NHS West Yorkshire Integrated Care Board

ICB Quality Committee
Tuesday 25 April 2023 at 13:30 – 16:00

This meeting will be held in public via Microsoft Teams

The meeting will be preceded by a development session 13:00 – 13:30, held via Microsoft Teams.

AGENDA

The Quality Committee is recommended to make 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."

No.	Item	Lead	Paper	Time
01	**Welcome, introductions and apologies**	**Becky Malby** Chair	N	13:30
02	**Declarations of interest** To declare any interests relevant to items on the agenda.	**Becky Malby** Chair	N	13:32
03	**Update on Ambulance Services** To receive a written update for assurance.	**Clare Ashby** Executive Director of Quality, Governance and Performance Assurance (Interim), Yorkshire Ambulance Service **James Thomas** Medical Director	Y	13:35
04	**Any other business for consideration in the private session**	**Becky Malby** Chair	N	13:50

The Committee will move into public session.

ITEMS FOR CONSIDERATION				
05	**Declarations of interest** To declare any interests relevant to items on the agenda.	**Becky Malby** Chair	N	13:53
06	**Accuracy of the minutes, action log and matters arising from 28 February 2023** To agree the minutes and review actions and matters arising.	**Becky Malby** Chair	Y	13:55

07	**End of Year Process** To receive a report on the review of the Terms of Reference, Committee Workplan and Committee Effectiveness.	**Laura Ellis** Director of Corporate Affairs	Y	14:00
08	**Board Assurance Framework Update** To receive an update for assurance ahead of submission to the ICB Board.	**Laura Ellis** Director of Corporate Affairs	Y	14:15
09	**Risk Register Update** To receive an update for assurance ahead of submission to the ICB Board.	**Laura Ellis** Director of Corporate Affairs	Y	14:25
COMFORT BREAK 14:40				
10	**Quality Update** To receive an update on key quality issues for assurance.	**Jo Harding** Director of Nursing and Quality: Leeds **Philippa Hubbard** Director of Nursing, Professions/Care Standards, DIPC, Deputy Chief Executive at Bradford District Care NHS Foundation Trust **Penny Woodhead** Director of Nursing and Quality: Calderdale/Kirklees/ Wakefield	Y	14:45
11	**Dashboard and Quality Indicators** To consider the report.	**James Thomas** Medical Director **Place Directors of Nursing and Quality**	Y	15:10
12	**Patient Safety Incident Reporting Framework** To receive an update.	**Angela Edmunds** Head of Quality Improvement and Patient Safety at Leeds Health and Care Partnership **Bev Geary** Director of Nursing	Y	15:25
13	**Learning from Life and Death Reviews (LeDeR)** To receive an update.	**Philippa Hubbard** Director of Nursing, Professions/Care Standards, DIPC, Deputy Chief Executive at Bradford District Care NHS Foundation Trust **Bev Geary** Director of Nursing	Y	15:40

OTHER ITEMS				
14	**Items and risks for escalation** To identify issues to alert, advise and assure the Board on.	**Becky Malby** Chair	N	15:55
15	**Any other business for consideration in the public session**	**Becky Malby** Chair	N	15:58
The next meeting of the WY ICB Quality Committee is scheduled for Tuesday 27 June 2023, 1.00pm – 4.00pm				

NHS West Yorkshire Integrated Care Board

DRAFT Minutes of the Quality Committee

Tuesday 28 February 2023, 13.00 – 16.00 hours

In public

Via Microsoft Teams

Members	Initials	Role
Majid Hussain	**MH**	Non-Executive Member (Chair)
Becky Malby	**BM**	Non-Executive Member
Penny McSorley	**PM**	Deputy Director of Nursing and Quality (Leeds Place) (deputising for Jo Harding)
Dr James Thomas	**JT**	ICB Medical Director
Michelle Turner	**MT**	Director of Nursing and Quality (Bradford District and Craven Place)
Penny Woodhead	**PW**	Director of Nursing and Quality (Calderdale Place, Kirklees Place and Wakefield Place)
In attendance		
Laura Ellis	**LE**	Director of Corporate Affairs
Rob Goodyear	**RG**	Associate Director, Clinical and Professional Directorate
Ian Holmes	**IH**	Director of Strategy and Partnerships (Minute 40)
Sarah Mackenzie-Cooper	**SMC**	Equality and Diversity Manager (Minute 40)
Haris Sultan	**HS**	NHSE NExT Director ICB Board Development Placement
Jane Christmas	**JC**	Locala (observer)
Joanne Lancaster	**JL**	Governance Manager (Wakefield Place) (Minutes)
Apologies		
Beverley Geary	**BG**	ICB Director of Nursing
Maureen Green	**MG**	Healthwatch
Jo Harding	**JH**	Director of Nursing (Leeds Place)
Rob Webster	**RW**	Chief Executive

There was one member of staff in attendance observing the meeting.

Item		Action
33	**Welcome, introductions and apologies**	
	Majid Hussain (MH), as Chair of the Committee, welcomed everyone in attendance to the Quality Committee of the West Yorkshire Integrated Care Board (WY ICB) and passed on his thanks to all staff for their continued dedication and efforts.	

Item		Action
	He noted that it was Michelle Turner's (MT) last meeting as she would leave her current role in March 2023. He thanked Michelle for her contribution to the Quality Committee and her wider remit and wished her well in her future endeavours. Apologies were noted as shown above.	
34	**Declarations of Interest**	
	No interests were declared.	
35	**Accuracy of the minutes and action log from 13 December 2022**	
	The minutes from the meeting held on 13 December 2022 were presented for approval and were agreed as an accurate record of the meeting. **Matters arising:** Becky Malby (BM) referenced minute 29 relating to WY Current Networks for Children's Mental Health Services and the request to invite non-executives to observe some of the existing meetings. She also asked whether Bradford Place had reduced the backlog for assessment of autism for children and young people. MT responded that good progress had been made with an update being received by the Overview and Scrutiny Committee with plans in place to reduce both the wait for assessment and treatment. The actions proposed to be closed were **NOTED** and the following updates provided: **13/2022 & 14/2022 Stroke Network - Update –** Dr James Thomas (JT) provided an update informing the committee that a deep dive had been undertaken and it was acknowledged that an answer could not be provided for the first two questions at this time. In relation to the third question; it was recognised that the national standards were not being delivered in the majority of Acute Trusts. A paper would be taken to the West Yorkshire Association of Acute Trusts (WYAAT) with recommendations. The report would also be sent to place based leads for discussion. It was noted that the new role within the stroke team would be looking at health inequalities. **CLOSED** **Action: An update to be brought back to the Committee in 6 months**. **15/2022 Committee Work Plan** – It was noted the workplan had been updated. **CLOSED.**	**JT**
36	**Risk Register Update**	
	Laura Ellis (LE) introduced the report and advised that this was the current position but this may change as registers worked their way through place committees. LE outlined the risk categories of corporate, common and	

Item		Action
	place risks and informed the committee what was included on the risk register to the ICB Board for consideration. The key points raised were as follows: • There were eight new risks during the fourth risk cycle; it was believed that five of these have been put on the corporate register in error and this was being investigated; • Asked the Committee to note the high-level risks and whether these reflected discussions; • Common risks would be considered by the working group earlier in the risk cycle going forward. BM asked about the risk 2175 (reason to reside) suggesting that the issue was more nuanced than the terminology suggested and that system flow both internal and external to Acute Trusts and workforce capacity was the underlying factor; BM referred to the VCSE sector in Leeds who had been provided with 7 year contracts to provide some stability in the system questioning what the ICB would do if there were challenges with the stability within that sector across WY, (it was noted that a focus on session had been scheduled at the next Board meeting on the sustainability of the VCSE sector); BM asked whether the risk relating to neurodiversity and children and young people (C&YP) should be strengthened, this was a risk across all places and across each stage of the journey of assessment, diagnosis, treatment and medications; BM referred to ambulance wait times, particularly at Airedale Hospital, and potential harm to patients and asked how the system was supporting this. Dr James Thomas (JT) agreed that patient flow was an issue and work was ongoing with various programmes to address this; the VCSE sustainability was a risk with a score of 20 on the risk register which provided focus to the risk and issue; he confirmed that a deep dive into neurodiversity across all ages was taking place; with specific relation to Airedale Hospital ambulance handovers a lot of work was taking place to address this issue including the model of delivery and looking at good practice across the system with the issue now having stabilised. PW advised that a deep dive of C&YP neurodiversity and mental health was taking place in Kirklees reporting into Kirklees Quality Sub-Committee with a question around what the ICB could do to support this issue. MT added that a similar process had taken place at Bradford with C&YP being a high-level priority with focus through the committees.	

Item		Action
	Discussion took place in relation to assurance routes for issues such as neurodiversity within C&YP and whether there was a sufficient escalation process from the collaboratives to the ICB committees. MH referred to the risks relating to ophthalmology and whilst he understood that it appeared that these had been inadvertently recorded on the corporate register it did raise a question around workforce resource in general. He also referred to availability of data in relation to health inequalities and whether there should be a risk on this. **Action: JT responded that he would look at what health inequalities data was available and how this could be presented in a meaningful way to the committee.** It was confirmed that the West Yorkshire Association of Acute Trusts was considering the issue of workforce resource. Haris Sultan (HS) referred to the terminology 'no reason to reside' stating that he believed that in a public facing meeting different language could be used. JT referenced risk 2234 which was a new risk relating to cyber security advising that discussions were taking place around scoring and that it was likely this score would increase. The NHS West Yorkshire Integrated Care Board Quality Committee: • **REVIEWED** the risks on the Corporate Risk Register ahead of reporting to the ICB Board. • Was **ASSURED** in respect of the effective management of the risks and the controls and assurances in place.	**JT**
37	**Quality update**	
	MH invited each place quality lead to provide a summary of the points for their respective places. PW provided an update in respect of **Calderdale, Kirklees and Wakefield**: • There were issues across Calderdale and Kirklees relating to Adult Social Care with a number of providers causing multiple challenges and risks. For awareness it was noted that a Rapid Risk Review meeting into the same provider was instigated by Greater Manchester ICB (Heywood, Middleton, Rochdale) and was attended by Calderdale and Kirklees.	

Item		Action
	• A deep dive of learning from deaths had taken place in Calderdale and Kirklees with oversight at the Quality sub-committees and consideration being given to increased integrated learning; • Assurance was provided relating to maternity services across all three places following the East Kent independent investigation. • Maternity services across all three places had undertaken the self-assessment and evidence gathering against the ten standards within the national Maternity Incentive Scheme and assurance statements had been signed off by Providers and the ICB. • All three places had undertaken a gap analysis against the Quality Functions and Responsibilities of ICBs to demonstrate compliance against the specific requirements for the ICB. Actions identified would inform place priorities for the place quality teams with a focus on implementing requirements of the national patient safety strategy and the new Patient Incident Response Framework. • A practice in Kirklees had recently received a CQC Inadequate rating, a Rapid Risk review meeting had taken place and support and oversight was being provided in line with NHSE and local pressures. • At Kirklees an all-age neurodiversity review was underway; it was noted this should be an alert rather than an assure on the report. • At Wakefield Place there had been a first-year anniversary celebration of the Experience of Care Network. Discussion took place in relation to the Medical Examiner roles across places and what learning took place with the committee noting that Dr Sohail Abbas was overseeing this work. In response to a question from MH it was confirmed that faith deaths were also being considered by Dr Abbas. PM provided an updated relating to **Leeds**: • There was an alert relating to Q3 data which had showed 'significant increases' in the incidence of all Clostridium Difficile Infection (CDI) cases. A meeting had been held in January 2023 with IPC/PH experts in the Leeds Health Care Partnership, WYICB, UKSHA and NHSE/I to explore and understand this data further. There were no immediate concerns identified and data suggested that case numbers were stable across the system however there was a need to continue to meet and investigate to understand the significance. The Leeds HCAI oversight were overseeing this action. • It was noted that one care home had moved from inadequate to good and two CCBs had been moved from requires improvement to good. • There were five new care homes due to be opened at various stimes during 2023. This was welcome news within the Leeds system. • There had been a revised process developed for Quality and Equality Impact Assessments by the ICB in Leeds. A Financial	

Item		Action
	Quality Impact Review Panel had been established to evaluate risk/impact of Population Health Board proposals. • Work was progressing around assurances in response to the Edenfield/BBC Panorama programme relating to Mental Health services. • Waterloo Manor CQC rating had reduced from good to requiring improvement in June 2022 and the provider was under enhanced monitoring with the West Yorkshire MH Provider Collaborative. • Surgical termination of pregnancy providers would now be offered by two providers in Leeds which was a positive step as currently patients needed to travel out of area for surgical procedures. • The safeguarding team in Leeds were leading on quality improvement work in collaboration with Termination of Pregnancy Providers. **Action: An update to be provided to the Committee on the investigations into the significant increases' in the incident of all Clostridium Difficile Infection (CDI) in 6 months time.** **Action: To share the process relating to Equality Quality Impact Assessments with the Quality Committee at a future meeting.** It was noted that the HCAI were undertaking some improvement activities across all places in relation to Infection Prevention and Control (IPC). **Action: To share place IPC Improvement Plans at a future meeting.** MH provided an update in relation to **Bradford and Craven**: • Backlogs within Continuing Health Care and Funded Nursing Care assessments continued with additional resource secured and agreement for capacity to increase on a permanent basis. This related to reviews at 3 and 12 months and not initial assessment. Lots of work undertaken and this had reduced although there was further work to do in this regard. • A deep dive into children and young people with complex health and care needs would be overseen by the collaborative team IICB Bradford, BDCT and BMDC) with a focus on experience and concerns of patients and their families and carers. • It was noted that the asylum seekers and refugees previously reported as transferred to Bradford Place had all now received health assessments with needs being addressed. A review of the serious incident (in terms of the communication of transference of the individuals) had been completed and key learning shared.	**PM** **PM** **PM/PW/ MH**

Item		Action
	• An exercise had been undertaken to ensure compliance against the Quality Functions and Responsibilities of ICBs the specific requirements for the ICB. Statutory duties had been mapped with committee and sub-committee oversight of these. • The RAAC issue at Airedale NHS FT continued to be well-sighted within place and at ICB level with this being a risk on the corporate risk register. The CEO of Airedale NHS FT had contingency and EPRR plans in place and the issue was known at a national level. The NHS West Yorkshire Integrated Care Board Quality Committee: • **NOTED** the quality updates from each place.	
38	**Update on Ambulance Services** JT provided an update in relation to ambulance services noting that West Yorkshire ICB was the lead commissioner for ambulance services across Yorkshire and Humber. Following sustained pressures since summer 2022 there had been weekly tactical meetings taking place which included South Yorkshire ICB, North Yorkshire ICB, Yorkshire Ambulance Service, Quality and Nursing lead and chaired by Rob Webster. Meetings took place on a 4 weekly rota with weeks 1 and 2 focusing on workforce trajectories, week 3 on metrics and serious incidents and week 4 on 999 and hospital handovers. A Quality Oversight Group had been established chaired by Beverley Geary which focussed on serious incidents, trends and care pathways; this group reported into the Quality System Group. PW asked whether the group was connected with the Safeguarding Oversight and Assurance Partnership group. **Action: To establish whether the Quality Oversight Group was connected with the Safeguarding Oversight and Assurance Partnership group and ensure there was no duplication in the information and assurance flow.** BM questioned the change for category 2 response from 18 minutes to 30 minutes asking whether the increased response time would detrimentally impact patients. JT would take this to the group looking at category 1 and 2 response; although due to current demand the service was responding within current capacity. **Action: To question the category 2 response time of 30 minutes and potential detrimental impact to patients.**	**JT** **JT**

Item		Action
	The NHS West Yorkshire Integrated Care Board Quality Committee: • **NOTED** the update.	
39	**Dashboard and Quality Indicators**	
	JT introduced the report and highlighted the following points. • Measures had now been reduced from 92 to 33 to provide focus on those indicators of most importance to provide assurance. • Work was underway to develop a richer data set with intelligent narrative to drive debate linked with the mission and ambitions for places and the system. • Further work was being undertaken to identify additional measures to provide the committee with assurance, some of which would need to be taken through private session. • Once further refinement of the dashboard had been undertaken it was proposed to bring back in the summer with a further update. PW suggested that the more up to date data would lend itself to a conversation not in the public domain as it was likely that data had not been verified. She suggested that the dashboard should be considered through the committee purpose – so for this committee it would very much focus on the quality aspect. As a bare minimum there should be the national set of quality indicators included; with an agreement of escalation and mitigations. The dashboard should link to the risk register to enable identified themes to be scrutinised further. BM added that if real time data was not available for the dashboard then it could only look at patterns and trends over a period of time. It would be beneficial if the data could provide information in support of whether the strategic objectives were being met and to inform decision making. It was confirmed that place based business intelligence leads were involved in this work and ongoing development would take place.	
	The NHS West Yorkshire Integrated Care Board Quality Committee: • **NOTED** the ongoing work to develop the Quality Dashboard both in content and narrative.	
40	**WYICB Equality, Diversity and Inclusion Annual Report 2023 - Draft**	
	Sarah Mackenzie-Cooper (SMC) and Ian Holmes (IH) attended for this item. SMC presented the report which was the annual report to demonstrate compliance with the Public Sector Equality Duty. The report provided an annual update on activity undertaken to embed equality, diversity and inclusion within the organisation and its activities and was required to be	

Item		Action
	published by 31 March 2023. As the ICB had not been established until midway through the year the report incorporated CCG place-based reports and corporate EDI activity and workforce reporting. It was confirmed that each place had contributed to the report. SMC requested that delegated authority be given to MH and IH to sign the final report off prior to publication on 31 March 2023. BM advised that she did not believe that the work being undertaken with communities, faith leaders etc was reflected within the report and that it could be strengthened in this regard. MH suggested that some narrative be included around how the ICB had delivered against the equality objectives; adding that this would demonstrate that everyone mattered within the WY ICB. HS asked whether intersectionality could be included for both workforce and communities. SCM advised that the census information released so far had not got this level of detail but it was hoped to be included in the future. It was noted the significant amount of work that had been undertaken within the area of equality and diversity and thanks went to all of the team who had contributed. **Action: A six monthly update to be presented to the Committee.** MH thanked SMC and IH for the report.	**SCM**
	The NHS West Yorkshire Integrated Care Board Quality Committee: • **NOTED** the assurance provided on progress against the equality agenda • **APPROVED** in principle the draft report and asked the author to seek any further place based content to strengthen the report. • **APPROVED** the process for delegated approval of any amendments made outside this Committee meeting.	
41	**Policy Statements - Safeguarding**	
	JT advised that the report updated on the transition from 5 CCG safeguarding policies to a single ICB policy.	

Item		Action
	It was noted that the UK government had announced that the full implementation of Liberty Protection Safeguards, which was due to replace Deprivation of Liberty Safeguards (DoLS) was currently awaiting the outcome of a consultation (July 2022). Additionally, the Prevent Duty was also awaiting the outcome of a consultation prior to amendment. The work on harmonisation would also consider the two outstanding actions from the Safeguarding Audit relating to policy implementation and monitoring effectiveness. MH asked whether the policy would link to other external safeguarding policies such as housing and police. JT responded that as part of the harmonisation that work would be undertaken to understand those links and any implications in this regard.	
	The WY ICB Quality Committee is asked to: • **NOTED** the ongoing work to harmonise Safeguarding policies and supporting policies across the ICB. • **APPROVED** the timeline for completion. • **NOTED** the inclusion to address the two outstanding actions from the Safeguarding audit.	
42	**Quality Committee Workplan 2022/23**	
	The Committee reviewed the workplan 2022/23; the workplan for 2023/24 would be brought to the next committee.	
	The NHS West Yorkshire Integrated Care Board Quality Committee: • **REVIEWED** the current Committee work plan.	
43	**Items and Risks for Escalation**	
	The Chair summarised the key themes of discussion to be included in the AAA report to the West Yorkshire Integrated Care Board.	
44	**Any Other Business**	
	There were no items raised.	
Date of next meeting: Tuesday, 25 April 2023, 1.00pm – 4.00pm		

Action No.	Agenda Item and action	Responsible	Deadline	Status
16/2022	**Minute 35 – Accuracy of Minutes/Action Log** A stroke update to be brought back to the Committee in 6 months.	James Thomas, Medical Director	August 2023	**Propose CLOSED** – scheduled on work plan
17/2022	**Minute 36 – Risk Register Update** JT would look at what health inequalities data was available and how this could be presented in a meaningful way to the committee.	James Thomas, Medical Director	April 2023	**OPEN**
18/2022	**Minute 37 – Quality Update** An update to be provided to the Committee on the investigations in Leeds into the significant increases' in the incidence of all Clostridium Difficile Infection (CDI) in 6 months' time.	Jo Harding, Director of Nursing (Leeds Place)	August 2023	**Propose CLOSED** – scheduled on work plan
19/2022	**Minute 37 – Quality Update** To share the process relating to Equality Quality Impact Assessments with the Quality Committee at a future meeting.	Jo Harding, Director of Nursing (Leeds Place)	August 2023	**Propose CLOSED** – scheduled on work plan
20/2022	**Minute 37 – Quality Update** To share place IPC Improvement Plans at a future meeting.	Place Directors of Nursing	August 2023	**Propose CLOSED** – scheduled on work plan
21/2022	**Minute 38 – Update on Ambulance Services** To establish whether the Quality Oversight Group was connected with the Safeguarding Oversight and Assurance Partnership group and ensure there was no duplication in the information and assurance flow.	James Thomas, Medical Director	April 2023	**OPEN**
22/2022	**Minute 38 – Update on Ambulance Services** To question the category 2 response time of 30 minutes and potential detrimental impact to patients.	James Thomas, Medical Director	April 2023	**OPEN**

23/2022	**Minute 40 – Equality and Diversity Annual Report** A six monthly update to be presented to the Committee.	Sarah Mackenzie-Cooper, Equality and Diversity Manager	August 2023	**Propose CLOSED** – scheduled on work plan
CLOSED IN PREVIOUS MEETING				
13/2022	**Minute 28 – Stroke Network – Update** RW requested that an update from the deep dive taking place be reported to the executive team prior to Quality Committee, answering three questions: • Are the ambitions set still appropriate? • Are we delivering against those ambitions? • Are we delivering against national standards?	James Thomas, Medical Director	January 2023	**CLOSED**
14/2022	**Minute 28 – Stroke Network – Update** The approach to addressing the health inequalities implications from the deep dive will be confirmed.	James Thomas, Medical Director	January 2023	**CLOSED**
15/2022	**Minute 30 – Committee Work Plan** Work plan to be updated	Laura Ellis, Director of Corporate Affairs	February 2023	**CLOSED**

Meeting name:	WY ICB Quality Committee
Agenda item no.	7
Meeting date:	25 April 2023
Report title:	Committee End of Year Review
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 ☒	Decision ☒ (approve/recommend/ support/ratify)	Action ☒ (review/consider/comment/ discuss/escalate	Information ☐

Previous considerations:

-

Executive summary and points for discussion:

On 21 March 2023, members of the Quality Committee were asked to complete a self-assessment survey. Regular attendees at the Committee were also asked to complete the survey, with the aim of providing a rounded view of the Committee's operation and performance.

This report asks the Committee to use the outcomes of the self-assessment to identify areas for inclusion in the Committee's annual report, together with reviewing the terms of reference and proposed work plan for 2023/24.

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)

(1) To **IDENTIFY** areas to highlight within the Committee's annual report.
(2) To **REVIEW** the Committee's terms of reference and **RECOMMEND** any changes to the ICB Board for approval.
(3) To **REVIEW** the proposed Committee work plan and **RECOMMEND** to the ICB Board.

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 Committee plays an integral role in respect of the Risk Register and Board Assurance Framework and this is reflected in its terms of reference and work plan.

Appendices
Appendix 1 – Terms of Reference Appendix 2 – Work Plan
Acronyms and Abbreviations explained
ICB – Integrated Care Board

What are the implications for?

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

1. Introduction

1.1 On 21 March 2023, members of the Quality Committee were asked to complete a self-assessment survey. Regular attendees at the Committee were also asked to complete the survey, with the aim of providing a rounded view of the Committee's operation and performance.

1.2 The survey provides a helpful way to assess performance and evaluate the Committee's ability to discharge its respective duties and responsibilities effectively. The outcomes will help to inform the Committee's annual report, which will be submitted to the Audit Committee and onwards to the ICB Board. The outcomes can also be used to inform the Committee's annual review of its terms of reference and inform the forthcoming year's work plan.

1.3 The Committee will have met in development mode prior to the formal meeting to review the self-assessment findings in detail.

2. Committee Annual Report

2.1 All of the ICB Board's committees are required to produce an annual report, setting out its key achievements and areas for future development. Information related to attendance is also included. A template has been developed, which will be used by all the committees. Key information will also be extracted for inclusion in the ICB Annual Report.

2.2 The Committee is asked to confirm the key achievements and areas for development it would like to include within the annual report. The chair of the committee, supported by its lead director, will then draft the annual report for submission to the Audit Committee and ICB Board.

3. Terms of Reference

3.1 All of the ICB Board's committees are required to review their terms of reference annually to ensure they remain fit for purpose.

3.2 A number of proposed changes, together with areas for discussion, are flagged at **Appendix 1**. Further changes may also be identified as part of the Committee's development session prior to the meeting.

3.3 Any changes will be submitted to the ICB Board for approval.

4. Work Plan

4.1 An outline work plan has been drafted by the Governance Team for consideration by the Committee – attached at **Appendix 2**.

4.2 The Committee are asked to review this and identify any changes, prior to its submission to the ICB Board.

5. Next Steps

The Committee's chair, supported by lead director, will prepare the Committee's annual report for submission to the Audit Committee and ICB Board.

The Committee's terms of reference and work plan will be updated by the Governance Team to reflect the discussions and submitted to the ICB Board.

6. Recommendations

(1) To **IDENTIFY** areas to highlight within the Committee's annual report.
(2) To **REVIEW** the Committee's terms of reference and **RECOMMEND** any changes to the ICB Board for approval.
(3) To **REVIEW** the proposed Committee work plan and **RECOMMEND** to the ICB Board.

7. Appendices

Appendix 1 – Terms of Reference
Appendix 2 – Work Plan

NHS West Yorkshire Integrated Care Board

Quality Committee

Terms of Reference

Version control

Version:	2.1
Approved by:	ICB Board
Date Approved:	tbc
Responsible Officer:	Director of Nursing
Date Issued:	tbc
Date to be reviewed:	After 1 year

Change history

Version number	Changes applied	By	Date
0.1	Initial draft	Laura Ellis	21.09.21
0.2	Revised	Stephen Gregg, Governance Lead	18.02.22
0.3	Revisions based on national template	Kerry Warhurst	09.03.22
0.4	Review comments by Bev Geary, Director of Nursing Designate	Stephen Gregg	25.05.22
0.5	Revisions to ensure consistency with other ToRs. Clarification of membership	Stephen Gregg	15.06.22
1.0		Approved by the Board	01.07.22
1.1	Revisions following discussion at the first meeting of the Quality Committee	Laura Ellis	01.11.22
2.0		Approved by the Board	15.11.22
2.1	Annual review	Laura Ellis	18.04.23

1. Introduction

1.1 The Quality Committee ('the Committee') is established as a committee of the NHS West Yorkshire Integrated Care Board (ICB), in accordance with the ICB's Constitution, Standing Orders and Scheme of Reservation and Delegation.

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

1.3 The ICB is part of the West Yorkshire Integrated Care System, and has four core purposes:

- improve outcomes in population health and healthcare.
- tackle inequalities in outcomes, experience and access.
- enhance productivity and value for money; and
- help the NHS support broader social and economic development.

1.4 The ICS has identified a set of guiding principles that shape everything we do:

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

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

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

2. Purpose, role and responsibilities

2.1 The Committee will support the ICB in delivering its statutory quality functions and strategic objectives in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Act 2022.

2.2 The diagram at Appendix 1 sets out the relationship between the Committee and other committees/groups/boards focusing on quality.

2.3 Its role will be to scrutinise the effectiveness of quality governance and internal control that supports the ICB to effectively deliver its strategic objectives and provide sustainable, high quality care. The Committee will obtain and provide assurance, including through regular updates, to the ICB in relation to activities and items within its remit.

2.4 Its responsibilities are to:

- Be assured that there are robust processes in place for the effective management of quality
- Scrutinise structures in place to support quality planning, control and improvement, to be assured that the structures operate effectively, and timely action is taken to address areas of concern
- Agree and put forward the key quality priorities that are included within the ICB strategy/ annual plan
- Oversee and monitor delivery of the ICB key statutory requirements
- Review and monitor those risks on the Board Assurance Framework and Corporate Risk Register which relate to quality, and high-risk operational risks which could impact on care. Ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner
- Oversee and scrutinise the ICB's response to all relevant (as applicable to quality) Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the Department of Health and Social Care, NHS England and other regulatory bodies and external agencies (e.g. Care Quality Commission, the National Institute for Health and Care Excellence) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained
- Maintain an overview of changes in the methodology employed by regulators and changes in legislation/regulation and assure the ICB that these are disseminated and implemented across all sites
- Ensure all agreed areas of improvement identified by the SQG and others have a nominated lead for delivery

- Oversee and seek assurance on the effective and sustained delivery of agreed ICB quality improvement programmes delivered at Place or by programme or provider collaborative or other.
- Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers and place
- Receive assurance that the ICB identifies lessons learned from all relevant sources, including, incidents, never events, complaints and claims and ensures that learning is disseminated and embedded
- Receive assurance that the ICB has effective and transparent mechanisms in place to monitor mortality and that it learns from death (including coronial inquests and PFD report)
- To be assured that people drawing on services are systematically and effectively involved as equal partners in quality activities
- Scrutinise the robustness of the arrangements for, and assure compliance with, the ICB's statutory responsibilities for safeguarding adults and children
- Scrutinise the robustness of the arrangements for, and assure compliance with, the ICB's statutory responsibilities for infection prevention and control
- Scrutinise the robustness of the arrangements for, and assure compliance with, the ICB's statutory responsibilities for equality and diversity as it applies to people drawing on services
- Scrutinise the robustness of the arrangements for, and assure compliance with, the ICB's statutory responsibilities for medicines optimisation and safety
- Have oversight of and approve the Terms of Reference and work programmes for the groups reporting into the Quality Committee including the System Quality Group and its sub-group the Quality Leads, Infection Prevention and Control, agreed quality improvement programmes.

3. Membership and attendance

3.1 The membership will comprise:

Membership

- **Chair** Non-Executive member of the ICB with a role for quality
- **Vice-Chair** Non-Executive member of the ICB
- ICB Director of Nursing
- ICB Medical Director
- Quality Lead for each Place
- Healthwatch representative

Attendees

3.2 Attendees will routinely include:

- Associate Director Strategic Operations
- Director of Corporate Affairs

3.3 Partner representatives (sector / collaborative) may be invited to attend as required.

3.4 A member of the Race Equality Network will be invited to attend.

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

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

4. Arrangements for the conduct of business

4.1 Chairing meetings

The meetings will be run by the chair. In the event of the chair of the committee being unable to attend all or part of the meeting, the vice chair shall chair the meeting.

4.2 Quoracy

For meetings to be quorate, a minimum of 50% of the membership is required, including the Chair or Vice-Chair, Quality lead for each place (or nominated representative) and one ICB executive member.

For the sake of clarity:

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

Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting. Members are normally expected to attend at least 75% of meetings during the year.

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

4.3 Voting

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

a. All members of the committee (or nominated deputies) who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, members of the committee are set out at paragraph 3.1; attendees and observers do not have voting rights.)
b. Absent members may not vote by proxy. Absence is defined as being not present at the time of the vote, but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so.
c. A resolution will be passed if more votes are cast for the resolution than against it.
d. If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote.
e. Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

4.4 Frequency of meetings

The Committee will meet bi-monthly.

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

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

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

4.5 Urgent decisions

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

a) The powers which are delegated to the Committee, may for an urgent decision be exercised by the Chair of the Committee and the lead Executive Director.

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

4.6 Admission of the press and public

Meetings of the Committee will be open to the public.

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

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

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

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

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

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

4.7 Declarations of interest

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

comply with these arrangements, which must be recorded in the minutes of the meeting.

4.8 Support to the Committee

The Committee's lead directors are the Director of Nursing and Medical Director. Administrative support will be provided to the Committee by officers of the ICB. This will include:

- Agreement of the agenda with the Chair in consultation with the Lead Directors, taking minutes of the meetings, keeping an accurate record of attendance, key points of the discussion, matters arising and issues to be carried forward.
- Maintaining an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.
- Sending out agendas and supporting papers to members five working days before the meeting.
- Drafting minutes for approval by the Chair and ICB Lead Directors within five working days of the meeting and then distribute to all attendees following this approval within 10 working days.
- An annual work plan to be updated and maintained on a monthly basis.

5. Authority

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

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

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

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

6. Reporting

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

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

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

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

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

7. Conduct of the committee

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

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

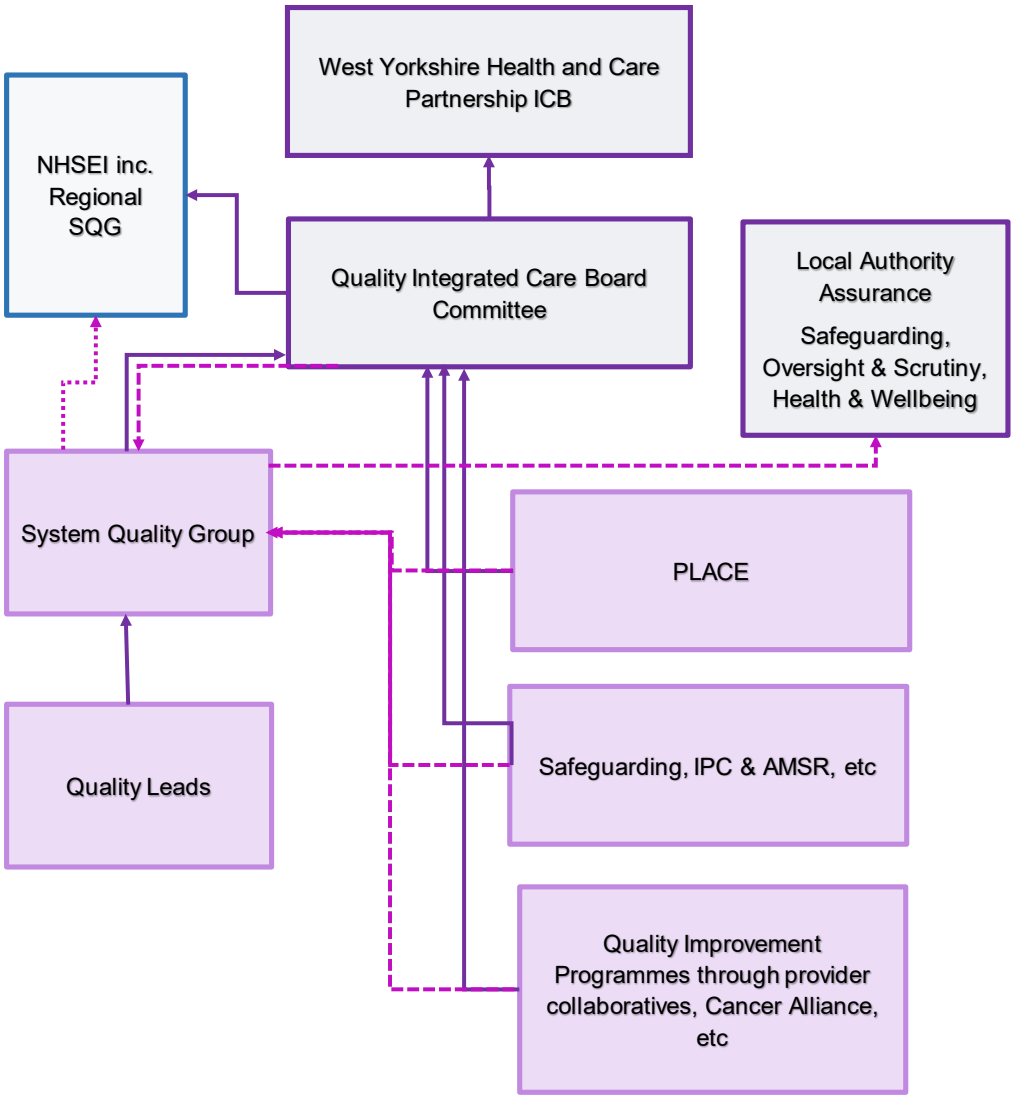
7.3 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

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

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

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

Diagram of relationship between ICB, Place and programmes of work



	Apr	Jun	Aug	Oct	Dec	Feb	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	X	
Action log	X	X	X	X	X	X	
Forward Work Plan	X	X	X	X	X	X	
Governance							
Review terms of reference	X						
Governance Structure of the Quality Committee and Supporting Places			X				
Assess committee effectiveness	X						
Risk management • Board Assurance Framework • Risk register	 X X	 X X	 X X	 X X	 X X	 X X	
Policies • Safeguarding Policies • Liberty protection Standards (LPS)		 X X					
Complaints Annual Report		X					
Quality							
Quality Functions and Responsibilities of Integrated Care Boards			X				
Non-surgical oncology			X				Angie Craig, Programme Director for NSO, Jason Pawluk, Programme Director, West Yorkshire & Harrogate Cancer Alliance
Reporting from other groups – escalation / assurance - System Quality Group - Clinical Forum - West Yorkshire-wide issues requiring assurance	X	X	X	X	X	X	To be built into wider quality update
Dashboard and quality indicators	X	X	X	X	X	X	

Quality Accounts – oversight and assurance		X				X	
CQC inspection on UEC services				X			
System response to Ockenden Review on maternity services		X					Single plan not due until Easter
Stroke Network Update			X				
Quality aspects of primary care		X					To come to future meeting with Primary Care Access Plan (potentially June).
Winter Planning				X	X	X	
Learning from dispersal of asylum seekers incident		X					June 2023 Bev Geary/ Philippa Hubbard (Bradford)
Update on ambulance services	X						
LeDeR Reviews	X						
Quality implications of the transfer of the commissioning of pharmacy, optometry and dentistry services from NHSE		X					
MCCD Pathway		X					James Thomas/Sohail Abbas
Equality, Diversity and Inclusion • Annual Report 2024 • Six monthly update • EQIA Process			 X X			X	
Patient Safety Incident Reporting (PSIRF)	X						
Single Maternity Plan		X					
Primary Care Access Plan		X					
Infection Prevention and Control • Place IPC improvement plans • CDI update			 X X				

Meeting name:	WY ICB Quality Committee
Agenda item no.	8
Meeting date:	25 April 2023
Report title:	Board Assurance Framework (BAF)
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 ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☒ (review/consider/comment/ discuss/escalate	Information ☐

Previous considerations:

West Yorkshire ICB Audit Committee – 28 July 2022, 15 September 2022, 15 December 2022
West Yorkshire ICB Board – 1 July 2022, 20 September 2022, 15 November 2022, 17 January 2023, 21 March 2023
West Yorkshire ICB Board Development Sessions – 17 May, 21 June and 16 August 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.

At the ICB Board on 21 March 2023, the ICB's first Board Assurance Framework (BAF) was received and approved. The ICB will now move to the proposed ongoing review and assurance mechanisms that are set out within the Integrated Risk Management Framework.

The Board will review the fully populated BAF bi-annually (mid-year and year-end) to affirm that sufficient levels of controls and assurances are in place in relation to the organisation's strategic risk. This will be complemented by a bi-annual review of the action plan (detailing all mitigating actions) and the heatmap (which details the current and target score of each strategic risk).

It was agreed that the way in which the Committees will review the BAF, and use it to inform their work, would be explored in the early meetings of 2023/24.

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)

(1) To **NOTE** the principal risks within the Board Assurance Framework, for which the Quality Committee are the nominated lead committee. (2) To **CONSIDER** how the Committee can support the Board, and provide assurance on these risks.
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 sets out those risks within the Board Assurance Framework for which the Quality Committee is the lead committee.
Appendices
Appendix 1 – Extract of WY ICB Board Assurance Framework relating to the Quality Committee
Acronyms and Abbreviations explained
BAF – Board Assurance Framework ICB – Integrated Care Board

What are the implications for?

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

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.

1.4 Board Assurance Framework

1.4.1 The BAF provides the ICB with a method for the effective and focused management of the principal risks and assurances to meeting its objectives. By using the BAF the ICB can be confident that the systems, policies and people in place are operating in a way that is effective in delivering objectives and minimising risks.

1.4.2 As part of the Annual Report and Accounts, the Chief Executive will be required to prepare an Annual Governance Statement. In order to do this, the ICB needs to be able to demonstrate that it has been properly informed through assurances about all relevant risks and that conclusions have been drawn from evidence. The ICB also needs to be able to show that it has systematically identified its objectives and managed the principal risks to achieving them. The BAF provides a structure to support this process.

1.4.3 At the shadow ICB Board development session on 21 June, time was spent exploring a proposed approach to developing the Board Assurance Framework. It was agreed that the approach would be based on the core mission of the ICS and local and national priorities:

Mission of the ICS:

- To reduce inequalities
- To tackle variation in care
- To use our collective resources wisely

- To secure benefits of investing in health and care

Priorities for the ICS defined as:

- Local ambitions – agreed through our strategy
- National requirements – set out in the planning guidance and Constitution
- Other statutory requirements – that are not included in the above

1.4.4 Priorities were mapped against the mission, and a series of key strategic risks were identified which were discussed by Board members. It was confirmed that there would be a single Board Assurance Framework across the ICB and places, and that the actions and mitigations would be predominantly at place level.

1.4.5 At the Board development session on 16 August, time was spent further developing the ICB's risk appetite framework to reflect its approach to risk. By defining its risk appetite, the ICB can maximise opportunities for improvement as well as effectively mitigate against risk.

1.4.6 The ICB's risk appetite is not a single, fixed concept – and a single high level risk appetite statement would not be sufficient to articulate the ICB's approach to risk. The ICB Board has therefore agreed to set four levels of risk appetite:

Risk Appetite	Description
Averse	• Avoidance of risk is a key organisational objective • Our tolerance for uncertainty is very low • We will always select the lowest risk option • We would not seek to trade off against achievement of other objectives
Cautious	• We have limited tolerance of risk with a focus on safe delivery • Our tolerance for uncertainty is limited • We will accept limited risk if it is heavily outweighed by benefits • We would prefer to avoid trade off against achievement of other objectives
Open	• We are willing to take reasonable risks, balanced against reward potential • We are tolerant of some uncertainty • We may choose some risk, but will manage the impact • In the right circumstances, we will trade off against achievement of other objectives
Bold	• We will take justified risks. • We expect uncertainty • We will choose the option with highest return and accept the possibility of failure

	• We are willing to trade off against achievement of other objectives

1.4.7 In the first iteration of the ICB Board's Assurance Framework (BAF), the Board has agreed that the articulation of the ICB's principal risks be based on the core mission of the ICS and local and national priorities. Priorities have been mapped against the mission, and a series of key strategic risks have been identified. As the ICB refreshes its strategy and associated objectives, the BAF will evolve to reflect the ICB's strategic objectives.

1.4.8 A Task and Finish Group was established to support the continued development of the BAF against the ICB's strategic plan. The Group, made up of Board members and partners, commenced work during November and supported the submission of the ICB's first full BAF to the March ICB Board.

1.4.9 In the first phase, which was reported to the Board in January, the Task and Finish Group oversaw the linking of each principal risk to a lead director and lead committee/Board to ensure ownership of risks. Each of the lead directors had populated the ICB core controls and assurances and had started to prepare to link with Places. The Board approved the first phase of the BAF.

1.4.10 Following this, work commenced with each of the five Places to complete the outstanding elements of the BAF. This focused on:

- Each Place identifying a succinct set of controls and assurances.
- Each Place considering a target and current risk score for the respective Place on each risk (it was not assumed that these would be the same as the WY score or consistent across all Places).
- Each Place to identify a set of mitigating actions that were SMART (i.e. specific, measurable, achievable, relevant and time bound).

1.4.11 Once each Place had populated the BAF, there was an opportunity for each Place to review the full BAF, and executive directors and members of the Task and Finish Group were also invited to comment.

1.4.12 The Board approved the first Board Assurance Framework for the ICB on 21 March 2023. It was recognised that the next step would be for the ICB to move to the proposed ongoing review and assurance mechanisms that are set out within the Integrated Risk Management Framework.

1.4.13 The Board will review the fully populated BAF bi-annually (mid-year and year-end) to affirm that sufficient levels of controls and assurances are in place in relation to the organisation's strategic risk. This will be complemented by a bi-annual review of the action plan (detailing all mitigating actions) and the heatmap (which details the current and target score of each strategic risk).

1.4.14 The Board is supported in this work by the West Yorkshire Quality Committee, West Yorkshire Finance, Investment and Performance Committee and the five place partnership committees. It was agreed that the Committees would

review the BAF and explore how they would use it to inform their work, in the early meetings of 2023/24.

1.4.15 The full BAF is available to view at: 07_Board_Assurance_Framework.pdf (wypartnership.co.uk)

1.4.16 There is one strategic risk linked to the Quality Committee:

	Strategic risk	Risk appetite	Target WY score	Current WY score	Lead director(s) / board lead	Lead committee / board
2.2	There is a risk that as a system we fail to innovate, learn lessons and share good practice that allows us to respond to service pressures resulting in widening variations across our footprint.	Open	4	12	James Thomas	Quality Committee

1.4.17 An extract of the detail relating to the above risk is attached at **Appendix 1**.

2. Next Steps

2.1 The Committee is asked to consider its role in respect of the BAF – for example, are these the areas that are under discussion in meetings?

2.2 The Committee could choose to undertake deep dives in particular areas to strengthen the assurance it can give to the Board.

3. Recommendations

(1) To **NOTE** the principal risks within the Board Assurance Framework, for which the Quality Committee is the nominated lead committee.

(2) To **CONSIDER** how the Committee can support the Board, and provide assurance on these risks.

4. Appendices

Appendix 1 – Extract from WY ICB Board Assurance Framework relating to Quality Committee

WYICB - Board Assurance Framework - ICB and places							Version: 0.7	Date: February 2023
Mission 2	Failure to manage the strategic risk could result in a failure to **MANAGE UNWARRANTED VARIATION IN CARE**						**Lead director(s) / board lead**	James Thomas
Strategic risk 2.2	There is a risk that as a system we fail to innovate, learn lessons and share good practice that allows us to respond to service pressures resulting in widening variations across our footprint.						**Lead committee / board**	Quality Committee
ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**	
	Target (ICB)			**Current (ICB)**			This risk is higher than the ICB target despite having clear governance arrangements across the ICB. Although boards have been established with a wide range of stakeholders, these are relatively new and are currently establishing a rhythm and recognition of function. Working with our five places whilst recognising subsidiarity has logistical challenges for sharing data, information and escalation which are being worked through across all work areas. Provider collaboratives are already in place for Mental Health, Acute, and some Community services.	
OPEN	**Likelihood**	**2**	**4**	**Likelihood**	**3**	**12**		
	Impact	**2**		**Impact**	**4**			
Key controls *(What helps us mitigate the risk?)*							**Mitigating actions** *(What more are we/should we be doing at ICB level?)*	
1	Clear governance around Quality with NHSE, providers and places working collaboratively to share learning and report via System Quality Group and ICB Quality Committee						**1.** Annual review of system priorities using a prioritisation framework that includes a lens on Health Inequalities **2.** Research Innovation Digital Collaborative planned for this year to ensure sight of the work that each member is undertaking **3.** Assurance Group on research proposals to ensure cross-programme scrutiny	
2	Inclusive Innovation and Improvement Programme Board establised between ICB / AHSN / other key stakeholders							
3								
Sources of assurance *(Where is the evidence that the controls work?)*							**Links to ICB risk register** *(Reference numbers/brief description)*	
1	AHSN embedded within the ICB structure						No information provided	
2								
3							**See the separate Positive Assurance Log**	

Bradford District and Craven (BD&C)		Place lead:	Mel Pickup				Nominated lead for this risk:	Michelle Turner
ICB risk appetite	**Place risk scores**						**Rationale for current place score**	
	Target (BD&C)			**Current (BD&C)**			Target as per the WYICB scores. Recommend the BDC HCP current score is less at 2x3. Would agree with the rationale noted but recognise that we don't have the issue of 5x places and the logistical challenges associated with this. Recognise the requirement to implement the BDC HCP strategy and 'inverting the power to act' at locality level - this is ongoing through Healthy Communities and Living Well Programmes	
OPEN	**Likelihood**	**2**	**4**	**Likelihood**	**2**	**6**		
	Impact	**2**		**Impact**	**3**			
Key controls *(What helps us mitigate the risk?)*							**Mitigating actions** *(What more are we/should we be doing at place?)*	
1	Committee structure in place including BDC HCP System Quality Committee which oversees the process of mutual assurance of quality of care delivered by local providers, which identifies issues, and supports improvement. In addition we have Priority and Enabler Programme Boards that provide ownership to transforming services across all place based partners						1. Process to implement prioritisation framework is not yet in place (Sep 2022) now included in the Governance decision making process / flowchart agreed by PLE Jan 2023? 2. Newly established governance arrangements which will take time to embed (Committee Effectiveness review Feb/ March 2023) 3. Current reset of BDC priorities is still underway and outcome will influence response to service pressures and variation in service provision (March 2023)	
2	The Innovation Hub identifies proven best practice and supports local teams to adopt and adapt across the BDC HCP							
3	Prioritisation framework and resource alignment being developed alongside strategic principles that have been produced by the BDC System Strategy working group to try and narrow the gap							
Sources of assurance *(Where is the evidence that the controls work?)*								
1	Assurance through Internal Audit of our transformation programmes and via ongoing reporting and challenge through individual Programme Boards, Partnership Board, Clinical Forum PLE and PLT at place and SQC/SQG and ICB governance structures - through AAA updates from assurance and governance committees (F&PC and SQC) and priority and enabler programmes							
2	The Innovation Hub networked to all other parts of our BDC governance structure, including whole system enabling strategy groups for population health management, workforce, digital, estates, and communication & engagement. Supported by shared system committees for Finance and Performance, Quality and Safety, and our Clinical Forum. The Hub maintains strong links with Bradford Institute of Health Research (BIHR), Yorkshire & Humber AHSN, Yorkshire and Humber Improvement Academy (IA) and the University of Bradford (UoB)							
3	Recommendations on investment / dis-investment take into account EQIAs/QEIAs, output from the prioritisation tool and demonstrate strategic fit.							

Calderdale		Place lead:	Robin Tuddenham				Nominated lead for this risk:	Neil Smurthwaite
ICB risk appetite	**Place risk scores**						**Rationale for current place score**	
	Target (Calderdale)			**Current (Calderdale)**			Partnership Board is fairly new, however partnership working is established within Calderdale.	
OPEN	**Likelihood**	**2**	**4**	**Likelihood**	**3**	**6**		
	Impact	**2**		**Impact**	**2**			
Key controls *(What helps us mitigate the risk?)*							**Mitigating actions** *(What more are we/should we be doing at place?)*	
1	Place-based Quality Group established to ensure we continue to share lessons and good practice.						More utilisation of data needs to be done to join up decisions, working on proposals across partners to have population health viewpoint.	
2	Clinical and Professional Forum also established.							
3	Primary Care Strategy Group due to be established.							
Sources of assurance *(Where is the evidence that the controls work?)*								
1	Regular reporting to CCPB.							
2								
3								

Kirklees		Place lead:	Carol McKenna				Nominated lead for this risk:	Carol McKenna
ICB risk appetite	**Place risk scores**						**Rationale for current place score**	
	Target (Kirklees)			**Current (Kirklees)**			Reflected the current WYICB wide score at the moment, as we do not have a specific risk for this area in our Kirklees place risk register.	
OPEN	**Likelihood**	**2**	**4**	**Likelihood**	**3**	**12**		
	Impact	**2**		**Impact**	**4**			
Key controls *(What helps us mitigate the risk?)*							**Mitigating actions** *(What more are we/should we be doing at place?)*	
1	Kirklees ICB Transformation Sub-Committee, supported by the Kirklees Delivery Collaborative as mechanism to enable shared learning across providers						Increase visibility and understanding of the role of the Academic Health Science Network (AHSN) and how it supports work in place. Establish clearer connections between the WY ICB Innovation and Improvement Board and the Health and Care Partnership	
2	Working across places and with WY programmes to share learning and experience, identify variation, and opportunities for improvement							
3	Clear governance around Quality oversight in place with providers, working collaboratively to share learning and report via System Quality Group and ICB Quality Sub-Committee							
Sources of assurance *(Where is the evidence that the controls work?)*								
1	Evidence of early adoption and innovation in place eg UCR, Lung Health Checks, approach to neighbourhood working.							
2	Reports to Kirklees Sub-Committees demonstrating provider collaboration, examples of innovation and shared learning							
3	Active participation in WY networks and programmes with evidence of having shared learning from Kirklees, and adopted it from elsewhere.							

Leeds		Place lead:	Tim Ryley				Nominated lead for this risk:	Jo Harding
ICB risk appetite	**Place risk scores**						**Rationale for current place score**	
	Target (Leeds)			**Current (Leeds)**			Although the Leeds governance arrangements have been established with a wide range of stakeholders, these are relatively new and are currently establishing a rhythm and recognition of function.	
OPEN	**Likelihood**	**2**	**4**	**Likelihood**	**3**	**12**		
	Impact	**2**		**Impact**	**4**			
Key controls *(What helps us mitigate the risk?)*							**Mitigating actions** *(What more are we/should we be doing at place?)*	
1	Clear governance arrangements in place to provide assurance to the Leeds Committee of the ICB. Place partners working collaboratively through the Assurance Sub-Committees (Quality & People's Experience, Delivery and Finance & Best Value).						1. To clearly state our shared culture, principles, framework and commitment to quality improvement at a LHCP. To task appropriate senior managers and experts to agree on the shared system QI approach/ principles and framework.	

2	Regular contribution and representation at the ICB Quality Committee and System Quality Group
3	Regular contribution and representation at the WY ICB Safeguarding Oversight and Assurance
4	As a partner with Leeds Academic health partnership identifying opportunities from health professionals, academic researchers and businesses to catalyse change.
Sources of assurance *(Where is the evidence that the controls work?)*	
1	Regular arrangements to evaluate the effectiveness of the Sub-Committees.
2	Emerging system-wide networking between Quality Improvement leaders across the partnership.
3	Leeds Academic Health Partnership membership with representation at Board and implementation levels.

2. To work with WYICB core team to determine common reporting mechanisms that reduce duplication and agree common data sets to support assurance.

Wakefield **Place lead: Jo Webster** **Nominated lead for this risk: Colin Speers**

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Wakefield)			Current (Wakefield)			
OPEN	Likelihood	2	4	Likelihood	3	12	Although committees and forums have been established with a wide range of stakeholders, these are relatively new and are currently establishing a rhythm and recognition of function. Working with our partner organisations whilst recognising challenges for sharing data, information and escalation which are being worked through across all work areas. Governance is in place with connection to West Yorkshire Safety and Quality Group and Quality Committee.
	Impact	2		Impact	4		

	Key controls *(What helps us mitigate the risk?)*	Mitigating actions *(What more are we/should we be doing at place?)*
1	Clear governance around quality, safety and patient experience with regular reports through to Integrated Assurance Committee, Wakefield District Health and Care Partnership and People Panel	1. Development of the Delivery Plan 2. Review of the meeting infrastructure to support delivery 3. Further work on patient safety priorities, development of place quality priorities, and alignment with West Yorkshire quality dashboard
2	Experience of Care Network - sharing good practice	
3	Professional Collaboration Forum which looks at Pathways and Decision Support Tools to remove unwarranted variation	
Sources of assurance *(Where is the evidence that the controls work?)*		
1	Reports provided of peer reviews and quality audits	
2	Minutes of meetings	
3	Recommendations and action plans from Care Quality Commission inspections	

Meeting name:	WY ICB Quality Committee
Agenda item no.	9
Meeting date:	25 April 2023
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 ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☒ (review/consider/comment/ discuss/escalate	Information ☐

Previous considerations:

WY Executive Management Team – 19 April 2023

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 (as at 14 April).

This is shared with the WY Quality Committee and WY Finance, Investment and Performance Committee on 25 April 2023, ahead of submission to the May ICB Board.

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

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes

☒ Enhance productivity and value for money

☒ Support broader social and economic development

Recommendation(s)

The 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 14 April 2023 Appendix 2 – ICB Corporate Risks – Risk on a Page Report as at 14 April 2023 Appendix 3 – Place risks scoring 15+ as at 14 April 2023 Appendix 4 – Common risk mapping as at 14 April 2023
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 first risk cycle of 2023/24 on 22 March 2023, and this will conclude after the next Board in May. This report reflects the current position within the risk cycle. This may result in further changes to risks before the report is produced for the Board in early May.

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 that have been identified as being **common** to more than one place, having the potential to impact multiple places, or requiring active management by a number of organisations.
- **Place** risks with a score of 15+ that are unique to one place.

2.4 To support the reporting to the ICB Board, all corporate risks are aligned to appropriate ICB Committees for oversight – with risks categorised as Quality; Finance, Investment and Performance; or both. For those risks highlighted within this report, this is flagged, so the Committee can focus on the pertinent risks within its remit.

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 risk cycle.

3.2 There are 41 risks for review **(Appendix 1)**. Of these:

- 16 (39%) are identified as finance, investment and performance risks *(previous cycle – 21; 49%)*
- 9 (22%) are identified as quality risks *(previous cycle – 9; 21%)*
- 16 (39%) are identified as being both finance, investment, performance and quality risks *(previous cycle – 13 (30%)*

3.3 Of the 41 risks, there are:

- 2 newly identified risks (see 3.4)
- 4 risks marked for closure (see 3.5)
- 10 high level open risks scoring 15 or above (see 3.6)

3.4 **New Risks**

There are two new risks identified during the risk cycle (as at 14 April); it is expected that additional risks will be added prior to the Board (see paragraph 6).

Risk Ref:	Score	Risk Wording	Committee
2268	16 (4x4)	There is a risk that current work programmes both at Place and within the Long Term Conditions and Personalisation Function are now at risk, due to reduced programme funding in 2023/24. Resulting in a need to review objectives of the LTC&P team and place teams and review ways of working within Place. We have received 90% LESS for Diabetes and CVD funding compared to 2022/23 Stroke – to be confirmed Personalisation – no funding 2023/24 Unpaid carers – no funding 2023/24	FIP and Quality
2267	9 (3x3)	There is a risk in relation to the impact of economic pressures on patients across the LMNS. The impact of this risk may be that patients are unable to attend appointments, or make phone calls, or be able to provide their own self-care during pregnancy. This may impact on or lead to poorer birth outcomes.	Quality

3.5 **Risks Marked for Closure**

There are four risks marked for closure this risk cycle.

Risk Ref.	Score	Risk Wording	Reason for Closure
2233 (FIP)	12 (I4 x L3)	There is a risk of a successful cyber attack, hack and data breach.	Duplicate risk

		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.	
2104 (Quality)	6 (I3 x L2)	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.	Reached tolerance
2100 (FIP)	4 (I2 x L2)	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	Reached tolerance
2099 (FIP)	4 (I2 x L2)	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.	Reached tolerance

3.6 **High Level Risks**

There are six open risks rated as Critical (scoring 20 or 25), one more than at the last risk cycle.

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

Risk Ref:	Score	Risk Wording
2036 (Quality)	25 (I5 x L5) ↑	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. 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.
2119 (FIP)	20 (I5 x L4) ⇔	There is a risk that the ICS / ICB will not be able to agree a financial plan for 2023/24 that meets NHS England's requirements not to exceed its revenue resource limit. This is due to the significantly challenging financial environment driven by the local position in relation to the financial underlying position, national efficiency expectations, and ability / capacity to deliver the levels of productivity and efficiency needed to develop a balanced plan. This will result in NHS England intervention, a lower System Oversight Framework (SOF) assessment, reputational impact, and more importantly consideration of actions to live within our means which may impact detrimentally on achieving the ICB's strategic objectives and 10 big ambitions.
2232 (FIP and Quality)	20 (I5 x L4) ⇔	There is a risk that the needs and demands for NHS infrastructure investment in West Yorkshire is greater than the resources being made available to the ICB. This is due to the specific environmental and building issues prevalent in the West Yorkshire system and the finite capital resource being made available from HMT / DHSC / NHS England Resulting in poor quality estate and equipment, with resultant risks to safety, quality, experience and outcomes.
2194 (FIP)	20 (I4 x L5) ⇔	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.
2166 (FIP)	20 (I4 x L5) ↑	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.
2120 (FIP and Quality)	20 (I5 x L4) ⇔	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 reducing pressure on GPs and other health services.
2268 (FIP and Quality)	16 (I4 x L4) NEW	There is a risk that current work programmes both at Place and within the Long Term Conditions and Personalisation Function are now at risk, due to reduced programme funding in 2023/24. Resulting in a need to review objectives of the LTC&P team and place teams and review ways of working within Place. We have received 90% LESS for Diabetes and CVD funding compared to 2022/23 Stroke – to be confirmed Personalisation – no funding 2023/24 Unpaid carers – no funding 2023/24
2176 (Quality)	16 (I4 x L4) ⇔	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 (FIP and Quality)	16 (I4 x L4) ⇔	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, and reputational damage across WYAAT members.
2174 (FIP and Quality)	16 (I4 x L4) ⇔	There is a risk that future covid waves, urgent and emergency care pressures and continued industrial action will negatively impact the delivery of all elective care, due to reduced workforce and bed capacity. This will lead to reduced elective capacity, increased backlogs, delays to patient care, and implementation of

		new models of working to address backlogs across WYAAT.

3.9 **Risk on a Page Report**

This document provides an overview of all ICB risks, and shows trends over a number of cycles and flags 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. We are seeing a number of risks increasing in score, including two that are deemed high risk and consideration should be given to what further steps can be taken to manage the risk:
    - RAAC at Airedale – is now at the highest level of risk, scoring 25. (Quality Committee)
    - Cyber attacks. (Finance, Investment and Performance Committee)
- A graph showing the changing number of risks on the register – this helps to highlight the management of the ICB's risks, and it is stable.
- 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. There is a small increase this cycle, however it remains stable.
- 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. A large number of risks have remained static for more than 1 cycle, including several high level risks. It is recommended that additional attention is given to these, to determine what further steps can be taken and that sufficient attention is being given to those at a high level.

4. Place Risks

4.1 The scheduling of Place Committees and the WY Committees 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 May Board meeting.

4.2 The detail of each high level risk across the five places can be found at **Appendix 3**.

5. Common Risks

5.1 The Risk Management Operational Group met on 12 April to undertake initial detailed common risk mapping. This work has been done, but it was recognised two Places (Calderdale and Wakefield) were using unreviewed risks, and that further movement is likely prior to Board. The initial work is set out at **Appendix 4**.

6. Areas for Potential Inclusion

6.1 In early April, the Director of Corporate Affairs contacted a number of members of the Executive Management Team to seek their assistance in completing changes and adding potential new risks to the Corporate Risk Register:

- This is the first risk cycle of the new year. Risks that relate **solely** to 2022/23 should be closed; and new risks opened for 2023/24.
- Movement of YAS ambulance performance standards risk from Wakefield Place risk register to the Corporate risk register as a WY wide risk.
- Movement of possible business continuity event risk from Leeds Place risk register to the Corporate risk register as a WY wide risk.
- Movement of Liberty Protection Safeguard risk from 4 x Place risk registers to the Corproate risk register as a WY wide risk.
- Potential inclusion of new risks relating to work on the operating model.
- Potential inclusion of a corporate risk relating to CYP neurodiversity.

6.2 This is due to be discussed at the Executive Management Team on 19 April, and any changes will be reported verbally into the appropriate Committees.

6.3 During common risk mapping members of the Risk Management Operational Group identified a number of potential changes or emerging risks:

- Local Care Direct and Out of Hours cover – this has been identified as a common risk over a number of cycles. It has been confirmed by Place risk owners that this would more accurately be described as a WY risk for inclusion on the corporate risk register and it is proposed for movement.
- PSIRF – this risk is in the process of being added to a number of Place risk registers, however the Group believe it could more accurately be described as a WY risk.
- Financial risks for 2023/24 in Places do not yet appear to have been added, and 2022/23 risks not consistently closed down.
- Prescribing costs – this risk features on 3 Place risk registers relating to the financial impact of prescribing costs. The Group have questioned whether this could be described as a WY risk, or Place specific.
- Impact of social care costs – a number of Places are discussing whether this should be included.

7. Next Steps

7.1 The ICB's Risk Register report will be presented to the ICB Board in May 2023.

7.2 Subsequent to this, any closed risks will be archived and open risks carried forward to the next risk review cycle.

7.3 Work continues to evolve the ICB Risk Register, and further work will be carried out with risk owners during the next risk cycle to quality check the wording and scoring of the risks.

8. Recommendations

The 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	Risk Status
2036	07/07/2022	Quality	Improve healthcare outcomes for residents	25	(I5xL5)	9	(I3xL3)	Laura Siddall	Anthony Kealy	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. 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.	*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. A further delivery of 60 units arrived in Feb 2023.	- It remains uncertain whether the national funding required to build a new hospital for ANSHFT 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.	Update (03/04/23) - Risk likelihood has been increased to 5 to mirror AHFT's rating on their register. An exercise is being organised to test the multi-agency response protocol. Update (25/01/2023) - Risk has been updated following advice from the governance team. 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. Work is now beginning ti test this protocol with a multi-agency exercise. 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 plans to ensure that services remain available to the Bradford district and Craven population. Winter is a period of heightened risk for	- The trust's monitoring programme has detected areas of weaknesses at an early stage before significant collapses have occurred.	- The risk of RAAC is difficult to quantify due to unknown information (currently, further research is being carried out into the resilience of RAAC). This makes it difficult for the WY ICB to balance the option of commissioning services from ANHSFT (and exposure to RAAC risk) versus the option of not commissioning services from ANHSFT (to avoid RAAC risk) and the subsequent risk to patient care by overburdening the health system across Yorkshire through reduced capacity. - It is unknown how the public and staff would react if a collapse happened at another RAAC site or part of Airedale General Hospital needed to be evacuated. The public and staff may lose confidence and choose not to attend Airedale General Hospital, putting pressure on the Yorkshire health system.	Increasing
2232	09/02/2023	Both FPC and QC	Improve healthcare outcomes for residents	20	(I5xL4)	12	(I4xL3)	Adrian North	Jonathan Webb	There is a risk that the needs and demands for NHS infrastructure investment in West Yorkshire is greater than the resources being made available to the ICB. This is due to the specific environmental and building issues prevalent in the West Yorkshire system and the finite capital resource being made available from HMT / DHSC / NHS England Resulting in poor quality estate and equipment, with resultant risks to safety, quality, experience and	1. Oversight at WY ICS Finance Forum, supported by Capital Working Group 2. Utilisation of organisational and place / system risk registers to generate action 3. Risk based approach to prioritisation of operational capital (within our envelope) 4. Risk based approach to lobbying for strategic capital	1. Shared understanding / discussion of the risks arising through the prioritisation process for operational capital.	1. Individual risks flagged through place based risk registers 2. Overview of strategic capital and progress at WY ICB FIPC	1. Presentation of capital information through WY Capital Working Group, and reporting of capital position including forecast and risk highlighted at WY ICB FIPC. 2. Capital position relating to both operational and other capital reported to WY ICB FIPC and WY ICB Oversight and Assurance Group SLT	Assurance provided through WY FIPC.	Static - 1 Archive(s)
2194	29/11/2022	Finance, Investment and Performance	Enhance productivity and value for money	20	(I4xL5)	6	(I3xL2)	Suzie Tilburn	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.	- 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 - Industrial Action Incident Management systems	None identified at this time	- 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 - Social Partnership Forum agenda and minutes	- 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, 13 December 2022, 1 February 2023 and 23 March 2023.	None identified at this time	Static - 2 Archive(s)
2166	16/10/2022	Finance, Investment and Performance	Enhance productivity and value for money	20	(I4xL5)	12	(I4xL3)	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	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	Increasing
2120	07/09/2022	Both FPC and QC	Improve healthcare outcomes for residents	20	(I5xL4)	12	(I4xL3)	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	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.	Control Gaps highlighted as part of the development of the WY Finance Strategy, which includes: - a long term investment model for a sustainable VCSE sector across WY with an identified WY finance lead - delivering on the shift of investment to prevention which includes moving a proportion of budgets from traditional service delivery models to the VCSE sector - re-designing commissioning processes by co-creating them with the VCSE sector - ensuring all place based VCSE infrastructure organisations have sufficient investment at Place - developing shared principles and a plan for how each Programme works with the VCSE sector	Intelligence from HPoC 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	VCSE involvement in shaping and influencing ICS strategies and plans. Intelligence from HPoC Board members.	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 - 4 Archive(s)
2119	07/09/2022	Finance, Investment and Performance	Enhance productivity and value for money	20	(I5xL4)	6	(I3xL2)	Adrian North	Jonathan Webb	There is a risk that the ICS / ICB will not be able to agree a financial plan for 2023/24 that meets NHS England's requirements not to exceed its revenue resource limit. This is due to the significantly challenging financial environment driven by the local position in relation to the financial underlying position, national efficiency expectations, and ability / capacity to deliver the levels of productivity and efficiency needed to develop a balanced plan. This will result in NHS England intervention, a lower System Oversight Framework (SOF) assessment, reputational impact, and more importantly consideration of actions to live within our means which may impact detrimentally on achieving the	The ICB has a number of controls in place 1. Comprehensive reporting and escalating issues to the FIPC and wider ICS/ICB 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. Functioning WY ICS Finance Forum, and developed and agreed Financial Framework. 4. Escalation of issues for consideration by Board of NHS WY ICB.	1. Working to develop a Efficiency Programme during the current financial year that is in place to reduce costs in 22/23 and beyond 2. 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	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 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 - 0 Archive(s)
2268	11/04/2023	Both FPC and QC	Improve healthcare outcomes for residents	16	(I4xL4)	4	(I4xL1)	Vanessa Hails	James Thomas	There is a risk that current work programmes both at Place and within the Long Term Conditions and Personalisation Function are now at risk, due to reduced programme funding in 2023/24. Resulting in a need to review objectives of the LTC&P team and place teams and review ways of working within Place. We have received 90% LESS for Diabetes and CVD funding compared to 2022/23 Stroke – to be confirmed Personalisation – no funding 2023/24 Unpaid carers – no funding 2023/24	Letter has been sent to NHSE to raise concerns that such a significant reduction has been made Programme Managers are working with Place Leads to review programmes of work and agree priorities for the coming year.	Further guidance on funding is expected to be received shortly	The funding reduction will necessitate a need to review objectives of the LTC&P team and review ways of working within Place	None identified	None identified at this stage	New - Open

2176	17/10/2022	Quality	Improve healthcare outcomes for residents	16	(I4xL4)	12	(I4xL3)	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.	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 (advert now live). Operational group in place to transact mutual aid to ensure gaps in provision are covered whilst the new model is designed and implemented.	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.	Fortnightly operational level meetings whose governance provides routes of escalations to the Steering group and to WYAAT Chief Operating Officers via the lead COO for cancer. The agreed governance model has representation from all WYAAT providers. Oversight through WYAAT governance and WYH Cancer Alliance Board.	None identified	None identified	Static - 3 Archive(s)
2175	17/10/2022	Both FPC and QC	Improve healthcare outcomes for residents	16	(I4xL4)	12	(I4xL3)	Lucy Cole	Anthony Kealy	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, and reputational damage across WYAAT members.	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. Bed capacity funding included in 23/24 allocation. 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	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. This is reflected in the draft 23/24 plan which does not meet the 92% G&A bed occupancy target.	Oversight through Finance, Investment and Performance Committee and Quality Committee.	None identified	None identified	Static - 3 Archive(s)
2174	17/10/2022	Both FPC and QC	Improve healthcare outcomes for residents	16	(I4xL4)	12	(I4xL3)	Lucy Cole	Anthony Kealy	There is a risk that future covid waves, urgent and emergency care pressures and continued industrial action will negatively impact the delivery of all elective care, due to reduced workforce and bed capacity. This will lead to reduced elective capacity, increased backlogs, delays to patient care, and implementation of new models of working to address backlogs across WYAAT.	- 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) established by ICB from 1 December 2022 to balance clinical risk over Winter. SCC capability being enhanced with roll-out of UEC RAIDR app from February 2023. - 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	Further industrial action subject to national negotiations.	Oversight through WYAAT governance structures of pressures impacting elective activity.	None identified	None identified	Static - 3 Archive(s)
2237	10/03/2023	Both FPC and QC	Improve healthcare outcomes for residents	12	(I4xL3)	4	(I2xL2)	Frank Swinton	Ian Holmes	There is a risk of contributing to climate change effects due to health and social care paying insufficient notice to the environmental impact of their processes. This will result in breach of legal responsibilities, inability to recruit and retain staff and adverse publicity.	• National Greener NHS team with targets/expectations around carbon reduction • National net zero carbon target of 2050 • Leeds Region net zero carbon target of 2038 • Education available to all staff/volunteers in health and social care in West Yorkshire • Several professional networks up and running	• Climate change team is 1.4 WTE (plus some other helpers). It is an agitation team and not a delivery team. Some organisations have plans and are taking action but some are not. • Greener NHS team is focused largely on carbon reduction in hospitals. Carbon emissions from other aspects of health and social care (such as primary care and social care) are missed, as are other dimensions of sustainability such as biodiversity loss, air pollution and ocean acidification. • Approximately half the organisations in WY ICB have not identified a Board level lead • Climate Change is not seen as a key metric when making decisions across the ICB.	Regular data collections/updates provided to Greener NHS Sustainability strategy in place (Refreshed strategy to go to Partnership Board in March 2023) ICS Green Plan in place to manage Greener NHS targets All Trusts have a Board approved Green Plan Monthly updates provided to Improving Population Health Board	Desflurane reduction in every hospital in the region Every hospital trust has a green plan. Networks meet regularly to share ideas, resource and frustration. Strong support from Partnership Board on 7th March 2023	No robust mechanism in place to measure carbon footprint (currently using surrogates) No mechanism in place to assure biodiversity net gain No mechanism in place to assure focus on prevention / reduction of inequalities, to reduce demand for services No mechanism in place to highlight the need for everyone to take action No mechanism in place to highlight inaction from organisations No mechanism in place to ensure organisational engagement (Board level leads)	Static - 1 Archive(s)
2236	10/03/2023	Both FPC and QC	Improve healthcare outcomes for residents	12	(I4xL3)	4	(I2xL2)	Frank Swinton	Ian Holmes	There is a risk that the West Yorkshire ICS due to the work it undertakes, the decisions it makes and processes it carries out will increase climate disruption, causing impact to our natural environment. This will result in increased internal and external migration, increased demand for our health and mental health services, disruption to our supply chains and increased caring burden on our staff leading to them being unable to work. Alongside detrimental impact to our environment and the long term impact of health needs of our population.	• ICB Climate Change team in situ • Education available to all staff/volunteers in health and social care in West Yorkshire • Several professional networks up and running	• Climate change team is 1.4 WTE (plus some other helpers). It is an agitation team and not a delivery team. • Some organisations have plans and are taking action, but some are not. • Approximately half the organisations in WY ICS have not identified a Board level lead. • Climate Change is not seen as a key metric when making decisions across the ICB. • The impact on the environment and sustainability is not considered when making transformation and investment decisions	• Sustainability strategy in place (Refreshed strategy received well at Partnership Board in March 2023) • Monthly updates provided to Improving Population Health Board • Net zero meeting leads	• Networks meet regularly to share ideas, resource, and share experience of challenges they are facing to promote the agenda within the Health Sector • Develop of wider system work with partners is starting to evolve	• Currently no ICB, Place or organisational adaptation plans in place to consider the impact on the risk • No mechanism in place to highlight the need for everyone to take action to support and promote the climate agenda • No focus currently in place to monitor from a ICS level on the engagement of the climate agenda in organisations and places • No mechanism in place to ensure organisational engagement (Board level leads)	Static - 1 Archive(s)
2233	17/02/2023	Finance, Investment and Performance	Enhance productivity and value for money	12	(I4xL3)	12	(I4xL3)	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	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	Closed - Duplicate (please link to original risk)
2202	01/12/2022	Finance, Investment and Performance	Enhance productivity and value for money	12	(I4xL3)	6	(I3xL2)	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 to	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 / socil 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.	Static - 2 Archive(s)

2167	16/10/2022	Quality	Tackle inequalities in access, experience, outcomes	12	(4xL3)	8	(4xL2)	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 - 3 Archive(s)
2165	16/10/2022	Finance, Investment and Performance	Enhance productivity and value for money	12	(3xL4)	9	(3xL3)	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	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	Static - 2 Archive(s)
2122	07/09/2022	Quality	Tackle inequalities in access, experience, outcomes	12	(4xL3)	6	(3xL2)	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	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	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 - 3 Archive(s)
2121	07/09/2022	Finance, Investment and Performance	Improve healthcare outcomes for residents	12	(4xL3)	6	(3xL2)	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	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 - 3 Archive(s)
2113	25/08/2022	Finance, Investment and Performance	Enhance productivity and value for money	12	(3xL4)	9	(3xL3)	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	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.	Static - 2 Archive(s)
2111	25/08/2022	Both FPC and QC	Tackle inequalities in access, experience, outcomes	12	(3xL4)	6	(3xL2)	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 responsibiilties delegated to that collaborative and wider arrangements for collaboration between the Trusts	None identified	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 - 3 Archive(s)
2109	23/08/2022	Both FPC and QC	Improve healthcare outcomes for residents	12	(3xL4)	1	(1xL1)	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.	Most recent Rapid Registration data from national data sources suggests a modest improvement in cancer stage of presentation, although not delivering the trajectory set out in the NHS LTP.	None identified.	Static - 3 Archive(s)
2108	23/08/2022	Finance, Investment and Performance	Improve healthcare outcomes for residents	12	(3xL4)	1	(1xL1)	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 - 3 Archive(s)
2106	23/08/2022	Quality	Tackle inequalities in access, experience, outcomes	12	(4xL3)	1	(1xL1)	Jason Pawluk	James Thomas	Cancer Health Inequalities: There is a risk that prevailing health inequalities for people affected by cancer will get worse unless Place-based capacity and priority setting for cancer care is fully aligned to the ICB strategic priorities across all geographies in WY&H.	ICS coordination of plans across places and requirement to respond to the Planning Guidance. Work of the Cancer Alliance developing system level plans. Role of the acute provider collaborative. Provision of SDF to places to deliver cancer priorities. Collaboration between ICS partners and Cancer Alliance and Core20Plus5.	None identified.	Design work for ICS provides opportunity to work differently across the Alliance with shared common aims and sharing of resource where appropriate to level up. Coordination of planning across the ICS. Cancer Alliance dashboards providing consistency of data analysis to highlight variation and priorities for system action.	Cancer Alliance dashboards providing consistency of data analysis to highlight variation and priorities for system action.	Evidence of place-based investment profiles for cancer health inequalities, linked to Core20Plus5.	Increasing

2105	23/08/2022	Both FPC and QC	Improve healthcare outcomes for residents	12	(I4xL3)	8	(I4xL2)	Keith Wilson	Ian Holmes	There is a risk to continuing the operational delivery of the West Yorkshire Clinical Assessment Service. Without this service 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 validation', WY Chief Finance Officers had approved funding for the schemes for 2022/23, supported by UEC Programme Board and WY UEC Place Leads. With the help of UEC Place commissioners a briefing paper with proposals to continuining the existing service was prepared and shared across WY UEC system leads and finance leads. The briefing paper recommendations have the full support from UEC Place leads and has been forwarded to finance leads to agree for 2023/24	A decision needs to be made in relation to supporting the service 2023/24.	Urgent and Emergency Care Board are sighted on the risk, and CFOs are sighted on the detailed modelling for the WY CAS.	CFOs had already agreed funding for 2022/23 based on current modelling and evidence of outcomes and the UEC Place leads have supported the recommendation to continue the same model in 2023/24.	None	Static - 2 Archive(s)
2102	23/08/2022	Quality	Improve healthcare outcomes for residents	12	(I3xL4)	4	(I4xL1)	April Daniel	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 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	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. The Maternity Strategy was submitted to the LMNS Board February 2023.	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.	Static - 2 Archive(s)
2267	04/04/2023	Quality	Tackle inequalities in access, experience, outcomes	9	(I3xL3)	6	(I3xL2)	April Daniel	Beverley Geary	There is a risk in relation to the impact of economic pressures on patients across the LMNS. The impact of this risk may be that patients are unable to attend appointments, or make phone calls, or be able to provide their own self-care during pregnancy. This may impact on or lead to poorer birth outcomes.	Bradford have established some project work in relation to patient poverty in response to their stillbirth rates. This work was reported to the October LMNS SI Panel, and potential work across the LMNS was considered. This risk to be raised at LMNS Inequalities Group, where future planning will be discussed. LMNS have circulated advice to Trusts on voluntary sector support.	Bradford best practice work has been highlighted to ICB inequality group who will move forward with work on personalisation, and will try to embeed addressing this risk within that work. Further work with voluntary sector to improve on the mapping already undertaken. There will be a robust overview of where women can be suported to be shared with both women and staff groups. Proposal to LMNS Board April 23 that this is a high risk. Data on impact of econonmic pressures on women to be sought from Bradford and patient outcomes will be seen	To be reported to LMNS Board and LMNS Inequalities Group. Cost of living risk across the maternity population is being managed though local health inequalities work streams at the ICB and linking with the LMNS health inequalities group where they have an equality action plan to report against. It is also managed through several of the workgroups ran by public health who sit on and report into the maternity population board at the ICB.	TBD	TBD	New - Open
2234	17/02/2023	Both FPC and QC	Improve healthcare outcomes for residents	9	(I3xL3)	9	(I3xL3)	Caroline Squires	Laura Ellis	There is a risk to key services of the ICB and commissioned services due to a successful cyber-attack, hack or data breach of a commissioned Provider or supplier to the ICB, resulting in disruption of ICB services, potential for damage and distress to individuals, reputational damage to the organisation and regulatory action under data protection legislation.	ICB in hours and oncall escalation arrangements Business continuity plans in place in the event of a prolonged IT system issue. Procurement including information security/cyber security due diligence, DTAC (Digital Technology Assessment Criteria) Contractual levers, NHS Standard Contract Terms and Conditions, Data Protection Protocol Terms and Conditions, contract monitoring arrangements Dedicated cyber security resource/expertise utilising national alerting and reporting. ICB EPRR expertise	1. Review of business continuity arrangements 2. Testing/simulation of business continuity arrangements specifically in relation to cyber-attack (including ransomware attacks) experienced by commissioned Providers or suppliers to the ICB.	Contract monitoring arrangements Due diligence checks on IT suppliers (requirement of the Data Security and Protection Toolkit)	Internal Audit of the ICB's Business Continuity arrangements	None identified	Static - 1 Archive(s)
2197	30/11/2022	Quality	Tackle inequalities in access, experience, outcomes	9	(I3xL3)	6	(I3xL2)	April Daniel	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	Without sufficient staffing the two units cannot re-open.	A Task and Finish Group is in place that includes CHFT 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.	Static - 2 Archive(s)
2112	25/08/2022	Finance, Investment and Performance	Enhance productivity and value for money	9	(I3xL3)	6	(I3xL2)	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 - 3 Archive(s)
2188	25/11/2022	Finance, Investment and Performance	Improve healthcare outcomes for residents	8	(I4xL2)	6	(I3xL2)	Ian Holmes	Ian Holmes	There are risks associated with the delegation of primary care functions to the West Yorkshire ICB from April 2023, specifically: - 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	- 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 mange expectations - We are working with NHS Confed and other ICBs to share thinking on the art of the possible and influence upwards	None identified	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 in March led to agreement to taking on delegated functions while recognising some residual risks relating to staff transfer.	Confirmation on staffing model for supporting functions.	Decreasing
2177	17/10/2022	Both FPC and QC	Enhance productivity and value for money	8	(I4xL2)	6	(I3xL2)	Keir Shillaker	James Thomas	There is a relationship risk that the intended collaborative ways of working don't work due to unresolvable differences in opinion, resulting in a lack of decision making	Continue to use the forums established and roles of SROs to ensure transparency of workstreams. Further development of principles for LPC decisions	Further discussions needed as operating model developments regarding decision making at place and system level	MHLDA Partnership Board regular assessment with place leads regarding balance of decision making	Decision making regarding NightOWLS and Complex Rehab being taken through MHLDA Partnership board in August/September	Need to be able to share examples of where divergent views are at play - such as current discussions re Adult Eating Disorders and physical health monitoring with CONNECT/Primary Care	Static - 3 Archive(s)

2118	07/09/2022	Finance, Investment and Performance	Enhance productivity and value for money	8	(4xL2)	6	(3xL2)	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 ad 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 Finance Forum between commissioner and providers; 3. ICB Finance, Investment and Performance Committee oversight; 4. ICB Board overview	1. System capital expenditure at month 10 is behind plan, with forecasts at planned level	None identified	Decreasing
2117	07/09/2022	Finance, Investment and Performance	Enhance productivity and value for money	8	(4xL2)	8	(4xL2)	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. Uncertainty around prescribing and IS costs in the ICB 2. Unforeseen issues or uncertain forecast assumptions made by any of the 11 statutory NHS	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. Agreed the establishment of an efficiency management group at ICB level - still to finalise; 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 ICB plans which were all approved via individual organisational governance following review and challenge; 2. At month 10, 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 11 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.	Decreasing
2110	23/08/2022	Both FPC and QC	Improve healthcare outcomes for residents	8	(I2xL4)	1	(I1xL1)	Jason Pawluk	James Thomas	Living with and Beyond Cancer (Strategic Focus Risk): There is a risk that the strategic outcomes from the Living with and Beyond Cancer transformation programme will not be fully delivered due to the approach taken by providers to prioritise the NHS Constitutional Waiting Time standards for cancer (see other risk). This would impact on the quality of care, delivery of the national cancer strategy, and risk significant reputational damage for the ICS.	The Cancer Alliance has commissioned a report on options for a Digital Remote Monitoring System to deliver benefits for cancer follow up. Provider trusts are now responsible for delivering the recommendations arising and providing a timeline as discussed with WYAAT CIOs. Data collections on other areas such as holistic needs assessments, personalised care support plans, and opportunities for effective pre-habilitation and rehabilitation following cancer treatment. Dedicated Steering Group set up. Provision of Implementation Project Managers to oversee trust responses. National quality of life metric developed. Cancer Alliance Board level oversight of National Cancer Patient Experience Survey.	The development of a milestone tracker has been useful in collecting data, but it has been difficult to complete and is done manually. IT support to make this process easier is required.	Supported by national data collection. Implementation managers to support the delivery in local providers. A national quality of life metric has been launched. Covid-19 recovery plans are in place to restart LWBC agenda, both locally and Alliance wide. Cancer workforce and activity being protected as we encounter further waves of Covid.	None identified.	None identified.	Increasing
2107	23/08/2022	Both FPC and QC	Improve healthcare outcomes for residents	8	(I2xL4)	1	(I1xL1)	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 sectpr. 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.	22/23 - the number of patients waiting more than 62 days for cancer treatment has exceeded the national trajectory and is amongst the best in the country (as a percentage of the patient tracking list), however the proportion of patients being treated within 62 days remains significantly lower than the NHS Constitution standard access measure, so no change to risk score.	None identified.	Static - 3 Archive(s)
2199	01/12/2022	Both FPC and QC	Improve healthcare outcomes for residents	6	(I3xL2)	3	(I3xL1)	Caroline Squires	Laura Ellis	There is a risk of confidential personal data and commercially sensitive information being sent by email and by paper based correspondence (from areas such as e.g. CHC, complaints, IFR, HR) to an incorrect recipient or recipients, resulting in a breach of confidentiality and potential for damage and distress to individuals, reputational damage to the organisation and regulatory action under data protection legislation.	1. NHS Mail supportive features: employing organisation detailed when picking from Address Book, additional details in 'Contact Card' to verify identity, Address Book filter by organisation. 2. Guidance included within 'Effective Use of Emails' guidance, part of NHS Mail user guidance on computer desktops as part of NHSMail implementation. 3. Annual Data Security training of all West Yorkshire Integrated Care Board (WY ICB) staff. 4. Staff awareness of the risk via policy level messages (IG Policies Book), IG staff handbook, bespoke communication reminders to staff. 5. Data flow mapping and mitigation of any risks, by IAOs. 6. Return to Sender sticker or markings on outgoing confidential patient/staff correspondence from the relevant departmental areas of the ICB (may vary in extent across functions and places of the ICB) 7. Local departmental verbal and written reminders of good record keeping and administrative process and checks of personal details against source (may	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. 2. Audit of data quality processes (focused on admin and record keeping processes that produce high volumes of patient or staff confidential correspondence) in place and subsequent recommendations on findings of the audit.	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. 3. Report on findings and recommendations of data quality audit and subsequent monitoring of completion of actions, via WY ICB IG Steering Group.	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. 3. Data Quality Audit is a mandated requirement of the Data Security and Protection Toolkit 22/23.	None identified at this time.	Static - 2 Archive(s)
2193	29/11/2022	Finance, Investment and Performance	Enhance productivity and value for money	6	(I2xL3)	4	(I2xL2)	Suzie Tilburn	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.	• Results of local ICB level staff surveys and the national NHS Staff Survey 2022. • 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	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 Engagement Group and Staff Equality Networks	• Staff Briefing – recordings of the briefing sessions are available • Corporate People Team work programme	• Staff survey action plan – currently in development in 2023 following survey results • Potential impact of current Operating Model review.	Static - 2 Archive(s)
2178	17/10/2022	Both FPC and QC	Improve healthcare outcomes for residents	6	(I2xL3)	3	(I1xL3)	Keir Shillaker	James Thomas	There is a service delivery risk that certain priorities (such as those relating to Children & Young People) either end up being duplicated in the MHLDA programme and other programmes (i.e. CYP programme) or they fall through the gaps due to confusion in leadership, resulting in non-delivery on key pieces of work.	Strong relationships with key programmes such as CYPMH, LTCs and IPH to share joint work and communicate on cross programme areas	Capacity to 'know what we don't know' is tricky but ways of working through ADs meetings and directorate discussions are opportunities to maintain the links	Clarity of purpose across all functions/programmes of work and joint working evident in workplans and workstreams	Working with 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 - 3 Archive(s)
2104	23/08/2022	Quality	Improve healthcare outcomes for residents	6	(I3xL2)	6	(I3xL2)	April Daniel	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 LMS have an overarching plan to support Trusts, showing CoC as the default model 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.	Closed - Reached tolerance

2100	23/08/2022	Finance, Investment and Performance	Tackle inequalities in access, experience, outcomes	4	(I2xL2)	4	(I2xL2)	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	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.	Closed - Reached tolerance
2099	23/08/2022	Finance, Investment and Performance	Improve healthcare outcomes for residents	4	(I2xL2)	4	(I2xL2)	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.	Closed - Reached tolerance

Risk Cycle 1 – March 2023 – May 2023

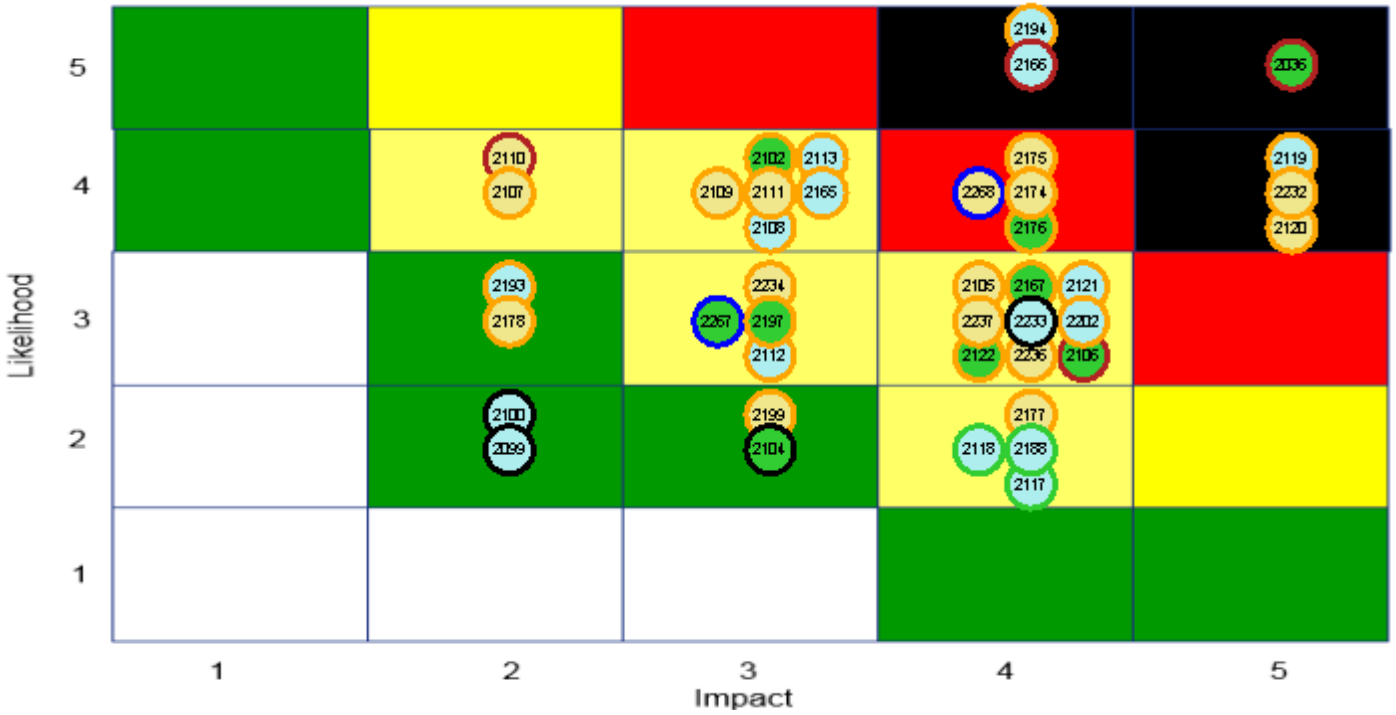
NHS West Yorkshire Integrated Care Board (ICB) – Corporate Risk on a Page Report

NHS West Yorkshire Integrated Care Board

Total Risks	41 (4 closed)
FIP Risks	16 (3 closed)
Q Risks	9 (1 closed)
FIP and Q Risks	16

Movement of Risks		Risk score increasing	4
New	2	Risk score static	27
Marked for closure	4	Risk score decreasing	3

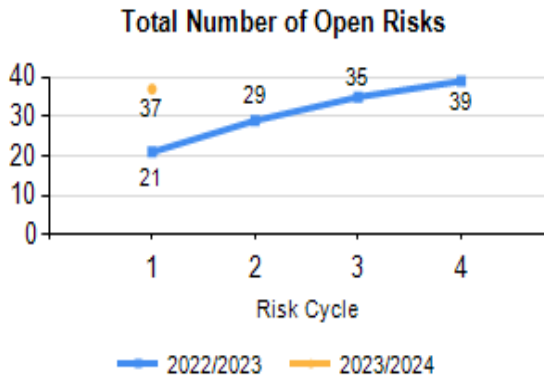
Risk Overview

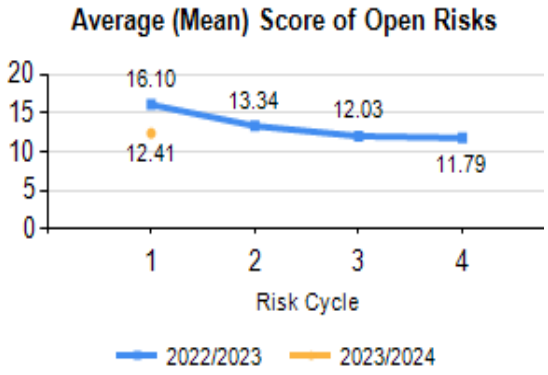


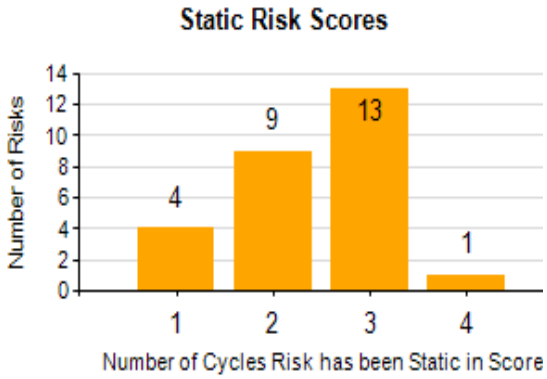
Key

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

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







Place Risks scoring 15+ (as at 14 April 2023)

Bradford, District and Craven

Risk ID	Risk Rating	Risk Score Components	Principal Risk	Risk Status
2214	25	(I5xL5)	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 closure. 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.	Increasing
2215	20	(I4xL5)	There is a risk of delivering poor quality health care with a negative impact on patient safety including infection prevention and control, service user experience including privacy and dignity, additional costs for out of area bed usage and negative impact on staff wellbeing, recruitment and retention and on the organisation's reputation. This is due to the deteriorating and failing physical condition of Lynfield Mount Hospital building with £68m backlog maintenance as well being an estate requiring redevelopment this out-of-date estate has insufficient therapeutic space, large ward sizes and a lack of ensuite bathrooms. This is resulting in poor quality environment of care, issues with sewage flooding, heating systems, escalating maintenance costs and impacts on recovery leading to an increased average LOS consistently 60	Static - 2 Archive(s)

	[redacted]		days which is double than the national average of 30 days.	
2173	20	(I5xL4)	BMDC FINANCIAL POSITION 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.	Static - 3 Archive(s)
2171	20	(I4xL5)	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	Static - 1 Archive(s)
2082	20	(I5xL4)	The Personalised Commissioning department are currently holding a waiting list for reviews with regard to individuals who are eligible for Fast Track, Continuing Healthcare funding and funded Nursing care. There is also a backlog of cases waiting completion of Decision Support Tools following a referral for an assessment of need against the NHS National Framework for Continuing Healthcare and funded Nursing Care. 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 it's statutory duties with regard to the application of the National Framework for Continuing Healthcare and funded Nursing care.	Static - 4 Archive(s)

2170	20	(I5xL4)	CAPITAL AVAILABILITY There is a risk that NHS capital spending limits will be set at a level that restricts our ability to progress our strategic capital developments.	Static - 3 Archive(s)
2266	16	(I4xL4)	There is an increase across adult and children of an increase of Right to Choose requests for both ADHD and Autism assessments. This will lead to a significant unbudgeted cost to the ICB (GP's can refer to any provider that is on a NHS framework and the ICB get the invoice in retrospect. In children's the annual cost projected this year is over £200,000	New - Open
2220	16	(I4xL4)	There is a risk of increased prescribing costs due to inflation and supply disruption resulting in financial strain on the primary care prescribing budget.	Static - 1 Archive(s)
2039	16	(I4xL4)	CHILD AUTISM and/or ADHD ASSESSMENT AND DIAGNOSIS 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.	Static - 4 Archive(s)
2168	15	(I3xL5)	SYSTEM PERFORMANCE AGAINST NATIONAL REQUIREMENTS 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."	Static - 3 Archive(s)

2040	15	(I5xL3)	0-19 SERVICES: POTENTIAL NEGATIVE IMPACT ON OTHER HEALTH 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.	Static - 4 Archive(s)

Calderdale (based on previous risk cycle; to be updated for Board)

Risk ID	Risk Rating	Risk Score Components	Principal Risk
1493	16	(I4xL4)	Risk that patients being discharged from hospital are subject to delays in their transfer of care due to health and social care systems and processes are not currently optimised, resulting in poor patient experiences, harm to patients, risk of hospital acquired infection, additional pressure on the acute bed base and pressure on elective recovery plans.

2224	16	(I4xL4)	There have been increasing alerts from care providers indicating the actual cost of providing care to patients is much higher than rates agreed locally. Several providers and individuals holding personal health budgets have highlighted that current inflationary cost is having a significant negative impact on the sustainability and financial viability of their service provision. The risks includes but is not limited to: - negative impact on the efficacy of care provided to patients. - possible de-registration of nursing homes to residential care and/or complete de-registration of care homes, creating an even more fragile and diminishing local care home market with inadequate provision to meet the care needs of an ageing population. This leads to an increase of patients being placed outside of the local. - providers refusing to agree to take on specific complex packages of care or serving current patients with 28 days notice to quit (there is evidence of this occurring). - An increase in formal complaints and possible future litigation action against the ICB. - PHB holders experiencing difficulties attracting suitably trained PAs to deliver care risking breakdown of care packages and carer burnout. Additional costs to ICB having to engage agency support to cover packages as a contingency to ensure care package does not break down and leave patient and carer in a compromised position. - Reputational damage

Kirklees

Risk ID	Risk Rating	Risk Score Components	Principal Risk	Risk Status
2196	16	(I4xL4)	There is a risk that the Kirklees' Children & Young peoples (CYP) mental health service are unable to deliver timely, comprehensive care to those being referred or self referring when in crisis. Due to a significant increase in demand from pre pandemic levels & increased acuity. Resulting in patient care and safety to be compromised.	Static - 2 Archive(s)
2055	16	(I4xL4)	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	Increasing

Leeds

Risk ID	Risk Rating	Risk Score Components	Principal Risk	Risk Status
2019	20	(I4xL5)	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, acuity and length of stay of inpatients and the time spent by people in hospital beds with no reason to reside, resulting in poor patient quality and experience, failed constitutional targets and reputational risk.	Static - 4 Archive(s)

2014	20	(I4xL5)	The financial plans for 23-24 for the Leeds ICB reflect a significant deficit position of C £25m with a similar gap reported at LTHT. There will be a series of reviews and interventions by local ICB and regional colleagues to test the basis of the plans and the level of risk, QIPP, efficiencies etc in the Leeds system.	Increasing
2018	16	(I4xL4)	There is a risk of increased rates of avoidable deteriorations in mental health, due to increased mental health demand, alongside insufficient capacity to provide access to proactive community mental health intervention and support , exacerbated further by sustained workforce recruitment and retention challenges; resulting in increases in numbers and severity of acute /crisis presentations, with consequent adverse impact on mental health presentations to ED and YAS, increased lengths of stay and reduced system flow in mental health beds, and increased numbers of out of area acute mental health and PICU bed days.	Decreasing
2017	15	(I3xL5)	There is a risk of harm to patients with long term conditions (LTC)/frailty/mental health conditions due to the inability to proactively manage patients with LTC/frailty/mental health and optimise their treatments due to the impact of covid and other pressures on capacity and access resulting in increased morbidity, mortality and widening of health inequalities and increased need for specialist services.	Static - 4 Archive(s)

Wakefield (based partly on previous cycle, to be updated for Board)

Risk ID	Risk Rating	Risk Score Components	Principal Risk	Risk Status
2129	20	(I4xL5)	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	Static - 1 Archive(s)
2132	16	(I4xL4)	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	Static - 1 Archive(s)

Mapping of risks – 1st risk cycle of 2023/24 (as at 14 April)

COMMON RISKS

System Flow / Capacity and Demand Risks

Place	Risk	I	L	Score	Common Risk
Kirklees (2055)	There is a risk of increasing pressure on specialist primary care medical services due to an anticipated increase in the numbers of asylum seekers to the region resulting in difficulty for primary care in meeting patient need and demand	4	4	15	Common risk re: impact from incoming refugees / asylum seekers
Kirklees (2054)	There is a risk of increasing pressure on general practice due to the number of people arriving on the refugees from Ukraine national schemes resulting in a deterioration in access to services	2	2	4	
Wakefield (2207)	There is a risk that public health and health and care providers will not be able to respond in a timely way to address health needs of asylum seekers due to not being given sufficient notice by the Home Office of people being moved into temporary accommodation in the district.	3	3	9	
Wakefield (2140)	There is a risk that pressures caused by increased demand or reduced capacity in one part of the system has a negative impact on the ability of other parts of the system to provide high quality care.	4	3	12	Common risk re: impact across the system / OPEL 4
Kirklees (2195)	There is a risk that the Kirklees Health & Social Care(H&SC) system organisations are unable to deliver comprehensive care. Due to multiple partners across the H&SC system declaring organisational OPEL 4 for sustained periods of time and pressure across the system partners continuing to escalate. Resulting in increased potential for patient care, safety and experience to be compromised.	3	3	9	
BDC (2222)	There is a risk of the entire urgent care system seeing an unprecedented demand which far exceeds capacity. This will drive demand towards ED resulting in overcrowding, increase in long waits to be seen and for admission resulting in poor performance e.g. ECS and 12 hour wait standards and it will negatively patient experience, safety and outcomes. There would be a further impact on general flow with side room availability being an issue. This would further negatively impact on ambulance handover times. The numbers of discharges and flow out of hospital would also be impacted. It would also be likely to impact workforce further reducing the system's ability to deal with the excess demand.	3	3	9	
Leeds (2019)	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, acuity and length of stay of inpatients and the time spent by people in hospital beds with no reason to reside, resulting in poor patient quality and experience, failed constitutional targets and reputational risk.	4	5	20	

Wakefield (2135)	There is a risk of delays for children and young people requiring access to CAMHS, including admission for Tier 4 beds due to increased referrals and CYP presenting in crisis, resulting in more children and young people being admitted inappropriately to acute wards or adult mental health beds and additional demands on ED.	3	3	9	Common risk re: CAMHS
Leeds (2243)	There is a risk of delay in accessing MH treatment due to the significant increase in referrals over the past years and a lack of capacity within MindMate SPA to deal with referral numbers, resulting in young peoples mental health deteriorating whilst they are waiting to be triaged by MindMate SPA.	3	4	12	
Calderdale (1977)	There is a risk that Children and Young People's (CYP) will be unable to access timely therapy due to:- a) increase in demand, b) existing high waiting times and c) inability for provider to recruit to vacant posts In particular the risk relates to the waiting times for speech and language (SLT) and occupational health therapies, where we have received a significant increase in the number of referrals in 21/22 compared to previous year. For example SLT new appointments in September 2019 compared to September 21 was an increase of 245%. The same comparison period for follow up shows an increase of 98%. In September 21 there were 1314 CYP waiting for a new appointment, 296 waiting for a follow-up with an average wait of 157 days (however, this picture has increased). During Covid-19 lockdown, therapy staff at CHFT were redeployed (as this was a f2f service). Once services reopened, staff returned and virtual/telehealth appointments were offered Workforce remains a risk with vacancies across therapies which Provider are unable to recruit to (national picture)	3	3	9	
Kirklees (2196)	There is a risk that the Kirklees' Children & Young peoples (CYP) mental health service are unable to deliver timely, comprehensive care to those being referred or self referring when in crisis. Due to a significant increase in demand from pre pandemic levels & increased acuity. Resulting in patient care and safety to be compromised.	4	4	16	
Calderdale (1864)	There is a risk that people with complex mental health needs will not receive the right level of support that they require to meet their needs This is due to current capacity within community mental health services both health and social care resulting in escalating crisis situations for people in the community and requests for out of area locked rehabilitation hospital placements; and delays in discharge for people who are ready to leave out of area locked rehabilitation hospital placements . This leads to an increased pressure upon CCP Specialist Care/CHC team and to potentially increased costs for CCP.	3	2	6	Common risk re: mental health services capacity and demand
Leeds (2018)	There is a risk of increased rates of avoidable deteriorations in mental health, due to increased mental health demand, alongside insufficient capacity to provide access to proactive community mental health intervention and support , exacerbated further by sustained workforce recruitment	4	4	16	

	and retention challenges; resulting in increases in numbers and severity of acute /crisis presentations, with consequent adverse impact on mental health presentations to ED and YAS, increased lengths of stay and reduced system flow in mental health beds, and increased numbers of out of area acute mental health and PICU bed days.				
Wakefield (2134)	There is a risk that older people with mental health problems do not receive optimum care due to the current configuration of inpatient services, resulting in extended length of stay and poorer outcomes	4	3	12	
Calderdale (1493)	Risk that patients being discharged from hospital are subject to delays in their transfer of care due to health and social care systems and processes are not currently optimised, resulting in poor patient experiences, harm to patients, risk of hospital acquired infection, additional pressure on the acute bed base and pressure on elective recovery plans.	4	4	16	Common risk re: delayed transfers of care
Kirklees (2071)	There is a risk that we will not be able to meet the 2022/23 national Transforming Care trajectories due to 1. to lack of funding in the system to develop new models of care 2. lack of workforce capacity and capabilities 3. inadequate accommodation provision 4. potential risk of hospital closures impacting on additional discharges This will result in the delayed discharge of people currently in an inpatient bed due to there not being the right provision and the right support to put in place within a community setting.	2	2	4	

Covid Backlog / Risk of Harm / Performance/ Statutory Duties Risks

Place	Risk	I	L	Score	Proposed Action
Wakefield (2132)	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	4	4	16	Common risk re: emergency departments demand
Kirklees (2067)	There is a risk that the system will see an unprecedented volume of patients attending A&E, potentially higher than the pre-C19 levels of demand and therefore will not deliver the NHS Constitution 4-hour A&E target due to pressures associated with unavoidable demand, capacity and flow out - resulting in harm to patients and patient experience being compromised.	2	4	8	
BDC (2222)	There is a risk of the entire urgent care system seeing an unprecedented demand which far exceeds capacity. This will drive demand towards ED resulting in overcrowding, increase in long waits to be seen and for admission resulting in poor performance e.g. ECS and 12 hour wait standards and it will negatively patient experience, safety and outcomes. There would be a further impact on general flow with side room availability being an issue. This would further negatively impact on ambulance handover times. The numbers of discharges and flow out of hospital would also be impacted. It would	4	4	16	

	also be likely to impact workforce further reducing the system's ability to deal with the excess demand.				
Calderdale (62)	That the system will return to the pre-C19 levels of demand and will not deliver the NHS Constitution 4-hour A&E target for the next quarter, due to pressures associated with; avoidable demand, implications of social distancing measures and capacity and flow out - resulting in harm to patients and patient experience being compromised.	4	3	12	
Leeds (2019)	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.	4	5	20	
Wakefield (2182)	There is a risk that the WDHCP will not meet the national ambition of reducing gram negative blood stream infections by 50% by 2023/24 due to a significant number of the cases having no previous health or social care interventions, resulting in failure to meet the requirements of the single oversight framework (should this measure be included).	4	3	12	Common risk re: gram negative blood infections reduction target
Kirklees (2058)	There is a risk that the WY ICB Kirklees Place will not achieve the national ambition of reducing gram negative blood stream infections by 50% by 2024/25 due to the gaps identified in the key controls; resulting in a risk to population health and experience.	3	3	9	
Calderdale (1942)	There is a risk of harm to patients with LTC/frailty due to t a delay in proactive management of patients during the Covid pandemic resulting in increased morbidity, mortality and widening of health inequalities.	3	3	9	Common risk re: management of patients with long term conditions / frailty / link to health inequalities
Leeds (2017)	There is a risk of harm to patients with LTC/frailty/mental health conditions due to the inability to proactively manage patients with LTC/frailty/mental health and optimise their treatments due to the impact of covid and other pressures on capacity and access resulting in increased morbidity, mortality and widening of health inequalities and increased need for specialist services	3	5	15	
BDC (2221)	There is a risk of failure of the Reducing Inequalities Alliance (RIA) and other programmes to support and coordinate action by the BDC partnership to reduce health inequalities due to lack of influence of the RIA so that inequalities become a golden thread through all programmes, lack of identified action & evaluation of the impact of this work, reduction of specific inequalities funding streams (e.g Core20PLUs5, RIC, health inequalities practice premium) which could result in health inequalities getting wider. This has also been influenced by the COVID19 pandemic and continues to be influenced by wider socio-economic inequalities.	4	3	12	
Kirklees (2066)	There is a risk that elective care services will not be able to meet the required level of activity identified in the 22/23 elective recovery plan, (surgery, day case and out-patient), this may result in	2	3	6	Common risk re: failure to meet

	non-delivery of patient's rights under the NHS Constitution, potentially cause harm to patients, long waits and have detrimental impact on patient experience.				Constitutional standards
Calderdale (2162)	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	3	4	12	
Calderdale (62)	That the system will return to the pre-C19 levels of demand and will not deliver the NHS Constitution 4-hour A&E target for the next quarter, due to pressures associated with; avoidable demand, implications of social distancing measures and capacity and flow out - resulting in harm to patients and patient experience being compromised.	4	3	12	
Leeds (2016)	As a result of the longer waits being faced by patients and limited capacity for treatments, 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.	4	3	12	
Wakefield (2129)	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	4	5	20	
Kirklees (2069)	There is a risk that Kirklees Health and Care Partnership will fail to achieve both local and the national performance standards (set out in the NHS constitution), due to the impact of the national covid-19 pandemic, the increased demand on urgent and emergency services & the safe restart of elective activity, resulting in a negative provider performance, patient experience & outcomes.	1	4	4	
Kirklees (2049)	There is a risk that Kirklees and Wakefield place will fail to meet the required cancer standards for 62 day cancer waiting time targets due to operational performance and increased referrals for 2ww at Mid Yorkshire Hospitals NHS Trust (MYHT), resulting in an adverse impact on the quality of care and patient experience, and a failure to meet key national targets potentially resulting in reputational damage to the system and having a negative reputational impact on Kirklees and Wakefield places.	3	4	12	
BDC (2168)	SYSTEM PERFORMANCE AGAINST NATIONAL REQUIREMENTS 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.	3	5	15	
Wakefield (2146)	There is a risk that demand for adult ADHD assessment exceeds capacity due to increased referrals, resulting in more people exercising Choice and seeking private assessment which presents a financial risk.	3	3	9	Common risk re: adult ADHD assessment
BDC (2227)	There is a risk of further deterioration for adults with ADHD waiting for assessment, diagnosis and immediate post-diagnostic support due to staffing levels, quality of referrals, excessive waiting times and a growing gap between capacity and demand for this service resulting in complaints from	3	4	12	

	patients and referrers and scrutiny from council elected members. Inequitable access to services for those who do not exercise Right to Choose and request a referral to an independent sector provider.				
BDC (2266)	There is an increase across adult and children of an increase of Right to Choose requests for both ADHD and Autism assessments. This will lead to a significant unbudgeted cost to the ICB (GP's can refer to any provider that is on a NHS framework and the ICB get the invoice in retrospect. In children's the annual cost projected this year is over £200,000	4	4	16	
Kirklees (2180)	There is a risk of non-compliance with the Children & Families Act 2014 and the Health and Care Act 2022 relating to ICB responsibilities with regard to Children with Special Educational Needs and Disabilities (SEND). This is due to Education, Health and Care Plans not being completed within statutory timescales. A key factor is that Health information is not always provided by clinicians in a timely manner. Resulting in delayed assessment of needs and Health provision not being in place to support access to education. This can lead to complaints, appeals and tribunals.	3	4	12	Common risk re: SEND and Children & Families Act statutory duties
Leeds (2253)	There is a risk of not fulfilling the statutory duties to provide timely health advice into EHCPs for CYP with SEND within legislative timescales due to increasing pressures on the system, resulting in delayed support for CYP with SEND and that the EHP Plans do not accurately reflect the needs of CYP and could impact on outcomes and aspirations of CYP. *The consequence is that the contribution of health advice to the ECH Assessment process does not meet with the statutory duties.	3	4	12	

ICB Workforce Risks

Place	Risk	I	L	Score	Proposed Action
Kirklees (2078)	There is an ongoing risk of a continual increase in overdue CHC/joint funding/FNC reviews due initially to business continuity arrangements during Q4 21/22 (when "low risk" reviewing activity was paused), but since, vacancies, recruitment challenges and sickness absence in the CHC clinical team, resulting in a poorer patient experience and a negative impact on the CHC activity and delivery. The number of overdue reviews continues to increase.	3	4	12	Common risk re: continuing healthcare workforce challenges
Kirklees (2074)	There is the risk of delays to Continuing Care administration processes and workflows due to a staff shortage in the business support team, resulting in an impact to clinical workflows, the wellbeing of the team, patient experience and a potential impact to organisational reputation. It also has an impact on the financial position of the CHC team, with delays to invoices being paid and potential impact to NHSE mandated activity.	3	4	12	

Calderdale (2092)	The Continuing Healthcare team is currently significantly short staffed with eight (8) live vacancies. This is at a time where the team is experiencing high volumes of complex case management and increased scrutiny and requests for information coming from NHSE. There is a risk with regard to the organisational effectiveness in the delivery and quality of the service provided, patient/carer dissatisfaction and increase in complaints leading to reputation damage to the organisation, non-compliance in meeting national assurance targets set by NHSE, and with regard to financial efficacy. Due to the reallocation of work over fewer staffing numbers, there is a risk of staff burnout, leading to increased sickness levels and difficulty in staff retention resulting in high staff turnover within the team. Staff have alerted Over the past 12 months five staff within the learning and disability and mental health fraction of the team only, have left the team citing excessive caseload as the reasons for leaving. Recruitment to these positions in particular and within Children's Continuing Care has proven to be challenging despite going out to recruitment for these positions on multiple occasions. There are also several projects relating to service improvement occurring across the Calderdale footprint that various staff within the team are contributing to. All these projects aim to provide a more joined up approach and economical delivery model for the people of Calderdale. The current level of staffing shortage within the team risks a delay to the progress of these projects as staff focus on ensuring statutory functions are prioritised.	3	3	9	

Infrastructure – digital / estates / non ICB workforce Risks

Place	Risk	I	L	Score	Proposed Action
Kirklees (2154)	There is a risk of a reduction of quality, safety and experience of women accessing maternity services, due to recruitment and retention challenges resulting in poor outcomes and experience	2	3	6	Common risk re: maternity services Also see corporate risk. A risk is also anticipated being added in Leeds
Calderdale (2156)	There is a risk of a reduction of quality, safety and experience of women accessing maternity services, due to recruitment and retention challenges resulting in poor outcomes and experience	2	3	6	
Wakefield (2128)	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	3	4	12	Common risk re: waits for CYP neurodiversity
Calderdale	There is a risk that children and young people (CYP) will be unable to access timely mental health services (in particular complex 'at risk' cases and Autism Spectrum Disorder/Attention Deficit	4	3	12	

(1338)	Hypertension Disorder (ASD/DHD)). This is due to a) waiting times for ASD (approx. 14 months) b) lack of workforce locally and nationally to recruit into this service and c) appropriate services not being available for CYP as identified in SEND. Resulting in potential harm to patients and their families.				This has been flagged as potential area for a new risk on Corporate Risk Register
Kirklees (2240)	There is a risk of children being unable to access a timely diagnostic service for neurodevelopmental conditions. This is due to increased demand for the service and the impact of the Covid 19 pandemic on provision of the service. At the end of Jan 23 the average waiting time for assessment was 68 weeks, with 1282 children waiting for assessment. resulting in delays to timely diagnosis, may also impact upon access to other support services across Health, Education and Social Care and reputational damage.	3	4	12	
Leeds (2241)	There is a risk of increasing delay in accessing the neurodevelopmental pathway (CAMHS school age) due to a steady increase in the number of referrals and the backlog of referrals at MMSPA being cleared, resulting in deterioration of child social, emotional and mental health	3	4	12	
BDC (2039)	CHILD AUTISM and/or ADHD ASSESSMENT AND DIAGNOSIS 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.	4	4	16	
Kirklees (2147)	There is a risk to the ability of care homes to be able to provide safe, high quality and person centred care due to staffing levels, high cost agency usage, increased costs of living and increased intensity of need of residents. This results on an increased requirement on the systems to provide intense responsive support to care homes, and risks care homes de-registering or closing due to financial unsustainability.	3	3	9	Common risk re: care homes staffing
Calderdale (2149)	There is a risk to the ability of care homes to be able to provide a safe, high quality, person centered quality lifestyle due to staffing capacity and gaps in knowledge resulting in poor quality care and experience.	3	3	9	
Wakefield (2138)	There is a risk to quality, safety and experience in the independent care sector due to the requirement to manage people with increased complexity, rising costs and workforce supply challenges, resulting in insufficient capacity and delayed discharges.	3	3	9	
Wakefield (2203)	There is a risk that the GP workforce challenges across some GP Practices are not effectively managed which means that leads to demand across system partners and poor patient experience.	3	2	6	Common risk re: general practice workforce
Leeds (2008)	There is a risk of an inability to attract, develop and retain people to work in general practice roles due to local and national workforce shortages resulting in the quality of and access to general practice services in Leeds is compromised.	3	3	9	

Calderdale (1434)	There is a risk that the quality of and access to commissioned primary medical services in Calderdale is compromised due to local and national workforce shortages, resulting in the inability to attract, develop and retain people to work in general practice roles.	4	2	8	
Calderdale (1629)	There is a risk that the additional roles being introduced within General Practice will not be utilised to their maximum benefit, will compromise the safe delivery of care and intervention for patients and be asked to practise outside of their scope of competency, due to limited professional and clinical experience in general practice of these roles resulting in the potential for harm to patients, poor retention and recruitment rates and a lost opportunity for general practice to maximise the roles and support the GP workforce effectively.	4	2	8	

Quality and Safety Risks

Place	Risk	I	L	Score	Proposed Action
Wakefield (2186)	There is a risk to patient safety and experience of care Due to specific concerns about quality of and access to care for patients Resulting in the Mid Yorkshire Hospitals Trust continuing to be rated by the CQC as 'requires improvement' overall (inspection March/April 2022)	4	3	12	Common risk re MYHT CQC assessment
Kirklees (2201)	There is a risk to patient safety and experience of care Due to specific concerns about quality of and access to care for patients Resulting in the Mid Yorkshire Hospitals Trust continuing to be rated by the CQC as 'requires improvement' overall (inspection March/April 2022)	4	3	12	
Kirklees (2179)	There is a risk of Looked After Children (LAC) not receiving an Initial Health Assessment (IHA) or Review Health Assessment (RHA) within statutory timescales. This is due to an increase in the complexity of individual cases and increasing numbers of LAC from outside the area living in private children's homes Kirklees. This includes an increase in Unaccompanied Asylum Seeking Children (USAC), resulting non achivement of mandatory timescales Resulting in performance targets not being met and assessments being carried out late. Health needs may not be identified early enough to ensure that support is put in place promptly.	3	3	9	Common risk re: Looked After Children health assessments
Leeds (2257)	There is a risk of not meeting target for Initial Health Needs Assessment completion for CLA, lack of capacity within service responsible for delivering IHNAs, resulting in health plans not being available for the first multidisciplinary Child Care Review meeting, delay in identification of health issues and subsequent support. There is also a risk of potential breach of statutory duty.	3	4	12	

Finance and Contracting Risks

Place	Risk	I	L	Score	Proposed Action
Kirklees (2204)	Capital Availability - There is a risk that capital spending limits will be set at a level that restricts our ability to progress our strategic capital developments	4	2	8	Common risk re: capital spending limits
BDC (2170)	CAPITAL AVAILABILITY There is a risk that NHS capital spending limits will be set at a level that restricts our ability to progress our strategic capital developments.	5	4	20	
Wakefield (2142)	There is a risk that the national capital regime and arrangements for the allocation of funding will mean there is insufficient resource within Wakefield place to support necessary service transformations.	4	3	12	
Kirklees (2116)	There is a risk that the transformational changes required to address the approved case for change programme (CHFT) will not be achieved within the required timescales, due to delays in allocating Business Case funding for Huddersfield Royal Infirmary (HRI) due to current political changes. Resulting in failure to deliver improved patient experience, better clinical outcomes and overall system sustainability.	3	3	9	Common risk re: CHFT business case funding
Kirklees (2064)	There is a risk that the allocated Full Business Case funding for Huddersfield Royal Infirmary (HRI) is not released by the secretary of state (Her Majesty's Treasury), due to current political changes, within the required timescales, resulting in an inability to fully implement the estate changes required to address the case for change and failure to deliver overall system financial sustainability.	4	2	8	
Calderdale (821)	There is a risk that the allocated funding is not secured due to the Full Business Case (FBC) not being approved by Her Majesty's Treasury, resulting in an inability to implement the transformational changes required to address the Financial and Quality and Safety case for change and failure to deliver improved patient experience, better clinical outcomes and overall system financial sustainability	4	2	8	

POSSIBLE RISKS FOR TRANSFERRING TO THE CORPORATE RISK REGISTER / RISKS CLOSED DUE TO TRANSFER TO CORPORATE RISK REGISTER THIS CYCLE

System Flow / Capacity and Demand Risks

Place	Risk	I	L	Score	Proposed Action
Wakefield (2145)	There is a risk of insufficient capacity in the Local Care Direct (LCD) - Out of Hours GP Services via the West Yorkshire Urgent Care (WYUC) contract due to increased referral activity and potential changes to referral pathways, resulting in poor outcomes and experience for patients and reduced quality of care.	4	3	12	Possible corporate risk, as not Place specific
Kirklees (2083)	There is a risk to patient safety, experience, the quality of care delivered by Local Care Direct (LCD) - Out of Hours GP Services via the West Yorkshire Urgent Care (WYUC) contract due to increased demand for the service.	3	3	9	
Calderdale (1361)	There is a risk to patient safety, experience, the quality of care delivered by Local Care Direct (LCD) - the provider of Out of Hours GP Services via the West Yorkshire Urgent Care (WYUC) contract due to increasing demand for the service.	4	3	12	

Infrastructure – digital / estates / non ICB workforce Risks

Place	Risk	I	L	Score	Proposed Action
Leeds (2007)	There is a risk of an uncoordinated / ineffective response due to a business continuity event resulting in interruption or loss of service.	3	2	6	This has been agreed for transfer to the Corporate Risk Register during the previous cycle.

Quality and Safety Risks

Place	Risk	I	L	Score	Proposed Action
Kirklees (2091)	There is a risk that when the new Liberty Protection Safeguard (LPS) legislation is implemented, there will not be the necessary resources and processes in place to fulfil the new responsibilities of the WYICB across Kirklees Health and Care Partnership (KHCP), CHFT, MYHT and SWYFT as “Responsible Bodies” as a result of uncertainty as to the numbers of people who will be within scope of what constitutes a Deprivation of Liberty and need to be subject to the LPS, resulting in people who are	3	3	9	This was flagged in the previous cycle for possible move to the

	Continuing Healthcare (CHC) funded or residing in a hospital are of deprived of their liberty without the required legal authorisation safeguards. This will result potentially in both financial and reputational damage to the WYICB KHCP and NHS trusts.				corporate risk register, as not place specific.
Calderdale (1492)	There remains a risk that when the new Liberty Protection Safeguard (LPS) legislation is implemented, there will not be the necessary resources and processes in place to fulfil the new responsibilities of the WYICB across Calderdale Cares Partnership (CCP), CHFT and SWYFT as "Responsible Bodies" as a result of uncertainty as to the numbers of people who will be within scope of what constitutes a Deprivation of Liberty and need to be subject to the LPS, resulting in people who are Continuing Healthcare (CHC) funded or residing in a hospital are of deprived of their liberty without the required legal authorisation safeguards. T This will result potentially in both financial and reputational damage to the WYICB Calderdale Cares Partnership (CCP) and NHS trusts. .	3	3	9	
Leeds (2025)	There is a risk that when the new Liberty Protection Safeguard (LPS) Framework is implemented as per MCA Amendment Act 2019 there will not be the necessary resources and processes in place to fulfil the new ICB statutory responsibilities due to the legally contentious interpretation of what constitutes a dol in the draft MCA Code of practice which is at odds with current law. This has led to uncertainty as to the numbers of people who will be within scope of what constitutes a Deprivation of Liberty and need to be subject to the LPS making it challenging to accurately estimate and plan for the resources that will be needed for LPS prior to the publication of the final MCA Code of practice, impact assessment and its regulations. This will potentially result in unlawful deprivations of liberty and breach of human rights for those who meet the criteria for deprivation of liberty and receive Continuing Health Care, resulting additionally in both financial and reputational damage to the ICB.	3	3	9	
BDC (2047)	DOLS in PCD FUNDED CASES Risk of legal challenge against the HCP and potential harm to patients due to unauthorised Deprivation of Liberty (DoL) in PCD funded community cases resulting in reputational and financial damage. Where people are deprived of their liberty in their own homes as a result of PCD funded packages of care, the CCG is responsible for seeking authorisation from the court, however the court has a large backlog and these cases are outside the scope of the existing Deprivation of Liberty Safeguards (DoLS). This is a nationally recognised problem and Local Authorities and HCPs across the country are taking a risk management approach to prioritise only the most contested cases. The planned Liberty Protection Safeguards (LPS) aim to provide a statutory process for CCGs to authorise CHC funded cases, without the need for court proceedings, however there have been repeated delays to publication and implementation of the LPS scheme.	3	3	9	
Kirklees (2246)	There is a risk to delivery of implementation of the Patient Safety Incident Response framework (PSIRF) due to capacity to train and release staff across the system to investigate patient safety	2	4	8	

	incidents to fulfil the requirements of the framework, resulting in not meeting NHSE mandatory timeframes.				Possible corporate risk re PSIRF as not Place specific
Calderdale (2335)	There is a risk to delivery of implementation of the Patient Safety Incident Response framework (PSIRF) due to capacity to train and release staff across the system to investigate, review and fulfil the requirements of the framework.	2	4	8	

Finance and Contracting

Place	Risk	I	L	Score	Proposed Action
BDC (2220)	There is a risk of increased prescribing costs due to inflation and supply disruption resulting in financial strain on the primary care prescribing budget.	4	4	16	
Leeds (2158)	There is a risk of increased prescribing costs due to inflation and supply disruption resulting in financial strain on the primary care prescribing budget.	4	3	12	
Calderdale (2126)	The risk is that WYICB-Calderdale Place will fail to deliver our 2022/23 planned deficit of £0.2m for the year. This is due to 22/23 financial plan submitted to the WYICB including a number of pressures/risks which have been articulated in the plan approval process.. These risks include activity pressures on independent sector acute contracts, **prescribing** and under-delivery of QIPP. The QIPP challenge for 22/23 is significant at £4.5m. The result of failure to deliver the plan in Calderdale will be a risk to the overall WYICB achievement of its financial plan and financial statutory duties.	4	2	8	Possible corporate risk, as not Place specific

Meeting name:	Integrated Care Board Quality Committee
Agenda item no.	10
Meeting date:	25 April 2023
Report title:	Quality Update – Bradford, Calderdale, Kirklees, Leeds and Wakefield
Report presented by:	Penny Woodhead, Director of Nursing & Quality Jo Harding, Director of Nursing & Quality Phillipa Hubbard, Karen Dawber and Amanda Stanford Director of Nursing & Quality
Report approved by:	Penny Woodhead, Director of Nursing & Quality Jo Harding, Director of Nursing & Quality Phillipa Hubbard, Karen Dawber and Amanda Stanford Director of Nursing & Quality
Report prepared by:	Place Quality teams

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

Previous considerations:

Not applicable

Executive summary and points for discussion:

Attached are the Escalation and Assurance Reports for Bradford, Calderdale, Kirklees, Leeds Wakefield places.

Each report reflects information about quality surveillance and oversight which has been/ due to be presented and discussed at respective place Committees.

Calderdale, Kirklees and Wakefield

The attached report provides information regarding the key discussion points and matters pertaining to quality that have been shared place Quality/ assurance committees with the respective partnership Boards and advise on a number of items including.

- Quality and Safety concerns relating to Adult social provision
- Plans for Experience of Care Week – 24-28 April 2023
- Quality and Safety impacts of waiting times
- Mohammed Azam – a legacy for today
- LD annual health checks - 22/23 achievements

- Nur e sabil – Buying our care report

Leeds

The report provides a brief update on the work to implement the new **Patient Safety Incident Response Framework (PSIRF).** Leeds was part of the Early Adopter programme.

The committee is asked to note the plans to 'reset' the **Local Safeguarding Children's Partnership** arrangements in Leeds as part of ongoing development.

The report highlights The Government's decision to delay the implementation of the **Liberty Protection Safeguards** beyond the life of this Parliament and the work that continues in Leeds and across West Yorkshire.

The report provides an update on the progress of the **Intermediate Care Redesign Programme in Leeds** previously described to the Committee.

The report details examples of the quality improvement work in relation to **Termination of Pregnancy services.**

Bradford

The attached report provides information regarding the key discussion points and matters pertaining to quality that have been shared (by the Bradford System Quality Committee) with the Bradford District and Craven partnership (BdC).

The report seeks to highlight key areas of quality that are of interest across whole systems and pathways and risks for the Partnership.

The WY ICB System Quality Committee is asked to note the 'Alert' issues that have been raised with BdC Partnership in particular the concerns regarding **Continuing Healthcare services** an the agreed improvement plan to be submitted to NHSE, work has commenced on this and updates will be provided through this report.

The **serious incident report on Tong Park** has been completed and learning shared with the WY Quality and Safety Group.

Children with autism as part of the planned statement of action following the SEND review, has opened up its referral pathway to schools in order to tackle unmet need and reduce inequalities.

The WY ICB Quality Committee is asked to note the ongoing risks regarding Airedale hospital building. At the time of writing no further update has been provided nationally on whether Airedale NHS FT will qualify for funding for a new build. There continues to be a risk of a loss of services provided by Airedale NHS FT by 2030.

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

☒ Improve healthcare outcomes for residents in their system ☒ Tackle inequalities in access, experience and outcomes ☐ Enhance productivity and value for money ☐ Support broader social and economic development
Recommendation(s)
The Quality Committee is asked to: 1. Note the contents of the Escalation and Assurance Reports for Bradford, Calderdale, Kirklees, Leeds and Wakefield places
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 quality and safety reports presented to each place Committee describe how any risks are reflected in the place or individual organisation's (as appropriate) Assurance Frameworks and Risk Registers. These may also provide assurance or mitigate strategic threats or significant risks for the Integrated Care Board.
Appendices
1. Escalation and Assurance Reports for Calderdale Cares Partnership 2. Escalation and Assurance Reports for Kirklees Health and Care Partnership 3. Escalation and Assurance Reports for Wakefield District Health & Care Partnership 4. Escalation and Assurance report for Leeds Health and Care Partnership 5. Escalation and Assurance report for Bradford District and Craven Health and Care Partnership
Acronyms and Abbreviations explained
Not applicable – all acronyms and abbreviations are explained in the report

What are the implications for?

Residents and Communities	Each place's quality and safety report is informed by information from partners and feedback about resident's experience of care.
Quality and Safety	The purpose of the escalation and assurance report is to highlight quality and safety implications to the Quality Committee.
Equality, Diversity and Inclusion	Not applicable
Finances and Use of Resources	Not applicable
Regulation and Legal Requirements	Not applicable
Conflicts of Interest	Information about specific organisations may present a conflict of interest to individual Quality Committee members.
Data Protection	Not applicable

Transformation and Innovation	Not applicable
Environmental and Climate Change	Not applicable
Future Decisions and Policy Making	Not applicable
Citizen and Stakeholder Engagement	Each place's quality and safety report is informed by feedback about our resident's experience of care.

Summary report from the System Quality Committee (next Quality Committee planned for 27th April 2023)

Key discussion points and matters to be escalated from the discussion at the meeting:
Alert:
• The ICB Bradford **Continuing Healthcare** service has agreed with NHSE to submit an improvement plan to NHSE continuing care team as part of its assurance process. The WY ICS core team are also sighted. • Written statement of action for **children with autism** – the planned target dates in the WSOA have been compromised due to increased levels of demand for services. This has been caused by the system opening up the referral pathway to SEND teachers in order to tackle unmet need and reduce inequalities. A business case has been prepared including potential options including use of non-recurrent funding. This is being overseen by the Children and Young Peoples Programme. • **Tong Park Serious Incident** (SI) draft report has been completed and shared with Bradford Health Care Partnership (HCP) and the WY ICS. The report was presented at WY SQG 12th April, which will now be referred to the WY ICS Quality Committee (public). The WY SQG (in private) will oversee a system discussion on learning.
Advise:
• The BdC partnership has agreed to the **Personalised Commissioning (PCD) team** request for 10 additional posts, together with the re-procurement of Liaison care to support the increasing completion of 220 Decision Support Tool (DST). • The **Health Protection sub-committee** remains concerned about the increase in numbers of cases of tuberculosis and the lack of pace to address these concerns. The SQC will receive an update at the April meeting and consider further information from the Health Protection 'Deep Dive'. • Work is ongoing to seek agreement regarding the **Cost of Care uplifts** alongside BMDC and ICB Bradford team to ensure equity across 'Place'. • **Warfarin supply** – continues to be problematic. The review of anti-coagulation services is now under way, led by the BdC primary care team. • Significant challenges continue within **maternity services** with regards to staffing, however there are no reported harms directly attributed to staffing • The **Patient Safety Partner** role is still outstanding, breaching the target date of September 2022 following 2 unsuccessful recruitment campaigns via the suggested social media route. This problem has been recognised nationally and further advice is being sought regarding alternative methods. • Colleagues at North Yorkshire County Council report that their **SEND Inspection** North Yorkshire (Craven) is expected imminently • ANSHFT- flagged issue around the **fragility of the haemoglobinopathy service** at Airedale- due to workforce challenges. This is being reviewed by ANSHFT and BTHFT and WY Acute Trusts.

- There has been an increase in **acuity levels in Mental Health provision** in Bradford including around the **use of Section 136 suite**. This is being reviewed by the Mental Health and Learning Disability Programme.

Assure

Since the last update the System Quality Committee has received updates on.

- Ongoing system issues and challenges at place
- The current and planned work of **the System Quality Assurance Group** - subcommittee of the SQC (including development of **Quality Oversight Metrics**).
- Development of the place-based **citizen engagement** model & grassroots report
- The key messages delivered to the Partnership Leadership Executive regarding children with complex health and care needs.
- The monthly **Quality Oversight meetings** continue with all 3 Providers individually and maternity services across Place
- **Streptococcus A** Outbreak- Two new hubs have been opened one in Modality and specialist hubs in the WACA practices for both adults and children. This has been supported by national and urgent care funding
- **Primary Care Access**: Extra capacity has been procured from general practice and specialist providers until the 31st of March 2023 with a particular focus on mitigating risks posed by planned strike days to enable people to access general practice.

Risks discussed:

- The governance team is currently developing a risk log and templates which align with the WY ICB arrangements, and which will support this committee.
- A specific workshop to identify, define and understand impact and mitigation of **risks specific to the remit of the BdC System Quality Commi**ttee is planned for 21.04.2023

In addition, the following current risks were highlighted

- Warfarin supply – see above. This risk will transfer to Primary Care as leads of the review of anti-coagulants

New risks identified:

The following emerging risks were highlighted

- Cases of TB cases at place (see above). Further discussion required regarding potential mitigation and specifically whether this is a risk or an emerging issue

West Yorkshire Health and Care Partnership

NHS West Yorkshire Integrated Care Board

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Calderdale Cares Partnership

Date of meeting: 25 April 2023

Report to: West Yorkshire Integrated Care Board Quality Committee

Report completed by: Debbie Winder Deputy Director of Quality

Date: 11 April 2023

Key escalation and discussion points from the meeting
Alert:
• Nothing to alert
Advise:
Adult Social Care There are a number of care homes and home (domiciliary) care providers in Calderdale place subject to joint enhanced quality surveillance process with the local Authority and Care Quality Commission (CQC). There is one care home care provider rated Inadequate, which the CQC has taken regulatory actions against with re inspection planned. This does not have an impact for West Yorkshire. **Patient Safety Strategy** The first joint CKW Patient Network has taken place with good attendance and feedback. The ICB are working closely with provider colleagues to support implementation of PSIRF. The shared risk of capacity impacting on the ability to release and train staff to investigate patient safety incidents has been added to the place risk register.
Assure:
Learning Disability Healthchecks and health action plans Calderdale have achieved significant improvement in the uptake of LD heath checks and action plan development. All practices can evidence a significant upward trajectory with 84% uptake overall, two practices having achieved over 90%, and only two below 75%. The national target is 75%. Whilst General Practice perform and record the checks the improvement is a result of a combined partnership effort, including closer links to the community learning disability team, and support from self advocates, “Lead the Way” with training from

the CHFT consultant nurse for learning disabilities. Each practice has a learning disability champion who links with the strategic health facilitator role which has led to people and families experiencing the health check process reporting improved quality.

This work will continue to ensure that every health check adds value for the individual and improves health outcomes and the learning is being shared with a group of partners working on increasing SMI health checks.

Buying Our Care - Nur e Sabil

Calderdale Adults Health and Social Care scrutiny Board received Buying our Care – Opportunities and Challenges report in April, which was produced following the publication of "Buying our Care- Experiences, grievances and hurdles.

The report identified clear areas requiring system partners to take action to address and improve. These include cultural competency in decision making, the role of the Court of Protection, complaints procedure and the need to seek and hear voices of those receiving care from all communities which is key to the partnership priority of listening to all communities and reducing inequalities. The system response has been produced collaboratively and an action plan has been produced which will be monitored through Calderdale Quality Group.

Infection Prevention and Control

The Calderdale Cares Partnership Quality Group received a paper providing an update and oversight of infection prevention and control. It contained an update on the infection prevention oversight across the Place system, supportive improvement work underway and the status against national trajectories within Calderdale, as well as identifying ways to track learning across Place.

NHS Provider Quality Surveillance Table

	March 2023	SOF rating	CQC Overall Rating
Calderdale and Huddersfield NHS Foundation Trust	Routine	3	Good
South West Yorkshire Partnership Foundation NHS Trust	Routine	2	Good

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from:	Kirklees Health & Care Partnership
Date of meeting:	25 April 2023
Report to:	West Yorkshire Integrated Care Board Quality Committee
Report completed by:	Debbie Winder, Deputy Director of Quality
Date:	11 April 2023

Key escalation and discussion points from the meeting
Alert:
• Nothing to alert
Advise:
Adult Social Care There are a number of care homes and domiciliary care providers in Kirklees subject to place joint enhanced quality surveillance process with the local Authority and CQC. There are two care homes currently rated Inadequate by the CQC. One home recently rated Inadequate with the CQC taking regulatory action is subject to whole service Safeguarding processes with concurrent escalation through NHSE Enhanced Quality Surveillance processes with a Rapid Quality Risk Review underway and Place strategies for oversight and management are in place. The provider has services in other parts of West Yorkshire and information sharing will occur through QLM and SQG processes. There is currently no wider impact at a West Yorkshire system level. **Mohammed Azam – A legacy for today** In partnership with Mohammed Azam's family, Health and care leaders from Kirklees met with members from the Indian Muslim Welfare association (IMWA), and community groups to reflect on Mohammed's story and plan for future activities. We heard from community leaders about their experience of health and care services during the pandemic and today, including suggestions about how to engage further through the successful community voices and champions networks. We also gathered practical actions such as improved communication on access to General Practice services, services available at Dewsbury District Hospital and Pinderfields Hospital and education and training in cultural competency for colleagues working in health and care services.

A full report from the event will be shared with the Steering group and plans are underway to hold a larger community event at the Al Hikmah centre in Batley in the summer, where colleagues will be able to engage with the wider community, showcase some of the services on offer.

Patient Safety Strategy

The first joint CKW Patient Network has taken place with good attendance and feedback. The ICB are working closely with provider colleagues to support implementation of PSIRF. The shared risk of capacity impacting on the ability to release and train staff to investigate patient safety incidents has been added to the place risk register.

Assure:

Medical Examiners

The ICB are working with providers to support review of community deaths, including IT solutions and ways to share any identified learning as part of system learning from deaths and patient safety processes.

NHS Provider Quality Surveillance Table

	March 2023	SOF rating	CQC Overall Rating
Calderdale and Huddersfield NHS Foundation Trust	Routine	3	Good
Locala	Routine	2	Good
South West Yorkshire Partnership Foundation NHS Trust	Routine	2	Good
The Mid Yorkshire Hospitals NHS Trust	Routine	3	Requires improvement

West Yorkshire Health and Care Partnership

NHS West Yorkshire Integrated Care Board

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: **Leeds Health and Care Partnership**

Date of meeting: **Tuesday 25th April 2023**

Report to: **WY ICB Quality Committee**

Report completed by: **Jo Harding- Director of Nursing and Quality- Leeds Health and Care Partnership**

Date: **13.04.2023**

Alert:

Patient Safety Incident Response Framework (PSIRF)

The national Patient Safety Incident Response Framework (PSIRF) was introduced as part of the Patient Safety Strategy, published in 2019. PSIRF replaces the NHS England Serious Incident Framework (2015) and represents a major culture shift in how organisations currently respond to incident management. It places the responsibility for embedding learning from patient safety events firmly at the frontline of patient care and removes the traditional burden on providers to routinely submit 60-day reports of individual serious incidents to commissioners for 'sign off'. Learning from patient safety events under this framework focuses on systems, underpinned by just culture and patient involvement, and introduces the flexibility for providers to choose from a range of responses to safety events that reflect the most appropriate and timely approach. This may be in the form of patient safety reviews or patient safety incident investigations.

Following completion and review of an early adopter pilot programme, NHSE published the finalised PSIRF at the end of August 2022, with detailed guidance around standards for investigations, the role responsibilities, competency, and capability required, and highlighted milestones for implementation of PSIRF.
Key notes include.

- All acute, community and mental health providers with NHS contracts are required to be ready to implement the PSIRF by Autumn 2023. National guidance is in place to help guide the transition; as part of this, providers are required to develop a Patient Safety Incident Response Plan (PSIRP), to be published on their websites
- Each provider has different support needs around implementation. Opportunities for shared learning is maximised in Leeds via the city-wide Patient Safety Specialist Network and across the wider WY ICB through quality leads forums
- A key challenge identified to effective implementation of PSIRF relates to accessing the relevant accredited training to ensure compliance with the patient safety investigation and oversight standards. There is limited free training available and ambiguity in how it is to be applied across local systems. However, this reflects the national position. There are potentially further economies of scale to be realised in reviewing other elements of the patient safety strategy across the WYICB, such as the introduction of patient safety partners and in the governance and oversight of PSIRF, to ensure consistency of approach. Discussions continue at both place and WY ICB level to explore the opportunities.

Advise:

LSCP Partnership Local Arrangements

Working Together to Safeguard Children 2018 describes the shared responsibility between organisations and agencies to safeguard and promote the welfare of all children in a local area. Local organisations and agencies that work with children and families play a significant role when it comes to safeguarding children. The responsibility rests with the three safeguarding partners who have a shared and equal duty to make arrangements to work together

The 2022 Ofsted Inspecting Local Authority Children's Services (ILACS) report identified that the city's strategic partnerships are strong. It recognised that although there have been some professional challenges, these are resolved through the strength of relationships and restorative culture. As is often inevitable in large statutory organisations there are regular changes in senior leaders. This has been the case in Leeds over the last 12 months. The new statutory Executive leadership team is now in place and are resolute in their aim to maintain and maximise the strong relationships currently held.

During 2022/23 the LSCP Executive took the opportunity to have two dedicated face-to-face facilitation and coaching sessions from the National Multi-Agency Child Safeguarding Reform Facilitators. This time was used to consider the city's current arrangements, reflect on some difficult leadership decisions and reconsider roles and responsibilities with the benefit of examples of good practice and experiences in other regions.

It is three years since the last set of changes were made to the city's Children's Safeguarding Partnership infrastructure and it is recognised how the policy direction is changing. The national facilitators, in their diagnosis of the sessions confirmed the arrangements in Leeds are good and advised against any whole scale change that could destabilise this.

As a result, the LSCP Executive have committed to 'reset' some of the safeguarding arrangements in collaboration with the wider children's partnership. A seven-point reset plan was presented by Jo Harding- Chair of the LSCP Executive in Leeds on 31st March 2023.

Liberty Protection Safeguards

On the 6th of April 2023 the Government set out its plans for adult social care reform in its publication of the Next steps to put People at the Heart of Care.

A 'Dear Colleagues' letter announcing these plans to parliamentarians confirms that in order to focus on these critical priorities, the Government has taken the difficult decision to delay the implementation of the **Liberty Protection Safeguards** beyond the life of this Parliament.

This has inevitably resulted in frustration of those who have worked for nearly a decade on the LPS policy and preparation for its implementation, it seems far more likely now that these reforms will not be implemented for some time.

Whilst the delay is disappointment, we will not lose momentum on the work that we have been doing which is still relevant and useful for the current DOLS process and the Mental Capacity Act. We have our next Leeds LPS meeting on the 18th May and plan to expand on our strategy going forward. In the interim we will continue to put our focus on the embedding of the MCA, supporting practitioners with accessing the right training for their roles. We will make certain that policies and procedures are in line with the MCA. We will continue focusing on ensuring that there are effective systems and processes to legally authorise any deprivations of liberty for the people in our city. This is a key priority of our WY Designated Professionals Network.

Intermediate Care Redesign Programme- latest update

The Leeds place-based providers have partnered with Newton Europe on a large-scale transformation of Intermediate Care services in the city. A large-scale diagnostic as part of phase one of the programme was completed towards the end of 2022 which demonstrated opportunities for short- and long-term improvement in intermediate care services. Over this winter phase two of the programme has been running which included projects around improving length of stay in our short-term beds, implementing a new trusted assessor model and improving the MDT management processes and handover. The programme has also been developing a system visibility tool, which is now in place and available to all partners to link data from the acute trust (PPMP), community care (system one) and adult social care (CIS) into one place in order to understand demand, capacity and patient journeys across the system. The tool enables the programme to track improvements now and into phase three which is commencing in April. Phase three of the programme will focus on four key project area

1.Home based intermediate care- integrating reablement services and neighbourhood teams into one new active recovery service for Leeds, a home first comprehensive recovery service encompassing health and social care needs
2.Short term beds- To redesign and re procure the short-term intermediate care bed offer in Leeds, being clear on purpose of beds, outcomes and governance around them
3.Transfer of Care hub- helping to support people to get to their most independent outcome and the right destination first time when leaving hospital. This will be done through a pull model from the community that with adult social care integrated into it
4. Access to Intermediate care- develop clear intervention points that direct as many people as possible into community services with access to that should be simple, clinical, trusted and rapid

The programme is developing a number of clinical quality outcomes that will be tracked as part of the improvement and some patient experience measures to understand how this work will make a difference to the population that use intermediate care services which are predominantly frail older people

Assure:

Termination of Pregnancy services

The Leeds Quality team are leading on and involving colleagues within the Leeds Health Care Partnership and the wider West Yorkshire ICS, is to create an improved network and resilience within the system for Termination of Pregnancy (TOP) Services, should they experience acute service disruptions. Currently, transferring clients out of a TOP service

can be problematic due to high activity levels within alternative providers and the absence of a commonly understood escalation policy. In order to promote a more seamless transfer, when necessary, we are working to develop a scoring system, an escalation protocol, greater understanding, and training within the Region (perhaps looking at expanding to National level). The hope is that the safety and experience of the care received by TOP clients will be considerably enhanced as a result.

West Yorkshire Safeguarding Standards for TOP Providers have been developed and a self-assessment tool has been shared with all WY TOP Providers with a deadline for these to be completed by the beginning of May 2023. The returns will then be analysed to identify any issues, themes, trends, etc.

A Patient Safety Walkabout (PSW) Prompt sheet for joint safeguarding/quality visits is currently in development with a visits schedule to be agreed across WY.

West Yorkshire Health and Care Partnership

NHS West Yorkshire Integrated Care Board

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from:	Wakefield Health & Care Partnership (WDHCP)
Date of meeting:	25 April 2023
Report to:	West Yorkshire Integrated Care Board Quality Committee
Report completed by:	Laura Elliott, Head of Quality
Date:	4 April 2023

Key escalation and discussion points from the meeting

Alert:

- Nothing to alert

Advise:

Experience of Care Week – 24-28 April 2023
Our Experience of Care Network is ensuring the Wakefield District Health and Care Partnership marks Experience of Care week with planned activities including:

- Partnership Board members making pledges to commit how they will improve experience of care – these will be shared and promoted on social media that week
- Presentations from our 'Show and Tell' event about how experience of care has been improved for particular groups of people across the district have been made into short videos and will be shared widely across the Partnership during the week
- Our People Panel on 27 April 2023 will have a focus on improving experience of care for the people of Wakefield district.

Adult Social Care
There are a number of care homes and home (domiciliary) care providers in Wakefield district subject to our joint enhanced quality surveillance process with the local Authority and Care Quality Commission (CQC). There are currently three home care providers and one care home rated Inadequate. There is no wider impact at a West Yorkshire system level.

Provider Quality Strategies
Both the Mid Yorkshire Hospitals Trust (MYHT) and South West Yorkshire Partnership Foundation Trust (SWYPFT) are currently refreshing and updating their quality strategies. The providers are engaging with various partners, stakeholders and local people in this work. The ICB quality team have had an opportunity to comment as part of the stakeholder engagement to ensure alignment with our Quality at Place approach. We will be discussing across the Partnership the development of some place quality priorities to inform our local delivery plan and align with our transformation priorities.

Assure:

Waiting well
The Integrated Assurance Committee and Partnership Board have discussed on several occasions people on elective waiting lists accessing urgent and emergency care services due to a deterioration in their condition. It has been agreed that data analysis first undertaken of activity up to November 2022 will be repeated, to acknowledge significant

operational pressures since November and strike action which will have impacted on elective care waiting times.

The analysis will also include people who accessed GP appointments as well as attended urgent and emergency care services. The data will correlate with wider population health data to enable the programme to review and identify any potential negative impact on health inequalities or for people with a protected characteristic.

This information and the actions being taken to support people while they are waiting and getting prepared for their surgery will be a focussed discussion at a future Integrated Assurance Committee.

Access to GP appointments
Following discussion at our Integrated Assurance Committee on 22 February 2023 about themes identified from triangulation of feedback on experience of care it was agreed that further information on the range and availability of appointments within General Practice will be provided and promoted through engagement with our Community Champions.

NHS Provider Quality Surveillance Table

	January 2023	SOF rating	CQC Overall Rating
South West Yorkshire Partnership Foundation Trust	Routine	2	Good
The Mid Yorkshire Hospitals NHS Trust	Routine	3	Requires improvement

Meeting name:	West Yorkshire ICB Quality Committee
Agenda item no.	11
Meeting date:	25 April 2023
Report title:	Quality Dashboard
Report presented by:	Dr James Thomas / Beverley Geary
Report approved by:	Dr James Thomas / Beverley Geary
Report prepared by:	Rob Goodyear, Associate Director, Strategic Operations Dr James Thomas, Medical Director. West Yorkshire ICB Beverley Geary, Director of Nursing and Quality, West Yorkshire ICB

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

Previous considerations:

None

Executive summary and points for discussion:

Quality dashboard development - measures

Linked to this dashboard is the work of ICB Board's Task and Finish Group which is looking at dashboard measures for the Board itself; this will inevitably have an impact on all of its sub-committees. There have been two meetings of this group so far which have agreed some principles and potential areas for further progress. It is worth pointing out that this group has seen the full set of 92 quality indicators that were bought to this Committee earlier in the year, and not the honed down set presented here today.

Continuing steps will be to focus on looking at the totality of quality measures defined by the ICB Board's Task and Finish Group. Once this work has been concluded, a consistent approach to providing a narrative can also be developed working with our places.

It is worth noting that this month's dashboard has an additional measure included as a proxy to GP access – the number of GP appointments per 1,000 registered population.

Future additional measures include the Dental Friends and Family Test.

Quality Dashboard development – presentation

Work has been undertaken with how the measures in the dashboard can be presented more meaningfully to provide a richer conversation / curiosity. Most measures are now presented with additional comparators to illustrate differing performance. Some measures now include 24 months of data rather than 12, a comparison of measures with other ICBs in England; a comparison of measures with other ICBs in the Region; a line showing national average and a line showing regional average

We ask the Quality Committee to note the continued ongoing work to develop the Quality Dashboard and the ongoing changes to presentation to aid a better discussion.

Points for discussion

The purpose of the dashboard is to assist and support the AAA from place and offer a view for further discussions within the Quality Committee.

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

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes

☐ Enhance productivity and value for money

☐ Support broader social and economic development

Recommendation(s)

The WY ICB Quality Committee is asked to:

1. Note the ongoing work to develop the Quality Dashboard both in content and narrative.

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

No

Appendices

1. West Yorkshire Quality Dashboard

Acronyms and Abbreviations explained

1. ICB - Integrated Care Board
2.

What are the implications for?

Residents and Communities	None
Quality and Safety	None
Equality, Diversity and Inclusion	None
Finances and Use of Resources	None
Regulation and Legal Requirements	None
Conflicts of Interest	None
Data Protection	None
Transformation and Innovation	None

Environmental and Climate Change	None
Future Decisions and Policy Making	The policies will be reviewed as per the document
Citizen and Stakeholder Engagement	None

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Integrated Care Board

Quality Dashboard

West Yorkshire Integrated Care Board

West Yorkshire
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DataSet	Key Performance Indicator	Definition	Latest Date
Complaints	Complaints - % Made by Patient	The percentage of formal complaints that are made by a patient	03 2022
Complaints	Complaints - New	The number of new complaints in the quarter	03 2022
Complaints	Complaints Rate	The number of written complaints received per 1000 Whole Time Equivalent (WTE)	03 2022
FFT A&E	Friends & Family A&E Score	The percentage of patients who rated the care they received as either 'Very Good' or 'Good'	01 2023
FFT Ambulance	Friends & Family Ambulance Score	The percentage of patients who rated the care they received as either 'Very Good' or 'Good'	01 2023
FFT Community	FFT Children & Family Services	The percentage of patients who rated the care they received as either 'Very Good' or 'Good'	01 2023
FFT Community	FFT Community Healthcare Other	The percentage of patients who rated the care they received as either 'Very Good' or 'Good'	01 2023
FFT Community	FFT Community Inpatient Services	The percentage of patients who rated the care they received as either 'Very Good' or 'Good'	01 2023
FFT Community	FFT Community Nursing Services	The percentage of patients who rated the care they received as either 'Very Good' or 'Good'	01 2023
FFT Community	FFT Rehabilitation & Therapy Services	The percentage of patients who rated the care they received as either 'Very Good' or 'Good'	01 2023
FFT Mental Health	Friends & Family Mental Health Score	The percentage of patients who rated the care they received as either 'Very Good' or 'Good'	01 2023
FFT Mental Health	Friends & Family MH Acute Services	The percentage of patients who rated the care they received as either 'Very Good' or 'Good'	01 2023
FFT Mental Health	Friends & Family MH Child & Adolescent Mental Health Services	The percentage of patients who rated the care they received as either 'Very Good' or 'Good'	01 2023
GP Appointments	GP Appointments Per 1,000 Population	Count of GP Appointments per 1,000 patient list size	02 2023
Incidents	Patient Safety Culture	The percentage of incidents graded Severe or Death	03 2020
Infection Control	C.difficile (All Cases)	C.difficile infection counts and 12-month rolling rates of all cases, by reporting acute trust and month	12 2022
Infection Control	E.coli (All Cases)	E.coli bacteraemia cases counts and 12-month rolling rates, by reporting acute trust and month	12 2022
Infection Control	Hospital Onset Infection Rate	Proportion of infections that are recorded as 'hospital onset'	12 2022
Infection Control	MRSA (All Cases)	MRSA bacteraemia all cases counts and 12-month rolling rates, by acute trust and month	12 2022
Infection Control	MSSA (All Cases)	MSSA total cases counts and 12-month rolling rates, by reporting acute trust and month	12 2022
Infection Control	Total antibiotic prescribing	Total antibiotic prescribing DDDs per 1000 admissions; by quarter and trust	09 2022
Infection Control	WHO Antibiotic Access Category Prescribing	Proportion of total antibiotic prescribing from the "Access" category of the WHO Essential Medicines List AWaRe index; by quarter and acute trust	09 2022
Mixed Sex Accommodation Breaches	Mixed Sex Accommodation Breaches	The number of patients recorded as sharing a ward environment with a member of the opposite sex	01 2023
SHMI	Acute and unspecified renal failure	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	10 2022
SHMI	Acute bronchitis	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	10 2022
SHMI	Acute cerebrovascular disease	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	10 2022
SHMI	Acute myocardial infarction	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	10 2022
SHMI	Fracture of neck of femur (hip)	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	10 2022
SHMI	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	10 2022
Staff Sickness	Sickness Absence Rate	Sickness Absence Rate is the percentage of available Full Time Equivalents (FTEs) absent for the month	11 2022
Stroke Audit	Admitted to stroke Unit < 4 hours	The percentage of patients directly admitted to a stroke unit within 4 hours of clock start	12 2022
Stroke Audit	Assessed by OT within 72 hours	The percentage of applicable patients who were assessed by an occupational therapist within 72h of clock start	12 2022
Stroke Audit	Assessed by stroke consultant within 24 hours	The percentage of patients assessed by a stroke specialist consultant physician within 24h of clock start	12 2022
Stroke Audit	Assessed by stroke nurse within 24 hours	The percentage of patients who were assessed by a nurse trained in stroke management within 24h of clock start	12 2022
Stroke Audit	Joint health and social care plan on discharge	The percentage of applicable patients receiving a joint health and social care plan on discharge	12 2022
Stroke Audit	Stroke Audit Score	The aggregate performance across 10 key aspects of stroke care as identified and computed by the Sentinel Stroke National Audit Programme	12 2022

-

National average and ICB Comparison tables included

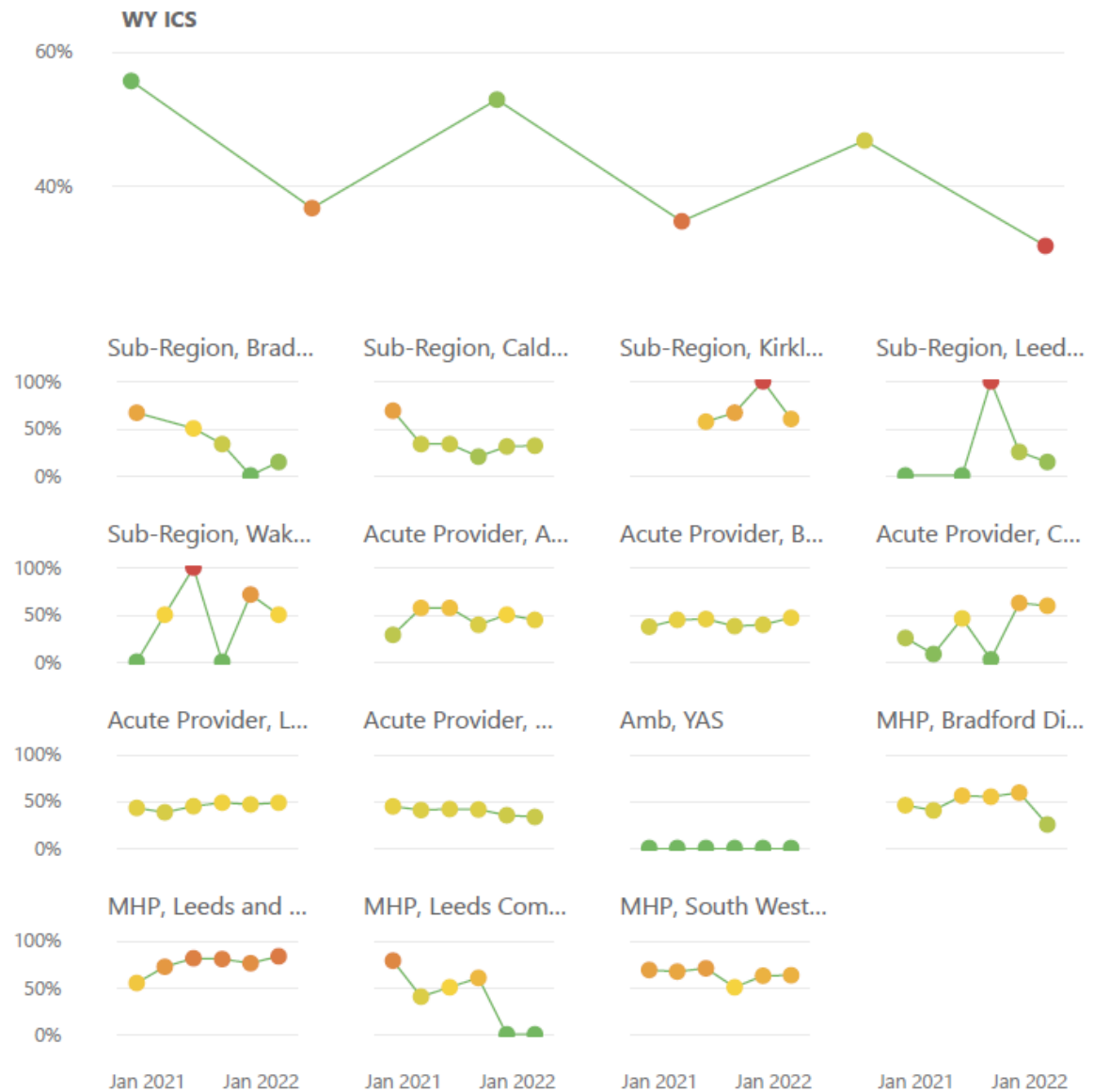
Data Source: Public View

Complaints

Complaints - % Made by Patient

The percentage of formal complaints that are made by a patient

Org Type	12 2020	03 2021	06 2021	09 2021	12 2021	03 2022
ICS						
WY ICS	55.6%	36.6%	52.8%	34.6%	46.7%	31.0%
Sub-Region						
Bradford D and Craven (36J)	66.7%		50.0%	33.3%	0.0%	14.3%
Calderdale (02T)	68.8%	33.3%	33.3%	20.0%	30.8%	31.6%
Kirklees (X2C4Y)			57.1%	66.7%	100.0%	60.0%
Leeds (15F)	0.0%		0.0%	100.0%	25.0%	14.3%
Wakefield (03R)	0.0%	50.0%	100.0%	0.0%	71.4%	50.0%
Acute Provider						
Airedale	28.6%	57.1%	57.1%	39.2%	50.0%	44.4%
Bradford	37.2%	44.5%	45.4%	37.8%	39.3%	46.8%
Calderdale & Huddersfield	25.3%	8.1%	46.0%	2.5%	62.4%	59.5%
Leeds	42.6%	37.9%	44.4%	48.3%	46.3%	48.2%
Mid-Yorkshire	44.2%	40.3%	41.4%	40.9%	34.8%	33.0%
Amb						
YAS	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
MHP						
Bradford District Care	45.5%	40.0%	55.6%	54.5%	58.8%	25.0%
Leeds and York Partnership NHS Foundation Trust	54.5%	71.8%	80.9%	80.0%	75.6%	82.9%
Leeds Community Healthcare	78.3%	40.0%	50.0%	60.0%	0.0%	0.0%
South West Yorkshire Partnership NHS Foundation Trust	68.4%	66.7%	70.2%	50.0%	62.2%	62.7%



Complaints

Complaints - New

Org Type	12 2020	03 2021	06 2021	09 2021	12 2021	03 2022
ICS						
WY ICS	27	41	36	26	30	42
Sub-Region						
Bradford D and Craven (36J)	3	0	2	3	2	7
Calderdale (02T)	16	36	18	15	13	19
Kirklees (X2C4Y)			7	6	4	5
Leeds (15F)	2	0	1	1	4	7
Wakefield (03R)	1	4	8	1	7	4
Acute Provider						
Airedale	14	49	42	51	46	45
Bradford	121	110	119	119	135	124
Calderdale & Huddersfield	95	86	100	122	141	116
Leeds	155	145	160	143	136	166
Mid-Yorkshire	95	119	152	193	181	221
Amb						
YAS	327	323	414	471	402	312
MHP						
Bradford District Care	11	10	18	11	17	4
Leeds and York Partnership NHS Foundation Trust	33	39	47	45	45	41
Leeds Community Healthcare	23	15	28	25	29	24
South West Yorkshire Partnership NHS Foundation Trust	19	24	57	50	45	51

The number of new complaints in the quarter

Complaints

Complaints Rate

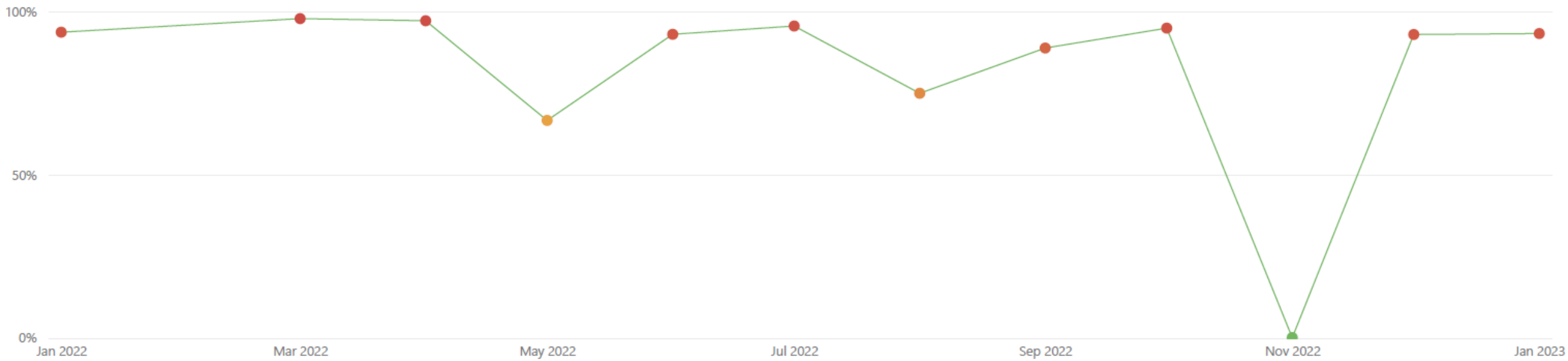
The number of written complaints received per 1000 Whole Time Equivalent (WTE)

Org Type	12 2020	03 2021	06 2021	09 2021	12 2021	03 2022
ICS						
WY ICS	16.79	17.28	20.89	22.70	21.34	19.94
Acute Provider						
Airedale	4.81	16.50	14.14	17.21	15.40	14.95
Bradford	22.06	20.03	21.57	21.77	24.69	22.71
Calderdale & Huddersfield	17.87	15.88	18.04	22.28	25.22	20.48
Leeds	9.48	8.80	9.51	8.44	7.89	9.55
Mid-Yorkshire	12.65	15.66	19.71	25.22	23.62	28.96
Amb						
YAS	65.14	63.56	81.72	92.58	77.00	59.26
MHP						
Bradford District Care	4.14	3.71	6.62	4.01	6.05	1.39
Leeds and York Partnership NHS Foundation Trust	12.52	14.55	17.05	16.23	15.97	14.33
South West Yorkshire Partnership NHS Foundation Trust	4.84	6.05	14.31	12.56	11.26	12.69

FFT Ambulance

Friends & Family Ambulance Score

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



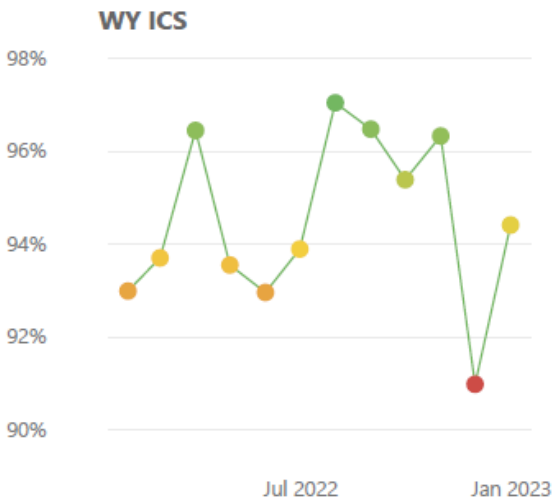
Org Type	01 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022	11 2022	12 2022	01 2023
ICS												
WY ICS	93.8%	97.9%	97.3%	66.7%	93.1%	95.7%	75.0%	88.9%	95.0%	0.0%	93.0%	93.3%

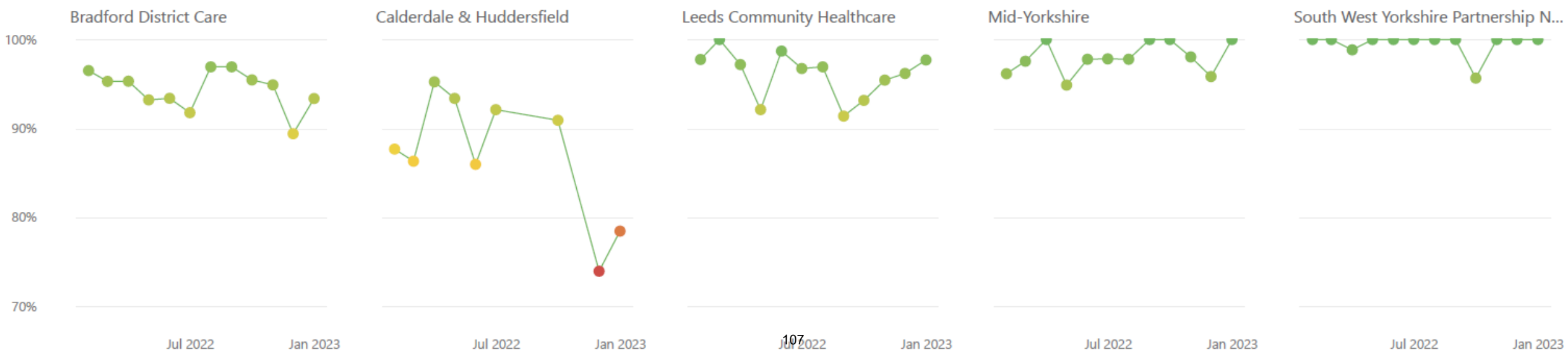
FFT Community

FFT Children & Family Services

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

Org Type	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022	11 2022	12 2022	01 2023
ICS	**93.0%**	**93.7%**	**96.4%**	**93.5%**	**92.9%**	**93.9%**	**97.0%**	**96.5%**	**95.4%**	**96.3%**	**91.0%**	**94.4%**
WY ICS	93.0%	93.7%	96.4%	93.5%	92.9%	93.9%	97.0%	96.5%	95.4%	96.3%	91.0%	94.4%
Acute Provider	**88.5%**	**88.8%**	**96.2%**	**93.7%**	**88.3%**	**94.3%**	**97.8%**	**100.0%**	**97.9%**	**98.0%**	**81.4%**	**84.3%**
Calderdale & Huddersfield	87.7%	86.3%	95.2%	93.4%	85.9%	92.1%			90.9%		73.9%	78.4%
Mid-Yorkshire	96.2%	97.6%	100.0%	94.9%	97.8%	97.8%	97.8%	100.0%	100.0%	98.0%	95.8%	100.0%
MHP	**97.3%**	**96.2%**	**96.5%**	**93.4%**	**96.6%**	**93.7%**	**97.0%**	**96.2%**	**95.0%**	**96.1%**	**93.3%**	**95.7%**
Bradford District Care	96.5%	95.3%	95.3%	93.2%	93.4%	91.8%	96.9%	96.9%	95.5%	94.9%	89.4%	93.4%
Leeds Community Healthcare	97.8%	100.0%	97.2%	92.1%	98.7%	96.7%	96.9%	91.4%	93.2%	95.4%	96.2%	97.7%
South West Yorkshire Partnership NHS Foundation Trust	100.0%	100.0%	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%	95.7%	100.0%	100.0%	100.0%
Total	**93.0%**	**93.7%**	**96.4%**	**93.5%**	**92.9%**	**93.9%**	**97.0%**	**96.5%**	**95.4%**	**96.3%**	**91.0%**	**94.4%**



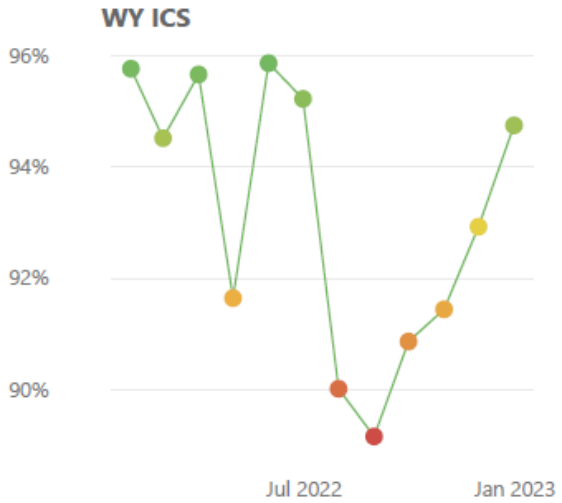


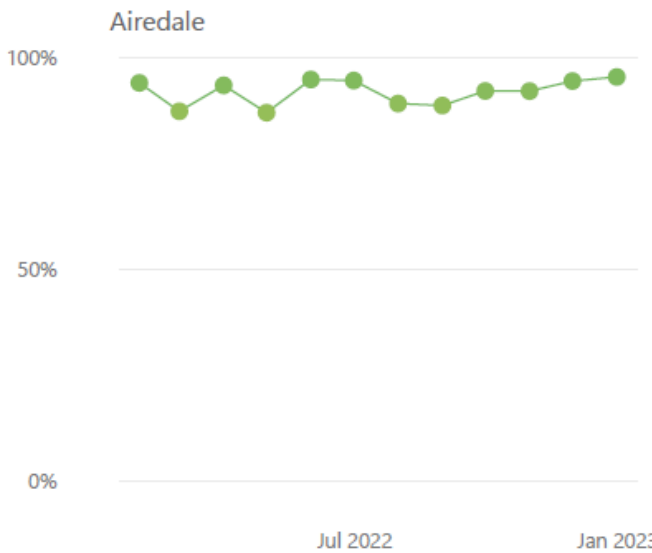
FFT Community

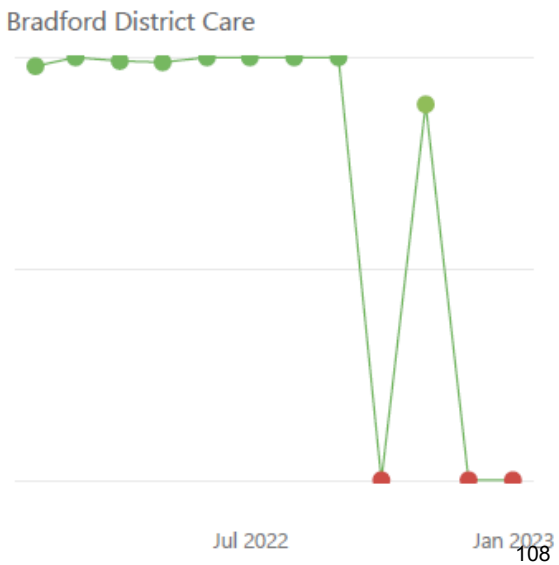
FFT Community Healthcare Other

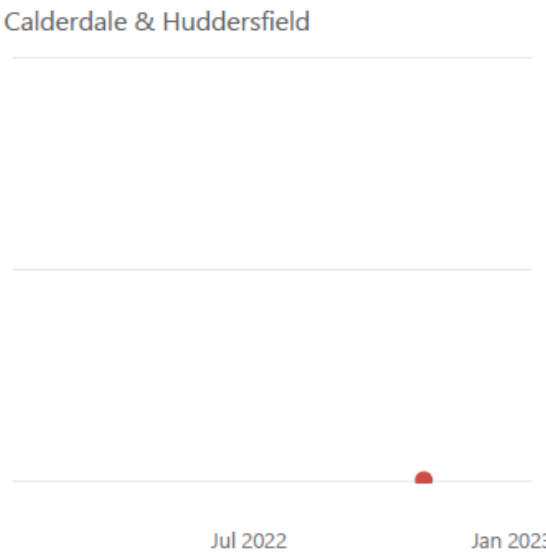
The percentage of patients who rated the care they received as either 'Very Good' or 'Good'

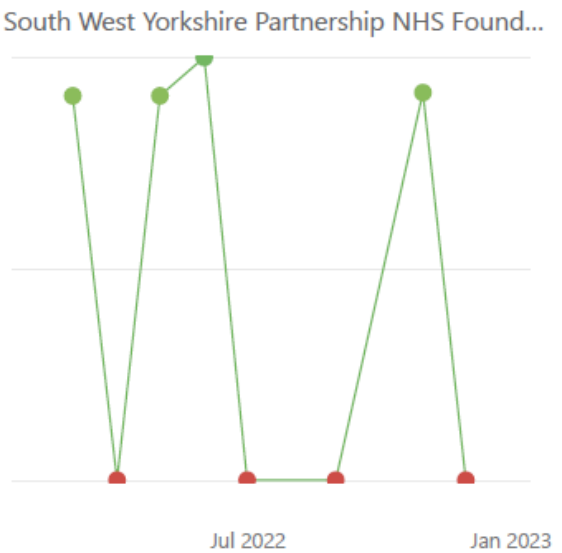
Org Type	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022	11 2022	12 2022	01 2023
ICS	**95.8%**	**94.5%**	**95.7%**	**91.6%**	**95.9%**	**95.2%**	**90.0%**	**89.1%**	**90.8%**	**91.4%**	**92.9%**	**94.7%**
WY ICS	95.8%	94.5%	95.7%	91.6%	95.9%	95.2%	90.0%	89.1%	90.8%	91.4%	92.9%	94.7%
Acute Provider	**94.0%**	**87.2%**	**93.4%**	**86.9%**	**94.8%**	**94.5%**	**89.1%**	**88.6%**	**92.1%**	**91.5%**	**94.4%**	**95.4%**
Airedale	94.0%	87.2%	93.4%	86.9%	94.8%	94.5%	89.1%	88.6%	92.1%	92.0%	94.4%	95.4%
Calderdale & Huddersfield										0.0%		
MHP	**97.9%**	**99.5%**	**98.3%**	**97.9%**	**100.0%**	**97.6%**	**100.0%**	**94.1%**	**0.0%**	**90.5%**	**0.0%**	**0.0%**
Bradford District Care	97.9%	100.0%	99.1%	98.8%	100.0%	100.0%	100.0%	100.0%	0.0%	88.9%	0.0%	0.0%
South West Yorkshire Partnership NHS Foundation Trust		90.9%	0.0%	90.9%	100.0%	0.0%		0.0%		91.7%	0.0%	
Total	**95.8%**	**94.5%**	**95.7%**	**91.6%**	**95.9%**	**95.2%**	**90.0%**	**89.1%**	**90.8%**	**91.4%**	**92.9%**	**94.7%**









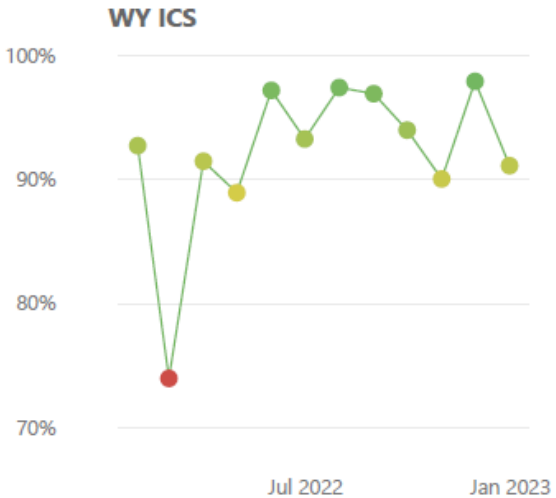


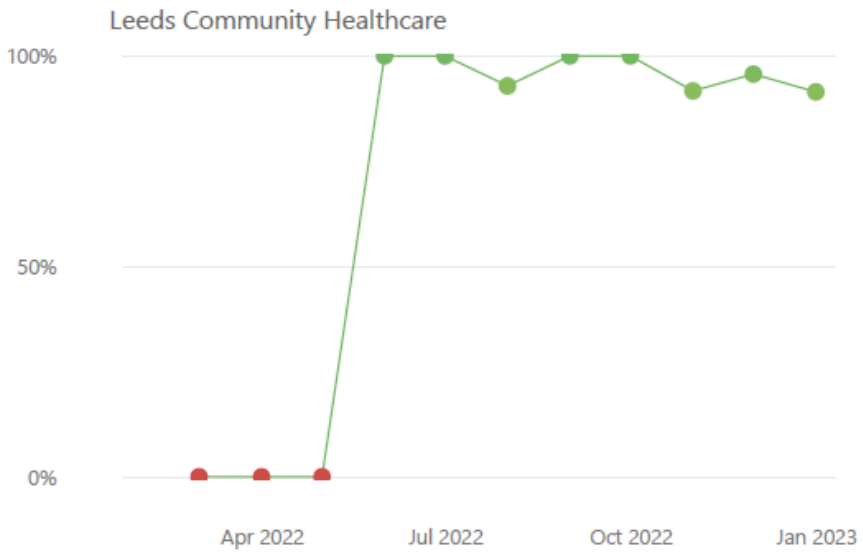
FFT Community

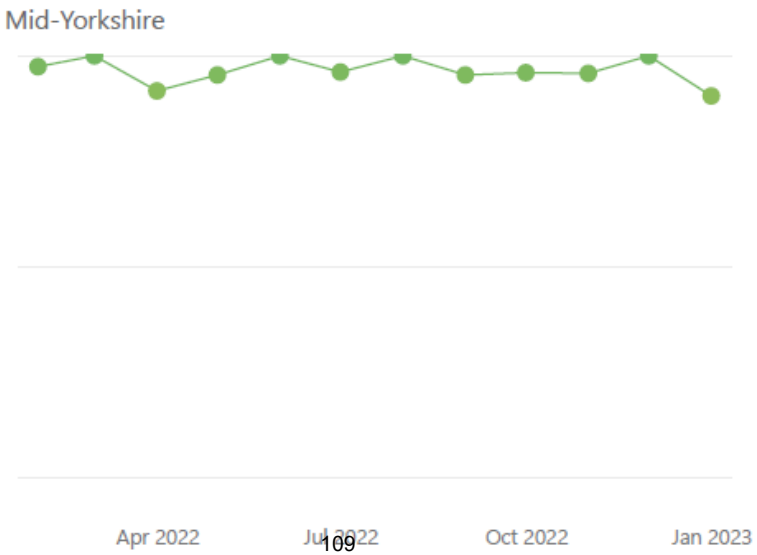
FFT Community Inpatient Services

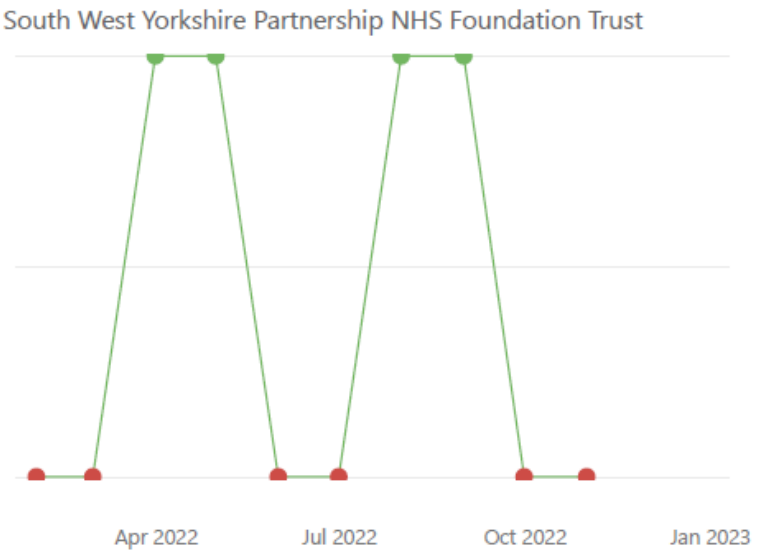
The percentage of patients who rated the care they received as either 'Very Good' or 'Good'

Org Type	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022	11 2022	12 2022	01 2023
ICS	**92.7%**	**73.9%**	**91.4%**	**88.9%**	**97.1%**	**93.2%**	**97.4%**	**96.9%**	**93.9%**	**90.0%**	**97.9%**	**91.1%**
WY ICS	92.7%	73.9%	91.4%	88.9%	97.1%	93.2%	97.4%	96.9%	93.9%	90.0%	97.9%	91.1%
Acute Provider	**97.4%**	**100.0%**	**91.7%**	**95.5%**	**100.0%**	**96.2%**	**100.0%**	**95.5%**	**96.0%**	**95.8%**	**100.0%**	**90.5%**
Mid-Yorkshire	97.4%	100.0%	91.7%	95.5%	100.0%	96.2%	100.0%	95.5%	96.0%	95.8%	100.0%	90.5%
MHP	**0.0%**	**0.0%**	**90.9%**	**78.6%**	**94.7%**	**90.9%**	**95.5%**	**100.0%**	**87.5%**	**84.6%**	**95.7%**	**91.4%**
Leeds Community Healthcare		0.0%	0.0%	0.0%	100.0%	100.0%	92.9%	100.0%	100.0%	91.7%	95.7%	91.4%
South West Yorkshire Partnership NHS Foundation Trust	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%		
Total	**92.7%**	**73.9%**	**91.4%**	**88.9%**	**97.1%**	**93.2%**	**97.4%**	**96.9%**	**93.9%**	**90.0%**	**97.9%**	**91.1%**







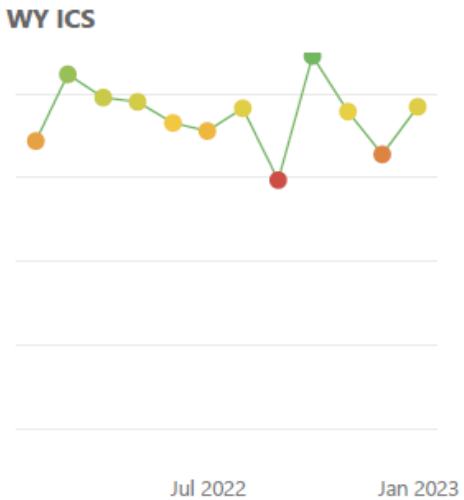


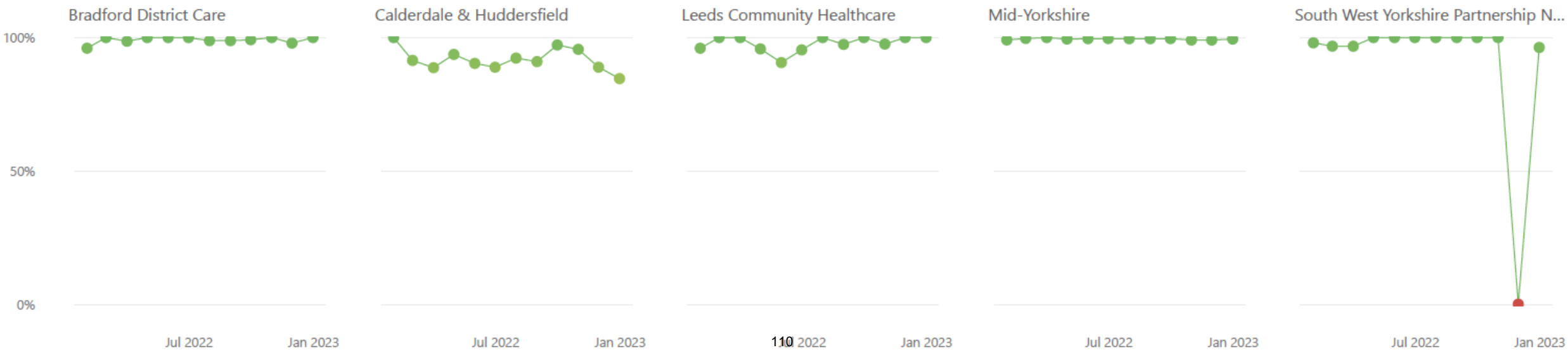
FFT Community

FFT Community Nursing Services

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

Org Type	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022	11 2022	12 2022	01 2023
ICS	**98.4%**	**99.2%**	**98.9%**	**98.9%**	**98.6%**	**98.5%**	**98.8%**	**98.0%**	**99.4%**	**98.8%**	**98.3%**	**98.8%**
WY ICS	98.4%	99.2%	98.9%	98.9%	98.6%	98.5%	98.8%	98.0%	99.4%	98.8%	98.3%	98.8%
Acute Provider	**99.2%**	**99.2%**	**99.0%**	**98.9%**	**98.8%**	**98.6%**	**98.7%**	**97.8%**	**99.4%**	**98.6%**	**98.5%**	**98.7%**
Calderdale & Huddersfield	100.0%	91.4%	88.7%	93.7%	90.3%	88.9%	92.3%	91.0%	97.2%	95.6%	88.9%	84.6%
Mid-Yorkshire	99.1%	99.7%	100.0%	99.5%	99.6%	99.6%	99.6%	99.6%	99.6%	99.1%	99.1%	99.4%
MHP	**96.7%**	**99.3%**	**98.5%**	**98.8%**	**97.5%**	**98.3%**	**99.3%**	**98.6%**	**99.4%**	**99.4%**	**96.8%**	**99.2%**
Bradford District Care	96.0%	100.0%	98.6%	100.0%	100.0%	100.0%	98.8%	98.8%	99.2%	100.0%	97.9%	100.0%
Leeds Community Healthcare	96.0%	100.0%	100.0%	95.7%	90.6%	95.4%	100.0%	97.4%	100.0%	97.6%	100.0%	100.0%
South West Yorkshire Partnership NHS Foundation Trust	98.0%	96.8%	96.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	96.3%
Total	**98.4%**	**99.2%**	**98.9%**	**98.9%**	**98.6%**	**98.5%**	**98.8%**	**98.0%**	**99.4%**	**98.8%**	**98.3%**	**98.8%**



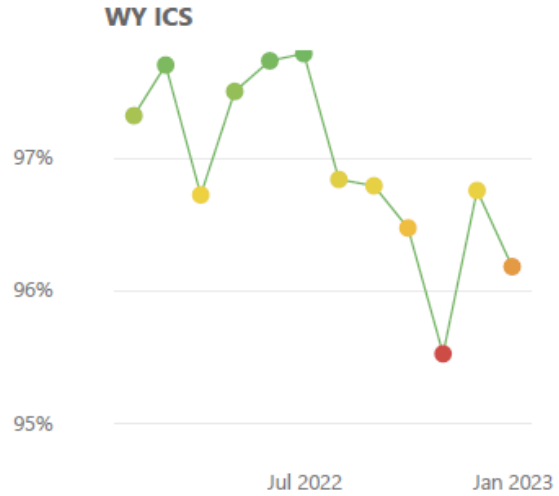


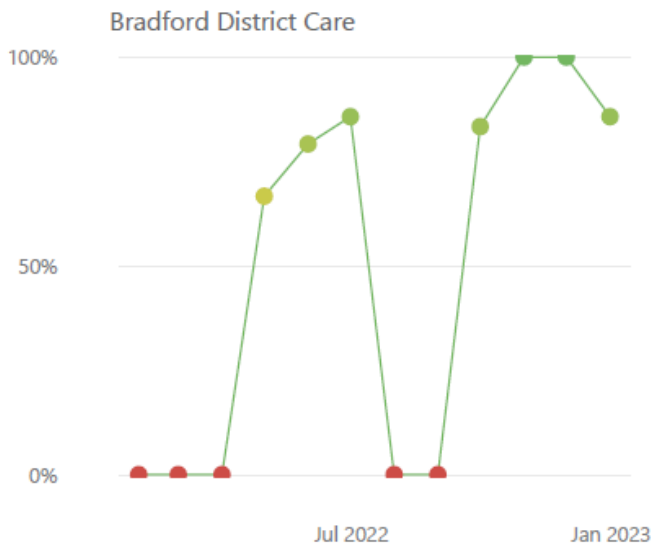
FFT Community

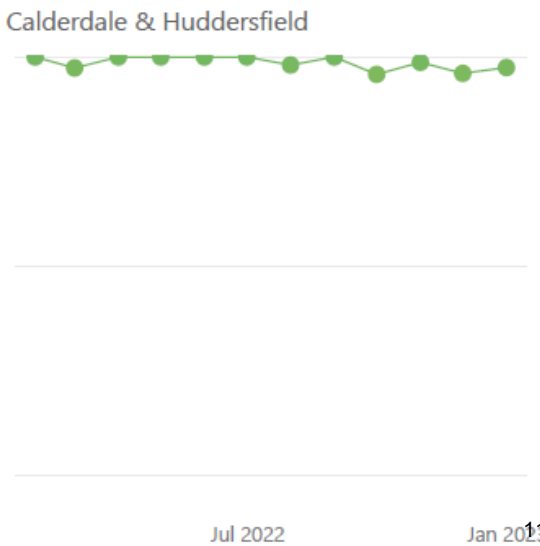
FFT Rehabilitation & Therapy Services

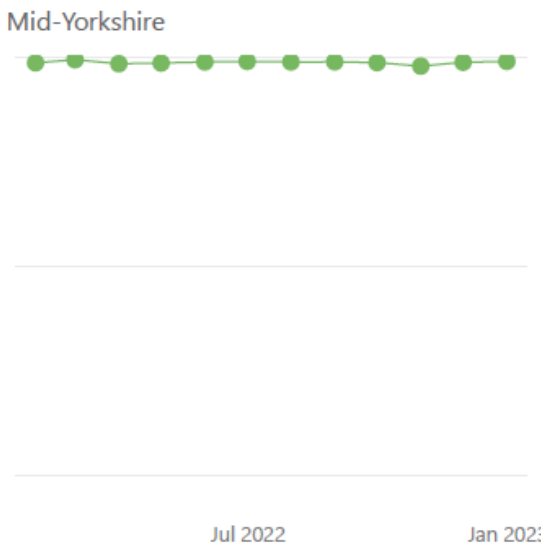
The percentage of patients who rated the care they received as either 'Very Good' or 'Good'

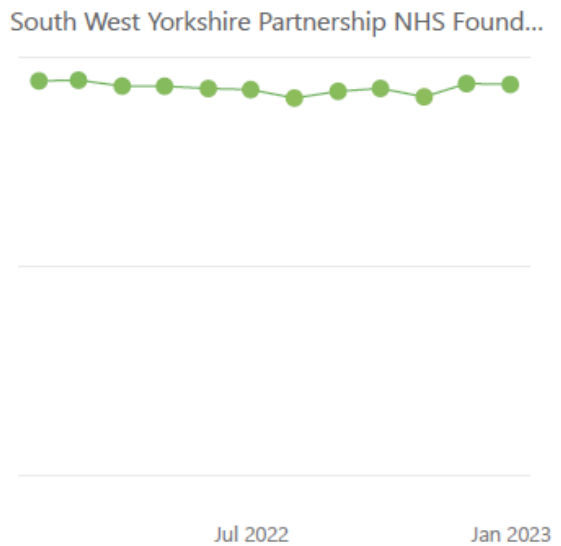
Org Type	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022	11 2022	12 2022	01 2023
ICS	**97.3%**	**97.7%**	**96.7%**	**97.5%**	**97.7%**	**97.8%**	**96.8%**	**96.8%**	**96.5%**	**95.5%**	**96.8%**	**96.2%**
WY ICS	97.3%	97.7%	96.7%	97.5%	97.7%	97.8%	96.8%	96.8%	96.5%	95.5%	96.8%	96.2%
Acute Provider	**98.9%**	**99.2%**	**98.5%**	**98.6%**	**98.9%**	**99.0%**	**98.8%**	**98.9%**	**98.3%**	**98.0%**	**98.5%**	**98.7%**
Calderdale & Huddersfield	100.0%	97.4%	100.0%	100.0%	100.0%	100.0%	98.1%	100.0%	95.8%	98.7%	96.1%	97.5%
Mid-Yorkshire	98.6%	99.3%	98.4%	98.6%	98.8%	98.9%	98.8%	98.8%	98.7%	97.8%	98.7%	99.0%
MHP	**93.1%**	**92.4%**	**91.7%**	**91.9%**	**90.7%**	**92.0%**	**89.6%**	**91.2%**	**92.3%**	**90.6%**	**93.7%**	**93.3%**
Bradford District Care	0.0%	0.0%	0.0%	66.7%	79.2%	85.7%	0.0%	0.0%	83.3%	100.0%	100.0%	85.7%
South West Yorkshire Partnership NHS Foundation Trust	94.3%	94.4%	93.0%	93.0%	92.5%	92.2%	90.2%	91.8%	92.5%	90.5%	93.6%	93.4%
Total	**97.3%**	**97.7%**	**96.7%**	**97.5%**	**97.7%**	**97.8%**	**96.8%**	**96.8%**	**96.5%**	**95.5%**	**96.8%**	**96.2%**









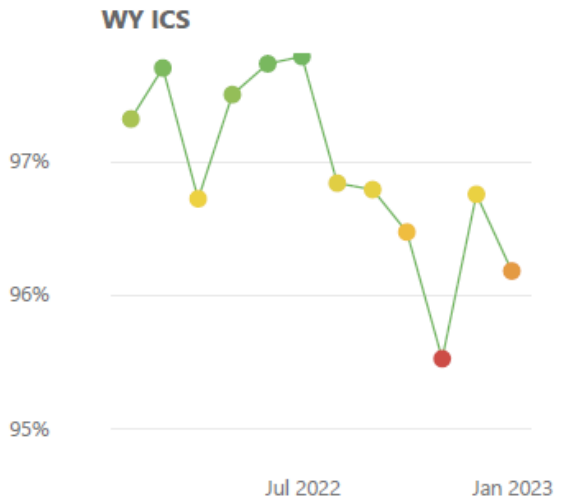


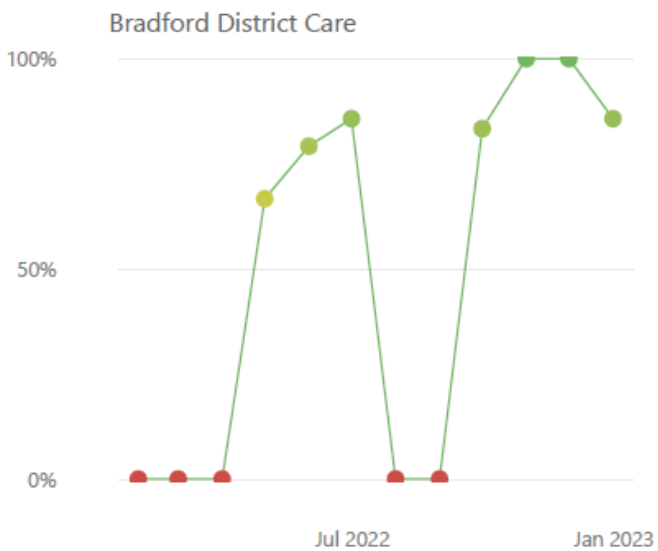
FFT Community

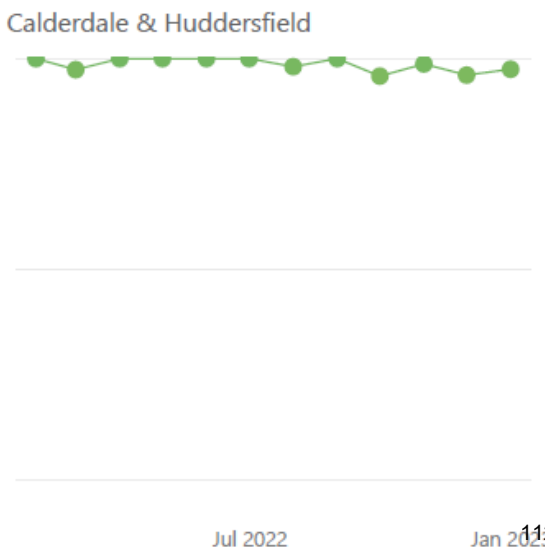
FFT Rehabilitation & Therapy Services

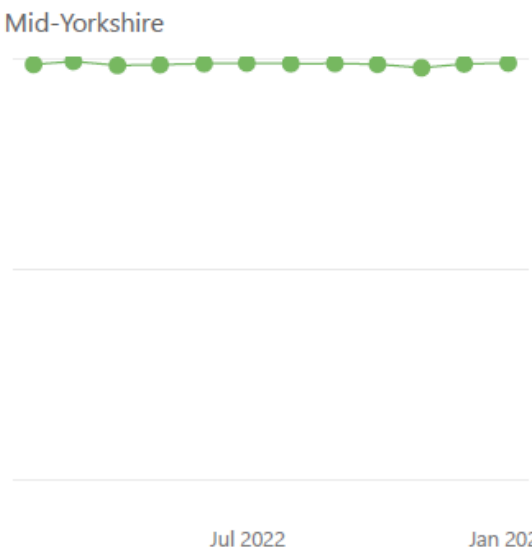
The percentage of patients who rated the care they received as either 'Very Good' or 'Good'

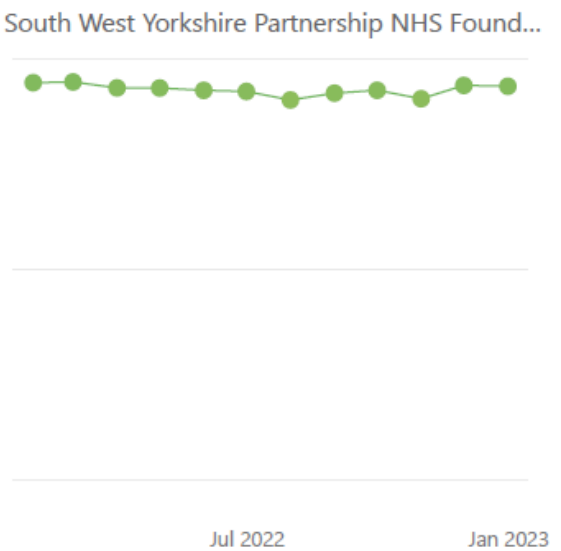
Org Type	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022	11 2022	12 2022	01 2023
ICS	**97.3%**	**97.7%**	**96.7%**	**97.5%**	**97.7%**	**97.8%**	**96.8%**	**96.8%**	**96.5%**	**95.5%**	**96.8%**	**96.2%**
WY ICS	97.3%	97.7%	96.7%	97.5%	97.7%	97.8%	96.8%	96.8%	96.5%	95.5%	96.8%	96.2%
Acute Provider	**98.9%**	**99.2%**	**98.5%**	**98.6%**	**98.9%**	**99.0%**	**98.8%**	**98.9%**	**98.3%**	**98.0%**	**98.5%**	**98.7%**
Calderdale & Huddersfield	100.0%	97.4%	100.0%	100.0%	100.0%	100.0%	98.1%	100.0%	95.8%	98.7%	96.1%	97.5%
Mid-Yorkshire	98.6%	99.3%	98.4%	98.6%	98.8%	98.9%	98.8%	98.8%	98.7%	97.8%	98.7%	99.0%
MHP	**93.1%**	**92.4%**	**91.7%**	**91.9%**	**90.7%**	**92.0%**	**89.6%**	**91.2%**	**92.3%**	**90.6%**	**93.7%**	**93.3%**
Bradford District Care	0.0%	0.0%	0.0%	66.7%	79.2%	85.7%	0.0%	0.0%	83.3%	100.0%	100.0%	85.7%
South West Yorkshire Partnership NHS Foundation Trust	94.3%	94.4%	93.0%	93.0%	92.5%	92.2%	90.2%	91.8%	92.5%	90.5%	93.6%	93.4%
Total	**97.3%**	**97.7%**	**96.7%**	**97.5%**	**97.7%**	**97.8%**	**96.8%**	**96.8%**	**96.5%**	**95.5%**	**96.8%**	**96.2%**









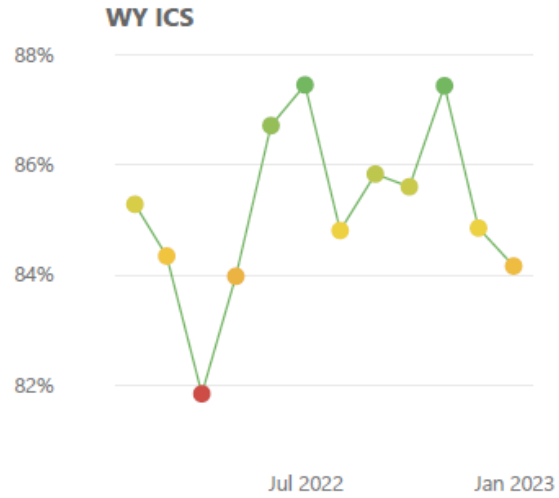


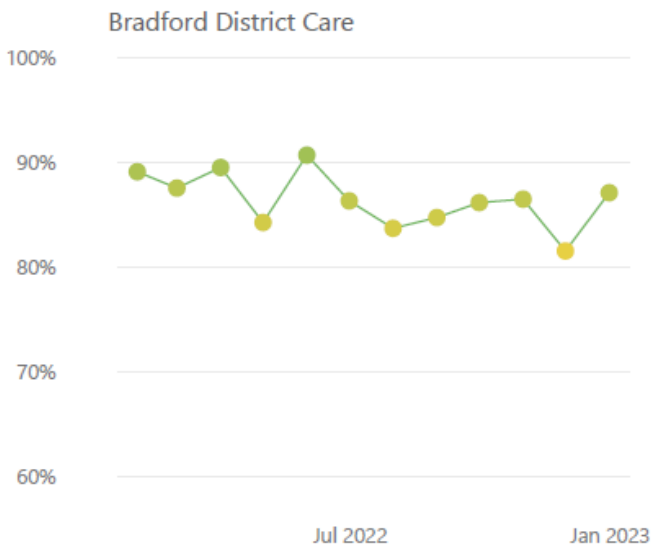
FFT Mental Health

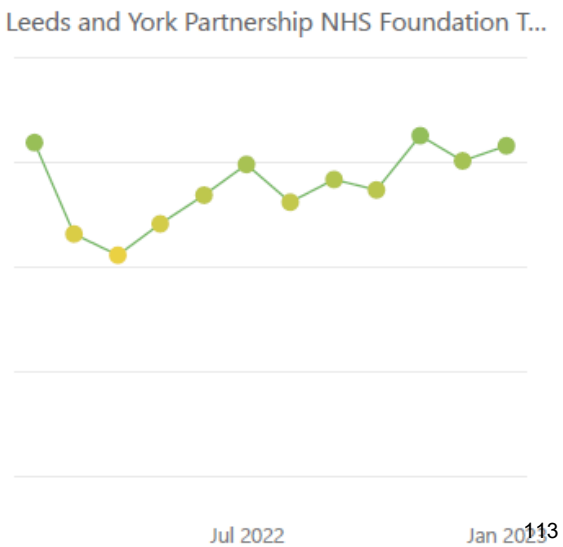
Friends & Family Mental Health Score

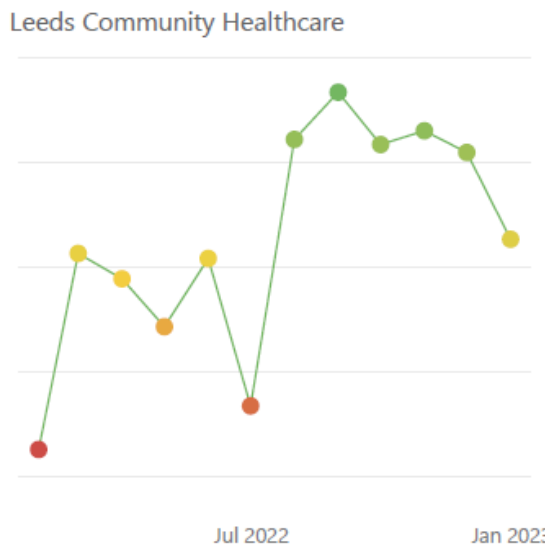
The percentage of patients who rated the care they received as either 'Very Good' or 'Good'

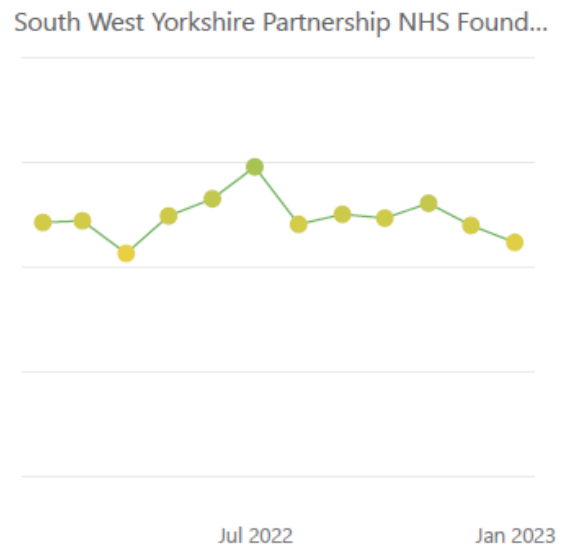
Org Type	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022	11 2022	12 2022	01 2023
ICS	**85.3%**	**84.3%**	**81.8%**	**84.0%**	**86.7%**	**87.4%**	**84.8%**	**85.8%**	**85.6%**	**87.4%**	**84.8%**	**84.1%**
WY ICS	85.3%	84.3%	81.8%	84.0%	86.7%	87.4%	84.8%	85.8%	85.6%	87.4%	84.8%	84.1%
MHP	**85.3%**	**84.3%**	**81.8%**	**84.0%**	**86.7%**	**87.4%**	**84.8%**	**85.8%**	**85.6%**	**87.4%**	**84.8%**	**84.1%**
Bradford District Care	89.1%	87.5%	89.5%	84.2%	90.7%	86.3%	83.7%	84.7%	86.1%	86.4%	81.5%	87.1%
Leeds and York Partnership NHS Foundation Trust	91.9%	83.1%	81.1%	84.1%	86.8%	89.8%	86.2%	88.3%	87.3%	92.5%	90.1%	91.5%
Leeds Community Healthcare	62.5%	81.3%	78.8%	74.2%	80.8%	66.7%	92.2%	96.7%	91.7%	93.0%	90.9%	82.6%
South West Yorkshire Partnership NHS Foundation Trust	84.2%	84.4%	81.3%	84.8%	86.5%	89.5%	84.0%	85.0%	84.6%	86.0%	83.9%	82.3%
Total	**85.3%**	**84.3%**	**81.8%**	**84.0%**	**86.7%**	**87.4%**	**84.8%**	**85.8%**	**85.6%**	**87.4%**	**84.8%**	**84.1%**









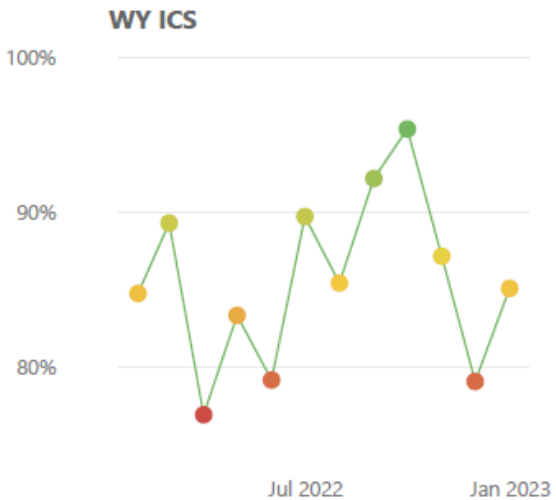


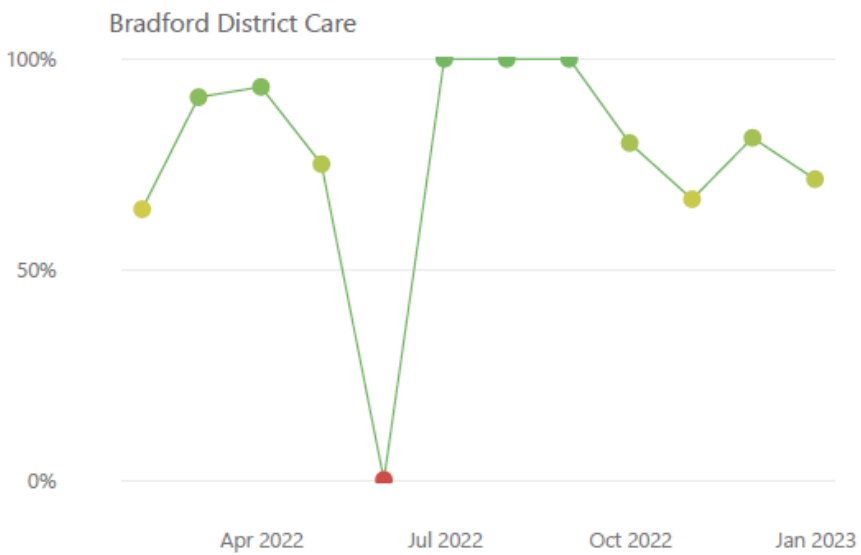
FFT Mental Health

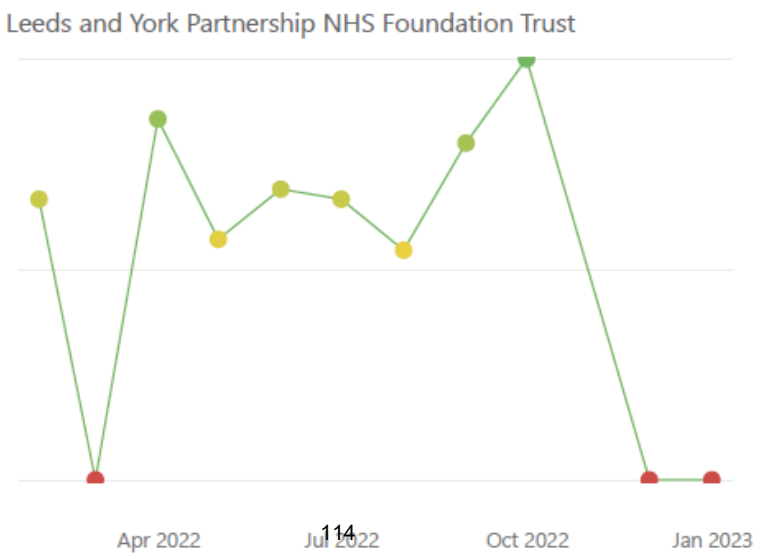
Friends & Family MH Acute Services

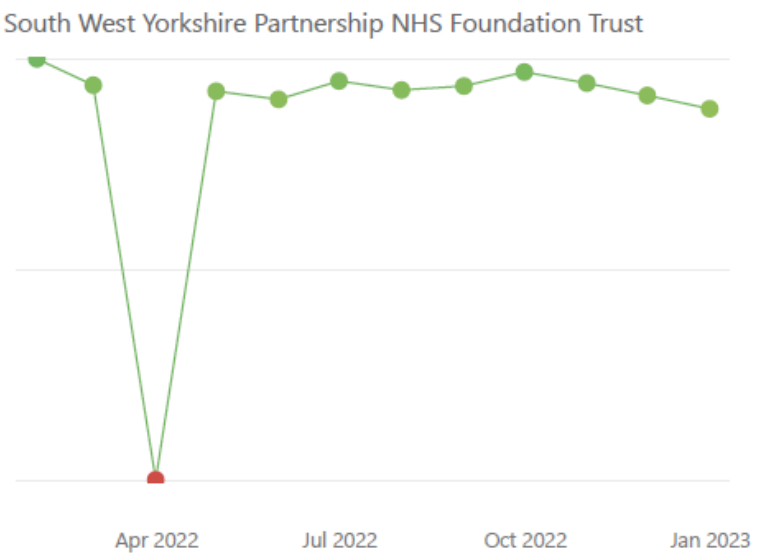
The percentage of patients who rated the care they received as either 'Very Good' or 'Good'

Org Type	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022	11 2022	12 2022	01 2023
ICS	**84.7%**	**89.3%**	**76.9%**	**83.3%**	**79.2%**	**89.7%**	**85.4%**	**92.2%**	**95.3%**	**87.1%**	**79.1%**	**85.1%**
WY ICS	84.7%	89.3%	76.9%	83.3%	79.2%	89.7%	85.4%	92.2%	95.3%	87.1%	79.1%	85.1%
MHP	**84.7%**	**89.3%**	**76.9%**	**83.3%**	**79.2%**	**89.7%**	**85.4%**	**92.2%**	**95.3%**	**87.1%**	**79.1%**	**85.1%**
Bradford District Care	64.3%	90.9%	93.3%	75.0%	0.0%	100.0%	100.0%	100.0%	80.0%	66.7%	81.3%	71.4%
Leeds and York Partnership NHS Foundation Trust	66.7%	0.0%	85.7%	57.1%	69.0%	66.7%	54.5%	80.0%	100.0%		0.0%	0.0%
South West Yorkshire Partnership NHS Foundation Trust	100.0%	93.8%	0.0%	92.3%	90.4%	94.7%	92.6%	93.5%	96.9%	94.2%	91.3%	88.1%
Total	**84.7%**	**89.3%**	**76.9%**	**83.3%**	**79.2%**	**89.7%**	**85.4%**	**92.2%**	**95.3%**	**87.1%**	**79.1%**	**85.1%**







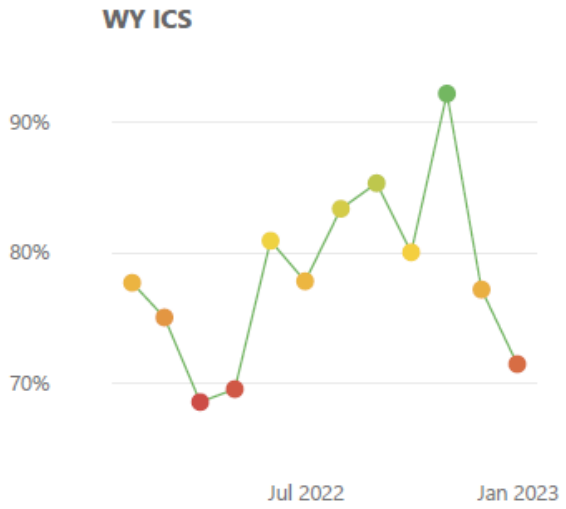


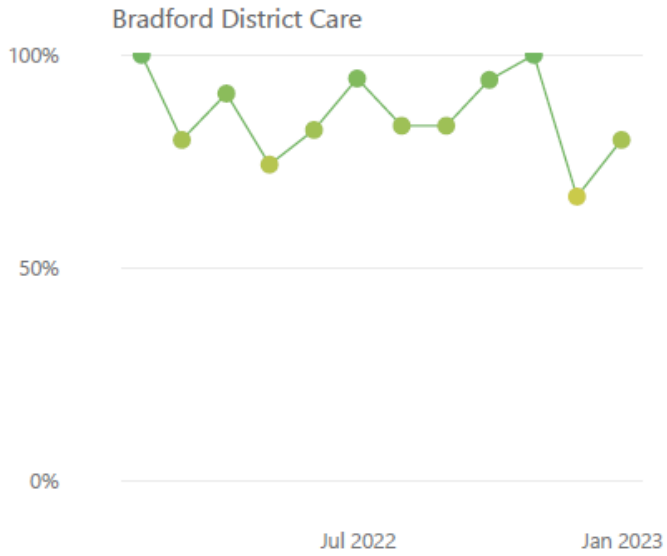
FFT Mental Health

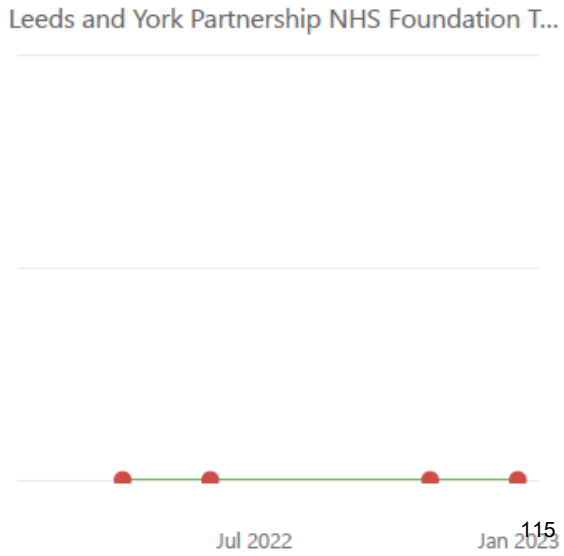
Friends & Family MH Child & Adolescent Mental Health Services

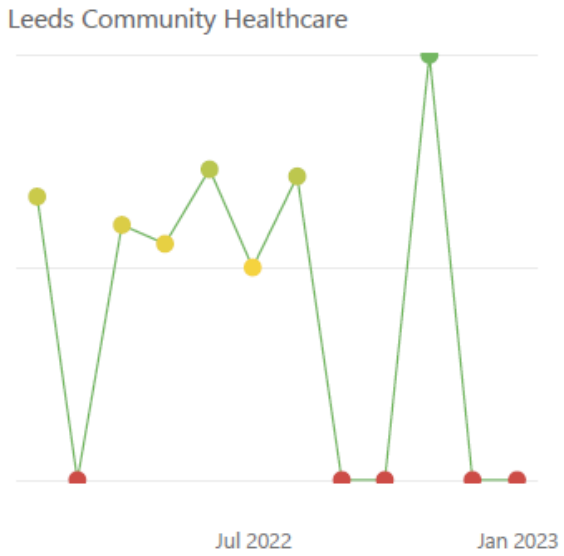
The percentage of patients who rated the care they received as either 'Very Good' or 'Good'

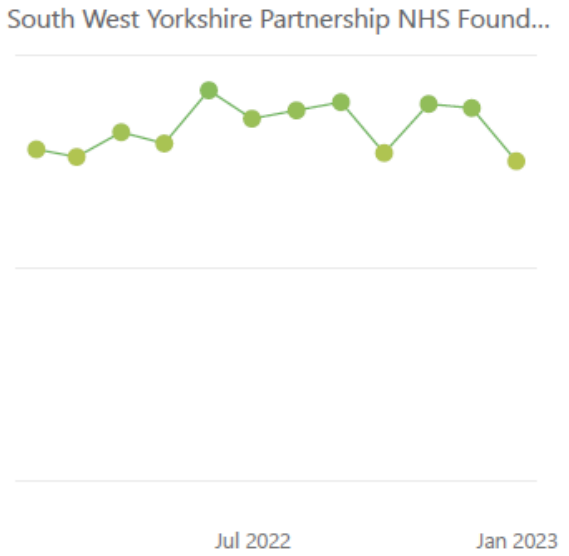
Org Type	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022	11 2022	12 2022	01 2023
ICS	**77.7%**	**75.0%**	**68.5%**	**69.5%**	**80.9%**	**77.8%**	**83.3%**	**85.3%**	**80.0%**	**92.2%**	**77.1%**	**71.4%**
WY ICS	77.7%	75.0%	68.5%	69.5%	80.9%	77.8%	83.3%	85.3%	80.0%	92.2%	77.1%	71.4%
MHP	**77.7%**	**75.0%**	**68.5%**	**69.5%**	**80.9%**	**77.8%**	**83.3%**	**85.3%**	**80.0%**	**92.2%**	**77.1%**	**71.4%**
Bradford District Care	100.0%	80.0%	90.9%	74.2%	82.4%	94.4%	83.3%	83.3%	94.1%	100.0%	66.7%	80.0%
Leeds and York Partnership NHS Foundation Trust			0.0%		0.0%					0.0%		0.0%
Leeds Community Healthcare	66.7%	0.0%	60.0%	55.6%	73.1%	50.0%	71.4%	0.0%	0.0%	100.0%	0.0%	0.0%
South West Yorkshire Partnership NHS Foundation Trust	77.8%	76.0%	81.8%	79.2%	91.7%	85.0%	87.0%	88.9%	76.9%	88.5%	87.5%	75.0%
Total	**77.7%**	**75.0%**	**68.5%**	**69.5%**	**80.9%**	**77.8%**	**83.3%**	**85.3%**	**80.0%**	**92.2%**	**77.1%**	**71.4%**







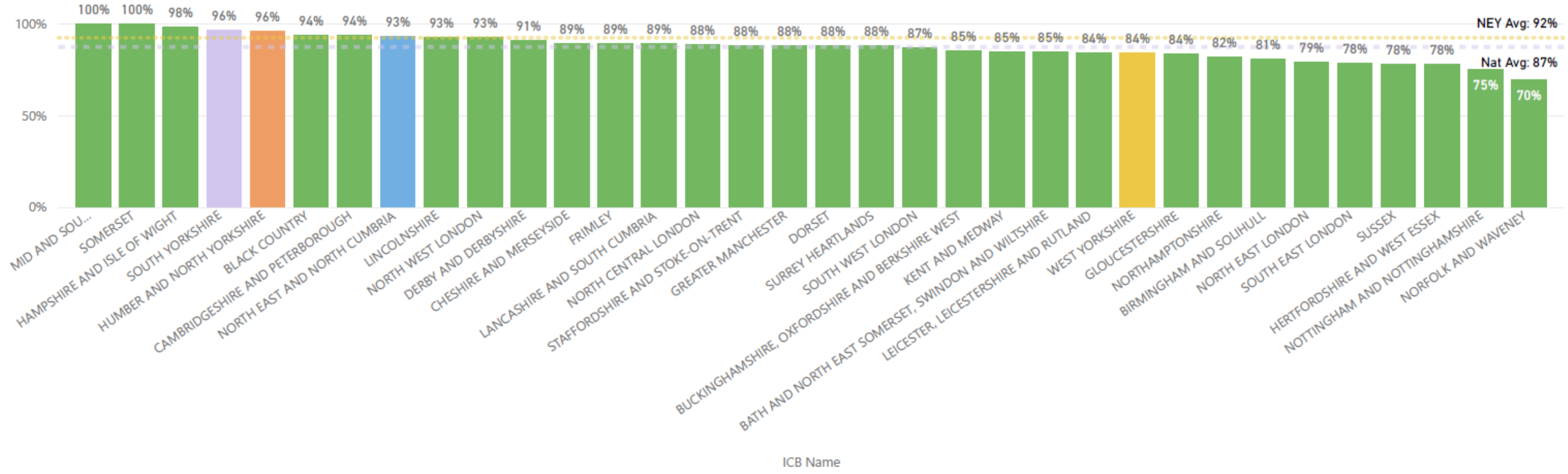


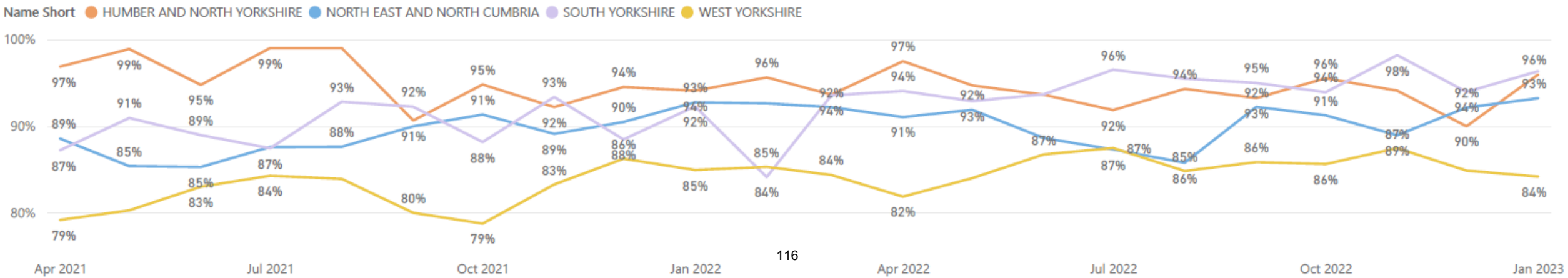


Friends & Family Mental Health Score

01 January 2023

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



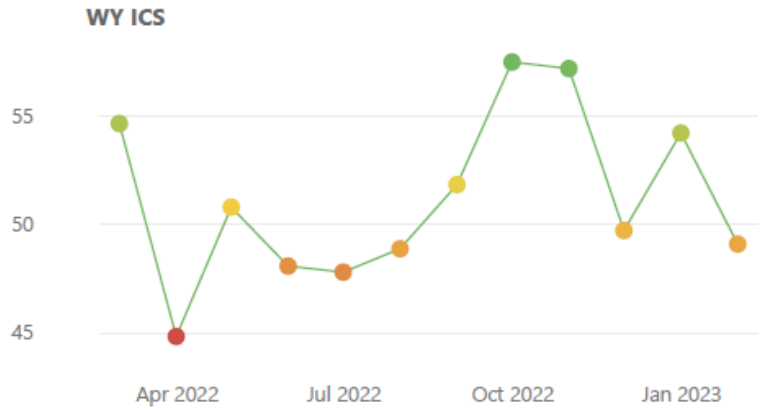


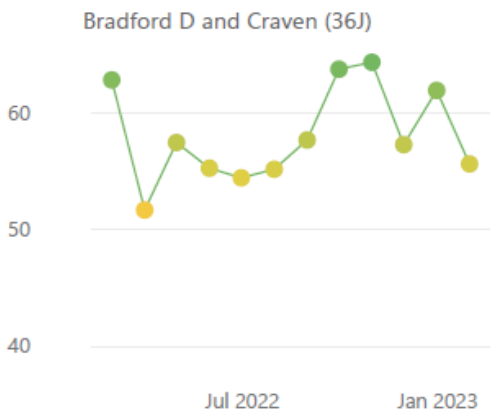
GP Appointments

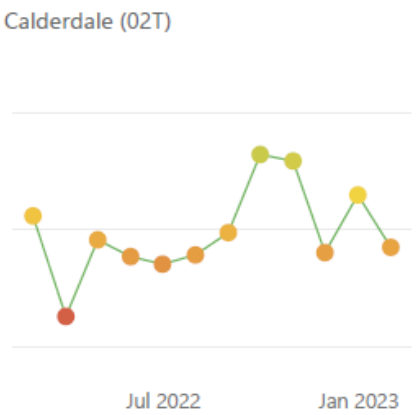
GP Appointments Per 1,000 Population

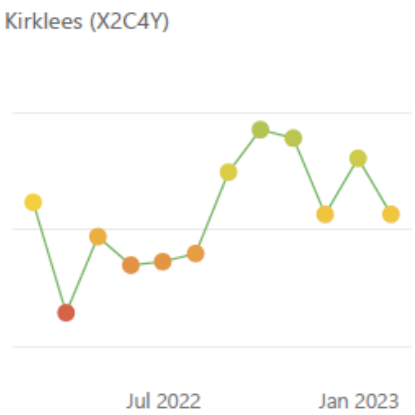
Org Type	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022	11 2022	12 2022	01 2023	02 2023
ICS	**54.6**	**44.8**	**50.8**	**48.0**	**47.8**	**48.8**	**51.8**	**57.5**	**57.2**	**49.7**	**54.2**	**49.1**
WY ICS	54.6	44.8	50.8	48.0	47.8	48.8	51.8	57.5	57.2	49.7	54.2	49.1
Sub-Region	**54.6**	**44.8**	**50.8**	**48.0**	**47.8**	**48.8**	**51.8**	**57.5**	**57.2**	**49.7**	**54.2**	**49.1**
Bradford D and Craven (36J)	62.8	51.6	57.4	55.2	54.4	55.1	57.6	63.7	64.3	57.2	61.9	55.6
Calderdale (02T)	51.1	42.5	49.1	47.6	47.0	47.8	49.7	56.4	55.8	48.0	52.9	48.4
Kirklees (X2C4Y)	52.3	42.8	49.3	46.9	47.2	47.9	54.9	58.5	57.8	51.2	56.0	51.2
Leeds (15F)	50.1	40.7	46.4	42.8	42.7	44.1	45.5	50.4	50.4	43.0	46.8	42.6
Wakefield (03R)	56.3	46.5	52.4	49.8	49.6	51.2	54.3	62.9	61.0	52.0	57.1	51.1
Total	**54.6**	**44.8**	**50.8**	**48.0**	**47.8**	**48.8**	**51.8**	**57.5**	**57.2**	**49.7**	**54.2**	**49.1**

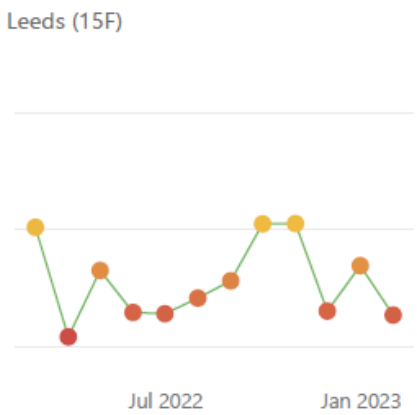
Count of GP Appointments per 1,000 patient list size

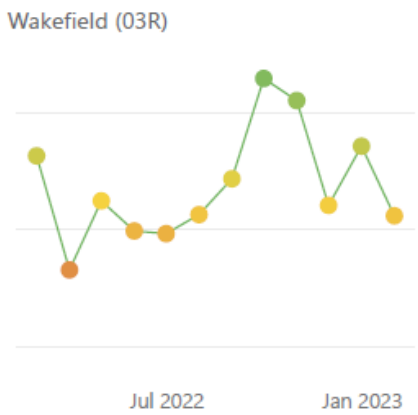








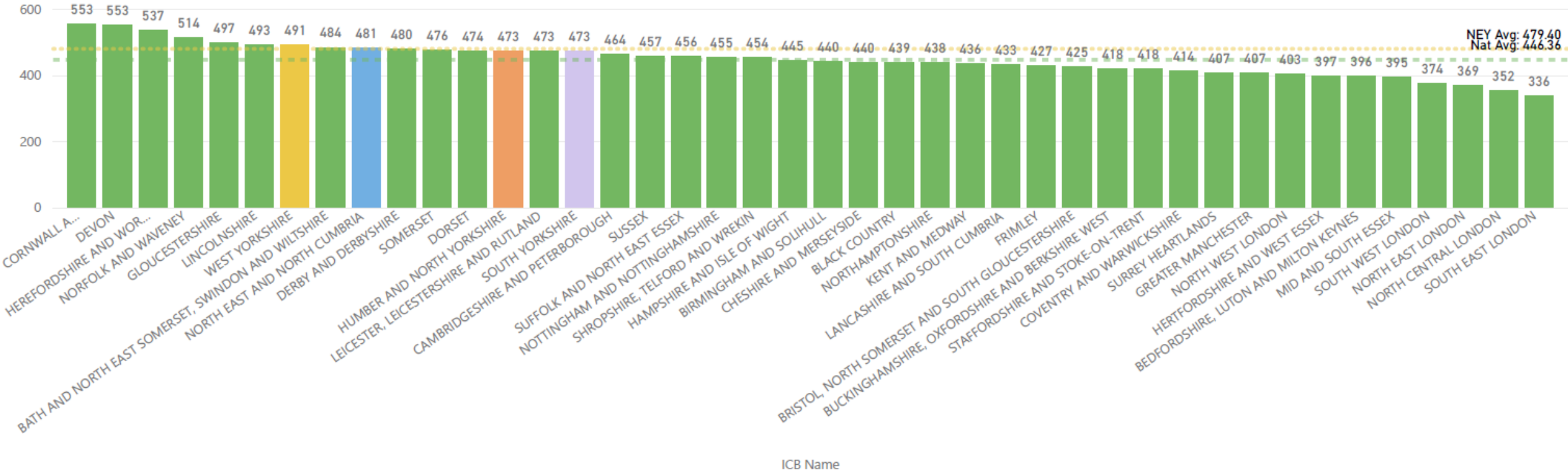


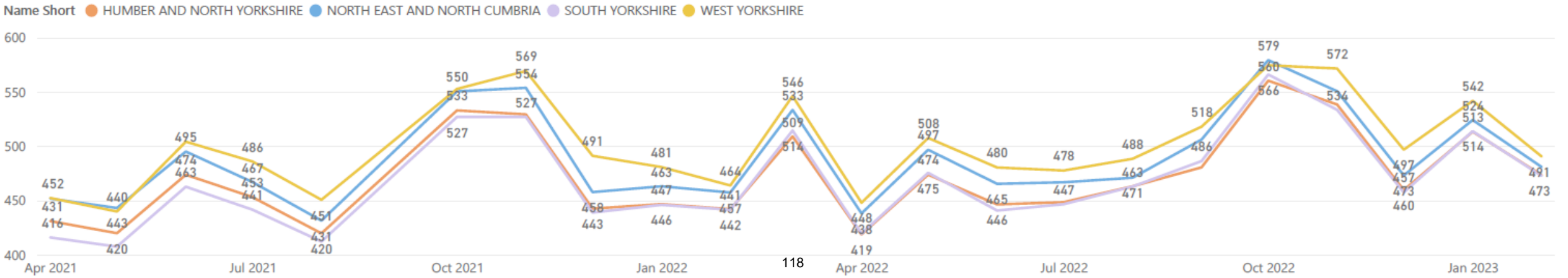


GP Appointments Per 1,000 Population

01 February 2023

Count of GP Appointments per 1,000 patient list size



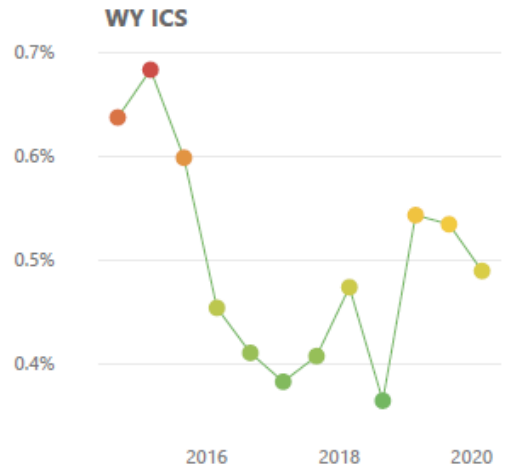


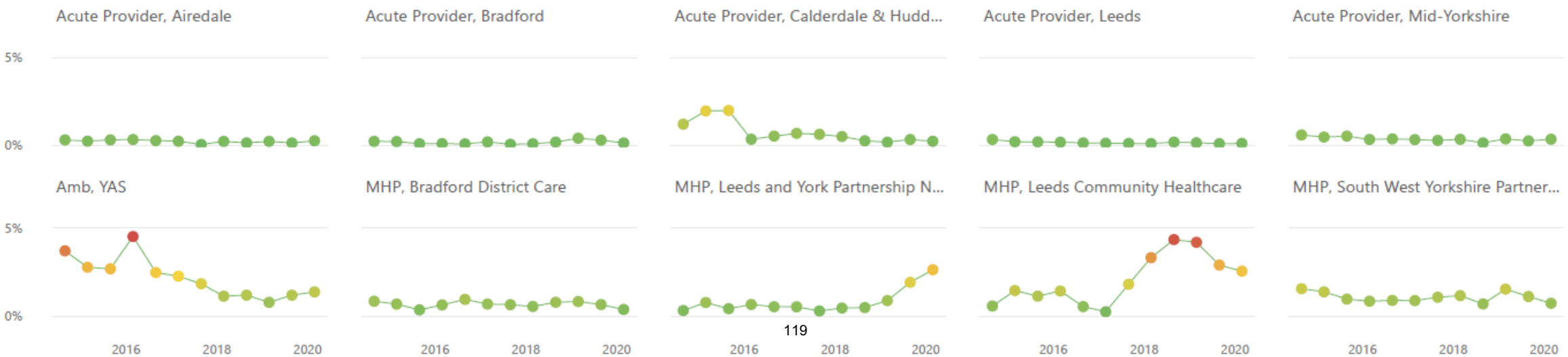
Incidents

Patient Safety Culture

The percentage of incidents graded Severe or Death

Org Type	09 2014	03 2015	09 2015	03 2016	09 2016	03 2017	09 2017	03 2018	09 2018	03 2019	09 2019	03 2020
ICS	**0.6%**	**0.7%**	**0.6%**	**0.5%**	**0.4%**	**0.4%**	**0.4%**	**0.5%**	**0.4%**	**0.5%**	**0.5%**	**0.5%**
WY ICS	0.6%	0.7%	0.6%	0.5%	0.4%	0.4%	0.4%	0.5%	0.4%	0.5%	0.5%	0.5%
Acute Provider	**0.5%**	**0.5%**	**0.5%**	**0.2%**	**0.2%**	**0.3%**	**0.2%**	**0.2%**	**0.2%**	**0.2%**	**0.2%**	**0.2%**
Airedale	0.3%	0.2%	0.3%	0.3%	0.3%	0.2%	0.0%	0.2%	0.1%	0.2%	0.1%	0.2%
Bradford	0.2%	0.2%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.2%	0.4%	0.3%	0.1%
Calderdale & Huddersfield	1.2%	1.9%	2.0%	0.3%	0.5%	0.7%	0.6%	0.5%	0.2%	0.2%	0.3%	0.2%
Leeds	0.3%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%
Mid-Yorkshire	0.6%	0.5%	0.5%	0.3%	0.4%	0.3%	0.3%	0.3%	0.1%	0.4%	0.2%	0.3%
Amb	**3.7%**	**2.7%**	**2.6%**	**4.5%**	**2.4%**	**2.2%**	**1.8%**	**1.1%**	**1.2%**	**0.7%**	**1.2%**	**1.3%**
YAS	3.7%	2.7%	2.6%	4.5%	2.4%	2.2%	1.8%	1.1%	1.2%	0.7%	1.2%	1.3%
MHP	**0.8%**	**1.0%**	**0.6%**	**0.8%**	**0.7%**	**0.6%**	**0.9%**	**1.2%**	**1.0%**	**1.6%**	**1.5%**	**1.4%**
Bradford District Care	0.8%	0.6%	0.3%	0.6%	0.9%	0.6%	0.6%	0.5%	0.7%	0.8%	0.6%	0.3%
Leeds and York Partnership NHS Foundation Trust	0.3%	0.7%	0.4%	0.6%	0.5%	0.5%	0.3%	0.4%	0.4%	0.8%	1.9%	2.6%
Leeds Community Healthcare	0.5%	1.4%	1.1%	1.4%	0.5%	0.2%	1.8%	3.3%	4.3%	4.2%	2.9%	2.5%
South West Yorkshire Partnership NHS Foundation Trust	1.5%	1.3%	0.9%	0.8%	0.9%	0.8%	1.0%	1.1%	0.7%	1.5%	1.1%	0.7%
Total	**0.6%**	**0.7%**	**0.6%**	**0.5%**	**0.4%**	**0.4%**	**0.4%**	**0.5%**	**0.4%**	**0.5%**	**0.5%**	**0.5%**



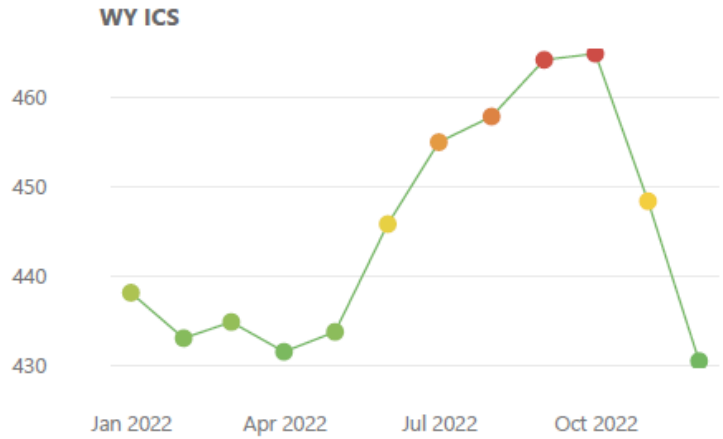


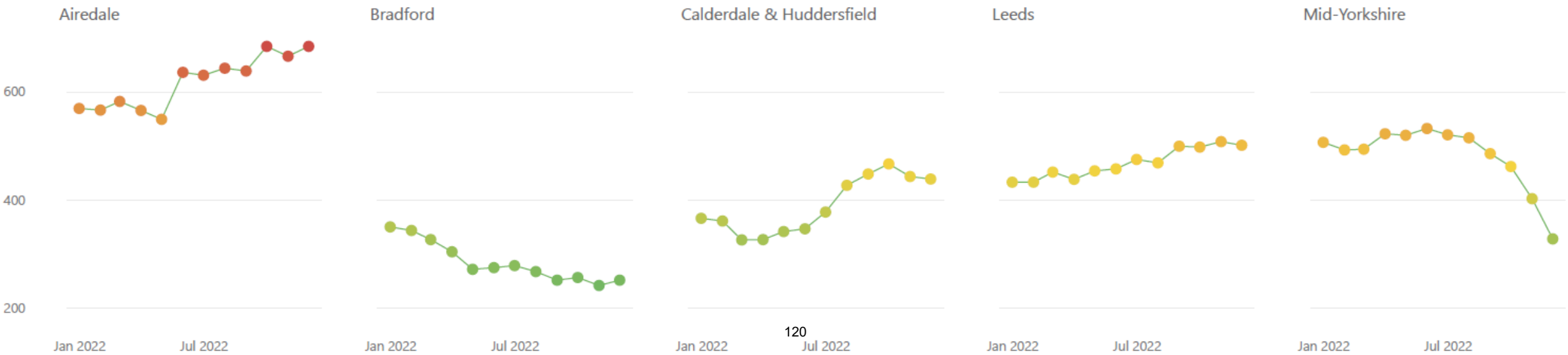
Infection Control

C.difficile (All Cases)

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

Org Type	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022	11 2022	12 2022
ICS												
WY ICS	438	433	435	431	434	446	455	458	464	465	448	430
Acute Provider												
Airedale	569	566	582	565	549	636	630	643	638	684	665	684
Bradford	350	343	326	304	271	274	278	267	251	256	241	251
Calderdale & Huddersfield	366	361	326	326	341	346	377	427	448	466	443	438
Leeds	432	432	451	438	453	457	474	468	499	497	507	501
Mid-Yorkshire	506	492	493	522	519	532	520	514	485	461	402	327



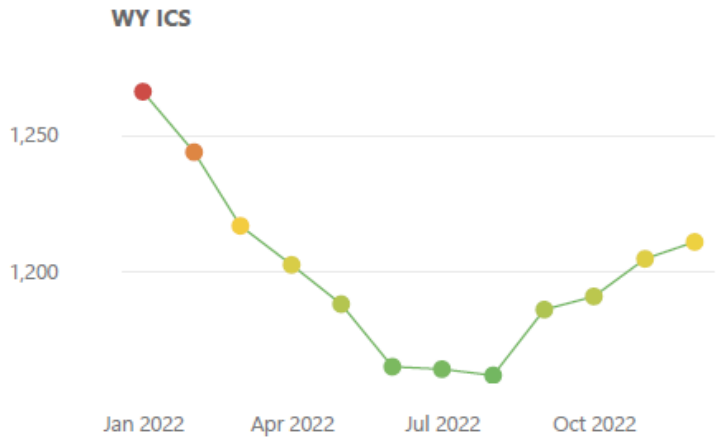


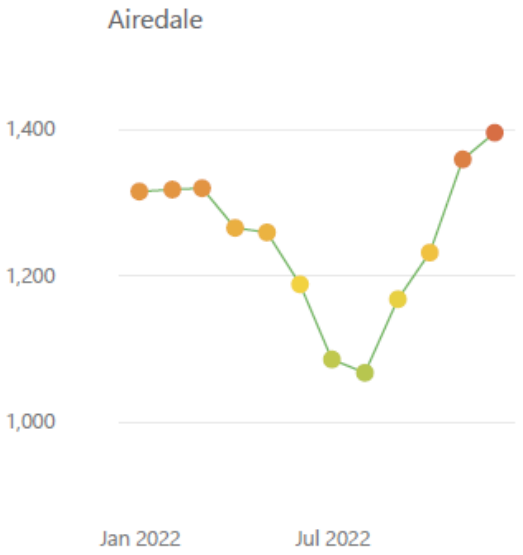
Infection Control

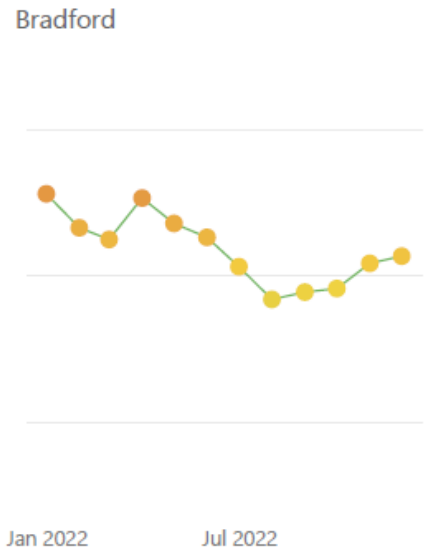
E.coli (All Cases)

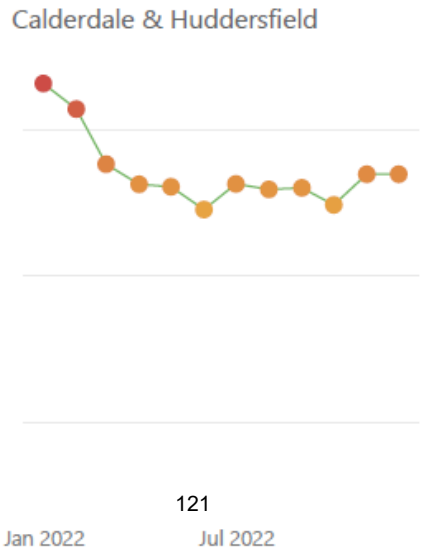
E.coli bacteraemia cases counts and 12-month rolling rates, by reporting acute trust and month

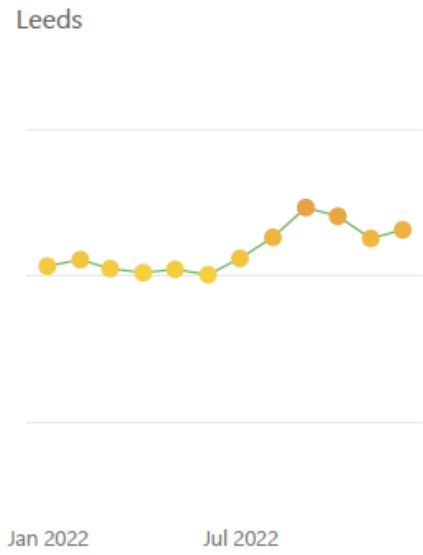
Org Type	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022	11 2022	12 2022
ICS												
WY ICS	1,266	1,244	1,217	1,202	1,188	1,165	1,164	1,162	1,186	1,191	1,205	1,211
Acute Provider												
Airedale	1,314	1,317	1,319	1,264	1,258	1,187	1,084	1,066	1,167	1,231	1,358	1,395
Bradford	1,311	1,265	1,249	1,305	1,271	1,252	1,211	1,167	1,177	1,181	1,216	1,226
Calderdale & Huddersfield	1,462	1,427	1,352	1,324	1,321	1,290	1,325	1,317	1,319	1,296	1,338	1,338
Leeds	1,212	1,221	1,209	1,203	1,208	1,200	1,223	1,252	1,292	1,280	1,250	1,262
Mid-Yorkshire	1,197	1,132	1,093	1,041	996	964	956	933	926	959	982	970

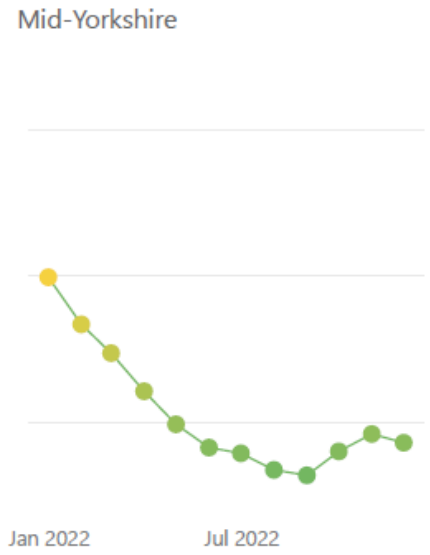










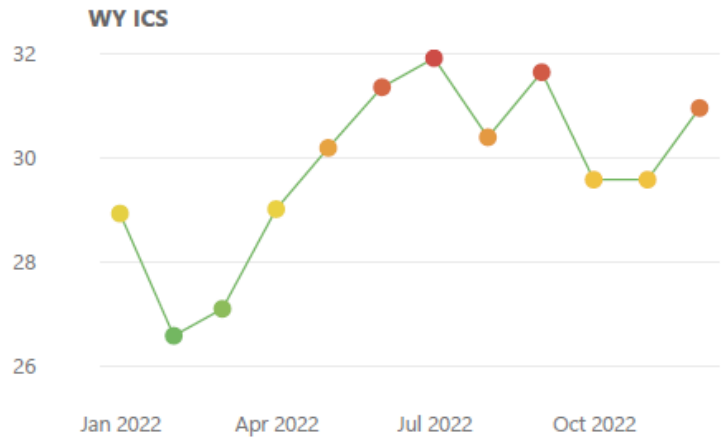


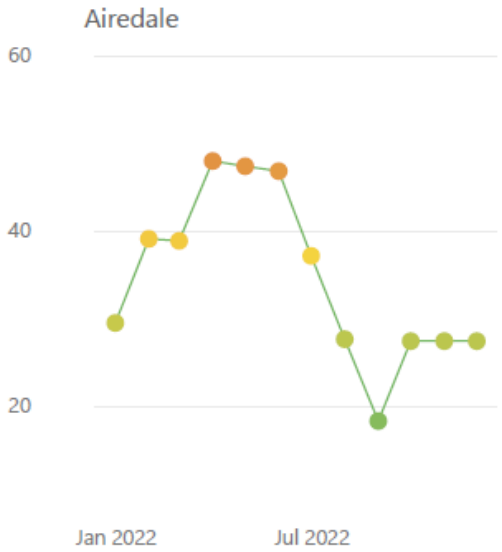
Infection Control

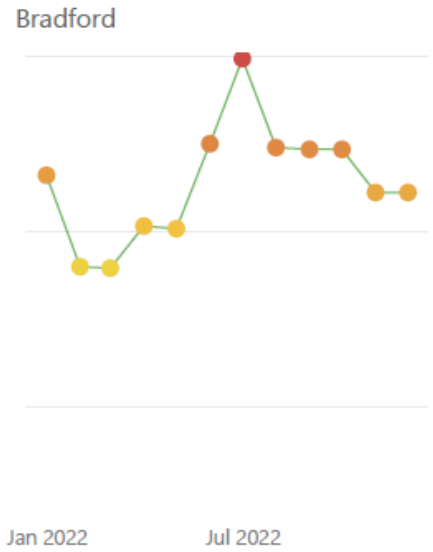
MRSA (All Cases)

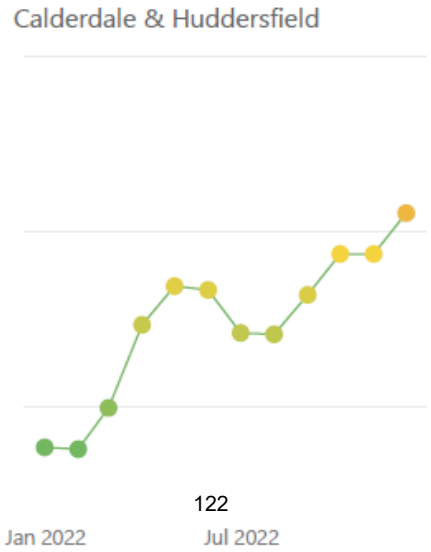
MRSA bacteraemia all cases counts and 12-month rolling rates, by acute trust and month

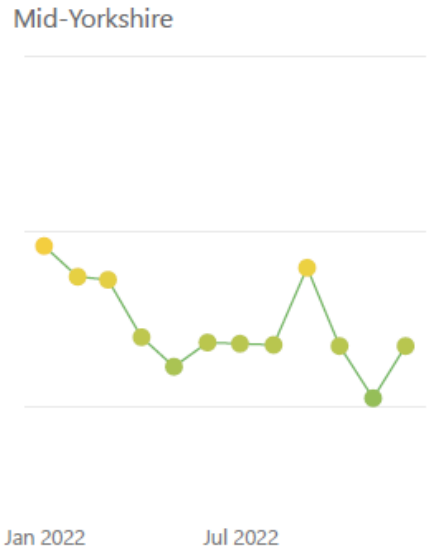
Org Type	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022	11 2022	12 2022
ICS												
WY ICS	29	27	27	29	30	31	32	30	32	30	30	31
Acute Provider												
Airedale	29	39	39	48	47	47	37	28	18	27	27	27
Bradford	46	36	36	40	40	50	60	49	49	49	44	44
Calderdale & Huddersfield	15	15	20	29	34	33	28	28	33	37	37	42
Leeds	23	21	21	22	26	24	26	27	25	22	27	25
Mid-Yorkshire	38	35	34	28	24	27	27	27	36	27	21	27









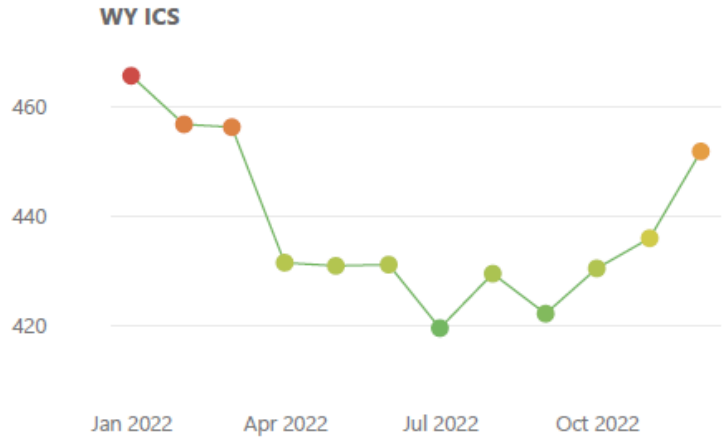


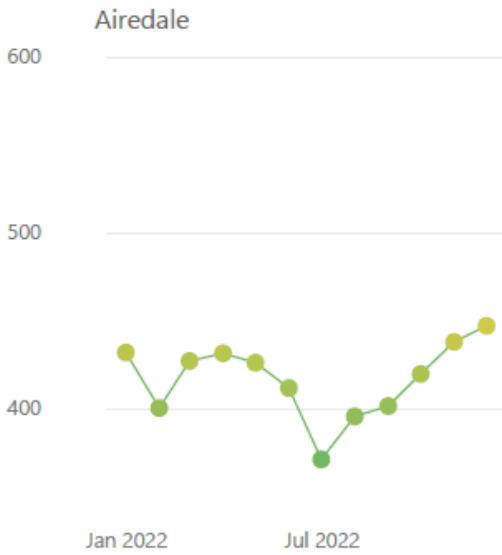
Infection Control

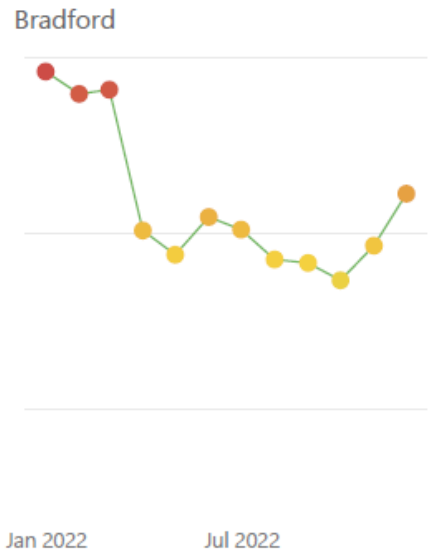
MSSA (All Cases)

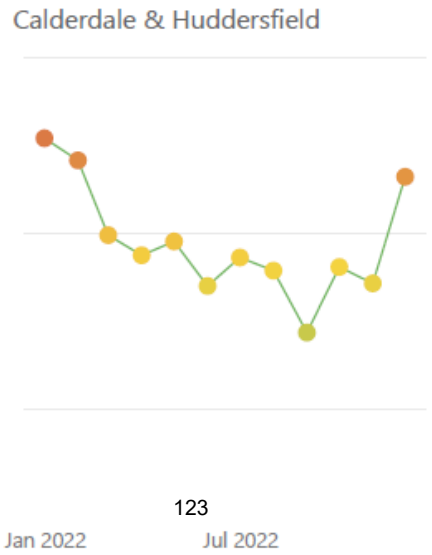
MSSA total cases counts and 12-month rolling rates, by reporting acute trust and month

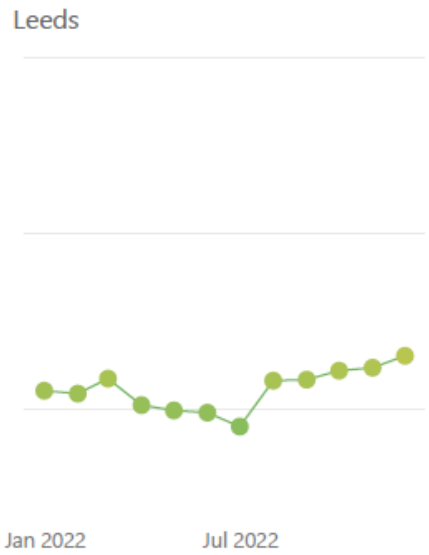
Org Type	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022	11 2022	12 2022
ICS												
WY ICS	466	457	456	431	431	431	420	429	422	430	436	452
Acute Provider												
Airedale	432	400	427	431	426	411	371	395	401	419	438	447
Bradford	591	579	581	501	487	509	501	484	482	473	492	522
Calderdale & Huddersfield	553	541	498	487	495	469	486	478	443	480	471	531
Leeds	410	408	417	402	399	397	389	416	416	421	423	430
Mid-Yorkshire	446	435	434	408	415	426	397	401	390	393	402	399

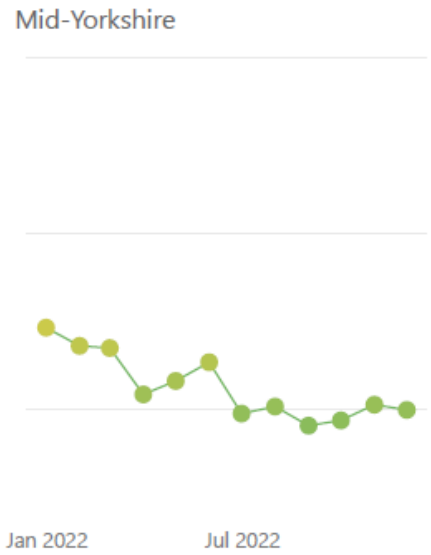










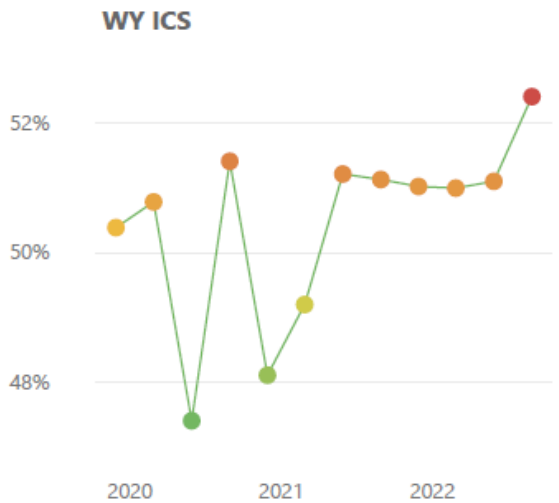


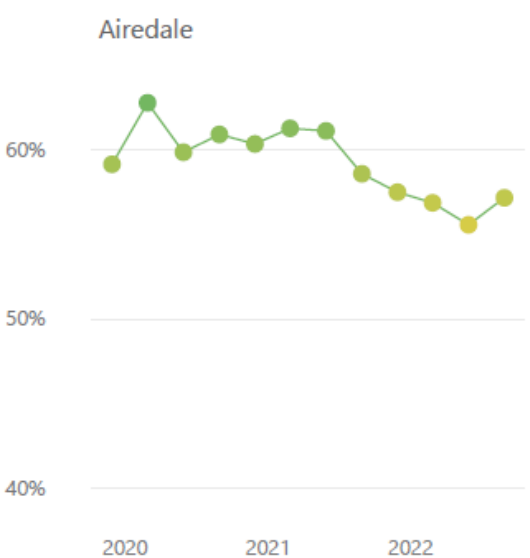
Infection Control

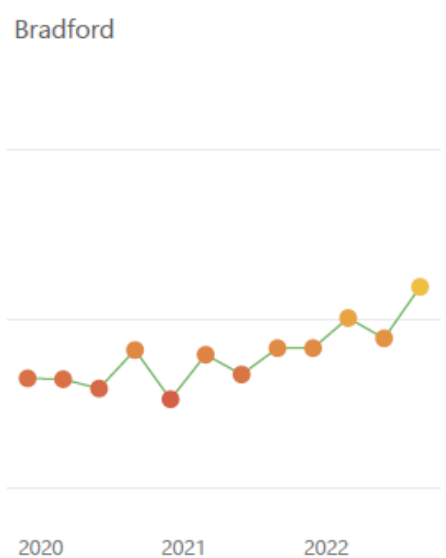
WHO Antibiotic Access Category Prescribing

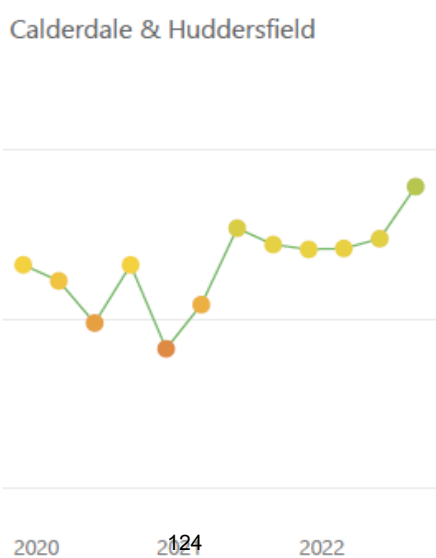
Proportion of total antibiotic prescribing from the "Access" category of the WHO Essential Medicines List AWaRe in...

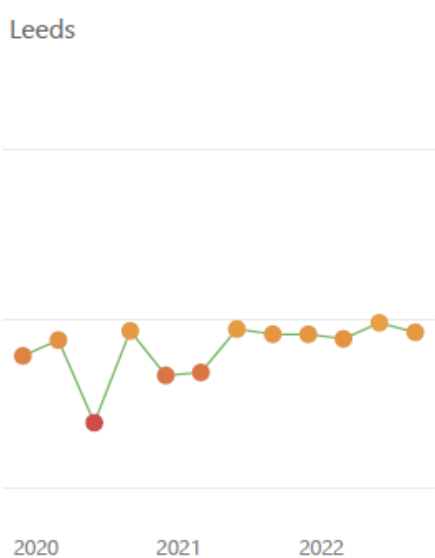
Org Type	12 2019	03 2020	06 2020	09 2020	12 2020	03 2021	06 2021	09 2021	12 2021	03 2022	06 2022	09 2022
ICS	**50.4%**	**50.8%**	**47.4%**	**51.4%**	**48.1%**	**49.2%**	**51.2%**	**51.1%**	**51.0%**	**51.0%**	**51.1%**	**52.4%**
WY ICS	50.4%	50.8%	47.4%	51.4%	48.1%	49.2%	51.2%	51.1%	51.0%	51.0%	51.1%	52.4%
Acute Provider	**50.4%**	**50.8%**	**47.4%**	**51.4%**	**48.1%**	**49.2%**	**51.2%**	**51.1%**	**51.0%**	**51.0%**	**51.1%**	**52.4%**
Airedale	59.1%	62.8%	59.8%	60.9%	60.3%	61.3%	61.1%	58.6%	57.5%	56.8%	55.5%	57.1%
Bradford	46.4%	46.4%	45.8%	48.1%	45.2%	47.8%	46.7%	48.2%	48.2%	50.0%	48.8%	51.9%
Calderdale & Huddersfield	53.2%	52.2%	49.7%	53.2%	48.2%	50.8%	55.3%	54.4%	54.1%	54.1%	54.7%	57.8%
Leeds	47.8%	48.7%	43.8%	49.3%	46.6%	46.8%	49.4%	49.1%	49.1%	48.8%	49.7%	49.2%
Mid-Yorkshire	53.0%	52.7%	48.2%	52.9%	49.0%	49.3%	52.0%	52.0%	52.0%	51.0%	50.7%	52.0%
Total	**50.4%**	**50.8%**	**47.4%**	**51.4%**	**48.1%**	**49.2%**	**51.2%**	**51.1%**	**51.0%**	**51.0%**	**51.1%**	**52.4%**

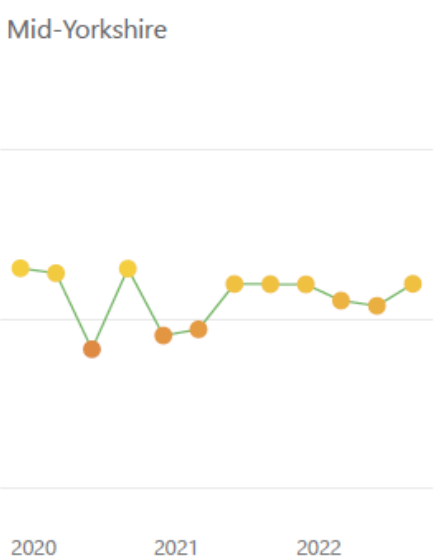








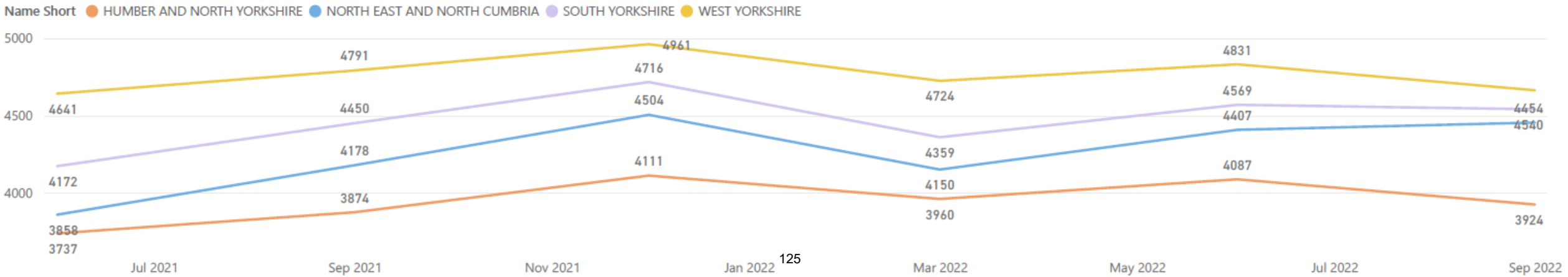




Total antibiotic prescribing

01 September 2022

Total antibiotic prescribing DDDs per 1000 admissions; by quarter and trust

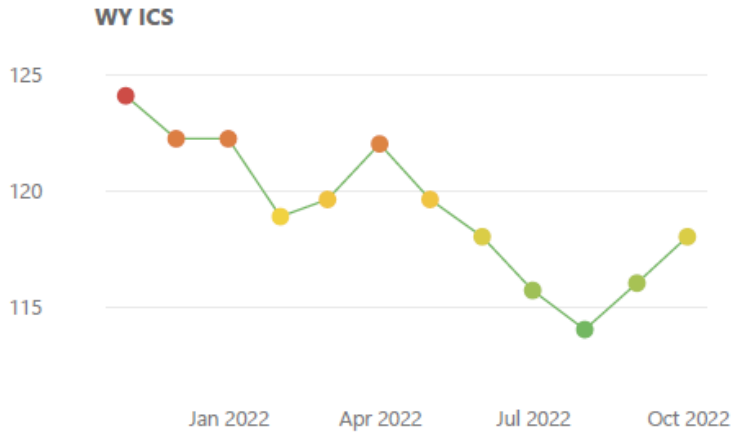


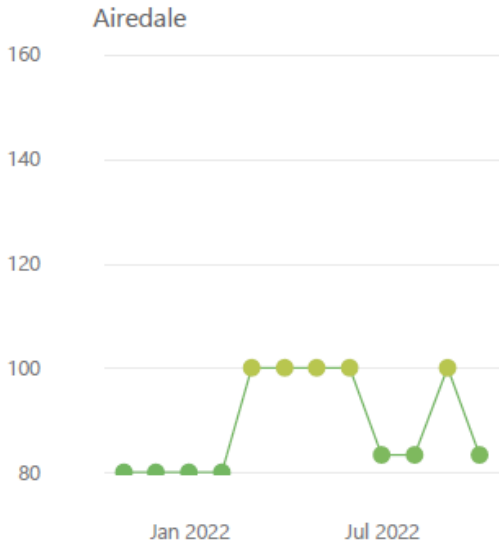
SHMI

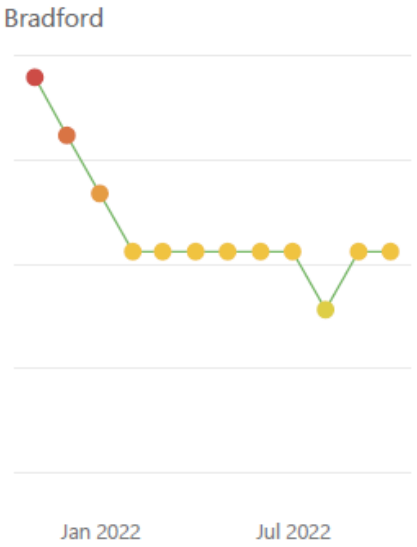
Acute and unspecified renal failure

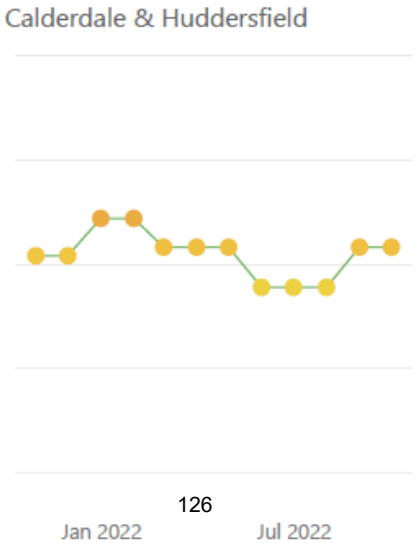
The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were expected to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

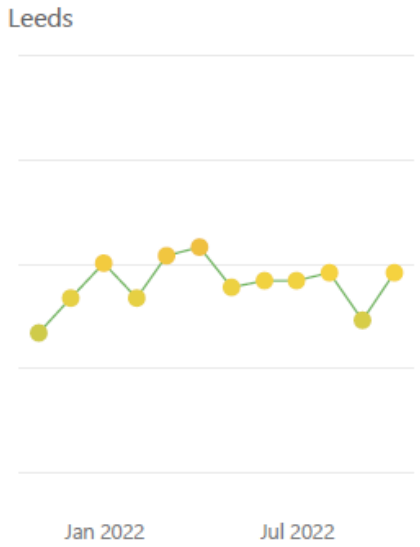
Org Type	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022
ICS												
WY ICS	124.1	122.2	122.2	118.9	119.6	122.0	119.6	118.0	115.7	114.0	116.0	118.0
Acute Provider												
Airedale	80.0	80.0	80.0	80.0	100.0	100.0	100.0	100.0	83.3	83.3	100.0	83.3
Bradford	155.6	144.4	133.3	122.2	122.2	122.2	122.2	122.2	122.2	111.1	122.2	122.2
Calderdale & Huddersfield	121.4	121.4	128.6	128.6	123.1	123.1	123.1	115.4	115.4	115.4	123.1	123.1
Leeds	106.7	113.3	120.0	113.3	121.4	123.1	115.4	116.7	116.7	118.2	109.1	118.2
Mid-Yorkshire	145.5	136.4	127.3	130.0	120.0	130.0	127.3	127.3	127.3	127.3	118.2	127.3

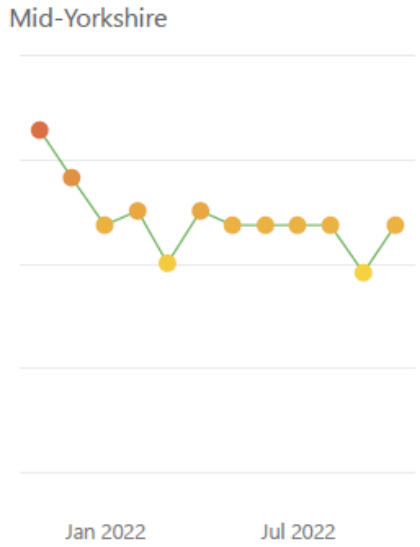










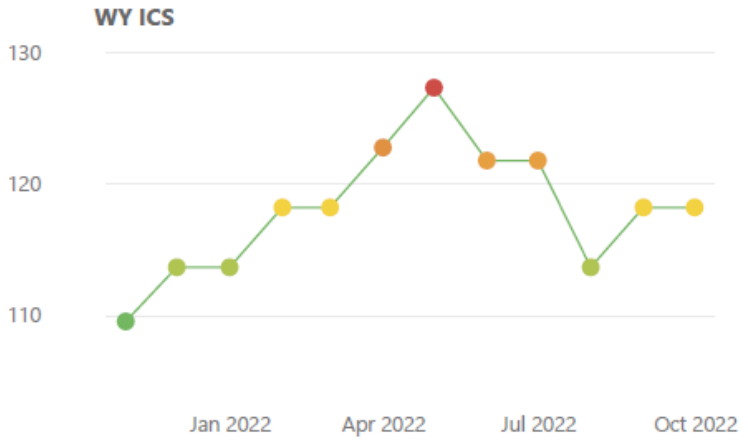


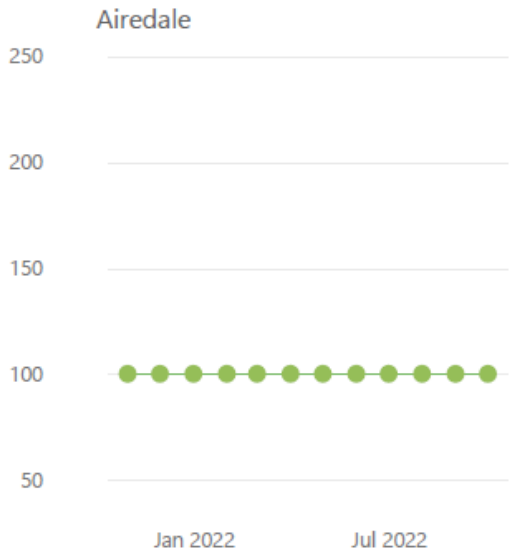
SHMI

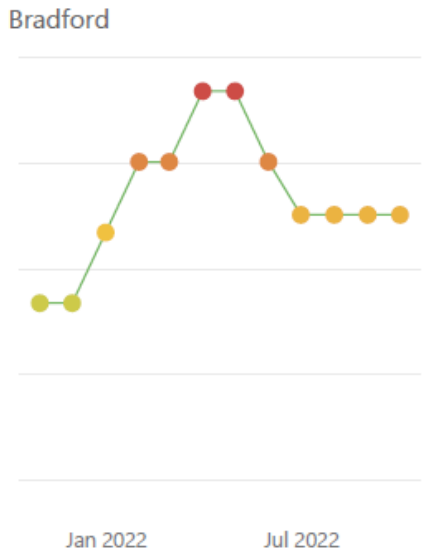
Acute bronchitis

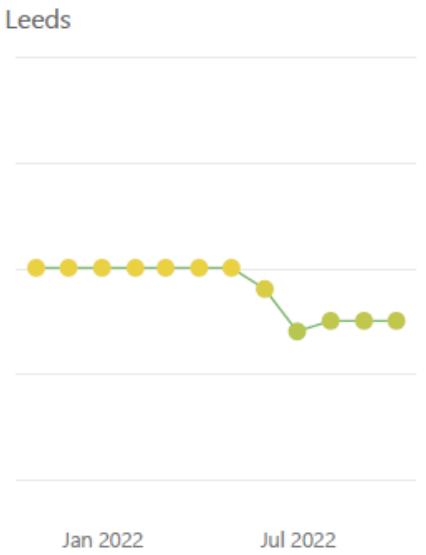
The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were expected to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

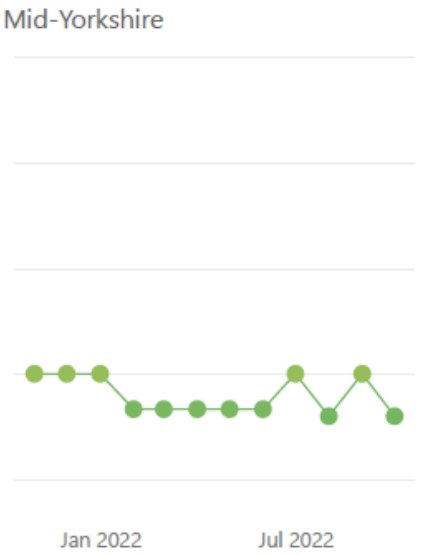
Org Type	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022
ICS												
WY ICS	109.5	113.6	113.6	118.2	118.2	122.7	127.3	121.7	121.7	113.6	118.2	118.2
Acute Provider												
Airedale	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Bradford	133.3	133.3	166.7	200.0	200.0	233.3	233.3	200.0	175.0	175.0	175.0	175.0
Calderdale & Huddersfield	83.3	100.0	83.3	100.0	100.0	100.0	116.7	116.7	116.7	100.0	100.0	116.7
Leeds	150.0	150.0	150.0	150.0	150.0	150.0	150.0	140.0	120.0	125.0	125.0	125.0
Mid-Yorkshire	100.0	100.0	100.0	83.3	83.3	83.3	83.3	83.3	100.0	80.0	100.0	80.0









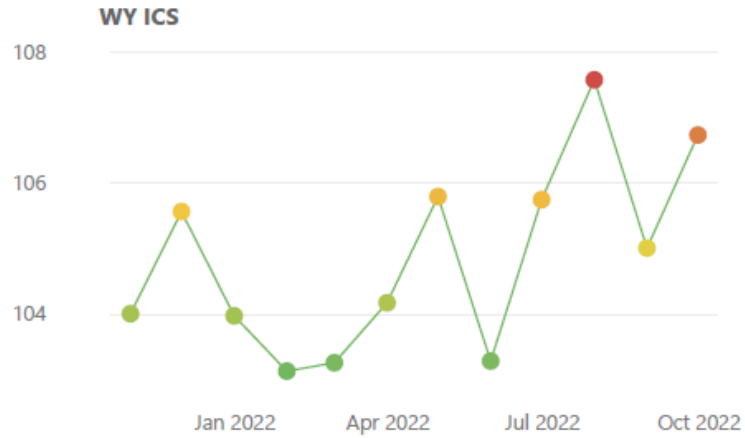


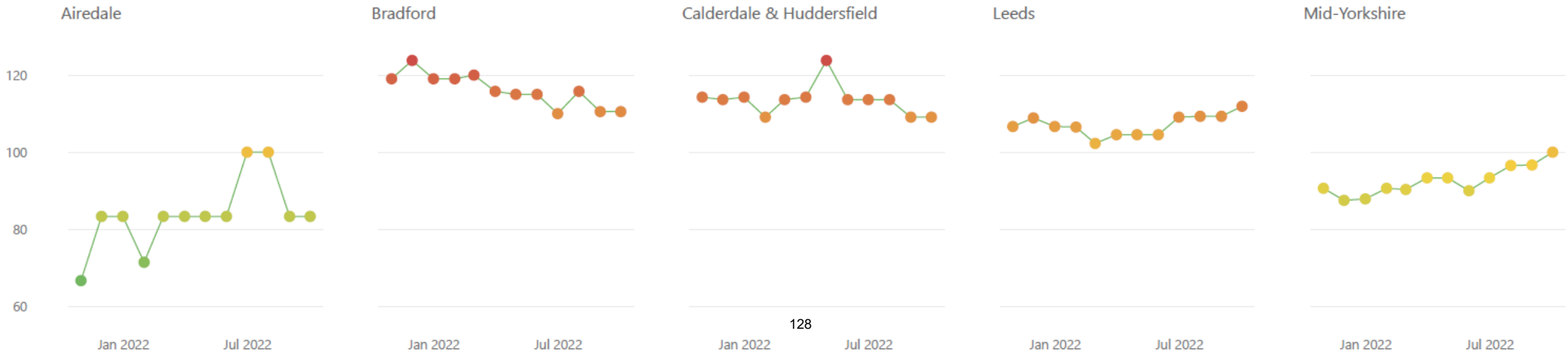
SHMI

Acute cerebrovascular disease

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	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022
ICS												
WY ICS	104.0	105.6	104.0	103.1	103.3	104.2	105.8	103.3	105.7	107.6	105.0	106.7
Acute Provider												
Airedale	66.7	83.3	83.3	71.4	83.3	83.3	83.3	83.3	100.0	100.0	83.3	83.3
Bradford	119.0	123.8	119.0	119.0	120.0	115.8	115.0	115.0	110.0	115.8	110.5	110.5
Calderdale & Huddersfield	114.3	113.6	114.3	109.1	113.6	114.3	123.8	113.6	113.6	113.6	109.1	109.1
Leeds	106.7	108.9	106.7	106.5	102.3	104.5	104.5	104.5	109.1	109.3	109.3	111.9
Mid-Yorkshire	90.6	87.5	87.9	90.6	90.3	93.3	93.3	90.0	93.3	96.6	96.7	100.0



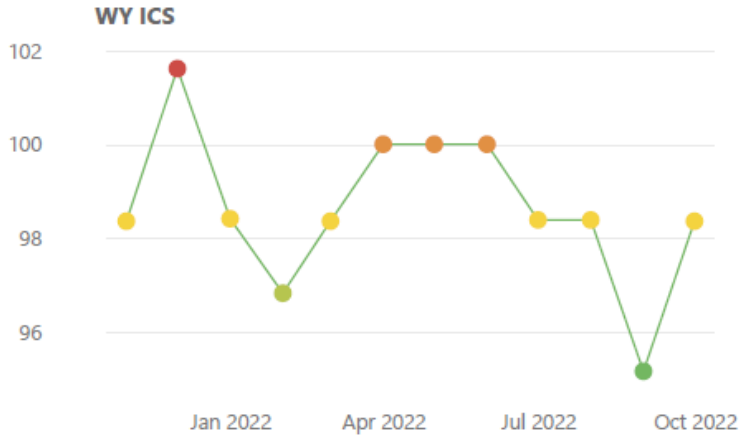


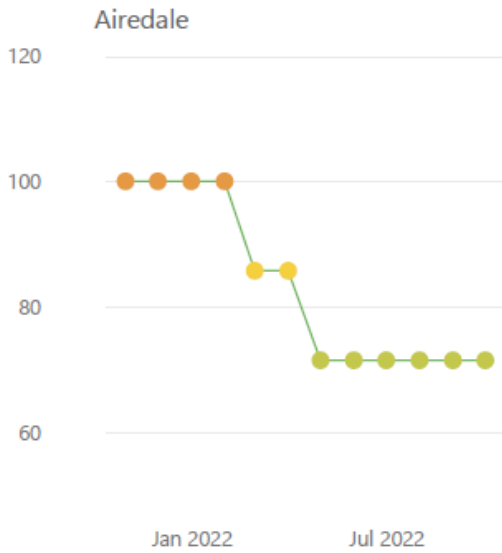
SHMI

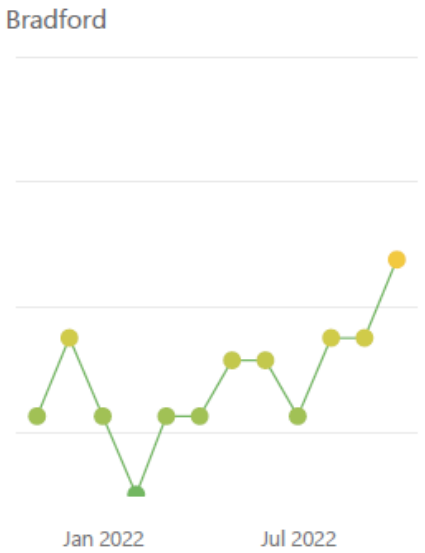
Acute myocardial infarction

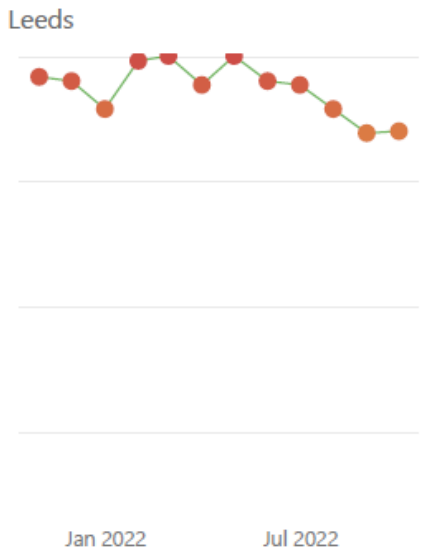
The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were expected to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

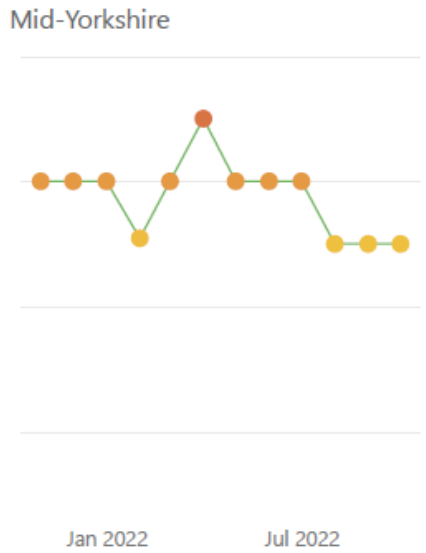
Org Type	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022
ICS												
WY ICS	98.4	101.6	98.4	96.8	98.4	100.0	100.0	100.0	98.4	98.4	95.2	98.4
Acute Provider												
Airedale	100.0	100.0	100.0	100.0	85.7	85.7	71.4	71.4	71.4	71.4	71.4	71.4
Bradford	62.5	75.0	62.5	50.0	62.5	62.5	71.4	71.4	62.5	75.0	75.0	87.5
Calderdale & Huddersfield	81.8	90.9	90.9	81.8	81.8	90.9	90.9	100.0	100.0	109.1	100.0	109.1
Leeds	116.7	116.0	111.5	119.2	120.0	115.4	120.0	116.0	115.4	111.5	107.7	108.0
Mid-Yorkshire	100.0	100.0	100.0	90.9	100.0	110.0	100.0	100.0	100.0	90.0	90.0	90.0









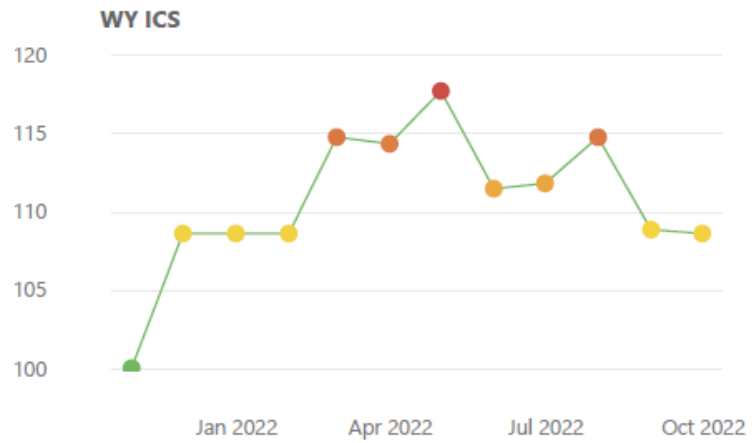


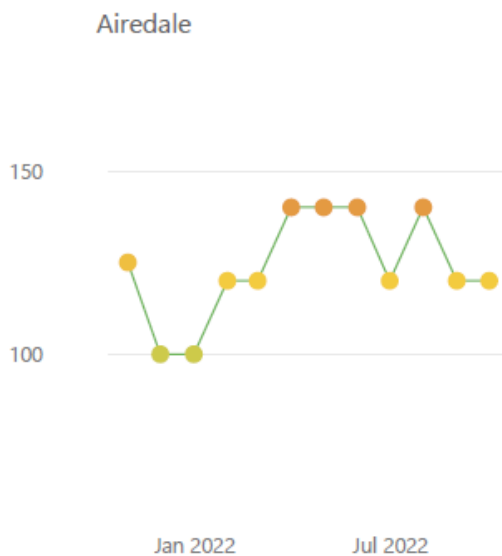
SHMI

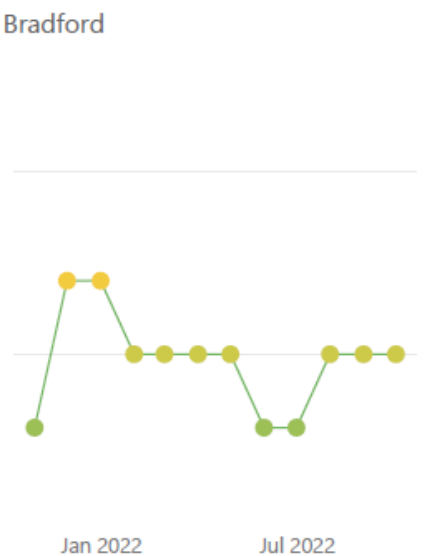
Fracture of neck of femur (hip)

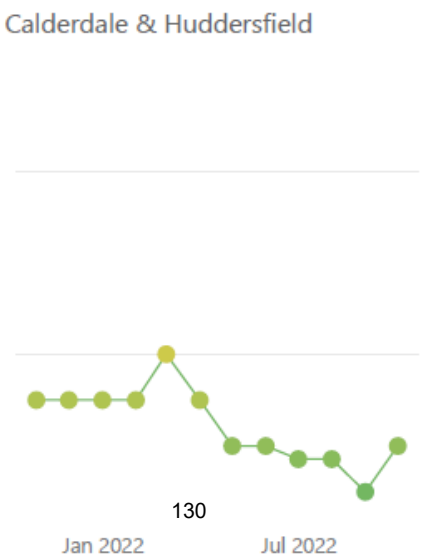
The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were expected to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

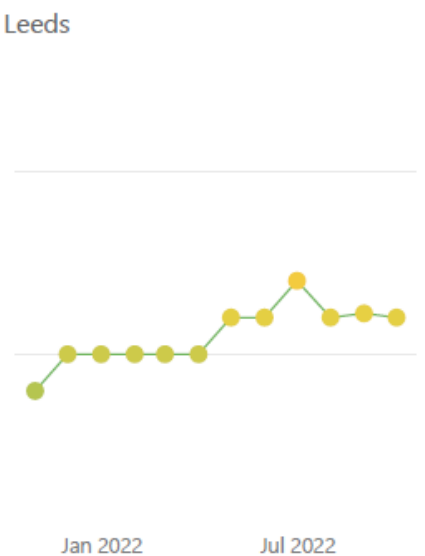
Org Type	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022
ICS												
WY ICS	100.0	108.6	108.6	108.6	114.7	114.3	117.6	111.4	111.8	114.7	108.8	108.6
Acute Provider												
Airedale	125.0	100.0	100.0	120.0	120.0	140.0	140.0	140.0	120.0	140.0	120.0	120.0
Bradford	80.0	120.0	120.0	100.0	100.0	100.0	100.0	80.0	80.0	100.0	100.0	100.0
Calderdale & Huddersfield	87.5	87.5	87.5	87.5	100.0	87.5	75.0	75.0	71.4	71.4	62.5	75.0
Leeds	90.0	100.0	100.0	100.0	100.0	100.0	110.0	110.0	120.0	110.0	111.1	110.0
Mid-Yorkshire	128.6	142.9	142.9	142.9	157.1	157.1	171.4	157.1	157.1	157.1	150.0	137.5

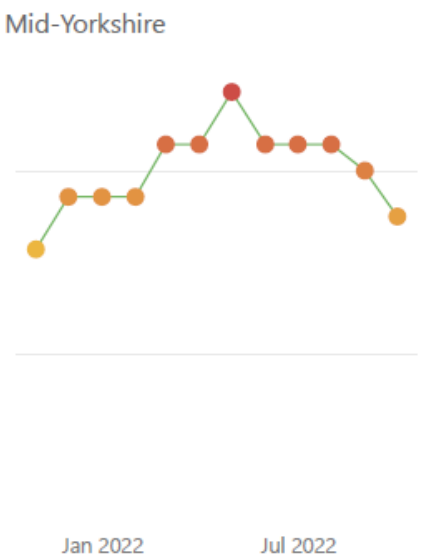










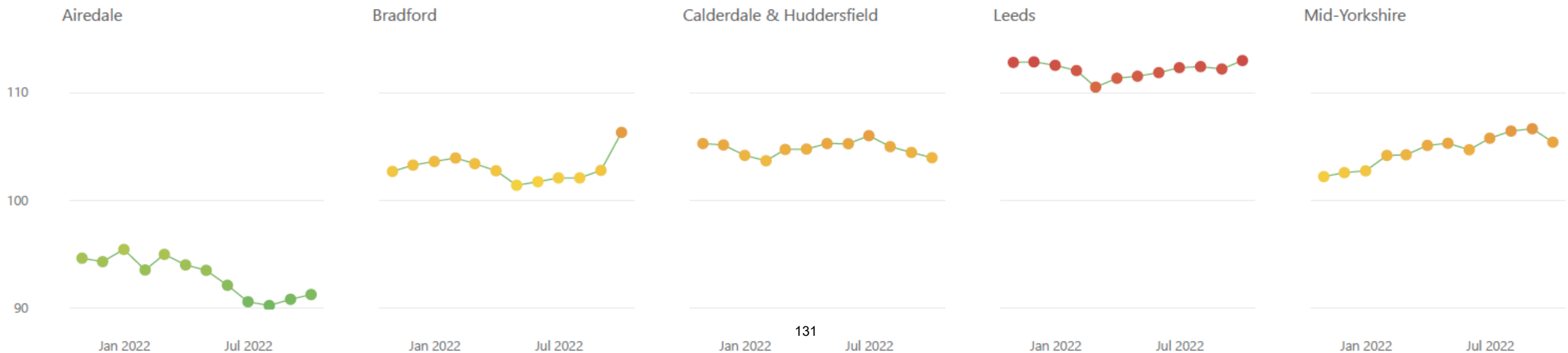


SHMI

Summary Hospital Mortality Indicator

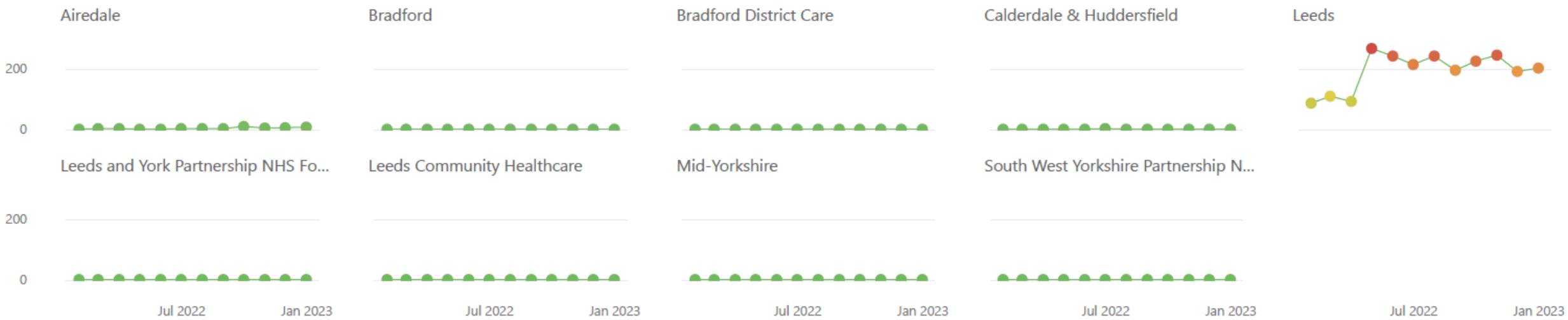
The ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were 'expected' to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors

Org Type	11 2021	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022
ICS												
WY ICS	105.6	105.7	105.6	105.5	105.3	105.6	105.5	105.4	105.8	105.7	105.7	106.1
Acute Provider												
Airedale	94.6	94.3	95.4	93.5	94.9	94.0	93.5	92.1	90.5	90.2	90.8	91.2
Bradford	102.6	103.2	103.6	103.9	103.4	102.7	101.4	101.7	102.0	102.0	102.7	106.3
Calderdale & Huddersfield	105.2	105.1	104.1	103.6	104.7	104.7	105.2	105.2	106.0	105.0	104.4	103.9
Leeds	112.8	112.8	112.5	112.0	110.5	111.3	111.5	111.8	112.3	112.4	112.2	112.9
Mid-Yorkshire	102.2	102.5	102.7	104.1	104.2	105.1	105.3	104.7	105.7	106.4	106.6	105.4



Mixed Sex Accommodation Breaches

The number of patients recorded as sharing a ward environment with a member of the opposite sex

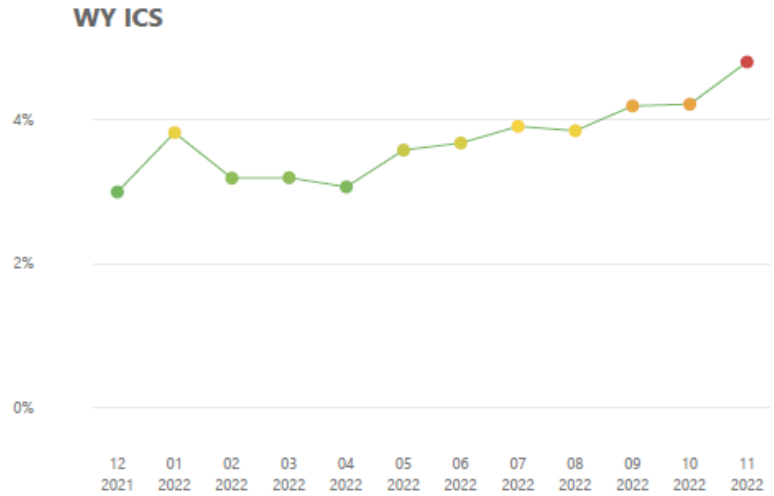


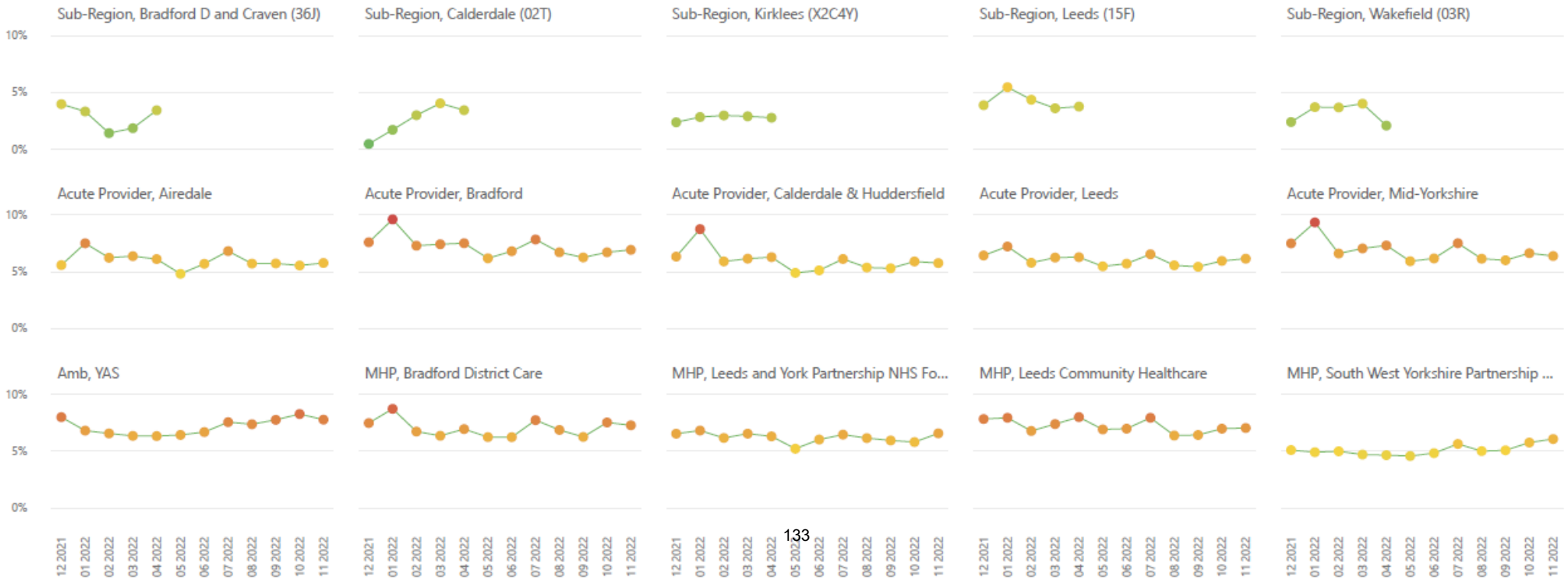
Org Type	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022	11 2022	12 2022	01 2023
ICS												
WY ICS	86	111	94	267	242	218	244	197	234	249	196	209
Acute Provider												
Airedale	0	2	2	0	0	2	2	2	9	4	5	7
Bradford	0	0	0	0	0	0	0	0	0	0	0	0
Calderdale & Huddersfield	0	0	0	0	0	2	0	0	0	0	0	0
Leeds	86	109	92	267	242	214	242	195	225	245	191	202
Mid-Yorkshire	0	0	0	0	0	0	0	0	0	0	0	0
MHP												
Bradford District Care	0	0	0	0	0	0	0	0	0	0	0	0
Leeds and York Partnership NHS Foundation Trust	0	0	0	0	0	0	0	0	0	0	0	0
Leeds Community Healthcare	0	0	0	0	0	0	0	0	0	0	0	0
South West Yorkshire Partnership NHS Foundation Trust	0	0	0	0	0	0	0	0	0	0	0	0

Sickness Absence Rate

Sickness Absence Rate is the percentage of available Full Time Equivalents (FTEs) absent for the month

Org Type	12 2021	01 2022	02 2022	03 2022	04 2022	05 2022	06 2022	07 2022	08 2022	09 2022	10 2022	11 2022
ICS												
WY ICS	3.0%	3.8%	3.2%	3.2%	3.1%	3.6%	3.7%	3.9%	3.8%	4.2%	4.2%	4.8%
Sub-Region												
Bradford D and Craven (36J)	3.9%	3.3%	1.4%	1.8%	3.4%							
Calderdale (02T)	0.4%	1.7%	2.9%	4.0%	3.4%							
Kirklees (X2C4Y)	2.3%	2.8%	2.9%	2.8%	2.7%							
Leeds (15F)	3.8%	5.4%	4.3%	3.6%	3.7%							
Wakefield (03R)	2.3%	3.7%	3.6%	4.0%	2.0%							
Acute Provider												
Airedale	5.5%	7.5%	6.2%	6.3%	6.1%	4.8%	5.6%	6.8%	5.7%	5.7%	5.5%	5.7%
Bradford	7.5%	9.6%	7.2%	7.4%	7.5%	6.1%	6.8%	7.8%	6.7%	6.2%	6.7%	6.9%
Calderdale & Huddersfield	6.3%	8.7%	5.9%	6.1%	6.2%	4.9%	5.1%	6.1%	5.3%	5.3%	5.9%	5.7%
Leeds	6.4%	7.2%	5.7%	6.2%	6.2%	5.4%	5.7%	6.5%	5.5%	5.4%	5.9%	6.1%
Mid-Yorkshire	7.4%	9.3%	6.5%	7.0%	7.3%	5.9%	6.1%	7.5%	6.1%	6.0%	6.6%	6.3%
Amb												
YAS	7.9%	6.8%	6.5%	6.3%	6.3%	6.4%	6.6%	7.5%	7.3%	7.7%	8.2%	7.7%
MHP												
Bradford District Care	7.4%	8.7%	6.7%	6.3%	6.9%	6.2%	6.2%	7.7%	6.8%	6.2%	7.5%	7.2%
Leeds and York Partnership NHS Foundation Trust	6.5%	6.8%	6.1%	6.5%	6.2%	5.2%	6.0%	6.4%	6.1%	5.9%	5.7%	6.5%
Leeds Community Healthcare	7.8%	7.9%	6.7%	7.3%	7.9%	6.9%	6.9%	7.9%	6.3%	6.4%	6.9%	7.0%
South West Yorkshire Partnership NHS Foundation Trust	5.0%	4.9%	4.9%	4.6%	4.6%	4.5%	4.8%	5.6%	5.0%	5.0%	5.7%	6.0%



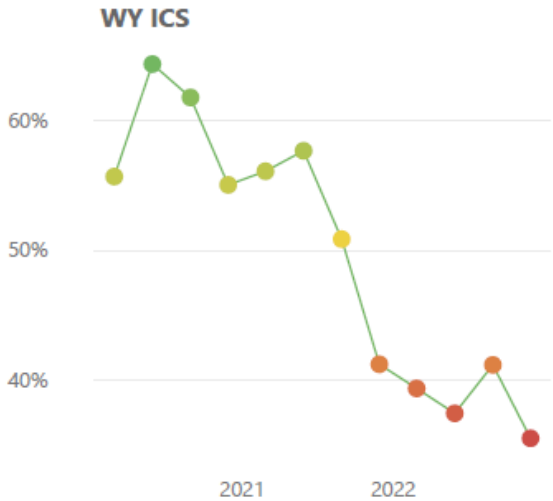


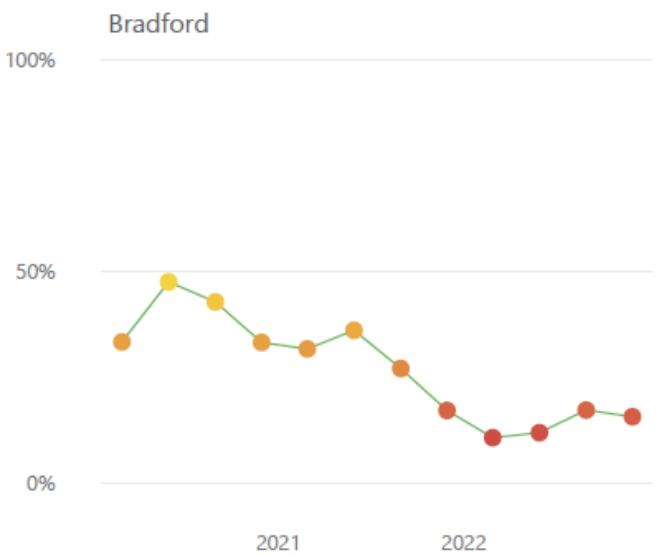
Stroke Audit

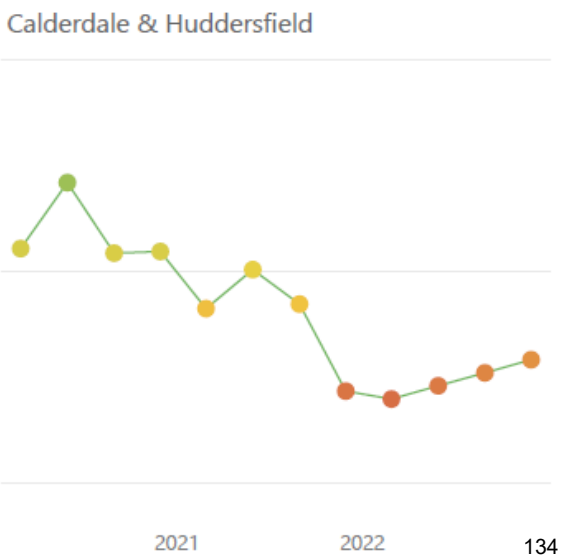
Admitted to stroke Unit < 4 hours

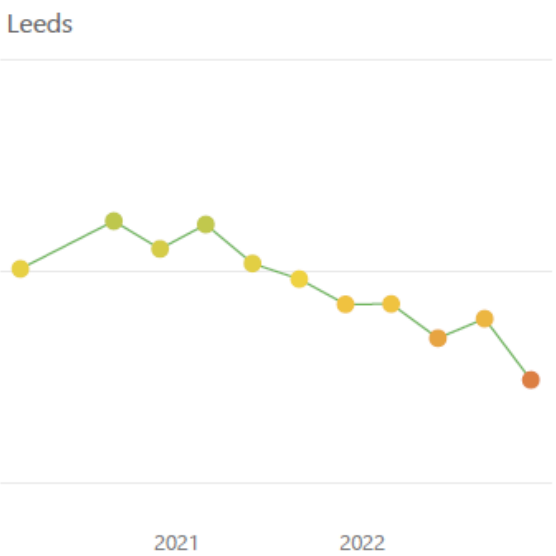
The percentage of patients directly admitted to a stroke unit within 4 hours of clock start

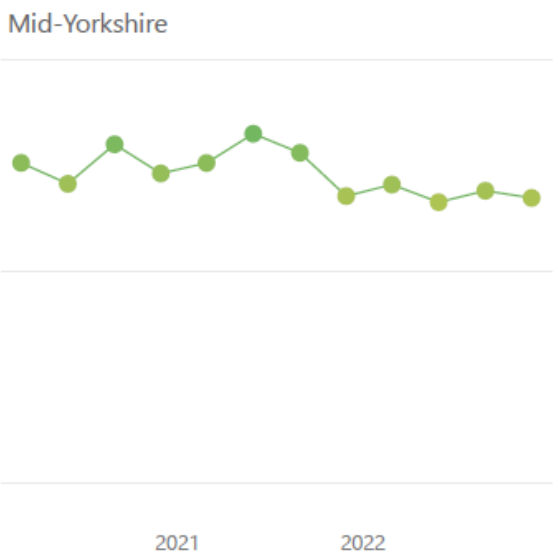
Org Type	03 2020	06 2020	09 2020	12 2020	03 2021	06 2021	09 2021	12 2021	03 2022	06 2022	09 2022	12 2022
ICS	**55.6%**	**64.3%**	**61.8%**	**55.0%**	**56.1%**	**57.6%**	**50.8%**	**41.2%**	**39.3%**	**37.4%**	**41.1%**	**35.5%**
WY ICS	55.6%	64.3%	61.8%	55.0%	56.1%	57.6%	50.8%	41.2%	39.3%	37.4%	41.1%	35.5%
Acute Provider	**55.4%**	**64.2%**	**61.5%**	**55.0%**	**56.0%**	**57.4%**	**50.8%**	**41.0%**	**39.2%**	**37.3%**	**41.0%**	**35.4%**
Bradford	33.1%	47.4%	42.6%	33.0%	31.5%	35.9%	26.9%	16.9%	10.5%	11.7%	17.0%	15.5%
Calderdale & Huddersfield	55.2%	70.9%	54.2%	54.5%	41.0%	50.3%	42.1%	21.5%	19.6%	22.8%	25.8%	28.9%
Leeds	50.4%		61.8%	55.2%	61.0%	51.7%	48.0%	42.1%	42.1%	34.0%	38.7%	24.2%
Mid-Yorkshire	75.5%	70.6%	79.9%	73.0%	75.5%	82.4%	77.9%	67.7%	70.4%	66.2%	68.9%	67.2%
Total	**55.5%**	**64.2%**	**61.6%**	**55.0%**	**56.0%**	**57.5%**	**50.8%**	**41.1%**	**39.3%**	**37.4%**	**41.1%**	**35.4%**









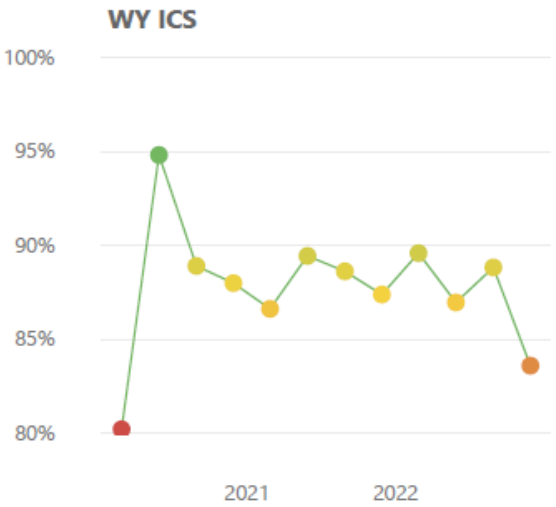


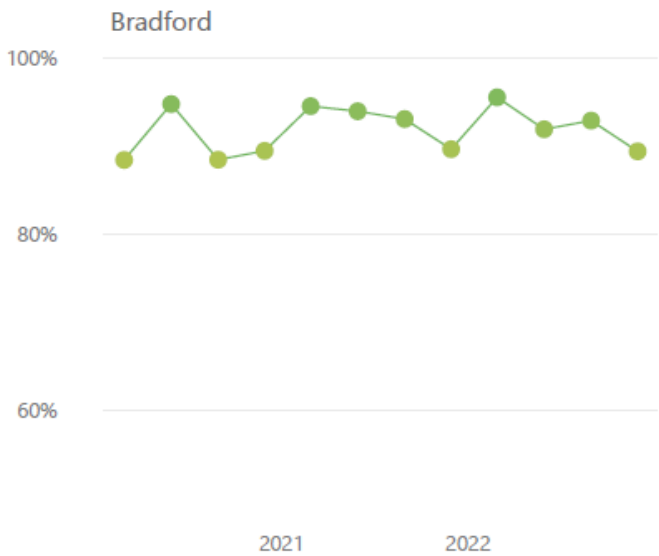
Stroke Audit

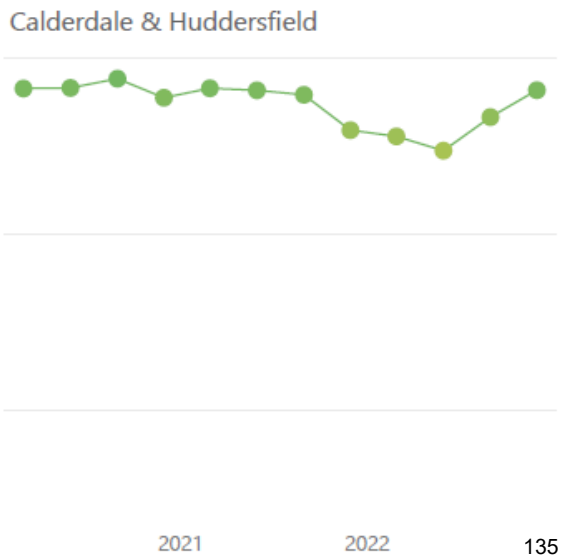
Assessed by OT within 72 hours

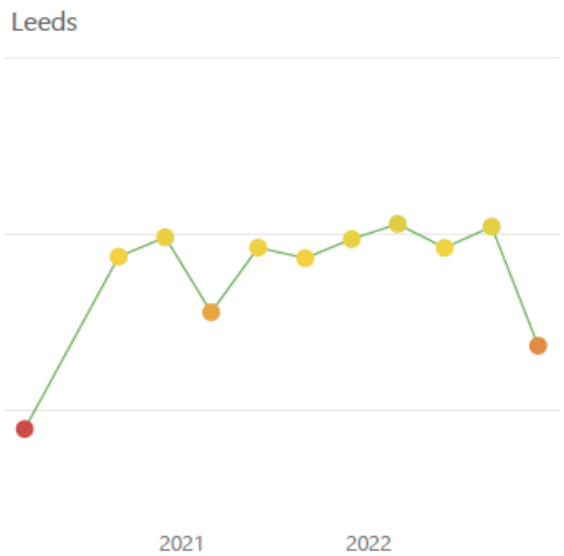
The percentage of applicable patients who were assessed by an occupational therapist within 72h of clock start

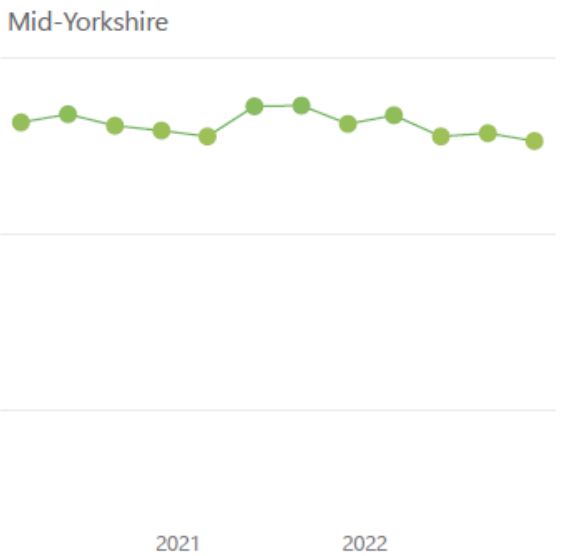
Org Type	03 2020	06 2020	09 2020	12 2020	03 2021	06 2021	09 2021	12 2021	03 2022	06 2022	09 2022	12 2022
ICS	**80.1%**	**94.8%**	**88.8%**	**87.9%**	**86.6%**	**89.4%**	**88.6%**	**87.3%**	**89.5%**	**86.9%**	**88.8%**	**83.5%**
WY ICS	80.1%	94.8%	88.8%	87.9%	86.6%	89.4%	88.6%	87.3%	89.5%	86.9%	88.8%	83.5%
Acute Provider	**80.0%**	**94.8%**	**88.6%**	**87.8%**	**86.4%**	**89.2%**	**88.5%**	**87.1%**	**89.3%**	**86.8%**	**88.6%**	**83.3%**
Bradford	88.4%	94.7%	88.4%	89.4%	94.5%	93.9%	93.0%	89.6%	95.5%	91.9%	92.9%	89.4%
Calderdale & Huddersfield	96.5%	96.6%	97.6%	95.5%	96.5%	96.3%	95.8%	91.8%	91.1%	89.4%	93.3%	96.3%
Leeds	57.9%		77.4%	79.6%	71.1%	78.4%	77.2%	79.4%	81.1%	78.4%	80.8%	67.3%
Mid-Yorkshire	92.7%	93.6%	92.3%	91.7%	91.1%	94.5%	94.6%	92.5%	93.5%	91.1%	91.4%	90.5%
Total	**80.1%**	**94.8%**	**88.7%**	**87.9%**	**86.5%**	**89.3%**	**88.5%**	**87.2%**	**89.4%**	**86.9%**	**88.7%**	**83.4%**









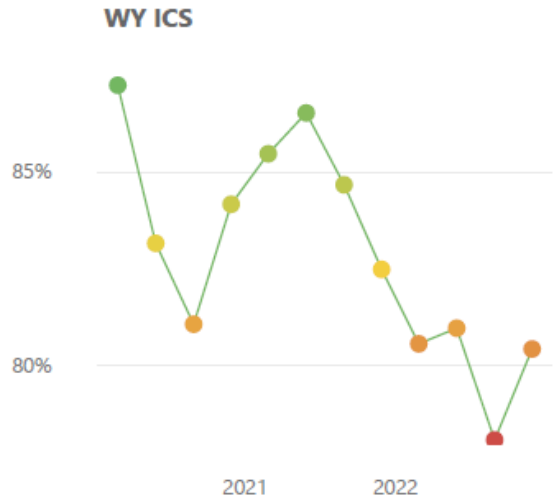


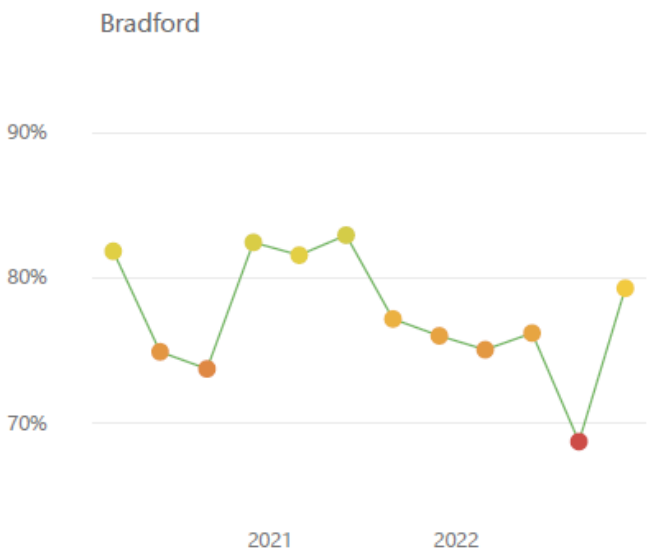
Stroke Audit

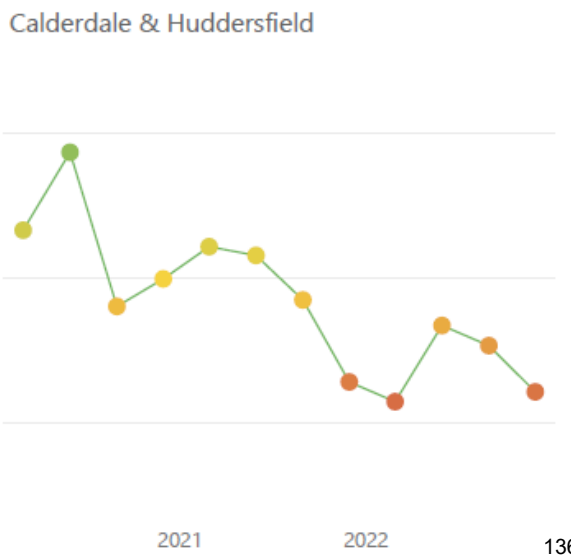
Assessed by stroke consultant within 24 hours

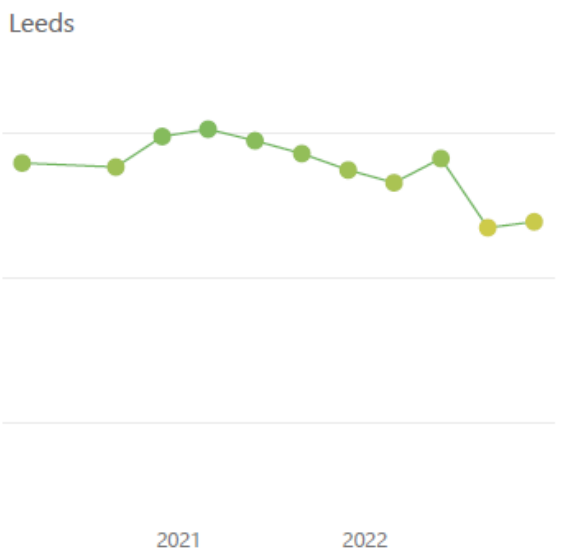
The percentage of patients assessed by a stroke specialist consultant physician within 24h of clock start

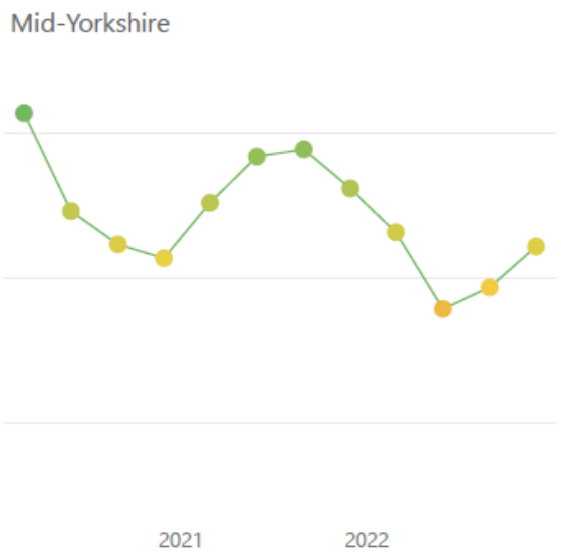
Org Type	03 2020	06 2020	09 2020	12 2020	03 2021	06 2021	09 2021	12 2021	03 2022	06 2022	09 2022	12 2022
ICS	**87.2%**	**83.1%**	**81.1%**	**84.2%**	**85.5%**	**86.5%**	**84.7%**	**82.5%**	**80.5%**	**81.0%**	**78.1%**	**80.4%**
WY ICS	87.2%	83.1%	81.1%	84.2%	85.5%	86.5%	84.7%	82.5%	80.5%	81.0%	78.1%	80.4%
Acute Provider	**87.0%**	**83.0%**	**80.8%**	**84.0%**	**85.5%**	**86.4%**	**84.5%**	**82.4%**	**80.4%**	**80.7%**	**77.9%**	**80.3%**
Bradford	81.8%	74.9%	73.7%	82.4%	81.5%	82.9%	77.1%	76.0%	75.0%	76.1%	68.7%	79.2%
Calderdale & Huddersfield	83.2%	88.6%	78.0%	79.9%	82.1%	81.5%	78.4%	72.8%	71.4%	76.7%	75.3%	72.1%
Leeds	87.8%		87.6%	89.7%	90.2%	89.4%	88.5%	87.4%	86.5%	88.1%	83.4%	83.8%
Mid-Yorkshire	91.3%	84.5%	82.2%	81.3%	85.1%	88.3%	88.8%	86.1%	83.1%	77.8%	79.3%	82.1%
Total	**87.1%**	**83.1%**	**80.9%**	**84.1%**	**85.5%**	**86.5%**	**84.6%**	**82.4%**	**80.5%**	**80.8%**	**78.0%**	**80.4%**









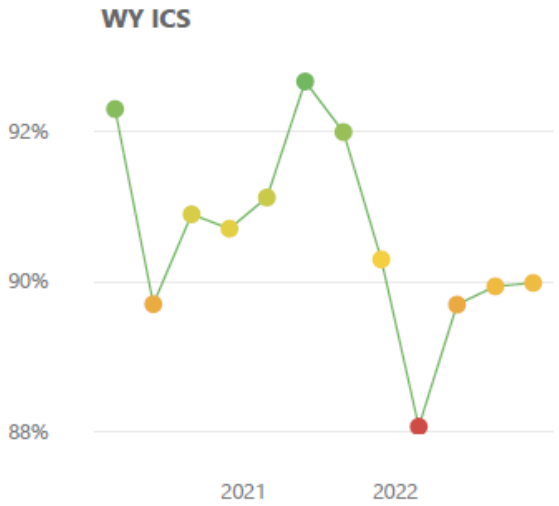


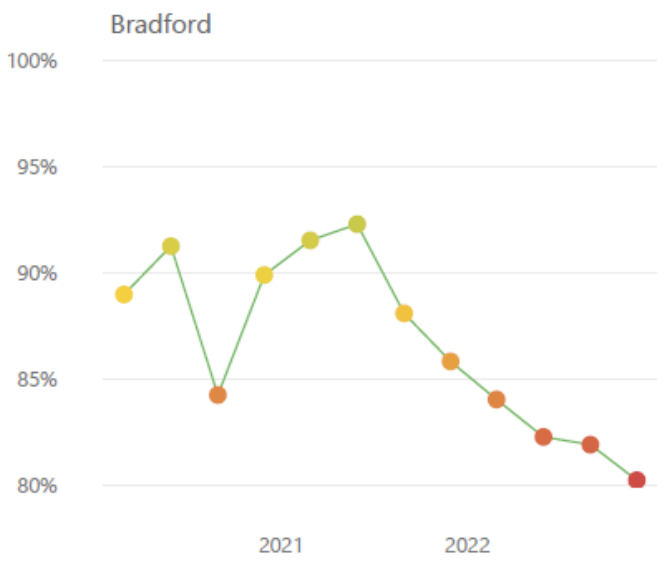
Stroke Audit

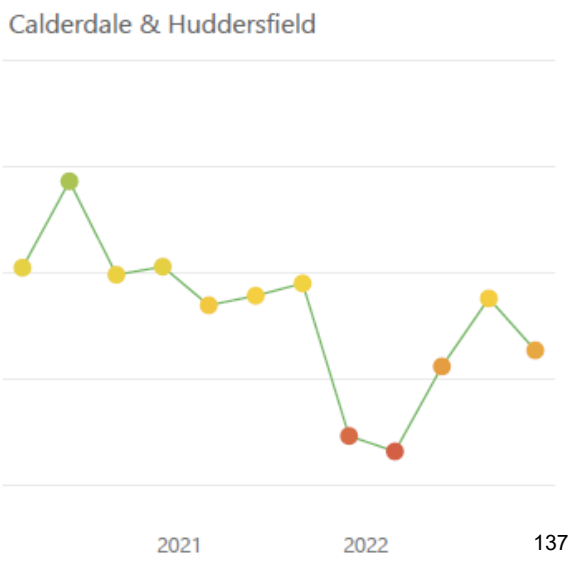
Assessed by stroke nurse within 24 hours

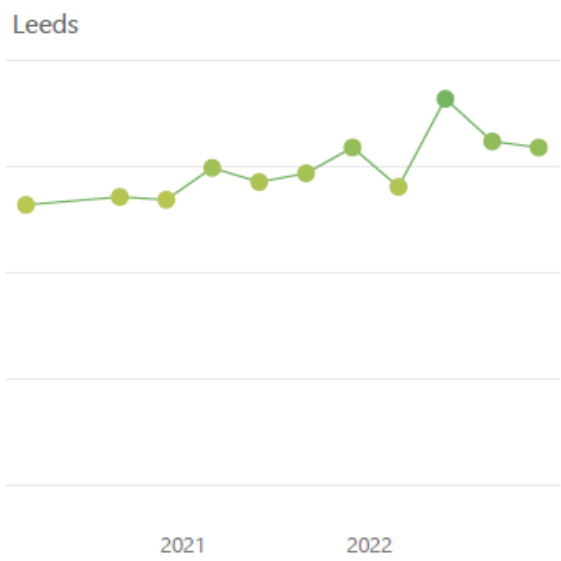
The percentage of patients who were assessed by a nurse trained in stroke management within 24h of clock start

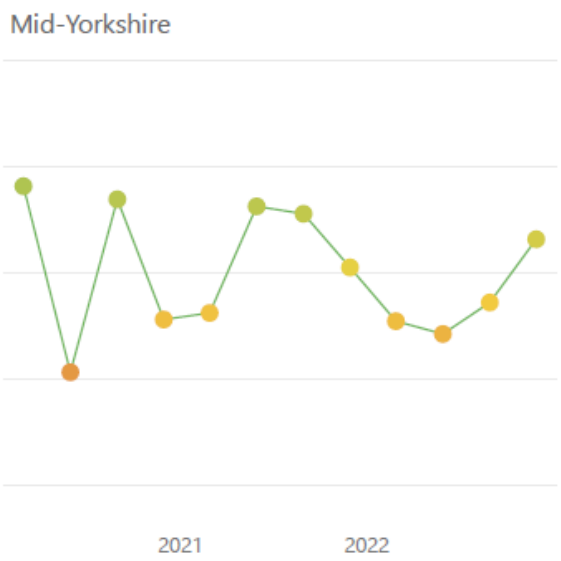
Org Type	03 2020	06 2020	09 2020	12 2020	03 2021	06 2021	09 2021	12 2021	03 2022	06 2022	09 2022	12 2022
ICS	**92.3%**	**89.7%**	**90.9%**	**90.7%**	**91.1%**	**92.7%**	**92.0%**	**90.3%**	**88.1%**	**89.7%**	**89.9%**	**90.0%**
WY ICS	92.3%	89.7%	90.9%	90.7%	91.1%	92.7%	92.0%	90.3%	88.1%	89.7%	89.9%	90.0%
Acute Provider	**92.2%**	**89.5%**	**90.6%**	**90.5%**	**91.0%**	**92.6%**	**91.9%**	**90.1%**	**87.9%**	**89.5%**	**89.8%**	**89.9%**
Bradford	89.0%	91.2%	84.2%	89.9%	91.5%	92.3%	88.1%	85.8%	84.0%	82.2%	81.9%	80.2%
Calderdale & Huddersfield	90.2%	94.3%	89.9%	90.3%	88.4%	88.9%	89.5%	82.3%	81.5%	85.6%	88.8%	86.3%
Leeds	93.2%		93.5%	93.4%	94.9%	94.3%	94.7%	95.9%	94.0%	98.2%	96.2%	95.9%
Mid-Yorkshire	94.1%	85.3%	93.4%	87.8%	88.1%	93.1%	92.8%	90.2%	87.7%	87.1%	88.6%	91.6%
Total	**92.2%**	**89.6%**	**90.8%**	**90.6%**	**91.1%**	**92.6%**	**91.9%**	**90.2%**	**88.0%**	**89.6%**	**89.9%**	**89.9%**







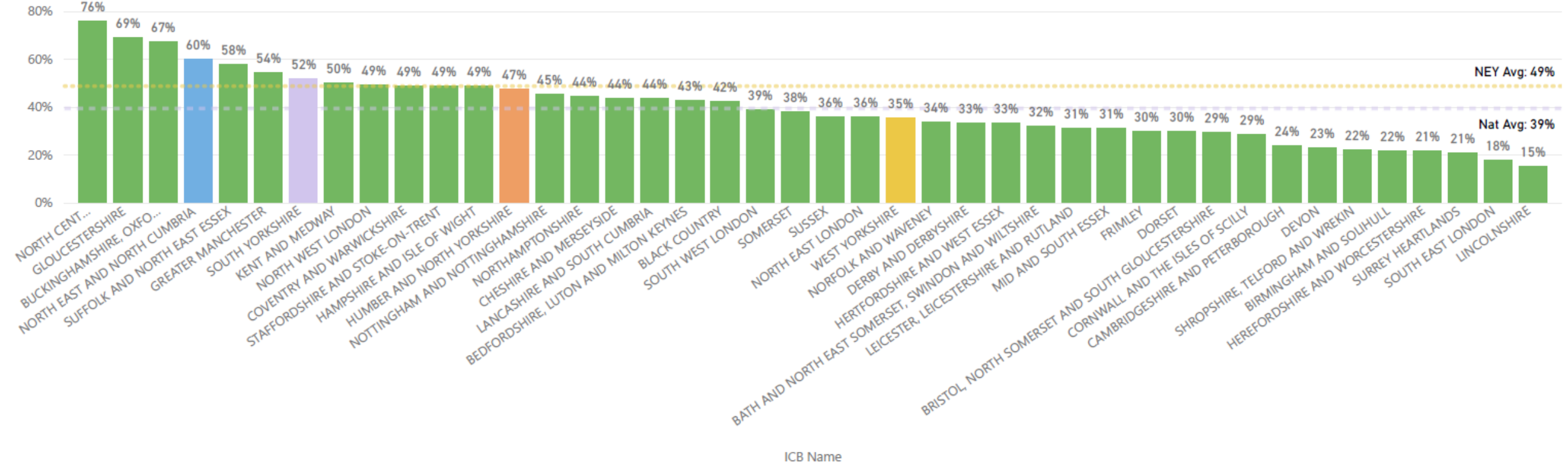


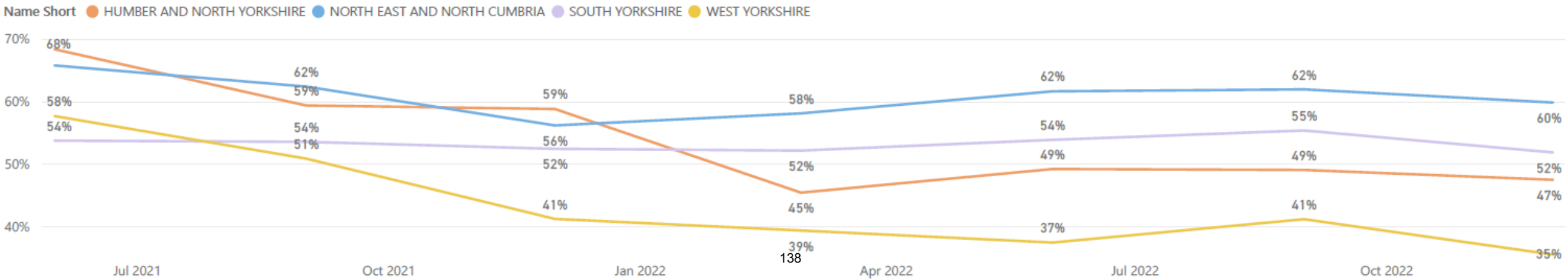


Admitted to stroke Unit < 4 hours

01 December 2022

The percentage of patients directly admitted to a stroke unit within 4 hours of clock start





Meeting name:	Integrated Care Board Quality Committee
Agenda item no.	12
Meeting date:	25 April 2023
Report title:	The NHS Patient Safety Strategy and Patient Safety Incident Framework; system requirements and WYICB status
Report presented by:	Angela Edmunds Head of Quality Improvement and Patient Safety, the Leeds Office of the West Yorkshire NHS Integrated Care Board
Report approved by:	Beverley Geary, Director of Nursing
Report prepared by:	Angela Edmunds, Head of Quality Improvement and Patient Safety (Leeds) Debbie Winder, Deputy Director of Quality (Kirklees and Calderdale) Laura Elliott, Head of Quality (Wakefield)

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

Previous considerations:

Not applicable

Executive summary and points for discussion:

The NHS Strategy, published in 2019, describes how the NHS intends to continuously improve patient safety by developing safer culture and safer systems through, insight, involvement, and improvement. The Strategy outlines 7 initiatives that support its aims, and most significantly the introduction of the Patient Safety Incident Response Framework (PSIRF).

Each initiative has associated guidance and key requirements for implementation, although as the focus is on 'system response', it is not always clear to which organisation specific requirements are levelled at and can therefore be open to interpretation.

The introduction of PSIRF also represents a major change in how the NHS responds to patient safety events and there is a requirement for all NHS Trusts to be ready to implement PSIRF by Autumn 2023. As part of this organisations are required to develop Patient Safety Incident Response Plans (PSIRPs) in line with national guidance, which are to be 'signed off' by ICB's and published on trusts' websites. Implementation is being supported in each place by local quality teams and is tailored towards the support needs of each place and organisation.

The report provides an overview of what places in the West Yorkshire Integrated Care Board (WYICB) are doing to respond to the key requirements of the patient safety strategy. It highlights that although there is much work underway, there are opportunities for achieving economies of scale and maximise learning across the WY ICB by agreeing ownership to develop and progress

an implementation plan to fulfil the ICB's oversight role for PSIRF and gaining consensus for other associated patient safety strategy initiatives.

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

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes

☒ Enhance productivity and value for money

☐ Support broader social and economic development

Recommendation(s)

The WY ICB Quality Committee is asked to:

1. Note the contents of this report for information and assurance regarding local progress against the implementation of the requirements of the national Patient Safety Strategy and PSIRF
2. Support next steps to facilitate effective delivery of key requirements of the strategy and cohesion across the West Yorkshire ICS
3. Agree delegated responsibility to place for 'sign off' of provider PSIRPs

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 seeks to provide assurance that each place in the WY ICB is responding to national guidance and working towards implementation of the patient safety strategy initiatives

Appendices

1. Appendix A: NHSE PSIRF Implementation plan
2. Appendix B: WY ICB Place activity against Quality Functions and Responsibilities of Integrated Care Boards for Patient Safety, outlined in a draft document

Acronyms and Abbreviations explained

All abbreviations are explained in the main body of the report

What are the implications for?

Residents and Communities	Implementation of PSIRF requires engagement and involvement of people impacted by patient safety events both at an individual and organisational level, to influence its development. Patient Safety Partners are also dedicated roles that have been introduced as part of the national patient safety strategy, which reflect the intention to learn from lived experience
Quality and Safety	The PSS and PSIRF reflects a change to the way in which systems and organisations respond to patient safety events. The strategy and framework place the emphasis on embedding learning firmly at the front door of patient care and enables organisations to respond more pragmatically and timely than under the NHSE serious incident framework. It is anticipated that this will have a positive impact on quality and safety, although requires a major culture shift
Equality, Diversity and Inclusion	PSIRF enables provider organisations to examine their patient safety data as part of the development of their PSIRPS and use this to develop proactive improvement plans. The patient safety strategy update of 2021 also requires health inequalities to be part of organisational safety planning.
Finances and Use of Resources	Resource is used effectively across the WY ICS
Regulation and Legal Requirements	Not applicable
Conflicts of Interest	Not applicable
Data Protection	Not applicable
Transformation and Innovation	Not applicable
Environmental and Climate Change	Not applicable
Future Decisions and Policy Making	WY ICB leadership is required to support policy development and decisions around implementation of the strategy and PSIRF across places to enable effective prioritisation and deployment of available resource
Citizen and Stakeholder Engagement	Engaged through development of PSIRF at organisational level

1. The NHS Patient Safety Strategy and Patient Safety Incident Framework; system requirements and WYICB current status

1.1 Purpose of the report

- To inform the West Yorkshire NHS Integrated Care Board (WYICB) of the requirements outlined in the NHS Patient Safety Strategy and the local system response

- To identify any gaps, challenges and/or risks to the achievement of key deliverables highlighted in the Patient Safety Strategy and Patient Safety Incident Response Framework (PSIRF)

- To highlight opportunities for collaboration on the implementation of PSS/PSIRF requirements across the 5 places of the WY ICB

1.2 Background and context

1.2.1 The NHS Patient Safety Strategy, published in 2019, describes how the NHS intends to continuously improve patient safety by developing safer culture and safer systems through greater insight, patient involvement and quality improvement

1.2.2 There are 7 initiatives outlined in the strategy, each with associated guidance and specific requirements for implementation**.** These are

- Patient Safety Specialists
- Patient Safety *(training)* Syllabus
- Patient Safety Incident Response Framework (PSIRF)
- National Patient Safety Alerts (NPSA)
- Learning from Patient Safety Events (LFPSE)
- Patient Safety Partners (PSP's)
- Medical Examiners (ME's)

1.2.3 The Patient Safety Incident Response Framework (PSIRF) replaces the 2015 NHS Serious Incident Framework. It sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. It represents a significant shift in the way the NHS responds to patient safety incidents, increasing focus on

understanding how incidents happen – including the factors which contribute to them.

1.2.4 The PSIRF is a contractual requirement under the NHS Standard Contract and as such is mandatory for services provided under that contract, including acute, ambulance, mental health, and community healthcare providers. This includes maternity and all specialised services. Primary care providers may also wish to adopt PSIRF, but it is not a requirement at this stage.

1.2.5 Organisations are expected to be ready to transition to PSIRF by Autumn 2023.

1.2.6 To help organisations prepare to transition to PSIRF NHS England (NHSE) have published detailed guidance, breaking down activity into six phases that will helps set strong foundations for implementing the framework. This implementation guide is included as Appendix A, page 8.

1.3 Implementation of the Patient Safety Strategy in the WY ICB

1.3.1 The table in Appendix B outlines activity undertaken across places in the WY ICB for each initiative and identifies the opportunities for maximising learning.

1.3.2 The requirements for the ICB's column in the table was taken from an NHSE working draft document, dated Aug 2022, titled 'Overview of NHSE quality functions and responsibilities of integrated care boards. The WY ICB Quality Committee previously considered this document in October 2022.

1.3.3 Each place in the WYICB is considering how best to respond to the patient safety strategy requirements and supporting local providers in preparing for PSIRF in different ways, according to the level of support required.

1.4 Gaps and challenges

1.4.1 As the patient safety strategy is focused on systems, national guidance it is not always clear about where organisational responsibility lays for implementing some elements of the strategy and can therefore be open to interpretation. This is

particularly relevant in the areas of PSPs, PSIRF oversight and patient safety training, where variation in practice is experienced both locally and nationally

1.4.2 Each place in the WY ICB has nominated patient safety specialists who work with providers and in local networks to support PSIRF implementation. Support needs vary and is therefore tailored for each place (and provider), making any benchmarking of progress between places difficult.

1.4.3 Nominated Patient Safety Specialists often fulfil other quality functions. Resource to support implementation at both a provider and ICB level is cited regularly as a concern at local, regional, and national patient safety forums. As is the lack of clarity around oversight functions and access to relevant training.

1.4.4 Oversight (of implementation) requires dedicated leadership and governance at ICB level, to explore and facilitate opportunities for enabling the system level response. There are opportunities for considering this level of leadership within the new operating model.

1.4.5 ICB's are required to 'sign off' provider PSIRPs. It is imagined that this function is best delivered at each place. The ICB quality committee is therefore asked to support delegation of this responsibility to the 5 place quality committees within the WY ICB.

2. Next Steps

2.1. To identify an ICB lead and governance structure for the Patient Safety Strategy and PSIRF work, including local reporting requirements on progress, challenges, and risks

2.2. Agree ownership to develop and progress an implementation plan to fulfil the ICB's oversight role for PSIRF implementation

2.3. Agree delegated responsibility to place for 'sign off' of provider PSIRPs

3. Recommendations

3.1. Note the contents of this report for information regarding local progress against the implementation of the requirements of the national Patient Safety Strategy and PSIRF

3.2. Support next steps to facilitate effective delivery of key requirements of the strategy and cohesion across the West Yorkshire ICS

3.3. Agree delegated responsibility to place for ‘sign off’ of provider PSIRPs

4. Appendices

4.1. Appendix A: NHSE PSIRF Implementation plan

4.2. Appendix B: WY ICB Place activity against Quality Functions and Responsibilities of Integrated Care Boards for Patient Safety, outlined in a draft document

Appendix A: NHS England Patient Safety Incident Response Framework (PSIRF) Implementation Guide

Month →	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Phase ↓	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
1	PSIRF orientation																				
2					Diagnostic and discovery																
3							Governance and quality monitoring														
4								Patient safety incident response planning													
5										Curation and agreement of the patient safety incident response policy and plan											
6													Transition - working under the patient safety incident response policy and plan								
7																Embedding sustainable change and improvement					

Phase	1. Orientation		Diagnostic & discovery		Governance & quality		PSIRP		Draft policy & plan		Transition		Embedding	
Month	Months 1-3		Months 4-7		Months 6-9		Months 7-10		Months 9-12		Months 12-16		Months 15 onwards	
Actions	1.1	Create an implementation team	2.1	What is being done to support open and transparent reporting?	3.1	Develop processes for incident response decision making	4.1	Map your services	5.1	Populate the policy and plan templates and sahre these with stakeholders	Here be dragons.....			
	1.2	Allocate time for reading and reflection	2.2	How do you engage and involve those affected by patient safety incidents?	3.2	Define how system effectiveness will be monitored	4.2	Examine patient safety incident records and safety data	5.2	Respond to stakeholder feedback on the draft policy and plan				
	1.3	Identify knowledge and support needs for getting started	2.3	What is being done to support the development of a just culture?	3.3	Develop processes for reporting cross-system issues	4.3	Describe the safety issues revealed by the data	5.3	Agree how to manage transition				
	1.4	Create a stakeholder list and plan engagement	2.4	What is your incident response capacity and what are your training needs?	3.4	Define how system effectiveness will be monitored	4.4	Identify work underway to address contributory factors	5.4	Ensure commitment to delivering required improvement				
	1.5	Agree structures and process for programme management	2.5	How do you use learning from incident responses to inform improvement?			4.5	Agree how you intend to respond to issues listed in your patient safety incident profile	5.5	Seek policy and plan approval / sign off and agree 'transition date'				
	1.6	Set ambition for PSIRF implementation	2.6	What do you need to do next?										

Appendix B; Quality Functions and Responsibilities of Integrated Care Boards[1] – Patient Safety

Gap analysis for NHS West Yorkshire Integrated Care Board

Area	Role of ICB	Current Arrangements	Next Steps/Opportunities
Patient Safety Serious Incident/Patient Safety Incident Response Framework (SI/PSIRF) Providers to be ready to implement PSIRF by Autumn 2023 *(Note; PSIRF during 2023 required for acute, mental health and community providers only and not yet rolled out to GP practices or adult social care)*	Support GP, dental, optometry and community pharmacy services to undertake relevant incident response Support the relevant incident response in relation to NHS-funded patients in other relevant healthcare sectors (e.g., independent, CHC) Ensure system in place to support the processing of SI backlog identified during transition from CCG to ICB Continue to have oversight of patient safety incident response in line with SIF, while beginning to transition to fulfil oversight requirements of PSIRF: - Collaborate with providers in the development, maintenance, and review of the provider Patient Safety Incident Response Policy and Plan - Agree provider Patient Safety Incident Response Policy and Plan - Oversee and support effectiveness of systems in place in achieving improvement following patient safety incidents - Support co-ordination of cross-system PSIIs - Share insights and information across organisations/services to improve safety	GP Practices continue to be supported at Place to identify and undertake relevant incident response with variable level of engagement Place-based patient safety networks established includes independent sector providers Awaiting national guidance? Agreed alternative approaches for managing and processing SIs at Place to ensure a pragmatic and proportionate response Places working closely with providers on preparation and implementation of PSIRF in line with national timescales. Information and insights on patient safety shared across places via organisational quality leads	Expand support to other primary care contractors once transferred into ICB (July 2023). Identify support and training needs for all primary care contractors based on learning from local involvement in national pilots Share system learning from patient safety into other sectors, e.g., adult social care Develop a standard operating procedure for use across West Yorkshire for the SI backlog Develop shared principles for transition to and oversight of PSIRF with individual providers based on agreed proportionate risk-based analysis Develop an SOP for supporting cross organisational and pan place investigations
Patient Safety Specialists (PSS)	ICB to have an identified a full time PSS by September 2022 Patient safety specialist(s) identified at ICB to attend System Quality Group	Patient Safety Specialists identified at each Place	Build PSS role into new operating model for ICB and attendance at System Quality Group

[1] Overview of NHSE's Quality Functions & Responsibilities of Integrated Care Boards [Aug 2022]; **DRAFT working document Aug 2022** available on NHS Futures ICS Quality Hub/Key documents

Area	Role of ICB	Current Arrangements	Next Steps/Opportunities
	Support NHS patient safety strategy implementation and improving patient safety at system level (and across care pathways) Ensure good communication and information sharing with the patient safety specialist network via the ICB identified patient safety specialist	Place PSSs support patient safety strategy implementation locally, and across care pathways Place-based Patient Safety Networks share information with ICB through WY Quality Leads meeting (and escalate to SQG where necessary). Place-based PSSs attend relevant Y&H/NEY learning forums	ICB PSS(s) to support improving patient safety at system level
Patient safety syllabus	Staff to be trained to the relevant level of the patient safety syllabus Oversight of numbers trained	Place-based quality teams have undertaken available training from patient safety syllabus Level1 and 2 patient safety training is available on ESR and e-lfh. The training required for colleagues in oversight roles currently represents a cost pressure Place-based quality teams training records available	Agree ICB staff to be trained to the relevant level of the syllabus, particularly relating to the ICB's oversight role in PSIRF. ICB Board members to undertake Level 1 training (essentials for patient safety for Board members) Source and fund oversight training provision across ICB/ICS Confirm process for capturing training compliance across the ICB with People team
Patient safety partners (PSPs)	ICB to include two patient safety partners on their safety related clinical governance committees (or equivalent) by September 2022. To have systems in place to maintain demographic data on their PSPs by Q2 2022/23	Exploring recruitment of PSP at Place with limited success. National discussions about challenges of recruitment to these roles.	Discuss the value of the PSP role within the ICB governance Systems for maintaining demographic data on PSPs to be developed
Patient safety improvement	Responsible for oversight of system safety. ICBs to support and work with their relevant patient safety improvement networks, patient safety specialists, medication safety officers, other safety leaders, patient safety partners, and the nationally commissioned support function to mobilise improvement activities in response to the Patient Safety Strategy ICBs to incorporate local patient safety improvement networks into their governance structures to develop and implement a system level Patient Safety Improvement Plan. The plan will address nationally defined and locally determined patient safety	Place-based Patient Safety Networks established with relevant patient safety roles (as described) for oversight of system safety at and across Places. Place PSSs maintaining oversight of system safety and supporting patient safety across care pathways. Patient Safety Networks part of quality governance arrangements at Place, and developing Place patient safety priorities.	ICB and Place PSSs work together to provide oversight of system safety and improvement activities from local Patient Safety Networks. ICB to develop a system level Patient Safety Improvement Plan to address nationally defined and locally determined patient safety improvement priorities identified by Places.

Area	Role of ICB	Current Arrangements	Next Steps/Opportunities
	improvement priorities such as those identified via PSIRF. The PSCs provide a co-ordination and support function to local patient safety improvement networks.	PSSs building links with Y&H Patient Safety Collaborative.	Y&H Improvement Academy – who host Patient safety Collaborative – is a member of the System Quality Group.
Medication Safety Officers (MSO) and Medical Device Safety Officers (MDSO)	ICB to identify a Medication Safety Officer and a Medical Device Safety Officer to support primary care and ensure good communication and information sharing with the local and national Medication Safety Officer and Medical Device Safety Officer networks respectively. Medication Safety Officers and Medical Device Safety Officers to attend the safety related clinical governance committee (or equivalent). Support NHS patient safety strategy implementation and improving medicines and medical device safety at system level (and across care pathways)	Place-based Medication Safety Officers in established roles working with GP practices, community pharmacists and across interfaces with secondary care and adult social care. WY Medicines Safety Group established as part of ICS pharmacy leadership arrangements. Medical Device Safety Officers within provider organisations Place MSOs maintaining oversight of medicines safety across care pathways.	WY Medicines Safety Group established as part of ICS pharmacy leadership governance. Discuss need for MDSO for ICB
Medical Examiners (ME)	Support / facilitate medical examiners to provide independent scrutiny of all non-coronial deaths in their locality. Support NHSE/I regional medical examiners/ officers in making links between providers in a system. Ensure the system is ready for the statutory medical examiner system. Responsible for learning and improvement at system level.	Medical Examiner offices at each acute Trust link with Place patient safety arrangements to highlight and share learning. Place PSSs have provided specific advice and facilitation for the roll-out of ME function to deaths outside hospital	Consider mechanism by which learning from ME reviews can contribute to wider patient safety learning and improvement both at place and wider
National Patient Safety Alerts (NatPSAs)	ICB to ensure local mechanisms exist to support compliance with the actions required in NatPSAs in line with NHS standard contract and national patient safety strategy	Compliance with actions required in NatPSAs is monitored at Place with individual providers. Escalation processes are well-established for following-up actions not completed by the required date.	
Patient safety incident recording (LFPSE)	Support providers to transition ICB to ensure local recording mechanisms exist to support national patient safety strategy overall aim of continuous increase in effective recording in line with NHS standard contract	Providers have been supported through Place-based Patient Safety Networks – discussed with providers on extension to deadline date for transition	Await further national guidance

Area	Role of ICB	Current Arrangements	Next Steps/Opportunities
	Sharing learning where relevant. Identify significant gaps in data submissions and support improvement Ensure at least one of the ICB team is an LFPSE admin user so that they can approve others' enhanced accounts requests within your organisation. Ensure your General Practices that do not use a LRMS are now submitting patient safety events onto LFPSE (the NLRS eForm is no longer available).	Admin user identified at each place Practices encouraged to sign up to LFPSE in the absence of a local risk management system	
Digital Clinical Safety (Completed by Richard Main, Head of Digital)	ICB to have clinical safety officer in place Relevant staff to be trained to the appropriate level of digital clinical safety training	The ICB have established a network of trained clinical safety officers to share learning and experience	Further discussion required on need to nominate an ICB clinical safety offer in the future

Meeting name:	ICB System Quality Group
Agenda item no:	13
Meeting date:	24th April 2023
Report title:	Learning from Lives and Deaths (LeDeR) update
Report presented by:	Phillipa Hubbard Director of Nursing, Professions/Care Standards, DIPC Deputy Chief Executive
Report approved by:	Michelle Turner, Director of Nursing and Quality
Report prepared by:	Jacqui Rigby, Head of Patient Safety and Quality Improvement (who was supporting LeDeR at the time of writing) Iain Maxwell, Safety and quality improvement senior officer (who was supporting LeDeR at the time of writing)

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

Previous considerations:

Recommendations from February 2023 System Quality Group to improve ambition for 2023/24 annual report:

- The West Yorkshire LAC to conduct an independent audit of LeDeR annual health checks to understand the reasons for declining a health check and to work with primary care partners to establish how the recording of annual health checks can be improved. The LAC to develop a plan and commence engagement with PCN's so that an ambitious approach can be evidenced for 2023/24 annual report.
- The West Yorkshire LAC to facilitate and chair the focused review panels across WY to establish a process for sharing across WY and embedding sustainable learning. Examples of embedded change to be evidenced in the 2023/24 annual report.
- The West Yorkshire LAC to be a member of the Patient Safety and Learning from Deaths collaborative. Triangulating intelligence with the Medical Examiner; Child Death oversight Panel (CDOP); safeguarding and structured judgement reviews to create patient safety oversight at place and develop a joint ICB approach to learning from deaths and evidence sustained improvement. Outcomes to be evidenced in 2023/24 annual report.
- Establish robust processes with safeguarding leads to ensure oversight of outcomes from focused reviews.

- A deep dive to be undertaken by the West Yorkshire LAC into the key themes and trends identified from Learning from Death reviews to ensure that appropriate actions are established to address the gaps. To be triangulated with Patient Safety and Learning collaborative.

Executive summary and points for discussion:

This is the third Learning from Lives and Deaths, People with a learning disability and autistic people (LeDeR) programme annual report and the first joint West Yorkshire Integrated Care Board (ICB) annual report.

Locally the LeDeR programme is hosted by Bradford District and Craven Health Care Partnership (HCP). The HCP's executive SRO for LeDeR at the time of writing Was the Strategic Director of Quality and Nursing.

Reviews were completed in collaboration with and on behalf of the five HCP's in the West Yorkshire region. In 2021/22 the West Yorkshire Hosted Service team had 127 notifications of deaths for review.

There are approximately 2,345,000 people living in West Yorkshire, living in an area that covers the areas of Bradford, Calderdale, Kirklees, Leeds, and Wakefield. (source: 3 Estimates of the population for the UK (ons.gov.uk))

There is no definitive record of the number of people with learning disabilities in England as no government department collects comprehensive information on the presence of learning disabilities in the population and learning disabilities are not recorded in the decennial Census of the UK population

The report People with learning disabilities in England 2015 suggests that by combining information available, at that time, 2.5% of children and 2.15% of adults have learning disabilities. Data from GP records shows only 0.5% of the population are flagged as having a learning disability. (source; 4 Health and Care of People with Learning Disabilities 2020/21, NHS Digital)

This means that across West Yorkshire there are about 11,700 people identified as having learning disabilities on GP records, but there could be up to 50,400 people with learning disabilities.

Positive Practice

There are many examples of positive practice that have been reported by reviewers. This has often been regarding end-of-life care, including; community health care teams, well planned palliative care and enabling the person to die peacefully at their usual home.

Areas for improvement

Within services that people have accessed, these continue to often be around mental capacity assessment, DNACPR decisions and lack of reasonable adjustments being made. In some cases, reviewers have been told about where this has led to immediate learning and changes being made, either for an individual, or in work practices.

Areas for improvement within the LeDeR programme across West Yorkshire include: • Increasing awareness of the fact that the deaths of people with autism and no learning disability should be notified to the LeDeR platform, as there was only one notification within the period of this report • Analysis of the notifiers of deaths in each locality, to identify any gaps in notifications
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)
1. To receive the 2021/22 Learning from Lives and Deaths annual report and recommendations received from System Quality Group in February 2023 regarding the level of ambition required for 2023/24 annual report.
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
no
Appendices
Acronyms and Abbreviations explained

What are the implications for?

Residents and Communities	**To identify learning and share improvements across the system and with families**
Quality and Safety	**Aligned to quality improvement and patient safety strategy**
Equality, Diversity and Inclusion	**In line with equality act**
Finances and Use of Resources	**Within LeDeR budget**
Regulation and Legal Requirements	**In line with LeDeR programme**
Conflicts of Interest	**NA**

Data Protection	**NA**
Transformation and Innovation	**NA**
Environmental and Climate Change	**NA**
Future Decisions and Policy Making	**NA**
Citizen and Stakeholder Engagement	**Engagement is part of the quality assurance process during reviews**

Learning from Lives and Deaths

People with a learning disability and autistic people (LeDeR)

West Yorkshire Integrated Care Board

Annual Report

2021 – 2022

Including:

NHS Bradford District and Craven Clinical Commissioning Group

NHS Calderdale Clinical Commissioning Group

NHS Kirklees Clinical Commissioning Group

NHS Leeds Clinical Commissioning Group

NHS Wakefield Clinical Commissioning Group

Contents

Executive Summary

This report examines the '*Learning from Lives and Deaths; People with a learning disability and autistic people (LeDeR)'* programme activity within NHS West Yorkshire Integrated Care Board during the period of 1st April 2021 to 31st March 2022 and the emerging data.

Themes and trends from the LeDeR reviews are presented and the activities of the hosted West Yorkshire service is also described within this report.

When reading the findings of this report it should be kept in mind that the LeDeR programme is not mandatory so does not have complete coverage of all deaths of people with learning disabilities, that some data may be missing, particularly data relating to children, and that numbers in some sub-categories are small so must be interpreted with caution.

The data analysed in this report relates to all the deaths reported, but in some cases, the reviews have not been finalised. This may be due to statutory processes (Coronial, Child Death Overview Panel, structured judgement reviews etc) or the review may still be being completed by a reviewer at the time of this report. However, in those cases where information such as gender and ethnicity were available, they have been included in this report. This accounts for any difference in the numbers of reviews being included in data sets.

1 About LeDeR

The Learning Disabilities Mortality Review (LeDeR) programme was established in 2016 as a result of one of the key recommendations from the Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD, 2013).

Now called; Learning from Lives and Deaths, People with a learning disability and autistic people (LeDeR) is a service improvement programme for people with a learning disability, autism, or both.

It is well established that has shown that on average, people with a learning disability and autistic people die earlier than the general public, and do not always receive the same quality of care as people without a learning disability or who are not autistic.

We want to change this. A LeDeR review looks at the key episodes of health and social care the person received that may have affected their overall health outcomes. The review looks for areas that need improvement and areas of good practice. Examples of good practice are shared across the country with the aim to reduce inequalities in care for people with a learning disability and autistic people and reduces the number of people dying sooner than expected.

So far, nationally, LeDeR has completed over 9000 reviews and found out lots of information and learning on the best way to carry out these reviews. LeDeR uses the data and evidence to make a real difference to health and social care services across the country.

Family often know the most about the care the person who died received. Their experience of services will influence high quality care and areas for improvement. This will also help learning and improve services for other people.
Families will be informed when a review is undertaken and will be invited to contribute information about the person who died. They will also be offered an opportunity to comment on the draft review and offered a copy of the completed review.

The LeDeR programme also works alongside different review processes for people who die. For example:

- child death review
- safeguarding adults' review
- review of deaths of people in hospitals

The information provided is used in addition to the review standards applied by the LeDeR programme.

In January 2022 the LeDeR programme added autism, with no learning disability, as a qualifying condition for a LeDeR mortality review. Within 2021/22 the hosted service only had 1 notification of the death of someone for this category.

**For a death to meet the requirements of the LeDeR programme the deceased person will need to have a formal, clinical diagnosis of learning disabilities, autism or both*

2 The LeDeR programme West Yorkshire hosted service

This is the third Learning from Lives and Deaths, People with a learning disability and autistic people (LeDeR) programme annual report from NHS Clinical Commissioning Groups (CCGs) and the first joint West Yorkshire CCGs' annual report.

Locally the LeDeR programme is hosted by Bradford District and Craven Clinical Commissioning Group (CCG). From July 1, 2022, this organisation became the Bradford and Craven Health and Care Partnership. The report is based on findings from the period of the time that the organisation was operating as a CCG and therefore reference is made to CCGs in the report. The CCG's executive lead for LeDeR is the Strategic Director of Quality and Nursing.

This report has been written by NHS Bradford District and Craven CCG on behalf of the following CCGs:

- NHS Bradford District and Craven Clinical Commissioning Group
- NHS Calderdale Clinical Commissioning Group
- NHS Kirklees Clinical Commissioning Group
- NHS Leeds Clinical Commissioning Group
- NHS Wakefield Clinical Commissioning Group

The senior manager who oversees the LeDeR process is the Local Area Contact (LAC), who ensures that the systems and processes are functional and that each review is fully quality assured before being submitted for completion.

LeDeR reviews are undertaken by a team of health professionals with relevant clinical experience. Within the team, reviewers are line-managed by a LeDeR review facilitator who provides supervision, mentorship, and guidance; alongside buddy reviewers who have a substantial experience of completing reviews. Buddy reviewers offer practical support and advice and, where appropriate, specialist clinical experience e.g., in palliative care or forensic services.

The team is supported by an administrator who works closely with the LeDeR review facilitator to keep reviews on track and is also responsible for collating the data, both locally and regionally. The administrator has an essential function in collecting clinical and social care information to enable the reviews to be completed and is a single point of contact for LeDeR across a variety of health settings.

2.1 Initial reviews

Once the hosted service receives the details of someone's death, the review process begins and should be completed within in six months. Sometimes it will not be possible to complete the review in 6 months because there might be other processes underway, such as a Coroner's inquest or other investigation. A LeDeR review waits until all these other processes have been completed before it can be completed.

A reviewer will perform an initial review which includes:

- speaking to the family member or someone close to the person who died. This allows the reviewer to build up a picture of their life and understand more about the person. The reviewer might also speak to someone they lived with or a carer who they were close to
- a detailed conversation with the GP or a review of the persons GP records
- a conversation with at least one other person involved in the care of the person who died

2.2 Focussed reviews

Following completion of an initial review, the reviewer and the LAC decide if a focused review needs to happen.

A focused review will usually be undertaken if:

- the reviewer finds areas of concern or things they think we can learn from
- the person is from a Black, Asian or minority ethnic background
- the person was autistic with no learning disability
- the person had been under mental health or criminal justice restrictions at the time of death or 5 years previously

There are also prompts available for the reviewer to consider if a focused review should be initiated.

A family member can always ask us to complete a focused review. A conversation will take place between the family and the reviewer about the expected outcome of this focussed LeDeR review.

2.3 Deaths of children

Where a child aged under 18 years dies, a statutory process undertaken by Child Death Overview Panels (CDOP) is initiated. This is a multi-disciplinary review of the time leading up to

and the causes of the child's death. This will be the primary review process for children with learning disabilities and autistic children; the results are then shared with the LeDeR Programme.

2.4 Patient notes received from GP practices

At the start of the review process, the GP practice of the person who died is contacted requesting a detailed copy of the electronic patient notes. There is variation in the completeness of the notes received from GP practices. A standardised request is sent, specifying a complete record for the previous 12 months. Where a complete record is not sent this can lead to variation in the level of information available to reviewers. The notes received may lack detail for example in the uptake of annual health checks, vaccination, and health screening.

3 Changes to the LeDeR programme in 2021

In June 2021 national management of LeDeR notifications and review documentation transferred from the University of Bristol (UoB) to NHS England/NHS Improvement (NHS E/I). This entailed transferring all LeDeR review information from the UoB web-based platform to the new NHS E/I web-based platform.

This transfer offered NHS E/I the opportunity to review the LeDeR process and reviews. In the new system, all reviews undergo an 'initial review', and subsequently some of these cases may trigger the criteria (see 2.2 above) progressing the review to a more in-depth 'focussed review'. The format of the review documentation also changed to reflect the new process.

All reviews completed prior to June 2021 were also transferred to the new platform, so information was not lost.

From January 2022 the LeDeR programme began to include deaths of people who had autism, with no learning disabilities. The programme had always accepted notifications for people who had learning disabilities and autism.

4 The West Yorkshire Hosted Service

The LeDeR West Yorkshire Hosted Service is facilitated by Bradford District and Craven CCG and has completed reviews in collaboration with and on behalf of the five CCGs in the West Yorkshire region. The service is provided by the Bradford District and Craven CCG's LeDeR team, as described in Section 2 above.

In 2021/22 the West Yorkshire Hosted Service (the hosted service) team had 127 notifications of deaths for review. A breakdown of these 127 reviews is illustrated below.

Table 1: Notifications of deaths to the LeDeR platform

CCG	Notifications 2021/22
Bradford District and Craven CCG	37
Calderdale CCG	6
Kirklees CCG	26
Leeds CCG	42
Wakefield CCG	16
TOTAL	**127**

Of the 127 reviews notified to the Hosted Service in the year 2021/22, 92 of these were closed within that year. The remaining 35 reviews may still be incomplete due to:

- on hold, due to awaiting the outcome of statutory processes (Coroner's inquest, CDOP, structured judgement reviews, police investigations etc.)
- awaiting GP or other notes
- progressing to a focussed review and focussed review panel
- notified to the hosted service later in the 2021/22 year, and therefore undergoing completion by the reviewer within the six month completion timescale

4.1 The local population

There are approximately 2,345,000 people living in West Yorkshire, living in an area that covers the areas of Bradford, Calderdale, Kirklees, Leeds, and Wakefield. (source: [3] Estimates of the population for the UK (ons.gov.uk))
There is no definitive record of the number of people with learning disabilities in England as no government department collects comprehensive information on the presence of learning disabilities in the population and learning disabilities are not recorded in the decennial Census of the UK population

The report People with learning disabilities in England 2015 suggests that by combining information available, at that time, 2.5% of children and 2.15% of adults have learning disabilities. Data from GP records shows only 0.5% of the population are flagged as having a learning disability. (source; [4] Health and Care of People with Learning Disabilities 2020/21, NHS Digital) This means that across West Yorkshire there are about 11,700 people identified as having learning disabilities on GP records, but there could be up to 50,400 people with learning disabilities.

LeDeR fact sheet: West Yorkshire

Sex demographics

40% of people in the data were female and 60% were male

Age at death

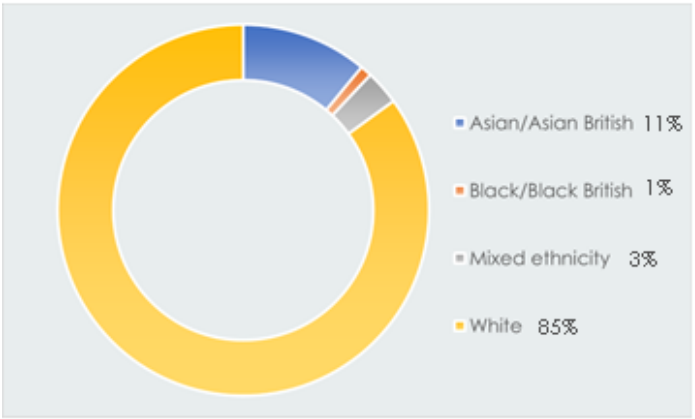
56 Years

The average age of death for people with a learning disability was **56 years**

For females it was 56.2 years

For males it was 56.3 years

Ethnicity demographics



Early death

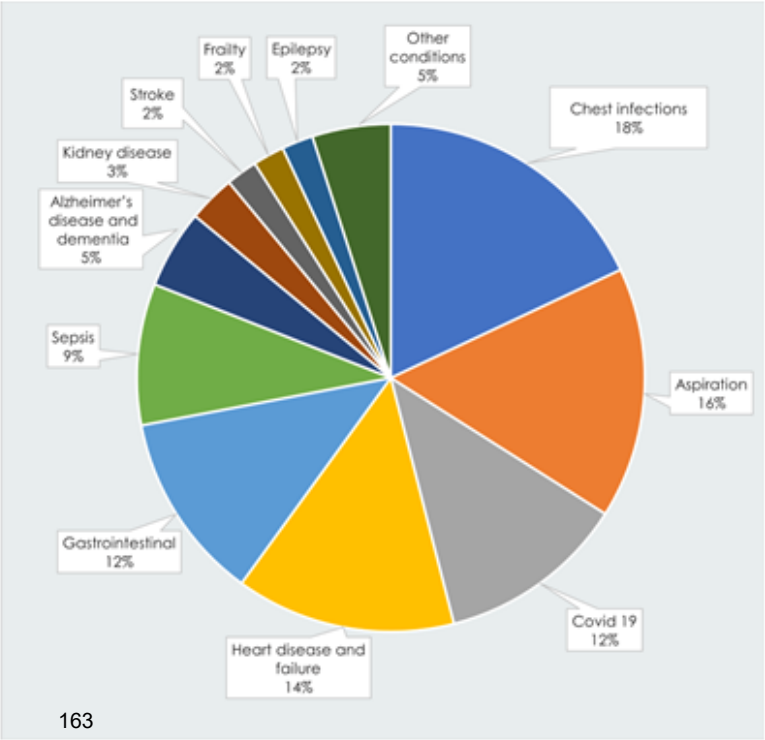
6 out of 10 people with a learning disability died before they were 65

Only I in 10 of the general population die before they are 65

The most common causes of death for people with learning disabilities in West Yorkshire

46%

46% of people died from respiratory disease, this includes Covid 19 and aspiration



The top 5 causes of death

- Chest infections
- Aspiration
- Covid 19
- Heart disease and failure
- Gastrointestinal conditions

LeDeR fact sheet: West Yorkshire

Number of health conditions

71% of people had 2 or more health conditions

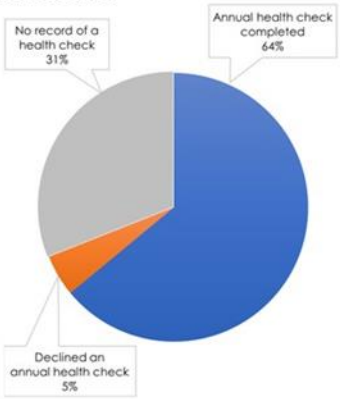
20% had 5 or more health conditions

Annual health checks

64%

64% of people who died had a record of an annual health check

The target is 75%



Covid 19 vaccination

83%

83% of people (where their vaccination status was available to reviewers) had at least one Covid 19 vaccination

Deaths due to Covid 19, and vaccination status

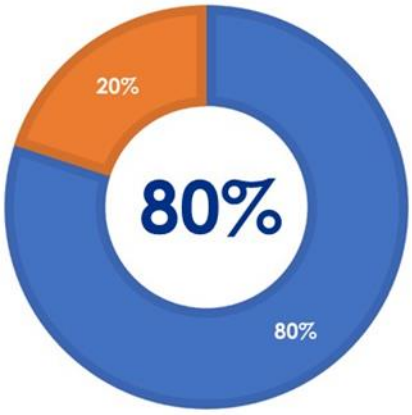
53% of people who died of Covid 19 had a vaccination

40% of these people had multiple health conditions

47% of people who died of Covid 19 did not have a vaccination

40% of these people had multiple health conditions

DNACPR



80% of deaths had a Do Not Attempt CardioPulmonary Resuscitation decision, if a decision was made by or for the person.

Where people died

60%

60% of people died in hospital

(47% of the general population die in hospital)

- 35% died where they usually lived
- 4% died in a hospice
- 1% died away from home

5 Analysis of deaths notified to the West Yorkshire hosted service

This section discusses the notifications for West Yorkshire.

For place-based information see sections 8 to 12 relating to individual areas

5.1 Gender

The gender of the cases notified to the hosted LeDeR service can be seen in *table 2* below.

Table 2: Gender of deaths of notified to the hosted service

	Gender	
	male	female
Deaths notified the hosted service	**60% (n=76)**	**40% (n=51)**
Bradford district and Craven	68% (n=25)	32% (n=12)
Calderdale	83% (n=5)	17% (n=1)
Kirklees	73% (n=19)	27% (n=7)
Leeds	50% (n=21)	50% (n=21)
Wakefield	38% (n=6)	62% (n=10)

The deaths reported to the hosted service do not reflect the general population demographic across West Yorkshire, where the split is 49% male, 51% female. For Bradford, Calderdale, and Kirklees the reported deaths are higher in males, the Leeds reported deaths reflect the national demographic split, and Wakefield's reported deaths are higher in females.

5.2 Age at death

The average age at death for cases notified to the hosted service in 2021/22 is 56 years for both males and females, compared to the general population which is 79.0 years for Males and 82.9 years for females

The LeDeR national report (2021-22) found that the average age of death for people with learning disabilities was 62. However, as discussed above we recognise that not all people are referred to the LeDeR programme and therefore we have also drawn some comparisons from the latest figures from NHS Digital (2019) and the ONS (2018/20).

A comparison of the areas across West Yorkshire can be seen in *table 3* below.

Table 3: Average age at death for notifications to the hosted service

	Gender	
	male	female
Notifications to the West Yorkshire hosted service	**56.3 years**	**56.2 years**
Bradford district and Craven	56.0 years	49.0 years
Calderdale	76.0 years	59.0 years
Kirklees	52.2 years	47.7 years
Leeds	59.9 years	57.9 Years
Wakefield	56.2 years	65.3 Years

Table 4: Average age at death for notifications to the hosted service compared with national average age of death

	Gender	
	male	female
Notifications to the West Yorkshire hosted service	**56.3 years**	**56.2 years**
Learning disabilities nationally [1*]	66 years	67 years
UK general population [2*]	79.0 years	82.9 years

[1] Condition Prevalence (2019) - NHS Digital

[2] life expectancy in the UK (2018/20) - (ons.gov.uk)

Comparison with mean ages at death regionally and nationally (*table 4* above) suggests that for people with a learning disability, autism or both:

- males are dying 22.7 years sooner than males nationally
- females are dying 26.7 years sooner than females nationally

When the age at death for different ethnic groups is analysed (*table 5*) there are limitations on the reliability of the data due to possible under-reporting of deaths of people from an ethnicity other than white (see also section 5.3)

Table 5: Age at death by ethnicity, as notified to the West Yorkshire hosted service 2021/22

	Average age at death	Number of deaths
Asian/Asian British	37.3 years	13
Black/Black British	58 years	1
Mixed/multiple ethnic groups	19.8 years	4
White	60 years	106
All groups	56.3 years	127

5.3 Ethnicity

The ethnicity of all notifications was recorded to the hosted service for 2021/22.

West Yorkshire is an ethnically diverse area, with Bradford having the largest proportion of people of Pakistani ethnic origin in England. (source:[3] jsna.bradford.gov.uk/The population of Bradford District). Across West Yorkshire, Bradford has the highest proportion of BAME residents (31.2%) and Craven the lowest (3.6%)

A breakdown of the ethnicity of notifications to the West Yorkshire hosted service can be seen in *table 6*. (source: Population estimates by ethnic group (ons.gov.uk))

Table 6: Ethnicity as notified to LeDeR and ethnicity in the district 2021/22

	West Yorkshire general population demographics	LeDeR notifications to hosted service
Asian/Asian British	11%	10.5%
Black/Black British	1.8%	0.8%
Mixed/multiple ethnic groups	1.6%	3.2%
Other ethnic groups	1.1%	0%
White	84.5%	85.4%

The table above illustrates the breakdown of the ethnic groups in West Yorkshire; compared to the number of deaths reported to LeDeR in 2021/22. The data informs us that the demographics broadly reflect the West Yorkshire demographics for the ethnic groups who have a diagnosis of learning disability or autism, with some slight variation in mixed/multiple ethnic groups with a bias of 1.6% and with other ethnic groups with zero notifications.

5.4 Annual health checks

The NHS Long Term Plan aims to reduce health inequalities and offer people with learning disabilities an Annual Health Check with their GP if they are over the age of 14 and on their doctor's learning disabilities register. The Long Term Plan has set a target of 75% of eligible people having an Annual Health Check (source: Learning disabilities - Annual health checks - NHS).

Table 7: Annual health check uptake for the 127 cases reported in 2021/22

	number	percentage
Annual health check completed	73	64%
Declined annual health check	6	5%
No record of annual health check	35	31%

The table above shows that of the records available to the reviewers 31% did not show whether there had been an annual health check offered, completed, declined, or not offered.

Of the 79 of patients offered a health check there was an uptake of 92% (n=73). This demonstrates the importance of GPs offering annual health checks and discussing the benefits with the person and their carers during consultations.
The fact that 31% of reviews did not record whether there had been an annual health check suggests that there is a need for better recording of annual health check status within GP notes.

5.5 Covid 19

The period of this report covers the later phases of the pandemic during 2021/22, when all people with learning disabilities and autism were eligible for the Covid 19 vaccinations.

Table 8: Covid 19 vaccination uptake

	number	percentage
People with at least one Covid 19 vaccination	64	60%
Declined Covid 19 vaccination	13	12%
No record of Covid 19 vaccination in review	29	27%

Of the 77 people that were recorded as being offered a Covid 19 vaccination there was an uptake of 83% (n=64). Of the 13 people who declined vaccination it was noted in several cases that the vaccination was declined by the person's family carer. The reviewers identified during the review that this was not recorded as a best interest decision on behalf of the person, but a family member's preference.

NHS England states that as of August 2022, 91% of the population had received at least one dose of the Covid 19 vaccination (source: NHSE Covid vaccination statistics_). The finding from local LeDeR reviews suggests that as 83% of people accepted Covid 19 vaccination, there may be a need for better recording of communication with GP practices and vaccination hubs, and more accessible information across the ICS made available for patients and their carers to enable them to make an informed decision and an opportunity to ask questions.

Table 9: LeDeR reviews where Covid 19 is attributed as a cause of death in 2021/22

	number	percentage
Deaths where Covid 19 is attributed	18	15%
Deaths where Covid 19 is not attributed	106	85%

The data available from reviews, in *table 9* above, shows that 15% of deaths stated that Covid 19 was a contributory factor.

Table 10: Deaths attributed to Covid 19 and vaccination status

	number	percentage
Covid 19 deaths where person is vaccinated	8	44%
Covid 19 deaths where person is not vaccinated	7	39%
Covid 19 deaths where vaccination is not stated	3	17%

Of the 15 deaths attributed to Covid 19, 47% (n=7) were not vaccinated and 53% (n=8) were vaccinated. It is noticeable from the data that 75% of people who died from Covid 19 had received at least one Covid 19 vaccination also had several health complications, which may have contributed to their death from Covid 19 infection.

5.6 Cause of death

The cause of death has been attributed in all cases where the review has been concluded, and for most of the reviews still being undertaken this has also been attributed.

The cause of death is shown in *table 11*, below.

Table 11: cause(s) of death in reviews undertaken in 2021/22

	number	percentage
Bronchopneumonia and chest infection	26	18%
Aspiration	24	16%
Heart disease and failure	20	14%
Covid 19	18	12%
Gastrointestinal disease, cancer, etc.	17	12%
Sepsis	13	9%
Alzheimer's disease and dementia	8	5%
Kidney disease	4	3%
Stroke	3	2%
Frailty	3	2%
Epilepsy	3	2%
Other conditions	7	5%
total	146	100%

As with the general population there may be several causes of death attributed to individuals with learning disabilities. This accounts for the total number of causes of death, in the table above, being greater than the numbers of deaths reported.

Deaths where respiratory disease is a contributory factor: bronchopneumonia, aspiration (this is when disability can affect eating and swallowing function, leading to aspiration of food into the

lungs causing infection) and Covid 19, is by far the greatest cause of mortality in deaths reported to LeDeR. 46% (n=68) of deaths reviewed were attributed to respiratory conditions. People with learning disabilities are more likely to also have additional physical disabilities and limitations. Limitation on mobility and movement is a contributory factor to poor lung functioning and susceptibility to infection.

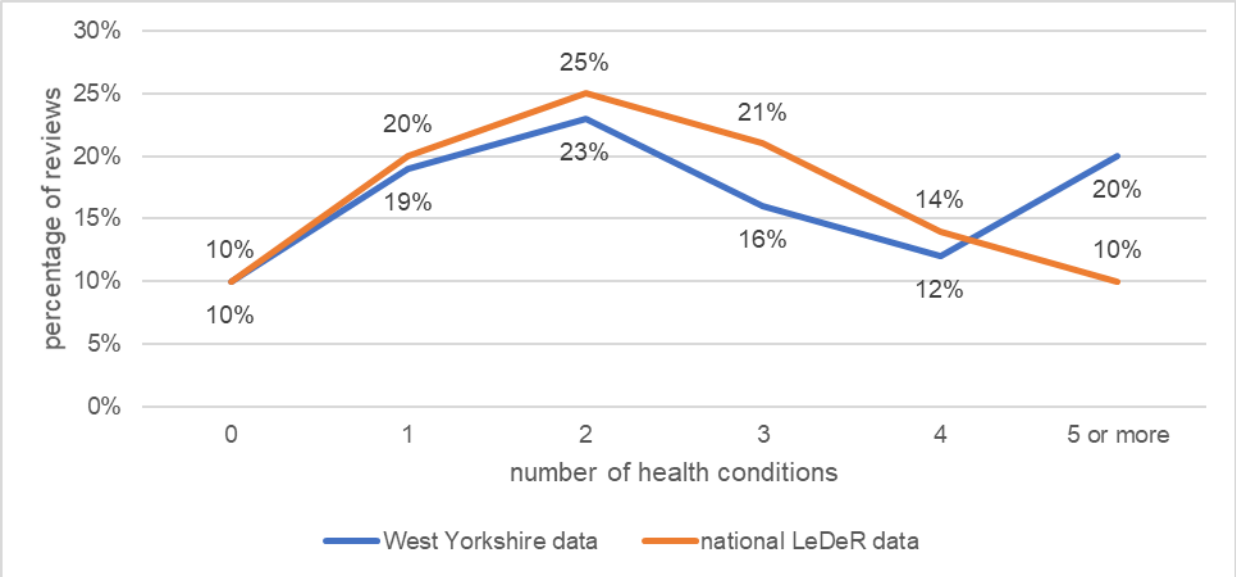
The other main causes of death are heart disease and failure (14%), gastrointestinal conditions (12%) and sepsis (9%).

5.7 Additional health conditions

Analysis of the information reported in reviews shows that many people have several additional medical conditions that were not the cause of death, but are recorded in the information received from GPs, care providers and family members.

The number of health conditions recorded in individual reviews is shown in *table 12* below:

Table 12: numbers of health conditions for individual reviews



The graph above shows how many health conditions people had before death, as a percentage of all deaths reported to LeDeR, in West Yorkshire for 2021/22. The table also shows data taken from the 2021 national LeDeR report as a comparison. (source: [5] Learning from Lives and Deaths - people with a learning disability and autistic people (LeDeR))

In West Yorkshire, of the people whose death was reviewed: 10% (n=12) had no recorded health conditions prior to death and 20% (n=24) had 5 or more health conditions. The greatest group of reviews, at 25% (n=28), had 2 health conditions.
It is notable that the findings for West Yorkshire closely follow the national figures, with exception of people with 5 or more conditions. Here, 20% of the deaths reviewed fell into this

category and nationally this figure is 10%.
Further analysis of this group of people shows that 8% of deaths (n=11) had 6 or 7 health conditions, and 12% (n=15) had 7 or 8 conditions.

This data suggests that people with learning disabilities and autistic people in West Yorkshire are more likely to have 5 or more health conditions than their peer group nationally.

5.8 DNACPR

Of the reviews that had been commenced or completed, 109 had a record of whether a 'do not attempt cardiopulmonary resuscitation' (DNACPR) or 'cardiopulmonary resuscitation' (CPR) was made.

Table 13: DNACPR status

	number	percentage
Deaths where DNACPR decision was made	87	80%
Deaths where a CPR decision was made	22	20%
Total deaths where a decision was made	109	100%

80% of deaths had a DNACPR decision made prior to death. There are examples where the reviewer has commented that an appropriate decision was made either with the person, their carers/family or with the support of an Independent Mental Capacity Advocate (IMCA), and the associated documentation correctly completed and followed. There were also cases where the reviewer commented that either the documentation was incorrectly completed or absent, or the opinion of the person, their carers/family or an IMCA was not sought. There were two cases where the reviewer recorded that a DNACPR decision was made by an acute hospital, without any consultation. This was noticed by a learning disability nurse in one case, and carers in the other. The decision was reviewed in both cases.

5.9 Place of death

Table 14: Place where death occurred

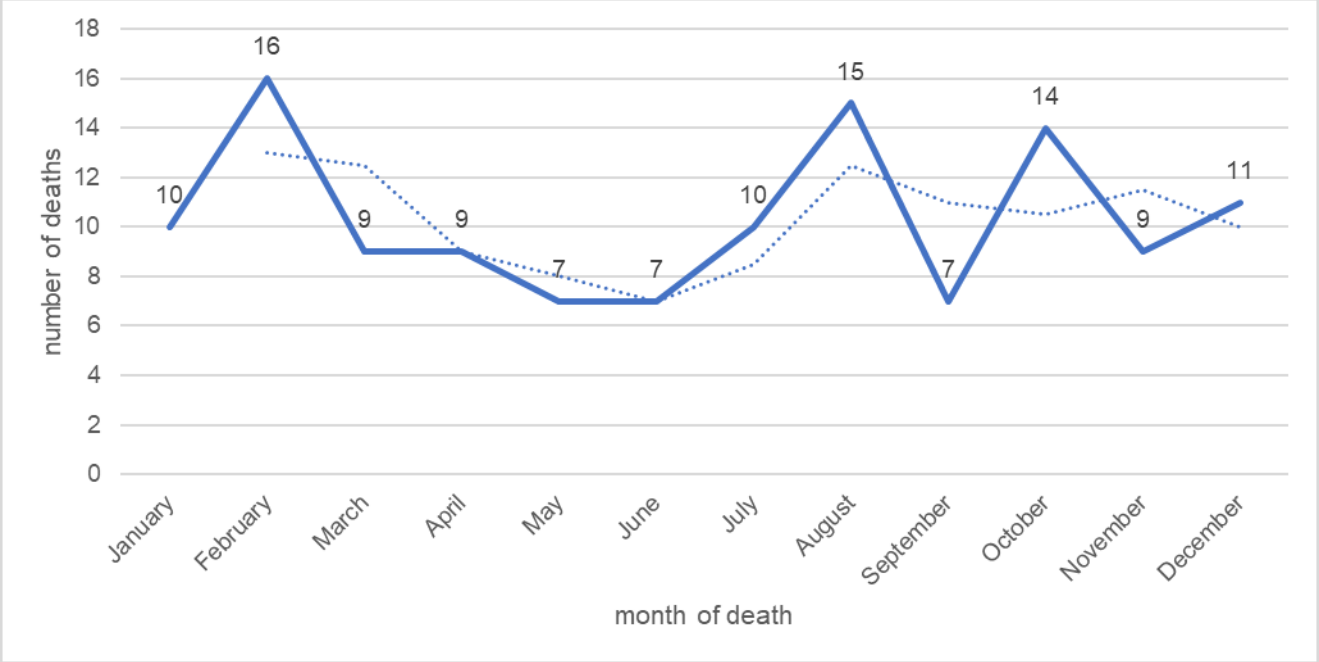
	number	percentage	UK %
Deaths in acute hospital	74	60%	47%
Deaths at home (inc. supported living)	20	16%	24%
Deaths in care and nursing homes	23	19%	22%
Deaths in a hospice	5	4%	6%
Deaths away from home	2	1%	1%
Total deaths where location is given	124	100%	100%

Table 14 shows that 60% of people died in an acute hospital, this is 13% higher than the general population (source: [4] Statistical commentary: End of Life Care Profiles (February 2018 update)) and the same as the national LeDeR findings (61%) .
This increase in the percentage of hospital deaths means that fewer people die at home (or in a care home).

5.10 Month of death

The month that people died in is shown in *table 15* below.

Table 15: Month when death occurred



The dotted line in *table 15* above, shows the monthly average of the month of death. This shows that there are fewer deaths during the April to July period, when the weather is warmer. This is to be expected as there are a greater number of respiratory infections seen in the general population in the colder months, the 'flu season'.

6 Positive practices

There are many examples of positive practice that have been reported by reviewers.

This has often been regarding end-of-life care, including; community health care teams, well planned palliative care and enabling the person to die peacefully at their usual home.

Some examples of positive practices are:

- Sensitive discussion with the person's family, when the person reached the end of their life, supporting them to make an appropriate DNACPR decision.
- A fracture clinic making reasonable adjustments for someone to attend with as little stress as possible.
- Due to Covid 19 a person's annual health check was done remotely and a new care plan for the person's asthma was made. The GP showed how to ensure the face mask inhaler is used properly and how the staff could monitor its use.
- Recognition that a patient in a hospital Emergency Department was moving towards the end of their life. The patient rapidly received the palliative care they needed.
- Good use of an Independent Mental Capacity Advocate (IMCA) by a hospital when it was recognised that a patient was needing end of life care.
- A dedicated Covid 19 vaccination clinic was held for people with learning disabilities.
- A district nursing team were noted as being responsive to changing needs and attending promptly when required.
- Due to Covid 19 restrictions a GP made weekly phone calls regarding a patient when they could not make visits. They were also responsive to the patient's needs.
- Good information and training given by community-based health team to care staff. This allowed the person to die peacefully where they usually lived with their family present.
- GP practices having identified practitioners for people with learning disabilities, when required.

7 Learning and areas for improvement

Areas for improvement within services that people have accessed continue to often be around mental capacity assessment, DNACPR decisions and lack of reasonable adjustments being made. In some cases, reviewers were informed of immediate learning and changes being made, either for an individual, or across the wider system.

Some learning points and areas for improvement from the LeDeR reviews have included:

- Cardio-pulmonary resuscitation (CPR) was used by care staff when a resident stopped breathing. The resident had an appropriate DNACPR decision in place, but the staff used CPR due to their shock and stress. The service learned from this and

implemented a discrete way of having a bedside reminder for staff if this is needed again.

- When someone was admitted to a hospital ward the hospital notes showed a diagnosis of Down's Syndrome, which was wrong. The hospital learning disabilities liaison nurse saw this and had the records changed.
- A patient was moved to a new care home on discharge, but their family were not informed. The person died without their family knowing.
- DNACPR decisions have been made based on a person having learning disabilities or without their family, care staff or an advocate's involvement. This was noticed by a hospital learning disabilities liaison nurse who intervened on the patient's behalf.
- A DNACPR decision was made on behalf of someone with learning disabilities while they were waiting for an ambulance. Discussing DNACPR earlier with the person, family, IMCA etc may be appropriate in some cases.
- Examples of poor implementation of the Mental Capacity Act and assessment of a person's capacity, especially around DNACPR decisions. There are examples of poor or incomplete documentation and no record of who made the decision.
- Poor discharge communication and communication with GPs has resulted in delay in changes to medication and care.
- Several reviews identify that there is poor documentation of patients' annual health checks in GP notes. In these cases, there is little or no information available about what was discussed, or whether health checks were performed.
- A death certificate stated that a contributory factor to a person's death was morbid obesity. There was no evidence that the GP discussed this with the person in their annual health check or other at other appointments.
- A hospital review of someone's death identified that there had been a delay in treatment. The hospital made an action plan to prevent this happening again.
- There are instances where a Covid 19 vaccination, annual health check or health screening has been declined, but it not recorded whether there was any accessible information provided, discussion with the person or carers, or referral to a community learning disabilities service for support etc. In one case the person's main carer did not speak English, so there was poor interaction with health care providers.
- Inappropriate discharge from hospital:
    - A patient was discharged from hospital, but was re-admitted within 24 hours and died
    - A patient was discharged to a care home they had not previously lived at, and died within 24 hours

Areas for improvement within the LeDeR programme across West Yorkshire include:

- Increasing awareness of the fact that the deaths of people with autism and no learning disability should be notified to the LeDeR platform, as there was only one notification within the period of this report
- Analysis of the notifiers of deaths in each locality, to identify any gaps in notifications and develop and implement a plan to increase notifications

- Improve how the learning is shared across West Yorkshire

An example of the ongoing action and improvement in Bradford district and Craven is the development of respiratory pathway '*Keeping my chest healthy*' by the Learning Disabilities team at Bradford District Care Foundation Trust in response to avoidable deaths due to chest infections. This includes a care plan with baseline readings and a pathway scoring. A website is being devised, which will go live when funding becomes available.

An example of the ongoing action and improvement in Calderdale is St Anne's Community Services initiative '*Unsafe swallow Project*' which identifies people with learning disabilities who may have swallowing risks and provides a series of training videos to train staff in supporting people with an aim of reducing dysphagia (swallowing difficulty) and decreasing the risk due to aspiration. The videos were developed alongside people with learning disabilities and clinical professionals, such as speech and language therapists. This has led to a reduction in hospital admissions due to aspiration.

Examples of positive practices in Leeds has included;

- Learning Disability matrons' effective engagement with family and intervention with DNACPR decision making
- Reasonable adjustments in the fracture clinic and Emergency department
- District nursing/palliative care team early and effective response to needs
- Good planning to support people to die at home
- Timely and good recognition of end-of-life care needs

Learning in Leeds has included the need for;

- Improved capacity and best interest decision making and documentation
- Improved best practice in DNACPR
- Reduction in diagnostic overshadowing
- Improved information on specific conditions available to care homes

An example of the ongoing action and improvement in Leeds is the improvement work by Leeds is around the Bowel Care Resources and Tool Kit Catalogue aimed at supporting people with learning disabilities, families and carers to be able to identify and get help for conditions which may impact on both quality of life and life expectancy.

8 Key priorities for 2022/23

- Improve sharing the learning from all reviews

- Improve embedding the actions from learning into the ICB and relevant workstreams and care settings

• Develop an effective system for sharing data with the recently established medical examiners to assist in meeting the standard recommended by the National Medical Examiner (2021); *Medical examiners should actively monitor trends and patterns for further action/health planning response, including whether outcomes for patients and relatives of those from Black, Asian and minority ethnic communities differ from those of other communities* (Royal College of Pathologists, 2021)

Recommendations from the West Yorkshire System Quality Group

- **The West Yorkshire LAC to conduct an independent audit of LeDeR annual health checks to understand the reasons for declining a health check and to work with primary care partners to establish how the recording of annual health checks can be improved. The LAC to develop a plan and commence engagement with PCN's in each place so that an ambitious approach can be evidenced for 2023/24 annual report.**
- **The West Yorkshire LAC to facilitate and chair the focused review panels across WY to establish a process for sharing across WY and embedding sustainable learning. Examples of embedded change to be evidenced in the 2023/24 annual report.**
- **The West Yorkshire LAC to be a member of each of the place based arrangements to inform shared learning from Patient Safety and learning from deaths approaches (Child Death Overview, Structured Judgement reviews, role of independent medical examiner). The WY LAC to undertake a deep dive across WY with placed based leads and commissioning leads to ensure that actions have been taken to address the key themes and trends identified from the annual report 2021/22**
- **The WY LAC to produce a WY ICS annual report for 2023/24 which should discussed in each place based Quality Committee and the WY Mental health and Learning Disability Programme, prior to being submitted to the WY SQG**

LeDeR fact sheet:

Bradford district and Craven

Sex demographics

32% of people in the data were female and 68% were male

Age at death

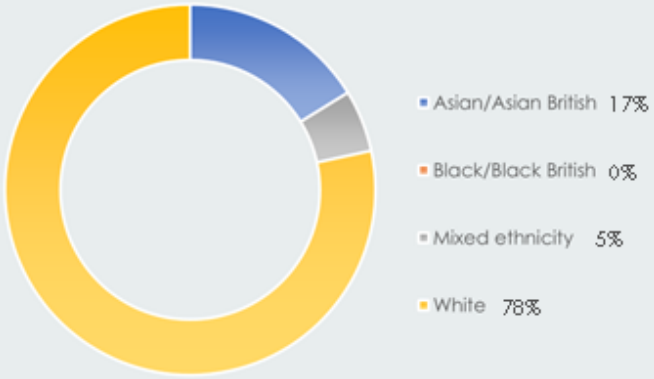
54 Years

The average age of death for people with a learning disability was **54 years**

For females it was 49 years

For males it was 56 years

Ethnicity demographics



Early death

7 out of 10 people with a learning disability died before they were 65

Only I in 10 of the general population die before they are 65

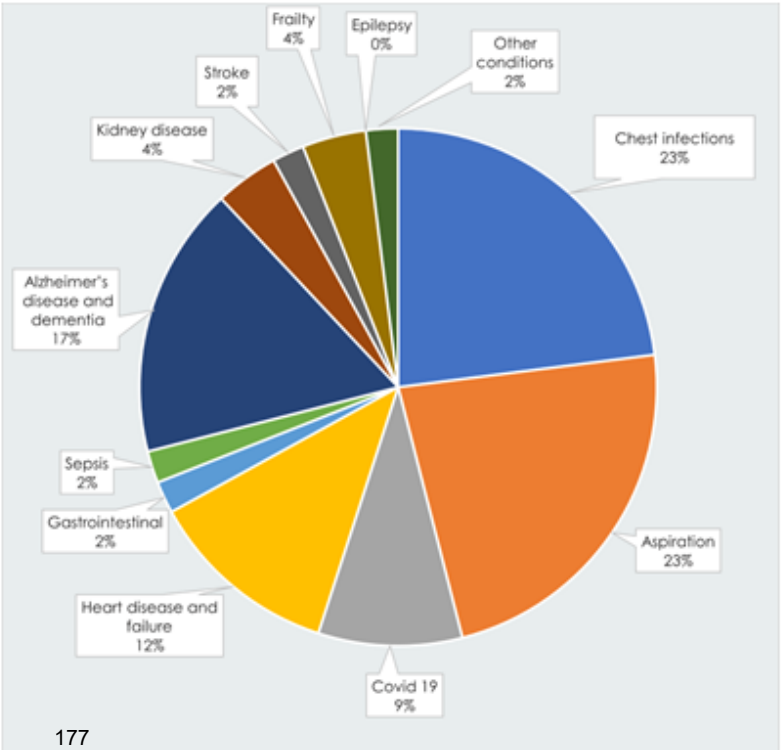
The most common causes of death for people with learning disabilities in West Yorkshire

53%

53% of people died from respiratory disease, this includes Covid 19 and aspiration

The top 5 causes of death

- Chest infections
- Aspiration
- Covid 19
- Heart disease and failure
- Gastrointestinal conditions and sepsis



LeDeR fact sheet:

Bradford district and Craven

Number of health conditions

71% of people had 2 or more health conditions

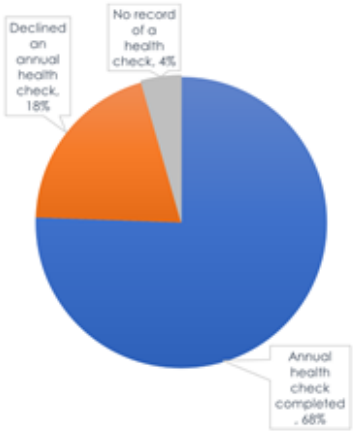
20% had 5 or more health conditions

Annual health checks

68%

68% of people who died had a record of an annual health check

The target is 75%

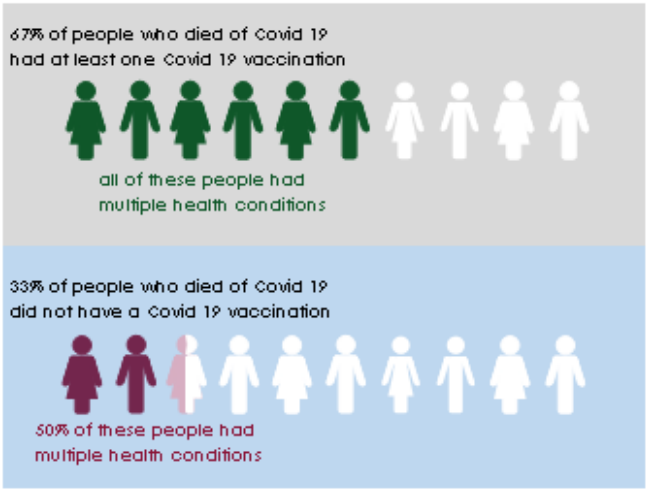


Covid 19 vaccination

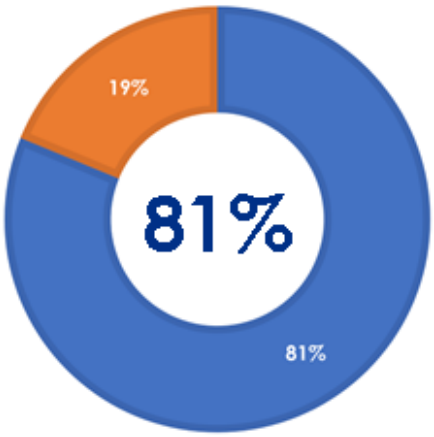
87%

87% of people (where their vaccination status was available to reviewers) had at least one Covid 19 vaccination

Deaths due to Covid 19, and vaccination status



DNACPR



81% of deaths had a Do Not Attempt CardioPulmonary Resuscitation decision, if a decision was made by or for the person.

Where people died

58%

58% of people died in hospital

(47% of the general population die in hospital)

- 32% died where they usually lived
- 5% died in a hospice
- 5% died away from home

LeDeR fact sheet:
Calderdale

Sex demographics

17% of people in the data were female and 83% were male

Age at death

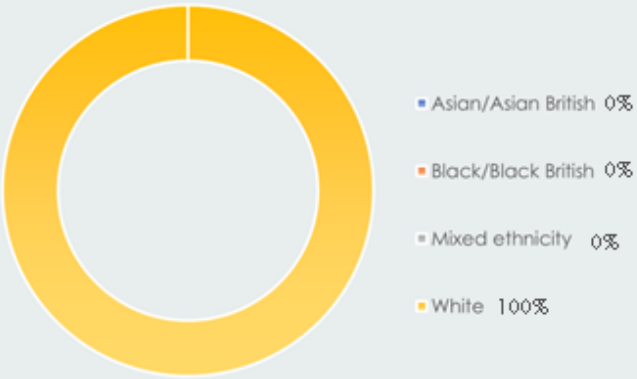
62 Years

The average age of death for people with a learning disability was **62 years**

For females it was 59 years

For males it was 76 years

Ethnicity demographics



Early death

6 out of 10 people with a learning disability died before they were 65

Only I in 10 of the general population die before they are 65

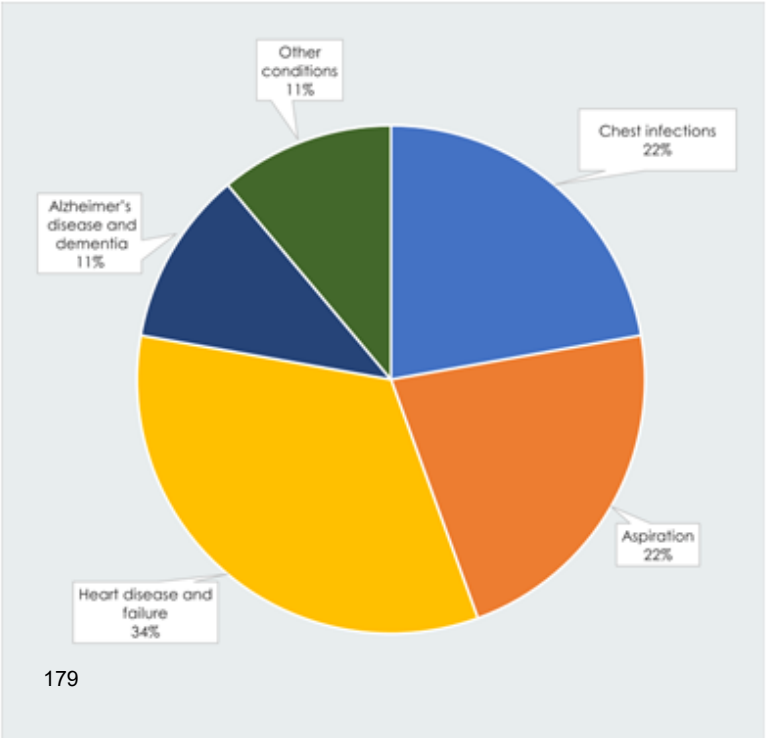
The most common causes of death

34%

34% of people died from heart disease and failure

The top 5 causes of death

- Heart disease and failure
- Chest infections
- Aspiration
- Alzheimer's disease and dementia
- Other conditions



LeDeR fact sheet:
Calderdale

Number of health conditions

100% of people had 2 or more health conditions

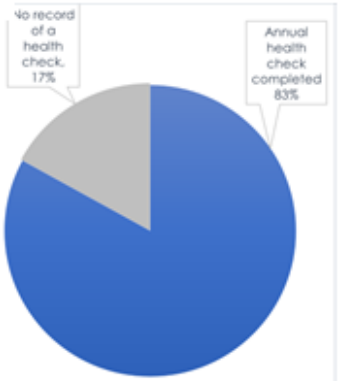
33% had 5 or more health conditions

Annual health checks

83%

83% of people who died had a record of an annual health check

The target is 75%

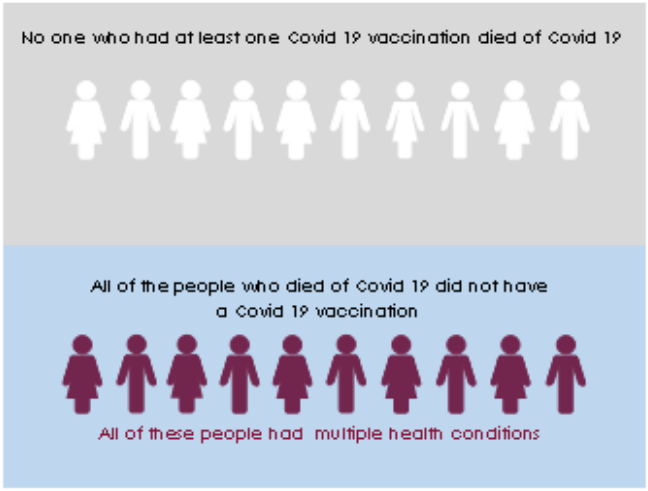


Covid 19 vaccination

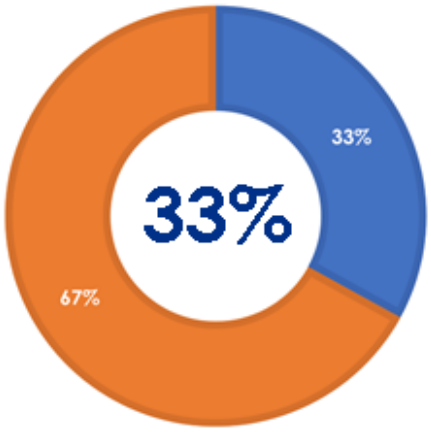
66%

66% of people (where their vaccination status was available to reviewers) had at least one Covid 19 vaccination

Deaths due to Covid 19, and vaccination status



DNACPR



33% of deaths had a Do Not Attempt CardioPulmonary Resuscitation decision, if a decision was made by or for the person.

Where people died

50%

50% of people died in hospital

(47% of the general population die in hospital)

- 50% died where they usually lived
- No one died in a hospice
- No one died away from home

LeDeR fact sheet:

Kirklees

Sex demographics

27% of people in the data were female and 73% were male

Age at death

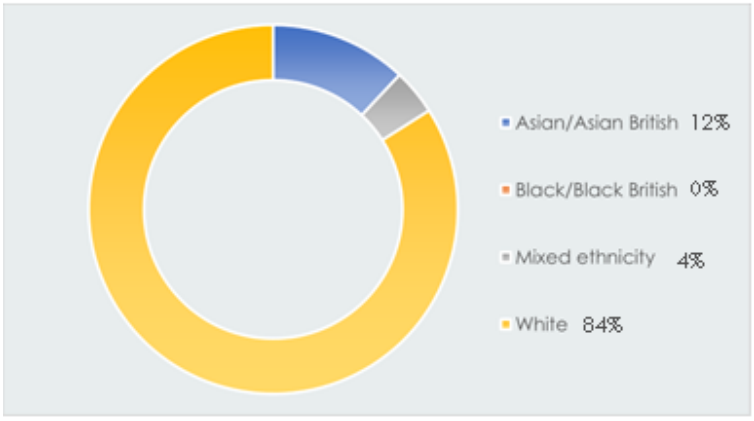
51 Years

The average age of death for people with a learning disability was **53 years**

For females it was 48 years

For males it was 52 years

Ethnicity demographics



Early death

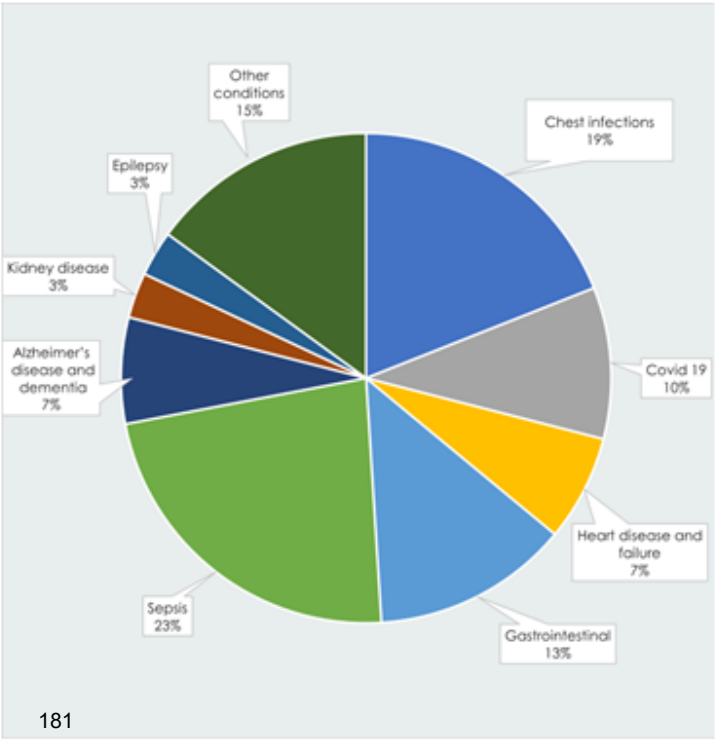
3 out of 10 people with a learning disability died before they were 65
Only I in 10 of the general population die before they are 65

The most common causes of death

23% 23% of people died from sepsis

The top 5 causes of death

- Sepsis
- Chest infections
- Gastrointestinal conditions
- Covid 19
- Heart disease and Alzheimer's disease



LeDeR fact sheet:
Kirklees

Number of health conditions

65% of people had 2 or more health conditions

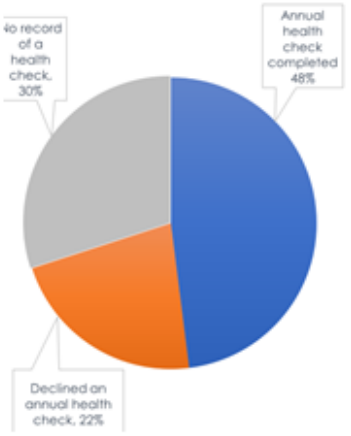
8% had 5 or more health conditions

Annual health checks

48%

48% of people who died had a record of an annual health check

The target is 75%

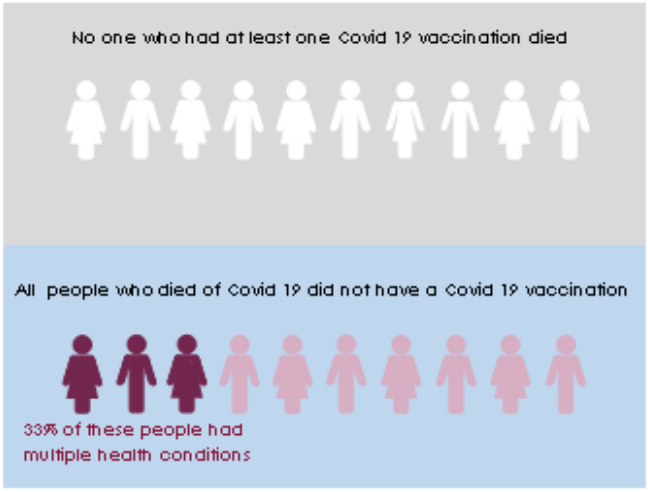


Covid 19 vaccination

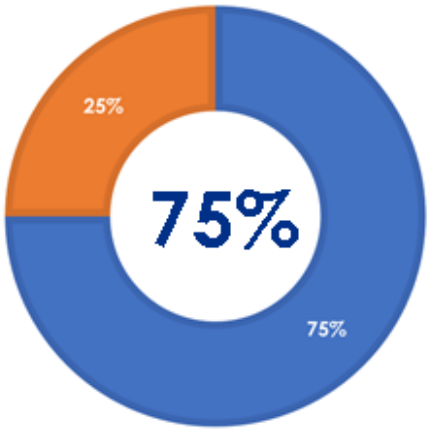
79%

79% of people (where their vaccination status was available to reviewers) had at least one Covid 19 vaccination

Deaths due to Covid 19, and vaccination status



DNACPR



75% of deaths had a Do Not Attempt CardioPulmonary Resuscitation decision, if a decision was made by or for the person.

Where people died

63%

63% of people died in hospital

(47% of the general population die in hospital)

- 37% died where they usually lived
- No one died in a hospice
- No one died away from home

LeDeR fact sheet:

Leeds

Sex demographics

50% of people in the data were female and 50% were male

Age at death

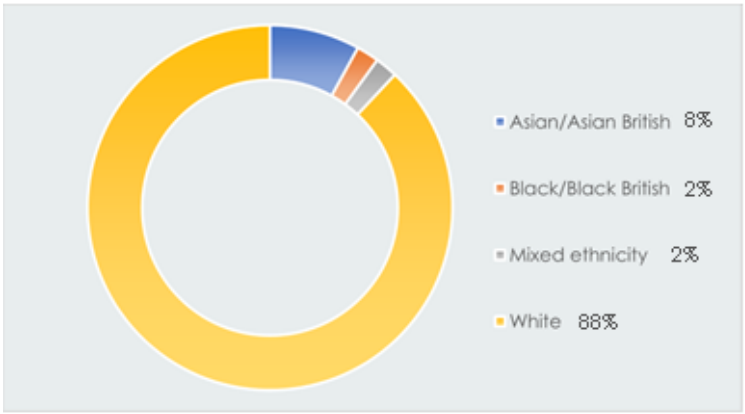
59 Years

The average age of death for people with a learning disability was **59 years**

For females it was 58 years

For males it was 60 years

Ethnicity demographics



Early death

5 out of 10 people with a learning disability died before they were 65
Only I in 10 of the general population die before they are 65

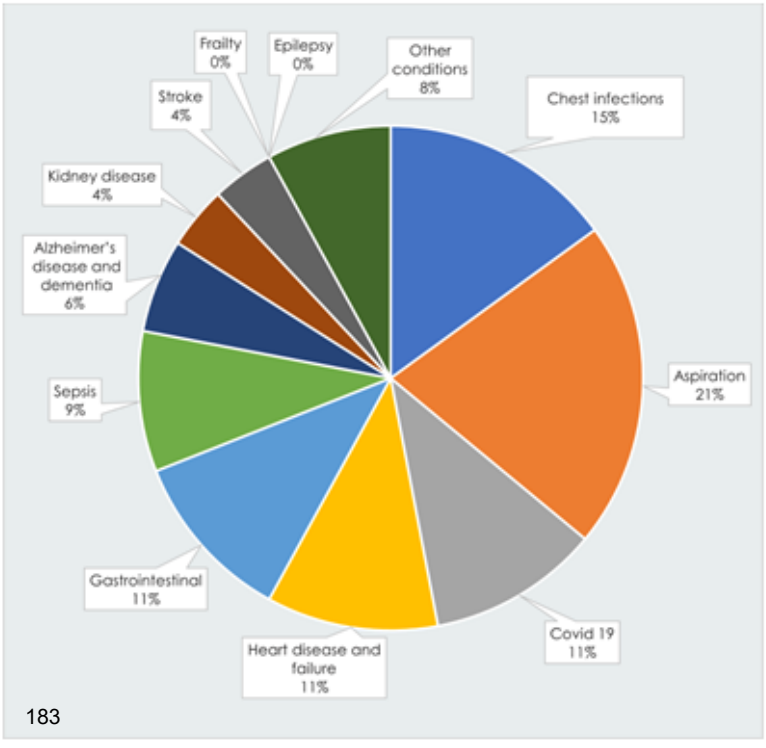
The most common causes of death

47%

47% of people died from respiratory disease, this includes Covid 19 and aspiration

The top 5 causes of death

- Aspiration
- Chest infections
- Covid 19
- Heart disease and failure
- Gastrointestinal conditions and sepsis



LeDeR fact sheet:
Leeds

Number of health conditions

88% of people had 2 or more health conditions

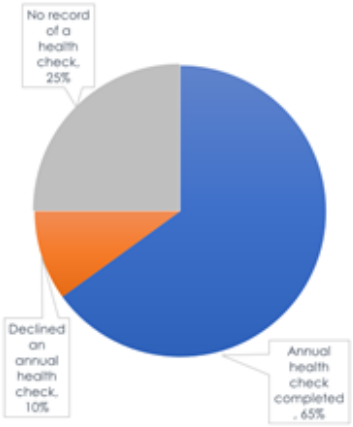
31% had 5 or more health conditions

Annual health checks

65%

65% of people who died had a record of an annual health check

The target is 75%



Covid 19 vaccination

86%

86% of people (where their vaccination status was available to reviewers) had at least one Covid 19 vaccination

Deaths due to Covid 19, and vaccination status

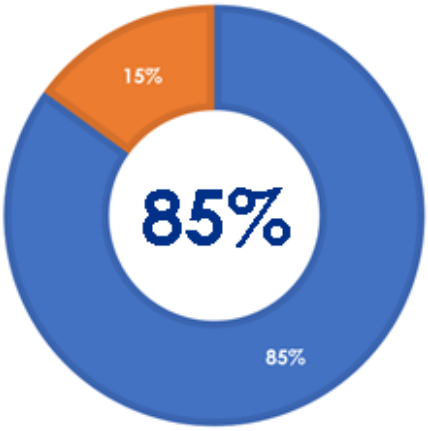
60% of people who died of Covid 19 had at least one Covid 19 vaccination

67% of these people had multiple health conditions

40% of people who died of Covid 19 did not have a Covid 19 vaccination

all of these people had multiple health conditions

DNACPR



85% of deaths had a Do Not Attempt CardioPulmonary Resuscitation decision,

Where people died

61%

61% of people died in hospital

(47% of the general population die in hospital)

- 34% died where they usually lived
- 5% died in a hospice
- No one died away from home

LeDeR fact sheet:
Wakefield

Sex demographics

62% of people in the data were female and 38% were male

Age at death

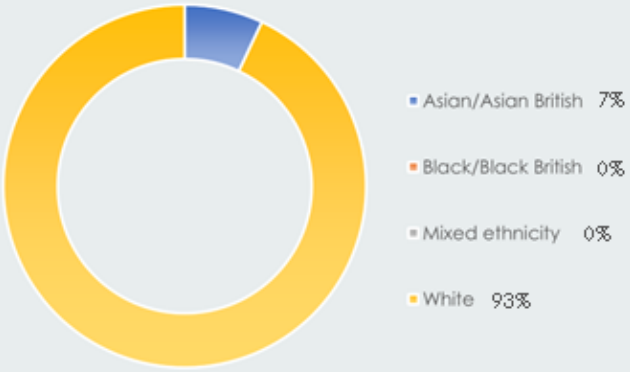
62 Years

The average age of death for people with a learning disability was **62 years**

For females it was 65 years

For males it was 56 years

Ethnicity demographics



Early death

5 out of 10 people with a learning disability died before they were 65
Only I in 10 of the general population die before they are 65

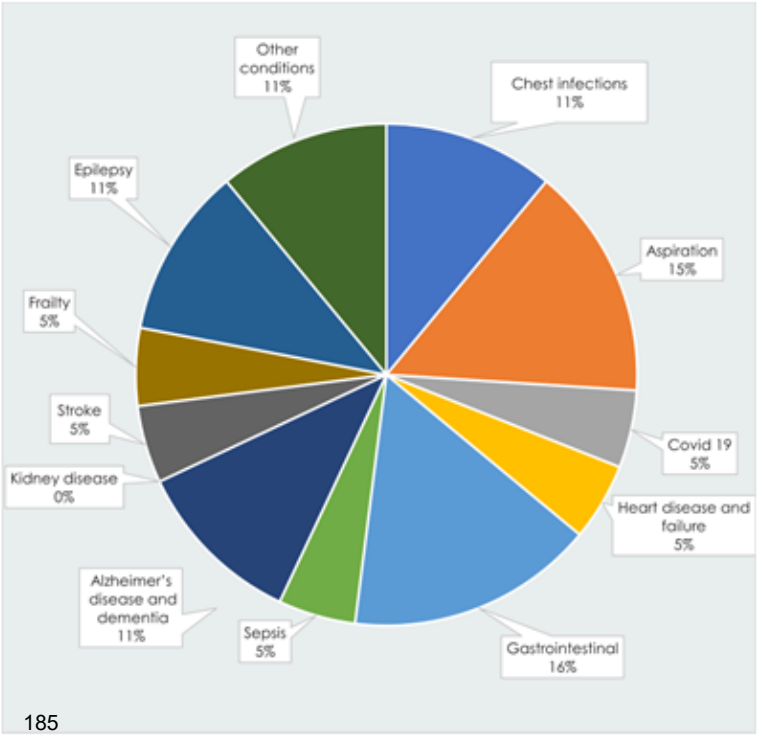
The most common causes of death

32%

32% of people died from respiratory disease, this includes Covid 19 and aspiration

The top 5 causes of death

- Aspirational pneumonia
- Gastrointestinal conditions
- Chest infections
- Alzheimer's and dementia
- Epilepsy



LeDeR fact sheet:

Wakefield

Number of health conditions

62% of people had 2 or more health conditions

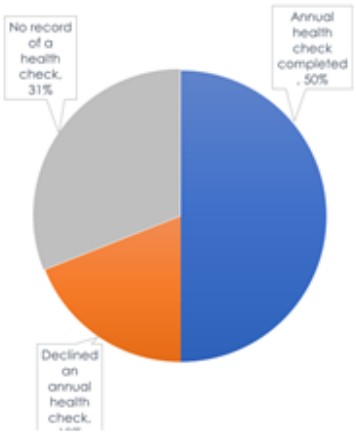
15% had 5 or more health conditions

Annual health checks

50%

50% of people who died had a record of an annual health check

The target is 75%

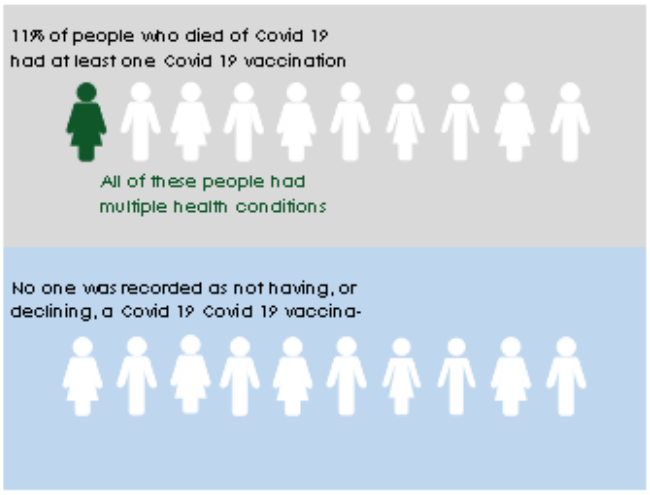


Covid 19 vaccination

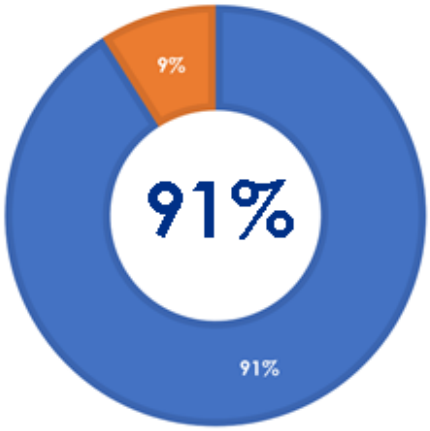
100%

100% of people (where their vaccination status was available to reviewers) had at least one Covid 19 vaccination

Deaths due to Covid 19, and vaccination status



DNACPR



91% of deaths had a Do Not Attempt CardioPulmonary Resuscitation decision,

Where people died

63%

63% of people died in hospital

(47% of the general population die in hospital)

- 31% died where they usually lived
- 6% died in a hospice
- No one died away from home