

NHS West Yorkshire Integrated Care Board
Finance, Investment and Performance Committee
Tuesday 20 December 2022 9.00am-11.00am

This meeting will be held via Microsoft Teams

AGENDA

The Finance, Investment and Performance Committee is recommended to make the following resolution:

“That the press and public be excluded from the meeting during the consideration of agenda items 1 - 7 as they contain confidential information as set out in the criteria published on the ICB’s website, and the public interest in maintaining the confidentiality outweighs the public interest in disclosing the information.”

No.	Item	Lead	Paper	Time
01	Welcome, introductions and apologies	Arunangsu Chatterjee Chair	N	09.00
02	Declarations of interest To declare any interests relevant to items on the agenda.	Arunangsu Chatterjee Chair	N	09.03
03	<u>Accuracy of the private minutes, action log and matters arising from 25 October 2022</u> To agree the minutes and review actions and matters arising.	Arunangsu Chatterjee Chair	Y	09.05
Finance				
04	<u>WY ICS Financial Position to Month 7 2022/23</u> To receive an update for assurance.	Jonathan Webb Director of Finance	Y	09.10
05	<u>Financial Planning and Underlying Position</u> To receive an update for assurance.	Jonathan Webb Director of Finance	Y	09:25
People				
06	<u>Workforce assurance report against the West Yorkshire People Plan</u> To receive an update	Kate Sims Director of People	Y	09:40

The Committee will move into public session.

No.	Item	Lead	Paper	Time
07	Welcome, introductions and apologies	Arunangsu Chatterjee Chair	N	09:55

08	Declarations of interest To declare any interests relevant to items on the agenda.	Arunangsu Chatterjee Chair	N	09:58
09	<u>Accuracy of the minutes, action log and matters arising from 25 October 2022</u> To agree the minutes and review actions and matters arising.	Arunangsu Chatterjee Chair	Y	10:00
Finance				
10	<u>WY ICS Financial Position to Month 7 2022/23</u> To receive an update for assurance.	Jonathan Webb Director of Finance	Y	10:05
11	<u>Anti Money Laundering Policy</u> To approve the policy.	Adrian North Deputy Director of Finance	Y	10.18
Performance				
12	<u>Performance Report including Winter Planning</u> To receive an update for assurance.	Anthony Kealy Locality Director, NHS England	Y	10.20
Risk				
13	<u>Risk Report</u> To receive an update for assurance prior to submission to the Board.	Laura Ellis Director of Corporate Affairs	Y	10.35
Other items				
14	<u>Committee annual work plan</u> To review the work plan for the Committee.	Laura Ellis Director of Corporate Affairs	Y	10.50
15	Items and risks for escalation To identify issues to alert, advise and assure the Board on.	Arunangsu Chatterjee Chair	N	10.52
16	Any other business	Arunangsu Chatterjee Chair	N	10.55
17	Date of next meeting: Tuesday 28 February 2023, 9.00am – 12.00pm	Arunangsu Chatterjee Chair	N	11.00

For information (private): Protocol for changes to in-year revenue financial forecast

NHS West Yorkshire Integrated Care Board

DRAFT Minutes of the Finance, Investment and Performance Committee

Tuesday 25th October 2022

In public

Held virtually by Microsoft Teams

Members	Initials	Role
Arunangsu Chatterjee	AC	Non-Executive Member (Chair)
Anthony Kealy	AK	Locality Director, NHS England & NHS Improvement
Becky Malby	BM	Non-Executive Member
Carol McKenna	CMc	Accountable Officer, Kirklees
Karen Parkin	KP	Operational Director of Finance, Wakefield (deputising for Jo Webster)
Mel Pickup	MP	Accountable Officer, Bradford District and Craven
Martin Pursey	MPu	Director of Partner Relationship Management, Kirklees and Calderdale (deputising for Neil Smurthwaite)
Tim Ryley	TRy	Accountable Officer, Leeds
Dr James Thomas	JT	ICB Medical Director
Jonathan Webb	JWb	ICB Director of Finance
Rob Webster	RW	Chief Executive
In attendance		
Laura Ellis	LE	ICB Director of Corporate Affairs
Bev Geary	BG	ICB Director of Nursing
Craig Hackett	CH	Finance Team, Bradford District and Craven (deputising for Robert Maden)
Louise Hall	LH	Interim Head of Governance, Kirklees (minutes)
Alison Needham	AN	Director of Finance, Kirklees
Adrian North	ANo	ICB Deputy Director of Finance
Kate Sims	KS	ICB Director of People
Geoff Stokes	GS	Interim Head of Corporate Governance
Apologies		
Robert Maden	RM	Director of Finance, Bradford District and Craven
Visseh Pejhan-Sykes	VPS	Director of Finance, Leeds
Neil Smurthwaite	NS	Chief Operating Officer, Calderdale
Lesley Stokey	LS	Director of Finance, Calderdale
Jo Webster	JW	Accountable Officer, Wakefield

Item		Action
16/22	Welcome, introductions and apologies	
	<p>The Chair welcomed everyone to the meeting of the Finance, Investment & Performance Committee (FIPC).</p> <p>Apologies were noted as above.</p>	
17/22	Declarations of interest	
	<p>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.</p>	
18/22	Accuracy of the minutes and action log from 23 August 2022	
	<p>The minutes of the previous meeting were agreed as a true and accurate record.</p> <p>The Committee reviewed the action log:</p> <ul style="list-style-type: none"> • 01/2022 - Minute 3 - Terms of reference - Consideration be given to making the DoP a formal member of the committee when the ToR were next reviewed. CLOSED • 02/2022 - Minute 5 - West Yorkshire Integrated Care System Financial Plan 2022/23 - Feedback to be provided to FIPC following deep dive review across all organisations. CLOSED • 03/2022 - Minute 6 - West Yorkshire Integrated Care System Financial Position to Month 4 2022/23 - Note to be circulated to finance teams on behalf of the committee in recognition of their effort, especially in regard to closing down accounts mid-year. CLOSED • 04/2022 - Minute 7 - Draft West Yorkshire Integrated Care System Finance Strategy 2022-2027 - Strategy to be shared across different stakeholder groups. CLOSED • 05/2022 - Minute 9 - NHS Oversight Framework 2022/23 - Item to be scheduled for future development session to explore arrangements for monitoring risk and performance and to provide mutual accountability to organisations within the system. OPEN • 06/2022 - Minute 12 - West Yorkshire Annual Digital Report - Discussion to be held at Digital Board about funding cuts by NHSE to programmes such as digital and feedback to FIPC on the impact. JT advised that there had been a discussion at the Digital Board and the Committee agreed the action could be CLOSED. RW raised business planning for the following year, and the need for the Digital programme to be part of the overall budget setting. ACTION - A copy of the Digital Board report to be shared with Committee members. • 07/2022 - Minute 12 - West Yorkshire Annual Digital Report - Discussion regarding the role of people, processes and technology in the transformation of care to take place between Non-Executive 	<p style="text-align: right;">JT</p>

Item		Action
	Members (NEMs) and the Chair of the Board as to where the most appropriate forum would be to take this work forward. OPEN	
19/22	Finance report	
	<p>The Committee received a report, presented by Jonathan Webb (JWb), WYICB Director of Finance, the purpose of which was to set out the financial position for the ICB and the ICS for the period to the end of September 2022 (Month 6).</p> <p>It was explained that since the ICB only became a statutory body on 1 July 2022, the ICB position represented a combination of the CCG reported position for Quarter 1, and the ICB reported position for Quarter 2, in order that the Committee had the most comprehensive position for the financial year-to-date position and forecast.</p> <p>In particular JWb referred to the following key points:</p> <ul style="list-style-type: none"> • The WY ICS Integrated Care Board revenue position. The ICB forecast was for a surplus of £4.4m. This would offset a forecast deficit in providers of the same amount, resulting in a break-even system forecast. This forecast position was based on local assumptions that known risks would be fully mitigated and would be kept under close review. • The WY ICS Integrated Care Board capital position. Total spend against operational capital to the end of September 2022 was £28.7m against a plan of £59.3m, resulting in a year-to-date underspend of £30.6m. The full year forecast was to spend the allocation in full. <p>The matter was opened for discussion and the following comments made:</p> <ul style="list-style-type: none"> • Mel Pickup (MP), Accountable Officer for Bradford District and Craven, reported that while she was not comfortable with the financial risks associated with the ICB she took some comfort in the fact that they were reflected across all places. She reported that that afternoon in Bradford District and Craven a conversation would take place with the key stakeholders present about financial pressures including the underlying gap reported by the Local Authority in order to identify how they might support each other to keep services operating and provide resilience as winter approached. • Carol McKenna (CM), Accountable Officer for Kirklees echoed the concern expressed by MP but assured the Committee that the risks identified in the report were also high on the agenda at Kirklees place. She reported that the recent Kirklees Place 	

Item		Action
	<p>Committee development session had spent time considering those risks in a broader context that included the local authority position. She argued that collaboration would be necessary to provide solutions to the risks identified.</p> <ul style="list-style-type: none"> • Karen Parkin (KP) Operational Director of Finance, Wakefield agreed that she was uncomfortable with the financial position but assured the Committee that those concerns did not extend to the engagement that was being undertaken with places. She reported that a development session had taken place at the Wakefield Partnership Board on the financial strategy and that Wakefield place was committed to continued engagement of stakeholders to mitigate risk and provide delivery solutions. • Tim Ryley (TRy), Accountable Officer, Leeds, reiterated the value of collaborative working to best manage the risks identified in the financial position. He reported that Leeds place had also had a financial strategy session at the development session of its place committee. He expressed concern relating to the target of delivering a £16million surplus and urged the wider WYICB to consider the risk of non-delivery at Leeds to the wider ICB structure. • Alison Needham, (AN) Director of Finance, Kirklees, spoke to the item. She maintained that while the financial context was challenging, working together and learning from each other would be pivotal to the financial stability of the WYICB. <p>The Chair welcomed the reports from Places, particularly in respect of collaborative efforts being made to mitigate financial risk, and asked Rob Webster, to comment as Chief Executive of the WYICB.</p> <p>Rob Webster, Chief Executive, WYICB urged the Committee to consider what it had heard about financial pressures locally in the national context. To this end he reported that two thirds of integrated care systems were currently 'in the red'. He supported the collaborative approach put forward by others as the best way to provide services within budget in the absence of any tangible increase in funding from the spending review.</p> <p>The Chair thanked everyone for their contributions and reported that representatives of Devon ICB would be in attendance at the next meeting of the WYICB where there would be an opportunity for comparisons to be made and best practice to be shared.</p>	
	<p>It was RESOLVED that the Month 6 financial position for the ICB and the ICS be NOTED.</p>	

Item		Action
20/22	Performance metrics update	
	<p>The committee received a report, presented by Anthony Kealy, (AK) Locality Director, NHS England & NHS Improvement, the purpose of which was to provide an update on key NHS performance metrics. It had been based on the latest available published NHS data and provided a view of system performance in line with the NHS System Oversight Framework (SOF).</p> <p>The Committee heard that although not all areas of the SOF were currently represented within the data pack, work continued to expand and refine the data included.</p> <p>The graphical information was further supported by a narrative commentary which had been provided by the ICS Programme teams in the form of exception reports.</p> <p>The report was further supported by a verbal update on the current risks and issues in relation to the metrics and on the system actions being taken.</p> <p>In particular AK referred to the following:</p> <ul style="list-style-type: none"> a) That the peak of COVID occupancy was expected to have been reached and passed and that associated pressures on other performance measures may reduce. b) That it was expected that 104 weeks in relation to the target was expected to reduce to 78 weeks by March as required. c) That approximately 700 patients across West Yorkshire, had not started cancer treatment within 62 days of referral from a GP, a significant portion of those patients being in Leeds. A new plan had been submitted to NHSE to reduce that number to approximately 280 by the end of 2022. Formal feedback had not yet been received but informally it was understood that the revised plan had been favourably received. d) System flow, and specifically timely discharge from hospital, remained an area of concern. Colleagues in Leeds had particularly raised this matter as an issue and as a result RW and Richard Barker had held a meeting in Leeds with partners from across the area to discuss potential support that might be offered. A number of actions had been agreed relating to clinical risk and the ability of partners to share and absorb some of that risk. This process had been very helpful and such peer challenge and support would be undertaken again in the future. It was suggested that these exercises be utilised as a basis for deep dive discussions at the 	

Item		Action
	<p>Committee where solutions identified, and actions taken, could be considered.</p> <p>e) Ambulance service – serious pressure was being experienced on response times and the service’s ability to deal with the volume of calls more generally from both 111 and 999. A weekly group had now been established, chaired by RW, to monitor issues, actions and progress. It was suggested that this was a potential deep dive topic for the Committee at a future meeting.</p> <p>f) Maternity Services - The recent East Kent report on Maternity services and associated risks was concerning but not surprising. West Yorkshire had already had a heavy focus on neonatal and maternity services following the Ockenden report and the main challenges of recruitment and retention were already identified and monitored. There were currently 78 vacancies in West Yorkshire, and this continued to be a significant area of concern.</p> <p>Becky Malby (BM) signalled that she would welcome improvements on the performance metrics around health inequalities as those presented did not, in her opinion, properly relate to the work being undertaken by the WYICB on poverty. She challenged the Committee to be properly concerned about tackling health inequalities and to consider how matters might be reported more usefully and how the ICB could utilise that information to influence and advocate to NHSE.</p> <p>She further commented that there were 3 areas of the report that focussed on capacity and recruitment. Maternity, mental health and primary care and yet they were tabled separately. She challenged the committee to take a holistic view of staffing issues and how risks in these areas could be mitigated for next year including considerations of alternative models of care.</p> <p>RW spoke to the item, he informed the Committee that NHSE had made available on ‘Foundry’ more up to date data and methods by which it could be interrogated by ethnicity and deprivation. There were also other new tools still to be fully utilised but which it was hoped would enable consistency across ICB reporting nationally and across places at WYICB. One of the considerations was that each WYICB place correlate the performance reporting / indicators around the four missions of the WYICB, tailored to particularly meet the information needs of the committee to which it was presented.</p> <p>AC reminded the Committee that at the last meeting it had been agreed that the work RW had mentioned regarding mapping of metrics against</p>	

Item		Action
	<p>ICB goals and ambitions would be undertaken and he put forward as an action that a first draft discussion take place at the next meeting of the Committee.</p> <p>AK agreed that although mapping was currently undertaken against the NHS Framework, amendments could be made to acknowledge the ICB goals and ambitions too.</p> <p>AK also picked up on the other points made by BM. He noted comments made by RW around reporting of health inequalities and put it to the committee that the quality committee should consider the matter of interrogation and reporting of patient satisfaction in the context of health inequalities. In relation to the workforce issues raised in his report he agreed that a holistic approach would be sensible.</p> <p>CM reported that a similar conversation had occurred at the recent Kirklees ICB Place Committee development session. The Committee had considered the balance between reporting of 'hard' data performance and reporting of outcomes and patient satisfaction. It had been agreed there that the Kirklees outcomes framework would be reconsidered to see that it was still fit for purpose. It was important that such conversations took place with the acknowledgement that in order for the ICB to be consistent in its reporting nationally each place should report consistently, and in a useful manner, to the WYICB. WYICB should identify the key issues that each place should report on with places then adding a small number that were unique to their area for their own assurance.</p> <p>RW recognised that this matter had been talked about at some length recently in various arenas. He put forward what he considered to be a simple solution. Reporting should be undertaken as follows:</p> <ul style="list-style-type: none"> • Regulatory requirements from NHSE, • Winter directions (the 6 national indicators) • Anything decided collectively as an ICB • A small amount of indicators identified by each individual place. <p>TRy agreed and added that if there were a standard suite of indicators benchmarked across West Yorkshire, with recognition of differences between places, then that report could be used 6 times before being considered at the WYICB and that would create efficiencies.</p> <p>The Committee heard that Healthwatch had undertaken a piece of work that focussed on 200 patients and their family members which had identified things not in the data but that if changed as a result of the</p>	<p>AK</p>

Item		Action
	<p>feedback would impact on the data and the committee was urged to consider recommending such exercises in the future.</p> <p>The Chair asked that the agreed outcomes of the meeting on system flow management be shared with the committee and potentially the Transformation Committee also.</p> <p>BM reminded the committee of her desire to see improved data used to advocate for improvements to NHSE, this was particularly difficult with the current data in light of the fact that much reporting focussed on the clinical picture as opposed to the wider health inequality landscape. RW agreed. He used as an example the issue of elective care and waiting times. The focus on small outliers had the potential to distort the picture and focus work and funding on an area unnecessarily. Such focus often restricted 'bigger picture' work such as health inequalities or poverty. If diversion from the 'big picture' became evident he would expect the committee to 'push back' to NHSE.</p> <p>BM wondered whether, at the next meeting, a thematic approach including, workforce and digital transformation, might be taken and she challenged the committee to seek answers about how care and its delivery might be radically transformed to succeed despite the workforce challenges.</p> <p>TRy spoke to the item. He felt that internationally matters of workforce capacity would be a major problem if the system continued to try and deliver services in the same way. He argued that there were both short term and long term conversations to be had. There would be a need, in the longer term, for exploration of the issues around digital robotics in delivery for example. The second pressing matter was the enablement of 'self-care'. Much of the system pressure could be attributed to people living with long term conditions who are often expert in understanding their condition and associated needs but do not always have the tools required to administer those solutions. He informed the Committee that at a system flow meeting last week, Leeds Community Healthcare (LCH) reported that they were exploring the option of employing 'self-care' trainers to help to educate people to be able to take care of themselves under the supervision of a professional. Other anomalies and blockages should be alleviated also, for example sometimes family members can undertake certain care requirements for a patient that the voluntary sector cannot, and a conversation was needed about the appropriateness and efficacy of this.</p>	

Item		Action
	<p>The Char (AC) felt that this discussion ought to be flagged to the Transformation Committee.</p> <p>He went on to remind the Committee that previously Healthcare students had been utilised to embed certain areas of care management as part of their placements and that this could be considered again as part of the system transformation conversation.</p> <p>RW spoke to build on the points made by TRy. He welcomed what had been reported which he described as an interesting, exciting and innovative agenda but regretted that conversations about workforce more generally could be negative. He hoped that upcoming debate might change the narrative around workforce issues so that capacity is recognised – 2.5m people lived in the West Yorkshire area and for the most part could look after themselves, 400k people were in the care system and needed to be protected and supported, 150k voluntary staff and finally there were 150k paid staff currently expected to provide many of the answers to the system’s problems. The People Plan looked at unpaid care as part of our strategy and there were, he argued, lots of fantastic opportunities to do things differently with the capacity we have. To illustrate this point he informed the Committee that approximately 20% of issues that were brought to GPs were social issues not medical issues and so a new approach, outside traditional care might be beneficial. What was needed to progress this bold new approach would be to take the People Plan and cross reference it to the ICB key themes in order to identify what would be the key indicators that we need to look at to further identify where new roles could be create or new delivery methods installed. He suggested that the committee commission from Kate Sims (KS), Director of People, a report to this committee setting out suggested indicators to show that as an ICB, and in line with the agreed themes, the people plan was being delivered as agreed.</p> <p>Beverley Geary (BG) Director of Nursing contributed to the discussion. She alerted the Committee to an additional risk around international recruitment whereby a significant number of those in nursing roles were half-way through a 3-year experience requirement which on completion would secure eligibility to work in the US. This was a risk as many international staff had identified the US or Canada as their first choice and might leave when eligible. She assured the committee that work was being undertaken at regional and system level to attempt to mitigate this risk.</p>	KS

Item		Action
	<p>She further reported that at the Social Care meeting mentioned earlier in relation to Leeds and system flow matters, a request had been made to herself and JT to look more closely at sharing risk across the system and the potential for the identification of new roles within the existing workforce. This agenda would be transformational, but she urged the Committee to not lose sight of the risk that currently existed in the delivery model and how that would increase throughout the winter. A balance must be found between patient safety and transformation.</p> <p>The Chair (AC) thanked the Committee for an informative and interesting discussion. He reflected that the agenda for the future delivery of care was exciting and drew out actions to map performance metrics against the ICB objectives; focus on digital transformation; and liaise with the Transformation and quality committees.</p>	
	<p>It was RESOLVED that the Committee NOTE the report and discussion.</p>	
21/22	System Resilience –Winter Planning and Assurance	
	<p>AK presented to the Committee a report which provided an update on the requirements and status of the West Yorkshire ICB winter resilience planning for 2022/23. It was based on the NHS England national guidance as at 11th October 2022.</p> <p>AK set out the context of this year’s winter planning and significantly, the shift in accountability to ICBs, in ensuring that their system providers and other partners delivered their local plans and worked together effectively.</p> <p>The slides that accompanied the report showed an aggregated position of the five West Yorkshire places’ status of delivery in accordance with the Winter Board Assurance Framework (BAF) requirements and demonstrated future areas of focus to mitigate the identified risks.</p> <p>In particular AK highlighted the following:</p> <ul style="list-style-type: none"> – That over the past few months work had been undertaken to build resilience for winter. The work had been particularly focussed this year as a result of the pandemic and the expectation that there might be a difficult flu season. – This year was different from others in that the operational pressures experience throughout the summer were already as if it were winter and therefore the system entered the winter season under greater pressure than ever with demand at unprecedented levels. 	

Item		Action
	<ul style="list-style-type: none"> – NHSE issued its winter guidance in August and the winter planning had been developed in the context of that guidance, it recognised the the new role of the ICB and ICS in delivery of services. – Assurance would be given against a framework of 8 core objectives contained within the slides. – A number of pieces of work that had been requested by NHSE related to increasing bed capacity and to that end a substantial allocation of funding had been received. This plan had now been implemented and a further Mental Health capacity plan had now been submitted. – A further action plan had been produced that looked at wider winter preparedness as well as plans that addressed matters of discharge flow and avoiding admissions <p>He explained that a set of metrics had been agreed that underpinned the winter resilience piece and each place had produced a winter escalation plan which had been reviewed within the context of the system. Some recent changes to guidance had been made by NHSE and these would need to be reflected in the plans and performance reported currently in place.</p> <p>ICBs had been asked by NHSE to undertake self-assessments against a whole range of work on winter planning and the Committee heard how those self-assessments had been conducted at place and the aggregated West Yorkshire preparedness for winter.</p> <p>AK touched on the metrics that underpinned the national assessment requirements and which would be built into the NHS oversight framework and brought back to this committee to establish an understanding of progress being made. He reflected on how challenging this winter was expected to be and alerted the Committee to the fact that he expected to be further challenged in December and January before performance might show improvement in some areas maintaining current levels of performance would be considered to be a success.</p> <p>Governance mechanisms had been put in place to manage risk starting at individual organisations, feeding into places and forums and through to WYICB level through a number of mechanisms including weekly ‘operational planning groups for winter’ chaired by Trudie Davis. There was also a tactical team meeting chaired by RW to review operational risks and meetings with other ICBs as well as the formal governance and oversight arrangements that sit over those meetings such as this committee; culminating in the national level governance assurance mechanisms.</p>	

Item		Action
	<p>NHSE had released further guidance on 18 October which sought to ensure the further review of a number of areas under these topics to make sure ICBs were as well prepared and well supported as possible for winter. One such additional requirement was to put in place System control centres which would operate 24/7 365 days a year and would act as co-ordinating mechanisms to ensure appropriate and timely response to capacity, flow and the need for clinical advice and leadership in the system. WYICB was currently looking at how it might build on what was already in place and working collaboratively with partners to fulfil this requirement.</p> <p>RW reinforced the message regarding the amount of work that was being undertaken to ensure winter preparedness, from weekly conversations happening at system and place level in order to manage and protect a system that was already severely stretched.</p> <p>AC assured contributors that it was clear that a lot of well thought out and focussed activity was being undertaken in this area. He opened the item for discussion.</p> <p>BM referred to the objective set by NHSE around Primary Care and lamented the fact that deprived areas often had less funding in this area which in turn had a knock-on effect to A&E services. She was interested to know whether such matters were being delegated to places to mitigate or whether the ICB was also attempting to resolve.</p> <p>AN reported that she was responsible for finances related to Primary Care and reported that each place currently did something different. She was interested to review work being undertaken in Leicestershire and had been trying to contact her counterpart there to discuss. However, she cautioned that it may not be possible to 'lift and shift' good work owing to some of the unique complexities that existed within West Yorkshire ICB model. She agreed to report back to the committee once she had investigated the model more thoroughly.</p> <p>JWb reported that while NHSE did try to reflect health inequalities in the allocation of funding it did not always flow through as intended. It was a well-rehearsed conversation that would continue to be had but to try to move it forward a meeting would take place in November regarding a joint ICB and university piece of work looking at the allocation formula more generally and taking stock nationally. There would be an opportunity to lobby NHSE on the outcome of this work.</p>	AN

Item		Action
	<p>RW referred to an additional piece of work which would draw together data on services by community. The initial findings suggested that the capacity available in various places did differ significantly but not always in the way that might be anticipated. It was clear that how capacity was utilised was key to the impact of primary care work and measures would continue to be reported over the winter. In the future funding allocation for primary care would form part of the strategy and although the allocation of those funds would be managed at national level the ICB would retain flexibility within that allocation for use. He reported that a deep dive on primary care was scheduled for the next Board meeting and the Committee may wish to consider communicating its thoughts on arrangements through in order that they may be considered during the discussion.</p> <p>The Chair (AC) asked how the self-assessments had been conducted and heard that it had involved various organisations and evidence gathering which had taken the form of bottom-up self-submissions aggregated at the ICB level. He received assurance that areas of concern at place would be picked up through oversight arrangements the first stage of which would be the operational winter group chaired by Trudie Davies. The Committee was assured that of all the concerns around winter capacity and delivery oversight and assurance were not among them.</p>	
	The Committee NOTED the report.	
22/22	Risk report	
	<p>The Committee received a report providing details of all risks on the Corporate Risk Register, together with details of those place risks scoring 15+. It also provided 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.</p> <p>It was suggested that where there were high scores in certain places those matters should be considered for deep dive topics at future meetings.</p> <p>Following a question from the Chair, Laura Ellis (LE) Director of Corporate Affairs explained that the report was not an aggregation of place risks. It consisted of corporate risks, place risks and common risks. There was detail within the report and to further clarify LE flagged that a flow chart could be found within the Integrated Risk Management Framework.</p>	

Item		Action
	<p>LE referred to the AAA report as a further mechanism by which places could raise issues on which they needed support, or need to alert West Yorkshire level.</p> <p>Comments were received relating to the process focus within the risks and the need to transition to outcome focus as the WYICB became embedded and the importance of consistency of reporting. It was agreed that some element of joint working on the place risks may be beneficial in order that consistency could be further assured.</p> <p>RW felt that although improvements to process and consistency would be beneficial and, he was sure, forthcoming, the risks included were those that he expected. One risk, in his opinion, was missing and this related to cyber risk and he asked the Committee to consider whether it wished to comment on this.</p> <p>CM sought clarification regarding the content of the AAA reports and asked that further guidance be sent to all places following the meeting to ensure that the purpose of the reports was not lost in risk averse reporting behaviour that would create lengthy and less useful reports in the long run.</p> <p>LE agreed that clarification would be distributed and also confirmed that the AAA was an additional and light touch tool. All matters referred within should have been highlighted as part of the committee system reporting prior to the production of the AAA report.</p> <p>The Chair (AC) acknowledged that risk reporting was evolving, and that the committee should continue to review whether the Risk Report and AAA reporting were fit for purpose. The discussion should be led by critical risks and as the subject matter evolves should lean more heavily toward mitigations of identified risk.</p> <p>He welcomed the desire to create more consistency and he urged the committee to always have in mind the next agenda when reviewing the risk report.</p>	
	<p>The Committee REVIEWED the risk register and were ASSURED that it was a fair reflection of the current organisational risk.</p>	
23/22	Committee Workplan	

Item		Action
	The Committee received the latest version of its work plan for consideration and in recognition of its role in the ICB governance framework.	
	The workplan was NOTED .	
24/22	AAA Report – Items and risks for escalation	
	<p>The Chair asked the Committee to consider any matters that may have arisen during the course of the meeting and which ought to be escalated to the WYICB Board via the Alert Advise Assure (AAA) report.</p> <p>He suggested that the following matters be reported:</p> <ul style="list-style-type: none"> – the update on the winter plan, noting that there was still work to be done and that regular reporting mechanisms had been created and should be alerted to the Board. – The number of risks reported scoring 20 or over should be reported and the Board assured that this committee had oversight of those matters. <p>No further matters were raised by committee members and it was agreed that the chair and JWb would write the report for submission but that in the future a more systematic approach to the AAA report may evolve.</p>	AC/JWb
25/22	Date of the next meeting	
	The Chair reminded the Committee that the next meeting would take place on 20 December. He reported that there had been concerns regarding quoracy for the meeting taking place that day and that all efforts were being made to schedule meetings as conveniently as possible in order to encourage attendance,	

The Finance, Investment and Performance Committee made the following resolution:

“That the press and public be excluded from the meeting during the consideration of the remaining items of business as they contain confidential information as set out in the criteria published on the ICB’s website, and the public interest in maintaining the confidentiality outweighs the public interest in disclosing the information.”

Finance, Investment and Performance Committee

Action Log

Action No.	Agenda Item and action	Responsible	Deadline	Status
05/2022	Minute 9 - NHS Oversight Framework 2022/23 Item to be scheduled for future development session to explore arrangements for monitoring risk and performance and to provide mutual accountability to organisations within the system.	Jonathan Webb, Director of Finance Laura Ellis, Director of Corporate Affairs		OPEN
07/2022	Minute 12 - West Yorkshire Annual Digital Report Discussion regarding the role of people, processes and technology in the transformation of care to take place between Non-Executive Members (NEMs) and the Chair of the Board as to where the most appropriate forum would be to take this work forward.	NEMs/Chair	December 2022	OPEN
08/2022	Minute 18 – Accuracy of Minutes A copy of the Digital Board report to be shared with Committee members.	James Thomas, Medical Director	December 2022	OPEN
09/2022	Minute 20 – Performance Update Mapping of metrics against ICB goals and ambitions would be undertaken - a first draft discussion to take place at the next meeting of the Committee.	Anthony Kealy, Locality Director	December 2022	OPEN
10/2022	Minute 20 – Performance Update A report to this committee setting out suggested indicators to show that as an ICB, and in line with the agreed themes, the people plan was being delivered as agreed.	Kate Sims, Director of People	December 2022	Propose CLOSED – on agenda

11/2022	Minute 21 – System Resilience – Winter Planning and Assurance AN reviewing work being undertaken in Leicestershire - to report back to the committee once model investigated.	Alison Needham, Kirklees Place Director of Finance		OPEN
12/2022	Minute 24 – AAA Report – Items and Risks for Escalation The chair and JWb would write the report for submission	Arunangsu Chatterjee, Committee Chair / Jonathan Webb, ICB Director of Finance	November 2022	OPEN
CLOSED AT PREVIOUS MEETING				
01/2022	Minute 3 - Terms of reference Consideration be given to making the DoP a formal member of the committee when the ToR were next reviewed	Laura Ellis, Director of Corporate Affairs	November 2022	CLOSED
02/2022	Minute 5 - West Yorkshire Integrated Care System Financial Plan 2022/23 Feedback to be provided to FIPC following deep dive review across all organisations.	Jonathan Webb, Director of Finance		CLOSED
03/2022	Minute 6 - West Yorkshire Integrated Care System Financial Position to Month 4 2022/23 Note to be circulated to finance teams on behalf of the committee in recognition of their effort, especially in regard to closing down accounts mid-year	Jonathan Webb, Director of Finance	October 2022	CLOSED
04/2022	Minute 7 - Draft West Yorkshire Integrated Care System Finance Strategy 2022-2027 Strategy to be shared across different stakeholder groups	All		CLOSED
06/2022	Minute 12 - West Yorkshire Annual Digital Report	James Thomas, Medical Director		CLOSED

	Discussion to be held at Digital Board about funding cuts by NHSE to programmes such as digital and feedback to FIPC on the impact.			
--	---	--	--	--



Meeting name:	WY ICB Finance, Performance and Investment Committee
Agenda item no.	10
Meeting date:	20 December 2022
Report title:	WY ICS Financial Position to Month 7 2022/23
Report presented by:	Jonathan Webb, Director of Finance
Report approved by:	Jonathan Webb, Director of Finance
Report prepared by:	Adrian North, Deputy Director of Finance

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 type="checkbox"/>
---	---	---	--------------------------------------

Previous considerations:

Executive summary and points for discussion:

This paper presents the financial position for the ICB and the ICS for the period to the end of October 2022 (Month 7).

Key messages are as follows:

WY ICS Integrated Care Board (ICB) revenue position

- At the end of Month 7, the ICB reported no variance to plan, both for the year to date position and the forecast.
- The ICB forecast is for a surplus of £4.4m. This will offset a forecast deficit in providers of the same amount, resulting in a break-even system forecast.

WY ICS Provider revenue positions

- Across WY providers, there was a year-to-date deficit of £19.6m, against a planned deficit of £22.7m, resulting in a favourable variance of £3.1m.
- The forecast is a deficit of £4.4m. This is in line with plans submitted to NHS England.

WY ICS total revenue position

- For the ICS as a whole (adding together the ICB and provider positions) there was a year-to-date favourable variance of £3.1m, and a forecast break-even position.

WY ICS risks and mitigations

- A number of financial risks have been identified across the ICS. Currently the forecast position is based on local assumptions that these risks will be fully mitigated, resulting in a break-even forecast against plan. These will be kept under close review.

Capital

- Total spend against operational capital to the end of October 2022 was £36.3m against a plan of £72.5m, resulting in a year-to-date underspend of £36.2m.
- The full year forecast is to spend the allocation in full.

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 Finance, Investment and Performance Committee is asked to:

1. Note the Month 7 financial position for the ICB and the ICS.

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:

Risks 2117 and 2118 which detail financial risks related to both revenue and capital expenditure.

Appendices

None

Acronyms and Abbreviations explained

1. West Yorkshire Integrated Care Board (WY ICB)
2. West Yorkshire Integrated Care System (WY ICS)
3. Quarter 1 (Q1)
4. Quarters 2 – 4 (Q2 – 4)
5. Elective Services Recovery Funding (ESRF)
6. NHS England (NHSE)
7. Income and Expenditure (I&E)
8. Targeted Investment Fund (TIF)
9. Forecast Outturn (FOT)

What are the implications for?

Residents and Communities	Efficient and effective use of resource to maximise potential investment and improve population health.
Quality and Safety	Deploying our resources in a way that manages quality and safety risks and supports improvement.
Equality, Diversity and Inclusion	Resource utilisation in a way that addresses equality, diversity and inclusion issues.

Finances and Use of Resources	Forecast spend within budgets demonstrates effective use of resources for our population.
Regulation and Legal Requirements	NHS ICBs expected to operate within financial envelope with no over-spend.
Conflicts of Interest	-
Data Protection	-
Transformation and Innovation	Capital and revenue allocations assume spend to drive service improvement, transformation and innovation. Allocations include Service Development Funding.
Environmental and Climate Change	Ensure that resources deployed in a way that promotes environmental sustainability. Capital spend subject to strict carbon footprint regulations.
Future Decisions and Policy Making	Allocation methodologies to support delivery of the ICS four aims.
Citizen and Stakeholder Engagement	-

Proud to be part of West Yorkshire
Health and Care Partnership

NHS West Yorkshire ICB

Financial Position – Month 7 2022/23



Key Messages – Revenue Position

1. NHS West Yorkshire Integrated Care Board (ICB)

- At the end of Month 7, the **ICB continued to report no variance to plan**, both for the year to date position and the forecast.
- This represents an ‘adjusted’ position to allow for the impact of allocation changes made at the end of Quarter 1. Q1 saw an underspend of £19.3m against budgets.
- Between Month 4 and 12 this underspend is expected to reduce each month, returning to nil by the end of the year. The Month 7 reported underspend was £3.6m.
- For the purposes of reporting, a further technical adjustment is made each month to ‘release’ unused allocation from Q1 and as such the position remains in balance.
- The ICB **forecast is for a surplus of £4.4m**. This will offset a forecast deficit in providers of the same amount, **resulting in a break-even system forecast**.
- The ICB forecast assumes allocations of £13m relating to the Additional Roles Reimbursement Scheme (ARRS) will be received. This is low risk as funds are being held nationally

Key Messages – Revenue Position

2. West Yorkshire Providers

- Across WY providers, there was a year-to-date deficit of £19.6m, against a planned deficit of £22.7m, resulting in a **favourable variance of £3.1m**. This compares to a variance of £8.1m last month.
- The key driver of this variance is due to the phasing of budgets – in particular relating to Elective Services Recovery Funding (ESRF) income. In the first half of the year (H1) some trusts received income they did not plan to receive, and as a result reported a better position for H1. The favourable variance will now reduce in the second half of the year (H2) as the plan for H2 always included an income assumption.
- The **forecast is a deficit of £4.4m**. This is in line with plans submitted to NHS England (NHSE).
- An agency ceiling of £99.3m has been set by NHSE for 2022/23. Based on Month 7 spend, providers are forecasting to spend £113m.

Revenue Position

Organisation	I&E reported Month 7 22/23				I&E forecast			
	Plan £m	Surplus / (Deficit) £m	Budget phasing adj £m	Reported Variance £m	Plan £m	Surplus / (Deficit) £m	Expected Allocation (ARRS) Adj £m	Variance £m
WY ICB - Bradford	(2.1)	0.2	(2.3)	0.0	2.9	(0.1)	2.9	0.0
WY ICB - Calderdale	(2.1)	(0.1)	(2.0)	0.0	(0.2)	(1.5)	1.3	0.0
WY ICB - Kirklees	(0.6)	(0.6)	0.0	0.0	(1.7)	(4.2)	2.4	0.0
WY ICB - Leeds	1.2	0.1	1.0	0.0	6.4	1.3	5.2	0.0
WY ICB - Wakefield	0.2	0.2	(0.0)	0.0	0.5	(0.7)	1.2	0.0
WY ICB - West Yorkshire	(6.2)	(5.9)	(0.4)	0.0	(3.5)	(3.5)	0.0	(0.0)
WY ICB Total	(9.7)	(6.0)	(3.6)	0.0	4.4	(8.6)	13.1	(0.0)
Airedale NHS Foundation Trust	0.3	(2.9)		(3.2)	0.0	0.0		0.0
Bradford District Care NHS Foundation Trust	0.7	0.8		0.1	0.0	0.0		0.0
Bradford Teaching Hospitals NHS Foundation Trust	0.0	0.0		0.0	0.0	0.0		0.0
Calderdale And Huddersfield NHS Foundation Trust	(11.3)	(13.1)		(1.8)	(17.4)	(17.3)		0.0
Leeds and York Partnership NHS Foundation Trust	0.7	3.5		2.9	1.1	1.1		0.0
Leeds Community Healthcare NHS Trust	0.6	1.1		0.5	1.0	1.0		0.0
Leeds Teaching Hospitals NHS Trust	(17.1)	(13.9)		3.2	7.6	7.6		0.0
Mid Yorkshire Hospitals NHS Trust	0.0	0.0		0.0	0.0	0.0		0.0
South West Yorkshire Partnership NHS Foundation Trust	3.4	4.7		1.2	3.2	3.2		0.0
Yorkshire Ambulance Service NHS Trust	0.0	0.1		0.1	0.0	0.0		0.0
Providers Total	(22.7)	(19.6)	0.0	3.1	(4.4)	(4.4)		0.0
West Yorkshire ICS Total	(32.4)	(25.7)	(3.6)	3.1	(0.0)	(13.0)	13.1	0.0

Proud to be part of West Yorkshire
Health and Care Partnership

Risks and Mitigations

3. ICS Risks and Mitigations

- Across the system, there remain a number of risks which organisations and places are managing as part of their forecast:
 - Efficiency delivery risk £29m
 - Elective Services Recovery Funding £36m
 - Pay award funding shortfall £15m
 - Additional inflationary pressures £12m
 - Discharge issues £3m
 - Other locally identified pressures £16m
- If all the above could not be mitigated, there would be a 'worse case' adverse variance of £111m. Based on current place views around mitigations, at the end of Month 7 the updated 'likely case' scenario would be a £15m deficit.
- Since reporting Month 7, actions in organisations and places have resulted in the identification of additional mitigations which when delivered would result in the 'most likely' position for all statutory organisations being delivery of plan i.e. nil variance

Key Messages – Provider Operational Capital

4. Provider operational capital

- Total spend against operational capital to the end of Month 7 was £36.3m against a plan of £72.5m, resulting in a **year-to-date underspend of £36.2m** – largely unchanged compared to Month 6. This position continues to be reviewed by all organisations to understand any potential risk against overall forecast spend.
- The full year **forecast is to spend the allocation in full**. Note that the reported forecast is an overspend of £1.5m in YAS, but this represents a timing difference between forecast spend and the receipt of allocations and will be corrected once the allocation is received. Approach recommended by NHSE in line with guidance.
- The submitted plan included a 5% allowable over-commitment of £7.9m. Allocation of £158m plus 5% over-commitment results in plan of £165.8m.
- Currently the impact of IFRS16 is assumed to be net neutral in 2022/23. i.e. any additional capital impact will be offset by additional allocation.

Provider Operational Capital

	Month 7 Plan	Month 7 Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
Airedale NHS Foundation Trust	16.1	1.5	14.7	25.5	25.5	0.0
Bradford District Care NHS Foundation Trust	2.5	1.6	0.9	4.9	4.9	0.0
Bradford Teaching Hospitals NHS Foundation Trust	7.6	1.3	6.3	21.6	21.6	0.0
Calderdale and Huddersfield NHS Foundation Trust	7.3	1.8	5.5	16.2	16.2	0.0
Leeds and York Partnership NHS Foundation Trust	3.5	1.4	2.1	7.0	7.0	0.0
Leeds Community Healthcare NHS Trust	2.1	0.9	1.2	3.8	3.8	0.0
Leeds Teaching Hospitals NHS Trust	14.4	17.8	(3.4)	43.0	43.0	0.0
Mid Yorkshire Hospitals NHS Trust	5.3	4.9	0.4	15.7	15.7	0.0
South West Yorkshire Partnership NHS Foundation Trust	4.0	1.6	2.3	11.3	11.3	0.0
Yorkshire Ambulance Service NHS Trust	9.8	3.5	6.3	16.7	18.2	(1.5)
ICS total	72.5	36.3	36.2	165.8	167.2	(1.5)

Key Messages – Provider Capital, National schemes

5. Provider national capital

- National capital: forecast spend of £104.3m which is currently £13m over plan.
- Key driver is linked to the timing of allocations expected for Community Diagnostic Centres (CDCs) – trusts reflecting spend in forecasts, but no allocation until Memoranda of Understanding (MOUs) are agreed by NHSE; £5.1m BTHFT, £4.3m LTHT, £12m MYHT (total £21.4m).
- Similar issue with £0.2m Endoscopy at CHFT and £4.5m digital diagnostics at LTHT – sum of all MOU timing issues £26.1m
- Part offset by: EPR at Airedale of £2.3m (work ongoing to broker between years); £6.9m specific schemes at LTHT where funding available is now lower than when plans were submitted, so forecasts reduced accordingly; £2.6m at YAS (mixture of cost reclassifications and underspend against digital); and other smaller variances across other trusts.

Provider National Capital

	Month 7 Plan	Month 7 Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
Airedale NHS Foundation Trust	1.2	0.0	1.1	5.4	3.1	2.3
Bradford District Care NHS Foundation Trust	0.0	0.0	0.0	0.0	0.2	(0.2)
Bradford Teaching Hospitals NHS Foundation Trust	0.5	0.1	0.4	1.8	6.3	(4.6)
Calderdale and Huddersfield NHS Foundation Trust	7.9	4.2	3.7	23.7	24.2	(0.6)
Leeds and York Partnership NHS Foundation Trust	0.0	0.0	0.0	1.9	1.9	0.0
Leeds Community Healthcare NHS Trust	0.0	0.0	0.0	0.0	0.0	0.0
Leeds Teaching Hospitals NHS Trust	24.4	16.5	7.9	49.0	49.6	(0.6)
Mid Yorkshire Hospitals NHS Trust	3.5	0.2	3.2	6.8	18.8	(12.0)
South West Yorkshire Partnership NHS Foundation Trust	0.0	0.0	0.0	0.0	0.0	0.0
Yorkshire Ambulance Service NHS Trust	2.0	0.0	2.0	2.7	0.1	2.6
ICS total	39.4	21.0	18.4	91.2	104.3	(13.0)



Meeting name:	Finance Investment and Performance Committee
Agenda item no.	11
Meeting date:	20 th December 2022
Report title:	Financial Policy – Anti-Money laundering
Report presented by:	Adrian North, Deputy Director of Finance
Report approved by:	Jonathan Webb, Director of Finance
Report prepared by:	Robert Willis, Interim Associate Director of Financial Governance

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"/>
------------------------------------	--	---	--------------------------------------

Previous considerations:

The Terms of Reference of the Finance, Investment and Performance Committee were approved by the Board on 1 July 2022 and included responsibility for the review and approval of any financial policies, procedures, and guidelines within the remit of the Committee.

Executive summary and points for discussion:

The ICB is required to have an Anti-Money Laundering Policy as a pre-requisite to entering the contract for this prepaid cards services so that the provider can demonstrate to their regulator, the Financial Conduct Authority (“the FCA”) that their clients are aware of their anti-money laundering responsibilities.

The ICB through arrangements made by the former Leeds CCG have entered a prepaid card arrangements with a provider “AllPay” which enables the Leeds Place to make direct payments to these prepaid cards based on approved continuing care funding.

The ICB can recall unused funds on the prepaid cards where committed costs are lower than anticipated by the client which significantly reduces current processes for the identification and recovery of underspends.

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 Finance, Investment and Performance Committee is asked to:

1. Review and approve the proposed ICB Anti-Money Laundering Policy.

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:

Not applicable.

Appendices

1. The proposed ICB Anti-Money Laundering Policy

Acronyms and Abbreviations explained

1. FCA – Financial Conduct Authority

What are the implications for?

Residents and Communities	Transparent and accountable decision-making
Quality and Safety	As above
Equality, Diversity and Inclusion	As above
Finances and Use of Resources	It provides further for more efficient use of financial resources to Continuing Care Clients
Regulation and Legal Requirements	The policy introduces an element of regulation in respect of anti-money laundering for the protection of ICB resources in relation to prepaid card use.
Conflicts of Interest	N/A
Data Protection	N/A
Transformation and Innovation	N/A
Environmental and Climate Change	N/A
Future Decisions and Policy Making	N/A
Citizen and Stakeholder Engagement	Transparent and accountable decision-making

1. Introduction

- 1.1. The ICB is required to have an Anti-Money Laundering Policy as a pre-requisite to entering the contract for this prepaid cards services so that the provider can demonstrate to their regulator, the Financial Conduct Authority (“the FCA”) that their clients are aware of their anti-money laundering responsibilities.
- 1.2. The ICB through arrangements made by the former Leeds CCG have entered a prepaid card arrangements with a provider “AllPay” which enables all places across the ICB to make direct payments to these prepaid cards based on approved continuing care funding.
- 1.3. The ICB can recall unused funds on the prepaid cards where committed costs are lower than anticipated by the client which significantly reduces current processes for the identification and recovery of underspends.

2. Background

- 2.1. In normal circumstances the ICB would not be required to have an Anti-Money Laundering Policy as the ICB does not offer financial Services products which certain regulated sectors, e.g., banks, which are obliged to implement an anti-money laundering policy within their governance arrangements with the Financial Conduct Authority.
- 2.2. A requirement has arisen for the ICB to implement an Anti-Money Laundering Policy because it is entering a contract with a third-party provider [“AllPay”] for the provision of a pre-paid card which is an activity which falls under the scope of regulations for the provision of credit card services to external clients/customers.
- 2.3. The provider of the prepaid card requires the ICB to have a policy due to being issued with what is essentially a financial product.
- 2.4. The provider of the prepaid cards must be able to demonstrate to their regulator “the FCA” that their clients, in this case “the ICB” will adhere to the Anti-Money Laundering Regulations and in turn ensure that this obligation is also fulfilled by anyone that utilises our services.
- 2.5. The provider of the prepaid cards is effectively outsourcing an element of the transaction monitoring to the client as the client holds the direct relationship with the cardholder.

3. The Policy Proposal

- 3.1. The attached Anti-Money laundering Policy is drawn from a similar policy in operation at Leeds City Council.
- 3.2. The prepaid cards are used to enable the ICB to pay over agreed funding to continuing care clients, and the cards can also be used by clients to top-up payments from their own funds to cover costs which are not covered under the funding arrangements with the ICB.
- 3.3. This policy sets out in detail the process to be followed by ICB staff to alert the named responsible officer and counter-fraud in respect of any concerns in respect of money laundering in respect to transactions on the prepaid cards.
- 3.4. The policy has been drafted with the support of the Head of Continuing Care at Leeds Place and has been overviewed by the ICB's Counter-Fraud Officer at Audit Yorkshire.
- 3.5. Audit Yorkshire have provided an overview of the risks and benefits of the use of prepaid cards for continuing healthcare clients, describing in some detail the methodology for payment which is included in full at Appendix 2.

4. Next Steps

- 4.1. Following approval, the policy will be made available to all ICB staff.
- 4.2. The policy will be shared with the prepaid card provider which is a required element of their governance which needs to be in place before the prepaid card scheme can be launched in the ICB for Continuing Care Clients.

5. Recommendations

- 5.1. The Finance, Investment and Performance Committee are asked to review and approve the proposed ICB Anti-Money laundering Policy.

6. Appendices

- 6.1. Appendix 1 - The proposed ICB Anti-Money Laundering Policy
- 6.2. Appendix 2 - Appendix 1 – Advisory Memorandum to Audit Yorkshire

NHS West Yorkshire Integrated Care Board

Anti-Money Laundering Policy

Version:	1.0
Ratified by:	Finance, Investment and Performance Committee
Date ratified:	15 December 2022
Name & Title of Originator/Author(s):	Robert Willis Interim Associate Director of Financial Governance Iqra Anwar, Graduate Finance Trainee Steven Moss, Local Counter Fraud Specialist
Name of Responsible Committee/Individual:	Finance, Investment and Performance Committee
Date issued:	15 December 2022
Review Date:	July 2024
Target Audience:	All ICB Continuing Care Employees

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the policy will be issued from time to time. A new amendment history will be issued with each change.

Version No.	Issued by	Nature of amendment	Approved by & date	Date on Intranet/ Internet

1 Introduction

- 1.1 The ICB is required to have an Anti-Money Laundering Policy as a pre-requisite to entering the contract for this prepaid cards services so that the provider can demonstrate to their regulator, the Financial Conduct Authority (“the FCA”) that their clients are aware of their anti-money laundering responsibilities.
- 1.2 The ICB has entered prepaid card arrangements with a provider “AllPay” which enables direct payments to be made to the prepaid cards based on approved continuing care funding.
- 1.3 The ICB can recall unused funds on the prepaid cards where committed costs are lower than anticipated by the client which significantly reduces current processes for the identification and recovery of underspends.

2 Background

- 2.1 In normal circumstances the ICB would not be required to have an Anti-Money Laundering Policy as the ICB does not offer Financial Services products which certain regulated sectors, e.g., banks, are obliged to implement within their governance arrangements with the Financial Services Authority.
- 2.2 A requirement has arisen for the ICB to implement an Anti-Money Laundering Policy because it is entering a contract with a third-party provider [“AllPay”] for the provision of a pre-paid card which is an activity which falls under the scope of regulations for the provision of credit card services to external clients/customers.
- 2.3 The provider of the prepaid card requires the ICB to have a policy due to being issued with what is essentially a financial product.
- 2.4 The provider of the prepaid cards must be able to demonstrate to their regulator, “the FCA” that their clients, in this case “the ICB”, will adhere to the Anti-Money Laundering Regulations and in turn ensure that this obligation is also fulfilled by anyone that utilises our services.
- 2.5 The provider of the prepaid cards is effectively outsourcing an element of the transaction monitoring to the client as the client holds the direct relationship with the cardholder.

3 Definition of Money Laundering

- 3.1 Money laundering is the process by which criminals disguise the origins of property derived from illegal activity, by making the property seem to have come from a legitimate source. Typically, it is done by repeated movements and conversions of the criminal property through a variety of transactions to make it more difficult to trace back to its criminal origins.
- 3.2 The principal money laundering offences are found in the Proceeds of Crime Act

(POCA) 2002 and apply to all persons. The principal offences are:

- 3.2.1 Concealing, disguising, converting, exporting, or transferring property which you know, or suspect represents the proceeds of crime.*
- 3.2.2 Entering an arrangement or transaction which you know, or suspect facilitates the use or control of criminal property on behalf of another person.*
- 3.2.3 Acquiring, using, or possessing criminal property.*
- 3.2.4 Prejudicing an investigation into money laundering, either by making a disclosure to any person which is likely to prejudice the investigation (“tipping off”), or by falsifying, concealing, or destroying documents likely to be relevant to the investigation.*
- 3.3** Money Laundering covers a range of activities, which are not always easy to identify. As such it is not practical to give a definitive list of all the potential ways to spot money laundering. However, the following are generally accepted as some of the key elements which **could** indicate the existence of money laundering, and which could have relevance to activities of the Service: -
 - 3.3.1 The existence of a secretive customer who, for example, fails or refuses to provide information which has been requested without an appropriate explanation.*
 - 3.3.2 Movement of funds to / from overseas, particularly if involving a country which is known to be high risk.*
 - 3.3.3 Payment of a substantial sum in cash.*
 - 3.3.4 Regular/high value refunds.*
 - 3.3.5 Overpayments by a customer.*
 - 3.3.6 A transaction without obvious legitimate purpose or which appears uneconomic, inefficient, or illogical.*
 - 3.3.7 Involvement of third parties which are illogical or unsubstantiated.*
- 3.4** The above does not purport to be a definitive list and all staff should be able to identify suspicious money laundering activity in their own work area. As always common sense applies if there are doubts about the integrity and honesty of individuals who are dealing with the Service.
- 3.5** Anyone who becomes involved in money laundering activities, either knowingly or unwittingly can be guilty of these principal offences referred to at 3.2. Potentially any member of staff could be caught by the money laundering provisions if they suspect money laundering and either become involved with it in some way and /or do nothing about it.
- 3.6** All staff must be familiar with their responsibilities in respect of reporting any

suspicious around money laundering activity, as failures to report can result in criminal convictions and custodial sentences. This Policy sets out how any concerns should be raised.

4 Scope of the Policy

- 4.1** The scope of this ICB Anti-Money Laundering Policy is for the adherence to the contractual obligations to the provider of prepaid cards for use by ICB clients for continuing care.
- 4.2** There is no other purpose or scope to this policy as the ICB has no other trading arrangements for financial products as part of its commissioning arrangements for NHS services.
- 4.3** The policy applies to continuing care and finance staff across all ICB places where prepaid cards could be deployed at a future time.
- 4.4** This policy is to ensure all appropriate action is taken to prevent, wherever possible, the continuing care service, its staff, including agency workers, from being exposed to money laundering and to comply with all legal and regulatory obligations. This includes the reporting of suspected or actual cases in line with disclosure requirements.
- 4.5** This policy applies to all employees and members of the ICB, including seconded, temporary and agency staff, as well as consultants, vendors, contractors, and/or any other parties who have a business relationship with the organisation.
- 4.6** It will be brought to the attention of all employees and form part of the induction process for new staff. It is incumbent on all the above to report any concerns they may have concerning fraud and bribery.

5 Definition of Prepaid Cards

- 5.1** Prepaid cards work in a similar way to normal credit and debit cards except that funds are preloaded onto the cards by the CCG and then spent by the card holder.
- 5.2** They do not incorporate a credit facility the cards cannot become overdrawn and are not linked to a standard bank account.
- 5.3** Funds can be loaded onto the cards by the ICB or by the Direct Payment holder at any time; this is especially useful in an emergency when a Direct Payment holder may need additional care.
- 5.4** As all transactions are recorded automatically it is possible to track when uploads and subsequent spend take place and monitor how the funds are spent. This can dramatically improve financial security and reduce the number of audits required.
- 5.5** Lost or damaged cards can be replaced quickly during office hours and the cards can be configured to provide similar facilities to traditional bank accounts.

- 5.6 Regular payments can then be set up to be made via direct debits and standing orders to ensure that regular suppliers get paid on time.
- 5.7 Telephone banking and online banking is also available.

6 Policy Reporting Requirements

- 6.1 The Money Laundering Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017 impose specific obligations on those organisations carrying out what is defined as 'relevant business.'
- 6.2 This term does not apply to most areas of work carried out by the ICB continuing care service, however, there may be discrete areas of work, particularly when carrying out work on behalf of external organisations, when these regulations may apply.
- 6.3 It is considered safest to comply with the spirit of the regulations in all work carried out by the ICB continuing care service to avoid inadvertent infringement. This includes:
 - 6.3.1 *Appointment of an ICB named Anti-Money Laundering Officer, this will be the ICB Director of Finance.*
 - 6.3.2 *Appointing or having access to a Local Counter-Fraud Specialist (see below).*
 - 6.3.3 *Implementing a procedure for reporting suspicions about money laundering.*
 - 6.3.4 *Applying customer due diligence measures to establish the identity of customers in certain circumstances.*
 - 6.3.5 *Enhanced due diligence will be applied in circumstances which pose greater potential risk for money laundering to the ICB continuing care service.*
 - 6.3.6 *Providing training to relevant staff.*
 - 6.3.7 *Maintaining record keeping procedures*
- 6.4 Exposure to the risk of money laundering should be considered on an ongoing basis.
- 6.5 Heads of Service should notify the Internal Audit section when business operations change which may impact upon the ICB continuing care service's exposure to money laundering risks.
- 6.6 The following sections of this Policy provide further detail about the Service's arrangements in respect of these requirements: -
 - 6.6.1 *If an individual becomes aware of suspicious activity or that their involvement in a matter may amount to a money laundering offence, then they must report it to*

the Local Counter-Fraud Specialist and not take any further action until they have received consent from them.

6.6.2 *The Local Counter-Fraud Specialists for Continuing Care are **Rosie Dickinson** and **Shaun Fleming**, who can be contacted at:*

Rosie Dickinson	rosie.dickinson1@nhs.net	07825 288 175
Shaun Fleming	shaun.fleming@nhs.net	07484 243 063

6.6.3 *In the absence of the Local Counter-Fraud Specialists, the Head of Anti-Crime Services, Steve Moss, can be contacted at:*

Steve Moss	steven.moss@nhs.net	07717 356 707
------------	--	---------------

7 Disclosure

7.1 All staff have obligations under the Money Laundering Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017, to make disclosures of suspicions of money laundering, terrorist financing and terrorist property offences.

7.2 Where you know or suspect that money laundering activity is taking place or has taken place, or you have become concerned that your involvement in a matter may amount to a prohibited act, you **must** disclose this **as soon as practicable** to the Local Counter-Fraud Specialist.

7.3 When disclosure is to be made to the Local Counter-Fraud, the referral must include as much detail as possible, for example:

7.3.1 *Full details of the people involved (including yourself, if relevant), e.g., name, date of birth, address, company names, directorships, phone numbers, etc*

7.3.2 *Full details of the nature of their/your involvement*

7.3.3 *The types of money laundering activity involved.*

7.3.4 *The dates of such activities, including whether the transactions have happened, are ongoing or are imminent.*

7.3.5 *Where they took place.*

7.3.6 *How they were undertaken.*

7.3.7 *The (likely) amount of money/assets involved.*

7.3.8 *Why, exactly, you are suspicious?*

7.4 **The form at the end of this document may assist in composing a referral (see Appendix A below).**

- 7.5** The referral should include any other available information to enable the Local Counter-Fraud Specialist to make a sound judgment as to whether there are reasonable grounds for knowledge or suspicion of money laundering. You should also enclose copies of any relevant supporting documentation.
- 7.6** Once you have reported the matter to the Local Counter-Fraud Specialist you must follow any directions that they give you. You must NOT make any further enquiries into the matter yourself. Simply report your suspicions to the Local Counter-Fraud Specialist who will refer as appropriate. All members of staff will be required to co-operate with the Local Counter Fraud Specialist and the authorities during any subsequent money laundering investigation.
- 7.7** Similarly, at no time and under no circumstances should you voice any suspicions to the person(s) whom you suspect of money laundering, or any other third party, even after consent may have been given to a transaction proceeding. Alerting the individual to the fact that a referral has been made may result in you committing the criminal offence of “tipping off.”
- 7.8** Do not, therefore, make any reference on a client file to a report having been made to the Local Counter-Fraud Specialist – should the client exercise their right to see the file, then such a note will obviously tip them off to the report having been made and may render you liable to prosecution. The Local Counter-Fraud Specialist will keep the appropriate records in a confidential manner.

8 Local Counter Fraud Specialist Responsibilities

- 8.1** Upon receipt of a disclosure report, the Local Counter-Fraud Specialist must note the date of receipt on their section of the report and acknowledge receipt of it.
- 8.2** They will consider the report and any other available internal information that they think is relevant, for example:
- 8.2.1** *reviewing other transaction patterns and volumes.*
 - 8.2.2** *the length of any business relationship involved.*
 - 8.2.3** *the number of transactions and linked one-off transactions.*
 - 8.2.4** *any identification evidence held.*
- 8.3** The Local Counter-Fraud Specialist will undertake any other reasonable enquiries that they think are appropriate to ensure that all available information is considered. These enquiries will be made in such a way as to avoid any appearance of tipping off those involved. The Local Counter-Fraud Specialist may also need to discuss the report with you.
- 8.4** Whilst the Local Counter-Fraud Specialist are the named contacts for money laundering allegations, they would only be a conduit in terms of collecting evidence and information and reporting it to the National Crime Agency via the

NHS Counter Fraud Authority's financial investigators who are the lead agency for this type of offence.

- 8.5** Where the Local Counter-Fraud Specialist concludes that there are no reasonable grounds to suspect money laundering then they shall mark the report accordingly and give their consent for any ongoing or imminent transaction(s) to proceed.
- 8.6** All disclosure reports referred to the Local Counter-Fraud Specialist will be retained by the Local Counter-Fraud Specialist in a confidential file kept for that purpose in accordance with retention periods specified under Data Protection Regulations.

9 Staff Training

- 9.1** Staff are the most effective defence against money launderers and terrorist financiers and regulations require that relevant officers:
 - 9.1.1** *Are made aware of the law relating to money laundering, terrorist financing and the requirements of data protection which are relevant to the implementation of the Regulation.*
 - 9.1.2** *Are provided with training in how to recognise and deal with transactions and other activities which may be related to money laundering or terrorist financing.*
- 9.2** All officers and Members have a duty to report suspicious transactions, regardless of whether training has been received or not.

10 Ownership, Review and Monitoring

- 10.1** This policy is owned by the Money Laundering Reporting Officer, who will ensure the accuracy and appropriateness of content and efficient operation by means of a periodic review.
- 10.2** The Audit Committee is responsible for monitoring the effectiveness of this policy to provide assurance to the Governing Body that the business of the ICB is being conducted in line with this policy, the associated policy documents, relevant legislation, and other statutory requirements.
- 10.3** Continuous monitoring is essential to ensuring that controls are appropriate and robust enough to prevent or reduce fraud. Arrangements might include reviewing system controls on an on-going basis and identifying weaknesses in processes.
- 10.4** Where deficiencies are identified because of monitoring, the ICB should explain how appropriate recommendations and action plans are developed and how any recommendations made should be implemented.
- 10.5** The organisation's Anti Money Laundering should be available to all members of staff. The policy will be disseminated to all line managers to ensure staff are

aware of the policy. The policy should also be available via the ICB's website?
Will this be made available on the intranet like the anti-Fraud Policy.

10.6 Related Polices

- Whistleblowing Policy
- Standards of Business Conduct Policy (which includes gifts and hospitality and commercial sponsorship)
- Code of Conduct for Managers
- Disciplinary Policy
- Declaration of Interests
- Anti-Fraud, Bribery, and Corruption Policy

11 Appendices

11.1 A form for use of staff to report suspected money laundering to Counter-Fraud is embedded in this document at **Appendix A** (see below).

APPENDIX A

CONFIDENTIAL

REPORT TO LOCAL ICB COUNTER-FRAUD OFFICER

RE: SUSPECTED MONEY LAUNDERING ACTIVITY

To:

From: [Name of employee]

Department: [Post title and Service Area]

Ext / Tel No:

PA Number of Patient: [if applicable]

Does this suspicion relate to the use of a Prepaid card: YES NO

Name(s) and address(es) of person(s) involved:
[If a company / public body please include details of nature of business]

DETAILS OF SUSPECTED OFFENCE:

Nature, value, and timing of activity involved:
[Please include full details e.g., what, where how. Continue a separate sheet if necessary]

Nature of suspicions regarding such activity:

[Please continue a separate sheet if necessary]

Has any investigation been undertaken (as far as you are aware)? *[Please tick relevant box]*

Yes

No

If yes, please include details below:

Have you discussed your suspicions with anyone else?
[Please tick relevant box]

Yes

No

If yes, please provide details of who the discussions took place with and explain why such discussion was necessary:

Please set out below any other information you feel is relevant:

Please do not discuss the content of this report with anyone you believe to be involved in the suspected money laundering activity described. To do so may constitute a tipping off offence, which carries a maximum penalty of 5 years imprisonment.

Signed:

Dated:

Date: 29 October 2020

From: Kim Betts, Internal Audit Manager
John Barnett, Associate Auditor

To: Andrea Dobson, Head of Continuing Care
Terenia MacRory, Head of Financial Accounts and Financial Governance
Visseh Pejhan-Sykes, Chief Finance Officer
Rosemary Reynolds, Deputy Chief Finance Officer
Richard Huskins, Head of Commissioning Finance

Subject: Internal Audit Advisory Memorandum: Prepaid Cards Personal Healthcare Budgets

Background

A Personal Healthcare Budget (PHB) is an amount of money that supports an individual's health and wellbeing needs, which have been assessed and agreed by the Clinical Commissioning Group (CCG). A PHB allows the individual to take control and manage their healthcare and support in a way that suits them.

Any individual in the following categories is eligible to receive a PHB:

- An adult receiving NHS continuing healthcare outside of a hospital
- Anyone meeting the eligibility criteria of their local wheelchair service (eligible for a personal wheelchair budget)
- Anyone with a mental health issue who is eligible for section 117 after-care as a result of being detained under certain sections of the Mental Health Act.

Following the initial eligibility assessment a review of the person will be carried out and once eligibility has been established, a personalised care and support plan is agreed between the CCG and the individual. This sets out the health and wellbeing needs together with the health outcomes the individual wants to achieve, the amount of money required and details on how this is going to be spent. Funding can be spent in areas such as therapies, personal care and equipment but not on gambling, debt repayments, alcohol, tobacco or anything illegal. Emergency care, medicines and the care received from a GP will also not be funded by a PHB.

There are 3 ways in which a PHB can be managed:

1. Notional Budget
The individual is informed of the funding available for their health and wellbeing and together with the NHS team agreement is reached over how this will be spent. The CCG will arrange the agreed care and support and no money exchanges hands.
2. Third Party Budget
An independent party holds the PHB funding and uses it to pay for the care and support agreed in the care plan. A fee will normally be paid to the third party for this service.
3. Direct Payment
The individual receives PHB funding directly into their bank account and manages it themselves to purchase the care and support they need as per their care plan. Evidence must be provided back to the CCG to show how this money has been spent and a Direct



Payment Agreement must be signed by all parties. This Agreement explains what a direct payment is, how it can be used, what other considerations the individual has to make (such as HMRC rules; Employment Law) what records they must retain and how funding will be managed.

The most common methodology in place for paying an individual a direct payment is via a BACS payment direct to the individual's nominated bank account. However at Leeds CCG a Task and Finish Group has been set up to consider the following issues with regards to this methodology:

- The system in place is laborious as each payment has to be made individually onto the Oracle system. This is a manual process and there is therefore heavy usage of the CCG finance resource.
- Despite users signing the Direct Payment Agreement to confirm understanding of all requirements, time is wasted obtaining all receipts/evidence needed.
- Access to bank balances is not possible and CCG staff are usually not aware of substantial unspent sums of money.
- Year-end bank balance audits should be undertaken for reporting in NHSE returns but this is currently not possible.
- Any reclaiming of unspent funds can be time consuming to recover.
- The current system of audit is retrospective and not 'live' and cannot be linked to the care review, therefore there is a high risk of care packages being further increased even though the actual spend is showing that the care is not needed – this leads to over-projection of spend.

These factors have been considered within an option appraisal report called "Prepaid Cards and Continuing Care Services" which considered various risks and concluded that the best option currently available would be for the use of prepaid cards.

Audit Yorkshire has been asked to consider this option appraisal report and to consider its content alongside any other options currently adopted by CCG's and/or Local Authorities.

In addition, the use of PHB's is moving into a wider audience with more parts of the Healthcare System introducing these to their users. The legislation around the management of PHB's puts additional resourcing pressures onto the CCG's, especially with regards to undertaking 100% reviews on all payments made. Audit Yorkshire has been asked to comment on Leeds CCG's arrangements with regards to these reviews and to determine whether a different approach would be permissible by the legislation currently in place.

Leeds CCG has asked Internal Audit to consider and report back on this proposal.

Objectives & Scope

The overall objective of the review is to provide assurance that the use of prepayment cards for PHB's is the best model to use and that suitable arrangements are in place for auditing all expenditure on these cards.

Summary of Audit Findings

Control Objective 1

The Task and Finish Group options appraisal report entitled "Prepaid Cards and Continuing Care Services" adequately assesses whether all risks for each option have been considered.

Findings

The Task and Finish Group's options appraisal report identifies a number of issues and risks with the current payment process employed for Direct Payments. Four options have been put forward within the report to address the issues raised highlighting the risks and benefits with each option.



In our opinion the risks and benefits identified within options one to three would seem to be reasonable and to some degree, be mitigated by the introduction of Prepaid Cards, which should provide the least risk and most benefits. We would disagree with the assumption made under 'Proposal' on page 11 of the options and appraisals report, that Prepaid Cards are the only option that mitigates all the risks. The report only identifies two risks for option four (page 14), however a number of the risks within options one and two would still apply, but to a lesser extent. Consideration should also be given to the users privacy and confidentiality in line with data protection and information governance laws should also be addressed with direct payment options:-

NHS Guidance: Options for managing the money - Personal health budgets and Integrated Personal Commissioning states: *"The approaches to managing the money should build in privacy from the outset, and this will be important to consider when planning new developments such as pre-paid cards and e-marketplaces. This is known as privacy by design; further guidance can be found in the IPC and personal health budget finance and commissioning handbook. In particular it is important to consider the potential risks to the person's privacy and confidentiality, through carrying out a privacy impact assessment. This will ensure that the new approach protects personal data and meets the requirements of the Data Protection Act 1998 and the common law duty of confidentiality."*

Conclusion

Leeds CCG should be clear as to the risks identified for Prepaid Cards, within the options appraisal report, as a number of the risks identified for the current system(s) still apply, albeit to a lesser degree.

Control Objective 2

The options appraisal report incorporates all options in place that have been adopted elsewhere by other CCG's or Local Authorities.

Findings

From the research undertaken and discussions with Leeds City Council (LCC), the options identified in the options appraisal report would seem to be reasonable and inline with the direction taken by other CCG's and Local Authorities (LA's). The report also accurately noted the benefits to the CCG and users by adopting Prepaid Cards. The options appraisal report refers to the users 'choice and control' as identified by:-

NHS England guidance; Options for managing the money Personal Health Budgets and Integrated Personal Commissioning states: *"It is also important that where a pre-paid card system is used, the person is still free to exercise choice and control. For example, there should not be blanket restrictions on cash withdrawals from pre-paid cards which could limit choice and control. The card must not be linked solely to an online market-place that only contains selected providers in which to choose from. Local Authorities/NHS should therefore give consideration to how they develop card systems that encourage flexibility and innovation, and consider consulting care and support user groups on any proposed changes to direct payment processes."*

Conclusion

The options appraisal report correctly makes it clear that prepaid cards should not be the only available option for people to receive a direct payment. The report also draws attention to the users 'choice and control', in line with other CCG's and LA's. However, if Prepaid Cards were to be introduced then the CCG should be clear on the wider implication of restricting choice in so far as cash withdrawals should be allowed (but monitored) and should not be solely limited to selective providers.

Control Objective 3



The use of prepayment cards does not increase the risk of fraud in comparison with any other payment method currently available.

Findings

There is the risk of the fraudulent misuse of Prepaid Cards and risks around Money Laundering, as identified in Allpay's Prepaid Card Client Handbook, which have not been identified within the options appraisal report. However, fraudulent misuse and Money Laundering are still risks which should be recognised for the current direct payment method as it is the users own bank account which is used and therefore open to fraudulent abuse.

Conclusions

Although the fraudulent use and risk of Money Laundering still exist for Prepaid Cards the risks would be less evident as there should be tighter controls in place to monitor financial transactions through the use of the portal and the support of the card provider as identified in Allpay's handbook.

Control Objective 4

Arrangements to review 100% of all payments are in line with the requirements of current legislation.

Findings

Monitor and Review – Separate Bank Accounts

Leeds CCG reviews new Care Plans at three months and then annually in line with NHS guidance (Direct Payments for Healthcare: Understanding the Regulations, published by NHS England March 2014). The financial review is very time intensive as receipts and bank statements and other relevant evidence is required so they can be reconciled. This process is in line with guidance and processes undertaken by other CCG's/LA sampled.

NHS Guidance on Direct Payments for Healthcare: Understanding the Regulations

Para 182 states that: "*when carrying out a review, the CCG may:*

- a) re-assess the health needs of the person;*
- b) consult anyone mentioned in paragraph 57, and where relevant paragraph 81;*
- c) review receipts, bank statements and other information relating to the use of direct payments; and*
- d) consider evidence around whether direct payments have been effectively managed, including evidence as to whether service providers have or had appropriate indemnity and registration."*

An interpretation of Regulation 14(6) of The National Health Service (Direct Payments) Regulations 2013 sets out a series of steps that the health body may take as part of a review (but which are not required to be part of **every** review).

Monitor and Review – Prepaid Cards

Under the Prepaid Card option the same review frequencies apply i.e. three monthly and annually following Regulation 14(6). However, in theory, a financial review can be completed anytime as evidence should be available on the portal for scrutiny.

The options appraisal report correctly covers this point by stating that: "*the preferred process involves being able to audit as required, when alerted to an under or over spend (this could be due to changing care needs as well as potential fraudulent use) as well as annually."*

Discussions were held with Leeds City Council (LCC) on the processes they follow under the



Prepaid Card option.

They state:-

"We keep the same policy for Direct Payment users receiving funds via Pre-Payment Cards(PPC) and into their own account. The team reviews cases, from the financial point, first at three months and then at twelve months.

At the three monthly review: With PPC accounts, transactions are checked on the portal and a conversation with the service user / rep takes place on how they are managing and if there are any queries to raise. LCC complete a questionnaire with the service user or email / post the questionnaire if they are unable to speak to the service user / rep.

In addition we receive from AllPay every week a 'no transaction records' report, however this report is only checked every 8 weeks to identify any accounts with no debit transactions for more than 40 days. Once those are identified, then cases are allocated to auditors (Finance) to check them / contact the service user to check if there are any problems.

*At the annual review: In regards to the financial process itself although we have access to bank statements, the service user / rep is still required to keep all evidence on how funds were spent or can upload to the portal to backup transactions. When the financial review takes place the service user is contacted and all evidence is requested; once all info is received Finance check it against account transactions and the approved Care Plan to assess if the finance is used in line with the agreed plan. If there appear to be transactions not approved in the Care Plan, we refer the enquiry back to care management for a decision as to who is responsible to pay the expenses. This process does seem time consuming, taking anything from 1 hr to couple days / weeks depending on the size of the Care Plan, how many providers are involved and if the account is managed well or if there are any discrepancies etc. **LCC state that:** based on our review of other Local Authority processes, the LCC audit process is more detailed but provides greater clarity to service users as to how their PHB will be managed.*

We still require to see invoices / payroll information to check if the correct rates are charged and also to reconcile the correct billing period to leave the right amount of funds on the account. By looking just on the bank statements and amount paid to an agency it will not show us which period the invoice covers, and we won't be able to check if rates charged are within agreed policy.

The portal has an option for service users to upload all receipts / evidence however it's down to the service user to upload information and so far none are doing this. Reasons could be: lack of a scanner if invoices are received by post; lack of skills to do it; some service users use the telephone banking option, not internet banking, therefore there is no online access to the portal.

The PPC made it easier to carry out the financial reviews. An example being users that have 'payroll' in place as the payroll company provide us with payroll summary statements that we check through direct access to the bank statements; also the recovery process is much quicker. Additional benefits are that accounts are monitored for financial assessment charges, so there are no surprises a year down the line for service users, as we can pick it up straight away. We try to stay with the same level of scrutiny for all users to ensure everyone is treated equally. Initially Finance assess bank account transactions and all costs of care against funds allocated in the first place, and work out the financial charge due, any unused funds etc; this is a bit of a light touch. More detailed scrutiny of information takes place when there are concerns during the initial assessment i.e. costs are overspent."

Conclusion

The guidance requires that the financial aspects of the Prepaid Card need to be reviewed on a three monthly basis for new Care Plans and annually for all of Care Plans. However, the options appraisal report correctly points out that financial reviews can be carried out as an when required, when alerted



to an under or over spend (this could be due to changing care needs as well as potential fraudulent use) as well as annually. The financial review process should be quicker as required documentation should be lodged on the PPC Portal. In practice (see LCC) this is not always the case.

Other CCG's and LA's carry out a 100% financial review on an annual basis. However, Leeds CCG should consider the legislation and guidance which indicates that this may not need to be the case.

Overall Conclusion

A Freedom of Information Request in 2017 confirmed that over 50% of Local Authorities had made a decision to use Prepaid Cards for PHB's. The options appraisal report acknowledges that over 100 LA's are using Prepaid Cards and have reported savings of 5% and 10% of their direct payments budgets. There are advantages to introducing Prepaid Cards and based on the testing completed, the conclusions drawn by the options appraisal report are sound and support the objective of this review. However, any true benefits gained will be down to how Leeds CCG administers the process. It can be seen that LCC still complete a full detailed audit on an annual basis for all users, requiring receipts / invoices to be produced as reliance on the Portal to obtain this information is not reliable.

The risks around the fraudulent misuse of the Prepaid Card and Money Laundering should be drawn out within the options appraisal report. However the risks should be mitigated to a certain degree though the checks and balances carried out by the card provider and the 'live' financial checks possible through the Portal.

We hope you have found this advisory note helpful and that the content will assist you in putting suitable processes in place.

Many thanks





Meeting name:	Finance, Investment and Performance Committee
Agenda item no.	12
Meeting date:	Tuesday 20 December 2022
Report title:	Performance Report Including Winter Planning
Report presented by:	Anthony Kealy
Report approved by:	Anthony Kealy
Report prepared by:	Business Intelligence and Locality Team

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 paper provides an update on key NHS performance metrics for members of the Finance, Investment and Performance Committee. It is based on the latest available published NHS data.</p> <p>The report provides a view of system performance in line with the NHS System Oversight Framework (SOF). Whilst not all areas of the SOF are represented within the data pack, work is continuing to expand and refine the data included. The graphical information is further supported by a narrative commentary which has been provided by the ICS Programme teams in the form of exception reports.</p> <p>The report will be accompanied by a verbal update to the committee on the current risks and issues in relation to these metrics and on the system actions being taken.</p>			
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 checked="" 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			
Recommendation(s)			
<p>The Finance, Performance and Investment Committee is asked to:</p> <ol style="list-style-type: none"> Note the reported position on each of the metrics in the performance update Be assured that appropriate action is being taken to address areas of risk and concern 			

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

The report provides assurance against a number of risks relating to patient care and service delivery

Appendices

1. Slide pack, Paper: Performance Dashboard

Acronyms and Abbreviations explained

1. Acronyms are explained in full in the attached paper

What are the implications for?

Residents and Communities	The performance metrics update sets out how well the system is performing in meeting the needs of people in West Yorkshire in relation to key NHS performance standards.
Quality and Safety	The report includes a range of quality and outcomes metrics against which the ICB and Trusts are assessed.
Equality, Diversity and Inclusion	There is a risk of increasing health inequalities with variation in access to services and variation in service delivery
Finances and Use of Resources	The dashboard reports a position in line with the financial plans at quarter 2 and no decisions are required at this time
Regulation and Legal Requirements	The report includes metrics covered by the NHS Constitution, which sets out the standards that people can expect.
Conflicts of Interest	No direct implications
Data Protection	No direct implications
Transformation and Innovation	Future considerations arising from transformation of discharge pathways and innovations in integrated primary care
Environmental and Climate Change	No direct implications
Future Decisions and Policy Making	Future iterations of the dashboard will expand the range of metrics used and will connect with the partnership strategy, trajectories in the Winter plan, Operational plans and our 10 Strategic Ambitions.
Citizen and Stakeholder Engagement	Issues are consistent with the feedback from citizens in the Healthwatch report recently received by the Partnership Board

Commentary on Performance dashboard

1. Purpose of this Report

- 1.1 This report provides a high-level overview of operational performance across the West Yorkshire footprint. It brings together publicly available metrics on key performance indicators with narrative on priority work areas to provide an overview of current performance and our response to operational pressure and risk.

2. Quality of Care, Access and Patient Outcomes

Citizens Panel to Support Planned Care Recovery

- 2.1 In June 2021, a new citizens' panel was introduced in partnership with Healthwatch to support communications around delays to planned care services in West Yorkshire. The pandemic has had an impact on planned care services across the country. The initial outbreak of the virus in March 2020 forced the NHS to postpone a huge amount of planned care activity to free up staff and beds for people seriously ill with Covid-19.
- 2.2 This difficult decision to temporarily stop non-essential healthcare services has affected millions of people waiting for planned care. Throughout the pandemic, and as an ongoing priority, hospitals have continued to carry out urgent surgery and diagnostic tests for cancer and other potentially life-threatening conditions. However, the need to treat Covid patients, along with staffing and capacity issues, and the essential safety restrictions created a growing backlog of people waiting for planned care procedures, which are not immediately life-threatening or linked to treating urgent cancer cases
- 2.3 Many patients continue to face long waits for treatment. However, all our hospitals are doing all they can to address the backlog of patients waiting for a planned procedure and are using feedback from the Partnership's Planned Care Citizens' Panel to help them do this.
- 2.4 The full report is available via the following link [Seeking patients' views on delays to planned care resulting from the pandemic :: West Yorkshire Health & Care Partnership \(wypartnership.co.uk\)](https://www.wypartnership.co.uk/seeking-patients-views-on-delays-to-planned-care-resulting-from-the-pandemic)
- 2.5 Actions being undertaken in response to the findings of the Citizen Panel include:
 - Every patient on the waiting list has been clinically validated in line with national guidance and prioritised accordingly. In addition, those patients who have been waiting the longest have had a further review

(not always in person) to minimise any additional harm from waiting. We continue to prioritise patients who are clinically urgent and those who have been waiting the longest.

- The panel identified a real concern that patients might not know what to do if their condition deteriorated whilst they were waiting for a planned care procedure. Our trusts are addressing this concern and developing their pages on the patient platform, My Planned Care, so that this information will be available in the future. We know that this online resource may not be accessible for everyone. Patients with concerns can also contact their GP, consultant or the hospital's Patient Advice and Liaison Service (PALS). Patients can find their trust's PALS office on the NHS website, or phone their GP practice, hospital or NHS 111 for contact details.
- Details of how patients can access support with travelling to their hospital appointment will be included on *My Planned Care*, the new patient information platform. Patients who fall within an eligible category will be provided with transport. Other patients can apply for refunds for their travel expenses, if eligible
- Prehabilitation, often shortened to 'prehab' is an area of focus for all our hospital trusts. Prehab is all about getting a patient's body and mind ready for surgery. Whilst waiting, patients can take simple steps to improve their physical and mental health. This can also reduce the risk of complications from surgery and increase the chance of a better outcome. The patient platform My Planned Care will provide information and guidance around prehab to help patients be in the best health possible prior to their surgery.
- A new service to improve the health and wellbeing of people suffering from musculoskeletal (MSK) conditions was piloted in Keighley and Bradford in 2021. To address health inequalities, the service was aimed at people potentially experiencing barriers to accessing services, including those facing long waits for planned care. We are bringing together all the best practice and learning from this pilot service to enable any primary care network or VCSE organisation to take a similar approach in supporting patients waiting for MSK and other planned care treatments.
- GPs and hospital consultants are working more closely together to make sure that the patient's referral pathway is shared across primary care (GPs) and secondary care (hospitals). This joined up approach may mean that patients don't need to be referred to secondary care at all if solutions are available in primary or even community care.

- Patient initiated follow-ups (PIFUs) give patients and their carers the flexibility to arrange their follow-up appointments as and when they need them. Reducing the number of unnecessary follow-up appointments also gives hospital consultants time to carry out more surgery to help cut the NHS backlog and long waits for care. For some patients, PIFUs may not be necessary or safe so their clinicians will decide whether to offer them or not. Patients who are offered PIFUs are advised on the most appropriate time to request a follow-up appointment, and who to contact to book it.
- All hospital trusts are working towards improving electronic patient records to ensure that a patient's information is available at their appointment.
- Patient letters always include details of who to contact at the hospital if the patient has any questions or concerns. If for some reason this contact is unable to provide the information required, patients, relatives or carers can access PALS, the Patient Advice and Liaison Service. All our hospitals have PALS officers that offer confidential advice, support, and information on healthcare matters. In addition, West Yorkshire campaigns such as Together We Can are helping people to understand and navigate the healthcare system by signposting to information about local services

Closing the Gap on Cancer Referrals

- 2.6 At the Cancer Alliance Board meeting on 18th December, we presented data highlighting the increasing volume of two week wait referrals coming into the system, and how this was associated with a drop in cancer wait times performance. However, despite this, West Yorkshire & Harrogate Cancer Alliance remains one of the better performing alliances nationally against the Cancer Wait Times standards.
- 2.7 The referral gap from the pandemic has now been closed, and as a system, we have seen approximately 10,000 more referrals cumulatively compared to pre-pandemic volumes. In part, this is due a growing number of awareness raising campaigns, and a shift in behaviour, both from patients presenting with symptoms, and GPs referring into secondary care. This volume shift was presented by tumour type, highlighting that Skin, Lower GI and Gynaecology were the pathways experiencing the greatest demand, with Urology showing the largest gap.
- 2.8 This data was overlaid with the change in first treatment volumes, showing that treatments had recovered at a slower rate compared to referrals, and there remained a approximately 3% gap to pre pandemic

treatment volumes. This suggests that the rise in referrals were not converting into cancer at the same rate. The next step will be to review the data by demography to further understand and reduce inequity gaps.

Reducing Health Inequalities for People with Learning Disabilities

2.9 Members of the West Yorkshire Association of Acute Trusts (WYAAT) have been working collaboratively on reducing inequalities. The health inequalities challenge work plan was approved by WYAAT in April 2021. The following recommendation is included in the plan:

- “Understand where people with a learning disability are on their Referral-to-Treatment (RTT) waiting lists – to enable consideration of prioritisation and support attendance”

2.10 A working group has been convened with the aim to have trusted and robust data relating to people with a learning disability, from all service areas within our health and care system. This will give confidence in the data for people with learning disabilities that we can actively use to monitor inequality and compare each of our places across West Yorkshire. Accurate data means more people are receiving appropriate care on their first admission and reasonable adjustments are planned for in advance of appointments.

3. Finance and use of resources

£500 million Adult Social Care Discharge Fund

3.1 On 22 September 2022, the government announced its [Plan for Patients](#). More detail followed on 18 November 2022. This plan committed £500 million for the rest of this financial year to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care.

3.2 Delays to discharging people from hospital when they are fit to leave continue to be a significant issue nationally. Not only does this mean fewer hospital beds available for those who need them; it also means people who would be better off recovering at home or in residential care are instead spending too long in hospital.

3.3 The details of how the funding is split are as follows:

- £200 million will be distributed to Local Authorities, based on the adult social care relative needs formula (RNF).
- £300 million will be distributed to integrated care boards (ICBs), targeted at those areas experiencing the greatest discharge delays. This is based on a combination of i) a fair-shares distribution based on [2022 to 2023 ICB weighted populations](#) (25% of ICB funding) and ii)

a discharge metric flexed to reflect the size of the ICB weighted population (75% of ICB funding).

- We are expected to pool the funding into the Better Care Fund (BCF) agreements as an addition to existing section 75 arrangements. Local areas should ensure that there is agreement between ICBs and local government on the planned spend.
- The funding will be provided in two tranches – the first (40%) in December 2022, and the second (60%) by the end of January 2023 for areas that have provided a planned spending report and fortnightly activity data, and have met the other conditions

3.4 The indicative funding for West Yorkshire is £15.2m from the ICB Fund and £8.4m through grant allocations to local authorities. National expectations for use of the funding include:

- Flexible use on the interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care
- Freeing up the maximum number of hospital beds and reducing bed days lost including from mental health inpatient settings
- Provision of homecare
- Discharge to Assess (D2A)
- To boost general adult social care workforce capacity, through staff recruitment and retention, where that will contribute to reducing delayed discharges
- The scheme types below are based on the BCF scheme types in main BCF plans, but have been amended to reflect the scope of the funding:
 - Assistive Technologies and Equipment
 - Home Care or Domiciliary Care
 - Bed Based Intermediate Care Services
 - Reablement in a Person's Own Home
 - Residential Placements

4. People

Preparing for Industrial Action

4.1 A number of trade unions balloted their NHS members between 6 October and 2 November to take part in industrial action. The Royal College of Nursing (RCN) has announced that industrial action will be taking place on 15 and 20 December. This action will be taking place only at employers where the threshold was met as part of the RCN ballot. In West Yorkshire

this includes Bradford Teaching Hospitals NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust, Leeds Community Healthcare NHS Trust and NHS West Yorkshire Integrated Care Board (ICB).

- 4.2 In addition, members of the GMB union in Yorkshire Ambulance Service NHS Trust will be taking strike action on 21 and 28 December.
- 4.3 Affected Trusts and partners across West Yorkshire have been preparing to ensure there is minimal disruption to patient care and that emergency services continue to operate as normal. The NHS has tried and tested plans in place to manage any disruption, including industrial action.
- 4.4 Unlike workers in other sectors during a strike, to make sure patients are safe some RCN members will continue their work in line with an agreement between employers and unions. One method of maintaining safe staffing levels is through derogations (an exemption provided to a member or service from taking part in strike action). Derogation agreements have been made both nationally and locally.

5. System Resilience and Winter Planning

- 5.1 At the October and November meetings of the Committee we outlined the approach to system resilience this winter and the priority was to rapidly increase capacity and resilience ahead of winter, building on the operational plans. ICBs are accountable for ensuring that their system providers and other partners deliver their local plans and work together effectively, and this is monitored through the Board Assurance Framework (BAF). The following provides an update on progress against these plans and preparation for winter.

System Control Centre

- 5.2 Nationally all systems are required to set up a System Control Centre (SCC) which operates 24 hours a day, 7 days a week to support system oversight and decision making based on demand and capacity across sites and settings.
- 5.3 From 1 December 2022, our SCC went live with the following purposes, to:
 - harness the power of Integrated Care Systems (ICSs) through senior clinical and operational leadership
 - ensure the safest and highest quality of care possible for the entire population across every area at all times
 - balancing the clinical risk within and across all acute, community, mental health, primary care, and social care services.

- ensure a consistent and collective approach to managing system demand and capacity as well as mitigation of risks.
- option to operate SCCs at a sub-ICS level dependent on local patient flows

5.4 Key deliverables for the SCC include:

- Visibility of operational pressures and risks across providers and system partners
- Concerted action across the ICS on key systemic and emergent issues impacting patient flow, ambulance handover delays and other performance, clinical and operational challenges
- Dynamic responses to emerging challenges and mutual aid
- Efficient flows of information

During the first week of operation, we are reviewing the model and refining how we work in advance of the Christmas period.

6. Delivering the Urgent and Emergency Care (UEC) Action Plan

- 6.1 Since the last meeting we have established a BAF monitoring processes to meet NHSE submission deadlines and are monitoring daily system pressures in line with the NHSE Regional and National reporting requirements.
- 6.2 Significant progress has been made in increasing the number of fully implemented actions in the nationally created UEC Action Plan. At the end of November of the 48 actions in the plan, we have fully achieved 25 and partially achieved the remainder. Of those partially achieved 16 have delivery dates in December and some in 2023. All actions which are not fully implemented have ongoing work in place to complete them with risks and controls identified. Of the 7 that are partially met but were due in November the following breakdown is provided.
- 6.3 Action 1 - Steps taken across the system to implement the specification to address unwarranted variation in ambulance conveyance rates in care homes. All systems have made improvements in this area by:
- Reviewing care home data with the ambulance service including homes with the highest 111 or 999 calls to offer targeted support
 - Further communications have been sent to care homes to prompt them to call Urgent Community Response (UCR) service and access Frailty Virtual Wards where appropriate - targeting communications to those highest admitting Care Homes
 - Raising awareness and understanding of virtual ward offers across systems
 - Communication to out of hours GP services on referral pathways to Virtual Wards for early patient review.

- Mapping of care homes to Primary Care Networks
 - Enhanced use of telemedicine to support residents to remain in their place of care.
- 6.4 Action 2- Implement technology and telephony to digitally enable Primary Care (Cloud based Telephony, BI tools rolled out to General Practice) and unified DoS across ICS:
- Most practices have Cloud based telephony and those that do not are being supported to develop this approach
 - The National offer is being developed and Practices will engage with this as their renewal date with their current deal approaches.
 - The NHS England Regional team has engaged with West Yorkshire Practices to ascertain the current position and engagement will continue as the new Framework comes online
 - A stocktake of DOS is underway
 - ICB and place-based Business Intelligence teams are available and aligned to PCNs to provide support and additional analysis when required.
- 6.5 Action3 - Promote use of Community Pharmacy Consultation Services (CPCS) expansion in community pharmacy and discharge medicines service (DMS):
- CPCS and DMS promoted through the local Pharmacy Network, in addition to the West Yorkshire Medicines Optimisation Committee.
 - There is good awareness of both schemes locally and challenges have generally been operational in terms of uptake of either scheme
 - The process often requires a manual referral to community pharmacy and can be time consuming for the inpatient pharmacy team to complete
 - Competing demands on pharmacy team time to support patient flow can result in less DMS referrals
 - Schemes are in place and are being used with further work taking place to look at where this can be expanded.
- 6.6 Action 4 - Increase capacity of Pathway 1 discharge teams:
- Continued challenges in nursing and community and social care service capacity
 - Actions implemented to avoid assessment delays
 - Additional capacity procured for urgent response domiciliary care to strengthen the home first offer
 - Indicative funding for West Yorkshire of £15.2m to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care.

6.7 Action 5 - Reduce length of stay in community rehab wards and move from bedded to home models of rehab:

- Taking a 'Home First' approach, providing patients with support at home or intermediate care
- Wherever possible, patients are supported to return to their home for assessment
- Increase in home support implemented with regular review of packages of care to ensure tailored to need
- Trusted assessors working closely with discharge nurses/therapists.
- Performance monitored in relation to outcomes of short-term support and long-term placements
- Aligned to development of UCR and Virtual Ward models to enable those of less acuity to be treated or supported at home

6.8 Action 6 - Improve Acute Frailty service provision including delivery of MDT assessment to ensure that treatment plans support transition from hospital to home, where admission is not appropriate:

- Implemented Elderly Virtual Wards
- Increasing capacity and managing higher caseloads are constrained by stretched medical workforce
- Demand is outstripping capacity in some places.

6.9 Action 7 - Develop role for volunteers that reduce pressure on services:

- Currently identifying and scaling high impact roles for volunteers that reduce pressure on services
- Currently using the voluntary sector in acute trusts to support discharge teams
- To support volunteers training is provided
- A number of services are commissioned with the voluntary sector to support people living in neighbourhoods and connecting people to support and advice in the area they live in

7. Next Steps

7.1 The Board Assurance Framework will continue to be reviewed and outstanding actions will be progressed and a further update on progress will be provided at the next meeting.

8. Recommendations

8.1 The Finance, Performance and Investment Committee is asked to:

- Note the reported position on each of the metrics in the performance update
- Be assured that appropriate action is being taken to address areas of risk and concern

9. Appendices

Appendix 1: Performance Dashboard

Proud to be part of West Yorkshire
Health and Care Partnership

Performance Dashboard

Finance, Investment and Performance Committee
20 December 2022



Overview of Indicators

Metric	Description
A&E - 4 Hour Standard	
Ambulance Response Cat 1 - 90th Centile	90th centile time of all C1 responses
Ambulance Response Cat 1 - Mean	Mean average time of all C1 responses
Ambulance Response Cat 2 - 90th Centile	90th centile time of all C2 responses
Ambulance Response Cat 2 - Mean	Mean average time of all C2 responses
Bed Occupancy - General & Acute	
Bed Occupancy - Maternity	
Bed Occupancy - Mental Illness	
Bed Occupancy - Total	
C.difficile (All Cases)	C.difficile infection counts and 12-month rolling rates of all cases, by reporting acute trust and month
Cancer - 28 Day Faster Diagnosis	Percentage of people told cancer diagnosis outcome within 28 days of referral
Cancer 2 Week Wait	The percentage of patients referred for cancer treatment by their GP who waited for less than 14 days for treatment to start
Cancer 31 Day First Treatment	The percentage of patients diagnosed with cancer receiving treatment within 31 days of diagnosis
Cancer 62 Day Classic	The percentage of patients referred for cancer treatment by their GP who waited for less than 62 days for treatment to start
Day Surgery Activity	The number of elective operations that were performed as a day case
Diagnostics - 6 Week Standard	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
E.coli (All Cases)	E.coli bacteraemia cases counts and 12-month rolling rates, by reporting acute trust and month
EIP Open Referrals Waited < 2 Weeks	Proportion of open referrals on EIP pathway that waited for treatment for under two weeks
Elective Inpatient Activity	The number of elective operations that were performed as a inpatient
IAPT Recovery Rate	People who complete treatment who have recovered
IAPT Waited Less Than 18 Weeks	The percentage of IAPT treatments completed having started in less than 18 weeks
IAPT Waited Less Than 6 Weeks	The percentage of IAPT treatments completed having started in less than 6 weeks
MRSA (All Cases)	MRSA bacteraemia all cases counts and 12-month rolling rates, by acute trust and month
MSSA (All Cases)	MSSA total cases counts and 12-month rolling rates, by reporting acute trust and month
Outpatient Follow Up Activity	The number of follow-up outpatient appointments attended
Outpatient New Activity	The number of new outpatient appointments attended
Outpatient Total Activity	The total number of attended outpatient appointments
RTT 104 Week Breach	
RTT 52 Week Breach	
RTT 78 Week Breach	
Sickness Absence Rate	The percentage of available Full Time Equivalents (FTEs) absent for the month
Summary Hospital Mortality Indicator	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

Quality of Care, Access and Patient Outcomes



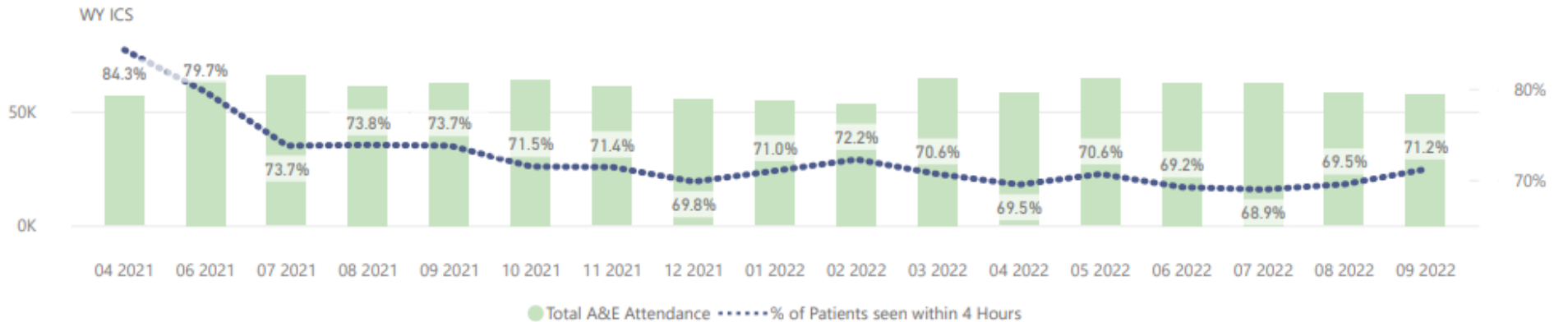
Accident & Emergency Department – 4 Hour Standard

Proportion of Patients discharged, transferred or admitted within four hours

Mid Yorkshire does not submit A&E performance data due to being an ECDS Pilot site for the new clinical review standards

% of Patients seen within 4 Hours

Org Type	04 2021	06 2021	07 2021	08 2021	09 2021	10 2021	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022
ICS																	
WY ICS	84.3%	79.7%	73.7%	73.8%	73.7%	71.5%	71.4%	69.8%	71.0%	72.2%	70.6%	69.5%	70.6%	69.2%	68.9%	69.5%	71.2%
Acute Provider																	
Airedale	85.5%	77.8%	72.1%	72.5%	73.3%	67.9%	63.9%	62.5%	63.2%	62.4%	64.6%	59.8%	63.9%	62.8%	58.2%	59.5%	62.7%
Bradford	85.0%	82.5%	76.1%	79.7%	75.8%	76.4%	75.6%	73.4%	72.9%	75.5%	74.0%	72.9%	74.8%	74.8%	73.6%	73.6%	74.8%
Calderdale & Huddersfield	88.2%	86.2%	78.6%	79.6%	78.3%	76.0%	76.8%	73.0%	75.7%	73.9%	74.0%	72.6%	75.8%	73.0%	72.5%	73.3%	75.4%
Leeds	81.6%	75.5%	70.6%	68.7%	70.7%	67.9%	68.7%	68.4%	69.5%	72.2%	68.8%	68.7%	67.8%	66.3%	67.6%	68.2%	69.3%

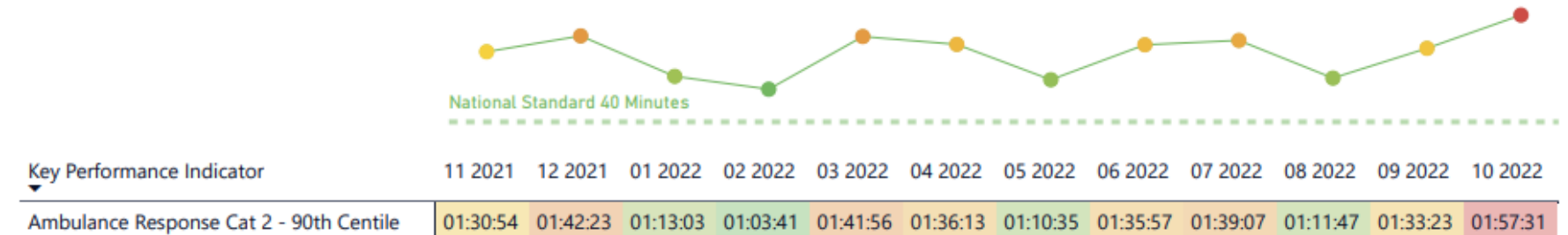
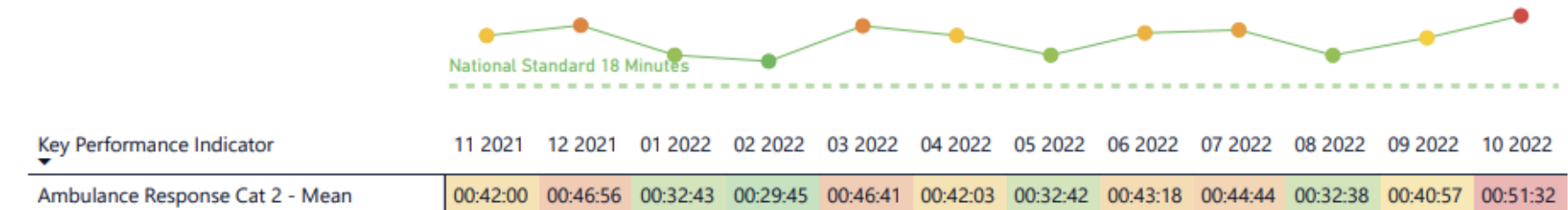
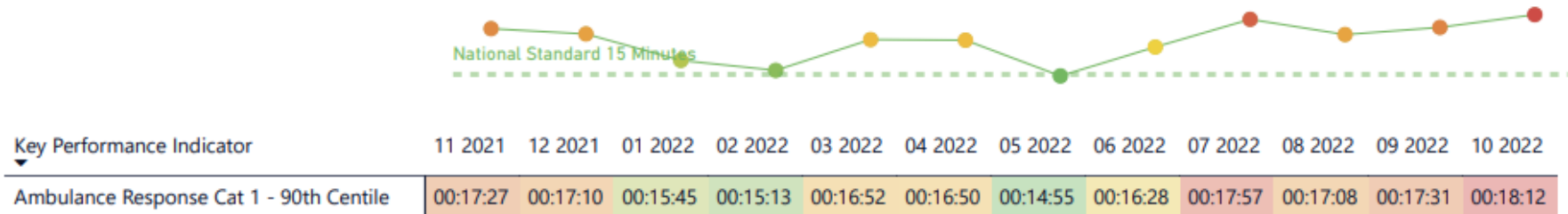
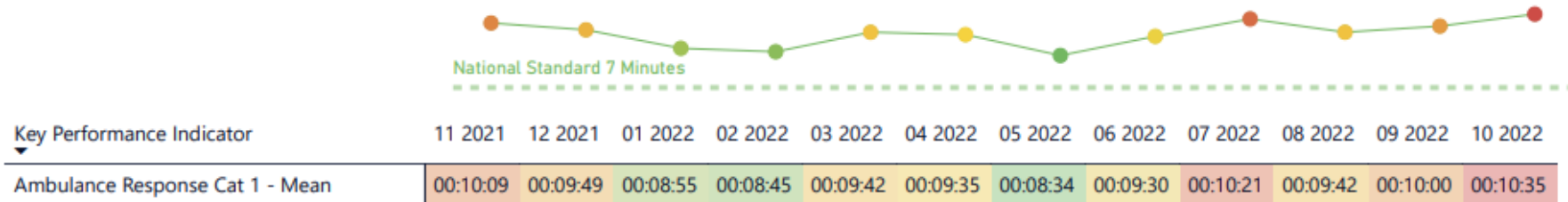


Total A&E Attendances

Org Type	04 2021	06 2021	07 2021	08 2021	09 2021	10 2021	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022
Acute Provider	56,522	64,087	65,853	61,159	62,464	64,066	60,928	55,379	54,702	53,377	64,759	58,233	64,485	62,693	62,688	58,204	57,813
Airedale	6,036	6,664	6,895	6,205	6,316	6,418	6,161	5,962	5,722	5,502	6,817	6,106	6,687	6,571	6,710	6,198	5,931
Bradford	11,534	12,584	13,379	11,925	12,293	12,349	11,826	10,393	11,084	10,700	12,530	11,030	12,481	12,211	12,033	10,933	11,245
Calderdale & Huddersfield	13,432	15,252	15,564	14,744	14,841	15,142	13,994	13,365	13,138	12,705	15,416	13,642	15,221	15,102	15,154	14,295	13,887
Leeds	25,520	29,587	30,015	28,285	29,014	30,157	28,947	25,659	24,758	24,470	29,996	27,455	30,096	28,809	28,791	26,778	26,750
Total	56,522	64,087	65,853	61,159	62,464	64,066	60,928	55,379	54,702	53,377	64,759	58,233	64,485	62,693	62,688	58,204	57,813

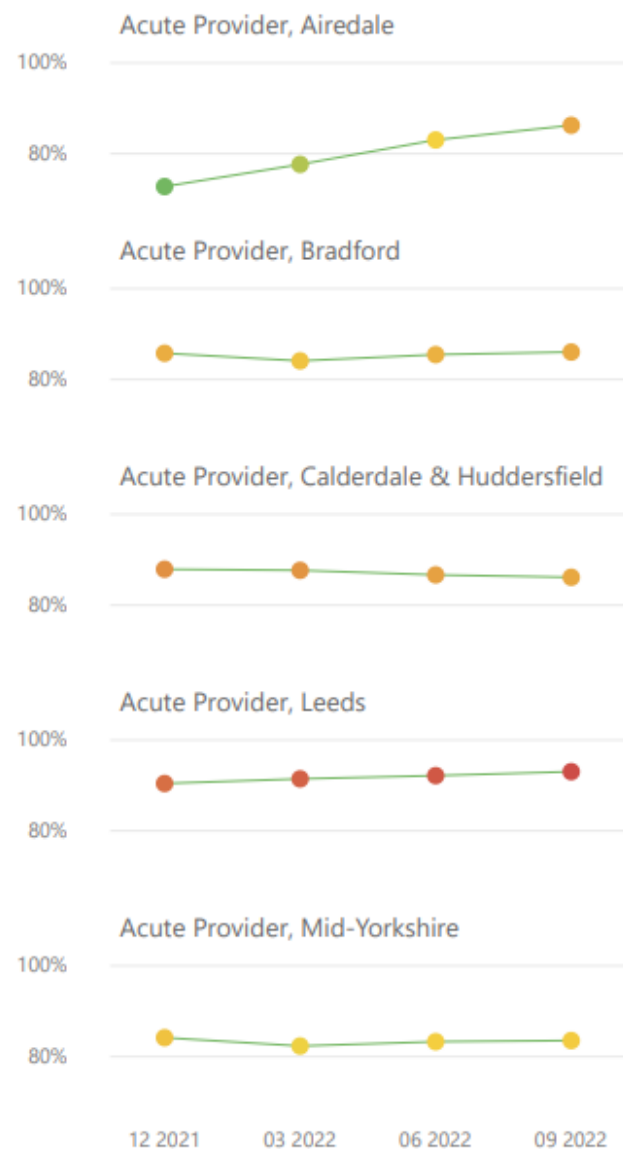
Ambulance Response Times – Category 1 and Category 2 Calls

Mean Response Times and the 90th centile (the time within which 90% of calls are



Bed Occupancy

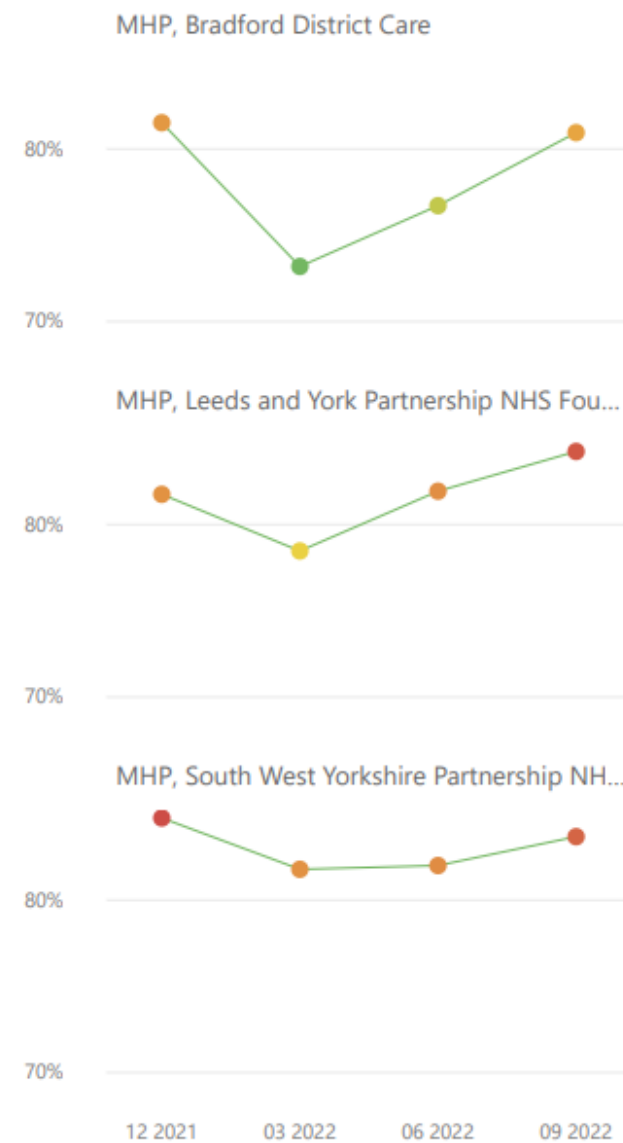
Total Bed Occupancy by Acute Provider



Bed Occupancy by Organisation Type and Bed Type

Org Type	12 2021	03 2022	06 2022	09 2022
ICS				
WY ICS				
Bed Occupancy - General & Acute	89.2%	89.7%	90.5%	91.2%
Bed Occupancy - Maternity	50.8%	45.6%	47.6%	47.4%
Bed Occupancy - Mental Illness	83.8%	79.3%	82.1%	84.3%
Acute Provider				
Airedale				
Bed Occupancy - General & Acute	77.3%	82.8%	88.5%	92.1%
Bed Occupancy - Maternity	25.2%	24.4%	27.5%	29.0%
Bradford				
Bed Occupancy - General & Acute	88.0%	87.3%	88.9%	89.7%
Bed Occupancy - Maternity	67.3%	58.4%	57.4%	55.8%
Calderdale & Huddersfield				
Bed Occupancy - General & Acute	90.4%	90.3%	89.3%	88.8%
Bed Occupancy - Maternity	55.0%	52.3%	51.3%	49.8%
Leeds				
Bed Occupancy - General & Acute	94.4%	96.0%	96.5%	97.4%
Bed Occupancy - Maternity	41.1%	33.8%	36.3%	37.9%
Mid-Yorkshire				
Bed Occupancy - General & Acute	85.1%	83.2%	83.8%	84.2%
Bed Occupancy - Maternity	63.6%	62.5%	69.5%	66.8%
MHP				
Bradford District Care				
Bed Occupancy - Mental Illness	81.7%	73.1%	77.4%	81.1%
Leeds and York Partnership NHS Foundation Trust				
Bed Occupancy - Mental Illness	82.9%	79.6%	83.1%	85.5%
South West Yorkshire Partnership NHS Foundation Trust				
Bed Occupancy - General & Acute	79.3%	86.9%	65.3%	72.7%
Bed Occupancy - Mental Illness	85.6%	82.0%	83.5%	84.8%

Total Bed Occupancy by Mental Health Provider



Cancer - 28 Day Faster Diagnosis

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

Standard
75.00%

WY ICS



Airedale



Bradford



Calderdale & Huddersfield



Leeds



Mid-Yorkshire



Org Type

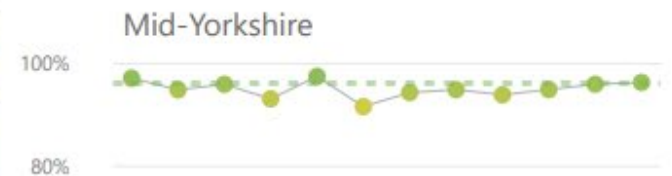
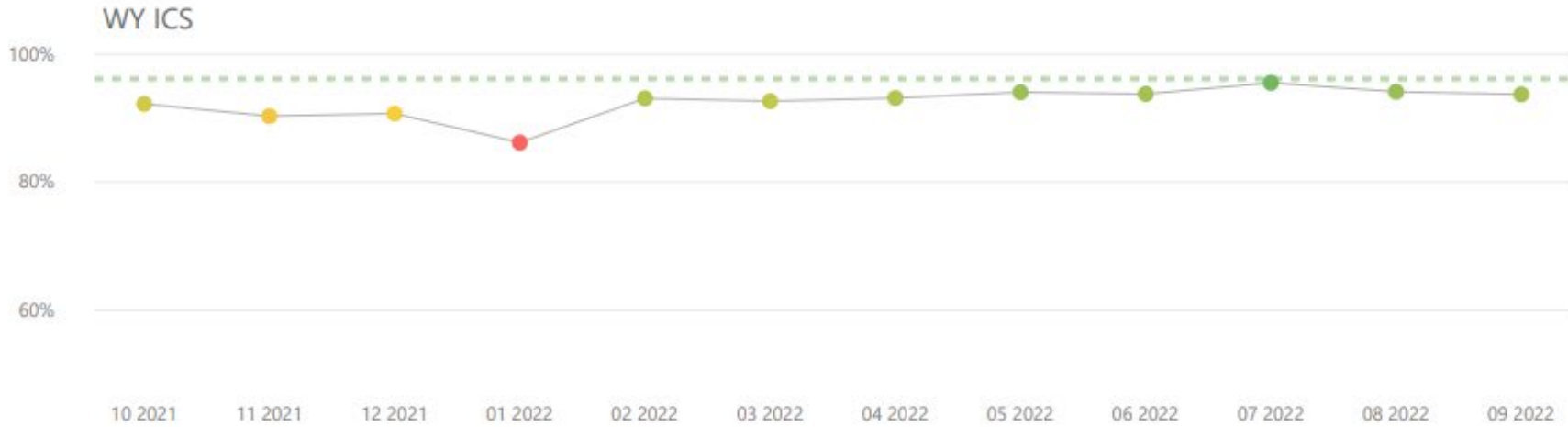
ICS

Org Type	10 2021	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022
WY ICS	✓ 75.8%	74.7%	74.7%	70.3%	✓ 78.5%	✓ 75.5%	✓ 75.0%	✓ 75.2%	✓ 75.6%	✓ 76.5%	74.5%	73.1%
Acute Provider												
Airedale	73.6%	73.2%	✓ 75.4%	69.9%	✓ 83.0%	✓ 76.4%	71.9%	70.1%	✓ 78.5%	72.7%	71.5%	70.8%
Bradford	✓ 86.0%	✓ 85.1%	✓ 84.9%	✓ 81.6%	✓ 84.0%	✓ 80.1%	✓ 78.2%	✓ 81.0%	✓ 81.9%	✓ 82.4%	✓ 78.3%	73.6%
Calderdale & Huddersfield	✓ 75.8%	✓ 78.5%	✓ 77.0%	✓ 76.5%	✓ 83.6%	✓ 79.1%	✓ 78.0%	✓ 77.0%	74.2%	✓ 75.9%	73.6%	✓ 77.4%
Leeds	68.3%	66.1%	63.6%	55.2%	68.0%	66.7%	70.4%	68.9%	70.6%	73.7%	71.1%	68.0%
Mid-Yorkshire	✓ 80.3%	✓ 77.9%	✓ 80.9%	✓ 81.8%	✓ 85.1%	✓ 83.5%	✓ 78.6%	✓ 81.7%	✓ 79.4%	✓ 78.3%	✓ 78.2%	✓ 77.1%

Cancer 31 Day First Treatment

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

Standard
96.00%



Org Type	10 2021	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022
ICS												
WY ICS	92.1%	90.2%	90.6%	86.0%	93.0%	92.5%	93.0%	93.9%	93.6%	95.4%	94.0%	93.6%
Acute Provider												
Airedale	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 96.6%	✓ 97.4%	✓ 98.9%	✓ 100.0%	✓ 98.9%	✓ 98.6%	✓ 100.0%	✓ 100.0%	✓ 97.4%
Bradford	✓ 97.3%	95.6%	✓ 97.3%	91.1%	94.1%	93.9%	94.5%	✓ 96.1%	95.4%	✓ 96.3%	89.7%	94.4%
Calderdale & Huddersfield	94.8%	✓ 99.0%	✓ 99.4%	✓ 98.3%	✓ 99.4%	✓ 98.4%	✓ 97.6%	✓ 98.8%	✓ 99.0%	✓ 99.4%	✓ 97.8%	✓ 98.9%
Leeds	86.3%	82.7%	82.7%	76.4%	88.1%	89.8%	89.3%	90.6%	90.3%	93.4%	92.1%	90.3%
Mid-Yorkshire	✓ 97.0%	94.7%	95.8%	93.0%	✓ 97.3%	91.5%	94.2%	94.8%	93.8%	94.8%	95.8%	✓ 96.2%

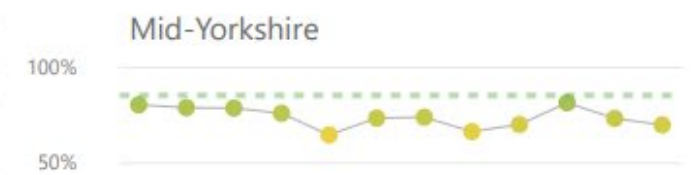
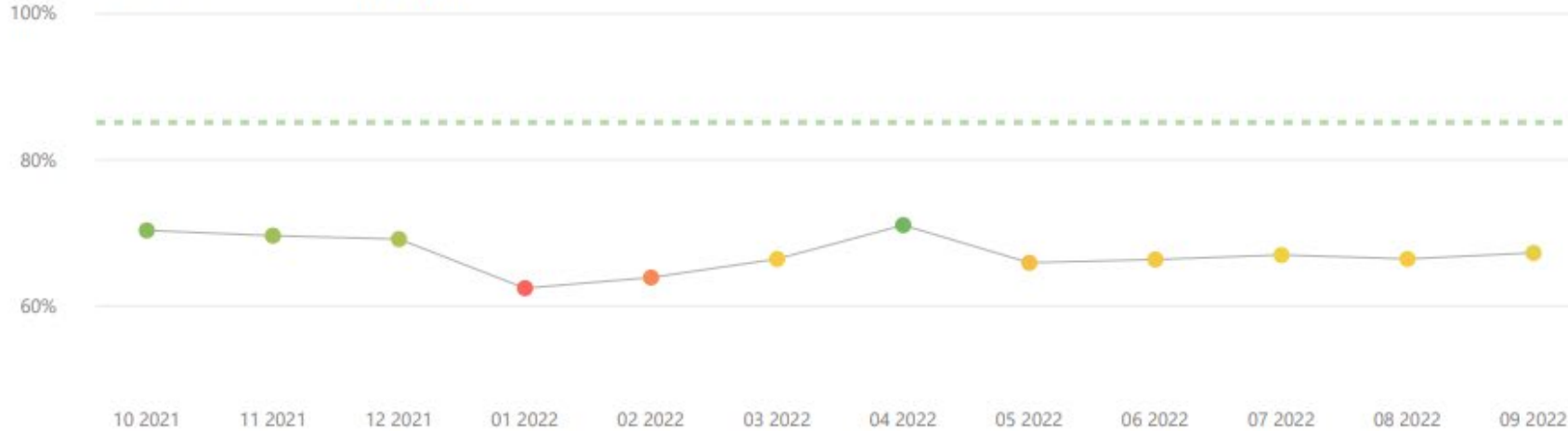
Cancer 62 Day Classic

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

Standard

85.00%

WY ICS



Org Type 10 2021 11 2021 12 2021 01 2022 02 2022 03 2022 04 2022 05 2022 06 2022 07 2022 08 2022 09 2022

Org Type	10 2021	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022
ICS												
WY ICS	70.2%	69.5%	69.0%	62.3%	63.8%	66.3%	71.0%	65.8%	66.2%	66.9%	66.3%	67.1%
Acute Provider												
Airedale	78.2%	78.3%	80.0%	81.7%	80.9%	83.5%	✓ 87.8%	76.5%	65.1%	77.8%	73.2%	82.2%
Bradford	76.9%	81.4%	✓ 88.0%	71.3%	76.4%	78.4%	80.3%	81.6%	81.5%	77.9%	83.6%	76.8%
Calderdale & Huddersfield	✓ 91.9%	✓ 93.5%	✓ 87.3%	✓ 89.7%	✓ 86.9%	✓ 90.0%	✓ 91.7%	✓ 87.2%	✓ 90.8%	✓ 85.3%	✓ 85.5%	✓ 86.4%
Leeds	46.4%	44.7%	44.1%	30.9%	39.3%	37.7%	45.5%	42.8%	39.4%	36.9%	41.9%	47.6%
Mid-Yorkshire	80.1%	78.5%	78.3%	75.6%	64.3%	73.1%	73.6%	66.0%	69.8%	81.1%	72.9%	69.6%

10 2021 11 2021 12 2021 01 2022 02 2022 03 2022 04 2022 05 2022 06 2022 07 2022 08 2022 09 2022

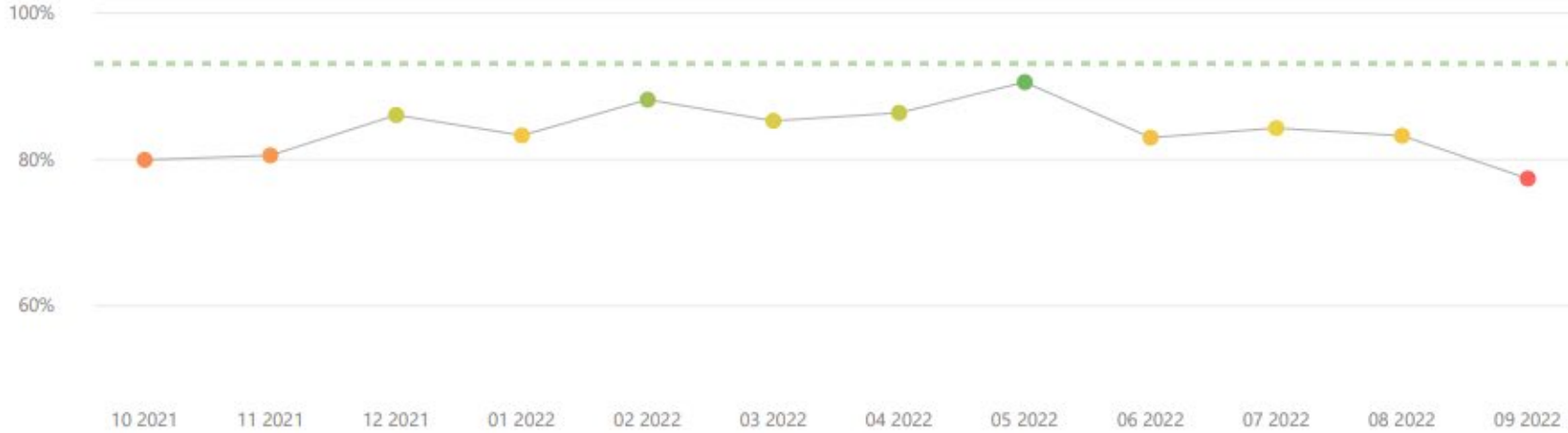
Cancer 2 Week Wait

The percentage of patients referred for cancer treatment by their GP who waited for less than 14 days for treatment to start

Standard

93.00%

WY ICS



Org Type 10 2021 11 2021 12 2021 01 2022 02 2022 03 2022 04 2022 05 2022 06 2022 07 2022 08 2022 09 2022

Org Type	10 2021	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022
ICS												
WY ICS	79.8%	80.4%	85.9%	83.2%	88.1%	85.2%	86.3%	90.5%	82.9%	84.2%	83.1%	77.3%
Acute Provider												
Airedale	78.0%	83.3%	92.6%	92.5%	✓ 94.6%	92.8%	91.7%	✓ 94.7%	92.2%	90.4%	89.3%	89.0%
Bradford	✓ 95.0%	✓ 95.0%	✓ 95.4%	92.9%	✓ 96.1%	✓ 96.3%	✓ 94.3%	✓ 97.0%	✓ 95.9%	✓ 94.6%	91.8%	87.8%
Calderdale & Huddersfield	✓ 98.6%	✓ 99.2%	✓ 97.8%	✓ 98.3%	✓ 98.3%	✓ 97.6%	✓ 97.8%	✓ 98.5%	✓ 98.0%	✓ 97.7%	✓ 97.8%	✓ 96.2%
Leeds	62.9%	67.3%	70.0%	63.1%	71.7%	67.8%	72.3%	79.5%	66.2%	70.8%	68.0%	60.2%
Mid-Yorkshire	80.1%	75.3%	90.9%	92.3%	✓ 97.1%	✓ 93.4%	92.9%	✓ 95.6%	85.1%	85.7%	85.6%	77.6%

Airedale



Bradford



Calderdale & Huddersfield



Leeds



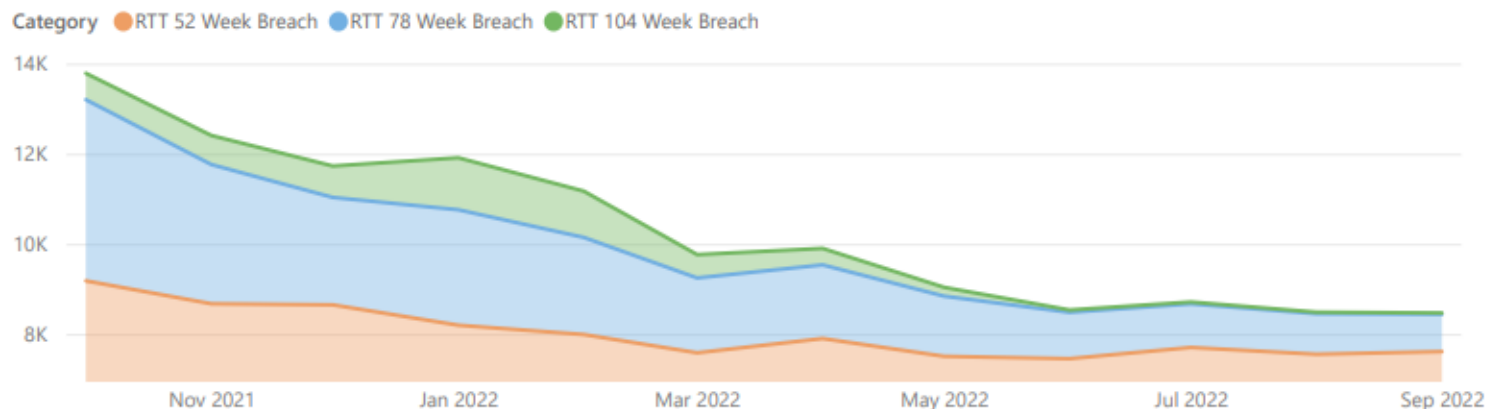
Mid-Yorkshire



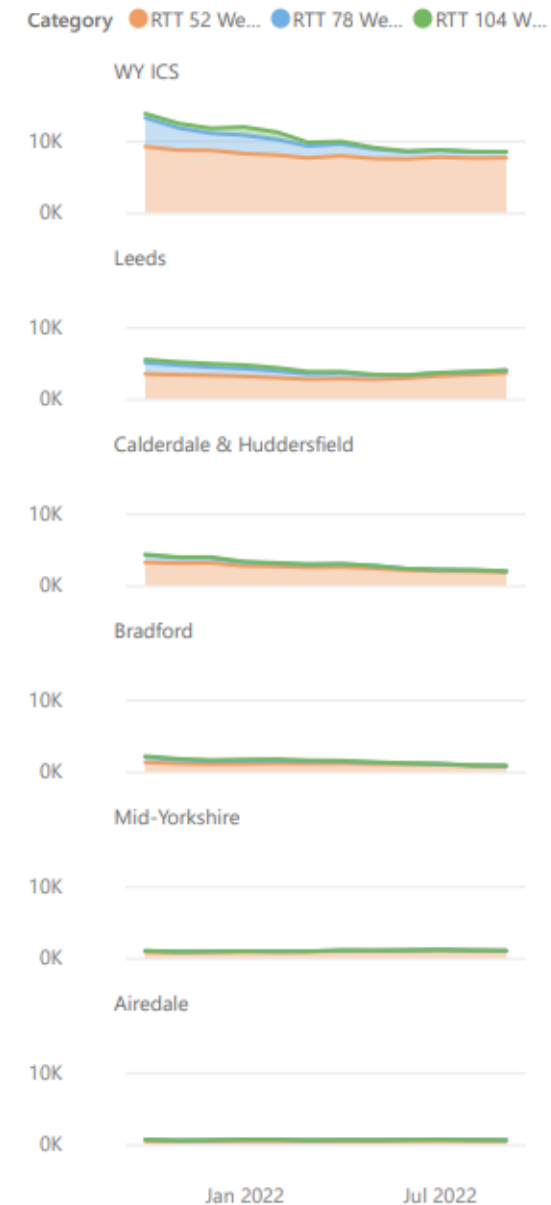
10 2021 11 2021 12 2021 01 2022 02 2022 03 2022 04 2022 05 2022 06 2022 07 2022 08 2022 09 2022

Planned Care Waiting Times

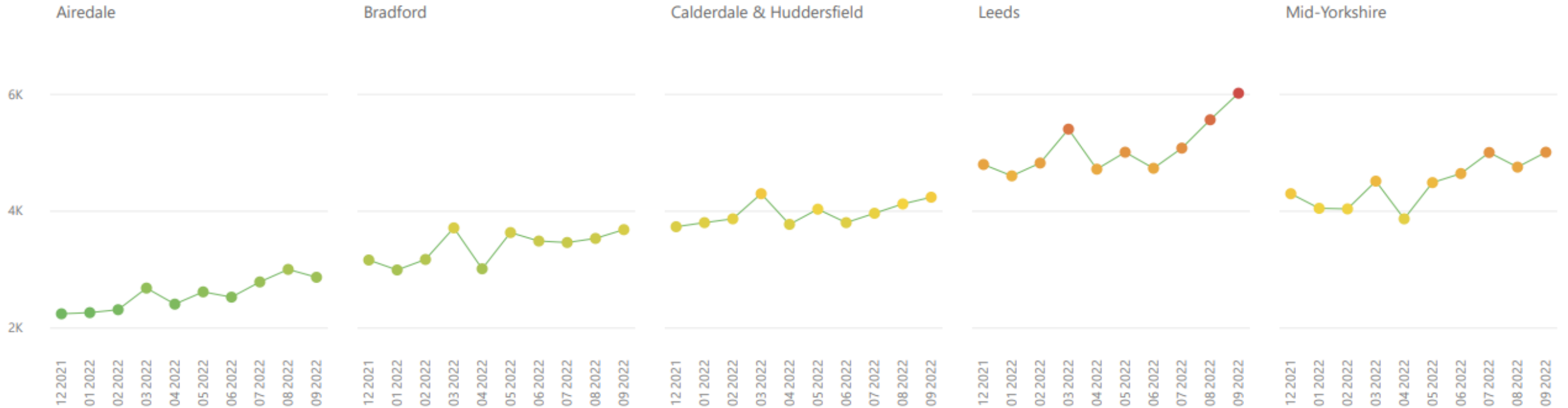
People waiting over 52, 78 and 104 weeks from referral to treatment (RTT)



Org Type	10 2021	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022
Acute Provider	13,555	12,200	11,890	11,279	10,712	9,750	9,933	9,040	8,452	8,653	8,413	8,336
Leeds	5,465	5,123	4,890	4,710	4,312	3,788	3,787	3,386	3,317	3,627	3,786	3,984
RTT 52 Week Breach	3,455	3,341	3,265	3,124	2,931	2,715	2,804	2,692	2,867	3,172	3,339	3,596
RTT 78 Week Breach	1,582	1,334	1,136	1,077	919	746	733	563	419	428	431	379
RTT 104 Week Breach	428	448	489	509	462	327	250	131	31	27	16	9
Calderdale & Huddersfield	4,290	3,897	3,906	3,271	3,101	2,906	2,969	2,715	2,287	2,164	2,108	1,952
RTT 52 Week Breach	3,180	3,060	3,102	2,666	2,609	2,454	2,503	2,326	2,052	1,957	1,920	1,782
RTT 78 Week Breach	1,030	738	688	498	413	429	452	380	234	206	188	169
RTT 104 Week Breach	80	99	116	107	79	23	14	9	1	1	0	1
Bradford	2,150	1,770	1,603	1,686	1,722	1,562	1,517	1,315	1,161	1,081	868	804
RTT 52 Week Breach	1,288	1,106	1,027	1,067	1,121	1,100	1,135	1,052	1,034	974	782	754
RTT 78 Week Breach	717	507	424	424	392	307	275	192	110	92	71	47
RTT 104 Week Breach	145	157	152	195	209	155	107	71	17	15	15	3
Mid-Yorkshire	995	861	899	944	908	914	1,052	1,037	1,070	1,134	1,052	1,014
RTT 52 Week Breach	802	743	810	859	852	864	983	972	1,004	1,069	1,005	981
RTT 78 Week Breach	193	118	89	85	56	50	69	65	66	65	47	33
RTT 104 Week Breach	0	0	0	0	0	0	0	0	0	0	0	0
Airedale	655	549	592	668	669	580	608	587	617	647	599	582
RTT 52 Week Breach	453	418	441	477	471	447	472	460	493	525	498	493
RTT 78 Week Breach	182	122	122	143	148	112	124	124	124	122	99	88
RTT 104 Week Breach	20	9	29	48	50	21	12	3	0	0	2	1
Total	13,555	12,200	11,890	11,279	10,712	9,750	9,933	9,040	8,452	8,653	8,413	8,336



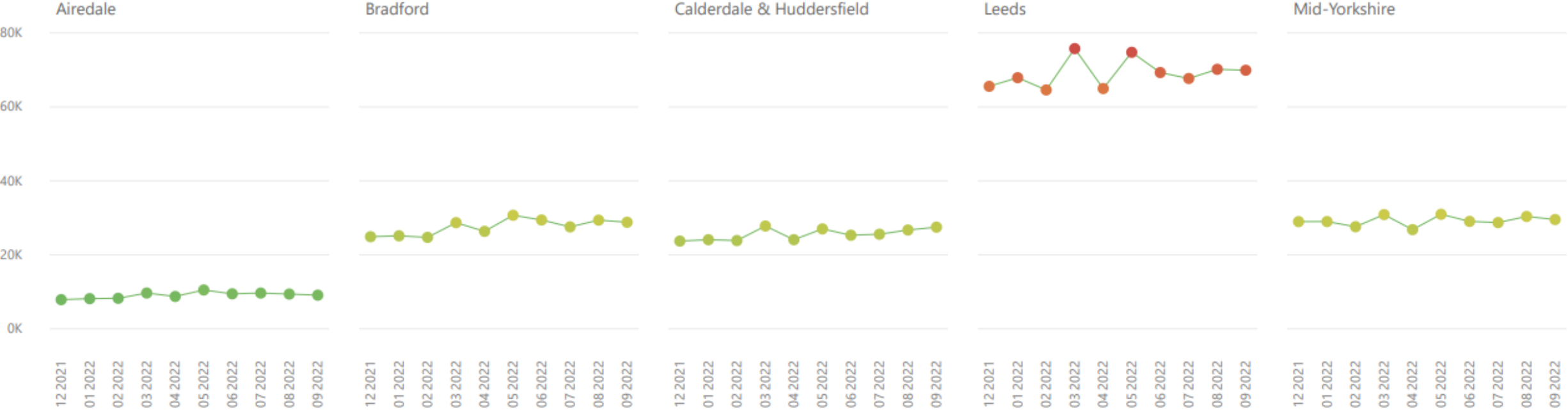
Day Surgery Activity



Org Type	10 2021	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022
Acute Provider	18,320	19,890	18,195	17,670	18,175	20,570	17,740	19,740	19,155	20,255	20,935	21,775
Airedale	2,455	2,505	2,235	2,255	2,305	2,675	2,400	2,610	2,520	2,780	2,995	2,860
Bradford	3,155	3,410	3,155	2,985	3,165	3,705	3,005	3,625	3,480	3,455	3,525	3,675
Calderdale & Huddersfield	3,905	4,150	3,725	3,795	3,860	4,290	3,765	4,025	3,795	3,955	4,115	4,230
Leeds	4,675	5,275	4,790	4,595	4,815	5,395	4,710	5,000	4,725	5,070	5,555	6,010
Mid-Yorkshire	4,130	4,550	4,290	4,040	4,030	4,505	3,860	4,480	4,635	4,995	4,745	5,000
Total	18,320	19,890	18,195	17,670	18,175	20,570	17,740	19,740	19,155	20,255	20,935	21,775

Outpatient Follow Up Activity

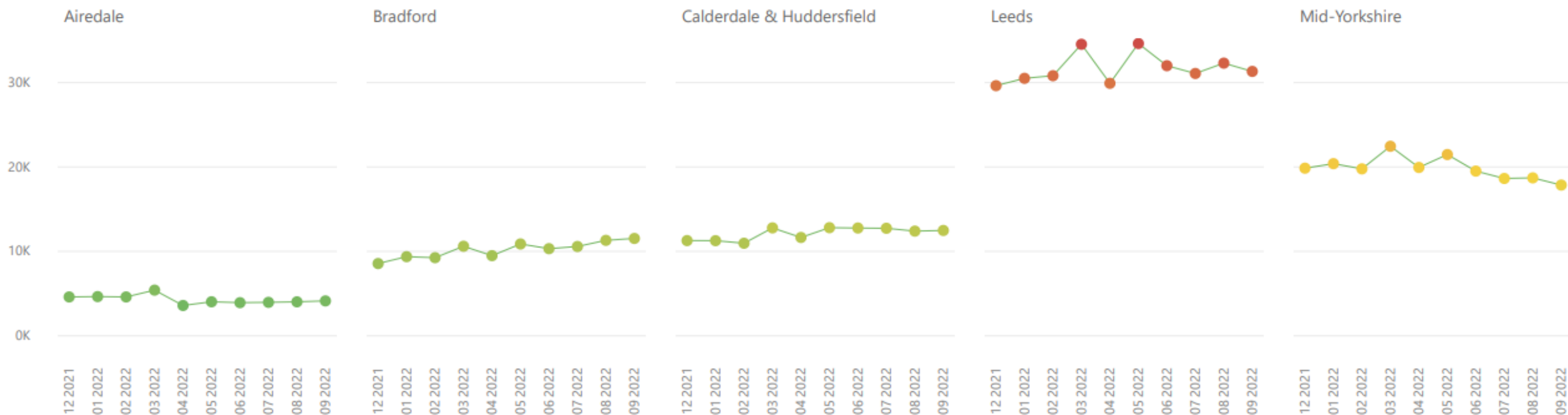
The number of follow-up outpatient appointments attended



Org Type	10 2021	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022
Acute Provider	156,150	173,525	150,135	153,360	148,105	171,900	150,045	173,050	161,600	158,295	165,120	163,940
Airedale	8,400	8,910	7,695	7,965	8,060	9,485	8,560	10,315	9,270	9,475	9,205	8,910
Bradford	24,565	28,375	24,720	24,955	24,540	28,515	26,165	30,520	29,235	27,375	29,195	28,630
Calderdale & Huddersfield	24,945	27,330	23,535	23,905	23,680	27,610	23,910	26,835	25,120	25,390	26,530	27,300
Leeds	69,555	77,440	65,390	67,725	64,410	75,590	64,785	74,595	69,120	67,515	69,995	69,740
Mid-Yorkshire	28,685	31,470	28,795	28,810	27,415	30,700	26,625	30,785	28,855	28,540	30,195	29,360
Total	156,150	173,525	150,135	153,360	148,105	171,900	150,045	173,050	161,600	158,295	165,120	163,940

Outpatient New Activity

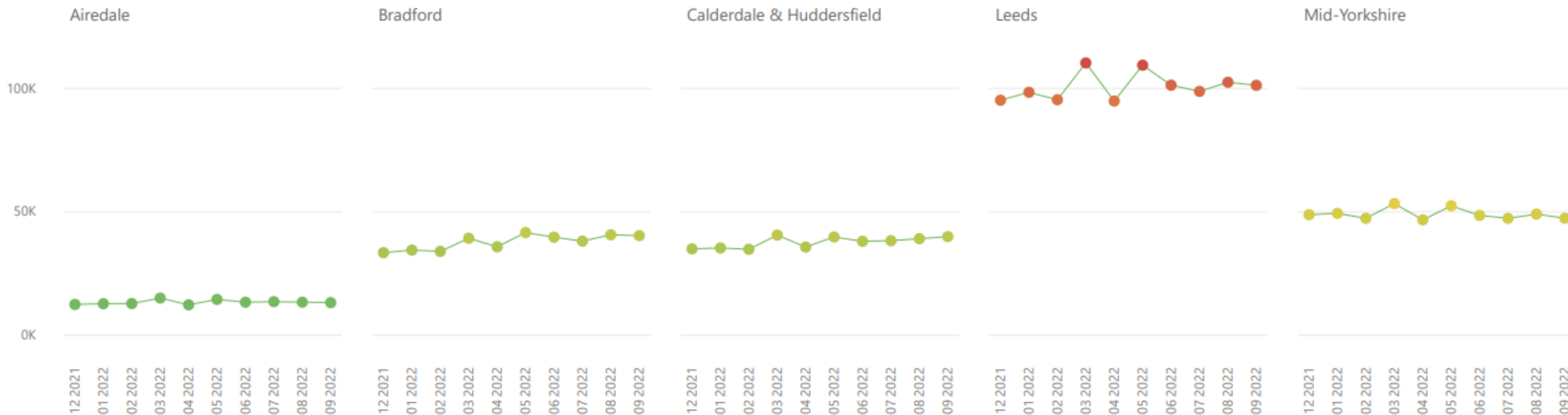
The number of new outpatient appointments attended



Org Type	10 2021	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022
Acute Provider	77,135	85,165	73,565	75,815	75,045	85,425	74,220	83,450	78,160	76,630	78,380	76,960
Airedale	4,610	5,010	4,530	4,570	4,530	5,335	3,515	3,955	3,850	3,890	3,950	4,060
Bradford	8,900	9,985	8,485	9,300	9,180	10,535	9,420	10,805	10,250	10,505	11,235	11,460
Calderdale & Huddersfield	12,005	12,835	11,205	11,195	10,890	12,710	11,575	12,735	12,695	12,665	12,330	12,405
Leeds	30,855	34,535	29,560	30,430	30,740	34,465	29,840	34,555	31,925	31,005	32,230	31,250
Mid-Yorkshire	20,765	22,800	19,785	20,320	19,705	22,380	19,870	21,400	19,440	18,565	18,635	17,785
Total	77,135	85,165	73,565	75,815	75,045	85,425	74,220	83,450	78,160	76,630	78,380	76,960

Outpatient Total Activity

The total number of attended outpatient appointments

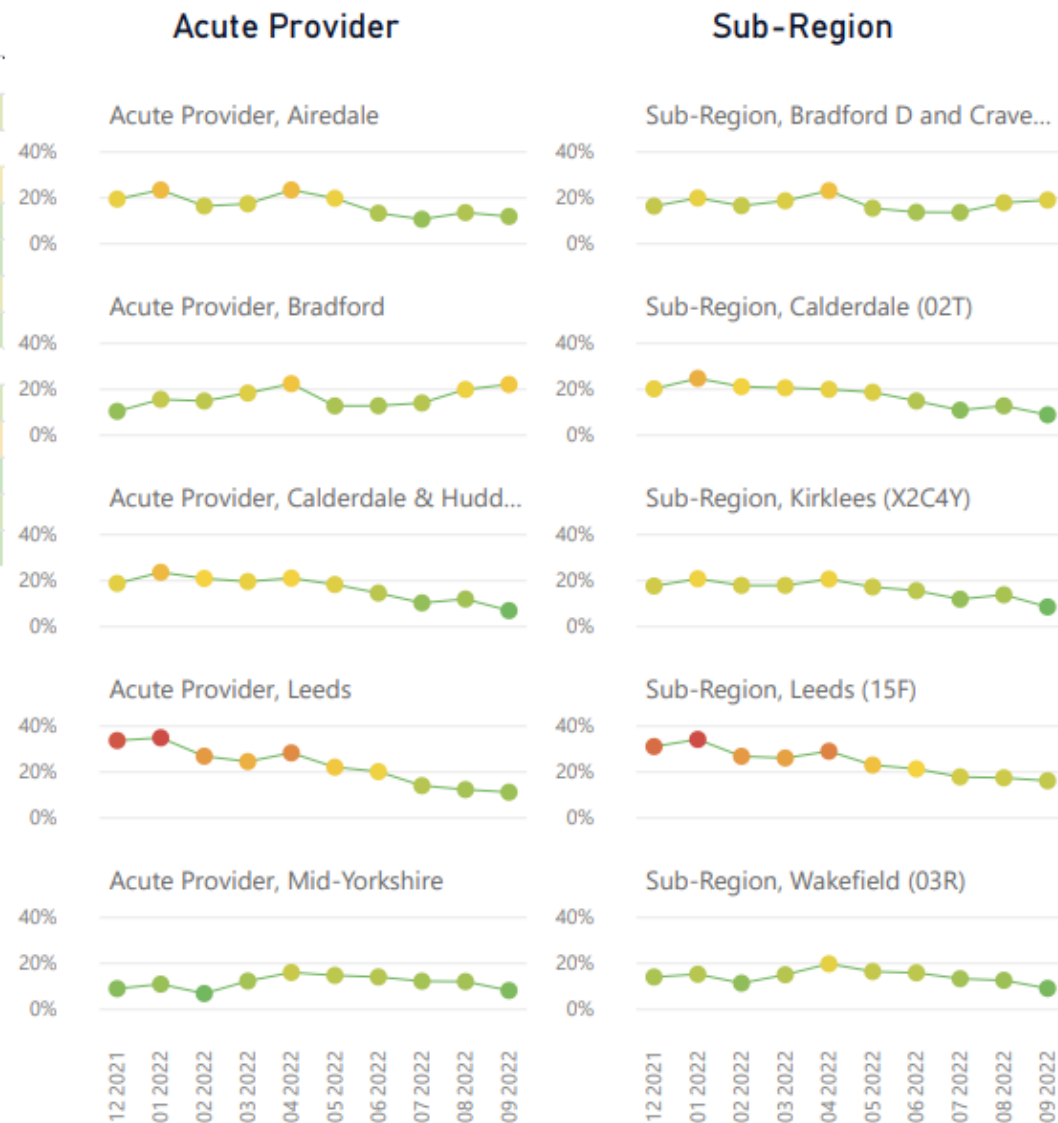


Org Type	10 2021	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022
Acute Provider	233,285	258,690	223,700	229,175	223,150	257,325	224,265	256,500	239,760	234,925	243,500	240,900
Airedale	13,010	13,920	12,225	12,535	12,590	14,820	12,075	14,270	13,120	13,365	13,155	12,970
Bradford	33,465	38,360	33,205	34,255	33,720	39,050	35,585	41,325	39,485	37,880	40,430	40,090
Calderdale & Huddersfield	36,950	40,165	34,740	35,100	34,570	40,320	35,485	39,570	37,815	38,055	38,860	39,705
Leeds	100,410	111,975	94,950	98,155	95,150	110,055	94,625	109,150	101,045	98,520	102,225	100,990
Mid-Yorkshire	49,450	54,270	48,580	49,130	47,120	53,080	46,495	52,185	48,295	47,105	48,830	47,145
Total	233,285	258,690	223,700	229,175	223,150	257,325	224,265	256,500	239,760	234,925	243,500	240,900

Diagnostics - 6 Week Standard

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

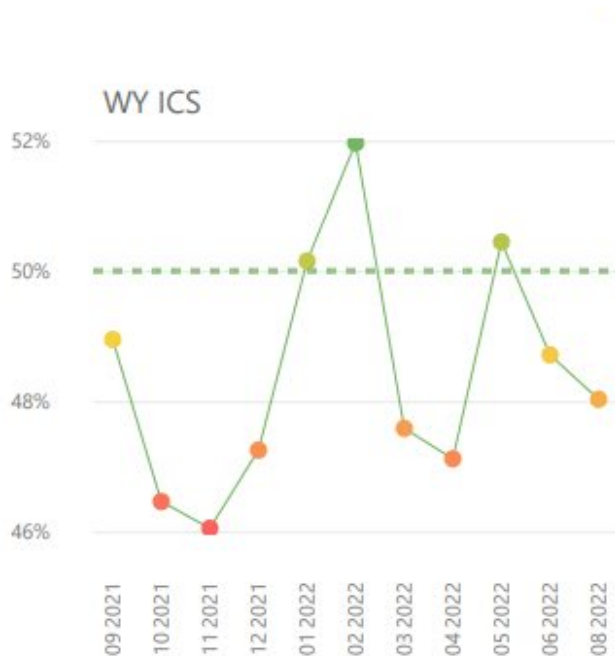
Org Type	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022
ICS										
WY ICS	21.7%	24.4%	19.6%	20.2%	23.4%	18.3%	16.6%	13.9%	15.3%	13.6%
Sub-Region										
Bradford D and Craven (36J)	16.0%	19.5%	16.2%	18.3%	22.8%	15.1%	13.4%	13.3%	17.5%	18.7%
Calderdale (02T)	19.8%	24.3%	20.7%	20.2%	19.6%	18.3%	14.5%	10.5%	12.4%	8.5%
Kirklees (X2C4Y)	17.3%	20.4%	17.5%	17.5%	20.3%	16.8%	15.3%	11.5%	13.4%	8.1%
Leeds (15F)	30.7%	33.8%	26.4%	25.7%	28.7%	22.6%	21.0%	17.5%	17.1%	15.8%
Wakefield (03R)	13.7%	14.9%	11.0%	14.7%	19.4%	16.1%	15.5%	12.9%	12.2%	8.7%
Acute Provider										
Airedale	19.1%	23.1%	16.1%	17.0%	23.1%	19.4%	13.0%	10.3%	13.2%	11.5%
Bradford	10.0%	15.2%	14.5%	17.9%	22.0%	12.4%	12.4%	13.6%	19.5%	21.7%
Calderdale & Huddersfield	18.4%	23.2%	20.5%	19.2%	20.7%	17.9%	14.2%	9.9%	11.6%	6.6%
Leeds	33.3%	34.5%	26.5%	24.2%	27.9%	21.7%	19.8%	13.7%	12.0%	10.8%
Mid-Yorkshire	8.6%	10.6%	6.5%	11.9%	15.7%	14.4%	13.7%	11.8%	11.7%	7.8%



Improving Access to Psychological Therapy (IAPT) Recovery Rate

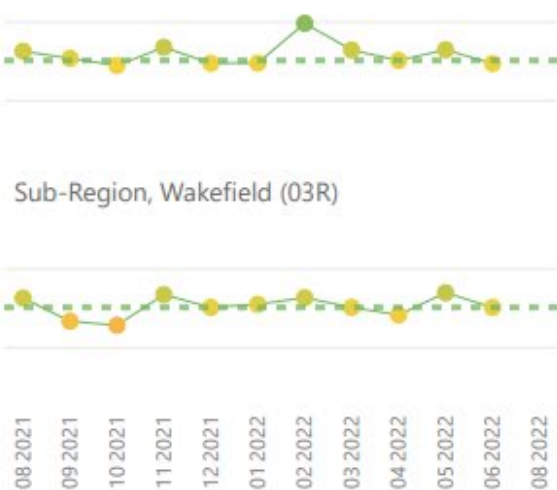
The proportion of people who complete treatment who have recovered

Standard
50.00%

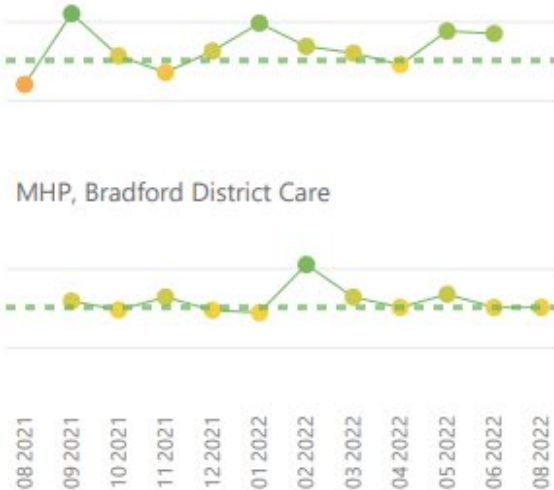


Org Type	09 2021	10 2021	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	08 2022
ICS											
WY ICS	48.9%	46.5%	46.0%	47.2%	✓ 50.2%	✓ 52.0%	47.6%	47.1%	✓ 50.4%	48.7%	48.0%
Sub-Region											
Bradford D and Craven (36J)	✓ 50.5%	48.7%	✓ 53.3%	49.3%	49.3%	✓ 59.4%	✓ 52.6%	✓ 50.0%	✓ 52.7%	49.2%	
Calderdale (02T)	✓ 61.9%	✓ 51.2%	46.9%	✓ 52.4%	✓ 59.5%	✓ 53.6%	✓ 51.9%	48.9%	✓ 57.4%	✓ 56.8%	
Kirklees (X2C4Y)	✓ 52.5%	✓ 56.9%	✓ 51.9%	✓ 50.0%	✓ 53.4%	✓ 53.8%	✓ 54.8%	✓ 55.4%	✓ 50.9%	✓ 52.3%	
Leeds (15F)	42.6%	39.1%	35.7%	41.0%	45.0%	44.1%	38.0%	38.9%	42.9%	41.4%	
Wakefield (03R)	46.5%	45.5%	✓ 53.2%	✓ 50.0%	✓ 50.8%	✓ 52.5%	✓ 50.0%	48.1%	✓ 53.7%	✓ 50.0%	
MHP											
Bradford District Care	✓ 51.6%	49.4%	✓ 52.6%	49.3%	48.7%	✓ 60.9%	✓ 52.6%	✓ 50.0%	✓ 53.3%	✓ 50.0%	✓ 50.0%
Leeds Community Healthcare	42.6%	39.5%	35.9%	41.4%	46.0%	45.2%	38.5%	38.9%	42.9%	41.4%	42.6%
South West Yorkshire Partnership NHS Foundation Trust	✓ 53.1%	✓ 54.9%	✓ 53.0%	✓ 50.6%	✓ 51.7%	✓ 52.4%	✓ 54.1%	✓ 54.7%	✓ 52.4%	✓ 52.6%	✓ 51.9%

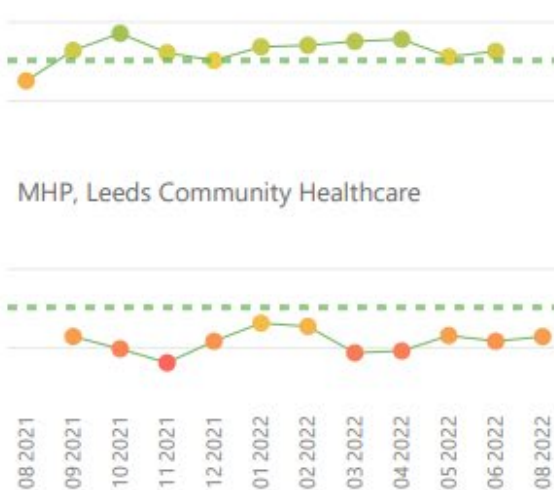
Sub-Region, Bradford D and Craven (36J)



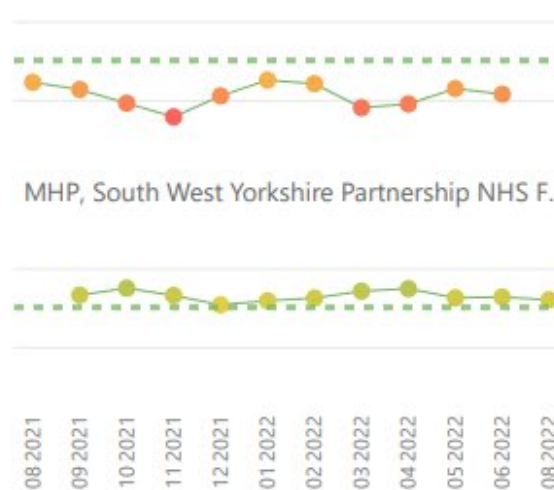
Sub-Region, Calderdale (02T)



Sub-Region, Kirklees (X2C4Y)



Sub-Region, Leeds (15F)



Sub-Region, Wakefield (03R)



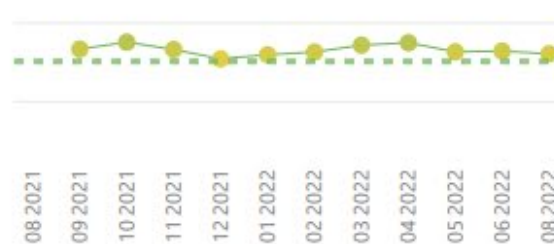
MHP, Bradford District Care



MHP, Leeds Community Healthcare



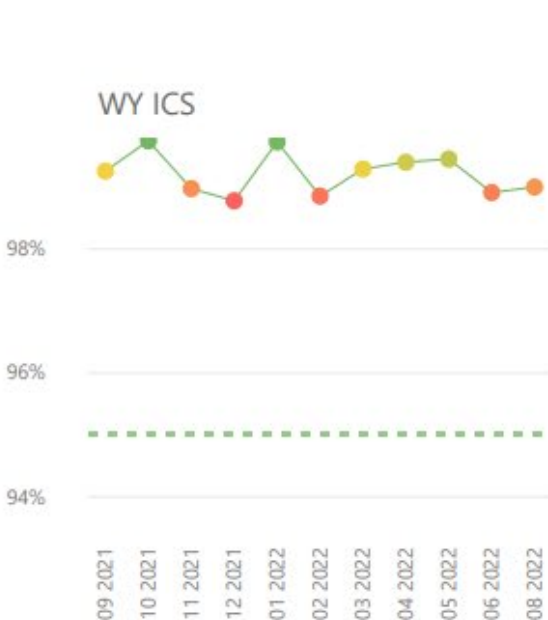
MHP, South West Yorkshire Partnership NHS F...



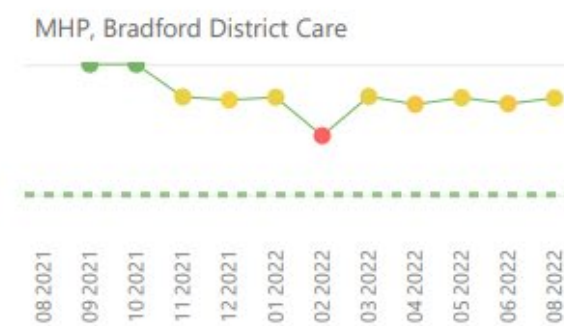
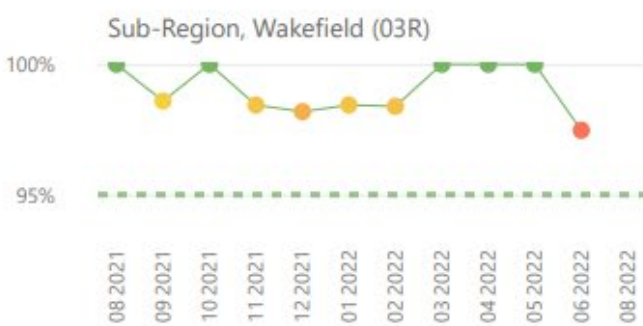
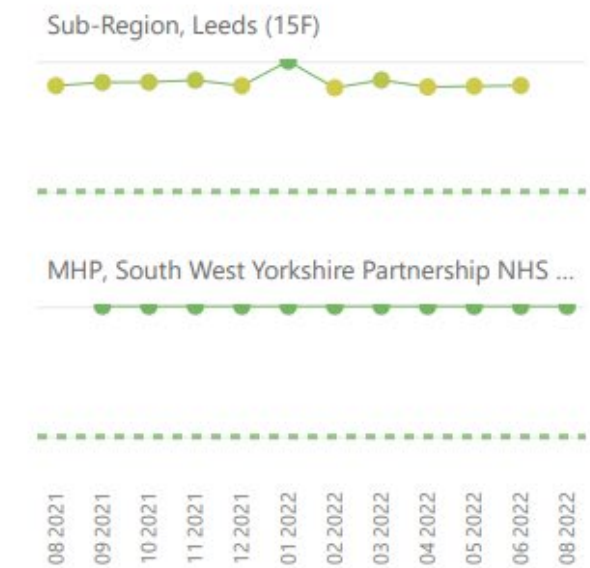
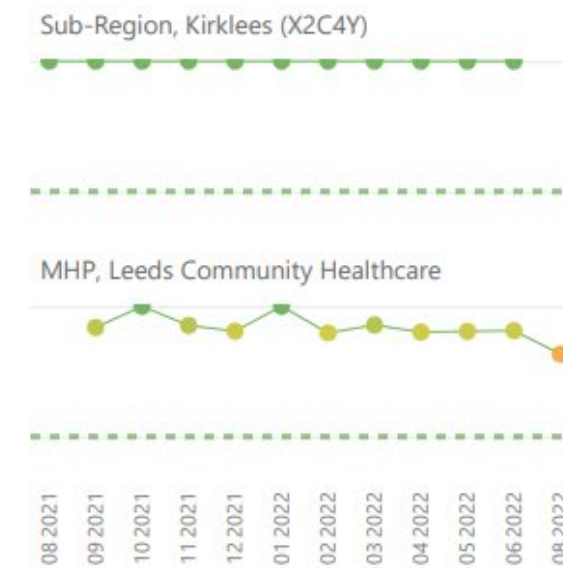
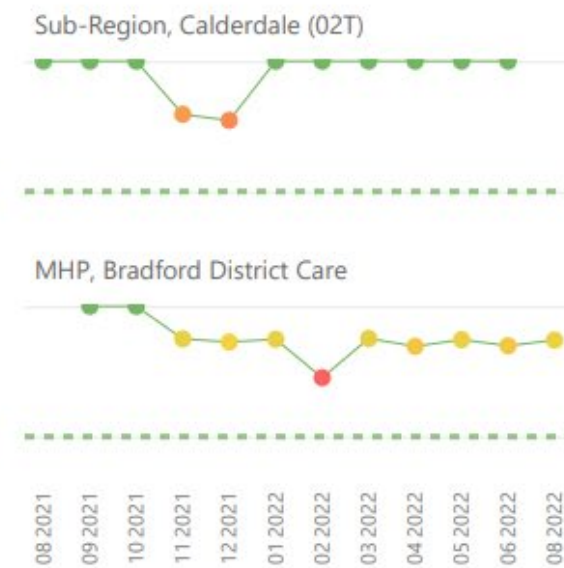
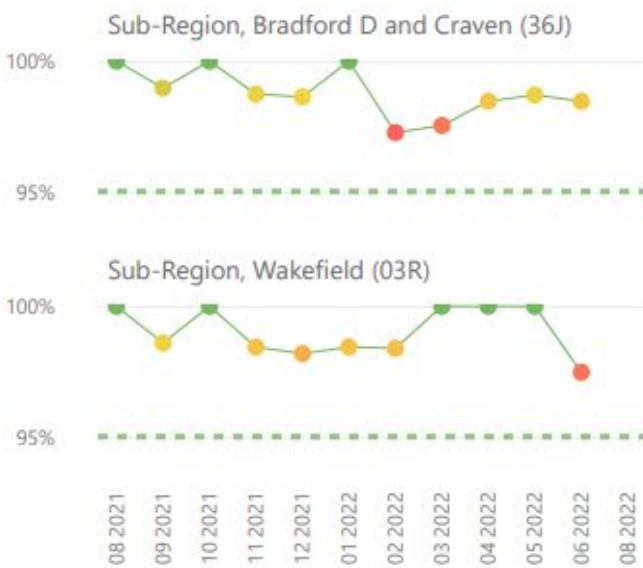
IAPT Waited Less Than 18 Weeks

The percentage of IAPT treatments completed having started in less than 18 weeks

Standard
95.00%



Org Type	09 2021	10 2021	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	08 2022
ICS											
WY ICS	✓ 99.2%	✓ 99.7%	✓ 99.0%	✓ 98.8%	✓ 99.7%	✓ 98.8%	✓ 99.3%	✓ 99.4%	✓ 99.4%	✓ 98.9%	✓ 99.0%
Sub-Region											
Bradford D and Craven (36J)	✓ 99.0%	✓ 100.0%	✓ 98.7%	✓ 98.6%	✓ 100.0%	✓ 97.3%	✓ 97.5%	✓ 98.5%	✓ 98.7%	✓ 98.5%	
Calderdale (02T)	✓ 100.0%	✓ 100.0%	✓ 98.0%	✓ 97.7%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	
Kirklees (X2C4Y)	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	
Leeds (15F)	✓ 99.2%	✓ 99.2%	✓ 99.3%	✓ 99.1%	✓ 100.0%	✓ 99.0%	✓ 99.3%	✓ 99.0%	✓ 99.0%	✓ 99.1%	
Wakefield (03R)	✓ 98.6%	✓ 100.0%	✓ 98.4%	✓ 98.2%	✓ 98.4%	✓ 98.4%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 97.5%	
MHP											
Bradford District Care	✓ 100.0%	✓ 100.0%	✓ 98.8%	✓ 98.6%	✓ 98.7%	✓ 97.3%	✓ 98.8%	✓ 98.5%	✓ 98.7%	✓ 98.5%	✓ 98.7%
Leeds Community Healthcare	✓ 99.2%	✓ 100.0%	✓ 99.3%	✓ 99.0%	✓ 100.0%	✓ 99.0%	✓ 99.3%	✓ 99.0%	✓ 99.0%	✓ 99.1%	✓ 98.2%
South West Yorkshire Partnership NHS Foundation Trust	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%

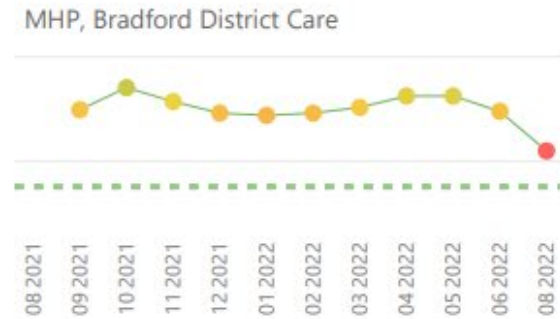
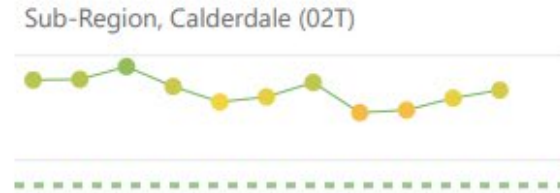
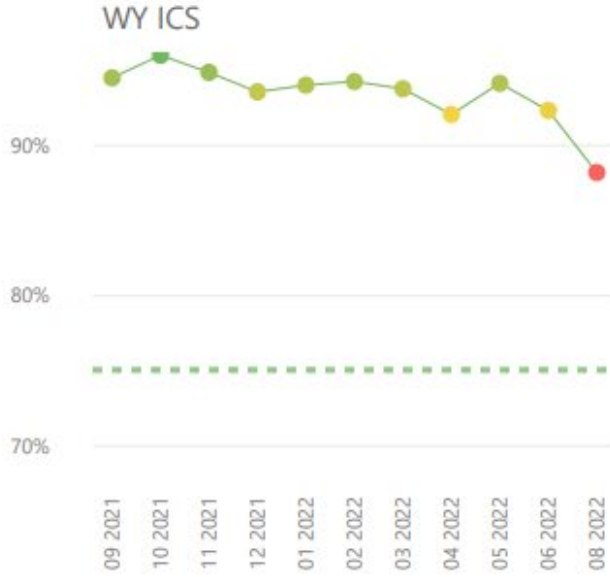


IAPT Waited Less Than 6 Weeks

The percentage of IAPT treatments completed having started in less than 6 weeks

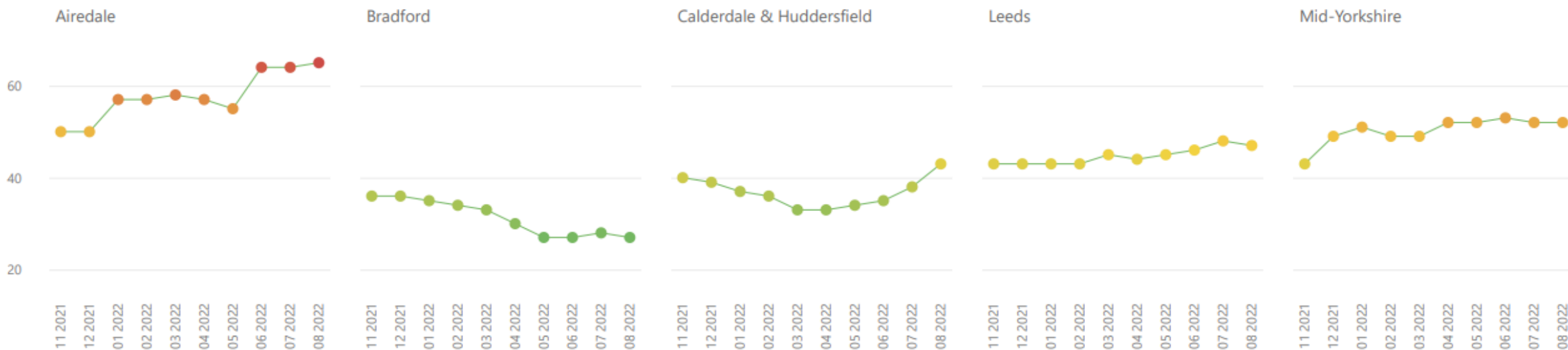
Standard
75.00%

Org Type	09 2021	10 2021	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022
ICS												
WY ICS	✓ 94.4%	✓ 95.9%	✓ 94.8%	✓ 93.5%	✓ 93.9%	✓ 94.2%	✓ 93.7%	✓ 92.0%	✓ 94.1%	✓ 92.3%	✓ 90.1%	✓ 88.1%
Sub-Region												
Bradford D and Craven (36J)	✓ 88.7%	✓ 92.7%	✓ 91.1%	✓ 89.0%	✓ 89.7%	✓ 89.0%	✓ 88.9%	✓ 92.3%	✓ 90.9%	✓ 89.2%		
Calderdale (02T)	✓ 95.2%	✓ 97.7%	✓ 93.9%	✓ 90.9%	✓ 91.9%	✓ 94.6%	✓ 88.9%	✓ 89.4%	✓ 91.7%	✓ 93.2%		
Kirklees (X2C4Y)	✓ 98.4%	✓ 98.1%	✓ 94.5%	✓ 95.6%	✓ 95.1%	✓ 94.5%	✓ 93.9%	✓ 89.7%	✓ 94.6%	✓ 94.0%		
Leeds (15F)	✓ 94.3%	✓ 94.4%	✓ 95.6%	✓ 94.3%	✓ 94.4%	✓ 94.9%	✓ 94.9%	✓ 91.1%	✓ 94.2%	✓ 90.7%		
Wakefield (03R)	✓ 98.6%	✓ 100.0%	✓ 98.4%	✓ 98.2%	✓ 98.4%	✓ 98.4%	✓ 100.0%	✓ 98.1%	✓ 98.6%	✓ 94.9%		
MHP												
Bradford District Care	✓ 89.7%	✓ 93.9%	✓ 91.3%	✓ 89.0%	✓ 88.6%	✓ 89.0%	✓ 90.1%	✓ 92.3%	✓ 92.3%	✓ 89.4%	✓ 85.9%	✓ 81.8%
Leeds Community Healthcare	✓ 95.1%	✓ 94.3%	✓ 95.6%	✓ 95.2%	✓ 94.4%	✓ 94.9%	✓ 95.0%	✓ 91.1%	✓ 94.2%	✓ 90.7%	✓ 85.8%	✓ 83.5%
South West Yorkshire Partnership NHS Foundation Trust	✓ 97.0%	✓ 97.6%	✓ 95.5%	✓ 95.1%	✓ 93.5%	✓ 94.4%	✓ 94.7%	✓ 93.9%	✓ 96.4%	✓ 96.0%	✓ 96.5%	✓ 97.2%



C.Difficile infections

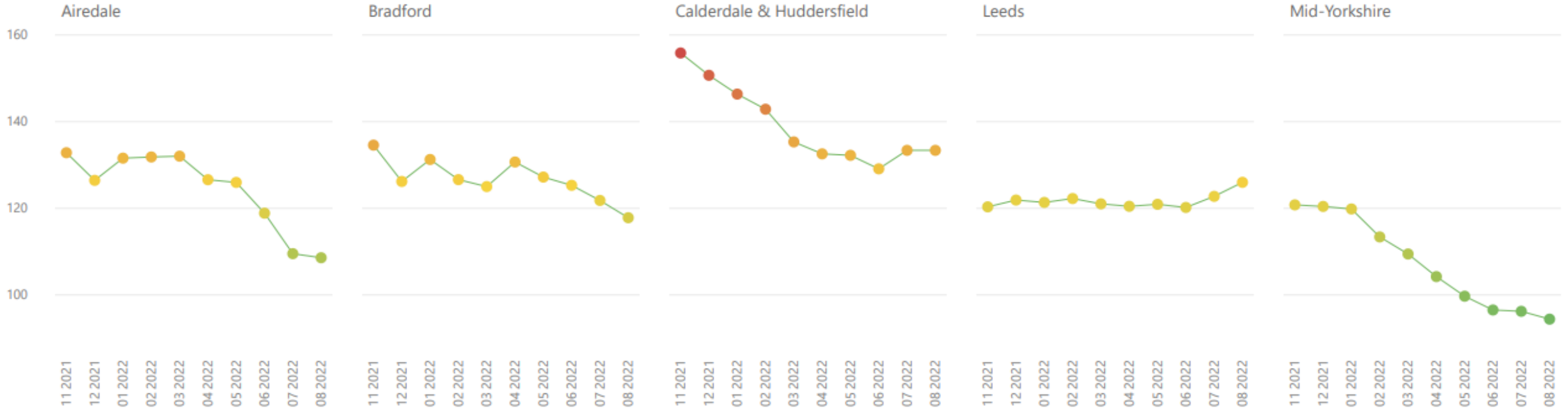
All cases



Org Type	09 2021	10 2021	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022
Acute Provider	203.24	203.62	212.75	216.27	222.26	219.39	217.82	215.46	213.34	224.48	229.27	234.54
Airedale	49.97	47.39	49.88	50.32	56.89	56.58	58.18	56.52	54.87	63.57	63.57	65.44
Bradford	34.45	35.73	36.47	36.16	34.96	34.30	32.62	30.36	27.12	27.42	27.92	26.93
Calderdale & Huddersfield	40.25	38.64	40.23	38.67	36.55	36.06	32.56	32.62	34.10	34.61	37.93	43.14
Leeds	44.00	45.04	42.92	42.56	43.24	43.24	45.11	43.77	45.33	45.70	47.58	47.06
Mid-Yorkshire	34.57	36.82	43.25	48.56	50.62	49.21	49.34	52.20	51.92	53.17	52.27	51.97
Total	203.24	203.62	212.75	216.27	222.26	219.39	217.82	215.46	213.34	224.48	229.27	234.54

E.coli (All Cases)

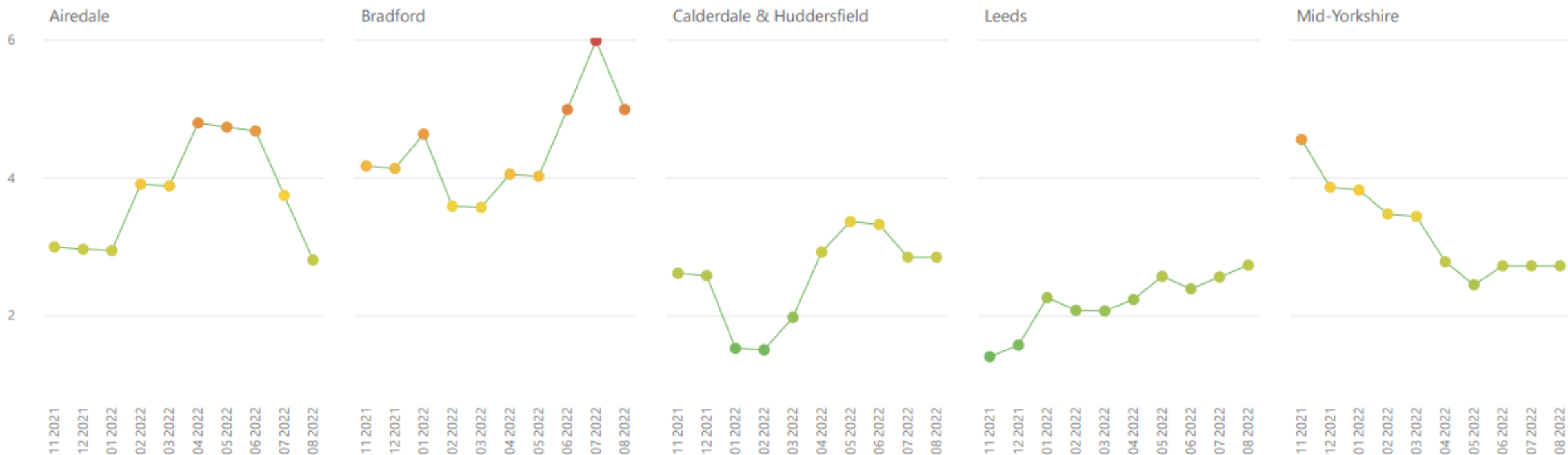
E.coli bacteraemia cases counts and 12-month rolling rates, by reporting acute trust and month



Org Type	09 2021	10 2021	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022
ICS												
WY ICS	128.61	128.05	128.21	126.43	126.57	124.36	121.67	120.24	118.80	116.52	116.93	117.21
Acute Provider												
Airedale	145.82	139.15	132.68	126.30	131.43	131.69	131.88	126.45	125.83	118.73	109.38	108.44
Bradford	143.64	141.34	134.43	126.05	131.11	126.47	124.86	130.54	127.06	125.15	121.66	117.67
Calderdale & Huddersfield	154.02	155.63	155.70	150.54	146.21	142.72	135.17	132.42	132.08	128.96	133.23	133.23
Leeds	116.46	118.41	120.18	121.75	121.21	122.10	120.87	120.31	120.77	120.05	122.61	125.84
Mid-Yorkshire	120.68	117.02	120.64	120.28	119.69	113.24	109.30	104.09	99.56	96.38	96.08	94.26

MRSA (All Cases)

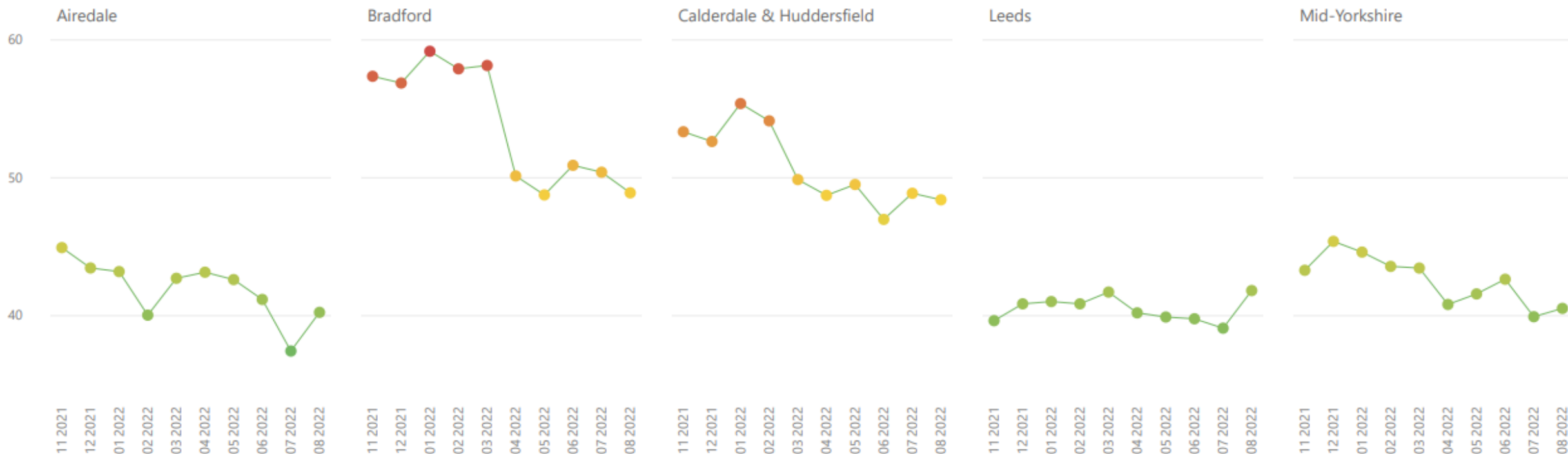
MRSA bacteraemia all cases counts and 12-month rolling rates, by acute trust and month



Org Type	09 2021	10 2021	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022
ICS												
WY ICS	2.54	2.89	2.79	2.69	2.89	2.66	2.71	2.90	3.02	3.13	3.20	3.06
Acute Provider												
Airedale	3.06	3.03	2.99	2.96	2.94	3.90	3.88	4.79	4.73	4.67	3.74	2.80
Bradford	4.77	4.20	4.17	4.13	4.63	3.58	3.57	4.05	4.02	4.99	5.98	4.99
Calderdale & Huddersfield	2.68	2.65	2.61	2.58	1.52	1.50	1.97	2.92	3.36	3.32	2.84	2.84
Leeds	1.59	1.76	1.40	1.57	2.26	2.08	2.07	2.23	2.57	2.39	2.56	2.73
Mid-Yorkshire	2.66	4.27	4.55	3.86	3.82	3.47	3.44	2.78	2.44	2.72	2.72	2.72

MSSA (All Cases)

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

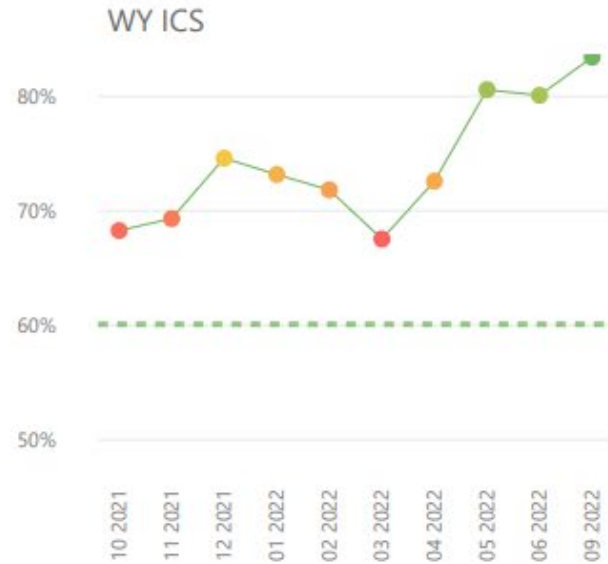


Org Type	09 2021	10 2021	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022
ICS												
WY ICS	47.70	45.89	45.23	45.95	46.55	45.67	45.62	43.14	43.09	43.11	42.13	43.32
Acute Provider												
Airedale	49.97	47.39	44.89	43.42	43.16	40.00	42.67	43.11	42.57	41.13	37.39	40.20
Bradford	58.83	59.37	57.31	56.82	59.13	57.86	58.10	50.09	48.71	50.86	50.36	48.86
Calderdale & Huddersfield	58.49	52.93	53.29	52.59	55.34	54.08	49.83	48.68	49.47	46.94	48.83	48.36
Leeds	42.24	40.82	39.59	40.82	40.98	40.82	41.67	40.16	39.86	39.73	39.05	41.78
Mid-Yorkshire	43.55	42.08	43.25	45.35	44.57	43.53	43.41	40.77	41.54	42.60	39.88	40.49

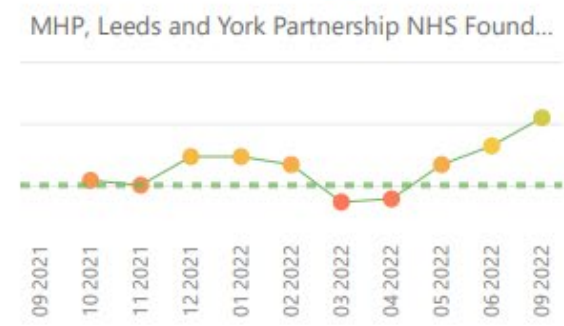
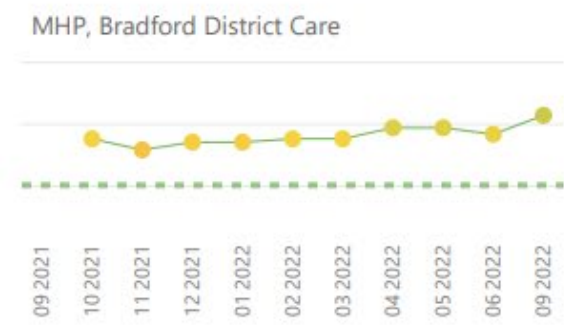
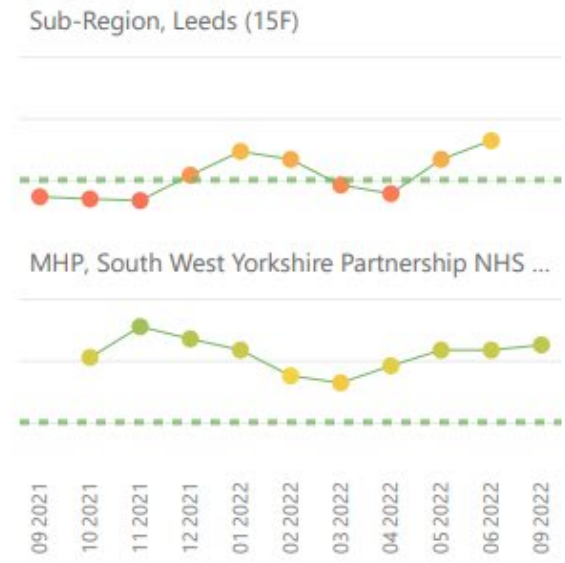
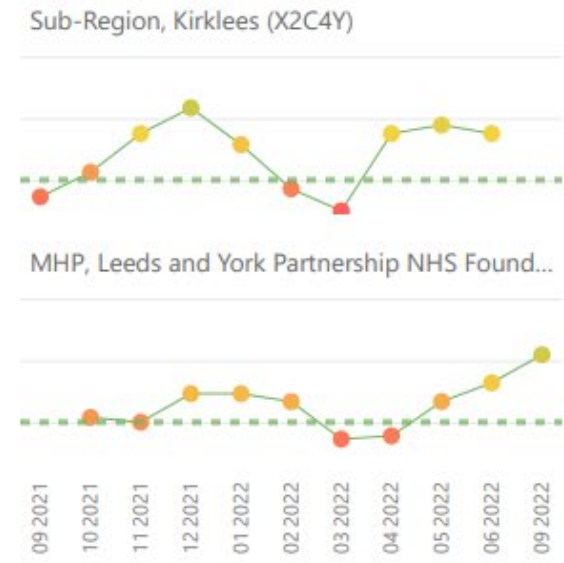
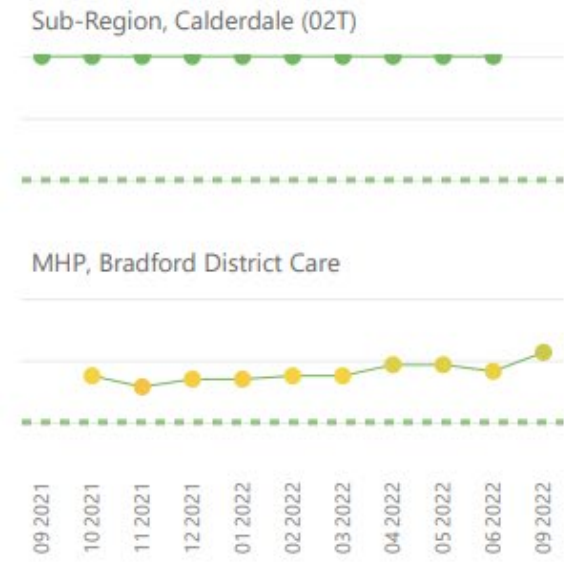
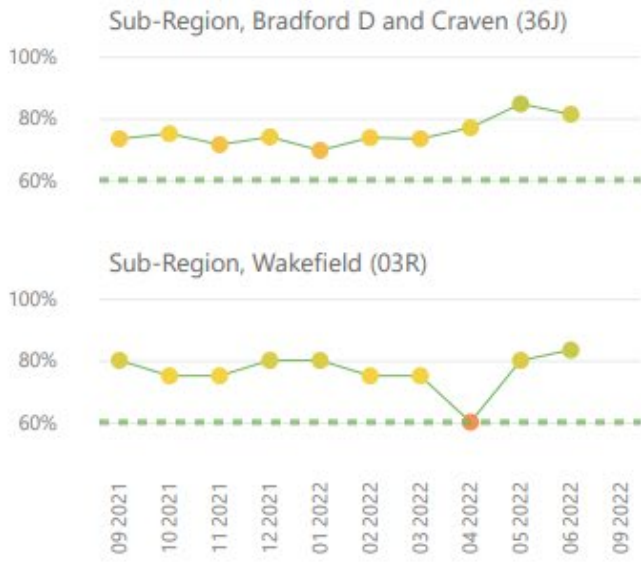
Early Intervention in Psychosis (EIP)

The proportion of people on open EIP pathways who waited for treatment for under 2 weeks

Standard
60.00%

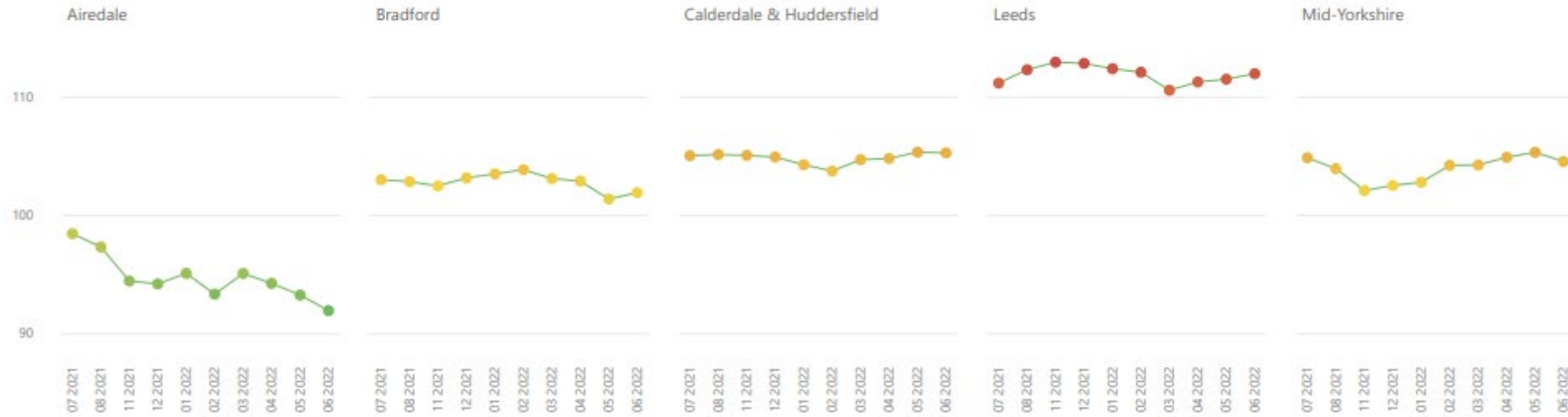


Org Type	10 2021	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	09 2022
ICS										
WY ICS	✓ 68.2%	✓ 69.2%	✓ 74.5%	✓ 73.1%	✓ 71.7%	✓ 67.4%	✓ 72.5%	✓ 80.5%	✓ 80.0%	✓ 83.3%
Sub-Region										
Bradford D and Craven (36J)	✓ 75.0%	✓ 71.4%	✓ 73.9%	✓ 69.6%	✓ 73.7%	✓ 73.3%	✓ 76.9%	✓ 84.6%	✓ 81.3%	
Calderdale (02T)	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	
Kirklees (X2C4Y)	✓ 62.5%	✓ 75.0%	✓ 83.3%	✓ 71.4%	57.1%	50.0%	✓ 75.0%	✓ 77.8%	✓ 75.0%	
Leeds (15F)	53.8%	53.3%	✓ 61.5%	✓ 69.2%	✓ 66.7%	58.3%	55.6%	✓ 66.7%	✓ 72.7%	
Wakefield (03R)	✓ 75.0%	✓ 75.0%	✓ 80.0%	✓ 80.0%	✓ 75.0%	✓ 75.0%	60.0%	✓ 80.0%	✓ 83.3%	
MHP										
Bradford District Care	✓ 75.0%	✓ 71.4%	✓ 73.9%	✓ 73.9%	✓ 75.0%	✓ 75.0%	✓ 78.6%	✓ 78.6%	✓ 76.5%	✓ 82.6%
Leeds and York Partnership NHS Foundation Trust	✓ 61.5%	60.0%	✓ 69.2%	✓ 69.2%	✓ 66.7%	54.5%	55.6%	✓ 66.7%	✓ 72.7%	✓ 81.8%
South West Yorkshire Partnership NHS Foundation Trust	✓ 81.0%	✓ 90.9%	✓ 87.0%	✓ 83.3%	✓ 75.0%	✓ 72.7%	✓ 78.3%	✓ 83.3%	✓ 83.3%	✓ 85.0%



Summary Hospital Mortality Indicator

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



Org Type	07 2021	08 2021	09 2021	10 2021	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022
ICS												
WY ICS	106.03	106.06	106.19	105.67	105.60	105.71	105.58	105.51	105.28	105.56	105.52	105.36
Acute Provider												
Airedale	98.41	97.29	97.03	97.48	94.42	94.17	95.06	93.30	95.05	94.21	93.23	91.91
Bradford	102.97	102.81	102.96	101.21	102.45	103.13	103.47	103.82	103.07	102.86	101.34	101.88
Calderdale & Huddersfield	105.01	105.10	104.92	104.71	105.03	104.89	104.24	103.71	104.67	104.77	105.30	105.24
Leeds	111.14	112.27	112.59	112.67	112.91	112.81	112.36	112.06	110.54	111.24	111.47	111.94
Mid-Yorkshire	104.83	103.91	103.74	103.17	102.06	102.49	102.76	104.19	104.22	104.87	105.29	104.51

Preventing ill health and reducing inequalities



People

Sickness Absence Rate

The percentage of available Full Time Equivalents (FTEs) absent for the month

Org Type

ICS

WY ICS

Sub-Region

Bradford D and Craven (36J)

Calderdale (02T)

Kirklees (X2C4Y)

Leeds (15F)

Wakefield (03R)

Acute Provider

Airedale

Bradford

Calderdale & Huddersfield

Leeds

Mid-Yorkshire

Amb

YAS

MHP

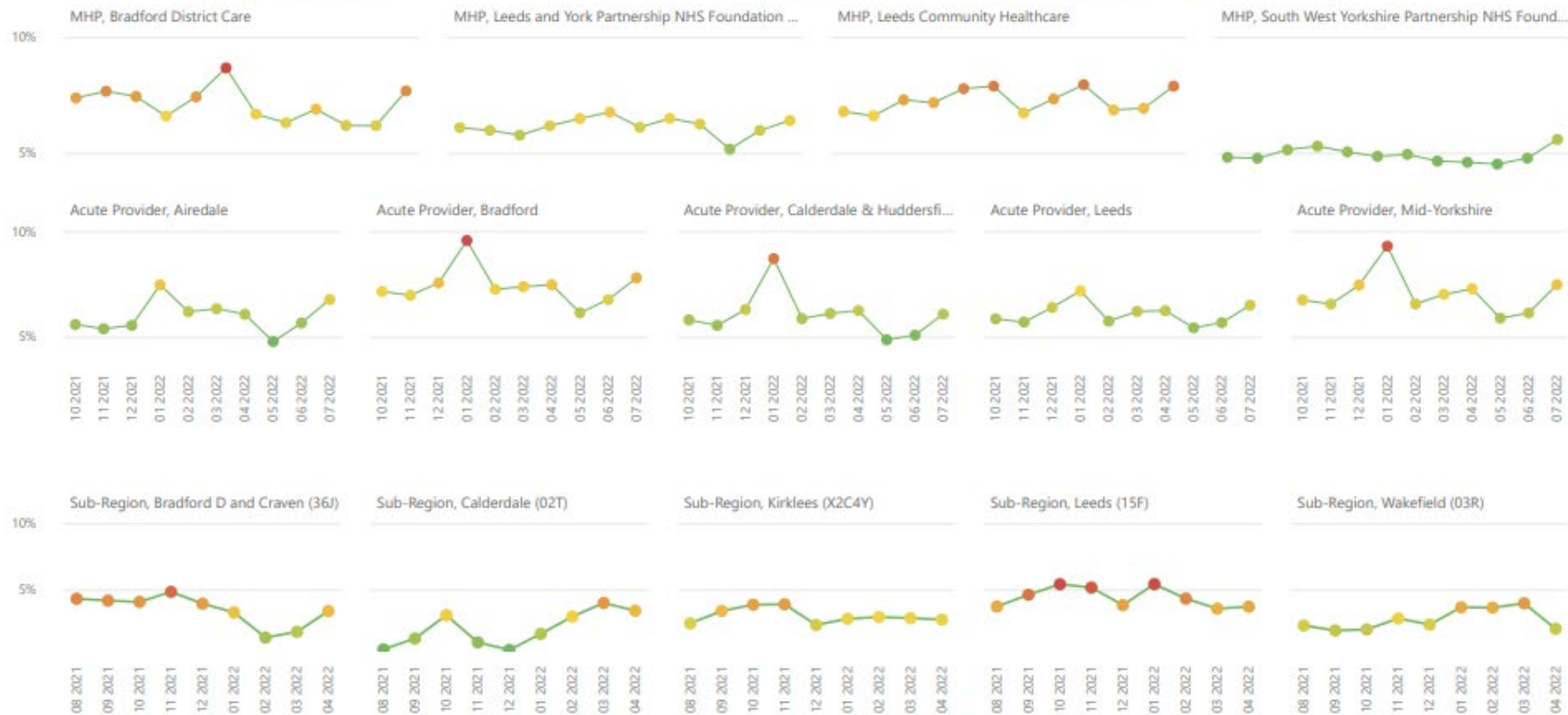
Bradford District Care

Leeds and York Partnership NHS Foundation Trust

Leeds Community Healthcare

South West Yorkshire Partnership NHS Foundation Trust

	08 2021	09 2021	10 2021	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022
WY ICS	3.1%	3.5%	3.9%	4.0%	3.0%	3.8%	3.2%	3.2%	3.1%	3.6%	3.7%	3.9%
Bradford D and Craven (36J)	4.3%	4.2%	4.1%	4.8%	3.9%	3.3%	1.4%	1.8%	3.4%			
Calderdale (02T)	0.5%	1.3%	3.1%	1.0%	0.4%	1.7%	3.0%	4.0%	3.4%			
Kirklees (X2C4Y)	2.4%	3.4%	3.9%	3.9%	2.3%	2.8%	2.9%	2.8%	2.7%			
Leeds (15F)	3.7%	4.6%	5.4%	5.2%	3.8%	5.4%	4.3%	3.6%	3.7%			
Wakefield (03R)	2.3%	1.9%	2.0%	2.8%	2.4%	3.7%	3.6%	4.0%	2.0%			
Airedale	5.2%	5.4%	5.6%	5.4%	5.5%	7.5%	6.2%	6.3%	6.1%	4.8%	5.6%	6.8%
Bradford	6.8%	6.9%	7.1%	7.0%	7.5%	9.6%	7.2%	7.4%	7.5%	6.1%	6.8%	7.8%
Calderdale & Huddersfield	5.7%	5.8%	5.8%	5.5%	6.3%	8.7%	5.9%	6.1%	6.2%	4.9%	5.1%	6.1%
Leeds	5.6%	5.7%	5.8%	5.7%	6.4%	7.2%	5.7%	6.2%	6.2%	5.4%	5.7%	6.5%
Mid-Yorkshire	6.5%	6.7%	6.7%	6.5%	7.4%	9.3%	6.5%	7.0%	7.3%	5.9%	6.1%	7.5%
YAS	7.5%	7.2%	7.2%	7.2%	7.9%	6.8%	6.5%	6.3%	6.3%	6.4%	6.6%	7.5%
Bradford District Care	7.4%	7.7%	7.4%	6.6%	7.4%	8.7%	6.7%	6.3%	6.9%	6.2%	6.2%	7.7%
Leeds and York Partnership NHS Foundation Trust	6.1%	6.0%	5.8%	6.2%	6.5%	6.8%	6.1%	6.5%	6.2%	5.2%	6.0%	6.4%
Leeds Community Healthcare	6.8%	6.6%	7.3%	7.2%	7.8%	7.9%	6.7%	7.3%	7.9%	6.9%	6.9%	7.9%
South West Yorkshire Partnership NHS Foundation Trust	4.8%	4.8%	5.1%	5.3%	5.0%	4.9%	4.9%	4.6%	4.6%	4.5%	4.8%	5.6%





Meeting name:	WY ICB Finance, Investment and Performance Committee
Agenda item no.	13
Meeting date:	20 December 2022
Report title:	Risk Register Update
Report presented by:	Laura Ellis, WY ICB Director of Corporate Affairs
Report approved by:	Laura Ellis, WY ICB Director of Corporate Affairs
Report prepared by:	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"/>
---	---	--	--------------------------------------

Previous considerations:

West Yorkshire ICB Finance, Investment and Performance Committee – 25 October 2022
West Yorkshire ICB Board – 15 November 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 third risk cycle, and shares details of the risks with the Committee ahead of the ICB Board in January 2023.

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

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

Recommendation(s)

The Committee is asked to **REVIEW** the 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 Committee is further asked to **CONSIDER** whether it is 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 2 December 2022

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

Appendix 3 – Place risks scoring 15+ as at 2 December 2022

Acronyms and Abbreviations explained

ICB – Integrated Care Board

What are the implications for?

Residents and Communities	Any implications relating to specific risks are set out within the risk register
Quality and Safety	Any implications relating to specific risks are set out within the risk register
Equality, Diversity and Inclusion	Any implications relating to specific risks are set out within the risk register
Finances and Use of Resources	Any implications relating to specific risks are set out within the risk register
Regulation and Legal Requirements	Any implications relating to specific risks are set out within the risk register
Conflicts of Interest	Any implications relating to specific risks are set out within the risk register
Data Protection	Any implications relating to specific risks are set out within the risk register
Transformation and Innovation	Any implications relating to specific risks are set out within the risk register
Environmental and Climate Change	Any implications relating to specific risks are set out within the risk register
Future Decisions and Policy Making	Any implications relating to specific risks are set out within the risk register
Citizen and Stakeholder Engagement	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 third risk cycle on 16 November 2022, and this will conclude on 17 January at the next Board. This report reflects the current position within the third risk cycle – please note that due to the rescheduling of the Committee to earlier in the month (due to Christmas) this report is being produced earlier in the risk cycle. This may result in further changes to risks before the report is produced for the Board in early January.
- 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 produced 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 At this early stage of the evolution of the risk reporting, all corporate risks have been included (including those below 15) and place risks scoring 15+.
- 2.5 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 third risk cycle.

3.2 Proactive work has taken place over the first two weeks of the cycle with risk owners, on a 1-2-1 basis, to review wording, scoring, and to provide training on using the risk management portal.

3.3 There are 36 risks for review (**Appendix 1**) (*an increase of 6 from the previous risk cycle*). Of these:

- 15 (42%) are identified as finance, investment and performance risks (*previous cycle – 11; 37%*)
- 10 (28%) are identified as quality risks (*previous cycle – 9; 30%*)
- 11 (31%) are identified as being both finance, investment, performance and quality risks (*previous cycle – 10 (33%)*)

3.4 Of the 30 risks, there are:

- 7 newly identified risks (see 3.5)
- 1 risk marked for closure (see 3.6)
- 10 high level open risks scoring 15 or above (see 3.7)

3.5 New Risks

There are seven new risks identified during the third risk cycle (as at 2 December). 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:

- Feedback from the second risk cycle has identified new areas of risk to be captured.
- A number of risks have been transferred from place risk registers, to the corporate risk register (as agreed at the Board). Further work is ongoing on this, and it is therefore expected this number may increase during the risk cycle.

Risk Ref:	Score	Risk Wording
2194	20	There is a risk of disruption to current service delivery and a delay in future service transformation programmes due to the imminent commencement of a period of industrial action across the Health Service, resulting in colleagues participating in strike action and therefore not being available to undertake their normal work and for other colleagues in terms of their priority focus on planning for and responding to service critical requirements around strike days.
2188	16	There are risks associated with the delegation of primary care functions to the West Yorkshire ICB from April 2023, specifically:

Risk Ref:	Score	Risk Wording
		<ul style="list-style-type: none"> - The full transfer of NHS England capacity to carry out the functions for our ICB - due to uncertainty around the NHSE change programme - The full transfer of budgets to allow us to commission the service to a satisfactory standard - due to financial pressures in the system and underspends against existing contracts - Our ability to deliver service improvements in line with public expectations - due to significant issues around service access and inequalities <p>Resulting in staffing and financial pressures and reputational damage to the ICB.</p>
2202	12	<p>There is a risk that measures being taken to control expenditure in WY councils will have an impact on other place partners.</p> <p>Due to the financial pressures being experienced by most councils across West Yorkshire and their statutory requirement not to overspend against budgets</p> <p>Leading to a potential impact on hospital discharges resulting in higher costs being retained within the WY NHS system (additional costs borne by NHS provider organisations for which there may not be mitigations, thereby resulting in adverse variances to plan) and the management of winter pressures.</p>
2198	9	<p>There is a risk in relation to LMNS Trusts not achieving their Maternity Incentive Scheme for year 4. Trusts have identified on their risk registers that due to differing factors such as staffing, training compliance and other areas of non-compliance they might not achieve MIS Y4. While there would be impact on individual Trusts, if multiple Trusts within the LMNS do not achieve Y4, there could be financial and reputational impact across the LMNS.</p>
2197	9	<p>There is a risk to the continuous delivery of high quality intrapartum care at Birth Centre at Mid-Yorkshire and Huddersfield Hospital due to their temporary closure. This temporary closure limited the range of birth places provided by both Trusts which may lead to reduced patient experience and reputational damage. The closures are due to staffing deficits.</p>
2193	6	<p>There is a potential risk of increased turnover or wellbeing concerns for staff within the West Yorkshire ICB following the recent transition from their previous organisations, (in most cases the local West Yorkshire</p>

Risk Ref:	Score	Risk Wording
		CCGs). Whilst the ICB operating model and the necessary system to support the new organisation develop, some staff may experience a greater period of uncertainty which may result in matters of increased wellbeing concerns or possibly result in colleagues opting to leave for an alternative role.
2199	6	There is a risk of confidential personal data and commercially sensitive information being sent by email to an incorrect recipient or recipients, resulting in a breach of confidentiality and potential for damage and distress to individuals, reputational damage to the organisation and regulatory action under data protection legislation.

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
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.	Duplicate risk (see 2102)

3.7 High Level Risks

There are three open risks rated as Critical (scoring 20 or 25), the same as at the last risk cycle although they are not all the same risks.

There are seven open risks rated as Serious (scoring 15 or 16), four fewer 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 to identify further area of risk not previously captured.

Risk Ref:	Score	Risk Wording
2194	20	There is a risk of disruption to current service delivery and a delay in future service transformation programmes due to the imminent commencement of a period of industrial action across the Health Service,

		resulting in colleagues participating in strike action and therefore not being available to undertake their normal work and for other colleagues in terms of their priority focus on planning for and responding to service critical requirements around strike days.
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
2036	20	<p>RAAC (reinforced, autoclaved, aerated concrete) AT AIREDALE - There is a risk of disruption of service provision at Airedale Hospital due to structural RAAC deficiencies resulting in widespread impact across WY as services and patients may need to be reallocated. A planned evacuation could occur due issues at other RAAC sites across the country or safety concerns raised specifically at Airedale Hospital. There is also a risk of a collapse (which could cause injuries to patients and/or staff) and would result in an unplanned evacuation.</p> <p>Severe weather, such as extreme heat or heavy rain or snow, all increase the risk of a RAAC panel becoming unstable and so would result in the ICB having to manage concurrent incidents.</p>
2188	16	<p>There are risks associated with the delegation of primary care functions to the West Yorkshire ICB from April 2023, specifically:</p> <ul style="list-style-type: none"> - The full transfer of NHS England capacity to carry out the functions for our ICB - due to uncertainty around the NHSE change programme - The full transfer of budgets to allow us to commission the service to a satisfactory standard - due to financial pressures in the system and underspends against existing contracts - Our ability to deliver service improvements in line with public expectations - due to significant issues around service access and inequalities <p>Resulting in staffing and financial pressures and reputational damage to the ICB.</p>
2176	16	Non-surgical oncology - There is a risk that service delivery cannot be sustained before a new model is implemented due to the time required to implement a new model. This would lead to severe capacity pressures within the system and an inability to treat patients in a timely manner.
2175	16	There is a risk that the increasing the number of patients in WYAAT hospitals without a reason to reside

		due to capacity in social care and community services, 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.
2119	15	There is a risk that the ICB will not be able to set out medium term plans due to absence of indicative guidance and capacity during the recent transition resulting 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.</p> <p>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>REASONS</p> <ol style="list-style-type: none"> 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.
2100	15	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

3.8 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 third 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 Finance, Investment and Performance Committee (which is earlier than normal) mean that the risks being presented in this report are at a variety of stages in the process detailed above and are likely to change further before the January Board meeting.
- 4.3 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 met during the previous risk cycle to commence identifying common risks emerging from the place risk registers, and this was reported to the Board in November. The same work has commenced during cycle 3, but due to the early point within the cycle is not yet ready to conclude. This work is ongoing and will be concluded in readiness for the ICB Board in January.

6. Next Steps

- 6.1 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 17 January 2023.

- 6.2 Subsequent to this, any closed risks will be archived and open risks carried forward to the next risk review cycle.
- 6.3 Work continues to evolve the ICB Risk Register, and further work will be carried out with risk owners during the next risk cycle to quality check the wording and scoring of the risks.

7. **Recommendations**

The Committee is asked to **REVIEW** the 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 Committee is further asked to **CONSIDER** whether it is 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
2194	29/11/2022	Finance, Investment and Performance	Enhance productivity and value for money	20	(14xL5)		6 (13xL2)	Suzie Tibburn	Kate Sims	There is a risk of disruption to current service delivery and a delay in future service transformation programmes due to the imminent commencement of a period of industrial action across the Health Service, resulting in colleagues participating in strike action and therefore not being available to undertake their normal work and for other colleagues in terms of their priority focus on planning for and responding to service critical requirements around strike days.	<ul style="list-style-type: none"> - Industrial Action preparedness self-assessment documents from each health provider and the ICB - Industrial Action plans per organisation and data reporting during strike action via the EPRR team - Ongoing communications to organisations and workforces - Ongoing communications with unions 	None identified at this time	<ul style="list-style-type: none"> - Outcome of ballot letters from the national health unions and the understanding from this of which unions and organisations might be affected. - Industrial Action preparedness self-assessment documents submission to NHS England via regional team - Industrial Action plans per organisation and data reporting during strike action via the EPRR team 	<ul style="list-style-type: none"> - Outcome of ballot letters from the national health unions and the understanding from this of which unions and organisations might be affected. - Industrial Action preparedness self-assessment documents - Social Partnership Forum agenda and minutes - 8 November 2022 	Still awaiting confirmation of actual organisations where strike action will take place and level of derogations in relation to services to be covered.			New - Open
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. There is a risk of loss of VCSE services across WY due to lack of long-term funding & investment, and cuts to existing funding, resulting in damage to the ICB mission, poorer health outcomes and increasing health inequalities, alongside ICS reputation for working with VCSE. For context we have an estimated 11,996 VCSE organisations in WY delivering services and support to local communities	<ul style="list-style-type: none"> - Principle of consideration and investment in the VCSE included in WY Finance Strategy. - Prioritisation of the VCSE in finance allocation with winter pressures, health inequalities and transformation funding. 	<ul style="list-style-type: none"> - Control Gaps highlighted as part of the development of the WY Finance Strategy, which includes: <ul style="list-style-type: none"> - 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 to deliver services and support to local communities 	<ul style="list-style-type: none"> - Intelligence from HPO Leadership Group members and VCSE sector commissioned research such as the Third Sector Trends Survey and State of the Sector reports. - ICB place based committees oversight - 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 	<ul style="list-style-type: none"> - VCSE involvement in shaping and influencing ICS strategies and plans. - Intelligence from HPOC Board members. 	<ul style="list-style-type: none"> - Clarity on total funding provided to the VCSE sector at an ICS and Place level. - Lack of insight and data leading to an inability to understand and respond to changes that may impact sustainability of the sector at a local community, Place and ICS level. 			Static - 2 Archive(s)
2036	07/07/2022	Quality	Improve healthcare outcomes for residents	20	(15xL4)		9 (13xL3)	Laura Siddall	Anthony Kealy	<p>RAAC (reinforced, autoclaved, aerated concrete) AT AIREDALE - There is a risk of disruption of service provision at Airedale Hospital due to structural RAAC deficiencies resulting in widespread impact across WY as services and patients may need to be reallocated. A planned evacuation could occur due to issues at other RAAC sites across the country or safety concerns raised specifically at Airedale Hospital. There is also a risk of a collapse (which could cause injuries to patients and/or staff) and would result in an unplanned evacuation.</p> <p>Severe weather, such as extreme heat or heavy rain or snow, all increase the risk of a RAAC panel becoming unstable and so would result in the ICB having to manage concurrent incidents.</p>	<ul style="list-style-type: none"> - Airedale NHSFT is undertaking a continuous 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). - 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. 	<ul style="list-style-type: none"> - 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. - 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. WY ICB is leading the development of a multi-agency RAAC response protocol. Both of these plans are in development and not yet finalised. - Further work is needed to test the ability of plans to react to concurrent incident, for example an evacuation at Airedale Hospital due to a RAAC failure and heavy snow. 	<ul style="list-style-type: none"> - UPDATE TO ICB Board (01/12/22) - Risk has been updated following advice from the governance team. 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. Winter is a period of heightened risk for RAAC panel failures due to the impact of severe weather. A multi-agency meeting with WY Local Resilience partners took place on 30th November to develop the multi-agency response protocol to an evacuation of Airedale Hospital. - UPDATE TO PLT (21/09/22) - The last NEY 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 Minutes, action logs and risk registers from the WY T&F group and the regional delegation delivery group Board papers minutes and actions. Pre Delegation Assessment Framework (PDAF) agreed and approved my NHSE. Currently completing a Safe Delegation checklist. 	<ul style="list-style-type: none"> - The trust's monitoring programme has detected areas of weaknesses at an early stage before significant collapses have occurred. 	<ul style="list-style-type: none"> - 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 - 2 Archive(s)
2188	25/11/2022	Finance, Investment and Performance	Improve healthcare outcomes for residents	10	(14xL4)		6 (13xL2)	Ian Holmes	Ian Holmes	There are risks associated with the delegation of primary care functions to the West Yorkshire ICB from April 2023, specifically: <ul style="list-style-type: none"> - The full transfer of NHS England capacity to carry out the functions for our ICB - due to uncertainty around the NHSE change programme. - The full transfer of budgets to allow us to commission the service to a satisfactory standard - due to financial pressures in the system and underspends against existing contracts. - Our ability to deliver service improvements in line with public expectations - due to significant issues around service access and inequalities. Resulting in staffing and financial pressures and operational delivery of the service.	<ul style="list-style-type: none"> - West Yorkshire POD delegation task and finish group is overseeing the transition work - The Yorkshire and Humber Regional Delegation Delivery Group is overseeing the work from an NHSE perspective - We are providing regular updates to the Board - We are engaging with system partners, including scrutiny and HWBs to share plans and help manage expectations - We are working with NHS Confed and other ICBs to share thinking on the art of the possible and influence upwards 	None identified	<ul style="list-style-type: none"> - Minutes, action logs and risk registers from the WY T&F group and the regional delegation delivery group Board papers minutes and actions. Pre Delegation Assessment Framework (PDAF) agreed and approved my NHSE. Currently completing a Safe Delegation checklist. 	Report to Board 15th November.	Confirmation from NHSE on staff transfer and budget			New - Open
2176	17/10/2022	Quality	Improve healthcare outcomes for residents	10	(14xL4)		12 (14xL3)	Lucy Cole	James Thomas	Non-surgical oncology - There is a risk that service delivery cannot be sustained before a new model is implemented due to the time required to implement a new model. This would lead to severe capacity pressures within the system and an inability to treat patients in a timely manner.	<ul style="list-style-type: none"> - NSO programme in place to design and implement a sustainable NSO model for West Yorkshire & Harrogate. - Implementation of some joint posts for medical staff and implementation of international recruitment options (Autumn 2023 commencement date). - Operational group in place to transact mutual aid to ensure gaps in provision are covered whilst the new model is designed and implemented. 	<ul style="list-style-type: none"> - Additional workforce / service pressures emerging whilst new model is implemented. - New workforce model will take 3-5 years to be fully implemented. - Unclear if public consultation process will be required which will extend the timescales for implementation of a new model. 	<ul style="list-style-type: none"> - Fortnightly operational level meetings whose governance provides routes of escalation 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. - Oversight through WYAAT governance and WYH Cancer Alliance Board. 	None identified	None identified			Static - 1 Archive(s)
2175	17/10/2022	Both FPC and QC	Improve healthcare outcomes for residents	15	(14xL4)		12 (14xL3)	Lucy Cole	Anthony Kealy	There is a risk that the increasing number of patients in WYAAT hospitals without a reason to reside due to capacity in social care and community services, 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.	<ul style="list-style-type: none"> - Focus by 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. 	<ul style="list-style-type: none"> - Workforce capacity gaps in social care services remain high. - Despite mitigations, no significant or sustained reductions in patients in hospital without a reason to reside. 	<ul style="list-style-type: none"> - Oversight through Finance, Investment and Performance Committee and Quality Committee. 	None identified	None identified			Static - 1 Archive(s)
2174	17/10/2022	Both FPC and QC	Improve healthcare outcomes for residents	10	(14xL4)		12 (14xL3)	Lucy Cole	Anthony Kealy	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.	<ul style="list-style-type: none"> - 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. - System Control Centre (SCC) being established by ICB from 1 December 2022 to balance clinical risk over Winter. - ICB campaigns and programmes of work in place to mitigate risk including discharge programme, vaccination programme and campaigns, staff health and wellbeing hub, and public campaign to 'choose 	<ul style="list-style-type: none"> - Planning assumptions for 22/23 assume low levels of covid which are not reflected in current patient numbers in WYAAT hospitals. 	<ul style="list-style-type: none"> - Oversight through WYAAT governance structures of pressures impacting elective activity. 	None identified	None identified			Static - 1 Archive(s)

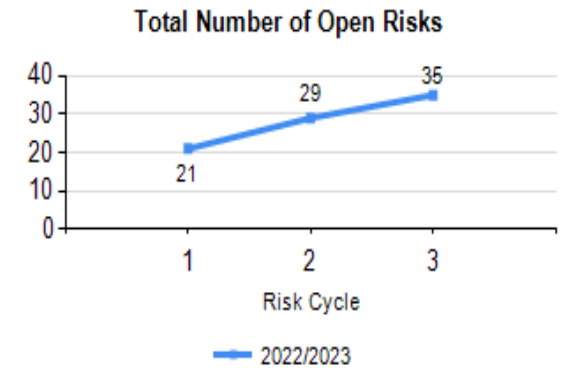
2119	07/09/2022	Finance, Investment and Performance	Enhance productivity and value for money	15 (15xL3)	6 (13xL2)	Adrian North	Jonathan Webb	There is a risk that the ICB will not be able to set out medium term plans due to absence of indicative guidance and capacity during the recent transition resulting in the ICB having unforeseen financial pressures in future years.	The ICB has a number of controls in place 1. Comprehensive reporting and escalating issues to the PC and wider ICS/ICF system 2. 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 3. Historic medium term planning available for collation from the 5 former CCGs;	1. NHS England indicative assumptions for allocation and demographic growth; inflation and efficiency targets in the years 2023/24 to 2025/26 2. Working to identify all recurrent expenditure for the 5 places, ensuring that VFM is in place 3. Working to develop a Efficiency Programme during the current financial year that is in place to reduce costs in 22/23 and beyond 4. Working with System partners to understand the shared financial requirements within the ICS 5. Review of the underlying position in a consistent way across the ICB and the ICS, to create a clearer view on gaps, risks and mitigations 6. The long term affordability will be discussed as a part of the business case	1. Efficiency "committees" at place to identify savings in future years; 2. Oversight of finance strategy and medium-term financial planning framework at the WY Oversight & Assurance System Leadership Team and the WY ICB Finance, Investment and Performance Committee	None identified	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 - 2 Archive(s)
2117	07/09/2022	Finance, Investment and Performance	Enhance productivity and value for money	15 (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. REASONS 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	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	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 7. NHS England review of financial position on a monthly basis	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 9 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 - 2 Archive(s)
2100	23/08/2022	Finance, Investment and Performance	Tackle inequalities in access, experience, outcomes	15 (13xL5)	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 lack of sufficient funding 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.	No established framework or methodology exists to assess the financial impact. An approach has been devised within the programme team which will be tested on a range of policies in December / January. 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.	Once the financial impact for a range of policies has been estimated using the proposed approach it will be reviewed by the Finance Director lead for planned care and with the WY finance forum to assess voracity of the approach.	None.	None.	Decreasing	
2202	01/12/2022	Finance, Investment and Performance	Enhance productivity and value for money	12 (14xL3)	6 (13xL2)	Adrian North	Jonathan Webb	There is a risk that measures being taken to control expenditure in WY Councils will have an impact on other place partners. Due to the financial pressures being experienced by most councils across West Yorkshire and their statutory requirement not to overspend against budgets Leading to a potential impact on hospital discharges resulting in higher costs being retained within the WY NHS system (additional costs borne by NHS provider organisations for which there may not be mitigations, thereby resulting in adverse variances in which cost the performance of other services)	1. Working with councils in ICB places to understand the issues, options being considered and the potential impact on system partners. 2. Review use of intermediate care capacity 3. System leadership oversight and consideration of options to minimise impact	1. WY councils are separate statutory organisations with no NHS oversight 2. Lack of clarity on funding options	1. System oversight of wider health and care financial position	1. Close working relationships between the NHS and councils in place and representation of councils on system partnership board 2. Additional government funding to support social care pressures - £500m national discharge / social care funding recently announced 3. Establishment of ICS discharge group considering all options across the system	1. Potential pre-commitments in councils and in the NHS on the use of additional funding unclear.		New - Open
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 Care 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 working 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	Closed - Duplicate (please link to original risk)	
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	Static - 1 Archive(s)	
2166	16/10/2022	Finance, Investment and Performance	Enhance productivity and value for money	12 (14xL3)	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 from some form of failure in technical, procedural or organisational information security controls.	Technical and Operational controls, including policies and procedures together with routine monitoring to ensure compliance are in place which meet or exceed NHS Data Security and Protection standards. Dedicated cyber security resource/expertise utilising national alerting and reporting. Regular mandatory data security training (which include this risk area) and updates for staff provided by IG team and Counter Fraud Team (particular focus on the risks from phishing). Monitoring completion of the NHS Digital Data Security Centre Data Security Onsite Assessment Disaster recovery Business continuity plans are in place in the event of an incident or disruption	Investment in replacement of legacy infrastructure. Review of business continuity arrangements due to a successful cyber incident in August 2022 which affected partner organisations critical IT systems.	Annual DSPT self assessment submissions and PEN testing Regular reporting on progress with DSPT annual self assessment to WY ICB Audit Committee and internal audit assurance of DSPT submission	No successful cyber attacks, hacks or data breaches resulting in financial loss, disruption to services or damage to the reputation. Regular phishing exercises and resultant action plans.	None identified	Decreasing	
2165	16/10/2022	Finance, Investment and Performance	Enhance productivity and value for money	12 (13xL4)	9 (13xL3)	Dawn Greaves	James Thomas	There is a risk that place IT teams have insufficient capacity to implement regional solutions. Due to increasing demands for digital solutions and the prioritisation of local vs regional projects. 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	Decreasing	
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 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. This results in gaps in provision, missed opportunities and a risk of patients not receiving the full range of available services to meet their needs.	None currently	Development, adoption and implementation of consistent agreed information sharing processes and systems at ICS and Place levels with the VCSE sector. Appropriate referrals and information sharing between VCSE organisations and the health and care system. Capacity to analyse information sharing agreements with VCSE	ICB Place Based Committees oversight	Appropriate referrals and information sharing between VCSE organisations and the health and care system. Intelligence from HPOC Leadership Group members.	Capacity to analyse and monitor information sharing agreements between the VCSE sector with the health and care system across the ICB and Place.	Static - 1 Archive(s)	
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, leading to a direct impact on those using VCSE services as VCSE organisations are unable to record and share information digitally either with patients or health and care services.	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. Analysis of VCSE sector in relation to digital at ICS and place levels. Absence of a plan to address this.	Digital Board oversight	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.	Static - 1 Archive(s)	

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 not manage within the 2022/23 capital limits set by NHS England potential to exceed due to inflationary pressures and other demands, or undershoot due to lead times or delayed funding notifications leaving little time for procurement leading to non-delivery of one of the financial statutory targets and a reduction in the expected capital allocation for 2023/24. Underspend could result in increases in backlog maintenance requirements, detrimental impacts on NHS infrastructure, and lost funding as capital money	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 over-commitment 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. ICS Finance, Investment and Performance Committee oversight; 4. ICB Board overview	1. System capital expenditure at month 7 is behind plan, with forecasts at planned level (albeit the level that is based on an over-commitment of 5%).	None identified			Static - 2 Archive(s)
2113	25/08/2022	Finance, Investment and Performance	Enhance productivity and value for money	12 (13xL4)	9 (13xL3)	Keir Shillaker	James Thomas	There is a risk that pilot work or services set up using transformation funding within the MHLDA programme are not supported recurrently due to lack of national clarity on funding or difficult local prioritisation decisions. This would result in a reduced service offer or closure of some services. This includes work such as the staff mental health and wellbeing hub at system level and CYPMH ARRS roles being developed within primary care in our places The impact of this would be to delay achievement of the ICB mission and will probably occur in most circumstances	Agreement in principle to support recurrent funding from within WY envelopes where possible (ie wellbeing hub) Providing clarity of expectations and realistic assumptions regarding funding to places WY programmes monitor utilisation of non-recurrent funding and its impact, as do places with their local funding	There is no agreed standardised process for how places or the system is assured of the full application of transformation funding - or whether this is an agreed expectation through the operating model. This work is part of wider development of the finance functions and expectations within the ICB.	WY wide initiatives are reviewed by the MHLDA Partnership Board, with some decision escalated to WY SLT level Place initiatives are reviewed by local MHLDA partnership forums/alliance meetings as determined locally	None identified	There is no agreed standardised process for how places or the system is assured of the full application of transformation funding - or whether this is an agreed expectation through the operating model. This work is part of wider development of the finance functions and expectations within the ICB.	The MHLDA Partnership Board is not set up to, nor constituted in its terms of reference to hold the ring on all WY MHLDA spend beyond reviewing overall delivery against the Mental Health Investment Standard.		Decreasing
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 risk that there is reduced effectiveness of delivery due to the scale of the programme ambition and volume of possible workstreams. This would result in a dilution of improvement in the areas that most need it. This includes the tension of delivering national LTP targets, against known quality improvement initiatives (ie Edenfield response) and other locally determined priorities (such as Neurodiversity Deep Dive, new work on Older People's Mental Health) The impact of this would be to contribute to a delay in achievement of the ICB mission and will probably occur in most circumstances	Agreed permanent funding for the core WY team via the ICB. Utilising maximum available non-recurrent funding sources (including NHSE, HEE and legacy ICS funds) to appoint to non-recurrent project roles Process for identification of WY priorities remains by agreement with all WY places to ensure they are necessary	There is no formal process for either places or the system to prioritise which initiatives take precedence over another, or an agreed framework for doing so No comprehensive mechanism for understanding totality of the WY staffing offer to know whether capacity can be moved around to support agreed priorities - either between places and system or between/within programmes	MHLDA Partnership Board maintains oversight of all WY priorities, as does the NEY Regional Programme Board. The MHLDA collaborative Committees in Common oversees specific responsibilities delegated to that collaborative and wider arrangements for collaboration between the Trusts	None identified	There is no formal process for either places or the system to prioritise which initiatives take precedence over another, or an agreed framework for doing so No comprehensive mechanism for understanding totality of the WY staffing offer to know whether capacity can be moved around to support agreed priorities - either between places and system or between/within programmes	The MHLDA Partnership Board or local place committees do not regularly review capacity allocated to each priority or workstream. From a system point of view this will be particularly needed when non-recurrent funding ends and 6+ project roles finish by March 24		Static - 1 Archive(s)
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 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.	Static - 1 Archive(s)		
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.	Static - 1 Archive(s)		
2105	23/08/2022	Both FPC and QC	Improve healthcare outcomes for residents	12 (14xL3)	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 on '1 & 2 hours GP Speak to' and 'NHS111 online ED validator', 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 has been established to discuss and agree short, intermediate and long term model of local CAS.	A paper will be drafted to inform future arrangement and funding requirement for the impacted pathways post 2022/23. The paper will be shared with UEC place leads to provide input, and LCD will be consulted to ensure inclusivity.	Urgent and Emergency Care Board are sighted on the risk, and 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	Decreasing		
2102	23/08/2022	Quality	Improve healthcare outcomes for residents	12 (13xL4)	4 (14xL1)	Karen Poole	Beverley Geary	There is a risk to the delivery of safer maternity and neonatal care. This is due to the inability to recruit and retain staff, linked to sickness, morale and well-being, the impact of covid and maternity leave. Due to these workforce challenges the system is unable to release staff to partake in transformational work. This then also impacts on the ability to train staff and delivery new models of care e.g. continuity.	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 the regional Recruitment & Retention Lead in collaboration with the Trust R&R midwives Ensure international recruitment is in place in each Trust Working collaboratively with the ICB Retention Group Work with the neonatal ODN to ensure the Neonatal Workforce is understood and reported Connect the regional OND team with the ICB workforce group An event with partners is planned which will utilise the 'Star approach' Working with Trusts through the Workforce Steering Group which includes supporting the Recruitment and Retention leaders in each organisation The LMNS are facilitating work on the escalation policy with maternity and clinical leaders The LMS Preceptorship pack to support Newly Qualified Midwives. Professional Midwifery Advocates in each Trust to support all staff.	Work required with communities to develop an interest in midwifery and neonates as a career Need to consider how to be creative to recruit into West Yorkshire (this would include all the workforce) Trusts are unable to share staff which was previously used to manage the risk across the LMNS	Close working with the maternity leads in HEE and the regional team who provide updates on staffing levels, student numbers, and feedback from Heads of Midwifery who undertake exit interviews on all staff. Staffing appears across the each of the Trust's within the LMNS risk registers, at varying risk ratings (2 Trusts at 20, other Trusts varying from 15 to 9). The rating of this risk reflects these risks. Each LMNS Trust has risks in relation to midwifery, obstetric, administrative and other health professionals staffing. Issues are raised at the Maternity Quality Oversight Group.	Report to the LMNS Board and Quality Committees on a Bi-monthly basis includes measures against birth-rate +, vacancies, sickness, maternity leave, attrition from training international recruitment and leavers.	There is no tool for measuring obstetric and neonatology staff.	Decreasing		
2099	23/08/2022	Finance, Investment and Performance	Improve healthcare outcomes for residents	12 (13xL4)	8 (14xL2)	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.	None currently exist	Work with BI and finance leads to develop a framework for assessing the impact of policy harmonisation including full implementation costs. Thresholds for access policies will be agreed in two tranches to enable a better understanding of the cumulative impact of implementation.	WY Finance Forum will review the framework.	None.	None.	Static - 2 Archive(s)		

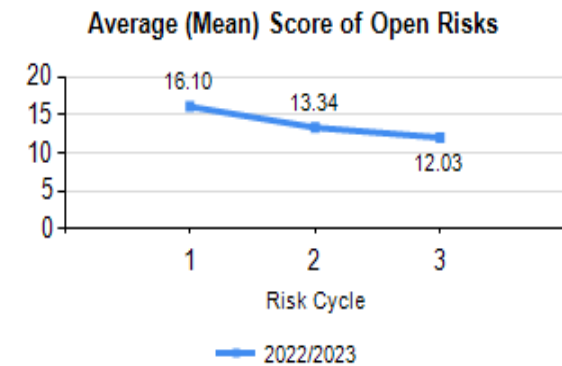
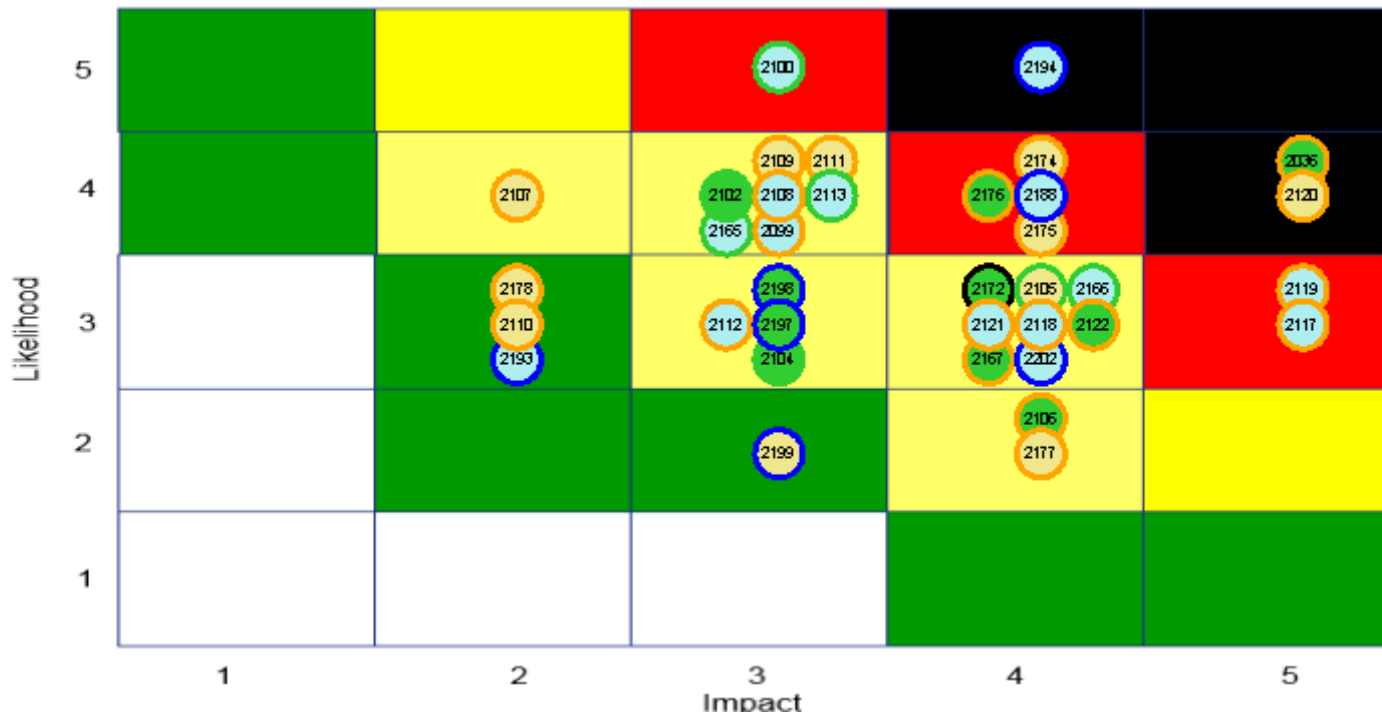
2198	30/11/2022	Quality	Improve healthcare outcomes for residents	9 (13xL3)	3 (13xL1)	Karen Poole	Beverley Geary	There is a risk in relation to LMNS Trusts not achieving their Maternity Incentive Scheme for year 4. Trusts have identified on their risk registers that due to differing factors such as staffing, training compliance and other areas of non-compliance they might not achieve MIS Y4. While there would be impact on individual Trusts, if multiple Trusts within the LMNS do not achieve Y4, there could be financial and reputational impact across the LMNS.	Each Trust is managing their Y4 submission. Submission deadline has been extended to February 2023. Training compliance must be delivered by December 2022.	The Trusts within the LMNS have each identified on their risk registers the potential failure to achieve Y4, and other risks held by Trusts reference the reasons why they may not achieve, i.e. staffing levels, training compliance.	Each Trust is managing their individual risks.	Each Trust must report to their Trust Board the MIS Y4 achievement or failure. This will be reported through to LMNS Board.	Trusts will report their delivery on MIS Y4 achievement in early 2023.				New - Open
2197	30/11/2022	Quality	Tackle inequalities in access, experience, outcomes	9 (13xL3)	6 (13xL2)	Karen Poole	Beverley Geary	There is a risk to the continuous delivery of high quality intrapartum care at Birth Centre at Mid-Yorkshire and Huddersfield Hospital due to their temporary closure. This temporary closure limited the range of birth places provided by both Trusts which may lead to reduced patient experience and reputational damage. The closures are due to staffing deficits.	Each of the Trusts offer midwifery led care in attached units in Calderdale and Wakefield. Both services provide antenatal and postnatal care in the Kirkless footprint. As per national guidance pregnant people have access to three birth setting choices. Equality Impact Assessments have been undertaken by the individual Trusts. Place Care Partnerships are aware of the situation. Ongoing work with the Maternity Voices Partnerships (MVP) to ensure good communication with service users.	Without sufficient staffing the two units cannot re-open.	A Task and Finish Group is in place that includes CHFF and Mid-Yorks to discuss and plan future service provision. The T&FG will report into the LMNS Board.	The impact is on a small number of women. Each of the units offer midwifery led care in attached units.	LMS providers to be kept as this could impact on women's choice of place to have their care.				New - Open
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 ICB. 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 CYPMH 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				Static - 1 Archive(s)
2104	23/08/2022	Quality	Improve healthcare outcomes for residents	9 (13xL3)	6 (13xL2)	Karen Poole	Beverley Geary	There is a risk in relation to achieving the national ambition for Continuity of Carer, including financing and delivery continuity of care and maintaining the reputation of Trusts.	Each place has a Continuity of Carer plan and the LMNS have an overarching plan to support Trusts, and delivery continuity of care and maintaining the reputation of Trusts. Co-produced with staff and service users. Financial modelling undertaken. Focus on inequalities. LMNS CoC lead and regional CoC Lead meeting with each Trust.	While the timescale for delivery element of CoC has been removed, but the planning for this remains in place	This is reported to LMNS Board on a quarterly basis. LMNS receiving support from regional and national team, with support visits being undertaken jointly with LMNS.	Continuing to support Trusts who all have recently updated their plans, which are reviewed by the LMS Board	Trusts need to develop 'building block' of new modelling.				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.	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.	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				Static - 1 Archive(s)
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.				Static - 1 Archive(s)
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.	ICB 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 Core20Plus.	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 personal data and commercially sensitive information being sent by email to an incorrect recipient or recipients reported to the Information Commissioners Office.	None identified.				Static - 1 Archive(s)
2199	01/12/2022	Both FPC and QC	Improve healthcare outcomes for residents	6 (13xL2)	3 (13xL1)	Caroline Squires	Laura Ellis	There is a risk of confidential personal data and commercially sensitive information being sent by email to an incorrect recipient or recipients, resulting in a breach of confidentiality and potential damage to the organisation and regulatory action under data protection legislation.	1. NHS Mail supportive features: employing organisation detailed when picking from Address Book, additional details in 'Contact Card' to verify identity, Address Book filter by organisation. 2. Guidance included within 'Effective Use of Email' guidance, part of NHS Mail user guidance on computer desktops as part of NHSMail implementation. 3. Annual Data Security training of all West Yorkshire Integrated Care Board (WY ICB) staff. 4. Staff awareness of the risk via policy level messages (IG Policies Book), IG staff handbook, bespoke communication reminders to staff. 5. Data flow mapping and mitigation of any risks, by: • Results of local ICB level staff surveys and the national NHS staff survey. • Turnover data including feedback through exit interviews. • Indication of increased absence relating to work-related matter and evidence of increased referrals / access to Occupational Health provision	1. Programme of ongoing awareness to ensure all staff remain sighted on the risk, including enhanced practical guidance on alternatives to email, controls to keep data in transit secure and awareness of checking emails and attachments before sent.	1. Monitoring of incident patterns and trends via Incident and Near Miss Process Reviews. 2. Monitoring of incidents reported via the Information Governance Steering Group and Integrated Governance Report to Audit Committee.	1. No serious incidents relating to confidential personal data and commercially sensitive information being sent by email to an incorrect recipient or recipients reported to the Information Commissioners Office. 2. Ongoing awareness to ensure all staff remain sighted on the risk, e.g via West Yorkshire Shareboard and bulletins such as Christmas IG good practice reminder messages.	None identified at this time.				New - Open
2193	29/11/2022	Finance, Investment and Performance	Enhance productivity and value for money	6 (12xL3)	4 (12xL2)	Suzie Tibburn	Kate Sims	There is a potential risk of increased turnover or wellbeing concerns for staff within the West Yorkshire ICB following the recent transition from their previous organisations, in most cases the local West Yorkshire CCGs). Whilst the ICB operating model and the necessary system to support the new organisation develop, some staff may experience a greater period of uncertainty which may result in matters of increased wellbeing concerns or possibly result in colleagues opting to leave for an alternative role.	Strong relationships with key programmes such as CYPMH, LTCs and IPH to share joint work and communicate on cross programme areas	None identified at this time, until results of the staff survey are available and an action plan developed.	West Yorkshire Staff Briefings – focus on how colleagues are feeling West Yorkshire ICB Staff Engagement Group – notes / actions from this group going forward Corporate People Team work programme – the aspects which support staff engagement, wellbeing etc. Staff Survey action planning (following outcome of nation survey)	Staff briefing – recording of the briefing sessions would be available -the last one for example, this was a particular focus in terms of how people are feeling Corporate People Team work programme	Staff survey action plan – to be developed in 2023 following survey results Staff Engagement Group – only newly established				New - Open
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.	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 COC. 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.	Capacity to 'know what we don't know' is tricky but ways of working through ADS meetings and diacretate 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 CYPMH 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				Static - 1 Archive(s)
2110	23/08/2022	Both FPC and QC	Improve healthcare outcomes for residents	6 (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 COC. 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.				Static - 1 Archive(s)

Total Risks	36 (1 closed)
FIP Risks	15
Q Risks	10 (1 closed)
FIP and Q Risks	11

Movement of Risks		Risk score increasing	0
New	7	Risk score static	21
Marked for closure	1	Risk score decreasing	7



Risk Overview

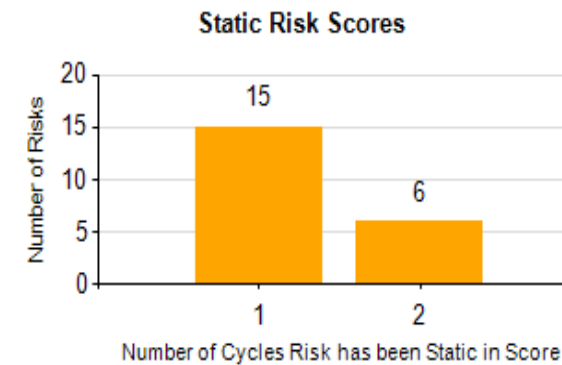


Key

- 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



Place Risks scoring 15+ - as at 2 December 2022

Bradford District and Craven		Calderdale		Kirklees		Leeds		Wakefield	
20	<p>BMDC FINANCIAL POSITION</p> <p>There is a risk that the measures taken to control expenditure by BMDC will impact on other Place partners. This could affect hospital discharges and the management of winter pressures.</p>	16	<p>There is a risk that reduced access to elective care services in both the surgical and medical divisions at CHFT will result in; long waits, harm to patients, poor patient experience and non-delivery of patients' rights under the NHS Constitution</p>	16	<p>There is a risk that the Kirklees' Children & Young peoples (CYP) mental health service are unable to deliver timely, comprehensive care to those being referred or self referring. Due to multiple partners across the H&SC system declaring organisational OPEL 4 for sustained periods of time and pressure across the system partners continuing to escalate. Resulting in increased potential for patient care and safety to be compromised.</p>	20	<p>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>	20	<p>There is a risk of delays in people accessing planned acute care due to demand and the continued impact of COVID, resulting in poor patient experience/outcomes and non-compliance with the constitutional standards for waiting times</p>
20	<p>CAPITAL AVAILABILITY</p> <p>There is a risk that NHS capital spending limits will be set at a level that restricts our</p>	16	<p>Risk that patients being discharged from hospital are subject to delays in their transfer of care due to health and social care</p>	16	<p>There is a risk that the Kirklees Health & Social Care(H&SC) system organisations are unable to deliver comprehensive care.</p>	20	<p>There is a risk that the financial position across the Leeds system will not achieve financial balance due to the</p>	16	<p>There is a risk that older people with mental health problems do not receive optimum care due to the current configuration of inpatient services,</p>

	ability to progress our strategic capital developments.		systems and processes are not currently optimised, resulting in poor patient experiences, harm to patients, risk of hospital acquired infection, additional pressure on the acute bed base and pressure on elective recovery plans.		Due to multiple partners across the H&SC system declaring organisational OPEL 4 for sustained periods of time and pressure across the system partners continuing to escalate. Resulting in increased potential for patient care and safety to be compromised.		combination of undelivered QIPP and new cost pressures in 2022 – 23. This could result in the system as a whole not meeting the statutory duties.		resulting in extended length of stay and poorer outcomes
20	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			16	There is a risk of increasing pressure on specialist primary care medical services due to an anticipated increase in the numbers of asylum seekers to the region resulting in difficulty for primary care in meeting patient need and demand	16	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.	16	There is a risk of patients not receiving timely care and overcrowding in ED due to imbalance between demand and capacity in urgent care services resulting in poor patient experience and outcomes

Continuing Healthcare and funded Nursing Care. The impact on quality is with regard to inequity within the CHC process due to long waits for an eligibility assessment and some individuals remaining in the service who are no longer eligible. This backlog also has a direct impact on the allocation of finances and care provision across the local system. This may result in individuals receiving a care package that is over/under resourced and/or one they are not eligible for. The HCP is not currently carrying out its statutory duties with regard to the application of the National Framework for Continuing Healthcare and

	funded Nursing care.							
16	<p>CHILD AUTISM and/or ADHD ASSESSMENT AND DIAGNOSIS</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>				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>	16	<p>There is a risk of children and young people aged 0-19 year waiting up to 52 weeks for autism assessment due to availability of workforce to manage the volume of referrals</p>
15	<p>0-19 SERVICES: POTENTIAL NEGATIVE IMPACT ON OTHER HEALTH</p>				15	<p>There is a risk of harm to patients with LTC/frailty/mental health conditions due to the inability</p>	15	<p>There is a risk to quality, safety and experience in the independent care sector due to the requirement to manage</p>

	<p>SERVICE DELIVERY 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>					<p>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.</p>		<p>people with increased complexity, rising costs and workforce supply challenges, resulting in insufficient capacity and delayed discharges.</p>
16	<p>UNDERLYING FINANCIAL DEFICIT There is a risk that we do not address the underlying financial deficit and establish a financially sustainable position over the medium term as we exit the pandemic</p>							

16	<p>SYSTEM PERFORMANCE AGAINST NATIONAL REQUIREMENTS</p> <p>There is a risk that poor performance against national requirements (key constitutional standards, operational planning targets and recovery) will impact upon our place based contribution to the annual ICB performance assessment. This may lead to both financial and reputational impact alongside reduced patient care."</p>								
----	---	--	--	--	--	--	--	--	--

**Finance Investment and Performance Committee
Work plan 2022/23**

	Aug	Oct	Dec	Feb	Apr	June	Notes
Standing items							
Declarations of interest	X	X	X	X	X	X	
Minutes of previous meeting		X	X	X	X	X	
Matters arising		X	X	X	X	X	
Action log		X	X	X	X	X	
Forward Work Plan	X	X	X	X	X	X	
Governance							
Review terms of reference	X			X			
Assess committee effectiveness				X			
Committee annual report					X		
Finance and Investment							
Financial Framework	X				X		
Financial strategy	X						
Financial planning	X		X	X	X		
Financial performance	X	X	X	X	X	X	
Capital update		X		X		X	
Performance							
NHS oversight framework	X						
NHS oversight framework – annual assessment					X		
Delivery of ICB plan and key performance metrics	X	X	X	X	X	X	
Performance – focus on specific areas							To be agreed
People	X		X				
Digital Annual Report	X					X	
Winter Planning		X	X				
Risk							
Finance and performance risks		X	X	X	X	X	
Other							
Review standing financial instructions					X		
Review financial policies, procedures and guidelines			X				As required