement based on the findings of this inspection. Improvement required: • Personal care - risks to people had not been lowered through sufficiently controlled staff working hours. Rotas did not account for sufficient travel time to enable care visits to be punctual.
			Overall rating - Good	Overall rating – Requires Improvement	

CQC Ratings for Primary Care Providers in Kirklees 26.9.22 – 1.12.22

Following inspection, the CQC has published reports for the following services:

Service & provider name	Service Type	Date & type of Latest Inspection	Previous Rating	Current Rating	Additional Information
Brookroyd Ltd – Heckmondwike Health Centre	Primary Care	10.10.2022 Announced	Safe - Good	Safe – Good	The CQC previously carried out an announced focused inspection of Brookroyd Surgery Limited, located at Heckmondwike Health Centre, on 24 and 25 May 2022. At that
			Effective – Good	Effective – Good	
			Caring – Good	Caring – Good	

			Responsive – Good Well-led – Good Overall rating - Good	Responsive – Good Well-led – Good Overall rating – Good	inspection it reviewed the safe, effective and well-led domains. Following that inspection, the practice was rated good overall and good for the key questions safe, effective and well-led. The key questions caring and responsive were not rated that inspection. On 29 September and 10 October 2022, a focused desk-based review was carried out which the CQC undertook without visiting the practice. At this desk-based process the caring and responsive key questions were reviewed and the practice was rated as good for providing caring and responsive services.
Service & provider name	**Service Type**	**Date & type of Latest Inspection**	**Previous Rating**	**Current Rating**	**Additional Information**
Fieldhead Medical Services Ltd	Primary Care	19.10.2022 Announced	N/A N/A	Safe – Good Effective – Good	This announced comprehensive inspection was carried out due to a change in the provider for

Fieldhead Surgery			N/A	Caring – Good	this service. This was the first rated inspection since this change. Whilst no breaches of regulations were found, the provider should: • Formalise the system for summarising new patient medical records • Continue to monitor and make improvements to increase the uptake of cervical screening. • Improve the identification of carers on the practice register. • Continue to monitor patient outcomes for access, in particular accessing the practice by telephone and the experience of making an appointment • Continue with the drive to recruit and form a Patient Participation Group representative of the practice population.
			N/A	Responsive – Good	
			N/A	Well-led – Good	
			N/A	Overall rating - Good	
			Effective - Good	Effective – Good	
			Caring - Good	Caring – Good	
			Responsive – Requires Improvement	Responsive – Good	
			Well-led - Good	Well-led – Good	
			Overall rating - Good	Overall rating – Good	

Meeting name:	Kirklees ICB Committee
Agenda item number:	11
Meeting date:	11 January 2023
Report title:	Finance and Contracting Report
Report presented by:	Alison Needham – Operational Director of Finance
Report approved by:	Alison Needham – Operational Director of Finance
Report prepared by:	Alison Needham – Operational Director of Finance & Martin Pursey – Director of Partnership Relationship Management & Helen Shallows – Head of Finance

Purpose and Action:			
Assurance ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/com-ment/discuss/escalate	Information ☒

Previous considerations:

Finance, Contracting and Performance Committee – 21st December 2022

Executive summary and points for discussion:

The following slide pack is intended to update the committee on the financial position of the Kirklees Health and Care Delegated Budgets as of November 2022, month 8 and a highlighted update in respect to the contracting position as presented to the Finance, Performance and Contracting Committee.

With which purpose(s) of an Integrated Care System does this report align?

- ☐ Improve healthcare outcomes for residents in their system
- ☐ Tackle inequalities in access, experience and outcomes
- ☐ Enhance productivity and value for money
- ☐ Support broader social and economic development

Recommendation(s):

The ICB is asked to:

- Note the financial position reported as at November 2022,
- Note the contracting update as of October 2022,
- Note the financial challenge of £3.8m to achieve it's over all target control total
- Note the corresponding risks and mitigations as we move through the remainder of the financial year

• Note the update around planning.
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
Appendices:
Acronyms and abbreviations explained:
WYICS – West Yorkshire Integrated Care System CCG – Clinical Commissioning Group KHCP – Kirklees Health and Care Partnership QIPP – Quality, Innovation, Productivity and Prevention SDF - Service Delivery Fund TCP – Transforming Care Plans MH – Mental Health ERF – Elective Recovery Fund GH – Greater Huddersfield PCN – Primary Care Network AQP – Any Qualified Provider LES – Local Enhanced Service

What are the implications for:

Residents and Communities	
Quality and Safety	
Equality, Diversity and Inclusion	
Finances and Use of Resources	Potential non achievement of financial control targets
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	

Environmental and Climate Change	
Future Decisions and Policy Making	
Citizen and Stakeholder Engagement	

Kirklees Health & Care Partnership

Finance and Contracting Report – Month 8 – November 2022

Key Headlines

- The following financial information presented is for November 2022 (reporting month 8).
- It is important to note there has been a significant amount of work over the last couple of months, due to the emerging financial risks and as a result there has been a considerable amount of movements to areas that are now shown at month 8. The position shown now reflects the actual pressures in each business area.
- The financial positions of Kirklees ICB and wider organisations in West Yorkshire (WY) has been incredibly challenging. Due to this the West Yorkshire risk protocol was enacted due to a number of places flagging risks in their most likely position.
- To note we report our financial positions based on its plan/actual target, most likely and worst case positions - Kirklees ICB flagged at month 6/7 a £2.5m most likely position and a £3.6m additional worst case position.
- Over the last two months the finance team both locally and as part of the system has been working to manage these risks down.
- The main areas where the ICB has seen the biggest area of increased financial costs are in the Independent Sector, increased costs in beds due to discharge process, Prescribing, and Primary Care due to emerging risks in premises and planning pressures that had been managed but have now materialised. These will be discussed in greater detail within the report.
- The Contracting Information presented is based month 7 (October 2022) activity.

Kirklees Health Care Partnership – Starting Plan FY 22/23

	Allocation £m	Planned Expenditure £m	Variance Deficit £m
Programme	707.4	710.9	3.5
Co commissioning	71.1	71.8	0.7
Running Costs	8.4	8.4	0.0
QIPP	0.0	(2.5)	(2.5)
Surplus / (deficit)	**786.9**	**788.6**	**1.7**
Control total			**1.7**

This slides provides the committee with the original allocation received for "Kirklees" and how the original plans were base. Kirklees received an original allocation of £786.9m, made up of funds relating to Programme, Primary Care and Running costs.

In order to achieve its deficit control total of £1.7m, a QIPP delivery of £2.5m was created.

The QIPP achieved to date is shown in the QIPP section

Delegated Budgets

Allocations	£m
Plan Allocations	786.900
Allocations received to September (month 6)	14.231
Total as at month 6	**801.131**
Allocations received in October and November (month 7 and 8)	(1.102)
Total allocations as at month 8	**800.029**

Allocations October - month 7	£m
Internal movements:	
Pay uplift and NI reduction adjustment	0.036
Financial Accounts team from place to core	(0.098)
Running Costs team from place to core	(0.024)
M6 alloc (e.g. diabetes) from core reserves to place	0.188
Allocations:	
Service Development Funding (SDF) - Mental Health Winter Pressures	0.082
LTBI Q2 Payment	0.037
NI reduction adjustment from M6	(1.083)
covid/FTA In M6 from core to kirklees	0.097
Total	**(0.765)**

Allocations November - month 8	£m
Internal movements:	
Elective recovery fund from place to core	(1.554)
Allocations:	
Diabetes system development funding	0.188
22/23 national discharge funding - tranche 1	1.029
Total	**(0.337)**

Month 7 - Adjustments

Kirklees ICB will receive additional allocations throughout the year – currently the budget is £800.029m, a reduction of £1.102m was enacted during the month 6 and 7 allocation process. The overall reduction in allocation is due to agreed transfers back to the WYICB core to match its corresponding expenditure incurred in WY.
Where allocations are received these will be for expected allocations where there is a commitment to spend against them or guidance that describes how the funding should be spent.

- There has been a reduction in the allocation for agreed transfers back to the WYICB core for parts of the finance team that is now managed centrally, to note the related expenditure will be incurred at WY.

- There has been a reduction in allocations for the clawback of national insurance and there will be a reduction in expenditure to correspond with this adjustment. Allocation movements for the pay award and national insurance have been made over a number of months (the main impact was in September). The pay award and national insurance clawback are being worked through in line with guidance.

Month 8 - Adjustments

The main internal allocation reduction is a transfer to core for the elective recovery fund. This is to fund related expenditure for payments to NHS Providers, Health Education England and the Local Authority where expenditure will be incurred at core.

There is £500m national funding to support both the NHS and the Local Authority with discharge from hospital. Part of this funding has been received by the WYICB and has been distributed to places. Whilst this is a new allocation, expenditure relating to hospital discharge has already been incurred at risk by the Kirklees Place to sure the discharge process

Kirklees Health and Care Partnership forecast position – All business units - Month 8

The overall forecast position is to achieve the required control total and the movements forecast in each area are explained in the following slides

Business Area	Expenditure Budget Annual M8 £m	Forecast Expenditure M8 £m	Variance over / (under) spend M8 £m	Variance over / (under) spend M6 £m	Movement adverse / (favourable) M8 - M6 £m
Mental Health	91.625	91.367	(0.258)	0.280	(0.538)
Acute	424.328	427.354	3.026	0.541	2.485
Prescribing	74.849	77.516	2.667	0.417	2.250
Prescribing QIPP			0.000	0.000	0.000
Primary Care other	11.437	11.823	0.386	(0.122)	0.508
Continuing Healthcare	37.450	37.830	0.380	0.014	0.366
Continuing Healthcare QIPP	(0.750)	(0.750)	0.000	0.000	0.000
Community	59.023	59.038	0.015	(0.960)	0.975
Other	23.445	23.695	0.250	0.284	(0.034)
Other QIPP	(0.633)	(8.298)	(7.665)	(1.127)	(6.538)
Total Programme	720.774	719.575	(1.199)	(0.673)	(0.526)
Co-commissioning	73.224	74.587	1.363	0.672	0.691
Running costs	7.772	7.608	(0.164)	0.000	(0.164)
Total	801.770	801.770	0.000	(0.001)	0.001

The ICB has an expenditure budget of £801.770m. The budget and forecast expenditure within each business unit area is broken down in the table. The overall forecast expenditure is the same as the budget. However, there are a number of forecast over and under spends in business areas, of which are detailed in the following slides.

The overall forecast overspend in business areas is £7.665m. The management of the financial position is explained on the next slide.

The slides for each business unit area show the overall forecast over or underspend and give a narrative of the movement from the position reported to the committee as at month 6. Risks and opportunities are described in the risk section.

The significant risks and opportunities that were reported in the previous report to the committee are now reflected in the financial position and are described in each business area.

To note - the expenditure budget is greater than the allocation by £1.7m. The agreed control total allows KHCP to spend more than the funds allocated.

Kirklees Health and Care Partnership forecast position – Management of the financial position - QIPP - Month 8

Business Area	Expenditure Budget Annual M8 £m	Forecast Expenditure M8 £m	Variance over / (under) spend M8 £m	Variance over / (under) spend M6 £m	Movement adverse / (favourable) M8 - M6 £m
Planned unmitigated QIPP	(1.750)		1.750	0.062	1.688
QIPP managed	1.048	(0.702)	(1.750)	0.000	(1.750)
	(0.702)	(0.702)	(0.000)	0.062	(0.062)
Other QIPP	0.069	(3.821)	(3.890)	(1.190)	(2.700)
Revised unmitigated QIPP		(3.775)	(3.775)		(3.775)
Total QIPP	**(0.633)**	**(8.298)**	**(7.665)**	**(1.066)**	**(6.599)**

Month 8 Headlines

Variance to plan = -£7.665m – overall additional QIPP requirement from Month 6

The 2022/23 plan included the requirement to deliver QIPP of (£2.500m). Planned QIPP of (£0.750m) continuing healthcare QIPP is shown in the business area and the remaining planned QIPP of (£1.750m) is fully delivered.

QIPP is delivered by a combination of planned investment budgets with no expenditure (for example the community phlebotomy service which was planned for the whole year and ceased at the end of September) and one off unplanned mitigations (for example rent rebates). Therefore, this could be a budget or an expenditure adjustment.

Due to the additional pressures which have emerged in 2022/23 (which are described in each of the business area slides) there has been an additional forecast QIPP requirement of £7.665m to date. Of this additional QIPP (£3.890m) has been delivered against this. However, there is a further unmitigated QIPP requirement of (£3.775m) to achieve our target.

There has been a significant amount of work over the last couple of months to review the financial position. As a result of this work there has been an additional QIPP delivery of (£3.890m). This is through a combination of the release of prior year accruals, the release of current year accruals, and the release of planned expenditure that will not be incurred (for example the clinical assessment unit expenditure that will now be incurred at core).

The unmitigated QIPP requirement of (£3.775m) will be managed by additional release of system funding support and funding allocations not yet reflected in the financial position. There remains a risk that other pressures emerge in the financial position (this is shown in Risks and mitigations).

Kirklees Health and Care Partnership forecast position – Mental Health - Month 8

Business Area	Expenditure Budget Annual M8 £m	Forecast Expenditure M8 £m	Variance over / (under) spend M8 £m	Variance over / (under) spend M6 £m	Movement adverse / (favourable) M8 - M6 £m
Mental Health	91.625	91.367	(0.258)	0.280	(0.538)

The table above provides the reader
- the current Plan variance that has been reported
- The movement from the position reported as at month 6
- A future focus is shown in the commentary of any ongoing work that could impact the Kirklees HCP.

Risk Rating – LOW

Movement -

Month 8 Headlines

Variance to plan = -£0.260m – overall improvement from Month 6

- As part of deep dive work a review of care packages forecasted in this area has been undertaken. This has as a result released forecast costs of approx. £0.5m, into the financial position. There are potentially additional projected costs to be released. However, this is being monitored over the next months to understand the risk of releasing into the position.
- Any change in mental health expenditure can have an impact on the achievement of the mental health investment standard. The mental health investment standard is forecast to be achieved because, whilst forecast expenditure in packages of care has reduced, other forecast expenditure which contributes to the standard has increased (this includes mental health prescribing expenditure).

Future Focus

Short term
- Full monitoring of activity driven packages (outlined above)
- Review of SDF funding and MH investment with Budget holder
- Audit of Mental Health Investment targets

Longer term

- Work is currently underway across West Yorkshire to develop a wider system process to manage patients requiring Complex Rehabilitation, which could result in funds being held centrally and a system risk share created. Finance and Service Leads are working together to ensure the impact of Kirklees place is managed.

Kirklees Health and Care Partnership forecast position – Acute spend Month 8

Business Area	Expenditure Budget Annual M8 £m	Forecast Expenditure M8 £m	Variance over / (under) spend M8 £m	Variance over / (under) spend M6 £m	Movement adverse / (favourable) M8 - M6 £m
Acute	424.328	427.354	3.026	0.541	2.485

Risk Rating – HIGH

Movement - 

Month 8 Headlines

Variance to plan = +£3.026m – deviation to plan realised in position

- The main reason for the deviation to place is the impact of Independent Sector costs incurred and forecast to date being realised into the position.
- In previous months the figure has been mitigated around the assumption of ERF fund potentially coming in to the system, to manage costs above the 104% value over 19/20 £ performance. It is has been advised that this fund will not be received therefore the position shows this significant movement.
- The National position around ERF has been unclear around clawback. Whilst no clawback has been made to systems, the consequence is no additional funds are received. The WY system is monitored on total achievement, at this stage the system is below target.

Future Focus

Short term

- Working with system colleagues to understand waiting list movements.

Kirklees Health and Care Partnership forecast position – Prescribing Month 8

Business Area	Expenditure Budget Annual M8 £m	Forecast Expenditure M8 £m	Variance over / (under) spend M8 £m	Variance over / (under) spend M6 £m	Movement adverse / (favourable) M8 - M6 £m
Prescribing	74.849	77.516	2.667	0.417	2.250

Risk Rating – HIGH

Movement - ↓

Month 8 Headlines

Variance to plan = +£2.667m – deviation to plan realised in position

- Prescribing price concessions which occur when there are shortages drugs, which can result in pharmacy contractors having to dispense an equivalent product that is only available above the set Drug Tariff price. If community pharmacies cannot source a drug at or below the reimbursement price as set out in the Drug Tariff, the Department of Health and Social Care (DHSC) can introduce a concessionary price. For any drugs granted concessionary prices, contractors are automatically reimbursed at the new prices for that month.
- The future focus update to the last committee noted the emerging risk of the cost of drugs. This is both a local and a national pressure, and the position may deteriorate over the remaining months of 2022/23.
- At month 6 the prescribing budget included the requirement to deliver QIPP in 2022/23 of (£0.750m) which was forecast as being fully delivered recurrently (from QIPP monitoring information). Due to the adverse movement in the prescribing forecast the delivery of QIPP in prescribing is recurrently cost avoidance schemes (the cash releasing savings are now not releasable due to the increase in prescribing costs). The QIPP budget and requirement has been transferred to reserves as part of managing the overall financial position.

Future Focus

- Recovery key in this area and work has started to develop schemes to manage
- Harmonisation of policies over WY has commenced which may cause financial impacts in future years
- Important to get all pharmacy support in primary and secondary care to identify areas where costs can be reduced

Kirklees Health and Care Partnership forecast position – Primary Care - Other Month 8

Business Area	Expenditure Budget Annual M8 £m	Forecast Expenditure M8 £m	Variance over / (under) spend M8 £m	Variance over / (under) spend M6 £m	Movement adverse / (favourable) M8 - M6 £m
Primary Care other	11.437	11.823	0.386	(0.122)	0.508

Month 8 Headlines

Variance to plan = +£0.386 – deviation to plan realised in position

This area covers a number of individual areas and does not predominantly refer to primary care schemes. It does include areas such as IT, Estates etc.

- Potential GPIT pressures of £0.320m (which includes a pressure for Accurx – this is a platform that lets healthcare teams and patients connect with each other), these are new and are being reviewed to the cost implications over the next months as agreements reached

Risk Rating – Medium

Movement - ↓

Future Focus

- Review of IT costs and the escalating costs due to SMS messaging within Primary Care.

Kirklees Health and Care Partnership forecast position – CHC Month 8

Business Area	Expenditure Budget Annual M8 £m	Forecast Expenditure M8 £m	Variance over / (under) spend M8 £m	Variance over / (under) spend M6 £m	Movement adverse / (favourable) M8 - M6 £m
Continuing Healthcare	37.450	37.830	0.380	0.014	0.366
Continuing Healthcare QIPP	(0.750)	(0.750)	0.000	0.000	0.000

Risk Rating – Medium

Movement -

Month 8 Headlines

Variance to plan = +£0.380– deviation to plan realised in position

There is an emerging pressure against the continuing healthcare budget and work is being completed with the Continuing Healthcare Team to understand the pressure. Updates will be brought to future committees.

The delivery of the position in continuing healthcare is reliant on the delivery of (£0.750m) QIPP. The delivery of QIPP is forecast as on plan, however delivery is predominantly from potential non recurrent prior year gains.

Future Focus

- Areas of increased costs are starting to be seen. Deep Dive in area to understand if this is a true forecast increase.

Kirklees Health and Care Partnership forecast position – Community - Month 8

Business Area	Expenditure Budget Annual M8 £m	Forecast Expenditure M8 £m	Variance over / (under) spend M8 £m	Variance over / (under) spend M6 £m	Movement adverse / (favourable) M8 - M6 £m
Community	59.023	59.038	0.015	(0.960)	0.975

Risk Rating – LOW

Movement - ⇩

Month 8 Headlines

Variance to plan = +£0.015m deviation to plan realised in position and movement of £0.975m

- Increase due to supporting additional costs of hospital discharge of £0.700m due to an increase in the use of discharge beds, expected for the remainder of the year. This risk was included in the previous update to the committee.
- The Kirklees place committed expenditure, at risk, in 2022/23 on hospital discharge beds (this is currently forecast at a cost of £2.000m). There is a national discharge fund of £500m and the allocations on slide 4 show that part of this funding has been received in the Kirklees place. This allocation has not yet been released in the position.
- Building known risks and pressures into the forecast for
  - micro suction £0.100m where an increase to the cap on activity has been seen
  - An increase in the costs of home oxygen of £0.126m for electricity price increases

Virtual ward funding and expenditure falls within community budgets and expenditure continues to be forecast based on submitted plans.

Kirklees Health and Care Partnership forecast position – Other Month 8

Business Area	Expenditure Budget Annual M8 £m	Forecast Expenditure M8 £m	Variance over / (under) spend M8 £m	Variance over / (under) spend M6 £m	Movement adverse / (favourable) M8 - M6 £m
Other	23.445	23.695	0.250	0.284	(0.034)

Risk Rating – LOW

Movement - ⇨

Month 8 – Headlines

Variance to plan +£0.250m

The forecast overspend of £0.284m is consistent with the position reported as at September. The overspend is mainly due to pressures on property services costs. However, these costs are estimated and potentially could be released in future months if not realised.

Kirklees Health and Care Partnership forecast position Primary Care Commissioning & Running Costs – Month 8

Business Area	Expenditure Budget Annual M8 £m	Forecast Expenditure M8 £m	Variance over / (under) spend M8 £m	Variance over / (under) spend M6 £m	Movement adverse / (favourable) M8 - M6 £m
Co-commissioning	73.224	74.587	1.363	0.672	0.691

Risk Rating – HIGH

Movement - 

Month 8 – Headline
Variance to plan = +£1.363 – deviation to plan realised in position

This is made up of –
- Shared care prescribing scheme – agreed overspend at plan
- £0.263 – planning shortfall of budgets – due to high premises costs
- £0.246 – locum/premises and extended access premises etc. agreed
- £0.217 –premises development costs, enhanced access IT and holiday cover costs

Business Area	Expenditure Budget Annual M8 £m	Forecast Expenditure M8 £m	Variance over / (under) spend M8 £m	Variance over / (under) spend M6 £m	Movement adverse / (favourable) M8 - M6 £m
Running costs	7.772	7.608	(0.164)	0.000	(0.164)

Risk Rating – LOW

Movement - 

Month 8 – Headline

Variance to plan = -£0.164 – deviation to plan realised in position

Running costs is forecast under plan, by (£0.164m) which is made up of vacancies and planned budgets no longer needed following review. There are still a number of allocations being transferred to core budgets which could cause a potential risk, but consider this risk to be minimal, due to other emerging underspends in this area.

The underspend reported at quarter 1 of (£0.240m) has been transferred to reserves to show as contributing towards the overall delivery of the other QIPP requirement.

Kirklees Health and Care Partnership Risk and Mitigations– Month 8

Business Area	Risk / (Mitigation)	£m
Acute	Increase in independent sector acute activity	>£0.5m
Prescribing	Growth in expenditure above the forecast	>£0.5- £1m
Continuing Healthcare	Growth in expenditure above the forecast	>£0.5m to £1m
General Risk	Pressures in the care home market	unknown
General Mitigation	National discharge funding for hospital discharge costs	(1.600)
General Mitigation	System support from SWYFT - release anticipated not yet real	(1.333)
Mental Health	Potential release of activity driven costs in packages	(0.500)
General Mitigation	Release of allocations and SDF	(0.500)

- Risks and opportunities have been considered through October and November and those identified as releasable have been reflected in the financial position (and are described in business areas and in QIPP.
- The risks described in month 6 (elective service recovery fund for independent sector acute contracts and the escalating use of discharge beds) are now included in the financial position.
- Unmitigated QIPP has been delivered in 2022/23 and this is shown on the QIPP slide.
- There is a reserves balance of (£3.775m) for us to achieve in order to achieve our control total. However, we have a number of system and local mitigations in place to manage this
- However, we do have a number of areas escalating in the high risk areas – which would increase the ask of the ICB to achieve its own control total.

Kirklees Health and Care Partnership forecast position – Month 8 – QIPP

QIPP	Recurrent / Non Recurrent	Expenditure Budget Annual £m	Forecast (QIPP) £m	Variance Over / (under) spend £m
Prescribing		(0.750)		
Other		(1.000)		
Release of accruals	non recurrent		(0.666)	
Phlebotomy service	recurrent		(0.183)	
unplanned rebate	non recurrent		(0.115)	
planned investments	recurrent		(0.786)	
Sub total		(1.750)	(1.750)	0.000
Continuing Healthcare	Non recurrent	(0.750)	(0.750)	0.000
Total		**(0.750)**	**(0.750)**	**0.000**

The QIPP plan for 2022/23 is (£2.500m) and this supports delivery of the plan.

The table breaks down the delivery of QIPP and shows that the £1.531m of the QIPP is delivered non recurrently and £0.969m is delivered recurrently in 2022/23.

Kirklees Financial Strategy

- The financial strategy has been developed and is being presented to the committee – this will provide context on how we will work together around creating financial sustainability for the system
- Alongside this a number of Recovery groups have been created – these include a Kirklees and Calderdale footprint meeting with senior leaders and a West Yorkshire ICB recovery group

Financial Planning

- The planning guidance is not expected until December 2022
- Work has started to build plans – and actions taken to date
    - Understanding the underlying positions off all organisations for 23/24
    - Develop recovery programmes to support financial positions
    - Principles of how allocations will flow
    - Early development of financial plans – with known information to date.

High level update on Month 7 contracting position as presented to Finance & Performance Sub-Committee in December

Context of 450> contracts or agreements in place for Kirklees Place or West Yorkshire

Acute Providers

Calderdale & Huddersfield NHS Foundation Trust: Overall contract value of £178m, monitoring indicates a £3.7m 'under-trade' against plan

Mid Yorkshire Hospitals NHS Trust: Overall contract value of £143m, monitoring indicates a £1.38m 'under-trade' against plan

Independent Sector

Monitoring indicates 'over-trade' against plans £0.8m on £11.3m plan – activity in response to addressing waiting list backlogs through the Elective Recovery Programme. Identified as potential risk in financial plan.

Kirklees Community Services

Monitoring of the performance indicators within the contract (pre-October 2022) indicate overall positive performance, with 11 indicators (out of 27) off target of which 4 are RAG rated as Amber and 7 as Red

The new contract commenced 1st October 2022 based on revised scope of services, work is continuing to transfer out services no longer in scope or extend briefly until transfer can be effected.

For those services where re-design is required, work is continuing to collaboratively design and develop system agreed models

Mental Health Providers

South West Yorkshire Partnership NHS Foundation Trust: Overall contract value of £62m, continued pressure on services due to high demand and operational constraints i.e., Covid outbreaks, capacity and workforce. Performance against key national targets remains relatively positive.

Procurement Update

Kirklees Place has a number of 'live' or planned competitive procurements, Any Qualified Provider (AQP) accreditation windows or 'market tests' these being: Interpreting Services (in primary care); AQP Community Ophthalmology Services, AQP Non-Obstetric Ultrasound, AQP Community Vasectomy Service, AQP Adult Hearing; Domiciliary Care and Supported Living (joint processes with Kirklees Council); 12 Lead ECG report interpretation; Latent Tuberculosis Testing; Supply of Wound Dressings; and Fast Track CHC Domiciliary Care.

Service and contract extensions

There is a continuing exercise to review all contracts, primarily focussing on those due to expire at the end of March 2023 and those during 2023/24. This work has resulted in the approval of recommendations for extension of current services, as allowed for by the ICB Scheme of Delegation. The services covered in this latest phase of this work are: AQP Community Ophthalmology Services; Microsuction; primary care Local Enhanced Service (LES) for Diabetes Injectables, Ring Pessary and Anti-Coagulation; Anti-Coagulation (GH PCN footprint).

Recommendations

The committee are asked to -

- Note the financial position reported as at November 2022,
- Note the contracting update as at October 2022,
- Note the financial challenge of £3.8m to achieve its over all target control total
- Note the corresponding risks and mitigations as we move through the remainder of the financial year
- Note the update around planning.

Meeting name:	Kirklees ICB Committee
Agenda item number:	12
Meeting date:	11 January 2023
Report title:	Performance Report against Key Performance Indicators for 2022.
Report presented by:	Natalie Ackroyd, Principal Strategic Planning, Performance and Delivery Manager
Report approved by:	Vicky Dutchburn, Director of Operational Delivery and Performance
Report prepared by:	Natalie Ackroyd, Principal Strategic Planning, Performance and Delivery Manager

Purpose and Action:			
Assurance ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/com-ment/discuss/escalate	Information ☒
Previous considerations:			
Executive summary and points for discussion:			

This report details performance at month 6 (September 2022) against the System Oversight Framework (SOF). The full set of measurable key performance indicators is set out in appendix A.

Kirklees Health and Care Partnership has a statutory duty to report the SOF metrics through its governance process for discussion and agreement of any further action required.

This report is by exception only and any standards not achieving the national thresholds within the SOF are highlighted in the report in section 3 with details of actions taken by Providers and Partners to improve/address the underperformance to inform this committee. In several instances the performance is measured against agreed trajectories, so although performance may not be achieving the target, it may well be in line with an agreed recovery trajectory.

It should also be noted that there are several issues relating to Published data as well as a move in some areas to report at ICB level rather than Place level. Until such time as these issues are resolved we will be reporting on locally identified information but as soon as the National reporting systems are fully functional the metrics will be updated to reflect the National view. There is therefore a risk that the reported performance in this report will change if the data sources used are different to the ones utilised through Futures for reporting the Kirklees SOF.

The latest data available is reported in Appendix A, please note that for some metrics this may be in relation to the previous financial year, whilst the data will remain in the appendix, exception reporting is only in relation to the current 22/23 financial year.

With which purpose(s) of an Integrated Care System does this report align?

☒ Improve healthcare outcomes for residents in their system

☐ Tackle inequalities in access, experience and outcomes

☒ Enhance productivity and value for money

☐ Support broader social and economic development

Recommendation(s):

The WY ICB Kirklees Finance and Performance Sub-Committee are asked to:

1. NOTE Kirklees Health and Care Partnership performance against the key outcomes and measures for the year to date - 2022/23,
2. AGREE additional actions required to address areas of over/under performance, and HIGHLIGHT areas of concern that the committees would like to escalate.

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

PR1.3 Risk that patients acquire infections while in receipt of commissioned health services due to poor quality service delivery and inappropriate prescribing of antibiotics, resulting in harm to patients

PR2.3 Risk that the CCG implements health improvement plans without being able to demonstrate the benefits of these, due to not measuring improvement, resulting in inappropriate commissioning decisions

Appendices:

1. Appendix A (Kirklees Health and Care Partnership) - This appendix contains the latest month performance against the System Oversight Framework. Please note where a target is defined it has been included and the date that the information relates to is also shown. There are several targets that remain to be confirmed.

Acronyms and abbreviations explained:

1. SOF – System Oversight Framework
2. CHFT – Calderdale and Huddersfield NHS Foundation Trust
3. MYHT – Mid Yorkshire Hospital Trust
4. RTT – Referral to Treatment Times
5. YAS – Yorkshire Ambulance Service

What are the implications for:

Residents and Communities	Not directly
Quality and Safety	There may be a negative impact on the quality of services where there has been a breach of SOF standards
Equality, Diversity and Inclusion	Not directly
Finances and Use of Resources	Any proposed changes or actions required to improve performance will be assessed for any financial implications

Regulation and Legal Requirements	The board will need to be aware of the impact of any breach in the SOF standards outlined in the report
Conflicts of Interest	Not directly
Data Protection	Not directly
Transformation and Innovation	Dependent on outcome and any decisions made following review and impact of the data presented in the report
Environmental and Climate Change	Not directly
Future Decisions and Policy Making	Not directly
Citizen and Stakeholder Engagement	Not directly

Monthly Performance Report against Key Performance Indicators for 2022/23

1. Purpose

1.1 To inform the WY ICB Kirklees ICB Committee, the performance against the 2022/23 national key performance indicators as set out in the System Oversight Framework (SOF).

1.2 The SOF sets out metrics that have been published and are applicable to integrated care boards, NHS trusts and foundation trusts, to support implementation of the framework. These will be used to indicate potential issues and prompt further investigation of support needs and align with the five national themes of the NHS oversight framework: quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; and leadership and capability. This report will reflect Kirklees Health and Care Partnership's contribution to the achievement of these targets.

1.3 Kirklees Health and Care Partnership has a statutory duty to report the SOF metrics through its governance process for discussion and agreement of any further action required, as a responsible commissioner, all KPIs in relation to the elective recovery position will also be reported on a quarterly basis in future reports.

14. Some KPIs in the SOF are linked to the quality agenda and a discussion is due to take place as to the appropriateness of such identified indicators being removed from the FPC exception report although it's recommended that the summary of performance against the indicators will remain in the summary Appendix.

2. Performance Summary

2.1 Appendix A provides details of the ownership, accountability and responsibility within the Kirklees Health and Care Partnership for delivery of the national and local priority areas of the System Oversight Framework and sets out a summary position of Kirklees Health and Care Partnership performance against the key 2022/23 headline outcomes/measures, detailing the actual activity against plan for the latest

reporting period and the year-to-date position. These measures will be reported in line with Committee timetables.

2.2 The summary incorporates the existing NHS Risk Management “traffic light” system to performance monitor/manage progress being made to achieve delivery of the outcomes and measures: -

Green - target being achieved/no risk to delivery.

Amber - below/above target, minor concern, remedial action needs Investigation.

Red - serious deviation from target, major concern, and corrective action plan required.

3. **Performance Issues Highlighted**

3.1 Please note that due to delays with the Nationally reported System Oversight Framework, we have used locally sourced data to compile the below report. In some cases, data has not been available and has therefore not been reported.

3.2 Only measures which do not achieve standard are reported here by exception, the full list of measures and performance scores are contained in Appendix A attached to this report. Measures where we don't have a target have been excluded from the table below but will be included if, when a target is defined, we find that they are under performing.

3.3 Issues highlighted within the Performance Report are shown in the following table, the monthly planned activity has also been included to illustrate both performance against the national standard and performance against the forecast activity: -

Area	In month Metric	Frequency	Period	Target	National Value	Kirklees Place	Rank and RAG
Acute 1	Proportion of patients discharged from hospital to their usual place of residence	Month	Sep-22		93.0%	94.2%	32/106
Diagnostic 1	Diagnostic activity levels - Total	Month	Sep-22	120%	99.7%	94%	74/106
Diagnostic 2	Diagnostic activity levels - imaging	Month	Sep-22	120%	100.9%	92.4%	86/106
Diagnostic 4	Diagnostic activity levels - Endoscopy	Month	Sep-22	120%	87.9%	87.2%	56/106

Area	In month Metric	Frequency	Period	Target	National Value	Kirklees Place	Rank and RAG
Infection 1	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Month	Sep-22	0	731	8	70/106
Infection 2	Clostridium difficile infection rate	Month	Sep-22	100%	109%	119%	71/106
Infection 3	E. coli bloodstream infection rate	Month	Sep-22	100%	106.5%	102.9%	36/106
Mental Health 1	Inappropriate adult acute mental health placement out-of-area placement bed days	Month	Jun 2022 - Aug 2022	0		240	58/106
Personalised care 2	Personal Health Budgets	Quarter	22-23 Q1		1.45 per 1,000	0.98 per 1,000	57/106
Personalised care 3	Number of referrals to NHS Digital Weight Management Programme per 100k head of population	Quarter	22-23 Q2		63.8 per 100,000	65.9 per 100,000	33/106
Personalised care 4	Proportion of diabetes patients that have received	Quarter	21-22 Q4		46.7%	49.2%	33/106

Area	In month Metric	Frequency	Period	Target	National Value	Kirklees Place	Rank and RAG
	all eight diabetes care processes						
Personalised care 5	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	Month	Mar-22	45%	56.9%	55.5%	66/106
Personalised care 8	% of atrial fibrillation patients with a record of a CHA2DS2-VASc score of 2 or more who are treated with anticoagulation drug therapy	Annual Financial year	2021-22	90%	89.0%	88.5%	72/106
Primary Care 1	Antimicrobial resistance: total prescribing of antibiotics in primary care	Month	Sep 2021 - Aug 2022	87.10%	88.9%	113.3%	103/106
Primary Care 3	Cervical Screening Coverage: % females aged 25:4 attending screening within the target period	Quarter	21-22 Q4	75%	70.8%	73.2%	54/106

Area	In month Metric	Frequency	Period	Target	National Value	Kirklees Place	Rank and RAG
RTT 1	Total patients waiting more than 52 weeks to start consultant led treatment	Month	Sep-22	92%	366,930	1,253	39/128
RTT 2	Total patients waiting more than 78 weeks to start consultant led treatment	Month	Sep-22	92%	46,080	94	35/128
Vaccination 1	Population vaccination coverage – MMR for two doses (5 year olds)	Quarter	21-22 Q4	95%	85.9%	90.5%	45/106
Vaccination 2	Proportion of people over 65 receiving a seasonal flu vaccination	Month	Feb-22	85%	82.3%	82.2%	70/106

Please note:

- Only measures underperforming are shown above and reported below.
- There are several measures that are reported on an annual, quarterly, or monthly basis where current data is not available. The 'period' column has been included to show the date of the information contained in the table.
- The metrics continue to be developed and the technical guidance is still incomplete so the above measures are reported with the caveat that

they continue to develop and when definitions are fully in place further work to provide interpretation will be carried out.

- A full list of the current System Oversight Framework measures can be found in Appendix A.

4. System Oversight Framework

Areas of the System Oversight Framework that have triggered a red or amber RAG and have not been covered in another area of the report are addressed below:

4.1 Proportion of patients discharged from hospital to their usual place of residence

Within System Oversight Measures, overall, 94.2% of Kirklees patients were discharged from hospital to their usual place of residence. This is slightly higher than the national value of 93% and places Kirklees 32 out of 106 sub ICB locations. Since reporting using SOF measures began in July, Kirklees has shown a consistent increase, tracking from 92.8% in July up to 94.2% in September.

There is a system wide discharge group in place to discuss the Transfer of Care list at CHFT. Local interventions are discussed to improve patient flow and ensure that services are in place to meet patients' needs at home. This is supported by the delivery of the virtual ward programme. Delivery of this metric is supported by the intermediate care and reablement BCF schemes.

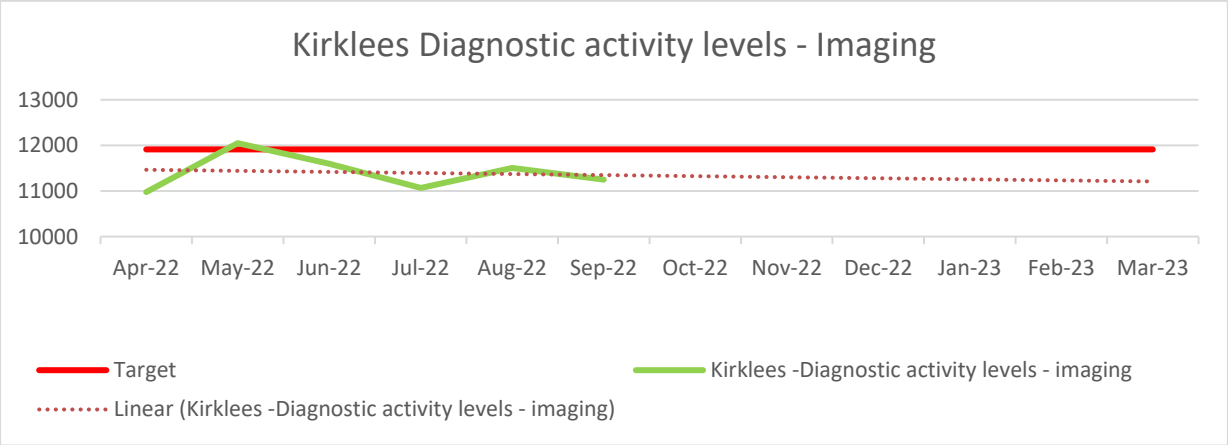
4.2 Diagnostic activity levels – Total

The National value for total diagnostic activity is 99.7% in September 22. Overall Kirklees places at 94%, 74 out of 106 sub ICB locations. Despite being under the target and the National levels, Kirklees has shown improvement since SOF reporting began in July 22, from 92.2% to 94% in September 22.

In September 22 91.9% of patients waited less than 6 weeks for a diagnostic test, with only 8.1% waiting over 6 weeks and 1.2% waiting over 13 weeks. This is a good increase from April 22, when only 79.7% of patients were waiting less than 6 weeks and 2.8% waited over 13 weeks.

4.3 Diagnostic activity levels – imaging

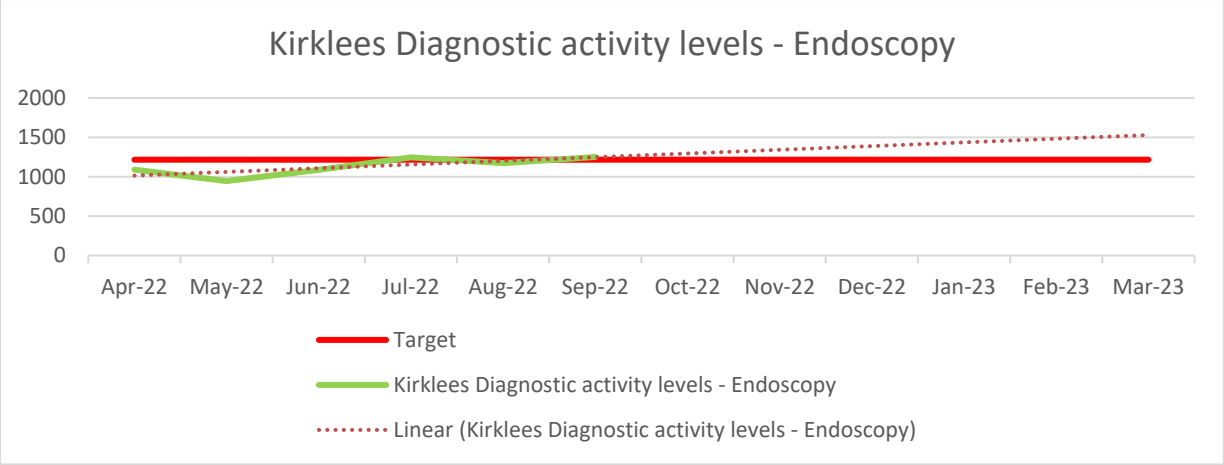
In September 22 Kirklees HCP had achieved 11247 diagnostic imaging tests. This figure is made up of Magnetic Resonance Imaging (2413 tests in September 22), Computed Tomography (4660) and Non-Obstetric Ultrasound (4174). The target for Kirklees HCP is to achieve 120% of pre-Covid level by end March 2023, a target of 11911. Kirklees remains just 664 from this target. Despite achieving this target in May 22, Kirklees imaging diagnostic activity has been trending downwards.
The chart shows the tracking for Kirklees HCP Imaging Diagnostic levels.



4.4 Diagnostic activity levels - Endoscopy

Kirklees HCP has a monthly target to achieve 1217 Endoscopy diagnostic reviews by March 23. In September 22 Kirklees achieved 1251 in month, above the monthly target for the second time in three months. Despite this performance the SOF has Kirklees Place ranked 56/106 with a percentage performance of 87.2% which is indicative of the outstanding issues with the agreed target trajectories and the Nationally generated SOF scores.

The chart below shows the tracking for Kirklees HCP Endoscopy diagnostic levels. Diagnostic test levels in this area are tracking upwards. When broken down into the different tests that make up this metric, Kirklees has high levels of activity in Colonoscopy (566 in September 22) and Gastroscopy (503) but has lower levels of Flexi Sigmoidoscopy (182)



4.5 Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate

There has been 1 MRSA case for KHCP in September 2022, taking the year-to-date total to 4 cases. The last recorded case was in Jun 22. KHCP currently rank 70th out of 106 sub ICB locations for MRSA cases.

CHFT have recorded 2 MRSA cases in September, taking their year-to-date total to 6 cases. They last recorded cases in June 22. MYHT have recorded 3 cases in September 22, taking their total to five. 2 cases were recorded in June 22.

Although we have validated the MRSA totals to the published data (https://www.gov.uk/government/statistics/mrsa-bacteraemia-monthly-data-by-location-of-onset) they do not reconcile with the value recorded in SOF which is currently showing that Kirklees Place has had 8 instances.

4.6 Clostridium difficile infection rate

KHCP have recorded 7 C-Diff infections in September 22, 4 fewer than the previous month. On average KHCP has recorded 9.5 cases. KHCP currently rank 71st out of 106 Sub ICB locations.

CHFT have recorded 8 cases this month, 55 at a year to date, while MYHT have recorded 4 cases, 62 as at September.

The above defines actual activity which is broadly in line with previous years targets, but the SOF is now reporting a percentage performance 119% and a rank of 71/106.

4.7 E. coli bloodstream infection rate

The number of E.coli cases recorded for KHCP remains high at 25 cases in September and 143 cases as at the year to date. On average KHCP has recorded

23.8 cases making September an above average month. KHCP currently rank 36th out of 106 sub ICB locations for E.coli infection cases.
CHFT have recorded 27 cases this month with an average of 25.2 per month, and 151 as at September, while MYHT has recorded 33 E.coli cases, and has an average of 28.3 per month with a 170 year to date total.

4.8 Inappropriate adult acute mental health placement out-of-area placement bed days

There were two patients placed out of area from Kirklees in September, both were placed in an acute setting as there were no acute beds available in the local trusts. One patient was subsequently discharged, the other remains in placement.
The trajectory for Kirklees is to have no more than 59 acute OOA and 214 PICU placements. As the end of Q2 22/23 (September) Kirklees has had 59 acute bed days and 100 PICU placements and remains under the planned trajectory. Within SOF there is no defined target for this measure but SOF records that Kirklees Place has 240 OOA bed days and a ranking of 58/106.

4.9 Personal Health Budgets

KHCP ranks 57 out of 106 sub ICB locations for the proportion of patients having personal health budgets. While no target has been set, KHCP currently record 0.98 patients per 1000 having a personal health budget, compared to the National value of 1.45 per 1000 population.

4.10 Number of referrals to NHS Digital Weight Management Programme per 100k head of population

65.9 referrals per 100,000 patients were made in KHCP in September 22. This is higher than the National figure of 63.8 per 100,000 and places KHCP 33 out of 106 Sub ICB locations, however this figure is lower than reported in July 22, when KHCP achieved 73.3 referrals per 100,000 population. KHCP is in the top third of referrers but is showing a small decline over the last two months.

4.11 Proportion of diabetes patients that have received all eight diabetes care processes

KHCP rank 33 out of 106 Sub ICB locations for this measure, with 49.2% of diabetes patients having received all eight diabetes care processes. This is higher than the national value of 46.7%.

Kirklees KCHP continue to work on improving the outcomes for diabetes patients. 22/23 sees the 3rd year of the national treatment & care funding and the recruitment of a new transformation programme manager. This funding will support continued improvement in the 3Treatment Targets but will also look at the recovery of the remaining 5 care processes with an aspiration to achieve pre COVID levels. A full review and redesign of services across Kirklees has commenced which will continue to support both recovery and improvement of the 8 care processes and have a focus on the non-medical interventions by working with our Voluntary, Community and Social enterprise communities. Past work will feed into the review as well as outputs from the WY ICS work around the updated NICE guidance for use of Technology (Continuous Glucose Monitoring and Flash Glucose Monitoring). The Multi-Disciplinary Footcare Team service is also now fully operational at CHFT providing access to specialist support - the first year of operations saw 216 patients pass through the service and regular reporting is in place.

4.12 % of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins

KHCP currently ranks at 66 out of 106 Sub ICB locations, with 55.5% of appropriate patients treated with statins. This is above the target of 45% but below the national average of 56.9%. When last reported in July 22 the percentage was 54.6%.

4.13 % of atrial fibrillation patients with a record of a CHA2DS2-VASc score of 2 or more who are treated with anticoagulation drug therapy

For the financial year 2021/22 88.5% of atrial fibrillation patients were treated with anticoagulation drug therapy within KHCP. This puts Kirklees below the national average of 89.0% and below the target of 90%, 72nd out of 106 sub ICB locations. This is reported through the Primary Care Operational group into the Primary Care Commissioning Committee as part of the monthly primary care dashboard. There has been a good improvement since this was last reported, with 89.2% of Kirklees atrial fibrillation patients receiving anticoagulation drug therapy.

4.14 Antimicrobial resistance: total prescribing of antibiotics in primary care

Kirklees Health and Care Partnership are currently ranking 103 out of 106 Sub ICB locations with 113.3% total prescribing of antibiotics in primary care from the period Sept 21 to August 22. This is up from the previous period where KKCP were measured at 112.7%. The national average for this metric currently stands at 88.9%, with a target of 87.1%. Although scoring poorly for this metric it should also be noted that KHCP is in the top 10 of Places for Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care, scoring 5.74% which is 4.26% below the target of 10% and 2.64% below the National average of 8.38%.

4.15 Cervical Screening Coverage: % females aged 25:4 attending screening within the target period

73.2% of eligible woman were screened in Q4 of 21-22 in KHCP compared to the target of 75%. KHCP currently rank 54 out of 106 sub ICB locations. Screening within Primary care is incorporated into the Primary care dashboard and is one of the measures used to determine whether a Practice would benefit from an Integrated Quality Assessment. Through this process and others practices are encouraged to review their processes, procedures and methods to engage with practice populations that are more difficult to access.

4.16 Total patients waiting more than 52 weeks to start consultant led treatment

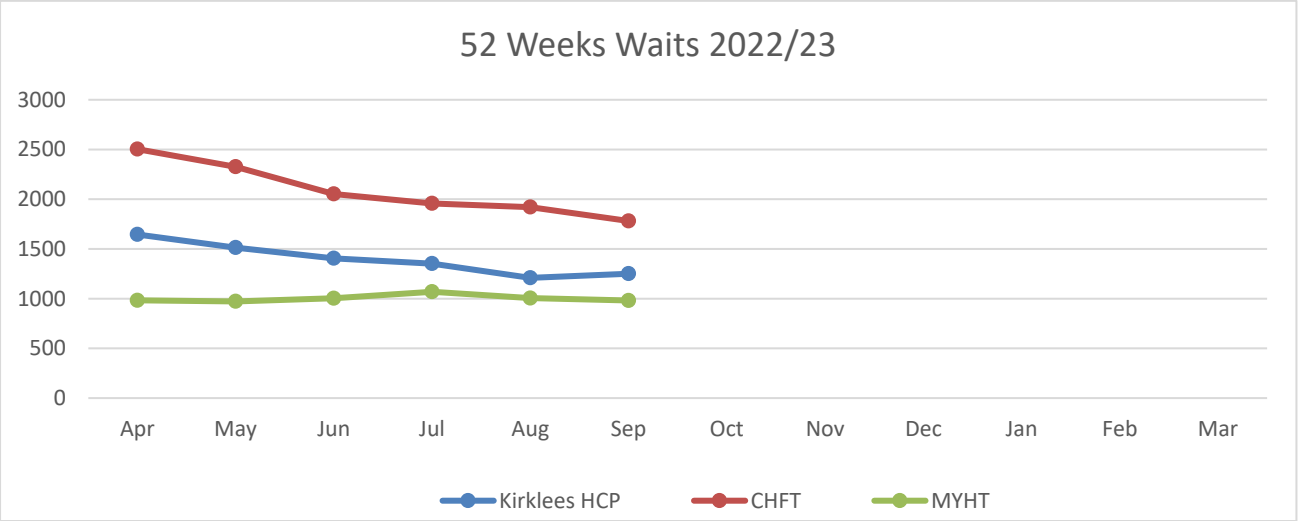
Within the System Oversight Framework data there were 1253 patients in Kirklees waiting more than 52 weeks to start consultant led treatment. This places KHCP 39 out of 128 sub ICB locations.

National constitutional standards data reported locally shows that there were 1251 reported breaches in September 2022, (1209 in August 2022) for Kirklees Health and Care Partnership.

Please note the total number of 52-week waits was calculated using the incomplete and completed 52-week cases to account for the number of patients that remained on the waiting list beyond the point at which they first breached 52 weeks. For September 2022 therefore the total of 1251 breaches are made up of 754 carried

forward from the previous month and 497 new beaches that took place in September. 389 patients that had been waiting more than 52 weeks that were seen in September meaning that 911 patients who have been waiting 52 weeks already will be carried forward to October 2022.

The chart below shows the outstanding number of 52 week waits in Month for Kirklees HCP, CHFT and MYHT. Both trusts are confirming that they remain on target to achieve the recovery trajectories agreed



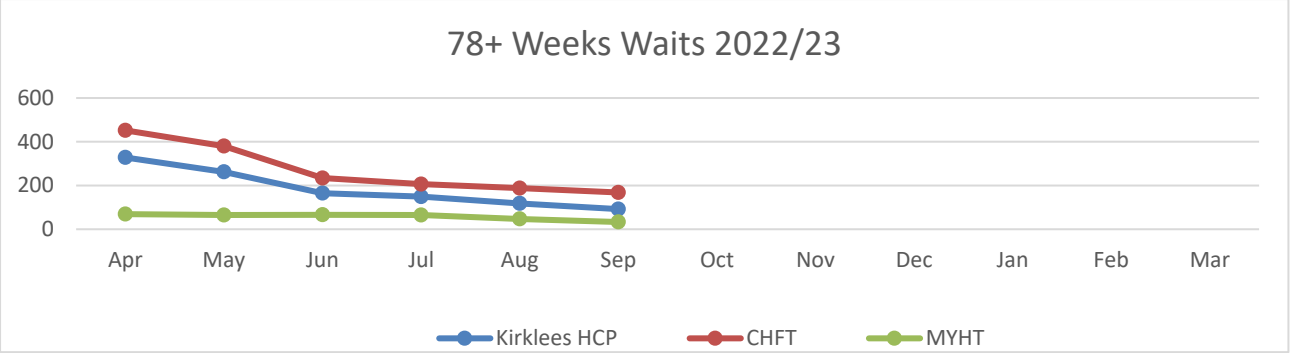
4.17 Total patients waiting more than 78 weeks to start consultant led treatment

The System Oversight Framework data reports that there were 94 patients in Kirklees waiting more than 78 weeks to start consultant led treatment. This places KHCP 35 out of 128 sub ICB locations.

National constitutional standards data reported locally shows that there were 92 reported breaches in September 2022, (118 in August 2022) for Kirklees Health and Care Partnership.

Kirklees HCP have seen a sharp decrease from 328 patients waiting over 78 weeks in April to 92 in September 2022, a 72% decrease. If the positive downward trajectory continues for Kirklees HCP and CHFT, we expect to see no patients waiting over 78 weeks by November 2022 well ahead of the April 2023 target.

The chart below shows the number of 78+ week waits for Kirklees HCP as well as CHT and MYHT.



4.18 Population vaccination coverage – MMR for two doses (5 year olds)

This is reported through the Primary Care Operational group as part of the primary care dashboard. There has been a good improvement since this was last reported. The System oversight Framework shows Q4 21/22 and an achievement of 90.5% against a target of 95%. The Primary Care Dashboard for July 22 to September 2022 shows that the 95% target has been achieved for Dose 1, see table below. Immunisation rate for children aged 5 who have been immunised for measles, mumps, and rubella (MMR Dose 1):

GP Practice	Number Eligible	Number Immunised	% Immunised
Kirklees Health and Care Partnership	1345	1272	95%

4.19 Proportion of people over 65 receiving a seasonal flu vaccination

The final outturn figure for the 2021/22 flu season for those people aged over 65 receiving their flu vaccination in Kirklees was 81.0%. This was 0.6% lower than the 2020/21 season achievement for this cohort, where the final outturn was 81.6%. Vaccinations for the current 2022/23 flu season are underway, the percentage of those aged over 65 who have received a flu vaccination is currently at 78.0%, 1.2% higher than at the same period in the 2021/22 flu season. We expect to have the final outturn figures in March 23.

5. Recommendations

The WY ICB Kirklees ICB Committee are asked to:

1. NOTE Kirklees Health and Care Partnership performance against the key outcomes and measures for the year to date - 2022/23,

6. Appendices

Appendix A (Kirklees Health and Care Partnership) – This appendix contains the latest month performance against the System Oversight Framework.

Area	In month Metric	Frequency	Period	Target	National Value	Kirklees Place	Rank and RAG
Acute 1	Proportion of patients discharged from hospital to their usual place of residence	Month	Sep-22		93.0%	94.2%	32/106
Cancer 1	Proportion of patients meeting the faster cancer diagnosis standard	Month	Sep-22	75%	66.7%	74.3%	21/106
Diagnostic 1	Diagnostic activity levels - Total	Month	Sep-22	120%	99.7%	94%	74/106
Diagnostic 2	Diagnostic activity levels - imaging	Month	Sep-22	120%	100.9%	92.4%	86/106
Diagnostic 3	Diagnostic activity levels - Physiological measurement	Month	Sep-22	120%	98%	134.6%	9/106
Diagnostic 4	Diagnostic activity levels - Endoscopy	Month	Sep-22	120%	87.9%	87.2%	56/106
Infection 1	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Month	Sep-22	0	731	8	70/106
Infection 2	Clostridium difficile infection rate	Month	Sep-22	100%	109%	119%	71/106
Infection 3	E. coli bloodstream infection rate	Month	Sep-22	100%	106.5%	102.9%	36/106
Mental Health 1	Inappropriate adult acute mental health placement out-of-area placement bed days	Month	Jun 2022 - Aug 2022	0		240	58/106
Personalised care 1	Rate of personalised care interventions	Quarter	22-23 Q2		75.33 per 1,000	151.91 per 1,000	3/106
Personalised care 2	Personal Health Budgets	Quarter	22-23 Q1		1.45 per 1,000	0.98 per 1,000	57/106
Personalised care 3	Number of referrals to NHS Digital Weight Management Programme per 100k head of population	Quarter	22-23 Q2		63.8 per 100,000	65.9 per 100,000	33/106
Personalised care 4	Proportion of diabetes patients that have received all eight diabetes care processes	Quarter	21-22 Q4		46.7%	49.2%	33/106
Personalised care 5	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	Month	Mar-22	45%	56.9%	55.5%	66/106
Personalised care 6	% of hypertension patients who are treated to target as per NICE guidance	Annual Financial year	2021-22	80%	60.4%	67.2%	5/106
Personalised care 8	% of atrial fibrillation patients with a record of a CHA2DS2-VASc score of 2 or more who are treated with anticoagulation drug therapy	Annual Financial year	2021-22	90%	89.0%	88.5%	72/106
Primary Care 1	Antimicrobial resistance: total prescribing of antibiotics in primary care	Month	Sep 2021 - Aug 2022	87.10%	88.9%	113.3%	103/106
Primary Care 2	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Month	Sep 2021 - Aug 2022	10%	8.38%	5.74%	10/106
Primary Care 3	Cervical Screening Coverage: % femailes aged 25:4 attending screening within the target period	Quarter	21-22 Q4	75%	70.8%	73.2%	54/106
RTT 1	Total patients waiting more than 52 weeks to start consultant led treatment	Month	Sep-22	92%	366,930	1,253	39/128
RTT 2	Total patients waiting more than 78 weeks to start consultant led treatment	Month	Sep-22	92%	46,080	94	35/128
RTT 3	Total patients waiting more than 104 weeks to start consultant led treatment	Month	Sep-22	92%	2,066	2	25/128
Vaccination 1	Population vaccination coverage – MMR for two doses (5 year olds)	Quarter	21-22 Q4	95%	85.9%	90.5%	45/106
Vaccination 2	Proportion of people over 65 receiving a seasonal flu vaccination	Month	Feb-22	85%	82.3%	82.2%	70/106

Meeting name:	Kirklees ICB Committee
Agenda item number:	13
Meeting date:	11 January 2023
Report title:	High Level Risk Report: Cycle 3 22/23 (November '22 – January '23)
Report presented by:	Nick Lamper, Governance Manager
Report approved by:	Louise Hall, Interim Head of Governance
Report prepared by:	Nick Lamper, Governance Manager

Purpose and Action:			
Assurance ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☒ (review/consider/com-ment/discuss/escalate	Information ☐

Previous considerations:

Kirklees Senior Leadership Team, 8 December 2022; Quality Sub-Committee, 21 December 2022; Transformation Sub-Committee, 21 December 2022, Finance and Performance Sub-Committee, 21 December 2022.

Executive summary and points for discussion:

This report presents the Kirklees Place High Level Risk Reports, Risk Log and Risk on a Page Report as at the end of the current risk review cycle (Cycle 3 2022/23).

Following review of individual risks by the Risk Owner and the allocated Senior Manager, all risks on the Kirklees Place Risk Register were reviewed by the Kirklees SLT and then by the Quality Sub-Committee, the Transformation Sub-Committee, and the Finance and Performance Sub-Committee.

The total number of risks during the current cycle and the numbers of Critical and Serious Risks are set out in the report.

With which purpose(s) of an Integrated Care System does this report align?

☒ Improve healthcare outcomes for residents in their system
☒ Tackle inequalities in access, experience and outcomes
☒ Enhance productivity and value for money
☒ Support broader social and economic development

Recommendation(s):

The Kirklees ICB Committee is asked to **RECEIVE** and **NOTE** the High Level Risk Report, Risk Log and Risk on a Page Report as an accurate representation of the Kirklees place risk position, following any recommendations from the relevant sub-committees.

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
The report provides details of all risks on the Kirklees Place Risk Register. The various ICB Risk Registers support and underpin the BAF under development, and relevant links will be drawn between risks on each going forward.
Appendices:
Appendix 1: Risk Register extracts (key changes and High Level risks) as at 21 December 2022 Appendix 2: Risk on a Page Report Cycle 3 2022/23
Acronyms and abbreviations explained:

What are the implications for:

Residents and Communities	Any implications relating to individual risks are outlined in the Risk Registers
Quality and Safety	Any implications relating to individual risks are outlined in the Risk Registers
Equality, Diversity and Inclusion	Any implications relating to individual risks are outlined in the Risk Registers
Finances and Use of Resources	Any implications relating to individual risks are outlined in the Risk Registers
Regulation and Legal Requirements	Any implications relating to individual risks are outlined in the Risk Registers
Conflicts of Interest	None identified.
Data Protection	Any implications relating to individual risks are outlined in the Risk Registers
Transformation and Innovation	Any implications relating to individual risks are outlined in the Risk Registers
Environmental and Climate Change	Any implications relating to individual risks are outlined in the Risk Registers
Future Decisions and Policy Making	Any implications relating to individual risks are outlined in the Risk Registers
Citizen and Stakeholder Engagement	Any implications relating to individual risks are outlined in the Risk Registers

1. Main Report Detail

1.1 The report sets out the process for review of the Kirklees Place risks during the current review cycle (Cycle 3 of 2022/23) which commenced on 11 November and ends after the Kirklees ICB Committee meeting.

1.2 The key changes to the Risk Register during the current risk cycle (new and closed risks) are set out, and details of all High Level risks (scoring 15 and above) currently captured on the Kirklees Place Risk Register are provided (Appendix 1).

1.3 An overview of the Kirklees Place risk exposure is provided via the Risk on a Page Report (Appendix 2).

1.4 There are currently 38 risks on the Kirklees Place Risk Register. Eight of these risks are marked for closure, leaving a total of 30 open risks.

1.5 The process for the update and review of the Risk Register has been as follows:-

- Following update of the Risk Register by Risk Owners and review of individual risks by the allocated Senior Manager, all risks were reviewed by the Senior Management Team on 8 December 2022.
- All Quality risks were reviewed by the Quality Sub-Committee on 21 December 2022.
- All Transformation risks were reviewed by the Transformation Sub-Committee on 21 December 2022.
- All Finance and Performance risks were reviewed by the Finance and Performance Sub-Committee on 21 December 2022.

1.6 The sub-committees reflected on possible additions/amendments which would be required during this or the next cycle (due to begin on 13 January) and the risk register has been updated following those discussions.

1.7 ***New Risks***

There are five new risks identified in this risk cycle.

Risk Number	Risk Wording	Risk Score
2196	There is a risk that the Kirklees Children and Young People's (CYP) mental health service are unable to deliver timely, comprehensive care to those being referred or self-referring when in crisis; due to a significant increase in demand from pre-pandemic levels and increased acuity; resulting in patient care and safety to be compromised.	16

Risk Number	Risk Wording	Risk Score
2195	There is a risk that the Kirklees Health and Social Care (H&SC) system organisations are unable to deliver comprehensive care; due to multiple partners across the H&SC system declaring organisational OPEL 4 for sustained periods of time and pressure across the system partners continuing to escalate; resulting in increased potential for patient care, safety and experience to be compromised.	16
2201	There is a risk to patient safety and experience of care; due to specific concerns about quality of and access to care for patients; resulting in the Mid Yorkshire Hospitals Trust continuing to be rated by the CQC as 'requires improvement' overall (inspection March/April 2022).	12
2205	There is a risk that the Kirklees Place will not achieve its financial control target due to financial pressures within the system, therefore impacting the wider WYICS; this is due to in part to several key elements including: economic uncertainty around the level of inflation, uncertainty around ERF income, pay award uplift, under delivery of efficiency programs, higher than planned agency costs, and use of non-recurrent resources; the result of failure to deliver will be a risk to the achievement of the overall WYICS financial plan which could result in failure to deliver statutory duties, reputational damage and potential additional scrutiny from NHS England and a requirement to make good deficits in future years.	8
2204	Capital Availability – there is a risk that capital spending limits will be set at a level that restricts our ability to progress our strategic capital developments.	8

1.8 ***Emerging Risks***

In addition to the new risks added to the risk register this cycle and shown in the table above, during the course of discussions at the sub-committee meetings it was noted that the following emerging risks will be formulated for addition to the register in the next cycle:-

- Neurodiversity pathway waiting times
- Harmonisation of policies across WY

1.9 ***Risks Marked for Closure***

There are eight risks marked for closure this risk cycle.

Risk Number	Risk Wording	Risk Score	Reason for Closure
2079	There is a risk to the West Yorkshire Integrated Care Board (WY ICB) of successful cyber-attacks, hacks and data breaches, due to the escalating threat of cyber-crime across all sectors, and at a global scale, resulting in financial loss, disruption or damage to the reputation of the WY ICB from some form of failure in technical, procedural or organisational information security controls.	12	Correspond-ing risk opened on WY ICB Corporate Risk Register.
2065	There is a risk that the Kirklees Health and Social Care (H&SC) system will escalate to a system level OPEL 4 rating due to multiple partners across the H&SC system declaring organisational OPEL 4 for sustained periods of time and pressure across the system partners continuing to escalate leaving organisations unable to deliver comprehensive care. Resulting in increased potential for patient care and safety to be compromised.	12	Materialised – new risk 2195 established.

Risk Number	Risk Wording	Risk Score	Reason for Closure
2062	The numbers of children and young people who are being referred or self-referring to CAMHs SWYPFT has continued to increase; the CYP who are presenting have greater acuity and risk than before the pandemic and often they are requiring support from the ReACH Team and Intensive Home Based Treatment Team. Alongside this, the acute trusts (via A&E) are also experiencing a rise in the number of CYP presenting in crisis. This has resulted in a number of young people requiring admission; where possible this has been accommodated in Children's Inpatients but a small number have required admission to an adult ward. Where a young person requires subsequent admission to a Tier 4 inpatient unit (commissioned through NHS England Specialist Commissioning) there are increasing delays in accessing a service due to a reduction in the number of specialist beds available, resulting in: 1. CYP in crisis – not receiving a service which keeps them safe – due to a significant increase in numbers; 2. CYP in crisis – accessing support through A&E – additional demands in A&E compromising patient safety; 3. CYP cared for in inappropriate settings for a sustained period of time, acute wards and adult settings, with staff without the necessary specialist skills.	12	Materialised – new risk 2196 established.
2061	There is a risk of increased staff turnover as a consequence of the transition to ICB; due to opportunities arising elsewhere in the system, or individuals deciding they do not wish to be part of the new structure and seeking jobs elsewhere; resulting in capacity pressures, loss of continuity, low morale. Potential impact on staff wellbeing and the Kirklees Place Based Partnership not being able to fulfil its requirements in terms of supporting the West Yorkshire ICB and the Kirklees ICB.	9	Correspond-ing risk opened on WY ICB Corporate Risk Register.

Risk Number	Risk Wording	Risk Score	Reason for Closure
2080	There is a risk of confidential personal data and commercially sensitive information being sent by email to an incorrect recipient or recipients, resulting in a breach of confidentiality and potential for damage and distress to individuals, reputational damage to the organisation and regulatory action under data protection legislation.	6	Correspond-ing risk opened on WY ICB Corporate Risk Register.
2076	There was a risk that Kirklees Health and Care Partnership were unable to commission domiciliary care for new service users, including users who require a fast-track approach to service provision, due to an increase in requests for domiciliary care and a lack of capacity in NHS contracted providers in some areas of Kirklees, as well as the impact of Covid on care staff. The lack of capacity has the potential to cause delays in hospital discharges and to reduce patient choice.	6	Reached tolerance.
2075	There is a risk to patient safety and experience; due to specific concerns about quality of care for patients; resulting in care at the Mid Yorkshire Hospitals Trust (MYHT) continuing to be rated by the CQC as 'Requires Improvement' overall with 'Good' for Caring and Effective (inspection July/August 2018).	6	Replaced by risk 2201.
2057	There is a risk of general practice not being able to provide some services at scale due to the ending of the My Health Huddersfield GP Federation at 30 September 2022 resulting in a reduction in coordinated response from General Practice to new service developments.	4	Risk no longer relevant to the CCG.

1.10 ***High Level Risks***

There are no open risks rated as Critical (scoring 20 or 25), the same as at the last risk cycle.

There are three open risks rated as Serious (scoring 15 or 16), three more than at the last risk cycle.

Risk Number	Risk Wording	Risk Score	Risk Movement
2196	There is a risk that the Kirklees Children and Young People's (CYP) mental health service are unable to deliver timely, comprehensive care to those being referred or self-referring when in crisis; due to a significant increase in demand from pre-pandemic levels and increased acuity; resulting in patient care and safety to be compromised.	16	New.
2195	There is a risk that the Kirklees Health and Social Care (H&SC) system organisations are unable to deliver comprehensive care; due to multiple partners across the H&SC system declaring organisational OPEL 4 for sustained periods of time and pressure across the system partners continuing to escalate; resulting in increased potential for patient care, safety and experience to be compromised.	16	New.
2055	There is a risk of increasing pressure on specialist primary care medical services due to an anticipated increase in the numbers of asylum seekers to the region resulting in difficulty for primary care in meeting patient need and demand.	16	Increasing.

2. Next Steps

2.1 Subsequent to the Kirklees ICB Committee meeting, the risks will be carried forward to the next risk review cycle which starts on 13 January 2023.

3. Recommendations

3.1 The Kirklees ICB Committee is asked to **RECEIVE** and **NOTE** the High Level Risk Report, Risk Log and Risk on a Page Report as an accurate representation of the Kirklees place risk position, following any recommendations from the relevant sub-committees.

4. Appendices

4.1 Appendix 1: Risk Register extracts (key changes and High Level risks) as at 21 December 2022

4.2 Appendix 2: Risk on a Page Report Cycle 3 2022/23

WY ICB - Kirklees Place High Level Risk Log for Kirklees ICB Committee - 11 January 2023

Risk ID	Date Created	Risk Type	Strategic Objective	Risk Rating	Risk Score Components	Target Risk Rating	Target Score Components	Risk Owner	Senior Manager	Principal Risk	Key Controls	Key Control Gaps	Assurance Controls	Positive Assurance	Assurance Gaps	GBAF Ref No(s)	GBAF Entry Description(s)	Risk Status
New Risks																		
2196	29/11/2022	Quality	Improve healthcare outcomes for residents	16	(I4xL4)	9	(I3xL3)	Vicky Dutchburn	Penny Woodhead	There is a risk that the Kirklees' Children & Young peoples (CYP) mental health service are unable to deliver timely, comprehensive care to those being referred or self referring when in crisis. Due to a significant increase in demand from pre pandemic levels & increased acuity. Resulting in patient care and safety to be compromised.	SWYPFT are flexing their service capacity cross the whole service offer to support the increase in referrals. Weekly ED Task group - looking at alternatives to A&E and supporting A&E departments as needed. CYP ED West Yorkshire workstream, additional bed modeling & section 136 capacity is underway. Additional capacity planned through expansion of existing Tier 4 Red Kite View services Support provided by CAMHS crisis team as in-reach to acute trusts.	Tier 4 Bed availability regionally is not meeting demand Availability of specialist workforce within the region	Local Monthly Contract monitoring meetings with Monitoring of Monthly Key Performance Indicators Kirklees Crisis & Eating Disorder transformation programmes established to increase service capacity Escalation process in place to identify & prioritise those children within acute hospitals for specialist beds	Capacity developments to be considered against SDF allocation Local system wide meetings established to review CYP crisis / inpatient demand & needs WY ICS workstream established	none			New - Open
2195	29/11/2022	Quality	Improve healthcare outcomes for residents	16	(I4xL4)	9	(I3xL3)	Vicky Dutchburn	Penny Woodhead	There is a risk that the Kirklees Health & Social Care(H&SC) system organisations are unable to deliver comprehensive care. Due to multiple partners across the H&SC system declaring organisational OPEL 4 for sustained periods of time and pressure across the system partners continuing to escalate. Resulting in increased potential for patient care, safety and experience to be compromised.	Each partner organisation has business continuity plans and action card in place, based on Local Operational Pressures Escalation Levels (OPEL) Framework which has been aligned to the national framework issued in October 2018, to provide a consistent approach in times of pressure 7 days a week (24/7) The escalation plans align with the overarching Urgent Emergency Care Board(UECB) plans and focus on early warning triggers and the prediction of potential issues/expected peaks in demand and be able to respond to unpredicted surges in activity and demand. Plans include clear identification of the system lead directors who will oversee all levels of escalation, where action is needed to avoid or mitigate pressure, and where external support might be required. Escalation level plans relating to both CHFT & MYHT UECBs will be readily available to all relevant on call & operational managers and clinicians. Including a System Opel score dashboard to support system escalation which is updated daily during escalation" The Kirklees H&SC system has an agreed, signed off Bronze, silver , gold command escalation process, which is reviewed annually. The place based plans & escalation feeds into the WY ICBs EPRR & seasonal pressures escalation process.	None	Operational pressures escalation plans form an integral part of seasonal pressures & geographical predicted demand and expected rise in activity, which is specific to outbreaks, weather events, holidays or local events and be able to demonstrate at a system and local level both preparedness and resilience; Accountable leads across each organisation are in place, including identification of organisation, role/s and responsibilities) All on call managers have a clear and current understanding of the processes and their role and responsibility for the implementation of the escalation process. Timely and fit for purpose information is provided daily to support the management of the escalation and de-escalation process. Daily silver command structure is operational across the system, additional operational management calls are in place Escalation protocols established for System Gold calls with Senior Kirklees place representation Weekly reports are shared on the system pressures through operational SMT, whilst at OPEL 4 email updates circulated to Key directors following silver escalation calls	All individual operational pressures escalation plans have clearly defined escalation triggers, with corresponding actions to be taken to avoid the need for further escalation and to enable de-escalation as quickly as possible. An identified lead director in each partner organisation holds the responsibility for ensuring that escalation plans are actioned, reviewed and held to account on expected delivery and follow through. Where the Kirklees System has / does undergo escalation of status, the lead officers of Kirklees place & partner organisations shall lead the de-escalation process, once review shows a managed and sustained reduced pressure. System command calls are operational with Kirklees Place senior representation Weekly reports are shared on the system pressures through Operational SMT & daily email updates circulated whilst the system is at OPEL 4	none			New - Open
2201	01/12/2022	Quality	Improve healthcare outcomes for residents	12	(I4xL3)	8	(I4xL2)	Meinir Smith	Penny Woodhead	There is a risk to patient safety and experience of care Due to specific concerns about quality of and access to care for patients Resulting in the Mid Yorkshire Hospitals Trust continuing to be rated by the CQC as 'requires improvement' overall (inspection March/April 2022)	* CQC inspection undertaken in March/April 2022 - overall Trust rating remains unchanged as 'requires improvement', however the Trust level rating against the Well-led domain improved to 'good' * ICB Quality team from Wakefield/Kirklees place attend MYHT Quality Committee * MYHT Nurse and midwifery governance framework identifies when focused improvement work on specific wards is required * Patient safety walkabouts to departments/wards resumed in July 2021 following the pandemic	* Robust CQC action plan being developed to address Must and Should Do actions - will be presented to and monitored through MYHT Quality Committee	* CQC inspection report published in November 2022 * Presentation to WDHCP Integrated Assurance Committee and Partnership Committee on CQC's findings (November/December 2022) * CQC action plan to be monitored through MYHT Quality Committee and reported to Integrated Assurance Committee through quarterly quality report * Outcome of Patient safety walkabouts reported to Integrated Assurance Committee in quarterly quality report	* No Inadequate ratings across the Trust, hospital sites and core services * No breaches in regulations identified, therefore no enforcement action taken or warning notices issues by CQC * Improvement in ratings for Well-led for Trust and Maternity services at Pinderfields * Improvements in the culture of the Trust; engagement with patients, staff and partners to plan services; active encouragement of staff to voice concerns; and well-being support offered to staff. * Patient safety walkabouts recognise positive progress, acknowledging impact of system pressures and patient flow	CQC findings to be formally reported within WY ICB quality governance arrangements			New - Open
2205	09/12/2022	Finance and Performance	Enhance productivity and value for money	8	(I4xL2)	4	(I2xL2)	Helen Shallow	Alison Needham	There is a risk that the Kirklees Place will not achieve its financial control target due to financial pressures within the system, therefore impacting the wider WYICS This is due to in part to several key elements including : - economic uncertainty around the level of inflation, uncertainty around ERF income, pay award uplift, under delivery of efficiency programs, higher than planned agency costs and use of non recurrent resources. The result of failure to deliver will be a risk to the achievement of the overall WYICS financial plan which could result in failure to deliver statutory duties, reputational damage and potential additional scrutiny from NHS England and a requirement to make good deficits in future years.	Finance reports presented to Finance Committee of the Place and to WY Finance position updated at the system Finance Forum at a West Yorkshire Level Recovery group in local organisation, place and WY Finance updates presented to the Senior Finance Team at Place	Clarity on system to manage the escalating costs in areas such a prescribing	Quarterly WYICB assurance process where the CCP financial position is assessed. Additional WYICB assurance meetings. Individual organization internal audit processes Individual organization governance and reporting processes	Recovery groups created in place and at system level to manage the financial risk at place and as part of the West Yorkshire ICB system. Financial strategy developed for long term aim to develop financial sustainability Place finance leaders working collaboratively to manage risk Financial plans reviewed in each place and system	There are a number of unknowns in relation to costs due to national pressures in costs of drugs that may impact the financial position. High cost of care packages is at this stage unknown and how this will impact the system			New - Open
2204	09/12/2022	Finance and Performance	Improve healthcare outcomes for residents	8	(I4xL2)	4	(I2xL2)	Helen Shallow	Alison Needham	Capital Availability - There is a risk that capital spending limits will be set at a level that restricts our ability to progress our strategic capital developments	Capital priorities in the West Yorkshire ICS capital infastructure. All organisations represented at the West Yorkshire Capital Working Group, Local senior system meeting to manage risk.	Lack of certainty over future NHS Capital spending limits in light on economic circumstances	Capital Requirements outlined clearly in business cases	Major strategic developments are recognised and included in the WY ICS capital infrastructure Work on going with Senior Finance leaders	Recent developments will need to be highlighted for inclusion in the WY capital infrastructure once Place commitment in clarified.			New - Open

Risks Marked for Closure

2079	20/07/2022	Finance and Performance	Enhance productivity and value for money	12	(I4xL3)	8	(I4xL2)	Caroline Squires	Louise Hall	There is a risk to the West Yorkshire Integrated Care Board (WY ICB) of successful cyber-attacks, hacks and data breaches, due to the escalating threat of cyber-crime across all sectors, and at a global scale, resulting in financial loss, disruption or damage to the reputation of the WY ICB from some form of failure in technical, procedural or organisational information security controls.	1. Outsourced IM&T Service (THIS) with ISO Information Security Management System (ISO/IEC 27001:2013) certification regime in place, member of the Cyber Security Sharing Partnership (CiSP), Information Assurance for Small and Medium sized Enterprises IASME 'Gold Standard' certified with re certification regime in place, Cyber Essentials. SLA in place. 2. Wide range of technical, procedural and organisation controls in place, managed by THIS - across the Cabinet Office 10 areas of cyber security. 3. Dedicated THIS Information Security/Cyber Security Team, led by IT Security Manager, with industry recognised qualifications. 4. WY ICB IT (including Network Security) policy in place and enforced 5. Minimum annual Data Security training of all WY ICB staff (includes cyber security awareness). 6. In house IG Team delivering Data Security and Protection Toolkit controls and data protection expertise 7. Responsive awareness (via THIS and WY ICB) raising staff awareness of threats and incidents. 8. NHS Cyber Security CareCERT Alert system, delivering timely Cyber alerts to WY ICB and THIS contacts. 9. Business continuity management arrangements (WY ICB and THIS). 10. Disaster Recovery arrangements (THIS). 11. Monitoring completion of the NHS Digital Data Security Centre Data Security Onsite Assessment 'Data Security Improvement Plan' being undertaken by the Head of IM&T as part of their quarterly service account meetings with the Health Informatics Service.	1. Completion of the NHS Digital Data Security Centre Onsite Assessment Data Security Improvement Plan 19/20 2. Review of business continuity arrangements due to a successful cyber incident in August 2022 which affected partner organisations critical IT systems.	1. SLA with THIS, including the provision of information security (including cyber security) expertise and controls. 2. THIS ISO Information Security Management System (ISO/IEC 27001:2013) re-certification regime in place 3. THIS Information Assurance for SMEs 'Gold Standard' certified with re-certification regime in place - Cyber Essentials. 4. Annual Data Security and Protection Toolkit self-assessment submission with annual Internal Audit assurance. 5. Reports into SMT and Audit Committee 6. Dionach Data Security re assessment visit to THIS in November 2020.	1. No successful cyber-attacks, hacks or data breaches resulting in financial loss, disruption or damage to the reputation of WY ICB from some form of failure in technical, procedural or organisational information security controls. 2. Regular business continuity exercises simulating variety of cyber attack scenarios to assess the effectiveness of the WY ICB business continuity controls and ability to respond to a cyber related incident. Each exercise results in lessons learned report and recommendations. Last exercise undertaken November 2021. 3. Lessons learned debrief with partners as part of the Local Health Resilience Partnership arrangements. 4. Board level cyber security training held on 23rd January 2019. 5. The specification for the new IT provider procurement has been strengthened in respect of cyber security. 6. Internal Audit of a sample of the predecessor CCGs' Data Security and Protection Toolkits (DSPT) in 2020/21 achieved 'high assurance'. 9. Submission of the DSPT for 21/22 as 'Standards Met' 10. NHS Digital Data Security Centre Data Security Onsite Assessment taken place January 2020, that provides an assessment against Cyber Essentials Plus and an IT Health Check for health and care organisations. The assessment (which includes PEN test) was scoped as a single assessment - to cover THIS/CHFT and the 4 predecessor CCGs. Findings report received during w/c 17th February 2020. Bespoke Data Security Improvement Plan of identified vulnerabilities and associated actions prepared together with Head of IM&T and improvement plan signed off by predecessor CCG's SIRO's.	None identified			Closed - Risk being closed and opened on WY ICB Corporate Risk Register - Risk Number 2166
2065	19/07/2022	Quality	Improve healthcare outcomes for residents	12	(I4xL3)	4	(I2xL2)	Vicky Dutchburn	Penny Woodhead	There is a risk that the Kirklees Health & Social Care(H&SC) system will escalate to a system level OPEL 4 rating due to multiple partners across the H&SC system declaring organisational OPEL 4 for sustained periods of time and pressure across the system partners continuing to escalate leaving organisations unable to deliver comprehensive care. Resulting in increased potential for patient care and safety to be compromised.	Each partner organisation has business continuity plans and action card in place, based on Local Operational Pressures Escalation Levels (OPEL) Framework which has been aligned to the national framework issued in October 2018, to provide a consistent approach in times of pressure 7 days a week (24/7) The escalation plans align with the overarching A&E Delivery Board plans and focus on early warning triggers and the prediction of potential issues/expected peaks in demand and be able to respond to unpredicted surges in activity and demand. Plans include clear identification of the system lead directors who will oversee all levels of escalation, where action is needed to avoid or mitigate pressure, and where external support might be required. Escalation level plans relating to both CHFT & MYHT A&E Delivery Boards will be readily available to all relevant on call & operational managers and clinicians. The Kirklees H&SC system has an agreed, sigedn off Bronze, silver , gold command escalation process, which is reviewed annually July '22 refreshed System Opel score dashboard has been developed to support system escalation"	None at this time	Operational pressures escalation plans form an integral part of seasonal pressures & geographical predicted demand and expected rise in activity, which is specific to outbreaks, weather events, holidays or local events and be able to demonstrate at a system and local level both preparedness and resilience; Accountable leads across each organisation are in place, including identification of organisation, role/s and responsibilities) All on call managers have a clear and current understanding of the processes and their role and responsibility for the implementation of the escalation process. Timely and fit for purpose information is provided daily to support the management of the escalation and de-escalation process. Daily Bronze & twice weekly silver command structure is operational Escalation protocols established for System Gold calls with Senior Kirklees place representation Weekly reports are shared on the system pressures through operational SMT Daily Silver callscurrently mobilised across the system July '22 refreshed System Opel score dashboard has been developed to support system escalation"	All individual operational pressures escalation plans have clearly defined escalation triggers, with corresponding actions to be taken to avoid the need for escalation and to enable de-escalation as quickly as possible. An identified lead director in each partner organisation holds the responsibility for ensuring that escalation plans are actioned, reviewed and held to account on expected delivery and follow through Where the Kirklees System has / does undergo escalation of status, the lead officers of Kirklees place & partner organisations shall lead the de-escalation process, once review shows a managed and sustained reduced pressure. System command calls are operational with Kirklees Place senior representation Weekly reports are shared on the system pressures through Operational SMT	none to note			Closed - new risk opened as this has now materialised - new risk is 2195
2062	19/07/2022	Quality	Improve healthcare outcomes for residents	12	(I3xL4)	6	(I2xL3)	Vicky Dutchburn	Penny Woodhead	The numbers of children and young people who are being referred or self referring to CAMHs SWYPFT has continued to increase, the CYP who are presenting have greater acuity and risk than before the pandemic and often they are requiring support from the ReACH team and Intensive Home Based Treatment Team. Alongside this, the acute trusts (via A&E) are also experiencing a rise in the number of CYP presenting in crisis. This has resulted in a number of young people requiring admission, where possible this has been accommodated Children's inpatients but a small number have required admission to an adult ward. Where a young person requires subsequent admission to a Tier 4 inpatient unit (commissioned through NHS England Specialist Commissioning) there are increasing delays in accessing a service due to a reduction in the number of specialist beds available. Resulting in: 1. CYP in crisis - not receiving a service which keeps them safe - due to a significant increase in numbers 2. CYP in crisis - accessing support through A&E - additional demands in A&E compromising patient safety 3. CYP cared for in inappropriate settings for a sustained period of time, acute wards and adult settings. With staff without the necessary specialist skills.	1. SWYPFT are flexing their capacity from different elements of the whole service offer to support the increase in referrals. 2. Weekly ED Task and finish group - looking at alternatives to A&E and supporting A&E as needed. 3.CYP specific issues raised separate system & ICS workstream . 4. Additional capacity planned through expansion of existing services 5.Support provided by CAMHS as in-reach to acute trusts. 6.NHS E - aware of the issues additional bed modeling is underway.	Bed availability locally & regionally Skilled workforce & Staff / availability of workforce within the region	Local Monthly Contract monitoring meetings Monitoring Monthly KPIs Kirklees Crisis & eating Disorder transformation programmes established Local Business cases have been approved to increase service capacity - implementation plan is being developed	Place Business case submitted against SDF allocation SWYPFT are developing implementation plan Local system wide meetings established to review CYP inpatient needs ICS workstream established	None			Closed - this risk has materialised therefore a new risk has been established - number 2196

2061	18/07/2022	Finance and Performance	Enhance productivity and value for money	9 (I3xL3)	6	(I3xL2)	Rachel Millson	Carol McKenna	There is a risk of increased staff turnover as a consequence of the transition to ICB. Due to opportunities arising elsewhere in the system, or individuals deciding they do not wish to be part of the new structure and seeking jobs elsewhere. Resulting in capacity pressures, loss of continuity, low morale. Potential impact on staff wellbeing and the Kirklees Place Based Partnership not being able to fulfill its requirements in terms of supporting the West Yorkshire ICB and the Kirklees ICB.	Continued oversight of vacancies and staff morale via Operational and Strategic SMT. Areas where specific pressures are highlighted (Governance and Quality Teams) raised with West Yorkshire ICB to determine if there is a shared solution (potential to share workload and priorities across Organisations). Initial executive paper outlined an employment commitment to those directly affected by proposed legislative change. Intended to give employment stability & minimise uncertainty. Further guidance issued 16th June - included commitment to change characterised by care for our people. Regular staff briefings & transparent information sharing. Consistent messaging across WY&H places. Specific workstream at ICS. HR support stable with embedded team - (although changes to commissioning support model from 1 April and/or 1 July). Routine meetings with staff-side ongoing. Kirklees Integrated Workforce Strategy has as strategic objective re. supporting (Kirklees) workforce to work together differently & in more integrated ways - provides impetus for development opportunities. Commitment (Kirklees and WY&H) to compassionate change management. WY employment approach strengthened to encompass all existing roles. WY&H FAQs SMT reviewed staff survey.	Potential conversations with Partners within the Kirklees ICB for specific pressured areas.	HR monitoring vacancies and regular discussion at Operational SMT. Staff survey results reviewed by SMT. Updated staff survey process to commence - review the output of this exercise in terms of the impact on morale.	Some additional resource secured into the Governance Team. Shared interim roles across CKW.	None at present. To keep under review.		Ensure best value from all available resources, including by supporting colleagues to fulfill their potential. Support integration within the NHS and between the NHS and local government and wider partners, achieving a smooth transition to a West Yorkshire & Harrogate Integrated Care System and a Kirklees Integrated Care Partnership.	Closed - Duplicate (please link to original risk)
2080	20/07/2022	Finance and Performance	Enhance productivity and value for money	0 (I3xL2)	3	(I3xL1)	Caroline Squires	Louise Hall	There is a risk of confidential personal data and commercially sensitive information being sent by email to an incorrect recipient or recipients, resulting in a breach of confidentiality and potential for damage and distress to individuals, reputational damage to the organisation and regulatory action under data protection legislation.	1. NHS Mail supportive features: employing organisation detailed when picking from Address Book, additional details in 'Contact Card' to verify identity, Address Book filter by organisation. 2. Guidance included within 'Effective Use of Emails' guidance, part of NHS Mail user guidance on computer desktops as part of NHSMail implementation. 3. Annual Data Security training of all West Yorkshire Integrated Care Board (WY ICB) staff. 4. Staff awareness of the risk via policy level messages (e-communications and social media policy), IG staff handbook, bespoke communications to staff. 5. Data flow mapping and mitigation of any risks, by IAOs.	1. Programme of ongoing awareness to ensure all staff remain sighted on the risk, including practical guidance on alternatives to email, controls to keep data in transit secure and awareness of checking emails and attachments before sent.	1. Monitoring of incident patterns and trends via the twice yearly Incident and Near Miss Process Reviews. 2. Monitoring of incidents reported via the Integrated Governance Report to Audit Committee.	1. No serious incidents relating to confidential personal data and commercially sensitive information being sent by email to an incorrect recipient or recipients reported to the Information Commissioners Office. 2. Ongoing awareness to ensure all staff remain sighted on the risk e.g. Learning Lessons from email incidents infographic issued to former CCG staff in October 2020, reminders of the risks at former CCG Staff Briefing in May 2021, and reminder bulletins such as Christmas article.	None identified at this time.			Closed - Risk being closed and opened on WY ICB Corporate Risk Register - Risk Number 2199
2076	19/07/2022	Quality	Improve healthcare outcomes for residents	0 (I3xL2)	6	(I3xL2)	Toni Whitehall	Penny Woodhead	There was s a risk that Kirklees Health and Care Partnership were unable to commission domiciliary care for new service users, including users who require a fast track approach to service provision, due to an increase in requests for domiciliary care and a lack of capacity in NHS contracted providers in some areas of Kirklees, as well as the impact of Covid on care staff. The lack of capacity has the potential to cause delays in hospital discharges and to reduce patient choice.	Marie Curie, who currently provide a brokerage function with NHS DPS providers for health for fast track clients, have extended their role to broker services registered under the LA DPS. A CHC duty function is available for providers and patients/families and key stakeholders. Senior Clinical Commissioning Manager for CHC is engaged with acute trust discharge planning. A robust process is in place where spot purchase contracts are required. A significant financial uplift was applied to CHC and Complex CHC care packages to reflect the costs associated with delivering these packages for 22/23 which has had a positive effect upon market access.	Although the number of NHS contracted providers has increased in the last year these are not in all geographical areas for Kirklees creating inconsistency in appropriate local placements and the local authority accredited services are also under pressure. However, in regard to this risk, the causes have now changed, and access limitations will be part of business-as-usual activity including during the winter period.	The current arrangements between the CHC team and contracting team ensures that a formal process will be followed with non NHS contracted providers and new packages delivered y new Providers are moving through the assurance processes as required. Established weekly monitoring of care provision is already in place within CHC Any challenges to access to dom care are in line with business-as-usual activity , but the CHC team has had relatively little challenge to access over recent months, supported by better engagement with the sector and changes to the fees structures for CHC.	CQC registration checks and a short accreditation process are completed for each provider where an NHS contract does not already exist Contracts are for individual service users and are time limited to a maximum of 4 weeks. 23.09 - SLT agreed one year tender waiver for the Marie Curie contract - due to capacity to do so the contract value has reduced in line with the requirements of the service.	None at present which sit outside of usual provider / commissioner relationships.			Closed - Reached tolerance
2075	19/07/2022	Quality	Improve healthcare outcomes for residents	0 (I2xL2)	3	(I3xL1)	Susan Savage	Penny Woodhead	There is a risk to patient safety and experience Due to specific concerns about quality of care for patients Resulting in care at the Mid Yorkshire Hospitals Trust (MYHT) continuing to be rated by the CQC as 'Requires Improvement' overall with 'Good' for Caring and Effective (inspection July/August 2018)	* CQC inspection undertaken in 2018 - overall Trust rating remains unchanged as 'requires improvement', however the Trust level rating against the Effective domain improved to 'good' * Acute commissioning team between Wakefield and Kirklees Place with specific quality and clinical effectiveness expertise * Joint Strategic Oversight Board (JSOB) established in 2020 * Maternity Quality Surveillance Group (MQSG) with Kirklees Place representation in response to the Ockenden Review * MYHT quality measures reported through quarterly Patient Safety & Outcomes report * CQC action plan addresses the must and should do actions * Quality Team member from Wakefield/Kirklees Place attends MYHT Quality Committee * MYHT Nurse and midwifery governance framework identifies when focused improvement work on specific wards is required * A full review of all open and closed CQC action plans has been undertaken to evaluate the impact of the pandemic on compliance against the outcomes of the 57 action plans. * Patient Safety Walkabouts to ward areas resumed July 2021 *CQC visit in March 2022 as part of West Yorkshire Urgent and Emergency Care system review * CQC follow up visit in April 2022 including well-led review and further 2 services (report awaited) * CQC report 16/11/22 on visits made in March and April 2022 rated MYHT Requires Improvement overall, unchanged from July 2018, but improved rating for 'well led' to Good	* The demands and impact of the pandemic reduced the pace at which the CQC action plans are being delivered and for a number of plans, the pandemic created new challenges to compliance (e.g. impact of staffing levels, social distancing and cleaning limits capacity to clear outpatient backlog). * There has been a deterioration in CQC ratings for specific domains within sites and disciplines, eg medical care	* CQC inspection report published in December 2018 * Monthly JSOB meetings from summer 2020 * Quality risks included in quarterly Patient Safety & Outcomes report * Progress with CQC action plan presented to QPGC * Good engagement between MYHT and CQC during coronavirus pandemic * The Trust has responded to the CQC's Transitional Monitoring Approach (TMA) questions and an engagement meeting was held with the CQC on 18 March 2021. * Patient safety walkabouts recognise positive progress, acknowledging impact of system pressures and patient flow * Positive feedback from CQC onsite engagement visits	* Notable improvement in the ratings for medical care core services at Pinderfields and Dewsbury - now rated as 'good' (previously 'inadequate' and 'requires improvement' respectively). * The CQC did not issue any warning notices or enforcement action to the Trust * 70% of ratings now 'good' or 'outstanding' compared to 42.5% in 2014 * CQC highlighted notable shift in organisational culture, and strong, visible effective leadership * Agreed with NHSE/I at Quality Surveillance Group that formal Quality Review meeting not required (January 2019) * Number of actions with significant concern to delivery has decreased since December 2019 * CQC action plan report (November 2021) confirmed that 86% of action plans remain completed - detailed actions in place for remaining 3 actions assigned a Red status - commissioners are assured that the relevant groups/committees are sighted on the concerns to delivery and progress is being closely monitored through the executive lead. * the CQC report 16/11/22 noted examples of outstanding practice in maternity and services for children and young people	* Risk to completion of actions related to Referral To Treat (RTT) times and reducing outpatient backlog due to elective activity pause and requirements for social distancing and enhanced cleaning during the pandemic * CQC inspection visit delayed by pandemic- CQC report awaited from visit in March/April 2022			Closed - Risk replaced by 2201
2057	18/07/2022	Quality	Improve healthcare outcomes for residents	4 (I2xL2)	4	(I2xL2)	Jan Giles	Catherine Wormstone	There is a risk of general practice not being able to provide some services at scale due to the ending of the My Health Huddersfield GP Federation at 30th September 2022 resulting in a reduction in coordinated response from General Practice to new service developments	1) Regular meetings with My Health Huddersfield to discuss a phased and managed approach to close down 2) Close down plan being produced by My Health Huddersfield 3) Regular meetings with PCN Clinical Directors in the Huddersfield area to discuss risks and issues arising from the close down of My Health Huddersfield	some plans are agreed to replace the work of My Health Huddersfield e.g. phlebotomy and EA. The provision of PPT remains unresolved although discussions have taken place with the LMC and some early plans are in place	Close down plan for My Health Huddersfield has been developed	Regular discussions taking place with My Health Huddersfield and PCN Clinical Directors Plans for the provision of EA are in place with the 5 GH PCNs	There is no formally agreed plan for replacement of the PPT sessions provided by My Health Huddersfield, although some discussions have taken place			Closed - Risk no longer relevant to the CCG

Open High Level Risks

2196	29/11/2022	Quality	Improve healthcare outcomes for residents	16	(I4xL4)	9	(I3xL3)	Vicky Dutchburn	Penny Woodhead	There is a risk that the Kirklees' Children & Young peoples (CYP) mental health service are unable to deliver timely, comprehensive care to those being referred or self referring when in crisis. Due to a significant increase in demand from pre pandemic levels & increased acuity. Resulting in patient care and safety to be compromised.	SWYPFT are flexing their service capacity cross the whole service offer to support the increase in referrals. Weekly ED Task group - looking at alternatives to A&E and supporting A&E departments as needed. CYP ED West Yorkshire workstream, additional bed modeling & section 136 capacity is underway. Additional capacity planned through expansion of existing Tier 4 Red Kite View services Support provided by CAMHS crisis team as in-reach to acute trusts.	Tier 4 Bed availability regionally is not meeting demand Availability of specialist workforce within the region	Local Monthly Contract monitoring meetings with Monitoring of Monthly Key Performance Indicators Kirklees Crisis & Eating Disorder transformation programmes established to increase service capacity Escalation process in place to identify & prioritise those children within acute hospitals for specialist beds	Capacity developments to be considered against SDF allocation Local system wide meetings established to review CYP crisis / inpatient demand & needs WY ICS workstream established	none			New - Open
2195	29/11/2022	Quality	Improve healthcare outcomes for residents	16	(I4xL4)	9	(I3xL3)	Vicky Dutchburn	Penny Woodhead	There is a risk that the Kirklees Health & Social Care(H&SC) system organisations are unable to deliver comprehensive care. Due to multiple partners across the H&SC system declaring organisational OPEL 4 for sustained periods of time and pressure across the system partners continuing to escalate. Resulting in increased potential for patient care, safety and experience to be compromised.	Each partner organisation has business continuity plans and action card in place, based on Local Operational Pressures Escalation Levels (OPEL) Framework which has been aligned to the national framework issued in October 2018, to provide a consistent approach in times of pressure 7 days a week (24/7) The escalation plans align with the overarching Urgent Emergency Care Board(UECB) plans and focus on early warning triggers and the prediction of potential issues/expected peaks in demand and be able to respond to unpredicted surges in activity and demand. Plans include clear identification of the system lead directors who will oversee all levels of escalation, where action is needed to avoid or mitigate pressure, and where external support might be required. Escalation level plans relating to both CHFT & MYHT UECBs will be readily available to all relevant on call & operational managers and clinicians. Including a System Opel score dashboard to support system escalation which is updated daily during escalation" The Kirklees H&SC system has an agreed, signed off Bronze, silver , gold command escalation process, which is reviewed annually. The place based plans & escalation feeds into the WY ICBs EPRR & seasonal pressures escalation process.	None	Operational pressures escalation plans form an integral part of seasonal pressures & geographical predicted demand and expected rise in activity, which is specific to outbreaks, weather events, holidays or local events and be able to demonstrate at a system and local level both preparedness and resilience; Accountable leads across each organisation are in place, including identification of organisation, role/s and responsibilities) All on call managers have a clear and current understanding of the processes and their role and responsibility for the implementation of the escalation process. Timely and fit for purpose information is provided daily to support the management of the escalation and de-escalation process. Daily silver command structure is operational across the system, additional operational management calls are in place Escalation protocols established for System Gold calls with Senior Kirklees place representation Weekly reports are shared on the system pressures through operational SMT, whilst at OPEL 4 email updates circulated to Key directors following silver escalation calls	All individual operational pressures escalation plans have clearly defined escalation triggers, with corresponding actions to be taken to avoid the need for further escalation and to enable de-escalation as quickly as possible. An identified lead director in each partner organisation holds the responsibility for ensuring that escalation plans are actioned, reviewed and held to account on expected delivery and follow through. Where the Kirklees System has / does undergo escalation of status, the lead officers of Kirklees place & partner organisations shall lead the de-escalation process, once review shows a managed and sustained reduced pressure. System command calls are operational with Kirklees Place senior representation Weekly reports are shared on the system pressures through Operational SMT & daily email updates circulated whilst the system is at OPEL 4	none			New - Open
2055	18/07/2022	Quality	Improve healthcare outcomes for residents	16	(I4xL4)	4	(I2xL2)	Jan Giles	Catherine Wormstone	There is a risk of increasing pressure on specialist primary care medical services due to an anticipated increase in the numbers of asylum seekers to the region resulting in difficulty for primary care in meeting patient need and demand	1) Monthly multi agency meetings to identify issues 2) Regular meetings with specialist primary care to identify demand and capacity issues 3) Meetings to discuss potential new arrivals are offered by the Home Office	1) Very short or no notice from the Home Office of arrival of asylum seekers arriving in the area at times 2) Limited capacity to implement processes to identify patients who are able to move to mainstream services	Regular multi agency meetings are in place. Regular dialogue with the affected practice	Minutes of discussions at the Primary Care Operational Group Minutes of quarterly contract review meetings with the specialist practice	due to the recent increase in asylum seekers arriving in small boats, there is an increased pressure on the Home Office to quickly identify new accommodation and this is resulting in more limited discussion with local areas regarding new accommodation and a shorter mobilisation period for new accommodation which increases pressure on the service provider			Increasing

Kirklees Health & Care Partnership

Risk Cycle 3:
November 2022 – January 2023

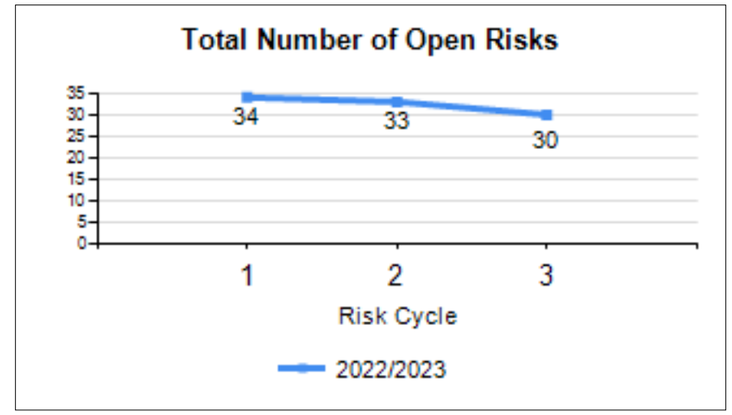
WY ICB Kirklees Place Risk on a Page Report for Kirklees ICB Committee – 11 January 2023

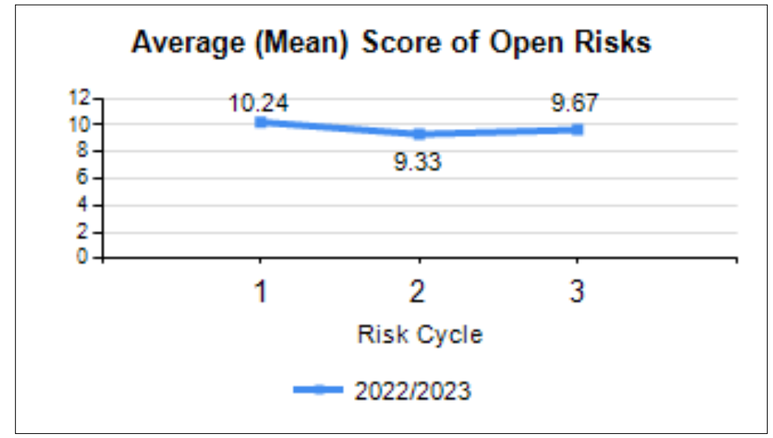
Appendix 2

NHS West Yorkshire Integrated Care Board

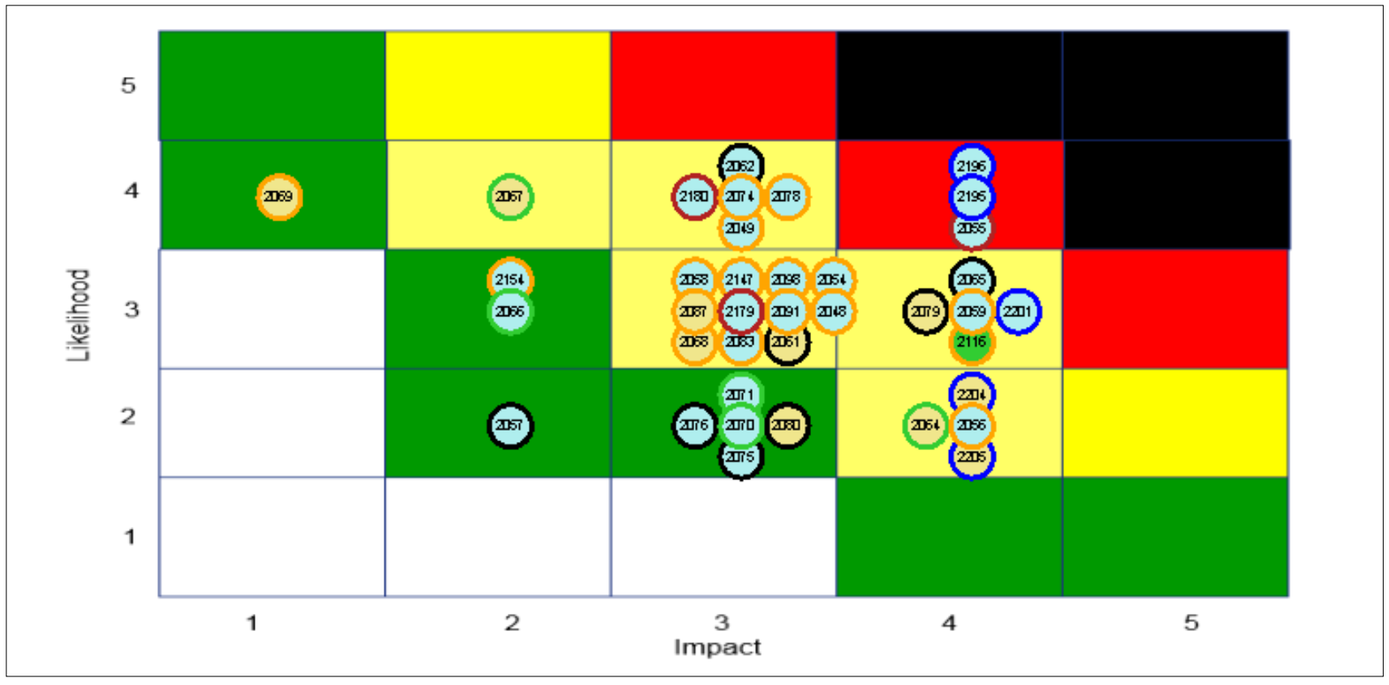
Total Risks	38 (30 open risks)
Finance and Performance	10 (7 open risks)
Quality	27 (22 open risks)
Transformation	1 (1 open risk)

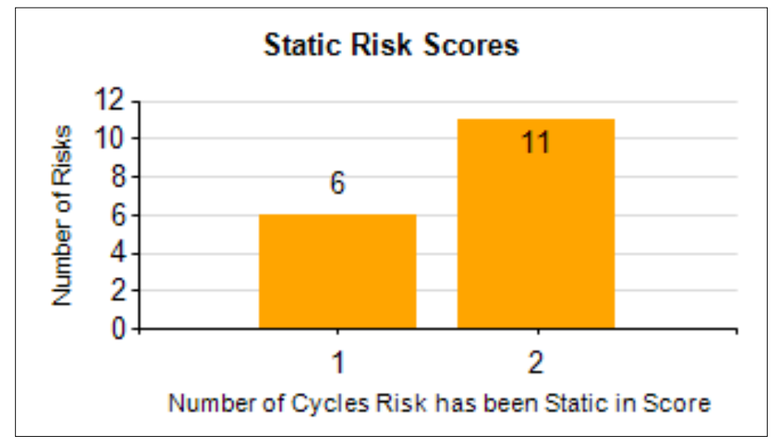
Movement of Risks		Risk Score Increasing	3
New	5	Risk Score Static	17
Marked for Closure	8	Risk Score Decreasing	5





Risk Overview





Key	
	Quality
	Transformation
	Finance and Performance

New Risk

Closed Risk

Risk Score Increasing

Risk Score Decreasing

Risk Score Static

Score	Risk Level
1-3	Low risk
4-6	Moderate risk
8-12	High risk
15-16	Serious risk
20-25	Critical risk

Static Risk Descriptions in this Cycle

15 of 30 open risks (50%) have a static description this cycle.

KIRKLEES ICB COMMITTEE WORK PLAN – APRIL 2022 TO MARCH 2023

No.	Agenda Item	May 22	Jul 22	Sep 22	Nov 22	Jan 23	Mar 23	Comments
Quality and Safety								
1	Quality and Safety Report		x	x	x	x	x	-
2	People Story		x	x	x	x	x	-
3	Kirklees Safeguarding (Adults and Children) Annual Report		-	-		-	-	Report for 22/23 to come early in the financial year 23/24
4	Equality Diversity and Inclusion Annual Report							To be determined in line with WY requirements
5	Engagement and Participation Annual Report							To be determined in line with WY requirements
Finance, Performance and Contracting								
6	Finance and Contracting Report		x	x	x	x	x	
7	Performance Report		x	x	x	x	x	
8	Financial Plans/Budgets		-	-	-	-	x	
9	Kirklees Financial Strategy		-	-	-	x	-	
Commissioning/Transformation/Strategic Plans								
10	Kirklees Joint Health & Well-Being Strategy		-	x	-	-	-	For endorsement prior to approval by the Health and Well-Being Board on 22 September
11	Kirklees Health and Care Plan, incorporating activity and financial plans for 2023/24		-	-	-	-	x	
12	Transformation and service redesign programmes		-	-	-	-	-	To be confirmed – in line with programme timescales

13	Place strategies/plans eg workforce, estates, digital		-	-	-	-	-	To be confirmed
14	Primary care – decisions in relation to general medical services requiring ICB Committee level decision taking		-	-	-	-	-	To be confirmed
15	Serious Violence Duty		-	-	-	-	-	To be confirmed

No.	Agenda Item	May 22	Jul 22	Sep 22	Nov 22	Jan 23	Mar 23	Comments
Corporate and Governance								
16	Accountable Officer/Chair's Report		-	x	x	x	x	-
17	Risk Register		-	x	x	x	x	-
18	Urgent Decisions							As required
19	Partnership Assurance Framework		-	-	-	-	-	TBD
20	Committee Annual Review		-	-	-	-	x	-
21	Committee Terms of Reference		x	-	-	-	x	-
22	Committee Work Plan		-	x	x	x	x	-
23	Sub-Committees – Terms of Reference		x	-	-	-	-	-
24	Sub-Committees – Work Plans		-	x	-	-	-	-
25	Minutes of Sub-Committees		-	-	x	x	x	-

NHS West Yorkshire Integrated Care Board
Minutes of the Kirklees Quality Sub-Committee Meeting
held at 9.00 on Wednesday 26 October 2022
Held via video conferencing

Members Present:

Nadeem Raja	(NR)	Independent Member (Chair)
David Birkenhead	(DB)	Medical Director, CHFT
Rachel Diamond	(RD)	Associate Director, Mid-Yorks Hospital Trust
Maureen Green	(MG)	Chief Nurse, Locala
Stewart Horn	(SH)	Children & Families, ICB & KMBC Head of integrated
M. Hussain	(MH)	Commissioning General Practice
Jane O'Donnell	(JoD)	Head of Health Protection, Kirklees Council
Lindsay Rudge	(LR)	Chief Nurse CHFT
Darryl Thompson	(DT)	Chief Nurse / Director of Quality Professions SWYPFT
Debbie Winder	(DW)	Deputy Director of Quality
Penny Woodhead	(PW)	Director of Nursing
C Wormstone	(CW)	Director of Primary Care

In Attendance:

Nick Lamper	(NL)	Governance Manager
Nic Ellis-Hall	(NE)	Governance Officer
Louse Hall	(LH)	Governance Lead
Matthew Whittaker	(MW)	Senior Manager–Kirklees Delivery Collaborative

Apologies:

Alexia Gray	(AG)	Adult Social Care, Kirklees Council
Dawn Parkes	(DP)	Director of Nursing, Mid- Yorks Hospital Trust
Subha Thiyagesh	(ST)	Medical Director, SWYFT

22 Welcome, Introductions and Declarations of Interest

NR welcomed everyone to the meeting.

No interests were declared.

23 Accuracy of Minutes of Last Meeting, Matters Arising, and Action Log from 31 August 2022

Minutes

The minutes of the meeting held on 31 August 2022 were **APPROVED** as a correct record subject to the amendment of Darryl Thompson's job title to Chief Nurse / Director of Quality Professions and the adjustment on P.4 from National Medical Council to Local Medical Council.

Matters Arising

There were no matters arising.

Action Log

There were no items from the action log.

24 Risk Register

NL presented the Risk Register and confirmed that it was now into its second cycle and was a work in progress. Colleagues were working hard to ensure true place risks were captured, rather than risks which were very specific to the ICB. This time there were two new risks which covered maternity services and care homes. There were also four risks marked for closure, two of which also related to maternity services and care homes. The only high-level risk that was on the register was marked for closure, so this did not leave any high-level risks on the register. Noted just under the table of new risks that there was a new risk just making its way onto the register, around looked after children's assessments and the associated teams' capacity.

MH noted that there seemed to be a general theme around care homes and the quality of care they provided. The number of inadequate or required improvement care homes was concerning and they asked what could be done to offer support and explore why providers were struggling to pass assessments? This had a knock-on effect, both to patients and the rest of the system if care homes were being closed or not meeting standards.

DW stated that the update around support was provided at the last meeting and that support would continue for care homes, with the interventions being

strengthened and embedded, due to the package being significant and robust. However, the providers had a responsibility themselves, so work needed to be carried out to work with, educate and empower them. Updated information would continue to be brought to the sub-committee regarding this.

NR confirmed that MH had been raising these care home issues over the past couple of meetings, and that it would be useful to have a small group outside of the meeting to discuss wider issues.

MH acknowledged that there was a general theme, and every month the list of providers was looked at and that new providers who were failing and struggling were being added to that list, they accepted that it was a provider issue. They questioned if this was due to providers not engaging in the support offer available.

NR observed that the issue comes back every month and required addressing outside of the meeting.

PW shared that there was a Care Home Programme Board which was described at the last meeting, with Toni Whitehall sharing the offer to explore how to engage and share further intelligence, so there were robust processes around early intervention for the sector. There were 127 homes across Kirklees, so thought was required around the context. There was reactive and proactive support going into care homes, between the ICB and local authority colleagues. It was not just an ICB staff support offer, there was an enhanced programme of work with partners. There were fundamental issues relating to the sector, whether it was care homes or domiciliary care around workforce, capacity, capability, and skills.

PW advised that they would bring some continued surveillance information, so that work could be kept under scrutiny. They would ask for a further update from the programme board in a few months' time, so that the span of the improvement support offers could be seen. Last week as an example, Julie Oldroyd came with four different conversations some with CHFT and some with Locala, across Kirklees regarding enhancing workforce and support offers around registered nurses and volunteering in the homes. This was so that alternatives could be tried, to improve the quality and/or whatever came out of the CQC inspections. It would continue on the agenda in terms of that oversight and further updates would be brought around the work being carried out, but it was not one single fix and not all about the ICB and putting more time in there. It was a great shame that adult social care were not present to provide their view.

NR commented that at the last meeting it was requested and highlighted that adult social care were invited. How could it be ensured that they attended and provide information from their side?

PW informed the meeting that they had had a couple of conversations from a senior leadership point of view around the best way to do this but confirmed that they would also speak to Carol McKenna.

MH expressed that it was more about what else could be done around engagement, and other ways to tap into services. It did not look like there was anything else that could be done however, as it could be seen that providers were struggling, the questions needed to be asked, and that it could not be assumed that everything possible was being done.

LR considered that the register did not actually reflect the risk. There was a quality output risk described but it was the workforce which was the place level risk, and it was across all services that constitute providers, local authority and private providers, and this was not described in the risk register. There were several risks at place level which could be described, but they were not reflected on the risk register. It would be useful for some targeted work to be carried out around the risk register across partners.

NL confirmed that there was a group that worked around the process on the risk register, but not so much around identifying risks and ensuring they get on it. Even from a process point of view they would welcome input around processes, to ensure nothing falls down between organisations or ends up in silos.

DW agreed that the work in progress was fair and accurate, but it was important that the risk register did reflect system working and oversights, like being supported as a sub group. The conversations carried out yesterday at the Maternity Quality Surveillance Group around risks and the sharing of relevant information on the risk register, explored breaking information down and looking at what would impact on the whole system. It described what would be accurate and appropriate to capture now, and when meeting with quality counterparts. These were the conversations being developed and coming out of quality committee attendance, in relation to determining what needed to go onto the risk register so that this could be shared across Kirklees place.

PW noted that workforce was an area on the radar and asked if there would be a workforce risk which had been captured on the risk register, maybe landing in one of the other committees. The Transformation Sub-Committee had been asked for a deep dive around workforce, and this probably cut across several of the sub-committees and certainly cut across all partner organisations, this one seemed to be the most pressing to take away.

NR asked in relation to LR’s question, was there any focus or sub-group to address this?

NL confirmed that there were several but not an overarching one, which would be of value.

NR requested a discussion for a better understanding of how the risk register was maintained.

NL acknowledged that this would be fine.

CM wanted to reflect that the risk register arrangements were tricky, Laura Ellis was in the West Yorkshire Finance & Performance Sub Committee yesterday, and conversations were extremely similar and complex in relation to individual place and West Yorkshire risks. The meeting was reassured that risk arrangements were not sorted anywhere. For some of the quality risks it would be useful to set up a subgroup for a couple of meetings to discuss this further, as it may save time in this meeting. There were plenty of other conversations going across West Yorkshire, but this felt very specific.

DR supported this and acknowledged that risks may become more of a concern when April 2023 comes around. They would feel more confident if processes were pinned down now.

NR stated that they would identify a clear lead to organise a sub-group or committee.

NL advised that they could work with PW to identify the correct people.

Action – NL to work with PW to identify participants for a quality risk sub-group.

The Quality Sub-Committee **REVIEWED** the Finance and Performance risks and were **ASSURED** in respect of the effective management of risks and the controls and assurances in place.

25 Kirklees Delivery Collaborative Awareness Building Presentation

Matthew Whittaker, the Senior Manager of the Kirklees Delivery Collaborative provided a presentation on the work plan of the Delivery Collaborative. It outlined The Health and Care Bill (2022) which removed legal barriers to collaboration and integrated care, making it easier for providers to use their knowledge and experience to take on greater responsibility for service planning and delivery, through working in a more integrated means, with the rest of the system.

As part of the new Kirklees Health and Care Partnership place infrastructure (within the context of the new statutory West Yorkshire Integrated Care System) was a new Kirklees Delivery Collaborative, with attendance from health and care organisations throughout Kirklees place.

The Kirklees ICB Committee signed off the group's terms of reference, meaning the function of the group, and how it interacted with the wider system had been approved by system leaders.

The presentation was to update The Kirklees Quality Sub-Committee on how the Delivery Collaborative interacts with the wider system, and how The Kirklees Health & Care Partnership could utilise the group, as an enabler of integrated work.

NJ requested a short meeting with MW to discuss the work.

CM noted that the presentation was very clear, that it was a new element and as more was heard, it would become more understandable. CM was doing a workshop recently and believed that collaboration was about providers working together as a group and coming up with solutions. The particular theme was community services transformation, being ready to take on work, and how this was seen in relation to the management delivery structure, it could be, that delivery management may be able to take a chunk of work.

MH requested confirmation of the governance arrangements around holding the provider to account. As normally there was not a process to follow, what would be the process in terms of escalation?

MW confirmed they could only be vague, there was a partnership collaborative agreement which may not had been signed off and they were not sure where it had landed. They recognised there was a gap, and were working with colleagues to draw up a suggestion for the process.

CM observed that the presentation spoke of the concept of mutual accountability and queried how this was done without a flurry of letters and being too formal. This was something to think about in relation to what would work for members of the delivery collaborative. It would be useful to work through some scenarios, some incidences may require formal escalation, and some may just be colleagues discussing an issue.

MH clarified that the Local Medical Council meet and discuss issues regularly and that this may be something done in this instance. Not totally formalising the issues, but ensuring there are arrangement and processes.

PW stated that the Quality Commission lands in the delivery collaborative, and that it may not require delivery intervention. It was not about the delivery or transformation, but it may be around support and unblocking pieces of work. It could possibly be, that the quality was not where it should be at for a particular service area. There may need to be a fundamental shift with the right colleagues in

a service area. It could be in colleagues' minds, but not be the only place they would do business.

NR observed that any collaborative work was a challenge, although there was a commitment from partners. However, it did give colleagues peace of mind that people were in the same place.

DT advised that there was a role in providing assurance to sub committees where required, and queried if everything being worked on had gone through quality somewhere else?

PW acknowledged that part of the concern was the work which had been undertaken, regardless of how big it was needed to have quality, governance, and assurance in place. They asked if the group had a role in signing work off, and questioned if they were confident that eyes were on the work from an accountability perspective.

The Quality Sub Committee: -

- **NOTED** the update and work undertaken to embed The Kirklees Delivery Collaborative to date; and
- **NOTED** the groups readiness to start to receive system level projects and accountability for workstreams and consider what role The Finance and Performance Sub-Committee had in delegating work to the group.

26 Quality and Safety Report and Dashboard

DW presented a report to the Kirklees Quality Sub-Committee providing an overview against recent priority quality and patient safety activities. The report also covered the ICB's Provider Quality Overview information, which included both positive assurances and exceptions.

With an update of the systems and processes in place to deliver the following: -

- Provider Quality Overview
- Care Quality Commission (CQC) update
- Learning from lives and deaths – People with a learning disability and autistic people
- Primary Care update

The report included the areas for improvement with reviews, resources and toolkits provided by leaders. It went on to provide an update on how the West Yorkshire level related to the report and how the report was determined at a local place level. It detailed how many GP practises were on surveillance and it provided an update on enhanced services.

DT stated that the report was really clear with the application of information to West Yorkshire and place, and that they would like to use this within their own organisation.

DW confirmed that the report included an update from colleagues from CHFT on further work, including committees being attending and an update around pressures in the ER and standards, and ongoing work around this. The report highlighted complaints and the concerns around replying to these in the required timescales and stated that there had been improvements. There was work ongoing with CHFT to do quality assurance, in order to be in a better position. DW went on to provide an update on: -

- Work on recruitment and the impact this had on quality and safety.
- Pressure ulcers.
- Aspects to go onto enhanced surveillance – a never event with a deep dive being commissioned.
- Workforce resilience and actions in place.

The report discussed information which had been produced with colleagues which included: -

- Falls, and patients who fall frequently and that there was work in progress to improve this.
- Neurodevelopment assessments with increased capacity in place to help with waiting lists, with telephone referral being trialled.
- Out of area bed update and the challenges this presented.

The report provided an update on the core20plus5 and the work which needed to happen with data required, to be successful, and with specific improvements relating to CAHMS. There would be up to date risk assessments following deep dives, with a longer-term improvement plan in place.

The report covered Locala and reported that the quality team attended Locala's quality committee. A small update on workforce and the involvement around professional nurse advocate posts to support the front line, was provided.

Areas around enhanced surveillance and how they were reported were covered along with attendance at the Mid Yorkshire committee and at the Maternity Quality Surveillance Group. The report talked about the increased incidences of crowding during ambulance handovers, and how the team had taken part in walkarounds in medical wards. Colleagues had met staff and heard about what it was like working on the wards.

The report highlighted the dermatology waiting lists and provided an update on place maternity services, with actions being put in place in response to the final

Ockenden report. DW stated that the ICB was experiencing significant staffing challenges, managing this both in the short and long term was being discussed in the System Wide Advisory Group.

The report provided information on meetings around public health recommendations, with workshops in place to cover priorities.

RD confirmed that they were expecting a CQC report to be published.

PW stated that they had attended the West Yorkshire Quality Committee and were asked to provide an update around key risk. These were: -

- Fragility around adult social care and the impact it had on the flow across services.
- Maternity services and challenges around recruitment.
- Neuro diversity and assessment.

Issues needed to be identified to be brought from the group, the dashboard had been shared for colleagues to identify what the indicators would be and were asked to forward this information on. There was an opportunity to get an understanding from DB, to provide assistance on information covered in their committees.

DB observed that it was interesting to see other colleagues having scrutiny around these SHMI metrics, and that they were having a deep dive tomorrow and would share more widely following this. The data so far was higher than they were comfortable with, but not far out of the expected range.

PW noted that it was important to think about particular pieces of work from partners.

DB confirmed that they were happy to bring further information.

PW shared that earlier in summer there was a dashboard available but that there was concern around the lag in data, and that there was a need to bring trust data with a narrative. There would be an agreement from a West Yorkshire point of view that there would be a dashboard, and that it needed to match up with the indicators considered. The deaths within 30 days had a number of conditions and information, so it was important to be mindful of this.

DW believed that the dashboard linked to a lot of information, and that the model was being tested in relation to quality and safety. However, it was concerning what work was happening in the meantime to provide support, and that any work would devolve and change.

The Quality Sub Committee: -

RECEIVED the update on quality and safety information for the main providers of Kirklees; and **NOTED** the updates provided.

27 Special Education Needs and Disabilities (SEND) annual report

SH presented the report which described Kirklees ICB's position in relation to the Local Area SEND inspection, compliance with the Children and Families Act 2014 as it pertained to children and young people (CYP) with Special Educational Needs and Disabilities (SEND) and outlined the progress that needed to happen in order to achieve compliance.

The report aligns to: -

- Improve healthcare outcomes for residents in their system
- Support broader social and economic development

An inspection from CQC and Ofsted was carried out in February 2022, which was a whole system inspection in response to problems and solutions. Overall, it was a positive inspection with good stories from patients and carers and the conclusion was two statements to respond to which were - The Healthy Child, and the Early Identification of SEND. A joint response had been accepted and significant investment had been put in place. There was a requirement to produce a local inclusion plan, but this would mean an increase in demand and resources. There was now a shared transformation plan in place with refreshed policies and several services had been commissioned. These included: -

- Children's therapies
- Learning disabilities
- CAHMS
- Physical disabilities

There were several joint commissioning posts in the team, alongside a designated clinical officer whose role was as the ICB designated lead.

There were several current issues to touch upon, which included the service not meeting the KPI's for EHCP assessments, which should be completed within 20 weeks which had a current completion rate of 9%. There were significant factors involved which related to receiving assessment and advice. There was also a demand for neuro development assessments, and even with capacity being increased for this, the demand was still outstripping supply. The team were exploring how families could be provided with advice and support, without having

an assessment. There were also lengthy waiting list for speech and language assessments, which caused further implications.

NR asked in relation to the waiting list for neuro development assessments, how serious this was?

SH confirmed that the waiting times were between 18 months to 2 years, and that when services were commissioned 5 years ago, there were 35 referrals a month and now there were 90. The average should be between 45-50. The team were doing a lot of work supporting the family prior to assessment. This was a joint approach with health, schools, early support, and nurseries to ensure parents were given strategies and advice.

DT acknowledged that it was reassuring to get the local authority voice in the report, but that in the executive summary it had not been flagged that all this work was around tackling inequalities, but it felt that at its cornice, it was around inequality.

SH noted that this comment was helpful, and that it was an approach which should be taken.

PW observed that it was a great report, and that it was one thing to report on the statutory duties but another to call out where there were quality issues. Clearly there were some, but the frequency of where the ICB needed to have oversight, particularly for those two areas of performance from a quality lens was a concern. It may be seen from a performance lens in other places, but if there was a significant contribution to EHCP's not being completed from a health point of view, senior clinical leaders from providers were present, so needed to ensure the EHCP's were attended to. There was a requirement to think about where children fit and where did the SEND agenda fit, within the privatisation process. Engagement with Vicky Dutchburn in working together for the plan for Kirklees would be useful. There was no new money and there was a need to look at how existing funds were transformed, with alternative models of vision being explored. There was a question around the update of some particular metrics from a quality perspective. Additionally, was there a review process with the regulators around written statements of action and was an update expected at a particular point in time?

SH stated that in terms of monitoring progress, this was being combined with the ESFA safety valve - which was funding which had been received from the government, so this was being done in tandem. The team were working with providers in relation to SLT, with targets in place to provide EHCP advice within 6 weeks, which was having an impact on waiting lists.

LR shared that CHFT was doing some work with the NHS England Transformation Lead and were looking to link up with NHS England and CQC, but also looking to do work at a place level. As soon as more was known about the approach, further information would be brought.

NJ commented that South Asian communities suffer from inequalities when close relations were married, and that children from these marriages had these kinds of issues. A colleague had been successful in securing funds to address the issue, but it was a cultural issue and the work needed to be launched in a sensitive way.

SH confirmed that the team were aware of this and there was work ongoing.

The Kirklees Quality Sub-committee: -

NOTED the compliance with the Children and Families Act 2014 and the Health and Care Act 2022; and **SUPPORTED** the next steps.

28 Sub Committee Work Plan

The work plan was submitted for review.

The Quality Sub-Committee **NOTED** the work plan.

29 Items for the attention of the ICB Committee

PW confirmed that a summarised version of the Quality and Safety Report would be taken to the ICB Committee. This would include information from the SEND annual report.

30 Minutes for information

The Quality Sub-Committee **RECEIVED** and **NOTED** the minutes of the: -

- Medicines Strategy Group – 22 June 2022
- Kirklees Health Protection Board – 30 June 2022

31 Any Other Business

No items were raised.

32 Next meeting

The next meeting of the sub-committee was scheduled for 9.00 am on Wednesday 21 December 2022, via Microsoft Teams.

The meeting concluded at 10.32 am.

NHS West Yorkshire Integrated Care Board
Minutes of the Kirklees Transformation Sub-Committee Meeting
held at 11.45 am on Wednesday 26 October 2022
Held via video conferencing

Members Present:

Hilary Thompson	(HT)	Independent Member (Chair)
Carol McKenna	(CM)	ICB Accountable Officer (Kirklees)
Anita Mottram	(AM)	Member of Kirklees Clinical and Professional Forum (Deputy)
Andrew Nutter	(ANu)	Member of Kirklees Partnership Forum (Deputy)
Matt Whitaker	(MW)	Delivery Collaborative Representative
Penny Woodhead	(PW)	Director of Nursing

In Attendance:

Vicky Dutchburn	(VD)	Director of Operational Performance and Delivery
Stacey Gibson	(SG)	Transformation Programme Manager (minute 20)
Louise Hall	(LH)	Interim Head of Governance
Terence Hudson	(TH)	Kirklees Digital Group Lead (minute 19)
Nick Lamper	(NL)	Governance Manager
Anna Lendon	(AL)	Transformation Programme Manager (minute 20)
Alison Needham	(AN)	Chief Finance Officer
Martin Pursey	(MP)	Director of Partner Relationship Management

Apologies:

Gary Boothby	(GB)	Place Director of Finance
Ruth Buchan	(RB)	Member of Kirklees Clinical and Professional Forum
Helen Carr	(HC)	Member of Kirklees Partnership Forum
Nadeem Raja	(NR)	Independent Member
Catherine Wormstone	(CW)	Director of Primary Care

15 Welcome, Apologies and Declarations of Interest

HT welcomed everyone to the meeting.

Apologies were submitted as set out above.

No interests were declared.

16 Accuracy of Minutes of Last Meeting, Matters Arising, and Action Log from 31 August 2022

The minutes of the meeting held on 31 August 2022 were **APPROVED** as a correct record.

There were no outstanding open actions.

17 Risk Register

NL presented a report providing details of all Transformation risks on the Kirklees Place Risk Register as at 18 October 2022, following review by the Senior Leadership Team. The total number of place risks falling for consideration by the sub-committee, and the numbers of risks which were marked for closure, new, increasing or decreasing in score were set out in the report, along with the numbers of Critical and Serious Risks.

As the majority of risks were predominantly aligned to either the Quality Sub-Committee or the Finance and Performance Sub-Committee, there was currently only one risk aligned to the Transformation Sub-Committee. There was further work to be done to develop the way in which key risks to transformational programmes were identified and expressed on the register.

CM reported upon discussions at the bi-monthly reconfiguration meetings and drew a link between the work plan and the risk register, insofar as having regard to the programmes coming through would enable identification of risks to their delivery.

VD added that there would be Transformation risks to be added in due course in respect of key programmes and, as those programmes progressed, the risks would tend to move across to either Quality or Finance and Performance. She would give consideration to adding further transformation risks at the commencement of the following risk cycle.

PW believed that workforce risks may not be adequately reflected across the risk registers, and noted that the Delivery Collaborative would add oversight. There would be risks associated with programmes such as the Community Diagnostic

Centres (including those relating to estates, pathways and workforce) and Virtual Ward.

TH joined the meeting.

The Transformation Sub-Committee **REVIEWED** the Transformation risks and was **ASSURED** in respect of the effective management of risks and the controls and assurances in place, along with the ongoing work set out above to develop the Transformation Risk Register further.

18 Kirklees Delivery Collaborative

MW introduced a report and undertook a presentation to update the sub-committee on how the Delivery Collaborative interacted with the wider system, and could be used by the Kirklees Health and Care Partnership as an enabler of integrated work.

In response to questions on how sensitive information was handled and whether the collaborative interacted with other similar set-ups at other places within the WY ICS, MW advised that the collaborative had reached out to members for a view on the handling of sensitive information and the majority were in favour of a non-legally-binding partnership agreement based upon the ICB Kirklees Collaboration Agreement; as for interaction with other places, only Kirklees and Wakefield had had a collaborative of this type. Delivery partners at all the places were feeding into each other, but were not yet systematically joined-up.

HT noted the importance of being mindful of arrangements in Calderdale, and CM advised that the role in respect of Community Services was one of assurance; once the operating model had bee firmed up, assurance would be sought that the partners in the collaborative were happy with the proposals. MP added that there would be a similar package of recommendations coming through for the 18-month contract and the Delivery Collaborative would effectively be the steering group for that piece of work.

AN welcomed the effort being made in Kirklees and noted that the contracting relationship would need to be worked through as part of the system leadership arrangements, enshrining the expectations of system working and system leadership, its “push-pull” nature and the strong commitment to this; contracts tended to pull everyone back to organisational thinking.

MP explained that, in an ideal world, arrangements would be enshrined in a partnership contract, and the aim was to have those agreements in place. In the interim, the development of overarching memoranda of understanding and partnership agreements would be supplemented by the setting out of a statement of intent ahead of the contract. There was sensitive information around finance,

which there could be a reluctance to share; the aim was to help finance leaders feel more comfortable sharing this but it would be harder for LCD as their contracts spanned Yorkshire.

The Kirklees Transformation Sub-Committee **NOTED**:-

- the update and work undertaken to embed the Kirklees Delivery Collaborative to date; and
- the group's readiness to start to receive system-level projects and accountability for workstreams and consider how the Transformation Sub-Committee could begin systematically to engage the group in this work.

19 Kirklees Digital Group

TH provided a verbal update on the formation and work of the Kirklees Digital Health and Care Board, which included representatives from the NHS, local government and the community and voluntary sector, with a mix of skills covering IT, transformation, clinicians and the voluntary sector.

The group was due to meet the following Monday. It took a "helicopter view" of a number of national initiatives, such as digital social care records in care homes, falls prevention acoustic monitoring, remote technology to reduce GP visits, and digital care records. Some initiatives were at a different stage of maturity from others, with those which attracted funding gaining more traction. There was a need for a different model with aligned resource, and having a strategy at ICB level helped with clarity. There was a need to understand local pressures and, where initiatives filtered down locally, how they could be implemented differently locally.

CM raised the subject of the group's connection with the Transformation Sub-Committee and the link between the Kirklees and West Yorkshire Digital Groups, and how was the best way to ensure that people with digital expertise were involved in the conversation. TH referred to MW's forthcoming presentation to the group at its meeting the following Monday as a step on that journey and also warned against always being drawn to a digital solution when one may not always be appropriate.

PW suggested that the question should be "Could digital be an enabler to this piece of work?" for all programmes. There had been some frustration, for example, around the Virtual Ward work as this had progressed first with the workforce model rather than the digital model, but the workforce had not necessarily been ready for digital.

TH concurred that a lack of digital skills could be a significant issue, citing private care homes as an example.

AN saw the need to identify what partner organisations were doing, including in respect of training and skills, equipment, and the role of forums across multiple providers. She believed that digital now needed to be at the forefront of everything done, and built in at the outset to fit with the estate and people.

VD referred to the involvement of the PMO and the need to bring efficiencies into the system to make the workforce go further in terms of capacity.

SG and AL joined the meeting.

HT expressed a wish to receive further updates at future meetings of the sub-committee and CM advised that she would pick up a conversation regarding next steps following the Digital Group's meeting the following Monday.

The Kirklees Transformation Sub-Committee **RECEIVED** and **NOTED** the content of the update on the work of the group.

20 Kirklees Community Services – Progress Update and Approach to Future Delivery

MP presented a report and undertook a presentation to provide an update on the Kirklees Community Services (KCS) workstream. This set out the progress made on the recommendations formed as part of the individual Kirklees community service reviews, endorsed by the Kirklees Steering Group, and approved by the Kirklees ICB Committee on the 13 July 2022. The proposals provided a proposed approach to the development of each service area making up the Kirklees Community Service (KCS) contract provided by Locala, and proposed timeframes required for models of care to be established, and the report outlined an update to each of these areas.

Due to the commitment to see the future Kirklees Community Services (KCS) designed collaboratively between partner organisations across Kirklees, the report reflected upon the discussion held at the Kirklees ICB Committee meeting, with reference to utilising the Kirklees Delivery Collaborative (KDC) to ensure the design of the services was a 'system owned' responsibility, that services demonstrably offered value for money, and had the right metrics in place to monitor evidence-based interventions built on the social, mental, and physical health needs of people. Additionally, it put forward a proposal and rationale to disband the Kirklees Steering Group and utilise the Kirklees Delivery Collaborative in its place.

PW thanked SG and AL for the work they had undertaken so far and indicated that there were still tricky conversations to be had to reach the service specification stage. Further intervention was needed around PCNs/localities/neighbourhoods and there may be a need to give more thought elsewhere. Work was in hand to

ascertain what some partners considered value for money, and build the distinction between the contract management process and an overview of value for money.

AM and MW left the meeting.

CM spoke in support of the moving of the steering group responsibilities into the Delivery Collaborative. In respect of the organisational development side, she suggested there would be value in pausing to understand collectively the Kirklees alliance's shared vision of a good product.

MP explained that work was taking place to try to establish principles of how people would work together. AN stated that she would be happy to support a session at the Delivery Collaborative to convey the message of what value for money really meant, as this was not about being the cheapest. MP concurred with the need to draw a distinction between price, cost, and value.

HT asked how patients were involved in this work and SG advised that she and MW were due to attend the patient reference group in the following couple of weeks; she raised the issue of how the providers would deliver the specification between them. MP advised that this could be in a number of different ways, including memoranda of understanding, with the aim of developing over time a formal partnership contract.

The Kirklees Transformation Sub-Committee:-

- **NOTED** the progress made in respect of designing community services through a collaborative approach;
- **ENDORSED** the proposed principle to utilise the domains outlined in the Provider Selection Regime as a way of determining value for money (VFM) and agree to the "local definition" of how to evidence these domains, which would support the development of metrics as a way of evidencing VFM through service delivery; and
- **ENDORSED** the proposal to disband the Kirklees Steering Group and replace it with the Kirklees Delivery Collaborative.

21 Sub-Committee Work Plan

The work plan was submitted for review.

AN suggested consideration of the Estates Strategy in February, or possibly a generic update on it in December. CM suggested a presentation on the Workforce Strategy in December, along the lines of the one presented under the item on Resources of the Kirklees Health and Adult Social Care Economy at the meeting of the Health and Adult Care Scrutiny Panel the previous week. PW added that a stock-take meeting in relation to SRO roles was scheduled a week or two hence

and she would pick this up with Steve Brennan (SB) in relation to the emerging Kirklees People Plan.

MP asked whether it may be appropriate for an update on Community Services to be brought to every meeting over the coming months and VD suggested bringing an update on the Mid Yorks Urgent and Emergency Care Model to the December meeting; she would make contact with Lucy Beeley (LB) in that respect.

HT supported all the above, suggesting that the Estates item be brought in February in view of the number of other items now earmarked for December.

The Transformation Sub-Committee **NOTED** the work plan and the inclusion of the items identified above.

22 Items for the attention of the ICB Committee

No items were raised.

23 Any Other Business

No items were raised.

24 Date and Time of Next Meeting

The next meeting of the sub-committee would be held at 11.45 am on Wednesday 21 December 2022, via Microsoft Teams.

The meeting concluded at 1.15 pm.

NHS West Yorkshire Integrated Care Board
Minutes of the Kirklees Finance and Performance Sub-Committee Meeting
held at 2.00 on Wednesday 26 October 2022
Held via video conferencing

Members Present:

Hilary Thompson	(HT)	Independent Member (Chair)
Tony Allen	(TA)	Independent Member
Vicky Dutchburn	(VD)	Director of Operational Performance and Delivery
Carol McKenna	(CM)	ICB Accountable Officer (Kirklees)
Alison Needham	(AN)	Operational Director of Finance
Penny Wade	(PWa)	Member of Kirklees Partnership Forum

In Attendance:

Natalie Ackroyd	(NA)	Senior Strategic Planning, Performance, Service Manager
Nic Ellis-Hall	(NE)	Governance Officer
Louise Hall	(LH)	Governance Lead
Nick Lamper	(NL)	Governance Manager
Martin Pursey	(MP)	Director of Partner Relationship Management
Matthew Whittaker	(MW)	Senior Manager – Kirklees Delivery Collaborative
C Wormstone	(CW)	Director of Primary Care

Apologies:

Gary Boothby	(GB)	Place Director of Finance
Lynne Hall Bentley	(LH)	Member of Kirklees Clinical and Professional Forum

21 Welcome and Introductions

HT welcomed everyone to the meeting.

No interests were declared.

22 Accuracy of Minutes of Last Meeting, Matters Arising, and Action Log from 31 August 2022

The minutes of the meeting held on 31 August 2022 were **APPROVED** as a correct record.

HT raised the matter of a representative from the local authority and was provided with assurance from CM that one was being sought.

HT reminded members of role and responsibilities of the sub-committee.

TA stated that they were looking forward to the work plan covering details outlined in the last minutes.

AN confirmed that it was a work in progress.

CM advised that a draft financial strategy was under way, but that it was early, and things were not looking positive. It may have been premature to bring a recovery strategy today, work was being carried out to bring it back to the Sub-Committee in December 2022 and then to the ICB Committee in January 2023.

There were no outstanding open actions.

23 Delivery Collaborative Awareness

Matthew Whittaker, the Senior Manager of the Kirklees Delivery Collaborative provided a presentation on the work plan of the Delivery Collaborative. It outlined The Health and Care Bill (2022) which removed legal barriers to collaboration and integrated care, making it easier for providers to use their knowledge and experience to take on greater responsibility for service planning and delivery, through working in a more integrated means, with the rest of the system.

As part of the new Kirklees Health and Care Partnership place infrastructure (within the context of the new statutory West Yorkshire Integrated Care System) was a new Kirklees Delivery Collaborative, with attendance from health and care organisations throughout Kirklees place.

The Kirklees ICB Committee signed off the group's terms of reference, meaning the function of the group, and how it interacted with the wider system had been approved by system leaders.

The presentation was to update The Kirklees Finance and Performance Sub-Committee on how The Delivery Collaborative interacted with the wider system, and how The Kirklees Health & Care Partnership could utilise the group, as an enabler of integrated work.

HT questioned how confidential information would be shared.

MW clarified that a firm of solicitors had drawn up a document to cover this in a more formal capacity. Additionally, the team had written a partnership agreement to cover organisations who were not part of the formal agreement.

TA asked if collaborative work had been carried out outside of the system with the local authority and housing organisations, and also where accountability ended up.

MW confirmed that a stakeholder map was in place with all different organisations, and that there were layers within those (services) which the delivery collaboration were engaged with, when needed. The February review had provided direction for the delivery collaboration, which had work delegated from the Transformation Sub-Committee. There would be conversations more appropriate to come to the group for financial issues and this would be the same for quality issues.

MP shared that it was not just one collaborative, but a collaboration of collaboratives, with the delivery setting out behavioural expectations. There was an acceptance that partners involved would be sought to 'play by the same rules'.

HT commented that it was an ever-changing landscape, depending on what the aim was to be resolved.

AN stated that the ICB was headed into recovery and that as a system this needed to be noted. The driving force was value for money, but it was hard for some providers to share their financial situation. For the NHS, this was any easy thing to do, so partners needed to be supported to be transparent, whilst bearing in mind they would have to protect their own interests. The finance board had been working in tandem with the delivery collaboration and where there were issues, this has been fed in and out of meetings to support and unpick the problems, and sharing this would be a work in progress.

HT acknowledged that there was a lot more work to be done.

The Finance and Performance Sub-Committee: -

- **NOTED** the update and work undertaken to embed The Kirklees Delivery Collaborative to date; and
- **NOTED** the groups readiness to start to receive system level projects and accountability for workstreams and consider what role The Finance and Performance Sub-Committee had in delegating work to the group.

24 Risk Register

NL presented the Risk Register and outlined that it was the second cycle with work now under way with partners, particularly with quality risk looking at how these were shaped across the system. This took into all involved into account without duplication. There had been another conversation in the Transformation Sub-Committee around shaping some of the risks whilst taking account of the bigger picture, with the risks relating to programme development and transformation programmes.

The finance risks felt more straightforward with nine finance risks on the place register, which was a quarter of the risks on the place register in total. The movement this cycle had not identified any new risks, there were no high-level risks and there was one marked for closure, which was the continuing healthcare risk.

AN shared that the ICB's position had deteriorated and questioned whether it should sit at a West Yorkshire level or locally?

NL confirmed that it depended on how the ICB accounted for their finances, what the risks pose, and to who. It was a matter of getting the right people around the table with the right people sighted.

AN confirmed that it may be around the recovery plan and not the financial position.

CM stated that it was a finance risk at a West Yorkshire level, if as an ICB the financial target was not going to be met, but that it should also be a financial risk at Kirklees Place. As the budget was a delegated one, it was one to think about as the risk being reported due to the delegation may pick up the position of CHFT. This may result in the West Yorkshire ICB believing it was unsuitable.

AN shared that this would be discussed with colleagues, as Leeds would also be in a similar place in relation to a place position or a delegated budget position. It could be that this was a delegated budget position.

CM acknowledged that it needed to be somewhere, at a West Yorkshire Sub-Committee level it needed to be more consistent with what was being recorded on the register.

AN clarified that due to the escalation risk it was important that it was flagged, and a new risk would be written.

TA shared that they had done a lot of work on risk management and risk management methodology, and that a lot of the outputs seen on risk management tools supply a direction of travel, they were sure that risk appetite had been discussed but wanted to raise it. Some methodologies had a target score, but many organisations do not use a multiplication method anymore but focus more on impact rather than likelihood, and they had not seen anything about escalation. Public sector organisations had the 4Ts – tolerate, terminate, treat or transfer a risk, but that information may be elsewhere. A lot of organisations don't work in that way, but they were happy to get involved to share their knowledge.

NL explained that looking at the spreadsheet appendix, the final column on the far right indicated direction of travel since the last cycle. The tool the ICB used was based on the New Zealand standard which tended to be the one followed in the sector and was definitely the one which audit directed the ICB to when they review the risk management framework. Certainly, they were always looking at best practice.

TA questioned how in relation to risk appetite and target score, it was escalated?

NL clarified that there were programme registers which sat at a lower level than the place register, with risks being divided into corporate risks which are managed in one place for whole ICB, and quite often centrally. Then there were place risks which were managed in place but if they scored above a certain level, they were brought to the ICB. Finally, there were common risks which sat in more than one place and were gathered up and brought to the ICB. All points made were valid and NL was happy to discuss further outside of the meeting.

TA stated that in more than one organisation they had seen that the risk register had issues rather than risks, in that when something had happened, there was no risk of it happening again.

NL noted that this was a recognised issue.

AN gave assurance that in the ICB committee meeting yesterday the differences of risk appetite across organisations could be seen but if the ICB's were compared to others, the ICB were quite strict, and this was due to the history put in place by Laura Ellis and Nick Lamper. They could see that risk register could be used as a tool to highlight issues rather than what was a real tangible risk to the organisation, but the ICB's risks were good and correct.

CM confirmed that some of the other risks from places were describing reality rather than a specific risk, and at what point were they a risk, rather than an

ongoing issue to be managed in the job that was being carried out. The ICB was still working through some of this, and in relation to the risk appetite now that that the situation was of one ICB rather than five places, how did the ICB manage the risk appetite that was reasonably consistent? The risk appetite in Kirklees was different to that of the West Yorkshire Board, which could cause problems as the ICB goes through the next couple of years. This had been identified and was a work in progress as the West Yorkshire ICB was settling.

Action – AN to write an additional risk to add to the register.

The Finance and Performance Sub-Committee **REVIEWED** the Finance Performance risk and was **ASSURED** in respect of the effective management of the controls and assurances in place.

25 Performance Report against Key Performance Indicators for 2022/23

NA presented the report which detailed the performance at month 4 - July 2022 against the System Oversight Framework (SOF) the full set of measurable key performance indicators were set out in appendix A.

NA led the sub-committee through the Performance Issues Highlighted, which detailed all the indicators which were underperforming, noting in respect of the Referral to Treatment, that pressured specialities made up the majority of patients waiting on the incomplete pathway. There was a downward trend on the 78-week elective care pathway, with there being a significant decrease at CHFT with numbers at around the 150 mark.

Some specialities were recovering faster than anticipated and both trusts were performing well with the diagnostic activity trajectories, with CHFT having two new scanners installed. Ambulance handover delays were still a concern with Mid Yorkshire having 7.0% of handovers over 30 minutes late and CHFT having 10.8% of handovers being over 30 minutes late. However, the turnaround data was questionable due to whether trust or Yorkshire Ambulance Service (YAS) data was used. The winter measure framework data would be use in future, so further scrutiny would be applied at handovers.

TA confirmed that on one of the measured trajectories which had been mentioned, certainly the acute trusts had this on, but they were not sure if SPC charts or special course variations had been used to get an understanding of what was happening or what the course may be.

NA confirmed that a lot of information had been stripped out due to the measures that were being reported, it was becoming complicated with a lot of information detracting from what the main issues were. Moving forward this would be balanced out and an SPC chart may be useful when the recovery indicators were looked at.

CM asked for the winter indicators to be explained so that an understanding of what they entailed could be had.

NA stated that the framework had 6 winter metrics, 4 related to YAS and 2 were in relation to acute bed occupancy. These had been set at YAS and at a trust level. Trajectories had been set for recovery and were due to be reported monthly which had not yet happened. However, it had been recommended that two months of data would be brought to each meeting.

CM confirmed that most of the data related to a YAS footprint which was Yorkshire and the Humber, and this would be brought through at the appropriate times. To clarify, they were called the Board Assurance Framework indicators.

VD assured the sub-committee that the board indicators were only seen bi-monthly but that some key indicators would come through the SLT monthly, as there would be actions to be put in place. As an organisation, the ICB would be fully sighted to put any remedial action in place.

VD confirmed that the same reports would be sent but that if anything were to change, this would be noted on the cover sheet, with the body of the report remaining the same; containing published data in order to be reliable and validated.

NA clarified that all the data used was published and signed off data

The WY ICB Kirklees Finance and Performance Sub-Committee:

- **NOTED** Kirklees Health and Care Partnership performance against the key outcomes and measures for the year to date - 2022/23;
- **AGREED** additional actions required to address areas of over/under performance, and **HIGHLIGHTED** areas of concern that the committees would like to escalate;
- **AGREED** the format suggested for future reports;
- **AGREED** the frequency of reporting metrics through to the subcommittee; and
- **NOTED** that further discussions will take place as to which committee some key performance indicators will be routed to.

26 Finance Report

AN presented a report to update the sub-committee and wanted to highlight pertinent elements which the sub-committee needed to be aware of. It had been discussed in the past in regard to merging financial organisations into one, and an increase in the independent sector was apparent. This was being explored with colleagues to understand issues and if the correct activity was being seen.

AN led the sub-committee through the detail of the report.

PW shared that a patient may attend a review with a doctor on 25 different medications and following the review they could be discharged on only 4 or 5 items. If this happened across the board, there must be something which could be rationalised across West Yorkshire to reduce prescribing. The organisation was looking at a £2.1 million spend for next year and it could not have another year of it. What was adding to this was that the low pay commission was saying that the minimum wage was to be pushed to £10.32 per hour next year, and higher following this.

HT acknowledged that some good points had been raised, everyone was in this together, to solve this together, and the message needed to be got across to the public.

TA noted that the numbers were new to them, but the reports were good as they liked to see reports with risk in sight and forward reporting. Halfway through the year they wanted to get some clarify of what the position may be at the year end. When they were with the acute trust, they did a cost improvement plan and were not sure if this was included in the forecast. They were a believer of digital capabilities, as they thought that digital remote diagnostics should be utilised and they wanted to know if this was included in plans. They understood about Locala and their struggles and acknowledge that things needed to be done differently.

AN shared that they were a digital champion and wanted to champion the green agenda, and how this was supported moving forward. They had been in a transformation meeting and there was a focus on what was needed around digital alongside care, and how this was shaped. They were happy to go through this information outside of the meeting and thought they knew what the position would be, but that it did depend on several things.

AN clarified that they needed to think about pharmacy support and get a real review of medicines in primary care. The efficiencies were included in the position, but it would be helpful to talk through where and why the ICB was where it was at.

CW wanted to follow on from PW in relation to medicines management, as it was part of the teams' remit. There had been a lot of drug shortages over the last few months, with numerous reasons as to why this may be happening. In recovery situations before, the medicine management group had already been dealing with the issue. There was an army of pharmacists and there was a need to harness some of that power, but a lot of that would be out of the team's control. This was a national issue and alerts were seen weekly if not daily.

AN shared that they had been looking at the top 25 drugs including liquid paracetamol, which was costing around £4k more. It was being explored to see if something could be done with trusts, medication could be prescribed for a longer period as this would be more cost effective.

CM acknowledged that they would be providing a report to the ICB to highlight some of the risks. It had been discussed at the West Yorkshire Finance and Performance Sub-Committee, and they had a limited capacity to mitigate the risks.

HT questioned how this would be explained to the general public.

CM confirmed that the point was raised by a member of the public, so they were aware.

The Finance and Performance Sub-Committee: -

- **NOTED** the new style report to allow wider information to flow to the committee;
- **NOTED** the financial position reported as at July 2022, recognising there was further work to resolve transactional issues due to the merger;
- **NOTED** the financial risks of both the delegated budgets and those of the wider Kirklees system; and
- **AGREED** to consider additional information or changes to the slide pack – that would aid assurance and provide wider financial context.

27 Contracting Report

MP presented a report to update the sub-committee on the 2022/23 Month 5 contract position as of August 2022. The information delay was due to validation being required prior to the data being brought. It highlighted other issues where appropriate, and provided an update on any live, completed and/or planned procurement processes. Additionally, it contained decisions made at SLT in relation to contracting.

HT stated that they were happy with the format of the report moving forward, but questioned if it needed to include anything regarding concerns around a provider?

MP acknowledged that this was around the maturity of the partnerships and if it was something committees wanted to see it needed to be deliberated, as it was part of the development of trust with partners. The good and the bad could be seen but this could be useful. In essence it was a partnership report, how much was shared about contractual relationships? The opinion was that it was more of a sharing opportunity to get a better understanding of what was happening across place, as opposed to keeping issues locked out.

HT confirmed that if concerns were shared early enough they could be solved, rather than becoming a ‘nasty surprise’ further down the line.

CM agreed with the sharing of information and had had a relatable conversation in the Quality Sub-Committee on the back of the Delivery Collaborative Presentation, around what the process was when raising concerns with a provider. It did not require a formal process with letters back and forth, but aimed to encourage communication between providers. Some of this played to the same sort of thing, with mutual accountability and was based on a level of transparency. From the sub-committee’s perspective there was a job to do, to assure the ICB committee that everything was being managed appropriately. Some of the information would do this, and some of it may be extracted for a committee meeting in public. The committee would have some level of assurance about relationships with providers.

MP acknowledged that this would provide the sub-committee with assurance that issues were being identified, and appropriate action was being taken. The extent it was reported through the assurance process, as essentially it was still the ICB process, and the contract was held by the ICB technically. There was a place for it, and at some point the maturity of the partnership would be tested.

HT confirmed that it was the behaviours of people which would determine how things were accepted.

TA noted the figures in table 3.2 on P77 with month 5 independent sector hospital and providers, and queried if this was expenditure?

MP stated that it did relate to expenditure.

HT asked if there was anything anyone wanted to add, concerns around providers had been discussed and was there anything else which needed to be on the report?

MP advised that for next time, scope of work may be included, detailing the different types of contracts and agreements in place. This would give the sub-committee a better understanding of the context of the report, and how it was currently operating.

CM observed that the other connection which would help, was some of the information NA gave around enhancing the Performance Report to bring in things like the elective recovery trajectories, as this was something the sub-committee needed to have an eye on. Seeing this in the Performance Report and then again in Contracting would be useful.

The WY ICB Kirklees Finance and Performance Sub-Committee:

NOTED the content of the report.

28 Sub-Committee Work Plan

The work plan was submitted for review.

HT advised that the Financial Strategy needed to come to the Sub-Committee in December 2022.

AN confirmed that Gary Boothby had started working on the Financial Strategy, and they would be completing it over the next few weeks. It would be useful to talk it through at SLT and then it could feed through to the Finance Committee.

VD believed that it may be worthwhile to also bring the Operational Recovery Plan so that the two documents could be seen, due to the vast detail.

HT agreed that it made sense and would fill most of the agenda. They asked at what point were the budgets for next year looked at?

VD stated that it would probably be February 2023, as the current planning information had been pushed back and was not due until December 2022. So that would mean that the next meeting would be the February 2023 meeting. The mini budget due out may also change the timescales.

The Finance and Performance Sub-Committee **NOTED** the work plan.

29 Items for the attention of the ICB Committee

No items were raised.

30 Minutes for information:

The Finance and Performance Sub-Committee **RECEIVED** and **NOTED** the minutes of the: -

- Primary Care Operational Group – 17 August 2022
- Calderdale and Huddersfield Emergency Care Board – 8 September 2022

31 Any other Business

No other business.

32 Date and Time of Next Meeting

The next meeting of the sub-committee would be held at 2.00 pm on Wednesday 21 December 2022, via Microsoft Teams.

The meeting concluded at 3.42 pm.