

## NHS West Yorkshire Integrated Care Board

**Quality Committee**  
**Tuesday 25 October 2022 at 1.00pm – 4.00pm**  
**In public**

This meeting will be held in public via Microsoft Teams

### AGENDA

No.	Item	Lead	Paper	Time
01	<b>Welcome, introductions and apologies</b>	<b>Majid Hussain</b> Chair	N	13.00
02	<b>Declarations of interest</b> To declare any interests relevant to items on the agenda.	<b>Majid Hussain</b> Chair	N	13.05
03	<a href="#"><u>Accuracy of the minutes and action log from 27 September 2022</u></a> To agree the minutes and review actions.	<b>Majid Hussain</b> Chair	Y	13.06
<b>ITEMS FOR CONSIDERATION</b>				
04	<a href="#"><u>Risk Register Update</u></a> To receive an update for assurance ahead of submission to the ICB Board.	<b>Laura Ellis</b> Director of Corporate Affairs	Y	13.10
05	<a href="#"><u>Quality Update</u></a> To receive a verbal update on key quality issues for assurance.	<b>Jo Harding</b> Director of Nursing and Quality: Leeds <b>Michelle Turner</b> Director of Nursing and Quality: Bradford <b>Penny Woodhead</b> Director of Nursing and Quality: Calderdale/Kirklees/Wakefield	N	13.25
06	<a href="#"><u>Dashboard and Quality Indicators</u></a> To consider the report	<b>Beverley Geary</b> Director of Nursing	Y	14.10
<b>BREAK</b>				
07	<a href="#"><u>CQC inspection on UEC services</u></a> For information	<b>Beverley Geary</b> Director of Nursing	Y	14.40

08	<b><u>Policy statement:</u></b> Safeguarding For approval	<b>Beverley Geary</b> Director of Nursing	Y	15.00
09	<b><u>Reporting from other groups:</u></b> - System Quality Group To escalate issues and provide assurance.	<b>Beverley Geary</b> Director of Nursing <b>James Thomas</b> Medical Director	Y	15.15
10	<b><u>Quality Functions and Responsibilities of Integrated Care Boards – Gap Analysis</u></b> To receive an update for information and assurance.	<b>Beverley Geary</b> Director of Nursing	Y	15.30
<b>OTHER ITEMS</b>				
11	<b><u>Committee annual work plan</u></b> To review the work plan for the Committee.	<b>Stacey Fleming</b> Governance Manager	Y	15.40
12	<b><u>Items and risks for escalation</u></b> To identify issues to alert, advise and assure the ICB Board.	<b>Majid Hussain</b> Chair	N	15.45
13	<b>Any other business</b>	<b>Majid Hussain</b> Chair	N	15.55
<b>The next meeting of the ICB Quality Committee</b> is scheduled for Tuesday 13 December 2022, 9.00am – 11.00am.				



**NHS West Yorkshire Integrated Care Board**

**DRAFT Minutes of the Quality Committee**

**Tuesday 27 September 2022**

**In public**

Meeting held via Microsoft Teams

<b>Members</b>	<b>Initials</b>	<b>Role</b>
Majid Hussain	<b>MH</b>	Non-Executive Member (Chair)
Cathy Elliott	<b>CE</b>	Non-Executive Member / Chair of WY ICB
Beverley Geary	<b>BG</b>	Director of Nursing
Rob Goodyear	<b>RG</b>	Associate Director Clinical and Professional Directorate
Jo Harding	<b>JH</b>	Director of Nursing (Leeds Place)
Helen Rushworth	<b>HR</b>	Healthwatch
Dr James Thomas	<b>JT</b>	Medical Director
Michelle Turner	<b>MT</b>	Director of Nursing and Quality (Bradford District and Craven Place)
Penny Woodhead	<b>PW</b>	Director of Nursing and Quality (Calderdale Place, Kirklees Place and Wakefield Place)
<b>In attendance</b>		
Laura Ellis	<b>LE</b>	Director of Corporate Affairs
Stacey Fleming	<b>SF</b>	Governance Manager (minutes)
Rob Webster	<b>RW</b>	Chief Executive
<b>Apologies</b>		
Becky Malby	<b>BM</b>	Non-Executive Member

<b>Item</b>		<b>Action</b>
<b>01/22</b>	<b>Welcome, introductions and apologies</b>	
	The Chair welcomed everyone to the first meeting of the Quality Committee (QC).  Apologies were noted as above.	
<b>02/22</b>	<b>Declarations of interest</b>	
	The Chair asked members to declare any interests that might conflict with the business on today's agenda. No declarations of interest were made against any agenda items.	
<b>03/22</b>	<b>Terms of reference</b>	
	Laura Ellis (LE), Director of Corporate Affairs, presented the Terms of Reference (ToR) for the QC, noting that these had been approved by the West Yorkshire Integrated Care Board (WY ICB) Board on 1 July 2022.	

Item		Action
	<p>It was hoped that in sharing the ToR, members of the QC could familiarise themselves with the working arrangements in place and the purpose of the Committee. LE noted that any changes and revisions to the ToR would be presented to the Board in November 2022.</p> <p>Rob Webster (RW) reflected on the role of the WY ICB QC, noting that whilst most of the quality assurance work would be undertaken at Place level, where appropriate, the Committee would ensure action and practical support would be generated.</p> <p>Several areas for review were highlighted, such as:</p> <ul style="list-style-type: none"> <li>• Several areas where the formatting needed to be amended;</li> <li>• Ensuring the four core aims were articulated in line with the ToR for other committees to ensure continuity;</li> <li>• The responsibilities of the Committee could be strengthened to articulate more clearly how they align to the four aims; and</li> <li>• The relationship with 'place' could be articulated more clearly.</li> </ul> <p>Discussion followed around the voting arrangements noted in section 4.3 of the ToR and it was clarified that deputies attending the meeting on behalf of a member of the Committee did have voting rights. It was suggested that the wording in this section could be reviewed ahead of the next presentation of the ToR to the Board. Bev Geary (BG) wished to note that the colleagues who would usually deputise for her were also members of the QC.</p>	LE
	<p>The NHS West Yorkshire Integrated Care Board Quality Committee (WY ICB QC):</p> <ol style="list-style-type: none"> <li>1. <b>NOTED</b> the Committee's Terms of Reference; and</li> <li>2. were <b>ASSURED</b> that the Terms of Reference were approved by the West Yorkshire ICB Board on 1 July 2022.</li> </ol>	
<b>04/22</b>	<b>Quality functions and responsibilities of Integrated Care Boards</b>	
	<p>BG introduced the item, noting that in August 2022, a paper had been issued by the NHS England (NHSE) Quality Strategy Team summarising how core NHSE quality functions would be delivered through ICBs and Integrated Care Systems (ICSs).</p> <p>BG drew attention to the functions noted in the paper, noting the statutory responsibility of ICBs &amp; ICSs for delivery of these functions in a way that ensured continual improvement. It was noted that the paper also included an overview of accountabilities and responsibilities across to ICSs in the following areas:</p> <ul style="list-style-type: none"> <li>• Strategic Requirements (National Quality Board (NQB) Position Statement);</li> <li>• Quality Systems and Assurance;</li> <li>• Patient Safety;</li> <li>• Experience of care; and</li> <li>• Safeguarding.</li> </ul> <p>BG advised that a gap analysis was underway and once this was completed, it would be presented to the System Quality Committee (SQC) and WY ICB QC where action taken to address any gaps could be noted and assurance could be provided.</p>	

Item		Action
	<p>Responding to a query raised in relation to the due diligence work carried out around the transfer of functions from (the disestablished) Clinical Commissioning Groups (CCGs) to the ICB, BG confirmed that a significant piece of work had been undertaken and only one gap relating to safeguarding policies and procedures had been identified. These were due to be presented to the WY ICB QC at a future meeting.</p> <p>Rob Goodyear (RG) advised that he had met with Internal Audit recently. Whilst it was noted that there were several areas where an update was required, no issues were envisaged currently. Both RG and BG updated on the Safeguarding Oversight and Assurance Group (SOAG) and it was noted that each Place had well established systems, procedures and policies in place for safeguarding. BG reported that designated professionals met monthly to discuss safeguarding matters and share learning across the system.</p> <p>It was queried how issues such as never events, serious incidents and regulation 28s would be reported and discussed. BG advised that Place Quality Committees and Provider Quality Committees would discuss these issues, but should it be considered to be a system-wide matter, discussion at SQC or WY ICB QC would take place. It was noted that whilst the WY ICB QC was held in public, a resolution could be passed to exclude the press and public should it be deemed necessary (for example, if items of business contained confidential information).</p> <p>Jo Harding (JH) updated on the systems in place whereby organisations could share information relating to matters such as serious incidents. Meetings were held on a regular basis to discuss the prevalence of serious incidents &amp; the numbers of never events. It was noted that events also take place to share actions and learning from never events. It was suggested that where there was thematic presentation, the WY ICB QC may provide the opportunity to share learning and solutions across the system. Michelle Turner (MT) highlighted that learning, themes and trends were regularly discussed at SQC.</p> <p>The work of various organisations across the system regarding patient experience and safety was noted and it was queried how the ICB could complement this without duplicating efforts. BG advised that organisations such as Healthwatch were members of the SQC and contributed to key discussions around patient experience. Penny Woodhead (PW) informed those present on the arrangements in each of the Places to capture patient experience and consider how the patient and public voice is placed centrally in discussions relating to service transformation and quality priorities.</p> <p>RW advised that the performance dashboard was currently in development and this would contain not only performance against national targets but also measures relating to patient experience. It was anticipated that the same dashboard would be presented to the Board and its sub-committees on a regular basis. The importance of reviewing performance at both Place and System level to consider those factors that are key to the communities we serve was also noted. JH reflected that in the past, dashboards have focused on indicators around health, but the importance of considering indicators relating to the wider determinants of health when developing the dashboard was noted.</p>	

Item		Action
	James Thomas (JT) reflected on the key work of the Citizens Panel which had contributors from across the system, however it was noted that further consideration could be given as to how local authorities and third sector providers could be more involved.	
	<p>The NHS West Yorkshire Integrated Care Board Quality Committee (WY ICB QC):</p> <ol style="list-style-type: none"> <li>1. <b>NOTED</b> the Functions and Responsibilities of the ICB taken from the Quality Functions and responsibilities of Integrated Care Boards guidance; and</li> <li>2. <b>NOTED</b> that a gap analysis is currently under way which will be presented at the next WY ICB Quality Committee.</li> </ol>	
<b>05/22</b>	<b>Governance structure of the Quality Committee and supporting places</b>	
	<p>BG presented the item, noting that as part of the guidance on Accountabilities and Responsibilities issued by the NHSE Quality Strategy Team, ICBs are required to have structures in place for overseeing and assuring care quality in accordance with the NQB Guidance requirements.</p> <p>An overview of the governance structures for the WY ICB QC and the supporting structures for each of the five Places within the ICB was provided by BG, MT, JH and PW. It was reflected that the arrangements in the Places shared many similarities.</p> <p>MT reflected on the development of the QC in the Bradford District and Craven Health and Care Partnership (BDC HCP), noting that it had been established to serve Place whilst also being in line with the principles of the ICS and in line with the strategy of the BDC HCP.</p> <p>MT noted the shared leadership model that had been implemented so that each of the sub-groups of the BDC HCP QC had leadership from different organisations across the system. It was noted that this operating model allowed high levels of constructive challenge from colleagues across the system.</p> <p>MT drew attention to the establishment of the Bridging meeting in the BDC HCP where matters pertinent to both quality and finance could be discussed.</p> <p>It was noted that the ToR of the BDC HCP QC were linked to those of the ICS and the NQB but also tailored to serve the BDC Place. Items to raise at the SQC were agreed at the BDC HCP QC.</p> <p>JH described the governance arrangements for the Leeds Place, noting that the Quality and People's Experience Sub-Committee (QPEC) was one of three sub-committees of the Leeds Health &amp; Care Committee. It was noted that the QPEC sought assurance through its population and care delivery boards, where quality, safety and quality improvement were themes that were threaded through their programmes of work. The invaluable input and leadership from local authority colleagues into the committee was noted.</p> <p>PW presented the quality governance arrangements for the Calderdale Cares Partnership (CCP) where the membership was also noted to be made up of representatives from across different sectors. It was noted that the</p>	

Item		Action
	<p>infrastructure beneath the Quality Group was very similar to those already discussed.</p> <p>PW presented the Kirklees quality governance arrangements, where the similarities with the other Places was also noted. The membership of the Kirklees Transformation Sub-Committee consisted of both quality and finance colleagues, to better enable discussion around topics pertinent to both areas.</p> <p>The quality governance arrangements were noted for the Wakefield Place, which differed from the other Places in that there was one Integrated Assurance Committee which covered work relating to quality, finance and transformation.</p> <p>It was noted that all Places had ToR in place which were clear about delivering the statutory duties of the ICB.</p> <p>Discussion followed as to how the journey towards tackling health inequalities could be demonstrated at WY ICB QC. BG highlighted arrangements in place, such as the appointment of Non-Executive Members both at Place and System level to provide constructive challenge. The vast array of formal and informal groups across the system was reported and the need to avoid duplication was noted.</p> <p>RW queried if work was currently ongoing to revise the governance arrangements across the system, noting that whilst there were many similarities, there were also differences across the five Places. BG advised that no formal review was being undertaken currently but work had been carried out to review the ToR and reporting arrangements and the position would be actively monitored. Arrangements would also be reviewed as part of the annual committee effectiveness review. MT advised that learning and best practice were continually being shared across Places, with constructive challenge being provided by a wide range of stakeholders.</p>	
	<p>The NHS West Yorkshire Integrated Care Board Quality Committee (WY ICB QC):</p> <ol style="list-style-type: none"> <li>1. <b>NOTED</b> the supporting structures of the five places and how they feed into the WY ICB Quality Committee.</li> </ol>	
06/22	<b>Committee annual work plan</b>	
	<p>LE presented the annual workplan of the QC and it was noted that the Committee would meet on a bi-monthly basis. The meetings would take place three weeks before the Board meeting which allowed time for matters to be escalated and assurance to provided to the Board.</p> <p>There were several suggestions for items to be added to the workplan, such as:</p> <ul style="list-style-type: none"> <li>• Sign off of the dashboard and quality indicators;</li> <li>• Quality account;</li> <li>• the local maternity system;</li> <li>• continuity of carer;</li> <li>• the Ockenden report;</li> <li>• CQC (Care Quality Commission) review of Urgent and Emergency Care (UEC) system in West Yorkshire;</li> <li>• Core20PLUS5; and</li> </ul>	LE

Item		Action
	<ul style="list-style-type: none"> <li>matters received through the Board Assurance Framework (BAF) or escalated as risks.</li> </ul> <p>CE reflected on how updates from service and partner visits that were being fed into Board level discussions and the Committee was encouraged to consider how these could be introduced and used in discussion.</p>	
<b>07/22</b>	<b>Items and risks for escalation</b>	
	<p>LE advised that this item had been added to the agenda to assist the Chair and Lead Director in the production of the AAA (Alert, Assure, Advise) report to the Board.</p> <p>Several items were suggested, such as:</p> <ul style="list-style-type: none"> <li>reflection on current position in the cycle of business;</li> <li>update on COVID-19;</li> <li>workforce; and</li> <li>winter planning.</li> </ul> <p>RW noted four actions that each Place was undertaking as part of winter planning to ensure that services remained safe:</p> <ul style="list-style-type: none"> <li>maximising demand management;</li> <li>maximising supply and capacity to meet demand;</li> <li>ensuring emergency preparedness, resilience and response (EPRR) arrangements were clear; and</li> <li>scenario planning should the event arise that capacity could not be matched to demand.</li> </ul> <p>The Chair queried how resource from all sectors could be utilised as part of the gold, silver and bronze command structures. Updates were provided from PW, JH and MT as to how Voluntary, Community and Social Enterprise (VCSE) partners were a key part of the partnership response. JH highlighted that completing Quality Impact Assessments (QIAs) for disaster plans would allow for mitigation action against any increase in harm risk.</p>	
<b>08/22</b>	<b>Any other business</b>	
	<p>BG provided an update on the regional Quality Group which had met twice since April 2022. Both JT and BG attended the most recent meeting. BG advised that there had been a requirement to submit a return to the region on risks, quality governance arrangements and system risks.</p> <p>It was noted that six items had been escalated regarding:</p> <ul style="list-style-type: none"> <li>maternity staffing;</li> <li>Mental Health capacity;</li> <li>Children and Young People's Mental Health Service (CAMHS);</li> <li>Capacity in adults social care;</li> <li>Yorkshire Ambulance Service (YAS); and</li> <li>Reinforced autoclaved aerated concrete in Airedale Hospital.</li> </ul>	



Item		Action
	<p>It was noted that similar risks had been escalated from across the region. It was anticipated that the region would request any follow up action and assurance on the above raised items.</p> <p>It was noted that the risks that had been escalated had been captured on the system risk register and presented to the Board at its recent meeting. RW highlighted that any risks and mitigations were considered at the WY ICB QC and gain assurance that any risks were within our risk appetite. Should this not be the case, it was important to ensure the Board was made aware and actions could be taken to address this.</p> <p>RW highlighted several areas where the West Yorkshire system were divergent from the national position (in areas such as continuity of carer and faecal immunochemical testing (FIT) for example) due to clinical views regarding quality and safety. The importance of discussing these at the WY ICB QC and gaining assurance on the position taken was noted.</p> <p>RW updated on the Learning from Life and Death Reviews programme for people with a learning disability and it was suggested that this be added to the workplan of the WY ICB QC.</p>	LE
	<p><b>Date of next meeting:</b> Tuesday 25 October 2022 at 1.00pm</p>	

## Quality Committee

### Action Log

Action No.	Agenda Item and action	Responsible	Deadline	Status
01/2022	<b>Minute 3 - Terms of reference</b> Revised Committee ToR to be presented to November meeting of Board.	Laura Ellis, Director of Corporate Affairs	November 2022	<b>PROPOSE CLOSED</b> – added to Board workplan.
02/2022	<b>Minute 6 – Committee annual work plan</b> Items to be added to work plan.	Laura Ellis, Director of Corporate Affairs	October 2022	<b>PROPOSE CLOSED</b> – added to Committee workplan.
03/2022	<b>Minute 8 – Any other business</b> Item regarding Learning from Life and Death Reviews programme for people with a learning disability to be added to committee work plan.	Laura Ellis, Director of Corporate Affairs	October 2022	<b>PROPOSE CLOSED</b> – added to Committee workplan.



<b>Meeting name:</b>	WY ICB Quality Committee / Finance, Investment and Performance Committee
<b>Agenda item no.</b>	04
<b>Meeting date:</b>	25 October 2022
<b>Report title:</b>	Risk Register Update
<b>Report presented by:</b>	Laura Ellis, WY ICB Director of Corporate Affairs
<b>Report approved by:</b>	Laura Ellis, WY ICB Director of Corporate Affairs
<b>Report prepared by:</b>	Laura Ellis, WY ICB Director of Corporate Affairs

**Purpose and Action**

Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/> (approve/recommend/ support/ratify)	Action <input checked="" type="checkbox"/> (review/consider/comment/ discuss/escalate)	Information <input type="checkbox"/>
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**Previous considerations:**

West Yorkshire ICB Audit Committee – 28 July 2022 and 15 September 2022  
 West Yorkshire ICB Board – 1 July 2022 and 20 September 2022  
 West Yorkshire ICB Board Development Sessions – 17 May and 21 June 2022

**Executive summary and points for discussion:**

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

This report provides details of all risks on the Corporate Risk Register, together with details of the 15+ place risks. It provides an update on the work to develop the Risk Register during the second risk cycle, and to share details of the risks with the Committees ahead of 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 Committees are asked to **REVIEW** the Finance, Investment and Performance risks and the Quality risks and identify any additional actions required to manage risks and any amendments required to the Corporate Risk Register ahead of reporting to the ICB Board.

The Committees are further asked to **CONSIDER** whether they are assured in respect of the effective management of the risks and the controls and assurances in place.

**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:**

This report provides details of all risks on the Risk Register. The Risk Register supports and underpins the Board Assurance Framework and relevant links are drawn between risks on each.

**Appendices**

Appendix 1 – ICB Corporate Risk Register – as at 17 October 2022

Appendix 2 – ICB Corporate Risks – Risk on a Page Report as at 17 October 2022

Appendix 3 – Place risks scoring 15+ as at 17 October 2022

**Acronyms and Abbreviations explained**

ICB – Integrated Care Board

**What are the implications for?**

<b>Residents and Communities</b>	Any implications relating to specific risks are set out within the risk register
<b>Quality and Safety</b>	Any implications relating to specific risks are set out within the risk register
<b>Equality, Diversity and Inclusion</b>	Any implications relating to specific risks are set out within the risk register
<b>Finances and Use of Resources</b>	Any implications relating to specific risks are set out within the risk register
<b>Regulation and Legal Requirements</b>	Any implications relating to specific risks are set out within the risk register
<b>Conflicts of Interest</b>	Any implications relating to specific risks are set out within the risk register
<b>Data Protection</b>	Any implications relating to specific risks are set out within the risk register
<b>Transformation and Innovation</b>	Any implications relating to specific risks are set out within the risk register
<b>Environmental and Climate Change</b>	Any implications relating to specific risks are set out within the risk register
<b>Future Decisions and Policy Making</b>	Any implications relating to specific risks are set out within the risk register
<b>Citizen and Stakeholder Engagement</b>	Any implications relating to specific risks are set out within the risk register

## 1. Introduction

- 1.1 The ICB, as a publicly accountable organisation, needs to take many informed, transparent and complex decisions and manage the risks associated with these decisions. The ICB therefore needs to ensure that it has a sound system of internal control working across the organisation.
- 1.2 The ICB recognises that the principles of good governance must be underpinned by an effective risk management system designed to ensure the proactive identification, assessment and mitigation of risks to ensure that the ICB achieves its strategic priorities and in doing so maintains the safety of its staff, patients, and members of the public.
- 1.3 Effective risk management processes are central to providing the ICB with assurance that all required activities are taking place to ensure the delivery of the ICB's strategic priorities and compliance with all legislation, regulatory frameworks and risk management standards.

## 2 Corporate Risk Register

- 2.1 The ICB commenced its first risk cycle on 1 July 2022, concluding at the ICB Board on 20 September 2022. The second risk cycle started shortly after the Board meeting, and will conclude on 15 November at the next Board. This report reflects the current position within the second risk cycle.
- 2.2 Risks are categorised 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
- 2.3 Corporate and place level risk registers are being developed and it has been agreed that the risk report to the ICB Board will include:
  - **Corporate** risks with a score of 15+
  - Place risks with a score of 15+ that have been identified as being **common** to more than one place, having the potential to impact multiple places, or requiring active management by a number of organisations.
  - **Place** risks with a score of 15+ that are unique to one place.
- 2.4 To support the reporting to the ICB Board, all corporate risks are aligned to appropriate ICB Committees for oversight – with risks categorised as Quality; Finance, Investment and Performance; or both.

## 3. Corporate Risks

- 3.1 All risk owners and senior reviewers were asked to review their existing risks and identify any new risks at the start of the second risk cycle.
- 3.2 Clarity was provided that corporate risks should have an impact on the ICB's corporate priorities, rather than be internally focused on the programme or

provider collaborative. In reviewing risks, risk owners were also asked to identify any risks that might more appropriately be categorised as place or common risks. Advice was also provided around the difference between scoring risks at a programme level, and when entering on the corporate risk register.

- 3.3 There are 30 risks for review by members of the Quality Committee and Finance, Investment and Performance Committee (**Appendix 1**). Of these:
- 11 (37%) are identified as finance, investment and performance risks
  - 9 (30%) are identified as quality risks
  - 10 (33%) are identified as being both finance, investment, performance and quality risks

- 3.4 Of the 30 risks, there are:
- 9 newly identified risks (see 3.5)
  - 1 risk marked for closure (see 3.6)
  - 14 high level open risks scoring 15 or above (see 3.7)

### 3.5 New Risks

There were nine new risks identified during the second risk cycle. This is a larger number than might be anticipated in established organisations – however, a number of steps have been taken during this risk cycle that affects the number of new risks:

- Priority was given during risk cycle 1 to corporate risks scoring 12+; lower scoring risks have been added during the current risk cycle.
- Work has taken place to identify and include risks from the provider collaboratives.

Risk Ref:	Score	Risk Wording
2165	16	There is a risk that organisational IT teams have insufficient capacity to implement regional solutions. Due to increasing demands for digital 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 regional solutions at scale
2166	16	There is a risk of a successful cyber attack, hack and data breach. Due to the escalating threat of cyber crime and terrorism across all sectors, and at a global scale. Resulting in financial loss, disruption or damage to the reputation of the ICB/partner organisation from some form of failure in technical, procedural or organisational information security controls.
2174	16	There is a risk that future covid waves and/or winter pressures will negatively impact the delivery of all elective care, due to staff sickness/burnout /redeployment and reduced bed capacity. This will lead

Risk Ref:	Score	Risk Wording
		to reduced elective capacity, increased backlogs, delays to patient care, and ERF repayment.
2175	16	There is a risk that increasing the number of patients in WYAAT hospitals without a reason to reside will add extra pressure on the workforce and reduce elective activity due to inadequate bed capacity. This could result in increased backlogs, delays to patient care, reduced functioning / deconditioning of patients, ERF repayment and reputational damage across WYAAT members.
2176	16	Non-surgical oncology - There is a risk that service delivery is impacted before a new model is implemented. This would lead to a shortfall in the supply of oncologists, resulting in severe pressures within the system.
2167	12	There is a risk of non-delivery of programmes within the function due to gaps in capacity through recurrent vacancies resulting in the inability to effectively support Places to deliver on programme priorities within the Partnership strategy
2172	12	There is a risk to the delivery of Continuity of Carer due to staffing levels a number of Teams have paused and the speed of implementing new teams has significantly reduced.
2177	8	There is a relationship risk that the intended collaborative ways of working don't work due to unresolvable differences in opinion, resulting in a lack of decision making
2178	6	There is a service delivery risk that certain priorities (such as those relating to Children & Young People) either end up being duplicated in the MHLDA programme and other programmes (i.e. CYP programme) or they fall through the gaps due to confusion in leadership, resulting in non-delivery on key pieces of work

### 3.6 Risks Marked for Closure

There is one risk marked for closure this risk cycle. As a new organisation with a new risk register, it is to be expected that there will be small numbers of closing risks.

Risk Ref.	Score	Risk Wording	Reason for Closure
2103	12	Smoking prevalence in women booking for their maternity care and at delivery is high across West Yorkshire. There is a risk of still	Significant progress has been made and risk score at

		birth, preterm births and other complications for these women and their infants.	programme level reduced to 9. Agreed to close from corporate risk register at LMNS Board on 7.10.22
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### 3.7 High Level Risks

There are three open risks rated as Critical (scoring 20 or 25), four fewer than at the last risk cycle.

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

Work has taken place during the risk cycle to review the scoring of high level risks, and to remind risk owners of the risk score matrices used by the ICB. This has resulted in a number of high level risks having their score reduced. There are also a number of new high level risks, as a result of the work done with the provider collaboratives to include risks.

Risk Ref:	Score	Risk Wording
2120	20	There is a risk of loss of VCSE services across WY due to lack of long-term funding & investment resulting in damage to the ICB mission, poorer health outcomes and increasing health inequalities, alongside ICS reputation for working with VCSE
2102	20	There is a risk to the delivery of safer maternity and neonatal care. This is due to the supply and inability to recruit and retain staff impacting on patient experience and meeting national trajectories.
2036	20	RAAC AT AIREDALE - There is a risk of structural deficiencies at Airedale General Hospital related to construction using RAAC (reinforced, autoclaved, aerated concrete) making it necessary to undertake a full or partial evacuation of the site due to issues either at Airedale or other RAAC sites in the country. This potentially could involve injuries to patients and/or staff, disruption to patient care and increased pressure on the rest of the health and social care system across Yorkshire and the Humber.
2176	16	Non-surgical oncology - There is a risk that service delivery is impacted before a new model is implemented. This would lead to a shortfall in the supply of oncologists, resulting in severe pressures within the system.



2175	16	There is a risk that increasing the number of patients in WYAAT hospitals without a reason to reside will add extra pressure on the workforce and reduce elective activity due to inadequate bed capacity. This could result in increased backlogs, delays to patient care, reduced functioning / deconditioning of patients, ERF repayment and reputational damage across WYAAT members.
2174	16	There is a risk that future covid waves and/or winter pressures will negatively impact the delivery of all elective care, due to staff sickness/burnout /redeployment and reduced bed capacity. This will lead to reduced elective capacity, increased backlogs, delays to patient care, and ERF repayment.
2166	16	There is a risk of a successful cyber attack, hack and data breach. Due to the escalating threat of cyber crime and terrorism across all sectors, and at a global scale. Resulting in financial loss, disruption or damage to the reputation of the ICB/partner organisation from some form of failure in technical, procedural or organisational information security controls.
2165	16	There is a risk that organisational IT teams have insufficient capacity to implement regional solutions. Due to increasing demands for digital 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 regional solutions at scale
2113	16	There is a financial and reputational risk that transformation funding is not recurrent due to NHSE lack of clarity resulting in it being difficult to commit to future models (ie staff mental wellbeing hub).
2105	16	There is a risk to continuing the operational delivery of the West Yorkshire Clinical Assessment Service due to lack of agreed funding. This would result in additional activity in the NHS 111 services and increased referrals to Emergency Departments.
2104	16	There is a risk to achieving the national ambition for Continuity of Carer due to staffing, finance and infrastructure e.g. estates in the community / hubs Research shows that CoC provides 30% safer care. The impact is that some women will not receive continuity during their pregnancy which may result in poor quality care and outcomes.
2100	16	There is a risk that the costs of clinically agreed policies may not be affordable in all places due to differences in the current financial position between places resulting in a requirement to limit access based on non-clinical criteria

2119	15	There is a risk that the ICB having not set out medium term plans for 2023/24 to 2025/26 for both capital and revenue due to absence of indicative guidance and capacity during the recent transition could result in the ICB having unforeseen financial pressures in future years.
2117	15	<p>There is a risk that the ICS will not deliver the 2022/23 financial requirement of breakeven (with a requirement that the ICB delivers a planned surplus of £4.5m) which it has agreed with NHS England. This is due in part to several key elements listed below which bring a level of uncertainty to achievement of the statutory responsibility to deliver the target., resulting in reputational damage to the ICS/ICB , potential additional scrutiny from NHS England and a requirement to make good deficits incurred in future years.</p> <p>1/ Economic uncertainty around the level of inflation could cause cost pressures which are not in the plan;  2/Risk that Elective Support Recovery Income in the second half of the year will not be achieved due to lower than required levels of elective activity;  3/ Risk that efficiencies assumed in the plan will not be delivered ;  4/ Risk that the pay award allocation expected in September 2022 is not sufficient to cover system costs;</p>

### 3.8 Risk on a Page Report

As the ICB are midway through the second cycle, it has now been possible to produce the first Risk on a Page report. This document provides an overview of all ICB risks, and will develop over a number of cycles to show trends and flag areas that the Committees and Board may wish to consider. It is attached at Appendix 2. Information that can be found includes:

- An overview of the risk profile, with details of the number of risks. Colour coding helps to highlight the number of risks flagged as being quality or finance risks.
- An overview of whether scores are increasing, decreasing or staying static. As the risk register evolves and stabilises, this overview can help to highlight the management of the ICB's risks.
- A graph showing the changing number of risks on the register – over time, this can help to highlight the management of the ICB's risks.
- A graph showing the average score – again, this helps to demonstrate the risk profile, and help to alert if the overall risk score is increasing over time.
- Static risks – the graph will demonstrate over time how long risks have remained static for. A risk that remains static over a number of cycles, may be an indication that further work is needed to control the risk.

## **4. Place Risks**

- 4.1 Each place has commenced the second risk cycle and are following a process to review place risks in place management/leadership teams, followed by consideration through place quality / finance sub-committee arrangements (these differ in each place), then reporting through to the Place Committee.
- 4.2 The scheduling of Place Committees and the West Yorkshire Quality Committee and West Yorkshire Finance, Investment and Performance Committee mean that the risks being presented in this report are at a variety of stages in the process detailed above.
- 4.3 As part of this process the Risk Operational Group has met to review the risks currently identified as high level risks in each place. This identified:
- A number of risks that could more accurately be described as corporate risks – for example, Kirklees risk relating to 111 and Wakefield risk relating to YAS.
  - Wakefield are still reviewing a number of high level risks that transitioned from the CCG, and the larger number of risks reflect that this work remains ongoing during the risk cycle.
- 4.4 The detail of each high level risk across the five places can be found at **Appendix 3**.

## **5. Common Risks**

- 5.1 The Risk Operational Group has met to commence identifying common risks emerging from the place risk registers. This work is ongoing and will be concluded in readiness for the ICB Board in November.

## **6. Emerging Risks**

The Risk Operational Group has identified a number of emerging risks that have been flagged by places for inclusion in the next risk cycle:

- Impact of inflation on prescribing costs (Leeds)
- Place system workforce (Leeds)
- Place system financial balance (Leeds)
- Winter capacity following termination of contract of provider of assessment and rehabilitation beds contract (Leeds)
- Decline in Looked-After Children Review Assessments and team capacity (Kirklees)
- Performance (Bradford District and Craven)
- Clawback of elective (Bradford District and Craven)
- Infection control/COVID (Bradford District and Craven)
- Workforce (Bradford District and Craven)
- Capital (Bradford District and Craven)

It has also been identified through discussion with risk owners and senior reviewers that there are a number of gaps in the risk register where further work is needed to identify risks for inclusion:

- Sustainability / carbon zero
- Primary care delegation

## **7. Next Steps**

- 7.1 Following review by the members of the Quality Committee and the Finance, Investment and Performance Committee, the ICB's Risk Register report will be presented to the ICB Board on 15 November 2022.
- 7.2 Subsequent to this, any closed risks will be archived and open risks carried forward to the next risk review cycle.
- 7.3 Work continues to evolve the ICB Risk Register, and specific work will be carried out with risk owners during the next risk cycle to quality check the wording and scoring of the risks.

## **8. Recommendations**

The Committees are asked to **REVIEW** the Finance, Investment and Performance risks and the Quality risks and identify any additional actions required to manage risks and any amendments required to the Corporate Risk Register ahead of reporting to the ICB Board.

The Committees are further asked to **CONSIDER** whether they are assured in respect of the effective management of the risks and the controls and assurances in place.

Risk ID	Date Created	Risk Type	Strategic Objective	Risk Rating	Risk Score Components	Target Risk Rating	Target Score Components	Risk Owner	Senior Manager	Principal Risk	Key Controls	Key Control Gaps	Assurance Controls	Positive Assurance	Assurance Gaps	GBAF Ref No(s)	GBAF Entry Description(s)	Risk Status
2120	07/09/2022	Both FPC and QC	Improve healthcare outcomes for residents	20	(15xL4)		12 (14xL3)	Jo-Anne Baker	Ian Holmes	There is a risk of loss of VCSE services across WY due to lack of long-term funding & investment resulting in damage to the ICB mission, poorer health outcomes and increasing health inequalities alongside ICS reputation for working with VCSE	This risk is an identified priority within the HPOC Strategic Plan and has been highlighted and with specific actions recommended for mitigation within the WY Finance Strategy.  HPOC governance structures also provides the space to be sighted on and responsive including VCSE representation on the WY ICB and Place Committees of the WY ICB.	Control Gaps highlighted as part of the development of the WY Finance Strategy, which includes: - a long term investment model for a sustainable VCSE sector across WY with an identified WY finance lead - delivering on the shift of investment to prevention which includes moving a proportion of budgets from traditional service delivery models to the VCSE sector - re-designing commissioning processes by co-creating them with the VCSE sector - ensuring all place based VCSE infrastructure organisations have sufficient investment at Place - developing shared principles and a plan for how each programme works with the VCSE sector. Share best practice across the system.	Intelligence from HPOC Leadership Group members and VCSE sector commissioned research such as the Third Sector Trends Survey and State of the Sector reports.	Ability for HPOC to be proactive and responsive in shaping and influencing ICS strategies and plans.	Clarity on total funding provided to the VCSE sector at an ICS and Place level.  Being able to dynamically understand and respond to changes that may impact sustainability of the sector at a local community, Place and ICS level.			Static - 1 Archive(s)
2102	23/08/2022	Quality	Improve healthcare outcomes for residents	20	(14xL5)		2 (12xL1)	Karen Poole	Beverley Geary	There is a risk to the delivery of safer maternity and neonatal care. This is due to the supply and inability to recruit and retain staff impacting on patient experience and meeting national trajectories.	Working with National Team, HEE and WY HCP People's Directorate. Engaging with staff support mechanisms. Working with those leading the wellbeing hub to address the requirements for maternity specific work Working with HR departments on joint recruitment Working with HEE/LWAB Recruitment & Retention Lead for maternity this includes international recruitment. Working collaboratively with the ICB Retention Group Working with Trusts through the Midwifery Steering		The LMS co-ordinate the Band 5 Joint Recruitment so have oversight. Close working with the maternity leads in HEE and the regional team who provide updates on staffing levels, student numbers, feedback from Heads of Midwifery who undertake exit interviews on all staff.	The LMS Preceptorship pack to support Newly Qualified Midwives. Professional Midwifery Advocates in each Trust to support all staff. NHS funded Midwifery Recruitment & Retention Role are in each Trust.	None		Static - 1 Archive(s)	
2036	07/07/2022	Quality	Improve healthcare outcomes for residents	20	(15xL4)		9 (13xL3)	Laura Siddall	Nancy O'Neill	RAAC AT AIREDALE - There is a risk of structural deficiencies at Airedale General Hospital related to construction using RAAC (reinforced, autoclaved, aerated concrete) making it necessary to undertake a full or partial evacuation of the site due to issues either at Airedale or other RAAC sites in the country. This potentially could involve injuries to patients and/or staff, disruption to patient care and increased pressure on the rest of the health and social care system across Yorkshire and the Humber.	- Airedale NHSFT is undertaking a programme of actions to monitor and manage the risk of RAAC (regular inspections take place and, if issues are identified, actions are undertaken to ensure that the area is safe). - NHS England is leading a programme to develop plans for how the Yorkshire health and care system would manage a partial or full evacuation of the Airedale General Hospital site. WY ICB will be responsible for signing off the regional RAAC system plan. - There is a national programme for NHS RAAC sites to ensure that learning and risk is shared nationally and a common approach is taken. - ANHSFT has built a number of modular wards so that patients can be decanted out of RAAC areas while repair work takes place and can be used if areas need to be evacuated. The decant work began in 2022. - Regular operational level meetings whose governance provides routes of escalations to the Steering group and to WYAAT Chief Operating Officers via the lead COO for cancer. The agreed governance model has representation from all WYAAT providers. - Implementation of some joint posts for medical staff and exploration of international recruitment options. - Focus on WYAAT trusts on improving hospital-based discharge pathways and reducing delays has been successful.	- It remains uncertain whether the national funding required to build a new hospital for ANHSFT will be approved. - Research into the properties of RAAC, such as flammability, is still ongoing and so there are a number of unknowns as to how resilient RAAC is. - Severe weather, such as extreme heat or heavy rain or snow, all increase the risk of a RAAC panel becoming unstable.	UPDATE TO PLT (10/10/22) - Airedale NHS FT has confirmed that the Airedale Hospital building will not be viable beyond 2030. There is no further update nationally on whether Airedale NHS FT will qualify for funding for a new build. NHS West Yorkshire ICB is carrying a risk that there will be the loss of services provided by Airedale NHS FT by 2030 (or earlier if a significant RAAC incident occurs) and no mitigating plan to ensure that services remain available to the Bradford district and Craven population.  UPDATE TO PLT (21/09/22) - The last NEX RAAC meeting was stood down due to a high number of apologies. The ICB workstreams on acute and elective workstreams are waiting for input from WYAAT before further progress can be made.	- The trust's monitoring programme has detected areas of weaknesses at an early stage before significant collapses have occurred.  - The risk of RAAC is difficult to quantify due to unknown information (currently, further research is being carried out into the resilience of RAAC). This makes it difficult for the WY ICB to balance the option of commissioning services from ANHSFT (and exposure to RAAC risk) versus the option of not commissioning services from ANHSFT (to avoid RAAC risk) and the subsequent risk to patient care by overburdening the health system across Yorkshire through reduced capacity. - It is unknown how the public and staff would react if a collapse happened at another RAAC site or part of Airedale General Hospital needed to be evacuated. The public and staff may lose confidence and choose not to attend Airedale General Hospital, putting pressure on the Yorkshire health system.		Static - 1 Archive(s)		
2176	17/10/2022	Quality	Improve healthcare outcomes for residents	15	(14xL4)		12 (14xL3)	Lucy Cole	Lucy Cole	Non-surgical oncology - There is a risk that service delivery is impacted before a new model is implemented. This would lead to a shortfall in the supply of oncologists, resulting in severe pressures within the system.	Implementation of some joint posts for medical staff and exploration of international recruitment options. Focus on WYAAT trusts on improving hospital-based discharge pathways and reducing delays has been successful. Place focus through Multi-Agency Discharge Events (MADE) to reduce numbers of patients with No Reason To Reside. Participation in the West Yorkshire ICS Discharge programme development and implementation. Independent Sector group and approach established across WYAAT to maximise independent sector activity. Planning for protected elective hub sites in progress to enable continuation of elective activity during periods of significant non-elective activity.	Additional workforce / service pressures emerging whilst new model is implemented.	Oversight through WYAAT governance and WYH Cancer Alliance Board.	None identified	None identified		New - Open	
2175	17/10/2022	Both FPC and QC	Improve healthcare outcomes for residents	15	(14xL4)		12 (14xL3)	Lucy Cole	Lucy Cole	There is a risk that increasing the number of patients in WYAAT hospitals without a reason to reside will add extra pressure on the workforce and reduce elective activity due to inadequate bed capacity. This could result in increased backlogs, delays to patient care, reduced functioning / deconditioning of patients, ERF repayment and reputational damage across WYAAT members.	Independent Sector group and approach established across WYAAT to maximise independent sector activity. Planning for protected elective hub sites in progress to enable continuation of elective activity during periods of significant non-elective activity.	Workforce pressures in social care and community services leading to inability to provide timely support in the community or in care homes and numbers of patients with No Reason To Reside in hospitals remain high	Discharge programme	None identified	None identified		New - Open	
2174	17/10/2022	Both FPC and QC	Improve healthcare outcomes for residents	15	(14xL4)		12 (14xL3)	Lucy Cole	Lucy Cole	There is a risk that future covid waves and/or winter pressures will negatively impact the delivery of all elective care, due to staff sickness/burnout / redeployment and reduced bed capacity. This will lead to reduced elective capacity, increased backlogs, delays to patient care, and ERF repayment.	Regular review and planning across WYAAT through weekly elective coordination group meetings to support treatment across organisations.  Independent Sector group and approach established across WYAAT to maximise independent sector activity. Planning for protected elective hub sites in progress to enable continuation of elective activity during periods of significant non-elective activity.	Planning assumptions for 22/23 assume low levels of covid which are not reflected in current patient numbers in WYAAT hospitals.	Oversight through WYAAT governance structures of pressures impacting elective activity.	None identified	None identified		New - Open	
2166	16/10/2022	Finance, Investment and Performance	Enhance productivity and value for money	15	(14xL4)		12 (14xL3)	Dawn Greaves	James Thomas	There is a risk of a successful cyber attack, hack and data breach. Due to the escalating threat of cyber crime and terrorism across all sectors, and at a global scale. Resulting in financial loss, disruption or damage to the reputation of the ICB/partner organisation from some form of failure in technical, procedural or organisational information security controls.	Technical controls, including encryption, password protection, firewalls and security upgrades Operational controls, including policies and procedures and routine monitoring to ensure compliance Perimeter security, monitoring and prevention technologies in place. End user device monitoring in place to monitor for malicious activity. Regular mandatory training and updates for staff provided by IG team. Monitoring completion of the NHS Digital Data Security Centre Data Security Onsite Assessment 'Data Security Improvement Plan' Regular PEN testing. Business continuity plans are in place in the event of a major incident.	Investment in replacement of legacy infrastructure. Replacement of remaining Windows 7 devices which are no longer in support.	Annual DSPT self assessment submissions and PEN testing	No successful cyber attacks, hacks or data breaches resulting in financial loss, disruption or damage to the reputation. Achieved "standards met" in relation to the DSPT self assessments. Regular phishing exercises and resultant action plans.	None identified		New - Open	
2165	16/10/2022	Finance, Investment and Performance	Enhance productivity and value for money	15	(14xL4)		9 (13xL3)	Dawn Greaves	James Thomas	There is a risk that organisational IT teams have insufficient capacity to implement regional solutions. Due to increasing demands for digital 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 regional solutions at scale	Ensuring organisational IT teams are provided with sufficient notice to plan for regional implementations. Seeking additional funding for resources to bring in additional capacity or to backfill key resources.	Digital investment to be increased within individual organisational budgets to enable increase capacity in the in-house teams, with dedicated time allocated to regional programmes	Regional digital projects are well planned with resources allocated. No milestone delays due to resource constraints.	None identified	None identified		New - Open	
2113	25/08/2022	Finance, Investment and Performance	Enhance productivity and value for money	10	(14xL4)		12 (13xL4)	Keir Shillaker	James Thomas	There is a financial and reputational risk that transformation funding is not recurrent due to NICE lack of clarity resulting in it being difficult to commit to future models (ie staff mental wellbeing hub).	Trying to be as proactive as possible on non-recurrent sources to agree how they are picked up It is baseline funding through decisions at MHLDA Partnership Board	We often don't know what the funding picture for the following year is like until late in the day. Being able to underwrite certain services to allow managed slowdown or extension will be useful	Be clear what transformation funding is non-recurrent and what the expectations are around it. We also have to push back to NICE concerning the timing at which the funding is received and not delivered in time. Utilise system leadership at the right time for discussions on underwriting. Utilise MHLDA collaborative where possible to support carry forward.	Business case being developed for the wellbeing hub for discussion by System Leadership  For large sums of money such as the Wellbeing Hub need for clarity on if ICB has ability to decide on recurrent requirements regardless of NICE funding streams		Decreasing		

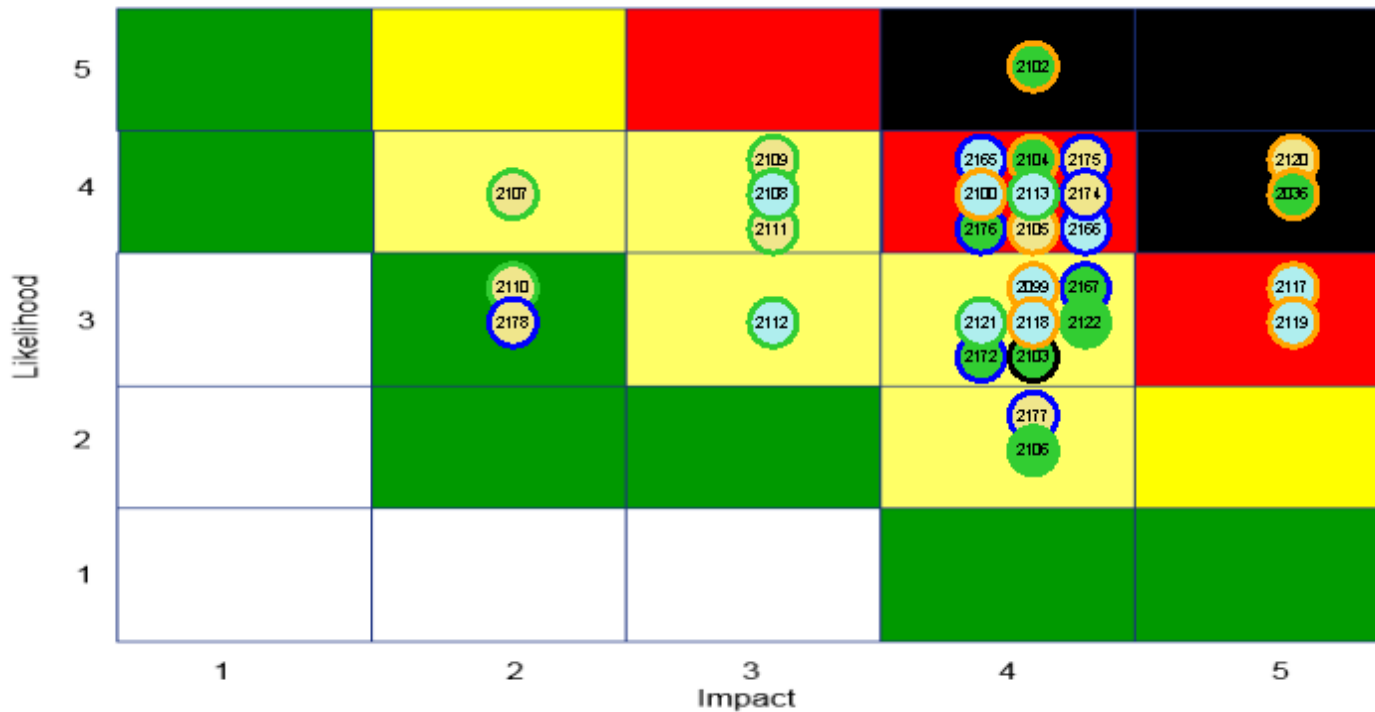
2105	23/08/2022	Both FPC and QC	Improve healthcare outcomes for residents	10 (14xL4)	9 (13xL3)	Keith Wilson	Ian Holmes	There is a risk to continuing the operational delivery of the West Yorkshire Clinical Assessment Service due to lack of agreed funding. This would result in additional activity in the NHS 111 services and increased referrals to Emergency Departments.	Following a briefing paper to secure funding for 1 & 2 hours GP 'Speak to' and NHS111 online ED validation, WY Chief Finance Officers have approved funding for the schemes for 2022/23, supported by UEC Programme Board and WY UEC Place Leads. A joint Task & Finish group is established to discuss and agree short, intermediate and long term model of local CAS however all Place UEC leads agree CAS provision as a priority area for continued funding. The WY CAS model will be developed through the work of Task & Finish group and inform future funding requirements.	None.	CFOs are sighted on the detailed modelling for the WY CAS.	CFOs have already agreed interim finding up to end of September 2022 based on current modelling and evidence of outcomes.	None	Static - 1 Archive(s)
2104	23/08/2022	Quality	Improve healthcare outcomes for residents	10 (14xL4)	4 (12xL2)	Karen Poole	Beverley Geary	There is a risk to achieving the national ambition for Continuity of Carer due to staffing, finance and infrastructure e.g. estates in the community / hubs. Research shows that CoC provides 30% safer care. The impact is that some women will not receive continuity during their pregnancy which may result in poor quality care and outcomes. This risk also affects the reputation of Trusts.	Each place has a Continuity of Carer plan and the LMS have an overarching plan to support Trusts, showing CoC as the default model. Coproduced with staff and service users. Focus on inequalities with those from deprived communities and ethnic minorities. Each Trust have CoC on their risk registers.	Share best practice across the system. Variation in implementation of hubs at place based level.	None.	Continuing to support Trusts all have recently updated their plans, which will be reviewed by the LMS Board in August and awaiting feedback from the National Team oversight. LMS CoC Lead and Regional CoC Lead meeting with each Trust.	None.	Static - 1 Archive(s)
2100	23/08/2022	Finance, Investment and Performance	Tackle inequalities in access, experience, outcomes	10 (14xL4)	8 (12xL4)	Catherine Thompson	Ian Holmes	There is a risk that the costs of clinically agreed policies may not be affordable in all places due to differences in the current financial position between places resulting in a requirement to limit access based on non-clinical criteria.	Decision making on the policy thresholds will be done in two tranches to enable more accurate estimation of the impact. Decisions will not be made without an impact assessment being conducted and agreed as acceptable.	None.	Revisions to policy thresholds will be considered after impact assessment and governance processes. Initiate early discussion with WY clinical forum to consider how clinical decision making can guide the governance process.	None.	Static - 1 Archive(s)	
2119	07/09/2022	Finance, Investment and Performance	Enhance productivity and value for money	10 (15xL3)	6 (13xL2)	Adrian North	Jonathan Webb	There is a risk that the ICB having not set out medium term plans for 2023/24 to 2025/26 for both capital and revenue due to absence of indicative guidance and capacity during the recent transition could result in the ICB having unforeseen financial pressures in future years.	The ICB has a number of controls in place 1/ Working to identify all recurrent expenditure for the 5 places, ensuring that VM is in place 2/ Working to develop a Efficiency Programme during the current financial year that is in place to reduce costs in 22/23 and beyond 3/ Working with System partners to understand the shared financial requirements within the ICS 3. Comprehensive reporting and escalating issues to the FPC and wider ICS/ICP system 4/ Investments that are in place or are introduced during the current financial year are affordable, deliver efficiency in the system and are considered as part of wider system investment 5/ Review of the underlying position in a consistent way across the ICB and the ICS, to create a clearer picture of the underlying position.	1/ Former CCG underlying positions 2/ NHS England indicative assumptions for allocation and demographic growth, inflation and efficiency targets in the years 2023/24 to 2025/26	1/ Efficiency "committees" at place to identify savings in future years; 2/ Oversight of financial strategy and medium-term financial planning framework at the WY Oversight & Assurance System Leadership Team and the WY ICB Finance, Investment and Performance Committee	1/ Historic medium term planning available for collation from the 5 former CCGs; 2/ The long term affordability will be discussed as a part of system working	1/ Full understanding of the ICB underlying position aligned to the 5 former CCG understanding of their underlying positions at the date of closure; 2/ Creation of draft Medium Term Plans with high level assumptions and sensitivity testing to provide a small number of scenarios of potential future pressures based on variable assumptions of growth, inflation and efficiency.	Static - 1 Archive(s)
2117	07/09/2022	Finance, Investment and Performance	Enhance productivity and value for money	10 (15xL3)	8 (14xL2)	Adrian North	Jonathan Webb	There is a risk that the ICS will not deliver the 2022/23 financial requirement of breakeven (with a requirement that the ICB delivers a planned surplus of £4.5m) which it has agreed with NHS England. This is due in part to several key elements listed below which bring a level of uncertainty to achievement of the statutory responsibility to deliver the target, resulting in reputational damage to the ICS/ICB, potential additional scrutiny from NHS England and a requirement to make good deficits incurred in future years. 1/ Economic uncertainty around the level of inflation could cause cost pressures which are not in the plan; 2/ Risk that Elective Support Recovery Income in the second half of the year will not be achieved due to lower than required levels of elective activity; 3/ Risk that efficiencies assumed in the plan will not be delivered; 4/ Risk that the pay award allocation expected in 2023/24 will be higher than planned.	1/ Agreement of West Yorkshire ICS 2022/23 Financial Framework by all NHS organisations setting out arrangements in place to manage financial risk 2/ Delegation of resource to five places supported by robust budget setting at place through planning process. 3/ Review of financial position via the West Yorkshire ICS Finance Forum 4/ NHS England review of financial position on a monthly basis	1/ Consider establishment of efficiency management group at ICB level; 2/ Consider additional controls to manage recruitment to ensure running costs targets are delivered; 3/ Absence of a contingency in financial plans to mitigate against unplanned expenditure or efficiency delivery shortfall	1/ Budget management at places; 2/ Overview of financial performance and risk in place committees; 3/ ICB Oversight and Assurance System Leadership Team 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	1/ Submission of a system financial plan which is an aggregation of NHS provider and CCG plans which were all approved via individual organisational governance following review and challenge; 2/ At month 4, year-to-date system financial performance ahead of plan, with all organisations forecasting to deliver financial plans for the full-year 3/ 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	1/ Further review at month 6 of risks and mitigations leading to articulation via place committees, consolidated and considered via ICB Oversight and Assurance System Leadership Team and ICB Finance, Investment and Performance Committee.	Static - 1 Archive(s)
2172	17/10/2022	Quality	Improve healthcare outcomes for residents	12 (14xL3)	6 (13xL2)	Karen Poole	Beverley Geary	There is a risk to the delivery of Continuity of Carer due to staffing levels a number of Teams have paused and the speed of implementing new teams has significantly reduced.	The LMNS, regional and national maternity teams are supporting Trusts to develop models, identify training needs and implementing, addressing variation in implementation of hubs at place based level. All Trusts have an implementation plan.	Share learning across the LMNS.	Collect monthly data and bi-monthly reporting to the LMNS Board. The LMNS also reports to the Regional Maternity Transformation Board on a quarterly basis.	Positive assurance – Where Teams exist there will be a key focus on Black & Asian and deprived communities. When new Teams are established they will also focus on inequalities.	None identified	New - Open
2167	16/10/2022	Quality	Tackle inequalities in access, experience, outcomes	12 (14xL3)	8 (14xL2)	Fatima Khan-Shah	James Thomas	There is a risk of non-delivery of programmes within the function due to gaps in capacity through recurrent vacancies resulting in the inability to effectively support Places to deliver on programme priorities within the Partnership strategy.	Robust management of workforce (sickness/annual leave) Ongoing recruitment and review of roles to ensure they are attractive to applicants when advertised Revision of roles and responsibilities of colleagues within the function to ensure the available capacity is targeted at programme priorities and Place support Review of programme plans and Stop/Start plan agreed with SROs to ensure the focus on mandated deliverables Engaging with NHSE to identify additional interim support in the short term until recruitment completed	Fixed term/temporary nature of roles is a potential barrier to applicants Place leads for programmes still to be established within new emerging ICB structures	Ongoing review of structure and Finances to provide stability and sustainability to the function Revisiting and re-engaging with Place following inaugural Programme Board to establish communication and collaborative arrangements	None identified	None identified	New - Open
2122	07/09/2022	Quality	Tackle inequalities in access, experience, outcomes	12 (14xL3)	6 (13xL2)	Jo-Anne Baker	Ian Holmes	There is a high risk of disjointed services, poorer patient outcomes and experience and missed opportunities due to lack of agreed information sharing processes and systems which VCSE partners delivering services can access and input essential data and information.	HPOC working with the Yorkshire & Humber Care Record to ensure the VCSE sector is part of the community level pilots.	Development of consistent agreed information sharing processes and systems at ICS and Place levels with the VCSE sector.	Intelligence from HPOC Leadership Group members.	Appropriate referrals and information sharing between VCSE organisations and the health and care system.	Capacity to analyse and monitor information sharing agreements between the VCSE sector with the health and care system across the ICB and Place.	Decreasing
2121	07/09/2022	Finance, Investment and Performance	Improve healthcare outcomes for residents	12 (14xL3)	6 (13xL2)	Jo-Anne Baker	Ian Holmes	There is a risk of the VCSE sector being left behind digitally due to lack of capacity, resource and understanding at statutory level as to what is needed by VCSE.	HPOC lead for Digital is in place working with the Digital Programme Board. VCSE sector being reflected within the WY Digital Strategy as an equal partner with ongoing work between HPOC and the Digital Programme.	Strengthening work within the Digital Programme and ensuring the VCSE sector are supported and resourced to be part of changes.	Intelligence from HPOC Leadership Group members.	Ability for HPOC to be proactive and responsive in shaping and influencing Digital strategies and plans.	Analysis of the VCSE sector in relation to Digital at an ICS and Place levels.	Decreasing
2118	07/09/2022	Finance, Investment and Performance	Enhance productivity and value for money	12 (14xL3)	6 (13xL2)	Adrian North	Jonathan Webb	There is a risk that the ICS/ICB will breach the requirement to manage within the 2022/23 capital limits set by NHS England leading to non-delivery of one of the financial statutory targets and a reduction in the expected capital allocation for 2023/24.	1/ West Yorkshire wide capital plan with robust schemes which are designed to alleviate need fairly across the West Yorkshire service providers. 2/ Collective understanding and agreement across all WY providers that the overcommitment of 5% allowed in the planning process will need to be managed collectively by the end of the 2022/23 financial year. 3/ Capital working group established which involves all WY NHS providers which meets monthly to oversee year-to-date expenditure, forecasts, risks and opportunities. 4/ Oversight of capital position by WY ICS Finance Forum.	1/ Detailed plans which detail which elements of the 2022/23 capital plan can be reduced to live within capital allocation	1/ NHS England oversight and management; 2/ Review of capital plans in West Yorkshire forum collaborative between commissioner and providers; 3/ ICB Finance, Investment and Performance Committee oversight; 4/ ICB Board overview	1/ System capital expenditure at month 4 is behind plan, with forecasts at planned level (albeit the level that is based on an overcommitment of 5%).	None identified	Static - 1 Archive(s)
2111	25/08/2022	Both FPC and QC	Tackle inequalities in access, experience, outcomes	12 (13xL4)	6 (13xL2)	Keir Shillaker	James Thomas	There is a service delivery risk that the scale of the programme ambition and volume of possible workstreams leads to dilution and reduced delivery due to overstretching resulting in a lack of improvement in the areas that most need it.	Utilising both MHLDA Partnership Board and MHLDA Committees in Common to maintain oversight of expectations and ensure visibility of challenges and any option to re-prioritise. Programme team non-recurrent capacity is being maxed out for 22/23	Much of the volume and expectation is driven by national expectations, therefore the management of risks is often about managing upwards to ensure we focus on the right things for West Yorkshire	MHLDA Partnership Board and wider system meetings on performance/assurance will continue to make judgements on whether progress is happening in the right areas	We have been clear with NHSE within MH recovery action plans what is doable in meeting LTP trajectories and these plans have been accepted	Need to be able to decide how we really can re/de-prioritise given the system is now at the point of receiving expectations from national, regional, place and organisation. And importantly if we just focus on the current pressures what happens to the focus on transformation for the future?	Decreasing

2109	23/08/2022	Both FPC and QC	Improve healthcare outcomes for residents	12 (13xL4)	1 (11xL1)	Jason Pawluk	James Thomas	Clinical Outcomes: Cancer Risk - There is a risk that the ambition to deliver the national ambition in early stage cancer diagnosis (reflected in ICS Ambition 3) will not be achieved due to workforce capacity, technological, and other resourcing constraints - including the direct impacts of the Covid-19 pandemic, secondary mortality factors and the delays to new asset investments such as Community Diagnostic Centres.  This would mean that one and five year survival rates for patients affected by cancer would not improve at the pace expected towards European comparators.	The Cancer Alliance receives Service Development Funding to support a range of initiatives seeking to promote earlier presentation and diagnosis of cancer, associated with improved prognosis - this includes a whole-pathway prospectus. This complements funding made available to places for core service delivery and funds accessible from the research and third sectors. Section 7a commissioners receive funding to deliver the national cancer screening programmes, which are associated with facilitating earlier presentation and diagnosis of cancer in breast, bowel and cervical. The Targeted Lung Health Checks programme is also being rolled out in particular WY&H geographies based on health inequalities. A liver cancer surveillance programme is under development and local trials under consideration for kidney cancer. Data from NHSE indicates that referrals have recovered to the level expected notwithstanding the pandemic, however services remain challenged due to the concurrent impacts of managing elective recovery measures alongside cancer.	None identified.	Actively exploring research for evidence that additional interventions will have the desired impact.	None identified.	None identified.	Decreasing
2108	23/08/2022	Finance, Investment and Performance	Improve healthcare outcomes for residents	12 (13xL4)	1 (11xL1)	Jason Pawluk	James Thomas	Cancer Workforce Risk: There is a risk that the ambitions set out in the Cancer Workforce Plan will not be delivered in WY&H arising out of insufficient supply, retention, and training provision across key priority areas.  Failure to deliver the Cancer Workforce Plan would likely have adverse effects on quality of care; delivery of access standards/performance; effective financial control; innovation priorities (lung, colorectal, and prostate), and ICB reputational standing.	Working with HEE actively and the ICS/H&CP workforce group (as well as the LWAB) • Appointment of an HEE funded cancer workforce lead for WY&H • Influencing content of the forthcoming NHS People Plan through system leaders • Actively looking at skill mix as part of system work on non-surgical oncology and diagnostics. • HEE cancer workforce lead supporting Gynae OPG with CNS workforce census and skill mix review.	None identified.	Working with HEE actively and the ICS/H&CP workforce group (as well as the LWAB) • Appointment of an HEE funded cancer workforce lead for WY&H • Influencing content of the forthcoming NHS People Plan through system leaders • Actively looking at skill mix as part of system work on non-surgical oncology and diagnostics. • HEE cancer workforce lead supporting Gynae OPG with CNS workforce census and skill mix review.	None identified.	None identified.	Decreasing
2103	23/08/2022	Quality	Improve healthcare outcomes for residents	12 (14xL3)	4 (12xL2)	Karen Poole	Beverly Geary	Smoking prevalence in women booking for their maternity care and at delivery is high across West Yorkshire. There is a risk of still birth, preterm births and other complications for these women and their infants.	This is managed by the WY HCP Improving Population Health Team who are driving the implementation of the Long Term Plan.	Share best practice across the system.	IPH report to the regional / national team and report to the LMS.	PH Lead is working with each place. Each woman is monitored at booking and delivery. The LMS Board has the oversight of this data broken down by place, deprivation & ethnicity.	None.	Closed - Significant progress has been made and risk score at programme level reduced to 9. Agreed to close from corporate risk register at LMNS Board on 7.10.22. Statc - 1 Archive(s)
2099	23/08/2022	Finance, Investment and Performance	Improve healthcare outcomes for residents	12 (14xL3)	6 (13xL2)	Catherine Thompson	Ian Holmes	There is a risk that it may not be possible to fully understand the potential costs of implementation of the harmonised policies or predict the financial and workforce impact over future years due to the absence of a proven methodology, resulting in future financial and workforce pressures.	Work with BI and finance leads to develop a framework for assessing the impact of policy harmonisation including full implementation costs	None.	Thresholds for access policies will be agreed in two tranches to enable a better understanding of the cumulative impact of implementation.	None.	None.	
2112	25/08/2022	Finance, Investment and Performance	Enhance productivity and value for money	9 (13xL3)	6 (13xL2)	Keir Shillaker	James Thomas	There is a service delivery risk that individual workstreams do not have the sufficient capacity within organisations or from project teams to deliver the intended transformation due to limitations on resourcing resulting in a lack of delivery.	MHLDA core programme team recurrently resourced by ICS SRO workstream leadership and leadership for elements of work sourced from places and providers where possible. Maximising last remaining non-recurrent funding for the programme following previous carry forward	Requirement to manage upwards on demands and ability to access additional funding sources if needed to fund capacity on agreed priorities beyond current non-recurrent pots	Ability to deliver on workstreams and capacity/feedback from programme team regarding their working patterns and confidence in delivery	We have identified gaps in CYP&H and CMH and are resourcing using remaining non-recurrent funding pots	Need over time to maximise the benefit of capacity at both place and system level	Decreasing
2177	17/10/2022	Both FPC and QC	Enhance productivity and value for money	8 (14xL2)	6 (13xL2)	Keir Shillaker	James Thomas	There is a relationship risk that the intended collaborative ways of working don't work due to unresolvable differences in opinion, resulting in a lack of decision making	Continue to use the forums established and roles of SROs to ensure transparency of workstreams. Further development of principles for LPC decisions	Further discussions needed as operating model developments regarding decision making at place and system level	MHLDA Partnership Board regular assessment with place leads regarding balance of decision making	Decision making regarding NightOwls and Complex Rehab being taken through MHLDA Partnership board in August/September	Need to be able to share examples of where divergent views are at play - such as current discussions re Adult Eating Disorders and physical health monitoring with CONNECT/Primary Care	New - Open
2107	23/08/2022	Both FPC and QC	Improve healthcare outcomes for residents	8 (12xL4)	1 (11xL1)	Jason Pawluk	James Thomas	Constitutional Access Standards - Cancer Performance Risk: There is a risk that patients in WY&H will not receive cancer care in accordance with the access standards set out in the national cancer strategy and NHS Constitution.  Significant failure to deliver the access standards risks clinical harm, regulatory intervention, loss of funding, and significant reputational damage.	Provider trusts deliver pathway improvement work collaboratively through WYAAT forums. This includes work on mutual aid, effective capacity expansion measures, role of independent sector. Places have also developed proposals for community diagnostic centres which will support longer-term growth of capacity. Development of place-level workforce plans to support the delivery of the cancer standards. Oversight/support of Cancer Alliance - reviewing areas of best practice and also stimulating pathway improvement work in defined areas, based on operational priorities.	None identified.	Develop system wide plan, pathway analysis work, use of Transformation Funds and Diagnostic Capacity and Demand programme. Also ongoing and close planning with WYAAT Leadership.	None identified.	None identified.	Decreasing
2106	23/08/2022	Quality	Tackle inequalities in access, experience, outcomes	8 (14xL2)	1 (11xL1)	Jason Pawluk	James Thomas	Cancer Health Inequalities: There is a risk that prevailing health inequalities for people affected by cancer will get worse unless place-based capacity and priority setting for cancer care is fully aligned to the ICB strategic priorities across all geographies in WY&H.	ICS coordination of plans across places and requirement to respond to the Planning Guidance. Work of the Cancer Alliance developing system level plans. Role of the acute provider collaborative. Provision of SDF to places to deliver cancer priorities. Collaboration between ICS partners and Cancer Alliance and Core2IP&S.	None identified.	Design work for ICS provides opportunity to work differently across the Alliance with shared common aims and sharing of resource where appropriate to level up. Coordination of planning across the ICS. Cancer Alliance dashboards providing consistency of data analysis to highlight variation and priorities for system action.	Cancer Alliance dashboards providing consistency of data analysis to highlight variation and priorities for system action.	None identified.	Decreasing
2178	17/10/2022	Both FPC and QC	Improve healthcare outcomes for residents	6 (12xL3)	3 (11xL3)	Keir Shillaker	James Thomas	There is a service delivery risk that certain priorities (such as those relating to Children & Young People) either end up being duplicated in the MHLDA programme and other programmes (i.e. CYP programme) or they fall through the gaps due to confusion in leadership, resulting in non-delivery on key pieces of work	Strong relationships with key programmes such as CYP&H, LTCs and IPH to share joint work and communicate on cross programme areas	Capacity to 'know what we don't know' is tricky but ways of working through ADs meetings and directorate discussions are opportunities to maintain the links	Clarity of purpose across all functions/programmes of work and joint working evident in workplans and workstreams	Working with CYP&H and WYAAT on support for CYP in acute environment, joint CYP and MHLDA presentation to SLE. Joint role with LTCs on personalisation. IPH links with Suicide Prevention role and Consultant in Public Health. Cancer programme employing Psychological Therapies role	These sorts of relationships often fall outside of core priorities as priorities tend to 'come down' in silos, so they can be difficult to prioritise and often are first to go when capacity is a problem	New - Open
2110	23/08/2022	Both FPC and QC	Improve healthcare outcomes for residents	7 (12xL3)	1 (11xL1)	Jason Pawluk	James Thomas	Living with and Beyond Cancer (Strategic Focus Risk): There is a risk that the strategic outcomes from the Living with and Beyond Cancer transformation programme will not be fully delivered due to the approach taken by providers to prioritise the NHS Constitutional Waiting Time standards for cancer (see other risk).  This would impact on the quality of care, delivery of the national cancer strategy, and risk significant reputational damage for the ICS.	The Cancer Alliance has commissioned a report on options for a Digital Remote Monitoring System to deliver benefits for cancer follow up. Provider trusts are now responsible for delivering the recommendations arising and providing a timeline as discussed with WYAAT CIOs. Data collections on other areas such as holistic needs assessments, personalised care support plans, and opportunities for effective pre-habilitation and rehabilitation following cancer treatment. Dedicated Steering Group set up. Provision of Implementation Project Managers to oversee trust responses. National quality of life metric developed. Cancer Alliance Board level oversight of National Cancer Patient Experience Survey.	The development of a milestone tracker has been useful in collecting data, but it has been difficult to complete and is done manually. IT support to make this process easier is required.	Supported by national data collection. Implementation managers to support the delivery in local providers. A national quality of life metric has been launched. Covid-19 recovery plans are in place to restart LWBC agenda, both locally and Alliance wide. Cancer workforce and activity being protected as we encounter further waves of Covid.	None identified.	None identified.	Decreasing

<b>Total Risks</b>	<b>30 (1 closed)</b>
FIP Risks	11 (1 closed)
Q Risks	9
FIP and Q Risks	10

<b>Movement of Risks</b>		Risk score increasing	<b>0</b>
New	9	Risk score static	10
Marked for closure	1	Risk score decreasing	10

### Risk Overview



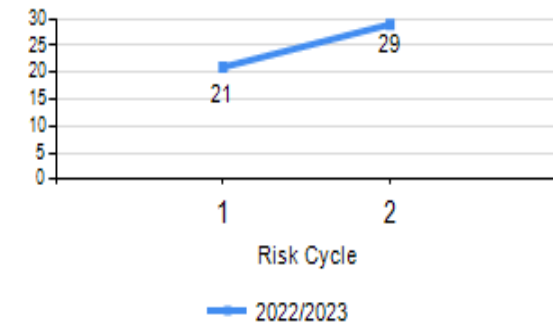
**Key**

- Quality
- New Risk
- Risk Score Increasing
- Both FPC and QC
- Closed Risk
- Risk Score Decreasing
- Risk Score Static
- Finance, Investment and Performance

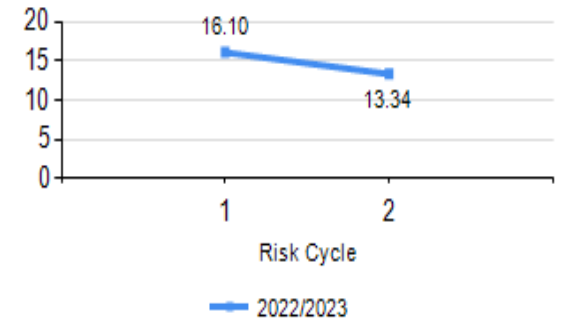
**Score Risk Level**

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

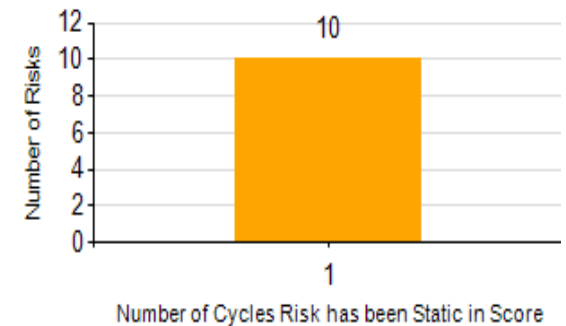
Total Number of Open Risks



Average (Mean) Score of Open Risks



Static Risk Scores





## Place Risks scoring 15+ - as at 17 October 2022

Bradford District and Craven	Calderdale	Kirklees	Leeds	Wakefield
<p><b>20</b> The Personalised Commissioning department are currently holding a waiting list for reviews with regard to individuals who are eligible for Fast Track, Continuing Healthcare funding and funded Nursing care. There is also a backlog of cases waiting completion of Decision Support Tools following a referral for an assessment of need against the NHS National Framework for Continuing Healthcare and funded Nursing Care.</p>	<p><b>20</b> There is a risk that reduced access to elective care services, due to the impact of the pandemic (surgery, day case and out-patient) will result in harm to patients, poor patient experience, and non-delivery of patient's rights under the NHS Constitution. The risk extends to our ability to commission additional capacity to support improved access, and the associated financial risk of this approach, and our ability to access the ERF.</p>	<p><b>16</b> There is a risk of disruption to the operation of the YAS NHS111 service due to the move from a Yorkshire &amp; Humber service to a cloud telephony service with YAS "sharing" call handling with NHS111 elsewhere in the country (North East Ambulance Service (NEAS)). This was outlined in NHSE/1 letter dated 23/11/21 (2021121_NHS111 Single Virtual Contact Centre _Final.PDF) but to date no further clarification of impact has been forthcoming. This change will result in current pathways and outcomes agreed locally with YAS not being available to call handlers in NEAS</p>	<p><b>20</b> There is a risk of harm to patients in the Leeds system due to people spending too long in Emergency Departments (ED) due to high demand for ED, the numbers and acuity of inpatients and the numbers in hospital beds with no reason to reside, resulting in poor patient quality and experience, failed constitutional targets and reputational risk.</p>	<p><b>20</b> There is a risk of 0-19 year-olds waiting up to 52 weeks for autism assessment due to availability of workforce to manage the volume of referrals, resulting in poor patient experience and delays to accessing treatment</p>

16	<p><b>CHILD AUTISM and/or ADHD ASSESSMENT AND DIAGNOSIS</b></p> <p>There is a risk of further deterioration in the statutory duty service offer for children waiting for assessment, diagnosis and immediate post diagnostic support. This results in non-compliance with the NICS (non-mandatory) standard for first appointment by three months from referral which was highlighted as an area for a remedial Written Statement of Action in the Ofsted/CQC local area SEND inspection held in March 2022.</p>					16	<p>As a result of the longer waits being faced by patients, there is a risk of harm, due to failure to successfully target patients at greatest risk of deterioration and irreversible harm, resulting in potentially increased morbidity, mortality and widening of health inequalities.</p>	20	<p>There is a risk of people waiting more than 52 weeks for treatment due to demand and prioritisation of COVID during the pandemic, resulting in poor patient experience/outcomes and non-compliance with the constitutional RTT standard</p>
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15	<p><b>0-19 SERVICES: POTENTIAL NEGATIVE IMPACT ON OTHER HEALTH SERVICE DELIVERY</b></p> <p>There is a risk of negative impact on health services due to reduced capacity within redesigned health visitor, school nursing and oral health services (CBMDC) and health visiting and school nursing (NYCC), resulting in inappropriate referrals to other services due to lack of early help and/intervention and increased waiting lists.</p>					15	<p>There is a risk of harm to patients with mental health conditions due to sustained increased demand impacting capacity to support a more responsive access to specialist mental health services, resulting in increased morbidity and widening of health inequalities.</p>	20	<p>There is a risk that MYHT will fail to meet the required standard for referral to treatment within 18 weeks which will result in not achieving the constitutional target and poor patient experience</p>
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						15	There is a risk of harm to patients with LTC/frailty/mental health conditions due to the inability to proactively manage patients with LTC/frailty/mental health and optimise their treatments due to the impact of covid on capacity and access resulting in increased morbidity, mortality and widening of health inequalities and increased need for specialist services.	16	There is a risk that the CCG would make inaccurate decisions due to the limited functionality and forecasting of the CHC case management system resulting in inaccurate forecasting and accruals.
								16	There is a risk of not being able to deliver the national COVID vaccination programme due to workforce availability and vaccine supply resulting in increased infection rates, morbidity and mortality in the population

								16	There is a risk of not being able to maintain safe distancing in ED due to high volumes of attendances, resulting in increased infection risk
								16	There is a risk that YAS will not meet the Ambulance Response Programme (ARP) national standards. This is due to increased demand ambulance, staff absence and lost capacity due to handover delays with potential impact on patient experience and safety



<b>Meeting name:</b>	WY ICB Quality Committee
<b>Agenda item no.</b>	6
<b>Meeting date:</b>	25 <sup>th</sup> October 2022
<b>Report title:</b>	Dashboard and Quality Indicators
<b>Report presented by:</b>	Beverley Geary, Director of Nursing
<b>Report approved by:</b>	Beverley Geary, Director of Nursing
<b>Report prepared by:</b>	Rob Goodyear, Associate Director, Strategic Operations

**Purpose and Action**

Assurance <input type="checkbox"/>	Decision <input checked="" type="checkbox"/> (approve/recommend/ support/ratify)	Action <input type="checkbox"/> (review/consider/comment/ discuss/escalate)	Information <input type="checkbox"/>
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**Previous considerations:**

None

**Executive summary and points for discussion:**

The Quality Committee require oversight of quality and risk across the system and that any system risks are highlighted, and assurance given, on the mitigation of these risks. Committee members will be aware of the discussions on the development of a Quality dashboard.

We are now in a position to share some of the data that could be considered to populate a Quality dashboard. This brings together indicators from a range of sources to highlight potential issues with the quality of services provided by Acute (Specialist) Trusts. It includes indicators that span the domains of the NHS Outcome Framework. They are drawn from the National Quality dashboard, the Government’s Cancer Strategy and the Outcomes Framework itself. The data provided is in the public domain and will therefore often appear historic.

The report provides an interim, limited, view of system performance as we continue to develop a comprehensive dashboard using the latest available data.

The Quality Committee is invited to consider the range of metrics and agree a core set for future iterations that provide assurance or help to monitor risks. We will ensure that the revised dashboard is aligned with the NHS Oversight Framework and an update report will be provided to each meeting of the Quality Committee if this is required.

We will work with NHS England and other partners to ensure that the use of the data in the Integrated Performance Report is consistent with the General Data Protection Regulations.

The mechanism to provide a meaningful narrative to give oversight and assurance to the Committee is being developed with system partners. It is anticipated that this narrative would be more up to date sets and illustrates the key quality and safety risks and current system / place pressures but also gives an insight into the plans to mitigate the risks and any Quality Improvement work being undertaken.

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

<input checked="" type="checkbox"/> Improve healthcare outcomes for residents in their system <input type="checkbox"/> Tackle inequalities in access, experience, and outcomes <input type="checkbox"/> Enhance productivity and value for money <input type="checkbox"/> Support broader social and economic development
<b>Recommendation(s)</b>
<p>The WY ICB Quality Committee is asked to:</p> <ol style="list-style-type: none"> <li>1. Support the data and narrative approach described to provide oversight of quality and safety going forward; and</li> <li>2. Consider the attached quality metrics and agree those to populate a future dashboard provide assurance and monitor risks.</li> </ol>
<b>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:</b>
Yes. The Quality dashboard will align to risks scoring over 12 on the Corporate Risk Registers.
<b>Appendices</b>
1. Paper: Quality Performance Metrics Update
<b>Acronyms and Abbreviations explained</b>
1.

### What are the implications for?


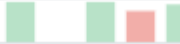

















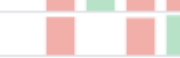



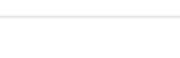















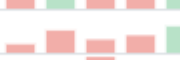


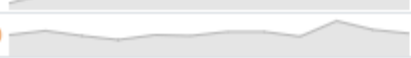
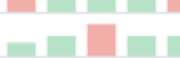


<b>Residents and Communities</b>	The performance metrics in the dashboard when fully developed will help to provide oversight on how the system is performing in meeting the needs of people in West Yorkshire.
<b>Quality and Safety</b>	The report includes a range of quality and outcomes metrics against which the ICB and Trusts are assessed.
<b>Equality, Diversity and Inclusion</b>	There is a risk of increasing health inequalities with variation in access to services and variation in service delivery.
<b>Finances and Use of Resources</b>	None
<b>Regulation and Legal Requirements</b>	None
<b>Conflicts of Interest</b>	None
<b>Data Protection</b>	None
<b>Transformation and Innovation</b>	None
<b>Environmental and Climate Change</b>	None

<b>Future Decisions and Policy Making</b>	None
<b>Citizen and Stakeholder Engagement</b>	None





Key Performance Indicator	Period	Target	Value	SPC	Last 12 Months	ICS Members	Centile
536 Acute and unspecified renal failure	Apr 22	100.0	122.0	H			10
544 Acute bronchitis	Apr 22	100.0	122.7	H			20
534 Acute cerebrovascular disease	Apr 22	100.0	104.2	L			34
542 Acute myocardial infarction	Apr 22	100.0	100.0	H			61
554 Admitted to stroke Unit < 4 hours	Q4 21/22	60.0%	39.3%	C			56
536 Aspiration pneumonitis; food/vomitus	Apr 22	100.0	97.5	L			59
542 Assessed by OT within 72 hours	Q4 21/22	95.0%	89.6%	H			39
557 Assessed by stroke consultant within 24 hours	Q4 21/22	90.0%	80.6%	C			24
558 Assessed by stroke nurse within 24 hours	Q4 21/22	90.0%	88.1%	H			24
518 C.difficile (All Cases)	Jun 22	-	45.5	H			46
558 C.difficile (Hospital Onset)	Jun 22	13.00	22.4	H			20
544 Cancer of bronchus; lung	Apr 22	100.0	102.1	H			49
527 Carbapenem prescribing	Q4 21/22	-	47,857.0	L			71
621 Care Hours per Patient Day - RGN	Jun 22	5.0	4.2	L			15
622 Care Hours per Patient Day - RGN %	Jun 22	60.0%	48.4%	C			5
486 Complaints - % Made by Patient	Q4 21/22	-	31.0%	C			63
489 Complaints - Emergency	Q4 21/22	-	0.6	C			66
487 Complaints - Inpatient	Q4 21/22	-	0.0	L			15
490 Complaints - Maternity	Q4 21/22	-	0.0	L			100
485 Complaints - New	Q4 21/22	-	42	C			12
484 Complaints - Not Upheld	Q4 21/22	-	55.8%	C			56
488 Complaints - Outpatient	Q4 21/22	-	0.0	L			22
489 Complaints - Partially Upheld	Q4 21/22	-	27.9%	C			44
489 Complaints - Upheld	Q4 21/22	-	16.3%	C			37
348 Complaints Rate	Q4 21/22	23.00	19.9	L			83
535 Congestive heart failure; nonhypertensive	Apr 22	100.0	110.1	C			20
555 Continence plan completed	Q4 21/22	95.0%	96.3%	C			46
527 COPD & bronchiectasis	Apr 22	100.0	91.8	C			71
559 E.coli (All Cases)	Jun 22	-	119.2	L			46
519 E.coli (Hospital Onset)	Jun 22	-	28.6	H			2

535	Eligible patients given thrombolysis	Q4 21/22	90.0%	94.3%	⊖ ⊕			78
761	FFT Children & Family Services	Jul 22	95%	94%	⊖ ⊕			41
762	FFT Community Healthcare Other	Jul 22	95%	95%	⊖ ⊕			59
763	FFT Community Inpatient Services	Jul 22	95%	93%	⊖ ⊕			22
764	FFT Community Nursing Services	Jul 22	95%	99%	⊕ ⊕			83
765	FFT Rehabilitation & Therapy Services	Jul 22	95%	98%	⊖ ⊕			80
766	FFT Specialist Services	Jul 22	95%	97%	⊖ ⊕			57
547	Fluid and electrolyte disorders	Apr 22	100.0	112.0	⊕ ⊕			32
548	Fracture of neck of femur (hip)	Apr 22	100.0	114.3	⊖ ⊕			15
752	Friends & Family A&E Score	Jul 22	85%	73%	⊖ ⊕			37
753	Friends & Family Ambulance Score	Jul 22	90%	96%	⊕ ⊕			83
757	Friends & Family Antenatal Score	Jul 22	90%	88%	⊖ ⊕			45
758	Friends & Family Birth Score	Jul 22	95%	92%	⊖ ⊕			48
754	Friends & Family Community Score	Jul 22	95%	97%	⊕ ⊕			86
769	Friends & Family Mental Health Other	Jul 22	90%	92%	⊖ ⊕			61
755	Friends & Family Mental Health Score	Jul 22	90%	87%	⊖ ⊕			51
767	Friends & Family MH Acute Services	Jul 22	90%	90%	⊖ ⊕			70
768	Friends & Family MH Child & Adolescent Mental Health Services	Jul 22	90%	78%	⊕ ⊕			43
770	Friends & Family MH Primary Care	Jul 22	90%	72%	⊖ ⊕			17
771	Friends & Family MH Secondary Care Community Services	Jul 22	90%	89%	⊖ ⊕			64
773	Friends & Family MH Specialist Services	Jul 22	90%	89%	⊕ ⊕			37
756	Friends & Family Outpatient Score	Jul 22	95%	95%	⊕ ⊕			66
760	Friends & Family Postnatal Community Score	Jul 22	90%	93%	⊖ ⊕			66
759	Friends & Family Postnatal Score	Jul 22	90%	89%	⊖ ⊕			38
772	Friends & Family Secure & Forensic Services	Jul 22	90%	0%	⊖ ⊕			38
546	Gastrointestinal hemorrhage	Apr 22	100.0	111.1	⊖ ⊕			22
351	Hip Fracture Best Practice	Aug 22	65.0%	43.4%	⊖ ⊕			50
536	Hospital Onset Infection Rate	Jun 22	-	44.8%	⊕ ⊖			17
549	Intestinal obstruction without hernia	Apr 22	100.0	113.6	⊖ ⊕			17
548	Intracranial injury	Apr 22	100.0	121.4	⊖ ⊕			12

551	Joint disorders, fractures & sprains	Apr 22	100.0	110.0	C P			34
557	Joint health and social care plan on discharge	Q4 21/22	95.0%	93.6%	L P			29
558	Klebsiella spp. (All Cases)	Jun 22	-	36.3	H C			39
559	Klebsiella spp. (Hospital Onset)	Jun 22	-	11.9	H C			27
566	Mood and cognition screening	Q4 21/22	95.0%	91.3%	L P			34
568	MRSA (All Cases)	Jun 22	-	3.2	C C			15
522	MRSA (Hospital Onset)	Jun 22	-	1.1	H C			20
569	MSSA (All Cases)	Jun 22	-	44.1	H C			24
533	MSSA (Hospital Onset)	Jun 22	-	12.5	H C			27
545	Organic mental disorders	Apr 22	100.0	106.4	H P			37
568	OT time per patient per day	Q4 21/22	35.0	42.9	H P			90
558	Other gastrointestinal disorders	Apr 22	100.0	109.1	C P			39
536	Outpatient First DNA Rate	Jul 22	8.50%	5.2%	H P			93
536	Outpatient Follow Up DNA Rate	Jul 22	8.50%	8.9%	H P			22
524	P.aeruginosa (All Cases)	Jun 22	-	11.3	H C			66
525	P.aeruginosa (Hospital Onset)	Jun 22	-	4.6	H C			46
517	Patient Safety Culture	Q4 19/20	0.35%	0.5%	L C			56
549	Physiotherapy time per patient per day	Q4 21/22	35.0	39.1	H P			76
532	Pneumonia (excluding TB/STD)	Apr 22	100.0	96.6	L P			73
562	SALT time per patient per day	Q4 21/22	35.0	30.8	L P			29
553	Scanned within 1 hour	Q4 21/22	60.0%	48.9%	H P			22
564	Screened for nutrition	Q4 21/22	95.0%	97.9%	C P			88
548	Secondary malignancies	Apr 22	100.0	114.8	H P			15
533	Septicaemia (except in labour), Shock	Apr 22	100.0	109.9	H P			12
552	Stroke Audit Score	Q4 21/22	70	71	H C			66
562	Summary Hospital Mortality Indicator	Apr 22	100.00	105.6	H P			17
559	Swallow screen within 24 hours	Q4 21/22	80.0%	66.1%	C P			27
556	Thrombolysed within 1 hour	Q4 21/22	60.0%	56.6%	H P			34
526	Total antibiotic prescribing	Q4 21/22	-	4,723,627.2	C C			27
568	Treated by Early Support Discharge Team	Q4 21/22	50.0%	56.5%	H P			73
538	Urinary tract infections	Apr 22	100.0	95.3	C P			59
539	WHO Antibiotic Access Category Prescribing	Q4 21/22	-	51.0%	C C			37

# Acute and unspecified renal failure



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾

Acute and unspecified renal failure ▾

< Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Apr 22 Performance: 122.0, Ranking: 38<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	75.0	80.0	80.0	80.0	80.0	100.0	100.0	-	-	-	-	-
Bradford Teaching Hospitals	144.4	155.6	144.4	133.3	122.2	122.2	122.2	-	-	-	-	-
Calderdale and Huddersfield	113.3	121.4	121.4	128.6	128.6	123.1	123.1	-	-	-	-	-
Leeds Teaching Hospitals	107.1	106.7	113.3	120.0	113.3	121.4	123.1	-	-	-	-	-
The Mid Yorkshire Hospitals	154.5	145.5	136.4	127.3	130.0	120.0	130.0	-	-	-	-	-

↓ 5 ICS Providers

### Provider Metric: Acute and unspecified renal failure (202)

The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were expected to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

- Lower values are good
- Frequency: Monthly
- **Default target value: 100.0**  
Items which meet the target are shown in green text.

### Heat Map

Off  On



Click legend entries to toggle on or off

source data

# Acute bronchitis



Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾ Acute bronchitis ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Apr 22 Performance: 122.7, Ranking: 34<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	123.2	117.4	107.5	103.8	84.7	89.7	85.1	-	-	-	-	-
Bradford Teaching Hospitals	102.6	131.3	149.0	184.9	198.0	199.3	203.8	-	-	-	-	-
Calderdale and Huddersfield	86.4	84.9	86.8	84.6	95.0	98.2	105.0	-	-	-	-	-
Leeds Teaching Hospitals	144.6	146.5	136.4	135.0	141.7	138.6	138.9	-	-	-	-	-
The Mid Yorkshire Hospitals	98.0	96.6	106.0	95.8	89.5	80.0	84.5	-	-	-	-	-

📄 5 ICS Providers

### Provider Metric: Acute bronchitis (207)

The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were expected to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

- Lower values are good
- Frequency: Monthly
- **Default target value: 100.0**  
Items which meet the target are shown in green text.

### Heat Map

Off  On



Click legend entries to toggle on or off

source data

# Acute cerebrovascular disease



West Yorkshire

Quality ▾ Headlines Board Peers ⓘ ⏻

Default ▾ Acute cerebrovascular d ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Apr 22 Performance: 104.2, Ranking: 28<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	83.3	66.7	83.3	83.3	71.4	83.3	83.3	-	-	-	-	-
Bradford Teaching Hospitals	119.0	119.0	123.8	119.0	119.0	120.0	115.8	-	-	-	-	-
Calderdale and Huddersfield	114.3	114.3	113.6	114.3	109.1	113.6	114.3	-	-	-	-	-
Leeds Teaching Hospitals	106.7	106.7	108.9	106.7	106.5	102.3	104.5	-	-	-	-	-
The Mid Yorkshire Hospitals	90.6	90.6	87.5	87.9	90.6	90.3	93.3	-	-	-	-	-

5 ICS Providers

### Provider Metric: Acute cerebrovascular disease (197)

The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were expected to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

- Lower values are good
- Frequency: Monthly
- **Default target value: 100.0**  
Items which meet the target are shown in green text.

### Heat Map

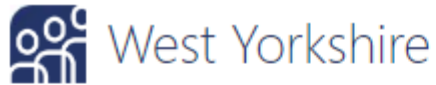
Off  On



Click legend entries to toggle on or off

source data

# Acute myocardial infarction



Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾ Acute myocardial infarct ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Apr 22 Performance: 100.0, Ranking: 17<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	92.0	93.9	92.4	96.6	91.1	90.0	85.6	-	-	-	-	-
Bradford Teaching Hospitals	60.0	58.8	70.1	59.2	53.0	64.3	60.5	-	-	-	-	-
Calderdale and Huddersfield	84.6	87.3	89.8	90.0	84.3	86.8	92.8	-	-	-	-	-
Leeds Teaching Hospitals	110.9	116.1	114.6	115.1	118.3	116.9	117.8	-	-	-	-	-
The Mid Yorkshire Hospitals	91.5	96.4	96.9	99.8	95.4	99.6	101.4	-	-	-	-	-

5 ICS Providers

Provider Metric: Acute myocardial infarction (205)

The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were expected to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

- Lower values are good
  - Frequency: Monthly
  - Default target value: 100.0
- Items which meet the target are shown in green text.

Heat Map

Off  On

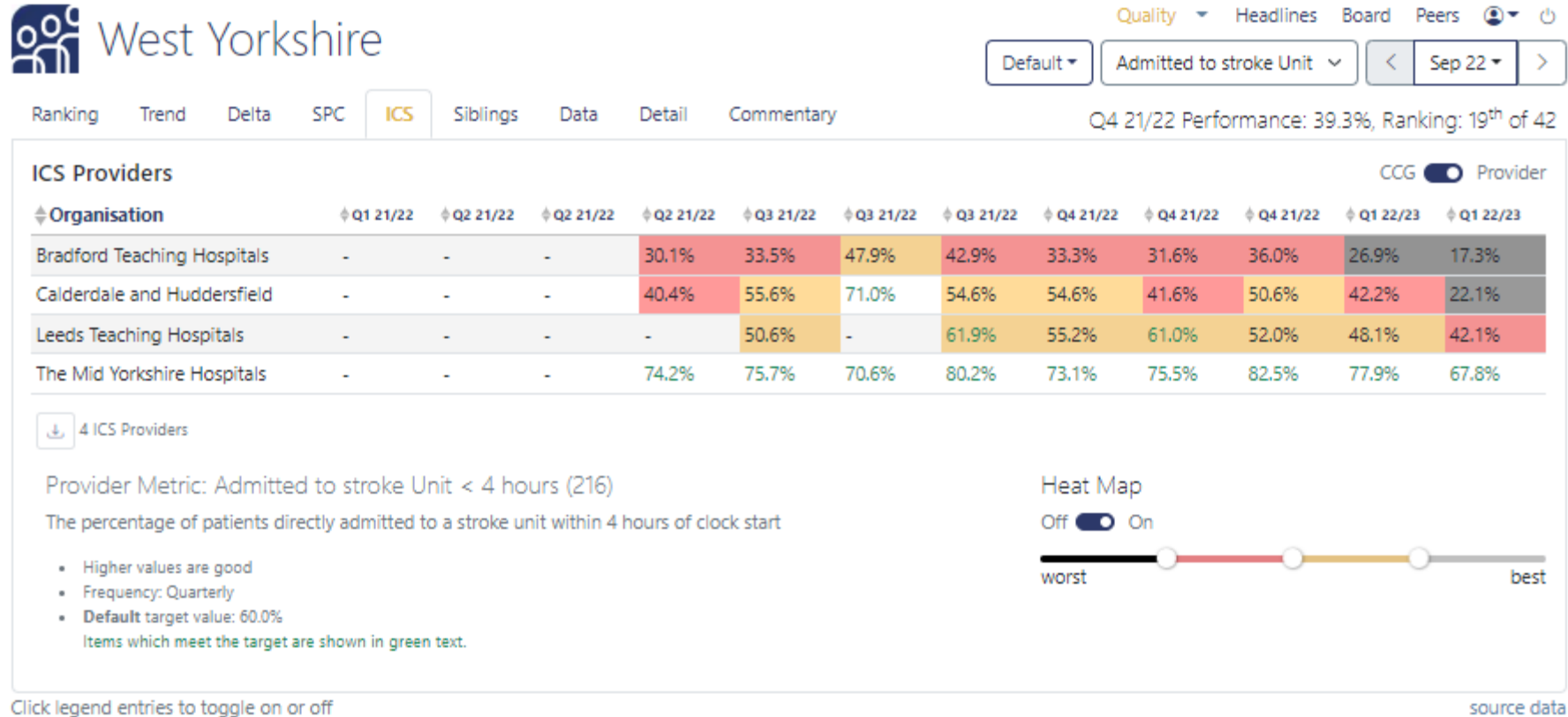


Click legend entries to toggle on or off

source data



# Admitted to stroke Unit < 4 hours



# Aspiration pneumonitis; food/vomitus



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾

Aspiration pneumonitis; ▾

< Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Apr 22 Performance: 97.5, Ranking: 18<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	100.0	100.0	100.0	100.0	75.0	100.0	66.7	-	-	-	-	-
Bradford Teaching Hospitals	77.8	77.8	88.9	88.9	88.9	100.0	100.0	-	-	-	-	-
Calderdale and Huddersfield	100.0	106.3	100.0	100.0	100.0	100.0	100.0	-	-	-	-	-
Leeds Teaching Hospitals	97.0	97.1	97.1	97.1	100.0	97.1	94.1	-	-	-	-	-
The Mid Yorkshire Hospitals	106.3	106.3	100.0	100.0	94.1	105.9	105.9	-	-	-	-	-

📄 5 ICS Providers

Provider Metric: Aspiration pneumonitis; food/vomitus (199)

The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were expected to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

- Lower values are good
  - Frequency: Monthly
  - Default target value: 100.0
- Items which meet the target are shown in green text.

Heat Map

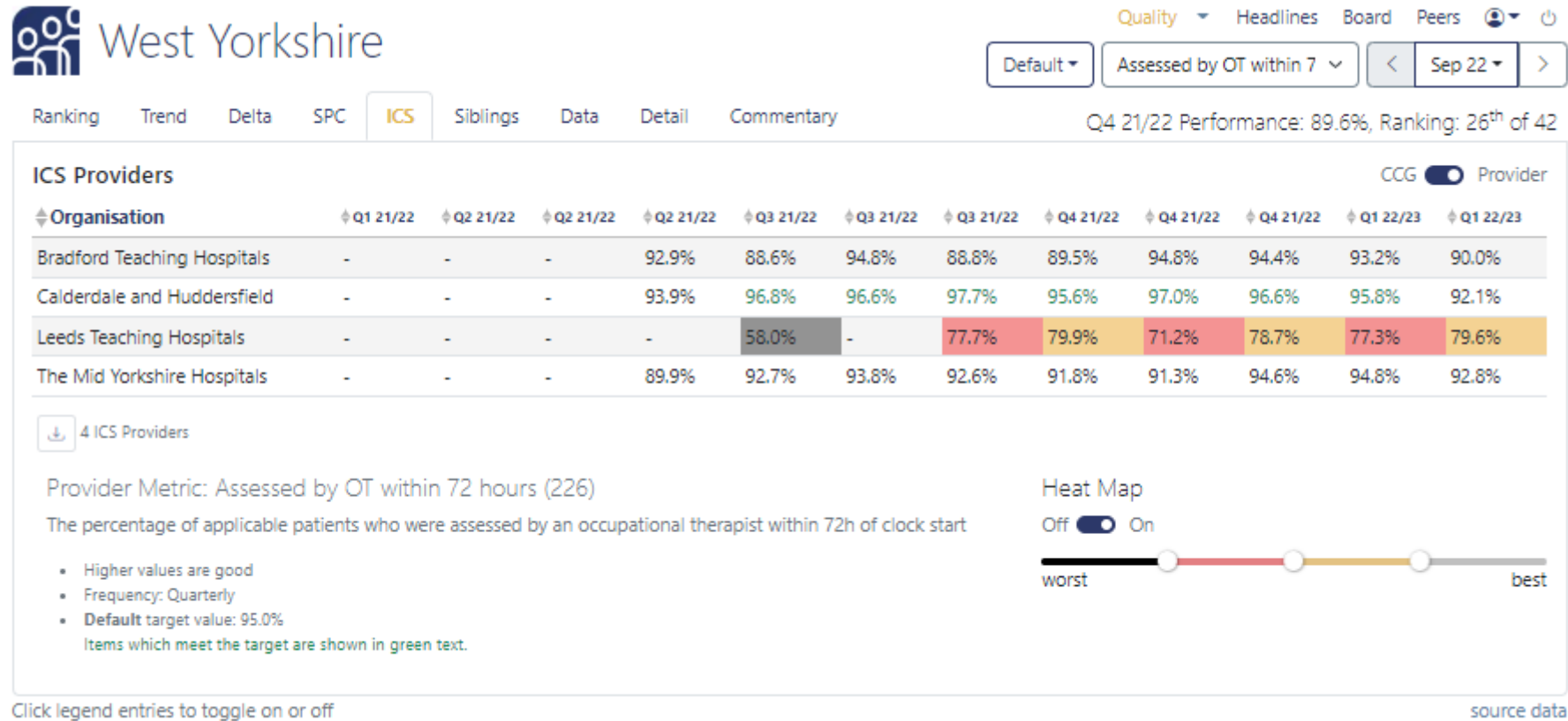
Off  On



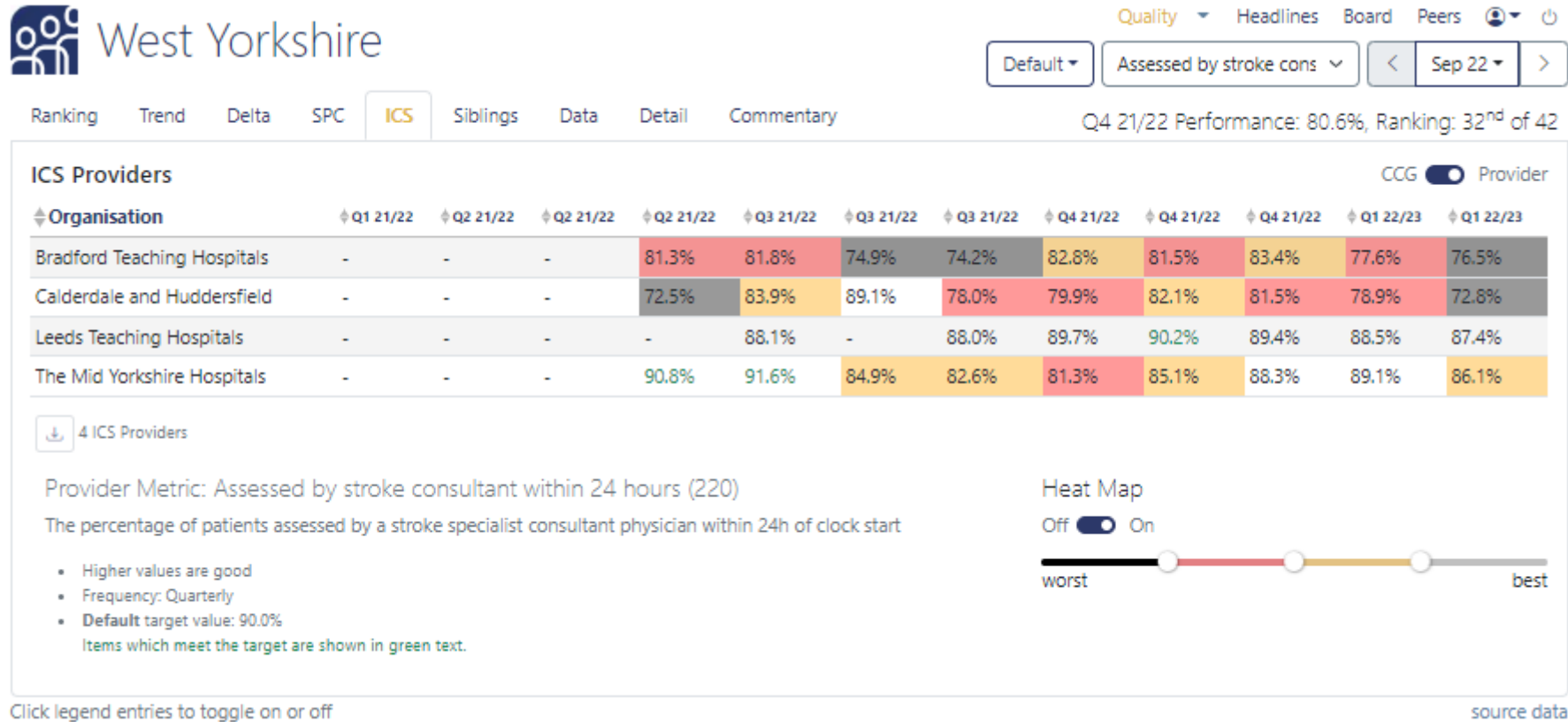
Click legend entries to toggle on or off

source data

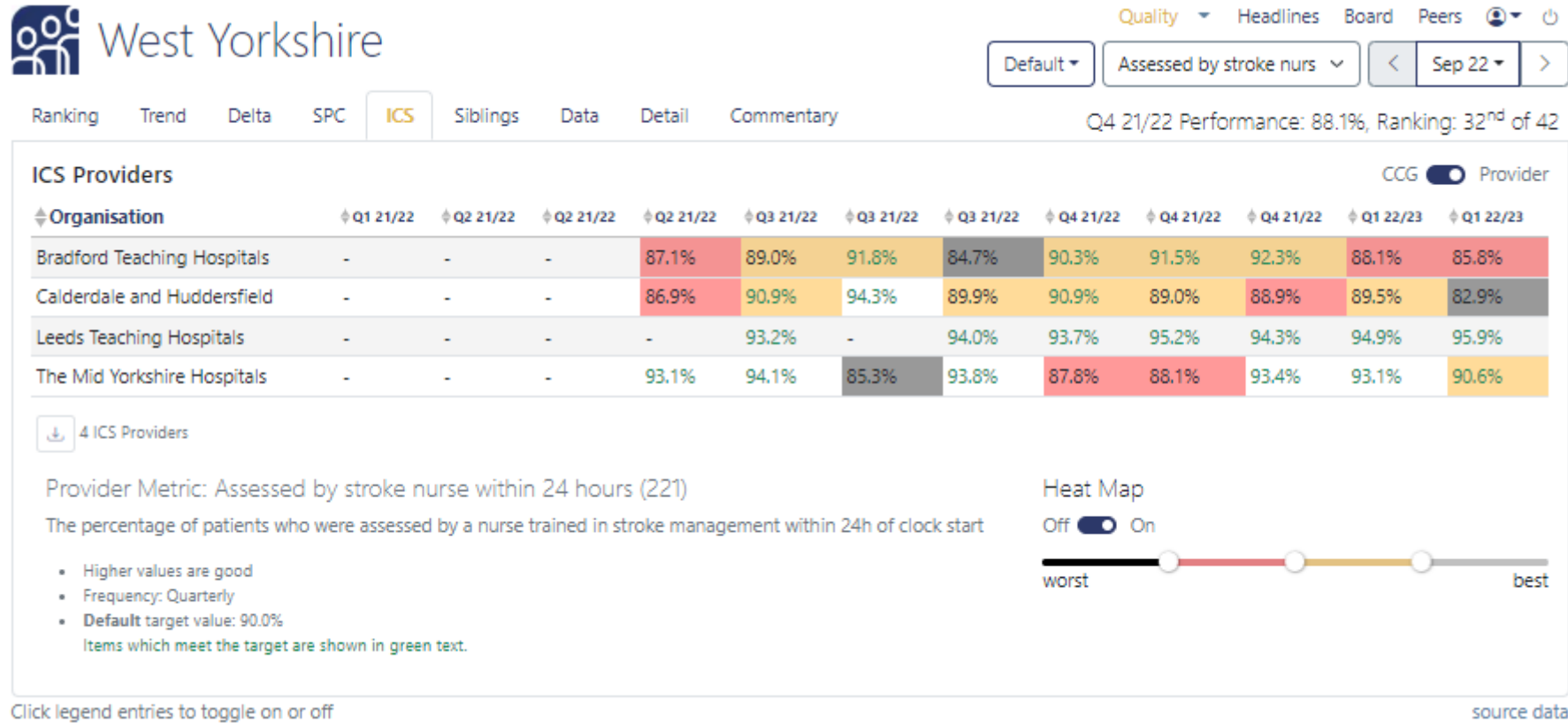
# Assessed by OT within 72 hours



# Assessed by stroke consultant within 24 hours



# Assessed by stroke nurse within 24 hours



# C.difficile (All Cases)



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾ C.difficile (All Cases) ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jun 22 Performance: 45.54, Ranking: 23<sup>rd</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	47.39	49.88	50.32	56.89	56.58	58.18	57.21	56.24	64.97	-	-	-
Bradford Teaching Hospitals	35.73	36.47	36.16	34.96	34.30	32.62	30.58	27.52	28.03	-	-	-
Calderdale and Huddersfield	38.64	40.23	38.67	36.55	36.06	32.56	33.05	35.03	36.01	-	-	-
Leeds Teaching Hospitals	45.04	42.92	42.56	43.24	43.24	45.11	43.91	45.63	46.14	-	-	-
The Mid Yorkshire Hospitals	36.82	43.25	48.56	50.62	49.21	49.34	52.78	53.09	54.96	-	-	-

5 ICS Providers

Provider Metric: C.difficile (All Cases) (145)

C.difficile infection counts and 12-month rolling rates of all cases, by reporting acute trust and month

- Lower values are good
- Frequency: Monthly
- Default target value: -

Heat Map

Off  On



Click legend entries to toggle on or off

source data

# C.difficile (Hospital Onset)



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾ C.difficile (Hospital Onse ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jun 22 Performance: 22.38, Ranking: 34<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	19.16	19.95	18.75	23.54	21.46	23.27	23.27	22.30	23.27	-	-	-
Bradford Teaching Hospitals	17.86	19.28	19.63	19.54	20.48	21.40	20.39	18.35	19.37	-	-	-
Calderdale and Huddersfield	14.82	14.63	13.92	13.20	13.02	13.32	14.80	14.80	15.79	-	-	-
Leeds Teaching Hospitals	23.40	22.25	21.11	21.36	21.79	22.56	22.21	24.11	22.90	-	-	-
The Mid Yorkshire Hospitals	21.37	22.76	24.76	26.10	25.24	24.36	26.55	26.55	27.17	-	-	-

5 ICS Providers

Provider Metric: C.difficile (Hospital Onset) (19)

C.difficile infection counts and 12-month rolling rates of hospital onset-healthcare associated cases, by reporting acute trust and month

- Lower values are good
  - Frequency: Monthly
  - Default target value: 13.00
- Items which meet the target are shown in green text.

Heat Map

Off  On



Click legend entries to toggle on or off

source data

# Cancer of bronchus; lung



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾ C.difficile (Hospital Onse ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jun 22 Performance: 22.38, Ranking: 34<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	19.16	19.95	18.75	23.54	21.46	23.27	23.27	22.30	23.27	-	-	-
Bradford Teaching Hospitals	17.86	19.28	19.63	19.54	20.48	21.40	20.39	18.35	19.37	-	-	-
Calderdale and Huddersfield	14.82	14.63	13.92	13.20	13.02	13.32	14.80	14.80	15.79	-	-	-
Leeds Teaching Hospitals	23.40	22.25	21.11	21.36	21.79	22.56	22.21	24.11	22.90	-	-	-
The Mid Yorkshire Hospitals	21.37	22.76	24.76	26.10	25.24	24.36	26.55	26.55	27.17	-	-	-

5 ICS Providers

Provider Metric: C.difficile (Hospital Onset) (19)

C.difficile infection counts and 12-month rolling rates of hospital onset-healthcare associated cases, by reporting acute trust and month

- Lower values are good
  - Frequency: Monthly
  - Default target value: 13.00
- Items which meet the target are shown in green text.

Heat Map

Off  On



Click legend entries to toggle on or off

source data



# Carbapenem prescribing



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⚙

Default ▾ Carbapenem prescribing ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Q4 21/22 Performance: 47,857.0, Ranking: 13<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Q1 21/22	Q2 21/22	Q2 21/22	Q2 21/22	Q3 21/22	Q3 21/22	Q3 21/22	Q4 21/22	Q4 21/22	Q4 21/22	Q1 22/23	Q1 22/23
Airedale	-	-	-	40.0	26.1	33.9	35.6	34.4	34.2	32.3	35.0	37.0
Bradford Teaching Hospitals	-	-	-	54.3	87.5	115.8	83.8	98.1	79.3	65.5	70.8	70.0
Calderdale and Huddersfield	-	-	-	32.9	31.3	56.2	52.5	38.0	36.3	34.6	26.5	25.0
Leeds Teaching Hospitals	-	-	-	100.3	103.6	138.6	78.6	72.3	76.0	71.5	80.9	82.5
The Mid Yorkshire Hospitals	-	-	-	39.2	37.9	41.5	23.1	31.0	30.7	33.4	27.3	20.3

📄 5 ICS Providers

Provider Metric: Carbapenem prescribing (154)

Carbapenem prescribing DDDs per 1000 admissions; by quarter and acute trust

- Lower values are good
- Frequency: Quarterly
- Default target value: -

Heat Map

Off  On

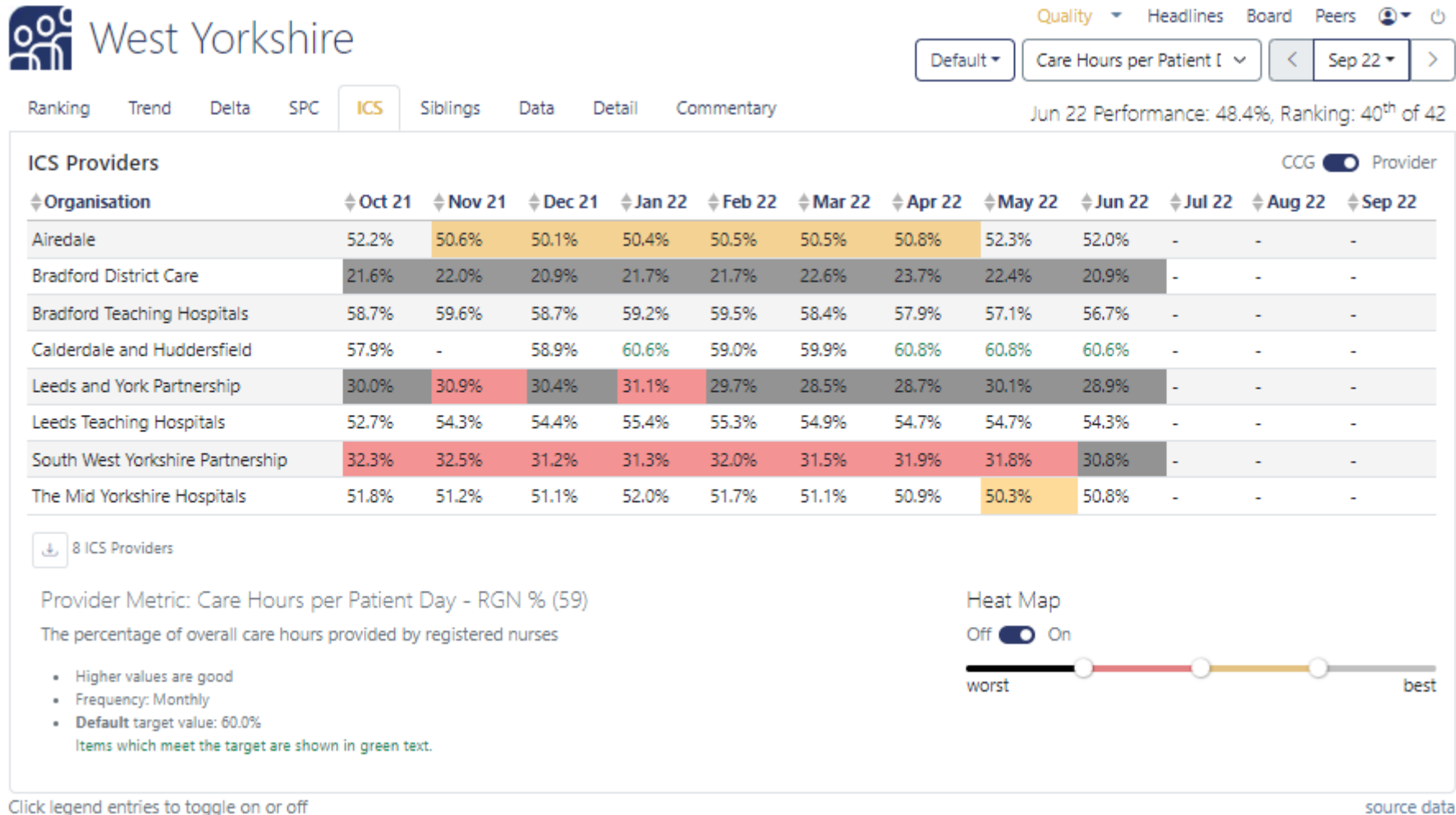


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source data

# Care Hours per Patient Day - RGN

# Care Hours per Patient Day - RGN %



# Complaints - % Made by Patient

### ICS Providers

CCG  Provider

Organisation	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 21/22	Q3 21/22	Q4 21/22
Airedale	-	-	-	45.0%	56.3%	21.4%	30.0%	28.6%	57.1%	57.1%	39.2%	50.0%
Bradford District Care	-	-	-	50.0%	80.0%	44.4%	41.7%	45.5%	40.0%	55.6%	54.5%	58.8%
Bradford Teaching Hospitals	-	-	-	60.4%	45.0%	41.0%	44.3%	37.2%	44.5%	45.4%	37.8%	39.3%
Calderdale and Huddersfield	-	-	-	44.8%	44.7%	28.3%	44.4%	25.3%	8.1%	46.0%	2.5%	62.4%
Leeds and York Partnership	-	-	-	56.1%	54.1%	88.0%	64.1%	54.5%	71.8%	80.9%	80.0%	75.6%
Leeds Community Healthcare	-	-	-	36.6%	70.4%	23.1%	42.4%	78.3%	40.0%	50.0%	60.0%	0.0%
Leeds Teaching Hospitals	-	-	-	48.1%	45.9%	42.3%	46.2%	42.6%	37.9%	44.4%	48.3%	46.3%
South West Yorkshire Partnership	-	-	-	50.0%	65.9%	68.0%	50.0%	68.4%	66.7%	70.2%	50.0%	62.2%
The Mid Yorkshire Hospitals	-	-	-	74.5%	49.2%	31.3%	45.4%	44.2%	40.3%	41.4%	40.9%	34.8%
Yorkshire Ambulance Service	-	-	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

10 ICS Providers

Provider Metric: Complaints - % Made by Patient (131)  
The percentage of formal complaints that are made by a patient

- Lower values are good
- Frequency: Quarterly
- Default target value: -

Heat Map  Off  On

best worst

Click legend entries to toggle on or off source data

### ICS CCGs

CCG  Provider

Organisation	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 21/22	Q3 21/22	Q4 21/22
Bradford District and Craven CCG	-	-	-	-	-	100.0%	66.7%	-	50.0%	33.3%	0.0%	-
NHS Calderdale CCG	-	-	-	0.0%	47.1%	33.3%	18.2%	68.8%	33.3%	33.3%	20.0%	30.8%
NHS Greater Huddersfield CCG	-	-	-	33.3%	0.0%	50.0%	0.0%	50.0%	100.0%	-	-	-
NHS Kirklees CCG	-	-	-	-	-	-	-	-	57.1%	66.7%	100.0%	-
NHS Leeds CCG	-	-	-	0.0%	100.0%	50.0%	33.3%	0.0%	-	0.0%	100.0%	25.0%
NHS North Kirklees CCG	-	-	-	0.0%	25.0%	-	0.0%	33.3%	-	-	-	-
NHS Wakefield CCG	-	-	-	44.4%	100.0%	100.0%	100.0%	0.0%	50.0%	100.0%	0.0%	71.4%

7 ICS CCGs

CCG Metric: Complaints - % Made by Patient (685)  
The percentage of formal complaints that are made by a patient

- Lower values are good
- Frequency: Quarterly
- Default target value: -

Heat Map  Off  On

best worst

# Complaints - Emergency



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾ Complaints - Emergency ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Q4 21/22 Performance: 0.6, Ranking: 15<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23
Airedale	-	-	-	0.2	0.3	0.2	0.1	0.3	0.6	0.4	0.4	0.4	0.6
Bradford Teaching Hospitals	-	-	-	0.5	0.7	0.6	0.5	0.6	0.3	0.6	0.6	0.6	0.8
Calderdale and Huddersfield	-	-	-	0.0	0.0	0.0	0.0	0.5	0.7	0.5	0.6	0.6	0.6
Leeds Teaching Hospitals	-	-	-	0.3	0.4	0.2	0.3	0.6	0.3	0.3	0.2	0.3	0.3
The Mid Yorkshire Hospitals	-	-	-	0.8	0.6	0.1	0.3	0.3	0.2	0.4	0.5	0.4	0.4

5 ICS Providers

Provider Metric: Complaints - Emergency (159)

Number of complaints relating to emergency care per 1000 A&E attendances

- Lower values are good
- Frequency: Quarterly
- Default target value: -

Heat Map

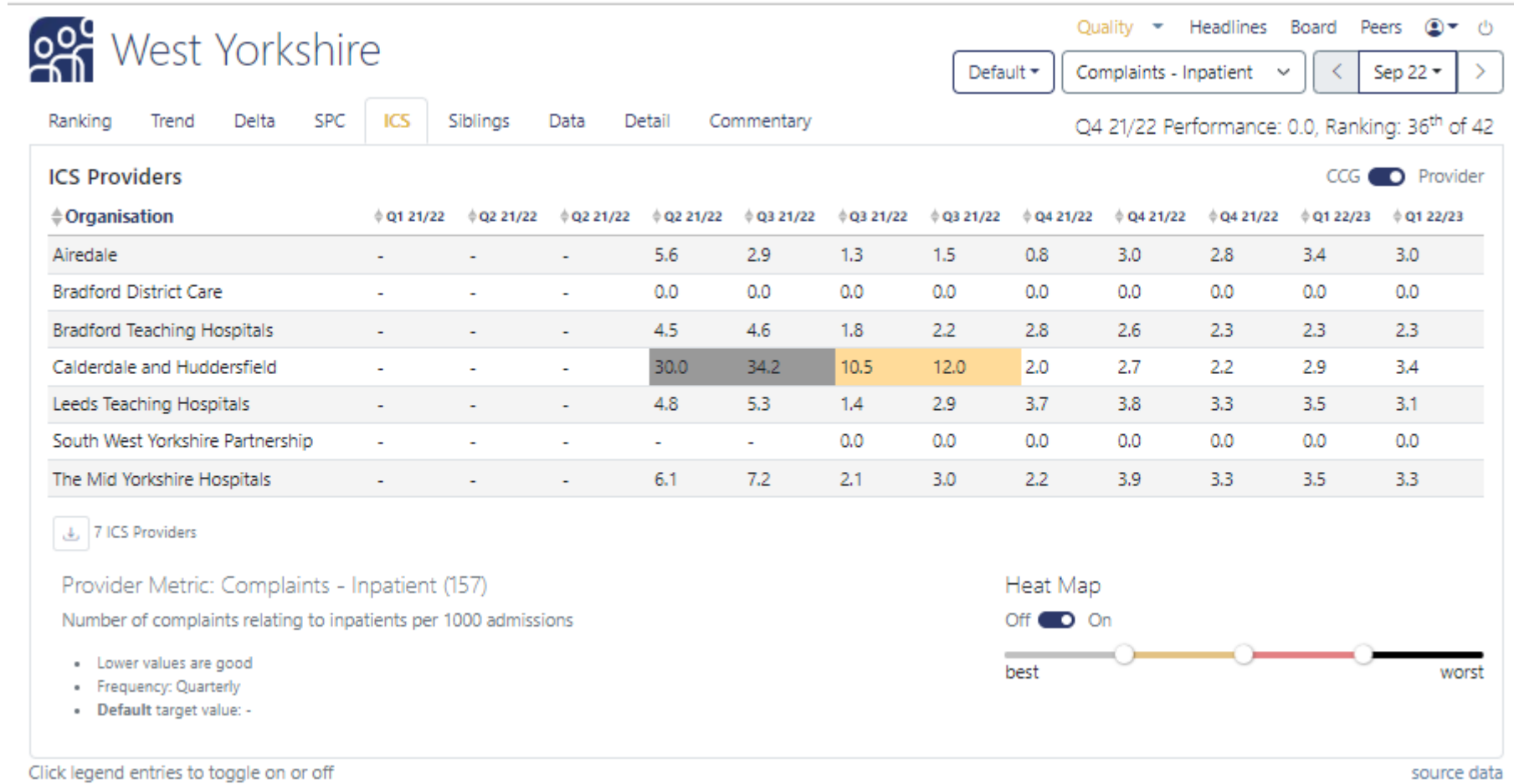
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source data

# Complaints - Inpatient



# Complaints - Maternity

## ICS Providers

CCG  Provider

Organisation	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23
Airedale	-	-	2.1	4.3	0.0	4.3	4.2	9.0	4.7	6.1	10.2		
Bradford Teaching Hospitals	-	-	1.9	4.8	-	5.7	10.3	4.7	6.8	7.0	9.5		
Calderdale and Huddersfield	-	-	0.0	0.0	1.1	0.0	10.9	0.0	7.1	0.0	5.6		
Leeds Teaching Hospitals	-	-	2.7	7.7	2.8	4.6	4.5	13.5	6.3	2.8	3.7		
The Mid Yorkshire Hospitals	-	-	11.8	9.1	4.4	7.0	8.8	13.8	10.5	8.8	11.4		

5 ICS Providers

Provider Metric: Complaints - Maternity (160)

Number of complaints relating to maternity care per 1000 births

- Lower values are good
- Frequency: Quarterly
- Default target value: -

Heat Map

Off  On



## ICS CCGs

CCG  Provider

Organisation	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23
Bradford District and Craven CCG	-	-	-	-	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NHS Calderdale CCG	-	-	-	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NHS Greater Huddersfield CCG	-	-	-	0.0	0.0	0.0	0.0	0.0	0.0	-	-	-	-
NHS Kirklees CCG	-	-	-	-	-	-	-	-	-	1.0	0.0	0.0	0.0
NHS Leeds CCG	-	-	-	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NHS North Kirklees CCG	-	-	-	0.0	0.0	0.0	0.0	0.0	0.0	-	-	-	-
NHS Wakefield CCG	-	-	-	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

7 ICS CCGs

CCG Metric: Complaints - Maternity (688)

Number of complaints relating to maternity care per 1000 births

- Lower values are good
- Frequency: Quarterly
- Default target value: -

Heat Map

Off  On



# Complaints - New



## ICS Providers

CCG  Provider

Organisation	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23
Airedale	-	-	20	14	49	46
Bradford District Care	-	-	12	9	18	17
Bradford Teaching Hospitals	-	-	96	121	119	135
Calderdale and Huddersfield	-	-	116	95	122	141
Leeds and York Partnership	-	-	41	33	47	45
Leeds Community Healthcare	-	-	41	23	28	29
Leeds Teaching Hospitals	-	-	156	155	160	136
South West Yorkshire Partnership	-	-	50	19	57	45
The Mid Yorkshire Hospitals	-	-	212	119	152	181
Yorkshire Ambulance Service	-	-	389	291	414	402

10 ICS Providers

Provider Metric: Complaints - New (130)

The number of new complaints in the quarter

- Lower values are good
- Frequency: Quarterly
- Default target value: -

Heat Map

Off  On



Click legend entries to toggle on or off

source data

## ICS CCGs

CCG  Provider

Organisation	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23
Bradford District and Craven CCG	-	-	0	3	2	2
NHS Calderdale CCG	-	-	6	11	18	13
NHS Greater Huddersfield CCG	-	-	3	2	-	-
NHS Kirklees CCG	-	-	-	-	7	4
NHS Leeds CCG	-	-	1	2	1	4
NHS North Kirklees CCG	-	-	3	3	-	-
NHS Wakefield CCG	-	-	9	7	8	7

7 ICS CCGs

CCG Metric: Complaints - New (684)

The number of new complaints in the quarter

- Lower values are good
- Frequency: Quarterly
- Default target value: -

Heat Map

Off  On





# Complaints - Not Upheld

## ICS Providers

CCG  Provider

Organisation	Q1 21/22	Q2 21/22	Q2 21/22	Q2 21/22	Q3 21/22	Q3 21/22	Q3 21/22	Q4 21/22	Q4 21/22	Q4 21/22	Q1 22/23	Q1 22/23
Airedale	-	-	-	24.0%	16.7%	50.0%	38.9%	43.8%	13.3%	24.2%	34.9%	20.0%
Bradford District Care	-	-	-	70.6%	43.8%	75.0%	58.8%	85.7%	66.7%	45.5%	71.4%	100.0%
Bradford Teaching Hospitals	-	-	-	47.7%	46.0%	49.4%	40.3%	45.5%	38.8%	55.3%	61.1%	51.3%
Calderdale and Huddersfield	-	-	-	9.6%	25.6%	36.8%	27.3%	16.5%	16.5%	10.6%	16.4%	20.9%
Leeds and York Partnership	-	-	-	50.0%	43.6%	50.0%	47.6%	41.2%	51.0%	36.2%	45.7%	51.2%
Leeds Community Healthcare	-	-	-	50.0%	55.9%	30.0%	50.0%	47.6%	44.4%	50.0%	66.7%	25.0%
Leeds Teaching Hospitals	-	-	-	14.1%	15.4%	22.0%	19.6%	16.2%	15.2%	10.4%	18.3%	9.3%
South West Yorkshire Partnership	-	-	-	66.7%	61.1%	37.5%	55.6%	40.0%	33.3%	30.8%	100.0%	50.0%
The Mid Yorkshire Hospitals	-	-	-	28.3%	36.1%	26.1%	32.7%	20.3%	10.0%	22.3%	24.5%	28.2%
Yorkshire Ambulance Service	-	-	-	42.7%	35.3%	35.2%	38.6%	37.8%	37.2%	35.2%	34.6%	34.5%

10 ICS Providers

Provider Metric: Complaints - Not Upheld (129)

The percentage of formal complaints that are not upheld

- Lower values are good
- Frequency: Quarterly
- Default target value: -

Heat Map

Off  On



## ICS CCGs

CCG  Provider

Organisation	Q1 21/22	Q2 21/22	Q2 21/22	Q2 21/22	Q3 21/22	Q3 21/22	Q3 21/22	Q4 21/22	Q4 21/22	Q4 21/22	Q1 22/23	Q1 22/23
Bradford District and Craven CCG	-	-	-	-	-	75.0%	100.0%	100.0%	50.0%	50.0%	33.3%	100.0%
NHS Calderdale CCG	-	-	-	33.3%	66.7%	66.7%	78.6%	62.5%	68.8%	45.5%	63.6%	50.0%
NHS Greater Huddersfield CCG	-	-	-	60.0%	100.0%	100.0%	75.0%	0.0%	100.0%	-	-	-
NHS Kirklees CCG	-	-	-	-	-	-	-	-	-	16.7%	60.0%	25.0%
NHS Leeds CCG	-	-	-	100.0%	100.0%	100.0%	100.0%	100.0%	-	100.0%	100.0%	100.0%
NHS North Kirklees CCG	-	-	-	60.0%	80.0%	-	100.0%	66.7%	-	-	-	-
NHS Wakefield CCG	-	-	-	27.3%	57.1%	14.3%	50.0%	100.0%	0.0%	100.0%	-	100.0%

7 ICS CCGs

CCG Metric: Complaints - Not Upheld (683)

The percentage of formal complaints that are not upheld

- Lower values are good
- Frequency: Quarterly
- Default target value: -

Heat Map

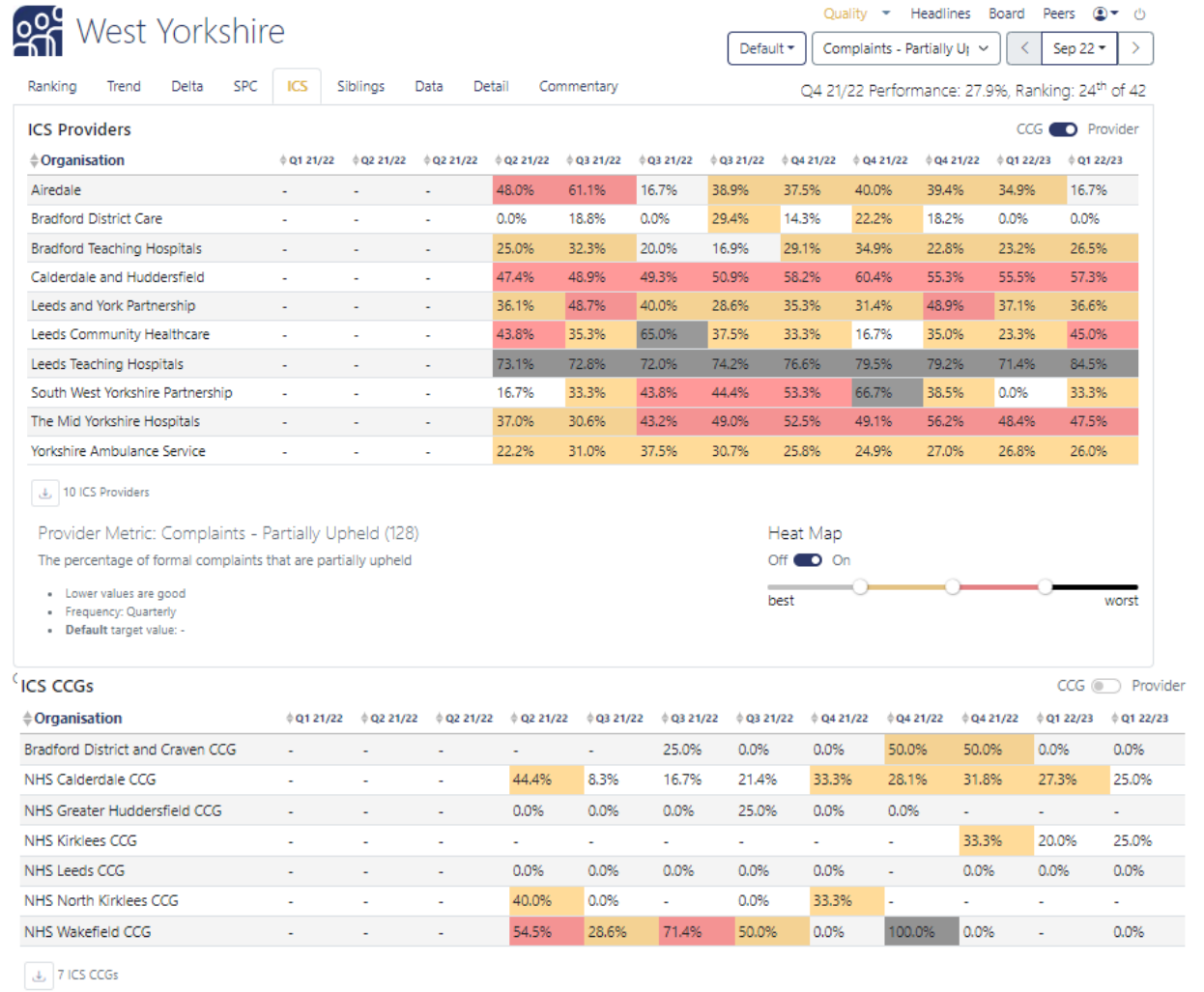
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# Complaints - Outpatient



# Complaints - Partially Upheld



# Complaints - Upheld

## ICS Providers

CCG  Provider

Organisation	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23
Airedale	-	-	-	28.0%	22.2%	33.3%	22.2%	18.8%	46.7%	36.4%	30.2%	63.3%	
Bradford District Care	-	-	-	29.4%	37.5%	25.0%	11.8%	0.0%	11.1%	36.4%	28.6%	0.0%	
Bradford Teaching Hospitals	-	-	-	27.3%	21.8%	30.6%	42.7%	25.5%	26.4%	21.9%	15.8%	22.1%	
Calderdale and Huddersfield	-	-	-	42.9%	25.6%	11.9%	21.8%	25.3%	23.1%	34.0%	28.2%	21.8%	
Leeds and York Partnership	-	-	-	13.9%	7.7%	10.0%	23.8%	23.5%	17.6%	14.9%	17.1%	12.2%	
Leeds Community Healthcare	-	-	-	6.3%	8.8%	5.0%	12.5%	19.0%	38.9%	15.0%	10.0%	30.0%	
Leeds Teaching Hospitals	-	-	-	12.8%	11.8%	6.0%	6.2%	7.1%	5.3%	10.4%	10.3%	6.2%	
South West Yorkshire Partnership	-	-	-	16.7%	5.6%	18.8%	0.0%	6.7%	0.0%	30.8%	0.0%	16.7%	
The Mid Yorkshire Hospitals	-	-	-	34.8%	33.3%	30.7%	18.4%	27.1%	40.9%	21.5%	27.0%	24.3%	
Yorkshire Ambulance Service	-	-	-	35.1%	33.7%	27.3%	30.7%	36.3%	37.9%	37.8%	38.6%	39.5%	

10 ICS Providers

Provider Metric: Complaints - Upheld (127)

The percentage of formal complaints that are upheld

- Lower values are good
- Frequency: Quarterly
- Default target value: -

Heat Map

Off  On

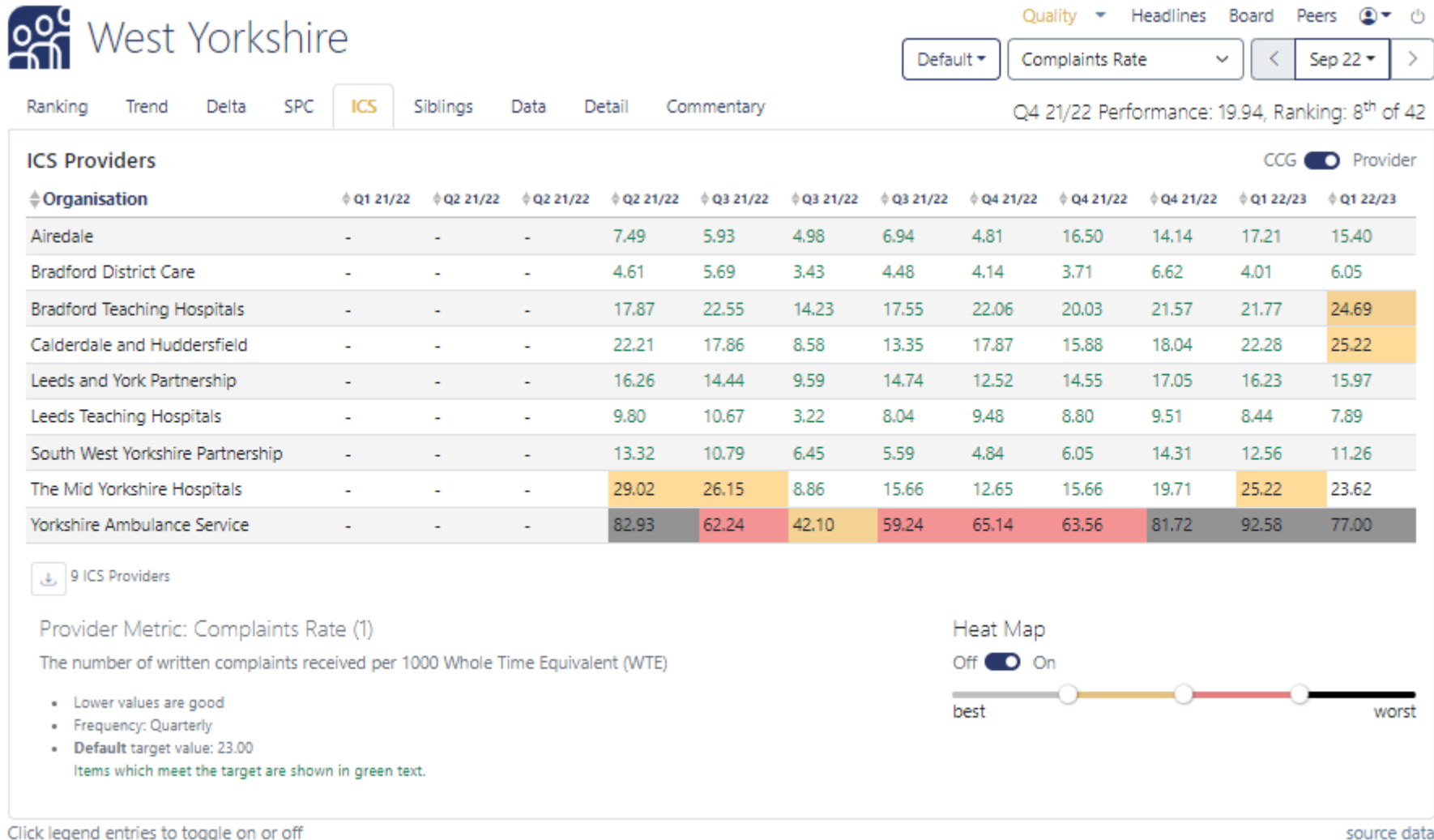


## ICS CCGs

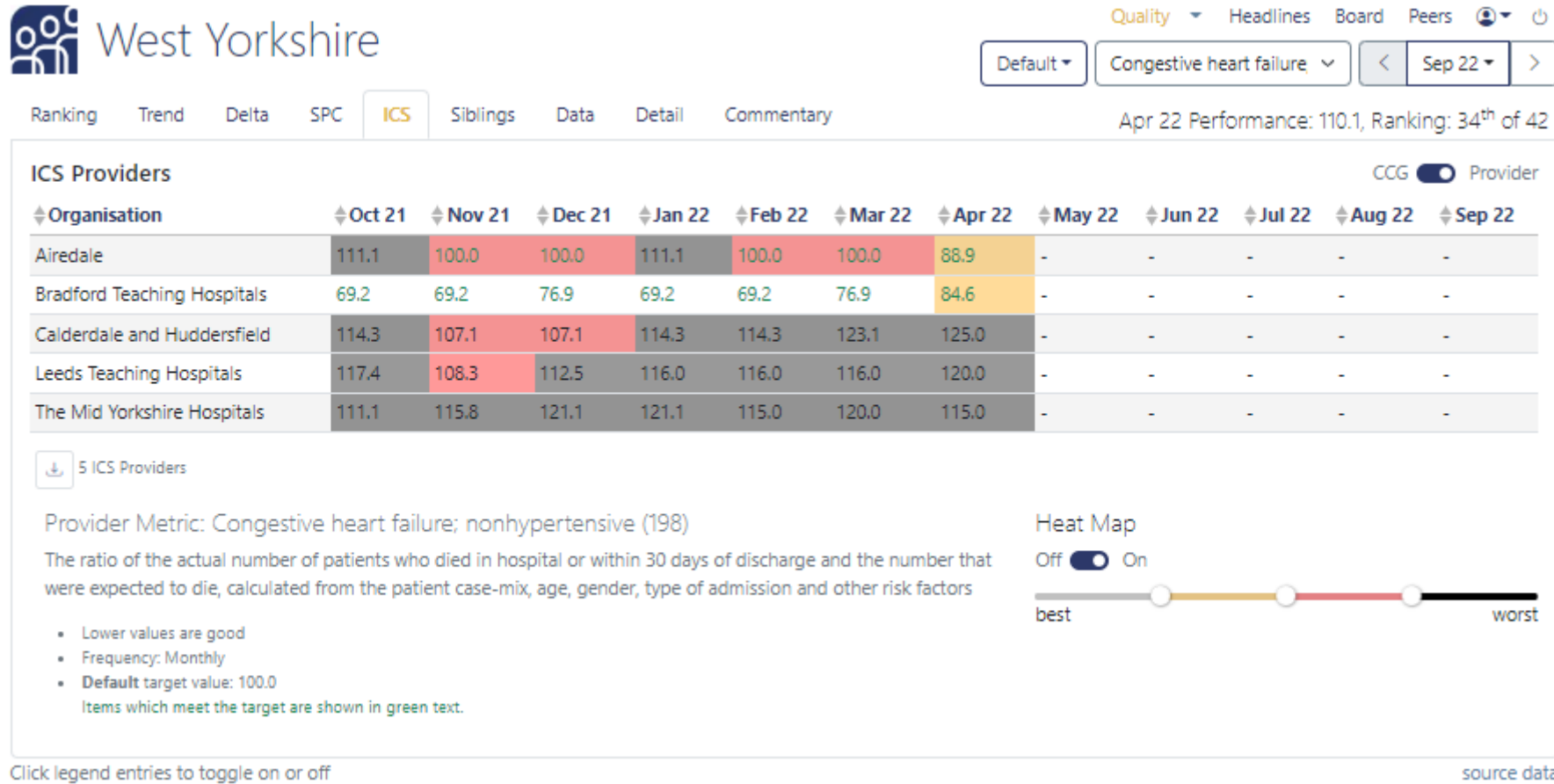
CCG  Provider

Organisation	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23
Bradford District and Craven CCG	-	-	-	-	0.0%	0.0%	0.0%	0.0%	0.0%	66.7%	0.0%	0.0%	0.0%
NHS Calderdale CCG	-	-	-	22.2%	25.0%	16.7%	0.0%	4.2%	3.1%	22.7%	9.1%	25.0%	
NHS Greater Huddersfield CCG	-	-	-	40.0%	0.0%	0.0%	0.0%	100.0%	0.0%	-	-	-	
NHS Kirklees CCG	-	-	-	-	-	-	-	-	-	50.0%	20.0%	50.0%	
NHS Leeds CCG	-	-	-	0.0%	0.0%	0.0%	0.0%	0.0%	-	0.0%	0.0%	0.0%	
NHS North Kirklees CCG	-	-	-	0.0%	20.0%	-	0.0%	0.0%	-	-	-	-	
NHS Wakefield CCG	-	-	-	18.2%	14.3%	14.3%	0.0%	0.0%	0.0%	0.0%	-	0.0%	

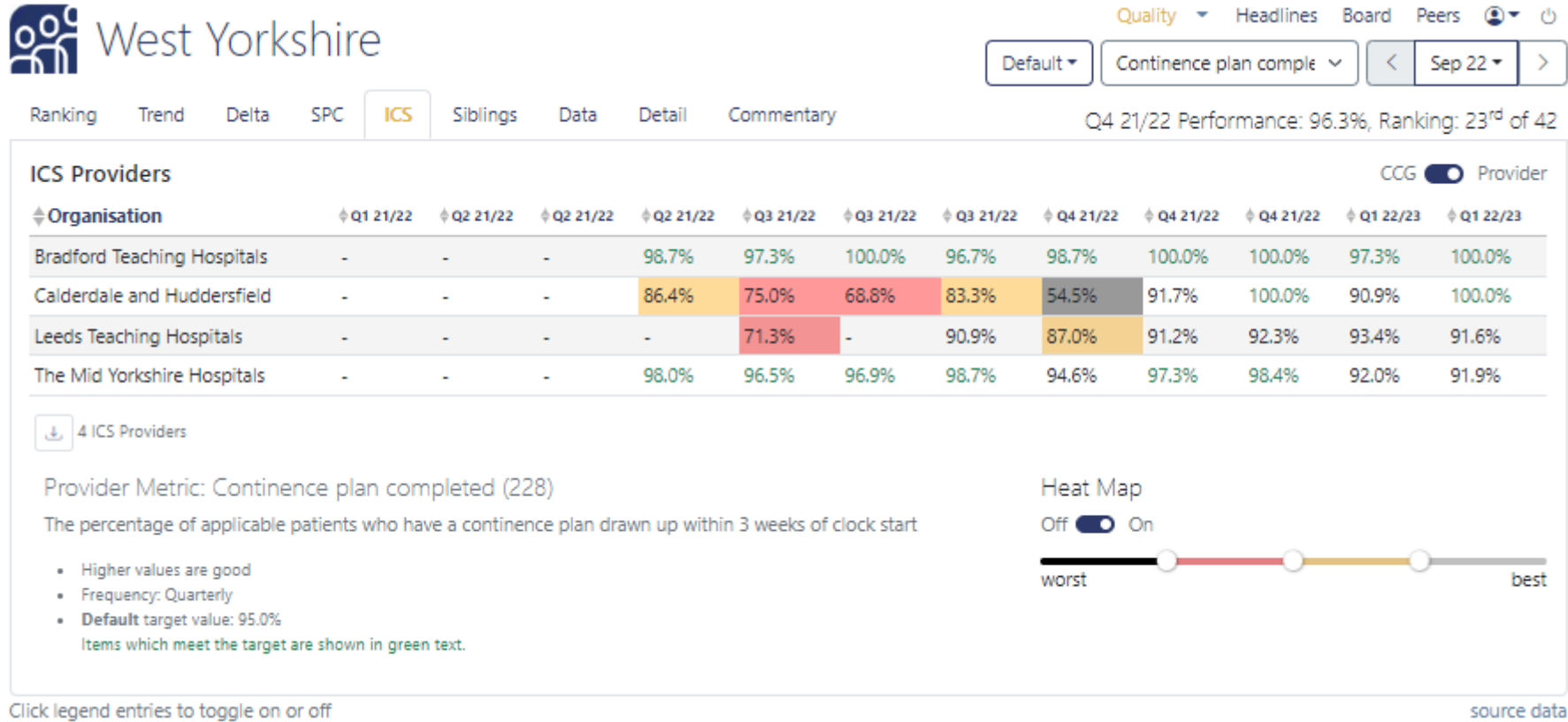
# Complaints Rate



# Congestive heart failure; nonhypertensive



# Continence plan completed



Click legend entries to toggle on or off

# COPD & bronchiectasis



West Yorkshire

Quality ▾ Headlines Board Peers ⓘ ⏻

Default ▾ COPD & bronchiectasis ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Apr 22 Performance: 91.8, Ranking: 13<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	60.0	60.0	80.0	80.0	100.0	83.3	83.3	-	-	-	-	-
Bradford Teaching Hospitals	87.5	87.5	88.9	88.9	88.9	77.8	80.0	-	-	-	-	-
Calderdale and Huddersfield	122.2	110.0	100.0	109.1	109.1	109.1	109.1	-	-	-	-	-
Leeds Teaching Hospitals	100.0	106.7	100.0	100.0	105.9	105.9	100.0	-	-	-	-	-
The Mid Yorkshire Hospitals	80.0	75.0	82.4	82.4	82.4	82.4	82.4	-	-	-	-	-

↓ 5 ICS Providers

### Provider Metric: COPD & bronchiectasis (200)

The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were expected to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

- Lower values are good
- Frequency: Monthly
- **Default target value: 100.0**  
Items which meet the target are shown in green text.

### Heat Map

Off  On



Click legend entries to toggle on or off

source data



# E.coli (All Cases)



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾ E.coli (All Cases) ▾ < Sep 22 >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jun 22 Performance: 119.2, Ranking: 23<sup>rd</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	139.2	132.7	126.3	131.4	131.7	131.9	128.0	129.0	123.2	-	-	-
Bradford Teaching Hospitals	141.3	134.4	126.0	131.1	126.5	124.9	131.5	128.9	127.9	-	-	-
Calderdale and Huddersfield	155.6	155.7	150.5	146.2	142.7	135.2	134.2	135.7	134.2	-	-	-
Leeds Teaching Hospitals	118.4	120.2	121.8	121.2	122.1	120.9	120.7	121.6	121.2	-	-	-
The Mid Yorkshire Hospitals	117.0	120.6	120.3	119.7	113.2	109.3	105.2	101.8	99.6	-	-	-

5 ICS Providers

Provider Metric: E.coli (All Cases) (47)

E.coli bacteraemia cases counts and 12-month rolling rates, by reporting acute trust and month

- Lower values are good
- Frequency: Monthly
- Default target value: -

Heat Map

Off  On



Click legend entries to toggle on or off

source data

# E.coli (Hospital Onset)



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾

E.coli (Hospital Onset) ▾

<

Sep 22 ▾

>

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jun 22 Performance: 28.6, Ranking: 41<sup>st</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	25.2	25.9	24.7	25.5	25.4	26.2	27.2	27.2	25.2	-	-	-
Bradford Teaching Hospitals	30.5	28.7	25.8	27.8	25.6	24.5	27.0	26.5	26.5	-	-	-
Calderdale and Huddersfield	16.9	17.2	18.6	18.3	17.5	16.3	14.8	15.3	18.3	-	-	-
Leeds Teaching Hospitals	34.0	34.5	34.4	34.4	34.4	32.7	32.9	35.0	38.2	-	-	-
The Mid Yorkshire Hospitals	25.3	24.7	25.7	25.1	23.3	21.9	21.2	18.4	20.0	-	-	-

📄 5 ICS Providers

Provider Metric: E.coli (Hospital Onset) (146)

E.coli hospital-onset cases counts and 12-month rolling rates, by reporting acute trust and month

- Lower values are good
- Frequency: Monthly
- Default target value: -

Heat Map

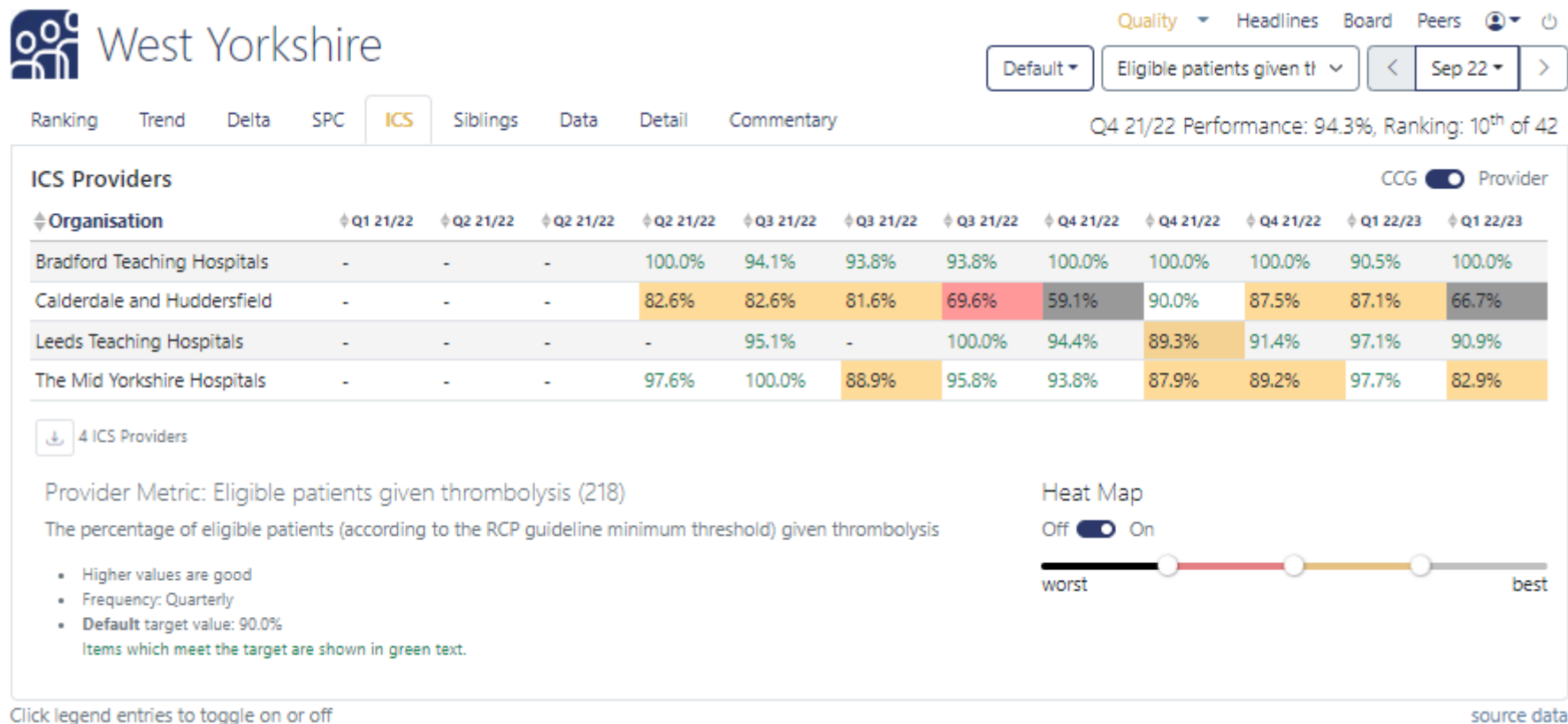
Off  On



Click legend entries to toggle on or off

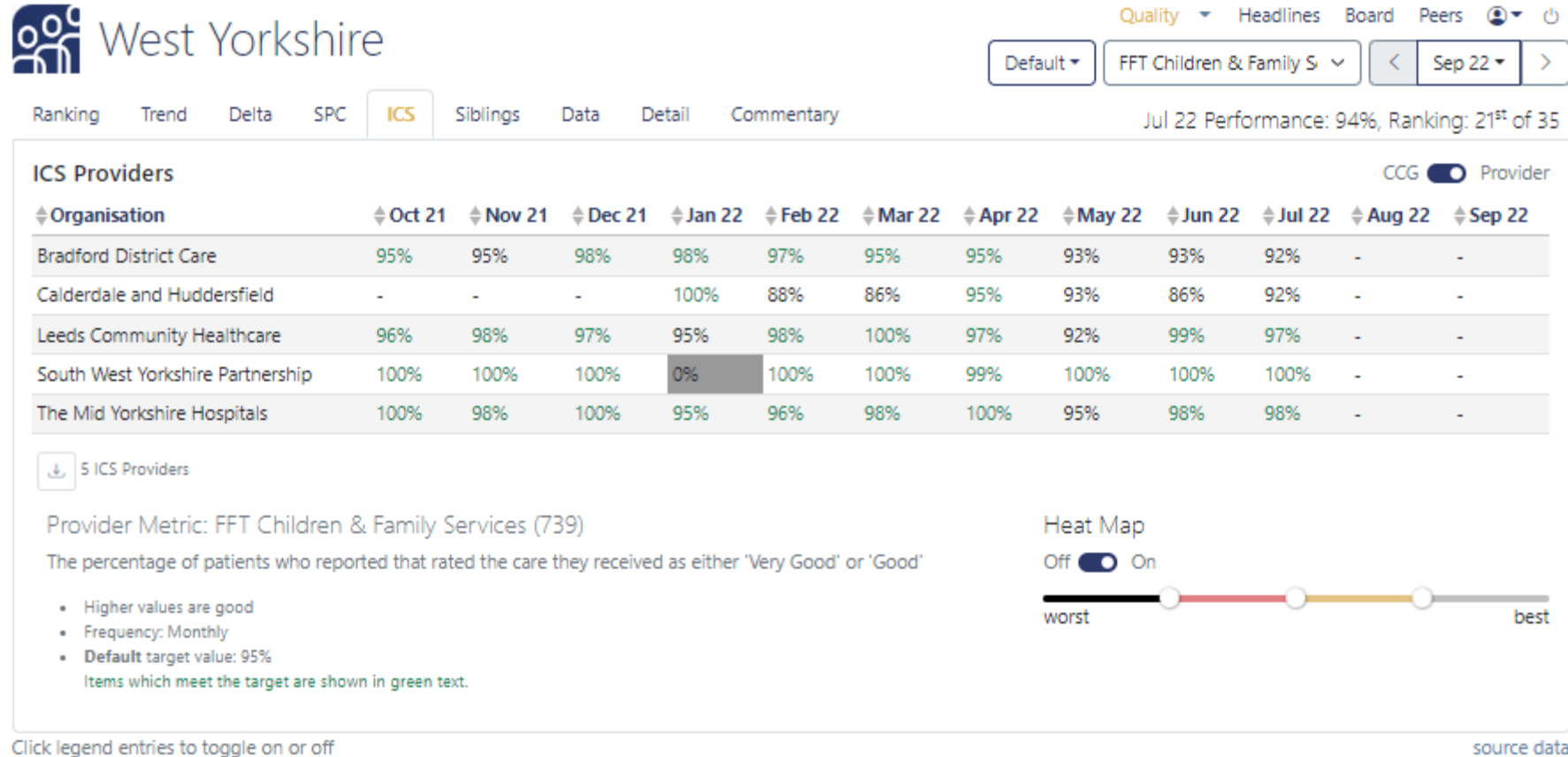
source data

# Eligible patients given thrombolysis

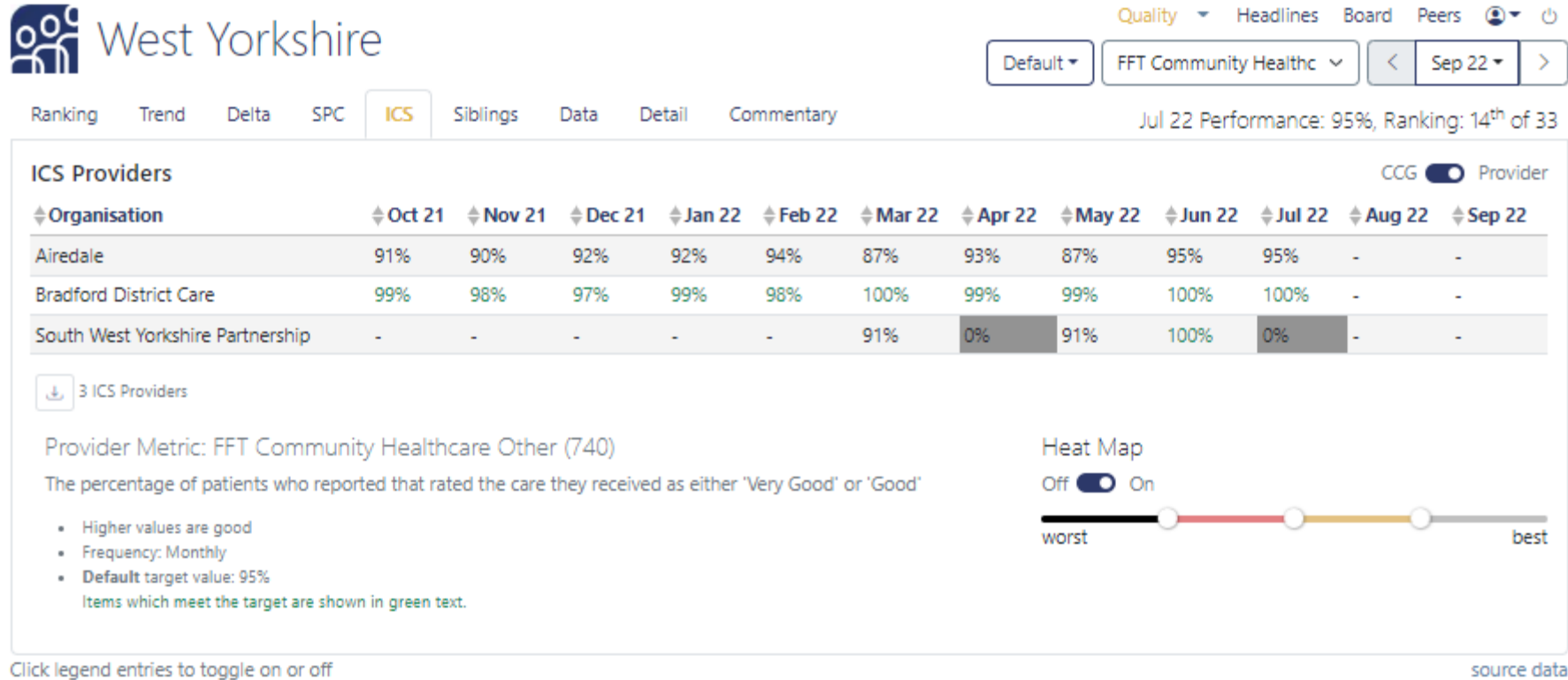


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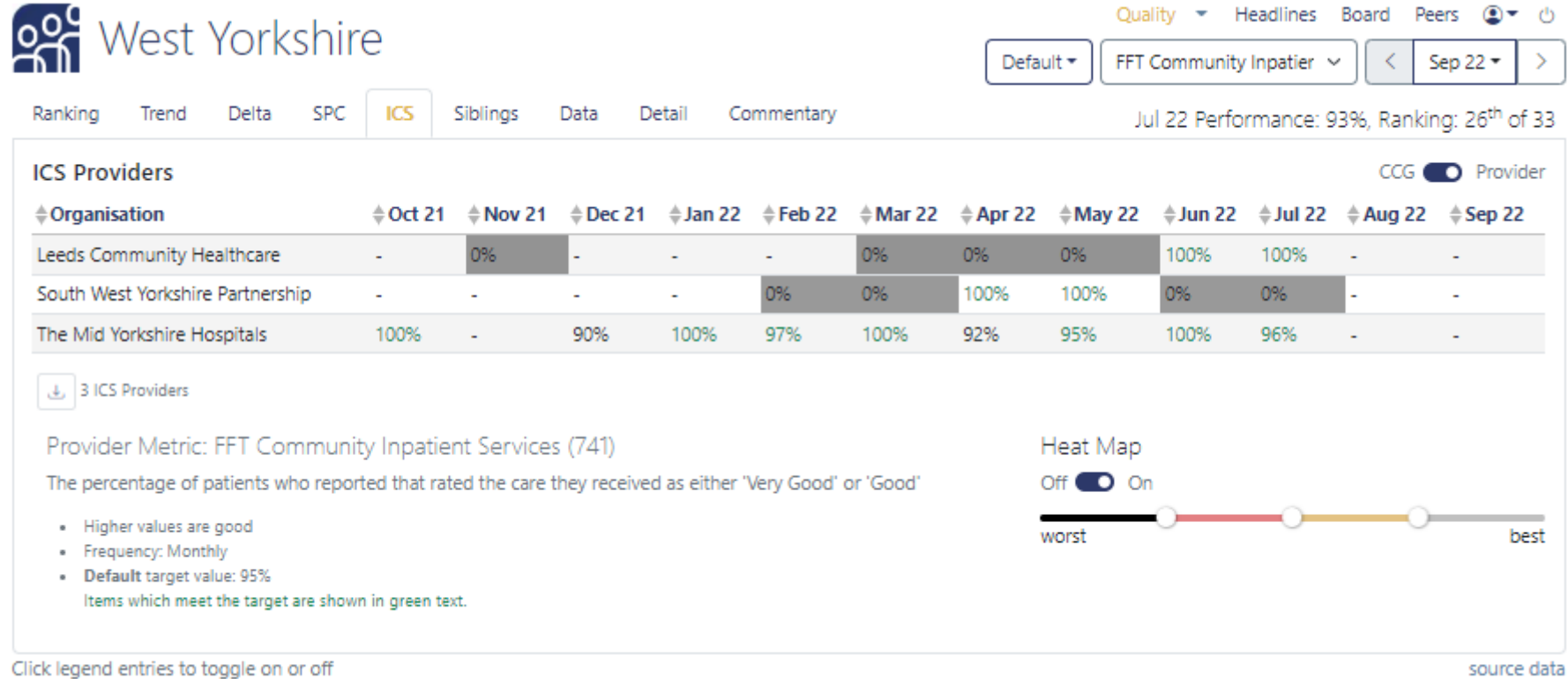
# FFT Children & Family Services



# FFT Community Healthcare Other



# FFT Community Inpatient Services



# FFT Community Nursing Services



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⚙

Default ▾ FFT Community Nursing ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jul 22 Performance: 99%, Ranking: 7<sup>th</sup> of 36

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Bradford District Care	97%	99%	98%	100%	96%	100%	99%	100%	100%	100%	-	-
Calderdale and Huddersfield	90%	95%	95%	90%	100%	91%	89%	94%	90%	89%	-	-
Leeds Community Healthcare	93%	94%	96%	94%	96%	100%	100%	96%	91%	95%	-	-
South West Yorkshire Partnership	89%	100%	100%	100%	98%	97%	97%	100%	100%	100%	-	-
The Mid Yorkshire Hospitals	99%	100%	100%	99%	99%	100%	100%	99%	100%	100%	-	-

↓ 5 ICS Providers

### Provider Metric: FFT Community Nursing Services (742)

The percentage of patients who reported that rated the care they received as either 'Very Good' or 'Good'

- Higher values are good
- Frequency: Monthly
- **Default target value: 95%**  
Items which meet the target are shown in green text.

### Heat Map

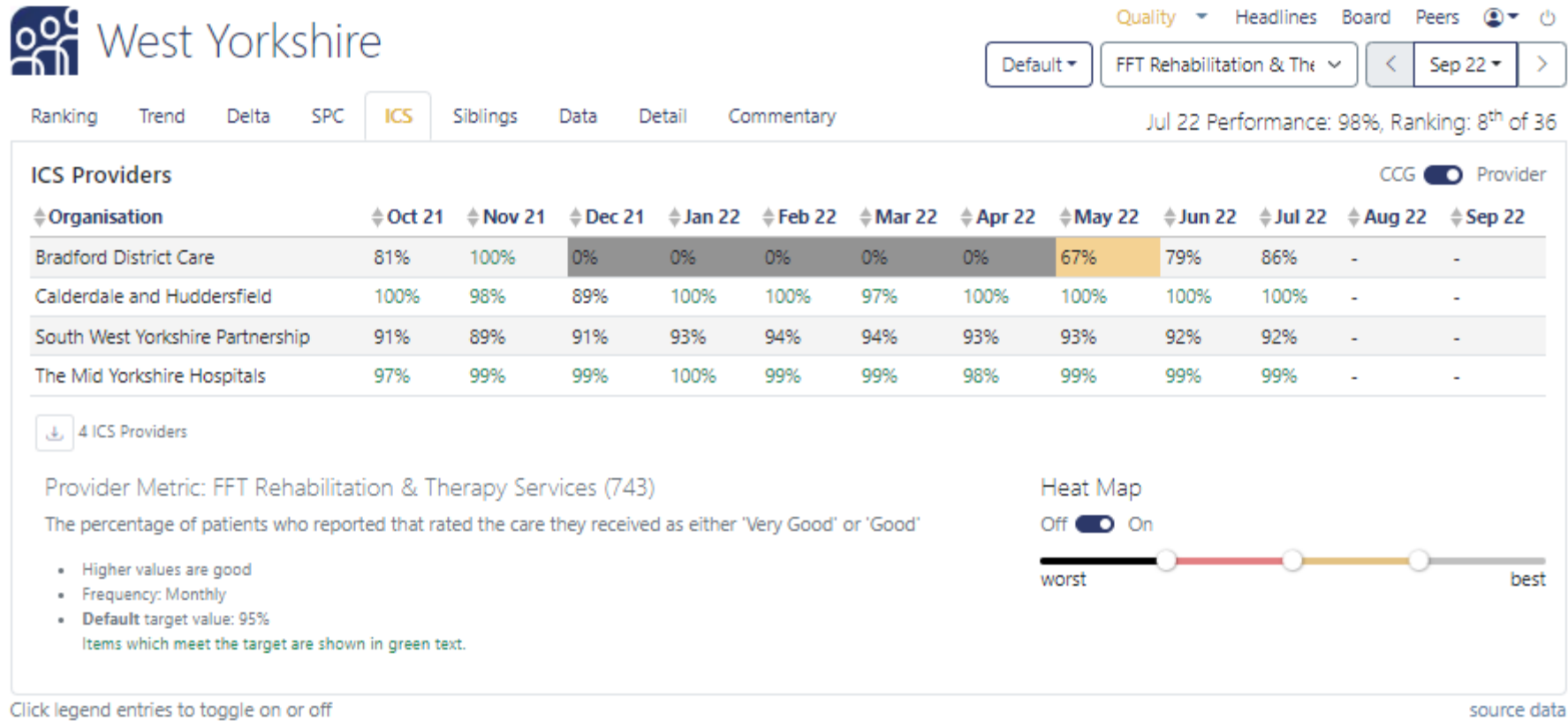
Off  On



Click legend entries to toggle on or off

source data

# FFT Rehabilitation & Therapy Services





# FFT Specialist Services



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾

FFT Specialist Services ▾

< Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jul 22 Performance: 97%, Ranking: 16<sup>th</sup> of 36

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Bradford District Care	100%	81%	92%	93%	100%	98%	97%	98%	100%	98%	-	-
Calderdale and Huddersfield	0%	92%	0%	83%	0%	100%	0%	0%	0%	0%	-	-
Leeds Community Healthcare	89%	93%	83%	85%	91%	86%	96%	94%	94%	95%	-	-
South West Yorkshire Partnership	93%	94%	91%	91%	95%	93%	95%	84%	89%	94%	-	-
The Mid Yorkshire Hospitals	93%	98%	99%	99%	99%	99%	99%	99%	98%	98%	-	-

↓ 5 ICS Providers

### Provider Metric: FFT Specialist Services (744)

The percentage of patients who reported that rated the care they received as either 'Very Good' or 'Good'

- Higher values are good
- Frequency: Monthly
- **Default target value: 95%**  
Items which meet the target are shown in green text.

### Heat Map

Off  On



Click legend entries to toggle on or off

source data

# Fluid and electrolyte disorders



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾ Fluid and electrolyte dis ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Apr 22 Performance: 112.0, Ranking: 29<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	-	79.0	69.9	68.2	-	68.0	70.2	-	-	-	-	-
Bradford Teaching Hospitals	134.7	132.8	137.1	148.0	153.9	158.7	160.3	-	-	-	-	-
Calderdale and Huddersfield	136.0	133.0	144.5	141.9	148.1	152.3	148.3	-	-	-	-	-
Leeds Teaching Hospitals	93.1	94.7	98.2	97.4	94.4	84.8	86.7	-	-	-	-	-
The Mid Yorkshire Hospitals	87.7	84.3	94.3	106.0	105.5	93.3	97.4	-	-	-	-	-

5 ICS Providers

Provider Metric: Fluid and electrolyte disorders (210)

The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were expected to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

- Lower values are good
- Frequency: Monthly
- **Default** target value: 100.0

Items which meet the target are shown in green text.

Heat Map

Off  On



Click legend entries to toggle on or off

source data

# Fracture of neck of femur (hip)



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾

Fracture of neck of femur ▾



Sep 22 ▾



Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Apr 22 Performance: 114.3, Ranking: 36<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	134.2	122.1	112.9	112.8	123.0	121.1	131.0	-	-	-	-	-
Bradford Teaching Hospitals	89.9	93.3	114.3	118.4	111.9	100.0	98.5	-	-	-	-	-
Calderdale and Huddersfield	103.3	98.0	94.3	95.5	96.8	101.1	86.7	-	-	-	-	-
Leeds Teaching Hospitals	93.8	88.9	99.0	96.3	96.2	94.1	106.2	-	-	-	-	-
The Mid Yorkshire Hospitals	147.0	140.3	139.8	130.7	137.0	147.2	151.5	-	-	-	-	-

📄 5 ICS Providers

Provider Metric: Fracture of neck of femur (hip) (206)

The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were expected to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

- Lower values are good
- Frequency: Monthly
- **Default target value: 100.0**  
Items which meet the target are shown in green text.

Heat Map

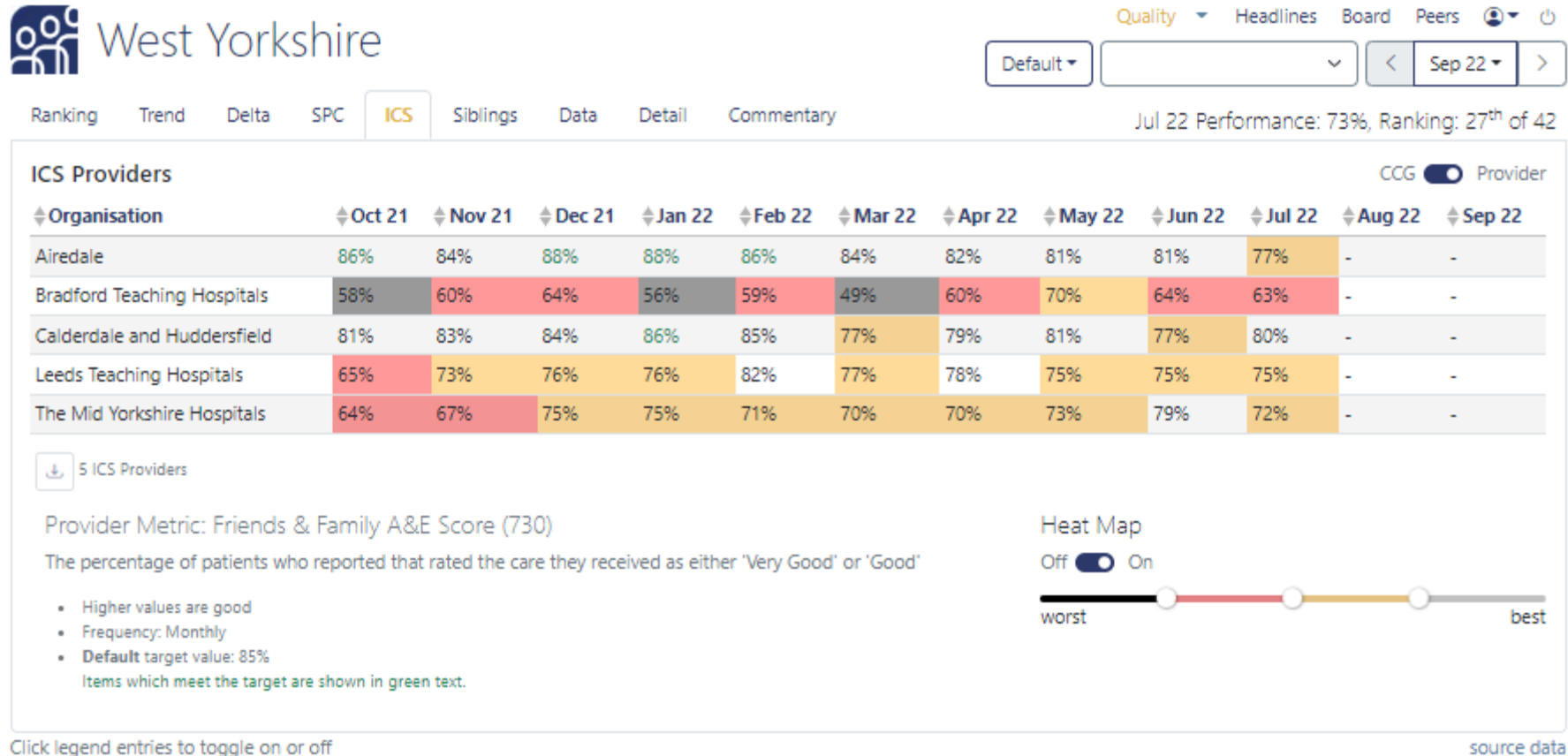
Off  On



Click legend entries to toggle on or off

source data

# Friends & Family A&E Score



# Friends & Family Ambulance Score



# Friends & Family Antenatal Score



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾

Friends & Family Antenat: ▾



Sep 22 ▾



Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jul 22 Performance: 88%, Ranking: 22<sup>nd</sup> of 39

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	100%	85%	-	-	-	-	-	-	-	-	-	-
Bradford Teaching Hospitals	-	-	-	0%	-	0%	-	0%	33%	20%	-	-
Calderdale and Huddersfield	96%	95%	100%	92%	95%	98%	97%	99%	96%	95%	-	-
Leeds Teaching Hospitals	83%	100%	0%	85%	92%	89%	95%	92%	95%	91%	-	-
The Mid Yorkshire Hospitals	92%	97%	96%	96%	95%	97%	96%	93%	85%	89%	-	-

↓ 5 ICS Providers

Provider Metric: Friends & Family Antenatal Score (735)

The percentage of patients who reported that rated the care they received as either 'Very Good' or 'Good'

- Higher values are good
- Frequency: Monthly
- **Default target value: 90%**  
Items which meet the target are shown in green text.

Heat Map

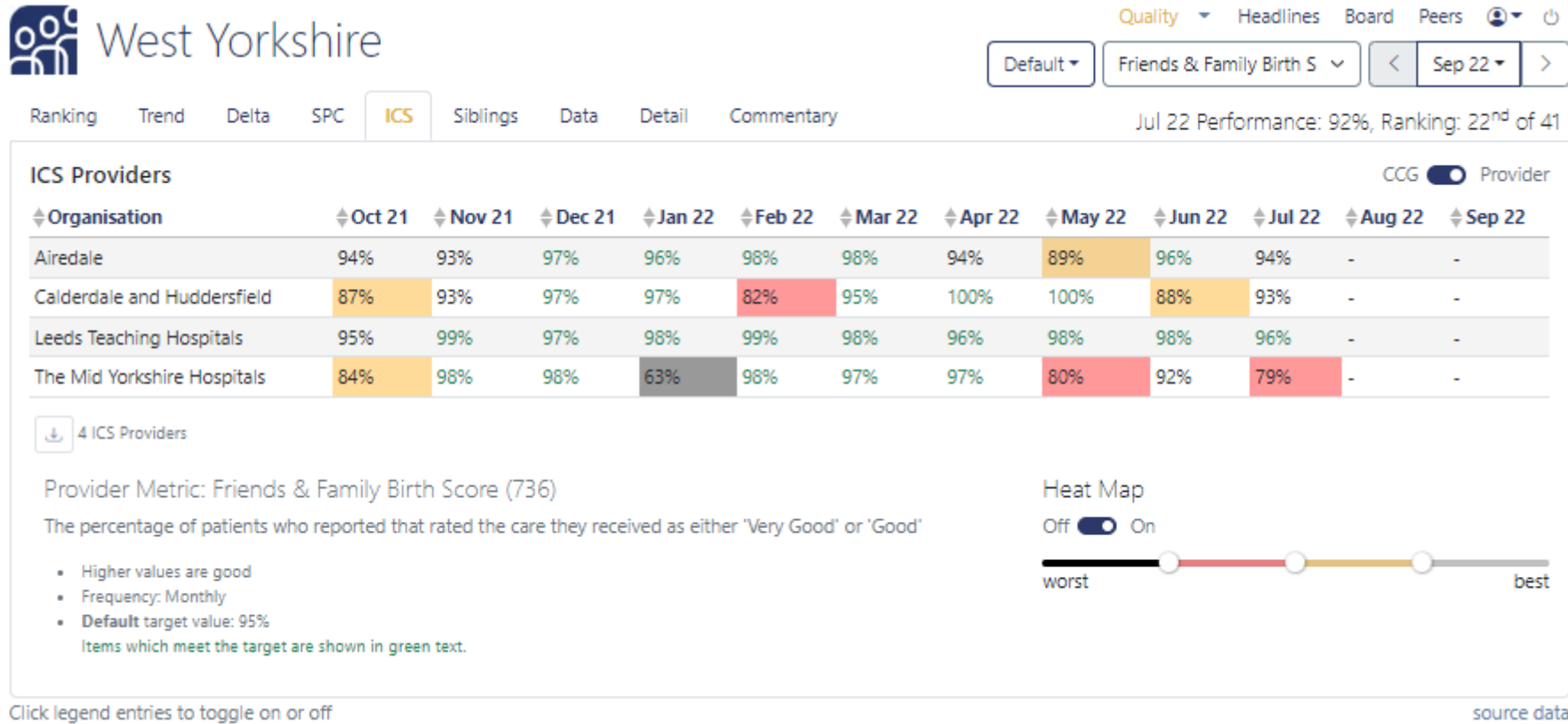
Off  On



Click legend entries to toggle on or off

source data

# Friends & Family Birth Score



# Friends & Family Community Score



West Yorkshire

Quality Headlines Board Peers

Default Friends & Family Comm Sep 22

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jul 22 Performance: 97%, Ranking: 6<sup>th</sup> of 38

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	91%	90%	92%	92%	94%	87%	93%	87%	95%	95%	-	-
Bradford District Care	98%	98%	97%	98%	97%	98%	97%	96%	96%	95%	-	-
Calderdale and Huddersfield	91%	96%	94%	95%	91%	89%	94%	94%	89%	92%	-	-
Leeds Community Healthcare	92%	96%	88%	89%	94%	89%	96%	94%	95%	96%	-	-
South West Yorkshire Partnership	92%	92%	92%	93%	96%	94%	95%	92%	94%	93%	-	-
The Mid Yorkshire Hospitals	98%	99%	99%	99%	99%	99%	99%	99%	99%	99%	-	-

6 ICS Providers

### Provider Metric: Friends & Family Community Score (732)

The percentage of patients who reported that rated the care they received as either 'Very Good' or 'Good'

- Higher values are good
- Frequency: Monthly
- Default target value: 95%
- Items which meet the target are shown in green text.

### Heat Map

Off  On

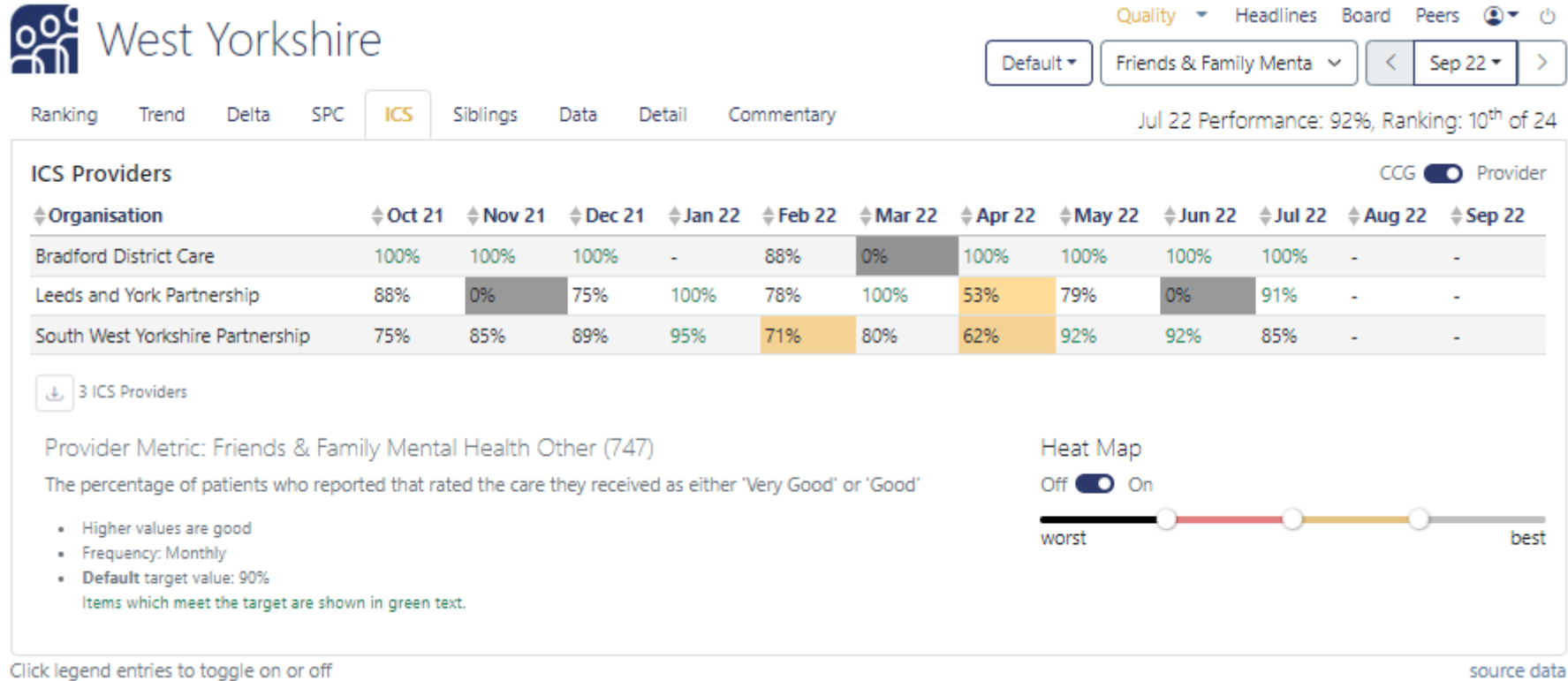


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# Friends & Family Mental Health Other



# Friends & Family Mental Health Score



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾ Friends & Family Menta ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jul 22 Performance: 87%, Ranking: 18<sup>th</sup> of 36

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Bradford District Care	85%	87%	94%	88%	89%	88%	89%	84%	91%	86%	-	-
Leeds and York Partnership	94%	95%	89%	94%	92%	83%	81%	84%	87%	90%	-	-
Leeds Community Healthcare	-	0%	0%	82%	63%	81%	79%	74%	81%	67%	-	-
South West Yorkshire Partnership	76%	81%	85%	83%	84%	84%	81%	85%	86%	90%	-	-

↓ 4 ICS Providers

Provider Metric: Friends & Family Mental Health Score (733)

The percentage of patients who reported that rated the care they received as either 'Very Good' or 'Good'

- Higher values are good
- Frequency: Monthly
- **Default target value: 90%**

Items which meet the target are shown in green text.

Heat Map

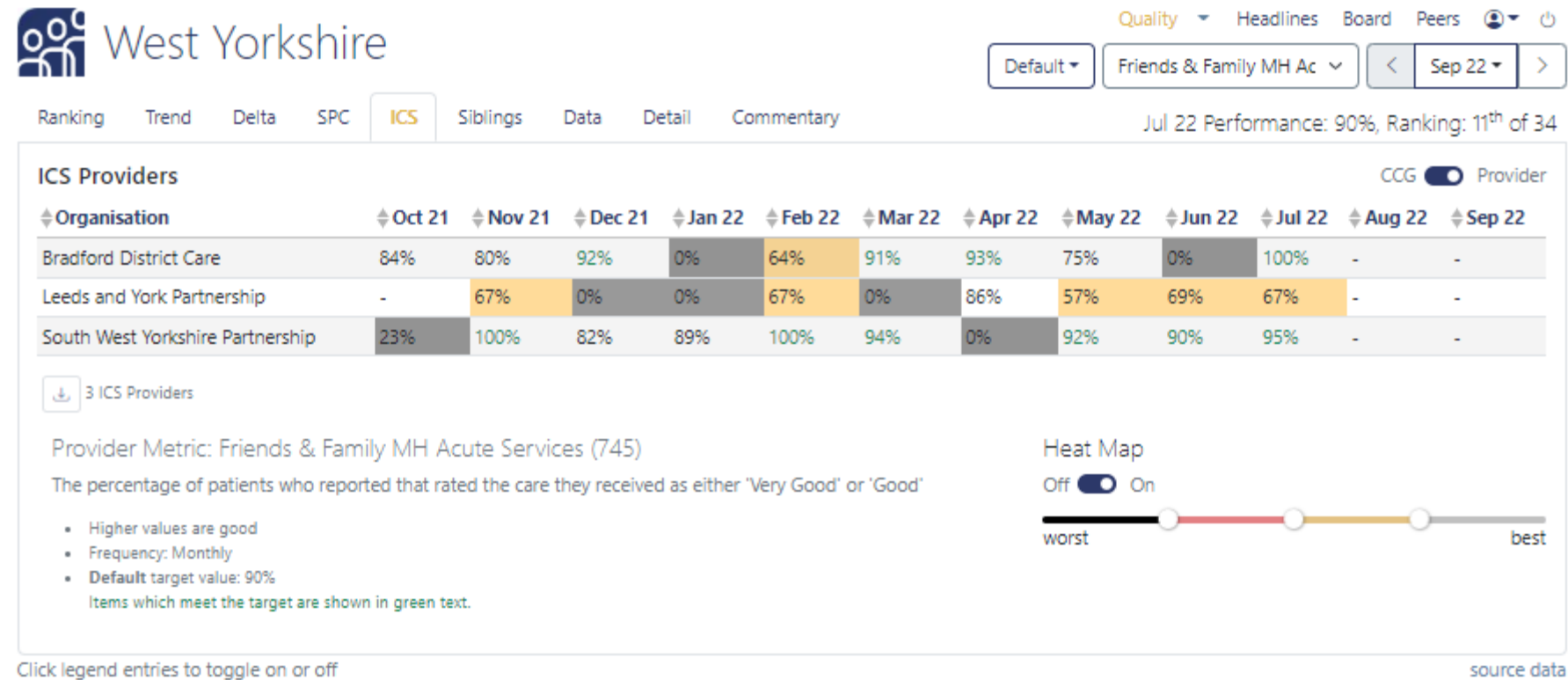
Off  On



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source data

# Friends & Family MH Acute Services



# Friends & Family MH Child & Adolescent Mental Health Services



Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾ Friends & Family MH Cr ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jul 22 Performance: 78%, Ranking: 17<sup>th</sup> of 29

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Bradford District Care	86%	77%	100%	0%	100%	80%	91%	74%	82%	94%	-	-
Leeds and York Partnership	-	0%	-	0%	-	-	0%	-	0%	-	-	-
Leeds Community Healthcare	-	0%	0%	82%	67%	0%	60%	56%	73%	50%	-	-
South West Yorkshire Partnership	71%	72%	77%	88%	78%	76%	82%	79%	92%	85%	-	-

4 ICS Providers

Provider Metric: Friends & Family MH Child & Adolescent Mental Health Services (746)

The percentage of patients who reported that rated the care they received as either 'Very Good' or 'Good'

- Higher values are good
  - Frequency: Monthly
  - **Default** target value: 90%
- Items which meet the target are shown in green text.

Heat Map

Off  On



Click legend entries to toggle on or off

source data

# Friends & Family MH Primary Care

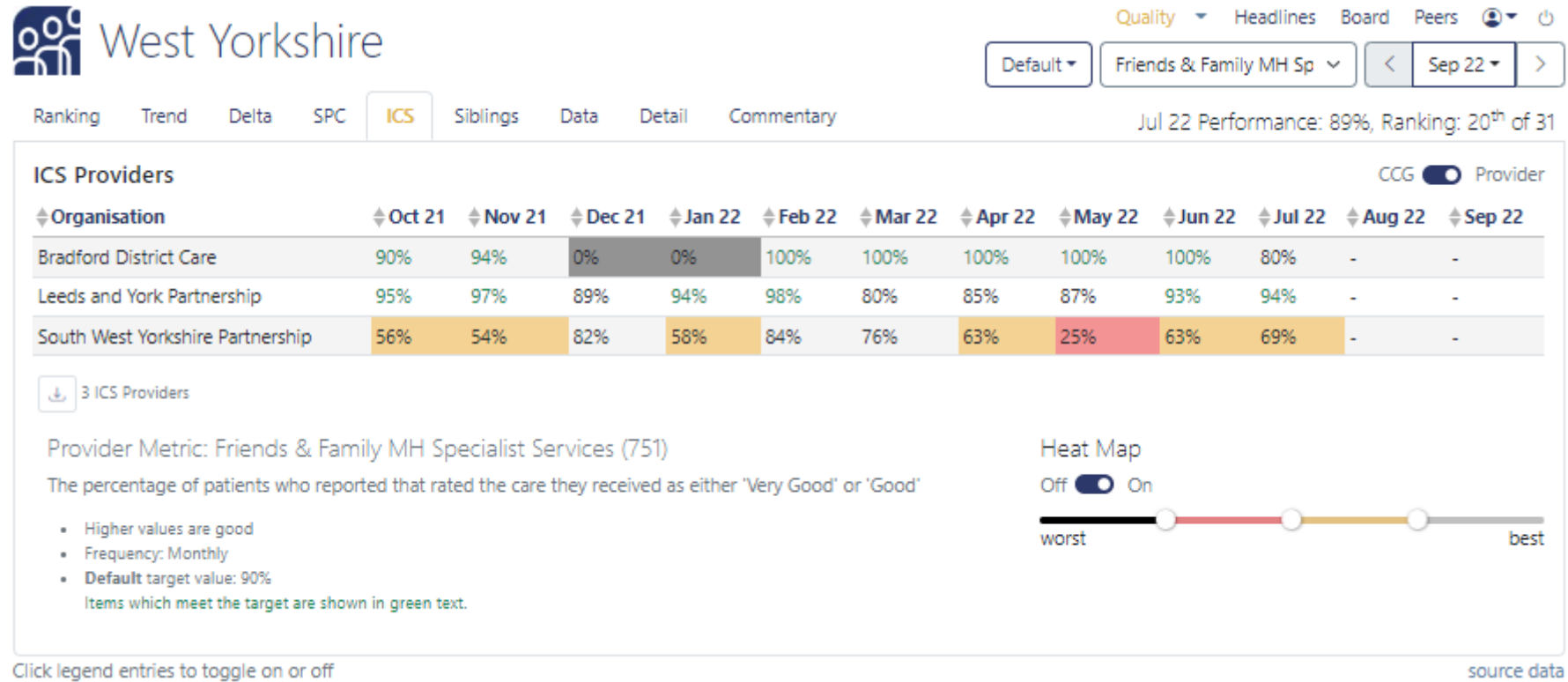


Click legend entries to toggle on or off

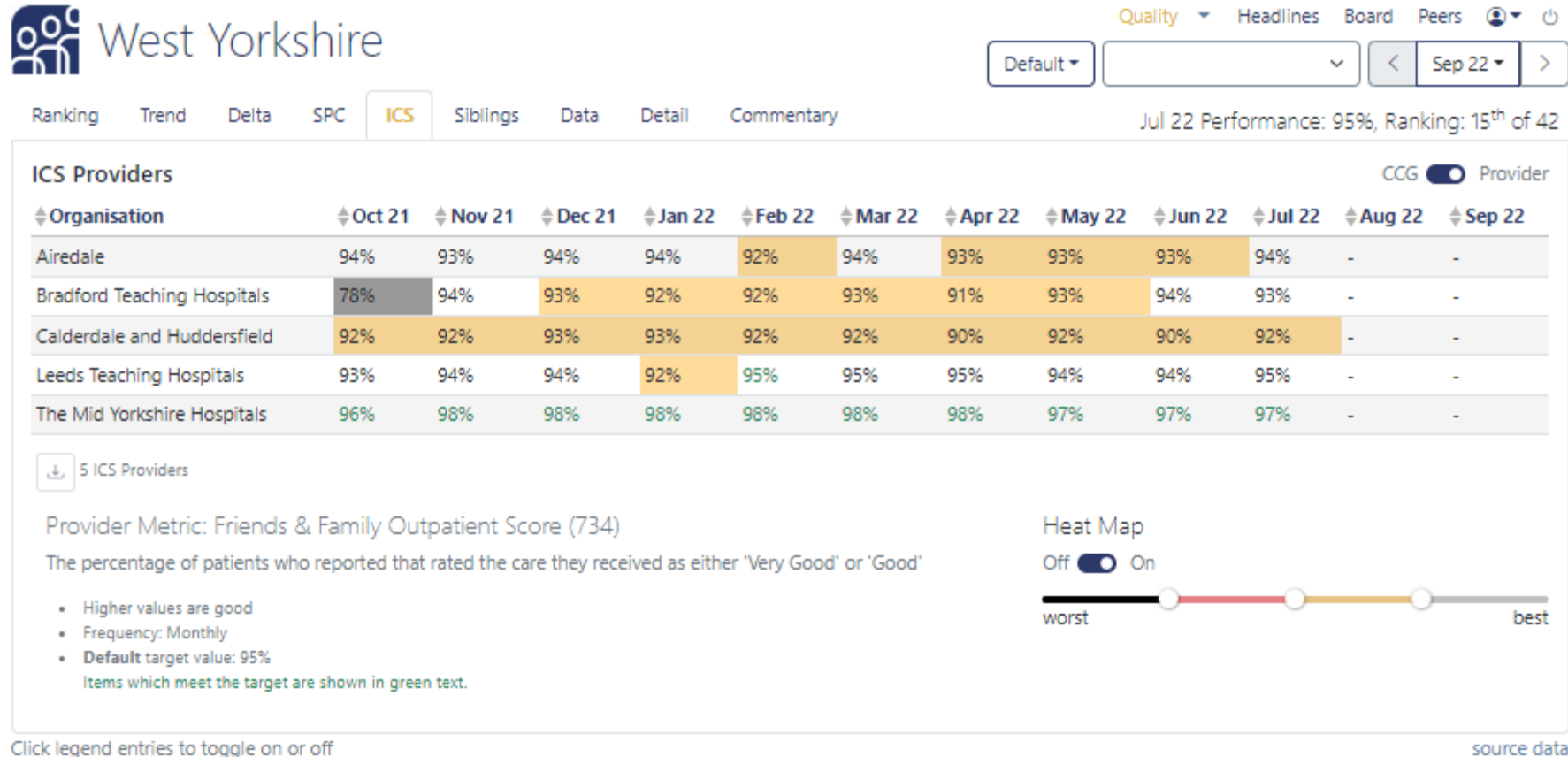
# Friends & Family MH Secondary Care Community Services



# Friends & Family MH Specialist Services



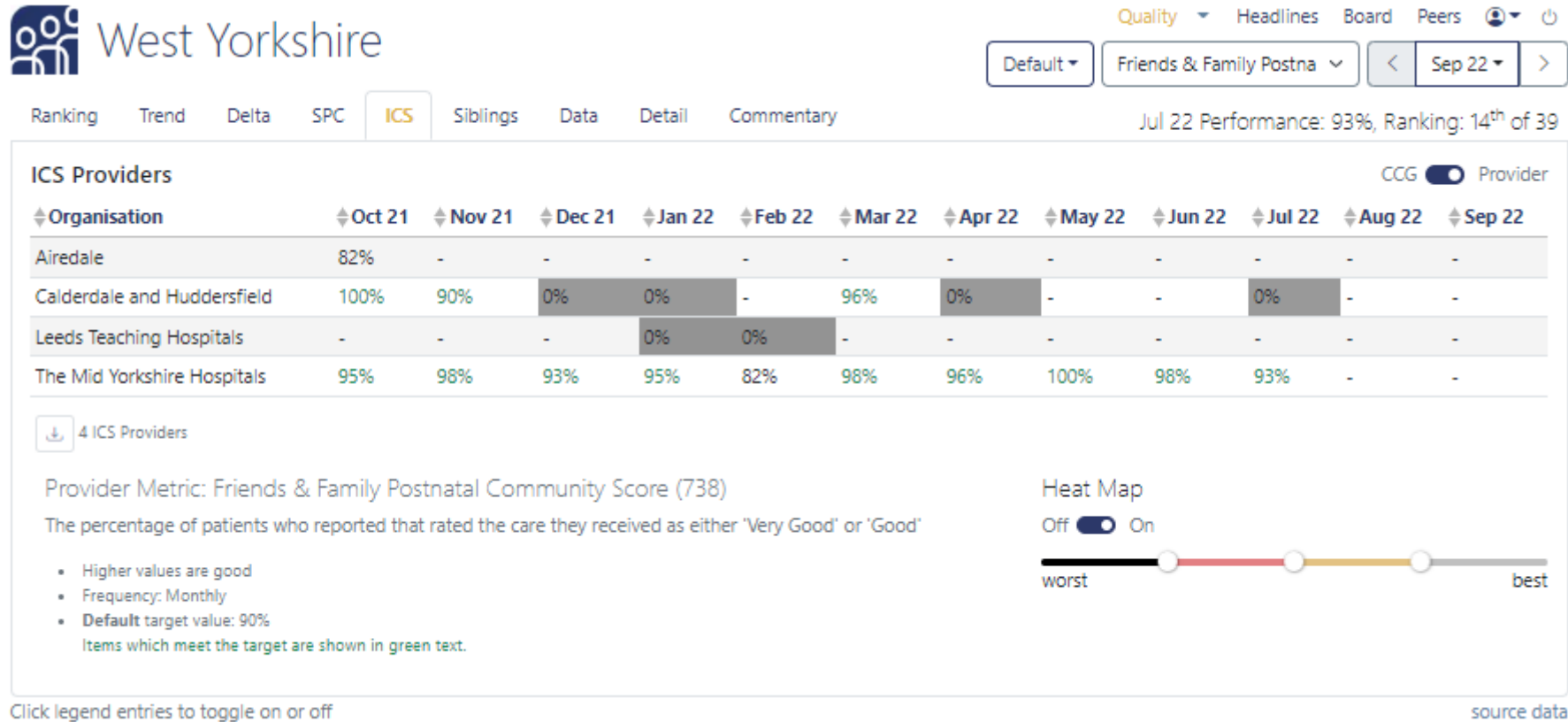
# Friends & Family Outpatient Score



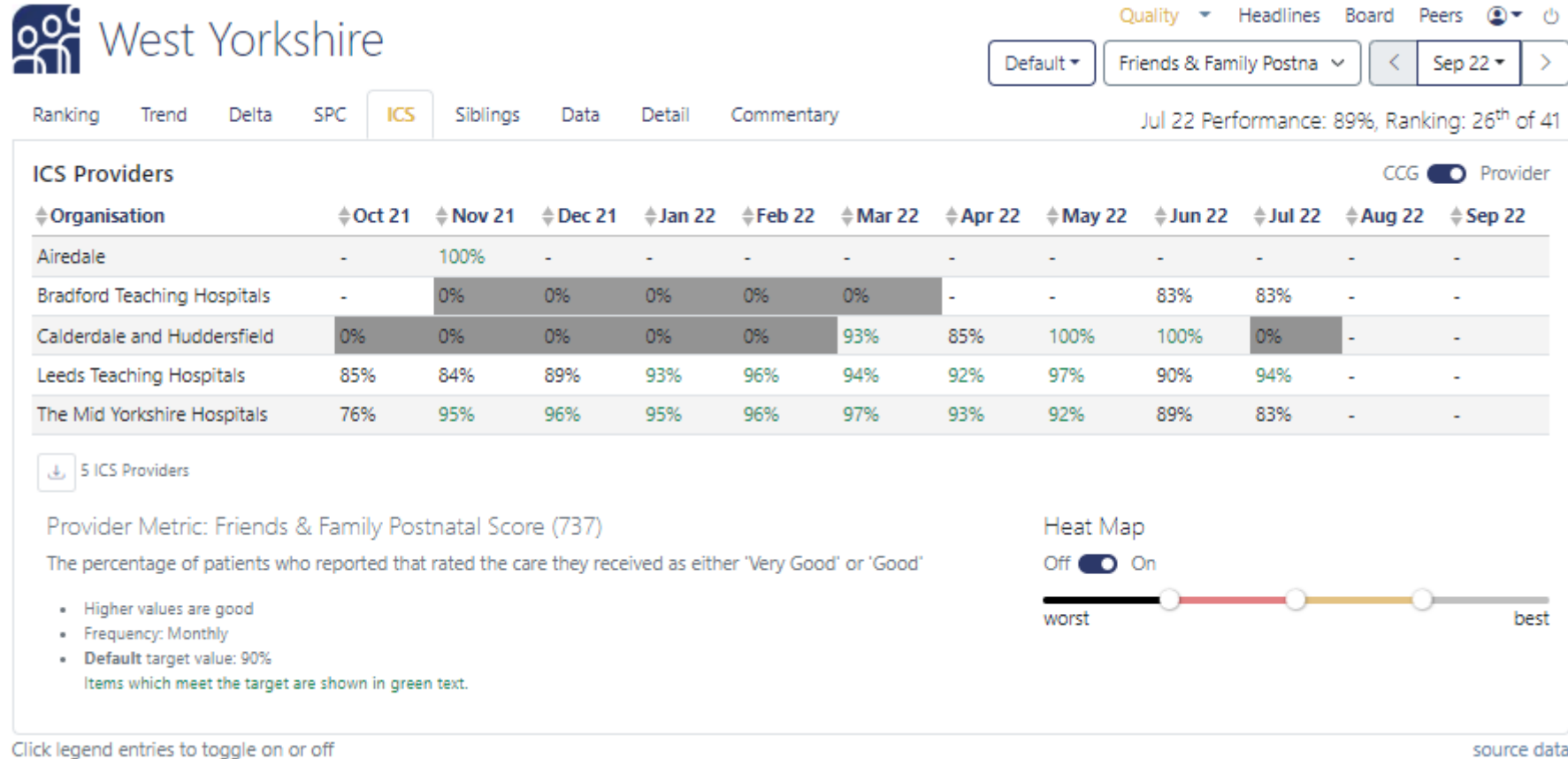
Click legend entries to toggle on or off



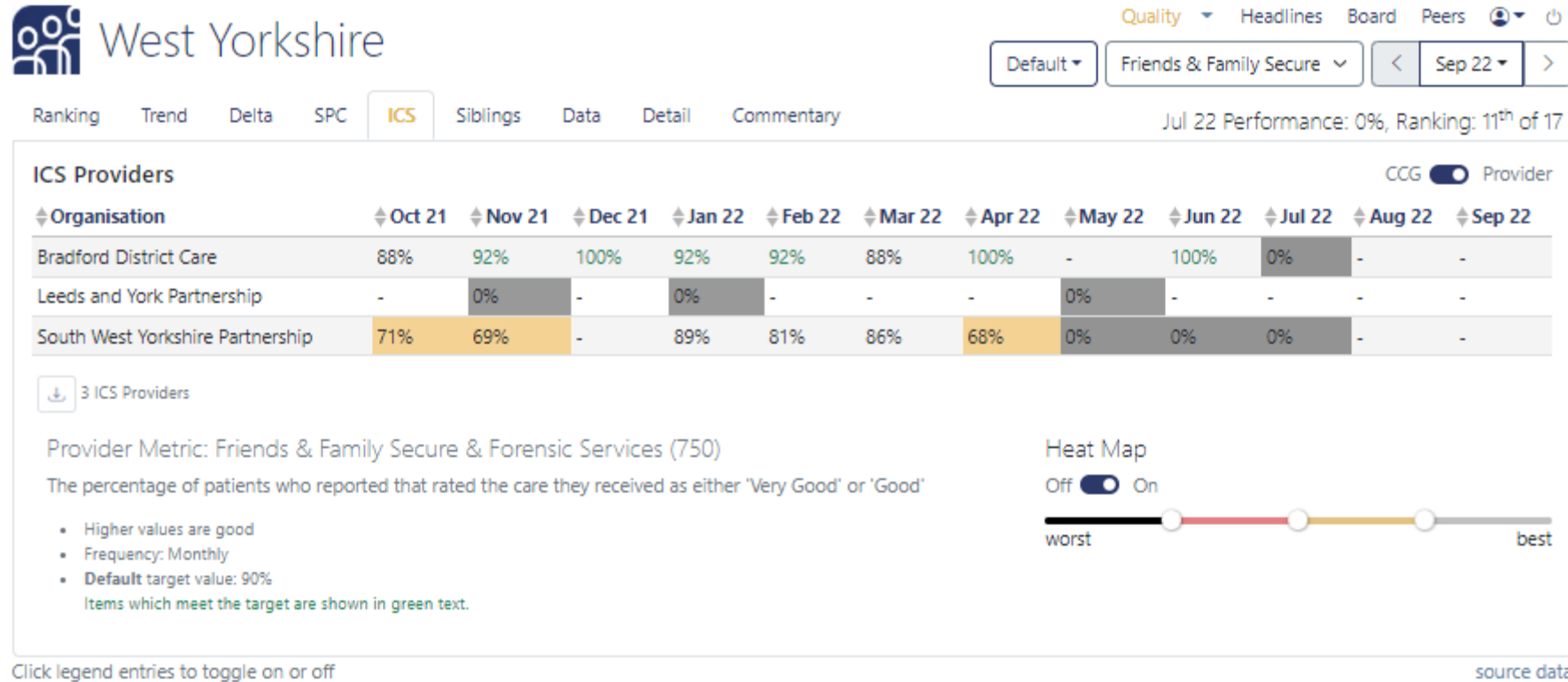
# Friends & Family Postnatal Community Score



# Friends & Family Postnatal Score



# Friends & Family Secure & Forensic Services



# Gastrointestinal hemorrhage



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾

Gastrointestinal hemorr ▾

< Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Apr 22 Performance: 111.1, Ranking: 33<sup>rd</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	71.6	86.2	74.9	75.6	79.9	79.8	80.1	-	-	-	-	-
Bradford Teaching Hospitals	120.0	104.3	112.3	121.1	121.4	114.9	116.1	-	-	-	-	-
Calderdale and Huddersfield	93.6	94.8	93.3	86.4	91.7	90.6	112.0	-	-	-	-	-
Leeds Teaching Hospitals	126.7	140.4	133.8	135.9	127.5	136.9	137.6	-	-	-	-	-
The Mid Yorkshire Hospitals	117.7	102.1	106.1	104.6	97.6	104.8	94.5	-	-	-	-	-

↓ 5 ICS Providers

### Provider Metric: Gastrointestinal hemorrhage (209)

The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were expected to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

- Lower values are good
- Frequency: Monthly
- Default target value: 100.0  
Items which meet the target are shown in green text.

### Heat Map

Off  On



Click legend entries to toggle on or off

source data

# Hip Fracture Best Practice



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾ [ ] < Sep 22 >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Aug 22 Performance: 43.4%, Ranking: 21<sup>st</sup> of 41

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	54.8%	60.0%	48.6%	64.7%	55.2%	52.0%	40.0%	70.8%	74.1%	55.6%	55.6%	-
Bradford Teaching Hospitals	48.1%	21.1%	34.3%	30.0%	45.5%	25.0%	33.3%	30.0%	34.4%	22.7%	21.2%	-
Calderdale and Huddersfield	14.3%	39.5%	33.3%	31.3%	29.3%	45.9%	64.3%	46.5%	42.9%	75.0%	43.2%	-
Leeds Teaching Hospitals	39.5%	46.7%	54.0%	42.9%	54.0%	39.5%	11.9%	30.8%	26.2%	38.0%	32.8%	-
The Mid Yorkshire Hospitals	80.0%	89.7%	84.2%	86.8%	87.0%	80.5%	88.1%	72.5%	73.6%	62.2%	66.0%	-

5 ICS Providers

### Provider Metric: Hip Fracture Best Practice (9)

The proportion of patients that have fractured their hip whose care against a basket of indicators covering eight elements of is considered to be best practice

- Higher values are good
  - Frequency: Monthly
  - Default target value: 65.0%
- Items which meet the target are shown in green text.

### Heat Map

Off  On



Click legend entries to toggle on or off

source data

# Hospital Onset Infection Rate



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⚙

Default ▾

Hospital Onset Infection ▾



Sep 22 ▾



Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jun 22 Performance: 44.8%, Ranking: 35<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	33.3%	34.3%	34.0%	34.9%	36.1%	36.7%	38.8%	38.4%	37.5%	-	-	-
Bradford Teaching Hospitals	39.6%	40.9%	41.7%	41.9%	42.7%	42.3%	42.1%	42.4%	42.9%	-	-	-
Calderdale and Huddersfield	27.8%	28.6%	29.9%	30.7%	32.3%	35.2%	36.5%	37.2%	39.4%	-	-	-
Leeds Teaching Hospitals	48.5%	48.4%	46.8%	47.4%	47.5%	46.3%	47.5%	48.9%	49.8%	-	-	-
The Mid Yorkshire Hospitals	47.7%	45.6%	44.4%	43.7%	43.8%	42.9%	43.4%	41.6%	42.7%	-	-	-

📄 5 ICS Providers

Provider Metric: Hospital Onset Infection Rate (153)

Proportion of infections that are recorded as 'hospital onset'

- Lower values are good
- Frequency: Monthly
- Default target value: -

Heat Map

Off  On



Click legend entries to toggle on or off

source data

# Intestinal obstruction without hernia



West Yorkshire

Quality Headlines Board Peers

Default

Intestinal obstruction wi

Sep 22

Ranking Trend Delta SPC ICS Siblings Data Detail Commentary

Apr 22 Performance: 113.6, Ranking: 35<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	100.0	-	100.0	100.0	100.0	100.0	100.0	-	-	-	-	-
Bradford Teaching Hospitals	100.0	133.3	133.3	133.3	133.3	133.3	133.3	-	-	-	-	-
Calderdale and Huddersfield	100.0	100.0	100.0	83.3	83.3	83.3	100.0	-	-	-	-	-
Leeds Teaching Hospitals	100.0	100.0	100.0	100.0	114.3	100.0	100.0	-	-	-	-	-
The Mid Yorkshire Hospitals	100.0	100.0	100.0	120.0	100.0	116.7	140.0	-	-	-	-	-

5 ICS Providers

### Provider Metric: Intestinal obstruction without hernia (212)

The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were expected to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

- Lower values are good
- Frequency: Monthly
- Default target value: 100.0  
Items which meet the target are shown in green text.

### Heat Map

Off  On



Click legend entries to toggle on or off

source data

# Intracranial injury



Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾ Intracranial injury ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Apr 22 Performance: 121.4, Ranking: 37<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	100.0	100.0	150.0	150.0	150.0	100.0	100.0	-	-	-	-	-
Bradford Teaching Hospitals	100.0	100.0	100.0	100.0	100.0	100.0	66.7	-	-	-	-	-
Calderdale and Huddersfield	150.0	150.0	175.0	120.0	120.0	100.0	100.0	-	-	-	-	-
Leeds Teaching Hospitals	125.0	133.3	125.0	125.0	150.0	150.0	158.3	-	-	-	-	-
The Mid Yorkshire Hospitals	100.0	100.0	80.0	100.0	120.0	120.0	100.0	-	-	-	-	-

↓ 5 ICS Providers

### Provider Metric: Intracranial injury (211)

The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were expected to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

- Lower values are good
- Frequency: Monthly
- **Default target value: 100.0**  
Items which meet the target are shown in green text.

### Heat Map

Off  On



Click legend entries to toggle on or off

source data



# Joint disorders, fractures & sprains



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾

Joint disorders, fracture: ▾

< Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Apr 22 Performance: 110.0, Ranking: 28<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	100.0	-	-	-	-	100.0	66.7	-	-	-	-	-
Bradford Teaching Hospitals	100.0	100.0	100.0	100.0	150.0	200.0	150.0	-	-	-	-	-
Calderdale and Huddersfield	75.0	75.0	75.0	100.0	100.0	100.0	100.0	-	-	-	-	-
Leeds Teaching Hospitals	116.7	116.7	133.3	128.6	128.6	114.3	128.6	-	-	-	-	-
The Mid Yorkshire Hospitals	100.0	75.0	75.0	100.0	100.0	100.0	100.0	-	-	-	-	-

↓ 5 ICS Providers

Provider Metric: Joint disorders, fractures & sprains (214)

The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were expected to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

- Lower values are good
- Frequency: Monthly
- Default target value: 100.0  
Items which meet the target are shown in green text.

Heat Map

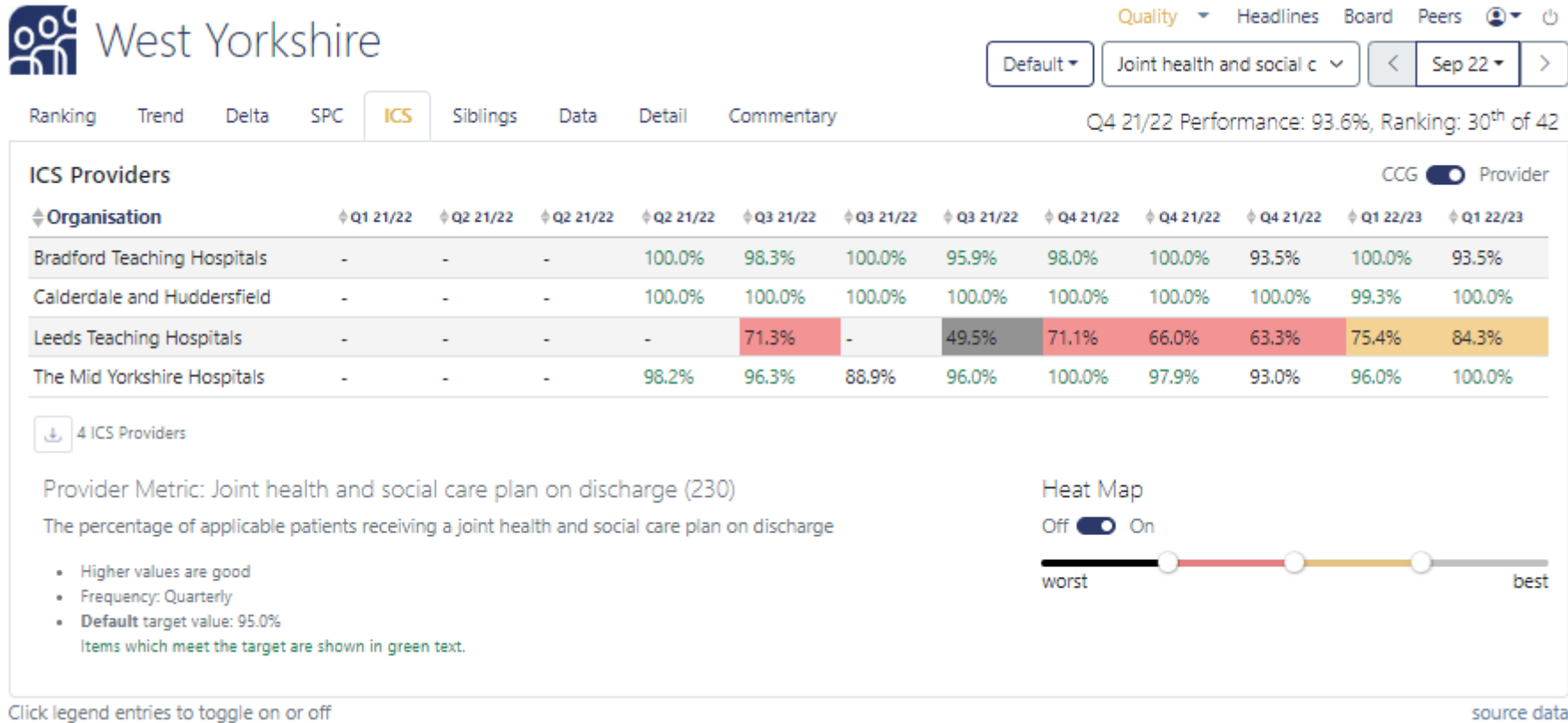
Off  On



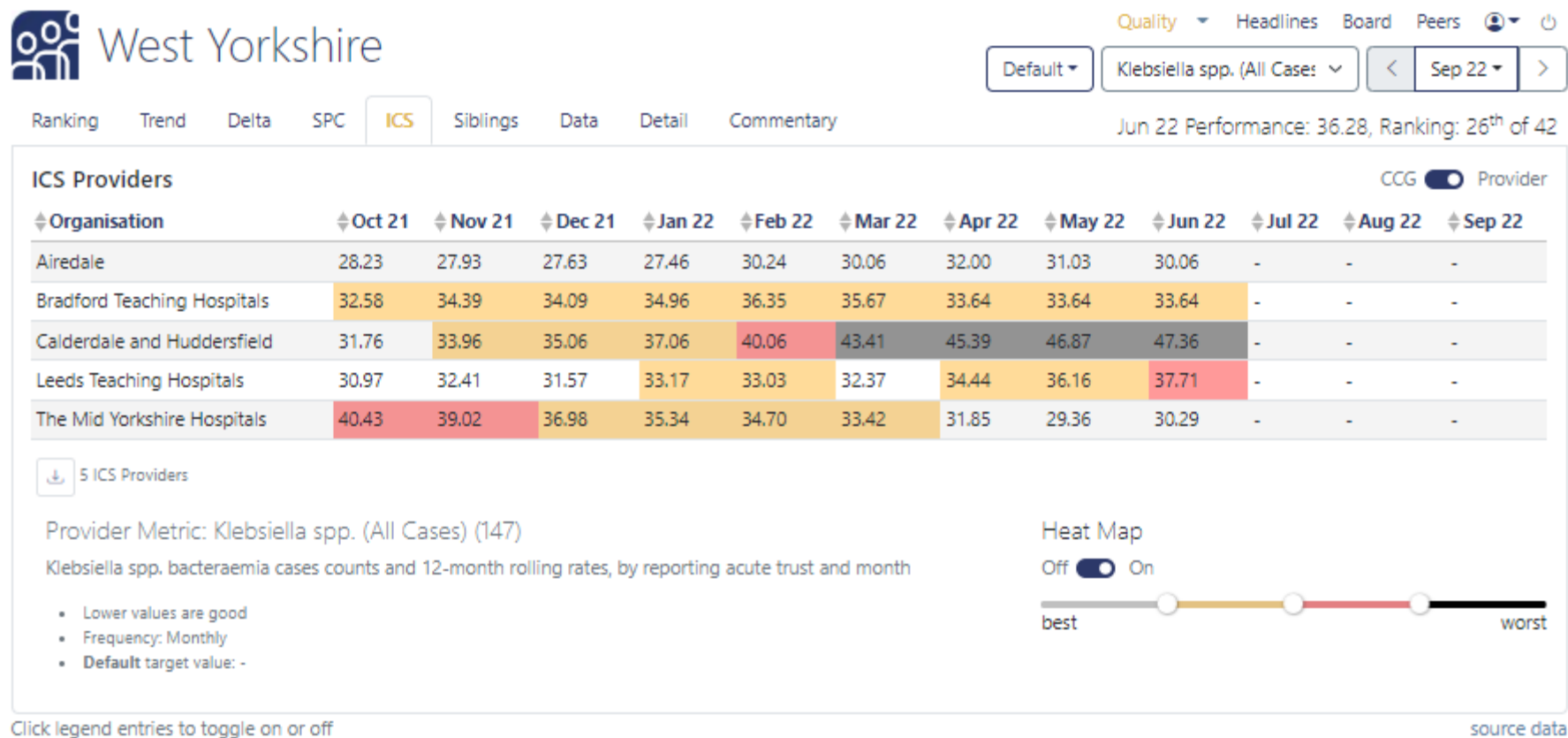
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source data

# Joint health and social care plan on discharge



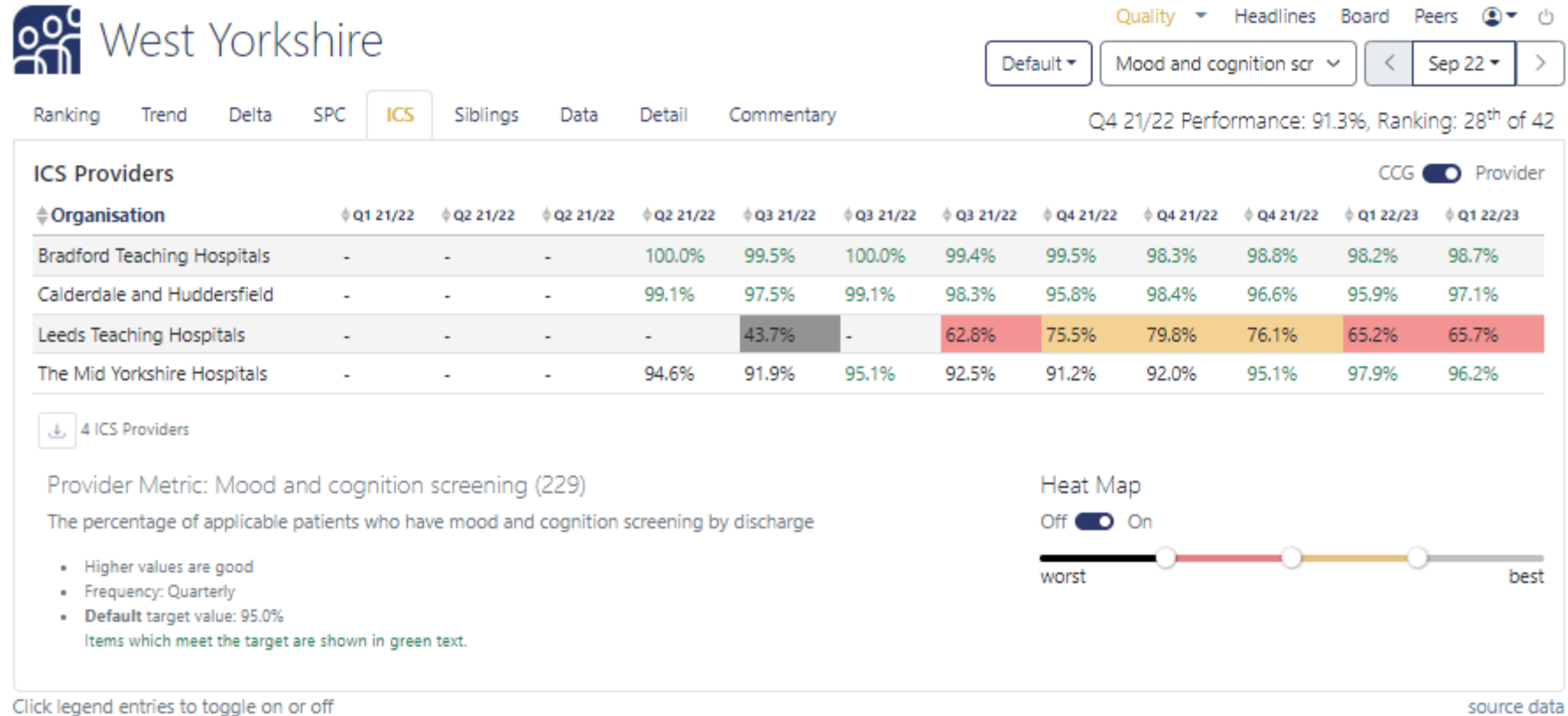
# Klebsiella spp. (All Cases)



# Klebsiella spp. (Hospital Onset)



# Mood and cognition screening



# MRSA (All Cases)



# MRSA (Hospital Onset)



# MSSA (All Cases)



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⚙️

Default ▾ MSSA (All Cases) ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jun 22 Performance: 44.12, Ranking: 32<sup>nd</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	47.39	44.89	43.42	43.16	40.00	42.67	43.64	43.64	42.67	-	-	-
Bradford Teaching Hospitals	59.37	57.31	56.82	59.13	57.86	58.10	50.45	49.44	51.98	-	-	-
Calderdale and Huddersfield	52.93	53.29	52.59	55.34	54.08	49.83	49.33	50.81	48.84	-	-	-
Leeds Teaching Hospitals	40.82	39.59	40.82	40.98	40.82	41.67	40.29	40.12	40.12	-	-	-
The Mid Yorkshire Hospitals	42.08	43.25	45.35	44.57	43.53	43.41	41.22	42.47	44.03	-	-	-

5 ICS Providers

Provider Metric: MSSA (All Cases) (49)

MSSA total cases counts and 12-month rolling rates, by reporting acute trust and month

- Lower values are good
- Frequency: Monthly
- Default target value: -

Heat Map

Off  On

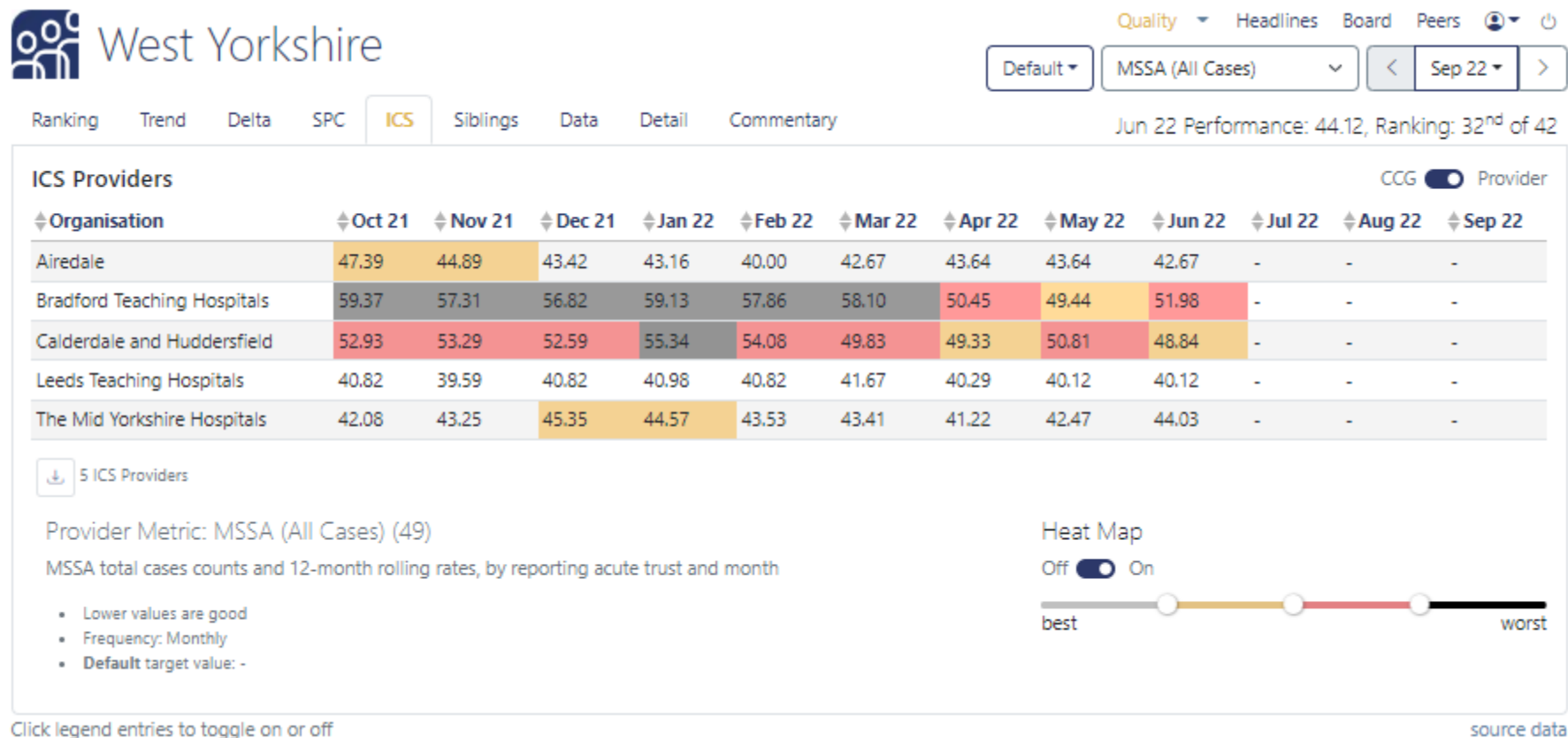


Click legend entries to toggle on or off

source data



# MSSA (Hospital Onset)



Click legend entries to toggle on or off

# Organic mental disorders



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾ Organic mental disorder ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Apr 22 Performance: 106.4, Ranking: 27<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	100.0	100.0	100.0	100.0	100.0	120.0	100.0	-	-	-	-	-
Bradford Teaching Hospitals	100.0	100.0	112.5	100.0	100.0	100.0	87.5	-	-	-	-	-
Calderdale and Huddersfield	88.9	90.0	90.0	80.0	90.0	72.7	81.8	-	-	-	-	-
Leeds Teaching Hospitals	84.6	92.3	100.0	100.0	100.0	100.0	107.7	-	-	-	-	-
The Mid Yorkshire Hospitals	171.4	162.5	150.0	162.5	175.0	155.6	155.6	-	-	-	-	-

📄 5 ICS Providers

### Provider Metric: Organic mental disorders (208)

The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were expected to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

- Lower values are good
- Frequency: Monthly
- **Default target value: 100.0**  
Items which meet the target are shown in green text.

### Heat Map

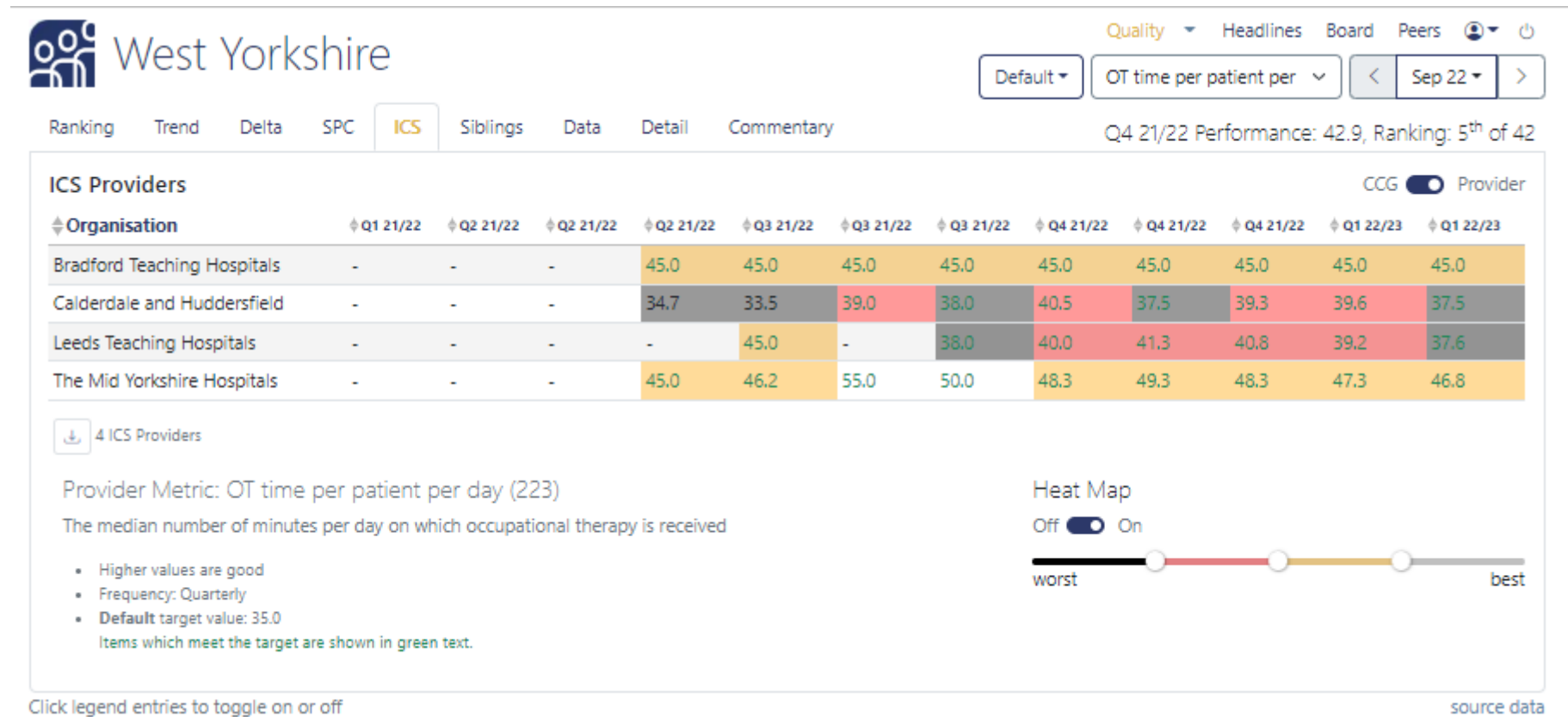
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source data

# OT time per patient per day



# Other gastrointestinal disorders



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾ Other gastrointestinal d ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Apr 22 Performance: 109.1, Ranking: 26<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	66.7	66.7	100.0	100.0	100.0	100.0	100.0	-	-	-	-	-
Bradford Teaching Hospitals	100.0	100.0	133.3	100.0	100.0	133.3	133.3	-	-	-	-	-
Calderdale and Huddersfield	60.0	80.0	80.0	100.0	100.0	100.0	100.0	-	-	-	-	-
Leeds Teaching Hospitals	140.0	120.0	120.0	120.0	120.0	140.0	120.0	-	-	-	-	-
The Mid Yorkshire Hospitals	100.0	100.0	100.0	116.7	116.7	116.7	100.0	-	-	-	-	-

↓ 5 ICS Providers

### Provider Metric: Other gastrointestinal disorders (213)

The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were expected to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

- Lower values are good
- Frequency: Monthly
- **Default target value: 100.0**  
Items which meet the target are shown in green text.

### Heat Map

Off  On



Click legend entries to toggle on or off

source data

# Outpatient First DNA Rate



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾ Outpatient First DNA Ra ▾ < Sep 22 >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jul 22 Performance: 5.21%, Ranking: 4<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	7.34%	7.22%	8.11%	7.02%	7.83%	7.54%	8.46%	8.55%	9.31%	9.45%	-	-
Bradford District Care	-	5.13%	6.25%	5.41%	6.45%	5.00%	7.69%	5.13%	5.56%	7.14%	-	-
Bradford Teaching Hospitals	8.62%	8.98%	9.64%	10.45%	10.00%	10.68%	11.17%	10.37%	10.56%	10.77%	-	-
Calderdale and Huddersfield	7.12%	6.55%	6.74%	6.75%	6.88%	7.40%	6.88%	7.21%	7.44%	6.58%	-	-
Leeds Community Healthcare	6.82%	7.55%	11.27%	8.00%	9.30%	9.76%	-	-	-	-	-	-
Leeds Teaching Hospitals	0.05%	0.04%	0.07%	0.05%	0.07%	0.07%	0.05%	0.04%	0.05%	-	-	-
South West Yorkshire Partnership	10.20%	13.70%	14.59%	11.07%	14.62%	16.55%	-	-	-	-	-	-
The Mid Yorkshire Hospitals	7.15%	6.96%	7.35%	7.21%	6.48%	6.54%	6.69%	7.12%	6.90%	7.48%	-	-

8 ICS Providers

Provider Metric: Outpatient First DNA Rate (233)

The percentage of outpatient first attendances where the patient did not attend (DNA)

- Lower values are good
- Frequency: Monthly
- **Default** target value: 8.50%
- Items which meet the target are shown in green text.

Heat Map

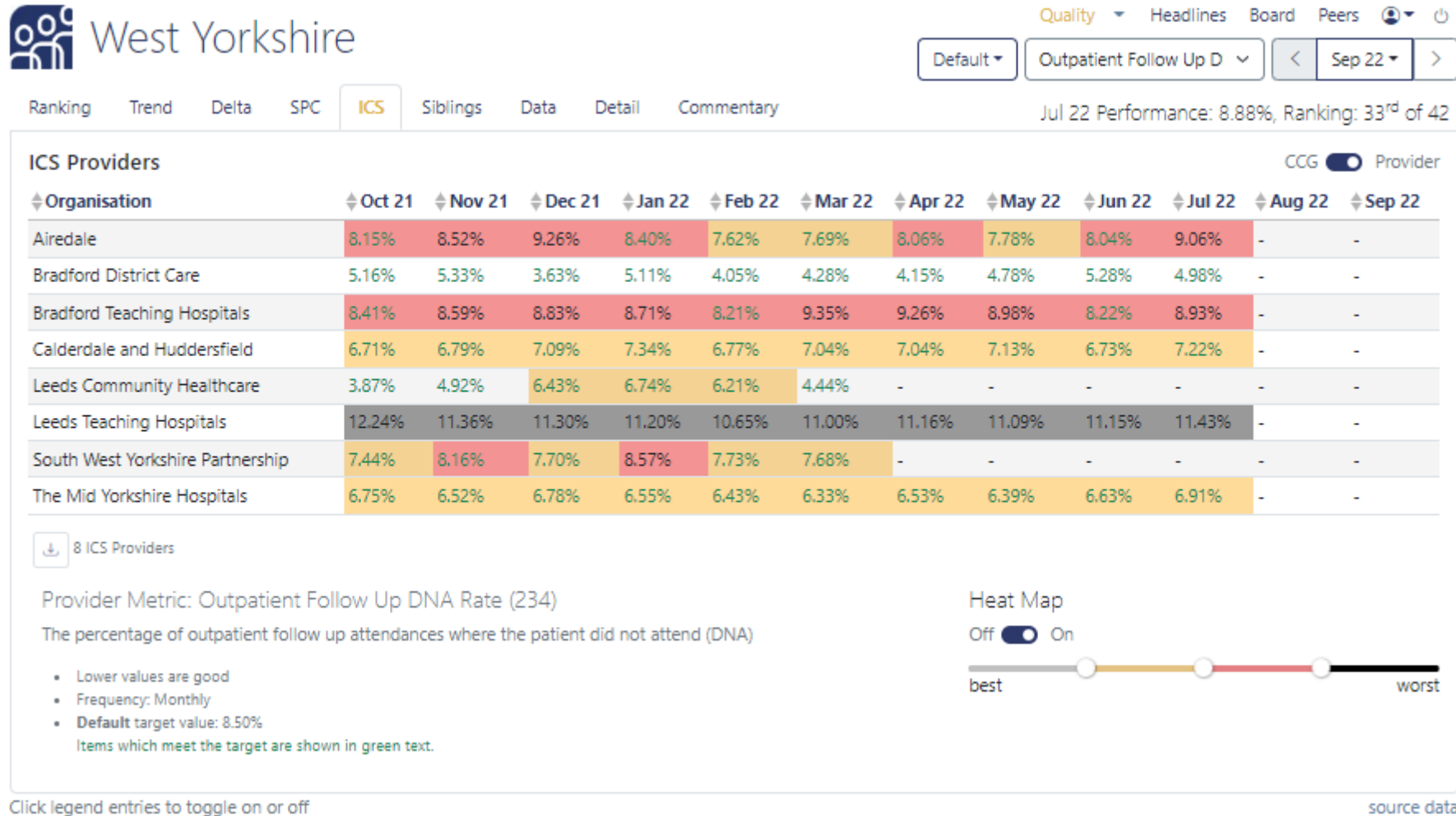
Off  On



Click legend entries to toggle on or off

source data

# Outpatient Follow Up DNA Rate



# P.aeruginosa (All Cases)



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⚙

Default ▾

P.aeruginosa (All Cases) ▾

< Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jun 22 Performance: 11.26, Ranking: 15<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	7.06	6.98	5.92	5.88	5.85	5.82	7.76	8.73	9.70	-	-	-
Bradford Teaching Hospitals	6.83	7.82	6.20	6.68	6.14	7.13	7.13	8.66	9.17	-	-	-
Calderdale and Huddersfield	11.12	12.02	12.89	12.69	12.52	12.83	12.33	12.83	13.81	-	-	-
Leeds Teaching Hospitals	13.72	14.37	13.78	13.37	12.28	11.88	11.71	12.05	11.36	-	-	-
The Mid Yorkshire Hospitals	15.12	14.63	14.79	14.64	13.88	12.49	11.55	12.18	11.24	-	-	-

↓ 5 ICS Providers

Provider Metric: P.aeruginosa (All Cases) (151)

P.aeruginosa bacteraemia cases counts and 12-month rolling rates, by reporting acute trust and month

- Lower values are good
- Frequency: Monthly
- Default target value: -

Heat Map

Off  On



Click legend entries to toggle on or off

source data

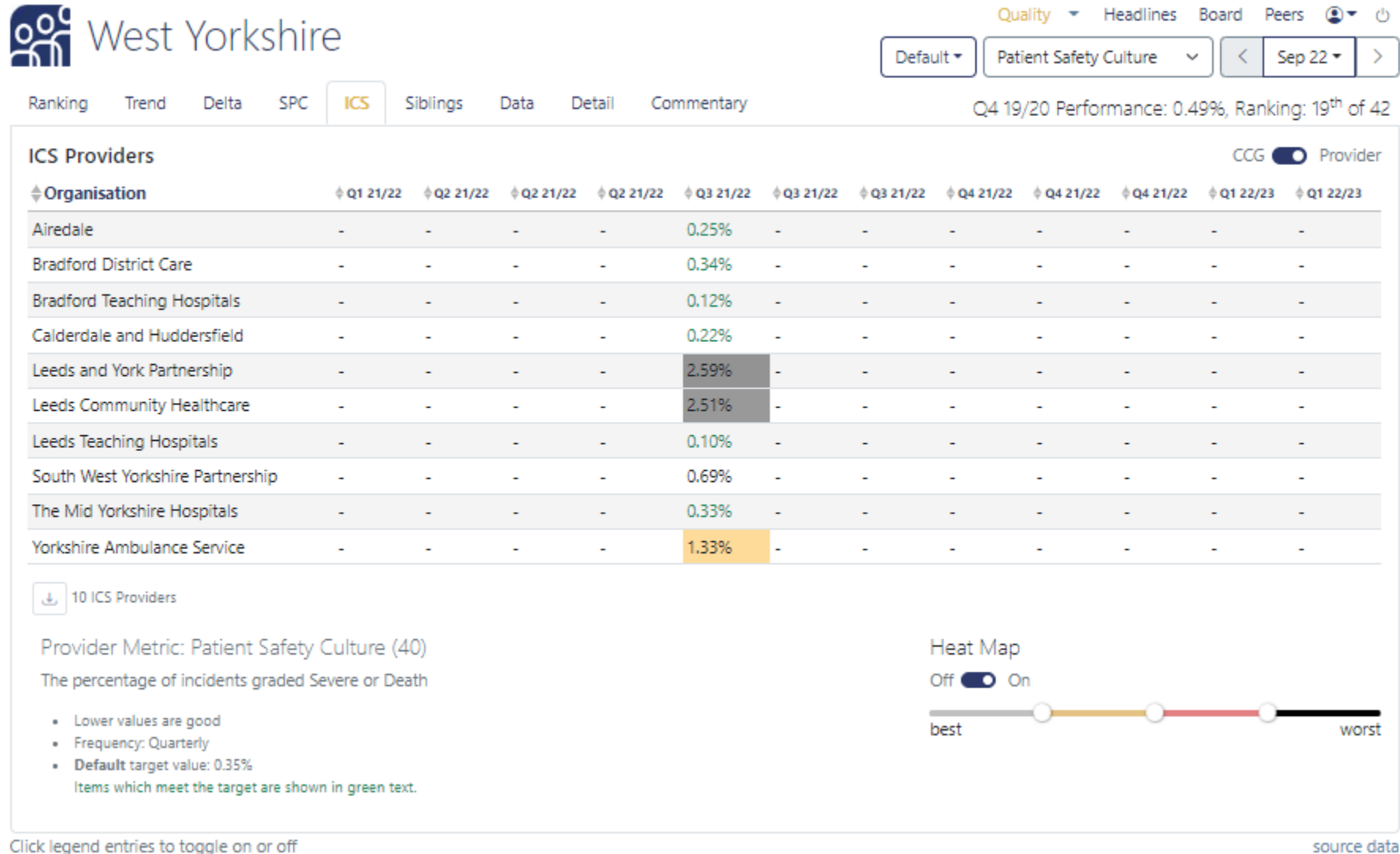
# P.aeruginosa (Hospital Onset)



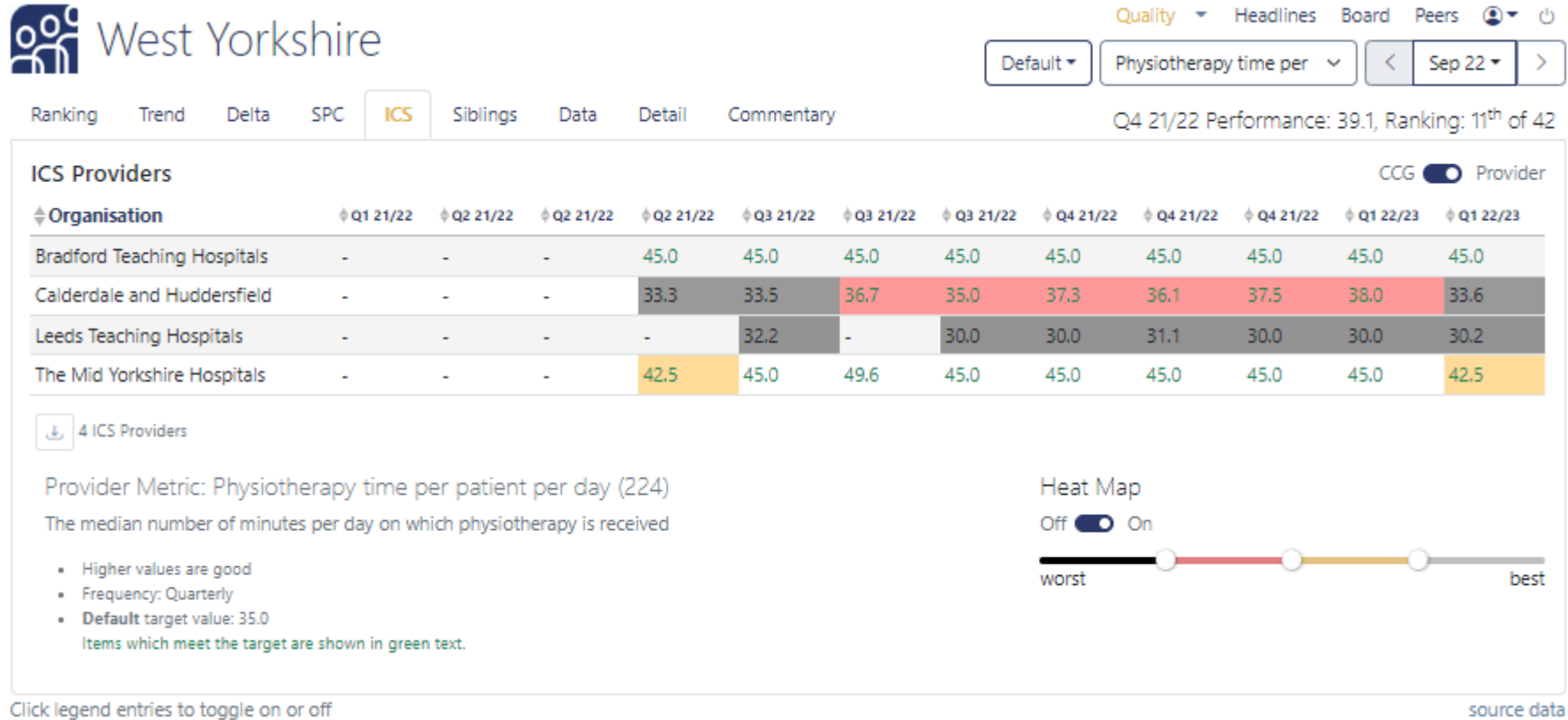
Click legend entries to toggle on or off



# Patient Safety Culture



# Physiotherapy time per patient per day



# Pneumonia (excluding TB/STD)



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾ Pneumonia (excluding T ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Apr 22 Performance: 96.6, Ranking: 12<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	99.5	101.3	96.0	103.2	97.3	99.3	98.1	-	-	-	-	-
Bradford Teaching Hospitals	84.2	86.8	85.9	86.0	90.4	91.1	90.8	-	-	-	-	-
Calderdale and Huddersfield	95.8	94.7	96.9	101.1	101.0	103.1	102.2	-	-	-	-	-
Leeds Teaching Hospitals	110.7	110.4	110.1	111.2	110.7	110.9	111.0	-	-	-	-	-
The Mid Yorkshire Hospitals	80.3	76.7	79.6	79.5	79.8	78.9	79.6	-	-	-	-	-

5 ICS Providers

### Provider Metric: Pneumonia (excluding TB/STD) (195)

The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were expected to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

- Lower values are good
- Frequency: Monthly
- Default target value: 100.0

Items which meet the target are shown in green text.

### Heat Map

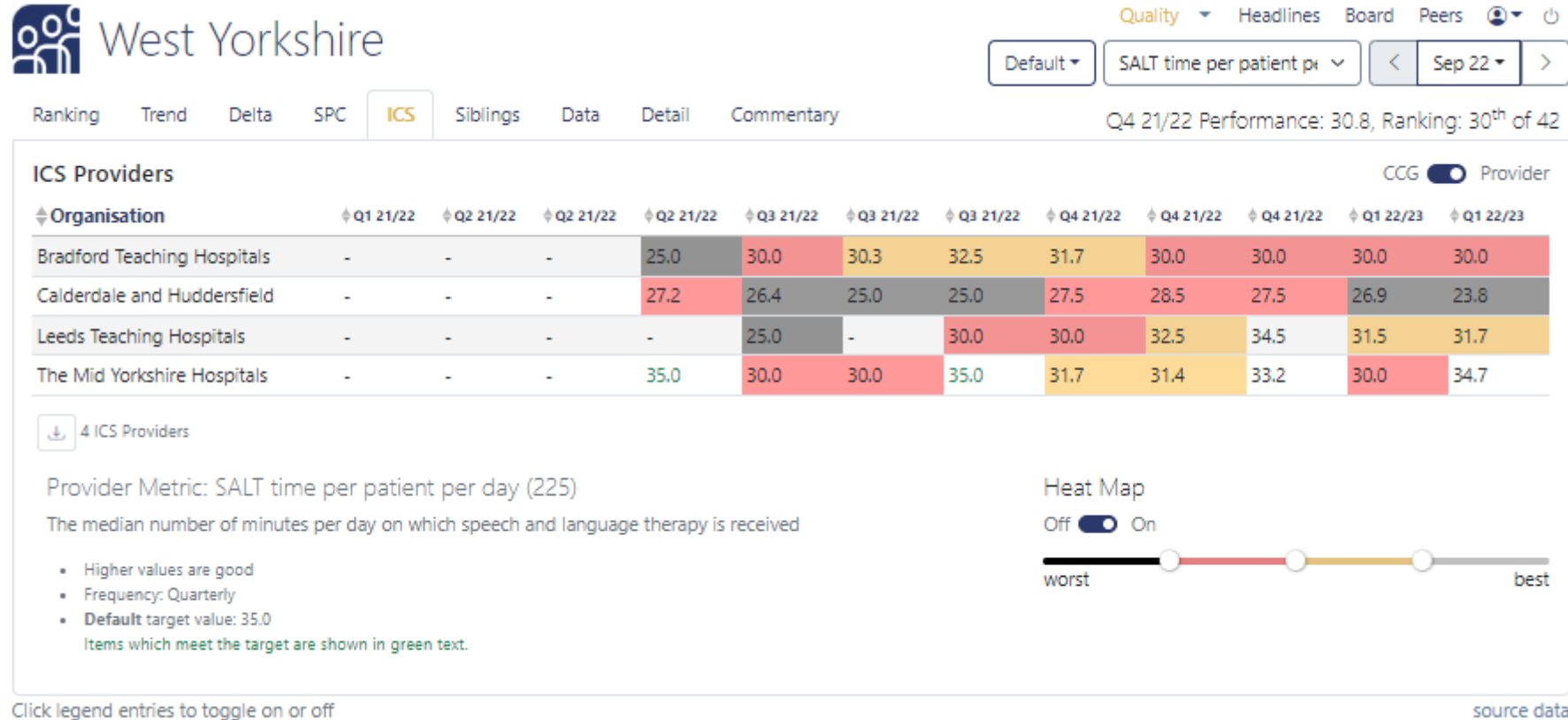
Off  On



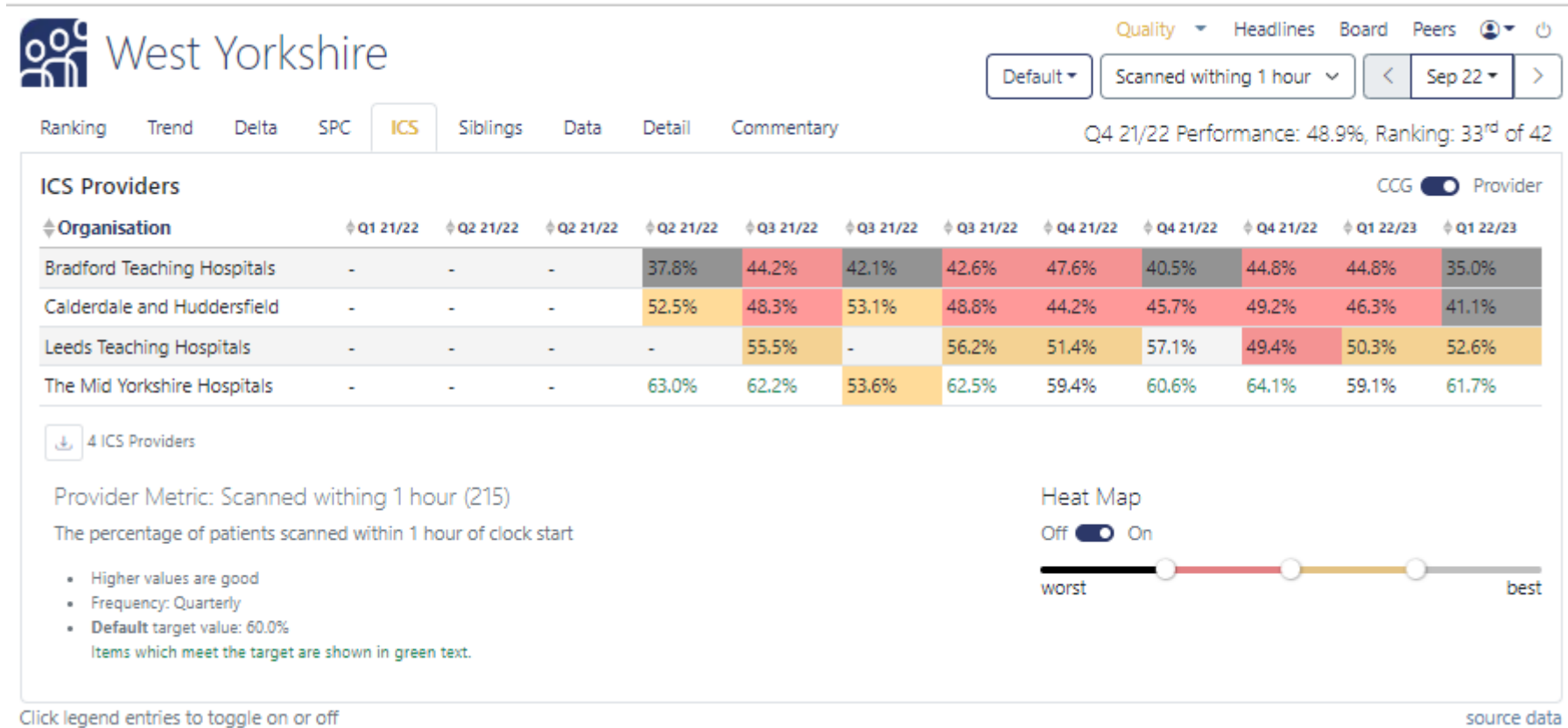
Click legend entries to toggle on or off

source data

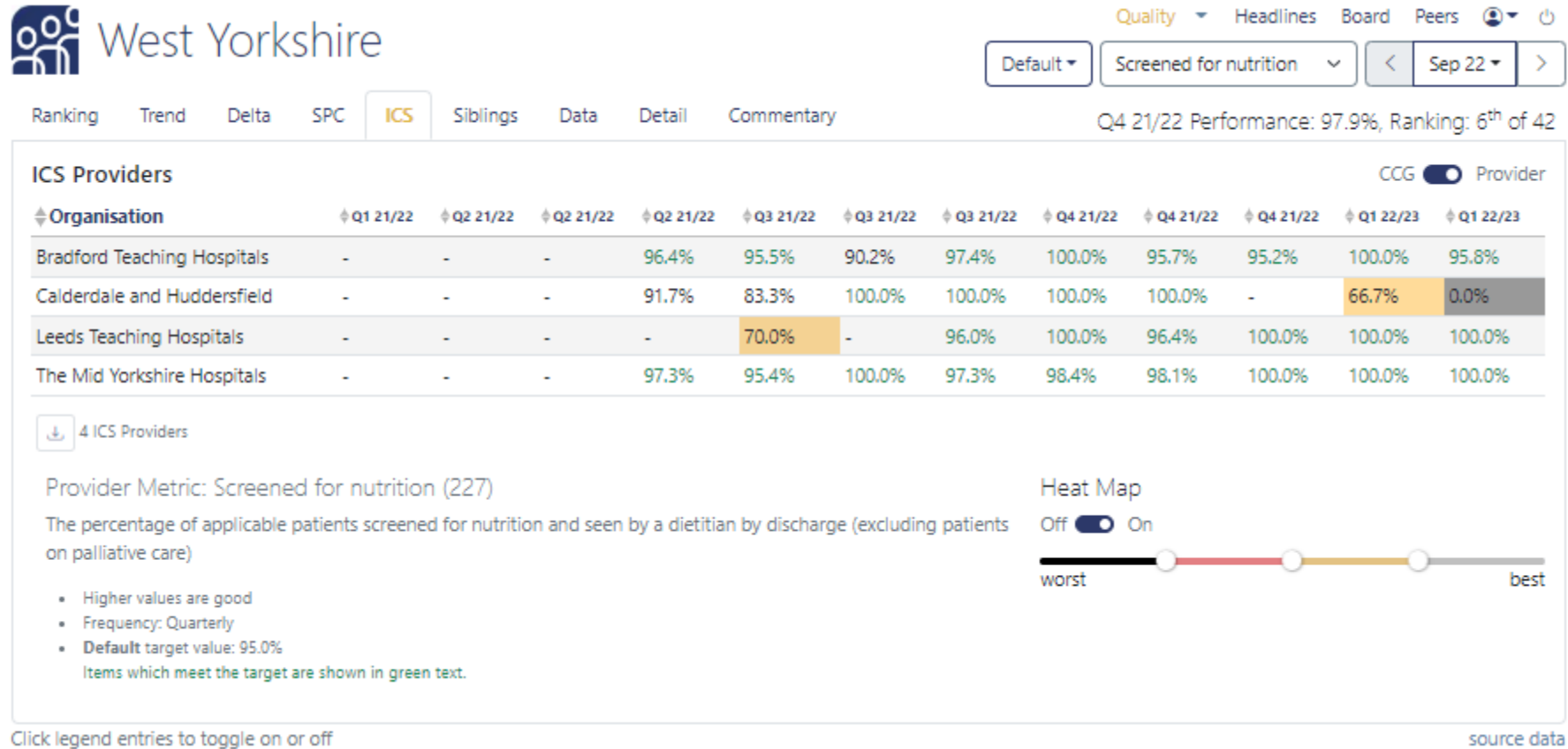
# SALT time per patient per day



# Scanned within 1 hour



# Screened for nutrition



# Secondary malignancies



Quality ▾ Headlines Board Peers ⓘ ⏻

Default ▾ Secondary malignancies ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Apr 22 Performance: 114.8, Ranking: 36<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	101.6	96.9	95.5	91.5	99.3	100.7	117.9	-	-	-	-	-
Bradford Teaching Hospitals	70.2	82.1	76.6	82.8	88.3	94.6	92.8	-	-	-	-	-
Calderdale and Huddersfield	114.9	116.3	117.9	109.4	108.3	112.5	121.2	-	-	-	-	-
Leeds Teaching Hospitals	113.5	117.5	118.8	118.4	117.3	115.8	117.7	-	-	-	-	-
The Mid Yorkshire Hospitals	118.6	119.9	118.2	118.4	120.5	119.7	116.2	-	-	-	-	-

↓ 5 ICS Providers

### Provider Metric: Secondary malignancies (203)

The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were expected to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

- Lower values are good
- Frequency: Monthly
- **Default target value: 100.0**  
Items which meet the target are shown in green text.

### Heat Map

Off  On



Click legend entries to toggle on or off

source data

# Septicaemia (except in labour), Shock



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾ Septicaemia (except in l... < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Apr 22 Performance: 109.9, Ranking: 37<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	98.4	96.1	93.7	93.2	91.2	95.2	93.2	-	-	-	-	-
Bradford Teaching Hospitals	98.6	99.6	100.5	103.4	100.7	100.1	100.5	-	-	-	-	-
Calderdale and Huddersfield	114.3	118.8	114.0	117.9	117.5	115.1	110.1	-	-	-	-	-
Leeds Teaching Hospitals	108.8	109.9	110.6	113.8	108.4	109.7	113.2	-	-	-	-	-
The Mid Yorkshire Hospitals	113.6	113.2	107.9	109.6	112.5	114.9	118.5	-	-	-	-	-

5 ICS Providers

Provider Metric: Septicaemia (except in labour), Shock (196)

The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were expected to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

- Lower values are good
  - Frequency: Monthly
  - Default target value: 100.0
- Items which meet the target are shown in green text.

Heat Map

Off  On



Click legend entries to toggle on or off

source data



# Stroke Audit Score



Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾ Stroke Audit Score ▾ < Sep 22 >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Q4 21/22 Performance: 71, Ranking: 15<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24	
Bradford Teaching Hospitals	-	-	-	58	-	-	-	-	65	60	62
Calderdale and Huddersfield	-	-	-	76	-	-	-	-	84	79	61
Leeds Teaching Hospitals	-	-	-	-	-	-	-	-	65	64	65
South West Yorkshire Partnership	-	-	-	70	-	-	-	-	82	89	84
The Mid Yorkshire Hospitals	-	-	-	87	-	-	-	-	91	91	86

5 ICS Providers

Provider Metric: Stroke Audit Score (13)

The aggregate performance across 10 key aspects of stroke care as identified and computed by the Sentinel Stroke National Audit Programme

- Higher values are good
- Frequency: Quarterly
- Default target value: 70
- Items which meet the target are shown in green text.

Heat Map

Off  On



Click legend entries to toggle on or off

source data

# Summary Hospital Mortality Indicator



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾

Summary Hospital Mort ▾

< Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Apr 22 Performance: 105.56, Ranking: 35<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	97.48	94.42	94.17	95.06	93.30	95.05	94.21	-	-	-	-	-
Bradford Teaching Hospitals	101.21	102.45	103.13	103.47	103.82	103.07	102.86	-	-	-	-	-
Calderdale and Huddersfield	104.71	105.03	104.89	104.24	103.71	104.67	104.77	-	-	-	-	-
Leeds Teaching Hospitals	112.67	112.91	112.81	112.36	112.06	110.54	111.24	-	-	-	-	-
The Mid Yorkshire Hospitals	103.17	102.06	102.49	102.76	104.19	104.22	104.87	-	-	-	-	-

📄 5 ICS Providers

### Provider Metric: Summary Hospital Mortality Indicator (23)

The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were 'expected' to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

- Lower values are good
- Frequency: Monthly
- **Default target value: 100.00**  
Items which meet the target are shown in green text.

### Heat Map

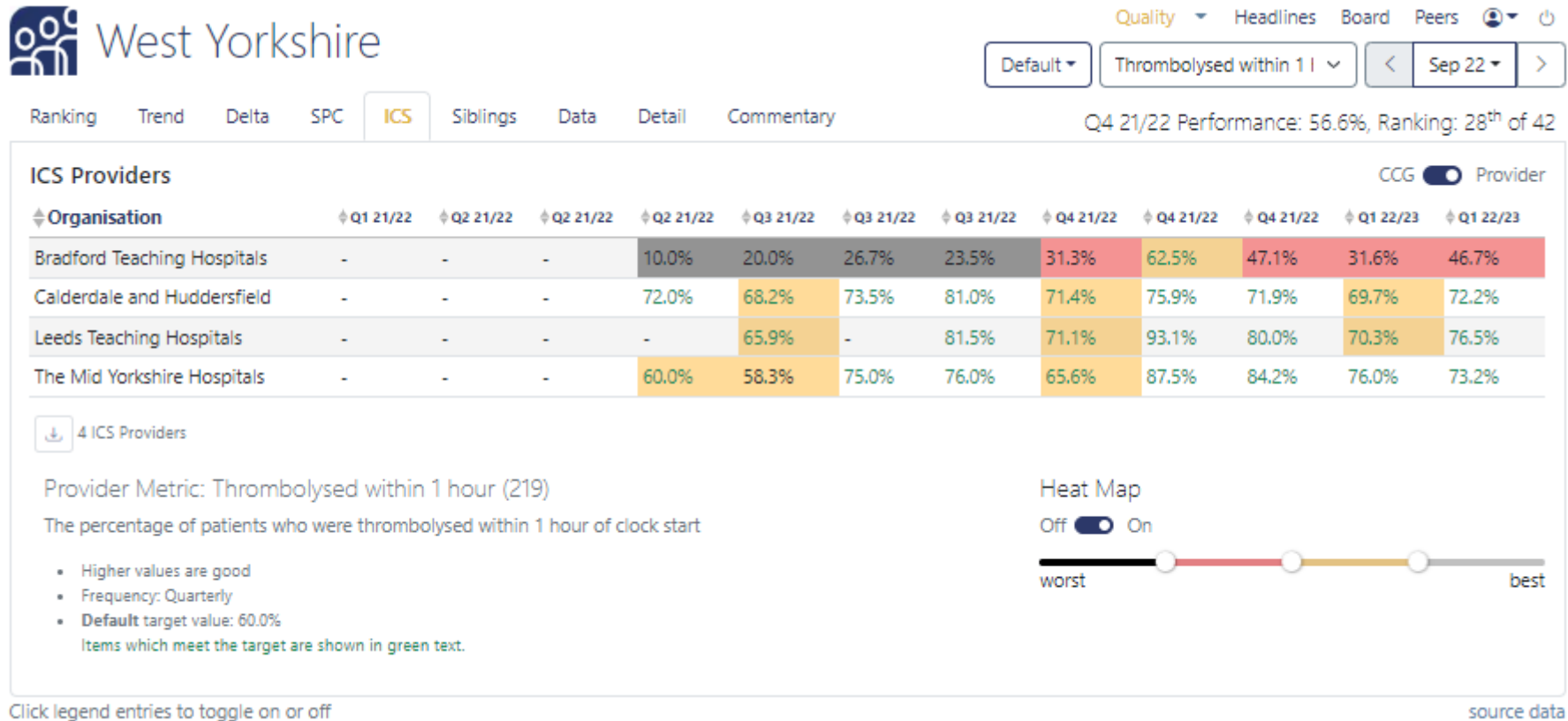
Off  On



Click legend entries to toggle on or off

source data

# Swallow screen within 24 hours



# Thrombolysed within 1 hour



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾ Thrombolysed within 1 h ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Q4 21/22 Performance: 56.6%, Ranking: 28<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23
Bradford Teaching Hospitals	-	-	-	10.0%	20.0%	26.7%	23.5%	31.3%	62.5%	47.1%	31.6%	46.7%	
Calderdale and Huddersfield	-	-	-	72.0%	68.2%	73.5%	81.0%	71.4%	75.9%	71.9%	69.7%	72.2%	
Leeds Teaching Hospitals	-	-	-	-	65.9%	-	81.5%	71.1%	93.1%	80.0%	70.3%	76.5%	
The Mid Yorkshire Hospitals	-	-	-	60.0%	58.3%	75.0%	76.0%	65.6%	87.5%	84.2%	76.0%	73.2%	

4 ICS Providers

Provider Metric: Thrombolysed within 1 hour (219)

The percentage of patients who were thrombolysed within 1 hour of clock start

- Higher values are good
- Frequency: Quarterly
- Default target value: 60.0%
- Items which meet the target are shown in green text.

Heat Map

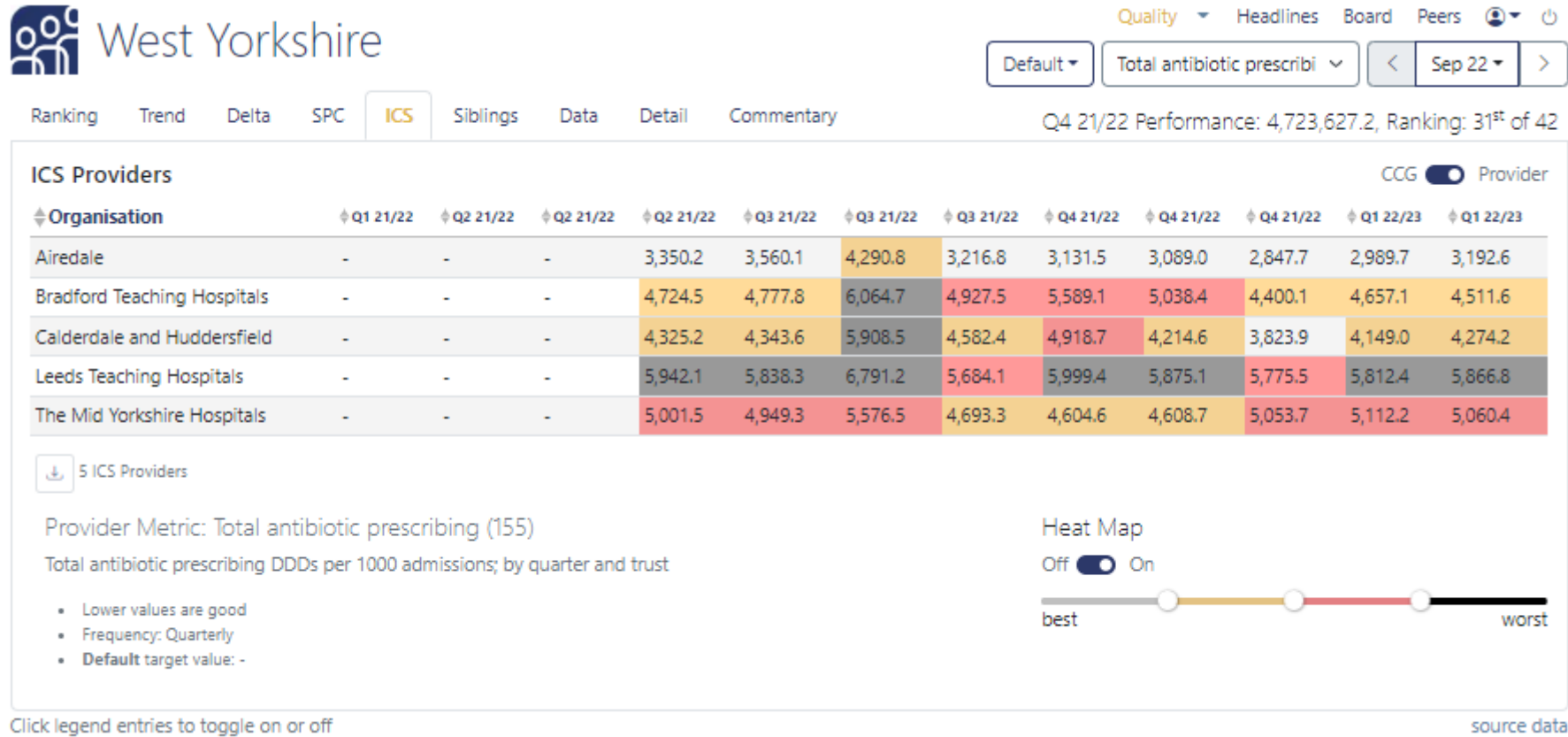
Off  On



Click legend entries to toggle on or off

source data

# Total antibiotic prescribing



# Treated by Early Support Discharge Team



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾ Treated by Early Suppor ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Q4 21/22 Performance: 56.5%, Ranking: 12<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Q1 21/22	Q2 21/22	Q2 21/22	Q2 21/22	Q3 21/22	Q3 21/22	Q3 21/22	Q4 21/22	Q4 21/22	Q4 21/22	Q1 22/23	Q1 22/23
Bradford Teaching Hospitals	-	-	-	56.1%	56.6%	62.8%	65.4%	69.2%	61.8%	69.4%	72.7%	72.3%
Calderdale and Huddersfield	-	-	-	84.6%	81.6%	80.4%	89.0%	89.0%	86.0%	94.4%	96.0%	96.2%
Leeds Teaching Hospitals	-	-	-	-	7.1%	-	13.2%	13.9%	11.5%	8.8%	5.2%	3.8%
The Mid Yorkshire Hospitals	-	-	-	67.5%	71.7%	75.2%	83.6%	88.4%	82.2%	83.6%	87.0%	88.3%

4 ICS Providers

Provider Metric: Treated by Early Support Discharge Team (231)

The percentage of patients treated by a stroke skilled Early Supported Discharge team

- Higher values are good
- Frequency: Quarterly
- Default target value: 50.0%  
Items which meet the target are shown in green text.

Heat Map

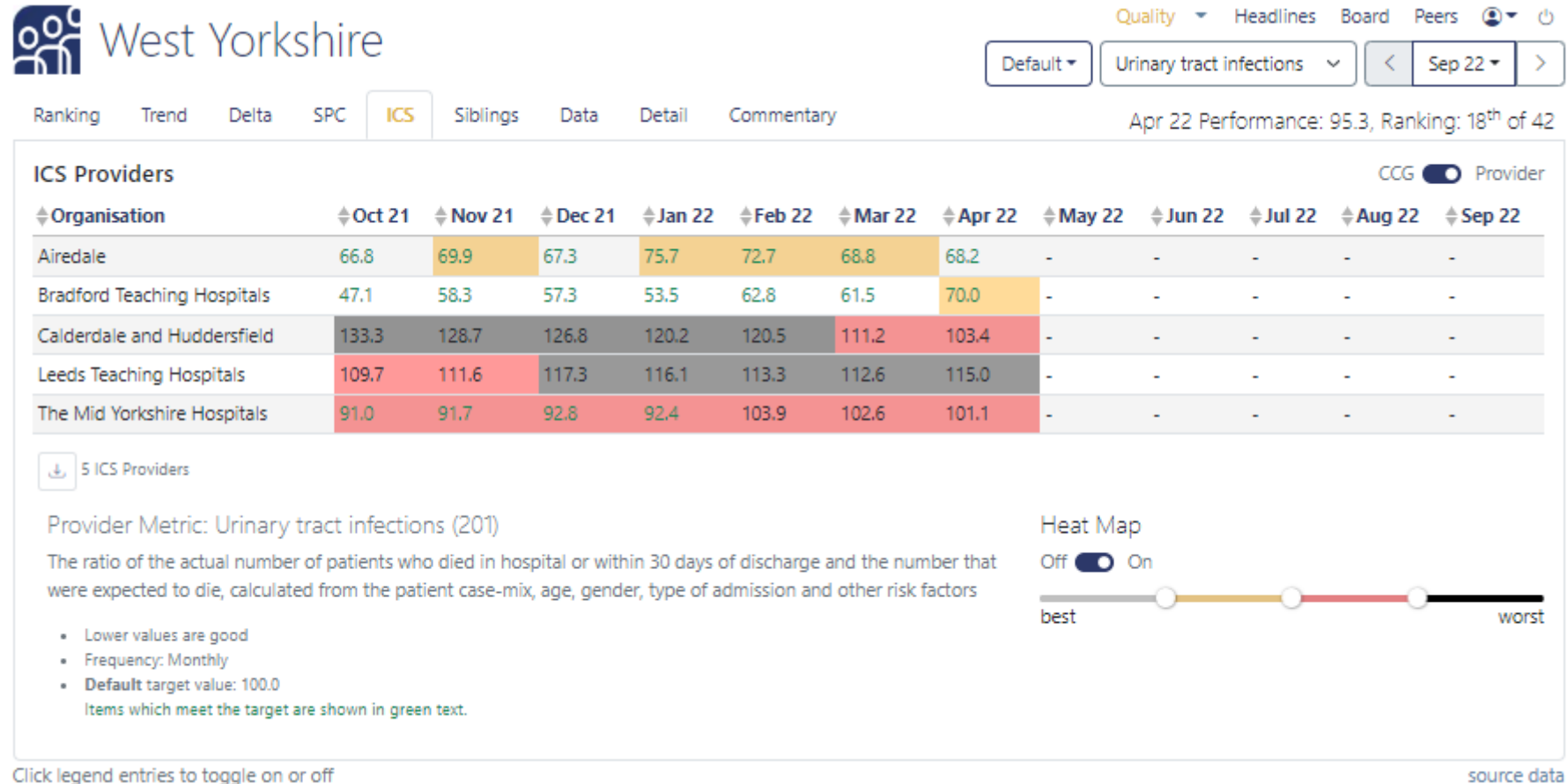
Off  On



Click legend entries to toggle on or off

source data

# Urinary tract infections



# WHO Antibiotic Access Category Prescribing



West Yorkshire

Quality ▾ Headlines Board Peers 👤 ⏻

Default ▾ WHO Antibiotic Access ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Q4 21/22 Performance: 51.0%, Ranking: 27<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Q1 21/22	Q2 21/22	Q2 21/22	Q2 21/22	Q3 21/22	Q3 21/22	Q3 21/22	Q4 21/22	Q4 21/22	Q4 21/22	Q1 22/23	Q1 22/23
Airedale	-	-	-	59.1%	62.8%	59.8%	60.8%	60.3%	61.3%	61.1%	58.5%	57.5%
Bradford Teaching Hospitals	-	-	-	46.4%	46.4%	45.4%	46.0%	45.2%	47.8%	46.5%	48.2%	48.2%
Calderdale and Huddersfield	-	-	-	53.2%	52.2%	49.7%	54.7%	48.2%	50.8%	55.3%	54.4%	54.1%
Leeds Teaching Hospitals	-	-	-	47.8%	48.7%	43.7%	49.8%	46.6%	46.7%	49.3%	49.0%	49.0%
The Mid Yorkshire Hospitals	-	-	-	53.0%	52.7%	48.2%	53.3%	49.0%	49.4%	52.0%	51.8%	52.0%

↓ 5 ICS Providers

Provider Metric: WHO Antibiotic Access Category Prescribing (156)

Proportion of total antibiotic prescribing from the "Access" category of the WHO Essential Medicines List AWaRe index; by quarter and acute trust

- Lower values are good
- Frequency: Quarterly
- Default target value: -

Heat Map

Off  On



Click legend entries to toggle on or off

source data





Key Performance Indicator	Period	Target	SPC	Last 12 Months	ICS Members	Centile
235 A&E - 4 Hour Standard	Aug 22	95.00%	51.8%			17
518 C.difficile (All Cases)	Jun 22	-	45.5			46
448 Cancer - 28 Day Faster Diagnosis	Jul 22	75.0%	76.5%			85
444 Cancer 31 Day First Treatment	Jul 22	96.00%	95.4%			76
355 Cancer 62 Day Classic	Jul 22	85.00%	66.9%			73
785 Day Surgery Activity	Jul 22	-	23,750			93
363 Diagnostics - 6 Week Standard	Jul 22	1.00%	13.9%			93
358 E.coli (All Cases)	Jun 22	-	119.2			46
796 Elective Inpatient Activity	Jul 22	-	3,695			93
659 IAPT Recovery Rate	Jun 22	50.0%	48.7%			32
658 IAPT Waiting under 18 weeks	Jun 22	95.0%	92.9%			29
657 IAPT Waiting under 6 weeks	Jun 22	75.0%	58.8%			7
368 MRSA (All Cases)	Jun 22	-	3.2			15
368 MSSA (All Cases)	Jun 22	-	44.1			24
799 Outpatient Follow Up Activity	Jul 22	-	171,575			83
798 Outpatient New Activity	Jul 22	-	81,610			78
787 Outpatient Total Activity	Jul 22	-	253,185			85
517 Patient Safety Culture	Q4 19/20	0.35%	0.5%			56
362 RTT 52 Week Breach	Jul 22	0	7,699			44
342 RTT Incomplete 18 Week Standard	Jul 22	92.00%	67.0%			88
535 RTT Total Incompletes	Jul 22	-	222,516			12
343 Sickness Absence Rate	Apr 22	4.00%	3.1%			46
348 Staff Recommend Care	Q3 21/22	80.00%	65.5%			76
362 Summary Hospital Mortality Indicator	Apr 22	100.00	105.6			17
552 Thrombolysed within 1 hour	Q4 21/22	60.0%	56.6%			34
363 VTE Risk Assessment	Dec 19	95.00%	95.2%			54

# A&E - 4 Hour Standard



West Yorkshire

SOF ▾ Headlines Board Peers 👤 ⚙

Default ▾ A&E - 4 Hour Standard ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Aug 22 Performance: 51.81%, Ranking: 35<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	67.89%	63.92%	62.46%	63.16%	62.40%	64.65%	59.84%	63.90%	62.81%	58.23%	59.50%	-
Bradford Teaching Hospitals	76.38%	75.55%	73.41%	72.89%	75.51%	74.03%	72.94%	74.84%	74.81%	73.64%	73.65%	-
Calderdale and Huddersfield	75.97%	76.81%	72.95%	75.70%	73.92%	74.05%	72.64%	75.85%	72.97%	72.52%	73.27%	-
Leeds Teaching Hospitals	67.94%	68.68%	68.40%	69.46%	72.16%	68.82%	68.67%	67.76%	66.31%	67.58%	68.16%	-

📄 4 ICS Providers

Provider Metric: A&E - 4 Hour Standard (14)

The percentage of patients that are discharged, admitted or transferred within four hours of arrival

- Higher values are good
- Frequency: Monthly
- **Default target value: 95.00%**  
Items which meet the target are shown in green text.

Heat Map

Off  On



Click legend entries to toggle on or off

source data

# C.difficile (All Cases)



West Yorkshire

SOF ▾ Headlines Board Peers 👤 ⚙

Default ▾

C.difficile (All Cases) ▾

< Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jun 22 Performance: 45.54, Ranking: 23<sup>rd</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	47.39	49.88	50.32	56.89	56.58	58.18	57.21	56.24	64.97	-	-	-
Bradford Teaching Hospitals	35.73	36.47	36.16	34.96	34.30	32.62	30.58	27.52	28.03	-	-	-
Calderdale and Huddersfield	38.64	40.23	38.67	36.55	36.06	32.56	33.05	35.03	36.01	-	-	-
Leeds Teaching Hospitals	45.04	42.92	42.56	43.24	43.24	45.11	43.91	45.63	46.14	-	-	-
The Mid Yorkshire Hospitals	36.82	43.25	48.56	50.62	49.21	49.34	52.78	53.09	54.96	-	-	-

📄 5 ICS Providers

Provider Metric: C.difficile (All Cases) (145)

C.difficile infection counts and 12-month rolling rates of all cases, by reporting acute trust and month

- Lower values are good
- Frequency: Monthly
- Default target value: -

Heat Map

Off  On



Click legend entries to toggle on or off

source data

# Cancer - 28 Day Faster Diagnosis



West Yorkshire

SOF ▾ Headlines Board Peers 👤 ⏻

Default ▾

Cancer - 28 Day Faster I ▾

< Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jul 22 Performance: 76.5%, Ranking: 7<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	73.8%	73.2%	75.3%	69.8%	83.0%	76.4%	71.9%	70.1%	78.5%	72.7%	-	-
Bradford Teaching Hospitals	86.1%	85.0%	84.9%	81.7%	84.1%	80.1%	78.2%	81.0%	81.9%	82.4%	-	-
Calderdale and Huddersfield	75.8%	78.5%	76.9%	76.4%	83.7%	79.1%	78.0%	77.0%	74.2%	75.9%	-	-
Leeds and York Partnership	-	-	-	-	-	-	100.0%	-	-	-	-	-
Leeds Teaching Hospitals	68.1%	66.3%	63.7%	55.6%	67.6%	66.7%	70.4%	68.9%	70.6%	73.7%	-	-
The Mid Yorkshire Hospitals	80.2%	77.9%	80.7%	81.8%	85.1%	83.6%	78.6%	81.7%	79.4%	78.3%	-	-

6 ICS Providers

Provider Metric: Cancer - 28 Day Faster Diagnosis (403)

Percentage of people told cancer diagnosis outcome within 28 days of referral

- Higher values are good
  - Frequency: Monthly
  - Default target value: 75.0%
- Items which meet the target are shown in green text.

Heat Map

Off  On



Click legend entries to toggle on or off

source data

# Cancer 31 Day First Treatment



West Yorkshire

SOF ▾ Headlines Board Peers 👤 ⚙

Default ▾ Cancer 31 Day First Trea ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jul 22 Performance: 95.38%, Ranking: 11<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	100.00%	100.00%	100.00%	96.67%	97.53%	98.89%	100.00%	98.86%	98.65%	100.00%	-	-
Bradford Teaching Hospitals	97.28%	95.63%	97.26%	91.10%	94.07%	93.89%	94.55%	96.05%	95.36%	96.27%	-	-
Calderdale and Huddersfield	94.83%	98.99%	99.35%	98.34%	99.39%	98.36%	97.58%	98.80%	98.97%	99.44%	-	-
Leeds and York Partnership	-	-	-	-	-	-	-	-	100.00%	-	-	-
Leeds Community Healthcare	-	-	-	-	-	-	-	100.00%	-	-	-	-
Leeds Teaching Hospitals	86.79%	82.38%	82.74%	76.92%	88.45%	89.78%	89.30%	90.61%	90.33%	93.43%	-	-
The Mid Yorkshire Hospitals	96.85%	95.02%	95.82%	92.91%	97.32%	91.34%	94.20%	94.76%	93.75%	94.78%	-	-

7 ICS Providers

Provider Metric: Cancer 31 Day First Treatment (46)

The percentage of patients diagnosed with cancer receiving treatment within 31 days of diagnosis

- Higher values are good
- Frequency: Monthly
- Default target value: 96.00%
- Items which meet the target are shown in green text.

Heat Map

Off  On



Click legend entries to toggle on or off

source data

# Cancer 62 Day Classic



SOF ▾ Headlines Board Peers 👤 ⚙

Default ▾ Cancer 62 Day Classic ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jul 22 Performance: 66.87%, Ranking: 12<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	77.27%	78.26%	80.00%	82.19%	81.63%	83.50%	87.78%	76.47%	65.14%	77.78%	-	-
Bradford Teaching Hospitals	76.88%	81.41%	87.98%	71.35%	76.19%	78.44%	80.27%	81.57%	81.48%	77.89%	-	-
Calderdale and Huddersfield	91.87%	93.52%	87.32%	89.69%	86.88%	90.00%	91.67%	87.19%	90.79%	85.32%	-	-
Leeds and York Partnership	-	-	-	-	-	-	-	-	0.00%	-	-	-
Leeds Teaching Hospitals	46.87%	43.95%	44.63%	29.98%	40.06%	37.67%	45.48%	42.82%	39.36%	36.87%	-	-
The Mid Yorkshire Hospitals	78.95%	78.29%	78.33%	75.47%	64.04%	73.49%	73.58%	66.05%	69.75%	81.14%	-	-

6 ICS Providers

### Provider Metric: Cancer 62 Day Classic (15)

The percentage of patients referred for cancer treatment by their GP who waited for less than 62 days for treatment to start

- Higher values are good
- Frequency: Monthly
- **Default target value: 85.00%**  
Items which meet the target are shown in green text.

### Heat Map

Off  On



Click legend entries to toggle on or off

source data

# Day Surgery Activity



SOF ▾ Headlines Board Peers 👤 ⏻

Default ▾ Day Surgery Activity ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jul 22 Performance: 23,750, Ranking: 4<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	2,455	2,505	2,235	2,255	2,305	2,675	2,400	2,610	2,520	2,780	-	-
Bradford District Care	0	0	0	0	0	0	0	0	0	0	-	-
Bradford Teaching Hospitals	3,155	3,410	3,155	2,985	3,165	3,705	3,005	3,625	3,480	3,430	-	-
Calderdale and Huddersfield	3,905	4,150	3,725	3,795	3,860	4,290	3,765	4,020	3,795	3,885	-	-
Leeds Community Healthcare	0	0	0	0	0	0	-	-	-	-	-	-
Leeds Teaching Hospitals	4,675	5,275	4,790	4,595	4,815	5,395	4,705	5,000	4,725	5,070	-	-
South West Yorkshire Partnership	0	0	0	0	0	0	0	0	0	0	-	-
The Mid Yorkshire Hospitals	4,130	4,550	4,290	4,040	4,030	4,505	3,860	4,480	4,630	4,990	-	-

8 ICS Providers

Provider Metric: Day Surgery Activity (774)

The number of elective operations that were performed as a day case

- Higher values are good
- Frequency: Monthly
- Default target value: -

Heat Map

Off  On



Click legend entries to toggle on or off

source data

# Diagnostics - 6 Week Standard



SOF ▾ Headlines Board Peers 👤 ⏻

Default ▾ Diagnostics - 6 Week St ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jul 22 Performance: 13.93%, Ranking: 4<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	12.39%	14.05%	19.07%	23.06%	16.08%	17.03%	23.08%	19.43%	12.96%	10.31%	-	-
Bradford Teaching Hospitals	4.15%	7.42%	10.01%	15.21%	14.49%	17.95%	22.03%	12.36%	12.43%	13.64%	-	-
Calderdale and Huddersfield	9.02%	7.18%	18.41%	23.24%	20.54%	19.22%	20.69%	17.91%	14.20%	9.91%	-	-
Leeds Community Healthcare	54.80%	50.59%	55.34%	69.44%	61.63%	61.01%	61.72%	50.60%	53.11%	52.46%	-	-
Leeds Teaching Hospitals	28.66%	31.08%	33.33%	34.50%	26.49%	24.16%	27.93%	21.70%	19.78%	13.67%	-	-
South West Yorkshire Partnership	0.00%	0.00%	0.00%	0.00%	0.83%	33.11%	21.88%	4.10%	8.33%	8.47%	-	-
The Mid Yorkshire Hospitals	8.95%	7.78%	8.60%	10.56%	6.48%	11.92%	15.65%	14.37%	13.69%	11.85%	-	-

7 ICS Providers

### Provider Metric: Diagnostics - 6 Week Standard (16)

The proportion of patients waiting more than 6 weeks for a diagnostic test at the end of each month. The target specifically relates to patients referred for one of the 15 high volume tests

- Lower values are good
- Frequency: Monthly
- **Default** target value: 1.00%  
Items which meet the target are shown in green text.

### Heat Map

Off  On



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# E.coli (All Cases)



West Yorkshire

SOF ▾ Headlines Board Peers 👤 ⏻

Default ▾ E.coli (All Cases) ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jun 22 Performance: 119.2, Ranking: 23<sup>rd</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	139.2	132.7	126.3	131.4	131.7	131.9	128.0	129.0	123.2	-	-	-
Bradford Teaching Hospitals	141.3	134.4	126.0	131.1	126.5	124.9	131.5	128.9	127.9	-	-	-
Calderdale and Huddersfield	155.6	155.7	150.5	146.2	142.7	135.2	134.2	135.7	134.2	-	-	-
Leeds Teaching Hospitals	118.4	120.2	121.8	121.2	122.1	120.9	120.7	121.6	121.2	-	-	-
The Mid Yorkshire Hospitals	117.0	120.6	120.3	119.7	113.2	109.3	105.2	101.8	99.6	-	-	-

↓ 5 ICS Providers

Provider Metric: E.coli (All Cases) (47)

E.coli bacteraemia cases counts and 12-month rolling rates, by reporting acute trust and month

- Lower values are good
- Frequency: Monthly
- Default target value: -

Heat Map

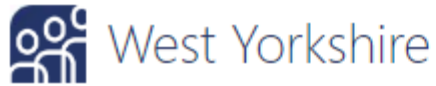
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# Elective Inpatient Activity



SOF ▾ Headlines Board Peers 👤 ⏻

Default ▾ Elective Inpatient Activ ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jul 22 Performance: 3,695, Ranking: 4<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	180	160	140	110	145	195	170	160	180	185	-	-
Bradford Teaching Hospitals	340	345	305	195	235	400	395	455	430	405	-	-
Calderdale and Huddersfield	350	430	335	340	325	375	355	390	360	365	-	-
Leeds Community Healthcare	0	0	0	0	0	0	-	-	-	-	-	-
Leeds Teaching Hospitals	1,760	1,820	1,805	1,470	1,740	1,950	1,725	1,945	1,855	1,855	-	-
South West Yorkshire Partnership	-	0	-	-	-	-	-	-	0	-	-	-
The Mid Yorkshire Hospitals	480	500	490	400	515	530	450	515	515	560	-	-

7 ICS Providers

Provider Metric: Elective Inpatient Activity (775)

The number of elective operations that were performed as an inpatient

- Higher values are good
- Frequency: Monthly
- **Default** target value: -

Heat Map

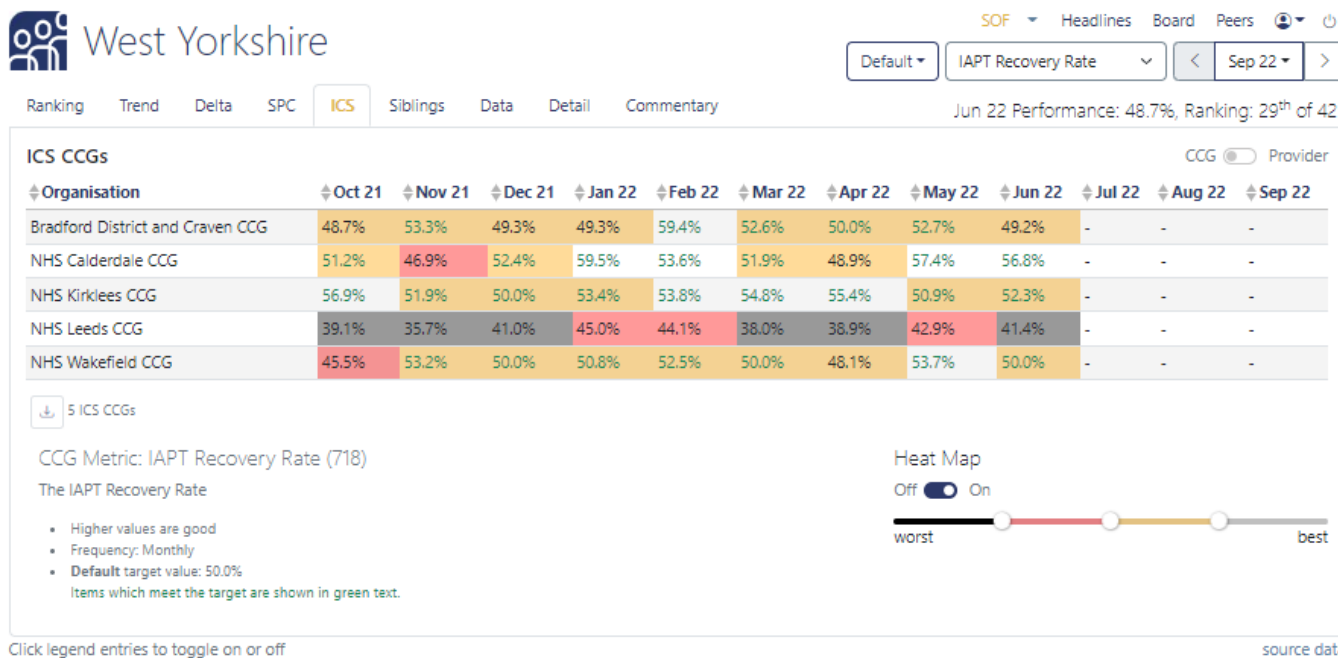
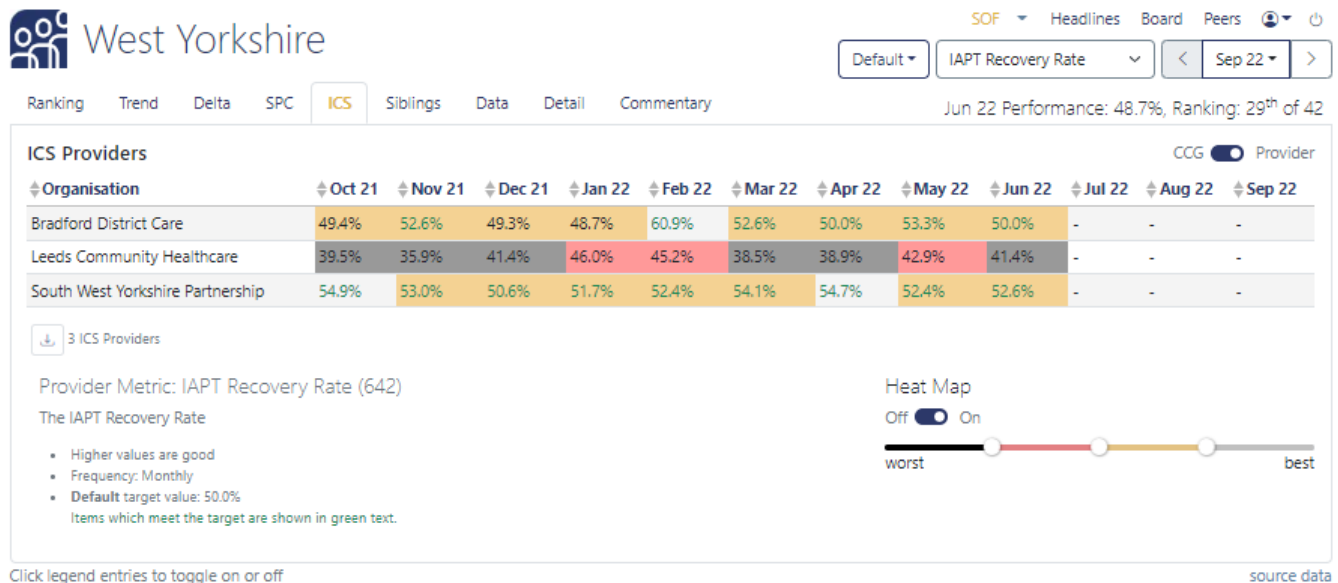
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# IAPT Recovery Rate



# IAPT Waiting under 18 weeks

### ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Bradford District Care	99.0%	98.3%	98.1%	96.7%	97.4%	96.8%	96.7%	97.0%	97.8%	-	-	-
Leeds Community Healthcare	90.8%	92.2%	92.2%	93.0%	94.0%	92.8%	93.3%	93.5%	90.0%	-	-	-
South West Yorkshire Partnership	99.6%	100.0%	99.5%	100.0%	99.5%	100.0%	99.4%	99.2%	100.0%	-	-	-

3 ICS Providers

Provider Metric: IAPT Waiting under 18 weeks (641)

The percentage of IAPT Waiting under 18 weeks

- Higher values are good
  - Frequency: Monthly
  - Default target value: 95.0%
- Items which meet the target are shown in green text.

Heat Map



Click legend entries to toggle on or off

source data

### ICS CCGs

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Bradford District and Craven CCG	99.0%	98.3%	98.7%	96.7%	97.3%	97.3%	96.7%	97.0%	97.8%	-	-	-
NHS Calderdale CCG	100.0%	98.9%	98.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	-	-
NHS Kirklees CCG	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	-	-
NHS Leeds CCG	90.9%	92.2%	92.6%	93.0%	93.8%	92.8%	93.3%	93.5%	89.9%	-	-	-
NHS Wakefield CCG	100.0%	100.0%	90.6%	95.2%	97.1%	92.6%	84.6%	83.7%	83.7%	-	-	-

5 ICS CCGs

CCG Metric: IAPT Waiting under 18 weeks (717)

The percentage of IAPT Waiting under 18 weeks

- Higher values are good
  - Frequency: Monthly
  - Default target value: 95.0%
- Items which meet the target are shown in green text.

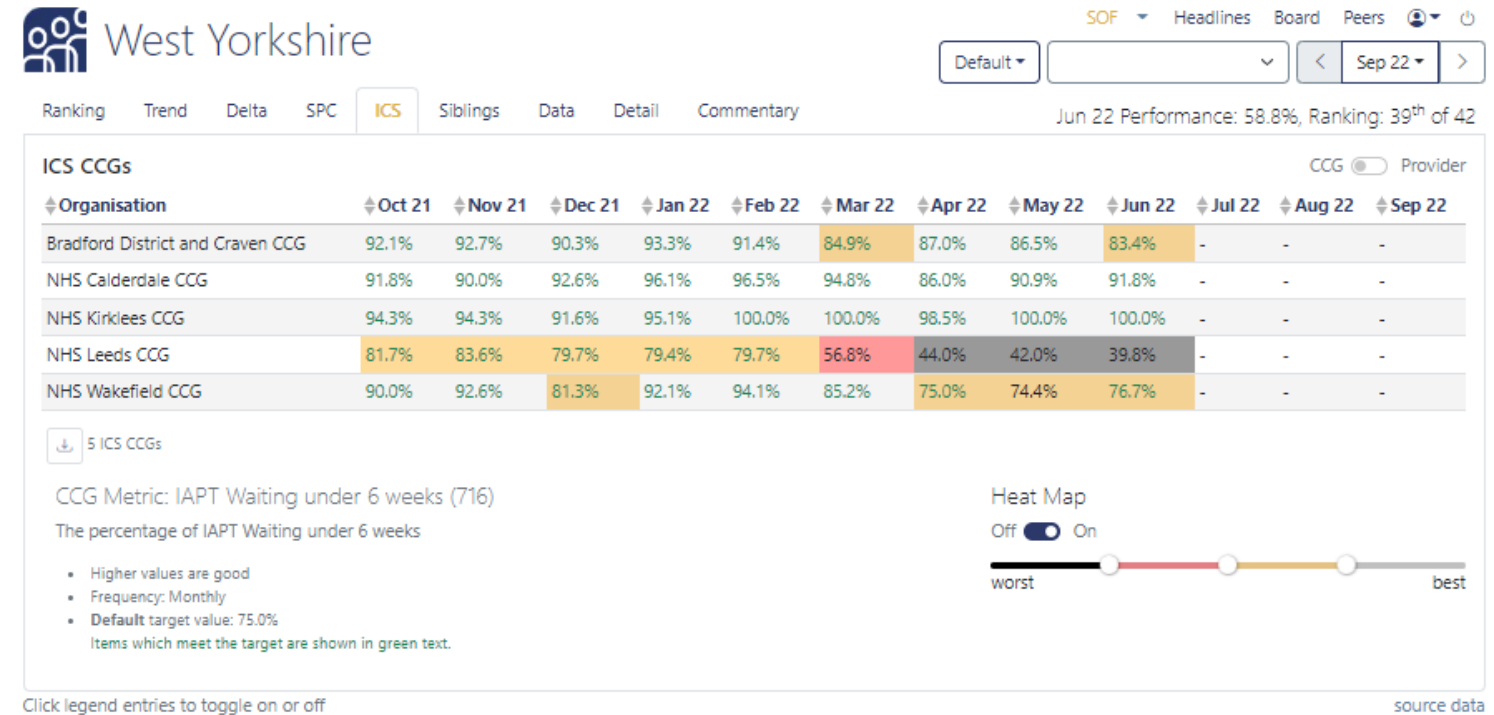
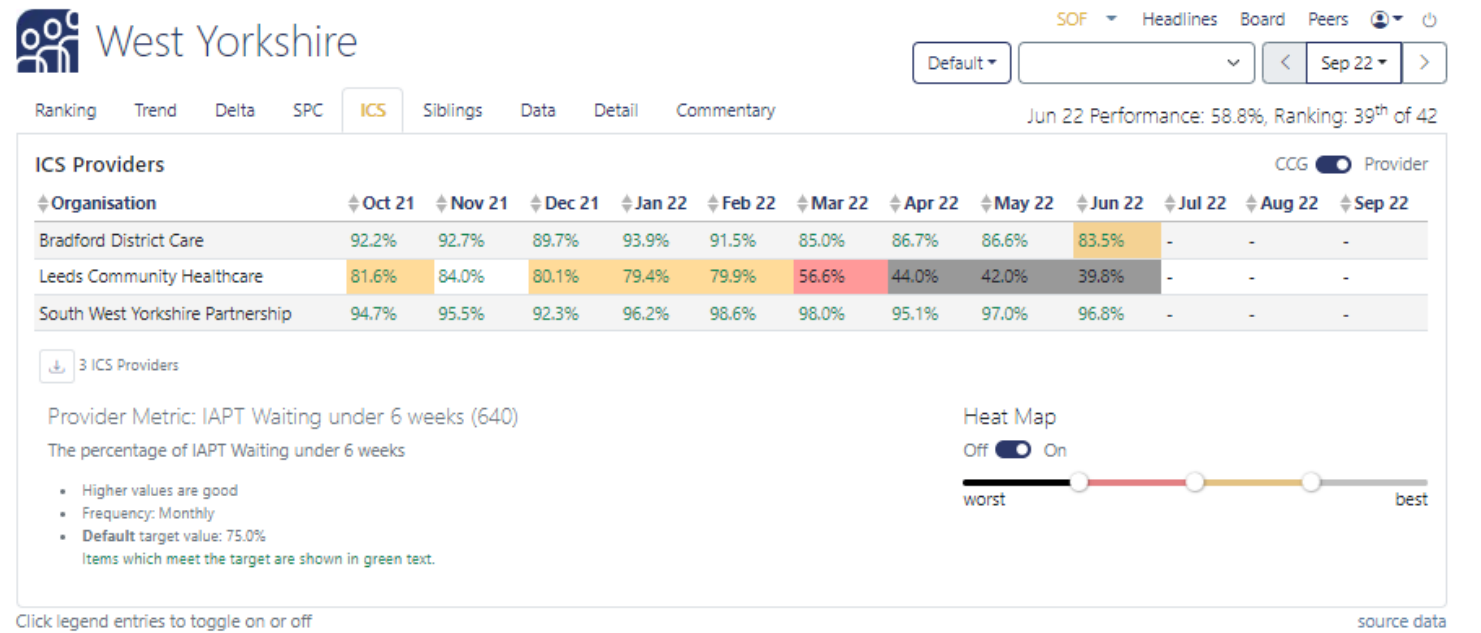
Heat Map



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source data

# IAPT Waiting under 6 weeks



# MRSA (All Cases)



West Yorkshire

SOF ▾ Headlines Board Peers 👤 ⏻

Default ▾ MRSA (All Cases) ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jun 22 Performance: 3.21, Ranking: 36<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	3.03	2.99	2.96	2.94	3.90	3.88	4.85	4.85	4.85	-	-	-
Bradford Teaching Hospitals	4.20	4.17	4.13	4.63	3.58	3.57	4.08	4.08	5.10	-	-	-
Calderdale and Huddersfield	2.65	2.61	2.58	1.52	1.50	1.97	2.96	3.45	3.45	-	-	-
Leeds Teaching Hospitals	1.76	1.40	1.57	2.26	2.08	2.07	2.24	2.58	2.41	-	-	-
The Mid Yorkshire Hospitals	4.27	4.55	3.86	3.82	3.47	3.44	2.81	2.50	2.81	-	-	-

5 ICS Providers

Provider Metric: MRSA (All Cases) (48)

MRSA bacteraemia all cases counts and 12-month rolling rates, by acute trust and month

- Lower values are good
- Frequency: Monthly
- Default target value: -

Heat Map

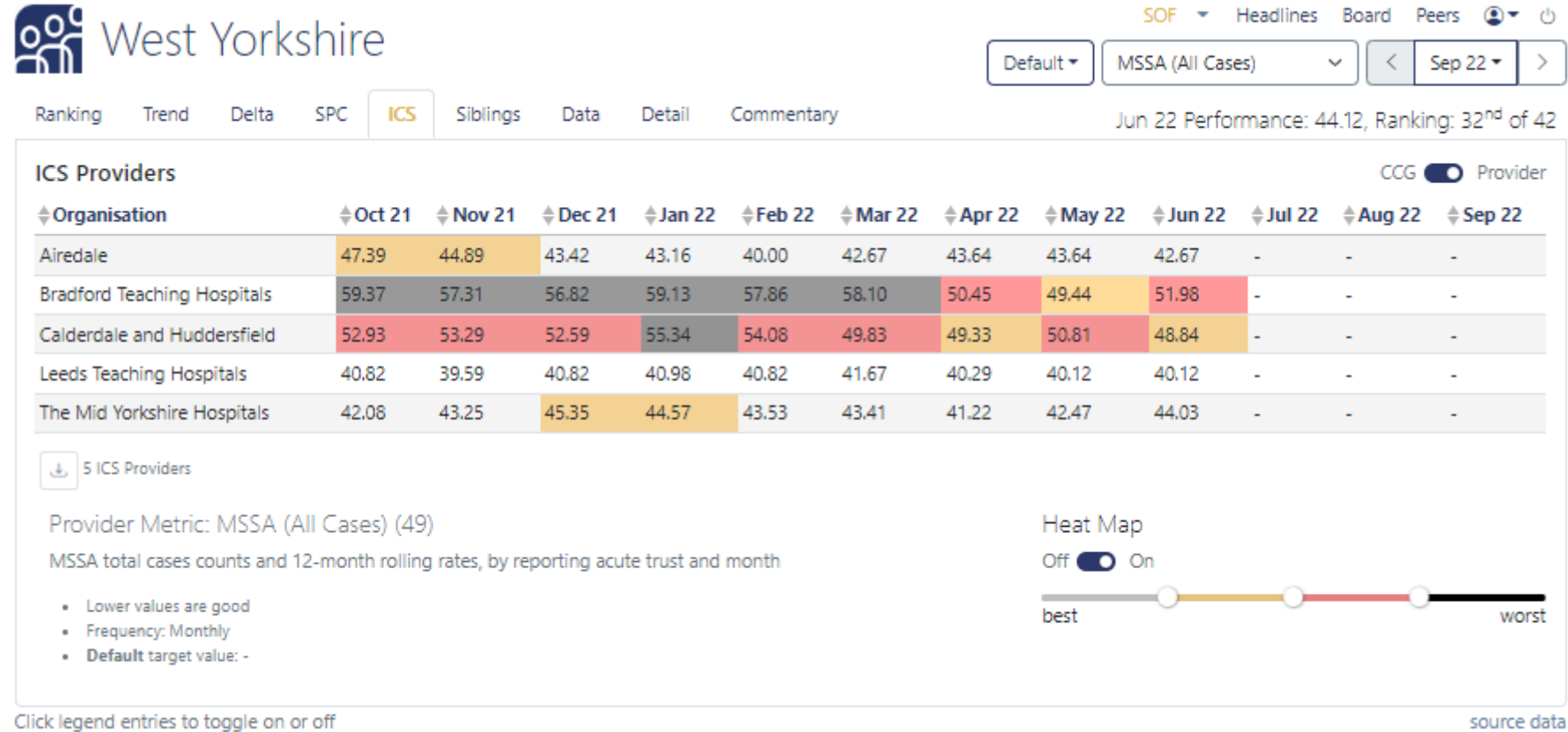
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# MSSA (All Cases)



# Outpatient Follow Up Activity



West Yorkshire

SOF ▾ Headlines Board Peers 👤 ⚙

Default ▾ Outpatient Follow Up Ai ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jul 22 Performance: 171,575, Ranking: 8<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	8,400	8,910	7,695	7,965	8,060	9,485	8,560	10,315	9,270	9,235	-	-
Bradford District Care	1,195	1,510	1,195	1,485	1,185	1,565	1,270	1,495	1,435	1,335	-	-
Bradford Teaching Hospitals	24,565	28,375	24,720	24,955	24,540	28,515	26,165	30,520	29,235	27,070	-	-
Calderdale and Huddersfield	24,945	27,330	23,535	23,905	23,680	27,610	23,910	26,835	25,100	24,930	-	-
Leeds Community Healthcare	870	870	800	900	830	860	-	-	-	-	-	-
Leeds Teaching Hospitals	69,555	77,440	65,390	67,725	64,410	75,590	64,785	74,595	69,120	66,710	-	-
South West Yorkshire Partnership	3,050	3,375	2,935	3,200	3,045	3,245	0	0	0	0	-	-
The Mid Yorkshire Hospitals	28,685	31,470	28,795	28,810	27,415	30,700	26,625	30,785	28,855	27,870	-	-

8 ICS Providers

Provider Metric: Outpatient Follow Up Activity (778)

The number of new outpatient appointments attended

- Higher values are good
- Frequency: Monthly
- Default target value: -

Heat Map

Off  On

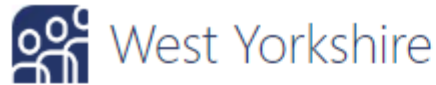


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# Outpatient New Activity



SOF ▾ Headlines Board Peers 👤 ⏻

Default ▾ Outpatient New Activity ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jul 22 Performance: 81,610, Ranking: 10<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	4,610	5,010	4,530	4,570	4,530	5,335	3,515	3,955	3,850	4,070	-	-
Bradford District Care	125	185	150	175	145	190	120	185	170	130	-	-
Bradford Teaching Hospitals	8,900	9,985	8,485	9,300	9,180	10,535	9,420	10,805	10,250	10,485	-	-
Calderdale and Huddersfield	12,005	12,835	11,205	11,195	10,890	12,710	11,575	12,735	12,620	12,000	-	-
Leeds Community Healthcare	410	490	315	345	390	555	-	-	-	-	-	-
Leeds Teaching Hospitals	30,855	34,535	29,560	30,430	30,740	34,465	29,840	34,555	31,925	30,595	-	-
South West Yorkshire Partnership	2,025	2,300	2,020	2,330	2,570	2,445	0	0	0	0	-	-
The Mid Yorkshire Hospitals	20,765	22,800	19,785	20,320	19,705	22,380	19,870	21,400	19,440	18,355	-	-

8 ICS Providers

Provider Metric: Outpatient New Activity (777)

The number of new outpatient appointments attended

- Higher values are good
- Frequency: Monthly
- Default target value: -

Heat Map

Off  On



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source data

# Outpatient Total Activity



SOF ▾ Headlines Board Peers 👤 ⏻

Default ▾ Outpatient Total Activity ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jul 22 Performance: 253,185, Ranking: 7<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	13,010	13,920	12,225	12,535	12,590	14,820	12,075	14,270	13,120	13,305	-	-
Bradford District Care	1,320	1,695	1,345	1,660	1,330	1,755	1,390	1,680	1,605	1,465	-	-
Bradford Teaching Hospitals	33,465	38,360	33,205	34,255	33,720	39,050	35,585	41,325	39,485	37,555	-	-
Calderdale and Huddersfield	36,950	40,165	34,740	35,100	34,570	40,320	35,485	39,570	37,720	36,930	-	-
Leeds Community Healthcare	1,280	1,360	1,115	1,245	1,220	1,415	-	-	-	-	-	-
Leeds Teaching Hospitals	100,410	111,975	94,950	98,155	95,150	110,055	94,625	109,150	101,045	97,305	-	-
South West Yorkshire Partnership	5,075	5,675	4,955	5,530	5,615	5,690	0	0	0	0	-	-
The Mid Yorkshire Hospitals	49,450	54,270	48,580	49,130	47,120	53,080	46,495	52,185	48,295	46,225	-	-

8 ICS Providers

Provider Metric: Outpatient Total Activity (776)

The total number of attended outpatient appointments

- Higher values are good
- Frequency: Monthly
- Default target value: -

Heat Map

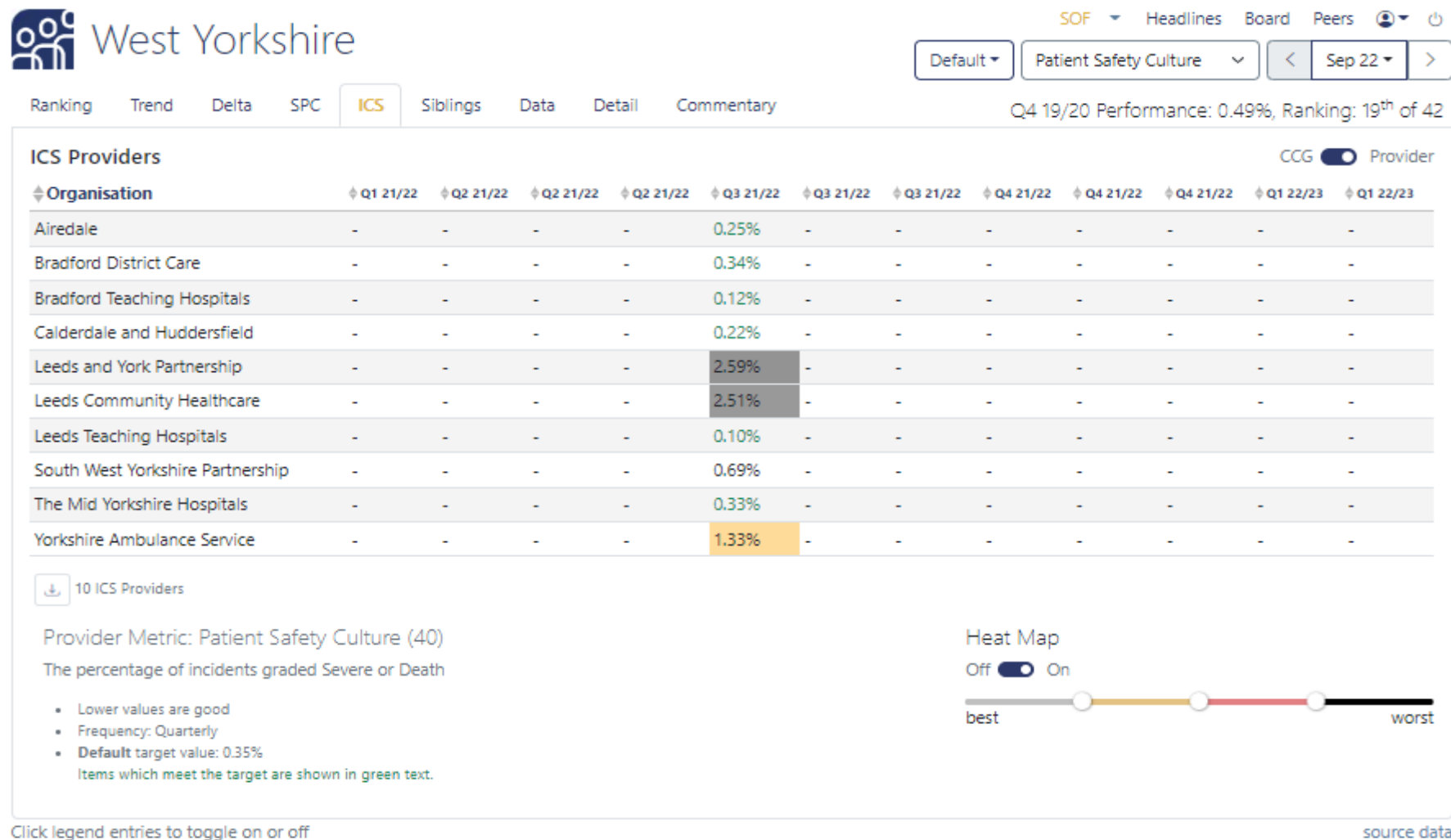
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# Patient Safety Culture



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# RTT 52 Week Breach



SOF ▾ Headlines Board Peers 👤 ⏻

Default ▾ RTT 52 Week Breach ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jul 22 Performance: 7,699, Ranking: 24<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	453	418	441	477	471	447	472	460	493	525	-	-
Bradford District Care	0	1	0	0	0	0	0	0	0	0	-	-
Bradford Teaching Hospitals	1,288	1,106	1,027	1,067	1,121	1,100	1,135	1,052	1,034	974	-	-
Calderdale and Huddersfield	3,180	3,060	3,102	2,666	2,609	2,454	2,503	2,326	2,052	1,957	-	-
Leeds Community Healthcare	0	0	0	0	2	0	0	0	0	2	-	-
Leeds Teaching Hospitals	3,455	3,341	3,265	3,124	2,931	2,715	2,804	2,692	2,867	3,172	-	-
South West Yorkshire Partnership	0	0	0	0	0	0	0	0	0	0	-	-
The Mid Yorkshire Hospitals	802	743	810	859	852	864	983	972	1,004	1,069	-	-

8 ICS Providers

Provider Metric: RTT 52 Week Breach (56)

RTT 52 Week Breach

- Lower values are good
- Frequency: Monthly
- **Default** target value: 0
- Items which meet the target are shown in green text.

Heat Map

Off  On

best  worst

Click legend entries to toggle on or off

source data

# RTT Total Incompletes



West Yorkshire

SOF ▾ Headlines Board Peers 👤 ⚙️

Default ▾ RTT Incomplete 18 Week ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jul 22 Performance: 67.01%, Ranking: 6<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	77.35%	78.11%	75.72%	74.30%	71.80%	70.18%	69.85%	72.15%	70.60%	69.75%	-	-
Bradford District Care	81.29%	90.21%	91.91%	95.80%	94.00%	92.96%	88.79%	89.73%	88.79%	82.17%	-	-
Bradford Teaching Hospitals	62.69%	64.98%	64.20%	66.28%	68.25%	70.85%	70.88%	72.51%	72.17%	70.85%	-	-
Calderdale and Huddersfield	54.73%	55.68%	55.21%	56.43%	58.44%	57.48%	56.39%	58.79%	60.23%	60.77%	-	-
Leeds Community Healthcare	82.76%	84.17%	87.22%	82.00%	82.50%	83.98%	80.56%	83.21%	83.41%	78.18%	-	-
Leeds Teaching Hospitals	72.05%	71.69%	70.10%	69.42%	67.86%	66.85%	66.21%	67.56%	66.20%	64.84%	-	-
South West Yorkshire Partnership	99.34%	99.65%	99.22%	98.71%	99.35%	98.79%	98.96%	98.54%	98.47%	97.18%	-	-
The Mid Yorkshire Hospitals	74.64%	74.67%	73.20%	72.93%	72.24%	72.48%	70.17%	71.91%	70.75%	69.05%	-	-

8 ICS Providers

Provider Metric: RTT Incomplete 18 Week Standard (17)

The percentage of patients who have not yet received treatment, and whose pathway is considered to be incomplete (or ongoing), that were waiting less than 18 weeks at month-end

- Higher values are good
- Frequency: Monthly
- Default target value: 92.00%
- Items which meet the target are shown in green text.

Heat Map

Off  On



Click legend entries to toggle on or off

source data

# RTT Total Incompletes



West Yorkshire

SOF ▾ Headlines Board Peers 👤 ⏻

Default ▾ RTT Total Incompletes ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Jul 22 Performance: 222,516, Ranking: 37<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	9,745	9,943	10,331	10,434	10,307	10,258	11,028	11,234	11,669	11,973	-	-
Bradford District Care	139	143	136	143	200	213	214	224	223	230	-	-
Bradford Teaching Hospitals	37,068	36,249	36,197	35,074	33,918	32,952	32,440	32,634	33,497	33,510	-	-
Calderdale and Huddersfield	37,023	36,973	36,643	34,620	32,878	33,103	33,438	32,576	32,306	31,455	-	-
Leeds Community Healthcare	1,700	1,706	1,863	2,172	2,132	2,072	2,083	1,924	2,001	2,021	-	-
Leeds Teaching Hospitals	74,180	74,863	75,638	77,578	79,417	80,885	82,741	85,020	86,287	88,767	-	-
South West Yorkshire Partnership	3,925	3,979	3,585	3,631	3,245	3,555	3,262	3,367	3,138	3,339	-	-
The Mid Yorkshire Hospitals	37,154	37,778	38,786	39,109	40,211	40,254	40,476	42,014	43,817	44,957	-	-

8 ICS Providers

Provider Metric: RTT Total Incompletes (132)

Total number of patients on the elective waiting list

- Lower values are good
- Frequency: Monthly
- Default target value: -

Heat Map

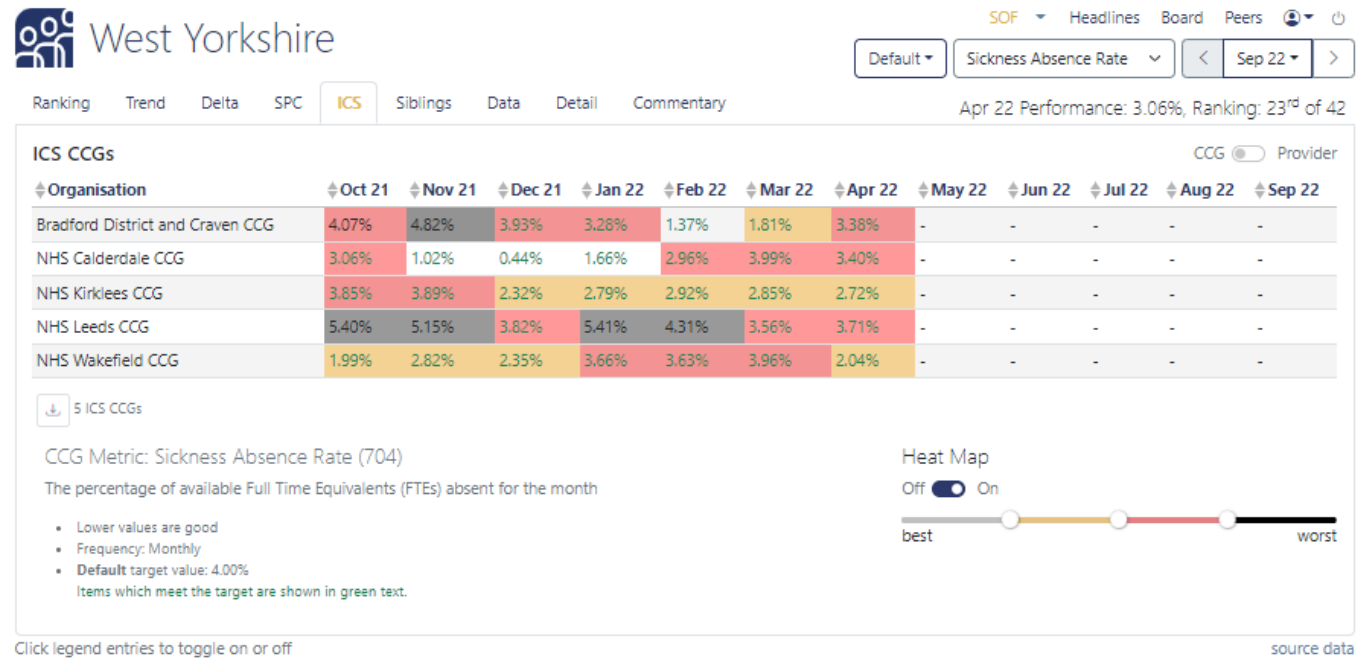
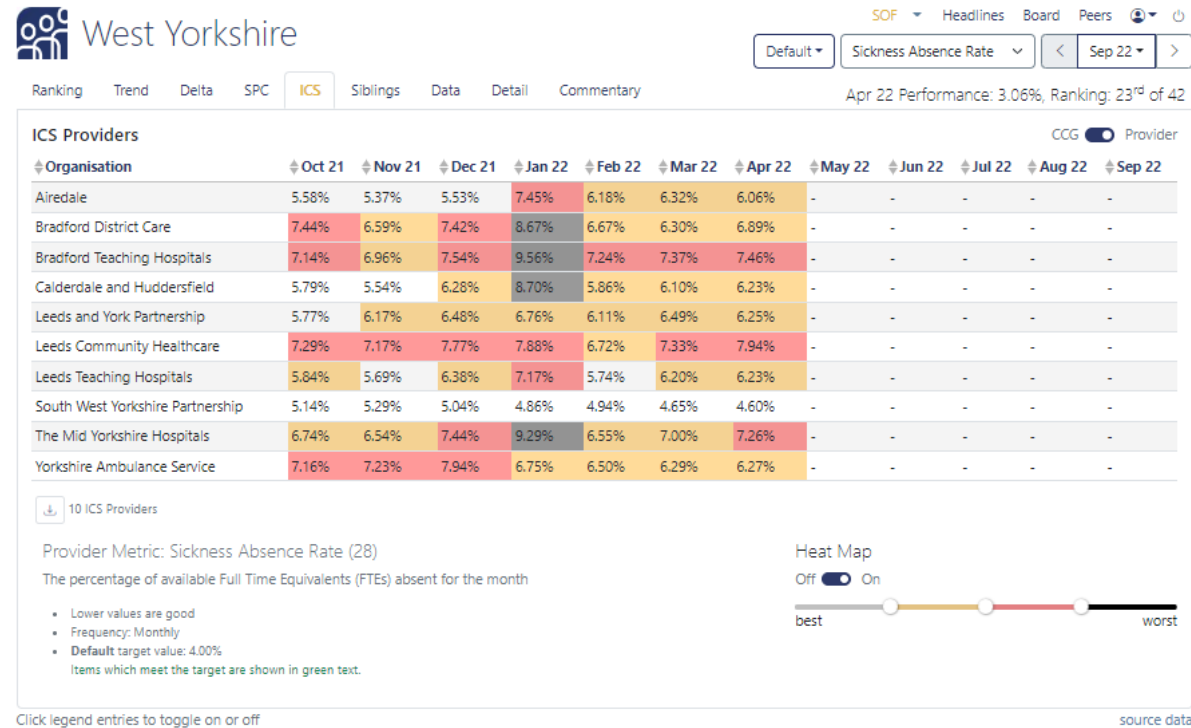
Off  On



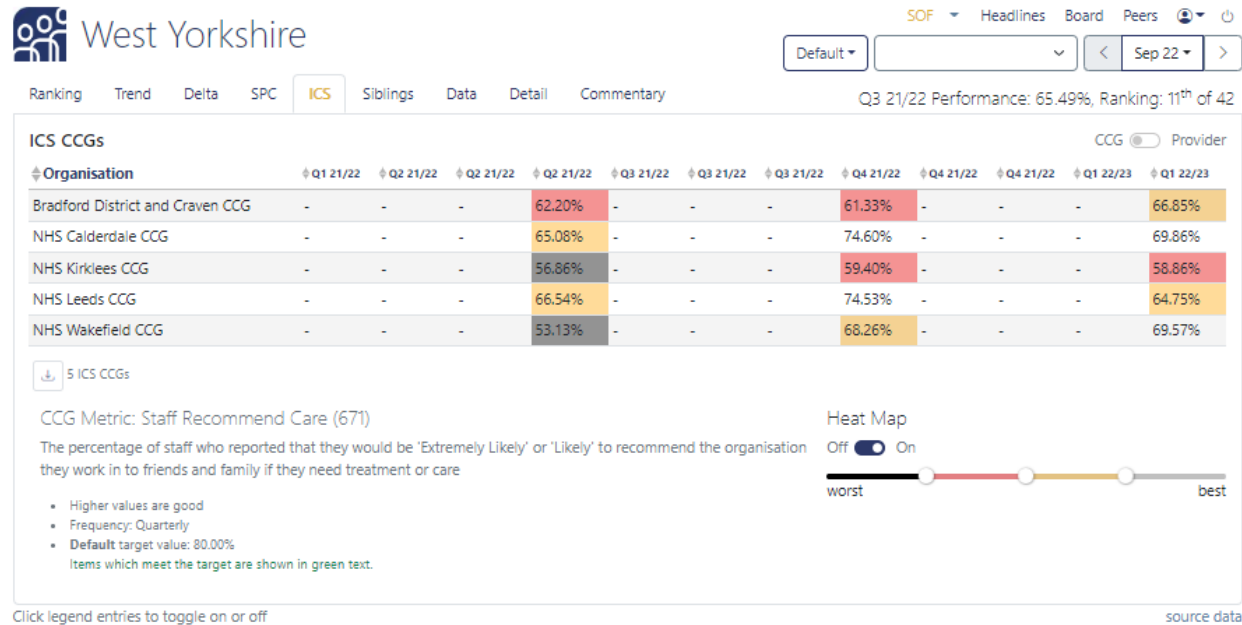
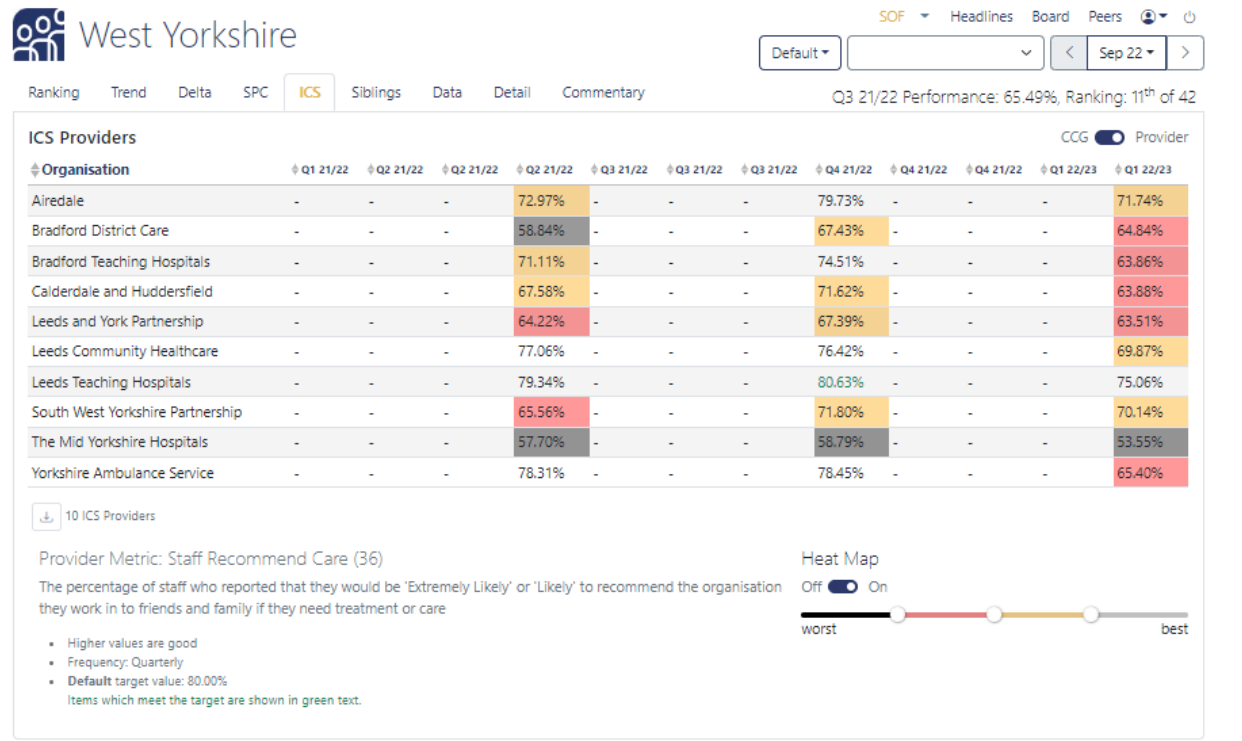
Click legend entries to toggle on or off

source data

# Sickness Absence Rate



# Staff Recommend Care





# Summary Hospital Mortality Indicator



West Yorkshire

SOF ▾ Headlines Board Peers 👤 ⏻

Default ▾ Summary Hospital Mort ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Apr 22 Performance: 105.56, Ranking: 35<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Airedale	97.48	94.42	94.17	95.06	93.30	95.05	94.21	-	-	-	-	-
Bradford Teaching Hospitals	101.21	102.45	103.13	103.47	103.82	103.07	102.86	-	-	-	-	-
Calderdale and Huddersfield	104.71	105.03	104.89	104.24	103.71	104.67	104.77	-	-	-	-	-
Leeds Teaching Hospitals	112.67	112.91	112.81	112.36	112.06	110.54	111.24	-	-	-	-	-
The Mid Yorkshire Hospitals	103.17	102.06	102.49	102.76	104.19	104.22	104.87	-	-	-	-	-

5 ICS Providers

### Provider Metric: Summary Hospital Mortality Indicator (23)

The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were 'expected' to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

- Lower values are good
- Frequency: Monthly
- **Default target value: 100.00**  
Items which meet the target are shown in green text.

### Heat Map

Off  On



Click legend entries to toggle on or off

source data

# Thrombolysed within 1 hour



West Yorkshire

SOF ▾ Headlines Board Peers 👤 ⏻

Default ▾ Thrombolysed within 1 h ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC **ICS** Siblings Data Detail Commentary

Q4 21/22 Performance: 56.6%, Ranking: 28<sup>th</sup> of 42

## ICS Providers

CCG  Provider

Organisation	Q1 21/22	Q2 21/22	Q2 21/22	Q2 21/22	Q3 21/22	Q3 21/22	Q3 21/22	Q4 21/22	Q4 21/22	Q4 21/22	Q1 22/23	Q1 22/23
Bradford Teaching Hospitals	-	-	-	10.0%	20.0%	26.7%	23.5%	31.3%	62.5%	47.1%	31.6%	46.7%
Calderdale and Huddersfield	-	-	-	72.0%	68.2%	73.5%	81.0%	71.4%	75.9%	71.9%	69.7%	72.2%
Leeds Teaching Hospitals	-	-	-	-	65.9%	-	81.5%	71.1%	93.1%	80.0%	70.3%	76.5%
The Mid Yorkshire Hospitals	-	-	-	60.0%	58.3%	75.0%	76.0%	65.6%	87.5%	84.2%	76.0%	73.2%

4 ICS Providers

Provider Metric: Thrombolysed within 1 hour (219)

The percentage of patients who were thrombolysed within 1 hour of clock start

- Higher values are good
- Frequency: Quarterly
- **Default** target value: 60.0%  
Items which meet the target are shown in green text.

Heat Map

Off  On



Click legend entries to toggle on or off

source data

# VTE Risk Assessment



West Yorkshire

SOF ▾ Headlines Board Peers 👤 ⏻

Default ▾ VTE Risk Assessment ▾ < Sep 22 ▾ >

Ranking Trend Delta SPC ICS Siblings **Data** Detail Commentary

Dec 19 Performance: 95.18%, Ranking: 20<sup>th</sup> of 42

Organisation	Period	Rank	Perf	L	Risk Assessed Percent	Risk Assessed Admissions	Total Admissions	Service Type
West Yorkshire and Harrogate (Health & Care Partnership) ICS	Dec 19	20	54	0	95.18%	46,109	48,444	4

📄 30 ▾ 1 Data Sets

Row text is coloured to match chart legends.  
Where there is no data available for the selected period, the latest available data before that period is shown.

Click legend entries to toggle on or off

source data



<b>Meeting name:</b>	West Yorkshire Integrated Care Board Quality Committee
<b>Agenda item no.</b>	07
<b>Meeting date:</b>	25 October 2022
<b>Report title:</b>	CQC Inspection of Urgent and Emergency Care Services
<b>Report presented by:</b>	Beverley Geary, Director of Nursing, Clinical and Professional Directorate
<b>Report approved by:</b>	Beverley Geary, Director of Nursing, Clinical and Professional Directorate
<b>Report prepared by:</b>	Beverley Geary, Director of Nursing, Clinical and Professional Directorate

### Purpose and Action

Assurance <input type="checkbox"/>	Decision <input type="checkbox"/> (approve/recommend/ support/ratify)	Action <input type="checkbox"/> (review/consider/comment/ discuss/escalate)	Information <input checked="" type="checkbox"/>
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### Previous considerations:

### Executive summary and points for discussion:

During March - May 2022 CQC the undertook a coordinated inspection of a number of services in West Yorkshire during to understand the patient experience and quality of care delivered across urgent and emergency care.

The services inspected were as follows:

- Bradford Royal Infirmary
- South West Yorkshire Partnership NHS Foundation Trust (SWYFT)
- Yorkshire Ambulance Service NHS Trust (Emergency Operations Centre)
- Yorkshire Ambulance Service NHS Trust HQ (NHS 111)
- Sheridan Teal House (Local Care Direct)
- King Street Health Centre (Walk-in Centre)
- Dewsbury Walk-in Centre (Locala Community Partnerships CIC)

The regulator also inspected 8 General Practices (GP), and 4 care services (a mix of domiciliary care providers and care homes).

Each inspected provider has received their own report which includes the system summary. The CQC has not produced a separate report for the ICB; and the ICB has not been rated.

The findings included:

- The majority of services had systems, processes and policies in place to keep people **safe** and manage risk, with governance arrangements to learn from incidents

- The majority of services delivered **effective** care and treatment, which met the needs of patients. Many had systems in place to review and monitor the effectiveness and appropriateness of care, in order to make improvements
- All inspected services\* were found to be **caring**. Staff treated patients with kindness and compassion, respecting privacy and dignity
- The majority of services delivered **responsive** care; with delivery adapted to meet the needs of patients particularly in relation to the COVID-19 pandemic
- The majority of services were found to be **well led**. It was noted that leaders had the capacity and skills to deliver high quality and sustainable care
- Many of the services were found to be working with a range of stakeholders throughout the UEC system to support patient care.

Recommendations were made to individual providers, the oversight of which will be managed at Place.

The WY Urgent and Emergency Care team conducted a thematic analysis of all reports to determine any learning and key actions for West Yorkshire. These were presented for sharing and learning at the UEC Board in September.

#### 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 Quality Committee is asked to:

1. Receive the report for information.

**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

- 1.

#### Acronyms and Abbreviations explained

1. CQC – Care Quality Commission
2. UEC – Urgent and Emergency Care

**What are the implications for?**

<b>Residents and Communities</b>	
<b>Quality and Safety</b>	<b>X</b>
<b>Equality, Diversity and Inclusion</b>	
<b>Finances and Use of Resources</b>	
<b>Regulation and Legal Requirements</b>	
<b>Conflicts of Interest</b>	
<b>Data Protection</b>	
<b>Transformation and Innovation</b>	
<b>Environmental and Climate Change</b>	
<b>Future Decisions and Policy Making</b>	
<b>Citizen and Stakeholder Engagement</b>	

**The report should be written in Arial, font size 12, and using 1.15 spacing.  
Please use paragraph numbers and do not stray from the following format:**

**1. Main Report Detail**

1.1

**2. Next Steps**

2.1

**3. Recommendations**

The Quality Committee are requested to

**4. Appendices**

# CQC Inspection of WY UEC Services - Thematic Analysis

West Yorkshire Quality Committee

25<sup>th</sup> October 2022





# CQC inspection of Urgent and Emergency Care services

- Urgent and emergency care services across England have been and continue to be under sustained pressure. In response, the CQC has undertaken a coordinated inspection of a number of services in West Yorkshire during March - May 2022 to understand the patient experience and quality of care delivered across urgent and emergency care
- In addition, the CQC provided a short summary around system-wide findings. This was developed to highlight how services work as part of urgent and emergency care pathways
- Each inspected provider has received their own report which includes the system summary. The CQC has not produced a separate report for the ICB and the ICB has not been rated
- The WY Urgent and Emergency Care team have conducted a thematic analysis of all reports to determine any learning and key actions for West Yorkshire.



# Inspections

In total 19 Services were inspected, with a range of announced and unannounced visits. A number of services were inspected but not rated.

The inspected services were:

- Bradford Royal Infirmary
- South West Yorkshire Partnership NHS Foundation Trust (SWYFT)
- Yorkshire Ambulance Service NHS Trust (Emergency Operations Centre)
- Yorkshire Ambulance Service NHS Trust HQ (NHS 111)
- Sheridan Teal House (Local Care Direct)
- King Street Health Centre (Walk-in Centre)
- Dewsbury Walk-in Centre (Locala Community Partnerships CIC)

CQC also inspected 8 General Practices (GP), and 4 care services (a mix of domiciliary care providers and care homes).



# Summary of findings

- The majority of services had systems, processes and policies in place to keep people **safe** and manage risk, with governance arrangements to learn from incidents
- The majority of services delivered **effective** care and treatment, which met the needs of patients. Many had systems in place to review and monitor the effectiveness and appropriateness of care, in order to make improvements
- All inspected services\* were found to be **caring**. Staff treated patients with kindness and compassion, respecting privacy and dignity
- The majority of services delivered **responsive** care; with delivery adapted to meet the needs of patients particularly in relation to the COVID-19 pandemic
- The majority of services were found to be **well led**. It was noted that leaders had the capacity and skills to deliver high quality and sustainable care
- Many of the services were found to be working with a range of stakeholders throughout the UEC system to support patient care.

\* Some domains within services were not inspected



# Sharing best practice

The CQC noted examples of **outstanding practice** within the reports.

## Avicenna Medical Practice (Bradford)

The team embraced initiatives and every opportunity to work collaboratively with stakeholders, members of the multidisciplinary team and outside agencies to provide safe and effective joined-up care that prioritised patient needs and reduced inequalities. For example; the team had one of the highest referral rates within the Clinical Commissioning Group to the diabetes prevention programme and staff were allocated lead roles in promoting support to reduce inequalities within the practice population.

## Bilton Medical Centre (Bradford)

The team collected regular donations for vulnerable individuals including food, blankets and toiletries; they had raised funds for a local community kitchen and volunteered to help at a local homeless resource. The practice had also developed a 'Vulnerable persons directory' which directed staff and patients to support services. This included foodbanks, homeless services and debt counselling and support. Links on the practice website also directed patients to support as required.



# Summary of actions

- CQC identified several actions that individual services **should** focus on. These actions were specific to individual providers concerned and it is for these providers to take appropriate action. One GP Practice was given actions that they **must do**
- One Care Home was in breach of two regulated activities, therefore were served with regulation notices
- Workforce was identified as a common theme throughout the individual service reports. The WY UEC Team have produced a summary identifying key priorities including recruitment/retainment, staff wellbeing and training/developmental opportunities which has been shared with the WY Workforce team to take any appropriate action
- The West Yorkshire summary provided by CQC highlighted several areas of focus. The ICB Urgent and Emergency Care team have mapped these themes against work ongoing across the system to ensure they are addressed and that there are no gaps. The table on the next slide provides a summary.



Highlighted area	Ongoing work	Accountable
Collaboration of service leaders	Partners continue to be committed to working together. Bi-monthly UEC Board, Pre-hospital Working Group, WY/Place Coordination Group – all well represented by places and providers to ensure we are working collectively and collaboratively. Place based UEC forums/boards also included.	West Yorkshire System Leadership Group Place/Individual Providers
Primary care access	There is a primary care function within the ICB with a particular workstream on improving access. Improvements to the WY CAS is an ongoing priority to alleviate demand on primary care services.	Primary and Community Care Programme Place/Individual Providers
Primary care triage	Consistent comms around ‘choose well’, including ‘Together We Can’ campaign. Support and promotion of Community Pharmacy Consultation Service to reduce pressures. Launch of Healthier Together website, which provides consistent, accurate and trustworthy healthcare advice to parents, carers, young people, and professionals.	Primary and Community Care Programme, Community Pharmacy, Communications, Children, Young People and Families Programme Place/Individual Providers
Discharge	Developed 10 point plan and scoped priorities. Established baselines in relation to High Impact Change Model (HICM), partaking in 100 day challenge and supporting a refresh of Better Care Fund plans.	WY Discharge Executive Group Place/Individual Providers
Staffing and Capacity in care homes and domiciliary care	£12 million funding package to support staff in the independent care sector in December 2021. The ICB Workforce function is collaborating with the WY Discharge Executive Group to review short and long term issues.	WY Discharge Executive Group and Workforce Programme Place/Individual Providers
Ambulance response times and handover delays	Improvement has been seen since the development of the ambulance handover plan on a page. Yorkshire Ambulance Service have developed an Improvement Programme. A successful QI rapid improvement initiative has recently been carried out at MYHT and is being used as a case study for other Acute Trusts to follow across Y&H. There is also a programme of work being led through the ICF on developing alternative pathways with the aim of reducing conveyancing to ED.	This works is supported by the Yorkshire and Humber System Transformation and Development Group (formerly IUEC Reset Programme Oversight Group) Place/Individual Providers



<b>Meeting name:</b>	WY ICB Quality Committee
<b>Agenda item no.</b>	08
<b>Meeting date:</b>	25 October 2022
<b>Report title:</b>	Policy Statements - Safeguarding
<b>Report presented by:</b>	Beverley Geary, Director of Nursing
<b>Report approved by:</b>	Beverley Geary, Director of Nursing
<b>Report prepared by:</b>	Rob Goodyear, Associate Director, Strategic Operations

**Purpose and Action**

Assurance <input type="checkbox"/>	Decision <input checked="" type="checkbox"/> (approve/recommend/ support/ratify)	Action <input type="checkbox"/> (review/consider/comment/ discuss/escalate)	Information <input type="checkbox"/>
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**Previous considerations:**

None

**Executive summary and points for discussion:**

This policy statement has been developed to support the transition from 5 x CCG policies to a single ICB policy. It should be read in conjunction with the following policies:

- Bradford and Craven – Safeguarding Adults: Commissioning Policy and Provider Requirements, Safeguarding Adults Policy and Procedure (Organisational), Safeguarding Children Policy and Procedure (Organisational), Safeguarding Children Through Commissioning Policy, Prevent Policy
- Calderdale – MCA / Dols Policy, Safeguarding Children and Adults Policy, Domestic Abuse Policy, Prevent Policy
- Kirklees – MCA / Dols Policy, Safeguarding Children and Adults Policy, Domestic Abuse Policy, Prevent Policy
- Leeds – safeguarding children and Adults at risk, MCA Policy, Domestic Violence Abuse Policy for Staff
- Wakefield – Managing allegations against staff, MCA Policy, Prevent Policy, Safeguarding Commissioning policy and safeguarding policy

**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 WY ICB Quality Committee is asked to:

<ol style="list-style-type: none"> <li>1. Approve the policy statement</li> <li>2. Note the review for monitoring compliance and effectiveness of the policy statement and supporting policies.</li> </ol>
<b>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:</b>
No
<b>Appendices</b>
1.
<b>Acronyms and Abbreviations explained</b>
<ol style="list-style-type: none"> <li>1. DOLS – Deprivation of Liberty Standards</li> <li>2. MCA – Mental Capacity Act</li> </ol>

**What are the implications for?**

<b>Residents and Communities</b>	Adherence to legislation regarding safeguarding policies
<b>Quality and Safety</b>	The policy statement has been developed to support the transition from 5 x CCG policies to a single ICB policy
<b>Equality, Diversity and Inclusion</b>	None
<b>Finances and Use of Resources</b>	None
<b>Regulation and Legal Requirements</b>	None
<b>Conflicts of Interest</b>	None
<b>Data Protection</b>	None
<b>Transformation and Innovation</b>	None
<b>Environmental and Climate Change</b>	None
<b>Future Decisions and Policy Making</b>	The policies will be reviewed as per the document
<b>Citizen and Stakeholder Engagement</b>	None





# Safeguarding POLICY STATEMENT

This policy statement has been developed to support the transition from 5 x CCG policies to a single ICB policy. It should be read in conjunction with the following policies:

- **Bradford and Craven** – Safeguarding Adults: Commissioning Policy and Provider Requirements, Safeguarding Adults Policy and Procedure (Organisational), Safeguarding Children Policy and Procedure (Organisational), Safeguarding Children Through Commissioning Policy, Prevent Policy
- **Calderdale** – MCA / Dols Policy, Safeguarding Children and Adults Policy, Domestic Abuse Policy, Prevent Policy
- **Kirklees** – MCA / Dols Policy, Safeguarding Children and Adults Policy, Domestic Abuse Policy, Prevent Policy
- **Leeds** – safeguarding children and Adults at risk, MCA Policy, Domestic Violence Abuse Policy for Staff
- **Wakefield** – Managing allegations against staff, MCA Policy, Prevent Policy, Safeguarding Commissioning policy and safeguarding policy

<b>Version</b>	Draft v0.1
<b>Approved by:</b>	ICB Quality Committee
<b>Approved on:</b>	25 <sup>th</sup> October 2022
<b>Issued on:</b>	12 <sup>th</sup> October 2022
<b>Author/s:</b>	Rob Goodyear, Associate Director, Strategic Operations, Clinical and Professional Directorate
<b>ICB Lead Officer:</b>	Beverley Geary
<b>This policy statement and supporting policies apply to:</b>	All staff who work for or on behalf of the ICB including those on temporary or honorary contracts, secondments, volunteers, pool staff, board members, students, partner commissioners at place.  In addition to the policy statement, individuals should follow the existing policy in force within the Place in which they are based. Individuals who are members of the ICB core team should follow the Wakefield existing policy.

<p><b>This policy statement and supporting policies will be reviewed by:</b></p>	<p>Date: The system Safeguarding oversight and Assurance Group by July 2023  Postholder responsible: Beverley Geary,  Director of Nursing West Yorkshire ICB.</p>
<p><b>Legislation / statutory requirements</b></p>	<ul style="list-style-type: none"> <li>• Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (NHS England 2015) Updated: August 2019</li> <li>• Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HM Government 2007)</li> <li>• Working Together to Safeguard Children (HM Government 2018)</li> <li>• Statutory Guidance on promoting the Health and well-being of Looked After Children (DH 2009)</li> <li>• The Children Act 1989 Guidance and Regulations: Volume 2, Care Planning, placement and Case Review (HM Government 2010)</li> <li>• Care Act (2004)</li> <li>• Domestic Violence, Crime and Victims Act (2004)</li> <li>• Modern Slavery Act (2015)</li> <li>• Domestic Abuse Act (2021)</li> <li>• Counter-Terrorism and Security Act (2015)</li> <li>• Safeguarding Adults: The Role of Health Services (DH 2011)</li> <li>• The policies and procedures of the Local Safeguarding Children Partnership (LSCP) and the Local Safeguarding Adults Board (LSAB)</li> <li>• Safeguarding children and young people: roles and competences for health care staff Intercollegiate Document. Fourth edition (January 2019)</li> <li>• Adult Safeguarding: roles and competences for health care staff intercollegiate document. First edition (August 2018).</li> </ul>
<p><b>Monitoring compliance and effectiveness of the policy statement and supporting policies:</b></p>	<p>This policy will be reviewed by the Safeguarding Committee every 2 years, or sooner if legislative or procedural changes arise.  Supporting policies aligned to this policy are:</p>

	<ul style="list-style-type: none"> <li>• Safeguarding Adults policy</li> <li>• Safeguarding Children’s policy</li> <li>• Safeguarding through commissioning policy</li> <li>• Mental Capacity Act Policy</li> <li>• Deprivation of Liberty Standards policy</li> <li>• Domestic Violent Abuse policy for staff</li> <li>• Prevent policy</li> </ul>
<b>Non-compliance with the policy will be reported to:</b>	Non-compliance of the policy will be reported to the Director of Nursing.

### **Purpose**

This policy aims to ensure that no act or omission by the ICB as a commissioning organisation, or via the services they commission, puts a service user at risk; and that robust systems are in place to safeguard and promote the welfare of children, and to protect adults at risk of harm.

Where the WY ICB place is identified as the coordinating commissioner, they will notify associate commissioners of a provider’s non-compliance with the standards contained in this policy or of any serious safeguarding incident that have compromised the safety and welfare of a child/adult at risk resident within their population.

Safeguarding children, young people and adults at risk is everyone’s responsibility and is defined as:

- Prevention of harm and abuse through high quality care
- Effective response to allegations of harm and abuse that are in line with multi-agency procedures
- Using learning to improve service to patients.

### **Superseded Policy Arrangements**

<b>Policy Reference</b>	<b>ICB Policy Position</b>
All references to ‘CCG’ to read as detailed here	West Yorkshire Integrated Care Board
All references to Governing Body/Governing Body Members to read	ICB Board/Committee members
All references to a named Accountable Officer to read as detailed here	Rob Webster, Chief Executive Officer

**If you believe the arrangements described within the supporting policies listed at the outset of the policy statement, are not clarified above, please contact:**

Rob Goodyear, Associate Director, Strategic Operations, Clinical and Professional Directorate



<b>Meeting name:</b>	WY ICB Quality Committee
<b>Agenda item no.</b>	09
<b>Meeting date:</b>	25 October 2022
<b>Report title:</b>	Report from the System Quality Group
<b>Report presented by:</b>	Beverley Geary, Director of Nursing
<b>Report approved by:</b>	Beverley Geary, Director of Nursing
<b>Report prepared by:</b>	Beverley Geary, Director of Nursing

Purpose and Action			
Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/> (approve/recommend/ support/ratify)	Action <input type="checkbox"/> (review/consider/comment/ discuss/escalate)	Information <input checked="" type="checkbox"/>
Previous considerations:			
None			
Executive summary and points for discussion:			
<p>This is the Alert, Advise and Assure report from the System Quality Group meeting on 11 October 2022.</p> <p><b>Alert:</b> Midwifery staffing vacancies across the LMNS Significant pressures on urgent and emergency care, Leeds place has significant challenges.</p> <p><b>Advise:</b> The SQG considered the potential implications from the BBC Panorama Programme that looked at the Edenfield Centre. The good partnership working between place and provider collaborative was noted and its benefits for patients within mental health and or learning disability settings. Two further areas were noted both which may impact on elective recovery– blood transfusion stocks are at amber level and the potential strike action by members of the Royal College of Nursing; a ballot is in progress. A provider of Mental Health Services at Bradford place is in Quality Improvement process Monthly meetings are being held.</p> <p><b>Assure:</b> The SQG will continue to receive assurance reports from the LMNS and the implementation of improvements following the Ockenden Report.</p>			

The focus in the coming months will be on the patient impact of winter pressures on the entire system.

**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 Quality Committee is asked to:

1. Note the content of the report from System Quality Group.

**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**

None

**Acronyms and Abbreviations explained**

1. LMNS - Local Maternity and Neonatal System
2. WTE – whole or full time equivalent
3. ICB - Integrated Care Board
4. SQG – System Quality Group

**What are the implications for?**

<b>Residents and Communities</b>	
<b>Quality and Safety</b>	
<b>Equality, Diversity and Inclusion</b>	
<b>Finances and Use of Resources</b>	
<b>Regulation and Legal Requirements</b>	
<b>Conflicts of Interest</b>	
<b>Data Protection</b>	
<b>Transformation and Innovation</b>	
<b>Environmental and Climate Change</b>	

<b>Future Decisions and Policy Making</b>	
<b>Citizen and Stakeholder Engagement</b>	



## **Main Report Detail**

The System Quality Group (SQG) met on 11 October 2022. Key escalation and discussion points from the meeting were:

- **1. Alert**

- 1.1** The SQG received a report from the West Yorkshire and Harrogate LMNS following the Ockenden Insight Visits undertaken by NHS England Regional team visits. Of note was the 78.09 WTE midwife vacancies within maternity services despite recent recruitment measures. This will impact improvement and transformation work within maternity units.
- 1.2** Current urgent and emergency system challenges include lengthy waits for patients in emergency departments and increased handover times for ambulance crews at emergency departments. A weekly Tactical Executive group meeting with regional representation has been set up to support the Yorkshire Ambulance team and monitor progress against an improvement trajectory.
- 1.3** Leeds is experiencing significant challenges around patient flow both through emergency departments and discharge of patients from hospital. A risk summit meeting has been organised.

- **2. Advise**

- 2.1** The implications from the Panorama programme looking at abuse at the Edenfield medium secure mental health unit were discussed. The increased collaborative working between place, system and the Mental Health Provider Collaborative were noted. This is having a positive impact supporting quality assurance and identification of risks within mental health and learning disability provision for West Yorkshire patients.
- 2.2** Blood availability for transfusion stocks are at amber level nationally which may impact on elective recovery.
- 2.3** The Royal College of Nursing is balloting members on strike action which may also impact on elective recovery. Critical services will be maintained during any action. Risks will be assessed as more information becomes available.
- 2.4** A provider of Mental Health Services at Bradford place is in Quality Improvement process following and 'Inadequate' rating by CQC As part of regulatory actions the CQC issued a Notice of Decision that includes the restriction of admissions without prior approval to this site impacting upon capacity for high-risk patients. Monthly Quality Improvement meetings are being held.

- **3. Assure**

- 3.1** A national single delivery plan will be developed in early 2023 to address the findings from the Ockenden and East Kent; Kirkup reports. Delivery of this will be monitored via the Local Midwifery and Neonatal System. System Quality Group will receive a further report from the LMNS which will demonstrate progress and any risk against these.

- 3.2 The national timeline around the implementation of the Continuity of Carer model has been paused. However, the ambition remains and requires further consideration with a focus on those populations that will most benefit from this model of care.
- 3.3 The System Quality Group received a presentation of each organisations feedback from the regional peer review visit. Overall, feedback was very positive and highlighted good progress against the 7 Essential Immediate Actions.
- 3.4 The SQG received a report on the ICB winter planning. During the winter months the meeting will retain a focus on the patient impact of the winter planning measures

- **4. Recommendations**

4.1 Quality Committee is asked to receive the AAA report for information

- **5. Appendices**

**None**



<b>Meeting name:</b>	West Yorkshire Integrated Care Board (WY ICB) Quality Committee
<b>Agenda item no.</b>	10
<b>Meeting date:</b>	25 October 2022
<b>Report title:</b>	Quality Functions and Responsibilities of Integrated Care Boards – Gap Analysis
<b>Report presented by:</b>	Beverley Geary, Director of Nursing, Clinical and Professional Directorate
<b>Report approved by:</b>	Beverley Geary, Director of Nursing, Clinical and Professional Directorate
<b>Report prepared by:</b>	Rob Goodyear, Associate Director, Clinical and Professional Directorate

<b>Purpose and Action</b>			
Assurance <input checked="" type="checkbox"/>	Decision <input checked="" type="checkbox"/> (approve/recommend/ support/ratify)	Action <input type="checkbox"/> (review/consider/comment/ discuss/escalate)	Information <input type="checkbox"/>
<b>Previous considerations:</b>			
<b>Executive summary and points for discussion:</b>			
<p>This is a follow-up action from the September Quality Committee which provided a detailed list of specific Functions and Responsibilities of ICBs taken from guidance issued by the NHSE Quality Strategy Team in August.</p> <p>This paper provides an update on the gap analysis that is currently under way to ensure we are compliant with the guidance. There are 79 specific requirements of ICBs. Some of these are still be worked through by either ourselves or with NHS England. The majority of these are around patient safety and patient safety incident response. We are unable to give assurance on many of these for two main reasons</p> <ol style="list-style-type: none"> <li>1. The guidance states that every ICB must have a full-time Patient Safety Officer we are working to address this gap.</li> <li>2. We are not yet responsible for the commissioning of Dental, Optometry and Pharmacy services until April 2023 and are currently working through a due diligence process with NHS England to take on these responsibilities.</li> <li>3. Patient Safety Incident response currently has an implementation date for ICBs of September 2023. This date has been pushed back several times by NHS England as it provides the clarity of what is required.</li> </ol> <p>The Committee should be assured that all aspects of patient safety arrangements remain in place with all of our providers and existing fora processes have not been changed or removed. In the spirit of the ICB's values of subsidiarity we are working with current fora and processes, the Allied Health Scientists Network, other ICBs and NHS England to ensure WY ICB has an approach that adds value to the current arrangements and meets the requirements of NHS England's quality guidance.</p>			

We will continue to work on these areas and others where we cannot give 100% assurance that we have the processes in place over the coming weeks and will provide an update for the Committee at its January meeting.

**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 Quality Committee is asked to:

1. Note the Functions and Responsibilities of the ICB taken from the Quality Functions and responsibilities of Integrated Care Boards guidance
2. Note that a gap analysis is currently under way which will be presented at the next WY ICB Quality 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:**

Yes. The BAF contains a strategic risk “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.” The gap analysis will provide assurance that the WY ICB is meeting the requirements of the NHSE Quality Functions and Responsibilities for ICB, and detail any further actions identified from the gap analysis.

**Appendices**

1. Gap analysis

**Acronyms and Abbreviations explained**

- 1.

**What are the implications for?**

<b>Residents and Communities</b>	<b>None</b>
<b>Quality and Safety</b>	<b>Assurance that WY ICB is meeting the requirements of NHSE’s Quality Functions and Responsibilities guidance (August 2022)</b>
<b>Equality, Diversity and Inclusion</b>	<b>None</b>
<b>Finances and Use of Resources</b>	<b>None</b>
<b>Regulation and Legal Requirements</b>	<b>Assurance that WY ICB is meeting the requirements of NHSE’s Quality Functions and Responsibilities guidance (August 2022)</b>
<b>Conflicts of Interest</b>	<b>None</b>
<b>Data Protection</b>	<b>None</b>

<b>Transformation and Innovation</b>	<b>None</b>
<b>Environmental and Climate Change</b>	<b>None</b>
<b>Future Decisions and Policy Making</b>	<b>None</b>
<b>Citizen and Stakeholder Engagement</b>	<b>None</b>



		<b>Gap Analysis</b>
<b>1. Overview of Accountabilities and Responsibilities Across to ICS - Strategic Requirements (NQB Position Statement)</b>		
<b>NQB Position Statement &amp; Guidance</b>		
ICBs will be statutorily responsible for delivering their functions in a way that secures the continual improvement in the quality of services.		Yes – clear governance across ICB and place
This includes commissioning to have regard to NICE clinical standards and quality standards, and overseeing and assuring care quality in accordance with the NQB Guidance requirements:		
	An ICB executive lead for quality	Beverley Geary appointed as Chief Nursing Officer
	A clear and credible strategy for improving quality	Included within the forward plan for the WY ICB Quality Committee
	A defined governance and escalation process for quality, which ensures that risks are identified, mitigated and escalated effectively	Governance structure in place and forms part of WY ICB Quality Committee Terms of Reference
	A defined way to share intelligence within the system (System Quality Group) A defined approach to measuring quality	System Quality Group in place; dashboard under development
Close working with Regional NHSE teams, local authorities, regulators and wider stakeholders.		WY ICB Quality Committee Terms of Reference included a wide membership of stakeholders
<b>2. Overview of Accountabilities and Responsibilities Across to ICS - Quality Systems and Assurance</b>		
<b>Independent Investigations and Mental Health Homicides</b>		
Commission as required in line with SIF, while beginning to transition to fulfil oversight requirements of PSIRF and respond to resulting recommendations and assurance against those recommendations.		This is currently the responsibility of Region; PSIDRF still in development
<b>Regulation 28 reports</b>		
Responding to system Regulation 28 reports (if ICB a named recipient).		Yes – James Thomas
Sharing learning from Regulation 28 reports across the ICB footprint, to support improvement to patient safety. This may be reports received by providers within the ICB, or relevant R28 learning from elsewhere.		Not currently happening systematically – seeking clarity
<b>Controlled Drugs Accountable Officer Function</b>		
Expected that ICBs will be responsible bodies under the Regulations.		Seeking advice from Gazala Khan at NHSE

The roles and responsibilities of a “responsible body” are set out in the regulations.	Seeking advice from Gazala Khan at NHSE
Identified controlled drugs leads expected to be in place in ICSs to enable linkages.	Yes - various
<b>Professional Standards</b>	
<i>Management of GPs, dentists, optometrists, &amp; ophthalmic medical practitioners</i>	
Expected that ICBs will have governance leads that will provide the conduit for information about independent contractors to be shared in a timely way between ICB and NHSE.	Yes - Yasmin Khan at Region
<i>Tier 1 RO responsibilities (medical appraisal and revalidation)</i>	
Expected that ICBs will have governance leads that will facilitate the development of primary care governance to support the doctor in being able to deliver and evidence safe and effective care.	Yes - Yasmin Khan at Region
<i>Tier 2 RO responsibilities (medical appraisal and revalidation)</i>	
Expected that ICBs will develop effective relationships with Designated Bodies to ensure a governance structure is in place.	Yes - Yasmin Khan at Region
<b>Whistleblowing and FTSU arrangements</b>	
<i>Concerns about providers</i>	
Provide the region/national FTSU team with an update on what action they have taken in relation to whistleblowing cases that we pass to them to look into.	In process of identifying (Laura Ellis, Governance)
Oversee the implementing of actions, learning and improvement from investigations.	Yes – James Thomas
Potentially carry out independent investigations for other ICBs.	Yes – James Thomas
<i>Monitoring FTSU arrangements across ICBs</i>	
Oversee the effectiveness of the FTSU cultures within the organisations in their patch – both from a quality and a cultural angle – identify emerging issues and react to them.	Yes – James Thomas
Disseminating learning from one provider to another.	Yes – James Thomas
<b>Quality Accounts</b>	
ICB reviews, scrutinises and signs off Quality Accounts from providers.	WY Quality Committee undertakes this role
Ensures that quality improvement priorities align with system priorities.	WY Quality Committee undertakes this role
<b>Infection Prevention and Control</b>	
<i>IPC Strategy and Policy</i>	
Provide IPC technical and leadership skills to influence ICS and regional policy and direction Assist providers to translate national policy and guidance to local delivery.	Chief Nurses at place with individual leads. DPCs are in every organization and meet bi-weekly at system level




<i>IPC Governance</i>	
Establish and maintain clear structures for governance, information sharing and escalation with Regional team, partners, and stakeholders Oversight of provider governance structures. Yes	Governance structure in place and forms part of WY ICB Quality Committee Terms of Reference
<i>IPC Intelligence, learning and improvement</i>	
Oversight of ICS and individual provider progress against IPC related ambitions / thresholds / regulatory and contractual requirements / intelligence and improvement programmes.	Chief Nurses at place with individual leads. DIPCs are in every organization and meet bi-weekly at system level. Feeds into WY ICB Quality Committee.
<i>IPC Improvement Support</i>	
Contribute to development of escalation triggers for ICS / regional / national support offer including emerging threats outside of established improvement programmes.	Chief Nurses at place with individual leads. DIPCs are in every organization and meet bi-weekly at system level. Feeds into WY ICB Quality Committee.
Support delivery and oversight of regional / national support Develop ICS level improvement support programmes as indicated	Chief Nurses at place with individual leads. DIPCs are in every organization and meet bi-weekly at system level. Feeds into WY ICB Quality Committee.
<b>Antimicrobial Resistance</b>	
ICBs asked to make provision for AMR oversight in their governance arrangements, to support collective accountability between partners for whole- system delivery and performance.	Yes – Beverley Geary
ICBs asked to identify an AMR lead, whom the region engages with regularly to support them in making progress on key priorities.	Yes – Beverley Geary
Make progress against key AMR improvement ambitions. Inc. testing / implementing best practice.	Yes – Beverley Geary
Consider key HCAI and AMR surveillance and other data at Place, Provider and ICB levels to understand by pathway what the key factors are that are driving infections, particularly Gram-negative Bloodstream Infections. Use this information to inform local priorities and engagement with primary, community and secondary care providers,	Yes – Beverley Geary

and with local authority social care as appropriate, to identify where action across a specific infection type, population or Place is required.	
Consider AMR/Infection Management when drafting key strategic plans, together with Joint Strategic Needs Assessments developed with local authority directors of public health.	Yes – Beverley Geary
Take into account the impact AMR and bacterial infections have upon primary and secondary care demand in considering wider prioritisation of resources.	Yes – Beverley Geary
Develop ICB (or jointly with region) improvement resources as required.	Yes – Beverley Geary
<b>Medicines optimization</b>	
Oversight via ICB Medicines Optimisation Committee (or equivalent).	Yes
Supra-ICS Partnerships established for collaboration & support.	Yes
<b>3. Overview of Accountabilities and Responsibilities Across to ICS - Patient safety</b>	
<b>Serious Incidents/Patient safety Incident response (SIF/PSIRF)</b>	
Support GP, dental, optometry and community pharmacy services to undertake relevant incident response.	Currently managed at by NHSE. Working with NHSE on the transition of responsibilities to ICB by April 2023.
Support the relevant incident response in relation to NHS-funded patients in other relevant healthcare sectors (e.g., independent, CHC).	In process
Ensure system in place to support the processing of SI backlog identified during transition from CCG to ICB.	Undertaken by Chief Nurses at place.
Continue to oversight of patient safety incident response in line with SIF, while beginning to transition to fulfil oversight requirements of PSIRF:	
Collaborate with providers in the development, maintenance, and review of the provider Patient Safety Incident Response Policy and Plan	Awaiting NHSE clarity on PSIRF
Agree provider Patient Safety Incident Response Policy and Plan	Awaiting NHSE clarity on PSIRF
Oversee and support effectiveness of systems in place in achieving improvement following patient safety incidents	Awaiting NHSE clarity on PSIRF
Support co-ordination of cross-system PSIRs	Awaiting NHSE clarity on PSIRF
Share insights and information across organisations/services to improve safety.	Awaiting NHSE clarity on PSIRF

Ensure system in place to support the processing of SI backlog identified during transition from CCG to ICB.	Undertaken by Chief Nurses at place.
<b>Patient safety specialists (PSS)</b>	<b>We are seeking clarity about arrangements and funding regarding all aspects of patient safety. Working with NHSE and AHSN to define ICB requirements</b>
ICB to have an identified a full time PSS by September 2022.	
Patient safety specialist(s) identified at ICB to attend System Quality Group.	
Support NHS patient safety strategy implementation and improving patient safety at system level (and across care pathways). How	
Ensure good communication and information sharing with the patient safety specialist network via the ICB identified patient safety specialist.	
<b>Patient safety syllabus</b>	
Staff to be trained to the relevant level of the patient safety syllabus.	
Oversight of numbers trained.	
<b>Patient safety partners (PSP)</b>	
ICB to include two patient safety partners on their safety related clinical governance committees (or equivalent) by September 2022.	
To have systems in place to maintain demographic data on their PSPs by Q2 2022/23.	
<b>Patient safety improvement (including national programmes)</b>	
Responsible for oversight of system safety. ICBs to support and work with their relevant patient safety improvement networks, patient safety specialists, medication safety officers, other safety leaders, patient safety partners, and the nationally commissioned support function to mobilise improvement activities in response to the Patient Safety Strategy.	
ICBs to incorporate local patient safety improvement networks into their governance structures in order to develop and implement a system level Patient Safety Improvement Plan. The plan will address nationally defined and locally determined patient safety improvement priorities such as those identified via PSIRF.	
The PSCs provide a co-ordination and support function to local patient safety improvement networks.	Yes - James Thomas
<i>Medication Safety Officers (MSO) and Medical Device Safety Officers (MDSO)</i>	
ICB to identify a Medication Safety Officer and a Medical Device Safety Officer to support primary care and ensure good communication and information sharing with the local and national Medication Safety Officer and Medical Device Safety Officer networks respectively.	Yes – David Smith - Meds opt teams in places

Medication Safety Officers and Medical Device Safety Officers to attend the safety related clinical governance committee (or equivalent).	Yes - David Smith
Support NHS patient safety strategy implementation and improving medicines and medical device safety at system level (and across care pathways).	Yes - David Smith
<b>Medical Examiners (ME)</b>	
Support / facilitate medical examiners to provide independent scrutiny of all non-coronial deaths in their locality.	Yes – James Thomas – links to place
Support NHSE/I regional medical examiners/ officers in making links between providers in a system.	Yes – James Thomas
Ensure the system is ready for the statutory medical examiner system.	Yes – James Thomas
Responsible for learning and improvement at system level.	Yes – James Thomas
<b>National Patient Safety Alerts (NatPSAs)</b>	
ICB to ensure local mechanisms exist to support compliance with the actions required in NatPSAs in line with NHS standard contract and national patient safety strategy.	Yes - James Thomas – need to be clear of the mechanism
<b>Patient safety incident recording (LFPSE)</b>	
Support your providers to transition.	
ICB to ensure local recording mechanisms exist to support national patient safety strategy overall aim of continuous increase in effective recording in line with NHS standard contract.	
Sharing learning where relevant.	
Identify significant gaps in data submissions and support improvement.	
Ensure at least one of the ICB team is an LFPSE ad min user so that they can approve others' enhanced accounts requests within your organisation.	
Ensure your General Practices that do not use a LRMS are now submitting patient safety events onto LFPSE (the NLRS eForm is no longer available).	
<b>Digital Clinical Safety</b>	
ICB to have clinical safety officer in place.	
Relevant staff to be trained to the appropriate level of digital clinical safety training.	
<b>4. Overview of Accountabilities and Responsibilities Across to ICS - Experience of care</b>	
<b>Improving patient, service user and unpaid carer experience of care through co-production</b>	
Embed improving experience of care in all quality, improvement and transformation programmes, including coproduction with people with lived experience.	Yes – James Thomas
<b>Insight and feedback</b>	

<p>Engage with patient experience feedback and metrics, with reference to the work of the Kings Fund in good practice insight work.</p>  <p>Kings Fund - Understanding_integr</p>	<p>Working with HealthWatch to understand patient feedback</p>
<p>Measuring the experience of integration of care and services (with expected mandatory 'Integration Index' data collection from 2023/24).</p>	<p>James</p>
<p><b>5. Effectiveness</b></p>	
<p><b>National Clinical Audits and Patient Outcome Programme</b></p>	
<p>Reviewing and responding to relevant National Clinical Audits and Patient Outcome Programmes and implementing recommendations.</p>	<p>Yes – System Quality Group</p>
<p><b>NICE technologies appraisals and guidance</b></p>	
<p>Commissioning against NICE technologies appraisals and guidance (note that the funding requirement stands for highly- specialised technologies guidance).</p>	<p>Yes – led by Inclusive Improvement and Innovation</p>
<p><b>6. Overview of Accountabilities and Responsibilities Across to ICS – Safeguarding</b></p>	
<p><b>Safeguarding Assurance and Accountability Framework</b></p>	
<p>ICB executive leadership is oversight, scrutiny and escalation, and improvement support as per the Safeguarding Accountability and Assurance Framework due December 2021.</p>	<p>Safeguarding Oversight and Assurance Partnership Group established reporting into the WY ICB Quality Committee.</p>
<p>ICB role in oversight of learning and implementation of recommendations from all death reviews and Serious Case Reviews, Child Safeguarding Practice reviews, Safeguarding Adult reviews.</p>	<p>Safeguarding Oversight and Assurance Partnership Group established reporting into the WY ICB Quality Committee.</p>
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**Quality Committee  
Work plan 2022/23**

	Sept	Oct	Dec	Feb	Notes
<b>Standing items</b>					
Declarations of interest	X	X	X	X	
Minutes of previous meeting		X	X	X	
Matters arising	X	X	X	X	
Action log	X	X	X	X	
Forward Work Plan	X	X	X	X	
<b>Governance</b>					
Review terms of reference	X		X		
Governance Structure of the Quality Committee and Supporting Places	X				
Assess committee effectiveness			X		
Risk management					
<ul style="list-style-type: none"> <li>• Board Assurance Framework</li> <li>• Risk register</li> </ul>		X	X	X	
Policies					Policy statements – Oct
<ul style="list-style-type: none"> <li>• Safeguarding Policies</li> <li>• Mental Capacity Act/DoLS</li> </ul>		X		X	Policies - Feb
<b>Quality Functions and Responsibilities of Integrated Care Boards</b>					
Quality Functions and Responsibilities of Integrated Care Boards	X				
Non-surgical oncology			X		
Primary Care Strategy					To be confirmed
Reporting from other groups – escalation / assurance		X	X	X	
<ul style="list-style-type: none"> <li>- System Quality Group</li> <li>- Clinical Forum</li> </ul>					
Dashboard and quality indicators sign off		X	X	X	
Quality Accounts – oversight and assurance			X		Link to place leads
West Yorkshire-wide issues requiring assurance					As required / link to dashboard
CQC inspection on UEC services		X			
System response to Ockenden Review on maternity services			X		
Learning Disability deaths review (LeDeR)					Proposed this is through provider collaborative and System Quality Group
Core20PLUS5					To be confirmed
Fuller stocktake					To be confirmed