

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Bradford District and Craven Partnership Board

Date of meeting: 6 September 2024

Report to: WY ICB Board

Report completed by: Carrie Haywood for Elaine Appelbee (chair) & Therese Patten (place lead)

Date: 28 May 2024

Key escalation and discussion points from the meeting

Alert:

- there is increasing concern of **the Renal Services capacity** across both BTHFT and LTHT as the two providers in NHS West Yorkshire ICB due to the services being unable to increase capacity to deliver the increasing demand to the service. It was noted that this service was commissioned through Specialised Commissioning (Spec Com) and that discussions are ongoing with both Spec Com and the NHS West Yorkshire ICB. It was highlighted that it was likely by December 2024, the service would be so saturated that no further referrals could be taken which was likely to have a detrimental impact on this cohort of the population. (New risk 2447 Renal Services Capacity)

Advise:

- The Place committee received a **month 4 finance report** which highlighted reporting currently in line with deficit targets noting a large amount of risk in that forecast to achieve the savings targets. Members also received a progress report on the **Closing the Gap Programme** and noted the ongoing work that the West Yorkshire Association of Acute Trusts (WYAAT) had commissioned an external review from PWC each Trusts' finances. It was highlighted that a facilitated workshop would take place across September/October to review services being delivered across Place.
- The Place Committee received a verbal update regarding the **financial position of the City of Bradford Metropolitan District Council** and noted overspend of £17M in Quarter one due to additional pressures and it was likely that this position would continue throughout the year. Members agreed that this was a high risk to the system and agreed to use the next board development session to discuss the impact of each partners financial position on the system. The related risks addressed in this item were 2433 (in year financial position), 2173 (BMDC financial position) and 2337 (underlying financial deficit).

Assure:

- **Listen in** - members received a report which focused on what the partnership has heard and the actions that have been directly taken or influenced by the priority programme boards. The improvements included:; neurodivergent access to mainstream services, cervical screen uptake, number of health checks performed in the community, improved patient flow in Emergency Departments, enhancing services for children with complex needs and partnering with schools to work better in partnership. The Place Committee agreed that strengthening the communication to the population of what actions have been

taken as a result of Listen In should be developed further including a focus on primary care access from the perspective of the patient.

- **Partnership Risk Management and West Yorkshire Board Assurance Framework (BAF) Report** – members received an update on cycle two of the 2024 – 2025 risk reporting cycle which included all high-level risks scoring 15 and above and an overview of the West Yorkshire Board Assurance Framework. Members agreed that the BAF should be utilised more across all agendas and would implement any Internal Audit recommendations as appropriate. Within the risk management report members were informed of a capital funding investment to Bradford District Care Foundation Trust to complete significant works on the **Lynfield Mount** site, which would likely cause the risk narrative and score to change across the coming cycles (risk 2215, currently scored at 20)
- Members received the **North Yorkshire Better Care Fund 2024 – 25** refreshed submission and **the North Yorkshire council Wellbeing Strategy**. It was agreed that both Bradford and North Yorkshire strategies aligned very well to Place priorities and WY ICS 10 ambitions for the population and that prevention had been highlighted as the top priority.
- Members **received the joint forward plan refreshed submission for 2024 – 25** that was updated to reflect the latest operational guidance from NHSE and how this was implemented. It was highlighted that primary care and GP access was an area of focus and the challenges faced by the collective action. Any changes would be reflected in the programmes of work across the Bradford District and Craven priorities.

Calderdale Cares Partnership

Report from: Calderdale Cares Partnership Board

Date of meeting: 5 September 2024

Key discussion points and matters to be escalated from the discussion at the meeting:

Alert:

None.

Advise:

CHFT Maternity Services – External Stillbirth Review and System response

There have been 15 stillbirths' year to date at CHFT which were all reviewed and investigated, however due to the increase in numbers, CHFT requested an external review which the West Yorkshire Local Maternity and Neonatal System (LMNS) supported and the ICB attended.

CHFT is producing an action plan which includes a social vulnerability tool to include in risk assessing women, however in recognition of the need for involvement and action from wider system partners a series of meetings have taken place to agree a system action plan. The Place Director of Nursing and CHFT Chief Nurse are working together to support this. In addition, engagement sessions have been scheduled with communities.

Adult Social Care provider quality concerns

The Calderdale Cares Quality Group received an update regarding Adult Social Care Providers in Calderdale highlighting any risks, issues, and areas of good practice. This was escalated to the place committee via the Quality Group's AAA report.

A number of homes remain in enhanced surveillance in line with the Integrated Quality Strategy and Framework (IQAF) including:

A large dual registered care home with 107 beds specialising in caring for residents over the age of 65 with Nursing, Residential and dementia.

Another Care Home to note is a 79 bedded residential home specialising in caring for residents over 65 with physical health and dementia. The home is currently being managed as a high-risk provider through the IQAF.

Several contract review meetings have been held with the provider and the homes senior leadership team alongside a schedule of visits from system partners to seek assurances and monitor the home's improvement plan. Intensive support from system partners continues.

Asquith Hall – Towerview/Tributary Ltd

Partners were alerted to a rapid deterioration in safety and experience at Asquith Hall Nursing Home during June 24. The home is a 53 bedded home caring for residents with

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complex mental and physical health needs. The majority of residents living in the service were from neighbouring local authorities and ICB's.

The home was managed through safeguarding processes with relevant partners to ensure oversight and safety of the residents living in the service, with admissions suspended, culminating a decision to close the home. During this time the CQC commenced an unannounced inspection of the service, identifying several breaches of regulated activity. During the ongoing CQC inspection and safeguarding process the provider made the decision to close the service with the agreement that the service would close in July 24. All residents were reassessed, families and advocates engaged, and suitable alternative homes were identified.

The CQC inspection is yet to be concluded. Partners are awaiting a formal outcome, rating and potential regulatory actions following the inspection.

Hospital Standardised Mortality Ratio (HSMR)/Summary Hospital-level Mortality Indicator (SHMI) – methodology changes

CHFT is taking part in a national pilot which changes data collection significantly, with SHMI and Same Day Emergency Care (SDEC) data eliminated. During this time CHFT will be being positioned as an outlier on HSMR reporting. Processes are being set up within CHFT to closely monitor outcomes internally, and West Yorkshire Mortality Oversight group will maintain oversight.

Assure

Refresh of the Calderdale Cares Transformation Delivery Plan

The Board agreed a refresh of its Transformation Delivery Plan, including signing-off the priorities outlined within the report, which are as follows:

1. Improving Access to General Practice
2. Integrated Neighbourhood Teams
3. Anti-Microbial Resistance
4. Developing a Single Point of Contact for Health and Care (Adults)
5. New Models of Elective Care
6. Development of a Health and Wellbeing Single Point of Access Model for Children and Young People (Thrive)
7. Model for All Age Neurodiversity (Autism and ADHD)
8. Community Mental Health Transformation

It was recognised at the Calderdale Senior Leadership Group that these priorities are not an exhaustive list of transformation activities taking place within Calderdale, but represent priorities which will form “deep dive” presentations to the Board and will also be reported to the board by exception as part of its regular performance reporting.

Open Minds: Thrive Contract Extension (Direct Award)

The Board also agreed to approve the direct award to three current providers for a further 24 months (to 31 March 2027) under the provider selection regime. The contract value of the service is £5,866,334 and the lifetime value of the service is £11,772,668. The value of the contract therefore falls within the CCPB's financial delegation as outlined within the

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West Yorkshire ICB Financial Scheme of Delegation. Questions were raised by members around the testability of value for money of the Thrive Contract and holding providers to account for delivery, to which the response was that value for money was one of the five criteria by which we review the commissioned service.

The meeting also identified a potential conflict of interest as SWYPFT are a provider listed in the direct award and are also members of the CCPB. During this item, SWYPFT representatives were excluded from the meeting and did not participate in the discussion relating to the direct award.

Calderdale Strategic Finance Group – Terms of Reference

The Board also agreed to the creation of a Strategic Finance Group and its associated Terms of Reference, and appointed Denise Cheng-Carter as Chair of the Group. The Group's key responsibilities will be:

- **Resource Allocation:** Reviewing how resources are deployed across the Calderdale Cares Partnership, including financial plans from local providers and partners.
- **Budget Review:** Reviewing budgets and wider system plans to ensure effective resource utilization within the West Yorkshire ICS.
- **Financial Planning:** Support comprehensive financial plans addressing immediate, medium-term, and long-term needs.
- **Recommendations:** Providing financial recommendations to the CCPB on financial plans and strategies.

Membership of the group will consist of representatives from:

- Chair – CCPB Lay Member, Denise Cheng-Carter
- ICB Place Director of Finance
- ICB Chief Operating Officer
- Partner organisation lay member(s)
- CHFT
- SWYPFT
- Calderdale MBC
- Calderdale VCSE
- General Practice

Risks discussed:

Risk Ref.	Score	Target Risk Rating	Principal Risk
2224	16		There have been increasing alerts from care providers indicating the actual cost of providing care to patients is much higher than rates agreed locally. Several providers and individuals holding personal health budgets have highlighted that current inflationary cost is having a significant negative impact on the sustainability and financial viability of their service provision.

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			<p>The risks includes but is not limited to:</p> <ul style="list-style-type: none"> - negative impact on the efficacy of care provided to patients. - possible de-registration of nursing homes to residential care and/or complete de-registration of care homes, . increasing risk of patients being placed outside of the local. - providers refusing to agree to take on specific complex packages of care or serving current patients with 28 days notice - An increase in formal complaints and possible future litigation action against the ICB. - PHB holders experiencing difficulties attracting suitably trained PAs to deliver care risking breakdown of care packages and carer burnout. Additional costs to ICB having to engage agency support to cover packages as a contingency to ensure care package does not break down and leave patient and carer in a compromised position. - Reputational damage
2092	16		<p>The Continuing Healthcare team is currently significantly short staffed due to vacancies, short and long term sickness. This is at a time where the team is experiencing high volumes of complex case management, increasing request to case manage crisis situations. There is a risk to the organisational effectiveness in the delivery and quality of the service provided, patient/carer dissatisfaction and increase in complaints leading to reputational damage to the organisation, non-compliance in meeting national assurance targets set by NHSE, and with regard to financial efficacy.</p>
1493	16		<p>Risk that patients being discharged from hospital are subject to delays in their transfer of care due to health and social care systems and processes are not currently optimised, resulting in poor patient experiences, harm to patients, risk of hospital acquired infection, additional pressure on the acute bed base and pressure on elective recovery plans.</p>
1338	16		<p>There has been an increase in the risk for ASD/ADHD in school age CYP and adult services.</p> <p>School Age CYP is provided by Northpoint (FPoC) and SWYPFT - In Dec 2023 the CCP were made aware of a backlog of 600</p>

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			<p>cases waiting to be defined as 'clinically appropriate' (pre assessment). The delay has been due to workforce vacancies and increase in referrals (this figure does not include new referrals being received for review).</p> <p>SWYPFT (adult ADHD) have also informed the CCP of c.1,000 people waiting for an assessment with waiting list time being excessive.</p> <p>Original Risk There is a risk that children and young people (CYP) will be unable to access timely mental health services (in particular complex 'at risk' cases and Autism Spectrum Disorder/Attention Deficit Hypertension Disorder (ASD/DHD)). This is due to a) waiting times for ASD (approx. 14 months) b) lack of workforce locally and nationally to recruit into this service and c) appropriate services not being available for CYP as identified in SEND.</p> <p>There risk has increased as people being unable to access timely access causing a patient safety risk for people with ADHD/ASD.</p>
2219	15	4	<p>There is a risk that the Posture and Mobility service will not achieve key performance indicators due to funding issues as a result of increasing equipment costs and increasing complexity of cases resulting in the high likelihood that the 18-week Referral to treatment pathway will not be met for new referrals and a potential increase in complaints.</p> <p>This could result in patient safety being compromised, and people's experience of the service could deteriorate in relation to waiting times.</p> <p>Risk marked for closure – the next cycle will contain a risk around wider issues relating to contractual performance and KPIs – this risk was agreed as too granular for a partnership board-level risk.</p>

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New risks identified:

The following new risks were also discussed:

Risk Ref.	Score	Target Risk Rating	Principal Risk
2449	12	4	<p>There is a risk that the Calderdale Cares Partnership part of the WYICS will not as a system deliver its planned financial position for 24/25.</p> <p>This is due to in part to several key elements including: - the level of inflation, the scale of efficiency challenge, uncertainty around ERF income, pay award uplift, under delivery of efficiency programs, higher than planned agency costs and use of non recurrent resources. Strike related cost pressures continuing to add risk.</p> <p>The result of failure to deliver will be a risk to the achievement of the overall WYICS financial plan which could result in failure to deliver statutory duties, reputational damage and potential additional scrutiny from NHS England and a requirement to make good deficits in future years.</p>
2450	8	4	<p>The risk is that WYICB-Calderdale Place will fail to deliver the 2024/25 financial plan.</p> <p>This is due to 24/25 financial plan submitted to the WYICB including a number of pressures/risks which have been articulated in the plan development process.</p> <p>These risks include activity pressures on independent sector acute contracts, prescribing and under-delivery of QIPP. The QIPP challenge for 24/25 is significant at around £3m as a minimum.</p> <p>The result of failure to deliver the plan in Calderdale will be a risk to the overall WYICB achievement of its financial plan and financial statutory duties.</p> <p>Cost pressures are increasing - especially in CHC, prescribing, independent sector acute and ND choice. There is no contingency</p>

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				budget within the plan to manage in year cost pressures.
2452	3	2		There is a risk to the achievement of medicines optimisation financial, quality and safety actions as a result of GP collective action. There is a particular risk to the achievement of actions through the Optimise Rx point of care prescribing software as disengagement with this has been recommended by the BMA. Optimise Rx is planned to deliver £150k savings in 2024/25

Report completed by: Jo Bibby / Robin Tuddenham / Alex Harris
Date: 13 September 2024

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Kirklees ICB Committee

Date of meeting: August 2024

Report to: WY ICB Board / WY ICB Finance, Investment and Performance Committee / WY ICB Quality Committee

Report completed by: Carol McKenna (Accountable Officer, Kirklees)

Date: 12 September 2024

Key escalation and discussion points from the meeting

Alert:

- The Committee considered the financial position at month 3 and the pressures being presented to delivery. The Committee were also advised of the production of a report commissioned by the West Yorkshire Association of Acute Trusts to identify opportunities for productivity and efficiency savings both within individual Trusts and across West Yorkshire.

Advise:

- The Committee received an in-depth report on the work of the Kirklees Starting Well Programme. Members were joined by colleagues leading on this work from organisations in the partnership. The Committee received people stories in the form of a video presentation connected to the Starting Well item. Both the patient story and the Starting Well update prompted a detailed conversation, with particular focus on the ongoing challenges in relation to waiting times for assessments in relation to neurodiversity. It was noted that this issue was a national one, and recent discussions had also taken place in West Yorkshire forums. The Committee have agreed to undertake further scrutiny of this matter in a future Deeper Understanding session.
- During the above discussions, reference was made to the recent Ofsted inspection of children's services in Kirklees and the anticipated publication of the findings.

Post Meeting note: On 28 August 2024 it was announced that the report into the three-week ILACS inspection of Children's Services ended with a judgement of 'good', confirming the excellent progress made for the experiences and progress of children who need help and protection, the experience and progress of children in care, the experience and progress of care leavers and the impact of leaders on social work practice.

The report highlights a wide range of strengths, along with areas for development which the council was already taking steps to address.

Assure:

- The Committee received its regular reports on finance, performance and quality.
- In relation to quality, items highlighted from the Quality Sub-Committee included:
 - Maintaining focus and oversight on quality of care and experience in pressurised services
 - CHFT Maternity Services – External Stillbirth Review and System response
 - Looked After Children (LAC) Key Performance Indicators
 - Kirklees Care Home Quality Oversight
 - Safeguarding Children and Adults Annual Report 2023/2024
 - Quality Impact Assessment Overview
- The Committee reviewed its High-Level Risk Report and Log, along with the Risk on a Page Report as at the end of the current risk review cycle (Cycle 2 2024/25).

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

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Wakefield District Health and Care Partnership Committee (WDHCP)

Date of meeting: 05 September 2024

Report to: WY ICB Board

Report completed by: Joanne Lancaster, Governance Manager

Date: 6 September 2024

Key escalation and discussion points from the meeting

Alert:

None to report

Advise:

SEND Inspection - The Wakefield SEND inspection took place in March 2024 with the inspection findings not published until July 2024 due to pre-election periods for local and national elections. The inspection findings were that the local area partnership’s special educational needs and/or disabilities (SEND) arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed.

Better Care Fund Approval Letter - On the 21 August 2024 Wakefield Place received the BCF approval letter 2024-25 from Nicola Hunt, SRO for the Better Care Fund in NHS England. The BCF updated plan was submitted for regional assurance and approval as part of year two of the two-year planning process. The letter acts as permission to spend the NHS minimum contribution and that the section 75 agreements must be signed prior to the deadline of the 30 September 2024. Wakefield has met this requirement as agreements were signed on the 19 June 2024.

Pontefract Midwife Led Unit – The committee gave approval to conduct a formal consultation into the proposal to permanently cease providing the facility to birth at Pontefract and to continue to offer a comprehensive range of ante-natal and post-natal care at Pontefract and in the community. Subject to individual clinical assessment, this would give women across the Wakefield District the choice of birthing at home, in an alongside midwife led unit at Pinderfields, in the labour ward at Pinderfields, or in the freestanding midwife led unit at Dewsbury. There has been engagement with the Wakefield Adult Services, Public Health and the NHS Overview and Scrutiny Committee and MPs and this will continue up to and throughout the consultation period.

Strategic Delivery Plan – refresh of objectives - A three-year strategic delivery plan (2023-2026) for WDHCP was signed off in July 2023 with the plan being refreshed and the priorities being updated and refined. The three-year priorities reflect the contribution to improving lives and population health in Wakefield District in the medium to long term and the partnership transformation programmes and alliances have detailed plans to deliver against these over the lifetime of this strategic delivery plan and beyond.

Assure:

Mid Yorkshire System Resilience Plan 2024/25 - The Resilience Plan outlined the collation of schemes, pathways, process and initiatives which support the Mid Yorkshire system over winter 2024/25 and beyond. The Plan is subject to change upon the publication of the Winter Planning letter which this year has been delayed due to the standstill General Election period. This year has seen all WY ICB places develop their plans using learning from the alignment of CHFT and MY system last year so a more cohesive WYICB plan can be developed.

Finance update: month 3 position – The financial plan for 2024/25 has now been approved as part of the overall West Yorkshire ICB submission. Both the Wakefield ICB and South West Yorkshire Partnership NHS Foundation Trust have submitted a balanced plan, while Mid Yorkshire Teaching NHS Trust has a £17.5m deficit plan. At month 3 forecast positions remain in line with the submitted plans. Wakefield Council's forecast positions for month 2 (latest reported position) for Public Health and Social Care is £3.7m adverse to plan with Public Health remaining in line with plan at a breakeven position and a forecast overspend in Adults social care (£2.5m) and Children's social care (£1.2m).

Wakefield Place Risk Register – There are currently 18 risks on the Wakefield Place Risk Register, four of which are marked for closure, leaving a total of 14 open risks. Two new risks were added during this cycle.

Summary of 2024/25 Quarter 1 Quality, Safety and Experience report – The Care Quality Commission (CQC) are continuing their enforcement action against an adult social care residential home rated Inadequate with all residents being reviewed by the social care teams to ensure care and wellbeing needs are met. There is a voluntary embargo on new admissions. The Mid Yorkshire Teaching Trust continues to experience significant operational challenges in their Emergency Departments (ED) resulting in extended lengths of stay in the department, and patients being cared for as outliers or in unplanned areas. The outcome of the Quality Impact Assessment (QIA) review of the proposed efficiency schemes for 2024/25 was shared with Integrated Assurance Committee in the finance paper. The proposed efficiency schemes were reviewed with each Alliance/Programme lead to ensure that, if implemented, they would not negatively impact on the quality and safety of services, experience of care (for people or staff) and any population groups or health inequalities.

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Audit Committee

Date of meeting: 4 September 2024

Report to: WY ICB Board

Report completed by: Laura Ellis, Director of Corporate Affairs on behalf of Jane Madeley, Chair of the Committee

Date: 11 September 2024

Key escalation and discussion points from the meeting

Alert:

- The Committee reviewed the latest data of Freedom of Information Act request compliance for Quarter 1. There have been a number of breaches, and the Director of Corporate Affairs outlined improvement work that has been undertaken over the last few weeks. It is anticipated that there will be an improved position for Quarter 2.

Advise:

- The Committee was briefed that from September 2024 the Data Security and Protection Toolkit (DSPT) will be changing to adopt the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its basis for cyber security and IG assurance. Organisations will self-assess their level of compliance against each outcome using indicators of good practice as a guide. An interim DSPT baseline assessment will need to be submitted by 31 December 2024. The final submission date for the DSPT is 30 June 2025. Assurance will continue to be based on organisations commissioning independent audits of their self-assessments, complemented by national sampling audits. This marks a significant change from the previous year, and the Committee will be receiving a regular update on progress. It is not yet known which elements will be subject to audit, as national guidance has not been issued to date.
- The Audit Committee reviewed outstanding audit recommendations and discussed the importance of ensuring that accurate and timely updates are provided by Executives for reporting to Audit Committee. It was recognised that the process for doing this could be streamlined with clear ownership between the ICB and Internal Audit, and this will be implemented going forward.
- The Committee reviewed the proposed constitutional amendments following NHS England's publication of a new model constitution and recommends them for approval to the Board.

Assure:

- The Committee reviewed the schedule of internal audit reviews for 2024/25, which have been aligned to each of the ICB's committees and mapped to meetings across the remainder of the year. This will enable the committees to review the findings and provide assurance to the Audit Committee.
- The Committee received the second stage internal audit review of the Data Security and Protection Toolkit, which had achieved the highest level of assurance. This is a really positive outcome.
- The Committee received the findings of a benchmarking review undertaken by Audit Yorkshire across their client base of how Board Assurance Frameworks have been designed to reflect the maturity of the risk management systems and to share good practice. The WY ICB benchmarked well, and the findings report is going to be shared with all Board members ahead of the planned next Board development session in October.

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Finance, Investment and Performance Committee

Date of meeting: 3 Sep 2024

Report to: WY ICB Board

Report completed by: Arunangsu Chatterjee (Chair of the Committee), Jonathan Webb (Director of Finance), Lou Auger (Deputy Director for Planning and Performance)

Date: 11 Sep 2024

Key escalation and discussion points from the meeting

Alert:

- The committee was updated on the financial plan's progress, highlighting month 4 year-to-date position for the ICS was an actual £64.0m deficit against a planned £54.1m deficit; a shortfall/adverse variance against plan of £11.9m with a worsening adverse position in comparison to month 3. Contributing factors are industrial action costs, less elective activity delivered than plan and slippage on efficiency plans. Steps taken to manage and monitor delivery of full year agreed £50M deficit plan include (a) PwC linked WYAAT CEO led work programmes; (b) proactive engagement with NHSE external finance review (NHSE Rapid Investigation and Intervention [I&I] level 4 specification) for all organisations in our patch. None of our providers are rated as NOF4; (c) Meetings with Trusts along with NHSE's grip and control checklist (d) The ICB Transformation & Efficiency Group has been re-launched which will meet 6 weekly to aide realisation of biggest opportunities of efficiencies across WYICS. As per our agreed plan, the position will continue to worsen before getting closer to our planned position from month 8 onwards. However, there is still a significant risk and needs close monitoring.
- There is significant challenge with the 65 weeks wait position. The ICB and all providers continue to work towards having no one waiting more than 65 weeks for their procedure by the end of September 2024 but this remains a high risk with 1111 waiting 65 weeks at the end of July against a planned position of 110 and a target of 0. The majority of the pressure is present within Leeds Teaching Hospital Trust (LTHT) and MYTT with particular challenges within complex plastics, Ear Nose and Throat (ENT) and Gynaecology services. While mutual aid across WYAAT, weekend working and waiting lists initiatives are being formulated, the board should identify a suitable deep dive opportunity if the performance does not show an improvement trajectory by M6/7

Advise:

- The committee review the progress on developing an updated Medium Term Financial Plan (5yr) for the West Yorkshire ICS. The aim is to gain a clear understanding of the financial challenge and transformation, productivity and

efficiency opportunities across the system, with the goal of returning to underlying financial sustainability as soon as possible. This work is being coordinated across the region, with all four ICBs aiming to adopt a common set of assumptions. Early assumptions include removing most non-recurrent income, expenditure and technical flexibilities. A lot of work still is required, and the plan is anticipated to be received by the board around Christmas.

- Diagnostic performance – the proportion of people waiting longer than six weeks for a diagnostic test continues to reduce and we ranked first out of 42 ICBs in June but still have work to do to hit the target of 95%. Challenges remain with MRI, Dexa Scan and Audiology being the most affected. MRI) at Bradford Teaching Hospital continued to be impacted by equipment issues and Audiology services are impacted by staffing challenges across West Yorkshire and within Leeds. Further work is ongoing to understand the issues and improve the position.
- The NHSE Annual assessment letter was reviewed which provides a broadly positive assessment of the ICB's performance, while highlighting the work that is being done to address specific challenges. The board is requested to review its content before aiming to make it publicly accessible.

Assure:

- Approach to Winter planning 24-25 was reviewed and the committee was assured around the progress and continued activities building our resilience to manage the seasonal operational pressures historically experienced across our health and care system during winter. Our plans are flexible to ensure we are able to adapt to national winter guidance, as and when receive them.
- The Corporate Risk Register was reviewed and welcomed the alignment of the committee agenda against the risks. The committee reviewed the FPIC and shared risks with Quality committee and was assured to see proactive engagement via EMT discussions and actions. The committee requested a review of risks which are static over a long period of time with members of EMT.
- The Losses & Special Payments policy was reviewed and approved by the Finance, Investment and Performance Committee on 31 October 2023, with a review date of 01 April 2024. The policy was reviewed with relevant amendments to improving coding and external debt collection with review date of October 2025.

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: WY ICB Quality Committee

Date of meeting: 3rd September 2024

Report to: WY ICB Board

Report completed by: Majid Hussain, Chair of the Committee

Date: 8th September 2024

Key escalation and discussion points from the meeting

Alert:

- Additional risk to be placed on risk register around disruption to both staff and communities caused by hate fuelled riots.
- Nationally and in West Yorkshire there has been a growing demand for Neurodiversity assessments across all ages this has led to an increase in waiting times, with many providers now having waiting lists that are many years in length. The Quality Committee was updated on the West Yorkshire Neurodiversity Programme of work, the Right to Choose work and on the two Neurodiversity summits that have taken place over the past 12 months and the next steps for prioritisation of the work to be done at West Yorkshire level. Places are reviewing clinical pathways and models for delivery to determine how best to use their available resources in the most efficient way possible, however current models and levels of investment will not clear the backlog or meet current demand. This will be added to the place-based objectives and will form part of the regular agenda at the quarterly place based focus meetings. It was also noted the importance of defining the differences between adult and children due to the potential different solutions.

Advise:

- A replacement chair of the Quality Committee has now been appointed and will be in place in time for the next meeting
- BAF discussed including a further review relating to both workforce and health equalities, due to the impact of wider economic social and political factors.
- A letter has been written to the Home Office regarding the mobilisation of a large site for people seeking sanctuary, and concerns around resources, capacity etc. In response to the letter, a specific Health Sub Group has been established by the Home Office where plans for healthcare provision can be worked through between the home office, place based colleagues and wider ICB colleagues.
- Plan to close three hotels housing asylum seekers in West Yorkshire creates risks around continuity of care as we will not be informed of where individuals affected will be re-housed.

- An independent external review was commissioned by West Yorkshire Integrated Care Board (ICB) into the care received by a young man in a paediatric ward at Leeds Teaching Hospitals following a crisis. Learning and a number of recommendations from the review has resulted in the development of a plan that has been reviewed and agreed through the West Yorkshire System Quality Group for assurance. Regular updates will be provided to the Quality Committee.
- A draft Quality Framework has been developed to outline how West Yorkshire Integrated Care Board will meet national requirements relating to quality for health and care systems and its responsibilities for quality functions.

Assure:

- A West Yorkshire Oversight Group for People Seeking Sanctuary has been established.
- Place based AAA reports were discussed.
- LeDeR 2023/24 Annual Report was presented some significant improvements to the mortality age seen with our 2021/22, requests for further information/assurance sought including further detail on the variation between places including on health checks and assurance on the quality of the DNACPR process including engagement of individuals and their loved ones.
- ICB Complaints Annual Report 2023-24 and key developments for 2024-25, including collation of demographic data to identify, themes, trends, gaps, unwarranted variation etc.
- Quality Dashboard, including updates on further development on the quality dashboard and the progress and approach to developing a set of measures for general medical practice. Further work is to be done demographic data which will help identify and address unwarranted variation in access, experience and outcomes which the measures are based on.
- A final set of metrics and test data for primary care was presented and agreed for future reporting to the Committee.
- West Yorkshire ICB Concerns and Complaints Quarter 1 2024-25 was presented, with Continuing Health Care continuing to be an area with most complaints. It is recognised that this is to be expected due to the public facing nature of this service.

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Transformation Committee

Date of meeting: 9th July 2024

Report to: WY ICB Board

Report completed by: Arunangsu Chatterjee, Chair of the Committee and Ian Holmes, Director of Strategy and Partnerships / Deputy Chief Executive

Date: 12/09/24

Key escalation and discussion points from the meeting

Alert:

There are no issues on which to alert the Board.

Advise:

The committee received an update on the four agreed transformation priorities. Members emphasised the importance of communicating with stakeholders which aspects would be delivered in 2024/25, and which areas would be supported by longer term actions. It was noted that a key challenge moving forward would be to ensure connectivity of all of the work undertaken within different parts of the system, to provide assurance to the Committee and feedback to Places. It was suggested that the Place Lead reports to Place Committees should include updates on the ongoing work to shape and deliver the priorities. The board along with its constituent stakeholder groups need to have shared and agreed view of the deliverables with associated lines of responsibilities, governance and assurance.

Assure:

The committee received a progress update on the analysis to support the implementation of national guidance on the eligibility criteria for patient transport services. The report provided analysis of the groups impacted by the changes in criteria which will be used to frame involvement activity during September. A final decision on implementation of the criteria and appropriate mitigation will be taken on November 5th.

The committee approved the recommendation to adopt and implement at West Yorkshire policy for Adult Discharge Transfer of Care. This policy provides clarity and consistency for supporting patient discharge to a setting which meets patient's individual needs and their preferred choice amongst available options. It was agreed that the policy would be implemented by places by the end of September.

The committee approved an update to the bariatric surgery policy in line with changes in NICE guidance and NHS England's Evidence Based Interventions recommendations. These are changes to broaden eligibility in line with the clinical evidence base.

The committee received updates on the development of the Urgent and Emergency Care and Integrated Neighbourhood Teams blueprints. The committee noted that these documents will be developed for December in order to inform and influence next year's planning process.

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Pharmaceutical Services Regulations – Committees in Common (PSRC)

Date of meeting: April 2024 – August 2024

Report to: WY ICB Board

Report completed by: Kathryn Giles, Associate Director: Primary Care

Date: 4th September 2024

Key escalation and discussion points from the meeting

Alert:

The following table alerts the ICB Board on decisions taken by the Pharmaceutical Services Regulations Committee (PSRC), Committees in Common, which operates as a requirement of the NHS Pharmaceutical Services regulations. The PSRC currently operates as a Committee in Common working with South Yorkshire ICB and Humber and North Yorkshire ICB.

The table below summarises the decisions taken between April 2024 and August 2024 against the type of decision made.

Type of application	Number of applications	Number refused	Number granted
Application to reduce the total core opening hours of a 100 hour pharmacy	1	0	1
Change of Core Hours (100 hrs)	1	1	0
Change of Core Hours (40 Hrs)	1	0	1
Change of Ownership	16	0	16
Closure	6	0	6
Closure: Insufficient Notice	2	2	0
Closure: Sufficient Notice	1	0	1
Consolidation	1	0	1
Dispensing Pharmacy	2	0	2
Flexible provision of relevant immunisation services	1	0	1
Future need	1	1	0
Identified current need	1	1	0
No Significant Change Relocation	7	1	6
Recovery of Overpayment (Home Delivery Service)	1	0	1
Redistribution of core hours	1	0	1
Unforeseen Benefits	7	7	0
TOTAL	50	13	37

Advise:

There are no items on which to advise the Board.

Assure:

There are no items on which to advise the Board.