Bradford District and Craven Health and Care Partnership

ACTasONE

NHS West Yorkshire Integrated Care Board

Bradford District and Craven Partnership Board

29th September 2022
9:30-12:00
Training room 2/3, Newlands House, BD10 0JE

AGENDA

ATTENDEES TO NOTE: the meeting may be audio-recorded to assist with minute-taking. Whether a meeting is being recorded will be confirmed at the start of the meeting by the Chair. All recordings will be destroyed after approval of the minutes to which they relate.

Item	Lead	Purpose	Time	Mins	Page no.
1. Welcome, introductions and apologies Including observance of one minute's silence for Her Majesty the Queen	Chair	Information	09:30	5	
2. Conflicts of interest	Chair	Assurance	09:35	5	8-14
3. Minutes of the meeting held on 12th July 2022/action log/matters arising	Chair	Approve	09:40	10	15-22
4. Public questions	Chair	Information	09:50	5	
5. Place lead update	Mel Pickup	Information	09:55	15	23-28
6. Reports from committees and updates from the Clinical Forum and Citizen's Forum	Committee chairs/David Crampsey/Helen Rushworth	Information	10:10	55	29-48
11:05 comfort break - 10 minutes					
7. Partnership risk register report	Sue Baxter	Discussion	11:15	10	49-69
8. Airedale General Hospital reinforced autoclaved aerated concrete (RAAC) Update	Foluke Ajayi	Information	11:25	25	70-87
9. Engagement in West Yorkshire ICS Strategy Development	Ian Holmes/Myron Rogers	Discussion	11:50	20	88-106

Date and time of next meeting – Tuesday 8th November, 14:00-16:30, Skipton Town Hall
For any queries regarding this agenda, please contact: catherine.smith4@bradford.nhs.uk

Chairing arrangements and decision-making processes

Meeting chairs have responsibility for ensuring the appropriate management of conflicts of interest during the course of BDC Health and Care Partnership meetings (see below for a definition and examples of 'interests'). In particular they must ensure:

- They are familiar with the contents of the Registers of Interests as pertinent to their Group or Committee. WY ICB and BDC HCP registers of interest will be available from August 2022.
- Declarations of interest will be a standing item on all meeting agendas.
- The chair of a meeting has ultimate responsibility for deciding whether there is a conflict of interest and for taking the appropriate course of action in order to manage the conflict of interest.
- In the event that the chair of a meeting has a conflict of interest, the vice chair is responsible for deciding the appropriate course of action in order to manage the conflict of interest. If the vice chair is also conflicted, then the remaining non-conflicted voting members of the meeting should agree between themselves how to manage the conflict.
- In making such decisions, the chair (or vice chair or remaining conflicted members as above) may wish to consult with the Conflicts of Interest Guardian, Chief Executive, Place Accountable Officer, Director of Corporate Affairs, or ICB Governance Leads.
- It is good practice for the chair, with support of the committee's Governance Lead and, if required, the Conflicts of Interest Guardian to proactively consider ahead of meetings what conflicts are likely to arise and how they should be managed, including taking steps to ensure that supporting papers for particular agenda items of private sessions/meetings are not sent to conflicted individuals in advance of the meeting.
- The chair should ask at the beginning of each meeting if anyone has any conflicts of interest to declare in relation to the business to be transacted at the meeting. Each member of the meeting should declare any interests which are relevant to the business of the meeting whether or not those interests have previously been declared. Interests declared at meetings are cross referenced with the register of interests to ensure that it is up-to-date.
- It is the responsibility of each individual member of the meeting to declare any relevant interests. However, should the chair or any other member of the meeting be aware of facts or circumstances which may give rise to a conflict of interest but which have not been declared then they should bring this to the attention of the chair. The chair will decide

whether there is a conflict of interest and the appropriate course of action to take in order to manage the conflict of interest.

- If, after a meeting, the chair or any other member becomes aware that a conflict of interest has not been declared, they should raise this with the committee's ICB Governance Lead in the first instance. The ICB Governance Lead will consider the appropriate course of action, including escalation to the Conflicts of Interest Guardian, Chief Executive, Place Accountable Officer or Director of Corporate Affairs.
- When a member of the meeting (including the chair or vice chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting, the chair (or vice chair or remaining non-conflicted members where relevant as described above) must decide how to manage the conflict. The appropriate course of action will depend on the particular circumstances, but could include one or more of the following:
- Where the chair has a conflict of interest, deciding that the vice chair (or another non-conflicted member of the meeting if the vice chair is also conflicted) should chair all or part of the meeting
- Requiring the individual who has a conflict of interest not to attend the meeting
- Ensuring that the individual concerned does not receive the supporting papers or minutes of the meeting which relate to the matter(s) which give rise to the conflict
- Requiring the individual to leave the discussion when the relevant matter(s) are being discussed and when any decisions are being taken in relation to those matter(s). In private meetings, this could include requiring the individual to leave the room and in public meetings to either leave the room or join the audience in the public gallery
- Allowing the individual to participate in some or all of the discussion when the relevant matter(s) are being discussed but requiring them to leave the meeting when any decisions are being taken in relation to those matter(s). This may be appropriate where, for example, the conflicted individual has important relevant knowledge and experience of the matter(s) under discussion, which it would be of benefit for the meeting to hear, but this will depend on the nature and extent of the interest which has been declared
    - Noting the interest and ensuring that all attendees are aware of the nature and extent of the interest, but allowing the individual to remain and participate in both the discussion and in any decisions. This is only likely to be the appropriate course of action where it is decided that the interest which has been declared is either immaterial or not relevant to the matter(s) under discussion.

- Where the conflict of interest relates to outside employment and an individual continues to participate in meetings pursuant to paragraph 9.1.10, he/she should ensure that the

capacity in which they continue to participate in the discussions is made clear and correctly recorded in the meeting minutes. Where it is appropriate for them to participate in decisions they must only do so if they are acting in their ICB role.

- If an individual leaving the meeting impacts upon quoracy, the chair reserves the right to adjourn and reconvene the meeting when appropriate membership can be ensured.
- Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interest or potential conflicts of interests, the chair (or deputy) will determine whether or not the discussion can proceed.
- In making the decision the Chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the ICB's Standing Orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interest, the Chair of the meeting shall consult with the Chief Executive on the action to be taken. This may include:
- Requiring another of the ICB's committees or sub-committees, which can be quorate, to progress the item of business.
- Inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Board/committee/sub-committee in question) so that the ICB can progress the item of business:
    - An individual appointed by a partner member to act on its behalf in the dealings between it and the ICB;
        - A member of a relevant Health & Wellbeing Board
        - A member of a Board of another ICB

These arrangements must be recorded in the minutes.

Types of interest

1. Financial Interests

This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:

- A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly

seeking to do, business with health or social care organisations. This includes involvement with a potential provider of a new care model

- A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations
- A management consultant for a provider
- A provider of clinical private practice
- In employment outside of the WYICB
- In receipt of secondary income
- In receipt of a grant from a provider
- In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider
- In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role and
- Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider

2. Non-Financial Professional Interests

This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:

- An advocate for a particular group of patients
- A GP with special interests e.g., in dermatology, acupuncture etc.
- An active member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared)
- An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE)
- Engaged in a research role
- The development and holding of patents and other intellectual property rights which allow staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas or
- GPs and practice managers, who are members of the governing body or committees of the WYICB, should declare details of their roles and responsibilities held within their GP practices

3. Non-Financial Personal Interests

This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:

- A voluntary sector champion for a provider
- A volunteer for a provider
- A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation
- Suffering from a particular condition requiring individually funded treatment
- A member of a lobby or pressure group with an interest in health and care

4. Indirect Interests

This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:

- Spouse / partner
- Close relative e.g., parent, grandparent, child, grandchild or sibling
- Close friend or associate or
- Business partner

Bradford District and Craven
Health and Care Partnership
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Statement on behalf of the Bradford District and Craven Health and Care Partnership: our condolences following the passing of Her Majesty Queen Elizabeth II

On behalf of the Bradford District and Craven Health and Care Partnership we offer our deepest sympathy to members of the Royal Family following the death of Her Majesty Queen Elizabeth II.

Her Majesty the Queen's lifelong dedication to public service will resound in the history of our nation. Her example provides a lesson from which we can all learn and seek to follow.

Elaine Appelbee, Independent Chair for the Bradford District and Craven Health and Care Partnership

Professor Mel Pickup, Place Lead for the Bradford District and Craven Health and Care Partnership

Bradford District and Craven Partnership Board

DECLARATION OF INTERESTS

Non – Executive Chair	**Chair**
Independent chair of BdC Partnership Board	Elaine Appelbee • Member of St. Thomas' Parochial Church Council, Sutton-in-Craven
Finance and Performance Committee of the BD&C partnership	Julie Lawreniuk • Board member at Incommunities • Non-executive Director at Bradford Hospital Trust
People Committee of the BD&C Partnership	Melanie Hudson • Non Executive Director of Airedale NHS Foundation Trust • Chair AGH Solutions(subsidiary company) • Trustee Kirklees Active Leisure • Kirklees befriender in the local community

Clinical Forum	David Crampsey • Yorkshire Imaging Collaborative Executive Lead • BMA Committee of Medical Managers Elected Member • Director of Immedicare LLP which is a joint venture with Airedale • Director of Integrated Pathology Solutions and Integrated Laboratory Solutions. JV between Airedale, BTHT and HDFT. • Executive Medical Director, Airedale NHS FT	
Organisation	**Chair**	**Chief Exec**

Airedale NHS FT	Andrew Gold • Non-Executive Director Ecology Building Society • Member of Skipton Rotary club - fundraising activities can involve interaction with the Hospital Charity • Member of York • shire & Humber NHS Chairs' Network • Member of NHSE/I Chairs Advisory Board • Chair of Climate Change Steering Group for West Yorkshire (WY) Health & Care Partnership (H&CP) • Chair of Net Zero Board Leads Network for WY H&CP • Member of Committee of Common for West Yorkshire Association of Acute Trusts (WYAAT CiC) • Member of West Yorkshire Health & Care Partnership (WY HCP) Board	Foluke Ajayi • Director/Trustee – Life Church Ministries • Director/Trustee – Hope for Justice • Chair – North Church UK
Bradford District Care NHS FT	Carole Panteli • Non-Executive Director, Bradford District Care NHS Foundation Trust • Deputy Chair, Bradford District Care NHS Foundation Trust	Therese Patten • NHS Providers: Trustee • Blackburne House Group: Vice-Chair and Non-Executive Director • Northern Housing Consortium: Non-Executive Director

Bradford Teaching Hospitals NHS FT	Max Mclean • Chairman, Bradford Teaching Hospitals NHS Foundation Trust • Member of West Yorkshire Health and Care Partnership Board • NIHR Yorkshire and Humber PSRC Advisory Board Member • Wife's sister employed as a nurse at Bradford Teaching Hospitals NHS Foundation Trust • Tutor at the University of Essex online (MSc Criminology and Psychology) • PhD supervisor University of Huddersfield • Chair, NHS England Independent Investigations Governance Committee (oversight of NHSE mental health homicide investigations)	Mel Pickup • Employee (CEO) "Bradford Teaching Hospitals NHS Foundation Trust • BDC Place Lead
Organisation	**Chief Exec/Director**	
Local Medical Council	Danielle Hann • Director of YORLMC Ltd • Director in Hare Medical Service Ltd • Associate Wellbeing director funded by LMC Services Yorkshire CIC t/as GPMplus	
Healthwatch Bradford District	Helen Rushworth No Interests declared	

Healthwatch North Yorkshire	Ashley Green			
City of Bradford Metropolitan District Council	Kersten England •Employee (Chief Executive) of City of Bradford Metropolitan Borough Council •Member of the Bradford District and Craven Integrated Care Board	Iain MacBeath No Interests declared	Marium Haque No interests declared	Sarah Muckle Trustee of Yorkshire Sport Foundation
Craven District Council	Paul Shevlin • Non Exec Director – Northern Housing Consortium • Fellow of the Institute of Housing • Chartered Member of the Institute of Environmental Health • Member of the District Chief Executives Network – Chief Executives Group			

North Yorkshire County Council	Richard Webb • Corporate Director, North Yorkshire County Council (full-time paid employment) • Co-chair, County Councils Network DASS and DPH forum • Member of the Association of Directors of Adult Social Services (with some specific lead roles across Yorkshire and Humber and the North of England) • North Yorkshire County Council representative in various Humber and North Yorkshire ICB fora • Spouse runs a management consultancy business that has, in the past, undertaken commissioned work nationally and regionally, including within the ICB area. I have no involvement in the business. No current commissions within the ICB area.	Louise Wallace No interests declared
Bradford Care Alliance & Clinical Advisory Board	Richard Haddad • GP Partner at the Saltaire & Windhill Medical Partnership	
Bradford Care Association	Louise Bestwick	

Community First Yorkshire	Mark Hopley VCSE Sector Representative on the WYICPB Harnessing the Power of Communities Board representing the Craven District and rural parts of Bradford District and West Yorkshire
North Yorkshire Independent Care Group	John Pattinson No interests declared
VCSE sector in Bradford District	Vacant role – covered by Vicki Beere in the interim
VCSE sector in Craven District	Vacant role – covered by Mark Copley in the interim

DRAFT Minutes of the Bradford District and Craven Partnership Board
Tuesday 12th July
14:00-16:30
Mayfield Centre, Bradford

Present:

Elaine Appelbee (chair)	Independent Chair of Bradford District Craven Health and Care Partnership
Andrew Gold	Chair of Airedale NHS Foundation Trust
Foluke Ajayi	Chief Executive of Airedale NHS Foundation Trust
Mel Pickup	Chief Executive of Bradford Teaching Hospitals NHS FT/BD&C Partnership Place Lead
Max Mclean	Chair of Bradford Teaching Hospitals NHS FT
Melanie Hudson	Non-executive chair of the People Committee of the BD&C Partnership
Julie Lawreniuk	Non-executive chair of the Finance and Performance Committee of the BD&C Partnership
Kim Shutler	Chief Executive, The Cellar Trust
Nancy O'Neill	Chief Operating Officer of the BD&C Partnership
Mark Hopley	Head of Community Support, Community First Yorkshire
John Pattinson	Director of Operations, Independent Care Group
Louise Wallace	Director of Public Health for North Yorkshire County Council
David Crampsey	Chair of Clinical Forum/Executive Medical Director, Airedale NHS Foundation Trust

In Attendance:

James Drury	Director of Partnership Development of the BD&C Partnership
Robert Maden	Director of Finance, Planning and Performance of the BD&C Partnership
Michelle Turner	Director of Quality and Nursing of the BD&C Partnership
Sue Baxter	Assistant Director of Governance and Assurance of the BD&C Partnership
Victoria Simmons	Senior Head of Communications and Involvement of the BD&C Partnership
Catherine Smith	Corporate Governance Manager of the BD&C Partnership (minutes)

Apologies:

Carole Panteli	Chair of Bradford District Care NHS FT/non-executive chair of the Quality Committee of the BD&C Partnership
Iain MacBeath	Strategic Director – Health and Wellbeing of the City of Bradford MDC
Marium Haque	Strategic Director – Children of the City of Bradford MDC
Sarah Muckle	Director of Public Health, City of Bradford MDC
Kersten England	Chief Executive of the City of Bradford MDC
Danielle Hann	Deputy chair of the Bradford and Airedale Branch of YORLMC
Helen Rushworth	Chief Executive of Healthwatch Bradford District
Paul Shevlin	Chief Executive, Craven District Council
Ashley Green	Chief Executive, Healthwatch North Yorkshire

Richard Webb	Corporate Director of North Yorkshire County Council
Richard Haddad	Chair, Bradford Care Alliance
Therese Patten	Chief Executive of Bradford District Care Foundation Trust

Members of the public: 1

1 Welcome and introductions

Elaine Appelbee welcomed everyone to the first formal meeting of the Bradford District and Craven Partnership Board. Introductions were made.

2 Conflicts of Interest

No specific declarations of interest were made against the agenda items.

3 Minutes of the meeting held on 14th June 2022/action log/matters arising

The minutes of the meeting held on 14th June were agreed as a true and accurate record.

James Drury summarised the remaining open actions on the action log and provided the following updates –

2022/002 – James Drury to present a report on future engagement approach with members of the public and colleagues to a future meeting of the Partnership Board – on the agenda.

2022/003 – key communications messages to be added as a standing item on the Partnership Board agenda – on the agenda.

2022/007 – relevant boards, committees and decision-making forums to consider how the voice, expertise and experience of children and young people might help decision-makers – this will be considered by all members.

It was agreed that all of the above actions could be closed.

4 Adoption of Terms of Reference

James Drury presented a paper to recommend adoption of the terms of reference for the Partnership Board and to approve the terms of reference for the Partnership Leadership Executive and the three committees that support the Board – the Finance and Performance Committee, People Committee and the Quality Committee. The terms of reference for the Partnership Board were approved by the West Yorkshire Integrated Care Board on 1st July 2022. James explained that drafts of the terms of reference have been presented to the Board in previous meetings – an accessible format has been used for the final versions and there have been minor changes to wording to ensure consistency. He noted that the Finance and Performance and People Committees have now resolved their membership, however there has been one omission to the membership of the Quality Committee which will be added into the final version.

The Partnership Board agreed –

- **To adopt the BD&C Partnership Board terms of reference as approved by the West Yorkshire Integrated Care Board.**
- **To approve the terms of reference of the BD&C People Committee.**

- **To approve the terms of reference of the BD&C Quality Committee.**
- **To approve the terms of reference of the BD&C Finance and Performance Committee.**
- **To approve the terms of reference of the Partnership Leadership Executive.**

5 Public questions

Two questions had been received ahead of the meeting and it was agreed that full written responses would be provided to the senders as well as being published on the website.

"I congratulate BDC Partnership Board having a successful meeting on 14 June 2022 and following that planning to hold next meeting on 12 July 2022 to implement the noble aim to be open and transparent and encourage active involvement with the population we serve. I hope unlike no public presence in June meeting there will be public presence in July to hear and ask about ethnic mix in the senior positions in employment with you." It was agreed that information on the ethnicity of leadership teams will be requested from each organisation and included in the written response to the sender. Commitment towards having leadership teams that reflect local communities was reiterated.

Action – James Drury to request information on the ethnicity of leadership teams from each organisation in order to inform the response to the question from the public

"I have been looking at the new Act As One website and was really saddened by the lack of diverse images representing the large BME workforce across the partnership: how were images decided?" It was agreed that the images on the Act as One website need to fully represent the diversity of the workforce and local communities and that further images will be generated.

Action – Victoria Simmons to ensure that the Partnership's Communications and Involvement team refresh the imagery on the Partnership website to reflect the diversity of the workforce.

6 Openness and transparency

Victoria Simmons talked through a presentation highlighting the development of arrangements to ensure openness and transparency for the Partnership Board and encourage active involvement with the population served by the Board. Victoria referred to a crucial link with the Citizen's Forum as an opportunity to link decision-makers with insight and provide connections to communities. Victoria summarised some of the actions currently being taken to support the approach to openness and transparency, including publishing Board papers on the BD&C Health and Care Partnership website, encouraging questions from the public and holding meetings in public, alongside an opportunity to be ambitious in the commitment to being open and transparent, such as working with Healthy Minds Apprentices and SEND ambassadors to bring questions to the Board as part of the commitment to including the voice of the child into the partnership, linking with staff networks and community groups to bring questions to the board and encouraging Board members to 'buddy up' with a community organisation.

Victoria explained how the Citizen's Forum can set the groundwork for the Board and get insights from communities in order to provide some context to discussions and influence decisions at the Board and to act as an opportunity for people to influence and engage with decision-makers and make connections.

Members supported the described approach to openness and transparency and commented on the need for co-design and co-production to sit under the development of the ambitions and which should define the scope of the work programmes in the workstreams.

James referred to a previous proposal to livestream the meetings – it was agreed that the cost of livestreaming meetings is too high and other alternatives for the Board to engage with communities, as suggested by Victoria, would be considered.

7 Place lead update

Mel Pickup provided key messages from the place lead's update which summarised key activities and points to note arising from the activity of the Bradford District and Craven Place Partnership and the wider West Yorkshire Health and Care Partnership, and where relevant references to national policy developments. Mel noted that the West Yorkshire Integrated Care Board (WY ICB) was formally established on 1st July 2022 which also marked the ending of CCGs. On behalf of the leadership executive, Mel thanked all colleagues and partners that contributed to the work of the Bradford District and Craven CCG and highlighted that the CCG provided strong foundations for the place-based partnership and played a key role in the development of the West Yorkshire Integrated Care System. The Partnership Board has now taken on delegated responsibilities as a formal committee of the WY ICB and share their four aims. Mel welcomed a national refresh of the NHS Long Term Plan which links with local reflections on learning from place-based reviews and work to reset priorities in the context of understanding wider issues affecting communities and colleagues, such as the cost of living crisis and impacts on inequalities.

In terms of the West Yorkshire Health and Care Partnership activity the WY ICB held its first official meeting in public on 1st July 2022 where the Chair, Chief Executive and board members were formally appointed, the ICB constitution and policies were approved and the establishment of the Integrated Care Partnership was triggered, which is founded jointly by the West Yorkshire ICB and all the local authorities serving West Yorkshire.

In terms of key updates from the Bradford District and Craven Health and Care Partnership, Mel welcomed Elaine Appelbee as the independent chair of the Partnership Board. Mel referred to Helen Hirst retiring from her role as Accountable Officer for the Bradford District and Craven CCG on 30th June and gave huge thanks on behalf of the partnership to Helen for her outstanding leadership of the CCG and wished Helen well in her new role as chair of Calderdale and Huddersfield Foundation Trust.

On 23rd June 2022 the Bradford Children's Improvement Board received proposals to respond to the Joint Area Special Educational Needs and Disabilities (SEND) Inspection in Bradford which was undertaken by OFSTED and the CQC. The inspection report concluded that there are significant gaps in specialist provision and services for children and young people with SEND in Bradford, and a written statement of action is required to clarify how the issues will be addressed. Partners are working together to implement change with additional resources to support the work and the reset of priorities includes children and young people as one of the five priorities for the system.

Mel referred to the meeting of the Partnership Leadership Executive which took place on 24th June 2022 and the report refers to the decisions made in the meeting including an agreement to fund a VCS system leadership role to support the sector to become inclusive in the partnership. The second Act as One festival has taken place and a recognition day will take place on 28th July 2022 where colleagues can nominate teams or projects that demonstrate the Act as One ethos.

Mel referred to pressure in the system highlighting increased demand on the ambulance service, an increase in Covid cases, staff absences due to Covid, hospital attendances, and increased demand for all services resulting in the stepping up of command and control

arrangements. Louise Wallace referred to the increasing Covid infection rate and raised the importance of championing the Covid vaccine in preparation for the winter period. Clear and consistent guidance around Covid safe settings, such as the use of face coverings, was proposed.

The Partnership Board:

- **Received and noted the place lead's update**

8 Our partnership priorities

Mel Pickup referred to a presentation focusing on the reset within the Bradford District and Craven Health and Care Partnership which has been instigated following the development of the partnership strategy, external reviews and recognition of pressure on all part of the system, workforce shortages and decreasing satisfaction with the NHS. Following a review of the Act as One programmes five priorities have been developed and are recommended as the priorities for the partnership – resilient communities; access to care; mental health, learning disabilities and neuro-diversity; workforce; and children and young people.

Mel highlighted changes to the operating model in terms of the distributed leadership model which details how leadership of the place is shared – the model details the leads for each priority, the enablers which will contribute to how the priorities are executed and the functions which will deliver the statutory responsibilities of the partnership. Mel summarised areas for further consideration such as the exit strategy for the current Act as One programmes and capturing progress in the new workstreams, how the priorities will link with the West Yorkshire priorities and the need for continued engagement with VCS providers. In terms of the timeline proposals and engagement on the scope within the priorities is currently being discussed, which will be followed by detailed planning and work with HR, with the aim to go live in January 2023. The next steps include the full involvement of the Partnership Board in defining the scope of each priority area, discussions in organisations and capturing questions with further discussion in future Board meetings.

Members supported the development of the priorities and the reset work. It was suggested that assurance of delivery of the priorities is captured in the governance arrangements for the committees of the Board. James explained that the system committees provide oversight and assurance for the whole health and care partnership and will provide a connection to the priorities.

9 Reports from committees and update from the Citizen's Forum

Update from the Citizen's Forum

Victoria Simmons provided an update on the development of the Citizen's Forum highlighting that it is an opportunity to bring people together and to create opportunities for people to be involved with and to influence decision-making processes in innovative ways. The forum is supported by a steering group and three priority actions have been identified. One of which is a proposal to have an annual rolling programme with activities preceding the Partnership Board in the six localities across Bradford District and Craven as an opportunity to build relationships with communities and capture insight ahead of Board meetings alongside an opportunity to bring a patient story or examples of work in the Community Partnerships to meetings. Other priority areas include the development of on online space and work to identify gaps in involvement and building on existing structures and good practice.

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Max Mclean queried the voice of children and young people within the approach – Victoria explained that there is a representative from the Healthy Minds apprentices on the steering group and there are links to the involvement groups involved in the SEND agenda and referred to further opportunities for co-production with young people. Mark Hopley referred to the importance of taking a system wide place-based partnership approach and noted the difference in the infrastructure in Bradford District and Craven and noted the need to work together. Members endorsed the approach.

People Committee

Melanie Hudson provided an update from the People Committee noting that an initial meeting took place on 30th June 2022 before the committee was formally established where the terms of reference were agreed and what will be achieved in the next six months was discussed.

Quality Committee

Michelle Turner provided an update from the Quality Committee. One discussion focused on Cygnet Hospitals as Cygnet Bierley has been rated inadequate by the recent CQC inspection – a Quality Improvement Board for Cygnet and local partners will be hosted by NHS England. There is an ongoing joint service review of personalised commissioning with Bradford Council which is highlighting areas of improvement – the outcome of which will be considered by the finance and performance and quality committees. With regards to the CQC/Ofsted SEND system inspection, a joint action plan will be summitted in September 2022 following a meeting which took place on 30th June 2022 with NHS England and Ofsted to report on progress which resulted in positive feedback.

John Pattinson referred to increasing care home fees, which had been referenced in the report, which is due to high insurance costs for providers since the Covid-19 pandemic and the rising cost of utilities, amongst other factors, which is causing financial pressure for providers.

Finance and performance committee

Julie Lawreniuk noted that the first meeting of the Finance and Performance Committee will take place on 28th July 2022. Robert Maden provided a brief financial update and confirmed that the place financial plan was submitted in June 2022 as part of the West Yorkshire ICS financial plan and included a place target surplus of £2.85m. Work is underway to close down the finances of the former Bradford District and Craven CCG accounts for the first quarter of 2022/23 and which will impact on ICB resource availability for the remainder of the financial year. We do not expect that there will be any issues arising from the audit of the former Bradford District and Craven CCG's accounts for 2021/22 that will have an impact on 2022/23 financial performance.

Robert added that the committee's first meeting will consider place risks, such as increasing care home fees and inflationary pressures so these can be highlighted. The impact of the higher care home fees on users and other services was highlighted. Louise Bestwick added that the care sector is at a critical stage which could create issues for the system and noted available data on cost pressures as well as workforce challenges. The impact of the cost of living crisis on NHS staff and population health was highlighted. Kim Shutler explained that risks and issues for the VCS will be revisited and suggested further consideration by the People Committee of the impact on workforce of different salaries for similar roles across organisations. It was noted that the partnership risks and a partnership assurance framework will be discussed in a future Board development session.

10 Forward plan 2022/23

James Drury referred to the development session which will take place on 9th August 2022 and will focus on risks and the Partnership Assurance Framework and continue the conversation on the priorities of the partnership. There is work to align the forward plan of the Board with the focuses of the WY ICB. It was agreed that risks and priorities would be discussed in the development session on 9th August 2022 and that members would be asked to confirm attendance for the session.

11 Key communications/messages

It was agreed that key messages from the meeting would include confirmation of the first official meeting of the Partnership Board, the five priorities and how they will be delivered with communities playing a key role and the partnership being active in involvement with local communities. The importance of the Covid vaccine and consistency with Covid-safe messages was also noted.

12 Any other business

The socialisation of the five priorities and changes to the operating model was raised – James Drury explained that the Partnership Leadership Executive will discuss and lead the approach.

Date and time of next meetings:

Development session – Tuesday 9th August, 14:00-16:30, via Zoom
Partnership Board – Tuesday 13th September, 14:00-16:30, venue tbc

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Ref No	Meeting date	Agenda item	Action Required	Lead	Due Date	Status
2022/001	13-Apr-22	2 - conflicts of interest	Members not already registered on the place register of interest, to be sent a declaration form for completion by the partnership governance team	Partnership governance team	14-Jun-22	Complete
2022/002	13-Apr-22	3 - public admittance and questions	James Drury to present a report on future engagement approach with members of the public and colleagues to a future meeting of the Partnership Board	James Drury	14-Jun-22	Complete
2022/003	13-Apr-22	3 - public admittance and questions	Key communications messages to be added as a standing item to the partnership board agenda	James Drury	14-Jun-22	Complete
2022/004	13-Apr-22	4 - place leads update	BD&C Partnership Place lead to provide written report to future partnership board meetings	Mel Pickup	14-Jun-22	Complete
2022/005	13-Apr-22	7 - draft annual plan 2022/23	James Drury to add the development of the annual plan and the principles as a future agenda item on the forward planner	James Drury	14-Jun-22	Complete
2022/006	13-Apr-22	8 - forward plan	Members were invited to send comments on the forward plan to James Drury.	Partnership Board members	14-Jun-22	Complete
2022/007	14-Jun-22	8 - Terms of Reference/ Strategic Partnering Agreement	Relevant boards, committees and decision-making forums to consider how the voice, expertise and experience of children and young people might help decision-makers	All	Ongoing	Complete
2022/008	12-Jul-22	5 - public questions	James Drury to request information on the ethnicity of leadership teams from each organisation in order to inform the response to the question from the public	James Drury	15-Sep-22	Open
2022/009	12-Jul-22	5 - public questions	Victoria Simmons to ensure that the Partnership's Communications and Involvement team refresh the imagery on the Partnership website to reflect the diversity of the workforce.	Victoria Simmons	15-Sep-22	Open

Bradford District and Craven
Health and Care Partnership

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Bradford District and Craven Health and Care Partnership

Name of meeting	BDC Partnership Board	**Meeting date**	29th September 2022
Title of report	Place Lead's Update	**Agenda item**	5
Report prepared by:	Mel Pickup	**Report presented by:**	Mel Pickup
Previous considerations			
Place Lead's Updates to previous meetings of BDC Partnership Board			

Executive summary and / or key discussion points including focus on our 'spotlight' priority area

This report summarises key activities and points to note arising from the activity of the BD&C Place Partnership and the wider West Yorkshire Health and Care Partnership. Where relevant, connections are made to national policy developments.

The report seeks to inform the Partnership Board of progress made by the Executive and the whole Partnership in response to our key issues and in pursuit of our strategic goals.

Outline how this supports our partnership vision and strategy

Our Purpose - all working to the same goal, for our population to have more chances to lead healthier lives.

Our Population - supporting the delivery of our priorities and a better experience of health and care prioritising those with the worst outcomes.

Our Place - making our district a great place to live, work and thrive.

Our Partnership - greater value through the best use of our collective resources, minimising duplication and waste.

The activity of our Partnership noted in this months update touches on all aspects of our vision and strategy: our work to focus on five priorities relates to our purpose and our population. Our contribution to good jobs and clean air relate to our place, and it is all enabled by working together.

Purpose

assurance	**decision**	**action**
☐	☐ approve / recommend / support / ratify	☒ review / consider / comment / discuss/ escalate

Recommendation(s)

The Partnership Board is asked to receive and note the Place Lead's Update

Which risks on the risk register or assurance framework does this report relate to:

To be completed in future editions as the Partnership Assurance Framework is developed

Appendices
none

Place Lead's Update – September 2022

1. National context and policy development

Climate change is real and present. This has been obvious in unwanted record breaking summer temperatures, drought conditions, wildfires and water shortages. Crop yields are down across Europe – which has faced the worst drought in 500 years – driving inflationary pressures on basic staples. Meanwhile in Pakistan people are facing devastating flooding. Our thoughts are with them.

Our commitment to tackling climate change through our actions in West Yorkshire remains a priority and will be amplified in our future strategy. Local leadership will be required on this issue. Board members are reminded to make their pledge as part of the Partnership's All Hands In campaign. We also have an opportunity at our next development session on 12th October to clarify our commitment to a concerted tangible local response.

We now have a new Prime Minister Liz Truss, and a new Secretary of State for Health and Social Care, Therese Coffey. We will continue to engage positively with politicians locally and nationally as they shape their policy agenda. Meanwhile we continue to carry on with delivering the plans we have agreed within the mandate under which we operate.

Inflation is driving pressures on the cost-of-living that may impact on the health and wellbeing of people in our communities. We know from research by the Joseph Rowntree Foundation and others that, for example, three quarters of low-income households are going without at least one essential, like heating, toiletries or food. This is a public health issue and as a Partnership we are committed to supporting staff, people, and communities in addressing these issues where we can. This includes considering any mitigations we can make as an employer and in our role as an anchor system

2. West Yorkshire Health and Care Partnership activity and implications for Bradford District & Craven Place Partnership

Covid 19 vaccination programme: The Joint Committee for Vaccinations and Immunisations (JCVI) has issued its final guidance on who will be vaccinated in the autumn booster rollout. As with previous rollouts the NHS will be prioritising those at greatest risk and people will be contacted to book an appointment when it is their turn. The rollout started with care home residents from week commencing 5 September 2022, followed by people aged 75 and over from week beginning 12 September 2022. GPs will be sending out invitations to eligible patients and people will also be able to book an appointment using the National Booking Service, starting this month.

Where possible our primary care services will also offer people the opportunity to have their flu vaccine at the same time, however due to the different supply arrangements for each vaccine this will not always be possible. People will be encouraged to get each jab as quickly as possible even if that means having them separately.

Virtual Wards: NHS England has made available to integrated care systems (ICS') two years of additional service development funding, to support the expansion of virtual wards. Planning is underway for an expansion of our virtual ward provision in Bradford District and Craven, which will focus on admissions avoidance and early supported discharge, initially for frailty and respiratory together with wider services such as urgent community response and same day emergency care.

Surgical Hubs: The Government announced on Friday the 26 August 2022 that over 50 new surgical hubs will open across the country to help reduce COVID-19 backlogs and to offer people quicker access to procedures. People in Bradford District and Craven will benefit from a new surgical hub at St. Luke's Hospital in Bradford, which is enabled by this funding.

Winter planning: Guidance has been issued to the NHS on preparing for winter. The priority is to rapidly increase capacity and resilience ahead of winter. ICS' will be judged on progress with a range of actions which we will be expected to complete and on six key metrics, identified as key to the provision of safe and effective urgent and emergency care.

3. Bradford District & Craven Partnership progress and issues to note

Strategic priorities re-set programme Work continues at pace on our strategic priorities re-set programme which is designed to help us meet our future challenges for our Bradford District and Craven Health and Care Partnership as well as contributing to the work of our West Yorkshire integrated care system. These challenges include meeting our core responsibilities that improve the health and wellbeing of our communities as well as our colleagues and to deliver sustainable change across health and care so that we can achieve our vision to keep people 'happy, healthy at home'.

Our focus is on delivering the best possible outcomes, including reducing inequalities, for our communities and for our colleagues

Our five priorities are as follows:

- Access to care – the executive lead for this is Mel Pickup and the director lead is Helen Farmer
- Children and young people – the executive lead for this is Therese Patten and the director lead is Mark Hindmarsh
- Communities – the executive lead for this is Foluke Ajayi and the director lead is Louise Clarke
- Mental health, learning disabilities and neurodiversity – the executive lead for this is Iain MacBeath and the director lead is Lyn Sowray alongside Sasha Bhat
- Workforce – the executive lead for this is Foluke Ajayi and the director leads are Daniel Hartley and Karen Stansfield.

We continue to offer opportunities for colleagues to provide their feedback on our re-set programme. Our next phase includes a face-to-face event on 30 September at Bradford City Football Club. Other opportunities to get involved will include an anonymous survey and an opportunity for teams to discuss the latest developments for our programme and share their views using a feedback form.

Responding to an Ofsted inspection report for special educational needs and disabilities (SEND) services We are working across our partnership to prepare our response to the Ofsted and Care Quality Commission written statement of action following their joint inspection of Bradford District Special Educational Needs and Disabilities (SEND) services. Our response will demonstrate the progress we have made since the inspection report was published as well as highlighting future actions. We are committed to working with all partners as well as children and their families to address the challenges identified in the inspection report as well as ensuring people's experiences influence the way services are delivered.

Poem brings our system transformation annual review to life We published our annual review covering our system transformation programmes demonstrating the outcomes and key achievements for 2021-2022. To bring our annual review to life a piece of performance poetry has been developed by local poet Haris Ahmed. As we gear up for Bradford City of Culture 2025, this is a creative approach to share the successes of the work we do by working with brilliant talent from our place. You can read our annual review and watch Haris's poem on our website.

Act as One Festival Recognition Day The second Act as One Festival Recognition Day, was held on Thursday 28 July 2022, celebrating individuals, teams and projects from across the Bradford District and Craven Health and Care Partnership that demonstrate 'Act as One' in the way they work. Over 60 excellent and inspiring nominations were recognised during the event. Nominations included individuals and teams, to whole projects which are transforming the way that people experience care. Each nomination demonstrated how health, care and the voluntary and community sector in Bradford district and Craven are truly working together to help deliver a shared ambition of people living 'happy, healthy, at home.' The brochure with details of those nominated is available from our partnership website

Ground-breaking mental health exhibition developed by young people 'Exploring young people's identity and wellbeing' is the theme of an exhibition that has been curated by the Healthy Minds apprentices, working alongside project workers at All Star Entertainment working in partnership with Bradford Council's Bradford District Museums and Galleries. The exhibition is at Cartwright Hall and runs until October. We are delighted to hear that our Healthy Minds exhibition has been well received by colleagues and members of the public, I recently visited and was highly impressed with how the exhibits have been pulled together to create a series of compelling visual arts pieces.

Tackling inequalities in healthcare access, experience, and outcomes – two case studies from our place featured NHS England and the Health Foundation commissioned the Yorkshire and Humber Academic Health Science Network to produce guidance on 'Tackling inequalities in healthcare access, experience, and outcomes'. The guidance includes two place based case studies from our partnership. The Digitally Acting Together as one (DATA 1) project in Bradford connected datasets from across health and social care to allow data scientists to analyse and learn more about patterns of vulnerabilities and how they intersect and interact. The other case study features the work of partners in Keighley who have been using innovative outreach work to increase take up of the Covid-19 vaccine. The guidance also includes case study and links to work we're doing across West Yorkshire including the Health Inequalities Academy.

Partnership projects shortlisted for national awards

- An innovative project which reduces the length of stays in hospital and better supports recovery following discharge from hospital has been shortlisted for a prestigious award. The 'Technology and Relationships Improving Flow' project, which demonstrates the 'Act as One' way of working for the Bradford District and Craven Health and Care Partnership, has been shortlisted for the Performance Recovery Award at this year's HSJ Awards. The awards recognise outstanding contribution to healthcare and are an opportunity to showcase an innovative local project on a national platform.
- We are delighted to see that our Covid vaccination programme has been shortlisted for three national awards. Nursing and maternity teams working across Bradford District and

Craven have been shortlisted in three categories at the Nursing Times 2022 awards. The shortlisting recognises innovative work on COVID-19 vaccinations, and exemplary leadership.

- Our innovative talk cancer workshops are among the finalists for this year's RSPH Health and Wellbeing Awards. The talk cancer workshops are encouraging people to have conversations about cancer in their own language to help save lives, having been piloted for the first time in Bradford. Over 100 people from Black, Asian and minority ethnic communities whose first language is not English, have joined in the Cancer Research UK – Talk Cancer workshops to talk about their health, how to reduce cancer risk and the importance of spotting cancer early with the help of specialist interpreters. Winners for the RSPH Awards will be announced on 20 October.

Bradford Cares recruitment portal launched The Bradford Cares recruitment portal has been launched with the aim of providing one place where all adult social care employers in Bradford District and Craven can advertise their job vacancies, and where any individuals who are looking for a job in social care can be directed to, to find a relevant job. Please do promote the site among your networks.

Care Trust awarded first IPS Grow Quality Kite Mark in North of England Bradford District Care NHS Foundation Trust is the first trust in the North of England to be awarded the new IPS Grow Quality Kite Mark, for helping people experiencing mental ill health get back to work. The Individual Placement and Support (IPS) Employment Service, known as 'Making Work, Work', has been awarded a 'Good' rating under the IPS Grow Quality Kite Mark, which replaces the 'Centre of Excellence' title, following the IPS Grow external Fidelity review.

Airedale awarded for commitment to patient safety Airedale NHS Foundation Trust is celebrating after being named as a National Joint Registry (NJR) Quality Data Provider for its commitment to patient safety, after successfully completing a national programme of local data audits. The NJR monitors the performance of hip, knee, ankle, elbow and shoulder joint replacement operations to improve clinical outcomes for the benefit of patients, and also to support orthopaedic clinicians and industry manufacturers.

Bradford research plays key role in landmark change to patient safety policy Health researchers across Bradford and Leeds have played a key role in introducing a landmark change to national patient safety policy in England which offers patients and families an opportunity to be involved in investigations. Over the past six months, researchers at the Bradford Institute for Health Research, part of Bradford Teaching Hospitals NHS Foundation Trust, have been collaborating with the national patient safety team at NHS England and Improvement, and the national independent healthcare investigations body – the Healthcare Safety Investigation Branch - on this important change.

4. Conclusion

The operating environment remains complex and demands on all types of service remain consistently high. This reflects the challenging circumstances facing our population. We are committed to the people of Bradford District and Craven and we know that our partnership approach is essential to the way we respond.

Bradford District and Craven
Health and Care Partnership

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Sub Committee Escalation and Assurance Report to the BD&C Partnership Board

Report from: System Finance and Performance Committee
Date of the meeting: 25th August 2022

Key discussion points and matters to be escalated from the discussion at the meeting:
Alert:
• 2022/23 Agenda for Change pay award confirmed at a significantly higher level than that on which the financial plan was based. There is a shortfall between the additional cost of the pay award as assessed by West Yorkshire ICS organisations and the resource allocation made to the West Yorkshire ICB which is being discussed with NHS England. This may impact on the Place financial position if the shortfall cannot be resolved. • Bradford Metropolitan District Council has reported a significant forecast overspend position for 2022/23. Place partners are working together to understand how this can be managed to minimise the impact on local health and care services over the winter period.
Advise:
• **Performance:** - In general referral and outpatient activity continues at near 2019/20 (pre-Covid) levels as does diagnostic activity. However, there remains some work to do to recover to similar levels of elective activity. Challenges in relation to the availability of theatre staffing continues to be the most significant issue, alongside the ongoing impact of Covid; - There is continued progress on reducing the number of +104 week waiters, which are now down to 15 patients, but there has been a small increase in +52 week waiters and a 2.6% growth in the waiting list at Airedale due to theatre staffing issues. The focus is now moving to +78 week waiters to meet operational plan trajectories. - Cancer target performance remains strong except for the 62-day standard where workforce issues are affecting Lower GI and Gynaecology capacity. - Patient flow is being affected by the increase in the number of patients staying over 21 days in hospital and winter plans are being developed to provide additional bed capacity to help with these pressures. ANHSFT and BTHFT benchmark well in terms of bed occupancy, but some caution is required when interpreting this high-level measure as operational pressures feel higher than the occupancy levels suggest. Pressure remains in Bradford Enablement Support Team (BEST), as demand for community enablement services continues to be higher than available capacity. This is contributing to the Local Authority's financial pressures and there

is a risk this will start to have an impact upon our ability to discharge as winter approaches.
- Covid continues to affect the number of Mental Health out of area placements which remain relatively high.
- LD health checks are ahead of plan continuing strong performance in this area.

The Committee highlighted the need to consider how we can use the information on performance to improve performance across the local system.

- **Finance:**
  - Overall Place performance (Health organisations) is ahead of plan (year-to date) and forecast to be on plan (full year). Phasing of actual expenditure is creating the favourable year to date position. All local NHS Trusts are forecasting a break-even position and delegated ICB budgets are forecasting a £2.9m surplus, in line with plan. This does not take into account the potential impact of any shortfall on pay award funding referred to above.
  - Main financial risks relate to savings plan delivery which is impacting on the Airedale position in particular, the potential clawback of ERF funding in the second half of the year, and pressure on continuing healthcare fees. These risks are being managed mainly through non-recurrent savings in 2022/23 as we look to develop recurrent savings plans.
  - BMDC financial position is of significant concern in light of its potential impact on local system partners and the Committee have emphasised that BMDC finance representation at the Committee is vital to understand the position fully and the impact of any mitigating actions.
  - In relation to ICB running costs, to flag that based on current forecasts, we have no further in-year flexibility to accommodate further running costs.
  - The September financial position will be used to assess our underlying position as part of preparations for 2023/24 planning, and also in-year risks / flexibilities.

- It has been confirmed that Elective Recovery Funding will not be clawed back in relation to the below plan levels of elective activity expected to be carried out in the first half of the 2022/23 financial year. This significantly reduces the financial risk for our Place plan and the overall West Yorkshire ICS financial plan. submitted in June 2022 as part of the West Yorkshire ICS financial plan. The risk of funding clawback in the second half of the financial year currently remains.

- The full year forecast position for the West Yorkshire ICS shows a break-even position (in line with plan) with a forecast ICB surplus of £4.5m, offset by a corresponding deficit across Provider Trusts. Therefore, subject to the outcome of discussions on the pay award resource allocation, there is no expected impact of the overall West Yorkshire ICS position on our Bradford District and Craven Health & Care Partnership position.

- **Winter Planning & Better Care Fund Plan.**
  - There are significant activity and funding streams associated with creating additional system capacity to cope with winter pressures. Asked that winter plans, the Better Care Fund plan and virtual ward expansion plans are considered together so that we can make best use of available resources in managing local pressures, particularly in light of the discharge to assess pressures highlighted by BMDC.

- Noted that the detailed business case for Virtual Ward expansion will be considered by representatives from the System Finance & Performance Committee and System Quality Committee in early October. An early indication of how the business case is shaping up will be used to inform decisions on prioritising winter plan investments.

Assure

- Terms of Reference approved by the Committee.

- Quarter 1 Accounts for the former Bradford District and Craven CCG submitted in line with agreed deadlines to NHS England and the external auditors at the end of August 2022.

- **SEND**
  - Confirmed support for implementation plan, noting that the additional investment will add to the underlying Place financial gap. Additional investment requirement to be confirmed within the range indicated in the report. Highlighted the need to clarify how business case proposals should flow through our governance structure and PLT members were asked to consider this.

- **WY ICS Financial Strategy.**
  - Confirmed support for the strategy as a suitable framework within which our Place financial strategy can be developed. Agreed to share the document with PLE members and feedback comments to Jonathan Webb.

Risks discussed:

- Noted the risk register report and that it is still in development, but asked that the alignment of risks to Place Committees is reviewed and that the risks included in the risk register reflected the risks highlighted in the subject matter reports considered by the Committee. This is being taken forward by the Partnership Leadership Team.

- Bradford Council financial risk and particularly the importance of appropriate senior involvement from Council finance to both understand the risk more fully and actions being considered to manage this risk. Noted that action is underway to enable Place partners to get a better understanding of the Council's financial position.

Bradford District and Craven
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New risks identified:

- Pay award risk.
- Bradford Metropolitan District Council financial position risk.

Report completed by: Julie Lawreniuk – Chair of System Finance & Performance Committee
Date: 04/09/2022

Bradford District and Craven Health and Care Partnership

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NHS West Yorkshire Integrated Care Board

Meeting name:	Bradford District and Craven Health and Care Partnership Board
Agenda item no:	6
Meeting date:	29th September 2022
Report title:	Finance Report for July 2022
Report presented by:	Robert Maden
Report approved by:	Robert Maden
Report prepared by:	Amy Paffett

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

Previous considerations:

Executive summary and points for discussion:

This report provides information on the financial position of the Bradford District and Craven Health & Care Partnership as at the 31st July 2022 and the forecast financial position for the year.

The report considers performance against ICB resources delegated to the Partnership and provides a summary of both the Bradford District and Craven Place financial position and the West Yorkshire ICS financial position.

Key Points:

- As at July 2022, the Bradford District and Craven Health and Care Partnership is reporting a favourable year to date variance against plan of £4.8m. This is mainly due to the phasing of expenditure and resource allocations as we have closed-down the former Clinical Commissioning Group Accounts for Quarter 1 and moved to the new West Yorkshire Integrated Care Board.

- The full year forecast position is in line with the planned surplus of £2.85m with an underspend on elective activity with independent sector Providers being offset by primary medical services pressures and a small shortfall against the 2022/23 savings plan.

- The financial position does not include the impact of the recent announcement on Public Sector pay awards for 2022/23 and there is a risk that the additional costs of the pay award are not covered by the national resource allocation for this. Discussions are continuing with NHS England to clarify the position.

- In relation to ICB running costs, there is a small additional local pressure which is considered to be manageable, but leaves no further flexibility in running cost budgets. We are awaiting confirmation on whether ICB running cost allocations will be increased in light of the 2022/23 pay award. If running cost allocations are not increased then there is a risk that the running cost budget will overspend.

- In relation to both the ICB budgets and the Bradford District and Craven Place plan, whilst it has been confirmed that Elective Recovery Funding will not be clawed-back in the first half of the year for below plan performance on elective activity, significant risks to plan achievement remain in relation to elective recovery fund income, the level of cost savings required in the second half of the year, and continuing healthcare fee pressures.

- Bradford Council is forecasting a significant overspend for the year and Place partners are working together to understand how this can be managed to minimise the impact on local health and care services over the winter period.

- The full year forecast position for the West Yorkshire ICS shows a break-even position with a forecast ICB surplus of £4.5m, offset by a corresponding deficit across Provider Trusts. Therefore, no impact on the Place financial position is expected due to other pressures across the West Yorkshire ICS.

Outline how this supports our partnership vision and strategy

Our Purpose - All working to the same goal, for our population to have more chances to lead healthier lives.

Our Population - Supporting the delivery of our priorities and a better experience of health and care prioritising those with the worst outcomes.

Our Place - Making our district a great place to live, work and thrive.

Our Partnership – Greater value through the best use of our collective resources, minimising duplication and waste.

Recommendation(s)

The Bradford District and Craven Health and Care Partnership Board is asked to :

1. Note the year to date financial position as at July 2022 and the full year forecast financial position; and
2. Note the risks to plan delivery and that Place partners are working together to minimise the impact of the financial position of Bradford Council on health and care services over the winter period.

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
Corporate risk register and Board Assurance Framework are under development.
Appendices
Acronyms and Abbreviations explained
1.

What are the implications for?

Residents and Communities	Efficient and effective use of resource to maximise potential investment and improve population health.
Quality and Safety	Deploying our resources in a way that manages quality and safety risks and supports improvement.
Equality, Diversity and Inclusion	Resource utilisation in a way that addresses equality, diversity and inclusion issues.
Finances and Use of Resources	Forecast spend within budgets demonstrates effective use of resources for our population.
Regulation and Legal Requirements	Organisations expected to operate within financial envelope with no over-spend.
Conflicts of Interest	-
Data Protection	-
Transformation and Innovation	Capital and revenue allocations assume spend to drive service improvement, transformation and innovation. Allocations include Service Development Funding.
Environmental and Climate Change	Ensure that resources deployed in a way that promotes environmental sustainability. Capital spend subject to strict carbon footprint regulations.
Future Decisions and Policy Making	Allocation methodologies to support delivery of the Bradford District and Craven Health & Care Partnership strategic objectives.
Citizen and Stakeholder Engagement	-

ICB Finance Report as at Month 4 (July)

Bradford District and Craven Health and Care Partnership

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£'000	Year to Date Budget	Year to Date Actual	Variance		Annual Budget	Forecast Outurn	Variance
Delegated Resource Allocation	387,808	387,808	0		1,163,199	1,163,199	0
Expenditure	386,873	382,117	(4,756)		1,160,619	1,160,619	0
(Surplus) / Deficit	**(935)**	**(5,691)**	**(4,756)**		**(2,580)**	**(2,580)**	**0**

Key Points:

Year to date surplus of £5.7m which is £4.8m higher than the planned surplus of £0.9m. Much of the year to date surplus is due to the phasing of actual expenditure and resource allocations, and the over-achievement of efficiency savings in Quarter 1 which is not expected to continue for the rest of the year. The full year forecast surplus is £2.9m, in line with plan. Table 1 provides further detail on the main budget areas.

The financial position does not include the impact of the recent announcement on Public Sector pay awards for 2022/23 and there is a risk that the additional costs of the pay award are not covered by the national resource allocation for this. Discussions are continuing with NHS England to clarify the position.

The main risks to plan delivery relate to continuing healthcare services (both increasing demand and pressure on fee levels) and the full achievement of prescribing savings. The level of fee increase agreed for continuing healthcare Providers will help to mitigate this risk, and we are working with Providers to manage the impact of any fee increase above the agreed rates. In relation to prescribing costs, the medicines optimisation team continues to work closely with clinical pharmacists in primary care to ensure safe and cost effective prescribing.

There is also a risk of the potential clawback of Elective Recovery Funding in the second half of the year should elective activity with independent sector Providers be below plan, but this remains subject to further guidance from NHS England.

Memorandum Items

£'000	Year to Date Budget	Year to Date Actual	Variance		Annual Budget	Forecast Outurn	Variance
Bradford District and Craven - ICB Running Costs	3,414	3,414	0		10,241	10,241	0

The value of vacancy slippage required to keep running costs within budget has increased by £73k to £541k. This is considered to be manageable and therefore the forecast outturn is in line with budget. However, there is no flexibility in the running cost budget to absorb further cost pressures.

We are awaiting confirmation on whether ICB running cost allocations will be increased in light of the 2022/23 pay award. If running cost allocations are not increased then there is a risk that the running cost budget will overspend.

ICB Finance Report as at Month 4 (July)

Bradford District and Craven Health and Care Partnership

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£'000	Year to Date Budget	Year to Date Actual	Variance		Annual Budget	Forecast Outturn	Variance
Acute Commissioning	203,957	202,677	(1,280)		611,871	610,664	(1,207)
Community Services	37,228	36,344	(884)		111,684	111,684	0
Mental Health	38,697	38,108	(589)		116,090	116,090	0
Personalised Commissioning	21,787	20,108	(1,679)		65,361	65,361	0
Primary Medical Services & Prescribing	77,310	77,809	499		231,929	232,723	794
Other Investments	1,207	(327)	(1,534)		3,620	3,620	0
Non-Recurrent Efficiencies	(2,145)	(2,000)	145		(6,435)	(6,022)	413
Other Reserves	730	730	0		2,191	2,191	0
Support costs - Non Running Costs	4,689	5,254	565		14,067	14,067	0
Support costs - Running Costs	3,414	3,414	0		10,241	10,241	0
Total Expenditure	**386,873**	**382,117**	**(4,756)**		**1,160,619**	**1,160,619**	**0**

Key Variances to Plan

1) Overall, year to date performance is £4.8m favourable to plan. This is due to a combination of:

- Service Development Fund underspends that are expected to be recovered by the year end (Community and Mental Health Services);
- Resource allocation timing differences arising due to the close-down of CCG Accounts for Quarter 1 which meant that in-year resource allocations were put on hold until Month 5. This created overspends on Primary Medical Services and Support Costs (Non-Running) which will be corrected in Month 5;
- Release of surplus accruals as part of the closedown of CCG Accounts for Quarter 1 (Other Investments);
- Lower elective activity with independent sector Providers (Acute Commissioning); and
- Personalised Commissioning underspend due to charging adjustments for 2021/22 and the over-achievement of savings from the review of Personal Health Budgets (largest balances prioritised and realised in Quarter 1).

2) The full year forecast position is in line with plan with elective activity underspends with independent sector Providers being offset by list size pressures in Primary Medical Services and a small balance of unidentified efficiency savings.

3) Other Reserves relate to Elective Recovery Funding that requires redistribution (inter and intra ICB).

Bradford District and Craven Place Finance Position as at Month 4 (July)

(Surplus) / Deficit - £m	Year to Date Plan	Year to Date Actual	Variance		Annual Plan	Forecast Outurn	Variance
Airedale NHS Foundation Trust	0.00	2.10	**2.10**		0.00	0.00	**0.00**
Bradford Hospitals NHS Foundation Trust	0.00	0.00	**0.00**		0.00	0.00	**0.00**
Bradford District Care NHS Foundation Trust	-0.02	-0.41	**-0.39**		0.00	0.00	**0.00**
Bradford District and Craven Health & Care Partnership	-0.94	-5.70	**-4.76**		-2.90	-2.90	**0.00**
(Surplus) / Deficit	**-0.96**	**-4.01**	**-3.05**		**-2.90**	**-2.90**	**0.00**

Key Points:

Year to date performance is ahead of plan due to the favourable position on ICB budgets offsetting waste reduction scheme slippage at Airedale.

Full year performance shows a forecast surplus of £2.9m, in line with plan. A similar range of risks affect the delivery of the Place plan as described in the ICB section of the report, namely delivery of efficiency savings, further cost inflation pressures, potential clawback of elective recovery funding and the impact of the 2022/23 pay award.

Bradford Metropolitan District Council has also reported a significant forecast overspend position for 2022/23 which could affect delivery of the Place plan. Place partners are working together to understand how this can be managed to minimise the impact on local health and care services over the winter period.

West Yorkshire ICS Finance Position as at Month 4 (July)

(Surplus) / Deficit - £m	Year to Date Plan	Year to Date Actual	Variance		Annual Plan	Forecast Outurn	Variance
West Yorkshire ICB	0.00	0.00	**0.00**		-4.50	-4.50	**0.00**
West Yorkshire Providers	24.80	13.80	**-11.00**		4.50	4.50	**0.00**
(Surplus) / Deficit	**24.80**	**13.80**	**-11.00**		**0.00**	**0.00**	**0.00**

Key Points:

The West Yorkshire ICS position also shows a favourable year to date position against plan, with a full year forecast position in line with plan. Therefore, no impact on the Place financial position is expected due to other pressures across the West Yorkshire ICS.

West Yorkshire Health and Care Partnership

NHS West Yorkshire Integrated Care Board

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Bradford District and Craven HCP People Committee

Date of meeting: 24 August 2022

Report to: WY ICB Board

Report completed by: Melanie Hudson (Chair, People Committee)

Date: 30 August 2022

Key escalation and discussion points from the meeting
Alert:
• No matters noted
Advise:
• Exercise in gathering insights into workforce challenges and opportunities for collaboration across Place has commenced and is highlighting new challenges being experienced across organisations and sectors for both recruitment and retention. • This intelligence, alongside some baseline workforce business intelligence data, will be used to inform an 'all pillars' development session in September (aimed at refreshing our Integrated People Plan priorities) and also identify any key recruitment and retention risks that require a particular focus and/or feeding into the risk register
Assure:
• Terms of Reference approved (review planned for February 2023) • Approach to risks and issues discussed. Senior Governance manager from ICB Team will be a regular member of the People Committee • Meeting schedule updated and agreed – bi monthly People Committee meetings with an additional 5 sponsored development sessions aligned to the Partnership priorities refresh and People Plan 4 pillars. Pillar Leadership Groups X 4 are aligning meetings and reporting structures to this new schedule • Partnership development, refresh of HCP priorities and leadership changes are continuing to provide an opportunity for pausing, reflection, refresh and re-alignment of our People and OD functions and priorities, with revisions to and establishment of the governance, reporting and leadership arrangements for all programmes of work (aligned to 4 pillars of Integrated People Plan and expectations of the ICB/ICS). The first 'all pillars' development workshop is taking place on 26 September 2022 • Highlight reports for each People Plan Pillar/programme of work produced and submitted to committee. Plan to develop metrics and an outcomes-based approach for all priorities which will be reflected in these highlight reports over time • Good news highlights: ✓ BD & C Workforce HWB Virtual Hub now part of the BD & C HCP/AAO website ✓ Exploring and developing the concept of an 'Act as One Experience' for our collective workforce ✓ Development of a place wide Learning Needs Reference Group and a 'Change Collaborative' both progressing ✓ New Social Care recruitment portal launched

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Sub Committee Escalation and Assurance Report to the BD&C Partnership Board

Report from: System Quality Committee (SQC)
Date the meeting: 25th August 2022

Key discussion points and matters to be escalated from the discussion at the meeting:
Alert:
• **SystmOne Incident**, an accidental deregistration of 8,000 patients occurred during a process carried out within a GP Unit. The intention was to follow advice from TPP (The Phoenix Partnership) regarding the management of patients whose episode of care within a hub had completed. An error occurred when following the guidance. All 8,000 records have since been restored. A serious incident has been declared; NHS Digital are leading an investigation to identify learning. All patients have been contacted • System Pressures are impacting on the **workforce,** in particular the Accident and Emergency Department and maternity services increasing the likelihood of service diverts. There is an increased possibility of industrial action. Measures are underway to provide support, but this is challenging in the current climate. • Due to a return to pre-Covid 19 legislation, there has been an increase in delays undertaking the **certification of patient deaths**, this is creating a cultural inequity.
Advise:
• There are significant delays in the service provision for clients within **Personalised commissioning** (including CHC). This is having both a quality and financial impact. Work is underway, supported by the System Finance Committee and SQC, to implement the recent joint **(Integrated Care Board /BMDC) service review** actions. Monitoring is also ongoing with NHSE. • The establishment of effective, robust care pathways agreed by all system partners for **Children with complex needs including SEND** children continues to be challenging. Extensive plans are in place and monitored through the SQC and Children's and Young Peoples Programme Board. The Joint Placement Panel will be strengthened. • The **BDCFT 0-19 CQC inspection report** was published on 24th August and rated the service as requires improvement. SQC are supporting the BDCT with necessary improvement actions.
Assure
Items discussed at the **August SQC meeting** included: • Adult Autism service update (including a user story)

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- System Quality Update
- A discussion regarding the Safe transition to the new system priorities – ensuring there is not a detrimental impact on current programmes.

The System Quality Insight, Assurance, and Improvement Group (sub-group to SQC) held 2 workshops in July/August the Terms of Reference were agreed, the meetings structures confirmed, and support given to the continued development of the patient safety sub-group in light of the recently published Patient Safety Incident Response Framework (PSIRF)

An SQC **planning meeting was held on 12th August 2022** to inform the future ways of working and priorities for the SQC for 2022/23. The group recognised the evolving journey of the SQC and its significant achievements over the past 12 months.

Risks discussed:

- The Partnership Risk Register was reviewed and discussed. The SQC recognises all the risks effecting quality and patient safety, in particular the risk aligned to Personalised Commissioning, and the risk matrix score of 25 (as above).

- Work is underway to develop a risk log and templates with the governance team.

New risks identified:

- None identified

Report completed by: Gill Paxton, Michelle Turner and Andy Withers (chair)
Date: 26th August 2022

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Sub Committee Escalation and Assurance Report to the BD&C Partnership Board

Report from: Citizen Forum Steering Group
Date of the meetings: 26 July and 23 August 2022

Key discussion points and matters to be escalated from the discussion at the meeting:
Alert:
• Nothing to report in this period.
Advise:
• Nothing to report in this period.
Assure
Continuing to develop plans for three workstreams shared with Partnership Board in July: 1. Digital workstream - strengthening a digital approach for online engagement 2. Network of Networks approach – making the most of activities that are already out there and focussing on filling the gaps 3. Listen in programme – going out into communities to develop insight and focussing on the 6 localities. It was agreed that the first Partnership Board that we would feed into would be November meeting scheduled in Skipton, therefore will carry out listening activity in Craven a few weeks prior to ensure the insights are collected and reported. Existing insight collected through community partnership and local Healthwatch will be issued to inform the listening activity and included in reporting. A subgroup including local VCS, community partnership leaders, ward teams, and key partner organisations will work up the detailed plan for each locality programme, in order to enable steering group to focus on wider agenda. **Governance** The managerial lead for the steering group is meeting with governance colleagues to ensure terms of reference and reporting routes are robust and provide appropriate level of assurance to the ICB. Following discussion with Partnership Leadership Team, a paper will be developed to describe how involvement of people and communities will be embedded into each of our five priority areas with clear links to the continuous involvement approach being developed under the Citizen forum workstream.
Risks discussed: • **Potential duplication on engagement activity across our system and inconsistent sharing of existing insight.** Steering Group agreed to work towards all involvement leads in our place having a shared forward plan. Local authority colleagues will share data recently obtained around area committee plans and ward plans.

New risks identified:
The following new risks were also discussed:

- **Reset of priorities** – need to ensure involvement is embedded and coordinated across the five priority programmes. Work to identify scope of influence that public involvement would have in each priority area, to ensure openness and transparency during our listening activity.

Report completed by: Victoria Simmons and Helen Rushworth
Date: 02/09/2022

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Sub Committee Escalation and Assurance Report to the BD&C Partnership Board

Report from: BD&C Clinical Forum
Date the meeting:

Key discussion points and matters to be escalated from the discussion at the meeting:
Alert:
There are currently no issues specific to the clinical forum to escalate to the board
Advise:

The **Bradford district and Craven Clinical Forum** comprises a collaborative group of senior clinicians and professionals whose collective aim is to provide multiprofessional clinical leadership at place. As a first update to the BD&C Partnership Board an overview of the forum and its areas of focus is provided below.
The key focus of the forum is
• Strategic approach to clinical priorities
  ○ Support the collective development of strategic priorities and work plans with multi-professional clinical input at the heart.
  ○ Be recognised and acknowledged as a single, joined up source of clinical support and challenge across the system, generating solutions and unblocking issues
• Leadership Development
  ○ Commit to the long-term development of system leaders, both clinical and non-clinical and actively support development of effective leaders from multiple professions.
  ○ Represent a multi-professional future vision of leadership at board level at both place and system
• Leadership Function
  ○ Provide a link between clinical leaders within the ICP at place and clinical leaders within the system via the ICS Clinical Forum.
  ○ Act in partnership and alongside other fora and groups
  ○ Identify & establish clinical networks

Assure
The Clinical Forum has been under a period of review including areas of focus and membership, to include a commitment to; • Be available to all clinical professions • Provide clinical leadership embedded in decision-making groups. • Provide the voice of place within ICS CPL structures • Align to the right structures and portfolios at place and system. • Support the development of strategy, priorities and work plans • Be a source of expertise into place and project/ programmes and share good practice • Develop functional interfaces with patient and service user representative groups

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Over the previous 12 months the group has provided input on the following

- Links to West Yorkshire System Quality Group
- System Strategy and Planning
- Prioritisation toolkit and process
- ICS and Place based development
- City of Research – collaboration
- Adverse Childhood Experiences (ACEs)
- Inequalities Academy & Core20PLUS5 Development
- Supporting Programmes, Projects, pathway reviews and workstreams
    - Act as One working principles
    - RiC
    - Respiratory
    - CVD & Stroke services
    - Vitamin D deficiency
- System Pressures / COVID 19 Impacts & recovery
- Children's services review outcomes
- Remote GP Consultation for imaging advice

Future updates will provide specific details of the items discussed at the forum. These are contained in the forward planner.

Next meetings

- Daniel Hartley and people directorate to support conversation around multiprofessional clinical leadership development
- Collaborative clinical working collective agreement to be ratified
- Cross sector principles of SystmOne tasks to be finalised

Risks discussed:

- N/A

New risks identified:

The following new risks were also discussed:

- There are currently no risks allocated specifically to the clinical forum.

Report completed by: David Crampsey - Executive Medical Director | Airedale NHS Foundation Trust and Clinical Forum Chair

Date: 15.08.2022

Bradford District and Craven Health and Care Partnership

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NHS West Yorkshire Integrated Care Board

Meeting name:	BdC Partnership Board
Agenda item no:	7
Meeting date:	29th September 2022
Report title:	Partnership risk register report – cycle 1 2022/23
Report presented by:	Sue Baxter, Assistant Director of Governance and Assurance
Report approved by:	James Drury, Partnership Development Director
Report prepared by:	Carrie Haywood, Senior Governance and Resilience Manager

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

Previous considerations:

The detailed cycle 1 risk report was presented to the Partnership Leadership Team on 27th July 2022, followed by People, Quality and Finance and Performance Committees throughout August 2022. Following this cycle 1 assurance stage the Partnership Leadership Team again received a copy of the updated risk report (via email, as the 31st of August 2022).

Executive summary and points for discussion:

1. Introduction

Introduction to the development of the risk report from the first cycle of the partnership risk register for 2022/23 covering the period from 1st July to 30th September 2022. This report will show where we are in the process of developing the new risk reporting style and format over the next 6 months.

2. Risk register process

With the dissolution of NHS Bradford District and Craven CCG on the 30 June 2022, the CCG's corporate risk register was closed and archived. Any open risks on the 30 June were reviewed by the West Yorkshire Operational risk management group and agreed to transfer either to the:

- Bradford District and Craven Health and Care Partnership risk register

- ICB corporate risk register to be escalated and managed at a West Yorkshire level

Further development of the register will come from a risk workshop focussed on: Partnership Assurance Framework and Partnership Risk Register on the 11 October. The Partnership Board development session will be extended to PLE, PLT and ALT to allow contributions to the conversation to strengthen the content of our risk management approach for the entirety of the Partnership.

3. BdC Risk Register – cycle one report

Currently there are 13 open risks on the partnership risk register. However, not all these open risks aligned to the partnership risk register, are considered to be a good fit with the partnership.

During cycle one following discussions at Quality Committee, Finance and Performance Committee and the People Committee in August five further emerging risks not yet added to the risk register have been identified. These risks will be included in risk cycle two which starts 15/09/2022 and are summarised in this report for consideration by the Partnership Board.

Any BdC Partnership risks rating 15 or above will be taken to the ICB Audit Committee alongside assurance of our risk management arrangements.

4. ICB Risk Register

The ICB risk register is included in this report for in information. Currently there are 15 open risks on the ICB risk register. The Reinforced, autoclaved, aerated concrete (RAAC) at Airedale General Hospital (ICB risk no 2036 with a score of 20) has been escalated to the West Yorkshire ICB risk register and is a focus for cycle one. Foluke Ajayi, chief executive officer of Airedale NHS Foundation Trust will provide an outline report on this escalated risk.

Outline how this supports our partnership vision and strategy

Our Purpose All working to the same goal, for our population to have more chances to lead healthier lives.

Our Population Supporting the delivery of our priorities and a better experience of health and care prioritising those with the worst outcomes.

Our Place Making our district a great place to live, work and thrive.

Our Partnership Greater value through the best use of our collective resources, minimising duplication and waste.

Recommendation(s)

The BdC Partnership Board is asked to note:

- The developing partnership risk register including for cycle one 13 open risks and discuss alignment recommendations (retain or transfer to ICB)
- the summary of the ICB register as of 31 August 2022 and the focus on 2036 RAAC at Airedale General Hospital and
- the risk management development session on the 11 October 2022

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

The report includes a summary of the current risks on the partnership risk register and a summary of those on the ICB corporate risk register for information

Appendices

1. Bradford District and Craven Risk Register – cycle 1
2. Emerging risks for cycle 2
3. West Yorkshire Integrated Care Board risk register (with a score of 12 and over)

Bradford District and Craven Health & Partnership Board - Risk Register Cycle 1 2022 – 2023

(1st July 2022 – 30th September 2022)

1. Brought forward and new risks – cycle 1 key messages

Thirteen risks have been added to the partnership risk register during this cycle as this is the first cycle of the BdC Health and Care Partnership. A summary of the risks and their initial risk scores are set out within this report. Future reports will contain updates on the movement of risks in terms of increasing or decreasing scores, as well as any additional new or closed risks. The risk register includes details of the key controls and mitigations to manage these risks, together with assurance on their effectiveness. Of the thirteen risks, eight are aligned to both the Finance and Performance and Quality Committees, one is aligned to the Quality Committee, three to the People committee and one to the Finance and Performance Committee. Please see Appendix 1 for a table setting out all these risks.

2. Look forward to cycle 2 – emerging risks

The following risks have been identified as emerging risks from each of the sub committees. These risks are not yet on the register as of the 31 August. The risks will be added to the risk register during the review period of cycle 2 of the risk register. Please see Appendix 2 for a table containing the emerging risks for cycle 2

3. ICB Risk log

The ICB corporate risk log has been provided to the board for information only for sight of what will be reported to the ICB Board. Currently there have been no ICB risk reports produced, in future reports this portion of the risk report is likely to include details of the West Yorkshire high level risks from cycle 2. Please see appendix 3 for a table containing the West Yorkshire Integrated Care Board risk register (with a score of 12 and over)

Appendix 1

Bradford District and Craven Risk Register summary – cycle 1					
Ref	**Committee**	**Risk description**	**Current Score**	**Target Score**	**Retain / transfer / archive**
2039	Both FPC and QC	**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.	16 (I4xL4)	6 (I3xL2)	Retain
2082	Both FPC and QC	**Personalised Commissioning: Fast track continuing health care funding waiting list.** There is a risk of inequity of care provision and resources across the system with some individuals receiving less or more care than necessary due to the personlised commissioning departments inability to keep up with service demands. This may result in over and under expenditure of budgets, avoidable hospital admissions, increased carer strain and admissions into 24 hour care settings.	16 (I4xL4)	1 (I1xL1)	Retain

Bradford District and Craven Risk Register summary – cycle 1					
Ref	**Committee**	**Risk description**	**Current Score**	**Target Score**	**Retain / transfer / archive**
2050	Both FPC and QC	**Dual data centre resilience –** There is a risk that should key equipment fail at either one of the Data Centres then all of the affected users will not be able to connect to another Data Centre and in turn will be unable to use their full Clinical and user desktop. This may result in a reduction in the number of people who could be seen in General Practice, introducing Clinical Risk, place additional stress on the GP workforce and in turn create pressures elsewhere in the place and potentially wider system.	15 (I5xL3)	6 (I3xL2)	Transfer to ICB Rationale: this risk impacts GP practices (duty sits with ICB) and ICB employed place staff (duty sits with ICB)
2040	FPC	**0-19 services: impact on H&CPB commissioned services** - There is a risk of impact on H&CPB commissioned services due to redesigned health visitor, school nursing and oral health services (commissioned by CBMDC) and health visiting and school nursing (commissioned by NYCC) with a significantly reduced budget), resulting in pressure on other health services.	15 (I5xL3)	9 (I3xL3)	Retain

Bradford District and Craven Risk Register summary – cycle 1					
Ref	**Committee**	**Risk description**	**Current Score**	**Target Score**	**Retain / transfer / archive**
2053	Both FPC and QC	**Information system compromise** - There is a risk of information system compromise due to a vulnerability (Log4Shell) found in a widely used piece of software (Log4j) across many trust information systems and infrastructure resulting in the possibility of cyber attackers stealing password/logins, stealing data and infecting systems/networks with malicious software/viruses.	12 (I3xL4)	3 (I3xL1)	Transfer to ICB Rationale: this risk impacts GP practices (duty sits with ICB) and ICB employed place staff (duty sits with ICB)
2052	Both FPC and QC	**Cyber-attack -** There is a risk of vulnerability to cyber-attack due to sophisticated and seemingly genuine click bait emails/viruses/hacking being received in the organisations containing viruses / ransomware. This could result in disruption to business operations, impact on patient care / experience, lost data and diversion of key technical resources.	12 (I3xL4)	3 (I3xL1)	Transfer to ICB Rationale: this risk impacts GP practices (duty sits with ICB) and ICB employed place staff (duty sits with ICB)

Bradford District and Craven Risk Register summary – cycle 1					
Ref	**Committee**	**Risk description**	**Current Score**	**Target Score**	**Retain / transfer / archive**
2051	Both FPC and QC	**Computing Resource Demand Management -** Following an alert in 2021 from TPP that a new release of functionality in SystmOne was imminent which would consume a significant amount computing power, mainly memory (RAM) resources. There was a risk that the current computing power / resources available would not be able to handle this new functionality. This would mean that not all users would be able to log on to the environment and consume services in a timely manner, adding delay to the user experience and in extreme case some users would not be able to log on at all. The main impact of this would be on General Practice.	10 (I5xL2)	5 (I5xL1)	Transfer to ICB Rationale: this risk impacts GP practices (duty sits with ICB)
2047	Both FPC and QC	**Deprivation of Liberty (DOL) in PCD funded cases** - There is a 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.	9 (I3xL3)	9 (I3xL3)	Retain

Bradford District and Craven Risk Register summary – cycle 1					
Ref	**Committee**	**Risk description**	**Current Score**	**Target Score**	**Retain / transfer / archive**
2045	Both FPC and QC	**Personalised Commissioning Department - Procurement and commissioning of independent care providers** – There is a risk of the PCD being unable to procure / commission care which may result in an increase in carer strain and or admission to hospital this will result in increased pressure within the acute care sector and or an increase in admissions to 24 hour care settings	9 (I3xL3)	9 (I3xL3)	Retain
2037	QC	**Hydroxychloroquine monitoring -** There is a risk of retinopathy in patients taking hydroxychloroquine long term (which has been found to lead to permanent sight loss in a small number of cases), due to a lack of a commissioned service across the Bradford District and Craven to screen such patients and difficulties in identifying the patient cohort, resulting in failure to meet Royal College of Ophthalmologists recommendations and potentially resulting in patient harm and HCP liability.	12 (I4xL3)	4 (I4xL1)	Transfer to ICB Rationale: this risk is being discussed in other places across West Yorkshire and is emerging as a common risk

Bradford District and Craven Risk Register summary – cycle 1					
Ref	**Committee**	**Risk description**	**Current Score**	**Target Score**	**Retain / transfer / archive**
2041	PC	**Staff wellbeing and morale -** There is a risk to staff wellbeing, morale and motivation in the early days following transition to the ICB and the HCP which could result in an increase in workload for some staff, a lack of clarity around new roles and objections for some staff, and personal anxieties around change for some staff.	9 (I3xL3)	4 (I2xL2)	Transfer to ICB Rationale: this risk impacts ICB employed place staff (duty sits with ICB)
2028	PC	**Mandatory training -** There is a risk of breach of statutory and regulatory requirements for the WY ICB due to levels of mandatory training by BDC Health and Care Partnership staff being below target levels / staff lacking in recent training in key areas, potentially resulting in financial penalties for the WY ICB and related reputational damage in case of a related incident for both the BDC Health and Care Partnership and West Yorkshire ICB.	9 (I3xL3)	6 (I3xL2)	Transfer to ICB Rationale: this risk impacts ICB employed place staff (duty sits with ICB)

Bradford District and Craven Risk Register summary – cycle 1					
Ref	**Committee**	**Risk description**	**Current Score**	**Target Score**	**Retain / transfer / archive**
2042	PC	**Staff health and safety -** There is a risk to the health and safety of staff due to the impact of the recent COVID-19 pandemic which has resulted in (i) working at home and (ii) working on BDC HCP premises intermittently, which could result in harm and employer liability.	6 (I3xL2)	6 (I3xL2)	Transfer to ICB Rationale: this risk impacts ICB employed place staff (duty sits with ICB)

Appendix 2

Emerging risks identified for cycle 2					
Ref	**Committee**	**Risk description**	**Current Score**	**Target Score**	**Comments**
Cycle 2	FPC	**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.	**TBC**	**TBC**	
Cycle 2	FPC	**Access Programme: Claw-back of elective recovery funds -** There is a risk that elective activity levels will continue to be lower than plan trajectories across the West Yorkshire ICS in the second half of the year which could result in the claw-back of Elective Recovery Funding.	**TBC**	**TBC**	

Emerging risks identified for cycle 2					
Ref	**Committee**	**Risk description**	**Current Score**	**Target Score**	**Comments**
Cycle 2	QC	**Infection prevention and control - COVID infection rates -** Plans are based on COVID infection rate at Summer 2021 levels. There is a risk that COVID infection rates could increase resulting in higher COVID related hospital admissions which would impact on wider system performance (activity, workforce, and finance).	**TBC**	**TBC**	suggest COVID will peak and trough over time therefore has this now become BAU. Recent experience is that any increase in community on admission to hospital patients are admitted with COVID rather than because. There could be a broader respiratory risk around waning flu immunity in population over past couple seasons and increased risk of people not heating their homes (due to the energy costs), resulting in damp housing stock and associated respiratory problems that may arise
Cycle 2	PC & FPC	**People - availability of workforce –** There is a risk that the availability of workforce impacts on the delivery of operational plan targets due to non-availability, retention and / or cost issues.	**TBC**	**TBC**	

Emerging risks identified for cycle 2					
Ref	**Committee**	**Risk description**	**Current Score**	**Target Score**	**Comments**
Cycle 2	FPC	**Estates Strategy (enabler) - NHS capital availability -** There is a risk that the availability of NHS capital (CDEL) could restrict our ability to progress local strategic developments.	**TBC**	**TBC**	
Cycle 2	PC	**People - Retention of staff -** There is a risk on service delivery should staff not be retained in key areas. This risk alongside other potential emerging risks surrounding workforce is being developed through the people committee and will be added to the register in cycle	**TBC**	**TBC**	

Appendix 3

West Yorkshire Integrated Care Board risk register (with a score of 12 and over (cycle 1)					
Ref	**ICB Committee**	**Risk description**	**Current Score**	**Target Score**	**Comments / notes**
2113	FIPC	**Transformation funding -** There is a financial and reputational risk that transformation funding is not recurrent due to NHSE lack of clarity resulting in it being difficult to commit to future models.	**20**	**12**	Would we seek to align this risk to BDCHCP FPC
2111	FIPC & QC	**Transformation capacity** - There is a service delivery risk that the scale of the programme ambition and volume of possible workstreams leads to dilution and reduced delivery due to overstretching resulting in a lack of improvement in the areas that most need it	**20**	**12**	Would we seek to align this risk to BDCHCP FPC
2102	QC	**Maternity -** There is a risk to the delivery of safer maternity care. This is due to the inability to recruit & retain staff; sickness; the impact of covid, and maternity leave across the entire maternity multi-disciplinary team.	**20**	**2**	Would we seek to align this risk to BDCHCP QC

West Yorkshire Integrated Care Board risk register (with a score of 12 and over (cycle 1)					
Ref	**ICB Committee**	**Risk description**	**Current Score**	**Target Score**	**Comments / notes**
2036	QC	**Estates (enabler) - RAAC AT AIREDALE** - There is a risk of structural deficiencies at Airedale General Hospital related to construction using RAAC (reinforced, autoclaved, aerated concrete) making it necessary to undertake a full or partial evacuation of the site due to issues either at Airedale or other RAAC sites in the country. This potentially could involve injuries to patients and/or staff, disruption to patient care and increased pressure on the rest of the health and social care system across Yorkshire and the Humber.	**20**	**9**	Note: that this risk is a BDC Health and Care Partnership risk which has been escalated to the West Yorkshire ICB risk register Would we seek to align this risk to BDCHCP QC
2109	FIPC & QC	**Cancer Risk clinical outcomes: -** 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.	**16**	**1**	Would we seek to align this risk to BDCHCP FPC & QC

West Yorkshire Integrated Care Board risk register (with a score of 12 and over (cycle 1)					
Ref	**ICB Committee**	**Risk description**	**Current Score**	**Target Score**	**Comments / notes**
2108	FIPC & PC	**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.	**16**	**1**	Would we seek to align this risk to BDCHCP FPC & PC
2105	FIPC & QC	**Local Care Direct Clinical Assessment Service funding and delivery -** There is a risk to continuing the operational delivery of the West Yorkshire Clinical Assessment Service due to lack of agreed funding. This would result in additional activity in the NHS 111 services and increased referrals to Emergency Departments.	**16**	**1**	Would we seek to align this risk to BDCHCP FPC, QC & PCAG

West Yorkshire Integrated Care Board risk register (with a score of 12 and over (cycle 1)					
Ref	**ICB Committee**	**Risk description**	**Current Score**	**Target Score**	**Comments / notes**
2104	QC & PC	**Maternity -** There is a risk to achieving the national ambition for Continuity of Carer due to staffing, finance and infrastructure e.g. estates in the community / hubs Research shows that CoC provides 30% safer care. The impact is that some women will not receive continuity during their pregnancy which may result in poor quality care and outcomes. This risk also affects the reputation of Trusts.	**16**	**4**	Would we seek to align this risk to BDCHCP QC & PC
2103	QC	**Maternity -** Smoking prevalence in women booking for their maternity care and at delivery is high across West Yorkshire. There is a risk of still birth, preterm births and other complications for these women and their infants.	**16**	**4**	Would we seek to align this risk to BDCHCP QC
2100	FIPC	**Access programme -** There is a risk that the costs of clinically agreed policies may not be affordable in all places due to differences in the current financial position between places resulting in a requirement to limit access based on non-clinical criteria	**16**	**8**	Would we seek to align this risk to BDCHCP FPC

West Yorkshire Integrated Care Board risk register (with a score of 12 and over (cycle 1)					
Ref	**ICB Committee**	**Risk description**	**Current Score**	**Target Score**	**Comments / notes**
2112	FIPC	**Transformation workforce capacity -** 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.	**12**	**6**	Would we seek to align this risk to BDCHCP FPC
2110	FIPC & QC	**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.	**12**	**1**	Would we seek to align this risk to BDCHCP FPC & QC

West Yorkshire Integrated Care Board risk register (with a score of 12 and over (cycle 1)					
Ref	**ICB Committee**	**Risk description**	**Current Score**	**Target Score**	**Comments / notes**
2107	FIPC & QC	**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.	**12**	**1**	Would we seek to align this risk to BDCHCP FPC & QC
2106	QC	**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 and SDF continues on a similar trajectory with the expected 10 year cancer plan. This would impact on clinical outcomes and risk significant reputational damage for the ICB.	**12**	**1**	Would we seek to align this risk to BDCHCP QC

West Yorkshire Integrated Care Board risk register (with a score of 12 and over (cycle 1)					
Ref	**ICB Committee**	**Risk description**	**Current Score**	**Target Score**	**Comments / notes**
2099	FIPC	**Business intelligence** - 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.	**12**	**6**	Would we seek to align this risk to BDCHCP FPC

Bradford District and Craven Health and Care Partnership

ACTasONE

NHS West Yorkshire Integrated Care Board

Meeting name:	Bradford District and Craven Partnership Board
Agenda item no:	8
Meeting date:	29th September 2022
Report title:	Airedale General Hospital RAAC Update
Report presented by:	Foluke Ajayi, Chief Executive Airedale NHS FT
Report approved by:	Foluke Ajayi, Chief Executive Airedale NHS FT
Report prepared by:	Foluke Ajayi, Chief Executive Airedale NHS FT

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

Previous considerations:

This paper supplements the partnership risk report which is item 7 on today's agenda.

Executive summary and points for discussion:

Background

Airedale General Hospital is constructed of a concrete structural frame and around 50,000 reinforced autoclaved aerated concrete (RAAC) planks which make up the walls, floors, ceilings and roof.

The Institute of Structural Engineers advise that RAAC should be removed or buildings that are heavily constructed of the product should be replaced. In the case of Airedale General Hospital, structural engineers have advised that the building should be replaced as soon as possible and no later than 2030

RAAC is the highest risk on the Trust's risk register with a score of 25. The West Yorkshire ICS and the regional office of NHS England have previously acknowledged that it is also one of the highest risks in the West Yorkshire and North East and Yorkshire areas respectively.

This paper provides an update on the current RAAC situation and highlights some of the latest incidents and their impact on the hospital.

RAAC profile

The Trust's inspection and monitoring programme serves to ensure that all defects within the RAAC and the building's ordinary weight concrete frame are identified and monitored, with the support of independent structural engineers

The inspection programme has identified the need to structurally support all load bearing RAAC planks. To date that all 20,000 planks should be structurally supported. Some have already been supported and a ward decant programme will commence in October which will enable access to the most urgent areas of need on a rolling basis.

Whilst Airedale is one of five hospitals predominantly constructed of RAAC, it has a number of unique challenges.

- The extent of RAAC (only one with RAAC floors and structural frame)
- The largest flat roof in the NHS and the most active roof leaks per year. Water ingress has a major impact on the integrity of the RAAC and is a further indicator of risk
- The integrity of RAAC planks around skylights is of particular concern due to inadequacies in the original design

Incidents and Near Misses

Two significant incidents have occurred in 2022 which are redefining the scope of works to manage the RAAC risks.

- In February, a structural corbel sheared away from the main building frame and fell into an office. The piece of concrete – weighing around 15kgs – could have caused severe injury and risk to life had the office been occupied at the time
- In July, a suspended ceiling partially collapsed into a stairwell as a result of heavy rainfall saturating the lightweight tiles. Structural engineers found that RAAC planks around a skylight had significantly deflected.

Risks

There is a known risk of sudden collapse with RAAC planks after an incident occurred at a school in 2018. There is no known precedent for a collapse of the structural frame within a RAAC building but structural engineers have advised that due to the issues found in Airedale General Hospital – and the incidents described above – that this is a high risk factor.

The work to structurally support RAAC is highly invasive and requires areas to be fully vacant – including those above and beneath the area of work. Extensive planning is underway to achieve this but there are some unavoidable operational risks as a result including risks to

- Patient care and experience due to noise and vibrations from the works;
- Patient safety during ward decant
- Service efficiency and achievement of elective recovery goals

Mitigations are in place to manage these risks and the Trust is in constant contact with NHS England via the regional team and the formal RAAC programme arrangements.

There is a further, significant financial risk to the Trust. The RAAC funding is a Capital Funding Allocation and as such, revenue costs are yet to be supported by NHS England. The Trust has had to go at risk by approximately £1.4m to date to enable the RAAC decant work to take place.

New Hospital

The Trust has been invited to participate in a scoping exercise by the national New Hospital Programme. This is not a confirmation of a place within the New Hospital Programme and there is no timeline for this announcement.

Whilst this approach signals some progress, there remains a risk that the Airedale scheme could be slowed down by the process to standardise processes and hospital design/deliverability across the whole national programme.

Emergency Preparedness

Airedale NHS Foundation Trust will continue to manage the RAAC risk until such time that structural engineers advise this is no longer possible, or in the event that a sudden collapse or significant incident at another of the RAAC hospitals where the circumstances are very similar.

The Trust has its own evacuation plans in place which provide scenarios for partial and full site, no-notice evacuation, and rely heavily on the ability of hospitals in West Yorkshire and further afield to receive patients and provide care.

A Regional EPRR RAAC Steering Group is responsible for coordinating and overseeing the planning of a system response across the region and ensuring considerations have been made for the provision of urgent and unplanned care alongside elective services in the event of a full hospital closure.

The Trust has actively participated in this work and in wider national EPRR learning events and has engaged in dialogue with NHS England on the need for more clarity on the national Command and Control arrangements in the event of a sudden RAAC collapse anywhere in the UK

Conclusion

The Partnership Board is asked to note the contents of this paper and to support Airedale's ongoing bid to secure funding for a new hospital. The Trust requests the ongoing support of Partnership Board members in the planning of its major incident response and in ongoing dialogue with system partners to maintain the profile of this work

Recommendation(s)

The BDC Partnership Board is asked to:

1. Note the contents of this paper and to support Airedale's ongoing bid to secure funding for a new hospital.
2. Continue supporting the planning of the major incident response and ongoing dialogue with system partners to maintain the profile of this work

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:

ICB risk no 2036 regarding RAAC at Airedale General Hospital

Appendices

1. Full report Airedale General Hospital RAAC Update

Airedale
NHS Foundation Trust

29 September 2022

Update for BDC Health and Care Partnership Board

Airedale General Hospital RAAC Update

1. Background

Airedale General Hospital is constructed of an ordinary weight concrete structural frame and around 50,000 reinforced autoclaved aerated concrete (RAAC) planks which make up the walls, floors, ceilings and roof.

The Institute of Structural Engineers (IStructE) has raised concerns regarding the structural integrity of RAAC and issued two SCOSS (Standing Committee on Structural Safety) Alerts which advise that RAAC should be removed or buildings that are heavily constructed of the product should be replaced.

In the case of Airedale General Hospital, structural engineers have been advised that the building should be replaced as soon as possible and no later than 2030.

The Trust first identified RAAC in its building in late 2019 and has subsequently worked with independent structural engineers to devise and implement a series of actions to manage the RAAC in place whilst funding can be secured to construct a new hospital.

RAAC is the highest risk on the Trust's risk register with a score of 25. The West Yorkshire ICS and the regional office of NHS England have previously acknowledged that it is also one of the highest risks in the West Yorkshire and North East and Yorkshire areas respectively.

This paper provides an update on the current RAAC situation and highlights some of the latest incidents and their impact on the hospital.

2. RAAC profile

The Trust's inspection and monitoring programme serves to ensure that all defects within the RAAC and the building's ordinary weight concrete frame are identified and monitored, with the support of independent structural engineers.

All c.20,000 load bearing RAAC planks have undergone an initial inspection with around 30% found to be defective. At least 500 planks are severely defective and have already been supported with props, steel or timber ceiling supports. In

addition, the SCOSS alert advises that all 20,000 planks should be structurally supported: a small number have been supported and there is a ward decant programme due to commence in October which will enable access to the most urgent areas of need on a rolling basis.

The inspection programme has enabled the Trust to “diagnose” the cause of the defects which are:

- **Design and build:** The configuration of structural beams and corbels, and the installation of skylights have been shown to be inadequate in their original design leading to some of the issues being seen today. In addition, the production of RAAC on-site at the time of the construction, coupled with the lack of sufficient quality control, have meant that there is significant variation in the composition and quality of the RAAC. These issues can never be repaired although some mitigations can be put in place to manage the risks.

- **Damage:** Very little has been known about RAAC and over the last 50 or so years of the hospital’s life, a large number of modifications have been made to the building which are now known to have compromised the strength and integrity of the RAAC. The only way to eliminate these would be to replace all of the RAAC in the hospital.

- **Deterioration:** Active deterioration in RAAC is very difficult to diagnose and monitor with more work currently underway to refine this process. However, currently indications suggest that around 300 planks have deteriorated since their last inspection. The management plan in place aims to try and slow the rate of deterioration but cannot reverse this process or prevent further deterioration.

Whilst Airedale is one of five hospitals predominantly constructed of RAAC (known as the RAAC-5), it has a number of unique challenges. It is the only hospital with defects in its structural frame - 34 structural beams across 8 wards are being closely monitored with some requiring steel reinforcement and structural corbels attached to the frame have also been found to be defective in some places. Specialist scanning has been undertaken to understand the scale of the issues.

Engineers are testing the ability of the structural frame to carry the weight of the steel needed to support the RAAC planks. The findings of this will determine whether the next phases of the RAAC management works can take place as planned or if more structural work will be required to safely manage the RAAC across the hospital.

Airedale also has the largest flat roof in the NHS – 30,000m2 - and has recorded c.220 active roof leaks per year, more than any other hospital. Water ingress has a major impact on the integrity of the RAAC and is a further indicator of risk.

Structural engineers are closely monitoring the behaviour of the RAAC floors – no other hospital has these floors and there is currently no evidence base within the construction industry on the behaviour of this material.

The integrity of RAAC planks around skylights is of particular concern due to inadequacies in the original design. There are approximately 200 skylights across the hospital, all of which are subject to regular inspections. The type of construction means that some of these skylights have little surface water drainage and therefore ponding of water around them adds to the risk of a sudden collapse.

The inspection programme is supported with a methodology approved by two independent structural engineers and the frequency of inspections can range from weekly to annually in line with this process. So far, over 65% of annual re-inspections have been completed.

3. Incidents and near misses

Two significant incidents have occurred in 2022 which are redefining the scope of works to manage the RAAC risks.

In February, a structural corbel sheared away from the main building frame and fell into an office. The piece of concrete – weighing around 15kgs – could have caused severe injury and risk to life had the office been occupied at the time. The incident prompted structural engineers to advise that specialist scanning be undertaken with a view to identifying other corbels that may require structurally supporting. There are 3000 of these corbels in wards and a yet uncounted number elsewhere in the hospital.

In July, a suspended ceiling partially collapsed into a stairwell as a result of heavy rainfall saturating the lightweight tiles. Structural engineers found that RAAC planks around a skylight had significantly deflected due to the extremely high temperatures that preceded the rainfall and this had caused cracking to the waterproof coating on the roof. The water ingress had caused the RAAC to become saturated which increased the risk of the skylight collapsing. The stairwell was closed and ground-floor to second-floor scaffolding erected to provide support to the roof.

The stairwell incident triggered an urgent investigation into five other stairwell skylights with structural engineers advising that these will require frequent inspections or structural engineering works over the coming months. This will be a significant impact on the operation of the building as the stairwells form part of the evacuation plans.

Incident reports can be found in Appendixes A and B.

4. Risks

There is a known risk of sudden collapse with RAAC planks after an incident occurred at a school in 2018. This triggered the IStructE's initial investigations and subsequent publication.

There is no known precedent for a collapse of the structural frame within a RAAC building but structural engineers have advised that due to the issues found in Airedale General Hospital – and the incidents described above – that this is a high risk factor.

The work to structurally support RAAC is highly invasive and requires areas to be fully vacant – including those above and beneath the area of work. Extensive planning is underway to achieve this but there are some unavoidable operational risks as a result including risks to:

- The delivery of elective recovery work due to the need for urgent and planned RAAC work;
- Full bed occupancy if engineering solutions cannot be implemented in a timely manner.
- Patient flow, discharge and bed occupancy due to RAAC associated activity;
- Patient care and experience due to noise and vibrations from the works;
- Service efficiency;
- Patient safety during ward decant and increased risks as a result of staff working in unfamiliar environment;
- Site services risk as more accommodation is required to support movement of services/people, and more demand for cleaning, portering and other facilities;
- Logistical risks due to the need for additional building compounds on site, the delivery of materials and heavy plant.

Mitigations are in place to manage these risks and the Trust is in constant contact with NHS England via the regional team and the formal RAAC programme arrangements.

There is a further, significant financial risk to the Trust. The RAAC funding is a Capital Funding Allocation and as such, revenue costs are yet to be supported by NHS England. The Trust has had to go at risk by approximately £1.4m to date including short-term hire of an endoscopy modular unit to enable the RAAC decant work to take place. NHS England has been notified of this issue but this remains a risk to the Trust and NHS England has signposted the Trust to ICB for discussion and support.

5. Impact

The Trust has worked hard to minimise the impact of RAAC works to date but recognises the scale of the works needed and the disruption caused by the decant programme will undoubtedly impact on the ability to deliver care in safe buildings and to the highest standards. The impact to date includes:

- Bed space on Ward 14 (respiratory medicine) has been closed for 7 months, equal to 58 inpatient admissions (base on average LOS of three days).
- Cancellation of one ophthalmology day case list and one paediatric dentistry list.
- Increased anxiety among staff working across the hospital.
- Financial impact as described above.
- Workforce impact – estates, operations and clinical teams required to plan service diversions, closures and ward decant.

During the decant programme, it is anticipated that there will be an impact on patient experience including the knock-on effect of closures of parking spaces and other open spaces as more space is needed for a second modular building and for construction compounds. The outdoor environment is important to the recovery of long-term patients in particular, and there may need to be some compromises to gardens and other open spaces as a result of the RAAC works.

6. New Hospital

The Trust has been invited to participate in a scoping exercise by the New Hospital Programme which they have been asked to explore in light of the increased risk within these hospitals. The arrangements are not confirmation that the RAAC-5 have secured the final places on the New Hospital Programme and there is no timeline for this announcement.

The focus of the NHP within this process is to devise an at scale model of programme delivery and develop “Hospital 1.0” – a blueprint for new hospitals, using modern methods of construction to maximise value for money across all NHP schemes.

There are five cohorts on the NHP, four of which have a defined timescale for delivery. The RAAC-5 cohort has yet to be confirmed and this remains a risk; for comparison hospitals in the “pathfinder” wave 1 cohort, including Leeds Teaching Hospitals, have seen little progress to date.

Earlier in the year, the Treasury commissioned Mott MacDonald to undertake an independent review of the RAAC-5 hospitals. Their report confirmed structural engineers’ assertions that the hospitals needed to be replaced by 2030.

Whilst this approach signals some progress, there remains a risk that the Airedale scheme – and those of other RAAC-5 hospitals – could be slowed down by the process to standardise processes and hospital design/deliverability across the whole national programme.

The Trust continues to engage a wide range of stakeholders to gain their support in lobbying for a prompt confirmation of funding for a new hospital and recognition of the need to increase the pace of delivery of its new hospital scheme.

7. Emergency Preparedness

Airedale NHS Foundation Trust will continue to manage the RAAC risk until such time that:

- structural engineers advise this is no longer possible due to the continued deterioration of the building; or
- it is no longer possible to operate services from the site due to the extent of propping or other engineering disruption; or
- in the event that a sudden collapse or significant incident occurs at another of the RAAC-5 hospitals where the circumstances are the same (or very similar) as those that also exist within Airedale General Hospital.

The Trust has its own MAJAX and Evacuation plans in place which provide scenarios for partial and full site, no-notice evacuation, and rely heavily on the ability of hospitals in West Yorkshire and further afield to receive patients and provide care in the immediate, short and medium-term.

There are some organisations which have staff or services co-located on the Airedale NHS Foundation Trust site including Bradford District Care Trust, Bradford Metropolitan Borough Council and North Yorkshire County Council. These partners have been engaged in MAJAX planning to ensure business continuity and evacuation arrangements are in place if required.

A Regional EPRR RAAC Steering Group chaired by Anthony Kealy is responsible for coordinating and overseeing the planning of a system response across the region and ensuring considerations have been made for the provision of urgent and unplanned care alongside elective services in the event of a full hospital closure.

The Trust has actively participated in this work and in wider national EPRR learning events and has engaged in dialogue with NHS England on the need for more clarity on the national Command and Control arrangements in the event of a sudden RAAC collapse anywhere in the UK. The Trust is currently reviewing the report into findings from Exercise Walker; a tabletop exercise held in the East of England to test EPRR plans in the event of a no-notice hospital evacuation. Learning from this will be incorporated into the Trust's MAJAX arrangements and shared with system partners.

In the meantime, the Trust's preparedness work includes the following activities:

- contractor procurement processes including RAAC statements and conditions of service;
- on-site contractor management – e.g. awareness training and a roof access permit system;
- training and awareness for all estates colleagues in spotting and reporting RAAC issues; and

- a broader staff awareness campaign to encourage vigilance and reporting of estates issues.

A full stakeholder engagement programme is in place to maintain high levels of awareness of Airedale's position across system partners, national bodies including NHS England, Department for Health and Social Care, and the Treasury, and with MPs and Ministers. This will be refreshed in light of the recent announcement of Rt Hon Liz Truss MP as Prime Minister and the establishment of a new government; Mrs Truss is aware of the RAAC challenge and has been heavily involved in lobbying for a replacement building for Queen Elizabeth Hospital King's Lynn.

8. Conclusion

The Partnership Board is asked to note the contents of this paper and to support Airedale's ongoing bid to secure funding for a new hospital. The Trust requests the ongoing support of Partnership Board members in the planning of its major incident response and in ongoing dialogue with system partners to maintain the profile of this work.

Report Author – Fran Hewitt, Senior Programme Manager - Securing the Future Airedale NHS FT

Report Owner – Foluke Ajayi, Chief Executive, Airedale NHS Foundation Trust

APPENDIX A: Airedale RAAC impact case study: Medical Records Office

17 February 2022

Location	Office in Trust Headquarters Admin Corridor
Service provided	Medical Records
Structural issues	The medical records office houses four members of staff. There are no known issues with the RAAC panels themselves. A RAAC-related incident was identified on Monday 14 February. A piece of concrete fell into an office on the ground floor of the building at some point over the weekend. The office was vacant and locked at the time. The material that fell was the corbel which had sheared away from the structural load-bearing column. The column is ordinary weight reinforced concrete and provides support to RAAC panels. There are no signs of any corrosion of the internal reinforcement bar, which has been exposed. We are not aware of any significant change in load from the floor above or any extensive work carried out in the area in recent times. This is the first time the Trust has recorded a failure in the load-bearing concrete structure and is therefore a significant event.
Work undertaken	Upon discovery, an acrow-prop was installed to reinstate the bearing and support the RAAC panels which span a small admin corridor outside of the office. A structural engineer has confirmed that this is an appropriate course of action.
Operational impact	The operational impact was minimal due to the rapid response of the Trust's in-house RAAC Team who were able to attend, assess and commence propping within 90 minutes of receiving the call to alert them to the incident. A structural engineer responded within a few hours to confirm the appropriate course of action had been taken. Staff were able to return to the office the same day.
Financial impact	The Trust has a call-off contract with a structural engineer who advised on this case. Staff time was lost for the short amount of time the office was not useable. Two maintenance officers were deployed to install the prop which took one day including the boxing in with IPC-friendly materials.

Staff/patient impact	The incident was reported as a “near miss” through the Trust’s own incident reporting system and through RIDDOR to the Health and Safety Executive. Had the office been occupied, the incident would almost certainly have led to serious harm.
Image: Structural column showing the area that the corbel has sheared off from. Rebar is exposed with no signs of corrosion. The second image shows the corbel.	

APPENDIX A: Situation Report – Dales Suite stairwell incident

Situation

A stairwell adjacent to the Dales Suite has been closed to all but essential access whilst structural engineering work is undertaken to support a skylight and adjacent RAAC planks, and to resolve a roof leak.

The stairwell has been closed since 24 July and has caused disruption to the efficient delivery of services, movement of staff around the hospital, and impact on the estates team as they plan and deliver the major works required to install engineering solutions.

There has been a significant impact on the RAAC programme with enhanced, complex inspections now required across multiple parts of the hospital and changes to standard operating procedures which have increased the duties and activities needed during periods of severe weather.

There is likely to be short-term disruption until mid-October as a result of the works, with longer-term impact for the next 6-12 months due to the enhanced skylight inspections.

Background

On Sunday 24 July, an interior suspended ceiling partially collapsed into a stairwell and rainwater entered the building. There was heavy rain at the time and this had followed a heatwave with temperatures exceeding 32C in the preceding days.

There was no-one present when the ceiling tiles collapsed and fell. Had this happened when people were using the stairs, then it is considered that this could have led to accident and/or injury due to the presence of water and the potential for an individual to be hit by falling debris.

This occurrence was initially reported to the shift engineer and it was agreed to close the stairwell until further investigation could be undertaken to ascertain the cause of the leak.

On 27 July, an inspection was undertaken by the RAAC Team and temporary propping was installed. A further risk assessment was undertaken to determine whether the stairwell could be re-opened and it was determined that the area should remain closed until a full structural engineering investigation was undertaken.

Curtins Ltd advised on 29 July that they were satisfied with these interim measures and attended site on 3 August to undertake a full investigation. This identified two RAAC planks adjacent to a skylight that had significantly deflected, leading to cracking in the asphalt on the roof which allowed water to enter the building. Significant water ponding was also discovered on the roof.

As a result of these findings, structural engineers advised that a temporary scaffolding structure needed to be put in place until a full steel solution could be installed.
In addition, Curtins advised that all skylights within stairwells across the hospital also be checked and these were carried out on 4 and 5 August.

The inspections identified five further skylights of which one was noted to have new, excessive deflection in two planks. Curtins advised that all stairwell skylights continue to be monitored weekly for five weeks with all data shared with the engineers for assessment. After review, Curtins advised that the monitoring period could be reduced to every eight weeks.

On 17 August, a full structural design was received and contractors invited to plan and deliver the work which is anticipated to be completed by mid- October.

Assessment

The structural assessment identified that:

- The planks were likely to have deflected due to high temperatures;
- The deflection is likely to have caused the exterior asphalt to crack and allow rainwater into the building;
- The rainwater saturated the internal ceiling tiles, compromising their integrity and causing them to fall from their metal frame;
- The lack of water drainage in the area surrounding the skylights was an added risk factor to the risk of sudden collapse.

Recommendation
Curtins Ltd has recommended the following actions take place:

- Complete structural works in the Dales Suite stairwell
- Re-inspect the Dales Suite stairwell annually once works completed
- Inspect the remaining five stairwell skylights every three months
- Undertake skylight inspections in the event of temperatures exceeding 30C or snowfall exceeding 50mm.

These recommendations were accepted by AGH Solutions on behalf of the Trust. An assessment is currently underway to appraise the operational impact of planning a rolling closure of stairwells to undertake full structural engineering works. This would remove the requirement to inspect the stairwells more than once per year, which is considered to be less disruptive to the operation of the hospital.

AGH Solutions is undertaking this assessment with the Trust's Ops Team and EPRR Manager and will present its recommendations to the RAAC Executive Assurance Group in September, to be incorporated into the work plan for Q3/Q4 and 23/24.

Bradford District and Craven Health and Care Partnership

ACTasONE

NHS West Yorkshire Integrated Care Board

Meeting name:	Partnership Board
Agenda item no:	9
Meeting date:	29th September 2022
Report title:	Engagement in West Yorkshire ICS Strategy Development
Report presented by:	Esther Ashman, Programme Director
Report approved by:	N/A
Report prepared by:	Esther Ashman, Programme Director and Clare Smart, Associate Director

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

Previous considerations

Bradford District and Craven Clinical Forum.

Bradford District and Craven Partnership Leadership Executive.

Executive summary and points for discussion

In February 2020, the West Yorkshire Health and Care Partnership published its Five-Year Strategy. With the passage of the Health and Care Act 2022 and the new statutory arrangements to support integration, all ICSs across England are required to refresh their strategies during 2022/23.

On the 1st July we became a statutory organisation as the Integrated Care Board and with that a requirement for our Integrated Care Partnership (formerly Partnership Board) to publish a refreshed strategy and for the Integrated Care board to publish a five year delivery plan which will be refreshed on an annual basis. These conversations we are having in these engagement sessions will inform those two documents.

Outline how this supports our partnership vision and strategy

Our Purpose - All working to the same goal, for our population to have more chances to lead healthier lives.

Our Population - Supporting the delivery of our priorities and a better experience of health and care, prioritising those with the worst outcomes.

Our Place - Making our district a great place to live, work and thrive.

Our Partnership - Greater value through the best use of our collective resources, minimising duplication and waste.

A key part of the strategy now (as in 2020) is to improve access, inclusion, quality and population health and outcomes through transformation. This complements our local key strategic priorities.

Recommendation(s)
The Partnership Board is asked: 1. To review the attached slide set in advance of the engagement session at PLE
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Risk Register or Partnership Assurance Framework? If yes, please detail which.
N/A
Appendices
Strategy engagement slide set

Proud to be part of West Yorkshire
Health and Care Partnership

NHS West Yorkshire
Integrated Care Board

Partnership Leadership Executive

Refresh of the WY Integrated Care Strategy

26th August 2022

West Yorkshire
Health and Care Partnership

Our journey so far

NHS West Yorkshire Integrated Care Board

February 2018
Integrated care system

November 2021
Integrated Care System of the Year (HSJ Awards)

2022/2023
Refreshed five year plan

March 2016
Sustainability and transformation partnerships

February 2020
Launch of the Partnership's five-year plan and big ten ambitions

2022
Statutory integrated care board and integrated care partnership arrangements

Prou
Heal

West Yorkshire
Partnership

Our 10 Big Ambitions

1. **We will increase the years of life that people live in good health** across West Yorkshire and Harrogate compared to the rest of England. We will reduce the gap in life expectancy between the people living in our most deprived and least deprived communities by 5% by 2024, reducing the gap by six months of life for men and five months of life for women.

2. We will achieve a 10% **reduction in the gap in life expectancy between people with mental health, learning disabilities and autism** and the rest of the population by 2024 (approx 220,000 people). Within this we will focus on early support for children and young people.

3. We will address the health inequality gap for children living in households with the lowest incomes. This will be central for our approach to improving outcomes by 2024. This will include **halting the trend in childhood obesity,** including those children living in poverty.

4. By 2024 we will have increased our **early diagnosis rates for cancer,** ensuring an additional 1,000 people will have the chance of curative treatment.

5. **We will reduce suicide by 10%** across West Yorkshire and Harrogate by 2020/21 and a 75% reduction in targeted areas by 2022.

6. We will achieve at least a **10% reduction in anti-microbial resistance infections** including a 15% reduction in antibiotic usage by 2024.

7. We will achieve a **50% reduction in stillbirths, neonatal deaths, brain injuries** and a reduction in maternal morbidity and mortality by 2025.

8. We will have a **more diverse leadership** that better reflects the broad range of talent in West Yorkshire and Harrogate. Poor experiences in the workplace that are particularly high for Black, Asian and Minority Ethnic (BAME) staff will become a thing of the past.

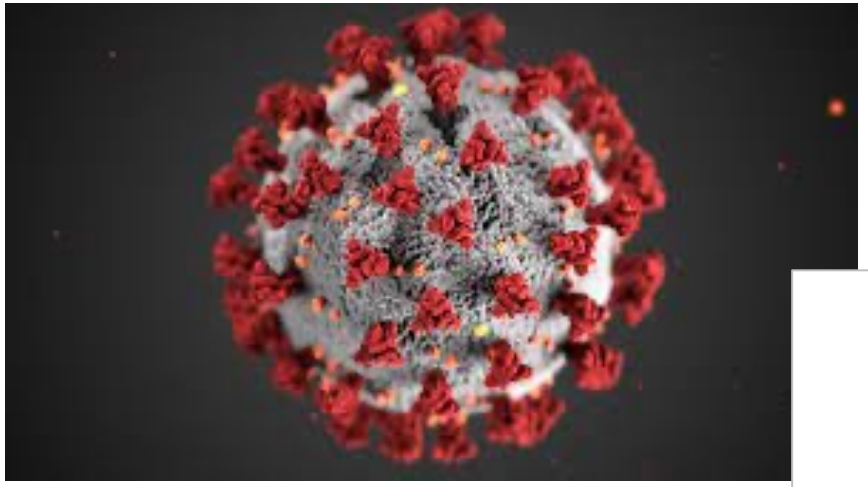
9. We aspire to become a global leader in responding to **climate emergency** through increased mitigation, investment and culture change throughout our system.

10. We will **strengthen local economic growth** by reducing health inequalities and improving skills, increasing productivity and the earning power of people and the region as a whole.

What's Changed?

Department of Health & Social Care

NHS West Yorkshire Integrated Care Board



Integrated Care Strategy Guidance

NHS West Yorkshire Integrated Care Board

- Informed by the HWBs' Joint Strategic Needs Assessments (JSNA) and carry out further research and draw on other data sources, to build a holistic understanding of their local populations' health and care needs.

- Focus on activity that can be delivered by systems at system (or cross-system) level, Local Health and Wellbeing Strategies (JLHWSs) focus on what can be delivered at 'place' and in communities. Both should align.

- ICPs should carry out wide engagement as part of the production of the strategy.

- Shared outcomes within the ICS, quality improvement, and joint working under section 75 of the NHS Act 2006, to be important aspects of all strategies.

- Key areas to consider when producing the strategy, include: personalised care; addressing disparities in health and social care; population health and prevention; health protection; babies, children, young people and their families, and healthy ageing; workforce; research and innovation; health-related services; and data and information sharing.

- ICPs will need to consider revising their strategy when they receive a new JSNA, and are encouraged to work with HWBs, local authorities and ICBs to align the timelines of their strategies with the five-year joint forward plan.

Supporting Guidance

NHS West Yorkshire Integrated Care Board

Health and Wellbeing Board Guidance

- Focuses on the role of HWBs in enabling effective system and place-based working and provides clarification about their role within systems. Recommends that systems build on the work of HWBs to ensure that action at a system-wide level adds value to what is being done at place.

Principles for Adult Social Care Provider sector engagement

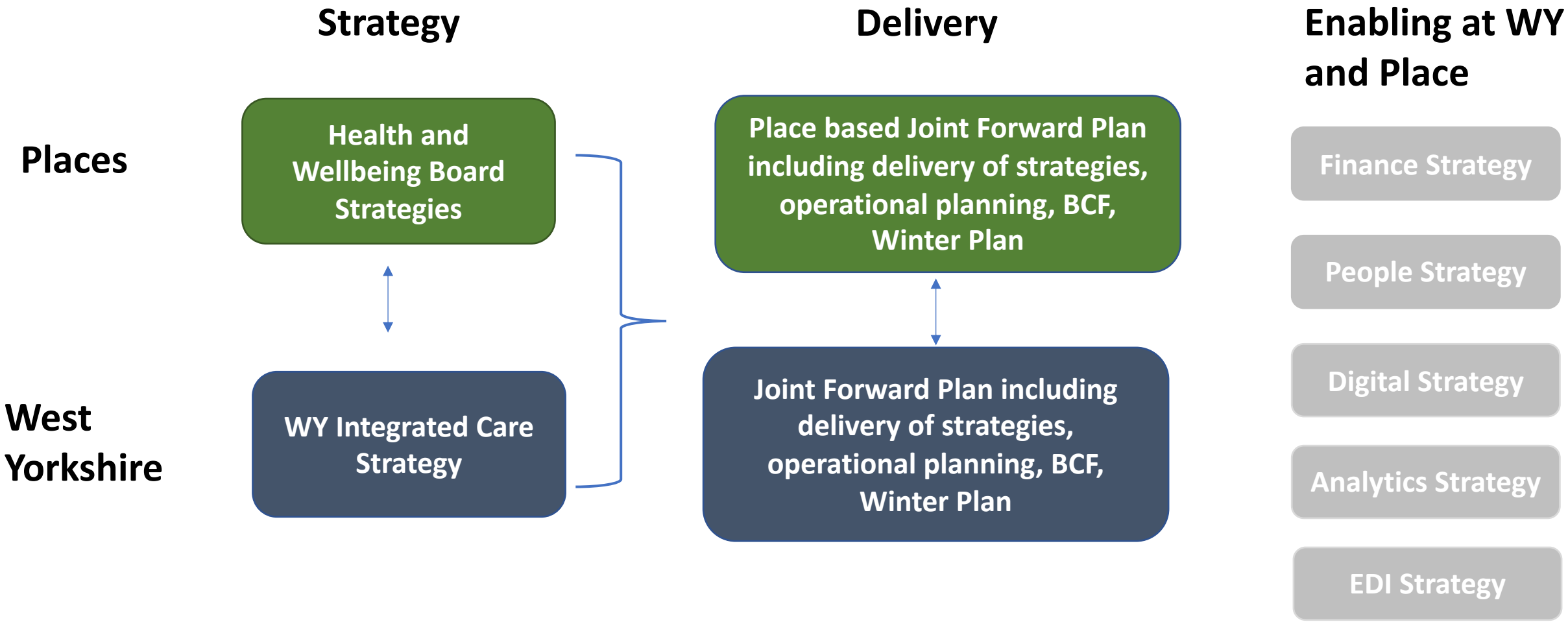
- The guidance sets out a series of four engagement principles for ICPs and adult social care (ASC) providers to guide their work together. It serves to ensure ASC providers are involved as essential partners within the ICP and therefore the development of the integrated care strategy.

Principles for Health Oversight and Scrutiny Committee engagement

- The guidance sets out expectations for how ICBs, ICPs, local authority health overview and scrutiny committees (HOSCs) and other local system partners will work together to ensure that systems are locally accountable to their communities. The document outlines five principles for effective partnership working to ensure the benefits of scrutiny are realised.

ICP Strategy / Joint Forward Plan / Operational Plan

NHS West Yorkshire Integrated Care Board



How we intend to do it

NHS West Yorkshire Integrated Care Board

Leadership Principle	Tests for our strategy
• We will be ambitious for the populations we serve and the staff we employ.	• Our strategy will be ambitious. It be founded on what people who live and work here tell us is important.
• The partnership belongs to commissioners, providers, local government, NHS and communities	• Our strategy will reflect the breadth of our partnership. It will focus on what is important to us, as well as meeting national requirements. It will build on our previous points of agreement and priorities.
• We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.	• We will have an integrated plan, reflecting the work pf place, provider collaboratives and system.
• We will undertake shared analysis of problems and issues as the basis of taking action	• We will work to build a shared understanding of population health, inequality and need. This will be built from places. We will also build a clear approach for implementation.
• 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	• Plans will be built from places, and our shared ambitions will be defined in a way so that there is flexibility for local delivery.

Insight from Citizens

NHS West Yorkshire Integrated Care Board

- To bring together insight, data and the voice of groups, individuals and communities from across West Yorkshire into the strategy refresh, using a local involvement approach similar to the long-term plan engagement approach taken in 2019.

- To further understand what issues are important and how these are impacting on people's lives and to include and address these as part of the refresh – whilst looking at what Healthwatch already know through mapping reports and identifying gaps against the ambitions to address.

- To influence development of the improvement and delivery framework to ensure the issues raised are addressed as part of it.

- To support the 10 principles of public involvement https://bit.ly/3yRoKkx whilst following the ICB's involvement framework approach, and new NHSE guidance on people and communities' involvement.

Phase 1 – Map insight from West Yorkshire: What we already know (end August)

Phase 2 (if required) – Involvement and Engagement work: Filling in the gaps in insight identified through the mapping process (September/October)

Insight from Citizens: mapping

NHS West Yorkshire Integrated Care Board

- **Remote health and care delivery:** While there are clear benefits of digital delivery, there are concerns about digital exclusion for certain communities
- **Dentist services:** Improving access and focus on the associated health inequalities
- **Access to routine or elective care:** Communication and tackling the impact of long waits
- **Care homes residents:** Ensuring care home staff feel valued and supported and resourced well
- **GP Access:** Better communication relating to access choice and consistency of routine checks
- **Integrated, joined up health and care:** Effective communication and better planning for transitions
- **Mental Health:** Discharge and rejection processes, gaps in the system and improved access for children
- **Cost of Living**: Impact on access to health and care and overall health and wellbeing

Insight from our Stakeholders

NHS West Yorkshire Integrated Care Board

Overwhelming feedback to 'refresh not rewrite' and that the 10 big ambitions are committed to and still our priorities

- **Access to services:** Recognition that access to services has deteriorated significantly since 2019, and this needs to be a key area of focus for future plans.

- **Children, young people and families:** Providing a better start in life and reducing obesity, trauma informed schools, better support for children and young people with complex needs/SEND, consistent and equitable support for managing long term conditions and seamless transition into adulthood.

- **Poverty/Cost of Living**: Commitment that no health and care worker will live in poverty, improved advocacy support, tackling poverty through:

  •maximising the contribution that health and care services make to reducing poverty and its impacts

  •working with other WY level partners (e.g. WYCA, Police) to identify what WY level action needs to take place

  •developing a WY narrative on poverty and health (working with WYCA)

  •sharing, amplifying and adding value to action being taken in our 5 places

Insight from our Stakeholders

NHS West Yorkshire Integrated Care Board

- **VCSE:** Data sharing needs to include VCSE to ensure the best joined up care, representation needs to be present on all decision making boards, a set of funding and commissioning principles across WY and at place to support a sustainable VCSE, overall aim of shifting funding to prevention in communities, support movement of volunteers across WY and sectors, shift perception of VCSE amongst professionals, embody the ICS/VCSE MOU

- **Working better together**:
- Better connections and sharing across places,
- true representative co-production,
- using intelligence and analytics effectively with appropriate resources,
- clearly defined ICB enabling structure transparency throughout our structure,
- opportunity to build resilience in our workforce and to build leaders of the future, build prevention in to all our decision making,
- build contribution in to the 10 big ambitions in to all our discussions,
- better measurement of impact

Insight from Data

NHS West Yorkshire Integrated Care Board

We have consistently used data to identify opportunities for improving outcomes – such as its award winning Healthy Hearts project. It has often relied on support from NHSE and PHE (as was) to provide the data analysis.

A recent high-level data review was undertaken by NHSE on behalf of the ICB and identified areas for continuing or potential action.

The review also showed that these improvements potentially have disproportionately positive benefit for those most deprived economically and socially. This is a powerful relationship in West Yorkshire, as 36% of citizens fall within IMD1 (the most deprived quintile).

The review noted that:

- Reducing variations could have disproportionately positive benefit for those most deprived economically and socially. This is a powerful relationship for West Yorkshire's citizens, as 36% fall within IMD1 (the most deprived quintile).
- None of West Yorkshire's places achieve the England average life expectancy for women or men, the 'worst' of our places has a reduced life expectancy for women of 1.9 years and 2.4 years for men.
- The difference in life expectancy between IMD1 (those most deprived) and IMD5 (those least deprived) varies across the five places; for women it is at best 6.9 years and at worst 9 years, and for men 7.9 years and 10.2 years.
- If West Yorkshire was as effective as similar localities in cancer screening uptake, 3,000 more women aged 25-49 would have had cervical screening in 2020/21, and over 14,000 aged 50-70 would have had breast screening.
- Use of Emergency Department services is 71% higher in IMD1 than IMD5, use of non-elective services 49% higher, whilst use of elective services is 66% lower. Understanding the causes for these differences might lead to improvement of outcomes for those in IMD1, and reduction of burden on the acute sector.
- Variation in prescribing practices exists between our places, and with comparable health and social care economies.

What this means for our strategy

NHS West Yorkshire Integrated Care Board

- Embedding tackling poverty and the cost of living crisis throughout the 10 ambitions to drive action.
- Strengthening our children, young people and their families ambition to be more focussed on poverty and services.
- Refining the climate change ambition to retain ambition whilst being more reflective of West Yorkshire.
- Building on our improving population health ambition to take a life course approach, including our commitment to end of life care.
- Broader ambition around access including, access to services the ICB will take on responsibility for ie dental, optometry, community pharmacy and some specialised commissioning.
- Increased capacity and investment in our operating model in areas such as analytics and communications.
- Ambitious enabling strategies which support delivery of the Integrated Care Strategy and build a sustainable health and care system for West Yorkshire.

Alignment of finance strategy to strategic ambitions is key…

NHS West Yorkshire Integrated Care Board

Reducing health inequalities - System resource distribution - Protect health inequalities funding - Utilisation of core funding - Commitment re: Mental Health Investment Standard - Focus on children and families - Inequality impact statements	**Using our collective resources wisely** - Integration between NHS/local authorities - Implementation of People Plan - Long-term capital planning - Financial recovery planning - Primary care and community investment standard - Shift resource from treatment to prevention
Managing unwarranted variations in care - Model Health System benchmarking - Financial stewardship approach - Population Health Management data and information - Peer review/mutual accountability - Place provider collaboratives (whole pathway)	**Securing the economic and social benefits of investing in health and care** - Combined spending power of NHS/local authorities - Procurement and contracting - Role as employers and partners re: combatting poverty - Climate change and environmental sustainability - Role as anchor institutions - Framework for commissioning with VCSE sector

How we ensure delivery through mutual accountability

NHS West Yorkshire
Integrated Care Board

What we are seeking to achieve

- As our partnership continues to develop as an Integrated Care System we are gaining **greater autonomy and control** over how we develop and transform our health and care services.
- As part of this we are increasingly taking on **collective responsibility** for managing performance, resources and the totality of population health.
- We now need to move further towards becoming a **self-improving system**, able to take first-line responsibility for our own performance and delivery.

Subsidiarity principles

- We need an assurance and accountability framework which is consistent with the subsidiarity principles that we have agreed:
  - **Individual organisations** will seek to manage their own performance and resources
  - Where this is not possible, commissioners and providers will work **together in their place** to manage their collective performance and resources
  - Where this is not possible, all partners will work together as a **whole ICS** to manage our collective performance and resources

Timescales

NHS West Yorkshire
Integrated Care Board

- Engagement: March 22 throughout
- Partnership Board summary of evidence and strategy outline: September 22
- Guidance from NHSE on the joint forward plan and operational planning – Autumn 22
- Governance and redrafting: September 22 – December 22
- Submission to NHSE: December 22
- Publication: March 23