West Yorkshire Integrated Care Board
Kirklees ICB Committee
9.00 am – 12.00 noon, Wednesday 11 February 2026
Rooms 3/4, Third Floor, (CHFT) Trust HQ, Acre Mill Outpatients, Acre Mill, Lindley, HD3 3EB

Agenda

Members			Apologies
Liz Mear	(LM)	Independent Chair	-
Rob Aitchison	(RA)	Partner Member – Calderdale and Huddersfield Foundation Trust	-
Dr Omar Akhtar	(OA)	Partner Member – Primary Medical Care	-
Stacey Appleyard	(SA)	Partner Member – Healthwatch	-
Ian Bennett	(IB)	ICB Kirklees Place Director of Nursing and Quality	-
Gary Boothby	(GB)	Kirklees Place Director of Finance	✓
Mark Brooks	(MB)	Partner Member – South West Yorkshire Partnership NHS Foundation Trust	-
Vicky Dutchburn	(VD)	Interim ICB Accountable Officer (Kirklees)	-
Hilary Ellis	(HE)	Independent Member	✓
Dr Mohammed Hussain	(MH)	Partner Member – Primary Medical Care	-
Karen Jackson	(KJ)	Partner Member – Community Services Provider (Locala)	-
Vacancy		Partner Member – Voluntary, Community and Social Enterprise	✓
Brent Kilmurray	(BK)	Partner Member – Mid Yorkshire Hospitals NHS Foundation Trust	-
Steve Mawson	(SM)	Partner Member – Kirklees Council	-
Dr Khalid Naeem	(KN)	Clinical representative drawn from Clinical and Professional Forum	-
Nadeem Raja	(NR)	Independent Member	-
In Attendance			
Cllr Beverley Addy/ Cllr Nosheen Dad	(BA/ ND)	Chair/representative of Health and Wellbeing Board	-
Rachel Spencer-Henshall	(RSH)	Director of Public Health	-
Natalie Ackroyd	(NA)	Deputy Director of Operational Performance and Delivery	-
Sue Baxter	(SBa)	Head of Partnership Governance	-
Patrick Boosey	(PB)	Senior Transformation Manager	-
Steve Brennan	(SBr)	Kirklees Place Programme Director	-
Nick Lamper	(NL)	Governance Manager	-
Alison Needham	(AN)	Kirklees Place Operational Director of Finance	-
Martin Pursey	(MP)	Director of Partner Relationship Management	-
Asma Sacha	(ASa)	Risk Manager	-
Alison Steed	(ASt)	Senior Transformation Manager	-
Catherine Wormstone	(CW)	Director of Primary Care	-

OPENING ITEMS (9.00 – 9.30)

ITEM	By	Page
1. Welcome and Introductions - To open the meeting with introductions.	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 12 November 2025, Matters Arising, Action Log - To approve the minutes/review matters arising/outstanding actions.	LM	005
5. People Story - To share an experience of health and care services. **Contact:** Ian Bennett, Director of Nursing and Quality	IB	-

ITEMS FOR DECISION/ASSURANCE/STRATEGIC UPDATES (9.30 – 10.25)

ITEM	By	Page
6. 2025/26 Financial Update and 2026/27 Financial and Operational Planning - To consider the strategy and plans. **Contact:** Alison Needham, Kirklees Place Operational Director of Finance; Natalie Ackroyd, Deputy Director of Operational Performance and Delivery (Links to BAF strategic risks 3.1, 3.2 and 3.3)	AN/ NA	016
7. Changes to NHS West Yorkshire ICB Governance Arrangements for 2026/27 (transitional year) and Annual Report 2025/26 - To consider and support the proposals. **Contact:** Sue Baxter, Head of Partnership Governance (Underpins mitigation of all BAF strategic risks)	SBa	019
8. Place Provider Partnership Update - To consider and support the proposals. **Contact:** Vicky Dutchburn, Interim Accountable Officer (Kirklees) (Underpins mitigation of all BAF strategic risks)	VD	036

BREAK: 10.25 – 10.35

QUARTERLY REPORTING (10.35 – 11.40)

ITEM	By	Page
9. 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. At the time of publishing the agenda pack, no questions have been received.	LM	046
10. Accountable Officer's Report - To receive the report. **Contact:** Vicky Dutchburn, Interim Accountable Officer (Kirklees) (Topics link to multiple BAF strategic risks)	VD	047
11. Kirklees Place Quality Report - To receive the report and consider any issues raised. **Contact:** Ian Bennett, Director of Nursing and Quality (Links to BAF strategic risks 1.2 and 4.1)	IB	053
12. Kirklees Clinical and Care Professional Forum AAA Report - To receive the report and consider any issues raised. **Contact:** Ian Bennett, Director of Nursing and Quality (Links to BAF strategic risk 4.1)	IB	063

ITEM	By	Page
13. Contracting Report - To receive the report and consider any issues raised. **Contact:** Martin Pursey, Director of Partner Relationship Management (May relate to multiple BAF strategic risks)	MP	Presen-tation
14. Performance Report against Key Performance Indicators - To receive the report and consider any issues raised. **Contact:** Natalie Ackroyd, Deputy Director of Operational Performance and Delivery (Links to BAF strategic risks 1.2, 2.3 and 3.3)	NA	065
15. High Level Risk Report: Cycle 4 2025/26 (December 2025 – March 2026) - To review and be given assurance regarding the risk register and log. **Contact:** Asma Sacha, Risk Manager (Includes oversight of all BAF strategic risks)	ASa	072

ITEMS FOR INFORMATION (11.40 – 11.50)

ITEM	By	Page
16. 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. The report submitted to the ICB Board following the November meeting of the committee is attached for information.	LM	120
17. Reflections and Acknowledgements - To reflect on the work of the committee and acknowledge the contributions of its members.	LM	-
18. Receipt of Minutes - To receive copies of minutes for information purposes:- - Quality Sub-Committee – 29 October 2025 - Transformation Sub-Committee – 29 October 2025 - Clinical and Care Professional Forum – 29 October 2025 - Finance and Performance Sub-Committee – 29 October 2025	LM	123
19. Date and Time of Next Meeting The first meeting of the reconstituted Kirklees ICB Committee will be held in May 2026, on a date and at a venue to be confirmed.	LM	-
20. 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 12 November 2025 at
The Barn, Northorpe Hall, Northorpe Lane, Mirfield, WF14 0QL

Members Present:

Liz Mear	(LM)	Independent Chair
Anna Basford	(AB)	Deputy Partner Member – Calderdale and Huddersfield Foundation Trust
Ian Bennett	(IB)	ICB Kirklees Place Director of Nursing and Quality
Gary Boothby	(GB)	ICB Kirklees Place Director of Finance
Mark Brooks	(MB)	Partner Member – South West Yorkshire Partnership NHS FT
Michelle Cross	(MC)	Deputy Partner Member – Kirklees Council
Vicky Dutchburn	(VD)	Interim Accountable Officer (Kirklees), NHS West Yorkshire ICB
Hilary Ellis	(HE)	Independent Member
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

In Attendance:

Rachel Spencer-Henshall	(RSH)	Director of Public Health
Sue Baxter	(SBa)	Head of Partnership Governance
Steve Brennan	(SBr)	Kirklees Place Programme Director
Stewart Horn	(SH)	Head of Children's Integrated Commissioning
Nick Lamper	(NL)	Governance Manager
Julie Oldroyd	(JO)	Senior Manager – Transformation – Community
Martin Pursey	(MP)	Director of Partner Relationship Management
Catherine Wormstone	(CW)	Director of Primary Care

Apologies:

Rob Aitchison	(RA)	Partner Member – Calderdale and Huddersfield Foundation Trust
Dr Omar Akhtar	(OA)	Partner Member – Primary Medical Care
Stacey Appleyard	(SA)	Partner Member – Healthwatch
Dr Mohammed Hussain	(MH)	Partner Member – Primary Medical Care
Brent Kilmurray	(BK)	Partner Member – Mid Yorkshire Teaching Trust
Steve Mawson	(SM)	Partner Member – Kirklees Council
Nadeem Raja	(NR)	Independent Member
Cllr Beverley Addy	(BA)	Chair of Health and Wellbeing Board
Natalie Ackroyd	(NA)	Deputy Director of Operational Performance and Delivery
Alison Needham	(AN)	Director of Operational Finance, Kirklees Health and Care Partnership
Asma Sacha	(AS)	Risk Manager

No members of the public attended the meeting.

40 Welcome and Introductions

LM welcomed everyone to the meeting with introductions.

41 ICB Mission, Values and Behaviours

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

42 Apologies and Declarations of Interest

Apologies were received as detailed above.

In respect of the Kirklees Health Inequalities Update (minute 46 below), it was acknowledged that a number of partners delivered initiatives which formed part of the update, but there was no request for any additional (or reallocation of existing) resources, so members would be able to participate fully in the consideration of the item.

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.

Members were reminded that, if anyone felt that their involvement in any item conflicted them so as to affect their objectivity or impartiality, they should declare this and withdraw to the public gallery.

43 Accuracy of Minutes from 13 August 2025, Matters Arising, Action Log

Minutes

The minutes of the meeting held on 13 August 2025 were **APPROVED** as a correct record.

Matters Arising

There were no matters arising.

Action Log

7 – Future Provision of Primary Care Services for B85659 Whitehouse Centre Practice Population – *AN to provide OA with a breakdown of premises cost.*
VD advised that this was circa £71k and she would follow-up with OA via e-mail.
CLOSED

44 People Story

IB introduced a video entitled 'Wheelchair Services: Appreciation and Challenges – Insight into Mobility and SEND' recounting patients' and carers' experiences of the Wheelchair Service in the context of Special Educational Needs and Disabilities.

JO undertook a presentation providing an update on the Wheelchair Service.

KJ welcomed the update and commented that, when Locala went out to special schools, they found that they welcomed the practice of using specialists in the community to undertake the assessments.

LM noted that NHS England had set a standard requiring the assessment to be carried out within 18 weeks and then the chair to be provided as soon as possible. JO confirmed this and advised that waiting for the money to be allocated was often what caused the delay.

VD added that a detailed discussion had taken place at the Transformation Sub-Committee and there was a good understanding of what the problems were; some areas had their wheelchair services wrapped up in block contracts, whereas the Kirklees one was based upon an allocation of what was affordable.

MB observed that it was good to have the non-recurrent moneys, but asked what a sustainable model may look like. 194 people would receive a chair by the end of March, of whom 85 were high priority, but what would happen in the meantime? VD responded that some would have a chair, but possibly not one which was ideal for them. JO added that some would get it really quickly. KJ noted that, if they did not get a chair, they would be likely to need extra physiotherapy intervention, and IB added that there was a lot of importance attached to communication and service users knowing what was happening.

MP explained that the nature of the cyclical contract had contributed to a backlog, firstly with the original provider Opcare, and then another with the current provider Ross Care. It was now hoped to make the service recurrently sustainable. It would be difficult to find a better partner than Ross Care to navigate through the situation.

GB added that it was important not to take away from the progress which had been made for a relatively small amount of money.

IB concurred with this and suggested that it reflected Kirklees' responsiveness and engagement with service users. Calderdale was adopting the same approach, but was slightly behind Kirklees. He had asked Allied Health Professions (AHP) colleagues (via the AHP Faculty) to look at what was happening around wheelchair services across West Yorkshire.

KJ asked whether the transition from children to young adults was being effectively managed and SH advised that this would be covered in the following agenda item on Kirklees Special Education Needs and Disabilities Inspection and Action Plan (minute 45 below); VD added that the wheelchair service was an all-age service.

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

(JO left the meeting.)

45 Kirklees Special Education Needs and Disabilities Inspection and Action Plan

SH presented a report describing the outcome of the local area Special Educational Needs and Disabilities (SEND) inspection in Kirklees, the areas for improvement that had been identified, and the action plan which had been developed to address those areas. He also undertook a presentation setting out a post-inspection update.

KN understood that schools were supposed to have a SENDCO (Special Educational Needs and Disabilities Coordinator), but he believed that 40% of schools appeared not to have. SH undertook to investigate this and provide KN with information on the number of schools with and without a SENDCO.

ACTION: SH to provide KN with information on the number of schools with and without a SENDCO.

VD added that work with schools was a priority for the ICB in the action plans.

The Kirklees ICB Committee **NOTED** the outcome of the Area SEND Inspection and **SUPPORTED** the next steps, including the implementation of the action plan.

46 Kirklees Health Inequalities Update

(It was acknowledged that a number of partners delivered initiatives which formed part of the update, but there was no request for any additional (or reallocation of existing) resources, so members would be able to participate fully in the consideration of the item.)

VD presented a report providing an overview of the progress made in 2025 by the Kirklees Integrated Care System (ICS) in delivering health inequalities initiatives, with a particular focus on the Core20PLUS5 framework. The report highlighted key achievements, challenges, and strategic recommendations to support continued improvement in health equity across Kirklees.

RSH acknowledged this to be a really thorough review of the initiatives and noted the importance of the community champions being embedded in the community anchor organisations. She recounted that SM had attended the Third Sector Leaders' meeting the previous day to explore how funding may be received to make this sustainable. The Neighbourhood Plans had recently been updated to reflect the latest Indices of Multiple Deprivation (IMD), and there had been a shift in the wrong direction in some wards in Kirklees. Leeds had done well in embedding the IMD work into Neighbourhood Plans, but the Fair Funding Review meant they would be likely to lose out on the budget the following year.

VD observed that it was important to understand the continuum as a collective partnership and RSH added that there was a new Housing domain in the IMD data this time.

CW commented that the slight slippage of the timeline for the development of Neighbourhood Plans had afforded the opportunity to make use of some of this new data.

SBr advised that, although health inequalities had been chosen as an overarching focus, a decision had been taken not to set up an Equalities Commission because the aim had been to ensure this became part of everybody's work, and that had been the right approach. He added that the initiatives undertaken with asylum seekers had been really hard work and it had taken a long time to get to the current position.

MB advised that SWYPFT had now achieved Teaching Trust status. In respect of access to dental care, work was being undertaken with the university to explore the possibility of a placement for a dental student.

The Kirklees ICB Committee:-

(1) **RECEIVED** the report and **NOTED** its content;
(2) **ENDORSED** the outlined short- and medium-term plans and monitoring of progress;
(3) **SUPPORTED** the proposed accelerated work in Core20PLUS5 neighbourhoods through maintained focus on priority areas including data sharing and projects for Community Champions; and
(4) **SUPPORTED** the proposal to incorporate learning from System Partners' Health Inequalities Programmes into broader system planning and to inform future commissioning intensions.

(DK left the meeting.)

(The meeting was adjourned for a break at 10.20 am and reconvened at 10.30 am.)

47 Questions from Members of the Public

No members of the public were present and no questions had been raised.

48 Accountable Officer's Report

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

- Operational Planning Update
- GP Contractual Arrangements from 1 October 2025
- Organisational Change and Governance Structures Update
- Leadership Changes at Calderdale and Huddersfield Foundation Trust
- Civic University Agreement
- Resident Doctors to Strike for Five Days this Month
- West Yorkshire Neurodiversity Communication
- Communications Campaigns and Key Messages: August to October 2025

VD provided detail in respect of the latest position on organisational change, advising that funding of £16.5m was now being allocated to ICBs in the current year to meet half the anticipated redundancy costs. It was not possible to say whether the funding was being spread equally across all ICBs as some were merging.

MC and MB reiterated offers of support from partners throughout the change process, and RSH noted that some roles would not be in the new ICB structure. VD concurred that many would transfer to other organisations, but the detail was not yet known as the regional structure had not been seen.

AB added to the offers of support and noted that there appeared to be unknown implications for the financial position as parts of the jigsaw were still missing.

CW commented that VD's support was appreciated by the staff and VD noted that guidance which had been expected the previous afternoon had not yet been received. LM offered her thanks to VD and all the ICB staff, and KJ acknowledged the level of mutual care and support across partners and commented that the amount of direction coming from the centre was accelerating. There was a need for it to be fed back that this was unacceptable.

VD advised that a West Yorkshire spreadsheet was being set up of things in respect of which to push back, and the same would be done for Kirklees; KJ advocated keeping focus on end users.

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

49 Kirklees Place Quality Report

IB presented a report providing an overview of reports presented to the Quality Sub-Committee on 29 October 2025. The report took the form of an Escalation and Assurance Report (Alert, Advise, Assure (AAA)), and would also be presented to the West Yorkshire Quality Committee.

IB led the committee through some of the detail in the report, which covered Dewsbury District Hospital (DDH) – Risks on Care for Deteriorating Child Out of Hours (OOH) (Alert); Adult Social Care Update, Kirklees Primary Care Quality Assurance Improvement Process Update, Primary Care CQC Inspections Update, Regulation 28, PFD Report – Calderdale and Huddersfield Foundation Trust (CHFT) and Dalton Surgery, and Posture and Mobility Services (Ross Care) (Advise); and Primary Care Quality Update, Learning from Patient Safety Events (LfPSE) Implementation Update, Kirkwood Hospice, GP Patient Survey, Kirklees Quality Impact Assessment (QIA) Update, Kirklees Area Special Educational Needs and Disabilities (SEND) Inspection Update, Children Looked After (CLA) and Care Leavers (CL) Annual Report, and Kirklees Place Care Homes and Domiciliary Care Update (Assure).

The Kirklees ICB Committee **RECEIVED** and **NOTED** the Escalation and Assurance Report (Alert, Advise, Assure (AAA)) from the Quality Sub-Committee.

50 Kirklees Clinical and Care Professional Forum AAA Report

IB presented a report providing an overview of reports presented to the Kirklees Clinical and Care Professional Forum on 29 October 2025. The report took the form of an Escalation and Assurance Report (Alert, Advise, Assure (AAA)).

KN, Chair of the forum, added that an update on Community Health Pathways would be brought to a future meeting of the committee.

The Kirklees ICB Committee **RECEIVED** and **NOTED** the Escalation and Assurance Report (Alert, Advise, Assure (AAA)) from the Kirklees Clinical and Care Professional Forum.

51 Kirklees Finance Update

GB presented the above report, which advised that, at month 6, NHS partners had set a deficit plan of £2.4m for 2025/26 and this followed assumed delivery of efficiency savings of £115.9m for NHS partners.

The planned deficit was significantly lower than previously reported at month 3 and reflected the distribution of various funds previously being held centrally at WY ICB, a further £33m stretch efficiency challenge played out across West Yorkshire

but, significantly, the distribution of deficit support funding (DSF) of £36.9m in CHFT.

It was important to note that a number of these allocations of additional funds were non-recurrent but, as for DSF in particular, were dependent on delivery of existing plans.

At month 6, partners were collectively £2.4m worse than planned with a £4m year-to-date deficit. MYTT had a £4.2m adverse variance which was offset by improvements elsewhere. MYTT adverse variance was driven by slippage against challenging efficiency targets and additional acuity of activity, particularly at PGI.

At month 6, all partners had officially reported a forecast to deliver plans.

GB added that the guidance seen so far pushed commissioners and providers into a more adversarial position than in recent years.

KJ asked about the process for planning and ongoing discussions around what would be supported and prioritised as a partnership, and GB advised that this was in the gift of partners working together.

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

52 Contracting Report

MP undertook a presentation providing a Contracting Update and outlining Procurement Activity impacting upon Kirklees.

LM offered the committee's congratulations that the establishment of the consolidated Contracting and Procurement team had been recognised recently by being shortlisted for the Procurement Transformation category of the Excellence in Supply Northern Awards.

(KJ left the meeting.)

GB asked whether the risk appetite had changed in respect of the use of waivers, noting the award of the Patient Transport Contract. MP responded that, if anything, there was now more internal challenge around proposals not to go to procurement.

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

53 Performance Report against Key Performance Indicators

VD presented a report providing an overview of the exceptions and the underperforming key performance indicators from the Performance Report which had been discussed in depth by the Finance and Performance Sub-Committee on 29 October 2025. The report took the form of an Escalation and Assurance Report – Alert, Advise, Assure (AAA).

The report provided an overview of those measures underperforming at month 4, July 2025, against the System Oversight Framework (SOF) and Constitutional Standards.

VD led the committee through some of the detail of the report including ambulance handovers, the Better Care Fund plan and the Well Programmes and their key performance indicators.

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

(IB, MC and SBr left the meeting.)

54 High Level Risk Report: Cycle 3 2025/26 (September – December 2025)

A report was submitted setting out the Kirklees Place High Level Risk Report, Risk Log and Risk on a Page Report as at the end of the current risk review cycle (Cycle 3, 2025/26).

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 SLT and then by the Quality Sub-Committee and Finance and Performance Sub-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 report was appended by a summary of the Board Assurance Framework (BAF).

LM commented that she had recently met with AS in respect of the Kirklees place risk register.

The Kirklees ICB Committee **RECEIVED** and **NOTED** the High Level Risk Report, Risk Log, Risk on a Page Report and BAF summary as an accurate representation of the Kirklees place risk position, and was **ASSURED** by these.

55 Items for the Attention of the ICB Board

The “Assure, Alert, Advise” (AAA) report would be produced in due course and would cover the key aspects of the committee’s considerations, including drawing out information from the other relevant AAA reports.

56 Committee Work Plan

The committee’s work plan was submitted for review.

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

57 Receipt of Minutes

Those present **REVIEWED** and **NOTED** minutes from the following meetings:-

- Clinical and Care Professional Forum – 23 April 2025
- Quality Sub-Committee – 30 April 2025
- Transformation Sub-Committee – 30 July 2025
- Finance and Performance Sub-Committee – 30 July 2025

58 Date and Time of Next Meeting

The next meeting of the Kirklees ICB Committee would be held at 9.00 am on Wednesday 11 February 2026, at Rooms 3 and 4, Third Floor, (CHFT) Trust HQ, Acre Mill Outpatients, Acre Mill, Lindley, HD3 3EB.

59 Questions from Members of the Public

No members of the public were present and no questions had been raised.

The meeting concluded at 12.00 noon.

Chair’s Signature: ..... Date: .....

Kirklees ICB Committee
Action Log

Date Raised	Action Ref	Action	Owner (Initials)	Due Date	Progress	Status
12/11/25	45	**Kirklees Special Education Needs and Disabilities Inspection and Action Plan** SH to provide KN with information on the number of schools with and without a SENDCO.	SH	February		**OPEN**
ACTIONS RECENTLY CLOSED						
14/05/25	7	**Future Provision of Primary Care Services for B85659 Whitehouse Centre Practice Population** AN to provide OA with a breakdown of premises cost.	AN	August	Update 13/08/25: VD undertook to follow this up in the absence of AN. Update 12/11/25: VD advised that this was circa £71k and she would follow-up with OA via e-mail.	**CLOSED**

Meeting name:	Kirklees ICB Committee
Agenda item number:	6
Meeting date:	11 February 2026
Report title:	Kirklees Place – M9 and Financial Plan Update
Report presented by:	Alison Needham, Director of Operational Finance Kirklees
Report approved by:	Vicky Dutchburn – Accountable Officer Kirklees
Report prepared by:	Alison Needham, Director of Operational Finance Kirklees

Purpose and Action:

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

Previous considerations:

The NHS position to month 9 has been discussed in various NHS forums including WY ICB meeting.

Executive summary and points for discussion:

At Month 9, Kirklees NHS partners are reporting a planned deficit of £20.2m for 2025/26, after assuming delivery of £112.548m of efficiency savings across NHS organisations.

The planned deficit has increased significantly for both CHFT and MYTT compared with the Month 6 position. The Month 9 position now incorporates the removal of Deficit Support Funding (DSF) for Quarter 4, which adversely impacts CHFT and is reflected in their updated forecast.

For MYTT, the adverse variance is driven by several factors, including:

- Increased acuity of activity at PGI
- The financial impact of industrial action
- Pay overspends
- Slippage in the delivery of waste reduction and efficiency programmes.

	YEAR TO DATE - M9			FORECAST - M01 to M12		
	I&E reported Month 9 25/26			I&E forecast		
Organisation	Plan £m	Actual Surplus / (Deficit) £m	Reported Variance £m	FOT Plan £m	FOT Surplus / (Deficit) £m	FOT Variance £m
Kirklees ICB	6.5	6.5	(0.0)	8.7	8.7	0.0
Calderdale And Huddersfield NHS Foundation Trust	(3.2)	(2.8)	0.4	(3.0)	(10.2)	(7.2)
South West Yorkshire Partnership NHS Foundation Trust	(1.6)	0.4	2.0	0.0	0.0	0.0
Mid Yorkshire Teaching NHS Trust	(4.5)	(27.2)	(22.7)	(8.1)	(21.1)	(13.0)
Kirklees Place Total	**(2.8)**	**(23.1)**	(20.3)	**(2.4)**	**(22.6)**	(20.2)

Efficiency

At Month 9, there has been a slight deterioration in the forecast outturn (FOT). MYTT is reporting an adverse FOT variance of £3.3m, which is contributing to the overall reported deficit of £13m.

Organisation	YTD Plan	YTD Saving	YTD Variance	Annual Plan	Forecast Saving	FOT Variance
	£000's	£000's	£000's	£000's	£000's	£000's
Kirklees ICB	10,755	11,732	977	14,352	14,352	(0)
Calderdale And Huddersfield NHS Foundation Trust	22,855	22,940	86	32,171	32,172	1
South West Yorkshire Partnership NHS Foundation Trust	19,396	19,343	(53)	28,230	28,220	(10)
Mid Yorkshire Teaching NHS Trust	30,186	26,721	(3,465)	41,200	37,805	(3,395)
Total	**83,192**	**80,736**	**(2,456)**	**115,953**	**112,548**	**(3,405)**

Financial Plan 26/27

Work is ongoing to develop the financial plans for 2026/27 and future years. These plans are still in progress and remain subject to final approval.

An update will be provided to the Committee if the figures are finalised ahead of the meeting. All partners continue to work within the national planning guidance and are fully aware of the financial pressures facing the system.

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):

ICB is asked to note the report.

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:

Financial risk for the Kirklees ICB and partners is identified on the risk register.

Appendices:

Kirklees Finance update power point

Acronyms and abbreviations explained:

MY – Mid Yorkshire Teaching Hospitals
SWYPFT – South West Yorkshire Partnership Foundation Trust
CHFT – Calderdale and Huddersfield NHS FT
CIP - Cost improvement programme
YTD - Year to Date
WYAAT – West Yorkshire Association of Acute Trusts

WY – West Yorkshire PWC – Price Waterhouse Coopers CHC – Continuing Health Care ICS – Integrated Care System

What are the implications for: Paper is to note

Residents and Communities	
Quality and Safety	
Equality, Diversity and Inclusion	
Finances and Use of Resources	
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	

Meeting name:	Kirklees ICB Committee
Agenda item no.	7
Meeting date:	11 February 2026
Report title:	Changes to NHS West Yorkshire ICB Governance Arrangements for 2026/27 (transitional year) and Committee Year End Arrangements for 2025/26
Report presented by:	Sue Baxter, Head of Partnership Governance
Report approved by:	Vicky Dutchburn, Accountable Officer – Kirklees
Report prepared by:	Sue Baxter, Head of Partnership Governance WY ICB

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

Previous considerations:

NHS West Yorkshire ICB Board – October 2025 development session; and

NHS West Yorkshire ICB Board meeting 16 December 2026 – part of ICB Constitution changes item 23

Executive summary and points for discussion:

The current operating context is informed by two areas: firstly, on 1 April 2025, Working together in 2025/26 to lay the foundations for reform letter from Sir James Mackey (CEO, NHS England) outlined the requirement placed on ICBs to reduce costs by 50% with ICBs' primary focus becoming strategic commissioners. Secondly, through 2026/27 transitional year emerging place provider partnerships will prepare to sign an NHS contract with the ICB for the provision of in-scope services. Taking account of the operating context, the CKW Memorandum of Understanding (MoU) and governance handbook will support arrangements through this transitional year (2026/27).

Changes to Governance Arrangements for the 2026/27 Transitional Year

During 2026/27, the transitional year, delegation from NHS West Yorkshire ICB Board to Kirklees place will remain via the Kirklees ICB Committee (a committee of the ICB). The following changes are proposed to the ICB governance arrangements in Kirklees (place):

- Kirklees ICB Committee's composition (chair and membership) and focus of responsibilities will be reduced to ensure that this committee of the ICB Board only undertakes decisions that it is required to discharge to enable the smooth transition;

- Kirklees ICB Committee will continue to meet throughout 2026/27 on a quarterly basis and will cease to meet once the emergent Place Provider Partnership has agreed and signed an NHS Contract with NHS West Yorkshire ICB for in-scope services. The expectation is that this will be by 31 March 2027;
- Kirklees ICB Committee will no longer be meeting for Building Understanding Sessions or Development Sessions; and
- Sub-committees of the Kirklees ICB Committee will cease by 31 March 2026, including:
    - Quality Sub-Committee
    - Finance and Performance Sub-Committee
    - Transformation Sub-Committee
    - All other sub-committees/groups with accountability to the Kirklees ICB Committee that do not form part of the Kirklees Place Provider Partnership governance arrangements

Year End Arrangements for 2025/26

The committee's terms of reference require it to produce an annual report, to be submitted to the West Yorkshire ICB Board. Alongside this, the committee would normally review its terms of reference at year end and recommend any changes to the board, as well as developing a work plan for the ensuing year, also for submission to the board.

Given the transitional arrangements outlined above, and the need for documents to be submitted to the ICB board for 24 March 2026, the following streamlined arrangements are proposed for the 2025/26 year-end processes:

- To inform the content of the committee's annual report, a brief discussion will be held at today's meeting considering the following questions:
    - What has the committee achieved this year?
    - What challenges did the committee face this year and how were they overcome?
    - What key learning has resulted from this year?
- The annual report will then be drafted by the committee's Governance Lead in consultation with the Chair and Accountable Officer, and the approval of the final version will be delegated to the Chair and Accountable Officer;
- The draft terms of reference for the reconstituted Kirklees ICB Committee are attached for discussion/comment prior to being submitted to the ICB Board for approval; and
- An indicative draft work plan for 2026/27 is attached for discussion/comment prior to being submitted to the ICB Board.

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 Kirklees ICB Committee is asked to: 1. **AGREE** and **SUPPORT** the actions to change the Kirklees ICB Committee governance arrangements by 31 March 2026, in preparation for the 2026/27 transitional year; 2. **CONSIDER** the content of its 2025/26 Annual Report in the context of the three questions set out above, and comment as necessary on the draft terms of reference and indicative draft work plan for the reconstituted committee; and 3. **DELEGATE** the approval of the final version of the Kirklees ICB Committee Annual Report 2025/26 to the Chair and Accountable Officer.
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:
None specifically.
Appendices
1. Draft terms of reference for the reconstituted Kirklees ICB Committee. 2. Indicative draft work plan for 2026/27.
Acronyms and Abbreviations explained
1. ICB – NHS West Yorkshire Integrated Care Board 2. CKW – Calderdale, Kirklees and Wakefield 3. MoU – Memorandum of Understanding

What are the implications for

Residents and Communities	Delegation arrangements support our commitment to meet the health needs of our residents and communities and are changing to support the transition to enable emergent Place Provider Partnerships.
Quality and Safety	Provider Partnerships are developing governance arrangements to provide assurance on quality and financial implications of their considerations.
Equality, Diversity and Inclusion	Committees are required to consider the equality, diversity and inclusion implications of all decisions. No specific implications have been identified from this report.
Finances and Use of Resources	Provider Partnerships are developing governance arrangements to provide assurance on financial and quality implications of their considerations.

Regulation and Legal Requirements	Arrangements are designed to comply with regulation and legal requirements
Conflicts of Interest	The approach to conflicts of interest set out within the ICB Conflicts of Interest Policy, Standards of Business Conduct Policy, and within the Conflicts of Interest schedules appended to each partnership agreement.
Data Protection	There are no specific data protection implications arising from this report.
Transformation and Innovation	There are no specific transformation or innovation implications arising from this report.
Environmental and Climate Change	None identified.
Future Decisions and Policy Making	Partnership agreements are designed to support agile decision making.
Citizen and Stakeholder Engagement	Approach set in the ICB involvement framework.

Kirklees Health & Care Partnership

NHS West Yorkshire Integrated Care Board

Proud to be part of West Yorkshire Health and Care Partnership

Kirklees ICB Committee Terms of Reference

Version control

Version:	~~4~~.1
Approved by:	ICB Board
Date Approved:	~~24 June 2025~~
Responsible Officer:	Director of Integration (CKW)
Date Issued:	~~25 June 2025~~
Date to be reviewed:	~~June 2026 (or sooner if required)~~ January 2027

Change history

Version number	Changes applied	By	Date
~~0.1~~	~~Initial draft~~	~~Laura Ellis~~	~~21.09.21~~
~~0.2~~	~~Updated draft following discussion at KIHCLB 30.09.21 and ICS Governance Group 01.10.21~~	~~Laura Ellis~~	~~11.10.21~~
~~0.3~~	~~Updated draft following discussion on Kirklees vision, principles at KIHCLB 02.12.21~~	~~Laura Ellis~~	~~13.12.21~~
~~0.4~~	~~Updated draft following Constitution engagement, and amend to membership~~	~~Laura Ellis~~	~~21.03.22~~
~~0.5~~	~~Updated draft re urgent decisions and public bodies act~~	~~Laura Ellis~~	~~17.06.22~~
1.0	APPROVED	ICB Board	01.07.22

Version number	Changes applied	By	Date
~~1.1~~	~~Reviewed version agreed unchanged.~~	~~Kirklees ICB Committee~~	~~10/05/23~~
2.0	APPROVED.	ICB Board	18/07/23
~~2.1~~	~~Reviewed version agreed with change to quarterly cycle.~~	~~Kirklees ICB Committee~~	~~13/03/24~~
~~2.2~~	~~Section 3.8 reviewed and revised to align standards across all committees and sub-committees of the ICB.~~	~~Kirklees ICB Committee~~	~~08/05/24~~
3.0	Annual review following end of year effectiveness self-assessment	Approved by Board	25.06.2024
~~3.1~~	~~Reviewed following committee self-assessment~~	~~Nick Lamper~~	~~April 2025~~
~~3.2~~	~~Updated to incorporate standard provision in relation to BAF in line with all place committee terms of reference in response to internal audit recommendation~~	~~Nick Lamper~~	~~30 April 2025~~
~~3.3~~	~~Reviewed by Kirklees ICB Committee and recommended to WY ICB Board for approval.~~	~~Kirklees ICB Committee~~	~~14 May 2025~~
4.0	APPROVED	WY ICB Board	24 June 2025
4.1	Changes ahead of 2026/27	Sue Baxter	3 February 2026

1. Introduction

1.1 The Kirklees ICB Committee is established as a committee of the ICB Board, in accordance with the ICB's Constitution, Standing Orders and Scheme of Delegation.

1.2 These terms of reference, which must be published on the ICB website, set out the remit, responsibilities, membership and reporting arrangements of this Committee and may only be changed with the approval of the ICB Board. The Committee has no executive powers, other than those specifically delegated in these terms of reference.

1.3 The ICB has identified a set of guiding principles that shape everything we do:

- We will be ambitious for the people we serve and the staff we employ.
- The West Yorkshire partnership belongs to its citizens and to commissioners and providers, councils and NHS. We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on health inequalities and people's health and wellbeing.
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.
- We will undertake shared analysis of problems and issues as the basis of taking action.
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.

1.4 The ICB has committed to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire.
- We support each other and work collaboratively.
- We act with honesty and integrity, and trust each other to do the same.
- We challenge constructively when we need to.
- We assume good intentions; and
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

1.5 The Kirklees Health and Wellbeing Plan sets out the Kirklees Vision:

'No matter where they live, people in Kirklees live their lives confidently and responsibly, in better health, for longer and experience less inequality.

1.6 The Kirklees Health and Wellbeing Plan sets out the Kirklees Outcomes:

- Children - children have the best start in life;
- Healthy - people in Kirklees are as well as possible for as long as possible;
- Achievement - people in Kirklees have aspiration and achieve their ambitions through education, training, employment and lifelong learning;
- Safe & Cohesive - people in Kirklees live in cohesive communities, feel safe and are safe / protected from harm;
- Economic - Kirklees has sustainable economic growth and provides good employment for and with communities and businesses;
- Clean & Green – people in Kirklees experience a high quality, clean and green environment.
- Independent - people in Kirklees live independently and have control over their lives;

1.7 The focus of the Kirklees Partnership approach is to:

- Work with local communities in Kirklees;
- Focus on prevention and early intervention;
- Empower people to stay independent;
- Deliver high quality acute and specialist services;
- Do work once, avoiding duplication and make sure things are strong-seamed; and
- Commit to openness, transparency and involvement

1.8 The Kirklees Health and Wellbeing Plan sets out a number of priority areas:

- Tackling underlying causes
    - Creating communities where people can start well, live well and age well
- Improving outcomes and experience
    - Creating integrated person-centred support for the most complex individuals
- Using our assets to best effect
    - Developing our people to deliver the priorities and foster resilience
    - Developing estate to deliver high quality services that serve the needs of the local population
    - Harnessing digital solutions to make the lives of people easier

2. Membership

2.1 This part of the terms of reference describes the membership of the Kirklees ICB Committee. Further information about the criteria for the roles and how they are appointed is documented separately.

2.2 Core membership

2.2.1 ~~Independent Members~~

- WY Non Executive Member – Chair
- ~~2 x independent members~~

2.2.2 Executive Members

- ICB ~~Accountable Officer (Kirklees)~~ Director of Integration (CKW)
- ICB ~~Kirklees Place~~ finance lead
- ICB ~~Kirklees Place~~ quality lead

2.2.3 ~~Clinical representative drawn from the Kirklees Clinical and Professional Forum~~

2.2.4 Partner Members

- 1 x Local Authority
- 2 x Primary Care (general practice)
- 1 x Calderdale & Huddersfield NHS Foundation Trust
- 1 x Mid Yorkshire Hospitals NHS Foundation Trust
- 1 x South West Yorkshire Partnership NHS Foundation Trust
- 1 x Community Services Provider
- 1 x VCSE (via Kirklees Third Sector Leaders)
- 1 x Healthwatch

2.3 Required attendees

- Chair of Health and Wellbeing Board
- Director of Public Health
- ICB Deputy Director of Integration

2.4 ICB officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.

2.5 Any member of the ICB Board can be in attendance subject to agreement with the Chair.

3. Arrangements for the conduct of business

3.1 Chairing meetings

The meetings will be run by the chair. In the event of the chair of the committee being unable to attend all or part of the meeting, the remaining members of the committee should appoint a chair for the meeting.

3.2 Quoracy

No business shall be transacted unless at least 50% of the membership (which equates to 7 individuals) and including the following are present: at least 1 ~~independent chair/member~~WY non-executive member/chair; at least 1 executive member; and at least 2 partner members.

For the sake of clarity:

a) No person can act in more than one capacity when determining the quorum.
b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

Members are normally expected to attend at least 75% of meetings during the year.

With the permission of the person presiding over the meeting, the Executive Members and the Partner Members of the Committee may nominate a deputy to attend a meeting of the Committee that they are unable to attend. The deputy may speak and vote on their behalf. The decision of the person presiding over the meeting regarding authorisation of nominated deputies is final.

3.3 Voting

In line with the ICB's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each voting member of the Committee will have one vote, the process for which is set out below:

a. All members of the committee who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, members of the

committee are set out at paragraph 2.2; attendees and observers do not have voting rights.)

b. Absent members may not vote by proxy. Attendance is defined as being present at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so.
c. A resolution will be passed if more votes are cast for the resolution than against it.
d. If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote.
e. Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

The Calderdale, Kirklees and Wakefield Memorandum of Understanding sets out a dispute resolution process.

3.4 Frequency of meetings

The Committee will normally meet quarterly.

The Chair may call an additional meeting at any time by giving not less than 14 calendar days' notice in writing to members of the Committee.

One third of the members of the Committee may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting, If the Chair refuses, or fails, to call a meeting within seven calendar days of such a request being presented, the Committee members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all members of the Committee specifying the matters to be considered at the meeting.

In emergency situations the Chair may call a meeting with two days' notice by setting out the reason for the urgency and the decision to be taken.

3.5 Urgent decisions

In the case of urgent decisions and extraordinary circumstances, every attempt will be made for the Committee to meet virtually. Where this is not possible the following will apply:

a) The powers which are delegated to the Committee, may for an urgent decision be exercised by the Chair of the Committee and ~~Accountable~~

~~Officer (Kirklees)~~ Director of Integration (CKW). This is subject to every effort having been made to consult with as many Committee members as possible, including at least one independent member, in the given circumstances.

b) The exercise of such powers shall be reported to the next formal meeting of the Committee for noting and assurance, where the Chair will explain the reason for the action taken, and the ICB Audit Committee for oversight.

3.6 Admission of the press and public

Meetings of the Committee will be open to the public.

The Committee may resolve to exclude the public from a meeting or part of a meeting where it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings.

The chair of the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Committee's business shall be conducted without interruption and disruption.

The public may be excluded from a meeting to suppress or prevent disorderly conduct or behaviour.

Matters to be dealt with by a meeting following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the Committee.

A public notice of the time and place of the meeting and how to access the meeting shall be given by posting it at the offices of the ICB body and electronically at least 7 calendar days before the meeting or, if the meeting is convened at shorter notice, then at the time it is convened.

The agenda and papers for meetings will be published electronically in advance of the meeting excluding, if thought fit, any item likely to be addressed in part of a meeting is not likely to be open to the public.

3.7 Declarations of interest

If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the ICB's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting will determine how a conflict of interest should be managed. The chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.

3.8 Support to the Committee

The Committee's lead manager is the ~~Accountable Officer (Kirklees)~~ Director of Integration (CKW).

Administrative support will be provided to the Committee by the ICB. This will include:

- Agreement of the agenda with the Chair in consultation with the Lead Manager, taking minutes of the meetings, keeping an accurate record of attendance, key points of the discussion, matters arising and issues to be carried forward.
- Maintaining an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.
- Sending out agendas and supporting papers to members five working days before the meeting.
- Producing minutes of the meeting in accordance with the following practice:-
    - The minutes of the meeting will be drafted, and quality checked by the relevant lead officer, within ten working days of the meeting;
    - The draft minutes will be sent to the relevant lead Director and Chair for review within a further five working days; and
    - The draft minutes will be distributed to all members and attendees of the meeting, following review by the Chair, within one calendar month of the meeting (applicable to all bi-monthly and quarterly meetings).
- An annual work plan to be updated and maintained on a monthly basis.

4. Remit and responsibilities of the committee

NHS West Yorkshire ICB's operating model and governance framework has changed to reflect the requirements of all ICBs to become Strategic Commissioners. Through 2026/27 transitional year decision making will continue to be discharged through ICB delegation and therefore Place Committees will continue to meet on a quarterly basis. They will run alongside evolving place provider collaborative governance.

The Kirklees ICB Committee has been provided with delegated authority to make decisions about the use of NHS resources in Kirklees, including the agreement of contracts for relevant services. The decisions reached are the decisions of the ICB, in line with the organisation's scheme of delegation.

~~The Kirklees ICB Committee will review all strategic risks on the Place Board Assurance Framework and provide assurance to the WY ICB Board on the management of these risks.~~

5. Authority

Commented [SB1]: Do we need to reconsider this section inlight of the changed purpose of the place committee?

5.1 The Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the ICB and they are directed to co-operate with any such request made by the Committee.

5.2 The Committee is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.

5.3 The Committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing, so, the Committee must follow procedures put in place by the ICB for obtaining legal or professional advice.

5.4 The Committee is authorised to create sub-committees or working groups as are necessary to fulfil its responsibilities within its terms of reference. The Committee may not delegate executive powers delegated to it within these terms of reference (unless expressly authorised by the ICB Board) and remains accountable for the work of any such group.

6. Reporting

6.1 The Committee shall submit its minutes to each formal ICB Board meeting.

6.2 The ~~Kirklees ICB Accountable Officer~~ Chair shall draw to the attention of the ICB Board any significant issues or risks relevant to the ICB.

6.3 The Committee's minutes will be published on the ICB website once ratified.

6.4 The Committee shall submit an annual report to the ICB Audit Committee and the ICB Board.

6.5 The Committee will receive for information the minutes of other meetings which are captured in the Committee work plan e.g. sub-committees.

7. Conduct of the committee

7.1 All members will have due regard to and operate within the Constitution of the ICB, standing orders, standing financial instructions and other financial procedures.

7.2 Members must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.

7.3 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

7.4 The Committee shall agree an Annual Work Plan with the ICB Board.

7.5 The Committee shall undertake an annual self-assessment of its own performance against the annual plan, membership and terms of reference. This self-assessment shall form the basis of the annual report from the Committee.

7.6 Any resulting changes to the terms of reference shall be submitted for approval by the ICB Board.

Kirklees Health & Care Partnership

NHS West Yorkshire Integrated Care Board

Kirklees ICB Committee
2026/27 Work Plan

Item	Frequency	Purpose	Lead	Source	May 2026	Aug 2026	Nov 2026	Feb 2027
Opening Items:								
Welcome, introductions, apologies and confirmation of quorum	Each meeting	To note	Chair, WY NEM	Verbal	X	X	X	X
Declarations of interest		Update	Chair, WY NEM	Verbal and link to register	X	X	X	X
• Draft minutes of the previous meeting for approval • Action log/matters arising • Previous Kirklees ICB Committee AAA Report		Approval	Chair, WY NEM	Paper	X	X	X	X
• Approve minutes of Kirklees Provider Partnership monthly meetings		Ratification	Director of Integration (CKW)	Paper	X	X	X	X
Public questions		Information	Chair, WY NEM	Verbal	X	X	X	X
Focus items								
Financial and operational planning round 2026/27					X			X
Financial and operational planning round 2027/28								X
Place-based Provider Partnership Self-Assessment Framework review of readiness for formal contracting arrangement							X	

Item	Frequency	Purpose	Lead	Source	May 2026	Aug 2026	Nov 2026	Feb 2027
WY ICB and Kirklees Place-Based Provider Partnership Contract Agreement for in-scope services, and governance arrangements							X	
Any other recommendations for decision taking on service changes that may need to be considered	Ad hoc	Recommendations for approval using ICB Delegation	Director of Integration (CKW)					
Governance and Assurance:								
Calderdale, Kirklees and Wakefield Memorandum of Understanding	Annual	Assurance/approval	Sue Baxter, Head of Partnership Governance	Paper	X			
Governance handbook including Kirklees Provider Collaborative ToR	Annual	Assurance/approval	Sue Baxter, Head of Partnership Governance	Paper	X			
Kirklees ICB Committee Annual Report 2025/26	Annual	Assurance/approval	Sue Baxter, Head of Partnership Governance	Paper	X			
Approval of Annual Reports • Quality Sub-Committee • Transformation Sub-Committee • Finance and Performance Sub-Committee • Clinical and Care Professional Forum	Annual	Assurance/approval	Sue Baxter, Head of Partnership Governance	Paper	X			
Kirklees Risk Register and ICB Board Assurance Framework: Place close down report	One	Assurance/approval	Asma Sacha, Risk Manager	Paper	X			
Closing Items:								
Any other business	Each meeting	Discussion	Chair, WY NEM	Verbal	X	X	X	X
AAA Report to NHS West Yorkshire ICB Board		Discussion	Chair, WY NEM	Verbal	X	X	X	X
Date and Time of Next Meeting		Information	Chair, WY NEM	Verbal	X	X	X	

Meeting name:	Kirklees ICB Committee
Agenda item number:	8
Meeting date:	11 February 2026
Report title:	Place Provider Partnership Update
Report presented by:	Vicky Dutchburn, ICB Interim Accountable Officer (Kirklees)
Report approved by:	
Report prepared by:	Vicky Dutchburn, ICB Interim 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:

The purpose of this paper is to provide an update to the Kirklees ICB committee on the development of place provider partnerships for Kirklees and across Calderdale, Kirklees and Wakefield(CKW).

The papers provided to the committee members in July, September and December provided further detail of the rationale, expectations, and approach being taken with the development of Place Provider Partnerships and integrated neighbourhood health.

The paper provides an update on the progress regarding the development of place provider partnerships. Increased time and resource is being spent on this and workstreams have been established to cover governance, shadow arrangements and due diligence, with a further workstream being added to cover organisational development. The ICB is aiming to delegate out of hospital funding and contracting to place provider partnerships in April 2027, so operating in shadow for a year provides an opportunity to determine how this will work effectively. It is recognised there are many questions regarding delegation of responsibilities and provider partnerships that cannot be answered yet.

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 and **PROVIDE** any comments.

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:
NA
Acronyms and abbreviations explained:
ICB – integrated Care Board CKW - Calderdale, Kirklees and Wakefield SWYPTT - South West Yorkshire Partnership Teaching Trust CHFT – Calderdale & Huddersfield Foundation Trust MYTT – Mid Yorkshire Teaching Trust

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. Future use of resources to be addressed through the finance workstream
Regulation and Legal Requirements	To be addressed through the governance workstream
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	As identified within the report the report. To be addressed through the governance workstream
Citizen and Stakeholder Engagement	None directly arising from the report.

1. Main Report Detail

1.1 Committee members have been regularly appraised regarding the development of place provider partnership in Kirklees and across Calderdale, Kirklees, and Wakefield (CKW). This paper seeks to provide updates and status regarding the likely impact on place, and the development of place provider partnerships.

To note one consequence of the revised role for ICBs in West Yorkshire is an expectation that place provider partnerships will take on certain delegated responsibilities by April 2027 after operating in shadow for up to 12 months.

These delegated responsibilities are likely to include in the first instance contracting and finance for out of hospital / community care, the ongoing development of neighbourhood care, and assuming a level of governance responsibilities for these.

2. Impact of Organisational Change

2.1 It is important to note that the ICB's current responsibilities cover a wide range of different functions.

Consultation on the new structures has commenced and will conclude on 26th February. The partnership have had access to high level structures that are being consulted on. Within Kirklees and the wider CKW there will be a much-reduced number of roles, some of which will perform a function across CKW with a smaller number dedicated specifically to place.

At this stage, the exact details of what functions will continue to be provided by the ICB has not yet been finalised. Through the Kirklees design group a review the current functions provided by the ICB, the likely provision in the future and therefore what the gaps are is been undertaken. From this work further assessment can take place of what provider partnerships will be expected to pick up, and what may no longer be provided.

3. Kirklees Place

3.1 Each place has a design group to support both the move to working in shadow and what will ultimately become the permanent state. Its important to note that a consistent approach is being taken across all three (CKW) places.

As committee members are aware South West Yorkshire Partnership Teaching Trust will be the host provider for Kirklees. The design group for Kirklees currently meets monthly. The design group membership also has representation from Locala, CHFT, MYTT, Kirklees ICB, primary care, local authority, and voluntary & community sector.

Areas of focus to date have included:

- The mapping and alignment of budgets aligned to services in scope for phase 1
- Reviewing existing partnership groups and forums in Kirklees including consideration of future governance arrangements
- Agreeing membership
- Considering shadow arrangements
- Agreement of vision and strategic aims
- Development of communications plan
- Service transformation and current 'well' programme boards

The Kirklees Place Committee met in December and considered what has gone well since the committee's inception in 2022, therefore identifying what the place provider partnership needs to maintain. This feedback has been fed into the design group for consideration.

In January senior leaders from the main providers and ICB place met to assess what functions the ICB provides currently, what it is likely to be able to provide in the future and therefore what the gaps are. These are not questions that can be fully answered now, but it is important the discussion has taken place to allow concerns to be identified and key questions to be raised. Meetings of senior Kirklees leaders will continue and for the foreseeable future focus very much on this issue.

There is full recognition of the longer-term view of improving services and enabling the left shift. At the same time the transition period from April needs to be carefully managed in conjunction with the ICB.

4. Sponsors' Group – Calderdale, Kirklees & Wakefield

4.1 The sponsors' group across CKW has been meeting monthly and will be meeting fortnightly from February as the pace to develop effective provider partnerships in each place increases in readiness for the reduced role and scale of the ICB, and in support of operating in shadow for up to twelve months.

The sponsors' group consists of the chief executives from Mid Yorkshire Teaching NHS Trust (MYTT), Calderdale & Huddersfield NHS Foundation Trust (CHFT), and SWYPT along with the place Accountable Officers.

The sponsors' group has no formal delegated authority and is a time limited group which is meeting to facilitate the effective introduction of place provider partnerships as the role of the ICB changes. It has a clear focus on setting direction, doing things once rather than three time where possible e.g. accessing legal advice, ensuring there is a consistent approach and facilitating learning.

Acting collectively also means that CKW can effectively influence the ICB and NHS England where required.

Three workstreams were initially identified by the sponsors' group, each of which has a sponsor:

Governance – Mel Brown – chief officer of Wakefield place
Shadow arrangements – Brent Kilmurray – chief executive of MYTT
Due Diligence – Mark Brooks – chief executive of SWYPFT

Brief updates on each of these workstreams are provided in the sections below.

It has also recently been identified that given what will be expected of place provider partnerships, some organisational development (OD) will be required, so an additional workstream is being added for this.

Given the pace and complexity of the work required a formal programme management approach is being taken.

Governance

A Governance task and finish group has been established. This group has developed a draft provider partnership Memorandum of Understanding and draft Terms of Reference for the emerging place provider partnership shadow committees.

The intent is to provide a final draft by February so as to gain the agreement of the sponsors' group, with the aim of gaining agreement through the appropriate organisational governance routes by the end of March.

Shadow Arrangements

Several principles were agreed by the sponsors' group for operating in shadow form. These are:

- Arrangements should be as inclusive as possible for all stakeholders to feel involvement and able to express their views and influence decision making
- We should seek to build on what works currently
- We should respect people's time
- On this basis we should reduce the number of groups – at a WY level, place and organisational level concerned with neighbourhood health, community services, and place-based governance
- Where we can produce work once for use across CKW we should continue to do so
- We should be open to reviewing our arrangements regularly and prepared to change things if they are not working
- We should reflect national expectations of collaboration, efficiency, and system integration

Subsequently further consideration has taken place regarding what it will mean to work in shadow and what the purpose is. There is a consensus it will cover the following elements whilst also recognising it will evolve with time.

(Taken from the source document written by Brent Kilmurray and agreed by the sponsors' group.)

Partnership Building

In all three places it is positive there are already strong partnership arrangements, underpinned by good relationships. It is important that in this transition this is not taken for granted. The shifting roles of the provider hosts is recognised as causing concern in some quarters and requires frequent assurance.

Based on the agreed principles the following actions are being pursued:

- Defining the role of the host
- Establishing the key group within each partnership that will take the role of the Provider Partnership Board.
- Making the change to that group as soon as possible
- Preparing a clear communication on the intentions of the changes being proposed, the process to be followed and the expectations of stakeholders. This communication will set out the ongoing role of the ICB during shadow mode, the role of the host, and the plans for partnerships.
- Set out a decision-making framework to accompany the Terms of Reference (ToR) and other governance documentation already underway.
- Hold stakeholder events during the fourth quarter to bring people together to draw out concerns and set clear expectations.

Developing Ways of Working

Through the stakeholder engagement, informed by the requirements of the new arrangements and any constraints there should be a process of co-creating a partnership development plan.

The following actions should be considered:

- Commissioning at CKW level some organisational development/system development expertise and capacity to provide skilled independent facilitation to this work, exploring existing OD contractual commitments and looking to use resource we already have as a first port of call.
- As mentioned above, stakeholder events should be run over the coming months.
- Attention should be given to proactive communications about the changes and the progress we make.
- Consideration to be given at a CKW level about how in each of our partnerships we can achieve a high level of transparency, engagement and collective decision making.

Shaping and developing the vision and strategy

The best form of engagement will come from doing the actual work that is being done to make the transformations required. Each place in CKW already

has a health and care or health and wellbeing plan. It is important that further work is done to develop a Provider Partnership strategy to support the identification of key strategic initiatives and place level priorities to further the ambitions of developing neighbourhood services and care outside of hospital.

It is critical this is co-created with partners. There needs to be a clear perspective on integrated neighbourhood working and clear principles for what is done in each neighbourhood and what gets done once or several times across the place.

Ensuring this is a shared vision is important. The process will then support planning for implementation which will require a detailed financial understanding of the current arrangements, and consideration of workforce and estates planning. Implementation plans based on the strategy should be developed during the shadow phase.
Actions from this are:

- Pulling together all current place level and organisational plans and strategies.
- Reviewing population health data
- Focusing on the phased move to the ultimate scope of provider partnerships.
- Each place to set a timeline for the engagement process and the production of a strategy and implementation plan.

This work should commence during Q4 of 2025/26 with a commitment to complete it in Q2 of 2026/27 at the latest.

Defining the Integrator Role
The ICB has set out plans for a good proportion of the posts that remain within place to be within an integrator team. It is critical to have clarity on what these roles can do and equally, what they cannot/will not do. There will be a need for there to be a good amount of focus on programme and project support to enable the mobilisation of the key elements of each place strategy. Inevitably early on this is likely to focus on structure and getting the working arrangements in place.

It is important though that this flips quickly from the strategy work above into clear programmes of change management activity. A key role for the partnerships will be to provide a strategic filter and identify priorities linked to those services within scope for phased one.

In order to set the integrator team up to succeed time will need to be spent understanding these roles and considering the systems and methodologies they will adopt to enable them to do the work.

Actions will include a) reviewing the proposed structures and job descriptions b) identifying the partnership requirements for these roles c) considering the key tasks and responsibilities and d) agreeing an operating model or method

for doing the work across CKW (that could be adapted in each place if needed).

Due Diligence to Contracting

There is a separate workstream developing a plan for completing due diligence. This will support working through the complexities of current contracting arrangements, give a sense of how the income will back the scope agreed and flush out any risks. The aim of this over the coming months will be to facilitate the development of a robust integrated business case for each host provider, which will be used for governance purposes, and aid the development of an integrated business plan for each partnership to support the visioning and strategy work.

This deeper understanding of the current state and matching up with aspirations and governance will allow the engagement with all parties on agreeing financial rules. This will include risk and gain share, commissioning and decommissioning arrangements, and the mechanisms for shifting resources around to back aspirations for left shift.

It would be helpful for a specific CKW wide task to be agreed in this area to consider contracting arrangements, so as to avoid duplication and consider whether there is scope for the three provider hosts to pool resources and expertise.

It will be important that in this period there is explicit linkage with the governance workstream on setting out how we propose to manage conflicts of interest.

Due diligence leads have been identified from each of the three main NHS providers. Their work will begin in earnest in February. The group will be tasked with developing a business case that each of the host providers can use for governance purposes. This business case will be in line with the standard template recommended for use by NHS England. The approach to due diligence requirements will also commence during February with an initial timeline developed for interim reporting and completion.

Patient and Public Involvement

Linked to broader governance discussions and organisational development work there will be explicit consideration of our approach in each place partnership to patient and public involvement activity. There has been constructive challenge on this as there is a concern regarding a potential loss of this approach from the current arrangements, possibly based on a suspicion of large NHS provider organisations taking on a new role.

It is an aim to agree some principles at a CKW level, recognising the emphasis of this work is at each place. Advice and expertise will be sought (most likely through local partners) to determine the key principles and mechanisms and develop frameworks that can be used in each place.

Moving Beyond Shadow
Given the change in timescales regarding redundancy and moving to a revised structure at the ICB, and the need for the comprehensive due diligence it is important to reach an early understanding of what needs to happen during shadow mode to move us to the permanent state. The previous points highlight some of the requirements necessary to facilitate the progress of the actual work of the provider partnerships in developing and transforming services.

To retain the engagement and confidence of provider boards and other stakeholders it is important that there is a regular meeting of the CKW sponsors' group to do the following:

- Ensure that there is a single line of communication from the ICB to partners regarding the direction of the new structure and its implications
- Ensure that there is a challenge on the part of all partners to streamline the current multiplicity of groups meeting about community and neighbourhoods at WY level.
- Ensure that there is progress with the due diligence
- Ensure that there is a good standard of data for the due diligence
- Agree the appropriate business case standard and that there is a consistency of approach across CKW to satisfy Trust Boards and the ICB.
- To engage in discussions about the appropriate contractual mechanisms/types
- To commission appropriate joint legal advice as needed with an explicit view to pursue simplicity and not overcomplicate matters (acknowledging that there will be a point where conflicts of interest will require providers to take their own advice, distinct from the ICBs).

Peer Reviews
A series of peer reviews were held across West Yorkshire in December to discuss progress being made on the development of place provider partnerships and to identify any learning for further development.

The meeting for CKW was considered positive and constructive. One ask from the ICB was to ensure the continued focus on consistency of approach across the three places.

Finance & Contracting
In the shadow period it is planned that out of hospital contracts and funding fall within the scope of the place provider partnership. Trusts have been asked to confirm the values of these elements of the contract and for any observations regarding this approach. Our Partners have responded and will work in shadow on this basis.

The chief finance officer of the West Yorkshire ICB and colleagues have attended one meeting of the sponsors' group in 2025 and again in February.

Operating in shadow will enable effective financial mechanisms to be developed. Examples of areas for consideration include risk & gain share, managing conflicts of interest, and how funding can be flexed to support the left shift and improved outcomes.

5. Conclusion

5.1 The restructuring of ICBs and the impact on local systems is clearly very significant. This report provides an update of the status of the restructuring within the ICB and the work taking place across CKW in preparation for the impact of this reorganisation particularly regarding the formation of place provider partnerships and what that will entail.

It is very evident that there are still many questions to be answered and the opportunity provided by operating in shadow for a year is one that must be used effectively. The CKW sponsors' group all recognise that this is a major change and as such the ICB Committee, Trust Boards and other local governing bodies need to receive appropriate levels of assurance regarding these developments and what they will mean in practice.

Ultimately, there is an opportunity by working together as providers to redesign out of hospital care in neighbourhoods to improve care and reduce inequalities. This will continue to be the aim.

In the shorter term the focus will be on how to effectively bridge the gaps that are being created by the ICB restructuring programme. This will include a careful evaluation of risks and mitigations.

6. Recommendations

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

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:	10
Meeting date:	11 February 2026
Report title:	Accountable Officer's Report
Report presented by:	Vicky Dutchburn, ICB Interim Accountable Officer (Kirklees)
Report approved by:	
Report prepared by:	Vicky Dutchburn, ICB Interim 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:-

- Organisational Change Update
- Place Provider Partnership Update
- Huddersfield University Innovation Campus and Calderdale and Huddersfield Foundation Trust (CHFT) Community Diagnostic Centre (CDC) Update
- Communications Campaigns and Key Messages: November 2025 – January 2026

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:

NA
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 *Organisational Change Update*

1.2.1 Once a means was identified nationally to enable redundancy accounting treatment and funding to be made in this financial year, the pace required for the re-organisation accelerated notably.

1.2.2 To facilitate the required 50% cost reduction the West Yorkshire Integrated Care Board (ICB) went live with its voluntary redundancy programme, which closed in December 2025. Over 370 applications were received and 246 have been recommended for approval with circa 120 not agreed. The second round of applications for voluntary redundancy commenced on 30 January and closes on 16 February 2026, as circa 70 more staff exits are needed to reach the required savings. Staff will begin to leave the organisation by the end of March.

1.2.3 Consultation on the new structures has commenced and will conclude on 26 February. Once feedback has been received and deliberated, recruitment into the new roles in what is effectively a new organisation and structure will commence from April and is expected to be completed by the end of June, with all remaining staff due to exit their employment by October 2026.

1.2.4 This will mean a degree of disruption and change, towards the new system being fully operational. There is clearly a risk given there will be a significant amount of experience, expertise and organisational memory leaving the ICB.

1.3 *Place Provider Partnership Update*

1.3.1 The Kirklees Place Provider Partnership Design Group has been meeting monthly and the sub-groups reporting into this are meeting fortnightly as the pace to develop an effective provider partnership increases in readiness for the reduced role and scale of the ICB, and in support of operating in shadow for up to twelve months.

1.3.2 It should be noted that one consequence of the revised role for ICBs in West Yorkshire is an expectation that place provider partnerships will take on certain delegated responsibilities by April 2027 after operating in shadow for up to 12 months.

1.3.3 These delegated responsibilities are likely to include in the first instance contracting and finance for out of hospital/community care, the ongoing development of neighbourhood care, and assuming a level of governance responsibilities for these.

1.3.4 As committee members are, aware South West Yorkshire Partnership Teaching Foundation Trust will be the host provider for Kirklees.

1.3.5 The design group membership also has representation from SWYPFT, Locala, CHFT, MYTT, Kirklees ICB, primary care, local authority, and voluntary and community sector.

1.3.6 Areas of focus to date have included:

- The mapping and alignment of budgets aligned to services in scope for phase 1
- Reviewing existing partnership groups and forums in Kirklees including consideration of future governance arrangements
- Agreeing membership
- Considering shadow arrangements
- Agreement of vision and strategic aims
- Development of communications plan
- Service transformation and current 'well' programme boards

1.3.7 Meetings of senior Kirklees leaders will continue for the foreseeable future. There is full recognition that the transition period from April needs to be carefully managed in conjunction with the ICB, as well as the longer-term view of improving services and enabling the left-shift.

1.4 ***Huddersfield University Innovation Campus and Calderdale and Huddersfield Foundation Trust (CHFT) Community Diagnostic Centre (CDC) Update***

1.4.1 The Emily Siddon Building, the second facility on the national Health Innovation Campus, opened in January.

1.4.2 The multi-purpose building contains specialist clinical teaching facilities, an NHS Community Diagnostic Centre (CDC), and a Health Business Innovation Centre.

1.4.3 With state-of-the-art simulation technology and access to the CDC, students will benefit from learning in a realistic environment. An MRI simulation scanner that students will use on the first floor is the first of its kind in the UK.

1.4.4 Operated by CHFT, the new CDC will start welcoming patients in early February, offering a wide range of diagnostic testing, such as X-Rays, CT and MRI scans, out of hospital in a convenient location.

1.4.5 The partnership between the University and CHFT is one of the first CDCs on a university campus in the UK.

1.5 *Communications Campaigns and Key Messages: November 2025 – January 2026*

1.5.1 Below is a selection of campaigns and messages shared by partner organisations from November 2025 to the end of January 2026.

Winter vaccination campaigns

Working on promoting the national campaigns and adapted locally if required, the aim of the vaccination campaign is to improve population health, reduce hospitalisations and improve staff illness rates in the health and care sector. This year there has been a separation of the flu campaign from the covid campaign that required additional explanation for the Covid-19 eligibility. There has also been the addition of RSV messaging and pharmacies able to offer the flu vaccine to 2- and 3-year-olds.

Wheelchair services in Calderdale or Kirklees

An engagement exercise was held with wheelchair users, their carers and health and care staff working with them. Its aim was to see how the service could be improved in the future given the resources available. Messages were sent out to raise awareness of the meetings and the survey forms. The final report will be made available on the Kirklees Health and Care Partnership website when published.

Together We Can

West Yorkshire's campaign to help direct people who live and work in the area to the most appropriate healthcare for their need and raise awareness of seasonal issues. Over the winter this has been used to raise awareness over Christmas opening hours and stocking up your first aid over the festive period, directing people to 111 and alternative provision during severe system pressures, directing people to mental health support and making people aware of the risks of cold weather.

Cold weather asthma awareness

There is a significant surge in hospital admissions in cold weather caused by respiratory diseases. This campaigns, developed in Kirklees and used across West Yorkshire, aims to raise awareness of the importance of keeping action plans up-to-date and using medication consistently over winter.

Chicken pox and childhoods vaccinations

National campaign looking at raising awareness of childhood vaccinations and encouraging parents to take action to make sure their children are protected by them. It also raises awareness that the MMR vaccine will now include protection from the varicella virus that causes chicken pox and is now called the MMRV vaccine.

Pertussis Vaccinations

Due to a rise in Whooping cough cases and number of deaths in babies nationally, there has been a campaign to raise awareness of the importance that mums-to-be have the Pertussis vaccination and explain how this protects baby until they can have their own vaccination.

Healthier Together

This West Yorkshire-wide campaign has been used to signpost to NHS urgent care services and a dedicated website during the bank holidays.

Use of NHS app

Promoting the use and benefits of the NHS app.

NHS Pharmacy First

Following the expansion of services offered by pharmacists, we're continuing to promote how community pharmacists can now help patients.

Other messaging

Through the Kirklees HCP channels we have promoted: promotion of the Kirklees engagement event, getting home quicker from hospital, information about the resident doctors' strikes, hygiene and handwashing, A&E busy messaging, encouragement to book midwifery appointments, smoking cessation for the New Year, lifestyle choices quiz, and cancer awareness messaging.

2. Recommendations

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

Meeting name:	Kirklees ICB Committee
Agenda item number:	11
Meeting date:	11.02.26
Report title:	Kirklees Place Quality Report
Report presented by:	Ian Bennett, Director of Nursing and Quality
Report approved by:	Ian Bennett, 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 28.01.26

Executive summary and points for discussion:

This report provides the ICB Committee with an overview of reports presented to the Quality Sub-Committee on 28.01.26. The report takes the form of the Escalation and Assurance Report – Alert, Advise, Assure (AAA) report, and will also be presented to the West Yorkshire Quality 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 Committee is asked to:

1. Receive and note the Escalation and Assurance Report – Alert, Advise, Assure, from the Quality Sub-Committee.

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:

2546 - There is a risk of patient safety, quality and wellbeing being compromised alongside a deteriorating experience of both adults and children in Kirklees and Calderdale accessing the Posture and Mobility service.

2475 - There is a risk of an increase in preventable stillbirths across our place due to the complexity and the actions needed of the total system response. This could result in a delay in initial impact in the reduction of the stillbirth rate being recognised.

West Yorkshire ICB Risk (to note) - There is a risk of maternity services not sufficiently listening to and acting on safety and experience concerns raised by women and families or identified through collaborative service user working, due to Maternity & Neonatal Voices Partnerships (MNVPs) not being fully commissioned in line with national MNVP guidance (2023), resulting in an inability to fully meet the requirements of the Three-year Delivery Plan (2023), and Maternity Incentive Scheme safety action 7 (2025).
Appendices:
None
Acronyms and abbreviations explained:
KHCP – Kirklees Health and Care Partnership CHFT – Calderdale and Huddersfield NHS Foundation Trust ICB – Integrated Care Board WYAAT – West Yorkshire Association of Acute Trusts WY – West Yorkshire QAIP – Quality Assurance and Improvement Process PFD – Prevention of Future Deaths CQC – Care Quality Commission VCSE – Voluntary, Community and Social Enterprise IQF – Integrated Quality Framework LeDeR – Learning from Lives and Deaths of People with a Learning Disability All acronyms and abbreviations in the report are written in full before they are abbreviated.

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

Key escalation and discussion points from the meeting

Alert:

Never Events at Calderdale and Huddersfield Foundation Trust (CHFT)
The term “Never Events” are a subset of patient safety incidents and are defined as being “wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers”.

6 Never Events have taken place at CHFT since April 25. All 6 Never Events, reported as either wrong site surgery or retained foreign objects after surgery, are under investigation by the Trust.

The Integrated Care Board (ICB) Quality Team continue to maintain oversight of these incidents and investigation progress via the team's attendance at the CHFT internal Quality Committee and the ICB’s receipt of CHFT’s routine quality reporting. Relevant learning that is identified regarding patient safety incidents and ‘never events’ is shared by CHFT through the West Yorkshire Association of Acute Trusts (WYAAT) mechanisms. ICB and CHFT Quality Teams will discuss wider opportunities for sharing the learning identified via other West Yorkshire mechanisms where appropriate.

Advise:

Dalton Surgery - Quality Assurance and Improvement Process (QAIP) Update
Since the last report to Kirklees Quality Sub-Committee in October, Dalton Surgery continues to receive support and oversight in line with Level 2 – Enhanced Quality Assurance and Improvement, following the agreed escalation to Kirklees QAIP Level 2 on the 18th September at the Primary Care Operations Group.

Issues which resulted in the practice being escalated to Level 2 support include a coroner’s Regulation 28, Prevention of Future Deaths (PFD) notice, a patient safety event involving a member of practice staff and rising red indicators on the Primary Care Quality Dashboard, indicating cumulative risk.

Following the publication of their recent CQC inspection, which gave an overall rating of requires improvement, with inadequate in the well led domain, the practice submitted their improvement plan to the Care Quality Commission (CQC) on the 13th January 2026.

Next steps include ongoing QAIP Level 2 monitoring through regular oversight and support QAIP visits, and ICB Quality Review Meetings to review ongoing progress

and regular triangulation of intelligence. Support from the ICB continues and assurance updates will continue through the Kirklees Primary Care Operations Group and the Kirklees Quality Sub-Committee.

Pathology and Phlebotomy Service Provision at CHFT

Following escalation of the HbA1c positive bias incident in February 25, the ICB Quality Team observed a notable increase in queries and concerns from partners across the Calderdale and Kirklees system regarding the Pathology service provided by CHFT. In December 25 additional concerns were raised after CHFT communicated changes to its Phlebotomy service provision, citing significant workforce capacity and capability challenges.

To date the areas escalated to the ICB in relation to both departments are:

- Pathology Service, February 25 – HbA1c positive bias incident
- Pathology Service, May 25 – Faecal sampling storage incident
- Pathology Service, November 25 – Urine Analyser fault – IQSprint Machine
- Phlebotomy Service, December 25 – Changes to service provision

Updates and information on CHFTs Pathology transformation journey will be provided via the Transformation committee and updates provided into the Trusts Quality Committee where required.

Regular oversight of the Pathology service is maintained by the ICB Quality Teams attendance at CHFTs internal Quality Committee. Through the ICBs attendance at this meeting, our collaborative working arrangement, strong relationships with Trust colleagues and committee / quality reports received it enables the ICB to address concerns, understand emerging or deteriorating risks and seek assurances regarding the governance structures in place to monitor and drive improvements.

Kirklees Council: CQC report

The Care Quality Commission's most recent local authority assessment for Kirklees Council was published on the 21st of November 2025 and rated the overall effectiveness of the council's adult social care functions as Requires Improvement. The assessment identified areas where people's experiences and outcomes could be strengthened, including consistency in how support is delivered, assurance around safety across the care system, and how strategic planning and governance arrangements work together to ensure sustainable quality and oversight. Themes within the report highlighted challenges in partnership working, risk management, and the embedment of systematic quality assurance processes that underpin safe and effective care across adult social care services.

While the rating reflects areas requiring further development, the report also notes aspects of progress, such as established links with health partners and population insight that support targeted service planning, and clear recognition within the council of the need to drive improvement through strengthened leadership, collaboration, and data driven action. Continued focus on embedding learning and assurance mechanisms is expected to support positive change moving forward.

System Stillbirth Improvement Plan Update

Updates to the System Stillbirth Improvement Plan were presented to the Quality Sub-Committee in January 2026. The updates provided an overview of:

- The noticeable rise in the number of stillbirths across Calderdale in 2024
- The multidisciplinary review of the cluster of stillbirths that occurred in August 2025, which has been reported to the CHFT Trust Patient Safety panel
- The external peer review of all cases which highlighted the importance of a cohesive system response to address broader health determinants, including maternal obesity, timely prenatal care, and the impact of poverty
- The significant continuing system approach to multiple programmes of work based on the themes found from the external stillbirth review

The next steps were outlined as follows:

- Continue to ensure the clear strategic role of system partners in the ambition to reduce the number of stillbirths across Calderdale
- Continue to work closely in the strategic role of system partners to influence the Calderdale Starting Well Board priorities and maternity agenda within this.
- Public Health to continue to support the work around preventative health such as maternal obesity and influence the preconception and diabetes agenda and feed this into wider system strategies and tangible outcomes.
- Understand how specific areas of this programme of work could be supported through the development of integrated neighbourhood teams across Calderdale
- Hold a System review meeting to recognise achievements and progress and acknowledge gaps, challenges and identify further opportunities.

Changes to NHS West Yorkshire ICB Governance Arrangements for 2026/27 (transitional year)

During 2026/27 (the transitional year), delegation from NHS West Yorkshire (WY) ICB Board to Kirklees place will remain via the Kirklees ICB Committee (a

committee of the ICB). Changes to the ICB governance arrangements in Kirklees (place):

- Kirklees ICB Committee composition (chair and membership) and focus of responsibilities will be reduced to ensure that this committee of the ICB Board only undertakes decisions that it is required to discharge to enable the smooth transition
- Kirklees ICB Committee will continue to meet throughout 2026/27 on a quarterly basis and will cease to meet once the emergent Place Provider Partnership has agreed and signed an NHS Contract with NHS West Yorkshire ICB for in-scope services. The expectation is that this will be by no later than 31 March 2027
- Kirklees ICB Committee will no longer be meeting for Building Understanding Sessions or Development Sessions

Sub-committees of the Kirklees ICB Committee, to cease by 31 March 2026, including Quality Sub-Committee.

Assure:

Posture and Mobility Services (Ross Care)

As reported in the October 2025 Quality Report the ICB is leading a period of engagement with service users, carers, referrers and staff to understand peoples' experiences and identify opportunities for improvement. The formal engagement period commenced in September 2025 and closed on 5 January 2026.

The engagement activities included:

- A survey for service users and carers to complete
- On-line engagement workshops with referrers, service users and carers
- Outreach engagement events with key stakeholder groups such as the local MS Society and local Age UK coffee mornings.

Insight received via the various mechanisms is currently being collated by the Engagement Team and will be shared with the Calderdale and Kirklees Wheelchairs Steering Group as well as the Provider, Ross Care. Themes and suggestions will inform improvement options including immediate opportunities as well as longer term planning for the next commissioning stage such as reviewing and adjusting the service specification. This work is being overseen by the Transformation Committee.

Adult Social Care – Fieldhead Park

Fieldhead Park Nursing Home, located in Mirfield, is operated by Roche Healthcare. The service was inspected by the CQC in March 2025. The inspection identified five breaches of regulation relating to person-centred care and safe care and treatment. The report, published on 15 July 2025, resulted in an overall rating of Inadequate.

The service subsequently underwent re-inspection visits on 28 October, 3 November, and 18 November 2025, during which significant improvements were identified, and the provider was found to no longer be in breach of regulations. A further report was published on 1 December 2025, in which the service was rated *Good* across all domains.

Good News Story: Langdale House Care Home
Langdale House Care Home was inspected by CQC in October 2025 with the report published January 2026. The service received a rating of 'Outstanding' overall.

This is a significant achievement, and in recognition of this the Director of Nursing and Local Authority Head of Commissioning Partnerships and Market Development have written to the Manager congratulating them and asking that this is extended to their team.

Experience of Care - Birch Park Story
In January 2024 the WY Consolidated Quality Team established a set of shared quality priorities as a newly formed function. One of the key priorities identified was to ensure the delivery of high-quality care for individuals residing in Care Homes across WY.

In recent months, the Kirklees Quality Team has made significant progress in advancing this priority by gathering experience of care feedback and insight from staff, residents and families at Birch Park Care Home in Kirklees, which was rated Outstanding by the CQC in Spring 2025. A short film has been produced 'Change the problem into a positive' which highlights the home's leadership, culture, person centred approach and how they build trust with residents and families. The story will be shared across the partnership to promote best practice and support learning and improvement across other care homes in Kirklees

Providing Care in Corridors
NHS England's updated Principles for Providing Patient Care in Corridors, published in December 2025 replaces previous Temporary Escalation Spaces guidance and makes clear that corridor care—defined as any non-designated clinical space—is unacceptable as standard practice and should only occur in extremis, for the shortest possible time.

Trust boards, executives, and senior clinical leaders must maintain full oversight of any use of corridor care, ensuring transparent decision-making, robust governance, and clear escalation and de-escalation processes. When unavoidable, staff must follow national principles covering risk assessment and

mitigation, patient safety–focused escalation, delivery of equivalent quality of care, a culture of raising concerns, and systematic data collection on risks and harms. Trusts must monitor patient and staff impact, report relevant metrics through national sitreps, and use dynamic risk assessment to de-escalate promptly, noting potential CQC compliance implications.

Each acute Trust within the Kirklees footprint has reviewed and reported on implementation of this updated guidance.

Annual Experience of Care Report
The 2025 Annual Experience of Care Report for Calderdale and Kirklees was presented to the Quality Sub-Committee in January 2026. The report was developed through co-design with partners across the NHS, local authorities, the voluntary, community and social enterprise (VCSE) sector, and people with lived experience.

It celebrates innovation and excellence, while also providing honest reflection on the challenges faced and the inequalities that persist. Consistent themes emerged including; the power of partnership working; the importance of culturally sensitive and inclusive approaches; the value of stories alongside data; and the impact that small, thoughtful changes can have when they are shaped by those who use services.

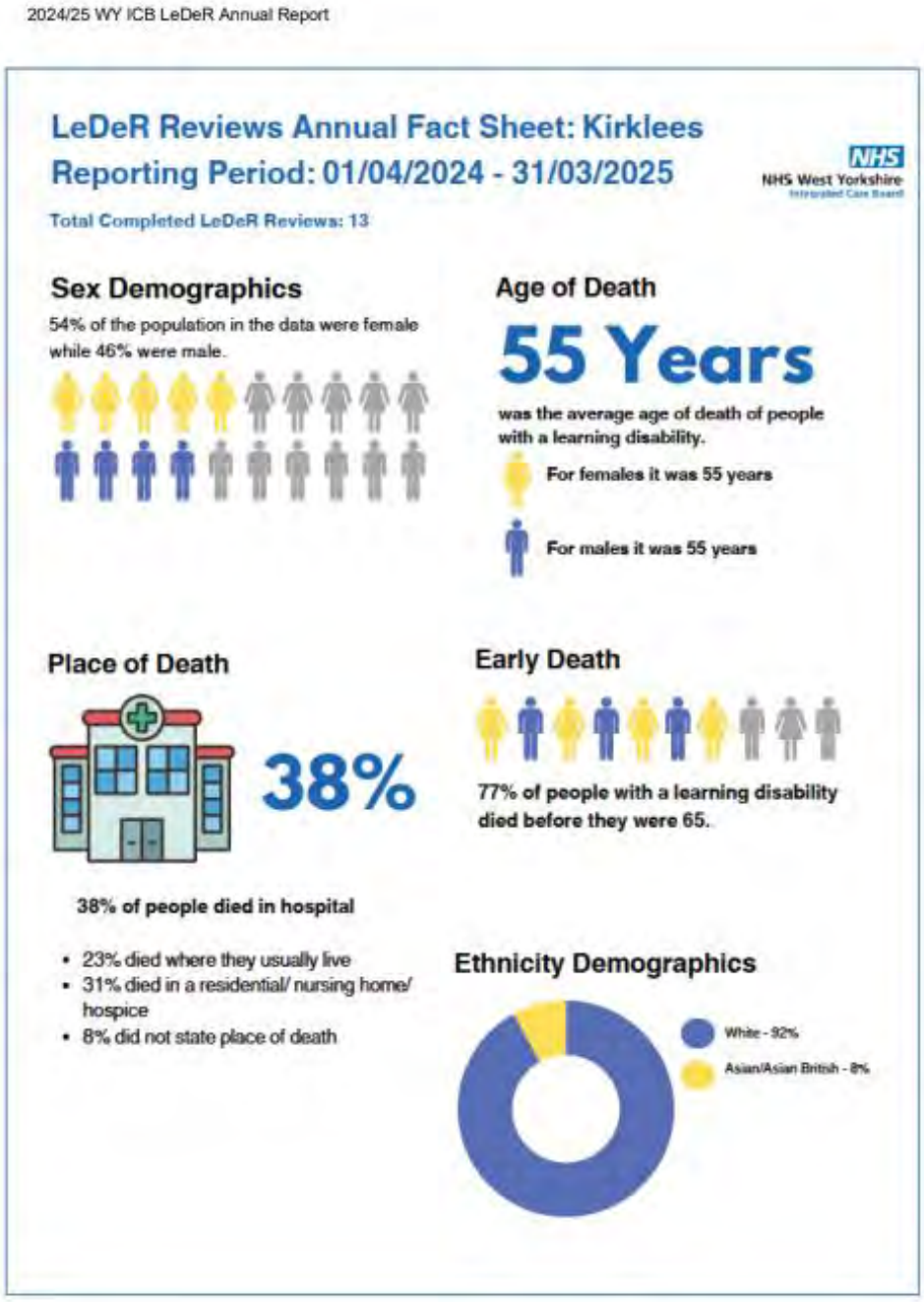
The report also highlights the pressures facing our system, including workforce challenges, increasing demand and financial constraints. The report outlines collective opportunities that could be explored to drive improvement and innovation and describes the next steps for further dissemination of the body of work.

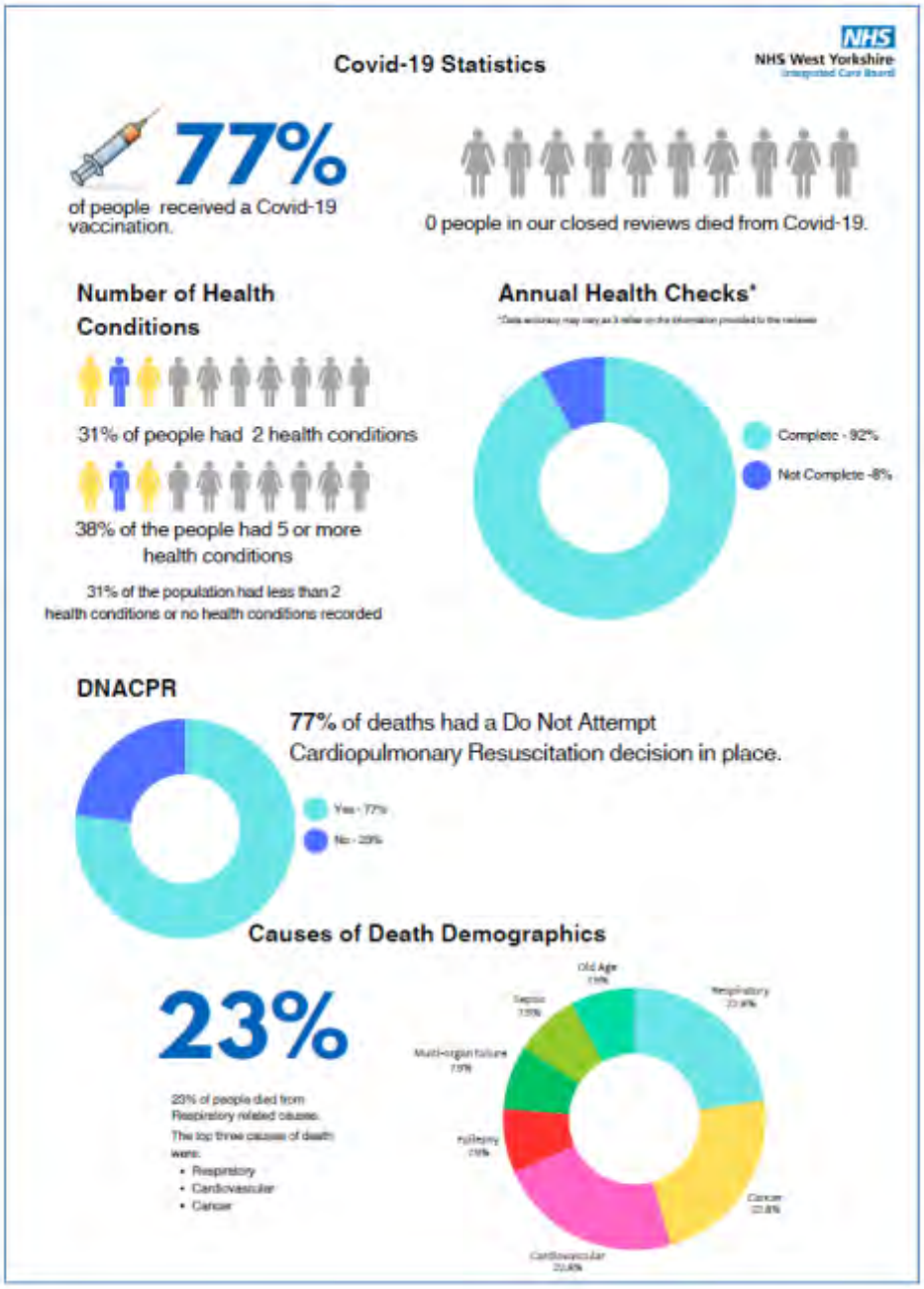
Integrated Quality Framework for Adult Social Care
Updates to the Integrated Quality Framework (IQF) for Adult Social Care were presented to the Quality Sub-Committee. The Framework, which has been jointly developed by ICB and Local Authority colleagues, was first presented to the Committee in April 2025 as a development from previous sector quality oversight guidance.

The framework has continued to be developed as processes have been refined and adapted, including ambitions to include Community Service Providers.

Learning from Lives and Deaths of People with a Learning Disability (LeDeR) Annual Report
The annual West Yorkshire ICB LeDeR Report for 24/25 was presented to the Quality Sub-Committee in January 2026.

The report highlighted the following statistics for Kirklees Place:




Covid-19 Statistics
NHS West Yorkshire
77%
of people received a Covid-19 vaccination.
0 people in our closed reviews died from Covid-19.
Number of Health Conditions
31% of people had 2 health conditions
38% of the people had 5 or more health conditions
31% of the population had less than 2 health conditions or no health conditions recorded
Annual Health Checks*
Complete - 92%
Not Complete -8%
DNACPR
77% of deaths had a Do Not Attempt Cardiopulmonary Resuscitation decision in place.
Causes of Death Demographics
23%
23% of people died from Respiratory related causes.
The top three causes of death were:
• Respiratory
• Cardiovascular
• Cancer

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Kirklees Clinical and Care Professional Forum

Date of meeting: 17th December 2025

Report to: Kirklees ICB Committee

Report completed by: Ian Bennett – Director of Nursing & Quality

Date: 19th December 2025

Key escalation and discussion points from the meeting
Alert:
Nothing to report.
Advise:
Nothing to report.
Assure:
Kirklees Palliative and EoL Care - The forum received an update on the work being done on the Kirklees Dying Well Board, specifically the Palliative and EoL model development. A good level of assurance on the process that has been undertaken, including project timelines and associated governance. The forum had a comprehensive and detailed presentation including a focus on the clinical model and pilot work that has taken place. **Antimicrobial Resistance -** An update was provided on the work of Antimicrobial Resistance; a detailed presentation was delivered which included some comprehensive insights and examples, including data comparisons between January 2024, July 2025 and September 2025. Useful follow-up discussion relating to allergy status and colleagues' experiences. **WY Neurodiversity and ADHD pathways –** A detailed update was presented to the forum which included information about the agreed vision of the future; *a unified, equitable and needs-led neurodevelopmental pathway across West Yorkshire*. The presentation included various topics, such as the neurodiversity summits, demand and referral data, challenges encountered, data relating to referral acceptance and conversion rates, governance arrangements and the next steps planned. **Feedback from last WY Clinical and Care Professional Forum -** An update was received following November and December's WY meetings; this included system pressures, winter planning and the 'Together We Can' winter campaign, which was launched on the 10th November 2025. The campaign includes the capacity boost, the set-up of respiratory clinics and vaccine communications. Further updates included the Paediatric Dental Trauma

pathway and which parts of the system deal with these cases. Palliative and EoL care were also discussed along with Clinical Policy and IFR Team, where some work is being put on hold due to staff shortages. Further information shared including Rehabilitation as a strategic priority in West Yorkshire, with a more inclusive service in the future including COPD, MSK and Falls services.

Meeting name:	WY ICB Kirklees Committee
Agenda item number:	14
Meeting date:	11 February 2026
Report title:	Performance Report against Key Performance Indicators for 2025/26.
Report presented by:	Natalie Ackroyd Deputy Director of Planning and Performance
Report approved by:	Vicky Dutchburn Director Of Operational Delivery and Performance
Report prepared by:	Natalie Ackroyd Deputy Director of Planning and Performance

Purpose and Action:			
Assurance ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/discuss/escalate	Information ☒
Previous considerations:			
Finance and Performance subcommittee - Monday 2nd February 2026			
Executive summary and points for discussion:			
This report provides the ICB Committee with an overview of the exceptions and the underperforming key performance indicators from the Performance report which was discussed at depth at the Finance and Performance subcommittee that took place on Monday 2nd February 2026. The report takes the form of the Escalation and Assurance Report – Alert, Advise, Assure (AAA) report. This report provides an overview of those measures underperforming at month 7, October 2025 against the Kirklees Planning Measures, Constitutional Standards and Wells Metrics.			
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 Committee is asked to:

1. Receive and note the Escalation and Assurance Report – Alert, Advise, Assure, based on the detailed Performance report that was presented and discussed at the Finance and Performance Sub-Committee.

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:

Corporate Risk Register:

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 HCP implements health improvement plans without being able to demonstrate the benefits of these, due to not measuring improvement, resulting in inappropriate commissioning decisions.

Board Assurance Framework strategic risks:

1.2, 2.3 and 3.3

Appendices:

N/A

Acronyms and abbreviations explained:

1. SOF- System Oversight Framework
2. CHFT- Calderdale and Huddersfield NHS Foundation Trust
3. MYTT – Mid Yorkshire Teaching Trust
4. RTT- Referral to Treatment Times
5. YAS- Yorkshire Ambulance Service
6. IAPT – Improving Access to Psychological Therapies
7. SWYPFT - South West Yorkshire Partnership Foundation Trust
8. AACC - All Age Continuing Care
9. INT – Integrated Neighbourhood Team

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

Key escalation and discussion points

To advise the Kirklees ICB Committee of October performance against(month 7) 25/26 KPIs.

Alert -

Kirklees Performance Report

All handovers between ambulance and A&E must take place within 15 minutes – 95% target.

58.6% of handovers take place within 15 minutes at CHFT, 76.6% at Calderdale Royal Hospital and 49.6% at Huddersfield Royal Infirmary.

CHFT continues to see consistent month on month deceases for YAS hospital handovers. This has been due to the change in the way handovers are reported by YAS, the key change is the use of arrival destination as the trigger for when the clock starts. This removes any notify times previously used and as a result there has been an increase in handover times. A meeting held at CHFT with YAS management to identify and resolve issues in handovers through collaboration has created YAS cohort SOP and are creating CHFT driven SOP for cohorting YAS arrivals.

There is also a departmental ambulance arrival SOP and Divert SOP between sites.
CHFT is going to trial a new approach with YAS to help reduce number of patients with handover over 45 minutes.

MYTT have reported that 46.3% of ambulance handovers have taken place within 15 minutes in October 25 up 6.4% since April 25. MYTT have seen a 5% increase in attendances compared to the previous month. Despite this, there has been just one ≥60 minute ambulance handover in the last five consecutive months. There has been successful medical recruitment to Consultant and CESR middle grade posts, with ongoing recruitment for FY2 and GPSI posts. Type 3 activity is now being reported internally as a separate measure to drive focus and improvement.

Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral

Kirklees have had 90.4% patients waiting less than 6 weeks from referral for a diagnostic test, 8.6% under the 99% target. For CHFT this figure is 93.3% while MYTT are achieving 85.6% of patients

waiting less than 6 weeks for a diagnostic test. This is drop from last when last reported in July, MYTT were achieving 94.6% of their diagnostic tests within 6 weeks, almost at target.

For CHFT some modalities are already operating at 6 weeks or less from a diagnostic waiting time perspective, additional activity is not currently needed as per the planning submission made at the start of the year. Echocardiography performance has improved and is expected to be back on track by year end. MRI is slightly below internal target due to capacity, although this capacity will be expanded with the opening of the Huddersfield CDC MRI service.

MYTT has seen a Sustained increase in demand over and above core capacity and reduction in workforce availability are the drivers for the decline in performance.
Gynaecology Urodynamics has seen a performance dip and is being monitored and Ultrasound has seen a decline in performance over the last 3 reporting cycles, capacity is challenged in the coming months due to staff availability, due to the volume of activity this could impact DM01 performance this is being monitored.

The MRI service is undertaking a workforce review to maximise capacity with the available team. Recruitment to vacancies is in progress and Health pathways are being explored to ensure demand through pathways such as MSK are appropriate and agreed. Exploration of additional capacity has been explored, however this is not currently available within financial resource. A business case to describe the required MRI additional capacity to recover the position is being explored.

Transformation Projects

Living Well:- the prioritised KPI's relating to Diabetes and Lipids are under target, with identified gaps to reach national expectation and agreed local stretch, the established task and finish group have developed a remedial action plan and timeline.

Ageing Well:- virtual ward occupancy is falling and the use of spot purchase beds spiked during the reporting period. It was noted that this increases the risk of lost system benefit, and lost QIPP benefit. A remedial action plan has been agreed with system partners to mitigate the risks and improve the position to support the seasonal pressures.

Starting Well:- the committee discussed the proposed KPI's prioritised for this programme. It was noted that these are currently in development to align with the recent SEND and CQC recommendations. Work is also starting in relation to CYP and Integrated Neighbourhood Health

programme. CYP are a priority co-hort identified trough the segmentation tool. Data and insight will be produced to allow the board to make informed data driven decisions.

Advise -

Transformation Projects

Action is already in train / mitigations in place to support the living well Lipid and CVD improvement trajectory, including targeted support to identified deprived areas; learning is being embedded. Data packs have been issued and aligned to the West Yorkshire North Star metrics to support the delivery of the Frailty projects within the Integrated Neighbourhood teams.

The Population Health Management Tool has now been used to segment the Kirklees population and understand the priority co-horts further. Work is ongoing with each Integrated Neighbourhood Team to understand the population at a local level. The top 2% resource usage is being identified for each team with additional pathway and potential service gaps highlighted. This is a system approach pulling data and intelligence tother across all partners, both Health and Social Care.

Assure -

Efficiency & Recovery Programme

The efficiency Programme forecast has improved to £9.152m full year - this is due to the over performance of a number of schemes and additional opportunities identified, offsetting the acute scheme underperformance.

Transformation projects now explicitly aligned to the 3 West Yorkshire North Star metrics (Non Elective Admissions / Length of Stay / A&E Attendances) – this will increasingly drive coherent QIPP and prioritisation.

Better Care Fund plan and trajectories are on track and all National Conditions were met for Quarter 2 reporting.

Meeting name:	Kirklees ICB Committee
Agenda item number:	15
Meeting date:	11 February 2026
Report title:	Risk Register (Cycle 4 2025/26)
Report prepared by:	Asma Sacha, WY ICB – Risk Manager
Report approved by:	Sue Baxter, Head of Partnership Governance
Report presented by:	Asma Sacha, WY ICB – Risk Manager

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

Previous considerations:

Kirklees Senior Leaders Meeting – 21 January 2026
Kirklees Quality Sub-Committee – 28 January 2026
Kirklees Finance and Performance Sub-Committee – date to be confirmed

Executive summary and points for discussion:

This report provides details of all risks on the Kirklees Place Risk Register at the end of the current risk review cycle (Cycle 4, 2025/26) in Appendix 1. The total number of place risks for consideration, the numbers of risks which are marked for closure, new, increasing or decreasing in score are set out in the report, along with the numbers of Critical and Serious Risks. The full Kirklees Place risk register is attached at Appendix 1.

The paper includes the final Place review of the Board Assurance Framework (BAF) which is attached at Appendix 3. The BAF provides the ICB with a method for the effective and focused management of the principal risks and assurances to meet its objectives. By using the BAF, the ICB can be confident that the systems, policies, and people in place are operating in a way that is effective in delivering objectives and minimising risks.

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 review the risks and:

1. **RECEIVE** and **NOTE** the High-Scoring Risk Report as a true reflection of the risk position in the ICB in Kirklees following any recommendation from the relevant sub-committees.

2. **CONSIDER** whether it is assured in respect of the effective management of the risks and the controls and assurances in place.
3. **RECEIVE** and **NOTE** the Board Assurance Framework for Cycle 4, 2025/26

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, and relevant links will be drawn between risks on each going forward.

Appendices:

Appendix 1: Kirklees Place Risk Register, Cycle 4 2025/26
Appendix 2: Kirklees Place Risks on a Page Report, Cycle 4 2025/26
Appendix 3: West Yorkshire ICB Board Assurance Framework, Cycle 4 2025/26

Acronyms and abbreviations explained:

- Static – 'x' archives – risk score has been unchanged for 'x' risk cycles
- Static description – neither the risk score nor its description has changed since the previous cycle
- Reached tolerance – current risk score has reduced to target score so risk may be closed

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. Purpose of this report

1.1 The Kirklees ICB Committee via the West Yorkshire Integrated Care Board (WY ICB – as a publicly accountable organisation), needs to take many informed, transparent and complex decisions and manage the risks associated with these decisions. As part of this risk management arrangement, the Committee therefore needs to engage with this overarching approach and thereby ensure that the Committee has a sound system of internal control.

1.2 Effective risk management processes are central to providing assurance that all required activities are taking place to ensure the delivery of the Partnership's priorities and compliance with all legislation, regulatory frameworks and risk management standards.

1.3 The report sets out the current risks captured on the Kirklees Place Risk Register for Cycle 4 2025/26. New risks, risks marked for closure and risks rated 15 or above and risks with changes in risk score are highlighted below.

2. Context and Background information

2.1 The WY ICB risk management arrangements categorise risks as follows:

- Place – a risk that affects and is managed at place
- Common – common to more than one place but not a corporate risk
- Corporate – a risk that cannot be managed at place and is managed centrally

2.2 During each risk cycle, risk leads across the ICB review the risks on each place risk register. This supports the identification of place risks scoring 15+ and common risks on the registers. The detailed review and mapping of the risks also enable the flagging of potential anomalies in scoring or wording between different places, supporting the discussions that ensure the continued evolution of the risk register.

2.3 All corporate risks, Place risks scoring 15 and above and common risks will be presented to the relevant WY ICB committee and to the WY ICB Board on the following dates:

- West Yorkshire ICB Finance, Investment and Performance Committee – 3 March 2026
- West Yorkshire ICB Quality Committee – 3 March 2026
- West Yorkshire ICB Board – 24 March 2026

2.4 The Cycle 3, 2025/26 Corporate Risk Register the common risk mapping across the five places and the Cycle 3 Board Assurance Framework was presented to West Yorkshire Integrated Care Board on 16 December 2025.

3. Key Points

3.1 This report set out the key changes to the risk profile of the Kirklees place risks during risk cycle 4 2025/26 which commenced on 17 December 2025 and will end after the WY ICB Board meeting on 24 March 2026.

3.2 The ICB is undergoing organisational change with the primary focus on becoming strategic commissioners with the governance framework transitioning from 1 April 2026 and continuing to evolve during 2026/27. The Place Committees will continue to meet on a quarterly basis through the 2026/27 transitional year; however, the meetings will be streamlined with their primary focus on ensuring effective decision-making and assurance; they will be running alongside shadow collaborative governance arrangements. In line with this arrangement, the Risk Manager will be liaising with senior managers from each of the Places prior to the end of March 2026 to determine which risks remain open for transfer to the ICB corporate risk register. The complete risk report will be made available to the Place Provider Partnerships for them to determine whether any risks will inform their risk registers. Risks that are not transferred will be closed and archived.

3.3 The extract of the Risk Register (Appendix 1) provides further detail of all risks including the key controls and assurances for each risk. The 'Risk on a Page' report (Appendix 2) provides a summary of the key changes since the last review cycle.

There are 15 risks on the Kirklees place risk register:

- Nine risks are aligned to the Quality Sub-Committee
- Two risks are aligned to the Finance and Performance Sub-Committee
- Four risks are aligned to both the Quality and Finance Sub-Committees

The following changes have been made:

- There is one high scoring risks (15+ in risk score)
- One new risk
- Three risks have decreased in risk score
- One risk has closed

3.4 **High scoring risk (15+)**

There is one high scoring risk in Cycle 4, 2025/26:

Risk	Sub-Committee alignment	Risk score	Update for Cycle 4
2533 - There is a risk that the Kirklees place part of the WYICS will not as a system develop a financial strategy to deliver a break-even position in future years. This is due to in part to the fact that the WYICB - Kirklees Place plan having a significant efficiency target (with an element unidentified) . In addition CHFT, MYY, SWYFT and the LA has in 25/26 planned for a significant deficit or has a large efficiency ask to deliver its position. The scale of these pressures will require a financial recovery plan to deliver a breakeven position in future years. The result of failure to deliver longer term financial balance 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 and Performance	16 (I4xL4)	Static – 3 cycles The risk score remains the same.

3.5 **New Risks**

There is one new risk in Cycle 4, 2025/26:

Risk	Sub-Committee Alignment	Risk score	Update for Cycle 4 2025/26
2583 - There is a risk of disruption to the delivery of the current Shared Care Prescribing Local Enhance Scheme (LES) being delivered across all of Kirklees place. Due to the implementation of the new West Yorkshire Amber drug/Shared Care Prescribing LES from 1st April 2026. This could result in inequity for the provision of this across Kirklees. The current service provision should be being maintained until at least 31st March but there are some practices who are questioning aspects of the current Shared Care Prescribing LES.	Quality	6 (I3xL2)	New risk added to reflect the disruption in the delivery of shared care prescribing.

3.6 **Risks marked for closure**

One risk has closed in Cycle 4, 2025/26

Risk	Sub-Committee Alignment	Reason for closure
2465 - There is a risk to ongoing prescribing of some shared care medication for patients due to clinician concerns about the process being undertaken within local trusts, and their adherence to monitoring requirements as laid out in the shared care	Quality	Risk 2465 has been closed due to Lithium no longer being an issue as part of the shared care agreement. It was agreed to draft a new risk on shared care/amber drugs and practice hesitancy. The new risk has been added under risk ID 2583.

Risk	Sub-Committee Alignment	Reason for closure
protocols,. This would result in patients not being able to access their medication via the usual routes and lead to a risk to patient health and outcomes i.e. disruption to anti psychotic supply for patients with Serious Mental Illness and safety if monitoring is not undertaken appropriately If shared care prescribing was referred back to the Trust this would increase capacity pressures within the local Trust		

3.7 **Change in Risk Score - Increase**
None

3.8 **Change in Risk Score – Decrease**
Three risks have decreased in risk score in Cycle 4, 2025/26

Risk	Sub-Committee Alignment	Cycle 3 2025/26	Cycle 4 2025/26	Update for Cycle 4 2025/26
2475 - There is a risk of an increase in preventable stillbirths across our place due to the complexity and the actions needed of the total system response. This could result in a delay in initial impact in the reduction of the stillbirth rate being recognised.	Quality	12 (I3xL4)	6 (I2xL3)	The risk score has reduced from 12 to 6. This risk is at the 12-month review point. A system-wide approach to reducing preventable stillbirths is ongoing, with work increasingly focused on measuring impact and embedding practice. Despite an acknowledged cluster at CHFT in August 2025, the overall stillbirth trends the past 12 months in particularly since May 2025 shows a downward

Risk	Sub-Committee Alignment	Cycle 3 2025/26	Cycle 4 2025/26	Update for Cycle 4 2025/26
				trend, with rates falling below the national MBRRACE target. Six-monthly reviews at Quality Boards have provided assurance on continued system work at place level.
2473 - There is a risk that the population of Kirklees will not have access to an adequate Continuing Health Care (CHC) Appeals and Previously Unassessed Periods of Care (PUPoC) Service resulting in delays in response to appeals and PUPoCs due to the delays in delivery of the service of the West Yorkshire Appeals Team.	Quality	9 (I3xL3)	4 (I2xL2)	The risk score has reduced from 9 to 4. Due to the introduction of an external Clinical Lead on a temporary basis, the team have seen an improvement in the work provided. This is due to the addition of clear clinical oversight and now accountability, systems and processes being introduced to improve performance and quality and improved reporting. Monthly review meetings remain place. The risk owner recommends a further period of review before the risk is closed.
2532 - There is a risk that WYICB - Kirklees ICB as part of the ICS will fail to deliver the 2025/26 financial plan (as submitted to NHS England on 27 March 2025). Kirklees ICB has a control total of £8.7m surplus to achieve. The WY ICB and the wider ICS plan requires significant level of recurrent savings to bring into balance this year and in future years. Failure to deliver a break even position could result in:	Finance and Performance	8 (I4xL2)	4 (I4xL1)	The risk has reduced from 8 to 4 as the financial position is expected to be achieved by the end of the financial year.

Risk	Sub-Committee Alignment	Cycle 3 2025/26	Cycle 4 2025/26	Update for Cycle 4 2025/26
- reputational damage to the ICB and wider ICS - additional scrutiny from NHS England - a requirement to make good deficits incurred in future year - likely implications on future access to capital (i.e. would be reduced).				

3.9 **Emerging risks**
None

4 Board Assurance Framework update for Cycle 4, 2025/26

4.1 The BAF provides the ICB with a method for the effective and focused management of the principal risks and assurances to meet its objectives. By using the BAF, the ICB can be confident that the systems, policies, and people in place are operating in a way that is effective in delivering objectives and minimising risks. These risks are owned by members of the Executive Management Team.

4.2 There will be a new ICB Governance Framework from 1 April 2025 and the Place contribution to the BAF will be consolidated and archived.

4.3 From 1 April 2026 going forward, the BAF will only be reviewed by the ICB Executive Management Team.

6 Recommendations

The Kirklees ICB Committee is asked to:

- **RECEIVE** and **NOTE** the High-Scoring Risk Report as a true reflection of the risk position in the ICB in Kirklees.
- **CONSIDER** whether it is assured in respect of the effective management of the risks and the controls and assurances in place.
- **RECEIVE** and **NOTE** the Board Assurance Framework for Cycle 4, 2025/26

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	Risk Status
2533	17/04/2025	Finance and Performance	Enhance productivity and value for money	16	(I4xL4)	12	(I3xL4)	Helen Shallow	Alison Needham	There is a risk that the Kirklees place part of the WYICS will not as a system develop a financial strategy to deliver a break even position in future years. This is due to in part to the fact that the WYICB - Kirklees Place plan having a significant efficiency target (with an element unidentified) . In addition CHFT, MYY, SWYFT and the LA has in 25/26 planned for a significant deficit or has a large efficiency ask to deliver its position. The scale of these pressures will require a financial recovery plan to deliver a breakeven position in future years. The result of failure to deliver longer term financial balance 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.	1. WYICS Financial Framework agreed in all places . 2. Robust financial planning process across partners. 3. Monthly reporting of financial position to WYICS. 4. Regular review of financial position by peers in monthly Finance Forum meetings. 5. Reporting of system finances through to Kirklees ICB Board. 6. Collaborative work streams to focus on delivery to transform services and reduce pressures in systems 7. Hospital reconfiguration process should deliver some level of savings. 8. Update October 2025 - reconfiguration will deliver recurrent financial balance for CHFT.	1. Capacity to explore benchmarking and other efficiency measures to identify areas where costs are in excess of peers. 2. Joint recovery plan its required to be developed 3. Improved system level reporting of pressures. 4. Improved system level understanding and exploration of mitigations.	1. Quarterly WYICB assurance process where the financial position is assessed. 2. Additional WYICB assurance meetings. 3. WYICB financial strategy. 4. Individual organisation internal audit processes 5. Individual organisation governance and reporting processes 6. NOF process introduced to include current financial challenges.	1. In year financial plan approved by each system partner and WYICS. 2. HFMA Financial sustainability exercise being undertaken and internal audit review thereof. 3. WYAT commissioned report from PWC. 4. WYICS commissioned PWC report. 5. System leadership meetings to focus on financial sustainability. 6. NHSE review of plans. 7. Joint work streams and programme to due areas such as NEL and demand pressures. 8. CHFT to submit LTFM as part of reconfiguration business case in March 2026 which must demonstrate ability to return to balance.	1. Implementation of any action plans or recommendations form HFMA Financial sustainability exercise. 2. No medium term financial plan yet produced	Static - 3 Archive(s)
2498	27/03/2025	Finance and Performance & Quality	Enhance productivity and value for money	12	(I3xL4)	4	(I2xL2)	Toni Whitehall	Vicky Dutchburn	There is a risk of an inability to deliver all of the statutory functions of the ICB in regard to All Age Continuing Care (AACC) due to challenging workforce pressures which could result in reputational damage, financial inefficiency, complaints, challenges and appeals, and staff burnout. (Kirklees)	- Completion of staffing compliment and structures work - Work to be undertaken to understand capacity and demand across Place - Regular staff supervision and 1-1s in place to address any wellness/wellbeing issues - support of organisation to recruit clinicians on a time limited basis into post outside of workforce controls	Sickness absence due to work-related conditions, which has increased due to the wider workforce and organisational changes - since then a small number of staff have secured posts elsewhere due to fears of losing their jobs. This has increased work-place stress related sickness due to recruitment freeze and increased workload. - inability nationally to recruit into clinical posts - inability to retain all staff due to high workload demands, nature of interactions with patients/representatives as part of CHC process, or other patient representatives (external companies/legal firms) - Financial challenges of increasing the workforce in current operating model, even if the workforce is available. - end of contractual arrangement with agency staff therefore workforce to be depleted by a further B6 2 WTE Lead Nurse posts.	Capacity and Demand modelling will identify any potential areas of efficiency/inefficiency across WY - Ability to consider economies of scale with development of WY wide functions	The Kirklees team are committed and hard working, and will ensure the work is done to make sure that our responsivities are met. The management structure are as committed, but also are aware of this and works in a way to promote wellbeing and emotional safety within this context.	Significant staffing gaps remain, particularly non-clinical, but also clinical team for CYP currently has no staff present (2 leavers and one maternity leave with no cover). AACC activity continues to be a consistently challenging environment for all staff, clinical and non-clinical due to the nature of the work and implications of decision making Relationships at Place with Local Council can be strained at an operational and strategic level due to reductions in resources, workforce, budget constraints and pressures.	Static - 3 Archive(s)
2240	27/03/2023	Quality	Tackle inequalities in access, experience, outcome	12	(I3xL4)	6	(I2xL3)	Stewart Horn	Ian Bennett	There is a risk of children being unable to access a timely diagnostic service for neurodevelopmental conditions. This is due to increased demand for the service and capacity. This could result in delays to timely diagnosis, may also impact upon access to other support services across Health, Education and Social Care and reputational damage.	1. Additional funding has been provided to increase capacity in the SWYFT assessment team. 2. Additional assessment capacity was procured as a non-recurrent waiting list initiative. 3. Service pathway redesign with changes to the referral and triage process has improved patient flows and efficiency of the process. 4. Establishment of new dedicated clinic space for assessments has increased assessment capacity. 5. Monitoring of data	1. Referrals into the system continue to outstrip capacity for assessment. 2. Improvements to referral process highlighted a number of referrals waiting for triage not previously included on waiting list reporting. 3. Impact of Right to Choose on waiting times is currently unclear. WY Provider framework is now in place. Private providers report increasing waiting times. 4. Waiting times for assessments are included in the Area SEND action plan, monitored by NHSE.	1. Service performance and waiting times are reported to the Local Authority Children's Quality Assurance panel and SEND programme board. However, this is only for the commissioned SWYFT service and does not include assessments carried out under the right to choose framework 2. WY system neurodiversity group established to oversee and deliver system wide improvements and consistency with ICB Exec Medical Director as SRO	1. SWYFT service reports that recent staff recruitment has been successful. 2. Output from WY neurodiversity system wide group	Requests continue to outstrip assessment capacity	Static - 13 Archive(s)
2179	21/10/2022	Quality	Tackle inequalities in access, experience, outcome	12	(I3xL4)	4	(I2xL2)	Stewart Horn	Louise Fletcher	There is a risk of Looked After Children (LAC) not receiving an Initial Health Assessment (IHA) or Review Health Assessment (RHA) within statutory timescales. This is due to an increase in the complexity of individual cases and increasing numbers of LAC from outside the area living in private children's homes Kirklees. This includes an increase in Unaccompanied Asylum Seeking Children (USAC), which could result in the non achievement of mandatory timescales. This could result in performance targets not being met and assessments being carried out late. Health needs may not be identified early enough to ensure that support is put in place promptly.	1. The LAC Nursing service is provided by Locala as part of the Kirklees Community services contract. This included additional resource over the previous contract. The Designated nurse for CLA function has also moved from Locala to the ICB. This provides additional oversight from ICB as well as freeing up resources in the Locala team for operational functions. CHFT and Locala have been asked to propose a more resilient service delivery model within the existing financial envelope. 2. The ICB provided additional funing to CHFT over the summer of 2024 to address the IHA backlog. 3. A task and finish group, including ICB, CHFT, Locala and Local Authorit has improved the referral process and communications between services. This has resulted in improved efficiency and reduced missed appointments.	1. System resilience within the CHFT dedicated doctor provision for IHAs is a concern. There is a risk that waiting times will increase if the designated doctor is not available due to sickness or annual leave. The limited doctor capacity also limits the ability to respond to peaks or fluctuations in demand for assessments. 2. Update for Cycle 2 2025/26 - we have experienced an increase in the. number of children entering care. This has included a number of large sibling groups. Update for cycle 4 Sickness absence in the nurse team has resulted in a dip in performance for Review Health assessments. 3. Update for Cycle 3 2025/26 - Fluctuations in demand	1. A monthly performance report is provided to commissioners and presented to Corporate Parenting Board. KPIs and risks/mitigations are reported. 2. An annual LAC Health report is presented to ICB Quality sub committee. 3. Update for Cycle 3 2025/26 - Further system redesign work including a lead provider model is underway with the aim of improving system resilience. Health of children in care and Health assessments is a standing item for discussion at Kirklees parenting board.	Performance within timescales for IHA in November 2025. We are assured that all children in care do receive a high quality initial health assessment.	System resilience in CHFT paediatrician service remains uncertain.	Static - 2 Archive(s)
2546	21/07/2025	Finance and Performance & Quality	Improve healthcare outcomes for residents	9	(I3xL3)	6	(I3xL2)	Louise Fletcher	Ian Bennett	There is a risk of patient safety, quality and wellbeing being compromised alongside a deteriorating experience of both adults and children in Kirklees and Calderdale accessing the Posture and Mobility service. Due to extensive waiting times following referral for wheelchairs or wheelchair equipment as a consequence of the limited financial envelope. This could result in a high likelihood that the 18-week referral to treatment pathway will continue to not be met; a rise in the number of complaints; increased risk of damage to skin integrity; increased risk of negative impact on mental health for both the wheelchair service user and their carers. This could also result in pressures on both the healthcare and social care system for example; primary care, A&E, district nursing team, mental health services and education services.	1. Finance concerns have been and continue to be highlighted to SLTs in Calderdale and Kirklees Places (ongoing). 2. Potential solutions are explored at each contract meeting with an aim to reduce waiting times, e.g. offering the option to buy equipment directly from the provider to avoid joining the waiting list (monthly) 3. Bi-monthly contract meetings are held with the Provider where updates on this issue are provided (this includes a Harm Report). 4. Additional commentary has been included in the monthly performance report to show how the Provider is managing any risks for long waits and these are reviewed by the ICB Quality Team as part of bi-monthly contract meetings. 5. A communications and engagement plan is being developed which includes a range of engagement activities planned for September 2025 onwards. Outcomes from these will inform opportunities to adjust the specification. The steering group will determine whether these will be implemented within the contract term (via a contract variation) or in preparation for a new contract from October 2028. 6. Awaiting feasibility modelling from the Provider in relation to offering the option to buy equipment directly from themselves and the impact this will have on the waiting list for 2025/26 7. The Provider is prioritising urgent cases and those with the greatest clinical need using a robust clinical prioritisation process. They also have a weekly review meeting to consider all the longest waiters. 8. Complaints are discussed at the Bi-monthly Contract Management meetings. 9. The Provider has a range of mechanisms to engage with service users and carers as well as gathering feedback including participation in the Calderdale and Kirklees Story Facilitators Network, awaiting further feedback on engagement (August/ September 2025)	1. Awaiting the SEND review report before allocating funding (7by the end of August 2025) 2. Referral To Treatment KPIs are currently not being achieved in respect of waiting times and delivery times. 3. Engagement activities have not yet commenced. 4. The current assessment and allocation process means that some people with lower-level needs may never reach the top of the waiting list 5. Awaiting the SEND report before finalising the Referrers Event agenda/Service User survey content.	1. Kirklees has identified an additional £100k funding for 2025-26. This may potentially be made recurrent if the impact is both transformational and meets the SEND requirements. 2. The SEND report will help inform the most effective way to utilise the additional funding. 3. A Quality Surveillance Visit to the provider was completed by the ICB Quality Team on 01/07/2025. This included inspection of all areas of the service (reception, clinic rooms, warehouse, equipment store and administration office) as well as conversations with all but one of the staff on site at the time. Assurance was obtained on the quality domains around safety, effectiveness and workforce. 4. The ICB (Calderdale and Kirklees) have an internal monthly steering group to discuss issues and determine next steps within the commissioning cycle.	1. The ICB (Calderdale and Kirklees) have an internal monthly steering group to discuss issues and determine next steps within the commissioning cycle. 2. Non recurrent funding identified for 25/26 from both K&C, with agreed prioritisation to address the backlog of assessments and wheelchair provision. 3. Stakeholder engagement sessions held between September 25 - January 26.	1. The number of informal concerns raised with Provider directly has increased at least 4-fold (10-20 calls a day and is now over 100 per day). 2. Awaiting Provider response to directly offering the sale of equipment to service users 3. Experience of care measures continue to be variable with anecdotal positive experiences cited but limited evidence at this time. 4. Recurrent funding for wheelchair services is included in the 26/27 priorities, but is yet to be confirmed. 5. Stakeholder engagement feedback to be shared and incorporated into wheelchair improvement plan.	Static - 2 Archive(s)
2465	11/10/2024	Quality	Improve healthcare outcomes for residents	9	(I3xL3)	3	(I3xL1)	Lindsay Greenhalgh	Catherine Wormstone	There is a risk to ongoing prescribing of some shared care medication for patients due to clinician concerns about the process being undertaken within local trusts, and their adherence to monitoring requirements as laid out in the shared care protocols,. This would result in patients not being able to access their medication via the usual routes and lead to a risk to patient health and outcomes i.e. disruption to anti psychotic supply for patients with Serious Mental Illness and safety if monitoring is not undertaken appropriately If shared care prescribing was referred back to the Trust this would increase capacity pressures within the local Trust	Regular meetings between the ICB/LMC ensure that concerns have been raised with the MH Trust who are working through the concerns raised. Some of these concerns relate to access to computer software within the Trust that will enable robust recall systems to be implemented. Regular dialogue with Trust colleagues to escalate concerns. There is an interim solution whereby Trusts have agreed to prioritise re referrals' from GPs for annual reviews of patients. Process to enable the above has been agreed 08/01/2026- regular dialogue with Kirklees LMC and mutual agreement to add a 'plus' element specifically for Kirklees Amber Drugs. It is hoped this will ensure practices sign up for the new WY specification that has been running in the back ground for the last few months	Computer software to enable appropriate recall for patient reviews within the Trusts has been identified as a gap. Trust Chief Pharmacists are working on mitigations for this which may require further work to review any possible impacts requiring an EQIA. Interim solutions are not sustainable and are reliant on all clinicians being aware of the arrangements. 08/01/2026- WY dashboard is already established and has been being reviewed whilst in shadow format. It is anticipated this will help practices and the ICB to ensure all appropriate monitoring requirements are being adhered to. This will be key from a patient safety perspective and will support conversations between the ICB and practices if required	Risk around shared care medicines in its entirety is noted on SWYPFT risk register, though this is not medication specific. 08/01/2026- Risk is being managed via regular dialogue with the Kirklees LMC and the ICB	Raised at WY Medicines Optimisation Committee and a meeting took place with one of the local Trusts, the LMC and the ICB with clear actions for the Trust. Discussed on Kirklees Medicines Strategy Group. SWYPFT are developing a clear plan with an aim for this to be completed in October 2024. No further issues have been raised by clinicians and the process has been agreed by relevant stakeholders. WY review of shared care prescribing (yet to be formally agreed) has developed a new specification for shared care prescribing with reference to auditing and monitoring of requirements. this would help identify issues/challenges earlier on 08/01/2026- the established WY dashboard has demonstrated its value whilst in shadow format in Kirklees, other places in WY have been using this regularly and it works well	sign off by practices for shared care prescribing LES though this risk specifically relates to Lithium prescribing 08/01/2026- risk relates to all shared care/amber prescribing due to the wait to see if practices within Kirklees will sign up to the new WY Spec	Closed - The risk will be closed due to lithium no longer being an issue as part of the shared care agreement. It was agreed to draft a new risk on shared care/amber drugs and practice hesitancy to sign up for the new spec.
2389	11/10/2023	Quality	Improve healthcare outcomes for residents	9	(I3xL3)	6	(I3xL2)	Stewart Horn	Vicky Dutchburn	There is a risk that the Kirklees Health & Social Care(H&SC) partnership are unable to deliver comprehensive children & young peoples care due to the significant financial pressure and required service changes within the council impacting on system partners. Resulting in increased waiting times for patients and the potential for patient care, safety and experience to be compromised.	1. Partner organisations are working collaboratively to engage in potential service changes 2. Plans include clear identification of the system lead directors who will oversee all levels of escalation 3.reporting through Health & Care Partnership 4. reporting through Health Overview & scrutiny 5. utilisation of existing processes including joint impact assessments March25' 6.Revised healthy child & universal access offer/ model agreed through governance procurement to commence April '25 expected completion end July '25 7. waiting list initiative plan for MH waiters to be developed & presented Oct 25 8. update of the send plan to be agreed & published October '25	None	1. Leads across each organisation are in place, including identification of organisation, role/s and responsibilities 2.Reports through Health & Care Partnership 2. Reports through Health Overview & scrutiny 3. Joint working groups established for Key areas identified 4. utilisation of existing processes including joint impact assessments 5. reports through Quality & F&P committee 6. Systems have agreed joint principles and priorities to underpin the work programmes 7. work with HR teams in place to confirm Tupe position & support affected partners 8. New service pathways have been fully implemented across the partnership 9. waiting list initative plan for MH waiters to be agreed by Nov '25 - 10 Send plan will go through LA, ICB governance during October 2025 to be published week commencing 20 October 2025	1. The ICB are working collaboratively with the Council on identified service reviews. 2. Joint work between partners to ensure we maximise all available service capacity 3. Project specific working groups are being established - provides interface between recovery and transformation 4. Joint communications groups established to oversee messaging to patients and system. 5. Processes are in place to support affected providers, with support from both ICB & LA 6. System communications have been shared across stakeholders of details re accessing services 7. Confirmation of additional part year effect funding from NHSE to support mental health support to schools, planning commenced 8. Kirklees keeping in mind pathway implemented - multi partner single point of contact implemented & waiting support services implemented. 9. Ongoing work with WY to maximise digital service offers 10. Universal access offer/ model agreed through governance, procurement expected completion end July '25	None	Static - 5 Archive(s)

2583	22/01/2026	Quality	Improve healthcare outcomes for residents	0	(I3xL2)	4	(I2xL2)	Lindsay Greenhalgh	Catherine Wormstone	There is a risk of disruption to the delivery of the current Shared Care Prescribing Local Enhance Scheme (LES) being delivered across all of Kirklees place. Due to the implementation of the new West Yorkshire Amber drug/Shared Care Prescribing LES from 1st April 2026. This could result in inequity for the provision of this across Kirklees. The current service provision should be being maintained until at least 31st March but there are some practices who are questioning aspects of the current Shared Care Prescribing LES.	1.Regular dialogue with Kirklees LMC and the ICB 2.Specific concerns dealt with once ICB aware. 3. Regular meetings with the ICB (HOMM) and local Trusts for specific issues and emerging themes	1. Currently Kirklees ICB is only aware of issues raised by individual practices as they arise 2. Though regular meetings take place between stakeholders, these do not always highlight broader themes and manage things issue by issue	1. WY dashboard is already established and has been being reviewed whilst in shadow format. It is anticipated this will help practices and the ICB to ensure all appropriate monitoring requirements are being adhered to. This will be key from a patient safety perspective and will support conversations between the ICB and practices if required 2. The established WY dashboard has demonstrated its value whilst in shadow format in Kirklees, other places in WY have been using this regularly and it works well 3. Kirklees has implemented a 'plus' element to support in ensuring practice sign up to the new WY Amber Drug LES. 4. The 'plus' element has been supported by Kirklees LMC. 5. Kirklees LMC have confirmed the current position that there are no changes to the Shared Care LES currently in place for the remainder of the year.	See assurance column	1. No assurance practices in Kirklees have been using the dashboard whilst in shadow format 2. Whilst the LMC have supported the 'plus' element Kirklees has added, there wont be confirmation of if practices will sign up to the new WY Shared Care LES until towards the end of the financial year. 3. Whilst the LMC have confirmed that the current position is that there is no changes to the current provision via the current LES in Kirklees, there are ongoing practice specific queries regarding the current provision.	New - Open
2500	27/03/2025	Finance and Performance & Quality	Enhance productivity and value for money	0	(I2xL3)	4	(I2xL2)	Toni Whitehall	Vicky Dutchburn	There is a risk of overspend against the AACC budget due to increasing service demand and rising care costs which could result in the Place financial targets not being met. (Kirklees)	" - Implementation of standardised Commissioning Principles via the Choice and Equity Policy - Regular staff training and supervision sessions in place to discuss implementation of Policy and Principles - Resource Allocations processes in place aligned to Standing Financial Instructions Scheme of Delegation - Regular monthly budget holder and finance meetings in place to address shifts in position - working alongside local Council to align costs where appropriate.	" - Embedding Commissioning Principles is a substantial piece of work and requires a new approach to patient conversations with registered nurses - Implementation of Commissioning Principles has a significant impact upon operational processes and can delay commissioning decisions or lead to complaints and challenges. - The poor financial position of Adult Social Care Independent Sector Providers is impacting upon making placements for CHC eligible individuals at standard rates due to higher complexity and intensity of needs for this cohort. - Care Providers looking to increase income via requests or demands for 1-1 support. - Challenging financial position of Local Councils resulting in increased referrals for AACC consideration. - Pressure in Acute Hospitals increases rates of individuals being Fast Tracked at full expense of ICB where Fast Track may not be appropriate."	"Resource Allocation panels and processes in place with consistent completion of financial information to update AACC database - Robust clinical assessment and eligibility decision - making. - Escalated Scheme of Delegation controls in place. - Embedded credit control arrangements in place to monitor invoices against AACC financial commitment at a patient level - Informed and considered cost and budget setting in place to ensure correct budget in place. - identified cash releasing efficiency schemes in place."	" - Regular data cleansing activity in place to assure financial data held is accurate and up to date - All staff aware of responsibilities in regard to Scheme of Delegation - Decision - Makers re eligibility and commissioning decisions are fully aware of Commissioning Principles and how to implement - PHB Audit and 'claw-back' processes in place and in operation. - Packages of care to be delivered via PGH Direct Payment are carefully considered in terms of statutory duties of the ICB to deliver. "	" - Spend on PHB Direct Payment budgets is subject to misuse and mis-management - Potential for inappropriate decisions made on PHB packages of care following historical agreements. - Overdue reviews lead to potential lack of up to date needs and care plan, or costs for care. - Local Councils responsible for agreeing uplifts and rates for non-eligible individuals, with differing level of assurance/authority to act/evidence of exceptionality resulting in increased cost to the ICB through joint funding arrangements. - Lack of resource to support robust Case Management and therefore review of all fully funded packages and outcomes in a timely manner. - Unpredictability of the patient cohort mean significant increases in costs can occur at any time."	Static - 1 Archive(s)
2499	27/03/2025	Quality	Improve healthcare outcomes for residents	0	(I3xL2)	2	(I2xL1)	Toni Whitehall	Vicky Dutchburn	There is a risk that the ICB will not meet its statutory duties in the delivery of the Court of Protection Deprivation of Liberty Safeguarding for those eligible for NHS CHC who live in the community in their own homes. This is due to a lack of assessor capacity, preparation of application and availability of court of protection time. This could result in a risk of unauthorised and unlawful deprivation of liberty. (Kirklees)	Monthly meetings held to review caseload, update ADASS Priority Tool, and identify any immediate risks to safety and welfare. - Review of care and support plans, engagement with patients and their families/representatives. - MCA Specialist Practitioner / Lead in place to ensure clinical team are clear on roles and responsibilities in the CHC process to support necessary CoP applications. - Good relationship with Local Council in CoP processes, including where joint responsibility in place. - Clear arrangements for local implementation for joint and fully funded individuals dependent upon residence	Lack of required resource at a Clinical Lead level to review and quality assure care and support plans to ensure CoP - ready - Lack of sufficient MCA/DoLS Lead resource at Place - Risk of increased legal fees due to lack of Team resource to undertake majority of workload - Increased costs associated with 1.2 representatives where individual resides art home with family members - Wrong skill mix of staff"	Access to a full list of all individuals eligible for CHC with care arrangements amounting to a DoLS - ADASS tool completed it understand risk and response required - Care Managers / DoLS lead in close and regular contact with individuals/representatives who are kept up to date - Monthly update with instructed legal firm regarding ongoing representation to understand activity, costs and risks - Regular clinical development sessions in place delivered by MCA Lead in-house, with access to mandatory and further training as required.	- Updates provided regularly at a number of senior operational meetings - Place lead fully involved in WY discussions and updates. - AACC database able to record CoPDoL status to support monitoring and recording - Specific admin support in place to ensure up to date recording and data in regard to all applications, duration and required activity.	Gap relates to workforce as identified.	Static - 3 Archive(s)
2475	07/01/2025	Quality	Improve healthcare outcomes for residents	0	(I2xL3)	4	(I2xL2)	Michelle Jones	Louise Fletcher	There is a risk of an increase in preventable stillbirths across our place due to the complexity and the actions needed of the total system response. This could result in a delay in initial impact in the reduction of the stillbirth rate being recognised.	Discussions have taken place at a system level regarding the significant increase in the number of stillbirths this year to date and it was agreed system response was needed to support improvements to reduce the number of preventable stillbirths. A System action plan is in place and continuing to support key themes from stillbirth reviews. Internal scrutiny occurs within maternity services at both CHFT and MYTT trusts are working towards compliance with Saving Babies Lives Care Bundle V3 the oversight and assurance of this supported by the Local Maternity and Neonatal System Stillbirth is a standing item agenda at the Perinatal Quality surveillance meetings within MYTT and maternity and neonatal transformation board at CHFT – both meeting attended by external partners. All Stillbirth cases have a MDT review within the Trust - national perinatal mortality review tool (PMRT) Maternity dashboard populated by CHFT/MYTT in place and accessible to partners. Across Calderdale & Kirklees 5 key workstreams/steering groups are in place based on thematic review themes - Obesity , Safety culture, Access to care, Diabetes and Smoking .The workstreams focus on addressing specific aspects of care with a focus on prevention and population health to improve outcomes supporting the stillbirth agenda at place.	The voices of service user groups in greatest need are seldom heard and require focused work to ensure engagement Review of data and outcomes through a health inequalities lens needs to be embedded through all steering groups An external independent thematic review of stillbirths completed. Some systems actions will take time to deliver and to take effect	There is key system partner engagement and commitment There is oversight of the stillbirth system plan through Perinatal Quality Surveillance meetings (MYTT) , maternity and neonatal transformation board (CHFT) All intrapartum stillbirths are reported to the Maternity and Newborn Safety investigations team for peer review & investigation if appropriate. The reduction in preventable stillbirth is a priority is within the agenda at the Early years Board meeting and the Starting Well Board. There is regular review and close oversight of the stillbirth improvement plan (system plan) through Calderdale & Kirklees Quality Group	Smoking at time of birth rates have decreased CHFT/MYTT have implemented the saving babies lives care bundle and have good compliance with expected ambitions. Internal scrutiny occurs after a stillbirth has occurred	Stillbirths being scrutinised have already occurred. Some areas of data require further analysis to identify impact of interventions such as smoking and diabetes. Some systems actions will take time to deliver and to take effect.	Decreasing
2180	21/10/2022	Quality	Improve healthcare outcomes for residents	0	(I3xL2)	4	(I2xL2)	Stewart Horn	Vicky Dutchburn	There is a risk of non-compliance with the Children & Families Act 2014 and the Health and Care Act 2022 relating to ICB responsibilities with regard to Children with Special Educational Needs and Disabilities (SEND). This is due to Education, Health and Care Plans not being completed within statutory timescales. A key factor is that Health information is not always provided by clinicians in a timely manner. Resulting in delayed assessment of needs and Health provision not being in place to support access to education. This can lead to complaints, appeals and tribunals.	1. The Kirklees SEND Transformation Plan has a focus on improving the EHCP process and performance. This includes an increased emphasis on Early interventions to reduce the need for EHCP assessment. Services most affected are Children's Therapy services. 2. The Designated Clinical Officer (DCO) works closely with providers to ensure the quality of advice. 3. Commissioners are working with Health providers to carry out a service review, including demand and capacity analysis to take into account EHCP Health advice. 4. WY is developing a service transformation plan re delivery of Speech and language therapy assessments - Dec '25	1. An improvement process is underway in terms of the EHCP process. A gap has been identified where Health providers are having to prioritise EHCP assessments ahead of early intervention and ongoing clinical work with children.	1. The Kirklees SEND Transformation Board closely monitors performance of EHCP delivery. 2. EHCP performance is reported to ICB Quality sub committee in the SEND Annual report. 3. SEND inspection completed, action plan developed in response to assurance rating, to be taken through LA & ICB governance & CYP OVS Oct '25 4. SEND inspection carried out June 2025 - project board established Oct 25 update	1. EHCP performance has improved in the second half of 2024. Compliance with the 20 week timescale is now 23% for 2024. 2. The Local Authority has invested in additional non-recurrent speech & language assessment capacity to speed up the EHCP process. 3. DCO is implementing process improvements relating to EHCP and SEND provision, which have improved efficiency. 4. Project lead agreed for SEND inspection 5. SEND inspection completed, action plan developed in response to assurance rating. 6. The kirklees DCO lleft the postat the end of July 2025. Arrangements with partners are in place to cover during the ICB review.	NA	Static - 6 Archive(s)
2532	17/04/2025	Finance and Performance	Enhance productivity and value for money	0	(I4xL1)	4	(I4xL1)	Helen Shallow	Alison Needham	There is a risk that WYICB - Kirklees ICB as part of the ICS will fail to deliver the 2025/26 financial plan (as submitted to NHS England on 27 March 2025). Kirklees ICB has a control total of £8.7m surplus to achieve. The WY ICB and the wider ICS plan requires significant level of recurrent savings to bring into balance this year and in future years. Failure to deliver a break even position could result in: - reputational damage to the ICB and wider ICS - additional scrutiny from NHS England - a requirement to make good deficits incurred in future year - likely implications on future access to capital (i.e. would be reduced).	1. Agreement of West Yorkshire ICS Financial Framework by all NHS organisations setting out arrangements in place to manage financial risk 2. Financial updates presented to Kirklees ICB finance committee and WYICB committee 3.Review of financial position via the West Yorkshire ICS Finance Forum 4. Review of system financial position at the WY System Oversight and Assurance Group 5. Implemented additional controls to manage recruitment and non pay expenditure to ensure ICB plans are delivered 5. Use of transformation and efficiency group within the ICB to focus on key strategic and system efficiency opportunities	1. Absence of a contingency in financial plans to mitigate against unplanned expenditure or efficiency delivery shortfall 2. No ability to formally influence the delivery of provider efficiencies	1. Budget management at places 2. Overview of financial performance and risk in place committees 3. ICB System Oversight and Assurance Group and ICB Finance, Investment and Performance Committee oversight of financial position and risks 4. ICB Audit Committee oversight of risks and capacity to instruct a deep-dive into areas of concern 5. ICB Board statutory responsibility 6. West Yorkshire System-wide management including provider target achievement 7. NHS England review of financial position on a monthly basis 8. NOF 3 framework and additional DoF led scrutiny of specific NOF3 provider organisations 9. Outputs of PwC assurance work and associated action plan 10. ICB place committees and SLT meetings 11. Kirklees place finance meetings 12. Delegation of resource to five places supported by robust budget setting at place through planning process. 13. New oversight framework issued for providers with additional focus on productivity and efficiency	1. Submission of a system financial plan which is an aggregation of NHS provider and ICB plans which were all approved via individual organisational governance following review and challenge; 2. Financial planning assumptions have been moderated across the ICB core and 5 places , they have been subject to peer review and challenge across the WY ICS 3. All plan submissions approved via each individual organisational governance routes. 4. Month 8 - K ICB, MYTT and SWYFT forecast on plan CHFT forecasting ahead of plan. MYTT potentially off plan and system support may be required to mitigate. Importantly for this risk, Kirklees ICB remain on plan with delivery of QIPP and a best case scenario as an improvement to plan.	1. Further review of risks and mitigations leading to additional unmitigated risk with no formal route to address	Decreasing

2474	07/01/2025	Finance and Performance & Quality	Improve healthcare outcomes for residents	4 (I2xL2)	4	(I2xL2)	Alison Steed	Vicky Dutchburn	There is a risk of additional service pressure, across the Kirklees place caused through the immediate recovery actions that Kirkwood Hospice (adult hospice) may need to implement, due to the current financial deficit (shortfall in annual funding). This will result in additional service pressures on other health and care partners across Kirklees place, including primary care, CHFT, MYTT and Community services impacting on hospital admissions, delayed discharges and an increase in social care demands.	1. Kirkwood Hospice is part of a West Yorkshire hospice collaboration Yorkshire 2. WY ICB is working with the hospices on developing on a sustainable funding model for Adult Hospice care 3.Dying well is a priority for the Kirklees wellbeing board the ICB have established a dying well programme board across the system to support the implementation of the agreed strategy & collective actions. 4. WYICB are undertaking a high level service mapping exercise utilising the national guidance for hospice care as a framework.- Due 20th Dec 5. Kirklees place are undertaking a detailed service mapping & costing exercise utilising the national guidance for hospice care as a framework, to support joint recommendations for immediate remedial actions - Due Jan '25 6. Kirkwood position report shared with SLT - Dec '24 7. outcome of local mapping exercise to be shared at SLT Feb'25 8. ongoing discussion re potential transformation projects through dying well board & delivery collaborative March '25 9. Additional system project group established to scope proposed model by June '25 10. Scoping project group in progress and milestones agreed July 2025 - March 2026 11. system leaders meeting arranged to discuss emerging impacts Aug 25 12. Project group meeting and Face to Face stakeholder time out scheduled for October 7th 2025 13. WY NHS commissioning group established to co-ordinate planning regarding national commissioning guidance deliverables for sustainable hospice funding - First meeting September 2025 - Monthly meetings scheduled. 14. WY Commissioning Group continue to meet on a monthly basis to progress national deliverables 15. WY Commissioners and Hospice Collaborative looking to the future session 8th December 16. Project progressing new model of care and presented via governance in December 2025 - update to Dying Well Board January 2026	1. Karen Parkin WY lead is working on a sustainable funding model for hospice care in West Yorkshire - update received September 2025. 2. WY Overseeing place based plans for hospice service commissioning via formal contract arrangements - March 2026 3. WY overseeing place based long terms plans for full service commissioning and funding by 2030 - March 2026 4. WY sustainable funding model update scheduled January 2026 and is to be presented via formal WY governance January/February 2026	1. Kirklees has an established Dying Well Board 2. Kirklees SLT are sighted on the current pressures from Kirkwood - 20 Nov '24 3. Timelines agreed for completion of service/cost mapping exercise march'25 4. Discussions across Kirklees system have reached an agreement to stabilise service for 25/26 non recurrent funding agreement reached for 25/26. 5. Scoping work milestones in place - governance process agreed - reporting progress to Chief Officers (fortnightly meeting) and Dying Well Board Quarterly Meeting. 6. Progress of scoping milestones presented via clinical and non clinical governance meetings in December 2026 7. Project Group continues to meet and additional meetings with partners held separately if required. 8. Implementation phasing plan being worked up 9. Update scheduled to be presented at Dying Well Board - January 2026	WY has a collaboration of all Hospices and The Kirkwood are a partner Secretary of State for Health and Social Care made an announcement on the hospice grant in 2024 (capital) Palliative and End of Life care referenced in the NHS10 year plan as and are highlighted as needed to be include in the Neighbourhood Health offer. System partners have stakeholders represented on the project group for input into future model of care scoping work. Progress on the model has been presented via clinical and non clinical governance routes in December 25 with positive feedback	None	Static - 1 Archive(s)
2473	03/01/2025	Quality	Tackle inequalities in access, experience, outcome	4 (I2xL2)	2	(I1xL2)	Toni Whitehall	Vicky Dutchburn	There is a risk that the population of Kirklees will not have access to an adequate Continuing Health Care (CHC) Appeals and Previously Unassessed Periods of Care (PUPoC) Service resulting in delays in response to appeals and PUPoCs due to the delays in delivery of the service of the West Yorkshire Appeals Team.	The Kirklees Caseload was fully managed by Doncaster SY ICB Place via a Service Level Agreement. A workforce recruitment process was implemented which resulted in the WY team being able to take on activity from Kirklees. The Team is now fully staffed, and a manager is in place on a part time basis to support. Doncaster ICB Place continue to complete legacy cases in good time and to a high standard. 16.1.26 - Due to the introduction of an external Clinical Lead on a temporary basis we have seen an improvement in the work provided. This is due to the addition of clear clinical oversight and now accountability, systems and processes being introduced to improve performance and quality and improved reporting.	There was a delay in the allocation of cases to individual nurses in the WY CAT which has led to further complaints and challenges from the public and legal companies. There have been issues with the quality of appeals and PUPoC activity form the WY CAT Team requiring additional work form the Kirklees CHC Tea, extensions to NHSE deadlines for IRP Packs and concerns raised by NHSE directly with the Team due to extension deadlines still not being met. 16.1.2026 - This is not a permanent addition to the team, and therefore there will need to be evidence of the ability to sustain the improvements made post the organisational change programme.	Regular operational and strategic meetings in place. SOPs have been reviewed and updated by Kirklees and Calderdale HoS to support management of activity and performance within the team. 16.1.26 - monthly reviews remain in place.	Clear delivery plan in place with WY Team and AACC PMO Team to oversee developments 16.1.2026 - sustained improvement in quality of work and improvement in level of productivity.	WY Team workforce issues impacting on delivery of the service for Kirklees 16.1.2025 - Uncertain future due to impact of organisational change on structures.	Decreasing

WY ICB Kirklees Place, Cycle 4 2025/26
Risk on a Page Report

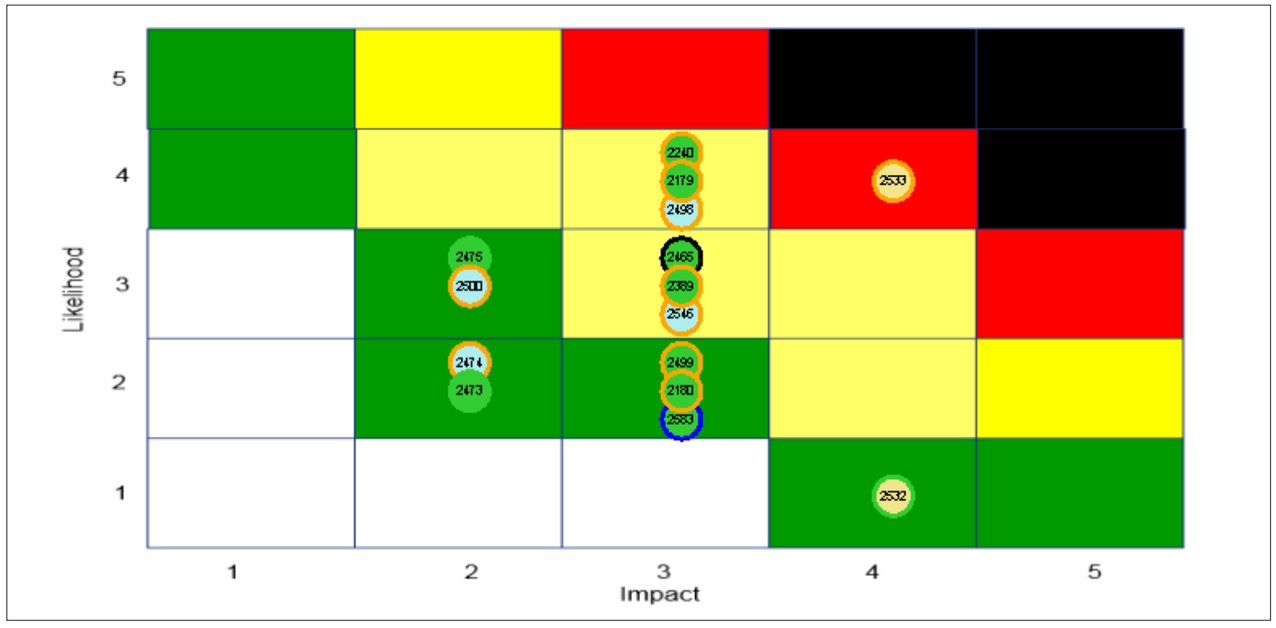
Kirklees Health & Care Partnership

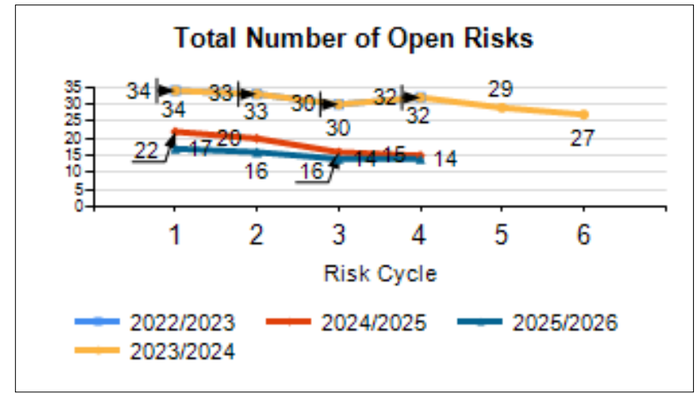
NHS West Yorkshire Integrated Care Board

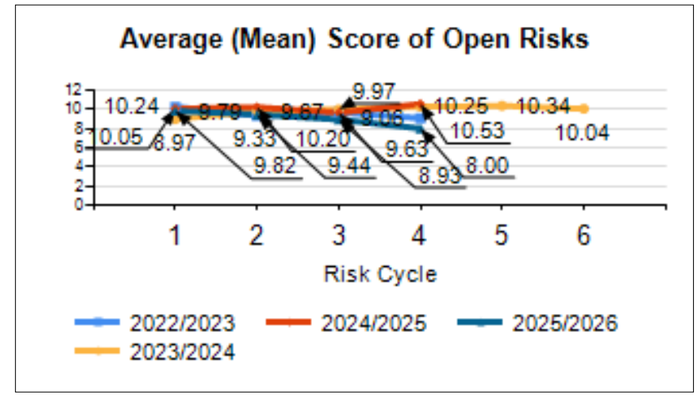
Total Risks	15
Finance & Performance	2
Quality	9
Finance and Quality	4

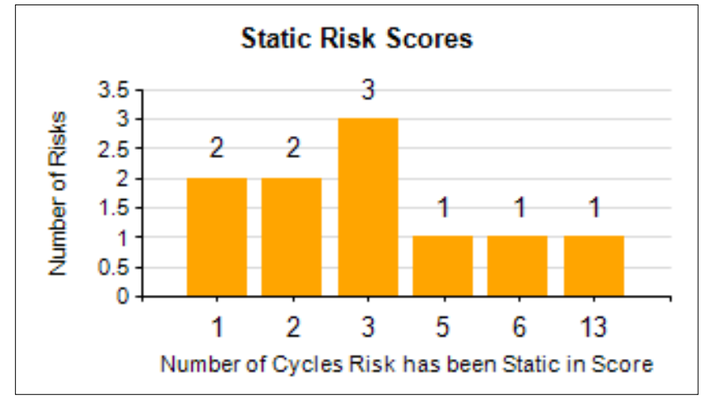
Movement of Risks		Risk Score Increasing	0
New	1	Risk Score Decreasing	3
Marked for Closure	1	Risk Score Static	10

Risk Overview









Key

- Quality
- Finance and Performance
- Finance and Performance & Quality

- 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

West Yorkshire Integrated Care Board - Board Assurance Framework - Guidance notes for completion *(version 13, December 2025)*

The following information is taken from the WYICB's *Risk Management Policy and Framework (v1.0)* to provide guidance to those completing the Board Assurance Framework (BAF) on behalf of the ICB and place partnerships. The full document can be accessed here:

https://www.wypartnership.co.uk/application/files/7017/5395/3821/Risk_Management_Framework_v4.0.pdf

The ICB operates the principle of subsidiarity. As the statutory body, the ICB is accountable for delivery of its priorities, but delegates responsibility for delivery to the five places (Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield). Risks associated with delivery at Place will be managed at Place unless it is agreed to manage centrally.

Currently, fifteen strategic risks, linked with the mission of the ICB, have been identified following a series of development sessions held during summer 2022. These were ratified at the meeting of the ICB Board held on 20 September 2022.

The **Board Assurance Framework** summarises how the Board knows that the controls it has in place are effectively managing the principal (strategic) risks, together with references to documentary evidence/assurances and current mitigation action plans. The ICB and the Place Partnership Committee of each of the five places will maintain an Assurance Framework and Corporate Risk Register through which risk management activities are prioritised and managed.

Risk appetite refers to the level of risk that an organisation is willing to tolerate or expose itself to when controlling risks as they arise or when embarking on new projects. An organisation may accept different levels of risk appetite for different types of risk, or in relation to different projects. The organisation's risk appetite ensures that risks are considered in terms of both opportunities and threats. Risk appetite *(which is a description, not a score)* informs the risk tolerance levels, which are considered for individual risks. Based on the risk appetite, a target risk score is set for individual risks. This is the level to which the risk is to be managed.

PLEASE NOTE: The worksheets titled 'Summary' and 'Heat map' will be completed by the ICB governance team. The worksheets 1.1 to 4.3 inclusive should be completed by the ICB lead director / board lead (blue section) and all the worksheets **except** 3.4 and 4.3 should be completed by the Place leads (or their nominees) as follows: Bradford District and Craven (peach section); Calderdale (orange section); Kirklees (green section); Leeds (purple section); Wakefield (pink section). Please do not change any formatting within this document.

Controls describe the available systems and processes *(the specific things we are doing)* which help to minimise and/or manage the risk.
Assurance is the *(source)* information used to ascertain whether the controls are effective.
Mitigating actions describe what else we are doing to control the risk and/or provide additional assurance.

ICB and Place leads are asked to describe three key controls - each requiring linked assurance(s) - relevant to the strategic risk.

A risk score is obtained, using a 5 x 5 matrix, (impact x likelihood), which determines whether the risk is ranked as low, moderate, high, serious or critical. The following tables are provided to inform the target and current risk scores.

Definitions of impact:

Risk impact	Insignificant	Minor	Moderate	Major	Catastrophic
	1	2	3	4	5
Purpose					
Achievement of the ICB mission	A decision affecting contracts finance, collaborations, quality or governance has no impact on the ICB mission.	A decision affecting contracts finance, collaborations, quality or governance does not support the ICB mission.	A decision affecting contracts finance, collaborations, quality or governance delays the achievement of the ICB mission.	A decision affecting contracts finance, collaborations, quality or governance impedes or significantly delays the achievement of the ICB mission.	A decision affecting contracts finance, collaborations, quality or governance majorly impedes and/or delays the achievement of the ICB mission.
Health outcomes and life	Marginal reduction to health	Minor reduction to health	Moderate reduction in health	Significant reduction in health	

Health outcomes and life expectancy	outcomes and/or life expectancy for >5% of a given population.	outcomes and/or life expectancy for >15% of a given population.	outcomes and/or life expectancy for >30% of a given population.	outcomes and/or life expectancy for > 50% of a given population.	Major reduction in health outcomes and/or life expectancy for >75% of a given population.
Health inequalities	Marginal increase in the health inequality gap in up to all six of most deprived Local Care/Community Partnerships (PCNs)	Minor increase in the health inequality gap in up to all of the six most deprived Local Care/Community Partnerships (PCNs) and / or a minor increase in the number of deprived Local Care/Community Partnerships (PCNs)	Moderate increase in the health inequality gap in up to all of the six most deprived Local Care/Community Partnerships (PCNs) and / or a moderate increase in the number of deprived Local Care/Community Partnerships (PCNs)	Significant increase in the health inequality gap in up to all of the six most deprived Local Care/Community Partnerships (PCNs) and / or a significant increase in the number of deprived Local Care/Community Partnerships (PCNs)	Major increase in the health inequality gap in up to all of the six most deprived Local Care/Community Partnerships (PCNs) and / or a major increase in the number of deprived Local Care/Community Partnerships (PCNs)
Service quality and performance (includes patient experience, safety and clinical effectiveness)	Informal complaint	Formal complaint Local resolution	Investigation by Health Service Ombudsman Minor out-of-court settlement	Multiple complaints Judicial review Litigation expected Civil action – no defence	Litigation certain Criminal prosecution
	Negligible effect on quality of clinical care	Noticeable effect on quality of care Single failure to meet internal standards Minor implications for patient safety if unresolved	Significant effect on quality of care / significantly reduced effectiveness Repeated failure to meet internal standards Major patient safety implications of findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved.	Totally unacceptable level or quality of treatment / service Gross failure of patient safety if findings not acted on Gross failure to meet national standards
	Commissioned local or national targets not achievable – single episode	Commissioned local or national targets not achievable – 1-3 episodes	Repeated failure to meet commissioned local or national targets > 3 episodes	Commissioned national targets not achieved resulting in involvement of external bodies / regulator	Commissioned national targets not achieved resulting in special measures
Financial efficiency	Small loss	Loss of 0.1–0.25 per cent of budget	Loss of 0.25–0.5 per cent of budget	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget	Non-delivery of key objective/ Loss of >1 per cent of budget
Capability					
Compliance (includes H&S and other legal or governance factors such as procurement, information governance etc.)	Negligible injury or ill health requiring no absence from work. Negligible damage to equipment or property. No or minimal impact or breach of guidance / statutory duty.	Minor injury or ill health requiring up to 2 days absence from work. Minor damage to equipment or property. Breach of statutory legislation Reduced performance rating if unresolved	Moderate injury or illness resulting in the submission of a RIDDOR report. Moderate damage to equipment or property. Single breach in statutory duty Challenging external recommendations / improvement notice	Single fatality. HSE improvement notice received. Major damage to property Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple fatalities HSE or police investigation resulting in imprisonment of Chief Executive or other implicated staff Multiple breaches in statutory duty Prosecution Complete system s change required Zero performance rating Severely critical report

Descriptors for risk likelihood:

Level	Descriptor	Description / suggested frequency
1	Rare	The event may occur only in exceptional circumstances
2	Unlikely	The event could occur at some time
3	Possible	The event may occur at some time
4	Likely	The event will probably occur in most circumstances
5	Almost certain	The event is expected to occur

Overall risk matrix scoring (= impact x likelihood):

Impact	Likelihood				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost certain 5
Insignificant 1	1	2	3	4	5
Minor 2	2	4	6	8	10
Moderate 3	3	6	9	12	15
Major 4	4	8	12	16	20
Catastrophic 5	5	10	15	20	25

West Yorkshire Integrated Care Board - Board Assurance Framework - Summary						Version: 13	Date: Dec 2025
Mission		**Strategic risk**	**Risk appetite**	**Target WY score**	**Current WY score**	**Lead director(s) / board lead**	**Lead committee / board**
(1) Reduce inequalities	1.1	There is a risk that our local priorities to narrow inequalities are not delivered due to the impact of wider economic social and political factors.	Bold	16	20	Ian Holmes	ICB Board
	1.2	There is a risk that operational pressures and priorities impact on our ability to target resources effectively towards improving outcomes and reducing inequalities for children and adults.	Open	9	16	Ian Holmes / Jonathan Webb	Finance, Investment and Performance Committee
	1.3	There is a risk that we fail to join up services in our communities which means that we do not improve outcomes and reduce health inequalities.	Open	8	12	Ian Holmes	ICB Board
(2) Manage unwarranted variation in care	2.1	There is a risk that our inability to collectively recruit and retain staff across health and care impacts on the quality and safety of services.	Open	8	16	Kate Sims	Transformation Committee
	2.2	There is a risk that as a system we fail to innovate, learn lessons and share good practice that allows us to respond to service pressures resulting in widening variations across our footprint.	Open	6	8	James Thomas	Quality Committee
	2.3	There is a risk that we are unable to measure and assess performance across the system in a timely and meaningful way, which impacts on our ability to respond quickly as issues arise.	Open	6	9	Lou Auger	Finance, Investment and Performance Committee
	2.4	There is a risk that our infrastructure (estates, facilities, digital) hinders our ability to deliver consistently high quality care.	Open	9	16	Jonathan Webb / Shaukat Ali Khan	Finance, Investment and Performance Committee.Transformation Committee for Digital
	2.5	There is a risk of an inability to deliver routine health and care services due to the emergence of a future pandemic leading to substantial loss of life and failure to deliver key functions and responsibilities.	Averse	16	16	Lou Auger	ICB Board
(3) Use our collective resources wisely	3.1	There is a risk that we do not invest resources in a way which prioritises community, primary and prevention programmes and so doesn't maximise value for money.	Open	6	12	Jonathan Webb	Finance, Investment and Performance Committee
	3.2	There is a risk that we don't operate within our available system and organisational resources (revenue and capital) and so breach our statutory duties.	Cautious	9	20	Jonathan Webb	Finance, Investment and Performance Committee
	3.3	There is a risk that ICB capacity and infrastructure is not sufficient nor targeted effectively towards key priorities.	Open	9	12	Rob Webster	ICB Board
(4) Secure benefits of investing in health and care	4.1	There is a risk that partnership working on wider societal issues is deprioritised in order to meet current operational pressures.	Open	8	12	Ian Holmes	ICB Board
	4.2	There is a risk that we are unable to achieve our ambitions on equality diversity and inclusion due to ingrained attitudes that persist in society and across our health and care organisations.	Bold	8	12	Ian Holmes	Quality Committee
	4.3	There is a risk that threats to our people and physical and digital infrastructure, e.g. from cyber-attacks, terrorism and other major incidents, prevents us from delivering our key functions and responsibilities.	Averse	9	12	Lou Auger / Shaukat Ali Khan	Transformation Committee
	4.4	Due to climate change, there is a risk of increased demand for health and care services and disruption to the provision of services. This will result in health and care services that cannot effectively meet population needs.	Open	12	16	Ian Holmes	Transformation Committee

West Yorkshire Integrated Care Board - Board Assurance Framework - Heat map			Version 13														Dec-25
Mission		Strategic risk	WYICB and 5 Places	West Yorkshire		Bradford District and Craven		Calderdale		Kirklees		Leeds		Wakefield	
			Risk appetite (All)	Target score (WYICB)	Current score (WYICB)	Target score (BD&C)	Current score (BD&C)	Target score (Cald'e)	Current score (Cald'e)	Target score (Kirk's)	Current score (Kirk's)	Target score (Leeds)	Current score (Leeds)	Target score (Wake'd)	Current score (Wake'd)
Reduce inequalities	1.1	There is a risk that our local priorities to narrow inequalities are not delivered due to the impact of wider economic social and political factors.	Bold	16	20	16	20	16	20	16	20	16	20	16	20
	1.2	There is a risk that operational pressures and priorities impact on our ability to target resources effectively towards improving outcomes and reducing inequalities for children and adults.	Open	9	16	9	12	6	9	6	12	9	16	9	16
	1.3	There is a risk that we fail to join up services in our communities which means that we do not improve outcomes and reduce health inequalities.	Open	8	12	8	12	8	12	8	12	8	12	8	12
Manage unwarranted variation in care	2.1	There is a risk that our inability to collectively recruit and retain staff across health and care impacts on the quality and safety of services.	Open	8	16	8	16	8	12	8	16	9	12	8	12
	2.2	There is a risk that as a system we fail to innovate, learn lessons and share good practice that allows us to respond to service pressures resulting in widening variations across our footprint.	Open	6	8	4	9	4	6	4	8	4	12	4	12
	2.3	There is a risk that we are unable to measure and assess performance across the system in a timely and meaningful way, which impacts on our ability to respond quickly as issues arise.	Open	6	9	2	4	2	6	2	8	2	6	2	6
	2.4	There is a risk that our infrastructure (estates, facilities, digital) hinders our ability to deliver consistently high quality care.	Open	9	16	9	16	9	16	9	16	9	16	9	12
	2.5	There is a risk of an inability to deliver routine health and care services due to the emergence of a future pandemic leading to substantial loss of life and failure to deliver key functions and responsibilities.	Averse	16	16	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required
Use our collective resources wisely	3.1	There is a risk that we do not invest resources in a way which prioritises community, primary and prevention programmes and so doesn't maximise value for money.	Open	6	12	6	12	4	12	4	12	4	9	4	12
	3.2	There is a risk that we don't operate within our available system and organisational resources (revenue and capital) and so breach our statutory duties.	Cautious	9	20	9	20	9	20	9	20	9	20	9	20
	3.3	There is a risk that ICB capacity and infrastructure is not sufficient nor targeted effectively towards key priorities.	Open	9	12	4	12	4	16	4	12	4	16	4	12
Secure benefits of investing in health and care	4.1	There is a risk that partnership working on wider societal issues is deprioritised in order to meet current operational pressures.	Open	8	12	8	8	8	8	8	12	8	12	8	8
	4.2	There is a risk that we are unable to achieve our ambitions on equality diversity and inclusion due to ingrained attitudes that persist in society and across our health and care organisations.	Bold	8	12	8	12	8	12	8	12	6	9	8	12
	4.3	There is a risk that threats to our people and physical and digital infrastructure, e.g. from cyber-attacks, terrorism and other major incidents, prevents us from delivering our key functions and responsibilities.	Averse	9	12	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required
	4.4	Due to climate change, there is a risk of increased demand for health and care services and disruption to the provision of services. This will result in health and care services that cannot effectively meet population needs	Open	12	16	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required

WYICB - Board Assurance Framework - ICB and places		Version: 13	6 October 2025
Mission 1	Failure to manage strategic risk could result in a failure to **REDUCE INEQUALITIES**	**Lead director(s) / board lead**	Ian Holmes
Strategic risk 1.1	There is a risk that our local priorities to narrow inequalities are not delivered due to the impact of wider economic social and political factors.	**Lead committee / board**	ICB Board (linked to place committees)

ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**
	Target (ICB)			**Current (ICB)**			
BOLD	**Likelihood**	**4**	**16**	**Likelihood**	**5**	**20**	Inequalities have widened in recent years due to broader social and economic factors. Our health and care partnership will make a positive contribution on these issues, there are a range of factors outside of our control that are likely to make narrowing inequalities more challenging. No change to risk score.
	Impact	**4**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	ICS Five Year Strategy, including the 10 Big Ambitions, focusing on health inequalities and wider economic, social and political factors.	(1) Development of granularity of data to have full insight across different inequalities and impact across different populations. This is aimed for completion by the end of 2025/26.
2	Health Inequalities Steering Group oversees spend of funding on specific initiatives to address inequalities.	
3	An MOU with WYCA setting out shared priorities, working and governance arrangements.	
4	Team working across health inequalities, with an in-house ICB team together with shared posts with WYCA.	
5	As part of the organisational change programme the ICB is establishing a strategic commissioning function, this function will establish capabilities to understand and respond to inequalities	

Sources of assurance *(Where is the evidence that the controls work?)*		**Links to ICB risk register** *(Reference numbers/brief description)*
1	Integrated Care Partnership Board - agenda items, discussions, evidenced by minutes	**2120** - reduction/loss of VCSE services; **2402** - access GP services; **2106** - Cancer health inequalities; **2308** - Neurodivergent population **2503** - maternity
2	ICB Board - four deep dives into health inequalities during 2024/25 - agenda and minutes	
3	ICB Board - six monthly performance dashboard metrics against 10 Big Ambitions - agenda and minutes	
4	System Oversight and Assurance Group - rolling programme of metrics reported - agenda and minutes	
5	WYCA / ICB Quarterly Leadership Team meeting to oversee MOU	
6	Internal Audit review of Health Inequalities Partnering Arrangements - Significant Assurance (June 2024)	

Bradford District and Craven (BD&C)	**Place lead:**	**Therese Patten**	**Nominated lead for this risk:**	**Sohail Abbas 07.01.26**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (BD&C)			**Current (BD&C)**			
BOLD	**Likelihood**	**4**	**16**	**Likelihood**	**4**	**20**	We agree with WYICB assessment and score the same for the BDC HCP with the following rationale: Inequalities occur due to health and wider determinants. We are working closely with health and social partners within BDC HCP. There are a range of factors where we have more limited control with regards to narrowing inequalities, e.g. around poverty, housing, skills. With the financial deficit in the ICB there is a risk of losing funding streams aimed at reducing health inequalities for example Core20Plus5.
	Impact	**4**		**Impact**	**5**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions***(What more are we/should we be doing at place by when?)*
1	BDC HCP (place) Population Health Management structure implemented and Business Intelligence team aligned to transformation priorities, enablers, Community Partnerships / Primary Care Networks	1. Health and Wellbeing Board Strategy - work is ongoing to finalise the district plan for 2025/2035 with a clear focus on improving economic activity and reducing wider inequalities. 2. EDI work and anti-racism strategy development in Bradford District and Craven (2025 ongoing). 3. The economic accelerator programme has started from April 2025, work ongoing (2025/26) 4. Core20Plus5 intial evaluation is complete, we are now working on the economic evaluation of the programme (2025/26) 5. BDC Health and Care Strategy is in development and underpinned by the work of Population Health Management and reducing inequalities teams on assessing our population health and care needs (2025/26) 6. Bradford District Council growth plans (including city of culture 2025) are in development and will have an impact on the overall healthcare of our population. 7. We are working with the VCS alliance to continue the core20plus5 projects that showed significant improvements in health inequalities from April 26 onwards. 8. RIA is holding meetings with provider colleagies to discuss how the learning and work on health inequalities continue in provider partnership following the ICB changes.
2	Wellbeing Board (Bradford District) and Health and Wellbeing Board (North Yorkshire)	
3	Health and Wellbeing Board Strategy	
4	Reducing Inequalities in Communities (RIC) work plan for the Reducing Inequalities Alliance sets out work on local priorities to address wider determinants; local Core20PLUS5 implementation group; Reducing Inequalities Alliance (cross partnership membership).	
5	The alliance has a work plan to deliver the Core20PLUS5 programme locally (with hyper local commissioning at community partnership level, and for CYP interventions to reduce inequalities).	
6	We are ensuring that our work to reduce inequalities runs as a golden thread through all that we do in the Act as One partnership and have published our Call to Action to reduce inequalities locally (and launched the Inequalities campaign and events with our workforce)	
7	The Core20Plus5 and health inequalities premium dashboards are established	
8	We are supporting West Yorkshire Health Equity fellowship scheme and mentoring local fellows across a range of work areas. Our Reducing Inequalities in Communities programme has 20 different projects covering health, wider determinants of health and community settings and we have extended many of these initiatives and embedded into business as usual where appropriate.	

Sources of assurance *(Where is the evidence that the controls work?)*		**Links to Place Risk Register**
1	Reducing inequalities alliance - regular meetings - Papers and Mins	2317, 2386, 2477, 2418, 2221
2	Health and Wellbeing Board - Papers and Mins	
3	The Core20Plus5 and health inequalities premium dashboards	
4	Outcomes focused performance report for HCP Board capturing health inequalities	

Calderdale	**Place lead:**	**Robin Tuddenham**	**Nominated lead for this risk:**	**No update**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Calderdale)			**Current (Calderdale)**			
BOLD	**Likelihood**	**4**	**16**	**Likelihood**	**5**	**20**	As WYICB outlines above. The CCPB focuses regularly on health inequalities. Presentation due in September 2025 Committee on latest intelligence and how we will using linked data sets to provide greater insight into the Integrated Neighbourhood Health work.
	Impact	**4**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	We have a shared set of priorities set by Calderdale Health and Wellbeing Board - local plan feeds into ICB / ICP 5-year strategy forward plan	1. Calderdale council run a cost of living programme (2022 - ongoing) 2. Public have produced population data packs for each PCN and Integrated Neighbourhood health team.
2	Reducing inequalities is a key ambition of the partnership	
3	Council Director of Public Health is lead for health inequalities work across Calderdale	

Sources of assurance *(Where is the evidence that the controls work?)*		**Links to Place Risk Register;**
1	Progress against the ICB metrics on inequalities is reviewed regular by HWBB and CCPB	2224, 2476, 2149, 1998, 1493, 62, 2469, 2484,
2	Local JSNA	
3	Council Director of Public Health- attends Partnership Board	

Kirklees	**Place lead:**	**Vicky Dutchburn**	**Nominated lead for this risk:**	**No update**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Kirklees)			**Current (Kirklees)**			
BOLD	**Likelihood**	**4**	**16**	**Likelihood**	**5**	**20**	Recognise that addressing inequalities will take time and there are factors beyond our control, however the partners are committed to addressing this through the work that they do.
	Impact	**4**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*	**Mitigating actions**

1 Kirklees Health and Wellbeing strategy	1. Progressing on the work of the inclusive community framework (one of top tier partnership strategy) Power of one, power of many, working other for equity and fairness linked to the inclusive communities framework (2025/26) 2. The Kirklees ICB committee committed to continue with their work and actions were agreed as part of this work (November 2025) 3. Focus on addressing inequalities is key to how we deliver the Kirklees Healthy Working Life programme (for example the VCSE sector has a prominent role in helping to deliver this) 2025/26 **Links to place risk register:** 2475, 2240, 2445
2 Health and Wellbeing Plan	
3 Kirklees Economic, Environment and Inclusive Communities Strategies.	
Sources of assurance *(Where is the evidence that the controls work?)*	
1 Regular reports to Health and Wellbeing Board	
2 Regular reports to Partnership Forum / ICB committee/ and other place governance	
3 Project reports	

Leeds	**Place lead:**	**Tim Ryley**	**Nominated lead for this risk:**	**No update**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Leeds)			**Current (Leeds)**			Inequalities continue to widen in Leeds due to wider social and economic factors. LHCP has a strong and continued focus to address these disparities through our operating framework. Risk score remains the same.
BOLD	**Likelihood**	**4**	**16**	**Likelihood**	**5**	**20**	
	Impact	**4**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1 Partnership Leadership Team and Health and Wellbeing Board meetings in Leeds - allow influence of wider	1. Continued participation and support for Leeds City Council's Marmot City ambition 2. Leveraging ICB's role at place as a (small) anchor institution, and influence over other (larger) anchor institutions (NB this may not take place during vacancy freeze/restructure) **Links to place risk register:** 2415, 2354, 2301, 2018
2 The Delivery and Inequalities Sub-Committee - highlighting impact of wider factors	
3 Marmot City Programme - provides joint working mechanism to address wider determinants	
4 Ongoing contracting with the third sector - provide additional resource flow into local economy and areas of need	
Sources of assurance *(Where is the evidence that the controls work?)*	
1 Minutes from PLT / HWB meetings, particularly sessions with a wider strategic focus	
2 Minutes from Delivery and Inequalities Sub-Committee	
3 Programme reports from the Marmot city programme	
4 Financial accounts recording proportion of spend in this area	

Wakefield	**Place lead:**	**Mel Brown**	**Nominated lead for this risk:**	**No update**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Wakefield)			**Current (Wakefield)**			Local position reflects the WYICB position. Current likelihood is high due to significant pressures in the system.
BOLD	**Likelihood**	**4**	**16**	**Likelihood**	**5**	**20**	
	Impact	**4**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1 Healthy Standard of Living for All is one of the four priorities in the Health and Wellbeing Strategy	1. A further community of practice event has been planned for November 2025 2. The work to develop the place response to reducing economic inactivity is currently taking shape (2025/26) 3. Wakefield is working with funding from Health Determinants Research Collaborative (HDRC) to establish research capacity around health inequalities (2025/26) 4. The development of our integrated neighbourhood health model (2025/26)
2 Economic Strategy is in place led by the local authority. Elements that impact on health inequalities are reported to Health and Wellbeing Board	
3 Joint post working across health and the Local Authority addressing inequalities is in place	
4 Joint Steering Group established	
5 We are now established as a enabler programme in our transformation and delivery collaborative	
6 Community of Practice event being took place in May 2025	
7 Some of our uncommitted core spend for 2025/26 will be focusing on COPD	
8 The economic accelerator programme is now established.	
9 Development of a district plan	
Sources of assurance *(Where is the evidence that the controls work?)*	
1 Regular reports such as Bi-monthly public health profiles addressing inequalities are presented to the Health and Wellbeing Board and to the Wakefield District Health and Care Partnership	
2 Wakefield Joint Strategic Needs Assessment	**Link to Place Risk Register**
4 Report to WDHCP Committee in November 2024 on the evaluation and principles of allocation of resource for CORE20PLUS	2481

WYICB - Board Assurance Framework - ICB and places		Version 13	7 October 2025
Mission 1	Failure to manage strategic risk could result in a failure to **REDUCE INEQUALITIES**	**Lead director(s) / board lead**	Ian Holmes / Jonathan Webb
Strategic risk 1.2	There is a risk that operational pressures and priorities impact our ability to target resources effectively towards improving outcomes and reducing inequalities for children and adults.	**Lead committee / board**	Finance, Investment and Performance Committee

ICB risk appetite	ICB risk scores						Rationale for current ICB score
	Target (ICB)			Current (ICB)			Significant financial and operational pressure continues to impact on our ability to deliver wider ambitions. The organisational change process and capacity will impact on the operational pressure.
OPEN	Likelihood	3	9	Likelihood	4	16	
	Impact	3		Impact	4		

Key controls *(What helps us mitigate the risk?)*	
1	Clear, agreed plans that deploys £10.75m Health Inequalities funding across all Core 20PLUS5 priorities - specific workstream headed by Improving Population Health (IPH) Board with remit to recommend allocation of specific funding across the ICS
2	The first 3 ambitions in our Strategic Plan relate to inequalities. Plans for these are set out in the Joint Forward Plan which provides the foundation to prioritisation by the ICB Board. The Plan has a refreshed set of metrics to ensure that a difference can be made and measured.
3	Measurement of inequalities relating to key operational priorities - such as elective recovery and ambulance waiting times.
4	Board approved WY ICS Finance Strategy confirms importance of health inequalities as key element of how deploy resources.
5	Committee overview of commissioning policies and quality impact by the Transformation Committee and Quality Committee respectively.
6	Inclusion Health Unit, whose focus is on the sustainability of inclusion health services, supporting the system to improve the health of population groups.

Mitigating actions *(What more are we/should we be doing at ICB level?)*

1. EQIA process on any proposed service change and commissioning policy change (2025/26).
2. As part of developing the ICB operating model we are building a strategic commissioning function that will help ensure that the organisation has the right focus on reducing health inequalities and improving outcome, 2025/26
3. Our approach to integrated neighbourhood healthcare is predicated on population health management principles which ensure there is the right focus on communities with the greatest need.
4. As part of the economic accelerator programme we are focusing on improving economic participation in communities where inequalities and poor outcomes are highest.

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Partnership Board focus on 10 big ambitions
2	ICB Board - performance dashboard and deep dives into health inequalities
3	SOAG updates against 10 big ambitions
4	ICB Annual Report summarises work on improving outcomes and reducing inequalities
5	Internal Audit 'Health Inequalities Partnership Working' review - Significant Assurance - June 2024
6	Integrated neighbourhood health board
7	Health and wellbeing boards (sign off integrated neighbourhood healthcare plans)

Links to ICB risk register *(Reference numbers/brief description)*

Risk 2309 - demand for CYP mental health services; **2451** - Delays in gender identity specialist services; **2525** - delays in health assessments of CiC; **2479** - children's hospice care

Bradford District and Craven (BD&C)	Place lead:	Therese Patten	Nominated lead for this risk:	Sohail Abbas 07.01.26

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (BD&C)			Current (BD&C)			There are higher levels of inequality in BDC as compared to other places. The organisational changes and wider environments makes it difficult to reduce inequalities. The risk score remains the same for this cycle.
OPEN	Likelihood	3	9	Likelihood	3	12	
	Impact	3		Impact	4		

Key controls *(What helps us mitigate the risk?)*	
1	QEIA assessments in routine use
2	Prioritising action plans to address the main causes of death, inequalities and poor health across BDC HCP (place) within the new Closing the Gap programme. Leadership group has been set up for implementing Core20PLUS5 for the ICS and BDC HCP (place). Targeting reduction of health inequalities by working closely with PCNs and Community Partnerships (and with Local Authority Area teams)
3	Closing the gap programme has segmented the population and examines trends on health needs against expenditure, and high impact evidence based interventions to reduce inequalities and address pressure points locally.
4	Inequalities toolkits have been used by our 13 Community Partnerships to guide commissioning (with guidance and separate intelligence packs itemising outliers). Primary care practice priorities have been aligned to Core20 priorities via the health inequality practice premium.
5	Priority boards maintain a key focus on inequalities through their programmes of work
6	Developing a System approach to reducing inequalities via improved collaboration between Inequalities, EDI, Research and Prevention programmes (included board readiness toolkit & development sessions to embed work to reduce inequalities through the governance structure).

Mitigating actions *(What more are we/should we be doing at place?)*

1. Work is ongoing on population needs assessment and using population health management principles to identify population cohorts for targetting interventions (2025/26)
2. We are in the process of developing our health and care strategies in place together with our partners which will meet our ambitions around improving outcome and reducing inequalities. This work is being led by the Director of partnership and place (2025/26)
3. Alongside the strategy development we are developing our intent around neighbourhood health and have events in the diary both with practices but also as part of our Listen In engagement schedule across our communities to ensure we are developing services in partnership (2025/26)
4. QEIA assessments in routine use (process being refined and reviewed 2025) to ensure that the impact of proposed decisions does not move resource away from critical areas of health inequality (2025/26)
5. Economic evaluation of our health inequalities programme is undergoing which will help us deliver financial case for reducing inequalities (2025/26)

Sources of assurance *(Where is the evidence that the controls work?)*	
1	BDC Partnership Board and Exec receive full papers and briefings on progress within the Priorities and Enablers alongside system based committees which provide oversight and assurance on our outcomes.
2	Inequalities are embedded into our transformation work with Population Health Management (PHM) data identifying key areas of focus for priority. Priority Boards providing ownership of transforming services across all place based partners
3	Outcomes focused performance report for HCP Board capturing health inequalities

Links to Place Risk Register

2386, 2227, 2039, 2221

Calderdale	Place lead:	Robin Tuddenham	Nominated lead for this risk:	No update

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Calderdale)			Current (Calderdale)			Risk score reflects operational performance on NHS targets. There are pressures in the system but it's not impacting on our ability to deliver Core 20+5. There is a significant risk on future finances and the overall change programme announced in March 25 could result in inequalities being impacted. Score will be continually monitored. Reviewed target score and reduced this from 9 to 6, due to a OPEN risk appetite.
OPEN	Likelihood	2	6	Likelihood	3	9	
	Impact	3		Impact	3		

Key controls *(What helps us mitigate the risk?)*	
1	Clear plan for place share of £12m led by DPH, reports to HWBB.
2	Tackling inequalities is a core requirement of all papers to comment upon, particularly contract awards / service improvement.
3	Measurement of health inequalities for elective recovery has been key component for CHFT and its delivery of its waiting lists.

Mitigating actions *(What more are we/should we be doing at place?)*

1. The data model is being developed to help analyse the use of urgent care to help address and ensure that out-of-hospital services do not create health inequalities - Population health tool is being developed - local drop in sessions will take place with discussion at Board level in 2025-26.
2. Financial pressures continue to be monitored and savings identified recurrently to ensure undelrying position does not deteriorate.
3. Change programme and new ICB operating model will impact on this risk and will be monitored.

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Regular report to HWBB (as above) and CCPB.
2	Joint Forward Plan will include health inequalities.
3	Transformation delivery plan signed off by Board on 5 September 2024, one of the key ambitions in reduction in health inequalities

Links to Place Risk Register:

2224, 1338, 2476, 2149, 1998, 1493, 62, 2092

Kirklees	Place lead:	Vicky Dutchburn	Nominated lead for this risk:	No update

ICB risk appetite	Place risk scores	Rationale for current place score

ICB risk appetite	Target (Kirklees)			Current (Kirklees)		
OPEN	Likelihood	2	6	Likelihood	3	12
	Impact	3		Impact	4	

Outcomes Framework, indicators and proxy indicators, establish network, align core 20 plus 5 , strengthen reporting through PMO and align approaches to VCSE investment and Inclusive communities framework. The elective performances is included in the bi-monthly performance committee. There have been deep dive reports and discussions with our health and care partnership board specifically on child and adult mental health and neurodiversity assessment, there is an action plan. The core 20+5 schemes have been reviewed and built in as business as usual as an outcome of that review. The rigour of internal processes with regards to prioritisation and reviews of all contracts which are due to expire March 2026 - the governance timeline complete until the end of October 2025.

	Key controls *(What helps us mitigate the risk?)*
1	Health and Wellbeing Strategy
2	Health and Wellbeing Plan
3	Outcomes Framework
4	Deep dive reports on high risk areas e.g. child & adult mental health, neurodiversity assessments.
5	Completed review of the children and young people's mental health model (Kirklees Keeping In Mind) implementation commenced April 2025.

Mitigating actions *(What more are we/should we be doing at place?)*

1. Agreed that Kirklees place will develop an action plan on children and young people's neurodiversity to sign off by April 2025 - action plan has been completed and submitted as part of the SEND review - June 2025.
2. Expecting final SEND report end of August 2025 and implementing review actions from Q3, 2025/26
3. Establishment of transformation dashboard as per annual review recommendation (Q2, 2025/26)

	Sources of assurance *(Where is the evidence that the controls work?)*
1	Regular reporting into Health and Wellbeing Board
2	Regular reporting into place governance such as the Kirklees Quality Committee
3	PMO reports on projects
4	Reports and action plans to Transformation Committee

Links to place risk register:
2240

Leeds — **Place lead:** Tim Ryley — **Nominated lead for this risk:** No update

ICB risk appetite	Place risk scores					
	Target (Leeds)			Current (Leeds)		
OPEN	Likelihood	3	9	Likelihood	4	16
	Impact	3		Impact	4	

Rationale for current place score

Current reduction in ICB resources and associated restructure will be presenting notable challenges to driving work in this area (alongside existing operational pressures - particularly during Winter). Reviewed target risk score in light of a open risk appetite (willing to take reasonable risks and is tolerant to some uncertainty), agreed to reduce the target risk score from 12 to 9.

	Key controls *(What helps us mitigate the risk?)*
1	Local strategy with a focus on health inequalities (Healthy Leeds Plan), with key data cut by IMD and other relevant HI metrics.
2	Local governance structures with a focus on inequalities - Delivery and Inequalities sub-committee, Health Inequalities Oversight Group and specific sessions at Partnership Leadership Team
3	Leeds financial planning process includes mechanisms to minimise impact on inequalities as well as QEIA assessments in routine use (and published)
4	All delivery plans have a clear focus on addressing inequalities within existing resources.
5	Inequalities / Core20+5 / transformation funding as part of general practice incentive scheme (GPOP)

Mitigating actions *(What more are we/should we be doing at place?)*

1. Partnership focus in 25/26 on programme benefits quantification should support greater assessment of potential HI impact (2025/26)
2.Review approach to incentives in line with strategic commissioning role towards the end of this financial year (March 2026)
3. Provide both challenge and support to emerging HealthCare Inequalities Oversight Group, which has a partnership focus across providers (2025/26)

	Sources of assurance *(Where is the evidence that the controls work?)*
1	HLP document and access to PowerBI reporting
2	Minutes and terms of reference for Delivery Sub-Committee, HIOG and PLT
3	Online QEIA resource
4	Business reporting to Leeds Director Team
5	GPOP scheme documents

Links to place risk register:
2354, 2301, 2480

Wakefield — **Place lead:** Mel Brown — **Nominated lead for this risk:** No update

ICB risk appetite	Place risk scores					
	Target (Wakefield)			Current (Wakefield)		
OPEN	Likelihood	3	9	Likelihood	4	16
	Impact	3		Impact	4	

Rationale for current place score

Reflects the Integrated Care Board position. Local places have limited powers to reduce likelihood.

	Key controls *(What helps us mitigate the risk?)*
1	Allocation of CORE20plus5 monies
2	Healthy Sustainable Communities Oversight Group established for CORE20plus5 and reports through the governance structure
3	Place Outcomes Framework currently in development
4	Tackling inequalities is a priority of the Health and Wellbeing Board and associated work programmes
5	Established CORE20plus5 strategic group which oversees the evaluation of funded programmes. Developed a evaluation framework which will support targeted interventions

Mitigating actions *(What more are we/should we be doing at place?)*

1. Working with the data team to do more deeper evaluation of our CORE20plus funded programmes (2025/26)
2. Working through the investment panel process to secure funding (2025/26)

	Sources of assurance *(Where is the evidence that the controls work?)*
1	Health and Wellbeing Board Outcomes Framework - reports to the Health & Wellbeing Board - annually
2	Performance Report to Integrated Assurance Committee - bi-monthly
3	Performance Report to Wakefield District Health and Care Partnership - quarterly

Link to Place Risk Register

2128

WYICB - Board Assurance Framework - ICB and places		Version: 13	6 October 2025
Mission 1	Failure to manage strategic risk could result in a failure to **REDUCE INEQUALITIES**	**Lead director(s) / board lead**	Ian Holmes
Strategic risk 1.3 (previously 1.4)	There is a risk that we fail to join up services in our communities which means that we do not improve outcomes and reduce health inequalities.	**Lead committee / board**	ICB Board *(linked to place committees)*

ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**
	Target (ICB)			**Current (ICB)**			Integrated care in communities is fundamental to our strategy for improving outcomes and tackling inequalities and a priority for all places. We have made good progress in some areas, but progress has been variable and there is still significant work to be done.
OPEN	**Likelihood**	**2**	**8**	**Likelihood**	**3**	**12**	
	Impact	**4**		**Impact**	**4**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	ICS and HWB strategies, together with the Joint Forward Plan set out a clear and aligned vision and plans for integrating services in communities, in line with the Fuller recommendations and the medium term strategy.	1. There are three pilot programmes running across WY (Leeds, BDC and Wakefield) the learning from these pilots will be shared with other areas and nationally (Approved 2025, work ongoing from 2025/26).
2	ICB medium term financial plan supports a differential investment towards primary and community care.	
3	All places are developing integrated neighbourhood healthcare plans which will respond to the ICB blueprint and describe and quantify the improvements that will be made locally. These plans will be signed off by the health and wellbeing boards.	
4	Quality Committee and ICB Board receive Integrated Performance Dashboard which reflects progress made towards integrating services and neighbourhoods.	
5	In line with the future strategic commissioning responsibilities the ICB is developing commissioning intentions and contractual mechanisms to enable and incentivise integrated models of healthcare.	
6	Places continue to develop their models of collaboration with a view to implementationin shadow form from Apr 2026.	

	Sources of assurance *(Where is the evidence that the controls work?)*	**Links to ICB risk register** (Reference numbers/brief description)
1	Published ICB strategy and local neighbourhood health plans	**2120** - risk of a widening of health inequalities and poorer health outcomes due to the reduction or loss of VCSE services and aggregated impact of disinvestment in the VCSE
2	Delivery of the neighbourhood delivery model health plan (minutes and actions)	
3	Metrics within the Integrated Performance Dashboard, discussion evidenced through minutes of Quality Committee and ICB Board	
4	Internal Audit review - Primary Medical Services Commissioning (significant assurance)	

Bradford District and Craven (BD&C)	**Place lead:**	**Therese Patten**	**Nominated lead for this risk:**	**Sohail Abbas (07.01.26)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (BD&C)			**Current (BD&C)**			Key priority with significant work required across our PCNs, CPs and localities. Challenges are capacity to deliver and maturity of multi-sector provider collaboration. We are prioritising based on areas PHM data is highlighting.
OPEN	**Likelihood**	**2**	**8**	**Likelihood**	**3**	**12**	
	Impact	**4**		**Impact**	**4**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Development of our Primary Care Networks and Community Partnerships (CPs) that together support integrated neighbourhood health service models - and which can be flexible to the specific needs of local communities across BDC.	1. Continuing to expand use population health management data and analysis to drive our commissioning intentions and decisions on service transformation and provision - and empower service change at the neighbourhood level (2025/26) 2. Reducing Inequalities Alliance are working with our Community Partnerships (CPs) in relation to on-going roll out of Core20+5 initiatives. CPs are grouped by LA wards, have linked PCNs and also have strong input from the VCSE, to further facilitate opportunities for neighbourhood co-production on integrating care and tackling inequalities (2025/26) 3. BDC health and care strategy and national 10 Year Plan will inform continued evolution of local integrated neighbourhood health models (2025/26) 4. Long term conditions and multi-morbidity needs assessment and development of a holistic model of care, with focus on those at high/rising risk and high intensity users of health services (2025/26) 5. Work underway to develop our integrated neighbourhood team model (2025/26) 6. We are working with LMC on reviewing and refreshing the local enhanced service (LES) schemes with a strong emphasis on prevention, proactive care in community and digital transofrmation.
2	Reduce Inequalities Alliance (RIA) built around 4 themes: to set the strategic vision; support best practice; build leadership capacity; and facilitate and share learning. This is also enabling embedding of Core20Plus5 approaches at the neighbourhood level.	
3	Strategic commissioning intent and development of our health and care strategy is underway.	

	Sources of assurance *(Where is the evidence that the controls work?)*	**Links to Place Risk Register**
1	Place priorities for system transformation, including integrated neighbourhood health services development, report to Partnership Leadership Executive and to the BDC HCP Partnership Board	
2	Reducing Inequalities Alliance reporting to Exec and BDC HCP Partnership Board	
3	Development of our health and care strategy; co-production with Bradford LA on the district plan (delivery oversight by the Health and Wellbeing Board); ongoing work with NY LA via our localities	2221, 2486

Calderdale	**Place lead:**	**Robin Tuddenham**	**Nominated lead for this risk:**	**No update**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Calderdale)			**Current (Calderdale)**			Integrated care in communities is fundamental to our strategy for improving outcomes and tackling inequalities and a priority for Calderdale.
OPEN	**Likelihood**	**2**	**8**	**Likelihood**	**3**	**12**	
	Impact	**4**		**Impact**	**4**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Calderdale Cares Community Programme Board is in place for integrating services and community.	1. Looking to utilise data over coming year to ensure efficiency and effectiveness of services to ensure out of hospital care reduces inequalities, there is a programme of work ongoing (Quality group) 2025/26 2 Place Partnership Review (led by Anthony Kealy) and ICB letter March 25 regarding Provider Collaboration will support further development of Place model including provider collaboratives and integration in Places. The ICB's response to the running cost reduction will need to consider the findings of this review in the context of significantly reduced capacity. 3. National focus on integrated neighbourhood health as part of the new Government's 10 year plan create greater focus. This will influence ICB planning for 2025/26 and beyond. The ICB has identified integrated neighbourhood health as a key priority lead by Places. 4. Consideration made for national programme for Integrated Neighbourhood Health, however due to uncertain times first phase application not proceeded with. Further strengthening of data and resource needed for future waves **Links to Place risk register:** 2476, 2163, 1493, 62, 1977, 2469, 2484, 2092
2	Tranformation deliver plan has integrated neighbourhood team as key objective for the partnership board	
3	Calderdale Community Collaborative Programme board in placed led by PCN Directors.	
4	Senior leadership meeting in July 2024, discussion on integrated neighbourhood teams	
5	There are variety of governor forums and enabler groups that bring partners across the health and care partnership together to address issues relating to issues in a joined up way	

	Sources of assurance *(Where is the evidence that the controls work?)*
1	A year end report will be presented to the partnership board on the tranformation delivery plan for which integrated neighbourhood is the key priority
2	Joint Forward Plan being developed.
3	Calderdale Community Collaborative Programme board in place led by PCN Directors. Terms of Reference and mins.

Kirklees	**Place lead:**	**Vicky Dutchburn**	**Nominated lead for this risk:**	**No update**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Kirklees)			**Current (Kirklees)**			While a strategy is in place, there is a need to focus on the delivery of transformation and improvements across all nine integrated neighbourhood teams and to ensure adequate capacity is freed up by system partners. Risk score remains the same.
OPEN	**Likelihood**	**2**	**8**	**Likelihood**	**3**	**12**	
	Impact	**4**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*

1	Core20+5 is being lead by the Public Health team on behalf of the Partnership	1. Programme plan in place to fully implement integrated neighbourhood teams and improve integrated neighbourhood health in line with 2025/26 planning guidance 2. Business case developed for accessing West Yorkshire SDF funds (non-recurrent) to assist with accelerating pace of implementation 3. Identified accelerator site to commence first INT on 2 July 2025, system partners are ready to facilitate engagement and support for accelerator site. 4. Regular fortnightly call in place with SROs for 6 core components of integrated neighbourhood health 5. Workshop held on 27 June 2025 to co-design OD support for system leaders and integrated neighbourhood teams. Next steps will be to share draft programme with stakeholders (2025/26) 6.Planned refresh of the objective within the health and care plan (2025/26) 7. Neighbourhood level data being extracted from primary care and supported by linked data sets to facilitate a population health management approach. Next steps to share with accelerator site and other INTs (2025/26)
2	Addressing inequalities is and will continue to be written into the scope and terms of reference for all place based work areas, to ensure that the focus on inequalities is a common theme to all our work	
3	INT data packs developed and data sharing agreements in place	
4	A number of services including VCSE already aligned around communities	
Sources of assurance *(Where is the evidence that the controls work?)*		
1	Published Health and Wellbeing Strategy	
2	The local Health and Care Plan follows directly on from the Health and Wellbeing Strategy	
3	Extensive engagement (lead by Healthwatch) with local people to inform strategy and plans to ensure they meet the needs of the local population	
4	ICB Committee meetings - notes	
5	Delivery collaborative - notes	
6	PCN meetings - notes	
7	Data available at PCN level is already driving the delivery plans of PCNs working in partnership with statutory and VCSE partners in each footprint to support change and integration on the ground.	
8	WY INH Board in place	

Links to place risk register
2475

Leeds — **Place lead:** Tim Ryley — **Nominated lead for this risk:** Helen Lewis (23.12.25)

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Leeds)			Current (Leeds)			
OPEN	Likelihood	2	8	Likelihood	3	12	Strong work plans already within the Leeds Health and Care Partnership, within LCP areas and in key areas such as frailty, mental health and transfer of care. More to do, and the impacts of getting it wrong for individuals remain high but good progress.
	Impact	4		Impact	4		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Strong LCPs and PCNs.	1. Developing integrated neighbourhood clinics are in place and considering further developments (2026/27) 2. LCH and GP confederation looking at neighbourhood integration opportunities as part of the system neighbourhood health model (2026/27) 3. Community mental health programme engaging all relevant partners to improve service integration and focus on those people most at risk (new contract with VCSE 2026/27) 4. All Neighbourhood Health work proceeding at pace, including input from OD to look at the cultural barriers to integration - work ongoing 2026/27
2	All relevant data displayed by IMD and other key variables linked to inequalities.	
3	Population and care delivery board structures in place, with increasing access to data that enables analysis of issues at very local levels, add neighbourhood health is one of the partnership leadership priorities and programme is reviewed regularly and overseen by partnership leadership team	
4	LCH and Leeds City Council now have a joint digital clinical record enabling therapy and care staff to work on the same note, and with therapists jointly overseeing and designing care with the reablement team	
Sources of assurance *(Where is the evidence that the controls work?)*		
1	Access to Leeds data model/power BI platforms, and RAIDR to review data sets.	
2	Notes of LCP/PCN meetings.	
3	All LHCP programmes pay due attention to joining up services, demonstrated via minutes.	
		Link to place Risk Register
		2415

Wakefield — **Place lead:** Mel Brown — **Nominated lead for this risk:** No update

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Wakefield)			Current (Wakefield)			
OPEN	Likelihood	2	8	Likelihood	3	12	There is limited opportunity for place to influence the impact of inequalities but reducing inequalities is a priority for the Health and Wellbeing Board and the Wakefield District Health and Care Partnership.
	Impact	4		Impact	4		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Wakefield Transformation and Delivery Collaborative established supported by a network of Provider Alliances with responsibility for joining up services and addressing inequalities	1. The development of a neighbourhood model enables a targeted and more planned approach to care (2025/26) 2. The reducing healthcare inequalities steering group is connected into the VCSE collaborative which is taking forward the development of the VCSE strategy for the district (2025/26) 3. The work to develop the place response to reducing economic inactivity is currently taking shape (2025/26)
2	Core Senior Leadership team established across Wakefield place with distributed leadership responsibilities	
3	Action plan to address the gaps following the publication of the Fuller report	
4	This work is connected to the work to develop a neighbourhood model	
Sources of assurance *(Where is the evidence that the controls work?)*		
1	Transformation and Delivery Collaborative Chair's report to Wakefield District Health and Care Partnership highlights key discussions - bi monthly	
2	Provider Alliance deep dive regarding progress against priorities reported to Transformation and Delivery Collaborative - monthly	**Links to Place Risk Register**
3	Medical Director for Integrated Community Services attends Fuller Board	2397, 2429

WYICB - Board Assurance Framework - ICB and places							Version: 13	31-Oct-25
Mission 2	Failure to manage the strategic risk could result in a failure to **MANAGE UNWARRANTED VARIATION IN CARE**						**Lead director(s) / board lead**	Kate Sims
Strategic risk 2.1	There is a risk that our inability to collectively recruit and retain staff across health and care impacts on the quality and safety of services.						**Lead committee / board**	Transformation Committee
ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**	
	Target (ICB)			**Current (ICB)**			Workforce recruitment and retention remains a challenge across the system. The current workforce reduction programmes within both the ICB and provider Trusts will impact on the ability to attract and retain staff across the workforce. In addition, the system awaits further detail in relation to any potential growth as part of the NHS long term workforce plan, currently undergoing calls for evidence, and Adult Social Care workforce strategy.	
OPEN	**Likelihood**	**4**	**8**	**Likelihood**	**4**	**16**		
	Impact	**2**		**Impact**	**4**			

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	WY People Board (multi-sector) oversight of priority programmes, The ICB EMT organisational change programme board - a system wide overview of the responses to the workforce challenges under the West Yorkshire People Plan	1. WY People Strategy is being refreshed during 2025. Draft revised People Strategy will be presented to the WY People Board on 26 November 2025. 2. Workforce Strategy and Planning Team - primary agenda is aligned with Strategic Workforce Transformation Forum, and as this develops they will provide a level of workforce transformation capacity 2025/26 3. One of the agreed terms of reference for the Strategic Workforce Transformation Forum centres on influencing regionally and nationally. The Forum has now agreed its core 4 priorities with delivery groups established to respond to each - 2025/26 - work is ongoing. 4. The ICB has commenced a review of its operating model (Apr 2025) in response to the further targetted reduction of 50% of costs. There will be a large scale organisational change programme to deliver the required response to this announcement. This is currently paused and awaiting further national guidance. 5. NHS providers across West Yorkshire are also required to review their growth in corporate service costs since 2019/2020 and reduce these by 50%. This is in addition to the workforce reductions indicated within the operating planning submission. ICB to monitor the impact of this - 2025-27. 6. ICB workforce strategy team responding to national call for evidence, which is part of the process to refresh the NHS Workforce Plan (2025/2026)
2	WY Mental Health and Well Being Hub - a system wide offer to all staff across the WY partnership to ensure that access to Mental Health Wellbeing is available to all - with regular reporting into People Board.	
3	WY Strategic Workforce Transformation Forum established (system wide) to have strategic overview to ensure readiness against long term workforce plan and adult social care workforce strategy	
4	Workforce Place Leads and place-based plans (for further details, see Place BAF below)	
5	Creating Global partnerships for the supply of International recruits into challenged areas - to ensure ethical and sustainable international recruitment, education pathway and to offer system support. Dedicated global team working directly with NHS England. International recruitment is currently very low.	
6	Active leadership on workforce part of annual operating plan cycle, with ongoing assurance through Finance Investment and Performance Committee, Transformation Committee and ICB Board.	
7	The ICB received detail from each NHS provider of their current workforce planning and control mechanisms. These will be used to help NHSE monitor each Trusts workforce position against its operating planning submission (2025/26)	

	Sources of assurance *(Where is the evidence that the controls work?)*	**Links to ICB risk register** *(Reference numbers/brief description)*
1	Transformation Committee; Strategic Workforce Forum; People Board - agenda, papers and minutes	**2296** - YAS workforce; **2108** - cancer workforce; **2402** - general practice workforce; **2557** - ICB workforce, **2535** - ICB workforce **2537** - ICB workforce
2	Place leads meet with local NHS providers to ensure progress is monitored across WY against the operating planning submission. WY People Team actively attend Place workforce committees. Director of People is a member of Yorkshire and Humber Workforce Steering Group for adult social care.	
3	NHS sickness absence and turnover is reported to ICB Board via Integrated Performance Report.	
4	Active data flow across wider People agenda, which is presented to the People Board and Strategic Workforce Transformation Forum.	
5	(NHS specific) Staff Survey annual results	

Bradford District and Craven (BD&C)	**Place lead:**	**Therese Patten**	**Nominated lead for this risk:**	**Andrew Milner 06.01.26**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (BD&C)			**Current (BD&C)**			The workforce challenges remain across both health and social care within the public and independent sector. Additionally, there are similar challenges within the voluntary, community and social enterprise sector where issues around living wage and competition from larger employers is cited as a particular challenge. Within health, retention remains a signficant challenge. Current financial and organisational circumstances mean recruitment across healthcare organisations continued to be limited. As a result, risk score remains at 16.
CAUTIOUS	**Likelihood**	**4**	**8**	**Likelihood**	**4**	**16**	
	Impact	**2**		**Impact**	**4**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1	BDC HCP System Finance and Performance Committee (System FPC) – led by an independent NED chair who champions the agenda at the BDC Partnership Board. Broad based senior participation including care sector and primary care. Quarterly review of the detailed workforce dashboard with a view to identifying workforce risks and issues.	1 We have made progress in supporting the social care workforce with initiatives to help retain staff. As a part of the health and work accelerator programme multiple interventions including the provision of mental health and physiotherapy support are being commissioned to support the social care workforce. This builds upon learning from successful employee assistance programmes operating within our NHS provider organisations. We are building on this by working with the Bradford Care Association. 2. Work with Skills House within Bradford Metropolitan District Council on developing sustainable recruitment pipelines from within the Bradford and Craven area continues, with lead responsibility now being passed to BMDC. Engagement with NHS and Social Care organisations to identify an appropriate delivery mechanism within the current organisational change programmes (ongoing 2025/26 and beyond). 3. Working across the system within partners including Higher Education Institutions to develop a pipeline for registered health and care roles. System wide approach has been developed for optimising placement capacity and aligning educational and service capacity (Ongoing 2025/26 and beyond)
2	BDC HCP People Plan has been refined to ensure alignment with the priorities of partner organisations and the partnership more broadly. As a part of this, particular focus has been placed upon capacity and ability to deliver.	
3	'People' is one of five strategic priorities for BDC HCP which means that additional focus and resource applied to delivery of the People Plan. Reported on at Partnership Leadership Executive and Partnership Board. With CEO lead Foluke Ajayi in place.	

	Sources of assurance *(Where is the evidence that the controls work?)*	**Links to Place Risk Register**
1	Triple A report from SFPC to Partnership Board	
2	Highlight reports from the People Programme through a Programme Board	
3		2386, 2227, 2477, 2434, 2422, 2420, 2418, 2417, 2215, 2421,

Calderdale	**Place lead:**	**Robin Tuddenham**	**Nominated lead for this risk:**	**No update**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Calderdale)			**Current (Calderdale)**			The workforce challenges remain across social care both within the public and independent sector, together with the voluntary, community and social enterprise sector, with challenges of living wage and competition from larger employers cited as a particular challenge. Within health, retention of staff is seen as a priority alongside recruitment.
CAUTIOUS	**Likelihood**	**4**	**8**	**Likelihood**	**4**	**12**	
	Impact	**2**		**Impact**	**3**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1	West Yorkshire plans reflected at place.	1. Provider workforce plans led by Acute and Primary Care leads 2025/26 2. Local group looks at recruitment and development 2025/26
2	Operating model is in place	

	Sources of assurance *(Where is the evidence that the controls work?)*	**Links to Place Risk Register;**
1	Update to the partnership board	2224, 1338, 2149, 1493, 62, 1977, 2092

Kirklees	**Place lead:**	**Vicky Dutchburn**	**Nominated lead for this risk:**	**No update**

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Kirklees)			Current (Kirklees)			
CAUTIOUS	Likelihood	4	8	Likelihood	4	16	Whilst workforce data shows that generally the workforce is increasing at a modest rate, it is not in line with growth targets and therefore workforce challenges still remain across all sectors of Health and Social Care. The workforce controls around the 2025/26 planning round makes this challenging. Some of the challenges are structural [such as rates of pay within social care and potential changes for international staff particularly in the independant care sector and recent NI changes] and therefore are difficult to address in the short term. Current ongoing changes to where the responsibility for strategic workforce planning sits within the NHS make this more challenging. The workforce challenges with Kirklees are in line with those across West Yorkshire as a whole, and therefore our risk scores are in line with those for the wider West Yorkshire ICB. Risk score increased from 12 to 16 in line with WY ICB.
	Impact	2		Impact	4		

	Key controls *(What helps us mitigate the risk?)*	Mitigating actions *(What more are we/should we be doing at place?)*
1	Kirklees actively engaged in West Yorkshire arrangements.	1 We have made progress in supporting the social care workforce with initiatives to help recruit staff. We are building on this by working with the Kirklees and Calderdale Care Association, for example, to support staff wellbeing within care homes roadshow which took place in May 2025. Compassionate cultures conference took place in June 2025, supporting staff with health and wellbeing. However, this is an area where we continue on supporting staff health and wellbeing. 2 We want to develop approaches to building training capacity in non-acute settings, but this will take time. Working as part of the WY placement expansion work with a focus on placements in care home settings (2025/26) 3 We also want to build more on the opportunities created by working with the University of Huddersfield, particularly around the new Health Innovation Campus, Health and Wellbeing Academy, and Leadership Development. Recently established a partnership board to oversee this work (2025/26) for example the development of new Radiography course.
2	Workforce arrangements well established within Kirklees for working with health and care providers and sectors including the VCSE and social care. We have an agreed integrated workforce approach with Calderdale which focuses on 3 pillars (1. Looking after our people, 2. Recruiting and retaining our people, and 3. Developing our people together). We have a system Senior Responsible Officer in place and a joint Workforce Steering Group which is supported by a Working Group for each of the 3 pillars.	
3	Placement work on pharmacy is now complete, the placement arrangements and systems will continue 2025/26	

	Sources of assurance *(Where is the evidence that the controls work?)*	
1	Evidence on the impact of projects and initiatives is monitored within the appropriate Working Group for each of the pillars.	**Link to place risk register:** 2498
2	Each of the 3 Working Groups reports into our Joint Workforce Steering Group to present evidence of impact of their projects and initiatives.	
3	Regular updates on the Joint Workforce Programme are reported into the Kirklees Partnership Forum, which is part of our overall place governance arrangements. Updates are also presented to other governance forums when required such as the Kirklees Transformation sub-committee.	

Leeds	Place lead:	Tim Ryley	Nominated lead for this risk:	No update

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Leeds)			Current (Leeds)			
CAUTIOUS	Likelihood	3	9	Likelihood	4	12	The current risk score reflects the scale of unfilled vacancies across the vast majority of employers in the context of a tight labour market. Although targeted activity has reduced some vacancies, the financial pressures have created recruitment controls and so notable risk remains. There has been a shift in focus from recruitment to retention. Current pressures on services and the cost of living increase creates significant risk of retention, particularly for the lowest paid staff, many of whom are in the third sector. Existing mitigations are unlikely to resolve the scale and nature of these challenges in the short term.
	Impact	3		Impact	3		

	Key controls *(What helps us mitigate the risk?)*	Mitigating actions *(What more are we/should we be doing at place?)*
1	The Leeds One Workforce Strategy has been refreshed, continuing to providing a cohesive, prioritised approach for the city's health and care partners and a clearly defined programme of work.	1. Continue to identify and secure diverse funding which supports collaborative recruitment and retention. The Leeds Health and Care Academy leads this on behalf of the city and income is assessed annually. The last review took place on April 2025. The next review will take place in April 2026. 2. Continue to increase and diversify student placement opportunities and experience, and support transition from education to employment. This is a priorty strategic project in the Leeds One Workforce Programme due for review in November 2025. 3. Health and growth accelerator programme providing additional support to retain staff in work (2025/26)
2	Leeds City Resourcing Group (LCRG) guide and monitor the collective impact of workforce recruitment and retention activity across Leeds Health and Care Partnership.	
3	Leeds H&W Community of Practice (CoP) collaborates on city-wide funding and services for H&SC staff.	

	Sources of assurance *(Where is the evidence that the controls work?)*	
1	Minutes from Leeds One Workforce Strategic Board (LOWSB), LCRG and Leeds H&W CoP	**Link to place risk register:** None.
2	Academy Steering Group quarterly reports	
3	Leeds One Workforce City Risk profile	

Wakefield	Place lead:	Mel Brown	Nominated lead for this risk:	No update

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Wakefield)			Current (Wakefield)			
CAUTIOUS	Likelihood	4	8	Likelihood	4	12	The current likelihood and impact scores recognise the work underway as part of the implementation and delivery of The Wakefield People Plan. The Plan consists of 6 Pillars, all aligned to supporting staff health and wellbeing, retention and recruitment included in Pillar 1 'Looking after our People' and Pillar 5 'Growing and Developing Our Workforce. These programmes will support partnership and collaborative initiatives. It also includes commitment to the Memorandum of Understanding (MoU) and Operational Template to support the deployment of staff between organisations. This MoU will mitigate any future impact of operational and process challenges with recruitment and retention of staff at an organisational level. Currently there is a significant risk to the workforce as a result of the 50% reduction in ICB funding however, in Wakefield we are to some extent protected from this because of the way the PMO is currently funded. There is still residual risks to the social care workforce associated with a lack of the national strategy and funding arrangements.
	Impact	2		Impact	3		

	Key controls *(What helps us mitigate the risk?)*	Mitigating actions *(What more are we/should we be doing at place?)*
1	Wakefield People Alliance oversight of priority programmes - a system wide overview of the responses to the workforce challenges under the Wakefield People Plan	The Wakefield People Alliance's Pillar 5 Programme adopts a comprehensive approach to tackling workforce risks through strategic recruitment initiatives. These initaitives mitigate workforce risks associated with recruitment and retention of staff across the health and care system. Initiatives include: (timescale - 2025/26) 1. Hyperlocal Recruitment Programme, which focuses on attracting talent from within the local community. By partnering with local organisations and offering tailored recruitment opportunities, this programme supports the development of a diverse workforce that is connected to local communities. 2. School Engagement Programme, which fosters early career awareness by engaging students and raising the profile of the full range of careers available in our sector. This initiative not only encourages the pursuit of healthcare careers but also strengthens the pipeline of future professionals. 3. The Student Placement Framework further enhances workforce sustainability by providing students with hands-on experience within the Wakefield health and care sectors, helping to
2	Mental Health and Well Being Hub - a system wide offer to all staff across the West Yorkshire partnership to ensure that access to Mental Health Wellbeing is available to all.	
3	The Wakefield People Plan has 6 Pillars within it, each with two Pillar Leads, supported by a Programme Manager to plan, lead the delivery of each Programme	
4	Wakefield Workforce Project Management Office established across the Wakefield system	

	Sources of assurance *(Where is the evidence that the controls work?)*
1	Access and analysis of workforce sector data to inform the development of a Workforce Plan dashboard to be reported through to Integrated Assurance Committee.
2	Wakefield has been supported via system-wide funding/workstreams including staff training and support, coaching and mentoring, money buddies, physical health checks.

	Positive Assurance The current Programme within the Wakefield People Plan focuses on the following priorities: - Community Career Events co-designed by the Community delivered by all health and social care providers across Place and hosted in Community Anchors. Hyper local recruitment in place with job interviews on the day and roles offered to community members. This is an evolving programme which will be delivered across all localities. - System approach to the pooling of the apprenticeship levy and developing resources specifically for young people to increase the number of apprenticeships in the system and grow our own from the future generation - Working with the social care independent sector to support their key challenges identified and co-design solutions, which include system offers on training, well-being and local recruitment. - Strong place-based governance arrangements are in place to support the delivery of the programmes, including a well-developed People Alliance, dedicated System Workforce Programme Management Office and Wakefield Health and District Partnership People Hub. - Recently launched economic accelerator programme that supports people in the current workforce who are at risk of becoming economically inactive. Commissioned a range of services to support this cohort.	bridge the gap between academic learning and real-world application. The Wakefield People Alliance addresses retention through its Pillars 1-3 Programmes. Initiatives include: (timescale - 2025/26) 1. The Wakefield Health and Care Learning Portal supports continuous development by offering accessible training and development resources for current staff, promoting career growth within the sector. 2. The Compassionate Leadership Programme cultivates empathetic leadership to create supportive working environments, while The Leading Wakefield Together training builds collaborative leadership skills across the workforce. 3. Coaching and Mentoring Hubs provide personalised support to staff, helping them navigate career challenges and fostering long-term engagement. Continues for 2025/26.
		Links to Place Risk Register
		2129

WYICB - Board Assurance Framework - ICB and places							Version: 13	30-Oct-25
Mission 2	Failure to manage the strategic risk could result in a failure to **MANAGE UNWARRANTED VARIATION IN CARE**						**Lead director(s) / board lead**	James Thomas
Strategic risk 2.2	There is a risk that as a system we fail to innovate, learn lessons and share good practice that allows us to respond to service pressures resulting in widening variations across our footprint.						**Lead committee / board**	Quality Committee
ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**	
	Target (ICB)			**Current (ICB)**			Continued formal assurance is needed through Transformation Committee and Partnership Board. With the changes in Digital leadership, we are assured that there is maintained links between digital and innovation. Uncertainty around the implications of current changes with ICBs and the impact on the WY ICB research and innovation function, risk score remains the same in Cycle 3, 2025/26.	
OPEN	**Likelihood**	**2**	**6**	**Likelihood**	**2**	**8**		
	Impact	**3**		**Impact**	**4**			

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	Clear governance around Quality with NHSE, providers and places working collaboratively to share learning and report via System Quality Group and ICB Quality Committee	1. Develop assurance mechanisms to Transformation Committee and Partnership Board. Continues in 2025/26 2. Annual review to bring additional rigour with lens on innovation and research (2025/26)
2	Research via Applied Research Collaborative (ARC)	
3	West Yorkshire Innovation Leadership Collaborative – joint chaired by Medical Director with Health Innovation Network Clinical lead	
4	West Yorkshire Health and Care Partnership Research Leadership Working Group (RLWG), chaired by Medical Director	
5	HIVE network brings together research and innovation networks	
6	Collaboration with Digital	
Sources of assurance *(Where is the evidence that the controls work?)*		**Links to ICB risk register** *(Reference numbers/brief description)*
1	Agenda and minutes of meetings listed as controls	**2108** - Cancer workforce plan
2	SOAG oversight of innovation and research networks	
3	Clinical and Care Professional Forum	**See the separate Positive Assurance Log**

Bradford District and Craven (BD&C)	**Place lead:**	**Therese Patten**	**Nominated lead for this risk:**	**Phillipa Hubbard 09.01.26**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (BD&C)			**Current (BD&C)**			Recognise the impacts of the changes to the form and function of the ICB from April 2026, the reduced resource availability at BD&C Place, the ongoing emergence of the provider collaborative and the supporting governance and assurance structures. To sit against the revised strategy'Our plans for health, care, and wellbeing in Bradford District' (September 2025) BDC Risk score remains at 9 due to the ongoing period of change.
OPEN	**Likelihood**	**2**	**4**	**Likelihood**	**3**	**9**	
	Impact	**2**		**Impact**	**3**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Committee structure in place including BDC HCP System Quality Committee which oversees the process of mutual assurance of quality of care delivered by local providers, which identifies issues, and supports improvement. Work ongoing to identify future arrangements as Place to ensure the provision of assurance to the BDC system on the quality of services provision post April 2026. Until March 2026, the system quality insight and assurance group (SQIAIG) meets monthly to triangulate themes, intelligence and learning which then reports into the System and Quality Committee. The SQC reports quarterly into place partnership board and WY Quality Committee and Quality Group. It is proposed that, alopngside the Finance, Performance and Quality Forum (FPQ),k the SQIAIG or similar remains in place as an interim	1.The Quality Team input into BDC priorities and transformation programmes and patient safety/ quality is taken into account when responding to financial pressures (Work ongoing 2024/25-2026 and onwards.) 2. Work is progressing on the BDC clinical strategy and the role of the Clinical and Professional Forum to support streamlining of clinical pathways - January 2026 3. Governance system structures and alignment to support the wider collaborative have been revised, including workstreams for integrated neighbourhood health.
2	Priortisation exercise to maximise use of resources - We are completing a strategic review of the work of each priority area (prioritisation exercise) to ensure that available resource is focused on the areas of highest priority against national, regional and local priorities including Financial and Quality criteria whilst focussuing on outcomes for the population	**Links to Bradford place risk register:** 2419
3	Model of Distributive leadership remain in place up to March 2026 in BDC with HCP for Chief Nurse which provides opportunities to provide assurance and oversight, share best practice, learning and improvement opportunities between partner organisations	
4	Quality Team input into ICB Efficiency Savings Programme Meeting and Efficiency Plan to ensure that QEIA completed for each efficiency scheme - to ensure that risks and potential impacts to service provision and outcomes/inequalities are recognised, communicatede and mitigated where possible	
5	Quality requirements are represented with all providers and monitored through the consolidated WY ICB contract management process	
Sources of assurance *(Where is the evidence that the controls work?)*		
1	Assurance through Internal Audit of our transformation programmes and via ongoing reporting and challenge through individual Programme Boards, Partnership Board, Clinical and Professional Forum and SQC/SQG and ICB governance structures - through AAA updates from assurance and governance committees (combined F&PC SQIAIG and meet monthly) and priority and enabler programmes.	
2	Redeveloped model/way of working for the Place (BDC) System Quality Committee (SQC) including the provision of governance and assurance and sharing of best practice through the work of sub-groups and the reporting structure. Terms of Reference and Minutes.	
3	Supported by shared system committees for Finance and Performance, Quality and Safety, and our Clinical Forum. The Place maintains strong links with Bradford Institute of Health Research (BIHR), Yorkshire & Humber AHSN, Yorkshire and Humber Improvement Academy (IA) and the University of Bradford (UoB). Terms of Reference and Meeting Minutes.	
4	Recommendations on investment / dis-investment take into account EQIAs/QEIAs, output from the prioritisation tool and demonstrate strategic fit.Equity, Quality Impact Assessment (EQIA) / Quality, Equality Impact Assessment (QEIA) embedded.	

Calderdale	**Place lead:**	**Robin Tuddenham**	**Nominated lead for this risk:**	**No update**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Calderdale)			**Current (Calderdale)**			Governance arrangements are continually reviewed locally. Development time dedicated at Partnership Board to discuss key issues as a system. Clear weakness in WY data/analytics for system overview. No significant resource locally to compare with other resource. Recognise work ongoing to produce consistent WY data.
OPEN	**Likelihood**	**2**	**4**	**Likelihood**	**2**	**6**	
	Impact	**2**		**Impact**	**3**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Place-based Quality Group established to ensure we continue to share lessons and good practice.	1. Calderdale lead on a number of WY elective recovery programmes, ensuring greater

2	Clinical and Professional Forum currently being reviewed with a aim to link the output of the forum to our transformation priorities and financial position	consistency in single contracts, to help avoid variation. Consistent Independant Sector waiting times recently agreed across WY.
3	Primary Care Strategy Group meets quarterly and reports to the partnership board.	
4	Urgent care model has been developed that will help UECB and Community programmes joined up impactful initiatives.	
Sources of assurance *(Where is the evidence that the controls work?)*		**Links to Place risk register;**
1	Regular reporting to Calderdale Care Partnership Board.	1338, 2476, 2163, 2149, 1493, 62, 1977, 2092

Kirklees	**Place lead:**	**Vicky Dutchburn**		**Nominated lead for this risk:**	**No update**
ICB risk appetite	**Place risk scores**				**Rationale for current place score**
	Target (Kirklees)		**Current (Kirklees)**		Kirklees place reflects the current WYICB wide score.
OPEN	**Likelihood**	**2** **4**	**Likelihood**	**2** **8**	
	Impact	**2**	**Impact**	**4**	

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Kirklees ICB Transformation Sub-Committee, supported by the Kirklees Delivery Collaborative as mechanism to enable shared learning across providers	1. Increase visibility and understanding of the West Yorkshire Innovation Leadership Collaborative and the interface between this network and place (Review 2025/26) 2. Establish clearer connections between the WY ICB and the West Yorkshire Innovation Leadership Collaborative (Review 2025/26) 3. Chief Digital and Information Officer attending Kirklees Board Development Session to share learning, next steps (Q2, 2025/26)
2	Working across places and with WY programmes to share learning and experience, identify variation, and opportunities for improvement	
3	Clear governance around Quality oversight in place with providers, working collaboratively to share learning and report via System Quality Group and ICB Quality Sub-Committee	
4	Active participation in WY networks and programmes with evidence of having shared learning from Kirklees, and adopted it from elsewhere.	**Link to place risk register:**
Sources of assurance *(Where is the evidence that the controls work?)*		2445
1	Evidence of early adoption and innovation in place e.g. UCR, Lung Health Checks, approach to neighbourhood working.	
2	Reports to Kirklees Sub-Committees demonstrating provider collaboration, examples of innovation and shared learning. Papers and Mins.	
3	System Quality Group and ICB Quality Sub-Committee. Papers and Mins.	

Leeds	**Place lead:**	**Tim Ryley**		**Nominated lead for this risk:**	**No update**
ICB risk appetite	**Place risk scores**				**Rationale for current place score**
	Target (Leeds)		**Current (Leeds)**		Earlier in the year the Leeds governance arrangements were established with a wide range of stakeholders, these were relatively new and establishing a rhythm and recognition of function. Throughout the last Quarter of 2024/25 and into 2025/26 there is a continual improvement approach to the Leeds governance and priortisation. Our partnership governance arrangements have become more mature and we have identified some priority areas to collectively focus on as part of the Healthy Leeds plan. The biggest barriers to progress in these programmes tend to be digital and this is complex across competing providers with different needs as well as the Leeds digital infrastructure being a challenge when compared with the WY strategic approach.
OPEN	**Likelihood**	**2** **4**	**Likelihood**	**3** **12**	
	Impact	**2**	**Impact**	**4**	

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Clear governance arrangements in place to provide assurance to the Leeds Committee of the ICB. Place partners working collaboratively through the Assurance Sub-Committees (Quality & People's Experience and Finance & Best Value).	1. There has been a lot of progress amongst senior clinical leaders to understand the wide range of interface issues in the city and a programme has been established to try and manage some of these better (2025/26) 2. Leeds partnership has appointed a Lead Chief digital information officer (CDIO) from one of the partners to oversee partnership development work and facilitate integration. New governance around this is being developed to be in place by 2025/26. Although these governance arrangements are starting to become clearer they are also highlighting some of the competing ambitions between different partners. They are not yet in a clearer enough form for senior leaders to prioritise. There is a piece of work to look at developing provider collaborative in line with the direction the government is taking the NHS and in line with the ICB blue print which will hopefully address some of the digital issues. 3. All Leeds partnership across Leeds health and social care were working collaboratively with the University of Leeds to develop a research project (SEISMIC) to bring academic rigour to system improvements and integration for people with long term conditions and mental illness, facilitating the use of innovative technology. Unfortunately Leeds was unsuccessful in the bid but there is ongoing conversation to see how the partnership can capitalise on the work so far anyway.
2	Regular contribution and representation at the ICB Quality Committee and System Quality Group	
3	Regular contribution and representation at the WY ICB Safeguarding Oversight and Assurance Partnership	
4	Leeds Academic Health Partnership membership with representation at Board and implementation levels.	
5	As a partner with Leeds Academic health partnership identifying opportunities from health professionals,	
6	The Clinical Professional Executive Group (CPEG) meet monthly and has been reviewing a system approach to risk and learnings from escalated cases to make sure there is a Leeds based approach to those learnings and that partners can better manage system risk collectively	**Link to place risk register:**
Sources of assurance *(Where is the evidence that the controls work?)*		2480, 2487
1	Regular arrangements to evaluate the effectiveness of the Sub-Committees.	
2	Emerging system-wide networking between Quality Improvement leaders across the partnership.	
3	WY ICB Safeguarding Oversight and Assurance Partnership. Papers and Mins	
4	ICB Quality Committee and System Quality Group. Papers and Mins	
5	West Yorkshire clinical and professional forum (monthly) - representation from Leeds	
6	The Clinical Professional Executive Group (CPEG) meet monthly	

Wakefield	**Place lead:**	**Mel Brown**		**Nominated lead for this risk:**	**Penny McSorley 08.01.26**
ICB risk appetite	**Place risk scores**				**Rationale for current place score**
	Target (Wakefield)		**Current (Wakefield)**		We continue to experience a high level of system pressure in Wakefield, which can lead to variations in care from what may be experienced in other areas of the WY system. We have been particularly challenged in urgent and emergency care, access for into certain health and social care services and we have specific concerns around the quality of care delivered in the care home sector in Wakefield. There has however been several pieces of improvement work happening over the last 12 months in Wakefield to improve patient flow in urgent care and access, and we continue to work closely as a system on quality improvement in our care home sector. The score remains at a 12.
OPEN	**Likelihood**	**2** **4**	**Likelihood**	**3** **12**	
	Impact	**2**	**Impact**	**4**	

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Clear governance around quality, safety and patient experience with regular reports through to Integrated Assurance Committee, Wakefield District Health and Care Partnership and People Panel	1. The acute provider in Wakefield has commenced a trust wide improvement programme called 'working together' adopting principles of continuous improvement and daily management to ensure better access and flow across the organisation - 2025 - 27 2. Clinical and professional engagement takes place across the district and is collated and monitored as part of our approach - ongoing 3. Wakefield and district health and care partnership have commenced a neighbourhood health programme of work focusing on the 6 key elements of neighbourhood health in preparation for the 10 year plan (2025 - 27) 5. Wakefield place based partnership is currently in development and will be operating in shadow form from April 2026.
2	Experience of Care Network - sharing good practice following feedback from service users	
3	Transformation and delivery committee established to which shares good practice and focus on improving services	
4	Patient safety priorities, development of place quality priorities, and alignment with West Yorkshire quality priority areas in place	
5	Wakefield District plan 2025-2035 sets out a joint vision for health and care services across the district, with 6 ambitions including helping people to live healthy lives and developing strong services that work for people	
6	Shared quality frameworks in place	
Sources of assurance *(Where is the evidence that the controls work?)*		

1	Reports provided of quality across the WDHCP of areas of transformation and improvement	
2	Minutes of meetings from multiple governance forums	
3	Recommendations and action plans from Care Quality Commission inspections and quality visits	**Links to Place Risk Register**
4	Local perfomance dashbords and improvement plans	None.

WYICB - Board Assurance Framework - ICB and places							Version: 13	29-Sep-25
Mission 2	Failure to manage the strategic risk could result in a failure to **MANAGE UNWARRANTED VARIATION IN CARE**						**Lead director(s) / board lead**	Lou Auger
Strategic risk 2.3	There is a risk that we cannot measure and assess performance across the system in a timely and meaningful way, which impacts our ability to respond quickly as issues arise.						**Lead committee / board**	Finance, Investment and Performance Committee
ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**	
	Target (ICB)			**Current (ICB)**			The current likelihood is **possible,** given the limited business intelligence capacity in the ICB, limited access to near real-time performance data and lack of a comprehensive, shared performance dashboard. Failure to control this risk will lead to **moderate** impact on system performance. We could see a failure to meet national standards, a failure to address unwarranted variation, an inability to provide mutual aid in a timely way and regulatory breaches.	
OPEN	**Likelihood**	**2**	**6**	**Likelihood**	**3**	**9**		
	Impact	**3**		**Impact**	**3**			

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	A comprehensive performance dashboard and exception report shared by the Board and its committees	1. Development of Business intelligence (BI) capacity across the ICB (Q3, 2025/26). 2. High focus areas are published and shared in national and regional NHSE data packs so we all have the same information and can be used to improve performance (continuous, 2025/26) 3. As the federated data platform matures, oversight of performance will be enhanced (2025/26)
2	A system co-ordination centre is live to consolidate information and action on UEC pressures. The SCC meets the revised national specification.	
3	Securing access to, and review of, comprehensive, up-to-date management data	
4	System-wide meetings to share intelligence, review risk and agree mitigating actions	
5	UEC-Raidr app is active and continues to be developed	

Sources of assurance *(Where is the evidence that the controls work?)*		**Links to ICB risk register** *(Reference numbers/brief description)*
1	Minutes of Board and committee meetings	None identified
2	Minutes and action logs of System Oversight and Assurance Group (SOAG), FIPC and other system groups	
3	Evidence of access by system leaders to UEC app and national data sources	
4	3 x daily SCC reports to NHSE Regional Team and shared with senior leaders	

Bradford District and Craven (BD&C)	**Place lead:**	**Therese Patten**	**Nominated lead for this risk:**	**Sohail Abbas and Kerry Weir (30.12.25)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**	
	Target (BD&C)			**Current (BD&C)**			Good processes and systems in place to monitor performance and capacity across providers and BD&C place . Performance dashboards which are regularly taken to System committees and transformation programmes. Ability to pull out performance data quickly on an ad-hoc basis when required.	
OPEN	**Likelihood**	**1**	**2**	**Likelihood**	**2**	**4**		
	Impact	**2**		**Impact**	**2**			

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	BDC HCP (place) governance assurance through sub-committees System Finance and Performance Committee to the Partnership Board	1. Reviewed governance arrangements, which will help to triangulate performance across the range of areas (2025/26) 2. Dashboards and performance reports to be updated to reflect 2026/27 operational planning requirements.
2	BDC HCP (place) governance assurance through sub-committees System Quality Committee to the Partnership Board	
3	HCP programme boards	
4	Partnership Board level outcomes report has been developed and includes health and inequalities metrics	
5	Finance, performance and quality forum (inbetween the FIPC and QC quaterly meetings) performance reported monthly to the extended leadership team (ELT)	

Sources of assurance *(Where is the evidence that the controls work?)*		**Links to Place Risk Register**
1	Performance dashboard at System Finance and Performance Committee and robust processes in place to review performance (range of dashboards, reports to SF&P and HCP board)	2168, 2423
2	Sub Committee of Quality committee receives performance dashboard focussing on patient experience and outcomes and statutory requirements, issues discussed at Quality Committee	
3	Regular update on performance provided to WYICB to support development of SOAG report	
4	3 times weekly system resilience dashboard circulated across HCP partners	
5	Regular Performance reports to HCP programme boards and ICB executive meeting	
6	Core 20+5 and health inequality premium performance reporting	
7	Triple A reports from finance and quality committees to Health and Care Partnership Board	
8	Core 20+5 and health inequality premium performance reporting (assurance)	

Calderdale	**Place lead:**	**Robin Tuddenham**	**Nominated lead for this risk:**	**No update**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**	
	Target (Calderdale)			**Current (Calderdale)**			Established performance monitoring process across commissioners and providers. Recognise we have potential BI capacity issues but we are currently performing as expected.	
OPEN	**Likelihood**	**1**	**2**	**Likelihood**	**2**	**6**		
	Impact	**2**		**Impact**	**3**			

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Oversight framework used as base of performance monitoring at CCPB.	(See WY response above regarding BI) 1. Calderdale has good oversight on the key national performance metrics and out perfoms in a number of areas. 2. Joint UECB across CHFT footprint monitoring urgent care performance, including winter, discharge and ambulance performance.
2	Working with partners to provide singular view at WY and place level.	

Sources of assurance *(Where is the evidence that the controls work?)*		**Links to Place Risk Register;**
1	Performance monitoring at CCPB. Papers and Minutes.	2476, 2149, 62

Kirklees	**Place lead:**	**Vicky Dutchburn**	**Nominated lead for this risk:**	**No update**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**	
	Target (Kirklees)			**Current (Kirklees)**			Kirklees has processes in place that monitor the current performance with main providers and as a Kirklees position. This is reported to the Kirklees Finance and Performance Sub-Committee. A local framework for daily escalations and service capacity is in place and monitored through our CHFT/ MYTT silver escalations.	
OPEN	**Likelihood**	**1**	**2**	**Likelihood**	**2**	**8**		
	Impact	**2**		**Impact**	**4**			

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Detailed performance reports presented to Kirklees Finance and Performance Sub-Committee and ICB	1. The local dashboard and indicators will transition into the new national RAIDR KPIs when signed off (2025/26) 2. Data sharing agreement across primary and secondary care with regards to integrated neighbourhood team development (100% by Q2, 2025/26)
2	Partnership processes for sharing timely data across the system partners	
3	Speciality level reports at Elective Care and Urgent Care Boards	
4	A Urgent and Emergency Care Board (UECB) has a system dashboard	
5	Community service and primary care performance indicators now in place in a local dashboard (reviewed daily)	

Sources of assurance *(Where is the evidence that the controls work?)*

1	Minutes of Finance and Performance Sub-Committee and Kirklees Health and Care Partnership Board
2	Action logs and performance slide packs from Elective Boards
3	Minutes from system silver escalation calls
4	Review the UECB dashboard and agree actions
5	Data sharing agreement by the end of Q1, data flow is 80% and by the end of Q2, 100%

Link to place risk register:
None.

Leeds **Place lead:** **Tim Ryley** **Nominated lead for this risk:** **No update**

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Leeds)			Current (Leeds)			Reasonable oversight already of activity, capacity and performance via excellent place based relationships and working arrangements. Continues to be timely, automated and wide availability of data. Risk score remains.
OPEN	Likelihood	1	2	Likelihood	2	6	
	Impact	2		Impact	3		

Key controls *(What helps us mitigate the risk?)*

1	System Resilience Operational and Coordination groups in place, and daily pressures meeting.
2	Daily data shared via Opel System gives good oversight of volumes of attendances and pressures across sectors.
3	Regular feedback from Trust Boards about performance risks and issues feeding local dashboards and delivery groups.
4	The system visibility tool/ dashboard to support daily oversight of capacity and demand around system flow is in place and is mature
5	The Opel dashboard is also available across the Leeds system, harnessing data from UEC-RAIDR and supplementing it with data from Leeds City Council/ Adult Social Care. Across the Leeds system all partners have access to this data and alerts our providers where thresholds are exceeded

Sources of assurance *(Where is the evidence that the controls work?)*

1	Minutes of meetings.
2	Partner Board reports demonstrate tight tracking on behalf of the system via their IQPRs.
3	The use of data and insight (as evidence) is fast becoming central to a number of governance boards. For example, the Population and Care Delivery Boards have a compelling score card that describes performance for each population segment.

Mitigating actions *(What more are we/should we be doing at place?)*

1. There is a wider set of dashboards, metrics and indicators that have been developed and are used to track both operational and transformational activity across Leeds. All data that feed the various dashboards in Leeds have been automated and all dashboards are accessible to individuals across a range of organisations as per access controls. Individuals and organisations (including the Population and Care Delivery Boards) use these data to manage strategic risk of unwarranted variation of care.
2. During Q1 2025/26, the Opel dashboard has been improved and General Practice data flows are being included (2025/26). The audience has widened and this dashboard provides timely awareness of pressures right across Leeds. The dashboard has high use with almost 100 managers and service leaders across Leeds accessing this on a daily basis.

Link to place risk register:
None

Wakefield **Place lead:** **Mel Brown** **Nominated lead for this risk:** **No update**

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Wakefield)			Current (Wakefield)			Good processes and systems in place. Performance dashboards which are regularly taken to Integrated Assurance Committee. Responsive narrative on a monthly basis to central core team. Ability to pull out performance data quickly on an ad-hoc basis when required. Risk score remains the same in Cycle 2.
OPEN	Likelihood	1	2	Likelihood	2	6	
	Impact	2		Impact	3		

Key controls *(What helps us mitigate the risk?)*

1	Wakefield District and Health Care Partnership Committee, Integrated assurance committee and Transformation and Delivery Collaborative receives activity and performance report at each of its meetings
2	System Outcomes Framework in place and is being re-evaluated as part of a new District Plan.
3	Each transformation programme has it's own performance dashboard or a dashboard is in development which tracks performance, progress and supports evaulation
4	MYTT share daily sit-rep data (DSIT) with the ICB BI team so we are sighted on current performance
5	Investment in Business Intelligence, including the shared PowerBI tenancy with MYTT allows colleagues with easy access to performance information and 'live' performance information from within the Trust
6	Recently appointed Data & Analytic Business Partners to support collaberative performance reporting / analytics across the Wakefield system / MYTT

Sources of assurance *(Where is the evidence that the controls work?)*

1	Minutes and papers from the Wakefield District and Health Care Partnership Committee, Integrated assurance committee and Transformation and Delivery Collaborative
2	Tracking of key consitutional and local priority metrics through dashboards and reports - presented to Integrated Assurance Committee, Transformation Delivery Collaberative, Transformation programmes and Wakefield District Health and Care Partnership.
3	The system visibility of tools/reports to support daily oversight of capacity and demand around system flow is in place and is mature (one suite of reports shared across ICB/MYTT)
4	Use of RAIDR UEC Dahboard, OPEL information and feedback from System Meetings (to support on call and system command)
5	Through collaberative working / shared BI roles across ICB/MYTT, the ICB is kept informed of any upcoming or changes to risks to performance and reporting.

Mitigating actions *(What more are we/should we be doing at place?)*

1 Currently working on the flow of community data to extend the OPEL framework to incorporate community services (2025/26)
2 Continue to strengthen collaberative / joint working between ICB BI and MYTT BI to support the efficient sharing of performance information, single version of the truth, access to live data and removal of duplication. MYTT will migrate to PowerBI across 2025 which will improve the accessibility of live information across the system - supporting the ability to make rapid decision making based on live data and intelligence (by March 2026)
3. Mid Yorkshire Teaching Hospital are actively engaging with the national federated data platform, adopting a number of applications that suppport performance delivery and access to timely data to support daily decision making (OPTICA, shared Patient Treatment List) Ongoing development 2025/26

Link to Place Risk Register

None

WYICB - Board Assurance Framework - ICB and places		Version: 13	7 October 2025
Mission 2	Failure to manage the strategic risk could result in a failure to **MANAGE UNWARRANTED VARIATION IN CARE**	**Lead director(s) / board lead**	Jonathan Webb / Shaukat Ali Khan
Strategic risk 2.4	There is a risk that our infrastructure (estates, facilities, digital) hinders our ability to deliver consistently high quality care.	**Lead committee / board**	Finance, Investment and Performance. Transformation Committee - for Digital.

ICB risk appetite	ICB risk scores						Rationale for current ICB score
	Target (ICB)			Current (ICB)			This risk relates to two specific areas; - significant backlog maintenance, unsuitable and aged physical estate and medical equipment replacement delays. - the risk that ICB / organisational IT have insufficient capacity to implement ICB and regional solutions due to increasing demands for solutions and the prioritisation of local vs regional projects, resulting in delays to progression of regional solutions, impacting delivery of benefits or reduced opportunities to implement ICB / regional solutions at scale.
OPEN	Likelihood	3	9	Likelihood	4	16	
	Impact	3		Impact	4		

Key controls *(What helps us mitigate the risk?)*		Mitigating actions *(What more are we/should we be doing at ICB level?)*
1	Development and approval of ISC infrastucture strategy.	1.Continue to consider approaches to 'carve out' an element of operational capital to support schemes more strategic in nature (specifically including a currently assessed shortfall on the Calderdale Royal Hospital development). 2. Work with NHS England NEY and WY NHS Providers on the arrangements that will be put in place in 2026-27 in relation to management, decision making and oversight of all capital allocations and expenditure (as signalled in the model ICB blueprint) 3. Digital investments to be aligned with the model region and model ICB blueprints, and in addition to be increased to support the NHS 10 year plan. 4. (Digital) - evaluating the current operating model in alignment with the restructuring of digital, data and technology according to model region and model ICB blueprints. 5. Seeking more clarity from NHSE for overall structure of digital, data and technology in delivering the 10 year plan (2025/26)
2	Regular oversight and assurance from ICS infrastructure strategy oversight group.	
3	Digital Programme Board - oversight of digital strategies and risks	

Sources of assurance *(Where is the evidence that the controls work?)*		Links to ICB risk register *(Reference numbers/brief description)*
1	Minutes from - ICS Infrastructure Strategy Oversight Group; ICS Finance Forum; Digital Programme Board	**2165** - There is a risk that place IT teams have insufficient capacity to implement regional solutions due to increasing demands for digital solutions and the prioritisation of local vs regional projects **2036 -** Airedale Hospital plan **2522** - NHS infrastructure investment
2	ICB / Regional digital projects are well planned with resources allocated. No milestone delays due to resource constraints.	
3	Initial feedback from NHSE national digital maturity assessment has shown considerable improvement from the previous year.	

Bradford District and Craven (BD&C)	Place lead:	Therese Patten	Nominated lead for this risk:	Matt Sandford 05.01.26

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (BD&C)			Current (BD&C)			For digital, investment in AFT, BDCT will move us to a higher level of digital maturity over the next 18 months 2025/26. However, we have investment challenges in Primary Care persisting due to limited primary care capital. For estates, even allowing for investment in the Airedale Hospital development and Lynfield Mount, significant backlog maintenance remains an issue, both for the acute estate and the primary and community estate. Significant affordability issues remain in relation to primary care developments. The utilisation and modernisation fund for primary care has the potential to mitigate some of these issues, but funding for year 2 onwards remains to be confirmed, risk score will remain the same in this cycle.
OPEN	Likelihood	3	9	Likelihood	4	16	
	Impact	3		Impact	4		

Key controls *(What helps us mitigate the risk?)*		Mitigating actions *(What more are we/should we be doing at place?)*
1	Programme Boards established to take forward the business cases for the new hospital at AFT and for the redevelopment of Lynfield Mount.	1. The existing WY digital strategy is undergoing review across the ICS. Each organisation will review and update its own digital strategy and plan alongside (2025/26) 2. Place health and wellbeing strategy has been developed which will shape the development of the new hospital at Airedale to support the shift of services into the community and deliver an affordable solution. This will also support the development of neighbourhood health services for BDC localities. 3. Initial Place Based Capital Infrastructure Strategy completed and will continue to be developed to ensure that our estate planning across health and care reflects changing service delivery models and supports safe and innovate service provision that is targeted at the areas of highest population need. Implementation will be overseen by the Strategic Estates Group on an ongoing basis. Ongoing. 4. More emphasis on the better use of our existing estate as opposed to looking at new build solutions, unless there is no alternative option (2025/26) 5. Access to the utilisation and modernisation fund for primary care has outlined in the planning guidance for 2025/26. This provides a specific funding for addressing primary care capacity issues. 6. Strategic Estates Group reinstated, bringing key strategic capital/ estates leads together from across the system, focused on prioritisation of programmes and investment proposals.
2	Estates is an enabler in BDC HCP (place) operating model and is key to supporting the shift of services into the community.	
3	BDC HCP continues to be supported by the BDC Digital Programme Board and meets bi-monthly. It reports into BDC executive. Digital programme of work in place with formal workstreams identified, inclusive of partnership representation (Cyber Security, Work as One, Shared Care Records, workforce, Digital Inclusion). Additional subgroups focus on infrastructure and services, research and business intelligence linked to priority programmes.	

Sources of assurance *(Where is the evidence that the controls work?)*		Links to Place Risk Register
1	Programme Board minutes for the Airedale and Lynfield Mount developments and regular updates to PLE.	**2314, 2312, 2482, 2215**
2	Place Based Estates strategy being developed in support of the health and wellbeing strategy and regular updates to PLE.	
3	Minutes of the BDC Digital Programme Board.	

Calderdale	Place lead:	Robin Tuddenham	Nominated lead for this risk:	No update

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Calderdale)			Current (Calderdale)			Our main mitigation is CHFT reconfiguration. Detailed work undertaken in primary care but biggest risk is capacity to bring partner plans together as a system.
OPEN	Likelihood	3	9	Likelihood	4	16	
	Impact	3		Impact	4		

Key controls *(What helps us mitigate the risk?)*		Mitigating actions *(What more are we/should we be doing at place?)*
1	Regular round-table on financing of CHFT reconfiguration.	1. Need to be able to identify capacity and capability to support further estates and digital transformation - Operating Model clearly identified risks around estates and digital capacity gaps due to affordabililty. This hasn't been addressed fully. Local support purchased to enable invovlement in WY Infrastructure Strategy for primary care (2025/26) 2. Work still ongoing to identify local capacity for estates going forward (2025/26) 3. Digital need to be addressed by new Digital Director (2025/26) 4. Recruitment for CKW GP estates post hampered due to cost control (2025/26) and business case approved to use external company to support bids for national capital pot.
2	Calderdale is a member of: ICS Capital Infrastructure Board; Finance Forum; Digital Strategy Board	
3	General practice PCN estate strategies in plan with support procured from external organisation for national bids.	

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Reports to Committee

Link to place risk register
None

Kirklees	Place lead:	Vicky Dutchburn	Nominated lead for this risk:	No update

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Kirklees)			Current (Kirklees)			
OPEN	Likelihood	3	9	Likelihood	4	16	Place is refreshing Estates and IT strategies to understand the infrastructure needs of the wider system. Currently, constraints in both funding and resources have resulted in lower investment into the Kirklees Estates, which will create unwarranted variation of services for the Kirklees place.
	Impact	3		Impact	4		

Key controls *(What helps us mitigate the risk?)*	
1	Estates Strategy
2	IT Strategy
3	Estates and IT leads
4	Kirklees - one public estates forum now established
5	

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Estates Forums
2	IT and Digital Groups
3	Reports to Committee
4	Kirklees Estates Forum (partnership with providers) monthly
5	Meeting with senior leaders to discuss CHFT reconfiguration

Mitigating actions *(What more are we/should we be doing at place?)*

1. Estates lead continues to focus on key developments in estates within the place and wider ICB. However, potential estates operational support is currently provided by independant consultant. This contract has ended June 2025. Paper has gone to panel to extend this support (2025/26)
2. Support Primary Care to understand the need to develop and support services from an IT and an Estates perspective. Explore creative solutions with other public sector partners, particularly to develop primary care estate 2025/26.
3. Ensure funding available flows into the Kirklees place.
4. Work with partners and stakeholders to access capital resources to support development in primary care (2025/26)
5. On going round table meeting of senior leaders to support the ongoing development of the CHFT reconfiguration

Link to place risk register:
None.

Leeds	Place lead:	Tim Ryley	Nominated lead for this risk:	No update

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Leeds)			Current (Leeds)			
OPEN	Likelihood	3	9	Likelihood	4	16	The new hospitals scheme for Leeds General Infirmary rebuild is critical to the transformations in the Leeds Health and Care system. Currently we have only limited assurance that, despite all the processes completed to secure NHSE approval to proceed, the scheme will be allowed to finally proceed. Primary Care expansion of roles and the ambition for a neighbourhood health model is placing greater strain on estates in Primary Care with little access to capital. Risk score increased from 12 to 16 due to delayed funding for LTHT scheme.
	Impact	3		Impact	4		

Key controls *(What helps us mitigate the risk?)*	
1	Leeds City Strategic Estates Board and its Specific Programme Boards meet
2	City Wide Digital Resources are combined across Health and Social Care jointly
3	Providers have strong infrastructure to manage capital planning and building.

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Providers have strong infrastructure to manage capital planning and building.
2	Minutes of Strategic Estates and Programme Boards.

Mitigating actions *(What more are we/should we be doing at place?)*

1. LTHT working through medium term alternatives to the Leeds Way due to national delays until 2030 and beyond, this includes working with Leeds City Council to consider alternatives to the innovation hub.
2. Exploring innovative joint ventures/schemes and strenghten a one city estates strategy across NHS and Local Authority and cutting-edge digital solutions with detailed plans in place by March 2026
3. City Wide Digital and Estates Strategies linked to our wider H&WB plans (2025/26)

Link to place risk register:
2530

Wakefield	Place lead:	Mel Brown	Nominated lead for this risk:	No update

ICB risk appetite	Place risk scores						Rationale for current place score
				Current (Wakefield)			
OPEN	Likelihood	3	9	Likelihood	3	12	There is currently no process or forum for bringing together a total estates strategy across Wakefield Place. There is no identified capital resources for any estates across the sectors. The Digital Strategy is in delivery phase for place. The major programme of works is MYTT EPR procurement which is nationally and regionally assured, therefore there is no change to the risk score in Cycle 2.
	Impact	3		Impact	4		

Key controls *(What helps us mitigate the risk?)*	
1	Wakefield Place Digital Strategy in place and now being aligned across partners
2	Wakefield Place Finance Working Group linking into the West Yorkshire Integrated
3	Leads at Place that are fully involved in the Integrated Care Board strategy meetings

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Minutes from Digital Programme Board
2	Place nominated lead on West Yorkshire groups
3	Digital maturity assessments (annually) - national programme

Mitigating actions *(What more are we/should we be doing at place?)*

1. Place digital forum brings together all sector and it delivers on the place digital strategy (2025/26)
2. Both business as usual replacement and innovation investment.

Link to place risk register:
2481, 2440

WYICB - Board Assurance Framework - ICB (no requirement for places to complete)							Version: 13	29-Sep-25
Mission 2	Failure to manage the strategic risk could result in a failure to **MANAGE UNWARRANTED VARIATION IN CARE**						**Lead director(s) / board lead**	Lou Auger
Strategic risk 2.5	There is a risk of an inability to deliver routine health and care services due to the emergence of a future pandemic leading to substantial loss of life and failure to deliver key functions and responsibilities.						**Lead committee / board**	ICB Board
ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**	
	Target (ICB)			**Current (ICB)**			The likelihood of a future pandemic is certain; the scale, severity and impact is unknown. This risk is based on the potential impact of a serious pandemic, based on learning from Covid. The scoring mirrors the regional NHS England score of 16 (4Lx4I).	
AVERSE	**Likelihood**	**4**	**16**	**Likelihood**	**4**	**16**		
	Impact	**4**		**Impact**	**4**			

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	Surveillance systems	1. Awaiting findings of the national Covid inquiry to incorporate learning into plans. Specific recommendations around the NHS continues. 2. Oversight of adherence to EPRR core standards and working with providers on their compliance
2	Pandemic Plan	
3	Exercises	
4	Business Continuity Plans	
5		

	Sources of assurance *(Where is the evidence that the controls work?)*	**Links to ICB risk register** *(Reference numbers/brief description)*
1	EPRR Core Standards and assurance process provide evidence that plans are in place and tested - this is reported to the ICB Board annually	**2456** - Health protection
2	Local Health Resilience Partnership meets quarterly to review learning from incidents and exercises.	
3	Local Resilience Forum (multi agency) meets quarterly	

WYICB - Board Assurance Framework - ICB and places							Version: 13	7 October 2025
Mission 3	Failure to manage the strategic risk could result in a failure to **USE OUR COLLECTIVE RESOURCES WISELY**						**Lead director(s) / board lead**	Jonathan Webb
Strategic risk 3.1	There is a risk that we do not invest resources in a way which prioritises community, primary & prevention programmes and so doesn't maximise value for money.						**Lead committee / board**	Finance, Investment and Performance Committee
ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**	
	Target (ICB)			**Current (ICB)**			There has been a disproportionate increase of resource in recent years into acute hospital services in West Yorkshire and no clear plan to remedy this.	
OPEN	**Likelihood**	**2**	**6**	**Likelihood**	**4**	**12**		
	Impact	**3**		**Impact**	**3**			

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	Board approved Finance Strategy which sets out intentions.	1. ICB Board to consider issuing direction to all Places that there should be a shift of investment from acute hospital services to community, primary and prevention programmes as part of 2026/27 and medium term plans (2025-27) 2. Place Committees and the emergent place provider collaboratives to develop plans in line with this intent (2026/27)
2	ICS Financial Plan	
3	ICB Medium Term Financial Plan and Annual Plan	
4	Local plans implemented through Health and Wellbeing Strategy, Health and Wellbeing Boards and Place Committees	

	Sources of assurance *(Where is the evidence that the controls work?)*	**Links to ICB risk register** *(Reference numbers/brief description)*
1	Internal Audit Plan, Head of Internal Audit Opinion and individual internal audit reviews	None
2	External Audit VFM opinion	
3	Performance Report alongside Finance Report into Finance Investment and Performance Committee and ICB Board	
4	Mental Health Investment Standard independent review	

Bradford District and Craven (BD&C)	**Place lead:**	**Therese Patten**	**Nominated lead for this risk:**	**Karen Parkin (29.12.25)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (BD&C)			**Current (BD&C)**			1. Agree with the WYICB scores and these are relevant for place too. 2. There has not been investment in community services in the Bradford & Craven Place other than within the ring-fenced SDF such as Core20+5 and accelerator funding - small pots of funding for specific purpose. The acute sector has had higher growth compared to community. Target score increased from 4 to 6 (impact increased from 2 unlikely to 3 possible) in line with WY ICB.
OPEN	**Likelihood**	**2**	**6**	**Likelihood**	**4**	**12**	
	Impact	**3**		**Impact**	**3**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1	BDC Place will follow the WYICB strategy to apply 2% growth and 4.3% for additional service improvement with the objective that it reduces NEL & A&E growth	1. Financial Plans for 2026/27, first draft, build in an indicative 6.3% for community services: 2% provider growth and 4.3% for additional community services. However plans for additional services / improvement to existing services have yet to be developed (2026/27) 2. The structure of the Place Provider Partnership is in development. Requires a final model and to be implemented (Apr 2026) 3. The integrated neighbourhood health is now being developed at pace. Population cohorts have been identified and schemes are being worked up along with a timetable for implementation. (Apr 2026) 4. Primary Care LES being re-negotiated with new LES schemes that concentrates on INH and population health, more teatment in community and primary care to keep people out of hospital. (2026/27)
2	A new established governance framework which includes relevant committees and business meetings. This has a clear reporting structure. The INH delivery group will oversee the development of services and deployment of the increased resource. The Place strategy has also been published and shared with all stakeholders which aligns with the left shift to community services and is consistent with the NHS 10 year plan.	
3	The BDC ICB financial plan will align with WYICB planning assumptions and strive to align with provider plans.	
4	There is now a new governance framework across BDC with three priority programmes, one is Airedale Bradford Collaboration of Acute Services (ABCAS), second is implementation of integrated neighbourhood health and the third is corporate services review and progressing with closing the gap. All of these have efficiency saving targets to meet.	

	Sources of assurance *(Where is the evidence that the controls work?)*
1	New governance framework across BDC
2	INH Delivery Group
3	Performance Report alongside Finance Report into Finance Investment and Performance Committee and ICB Board
4	Internal Audit Plan and External Audit VFM opinion

Link to Place risk register:
2447, 2386, 2227, 2486, 2040

Calderdale	**Place lead:**	**Robin Tuddenham**	**Nominated lead for this risk:**	**No update**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Calderdale)			**Current (Calderdale)**			Significantly pressured financial environment with acute hospital in deficit. This means lack of resources to move funds to invest in other areas or services. Current allocations suggest we are utilising more financial resource than we should, therefore not able to invest new money in additional areas to integrate services. Development of Provider collaboration in its infancy and with 10 year plan we should be able to develop strategies for more proportionate distribution of funding.
OPEN	**Likelihood**	**2**	**4**	**Likelihood**	**4**	**12**	
	Impact	**2**		**Impact**	**3**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Partnership Board in place has membership from all place organisations.	1. Financial strategy in development (2025/26) 2. Need to understand the place-based allocation process to clearly identify where we are using more resource than currently indicated (2025/26)
2	Joint Forward Plan has been signed off - which includes health, social care and fourth sector priorities.	
3	Ongoing review around sustainability of fourth sector and voluntary sector.	
4	New strategic finance group has been set up with an aim to develop a Calderdale financial strategy (2025/26) and medium to long term financial strategy.	

	Sources of assurance *(Where is the evidence that the controls work?)*
1	Finance and performance a key component of partnership board meetings. Papers and Minutes.
2	
3	

Link to place risk register:
2163, 2469

Kirklees	**Place lead:**	**Vicky Dutchburn**	**Nominated lead for this risk:**	**No update**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Kirklees)			**Current (Kirklees)**			The planning guidance and funding allocations does not allow for significant investment within primary care and the community. As stated in the WY narrative, funding is heavily weighted to the acute sector. Kirklees place whilst working collaboratively across the system, due to these challenges and the contractual form does not allow funding to flow around the system to allow services to align and increase investment in those areas. Review of target score against risk appetite, agreed to reduce the target risk score from 8 to 4 as the place is willing to take reasonable risks and tolerant of a certain amount of uncertainty.
OPEN	**Likelihood**	**2**	**4**	**Likelihood**	**3**	**12**	
	Impact	**2**		**Impact**	**4**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Place committees, which comprise of partner organisations to discuss utilisation of resources	1.Continue the development of the provider collaborative and the Wells agenda to allow the discussions to support more joined-up working - 2025/26 2. Priority setting across Kirklees partnership in relation to maximising the utilisation of resources (2025/26)
2	Financial Strategy has been developed to support how resources are utilised within the place, which links to the overarching West Yorkshire Strategy	

3	Development of PMO function to enable investment are review in order to ensure value for money and consideration of specific service impact.	resources (2025/26) 3. Using the financial strategy to break down the boundaries currently in place and allow the system to work to maximise resources of staff and funds, 2025/26

Sources of assurance *(Where is the evidence that the controls work?)*

1	Kirklees Finance Sub-Committee and Transformation Sub-Committee to agree on utilisation of resources. Papers and Minutes.	**Link to place risk register:**
2	All investments reviewed via a priority matrix	None.
3	PMO reports and financial review against Value for Money criteria	

Leeds	**Place lead:**	**Tim Ryley**	**Nominated lead for this risk:**	**No update**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Leeds)			**Current (Leeds)**			
OPEN	**Likelihood**	**2**	**4**	**Likelihood**	**3**	**9**	Despite progress for a more integrated approach to financial planning across LHCP there remain challenges based on organisational boundaries and ongoing financial pressures. Additional challenges in Q3 and Q4 anticipated given reduction in ICB resources and associated restructure.
	Impact	**2**		**Impact**	**3**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Integrated finance reports through LHCP governance - Leeds Finance and Best Value Committee oversees Leeds System Financial and Commissioning positions.	1. A programme of work is underway to continue to develop our joint approach to financial planning and decision-making to allow us to make the most value-driven decisions on resource allocation across the LHCP. To be actioned within the medium term financial plans (2025/26) 2. Increasing focus on quantifying impact for and transformational change for larger partnership programmes and release of benefits (alongside their quantification)
2	Analysis of spend through lens of populations and sub-groups as well as service lines.	
3	Strategic Finance Executive Group and Joint Planning Process across the partnership	
4	Finance sub-committee oversees financial planning and decisions.	
5	Regular attendance of DOFs at LHCP Partnership Exec Group and guiding priority programme ambition	

Sources of assurance *(Where is the evidence that the controls work?)*		**Links to Place Risk Register**
1	Finance sub-committee receives financial planning and decisions. Papers and Minutes	
2	DOFs at LHCP Partnership Exec Group. Papers and Minutes	
3	Benefits realisation assessments for priority programmes	2414

Wakefield	**Place lead:**	**Mel Brown**	**Nominated lead for this risk:**	**No update**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Wakefield)			**Current (Wakefield)**			
OPEN	**Likelihood**	**2**	**4**	**Likelihood**	**4**	**12**	Continued development of the Wakefield Place working together, investment in services, greater understanding required of service join-up within Place in order to invest more wisely. Greater involvement of system partners in decision making, for example - voluntary sector. A requirement for more robust return on investment modelling within place. Risk score increased from 9 to 12 in line with WY ICB.
	Impact	**2**		**Impact**	**3**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Partnership Committee comprises of partner organisations and Integrated Assurance Committee looks in more detail at financial decision making	1. Within Wakefield place, there is Transforming Development Collaborative (TDC) whereby they engage with all parties to ensure there is investment in the right areas and in 2025/26 planning there will be a commitment to increase investment within primary care. A balanced financial plan was submitted, monitoring continues on a monthly basis (2025/26).
2	The Wakefield Place Finance Leaders meeting is now established, forming a wider financial strategy, including the voluntary sector and local authority.	
3	Each place finance lead closely connected with director of finance for Integrated Care Board therefore strategies aligned.	
4	Shared posts across partner organisations - link services together to make more informed decisions around	
5	A framework for investment decisions agreed and implemented	
6	Financial Plan in place	

Sources of assurance *(Where is the evidence that the controls work?)*		**Links to Place Risk Register**
1	Minutes from meetings (TDS and Wakefield management meetings)	
2	Honorary contracts in place	
3	Regular reporting mechanisms for quality, performance and finance in place	
4	Monthly review at Wakefield Senior Leadership Team meeting	None.

WYICB - Board Assurance Framework - ICB and places							Version: 13	7 October 2025
Mission 3	Failure to manage the strategic risk could result in a failure to **USE OUR COLLECTIVE RESOURCES WISELY**						**Lead director(s) / board lead**	Jonathan Webb
Strategic risk 3.2	There is a risk that we don't operate within our available system and organisational resources (revenue and capital) and so breach our statutory duties.						**Lead committee / board**	Finance, Investment and Performance Committee
ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**	
	Target (ICB)			**Current (ICB)**			Despite a number of years of strong performance as an ICS, the 2024/25 position and 2025/26 plan were only balanced after receipt of significant non-recurrent financial support from NHS England, and as such there is a challenging plan to deliver this year and risks are materialising.	
CAUTIOUS	**Likelihood**	**3**	**9**	**Likelihood**	**4**			
	Impact	**3**		**Impact**	**5**			

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	Financial Framework document for 2025-26 agreed by FIPC	1. Continued Chief Executive, Chair and Director of Finance targeted meetings with any NHS provider showing significant risk of non delivery of plan (2025-27). 2. Joint process with NHS England for the mid year reviews scheduled for Oct 2025. 3. Development of a robust and credible medium term financial plan (2025-27)
2	All Plans are signed off by the organisational Boards	
3	Escalation and joint approach with NHS England for Trusts.	
4	Finance Forum, SOAG, FIPC, EMT and Board all have oversight	
5	Place Committees and their finance sub-committees have oversight and provide assurance upwards	
Sources of assurance *(Where is the evidence that the controls work?)*		**Links to ICB risk register** *(Reference numbers/brief description)*
1	Quarterly review meetings with NHS England and outcome letters	**2521** - Financial risk
2	Quarterly ICB led mutual accountability meetings with all five places and outcome letters	
3	Internal Audit and External Audit	
4	External review commissioned into Finance by WYAAT (July 2024) and across the ICS (November 2024).	
5	Agendas, reports and minutes of all meetings above	

Bradford District and Craven (BD&C)	**Place lead:**	**Therese Patten**	**Nominated lead for this risk:**	**Karen Parkin (29.12.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (BD&C)			**Current (BD&C)**			As per WYICB score and rationale. In addition, BDC part of the ICB will not achieve its financial plan target in 2025/26 and will remain financially challenged within current resource allocation.
CAUTIOUS	**Likelihood**	**3**	**9**	**Likelihood**	**4**	**20**	
	Impact	**3**		**Impact**	**5**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	BDC follows the West Yorkhire established principles and process.	1. All actions focused on achieving the best case identified in the mid-year review process plus continued stretch on efficiency savings programmes 2026/27. 2. Financial planning underway for 2026/27 showing recurrent improvement (but still underlying deficit). Assumptions align to WY and cost pressures built in where known. The plan still requires assessment of efficiency savings. 2026/27
2	Participation in Mid Year Review process including a plan to move to best case scenario	
3	Regular detailed reporting to ELT plus fortnightly efficiency savings meetings to monitor, drive action and deliver programmes.	
4	Collaboration programme board oversees the 3 priority programmes across all BDC NHS organisations including joints plans for ABCAS, INH & Corporate services.	
Sources of assurance *(Where is the evidence that the controls work?)*		**Alignment to place risk register:**
1	Quarterly ICB led mutual accountability meetings with all five places and outcome letters	2433, 2337, 2314, 2039, 2047
2	Presentations from mid year review meetings, mutual accountability and resulting letters from WYICB	
3	Budget holder review meetings and presentations as part of mid year review process	
4	Regular monthly finance reports to ELT and minutes of meetings	
5	BDC system F&P committee approved financial and operating plans in April 2025. Regular monthly monitoring of financial and operating plans.	

Calderdale	**Place lead:**	**Robin Tuddenham**	**Nominated lead for this risk:**	**No update**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Calderdale)			**Current (Calderdale)**			As a place we are in deficit due to acute pressures. Whilst we are assessing the risk at place level a lot of this is controlled via WY working at DoF level and little influence on this via ICB place team. Its monitored and understood but difficult to influence for the BAF. Target risk score increased from 6 to 9 due to cautious risk appetite.
CAUTIOUS	**Likelihood**	**3**	**9**	**Likelihood**	**4**		
	Impact	**3**		**Impact**	**5**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Strategic finance group established with a aim to develop a Calderdale financial strategy.	1. As WYICB above. However we are also undertaking work in strategic finance group to understand where our acute and commissioning budgets are overspending compared to best practice and allocation tool to be clear where we need to target to bring down costs (meet monthly, then quarterly) 2025/26
2	Financial Framework document agreed by FIPC, monitored by partnership board.	
3	Robust budget setting in open book approach so all places understand allocations and basis	
Sources of assurance *(Where is the evidence that the controls work?)*		**Link to place risk register:**
1	Financial Framework as agreed by FIPC.	2163, 2469
2	Bi-monthly monitoring at CCPB, evidenced in minutes. Detailed board reports.	

Kirklees	**Place lead:**	**Vicky Dutchburn**	**Nominated lead for this risk:**	**No update**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Kirklees)			**Current (Kirklees)**			Due to the current financial pressures there is a real risk that Kirklees Place will fail to operate within current resource envelopes. Target risk score increased from 6 to 9 due to cautious risk appetite.
CAUTIOUS	**Likelihood**	**3**	**9**	**Likelihood**	**4**		
	Impact	**3**		**Impact**	**5**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Financial Strategy	1. Engage in WY-wide work to drive transformation and efficiency, including leading efficiency programmes undertaken on a WY footprint (2025/26) 2. Develop priority setting of resources within Kirklees place (2025/26) 3. We have developed a long list of difficult decisions around contracts and services that could be paused/ stopped/ slowed down across the Kirklees place. Ensuring decisions made align with West Yorkshire principles, and consider the prioritisation and disinvestment / decommissioning framework across the place (2025/26) 4. We have developed a working group across Kirklees place and neighbouring partners to review all services and spend that can improve the financial position of the Kirklees system (2025/26) 5. Review of all contracts commissioned by the ICB as to whether they can be stopped
2	Review of Financial position and plans by Kirklees Finance Sub-Committee and ICB Committee, both locally and at a West Yorkshire level.	
3	Kirklees & Calderdale Recovery group	
4	Collaborative meetings to discuss how services can be undertaken differently to maximise resources	
5	Utilisation of the cross- partner Finance Forum to strengthen ownership of place based solutions.	
Sources of assurance *(Where is the evidence that the controls work?)*		
1	Financial plan will be signed off by the ICB Committee and risks identified	
2	PMO function to support financial recovery for the ICB and its wider system	

3 Aligned to West Yorkshire ICB approach to planning and final plan signed off by WY Committees	or reduced (2025/26) 6. We have developed a PMO process to develop recurrent efficiency schemes to improve the financial sustainability within the current year and future (2025/26) **Link to place risk register:** 2533

Leeds	Place lead:	Tim Ryley	Nominated lead for this risk:	No update

ICB risk appetite	Place risk scores					
	Target (Leeds)			Current (Leeds)		
CAUTIOUS	Likelihood	3	9	Likelihood	4	20
	Impact	3		Impact	5	

Key controls *(What helps us mitigate the risk?)*	
1	Leeds Finance, Investment and Best Value Committee oversees Leeds System Financial and Commissioning positions.
2	Strategic Finance Executive Group
3	Financial Framework and controls within each organisation at Place
4	Robust Budget setting and financial planning
5	Leeds Health and Care Partnership Committee oversight of City wide statutory duties on behalf of the WY ICB.

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Agendas, reports and minutes of all meetings above
2	External Review of system finances (PwC report)
3	Internal and External Audit
4	Fortnightly meetings between DoFs to review position
5	Budgets/Financial plans set
6	PMO functions within each org

Rationale for current place score

Due to the current financial pressures there is a significant risk that Leeds Place will fail to operate within current resource envelopes. Target risk score increased from 6 to 9 due to cautious risk appetite.

Mitigating actions *(What more are we/should we be doing at place?)*

(1) Development of a number of key transformation business cases for change aimed at changing suboptimal care pathways with potential for significant savings longer term (timing: ongoing and part of planning for 25/26)
(2) Review of potential opportunities and mitigating financial actions within each organisation and across Place, including delaying/stopping spend, focus on efficiencies and productivity
(3) Integrated Commissioning Executive share plans between LCC and NHS and present jointly to Adults and Health Scrutiny (ongoing).

Links to Place Risk Register

2530

Wakefield	Place lead:	Mel Brown	Nominated lead for this risk:	No update

ICB risk appetite	Place risk scores					
	Target (Wakefield)			Current (Wakefield)		
CAUTIOUS	Likelihood	3	9	Likelihood	4	20
	Impact	3		Impact	5	

Key controls *(What helps us mitigate the risk?)*	
1	Monthly monitoring of Integrated Care Board delegated financial position to assurance committee including efficiency savings
2	Monthly monitoring of Wakefield partners financial position to assurance and partnership committees
3	Robust budget setting with place programmes
4	Regular sharing of information and agreements via the Integrated Care System Finance Forum
5	Consistency Checks within Wakefield against other places.

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Minutes from Wakefield District Health and Care Partnership and Integrated Assurance Committee meetings
2	Financial plans or any amendments to financial plans presented and discussed at partnership committee.
3	Principles already established at Wakefield District Health and Care Partnership Committee

Rationale for current place score

Due to the current financial pressures there is a real risk that Wakefield Place will fail to operate within current resource envelopes. Target risk score increased from 6 to 9 due to cautious risk appetite.

Mitigating actions *(What more are we/should we be doing at place?)*

1. Review of difficult decisions/choices across organisations/place (timing: ongoing first draft was submitted February 2025)
2. Set financial plans in line with planning guidance (2025/26)
3. Agree Quality, Improvement and Performance Productivity (QIPP) to identify savings and reduce pressures whilst improving patient quality (2025/26)
4. Work with all system partners to increase efficiency and effectiveness (2025/26)

Links to Place Risk Register

2329

WYICB - Board Assurance Framework - ICB and places							Version: 13	9 October 2025
Mission 3	Failure to manage the strategic risk could result in a failure to **USE OUR COLLECTIVE RESOURCES WISELY**						**Lead director(s) / board lead**	Rob Webster
Strategic risk 3.3	There is a risk that ICB capacity and infrastructure is not sufficient nor targeted effectively towards key priorities.						**Lead committee / board**	ICB Board
ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**	
		Target (ICB)			**Current (ICB)**		The changes to the arrangements in NHS England, Regions, ICB and providers are now much more aligned, with timescales that are much more likely to deliver capacity and resources in the right places. There are substantial risks of delays causing gaps in capacity, hence the need for agility and prioritisation. The EMT and Board have worked closely with partners to understand and mitigate risks. However, the current arrangement suggest the impact on our work of changes could have a higher impact than the target score. Risk score remains the same.	
OPEN	**Likelihood**	**3**	**9**	**Likelihood**	**3**	**12**		
	Impact	**3**		**Impact**	**4**			

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	An agreed operating model, approved through the Board and set out in the constitution and handbook	1. Structured programme for organisational change overseen by EMT and Board Committees. 2. Organisational development work to across Executives to support level of agility and prioritisation required in current context. 3. Place Partnership Delivery (led by Anthony Kealy) to support the development of Place model and infrastructure will be implemented by April 2026. 4. Co-production with region of the model region and ICB to ensure smooth transition.
2	Agreed objectives for all directors, including places, cascaded throughout the ICB	
3	Business planning processes that align capacity to our plans	
4	Place partnership intentions received in October 2025 with subsequent development programmes.	
5	MAUs with provider collaboratives specifying their responsibilities for delivery	
Sources of assurance *(Where is the evidence that the controls work?)*		**Links to ICB risk register** *(Reference numbers/brief description)*
1	Annual business plan approved by the Executive and ICB Board	**2165** - insufficient IT team capacity to deliver digitial priorities **2522** - Infrastructure risk
2	CEO and director appraisals, with outcome reported to Remuneration and Nominations Committee	
3	Annual review of governance and statement of internal control, reported through Audit to Board	
4	Outputs of the programme board	

Bradford District and Craven (BD&C)	**Place lead:**	**Therese Patten**	**Nominated lead for this risk:**	**Matt Sandford 05.01.26**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**	
		Target (BD&C)			**Current (BD&C)**		Ongoing vacancy controls and increasing number of vacancies related to the organisational change process means that similar to other Places, Bradford Place is carrying an increased and increasing number of vacancies. A further impact will be felt following the Voluntary Redundancy process, introduced as part of the organisational change programme in Q3. Bradford is utilising partnership relationships to help boost that capacity by building on current joint roles, to identify opportunities for further targeted shared and aligned resources across our Place so they can continue to deliver against both local and national standards and priorities.	
OPEN	**Likelihood**	**1**	**4**	**Likelihood**	**3**	**12**		
	Impact	**4**		**Impact**	**4**			

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	The Partnership Oversight Leadership Executive oversee the deployment of resources (including ICB capacity) in pursuit of the BDC HCP strategy agreed by the Partnership Board	1. Utilise strength of our Health and Care Partnership, building on current joint roles, to identify opportunities for further targeted shared and aligned resources across Place (February – September 2025) 2. Annual business planning process to align resources to required activity/ priorities 3. Priority Programme and Programme Board oversight of key system transformation plans (including workforce) and related activity, to review resource requirements against transformation delivery plans 4. Place level 'difficult decisions' programme to target resources at activity that delivers strategic and financial priorities. Place level prioritisation work well underway, addressing both capacity and priority as well as identifying work that will cease from April 2026 under new ICB operating model, providing updates to Partners where it is felt this work should continue as part of the PPP as well as identifying work that will transfer to central WY ICB teams etc 5. Adoption of WY Vacancy Control measures into Place level governance to ensure grip and control, alongside overarching understanding of Place resource requirements (already in place - ongoing) 6. Specific Integrated Neighbourhood Team (INT) development work is underway across the BDC system is ongoing as part of national INHP pilot 2026-27 7. Work has begun locally on the development of a BDC provider collaborative approach with Place Provider Partnership development also underway - to be implemented by April 2026 **Link to place risk register** 2447
2	System transformation priorities and enablers established through our operating model using a distributed leadership approach	
3	Place based lead influence deployment of ICB resource for BDC HCP	
4	Corporate Services Review and Difficult Decisions Strategy Delivery Group with scope to review Place level capacity and incorporate investment/ Business Case review.	
5	Difficult Decisions programme has commenced and incorporates all partners across the system. This provides targeted focus on delivery of our efficiency programme whilst identifying risks associated with capacity.	
6	Place Clinical Strategy (Health, Care and Wellbeing Strategy); Place Financial Recovery Plan and ICB Place 'Resource Office' now fully mobilised, focused entirely on ICB capacity and priorities – providing greater oversight and allocation of resource	
7	Developed Health, Care and Wellbeing strategy (clinical strategy) at Place in full co-production with partners including citizens and our workforce. The strategy focuses on clear alignment of services, pathways and models of care driven by population health needs. This strategy will enable us to target and deploy resources in the most effective way. Three strategy delivery boards have been established focused on integrated acute services, integrated neighbourhood services and integrated corporate services, as our core priorities for delivery and resource management across BDC	
8	3 x Strategic Delivery Group meetings (Integrated Acute Care; Integrated Neighbourhood Health & Care; Integrated Corporate Support & Closing the Gap will bring together all partners across the system to provide greater oversight on delivery of the core priorities we have set out in our health, care and wellbeing strategy.	
Sources of assurance *(Where is the evidence that the controls work?)*		
1	An agreed BDC HCP operating model approved by the PLE and the PB within the BDC HCP governance handbook	
2	3 x Strategic Delivery Group meetings (Integrated Acute Care; Integrated Neighbourhood Health & Care; Integrated Corporate Support & Difficult Decisions) will bring together all partners across the system to provide greater oversight on delivery of the core priorities we have set out in our health, care and wellbeing strategy. The SDGs report into the Collaboration Programme Board, with senior partnership representatives and WY ICB representatives - with a focus on capacity and capability across place to deliver against standards and priority programmes. The Collaboration Programme Board reports into POE, for full oversight and scrutiny.	
3	ICB SORD sets out place role within both the WY ICB SORD (WY Governance Handbook) and BDC HCP Strategic Partnering Agreement and Governance Handbook set our the way we work, including our operating model, SORD and Terms of Reference.	
4	Difficult Decisions programme – Partnership led and supported – Reviewed via System Finance and Performance Committee, Collaboration Programme Board and Partnership Board.	

Calderdale	**Place lead:**	**Robin Tuddenham**	**Nominated lead for this risk:**	**No update**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**	
		Target (Calderdale)			**Current (Calderdale)**		Capacity and capability within Calderdale Place team is severely limited for both finance and transformation resource. This impacts on our ability to address all ICB and	
	Likelihood	**1**	**4**	**Likelihood**	**4**	**16**		

OPEN	**Impact**	**4**		**Impact**	**4**		place priorities. Whilst Operating Model work enabled no real impact on Calderdale financial the place team is still small and not resilient. Consolidated teams will impact on local resource and will work with colleagues to manage impact.

Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1 Work undergoing with neighbouring places to ensure resilient finance function.	1. Transformation delivery plans list seven key priorities and discussions are ongoing at operational and senior leadership meetings (2025/26)
2 Partnership board regularly conducts deep dives for tranformational priorities.	2. Senior Leadership team continue to monitor risks relating to resource, intensified given NHS changes and 50% cuts.
3 Prioritisation takes place on a weekly basis to assess place workload and ability to respond to asks.	3. Working collaboration with KW partners on sharing resource in difficult situation of zero recruitment and future reduced resource.
Sources of assurance *(Where is the evidence that the controls work?)*	
1 Tranformation delivery plan approved by Calderdale Care Partnership Board.	**Link to place risk register:**
2 Prioritisation process as part of annual planning round.	1998, 2484

Kirklees **Place lead:** **Vicky Dutchburn** **Nominated lead for this risk:** **No update**

ICB risk appetite	**Place risk scores**					
	Target (Kirklees)			**Current (Kirklees)**		
OPEN	**Likelihood**	**1**	**4**	**Likelihood**	**3**	**12**
	Impact	**4**		**Impact**	**4**	

Rationale for current place score

There are specific challenges in Kirklees place related to leadership changes in several parts of the health and care partnership and the transition period could lead to uncertainty. Time will have to dedicated to establish new working relationships when leadership changes take effect. The impact of the operating model changes are still being felt and challenges remain in some functions.

Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1 Weekly SLT meetings to discuss current priorities and ensure capacity is dedicated to the right areas	1. Organisational change review ongoing will include a Kirklees integrator function to be consulted on (Q3, 2025/26)
2 Health & Care Executive to support cross sector prioritisation within the Health & Care Partnership	2. Ongoing development prioritisation and review within and across Teams in Kirklees (2025/26)
3 Business planning processes to support confirmation of priorities	3. Specific Integrated Neighbourhood Team (INT) development work across Kirklees system (2025/26)
Sources of assurance *(Where is the evidence that the controls work?)*	4. Ongoing local development of the Kirklees provider collaborative approach by September 2025.
1 Clear examples of where capacity is being used to best effect by sharing teams with other places, in particular Calderdale (where there is a history of shared teams) and increasingly with Wakefield. Examples of capacity from across the partnership (not just the ICB) supporting our work e.g. Place Director of Finance role. Other examples of programme leadership from beyond the ICB team in place.	**Link to place risk register:**
2 Staff survey results relating to the ability of individuals to undertake their role within their designated hours, clarity of objective setting and additional hours worked.The action plan agreed to respond to findings of staff survey.	None
3 Agreement from the Kirklees ICB Committee as to our shared priorities, supported by teams within partner organisations dedicating capacity to these priorities (e.g. Discharge, community services transformation)	

Leeds **Place lead:** **Tim Ryley** **Nominated lead for this risk:** **No update**

ICB risk appetite	**Place risk scores**					
	Target (Leeds)			**Current (Leeds)**		
OPEN	**Likelihood**	**1**	**4**	**Likelihood**	**4**	**16**
	Impact	**4**		**Impact**	**4**	

Rationale for current place score

The move to a new Operating Model in April 2024, where Leeds reduced its capacity by 20% was still bedding in when the national announcement was made for reduction in ICB staff by 50%. Leeds was holding a number of vacancies whilst it settled and due to vacancy control they can no longer be filled. The latest organisational change programme is likely to exacerbate this issue. Failure to address these issues is likely and this could lead to a failure to meet national standards, broadening of inequalities, financial distress and regulatory breaches in line with the definitions. Risk score remains the same.

Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1 Agreed Operating Model with WY ICB and Leeds Health & Care Partnership	1. The ICB in Leeds has agreed a number of city priorities with partners in the Leeds Health and Care Partnership (LHCP). The ICB in Leeds needs to ensure that the majority of its capacity is working on these priority areas. Apr - Mar 2026
2 Capacity aligned to Healthy Leeds Plan and LHCP objectives	2. Refreshed OD priorities in place to support staff within the ICB in Leeds to deliver the capabilities needed to deliver the above priorities. However the OD plan has been extended to provide support and resilience training to staff during the organisational change (2025/26)
3 Director accountabilities finalised and objectives set by end of April	3. ICB in Leeds Business Plan for 25/26 in place, outlining the BU actions to deliver the LHCP priority programmes and work has been prioritised to take account of diminishing capacity due to both people leaving and people working on the organisational change
Sources of assurance *(Where is the evidence that the controls work?)*	4. Action plan on staff survey results most pertinent to Leeds, 2025/26
1 Healthy Leeds Plan and Business Plan reviewed monthly in line with LHCP priority work	5. Leeds Directors will continue to review capacity and reprioritise as necessary (2025/26)
2 Ongoing appraisal throughout year with all directors in place	**Link to place risk register:**
3 Staff Survey results	None

Wakefield **Place lead:** **Mel Brown** **Nominated lead for this risk:** **No update**

ICB risk appetite	**Place risk scores**					
	Target (Wakefield)			**Current (Wakefield)**		
OPEN	**Likelihood**	**1**	**4**	**Likelihood**	**3**	**12**
	Impact	**4**		**Impact**	**4**	

Rationale for current place score

The current likelihood is possible, given the movement to a new operating model for the NHS and the Integrated Care Board. Failure to control this risk will lead to major impact on a number of financial, quality, operational and people fronts. We would see a failure to meet national standards, broadening of inequalities, financial distress and regulatory breaches in line with the definitions. Wakefield place are working with other places and the strategic commissioning functions between June and September 2025 to mobilise a new operating model to go live in April 2026.

Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1 Agreed operating model in place aligned to Integrated Care Board structures and went live in April 2024, some reviews have been underway due to leadership changes	1. Continue to review gaps in strategic capacity across the leadership team at Wakefield and confirm these objectives through PDR processes in the summer of 2025
2 Agreed objectives for all directors	2. Working with partner organisations across Wakefield district to maximise capacity to and to deliver objectives in 2025/26
3 Wakefield place plan agreement in May 2025, signed off objectives and plans for Wakefield district	3. Reviewing everyones PDR objectives to ensure any areas that need capacity are appropriately addressed such as EDI leadership (End of Summer 2025)
4 Business planning processes that aligns both to the WY ICB 10 ambitions and the Wakefield district plan (annual review)	4. Contributing to the organisational change programme in place across WY ICB to shape the integrator teams 2025/26
5 Developed a new business planning process that aligns with our Integrated Care System strategy and place delivery plan in line with national guidance	
6 Some Directors have previously undertaken leadership roles with partner organisations, these directors are now working full time for the ICB, such as Director of Nursing and Director of Strategy.	
Sources of assurance *(Where is the evidence that the controls work?)*	
1 Delivery plan approved including Outcomes Framework.	
2 The Mutual Accountability meetings chaired by Rob Webster, quarterly meetings, these provide assurance of the progress against the functions in Wakefield place.	
3 Director appraisals conducted and regular one to ones are mobilised across the Wakefield district, this ensures flexibility in responding to new work that emerges from WY ICB.	
4 Contribute to the annual governance review.	

5 Regular one to ones between Accountable officer and Cheif Executive WY ICB	**Links to Place Risk Register**
	None.

WYICB - Board Assurance Framework - ICB and places		Version: 13	6 October 2025
Mission 4	Failure to manage the strategic risk could result in a failure to **SECURE BENEFITS OF INVESTING IN HEALTH AND CARE**	**Lead director(s) / board lead**	Ian Holmes
Strategic risk 4.1	There is a risk that partnership working on wider societal issues is deprioritised to meet current operational pressures as a result of the organisational change programme and the reduced ICB capacity.	**Lead committee / board**	ICB Board

ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**
	Target (ICB)			**Current (ICB)**			
OPEN	**Likelihood**	**2**	**8**	**Likelihood**	**3**	**12**	Wider societal issues contribute significantly to health, wellbeing and inequalities. Working with partners to address these is a key part of our health and care strategy. We have dedicated capacity supporting this work which we will protect through the business planning process. The key is ensuring sufficient leadership focus. The organisational change programme and ICB blueprint will mean that there is significant less capacity within the ICB and a narrower remit. We will need to carefully prioritise our partnership working in this area to maximise value. Increased likelihood from 2 to 3, increasing the risk score from 8 to 12. Target score and risk appetite remains the same.
	Impact	**4**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	ICS strategy and 10 big ambitions will be used to create priority and focus on these issues. These will be tracked annually via an outcomes framework and associated integrated dashboard.	1. As part of the organisational change programme, we are working to redesign wider partnership governance with partners including local authorities and combined authority. These governance arrangements will continue to ensure we have the right focus on wider societal issues. 2025/26
2	We have established dedicated capacity working on these issues at WY level, together with appropriate programme boards, working with the Combined Authority - focusing on issues such as poverty, climate change, violence reduction, housing and employment	
3	Business planning process describes how we use our capacity to support delivery of all ambitions.	
4	Memorandum of Understanding with WY Combined Authority which describes shared priorities, capacity and ways of working.	
5	Consultant in Population Health appointment ensures focus on wider societal issues.	
5	Director objectives, subsequently cascaded to teams, reflect partnership working.	
6	Economic Inactivity Accelerator work to be delivered throughout 2025/26 ensuring dedicated capacity and the establishment of a programme board with WY Combined Authority to oversee it.	

Sources of assurance *(Where is the evidence that the controls work?)*		**Links to ICB risk register** *(Reference numbers/brief description)*
1	Progress against the strategy and 10 big ambitions is overseen by the Partnership Board, together with deep dives - evidenced in agenda and minutes	**2535** - Organisational change
2	ICB Board receives six monthly updates on 10 big ambitions - agenda / minutes	
3	SOAG - minutes evidence review of progress against 10 big ambitions	

Bradford District and Craven (BD&C) **Place lead:** **Therese Patten** **Nominated lead for this risk: Matt Sandford 05.01.26**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (BD&C)			**Current (BD&C)**			
OPEN	**Likelihood**	**2**	**8**	**Likelihood**	**2**	**8**	Challenging financial circumstances for all partner organisations may increase likelihood of retrenchment into siloed, short term approaches, emphasising direct operational delivery over longer term outcome focused system thinking, which evidence shows will have a bigger impact on the determinants of health and wellbeing outcomes.
	Impact	**4**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Our BDC health and care strategy localises the WY strategy and clearly establishes the focus on the wider contribution of the health and care system to the determinants of health, and encourages stewardship for the future as well as short term delivery focus.	1.Our reducing inequalities alliance continues to lead the way in identifying our wider determinants and mitigating the impact, including leading on our economic accelerator programme 2.The BD&C HC&P has now finalised the healthcare and wellbeing strategy and we are now implementing this through revised governance arrangements. This jointly agrees the safe and sustainable service models and pathways across all partners, driven by the health and care needs of our population, ensuring a holistic approach to delivery (2026/27) 3. Ongoing development of the Place Provider Partnership model, to ensure ongoing engagement across all partners, aligning resources to target the health inequalities and population health needs of our communities. **Link to place risk register:** 2317, 2386, 2221
2	The Wellbeing Board (HWB for Bradford District) is comprised of the leaders of all local strategic partnerships and all local anchor organisations. Its focus is firmly on the 'wider determinants'. The BDC Partnership Board and its Committees have broad based participation across VCSE, Local Government and Care sectors. Our approach is to engage with communities through locality based **Listen In** visits and to take our Partnership Board meetings into communities, to understand the strengths and challenges of communities and what will help - which includes focus on the 'wider determinants' - e.g. development session on sustainability, Partnership Board papers on anti poverty actions etc.	
3	Our Difficult Decisions business case appraisal process takes into account impact on wider health and care and public sector and population including health inequalities, social value etc (ongoing)	
4	People priority include focus on inclusive community recruitment.	
5	All district partners (including those outside health and care) have signed up to a new district strategy to improve the wellbeing, both health and economically in Bradford district (2025 - 2028)	
6	3 x Strategic Delivery Groups (Integrated Acute Care; Integrated Neighbourhood Health & Care; Integrated Corporate Support & Difficult Decisions) will bring together all partners across the system to provide greater oversight on delivery of the core priorities we have set out in our health, care and wellbeing strategy. The SDGs report into the Collaboration Programme Board, with senior partnership representatives and WY ICB representatives - with a focus on place level delivery against standards and priority programmes, ensuring achievement of population health improvements. The Collaboration Programme Board reports into POE, for full oversight and scrutiny.	

Sources of assurance *(Where is the evidence that the controls work?)*	
1	See strategy and closing the gap process on partnership website https://bdcpartnership.co.uk/
2	Wellbeing Board (Bradford district) on the BMDC wellbeing web page https://bdp.bradford.gov.uk/about-us/health-and-wellbeing-board/ See partnership governance structure, TORs, meeting papers including Listen In reports - on website
3	See priorities and enablers scoping documents on partnership website https://bdcpartnership.co.uk/our-strategic-priorities-re-set-programme/

Calderdale **Place lead:** **Robin Tuddenham** **Nominated lead for this risk:** **No update**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Calderdale)			**Current (Calderdale)**			
OPEN	**Likelihood**	**2**	**8**	**Likelihood**	**2**	**8**	Wider societal issues contribute significantly to health, wellbeing and inequalities. Working with partners to address these is a key part of our health and care strategy. Risk score reduced from 12 to 8.
	Impact	**4**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Joint membership of HWBB and CCPB by each chair to ensure societal issues continue across.	1. The Transformation delivery plans list seven key priorities, these aim to address wider societal challenges in Calderdale, there is ongoing work at senior leadership level to ensure governance arrangements align with the transformational priorities (2025/26) **Link to place risk register:** None
2	ICS strategy and 10 big ambitions will be used to create priority and focus on these issues. These will be tracked annually. We also have Health and Wellbeing Strategy, monitored via HWBB.	
3	Business planning process will describe how we use our capacity to support delivery of all ambitions.	
4	The senior leadership group terms of reference refers to operational delivery as a "must do" so that our transformational plans are able to flourish	

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Progress against health and wellbeing priorities is undertaken at every meeting. Evidenced by papers and minutes.

2	We also have an inclusive economy strategy led by the local authority.
3	

Kirklees	Place lead:	Vicky Dutchburn	Nominated lead for this risk:	No update

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Kirklees)			Current (Kirklees)			
OPEN	Likelihood	2	8	Likelihood	3	12	As Kirklees place we have signed up to 4 top tier strategies that cover areas of joint working beyond just health and care, including the wider societal issues. These are: 1. Health and Wellbeing Strategy 2. Inclusive Communities Framework 3, Inclusive Economy Strategy 4. Environment Strategy. However, whilst we have agreed this strategic approach, there are still challenges of delivery to be navigated. Operational pressures are significant, alongside significant financial challenges across the partnership. This means that our ability to deliver on these in the short term is challenged. Due to capacity constraints realising the full benefits of the Economic Inactivity Accelerator and related programmes will be challenging, but progress is being made. Uncertainty around ongoing ICB organisational change and what this will mean for local partnership working in Kirklees and the ICBs ongoing role in this as we potentially move to a CKW footprint. Risk score to remain the same.
	Impact	4		Impact	4		

	Key controls *(What helps us mitigate the risk?)*	Mitigating actions *(What more are we/should we be doing at place?)*
1	4 top tier strategies for Kirklees that go beyond just health and care and cover wider societal issues.	1. Commitment to the 4 top tier strategies reiterated at the Kirklees partnership executive. There is a programme of work agreed for 2025/26 overseeing by the partnership executive.
2	Ownership of these 4 strategies assigned to partnership boards or forums.	
3	Partnership Executive in place which includes business, education in addition to health, care and LA.	
	Sources of assurance *(Where is the evidence that the controls work?)*	**Link to place risk register:**
1	Reporting to the relevant board/partnership forum on progress against each of the 4 strategies.	None
2	Use of other partnership forums to support this e.g. Partnership Forum, ICB committee.	

Leeds	Place lead:	Tim Ryley	Nominated lead for this risk:	No update

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Leeds)			Current (Leeds)			
OPEN	Likelihood	2	8	Likelihood	3	12	Wider societal issues contribute significantly to health, wellbeing and inequalities. Working with partners to address these is a key part of our health and care strategy. We have dedicated capacity supporting this work which we will protect through the business planning process. The key is ensuring sufficient leadership focus.
	Impact	4		Impact	4		

	Key controls *(What helps us mitigate the risk?)*	Mitigating actions *(What more are we/should we be doing at place?)*
1	Health & Wellbeing Board Strategy	1. Creation of a joint neighbourhood model between NHS and Local Authority (2025/26)
2	Active participation and alignment to Marmot City agenda	2. Monitor and report on anchor institution work to test impact for the city (ongoing piece of work)
3	Shared goals across Leeds Health & Care Partnership reflecting 10 big ambitions and requiring addressing	3. Continue to drive digital and medical technology innovation through the Integrated digital service, Leeds Academic Health Partnership and the Leeds Health & Care Hub. 2025/26
4	Continuing monitoring of metrics by ethnicity and deprivation as routine	4. Implement action plan arising from Marmot city programme led through public health (2025 - 2027)
	Sources of assurance *(Where is the evidence that the controls work?)*	5. Leeds Health and Care Partnership have signed off four priority programmes all with a strong health inequality focus including links to wider social determinants (2025/26)
1	Progress against 10 big ambitions in Leeds	
2	Reporting on key Healthy Leeds Plan metrics by deprivation	
3	Health & Wellbeing Board monitoring of HWB strategy	
4	Director of public health annual reports	**Link to Place Risk Register**
		None

Wakefield	Place lead:	Mel Brown	Nominated lead for this risk:	No update

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Wakefield)			Current (Wakefield)			
OPEN	Likelihood	2	8	Likelihood	2	8	Impact score is high as there is strong evidence that failure to address social determinants leads to poor population health and increased demand on care services. Risk score remains the same this cycle.
	Impact	4		Impact	4		

	Key controls *(What helps us mitigate the risk?)*	Mitigating actions *(What more are we/should we be doing at place?)*
1	Wakefield District Health and Wellbeing strategy provides a framework for tackling wider determinants of health	1. A district plan is being developed under the joint leadership Wakefield Together (statutory, voluntary and commercial sectors), which includes plans to improve population health by addressing wider determinants. Plan will be in place by Autumn 2025.
2	Wakefield Forward Plan includes work to deliver Health and Wellbeing Board priorities	2. The bid to the local investment panel supported protection for the previous Core 20 plus 5 funding but not protecting all of the uncommitted resource.
3	Core20plus5 funding directed to addressing social determinants, to be confirmed via the investment panel for 2025/26.	
	Sources of assurance *(Where is the evidence that the controls work?)*	
1	Regular reports to Health and Wellbeing Board & Wakefield District Health and Care Partnership Committee on work to address priorities	
2	Outcomes framework has been developed for both the Health and Wellbeing Board and Wakefield District Health and Care Partnership Committee and being reported through both committees	**Link to Place Risk Register**
3	Impact of investment in Core20plus5 programmes was reported to Wakefield District Health and Care Partnership Committee November 2023	None.

WYICB - Board Assurance Framework - ICB and places							Version: 13	6 October 2025
Mission 4	Failure to manage the strategic risk could result in a failure to **SECURE BENEFITS OF INVESTING IN HEALTH AND CARE**						**Lead director(s) / board lead**	Ian Holmes
Strategic risk 4.2	There is a risk that we are unable to achieve our ambitions on equality diversity and inclusion due to ingrained attitudes that persist in society and across our health and care organisations.						**Lead committee / board**	Quality Committee
ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**	
	Target (ICB)			**Current (ICB)**			Our health and care partnership has done significant work on the race equality agenda, but we know that systemic problems still exist in all organisations in our system. We will continue to work with focus and energy on this agenda and broaden our focus to include other protected characteristics.	
BOLD	**Likelihood**	**2**	**8**	**Likelihood**	**3**	**12**		
	Impact	**4**		**Impact**	**4**			

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	Five Year Integrated Care Strategy - Ambition 8	(1) Equity and Fairness Strategy was approved Partnership Board in January 2025. This will be overseen by the Partnership Board including a number of objectives for delivery by the Partnership Board. Transformation Committee will oversee ICB actions in relation to the strategy. (2) The Race Equality Review undertaken in 2020 will be reviewed by Donna Kinnair during 2025/26. The findings reported to the Partnership Board in January 2025 and actions identified were included in the Equity and Fairness Strategy.
2	Development of commissioning intentions that reflect our ambitions around equity and fairness.	
3	EDI Oversight Group maintains oversight of statutory requirements and objectives	
4	ICB People Plan, with a strong focus on inclusivity	
5	EQIA process embedded to inform decision-making	

	Sources of assurance *(Where is the evidence that the controls work?)*	**Links to ICB risk register** *(Reference numbers/brief description)*
1	Internal Audit Review 2023/24	None identified
2	People Plan had ICB Board sign off in September 2024	
3	Staff survey data	
4	WRES data	
5	EMT discussion and oversight of priorities and responses to audit actions	
6	Agenda and minutes of EDI Oversight Group	
7	Examples of reports and minutes showing consideration of EQIAs during decision-making	
8	Transformation Committee discussion and oversight of strategy action plan.	

Bradford District and Craven (BD&C)	**Place lead:**	**Therese Patten**	**Nominated lead for this risk:**	**Kez Hayat 08.01.26**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (BD&C)			**Current (BD&C)**			Concerted work on all aspects on EDI is required to meet the needs of our population and ensure our colleagues experience at work enables them all to flourish. Our data and qualitative information tells us that much remains to be done, building on the strong commitment shown already EDI leads have identified that 'If we are unable to improve outcomes for our population and workforce by advancing our collective approach to EDI then our population and workforce will continue to experience inequality of outcome, unfair treatment and discrimination'. Risk reviewed and the risk score remains the same.
BOLD	**Likelihood**	**2**	**8**	**Likelihood**	**3**	**12**	
	Impact	**4**		**Impact**	**4**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Place wide (broader than health and care - all sectors) EDI group, chaired by Prof Udi Archibong. Good engagement from EDI leads Acting As One. ICB input through Act As One partnership EDI lead Kez Hayat. 6-8 weekly Systems Equalities Group meeting to ensure collective plan for EDI stays on track.	Continue with three priorities which align with the WY ICB strategic equality objectives; 1. Continue with our focus and efforts on reducing health inequalities across the district with particular focus on 'Access, Experience and Outcomes' for our diverse communities and wider communities of interest. This will foster collaborative processes that actively listen to patients and service users and act on their feedback to shape access, experiences, and outcomes. 2. To work with place level partners in influencing the development of an anti-racist approach/strategy for Bradford and Craven district with focus on targeted engagement and involvement with communities and wider workforce. REN currently taking the lead with system partners onboard with focus on co-producing an anti-racist approach for Bradford and Craven 3. Improve and advance our role and position in ensuring we have diverse senior leaders at band (8b) and above across our place with particular focus on positive action approaches for diverse staff across place. This links with the WY Race review that Professor Dame Donna Kinnair chaired. **Link to place risk register:** None
2	A comprehensive equality impact assessment has been developed with a mitigating action plan ensuring ethnically diverse staff are adequately supported throughout the organisational change process	
3	EDI reporting is carried out by each large organisation in line with national requirements e.g. WRES, WDES, EDS2, PSED and use of EQIAs/QEIAs for NHS Trusts/FTs. Also Public Sector Equality Duty annual reporting by all statutory bodies, includes 'place partnership view' fed into WY ICB report.	

	Sources of assurance *(Where is the evidence that the controls work?)*
1	Minutes of the Bradford EDI group
2	Assurance provided via Partnership Oversight Executive - Minutes
3	BDC Extended Leadership Team meeting, minutes.
4	NHSE website for WRES and WDES data. WYICB PSED report on website

Calderdale	**Place lead:**	**Robin Tuddenham**	**Nominated lead for this risk:**	**No update**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Calderdale)			**Current (Calderdale)**			Our health and care partnership has done significant work on the race equality agenda, but we know that systemic problems still exist in all organisations in our system. We will continue to work with focus and energy on this agenda and broaden our focus to include other protected characteristics.
BOLD	**Likelihood**	**2**	**8**	**Likelihood**	**3**	**12**	
	Impact	**4**		**Impact**	**4**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Race equality standard compliance is monitored at place level.	1. Supporting the EDI strategy in West Yorkshire (2025/26) **Link to place risk register:** None

	Sources of assurance *(Where is the evidence that the controls work?)*
1	Outcomes of staff survey is discussed at Calderdale senior leadership team meetings

Kirklees	**Place lead:**	**Vicky Dutchburn**	**Nominated lead for this risk:**	**No update**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Kirklees)			**Current (Kirklees)**			Place have history of tackling issues related to inclusion, but recognise the need to go further given the diversity of our population, experiences of care and access to services and how our colleagues improve practice.
BOLD	**Likelihood**	**2**	**8**	**Likelihood**	**3**	**12**	
	Impact	**4**		**Impact**	**4**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Inclusive Communities Framework adopted by Place Committee	1. EDI Strategy is being developed for approval at ICB Board in January 2025 (assurance). This will be overseen by the Partnership Board including a number of objectives which have been developed for delivery by the WY Partnership Board. The Kirklees objectives of the EDI strategy have been developed and agreed and work is progressing (2025/26) **Link to place risk register:** None
2	EQIAs embedded as part of PMO functions	
3	Community champions / Community voices	

	Sources of assurance *(Where is the evidence that the controls work?)*
1	ICB (Kirklees) self-assessment against the ICF during 2025/26 (last completed 2023)
2	Examples of EQIAs and subsquent action / mitgation
3	Examples of voice and influence from diverse population in planning and transformation

Leeds	Place lead:	Tim Ryley	Nominated lead for this risk:	No update

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Leeds)			Current (Leeds)			
BOLD	Likelihood	2	6	Likelihood	3	9	ICB in Leeds works proactively in relation to EDI in respect of our workforce, organisational development and commissioning responsibilities. The controls currently in place should limit any breaches in statutory duty. Although the risk appetite is set at BOLD, the target risk score was reviewed and the impact increased from 2 to 3, even though we can influence the likelihood, the impact will remain moderate, target risk is therefore 6 rather than 4. .
	Impact	3		Impact	3		

Key controls *(What helps us mitigate the risk?)*	
1	Compliance with the requirements of the Equality Act 2010 Public Sector Duties in relation to our workforce and commissioning responsibilities.
2	NHS Equality Delivery System 2 (EDS) and transition to EDS 2022; Workforce Race Equality Standard (WRES); Workforce Disability Equality Standard (WDES); Gender Pay Gap (GPG) report and subsequent action plans.
3	Integration of our Equality Impact Assessment and Quality and Equality Impact Assessment within all decision making processes
4	Ongoing interaction/partnership working in relation to our insights, communication and involvement team and equality, diversity, and inclusion.

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Development of ICB in Leeds equality, diversity, and inclusion (EDI) priorities; annual contribution to WYICB Public Sector Equality Duty Report; equality impact assessments completed for commissioning programmes/projects and in relation to decisions.
2	Ongoing partnership working across Leeds Health and Care partnership and the wider WYICB partnership in relation to the EDS transition and development of key priorities. WYICB WRES; WDES; GPG actions plans.
3	Continuation of ICB in Leeds REN; continued implementation of the REN recruitment and selection procedure/ guidelines.

Mitigating actions *(What more are we/should we be doing at place?)*

1. Suporting the EDI strategy in West Yorkshire (2025/26) and leading on the development of Leeds EDI priorities
2. Increased focus on personal wellbeing within objective setting which will include EDI components (2025/26)
3. On going improvement and development in relation to the integration of Equality Impact Assessments within the business process cycle and all decision making processes

Link to place risk register:
None.

Wakefield	Place lead:	Mel Brown	Nominated lead for this risk:	No update

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Wakefield)			Current (Wakefield)			
BOLD	Likelihood	2	8	Likelihood	3	12	Impact assessed as high due to evidence that people with different protected characteristics have poorer health outcomes. Likelihood assessed as high due to Wakefield District Health and Care Partnership having limited ability to change deeply ingrained attitudes.
	Impact	4		Impact	4		

Key controls *(What helps us mitigate the risk?)*	
1	Equality, Diversity and Inclusion network established for place
2	Local equality objectives in place
3	Work programme to ensure compliance with Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Public Sector Equality Duty (PSED)
4	Local, multi-agency health inequalities alliance developed.
5	The workforce alliance has a specific workstream for belonging to ensure equality of opportunity in recruitment and career progression
6	Communication, Involvement and EDI at place

Sources of assurance *(Where is the evidence that the controls work?)*	
1	People panel (partnership committee) receives and scrutinises delivery of equality agenda
2	Formal reports - WRES,DES, PSED, Equality Delivery System to People Panel
3	Equality and fairness strategy has been presented to the People Panel, to place management team and Healthcare Inequalities Steering Group

Mitigating actions *(What more are we/should we be doing at place?)*

1. A proactive approach to monitoring population health and uptake of services by groups with protected characteristics. Linked data model implementation for children and young people and other cohorts continuing (2025/26)
2. Supporting delivery of WY wide equality and fairness strategy through localised objectives. The delivery will be monitored via the People Panel.
3. Workforce alliance has a dedicated pillar of work in addressing equality, diversity and inclusion in all aspects of workforce, recruitment, development and training (2025/26)

Link to place risk register:
None.

WYICB - Board Assurance Framework - ICB (no requirement for places to complete)							Version: 13	7 October 2025
Mission 4	Failure to manage the strategic risk could result in a failure to **SECURE BENEFITS OF INVESTING IN HEALTH AND CARE**						**Lead director(s) / board lead**	Shaukat Ali Khan/ Lou Auger
Strategic risk 4.3	There is a risk that threats to our people and physical and digital infrastructure, e.g. from cyber-attacks, terrorism and other major incidents, prevents us from delivering our key functions and responsibilities.						**Lead committee / board**	ICB Board/Transformation Committee
ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**	
	Target (ICB)			**Current (ICB)**			This risk relates to the ability of the ICB to work with partners to mitigate the impact of a significant incident on the delivery of healthcare services. Our current score has been assessed against the operation of the controls during EPRR events and incidents . We have evidenced significant system ability to respond to an emergency, however there are limited controls the ICB can put in place for the largest scale event such as a future pandemic.	
AVERSE	**Likelihood**	**3**	**9**	**Likelihood**	**3**	**12**		
	Impact	**3**		**Impact**	**4**			

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	Engagement with all partners and direct alignment to WY Resilience Forum	1. Evaluating impact of recent NHS strucutural changes and the delivery of digital data and technology mandate across the ICB (2025-27) 2. Consolidation of BI and GPIT (2025-27) 3. To ensure resilience of the ICB on-call rota, we are consulting on a new potential structure which we will take to Social Partnership Forum (SPF) on 28 October 2025 for discussion and wider consultation with staff throughout November 2025. 4. We are currently reviewing the learning following business continuity incidents impacting on some GP practices in Bradford and Craven from which the learning will be used to inform our West Yorkshire EPRR processes (Update SOAD in Nov and full report in December 2025).
2	Training at senior level - Principles of Health Command Training - Strategic Health Commander	
3	WY CIO Forum inc Place CIOs	
4	System Winter Plan with mitigating actions for surge and escalation inc Strategic Coordination Centre	
5	EPRR Compliance and Action Plans for each NHS organisation	
6	WY ICB has established arrangements for 1st and 2nd on-call.	
7	Business continuity plans are in place in the event of a prolonged IT system issue.	
8	WY ICB attends or facilitates a range of WY EPRR exercises during the course of each financial year.	
9	EPRR Team have completed testing and exercising of business continuity plans in March 2025	
10	Directorates and Places have completed Business Impact Assessments in June 2025 to support further development of business continuity plans.	
11	Data Security Protection Toolkit in Apr 2025 is complete.	
12	Cyber Security Discovery exercise is complete: we have undertaken a cyber security discovery to identify risks and mitigation to improve cyber security resilience. An action plan has been developed and implementation by June 2025.	

	Sources of assurance *(Where is the evidence that the controls work?)*	**Links to ICB risk register** *(Reference numbers/brief description)*
1	Reporting of EPRR Compliance to Board	**2547** - industrial action **2036 -** Airedale Hospital structural RAAC **2166** - Risk of a successful cyber attack, hack and data breach on ICB. **2234** - Risk of cyber attack on commissioned services **2295** - Business continuity arrangements
2	Minutes of Audit Committee and Internal Audit Meetings	
3	WY EPRR exercises - outputs, from papers and Mins.	
4	Significant learning from incidents	
5	Regular reporting on progress with DSPT annual self-assessment to WY ICB Audit Committee and internal audit assurance of DSPT submission	

WYICB - Board Assurance Framework - ICB (no requirement for places to complete)							Version: 13	6 October 2025
Mission 4	Failure to manage the strategic risk could result in a failure to **SECURE BENEFITS OF INVESTING IN HEALTH AND CARE**						**Lead director(s) / board lead**	Ian Holmes
Strategic risk 4.4	Due to climate change, there is a risk of increased demand for health and care services and disruption to the provision of services. This will result in health and care services that cannot effectively meet population needs.						**Lead committee / board**	Transformation Committee
ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**	
	Target (ICB)			**Current (ICB)**			Climate change is already affecting us in West Yorkshire. International, national, regional and local strategies and actions are insufficient at present to avert the worst effects. In West Yorkshire, we are most likely to be directly affected by flooding, heatwaves, wind and wildfire, but specialist (medical) and general (food, office supplies) supply chains will be disrupted. There is a real risk of disruption to power, internet and gas grids at a regional level. We need to reduce our environmental impact (mitigation) and change what we do to make us ready for the new normal (adaptation).	
OPEN	**Likelihood**	**4**	**12**	**Likelihood**	**4**	**16**		
	Impact	**3**		**Impact**	**4**			

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	Climate Change strategy approved by Partnership Board December 2023	1. There is a degree of uncertainty on future roles and responsibilities in relation to the green agenda as set out in the ICB blueprint. We will continue to work closely with partners to ensure that any changes in role and responsibilities is managed effectively.
2	Regular meetings and data submission to national Greener NHS team	
3	Transformation Committee will take oversight of ICB organisational response.	
4	Board Level Net Zero Leads network and the Operational Leads Network.	
5	Regional Greener NHS steering group.	
6	NHS greener plan was agreed in priniciple at the September 2025 Board meeting.	
Sources of assurance *(Where is the evidence that the controls work?)*		**Links to ICB risk register** *(Reference numbers/brief description)*
1	Minutes of Partnership Board focus on Big Ambition number 9 (climate change)	None identified.
2	Dashboard received by ICB Board on 10 big ambitions	
3	Quarterly data submission to the National Greener NHS team	
4	Minutes of the Transformation Committee	

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Kirklees ICB Committee

Date of meeting: 12 November 2025

Report to: NHS West Yorkshire ICB Board

Report completed by: Sue Baxter, Head of Partnership Governance on behalf of Liz Mear (Independent Chair) and Vicky Dutchburn (Place Accountable Officer)

Date: 17 November 2025

Key escalation and discussion points from the meeting

Regular Assurance Reports

The Committee received regular Quality, Finance, Contracting, and Performance reports. Key elements are reported to relevant ICB Board committees and are summarised here.

Alert:

- **High-Level Risk Report:** The committee received an overview of Kirklees' risk position.
- **Emergent Risk:** Costs associated with ICB redundancies may impact the year-end financial position. The committee noted that clarity is to be sought on the potential impact on the Q4 deficit support fund and any potential clawback from system providers.
- **Care Homes:** Four Advinia care homes across Calderdale, Kirklees, and Wakefield (over 250 beds) received inadequate CQC ratings. ICB Quality and Local Authority Contracting teams are monitoring improvements with cross-CKW collaboration.

Advise:

Quality & Safety

- **Regulation 28 Notices**(a Prevent Future Deaths report issued by a coroner)**:** Dalton Surgery and Calderdale & Huddersfield NHS Foundation Trust (CHFT) received Notices following coroner findings on patient deaths.
- Dalton Surgery is escalated to Quality Assurance and Improvement Process (QAIP) Level 2, by the ICB. Both organisations submitted responses within the required timescale, developed action plans, which are being monitored.
- Dalton Surgery also had an announced CQC visit on 16 October; publication awaited.

Finance

- **Month 6 Performance:** Slightly behind plan, but year-end forecast remains on target.
- Approximately £48m deficit support funding is available across West Yorkshire.
- Following the Mid year review of the financial plans, CHFT committed to a £2m favourable variance, and Kirklees ICB £1m, supporting the overall position.

Assure:

Service User Experience

- **Posture and Mobility Services:** Service user experience presented; £117k non-recurrent funding has been allocated to improve wheelchair provision and achieve 65% 18-week standard in 2025/26.

SEND Inspection

- **Kirklees Council CQC & OFSTED Inspection (16–20 June):**
  - The local area partnership's SEND arrangements produce inconsistent outcomes; joint improvements required.
  - Four areas for improvement were noted:
    - Coordinated strategic planning for preparation for adulthood with measurable outcomes.
    - Early and effective collaboration among education, health, and social care practitioners.
    - Annual reviews focused on children's goals and adult participation.
    - Sufficient breadth of post-16 education, employment, and training options.
  - Next full SEND inspection expected in ~3 years; strategic plan to be updated and published.

Quality and Safety

- **Kirkwood Hospice:** Achieved a "Good" overall CQC rating.
- **GP Survey 2025:** Improvements noted in 13 of 18 question areas compared to 2024, reflecting enhanced patient experience and service delivery.

Health Inequalities

- Progress made across the Kirklees system, in 2025 using the Core20PLUS5 framework; key achievements and challenges were noted.
- Strategic recommendations to support continued improvement in health equity across Kirklees were supported.
- Work will continue to be embedded Health Equity within Neighbourhood Health teams. Recognition on the updated Deprivation Indices noted, this indicates widening inequalities across Kirklees, including housing impacts.

The **place accountable officer's** written report was noted and a discussion related to the **ICB's organisational change**, with the requirement to move at pace.

Organisational Change & Ongoing Business

- The ICB will decouple voluntary redundancy from 26 November 2025, with further redundancy from 14 January 2026, aligning staffing changes with the Model Region blueprint and best practice.
- Agreed priorities continue: winter planning and management of industrial action, Operational planning, the neighbourhood health, and development of place provider partnerships and the system financial sustainability

Overall Assurance

The committee was **assured** that appropriate actions are in place to address identified risks and deliver agreed priorities, with continued monitoring of quality, financial performance, SEND, health inequalities and organisational change, with specific risks escalated for further action.

NHS West Yorkshire Integrated Care Board
Minutes of the Kirklees Quality Sub-Committee Meeting
held at 9.00 am on Wednesday 29 October 2025
via Microsoft Teams

Members Present:

Nadeem Raja	(NR)	Independent Member (Chair)
Ian Bennett	(IB)	Director of Nursing and Quality (Kirklees)
Nikhil Bhuskute	(NB)	Deputy Medical Director, CHFT
Vicky Dutchburn	(VD)	Interim Accountable Officer Kirklees ICB
Stewart Horn	(SH)	Head of Children's Joint Commissioning, Kirklees Council
Caroline North	(CN)	Director of Quality and Professions, Locala (representing Victoria Vallance, Director of Quality, Nursing and AHPs, Locala)
Jane O'Donnell	(JOD)	Head of Health Protection, Kirklees Council
Lindsay Rudge	(LR)	Chief Nurse, CHFT
Darryl Thompson	(DT)	Chief Nurse/Director of Quality and Professions, SWYPFT

In Attendance:

Gwen Clyde-Evans	(GCE)	Designated Professional Safeguarding Adults (minutes 17 and 18)
Clare Davidson	(CD)	Head of Paediatric Service, MYTT (minute 22)
Bev Denton	(BD)	Governance Officer (minutes)
Sandra Dunford	(SD)	Interim Head of Quality, Kirklees ICB
Gilbert Gandashanga	(GG)	Risk Officer, WYICB (minute 15)
Alexia Gray	(AG)	Head of Quality, Standards and Safeguarding Partnerships, Kirklees Council
Sam Hankin	(SH)	Head of Quality and Patient Safety, Locala
Emma Hanley	(EH)	Senior Contracting and Procurement Manager, Kirklees Council (minute 20)
Tim Hodgkins	(TH)	Director of Operations, MYTT (minute 22)
Kerry Matthews	(KM)	Designated Nurse Safeguarding Children, Children Looked After and Care Leavers ICB (minute 17)
Gillian Ridsdale	(GR)	Named Nurse, Children Looked After, Kirklees ICB (minute 18)
Sarah Robertshaw	(SR)	Divisional Clinical Director, Acute Care, MYTT (minute 22)
Harriet Thornton	(HT)	Quality Support Officer, Kirklees ICB
Debbie Winder	(DW)	Associate Director of Nursing and Quality, Kirklees ICB
Catherine Wormstone	(CW)	Director of Primary Care, Kirklees ICB

Apologies:

Mohammed Hussain	(MH)	General Practice, Primary Care
Victoria Vallance	(VV)	Deputy Chief Executive, Executive Director of Services and Professionals, Locala
Simon Baker	(SB)	Head of Service – Commissioning Partnerships and Market Development, Kirklees Council
Asma Sacha	(AS)	Risk Manager, WYICB (represented by Gilbert Gandashanga)
Subha Thiyagesh	(ST)	Chief Medical Officer, SWYPFT

13 Welcome, Apologies and Declarations of Interest

Apologies were submitted as set out above and no interests were declared.

14 Accuracy of Minutes of meeting held on 30 April 2025, Matters Arising, and Action Log

The minutes of the meeting held on 30 April 2025 were **APPROVED** as a correct record.

Matters Arising

There were no matters arising.

Action Log

The action log was updated as follows:

Action 41: Learning from Deaths (LfD)
Provider colleagues to identify and provide DW with contact details for appropriate representatives to attend a system LfD workshop.

UPDATE: DW advised that, in light of recent announcements impacting on the ICB and provider organisations, the action would be paused. IB to scope work being undertaken at the West Yorkshire Mortality Group. It was agreed that the item would be reviewed at 29 January 2026 meeting. **CLOSED**

Action 4(b): Quality and Safety Report and Dashboard
LR to provide an update on the CHFT Stroke SSNAP data assessment and future requirements and the results of the deep dive.

UPDATE: It was agreed to close the action and determine outside the meeting if a more detailed discussion was required at a future meeting of the Quality Sub-Committee. LR agreed to share the presentation from within CHFT showing the SSNAP data. **CLOSED**

Action 4(c): Quality and Safety Report and Dashboard
DW to lead a determination to be made on details to be presented to the Transformation Sub-Committee and Quality Sub-Committee on provider data.

UPDATE: This item was related to clarification on what agenda items were required to be considered the Transformation Sub-Committee and what should be reviewed at the Quality Sub-Committee to avoid duplication. It was agreed to review this outside the meeting. **CLOSED**

15 Risk Register

In the absence of AS, Gilbert Gandashanga (GG) presented the report, which detailed the risks aligned to the Quality-Sub Committee on the Kirklees Place Risk Register, during Risk Cycle 3, 2025/26.

GG summarised the report as follows:

- One new risk (managed jointly with the Finance and Performance Sub-Committee) had been added to Calderdale and Kirklees risk registers relating to the Maternity and Neonatal Voice Partnership Commissioning.
- Two risks were marked for closure, 2496 and 2515.
- There was one high-level open risk scoring 15 or above.
- Two risks had decreased in risk score: 2500 and 2474 (both aligned with the Finance and Performance Sub-Committee).

The Board Assurance Framework (BAF) was currently being reviewed by the West Yorkshire Executive Management Team.

ACTION: DW, VD and LR to review the Maternity and Neonatal Voice Partnership Commissioning risk to ensure alignment across all risk registers and to ensure the controls and mitigations are clear.

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

(GG left the meeting.)

16 Quality and Safety Report and Dashboard

DW presented the report, which provided an overview against recent priority quality and patient safety activities. The report also contained Provider Quality Overview information, which included both positive assurances and exceptions.

DW, highlighted the following details from the report.

Primary Care Quality Update

The report highlighted details of the Quality Assurance and Improvement Programme (QAIP) process and an update on one Kirklees practice that had entered Level 2 of the Kirklees Quality and Improvement Process. Findings from the scheduled visit would be reviewed at the post visit Rapid Quality Review Meeting (RQRM) and the Kirklees Primary Care Operations Group meeting.

The report included CQC findings in Primary Care which included IAC actions.

Patient Safety Update

The report contained information on the work undertaken at West Yorkshire and in Kirklees to support the learning from patient safety events as well as Patient Safety Incident Response Plans (PSIRP).

Regulation 28, Prevention of Future Death Report

Information was included in the report relating to the Regulation 28 notice issued to CHFT and Dalton Surgery in Kirklees. Details included action taken, support and oversight, and assurance given. The ICB was monitoring improvements.

VD updated the sub-committee that the family of the individual had met with the ICB, and they recognised the scope of the work being undertaken and the plan to make improvements within the system.

Posture and Mobility Services

The June SEND inspection had commented on the improvement required and the report highlighted the work that had been undertaken to support the improvement plan for these services.

Paediatric Audiology Update

Following an ICB-led site visit and scrutiny of cases by Subject Matter Experts, assurance had been gained from CHFT, who had entered the category of Action Plan monitoring only.

Place Patient Experience Update

DW highlighted the work undertaken. The annual Experience of Care report was due at the Quality Sub-Committee meeting in January 2026.

GP Patient Survey

The 2025 survey showed positive movement across Kirklees compared to 2024.

Kirkwood Hospice

Updates had been provided at previous sub-committee meetings regarding the changes made by Kirkwood Hospice to its service delivery model. It had been agreed that collective oversight and the governance route would be through the Dying Well Board. A further update would be provided at the January 2026 meeting.

NR asked if timescales had been agreed on the impact of changes being made. VD commented that funding provided to Kirkwood by the ICB was non-recurrent

and plans had been provided. VD noted that there was a specific work programme looking at system models of end-of-life care, which was being led by the Dying Well Board.

IB commented on significant work being undertaken from a system point of view around care homes; this was detailed in the report.

IB noted that included in the report was an update on the posture and mobility service and noted that the Kirklees Transformation Sub-Committee had oversight of this work.

VD referred to the announced CQC inspection that had taken place at Dalton Surgery on 16 October; the outcome of this visit was awaited.

WY QIA Management Update

The report highlighted the impact assessments supported by the Kirklees Quality Team as well as the processes enacted to support contract reviews.

VD commented on the significant amount of work that had been undertaken in this area to support the contracting team.

CHFT Update

LR presented the dashboard report and noted some concerns around diagnostic capacity and radiology backlog. Plans were progressing well; however, LR noted a slippage against the 95% target.

Bed occupancy had increased, which had impacted on 12 hour waits. There was work underway at system- and place-level and the impact would be monitored.

LR advised that there had been five stillbirths in August, three of which had been at term gestation. Monitoring continued in this area with an action plan developed with a focus on health inequalities and timely access to services.

In relation to children's diabetes, CHFT remained a significant outlier in terms of the Getting It Right First Time (GIRFT) programme and they remained an outlier for HbA1c and Hybrid Closed Loop Pump Start; this had been escalated to the ICB regarding growth in service and outlier position across West Yorkshire.

NB presented the Summary Hospital Level Mortality Indicator (SHMI) data, which had improved. Hospital Standardised Mortality Ratio (HSMR) rates were noted in the report and NB commented that data comparisons were difficult due to the removal of SDEC data. NB noted that the HSMR data for Kirklees was in a healthy position and improvement had been made on cancer targets.

HbA1c Incident (agenda item 8 covered here under CHFT Update)

NB undertook a presentation showing the actions taken in relation to the HbA1c incident; this would be circulated to sub-committee members following the meeting. The key learning points from the incident were: the calibration fault in one machine (which had compromised the measurement of the HbA1c), which had not been reported; and a delay in the national team recognising and escalating the issue.

It had been agreed that, internally, calibration processes needed to be more stringent and an internal review on quality control was required. A standard operating procedure had been developed in relation to local and national escalation, with assurance provided to the Quality Sub-Committee that this had been enacted.

VD commented that one of the key learnings had been the delay in communication as the ICB had not been informed of the incident in a timely manner, so it was vital that clear communication channels be used. VD suggested a strategic board be established, whose remit would include looking at the clinical impact.

ACTION: BD to circulate the presentation to sub-committee members following the meeting.

SWYPFT Update

DT noted there had been some variances around incident reporting; however, these were not of major concern and were not related to harm. A particular focus remained on restraints and the use of prone restraints, where someone was held in a chest-down position. DT noted that ere was a reducing trajectory and a zero ambition.

The falls rate stood at about half the national average; however, some greater understanding was needed on the available data comparison with other organisations.

Improvement work had been undertaken on the use of plastic bags on in-patients' wards to improve patient safety. Where possible SWYYPFT had swapped plastic bags to a suitable alternative (e.g. paper bags).

Two wards were currently on enhanced monitoring and challenges remained around Chestwood Park Hospital, a private secure hospital which had received five inadequate CQC inspection results.

DT noted that SWYPFT was now a teaching hospital affiliated to Leeds University. ST commented on nurse placements that had arisen from Leeds as well as other opportunities from Huddersfield and Sheffield Hallam. Placements were being made in other areas such as the Corporate Team to enable students to gain

experience in all areas. Strong partnerships had also been developed across the country around research.

DT updated the sub-committee that he had recently announced his intention to retire, and his post was being advertised. VD thanked DT for his involvement and input and work with the ICB.

VD commented on the ambition of zero prone restraints and asked if this was a realistic target. DT noted that this was an ambition, not a target, and there were some people who, for their own physical needs, needed to be restrained. However, the important message was to have conversations with individuals.

VD commented on the increased number of complaints that had been received around ADHD and neurodiversity and that there may be an increase due to changes in pathway procurement. IB noted that there was national guidance around ADHD and this would sit within the Transformation agenda.

VD asked if the affiliation with Leeds University may cause some resource issues. DT confirmed that this was a challenge and was being monitored, but noted that there was some creative thinking around placements and the belief was that there would be more benefits.

MYTT Update

There was no representative from MYTT present. DW commented that the update included some information on maternity services but proposed that this item be included on the next agenda.

ACTION: BD to include Maternity Services Update on the forward plan for the January 2026 meeting.

Locala

Sam Hankin (SH) updated colleagues on the work with partner organisations on the Quality Account; the report included a link to the full document.

Significant work had been undertaken with neighbouring acute trusts and service providers to support PSIRF investigations and complaints and the report included details of three cases.

SH highlighted several engagement evets that had taken place with local community groups in relation to support the health inequalities agenda.

SH noted that all PSIRF investigations were complete, with details of these being in the report.

The Quality Sub-Committee **RECEIVED** the update on quality and safety information for the main providers of Kirklees and noted the updates provided.

17 Joint Safeguarding Children/Adults Annual Report

Kerry Matthews (KM) and Gwen Clyde-Evans (GCE) introduced the report, which provided an annual update/overview of the Safeguarding Children and Safeguarding Adults work and activities undertaken from 1 April 2024 to 31 March 2025. KM highlighted key areas via a presentation, which would be circulated to sub-committee members following the meeting. The presentation covered work in wider West Yorkshire as well as Kirklees.

The GP safeguarding standards had been refreshed, learning from national and local reviews. Information, resources, and support had been provided to Primary Care.

KM highlighted how the safeguarding team in Kirklees had contributed to the Kirklees Safeguarding Children's Partnership and the Safeguarding Adult workstream.

The main challenges related to availability of resources versus the continued demand of the dynamic and ever-expanding safeguarding agenda. KM highlighted the significant involvement for the ICB in relation to the Family Partnership Programme – a national programme led by local authorities in England to support transformation of multi-agency safeguarding processes as part of Children's Social Care reforms.

KM confirmed the priorities for 2025/2026 as continuing to improve timeliness of initial health assessments, building resilience into the delivery model, and responding to new legislation and guidance.

NR asked for clarification around the 45-day health assessment and asked whether this was a benchmark or a target, as the report stated that 20% of children were re-referred within 12 months. It was agreed to discussion this further following the meeting and report back to the sub-committee through the action log.

ACTION: BD to circulate the presentation to sub-committee members following the meeting, and update the action log.

The Quality Sub-Committee **RECEIVED** the annual report and **NOTED** the contents, and was **ASSURED** that West Yorkshire Integrated Care Board (Kirklees Health and Care Partnership) was fully engaged in safeguarding arrangements.

18 Looked After Children and Care Leavers Annual Report

Kerry Matthews (KM), Stewart Horn (SH) and Gillian Ridsdale (GR) introduced the report, which provided an annual update/overview of the activities undertaken to support and promote the health of Looked After Children and Care Leavers from 1 April 2024 to 31 March 2025.

SH noted that, since the previous report, the responsibilities around the designated nurse role had been realigned. Previously, this had sat within Locala, and this had changed to the ICB.

The report detailed:

- the work undertaken to meet the health needs of Looked After Children (LAC) and Care Leavers (CL), including as outlined in the key performance indicators, in line with statutory duties, highlighting the service improvements, challenges, and identified gaps;
- action taken to address the challenge of increased demand for Initial Health Assessments (IHA) affecting service delivery;
- new nursing model enabling a collective resource to meet the health needs of our Looked After Children; and
- work in collaboration with other partners.

GR highlighted the challenges in Kirklees, including the number of children entering care in Kirklees who had been included in the appropriate risk registers around the wait time for initial health assessment. There were also issues around carer assessment of emotional well-being.

Another challenge is Kirklees was children placed in other areas. All health records were reviewed and, where travel was feasible, assessments were undertaken.

The report highlighted priorities for 2025/26.

VD commented that the overall vision for the service was not to place children out of area; however, there was a need to develop a set of principles so there was no disadvantage to those going out of area. SH confirmed the intention to look after children within Kirklees, acknowledging there were cases for those coming into or leaving the area.

ACTION: NR to meet with SH outside the meeting to aid his understanding of the subject.

The Quality Sub-Committee **RECEIVED** the annual report and **NOTED** the contents, and was **ASSURED** that the Integrated Health Team was fully engaged in work to support and promote the health and wellbeing of Looked After Children and Care Leavers.

19 SEND Annual Report

SH presented the report, which described the position of the ICB in Kirklees in relation to the local area Special Educational Needs and Disabilities (SEND) Transformation Plan and progress to improve the SEND offer. The report outlined progress achieved and ongoing work to improve compliance with the Children and Families Act 2014 continually.

SH noted that the area SEND inspection had been in June 2025. SH outlined the process, which had been: submission of a self-assessment; submission of a performance data pack; and review of six case studies by the inspection team, including speaking to families.

The feedback had been positive and had highlighted areas of improvement including communication across the system, waiting times for some health services, and education and health and care plans. An action plan had been developed, submitted, and approved.

SH commented that, during 2024/25, work had been completed to improve the timeliness and quality of education health care plans. There had been some loss of capacity in the team and additional support had been provided from Locala and colleagues in other teams.

SH highlighted that the SEND white paper was due to be released, and this would impact on service provision.

The Quality Sub-Committee **NOTED** the level of compliance with the Children and Families Act 2014 and **SUPPORTED** the proposed next steps set out in the report.

20 Care Home and Domiciliary Care Quality Oversight including update on Integrated Quality Assurance Framework for Adult Social Care

DW and EH introduced the report, providing an update on the previous reports which had set out information on processes, governance and reporting in Kirklees to fulfil the system partner role in quality and safety oversight of the care home sector.

A video was screened, showing a care home which had been rated as inadequate by CQC as and capturing its improvement journey over a six-month period.

DW noted that the report submitted gave assurance on the processes in place as well as an update on CQC ratings. The report flagged risks and challenges faced around the change to the operating model and the unpredictability of the service.

DW raised a concern around the availability of high-calibre managers. The report also provided information about the priorities for the next six months.

The Quality Sub-Committee: -

(1) **RECEIVED** the report and update on oversight processes and quality status of the sector;
(2) **ACKNOWLEDGED** the commitment to work in collaboration to review and refine quality oversight and management processes as an integrated partnership;
(3) **REVIEWED** the information on shared challenges and risks; and
(4) **NOTED** and **AGREED** the priorities and recommendations.

21 Quality Sub-Committee Annual Report Action Plan

IB presented the above action plan.

The Quality Sub-Committee accepted the action plan but requested that the timescales be reviewed.

ACTION: IB to review the timeline of the action plan.

The Quality Sub-Committee **RECEIVED** and **APPROVED** the action plan

22 MYTT Paediatric Services at Dewsbury and District Hospital

Tim Hodgkins (TH) and Sarah Robertshaw (SR) (representing Chris Evans), Jamie Yarwood (JY) and Clare Davidson (CD) presented the report.

TH noted that, from January 2025 to April 2025, there had been 17 paediatric incidents at Dewsbury District Hospital, with three of them categorised as serious harm. One case had prompted a Regulation 28 Notice.

CD noted that most ambulance cases went to Pinderfields, but there was a large number of out-of-hours walk-ins at Dewsbury, despite communications having been issued. This had been added to the trust risk register and had been raised at the Critical Care Network for Yorkshire and the Humber.

SR assured the sub-committee that 24/7 emergency care was provided; the issue was the management of critically-ill patients who presented at Dewsbury.

VD suggested a risk be added to the ICB risk register in relation to the Paediatric Service at Dewsbury. IB would triangulate the risk.

To address some of the issues, a short-, medium- and long-term goals task and finish group has been established.

ACTION: IB to review risk on MYTT risk register to add appropriate risk to ICB Risk Register.

The Quality Sub-Committee **RECEIVED** the report and update on Paediatric Services.

23 Review of Sub-Committee Work Plan

The Quality Sub-Committee **REVIEWED** the work plan, noting that it would be updated to reflect various actions in the foregoing minutes following the meeting.

24 Medicine Strategy Group Minutes

It was noted that this meeting has been stood down.

25 Kirklees Health Protection Board

The minutes would be circulated separately. No issues were identified for escalation.

26 Any Other Business

IB informed the sub-committee that DW would be moving temporarily to Bradford Place to support the team there. IB thanked DW for the work she had undertaken in Kirklees. Louise Fletcher would be supporting both Kirklees and Calderdale temporarily.

27 Date and Time of Next Meeting

The next meeting of the sub-committee would be held at 9.00 am on Wednesday 28 January 2026, via Microsoft Teams.

The meeting concluded at 11.28 am.

NHS West Yorkshire Integrated Care Board
Minutes of the Kirklees Transformation Sub-Committee Meeting
held at 11.45 am on Wednesday 29 October 2025
Held via video conferencing

Members Present:

Hilary Ellis	(HE)	Independent Member (Chair)
Anna Basford	(AB)	Representative of CHFT
Saf Bhuta	(SB)	Kirklees Council Officer
Gary Boothby	(GB)	Place Director of Finance
Vicky Dutchburn	(VD)	ICB Accountable Officer (Kirklees)
Rachel Foster	(RF)	Representative of Locala
Nadeem Raja	(NR)	Independent Member
Debbie Winder	(DW)	Associate Director of Nursing and Quality (deputy for Director of Nursing)

In Attendance:

Natalie Ackroyd	(NA)	Deputy Director of Operational Performance and Delivery
Gemma Brady	(GBr)	Primary Care Manager
Melissa Dunkerley	(MD)	Transformation Project Officer
Nick Lamper	(NL)	Governance Manager
Julie Oldroyd	(JO)	Senior Manager – Transformation – Community
Martin Pursey	(MP)	Director of Partner Relationship Management
Sue Richardson	(SR)	Transformation Support Manager
Catherine Wormstone	(CW)	Director of Primary Care

Apologies:

Omar Akhtar	(OA)	Representative of Primary Care
Ian Bennett	(IB)	Director of Nursing
Helen Carr	(HC)	Member of Kirklees Partnership Forum
Emma Hall	(EH)	Representative of MYTT
Rachel Millson	(RM)	Interim Delivery Collaborative Representative
Anita Mottram	(AM)	Member of Kirklees Clinical and Professional Forum
Alison Needham	(AN)	Operational Director of Finance
Helen Shallow	(HS)	Head of Finance

22 Welcome, Apologies and Declarations of Interest

HE welcomed everyone to the meeting.

Apologies were submitted as set out above.

In respect of the item on Kirklees Health and Care Partnership Contract Review Process 2025/26 – Approach and Decisions for Ratification (minute 25 below), a number of the contracts were delivered by Primary Care, and some potentially by other providers represented in the meeting. The report aimed to assure the sub-committee on the process undertaken and sought its endorsement of the decisions already taken by the Senior Leadership Team. As such, the potential interests of providers were acknowledged but, if the report were dealt with its entirety, it was not proposed to exclude any member(s) from its consideration. If detailed discussions ensued on any particular contract(s), conflicts would be managed proactively at that point.

Members were advised that, if anyone felt that their involvement in the consideration of any item conflicted them so as to affect their objectivity or impartiality, they should declare this and withdraw.

23 Accuracy of Minutes of Last Meeting, Matters Arising, and Action Log from 30 July 2025

Minutes

The minutes of the meeting held on 30 July 2025 were **APPROVED** as a correct record.

Matters Arising

No matters were raised.

Action Log

14 – Enhanced Optical Future Model *– TB to update the delivery action plan to deliver the changed pathway from April 2026.* VD advised that the action plan and timetable were in place. The procurement element would start on 1 November 2025 and a single offer would be in place from 1 April 2026; work was underway on how to work across the two acute footprints. **CLOSED**

15 – Well Programme Annual Report 2024/25 and Priorities for 2025/26 *– CW/VD to send HE a link to the longer version of the presentation.* CW would follow this up. **OPEN**

24 Specialist Weight Management

SR and MD undertook a presentation providing an update on the Integrated Weight Management Service across the CHFT footprint.

HE asked about the service across the MYTT footprint and SR advised that MYTT had established a specialised weight management service, and the organisation was currently looking at whether it could set up injectables; one other provider was able to provide that service. Other aspects of the design were very similar to the CHFT service. VD added that it was the same model with the same implementation on slightly different timescales. The finance had been approved by the Finance and Performance Sub-Committee earlier in the year upon consideration of the full business case.

CW noted that there was an aim to factor the service into planning in Primary Care, and it would be good to include indicative numbers where known in the future. Contracts had not yet been awarded to PCNs, but in places were being delivered by one practice on behalf of a number of practices. SR advised that indicative numbers for Cohort 1 were included in the presentation. MP added that it would be possible to contract with the PCNs, depending upon whether they were happy to do it that way.

SR explained that injectables were currently “red drugs”, which could not be dispensed outside of a specialist service.

VD observed that the guidance had been issued before the ten-year plan and neighbourhood health guidance, so it would be important to determine how it would fit into the delivery collaboratives. She thanked SR, MD and colleagues for their work on this example of a true collaborative partnership. AB added that this was a really good example of implementing new technology.

The Kirklees Transformation Sub-Committee **RECEIVED** and **NOTED** the content of the presentation.

(SR and MD left the meeting.)

25 Kirklees Health and Care Partnership Contract Review Process 2025/26 – Approach and Decisions for Ratification

(A number of the contracts referred to in this item were delivered by Primary Care, and some potentially by other providers represented in the meeting. The report aimed to assure the sub-committee on the process undertaken and sought its endorsement of the decisions already taken by the Senior Leadership Team. As such, the potential interests of providers were acknowledged but, if the report were dealt with its entirety, it was not proposed to exclude any member(s) from its

consideration. If detailed discussions ensued on any particular contract(s), conflicts would be managed proactively at that point. RF noted in particular Locala's part in the provider partnership for Post COVID Syndrome Assessment Clinic and Recovery.)

VD presented a report describing how, as part of the Kirklees ICB efficiency and recovery programme, there was a requirement to identify recurrent, cash-releasing opportunities within current budgets/commissioned services.

All contracts commissioned over a Kirklees footprint had been subject to a review process to identify any efficiency opportunity. The review process had been undertaken in accordance with the principles outlined in the ICB Disinvestment and Decommissioning Policy. Contracts which were commissioned across a West Yorkshire footprint had been identified as out of scope, including those which were actively under review across West Yorkshire.

Programme Leads had completed concise impact assessments (CIA) to understand the implications of ceasing funding on contracts due to expire. This work had been completed over two phases:

- Phase 1: Contract due to expire by 31 March 2026 (CIAs completed by end of May 2025; recommendations agreed by end of June 2025); and
- Phase 2: All other remaining contracts (CIAs completed by end of June 2025; recommendations agreed by end of July 2025).

Reports had been presented to the Kirklees ICB Senior Leadership Team in September and October to provide assurance on the process undertaken and to request approval of implementation of the recommendations.

The report set out the decisions which had been taken by the Senior Leadership Team for the sub-committee's endorsement.

(JO joined the meeting.)

In respect of the LES Health Inequalities Scheme, HE asked about the impact of the national review of the Carr-Hill formula which would be undertaken in 2025/26. VD responded that this would not take money out of Primary Care, but the way in which it was allocated may be affected. This would all be kept under review. CW added that the review of the Carr-Hill formula had been long awaited and was not expected to be completed within the next six months. She offered her thanks to the team for the huge amount of work undertaken, and noted that the final stages of negotiation with the LMC were in progress.

MP advised that this was the most robust process of this type that his team had observed across West Yorkshire.

SB took a view that there was a balance between taking a budget-led approach and a strategic one. He offered a shared space in which he could consider these matters with partners and lend support in terms of the political complexities. VD undertook to pick this up with him outside the meeting.

The Kirklees Transformation Sub-Committee:-

(1) Was **ASSURED** by the process to review and identify efficiency opportunities within commissioned contracts for 2026/27;
(2) **ENDORSED** the decisions taken by the Kirklees ICB Senior Leadership Team in September and October 2025 (as set out in tables 1.0 and 2.0 in the report); and
(3) **RECEIVED** the information set out in table 3.0 in the report for assurance and information.

(GBr joined the meeting and JO left the meeting.)

26 Wheelchair Service Update

JO presented a report and undertook a presentation providing the context and background to the above service, and setting out the current service position, Kirklees identified non-recurrent spend 2025/26, achievement of NHS England Wheelchairs Standard, funding summary, and next steps.

HE asked about the implications of the suggestion of users buying from Ross Care at NHS prices, and JO responded that there was an awareness of the potential inequity as not all could afford to do so; this was currently in the early stages of exploration and there was a need to carry out an impact assessment.

VD explained that the £117.5k non-recurrent funding had been put into the reserve line, and the considerations had been around how and when it would be enacted. If some bought from Ross Care, patients would still get their assessment. The SEND inspection team had been told about this intention and had not identified it as being a problem. There was a need to ask for a further option to be worked up. Putting money into clearing the waiting list would be non-recurrent investment and would take two years. If this were done without a sustainable model, the waiting list would build up again. There was a question as to whether to take the view that the national standard of 92% within 18 weeks was acceptable, or whether it was preferable to have an improvement modelled, and for that model to be worked up and costed. There was a need to evidence value for money and meet the needs of patients.

MP added that the way the service had initially been procured had been right at the time but had not helped as circumstances had changed. DW added that there was also an effect on Ross Care staff and GB commented that this was an

example of a relatively small amount of money making a big difference to people's lives.

The Kirklees Transformation Sub-Committee:-

(1) **RECEIVED** and **NOTED** the content of the report in providing assurance regarding the current position of the Wheelchair Service and the actions in place to work towards an improved position;
(2) **REVIEWED** the non-recurrent spend recommendation;
(3) **NOTED** the opportunity to clear the current waiting list should any other available funds be identified; and
(4) **AGREED** to receive a further update in January 2026.

(GBr joined the meeting and JO left the meeting.)

27 University Health Centre Contract Review and Future Contracting Options

GBr presented a report outlining how, in the current year, all services with an expiry date of 31 March 2026 had required review and assessment to determine the future commissioning arrangements of the service and what the potential impact may be if the service were to come to an end. Each service had been assessed and a Concise Impact Assessment (CIA) completed.

For the University Health Centre (B85062), two discretionary and non-recurrent schemes were currently commissioned and had an end date of 31 March 2026. These were long-standing schemes and reflected the nature of the practice population being significantly different from that of a 'typical' GP practice in terms of demographics and health need. These schemes were:

- Atypical Practice Scheme
- University Local Quality and Outcomes Framework (QOF)

The report set out the options for the two Huddersfield University Health Centre schemes and sought the sub-committee's support for the future commissioning arrangements.

It was recommended that Option 2 be approved – to continue to fund University local QOF for three years until March 2029 and phase out funding for the Atypical Practice Scheme over three years until March 2029. Phasing out the Atypical Practice Scheme over three years would be consistent with other schemes that had been de-commissioned locally.

CW commented that the proposals provided changes and opportunities to expand the typical patient population, and it made sense to keep the local QOF as it was there because of the way in which its indicators covered 10 areas that specifically affected the University Health Centre patients. The three-year period would provide a chance to make the necessary adjustments.

RF added that this would give the practice time to look at how it may be able to do things differently and the skills mix that would be needed, and DW observed that it would be good to have time to understand the risks elsewhere in the system.

The Kirklees Transformation Sub-Committee:-

(1) **NOTED** the options from 1 April 2026 outlined in the report in relation to the University Health Centre contracts;
(2) **NOTED** the recommendations from the Senior Leadership Team;
(3) **NOTED** the potential impact response from Huddersfield University Health Centre Limited;
(4) **NOTED** the recommendations from the Primary Care Operational Group Part 1;
(5) **APPROVED** the recommendation to take forward Option 2: Continue to fund University Health Centre Limited local QOF and phase out funding the atypical practice scheme over a three-year period; and
(6) **AGREED** that both schemes be kept under review pending the outcome of the national review of the Carr-Hill formula.

(GBr left the meeting.)

28 Development of Place Based Neighbourhood Health Plans – Kirklees Approach and Progress Update

NA undertook a presentation, which had been included in the agenda pack for the meeting, providing a progress update in respect of the National Planning Framework – Development of Place Based Neighbourhood Health Plans.

DW commented that she had attended an Executive Leadership Group meeting the previous Friday at which the NHS England Quality Team had undertaken a presentation which had, in part, covered this subject. It was considered a priority to link to community of care networks.

The Transformation Sub-Committee **RECEIVED** the update for information and was **ASSURED** on the process in place to develop a Neighbourhood Health Plan for Kirklees.

29 Transformation Sub-Committee Annual Report Action Plan

Further to minute 17, the action plan and key performance indicators were submitted.

VD advised that work had commenced on all aspects of the action plan and she would circulate an updated version outside the meeting.

ACTION: VD to circulate an updated version.

GB observed that the expectation of 85% attendance may be unrealistic as the meetings were now held quarterly (so missing just one would result in 75% attendance); VD advised that the measure related to organisations rather than individuals, taking account of the attendance of deputies.

The Transformation Sub-Committee **NOTED** the update.

30 Sub-Committee Work Plan

The work plan was submitted for review. The update on the Wheelchair Service referred to in minute 26 above would be added in respect of the January meeting.

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

31 Items for the attention of the ICB Committee

No items were raised.

32 Any Other Business

No items were raised.

33 Date and Time of Next Meeting

The next meeting of the sub-committee would be held at 11.45 am on Wednesday 28 January 2026, via Microsoft Teams.

The meeting concluded at 1.20 pm.

KIRKLEES CLINICAL AND CARE PROFESSIONAL FORUM

1pm, Wednesday 29 October 2025
Microsoft Teams Meeting
MINUTES

Member/Deputies Present	
ICB Committee Representative (Chair)	Dr Khalid Naeem (KN)
Director of Nursing and Quality, Kirklees and Calderdale, WY ICB	Ian Bennett (IB)
Deputy Medical Director, Calderdale and Huddersfield Foundation Trust	Nikhil Bhuskute (NB)
Head of Medicines Optimisation, Kirklees ICB	Lindsay Greenhalgh (LG)
Head of Health Protection, Kirklees Council	Jane O'Donnell (JOD)
Chief Nurse/Director of Quality Profession, South West Yorkshire Partnerships Foundation Trust	Darryl Thompson (DT)

In Attendance	
Project Officer & Personal Assistant, Kirklees ICB	Heather Saville (HS) (Minutes)
Director of Clinical Services, The Kirkwood	Lynne Hall-Bentley (LHB)
Chief Medical Officer, SWYFT	Dr Subha Thiyagesh (ST)
Community Pharmacy Clinical Lead, WY ICB	Ruth Buchan (RB)
Chief Executive Officer, CPWY	Nicola Goodberry-Kenneally (NGK)
Medical Director, Locala	Dr Joy Hewitson (JH)
Joint Transformation Programme Manager, Kirklees ICB	Alison Steed (AS) (Minute 4)
Transformation Project Officer, Kirklees ICB	Charlotte Shepley (CS) (Minute 4)
Programme Manager, NIHR Applied Research Collaboration Yorkshire and Humber	Sally Bridges (SB) (Minute 5)
Programme Manager for Planned Care Redesign	James Brownjohn (JB) (Minute 6)
HealthPathways Senior Clinical Editor	Dr Clive Harries (CH) (Minute 6)
Transformation Service Delivery Officer	Katie Wawro (KW) (Minute 6)
General Practitioner & Local HealthPathways Clinical Editor	Dr Yasar Mahmood (YM)(Minute 6)

Apologies	
Principal Children's Social Worker, Kirklees Council	Robert Fordyce (RF)
Chief Nurse, Locala	Victoria Vallance (VV)
Principal Occupational Therapist, Kirklees Council	Anita Mottram (AM)
Professional Therapy Lead, Locala	Liz Ruane (LR)

1 Welcome and Apologies

The Chair welcomed everyone to the meeting. Apologies were given as detailed above.

2 Declaration of Interest

Attendees were invited to declare any conflicts of interest.
No declarations were made, allowing the meeting to proceed without any noted conflicts.

3 Minutes and Actions from Previous Meeting

The minutes from the previous meeting held on 23rd April 2025 were reviewed and agreed as an accurate record.

The action log was displayed for transparency and discussed, updated as noted below:

- **Action 12** - **Kirklees Urgent Care Re-design**:

Action regarding Pharmacy First referrals from an urgent treatment centre in Pontefract, RB updated that there had been attempts to engage with the relevant centre, but no referrals had been made. Ongoing work will be picked up as part of community health integration and emergency care work, agreed for the action to be closed.

- **Actions 14 & 15** - **Living Well Update**:

Update scheduled for this meeting, action to be closed after the update.

4 Update on Living Well

Alison Steed (AS) presented a comprehensive update on the Living Well programme, which is now formally established, with a clear structure and defined workstreams.

The programme structure consists of four boards, Starting Well, Living Well, Ageing Well, Dying Well, and the Mental Health Alliance, all working through a health inequalities lens.

The key workstreams and priorities include:
- Data and Intelligence: Building metrics for the Living Well dashboards, using national datasets (e.g., National Diabetes Audit and the CVD Prevent Audit), using a population health management approach and improving data sharing agreements in Kirklees.

- Prevention: Strong focus on early identification relating to long term conditions, targeted NHS Health Checks, new stop smoking service and campaigns to address health inequalities.

- Community Involvement: Community Champions campaigns, particularly around CVD awareness and prevention, with significant community engagement and measurable outcomes (e.g., blood pressure checks, signposting to services).

- Long Term Conditions Secondary Prevention: Focus on CVD, diabetes, and respiratory conditions, with new hypertension guidelines and practical support for primary care.

A detailed breakdown of metrics and outcomes was presented, with practice-level performance on hypertension, atrial fibrillation and cholesterol, with targeted support for practices needing improvement.

The Living Well programme is aligning with the NHS 10-year plan and neighbourhood plans, ensuring priorities are consistent across the system.

5 Health Research Infrastructure in Yorkshire and Humber

Sally Bridges (SB) gave a detailed overview of the National Institute for Health and Care Research (NIHR)-funded research infrastructure in the region.

Infrastructure examples include:

- Yorkshire and Humber Applied Research Collaboration (ARC): Focused on translating research into practice and supporting top priorities of the health and care system.

- Yorkshire and Humber Patient Safety Research Collaboration (PSRC): Developing and validating new approaches to improve patient safety.

- Yorkshire and Humber Regional Research Delivery Network (RRDN): Provides practical support and funding into organisations to ensure research takes place.

Further information shared relating to West Yorkshire specific based infrastructure, including the Health Tech Research Centre, which drives innovation in surgical care and the Commercial Research Delivery Centre, which supports innovative commercial clinical trials.

SB shared information regarding opportunities, local teams are encouraged to access evidence, collaborate and participate in research. Along with capacity building, involvement and support for research careers. Lastly, a significant focus to ensure services delivered or research opportunities are inclusive.

6 Community HealthPathways

James Brownjohn (JB) and Dr Clive Harries (CH) introduced the Community HealthPathways and gave a detailed overview of the journey so far. An animation

video was also shared which gave a comprehensive insight into what the platform offers, as noted below:

Purpose: Provides a single, evidence-based source for clinical pathways, supporting collaboration across primary and secondary care.

Development: Years in the making, with input from GPs, consultants, nurses, and allied health professionals.

Content: First 50 pathways with more being added, are created by local GP's acting as Clinical Editors with input from local specialists.

Accessibility: Open to a wide range of professionals, including hospitals colleagues, Public Health with high engagement from GP practices in Wakefield and North Kirklees.

Features: Searchable content, a comprehensive index, quick links, CPD notes and reporting, and feedback mechanisms for continuous improvement.

Integration: Designed to support neighbourhood planning and prevention agendas, with plans to expand mental health content and involve more partners.

CH shared further information regarding localised content on Community HealthPathways and how this is being progressed. Specifically for content relating to mental health, subject matter experts from mental health providers are key, in order for this to be developed.

7 Feedback from the Last West Yorkshire Clinical and Care Professional Forum

KN provided a summary of the previous West Yorkshire Forum:

- Integrated Neighbourhood Health Pathways: Webinars planned and delivered, with recordings available for wider access.

- Winter Campaigns: Updates on vaccination campaigns, communication strategies and digital promotion, along with updates on both the Kirklees Health & Care Partnership and West Yorkshire Partnership websites.

- Research Inclusion: Ongoing work to address underrepresentation in research, focusing on trust, co-production and data sharing.

- Respiratory Prescribing (CHIRP): Initiative to improve prescribing practices, reduce hospital admissions and promote sustainable use of inhalers.

- Community Mental Health Service Review: Review prompted by national incidents, with local improvements identified.

Attendees were encouraged to review the agenda for the next West Yorkshire Clinical and Care Professional Forum and escalate any items or questions for discussion.

8 Clinical and Professional Forum Work Plan

Item not discussed.

9 Items for Escalation/AAA Report

Nil to escalate. AAA to include a brief summary of items discussed.

10 Any Other Business

RB highlighted changes to the community pharmacy contraception service, now including emergency contraception, and shared links for further information. The importance of widely circulating this update to ensure awareness and access was emphasised by KN.

Date of next meeting

1pm to 3pm on 17 December 2025, via MS Teams.

The meeting concluded at 3pm.

NHS West Yorkshire Integrated Care Board

Minutes of the Kirklees Finance and Performance Sub-Committee Meeting

held at 2.00 pm on Wednesday 29 October 2025

Held via video conferencing

Members Present:

Hilary Ellis	(HE)	Independent Member (Chair)
Gary Boothby	(GB)	Place Director of Finance
Vicky Dutchburn	(VD)	ICB Accountable Officer (Kirklees)
Penny Wade	(PW)	Member of Kirklees Partnership Forum

In Attendance:

Natalie Ackroyd	(NA)	Deputy Director of Planning and Performance
Bev Denton	(BD)	Governance Officer (minutes)
Gilbert Gandashanga	(GG)	Risk Officer (representing Asma Sacha, Risk Manager) (minute 24)
Martin Pursey	(MP)	Director of Partnership Relationship Management
Helen Shallow	(HS)	Assistant Director of Finance (minute 25)
Catherine Wormstone	(CW)	Director of Primary Care

Apologies:

Tony Allen	(TA)	Non-executive Director from a Kirklees Partner Organisation
Tom Brailsford	(TB)	Kirklees Council Officer
Lynne Hall-Bentey	(LHB)	Member of Kirklees Clinical and Care Professional Forum
Alison Needham	(AN)	Director of Operational Finance

22 Welcome, Apologies and Declarations of Interest

Hilary Ellis (HE), Chair, welcomed everyone to the meeting. Apologies were noted as set out above.

VD undertook to follow up the representation at this meeting from Kirklees Council and MYTT.

ACTION: VD to follow up the representation at this meeting from Kirklees Council and MYTT.

Penny Wade (PW) declared an interest as a member of Kirkwood Hospice and confirmed she would withdraw from the meeting from any decisions pertaining to the hospice.

23 Accuracy of Minutes of Last Meeting, Matters Arising, and Action Log from 30 July 2025

Minutes

The minutes of the meeting held on 30 July 2025 were **APPROVED** as a correct record.

Matters Arising

No matters were raised.

Action Log

15 – Contracting Report *– MP to circulate to members of the sub-committee the presentation used in the meeting.* Complete. **CLOSED**

17 – Primary Care Subsidies *– CW to circulate to members of the sub-committee a copy of the draft letter to be sent to affected practices.* Complete. **CLOSED**

20 – Minutes for Information *– BD to circulate to members of the sub-committee the minutes of the Calderdale and Huddersfield Emergency Care Board when received.* Complete. **CLOSED**

GB asked if any feedback had been received from practices in relation to the phasing out of property-related subsidies over a period of four to five years beginning 2026/27. CW noted that a formal objection had been received from the LMC acting on behalf of seven of the nine practices. Further legal advice was being sought before a formal response was issued and practice visits undertaken.

24 Risk Register

Gilbert Gandashanga (GG), Risk Officer, representing Asma Sacha (AS), presented the report which provided details of all Finance and Performance risks on the Kirklees Place Risk Register following review by the Senior Leadership Team. The report detailed the update relating to cycle 3.

GG advised of one new risk added to Kirklees and Calderdale risk register relating to maternity and Neonatal Voices Partnership commissioning; this was detailed in the report. This risk was also on the corporate risk register.

Three risks had decreased in score: Risk 2532 relating to Kirklees Place in-year financial plan; Risk 2500 relating to all-age continuing care overspend; and Risk 2474 relating to Kirkwood Hospice recovery plan.

GG noted that the Board Assurance Framework (BAF) had been reviewed by the Executive Management Team for submission at the Kirklees ICB Committee meeting on 12 November 2025.

PW commented on the Kirkwood Hospice risk, noting that measures were in place to build bed and community capacity using non-recurrent funding received.

The Finance and Performance Sub-Committee **RECEIVED** and **NOTED** the risk position, and was **ASSURED** in respect of the effective management of the risks and controls in place.

(GG left the meeting.)

25 Finance Report

Helen Shallow (HS) led the sub-committee through the Finance Report on the financial position of the Kirklees Health and Care Partnership in September (month six).

The forecast and actual financial position for Kirklees ICB were on plan. There was a small variance of £13,000 relating to an adjustment that had not been processed on time. This confirmed delivery against the financial plan control total, which was a surplus of £8.7 million.

HS confirmed a movement of £5.2m from the previous reported control total of £3.5m, due to the impact of the West Yorkshire stretch target that had been enacted in the position in July (month four).

A forecast acute overspend of £1.7m was made up of a pressure of £1.5m relating to Independent Sector providers and Any Qualified Provider contracts. There were still providers that had not agreed to the indicative activity plan and there was a risk that, if activity continued upon the same trajectory, there would be a deterioration to the forecast position.

HS observed that certain data experienced a time lag – particularly regarding prescribing, which was two months behind. She also noted that the effects of organisational change should be acknowledged. In relation to cash release efficiency savings, some schemes carried delivery risk. Efficiencies were reported in twelfths nationally; however, locally this had been rephased to reflect actual delivery.

Kirklees Place was on forecast at month six. GB commented that Kirklees ICB position was stronger than it has been for several years. The Kirklees ICB efficiency information showed the year-to-date plan phased monthly, and over-delivery against plan year-to-date. The budgets had now been re-phased.

GB noted that CHFT had received the first two quarters from NHSE in relation to deficit support funding. This equated to £18m. There was a requirement to achieve the final two quarters to secure the rest of the funding; if this were not achieved, the overspend would be required to be paid back.

Mid-year reviews were underway, and organisations had been asked to declare the best position. GB noted that the issues that would impact on achievement included industrial action and the recent car parking income decision. GB confirmed that Kirklees place, CHFT and SWYPFT had declared plan delivery.

VD commented on the impact of the planning guidance, which stated that each individual organisation would be monitored. HE commented that this was disappointing when previous guidelines had stressed the importance of partnership working.

HE asked if there had been movement on prescribing costs as these were high. HS responded that the Finance Team was working through month seven figures and the costs would continue to be monitored. HE asked if the costs were worse during the latter part of the year. HS confirmed that this was due to winter costs, and this was recognised in forecasts. GB confirmed that budgets were also phased accordingly.

PW asked how other ICBs outside West Yorkshire were approaching the issue of prescribing costs. CW advised that there was a network for Heads of Medicines Management to share good practice and review potential for switches and efficiencies for drugs as new ones emerged. PW acknowledged the amount of work being undertaken in this area.

The Finance and Performance Sub-Committee:

(1) **NOTED** the finance report for month six;
(2) **REVIEWED** the ICB in Kirklees month 6 position, including key risks and mitigations; and
(3) **REVIEWED** the West Yorkshire ICS Financial Position.

26 Contracting Report

MP gave a verbal update and noted the following:

- The Contracting Team had been shortlisted for a Procurement Transformation Award in the Excellence in Supply Northern Awards, which reflected the building of the consolidated team.
- At the end of September 2025, more than 1100 contracts had been being managed across the ICB, and significant consolidation of contracts had been undertaken.
- The contracting team was currently running at a 21% vacancy level, and a review of capacity was underway.

- In October 2025 there had been 72 open requests for Right to Choose Accreditation, of which 52 had been for consultant-led services across 20 specialities; limited capacity within the team had led to an increase in complaints.
- A revised waiver form had been introduced and only applied to non-healthcare procurements; this was aligned to the Procurement Policy.
- WYICB Transformation Committee had agreed in July that a minimum waiting time standard for activity be classified as within 16 weeks of referral.
- Indicative activity plans had been introduced, which meant plans had been developed with providers to reflect affordability; three out of four plans had been agreed.
- In respect of Adult Home Care, a West Yorkshire specification was being developed across the five places. A procurement process using direct award process B had taken place in May 2025, with the opportunity open to all incumbent providers. Providers would only need to apply once and hold one contract rather than multiple contracts to deliver the same service in different geographical locations.
- In respect of Right to Choose, Neurodiversity, six providers had been successfully accredited to deliver the West Yorkshire Service. One provider was an incumbent and the other five would not be fully mobilised until the end of the current year.
- There were three contracts that had been awarded:
    - Patient Transport Contract from 1 October 2025, awarded using PSR Direct Award Process C (DAPC) to Yorkshire Ambulance Service.
    - NHS 111, direct award using DAPC to Yorkshire Ambulance Service with a contract renewal date of 31 March 2026.
    - West Yorkshire Urgent Care (GP out of hours), direct award using DAPC to Local Care Direct, contract renewal date of 31 March 2026.

HE asked if Artificial Intelligence (AI) was being used to support the work of the Team. MP confirmed the use of Copilot for some aspects.

HE commented that there were 72 accreditations outstanding and asked whether there was an opportunity to use specifications from other areas. MP responded that there were some opportunities; however, there was a danger of crossing a line in terms of commissioning the service.

HE asked how long a review of a direct award would take, and MP responded commented that this was impacted by capacity.

ACTION: MP to circulate the presentation as well as the more detailed report issued to the WY Finance, Investment and Performance Committee.

The Finance and Performance Sub-Committee **RECEIVED** and **NOTED** the contracting update.

27 Sub-Committee Work Plan

The Finance and Performance Sub-Committee **REVIEWED** and **AGREED** the workplan.

28 Minutes for Information

The Finance and Performance Sub-Committee **RECEIVED** the minutes from the Primary Care Operational Group and **NOTED** that those of the Calderdale and Huddersfield Emergency Care Board would be circulated when available.

(The meeting was adjourned at 3.00 pm and reconvened at 3.30 pm.)

29 Performance Report against Key Performance Indicators

NA presented the performance report for month four (July). The report highlighted underperforming KPIs. She led the sub-committee through the following key points:

- Improvements in July reporting figures in A&E against the four-hour emergency care standard at both CHFT and MYTT – there was a high number of attendances, and the service had been seeing pressures. Extra beds had been opened but MYTT still had temporary escalation beds open.
- Acute Respiratory Infection Hubs (ARI) – as well as covering Sundays and Bank Holidays, GPs were funded recurrently to support seasonal pressures.
- There had been over 3000 non-elective admissions of Kirklees residents. The two main reasons for admission were pneumonia and UTIs. There was a focus on the strategic aim to reduce non-elective activity and A&E performance. Work was being undertaken with Integrated Neighbourhood Teams and the North Star ambition to reduce this activity.
- The introduction of the healthcare pathways across the mid-Yorkshire footprint was looking at referrals to MSK, which would have a positive impact on the number of patients waiting for diagnostics.
- There were 369 patients waiting in excess of 52 weeks in Kirklees across all trusts. To improve this position, a new consultant had been appointed in plastics and there was proposed increased capacity in both Urology and Trauma and Orthopaedics.
- In month six there had been an underperformance in relation to the ophthalmologist scheme. Modelling was being undertaken to develop the recovery trajectory.

In respect of the ophthalmologist scheme, VD advised that the delay at West Yorkshire level to agree a West Yorkshire model had led to delays in efficiency savings.

HE asked, of patients presenting with UTIs or pneumonia, what was the percentage from care homes. NA would review the data and report back to the sub-committee. VD noted that there were various projects and schemes to support care homes in prevention of avoidable admissions. These were targeted through the Virtual Ward and UCR work.

HE raised the issue of long ambulance handovers and VD advised that work had been undertaken to address this issue. GB confirmed that CHFT performance had improved following establishment of the Same Day Emergency Care (SDEC) unit, which had led to performance improvement and better patient outcomes.

HE asked if the new digital command centre at CHFT mentioned in the report had impacted on the improvement in performance.

PW commented there were no metrics for Starting Well. NA confirmed that metrics were in development and once approved by the Starting Well Board would be included in the Performance Report. VD commented that the delay was due to the SEND inspection and data would be available from the end of November.

ACTION: NA to review data to identify the percentage of patients presenting with UTIs or pneumonia who were from care homes.

ACTION: NA to review data to identify the impact of the new digital command centre on performance improvement.

The Finance and Performance Sub-Committee **RECEIVED** and **NOTED** the key performance indicators update.

30 Operational Planning Update

NA undertook a presentation on the above, which had been circulated in the agenda pack for the meeting. She highlighted the following key points:

- There would be separate returns from ICBs and trusts rather than a single 'system return'. ICBs and providers would need to work together to ensure that these were fully aligned. Clarity was needed on the accountability for system financial control totals.
- There would be a requirement to produce a detailed one-year plan in terms of activity, three-year financial plans, and a higher level five-year strategic plan with a deadline of mid-December.
- There was no requirement to produce an integrated neighbourhood plan for 2026/27.
- The plan deadline was expected to be December 2025, with guidance released in October and preparatory actions started in September.
- There were elements of guidance still outstanding.

HE emphasised the urgency for partners and the timescale for the planning submissions.

GB highlighted the risk in the process relating to West Yorkshire and the coordination and collective delivery of targets. Providers would be held to account for performance under the National Oversight Framework.

The Finance and Performance Sub-Committee **RECEIVED** the operational planning update and was **ASSURED** on the process in place to develop Operational Plans for Kirklees.

31 Any Other Business

No items were raised.

32 Date of Next Meeting

The next meeting of the sub-committee would be held at 2.00 pm on Wednesday 28 January 2026 via Microsoft Teams.

The meeting concluded at 4.10 pm.