Wakefield District Health & Care Partnership

Partnership Committee Agenda

Tuesday 23 May 2023 – 1.30pm until 5.00pm

Meeting in Public commences at 2.20 pm

St Swithun's Centre, Eastmoor, Arncliffe Road, Wakefield, WF1 4RR

v = verbal, d = document, p = presentation

Administration

Time	Agenda no	Item	Purpose	Lead
1:30	**1**	**Welcome and introductions (v)**	Information	Chair
	2	**Apologies and Declarations of Interest (v)** *A register of interest of Committee members is appended. Those in attendance are asked to declare any specific interests presenting an actual/potential conflict of interest arising from matters under discussion at today's meeting.*	Information	Chair
1.35	**3**	**Any other private business notified in advance of the meeting**		Chair
2.15		**Break**		
2.20	**4**	**Minutes from the meeting held 23 March 2023 including Matters Arising and Action Log**	Approval	Chair
2.25	**5**	**Questions from Members of the Public (v)**	Discussion	Chair

Main items

Time	Agenda no	Item	Purpose	Lead
2.30	**6**	**Chair's opening remarks (v)**	Information	Chair
2.35	**7**	**Relocation of the Wakefield Walk-in Service**	Approval	Lucy Beeley/ Kerry Stott / Mel Brown
2.45	**8**	**Report of the Place Lead (d)**	Endorse	Jo Webster

Time	Agenda no	Item	Purpose	Lead
2.55	**9**	**Report from the Chair of the Provider Collaborative & Wakefield Professional Leadership Group (d)**	Assurance	Colin Speers
3.05	**10**	**Maternity and Neonatal Discussion (p)**	Discussion	Penny Woodhead
3.30	**11**	**Final Operational and Financial Plan (d)**	Assurance	Gemma Gamble / Amy Whitaker
3.40		**Break**		
3.55	**12**	**Summary of 2022/23 Quarter 4 Quality, Safety and Experience report (d)**	Assurance	Penny Woodhead
4.05	**13**	**Performance Exception Report (d)**	Assurance	Natalie Tolson
4.15	**14**	**Finance Update (d)**	Assurance	Amy Whitaker
4.25	**15**	**End of Year Governance** · **Wakefield District Health and Care Partnership Committee End of Year Annual Report 2022/23 (d)** · **Committee Workplan 23/24 (d)** · **Committee Effectiveness Review (d)**	Assurance	Gemma Gamble
4.35	**16**	**Wakefield Place Risk Register (d)**	Assurance	Gemma Gamble

Final items

Time	Agenda no	Item	Purpose	Lead
4.45	**17**	**Issues to alert, advise or assure the ICB Board on (v)**	Discussion	Chair
	18	**Issues to alert, advise or assure the WDHCP committee on from the ICB Board (v)**	Endorse	Chair
	19	**Items escalated from other Boards (v)**	Discussion	Chair

Time	Agenda no	Item	Purpose	Lead
	20	**Items for escalation to other Boards (v)**	Discussion	Chair
4.50	**21**	**Receipt of minutes from the sub-committee (d)** · **Minutes of the Provider Collaborative from 7 March 2023 (d)** · **Minutes of the People Panel from 2 February (d)** · **Minutes of the Integrated Assurance Committee from 22 February 2023**	Endorse	Chair
4.55	**22**	**Any other business (v)**	Discussion	Chair
5.00	**23**	**Date and time of next meeting:** 6 July 2023, 1400-1700		

Purpose

For approval:	Positive resolution required to confirm the paper is sufficient to discharge the Committees responsibilities.
For discussion:	Seeking member views, potentially ahead of final course of action being approved.
For Information/Assurance	Update to ensure that members have sufficient knowledge on subject matter or to provide confidence of delivery.
For Endorsement	To confirm support of items approved by other boards/committees within West Yorkshire.

Register of Interests for WY ICB Wakefield District Health and Care Partnership

At 28/04/2023 10:39:26

Role	Name	Interest Description	Interest Type	Direct/Indirect	Date From	Date to
Board/Committee Member/Advisor	Victoria Schofield	Nil Return			25/04/2023	Ongoing
	Steve Knight	Director of Conexus Healthcare	Financial	Direct	26/10/2022	Ongoing
	Steve Knight	Director of Primary Care Sheffield - – ceased Oct 22	Financial	Direct	26/10/2022	01/10/2022
	Steve Knight	Director of Serenta Homecare – ceased Oct 22	Financial	Direct	26/10/2022	01/10/2022
	Steve Knight	Director of Intercare Services – ceased Oct 22	Financial	Direct	26/10/2022	01/10/2022
	Steve Knight	Director of Home Alternative – ceased Oct 22	Financial	Direct	26/10/2022	01/10/2022
	Steve Knight	Director of Primary Training Solutions – ceased Oct 22	Financial	Direct	26/10/2022	01/10/2022
	Steve Knight	Director of Central Care Sheffield –- ceased Sep 22	Financial	Direct	26/10/2022	30/09/2022
	Stephen Hardy	Member, Wakefield Health and Wellbeing Board	Non-Financial Personal	Indirect	24/10/2022	Ongoing
	Stephen Hardy	Member, Orchard Croft PRG	Non-Financial Personal	Indirect	24/10/2022	26/10/2022
	Sean Rayner	Nil Return			02/05/2023	Ongoing
	Sarah Roxby	Provider of grant funded services from health and social care	Financial	Direct	06/10/2022	Ongoing
	Richard Hindley	Wife employed by Sheffield Health & Social Care Trust	Non-Financial Personal	Indirect	24/10/2022	25/10/2022
	Richard Hindley	Wife employed by Clatterbridge Cancer Centre NHS Foundation Trust	Non-Financial Personal	Indirect	26/10/2022	Ongoing
	Richard Hindley	Public member of NIHR Public Health Programme Prioritisation Committee	Non-Financial Professional	Indirect	24/10/2022	26/10/2022
	Rebecca Barwick	Nil Return			24/11/2022	Ongoing
	Phillip Marshall	Wife is employed by the Mid Yorkshire Hospitals NHS Trust	Non-Financial Personal	Indirect	26/10/2022	Ongoing
	Phil Earnshaw	Senior Partner Healthcare First - GP Independent Contractor – PMS contract	Financial	Direct	07/10/2022	Ongoing
	Phil Earnshaw	Director and Shareholder FMC Healthcare Limited - Recent past holder of GP APMS contract	Financial	Direct	07/10/2022	Ongoing
	Phil Earnshaw	Clinical Director Five Towns PCN, Contractor with ICB	Financial	Direct	07/10/2022	Ongoing
	Phil Earnshaw	Vice Chair WDH - Non-profit making Housing Association	Financial	Direct	07/10/2022	Ongoing
	Phil Earnshaw	Trustee PoW Hospice – Receives grants and contracts for ICB	Financial	Direct	07/10/2022	Ongoing
	Phil Earnshaw	Director and Owner of Phillip Earnshaw Ltd	Financial	Direct	07/10/2022	Ongoing
	Phil Earnshaw	Director of Conexus, GP confederation contracts with partnership	Financial	Direct	07/10/2022	Ongoing
	Phil Earnshaw	Clinical Non-Executive Director Hull Teaching NHS Foundation Trust – Paid role in NHS body outside WY	Financial	Indirect	07/10/2022	Ongoing
	Phil Earnshaw	Chair of Smawthorne Community Project, Community Charity	Non-Financial Personal	Indirect	07/10/2022	Ongoing
	Phil Earnshaw	Relative work for Partnership	Non-Financial Personal	Indirect	07/10/2022	Ongoing
	Penny Woodhead	Employed in a shared post: Calderdale Place: Director of Nursing and Quality and Board Member. Kirklees Place: Director of Nursing and Quality and Board Member	Financial	Direct	10/10/2022	Ongoing
	Paula Bee	Chief Executive of Age UK Wakefield District	Financial	Direct	15/11/2022	Ongoing
	Nichola Esmond	Nil Return			25/04/2023	Ongoing
	Mel Brown	Nil Return			08/08/2022	Ongoing
	Maureen Cummings	Nil Return			25/04/2023	Ongoing
	Mark Brooks	Trustee for Emmaus (Hull & East Riding) Homelessness Charity	Non-Financial Personal	Indirect	10/10/2022	Ongoing
	Mark Brooks	Partner member on the South Yorkshire Integrated Care Board	Non-Financial Professional	Indirect	10/10/2022	Ongoing
	Maddy Sutcliffe	Partner – current employment – Next Generation CIC/Lightwaves Community Trust	Non-Financial Personal	Indirect	07/10/2022	Ongoing
	Maddy Sutcliffe	Member of Wakefield Districts Third Sector Framework Board	Non-Financial Professional	Direct	07/10/2022	Ongoing
	Maddy Sutcliffe	Nova is a membership organisation	Non-Financial Professional	Direct	07/10/2022	Ongoing
	Lyn Hall	GP partner Crofton and Sharlston Medical Centre	Financial	Direct	26/04/2023	Ongoing
	Lyn Hall	LMC Medical Secretary	Financial	Direct	26/04/2023	Ongoing
	Lyn Hall	Clinical Director of Trinity Primary Care Network	Financial	Direct	26/04/2023	Ongoing
	Lyn Hall	Member of Conexus and Mental Health Lead for 16-25 for the West of Wakefield with Conexus	Financial	Direct	26/04/2023	Ongoing
	Lyn Hall	Shareholder Novus	Financial	Direct	26/04/2023	Ongoing
	Lyn Hall	Labour Party Member	Non-Financial Personal	Indirect	26/04/2023	Ongoing
	Lisa Willcox	Nil Return			25/04/2023	Ongoing
	Linda Harris	Director of Spectrum a CIC company	Non-Financial Personal	Indirect	06/10/2022	Ongoing
	Linda Harris	Chair Health and Justice CRG NHSE	Non-Financial Personal	Indirect	06/10/2022	Ongoing
	Linda Harris	Trustee Spectrum People	Non-Financial Personal	Indirect	07/10/2022	Ongoing
	Linda Harris	Executive in residence for UCL Global Business School for Health	Non-Financial Personal	Indirect	06/10/2022	Ongoing
	Linda Harris	Chair, Transform Research Alliance CIO	Non-Financial Personal	Indirect	06/10/2022	Ongoing
	Len Richards	Liaison Group Strategic Advisor	Financial	Indirect	23/11/2022	Ongoing
	Len Richards	Member of the West Yorkshire Association of Acute Trusts Committee in Common	Non-Financial Professional	Direct	23/11/2022	Ongoing
	Len Richards	Member of the WY Integrated Partnership Board	Non-Financial Professional	Direct	23/11/2022	Ongoing
	Len Richards	Non-Executive Director Life Sciences Hub, Wales	Non-Financial Professional	Indirect	23/11/2022	Ongoing
	Len Richards	Chair at NHS Quest	Non-Financial Professional	Indirect	23/11/2022	Ongoing
	Karen Parkin	Nil Return			11/01/2023	Ongoing
	Judith Wild	Nil Return			23/11/2022	Ongoing
	Jo Webster	Director of Adult Social Care Wakefield Local Authority	Financial	Direct	24/10/2022	Ongoing
	Jo Webster	Director of Community Services Mid-Yorkshire Foundation Trust	Financial	Direct	24/10/2022	Ongoing
	Jenny Lingrell	Nil Return			25/04/2023	Ongoing
	Gary Jevon	Nil Return			25/04/2023	Ongoing
	Colin Speers	GP Partner in Health Care First partnership, a General Practice in Wakefield District holding a PMS contract for 32,000 patients.	Financial	Direct	01/08/2022	Ongoing
	Colin Speers	Holding shares in trust on behalf of health Care First Partnership, in Connexus Community Interest Company, a General Practice Federation of all GP practices in Wakefield Distict.	Financial	Direct	01/08/2022	Ongoing
	Colin Speers	Director and shareholder in C Speers Ltd, a provider of locum general medical services and clinical advice.	Financial	Direct	01/08/2022	Ongoing
	Colin Speers	Medical Director function provided to Reed Wellbeing Ltd in the delivery of a low calorie diet program to eligible type 2 diabetes residents of South Yorkshire & Bassetlaw.	Financial	Direct	01/08/2022	Ongoing
	Colin Speers	Director and shareholder in FMC Health Solution Ltd, a health care service company.	Financial	Direct	01/08/2022	Ongoing
	Colin Speers	Holding shares in trust on behalf of Health Care First Partnership, in Novus Ltd, a provider of any qualified provider healthcare services in Wakefield district owned by the GP practices of Wakefield district.	Financial	Indirect	01/08/2022	Ongoing
	Colin Speers	A business partner holds shares in trust in Lagentium Ltd.	Financial	Indirect	01/08/2022	Ongoing
	Colin Speers	Chair of Governors of St Mary's C of E Primary school, Boston Spa, Wetherby.	Non-Financial Personal	Direct	01/08/2022	Ongoing
	Colin Speers	Director of Wharf Valley Learning Partnership, Wetherby.	Non-Financial Personal	Direct	01/08/2022	Ongoing
	Clive Harries	GP partner at Chapelthorpe Medical Centre	Financial	Direct	24/10/2022	Ongoing
	Clive Harries	GP Practice is a member of Wakefield Health Alliance Central	Financial	Direct	24/10/2022	Ongoing
	Clive Harries	GP Practice holds <5% share in Novus Health Ltd	Financial	Direct	24/10/2022	Ongoing
	Clive Harries	Clinical Director for West Wakefield PCN	Financial	Direct	11/10/2022	Ongoing
	Clive Harries	Close relative is a senior lecturer in nursing at Leeds Metropolitan University and sits on RCN Education Forum	Non-Financial Personal	Indirect	24/10/2022	Ongoing
	Clare Offer	Nil Return			25/04/2023	Ongoing
	Claire Barnsley	Independent Medical Consultant Wakefield District Housing	Financial	Direct	07/10/2022	Ongoing
	Claire Barnsley	Salaried GP Friarwood	Financial	Direct	07/10/2022	Ongoing
	Claire Barnsley	Previously a partner at Middlestown with shares in Novus (shares now being passed over)	Financial	Direct	07/10/2022	Ongoing
	Anna Hartley	Nil Return			11/01/2023	Ongoing
	Ann Carroll	Nil Return			11/01/2023	Ongoing
	Amy Whitaker	Wakefield Place Finance Lead alongside Chief Finance Officer at Mid Yorkshire Hospitals	Non-Financial Professional	Direct	07/10/2022	Ongoing
	Adam Sheppard	Director of Revitalise Me	Financial	Indirect	24/10/2022	Ongoing
	Adam Sheppard	Director of Angel Properties	Financial	Indirect	24/10/2022	Ongoing
	Adam Sheppard	Close family member works for Specsavers	Non-Financial Personal	Indirect	24/10/2022	Ongoing
	Adam Sheppard	Director at Niteowl productions ltd	Non-Financial Personal	Indirect	24/10/2022	Ongoing
	Adam Sheppard	Director at Niteowl Charters Ltd	Non-Financial Personal	Indirect	24/10/2022	Ongoing
	Adam Sheppard	Family member works for WYICS as ICS programme Manager	Non-Financial Professional	Indirect	24/10/2022	Ongoing
	Adam Sheppard	Member of Health and Wellbeing Board	Non-Financial Professional	Indirect	24/10/2022	Ongoing
	Adam Sheppard	Member of BMA and MDU	Non-Financial Professional	Indirect	24/10/2022	Ongoing

Wakefield District Health & Care Partnership - Minutes

Wakefield District Health and Care Partnership Committee

Thursday, 23 March 2023, 14.00 – 17.00

St Swithun's Community Centre, Arncliffe Road, WF1 4RR

Present

Name	Title, Organisation
Dr Ann Carroll (Chair) (AC)	Independent chair, Wakefield District Health & Care Partnership
Richard Hindle (RH)	Independent Member, Wakefield District Health & Care Partnership
Stephen Hardy (SH)	Independent Member, Wakefield District Health & Care Partnership (Chair)
Jo Webster (JW)	West Yorkshire Integrated Care Board Place Lead and Accountable of Officer for Wakefield District Health & Care Partnership
Mel Brown (MB)	Director for System Reform and Integration & Deputy Place Lead, Wakefield District Health & Care Partnership
Sean Rayner (SR)	Director of Provider Development – Southwest Yorkshire Partnership NHS Foundation Trust, Chair of the Mental Health Alliance
Stephen Turnbull (ST)	Deputy Director of Public Health – Wakefield Council
Cllr Maureen Cummings (MC)	Portfolio Holder Communities, Poverty and Health, Wakefield Council
Penny Woodhead (PW)	Director of Nursing and Quality for Calderdale, Kirklees & Wakefield District Places
Len Richards (LR)	Chief Executive, Mid Yorkshire Hospitals NHS Trust
Linda Harris (LHa)	SRO (Co Lead Workforce)
Amy Whitaker (AW)	Chief Finance Officer, MYHT, Place Finance Lead
Rebecca Bibbs (RB)	Head of General Practice and PCN Support, Conexus
Sarah Roxby (SRo)	Service Director, Wakefield District Housing & Chair of the Health, and Housing Alliance
Jenny Lingrell (JL)	Service Director, Children's Health & Wellbeing, Wakefield Council

Name	Title, Organisation
Paula Bee (PB)	Chief Executive, Age UK, Wakefield District

In Attendance

Name	Title, Organisation
Ruth Unwin (RU)	Director for Strategy, Wakefield District Health & Care Partnership
Lynn Hall (LH)	LMC Representative
Gemma Gamble (GG)	Senior Strategy & Planning Manager, Wakefield District Health & Care Partnership (for Item 9 only)
Rebecca Barwick (RB)	Associate Director for Partnerships & System Development, Wakefield District Health & Care Partnership (for Item 9 only)
Joanne Lancaster (JLa)	Governance Manager, Wakefield District Health & Care Partnership (Minutes)
Clare Offer (CO)	Public Health Consultant, Wakefield Council
Simon Gaskill (SG)	Senior Communications Officer, Wakefield Place
Charlotte Crocker (CC)	Public Health Registrar, Wakefield Council (Item 8)
Jane Madeley (JM)	Non-Executive, West Yorkshire ICB
Natalie Tolson (NT)	Head of Performance & System Intelligence, Wakefield District Health & Care Partnership (Item 12 only)

Apologies

Name	Title, Organisation
Gary Jevon (GJ)	Chief Executive, Healthwatch Wakefield
Dr Claire Barnsley (CB)	Deputy Chair of Wakefield LMC
Maddy Sutcliffe (MS)	Chief Executive, Nova – representing Voluntary Community and Social Enterprise
Dr Clive Harries (CH)	GP Member, Primary Care Network Clinical Directors
Anna Hartley (AH)	Director of Public Health – Wakefield Council
Dr Phil Earnshaw (PE)	GP Member, Primary Care Network Clinical Director
Vicky Schofield (VS)	Director of Children's Services, Wakefield Council
Dr Colin Speers (CS)	Local GP & Executive System Healthcare Advisor, Wakefield District Health & Care Partnership, Chair of Provider Collaborative
Dr Adam Sheppard (AS)	Chair of System Professional Leadership Group
Steven Knight (SK)	Managing Director, Connexus
Phillip Marshall (PM)	Director of Workforce and Organisational Development, Mid Yorkshire Hospitals Trust

Name	Title, Organisation
Karen Parkin (KP	Operational Director of Finance, Wakefield Place

Administration Items

no	Minutes
19/23	**Welcome & Introductions** The Chair welcomed everyone to the meeting which was the first face to face meeting in public following the Covid19 pandemic. Those people attending to observe the meeting introduced themselves.
20/23	**Apologies & Declarations of Interest** Apologies were noted as listed above. A declaration of interest had been received prior to the meeting from Rebecca Bibbs Head of General Practice and PCN Support, Conexus for Item 16 – Primary Care Commissioning Intentions as Conexus were a named beneficiary in the report. LH also declared an interest in Item 15 – New Southgate Surgery Boundary Change and Item 16 – Primary Care Commissioning Intentions. The Chair noted the declarations and advised that those who had declared an interest in those items would not be excluded from the discussions.
21/23	**Approval of minutes from the last meeting, action log and matters arising** The minutes of the meeting of the 24 January 2023 were agreed as a true and fair representation of the meeting. There were no outstanding actions on the action log.
22/23	**Questions from members of the public** There were no questions submitted by members of the public.

Main Items

	Minutes
23/23	**Chairs Opening Remarks** The Chair thanked everyone across the partnership for working together to mitigate against the industrial actions that had taken place across several different sectors recently including by nurses, paramedics, junior doctors and teachers.

	Minutes
	The Chair referred to the Committee Effectiveness Survey which had been sent to members recently and encouraged people to complete this; the findings would be discussed at the April development session. The Chair reported that she had been attending the West Yorkshire Integrated Care Board (WYICB) Chairs' Group which was chaired by Cathy Elliott the Chair of the ICB and attended by the Chairs of each of the five places of the ICB. This was a supportive group and the last meeting had received a report from Phillip Marshall, Director of Workforce and Organisational Development, Mid Yorkshire Hospitals Trust on plans for a training school for 16–18-year-olds looking for a career in health and social care; this was an innovative approach to growing our own workforce. A topic for a future WYICB meeting would be a focus on the voluntary, community and social enterprise (VCSE) sector and the Chair would arrange to speak with MS and PB prior to that. It was noted that Experience of Care week would take place in April and SG from the Communications Team had arranged for pledge cards recognising the value of listening to people's experience for attendees at the meeting to have pictures taken with their pledge.
24/23	**Report of the Place Lead** Presented by Jo Webster (JW) JW referenced that it was three years ago to the date that the UK had entered into lockdown to prevent the spread of the Covid19 virus. A one-minute silence had taken place at Mid-Yorkshire Hospitals Trust earlier that day to remember those colleagues and people who were lost to the pandemic and the impact it had on so many. JW would take the paper as read. She referred to the challenge that WYICB had in reducing its running costs by 30% by 2025; which was replicated with all ICBs across the country. For WYICB a project group had been established to look at a new operating model to ensure the work of the ICB and places could continue in the new financial envelope. It was noted that various teams across the partnership had either been shortlisted or won awards including the Integrated Care Team (ICT) and Wakefield Council's Reablement Team who had been shortlisted for the Harnessing the Power of Data category in the 2023 Smarter Working Live Awards which were taking place that evening; good luck wishes were sent to the team. JW referred to a Voluntary Community Social Enterprise (VCSE) framework which had been considered at the WYICB meeting which looked at enhancing the VCSE role, the

	Minutes
	session at WYICB had invited 80 plus colleagues from VSCE to talk about the challenges being faced within the sector; this was something that Wakefield could replicate at a future meeting or event. JW invited CO to explain to the committee about the support needed for an expression of interest (EOI) bid for research into the Determinants of Health. CO explained that the National Institute for Health and Care Research (NIHR) had invited expressions of interest to become a Health Determinants Research Collaboration from local authorities. This was the second wave of bids with both Bradford and Doncaster being successful in the pilot round; the funding would be £5m over 5 years. CO outlined the timescale with the EOI to be submitted by 18 April, further deadlines up to September and if successful funding to commence January 2024. Discussion took place in relation to research and how the partnership could utilise the various research capacity within partner organisations to enhance the current research capability. It was suggested some dedicated time be put aside to discuss research in more depth. The committee were supportive of the bid. **Action:** **It was proposed that a partnership letter of support would be attached to the EOI with e-signatures from members.** **Action:** **Dedicated time to be set aside to discuss research capacity and capability at a future development session.** **It was RESOLVED that:** · The Committee considered and noted the contents of the report. · The Committee agreed to support the Expression of Interest for the Health and Care Research (NIHR) Health Determinants Research Collaboration with a signed letter.
25/23	**Report from the Chair of the Provider Collaborative** Presented by Mel Brown (MB) In the absence of the CS, Chair of the Provider Collaborative, MB updated the committee. MB took the paper as read and highlighted the following: · A focus on the work of the Children's Alliance had been presented. · A new Children's residential model codesigned between health and social care – the Croft is a new residential offering with places for 2 children with complex emotional wellbeing needs.

	Minutes
	· The Mental Health Alliance had presented their approach to the Mental Health Investment Standard. RH referred to the newly formed Learning Disability Alliance and asked how the partnership would be kept abreast of this and other alliance work programmes. MB responded that updates would be through the Provider Collaborative and subsequent reporting into the committee which would provide assurance around the work being undertaken by the alliances. **It was RESOLVED that:** · The Committee noted the report.
26/23	**Public Health Profiles – Wakefield Gypsy and Travellers Health Needs Assessment** Presented by Charlotte Crocker (CC) CC ran through the presentation on the Wakefield Gypsy and Travellers Health Needs Assessment highlighting the following points: · Amongst the Gypsy and Travelling communities there was poor health and lower life expectancy than the general population; · Leeds GATE was now established in Wakefield offering services such as advocacy, youth work and community health development; · There were several issues related to the Heath Common site such as repairs and renovations not addressed, drainage and lack of social space; · Some members of the community were unable to read or write and there had been a decline in primary school attendance since outreach support had been reduced on the Heath Common site; · The cost-of-living crisis was causing stress with some members of the community; · Members of the community experienced racism and hate crimes; There were several recommendations to the health needs assessment aimed to improve the health, wellbeing, educational attainment and general life experience of the gypsy and traveller communities. CC informed the committee that she was looking for a senior leader to champion the ongoing work within this area. Discussion took place in relation to the stark findings within the report and how the partnership could support this work. It was noted that some funding from the Core20Plus5 initiative had been granted to Leeds GATE for their work within Wakefield which had been used for ongoing provision of an Advocacy worker.

	Minutes
	RU referred to work to establish a Health Inequalities Alliance and once this was commenced could provide a forum to consider a senior leader champion and have a focus on the needs of this community. **Action:** **Once the Health Inequalities Alliance established to have a focus at an early meeting in relation to the findings of the Gypsy and Traveller Health Needs Assessment**. Further discussion took place regarding how services could better communicate the services they had within organisations to help with some of the issues highlighted. **It was RESOLVED that:** · The Committee noted the contents of the presentation on the Gypsy and Traveller Health Needs Assessment.
27/23	**Children's Services Update** Presented by Jenny Lingrell (JL) JL advised that the presentation was the result of an action to provide assurance to the committee on the wide range of work taking place across children's services in Wakefield. There was a significant amount of work taking place around the children and young people agenda and the robust governance arrangements around this was highlighted. There were presently several key areas of focus: · Early help and development of family/youth hubs · Support and services with expertise to support children experiencing or displaying harmful sexual behaviour · Identifying reporting and supporting bullying both in person and on-line · Improved and coordinated support for victims/survivors of domestic abuse · Timely support and provision for children experiencing suicidal ideation · Trauma aware culture and approach · Support for children who self-harm and their families. JL outlined the work being undertaken to address these key areas of focus. Discussion took place in relation to data to support some of this work and whether it was understood and whether people who may not know of the services but would find the help beneficial. JL advised that work was ongoing in schools and communities to try and get that level of understanding. JL advised that school attendance was a good barometer of whether there were issues with a child/young person whether that was issues with themselves or the wider family. It was noted that parents were able to access the

support provision in school in relation to emotional health and wellbeing through the Compass service.

It was noted that there was an Outcome Framework which sat behind this work which provided an indication on whether the programmes of work were making a difference.

Discussion took place in relation to supporting apprenticeships and recruitment of young people and work was already taking place in relation to this under the People Alliance workstream.

The Chair thanked JL for the comprehensive presentation.

It was RESOLVED that:

- The Committee Noted the contents of the presentation and ongoing work in Children's Services.

28/23 **Mental Health Investment Standard priorities 2023/24**

Presented by Sean Rayner (SR)

SR advised that the presentation set out the proposed 2023/24 work programme funded from the financial increase of the Mental Health Investment Standard to deliver NHS Long Term Plan mental health priorities and targets and identified local needs for 2023/24. He outlined the process undertaken through the Mental Health Alliance and provided a summary of priorities agreed (recurrent and non-recurrent) at the Mental Health Alliance Partnership meeting on 15 March 2023. It was noted that a more detailed presentation had been given to the Wakefield Provider Collaborative on 7 March 2023.

The Committee was supportive of the priorities and programmes although discussion took place in relation to the transparency of the funding and format of the report with members requesting more detailed analysis around outcomes and impacts of these for future reports. SR confirmed that the process had been transparent and more detailed information had been provided at the Wakefield Provider Collaborative on 7 March 2023.

It was RESOLVED that:

The Wakefield District Health and Care Partnership was asked to:

- Note the Mental Health Alliance (MHA) process undertaken to develop the proposed Mental Health Investment Standard (MHIS) work programme for 2023/24.
- Approve the MHA recommended priorities for recurrent funding from the MHIS in 2023/24, in order to deliver NHS Long Term Plan ambitions and targets for Wakefield and address local need.
- Approve the MHA recommended priorities for non-recurrent funding from planned phasing/mobilisation of recurrent priorities.

	Minutes
29/23	**Quality Update** Presented by Penny Woodhead (PW). PW presented the report and it was noted that a more detailed Quarter 3 Quality, Safety and Experience report had been presented to the Integrated Assurance Committee (IAC) on 22 February 2023. PW referenced the NHS Patient Safety Strategy and supporting providers to implement the new Patient Safety Incident Response Framework (PSIRF) advising that further information relating to this would be provided in the coming year. It was noted that both Mid Yorkshire Hospitals Trust (MYHT) and South West Yorkshire Partnership Foundation Trust (SWYPFT) were currently refreshing and updating their quality strategies and the ICB quality team had the opportunity to comment as part of the stakeholder engagement to ensure alignment with the Quality at Place approach. PW advised that discussion had taken place at the IAC in relation to access to GP appointments with agreement that further information about the range of availability of appointments within General Practice would be provided through engagement with the Community Champions. As requested at the January Wakefield District Health and Care Partnership meeting, details were discussed at IAC relating to waiting well and safely during the operational pressures and beyond. Further information was requested on whether people on elective waiting lists were accessing urgent and emergency care services (including mental health) due to deterioration on their condition; discussion would take place to ascertain whether this information was available. Discussion took place relating to the data available for patients on waiting lists accessing urgent and emergency care with NT responding that this could be built into the data model for future reporting although further analysis was required in relation to community and mental health data in this regard. **It was RESOLVED that:** The Committee noted the: · Current place risks and assurances related to quality, safety and experience presented in the Assurance Wheel; and · Updates and discussions at the Integrated Assurance Committee on 23 February 2023.
30/23	**Performance Exception Report** Presented by Natalie Tolson (NT)

	Minutes
	NT advised this report was a summary version of the detailed activity and performance report which was received by the Integrated Assurance Committee (IAC) on 22 February 2023; the latest reported position was January 2023. Discussion took place in relation to the number of patients waiting for treatment and it was noted this had increased in January by 1044 patients with a total waiting list to 43,288 patients. The significant amount of work to reduce the waiting list by MYHT was noted but demand and capacity was resulting in the numbers increasing although actual waiting times were decreasing. The forecast for 2023/24 was that the overall numbers should reduce and with 0 patients on the 78 week wait. The support offered to patients on waiting lists was noted. It was noted that children waiting for ASD/ADHD Assessments was exceptional with demand outstripping capacity; this was a national issue. JL advised that the demand within Children's assessment was also increasing with a pathway which was designed to accommodate 50-60 referrals per month was running at 139 per month. **Action:** **For the IAC to have oversight on the children ASD/ADHD assessment wait times and mitigations.** **It was RESOLVED that:** **The Committee:** · Note the latest performance and those indicators where performance is below target and the associated exception information where provided.
31/23	**Finance Update** Presented by Amy Whitaker The paper was taken as read and it was noted that a detailed paper had been taken to the Integrated Assurance Committee (IAC) on 22 February 2023. AW advised that as at the end of January all NHS organisations were forecasting to deliver within their allocated control totals although there were risks being managed within those reported positions; the risks whilst being managed did remain significant risks. The Council was currently reporting a £3.7m adverse variance for social care and public health, driven by higher placement costs and activity increases.

	Minutes
	There was a risk that the West Yorkshire ICB would not be able to agree a financial plan for 2023/24 that met NHS England's requirements not to exceed its revenue resource limit. This was due to the significantly challenging financial environment driven by the local position in relation to the financial underlying position, national efficiency expectations, and ability / capacity to deliver the levels of productivity and efficiency needed to develop a balanced plan. JW expressed thanks to finance teams across the system for their work in pulling together information for the financial planning submission. **It was RESOLVED that:** **The Committee:** · Take assurance from the current financial position and the actions being taken to manage risk.
32/23	**Wakefield Place Risk Register (d)** · **West Yorkshire Risk Register** · **Draft West Yorkshire Board Assurance Framework** Presented by Ruth Unwin (RU) It was noted that Risk Registers for Wakefield and West Yorkshire had been to the Integrated Assurance Committee on 22 February, the West Yorkshire Board Assurance Framework (BAF) had been approved at the ICB Board meeting on 21 March 2023. RU acknowledged that there was a significant amount of information presented to the committee and that future reports would highlight key areas for consideration. Work was ongoing across the five places to ensure consistency of risks and scoring. In terms of the Wakefield Risk Register consideration was being given to the role of the Core Leadership Team and the Alliances in managing risks across the system. **It was RESOLVED that:** **The Committee:** · Note the contents of the report and recommend any follow up action.
33/23	**New Southgate Boundary Changes** Presented by Mel Brown (MB) A Conflict of Interest had been declared earlier in the agenda by LH. MB introduced the paper which outlined the New Southgate Surgery request to change practice boundaries. It was explained that current boundaries were historical from when the practice had been based in the city centre with several branches in outlying areas. Since that time, the branch surgeries had closed and new practices established that covered the outer areas of the boundary. In recent years, population growth, in part

	Minutes
	driven by new housing developments in the immediate vicinity of the practice had resulted in significant growth in the patient list size for the practice. It was noted that a temporary list closure had been approved by NHS Wakefield CCG in March 2022 to enable the practice to limit any further increase in registered patients while longer term solutions to capacity issues were explored. MB outlined the proposals which would create an inner boundary and an outer boundary. The proposals would have no immediate impact for patients already registered with the practice and would only affect those in the outer boundary if they moved to an address outside of the inner boundary. Extensive engagement had taken place with patients and neighbouring practices. The results of the engagement had been appended to the report in the meeting pack. The minimal impact was noted due to the gradual approach being taken. **It was RESOLVED that:** **The Committee:** · Approve the change to the practice boundary for New Southgate Surgery with effect from 1st April 2023.
34/23	**Primary Care Commissioning Intentions** Presented by Mel Brown (MB) A Conflict of Interest had been declared earlier in the agenda by LH and RB in relation to this item. MB advised the paper set out the General Practice Commissioning Intentions for 2023/24 and provided the current context of General Practice in Wakefield. It was noted that the contract was valued at approximately £4.6m. The Wakefield Practice Premium Contract (WPPC) aspect resulted in £7.14 per weighted patient as at 1 January 2023. There was investment for Conexus with a three-year contract to support training and infrastructure and funding to enhance the GP Care Wakefield service. The report detailed the proposals and contract specification. It was noted that GP services within the Wakefield District were in a good position with good quality services. **It was RESOLVED that:** **The Committee:** · Approve the Commissioning Intentions for General Practice for 2023/24

	Minutes
35/23	**Issues to alert, advise or assure the ICB Board on** No issues were raised.
36/23	**Issues to alert, advise or assure the WDHCP committee on from the ICB Board** No items had been received.
37/23	**Items escalated from other Boards** No items had been received.
38/23	**Items for escalation to other Boards** There were no items to escalate to other Boards.
39/23	**Receipt of minutes from the Sub Committee** The minutes of the Provider Collaborative from 1 December 2022 and 1 February 2023, the Minutes of the People Panel from 15 December 2022 and the Minutes of the Integrated Assurance Committee from 1 December 2022 were all noted.
40/23	**Any Other Business** There were no items for discussion. **The meeting ended at 17.10 hours.**

Date and time of next meeting: 23 May 2023 – 1400 – 1700 hours.

Wakefield District Health & Care Partnership

WAKEFIELD HEALTH AND CARE PARTNERSHIP COMMITTEE

ACTION LOG – 23 March 2023

Minute Number	Agenda Item	Action	Lead	Date for Completion	Progress	Status
24/23	Report of the Place Lead	It was proposed that a partnership letter of support would be attached to the EOI with e-signatures from members.	H Oddy / J Lancaster	30 March 2023	Letter with signatures passed to C Offer be deadline.	Closed
24/23	Report of the Place Lead	Dedicated time to be set aside to discuss research capacity and capability at a future development session.	R Berwick /G Gamble / J Lancaster	23 May 2023	Placed on forward plan for WDHCP development session.	Closed
26/23	Public Health Profiles – Gypsy and Travellers Health Needs Assessment	Once the Health Inequalities Alliance established to have a focus at an early meeting in relation to the findings of the Gypsy and Traveller Health Needs Assessment.	R Unwin	23 May 2023	Passed to R Unwin for inclusion on the agenda once the Health Inequalities Alliance is established.	Closed
30/23	Performance Exception Report	For the Integrated Assurance Committee (IAC) to have oversight on the children ASD/ADHD assessment wait times and mitigations.	J Lingrell	23 May 2023	Item scheduled on the IAC agenda for June 2023.	Closed

Meeting name:	Wakefield District Health & Care Partnership Committee (Public)
Agenda item no:	7
Meeting date:	23 May 2023
Report title:	Relocation of the Wakefield Walk-in Service
Report presented by:	Lucy Beeley – System Programme Lead – Unplanned Care
Report approved by:	Melanie Brown - Director System Reform & Integration
Report prepared by:	Kerry Stott – Senior Programme Manager Lucy Beeley - System Programme Lead – Unplanned Care Ruth Unwin, Director of Strategy

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

Previous considerations:

The Wakefield District Health and Care Partnership (WDHCP) Committee has not previously considered any proposals on the future provision of walk-in services, although this issue has been highlighted to the Board of NHS Wakefield Clinical Commissioning Group (CCG).

Executive summary and points for discussion:

In November 2020, the former NHS Wakefield CCG and partner provider organisations began a review of urgent care services to ensure that these services were developed and improved in line with national guidance and changing population needs.

Regionally and nationally there are considerable demands on urgent care and as such a requirement to make improvements. The West Yorkshire vision is to ensure that the public's needs are met in the right place, at the right time, with the right support, which aligns with the regional and national approach. In addition to this, the lease for the King Street building in Wakefield, where the walk-in service is currently located, is due to expire which is why our system is seeking alternative accommodation when the lease comes to an end in June 2024.

The contract for service has been extended to March 2025 to ensure that there is continuity while the work to consider the future location is completed.

Work has been underway across the system, led by the Urgent and Emergency Care Transformation Board, to consider the optimum location for walk-in provision, taking into

account the location of other urgent and primary care services across the district, patterns of use and public expectations.

Based on analysis of patterns of use of the current walk-in service at King Street, in Wakefield, and extensive engagement carried out in recent years to understand people's experience and aspirations for walk-in services, the Urgent and Emergency Care Transformation Board has concluded that the service should be relocated within the Wakefield city centre. Their assessment is that colocation with the emergency department at Pinderfields or with community based primary care services would not offer a viable solution and should no longer be pursued as potential solutions.

The Integrated Care Board (ICB) has engaged NHS Property Services to support with the identification of possible alternative premises in Wakefield City Centre.

Formal evaluation of the options that are currently available will need to be undertaken to assess the potential premises against a range of criteria based on service and access requirements.

Subject to the committee's agreement to pursue a city centre location, there will be discussion with the Adult Services, Public Health and the NHS Overview and Scrutiny Committee to agree any further public engagement and/or communications that may be required to support the relocation.

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

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience, and outcomes

☒ Enhance productivity and value for money

☒ Support broader social and economic development

Recommendation(s)

The Wakefield District Health & Care Partnership (WDHCP) Committee is asked to:

1. Approve the proposal to relocate the Walk-in service currently located within King Street within a location in the Wakefield City Centre
2. Mandate the Urgent and Emergency Care Transformation Board to undertake further work to identify suitable premises.
3. Mandate representatives of the Partnership to engage with the Adult Services, Public Health and the NHS Overview and Scrutiny Committee to agree arrangements for further public engagement and/or communications.

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:
Risk ID 2132 - There is a risk to the overall sustainability of the urgent care services within Wakefield due to the impending end of the lease for the King Street Walk in Centre.
Appendices
Acronyms and Abbreviations explained

What are the implications for?

Residents and Communities	Development of fit for purpose urgent care services for the population of Wakefield are essential to ensure ongoing access when care is needed.
Quality and Safety	Developing the urgent care service offer will ensure continuity of access whilst maintaining patient safety. As part of the final recommendations for change a quality impact assessment will be completed.
Equality, Diversity and Inclusion	Public engagement and data analysis has taken account of the impact for different population groups. Equality Impact Assessment of the final proposed option will be undertaken.
Finances and Use of Resources	The revenue costs of the service are being planned to fit within the existing cost envelope for delivering services. There is capital expenditure required to fit out any building.
Regulation and Legal Requirements	The UEC Transformation Board will apply appropriate governance, follow procurement policy, and ensure sound financial management in doing so. Discussion with Overview and Scrutiny Committee will take place to ensure the ICB complies with statutory duties in relation to public engagement on service changes.
Conflicts of Interest	None
Data Protection	None

Transformation and Innovation	The Urgent and Emergency Care Programme Board will have oversight of the development to ensure the relocated service meets or exceeds the transformational requirements of the national and regional vision for urgent care services.
Environmental and Climate Change	None
Future Decisions and Policy Making	Relevant governance processes will be followed as the planned relocation and service developments progress.
Citizen and Stakeholder Engagement	There has been extensive public engagement carried out in recent years. Any further engagement or communications will be agreed with the Overview and Scrutiny Committee.

1. Background

1.1 In November 2020, the former NHS Wakefield CCG and partner provider organisations began a review of urgent care services to ensure that these services were developed and improved in line with national guidance and changing population needs.

1.2 Regionally across West Yorkshire there are considerable demands on urgent care and as such a requirement for place-based improvements. The West Yorkshire vision is to ensure that the public's needs are met in the right place, at the right time, with the right support which aligns with the regional approach.

1.3 The timeline for a decision on the future location of the walk-in service in Wakefield is in part driven by the expiry of the lease in June 2024 for the King Street building in Wakefield.

1.4 A range of data including population health needs, Accident & Emergency (A&E) attendances and current Walk-in Centre attendances has been analysed and there has been extensive staff and public engagement to help understand people's choices about urgent care.

1.5 The overall vision builds on learning from the development and embedding of the Pontefract Urgent Treatment Centre. The aim is to create a visible, accessible urgent care service that is as easy for patients to navigate.

1.6 This proposed model builds on the positive local feedback about the services currently provided by the Walk-in Centre located at King Street. Public engagement activities that have taken place tell us that there is strong appetite to keep the new urgent care service within the Wakefield city centre.

1.7 Public and staff engagement undertaken between November 2021 and January 2022 showed that:

- 73% of respondents said that it is important to be seen by or to speak to someone on the same day if they have an illness or injury that needs attention.
- 63% said that urgent care services must be easy to get to
- 46.6% felt it was important that they didn't need to book an appointment to be seen.
- 47.9% of respondents would be able / happy to travel 15-30 minutes
- 64.6% of respondents would travel to an Urgent Treatment Centre (UTC) by their own/family car.
- A few people suggested that walk-in centres should be located on the same site as A&E to help alleviate the pressure on A&E and should people require emergency treatment they can be easily transferred.

1.8 A range of solutions have been considered, including co-location with Pinderfields Emergency Department, colocation with primary care services or relocation in a community location.

1.9 The recommendation to relocate within the city centre takes into account patterns of use, public feedback and the feasibility of implementation.

1.10 Further work will be required to asses the available sites based on a range of criteria informed by national and local strategies for urgent and emergency care and previous engagement feedback.

2.0 Next Steps

2.1 Subject to approval, there will be further discussion with the Adult Services, Public Health and the NHS Overview and Scrutiny Committee to agree next steps in terms of engagement and/or communication with the public.

2.2 The Urgent and Emergency Care Transformation Board will undertake further work to secure capital to equip the new site

3.0 Recommendations

The Wakefield District Health & Care Partnership (WDHCP) Committee is asked to:

- Approve the proposal to relocate the Walk-in service currently located within King Street within a location in the Wakefield City Centre
- Mandate the Urgent and Emergency Care Transformation Board to undertake further work to identify suitable premises
- Mandate representatives of the Partnership to engage with the Adult Services, Public Health and the NHS Overview and Scrutiny Committee to agree arrangements for further public engagement and/or communications.

Report of the Wakefield District Health & Care Partnership
Wakefield Place Integrated Care System (ICS) Health and Care Leader
Tuesday 23 May 2023

Purpose
The purpose of this paper is to update the Wakefield District Health & Care Partnership (WDHCP) on the current on-going developments across West Yorkshire Health and Care Partnership (WYHCP) and the Wakefield Place.

West Yorkshire Integrated Health and Care Partnership

West Yorkshire Health and Care Partnership Board - The last meeting of our Partnership Board took place in Leeds on Tuesday 7 March 2023. You can watch the meeting film and read the board papers on the website.

NHS West Yorkshire ICB Board - The NHS West Yorkshire ICB Board meeting took place on Tuesday 21 March 2023. You can access the papers and watch the live stream on the website. The next Board meeting will take place on 16 May 2023. The meeting will be streamed live and will be available to watch on the website

Operating Model and Running Cost Allowances - The design work is being undertaken by a programme team, led by Leeds Accountable Officer, Tim Ryley, as Senior Responsible Officer (SRO). The team brings together corporate directorate, place colleagues and members from equality networks to work collectively on the review of the operating model. They will develop options and make proposals to the ICB executive team and will be responsible for overseeing the detailed design of the operating model, within the agreed strategic direction, design principles and other parameters set by the executive team. The first phase will be completed by summer 2023. This will set out options for the future operating model, with an expectation that providers and collaboratives will pick up more functions in places and across West Yorkshire

NHS West Yorkshire Integrated Care Partnership's Five-Year Strategy - At the Partnership Board meeting on 21 March 2023 the integrated care strategy was approved. The strategy was developed via a partnership-wide design group, informed by all existing engagement undertaken with the public and through extensive engagement with stakeholders and across formal and informal committees and Boards of the Partnership. It has been built from the five places' health and wellbeing strategies and engagement with Health and Wellbeing Boards has predominantly taken place alongside considering the place joint local health and wellbeing strategy.

The Hewitt Review - set out to consider the oversight and governance of integrated care systems (ICSs). The review covered ICSs in England and the NHS targets and priorities for which ICBs are accountable, including those set out in the government's mandate to NHS England. The review identified 6 key principles, that will enable create the context in which ICSs can thrive and deliver. These are: collaboration within and between systems and national bodies; a limited number of shared priorities; allowing local leaders the space and time to lead; the right support, balancing freedom with accountability and enabling access to timely, transparent and high-quality data. You can read the report on the Government's website.

Wakefield Place

2023-24 Operational Planning - The final submission on the 24 March was delegated to Jo Webster, Ann Carroll, and Amy Whittaker to sign-off on behalf of Wakefield place. Intensive work across the partnership has taken place in order to develop the plans.

Healthwatch Turns Ten Celebration - Over the last 10 years, local people have shared their stories and experiences, good and bad, with us, telling us what is working and what is not when it comes to health and social care. With their help, Healthwatch has been able to help improve health and social care services for everyone. But nothing would have changed if local people had not spoken up about their care and services had not listened. A celebration lunch was held on Thursday 6 April 2023, to mark the 10th anniversary of Healthwatch, and to celebrate our Healthwatch Heroes.

Mid Yorkshire Trust secures ambition of teaching status, a boost to recruitment and innovation opportunities - The Mid Yorkshire Hospitals NHS Trust announced it is officially a Teaching Trust and will now be called Mid Yorkshire Teaching NHS Trust. Each of the Trust's three hospital sites; in Pontefract, Wakefield and Dewsbury and the services it provides in the community, will benefit from the status which recognises the Trust's track record in the provision of high-quality teaching and education. The teaching status is a new partnership with the University of Leeds and enables the Trust to enhance its education and training capacity, grow research capability and provides a platform to enable delivery of new advances in healthcare, innovative discoveries, techniques and medications. In addition, it will support the recruitment and retention of first-rate staff across all professions, all of which will ultimately result in better services and outcomes for patients.

Health Determinants Research Collaboration (HDRC) We have submitted an initial proposal for Wakefield District to set up a HDRC. This multi-million-pound innovative research collaboration between the council and our local academic sector would allow us to build on our existing local knowledge and develop high-quality research that improves local health and wellbeing and tackles health inequalities. The Wakefield District Health and Care Partnership (WDHCP) committee approved the application at our last meeting in April, and our Public Health colleagues will now develop our formal proposal. We should find out whether our bid has been shortlisted for consideration in July, with the final decision in October. We have an excellent track record of research in Wakefield, including the **Born and Bred in Wakefield (BaBi Wakefield) study**, which marked its first-year last week. The study aims to find out what influences the health and well-being of families and links information across health, education, and social care to create a picture of families' lives. Over time, this will help to shape local services, creating a healthier environment for families to enjoy. The BaBi team

has recruited over 800 local mums and babies so far – more than three times their original year-one target! The team have created this infographic which gives a snapshot of the study in its first year—a huge well done to everyone involved.

Adults Social Care Peer Challenge- Wakefield Local Authority recently invited the Association of Directors of Adult Social Services (ADASS) to conduct a Peer Challenge of Adults Social Care in Wakefield. This took place over the course of three days from 17th - 19th April 2023, was held virtually and the team was made up of 6 Social Care Professionals from Local Authorities across Yorkshire and Humber. The Peer Challenge Team were able to meet with over a hundred staff, partners and service users over the course of three days with us in Wakefield. The Peer Challenge was designed to mirror the approach set out in the recently published interim guidance for Local Authority Assessments. At the feedback session, the team shared what they feel are our strengths under each of the four CQC domains. One of the key areas that the team highlighted was our passionate workforce and strength-based approach. Other areas that stood out are our strong partnerships with NHS, Public Health and voluntary sector colleagues, our strategic plans, and our increasing use of Assistive Technology. They also complimented our Connecting Care and Integrated Transfer of Care (ITOC) hubs and noted how our approach to integrated working is keeping more people independent in the place they call home. The team also suggested some areas for us to focus on, including involving people with lived experience in service design and evaluation, and capturing stories of how we make a difference. Although we have work to do to work through the recommendations, it is very clear that we have a lot to be proud of.

Integrated Care Team /Reablement integration plan - The Integrated Care Team and Reablement Service integration project is reporting positive outcomes in terms of maximising people's independence. Strong evidence exists that these services improve outcomes and value for money across the health and social care sectors. Through a series of joint workshops, they have developed a new 'one referral, one triage, one assessment' model that prevents duplication, streamlines access points and pathways, and maximises the joint available capacity across both teams. This work is continuing at pace with the aim of achieving a fully integrated approach of front-line carers working alongside one another as one team to deliver the reablement care and support that people need. The teams are currently working with Mid Yorkshire Teaching NHS Trust Governance & Education team to develop a single job description and competency framework and a training schedule has been agreed to support this. We are also working towards a joint rota / scheduling system to enable even more effective use of our joint resources. Once the two teams are fully integrated, we have the opportunity to expand the capacity of this resource to become a proactive resource to help people towards greater independence through rehabilitation and recovery approach.

Domiciliary Care in Wakefield - The waiting list for domiciliary care in Wakefield has been dramatically reduced from over 300 people in December 2021 to just 6 people waiting for a care package at the end of March 2023. People who need a package of care are now able to consider a number of providers who are available almost immediately to start delivering care. This was supported over the winter by our Urgent Response service which supported 36 packages from hospital discharges. This service was awarded to two providers who were able to act as a 'bridging service' from hospital for individuals who were able to return home with a package of care to support them. This allowed beds to be freed in hospital, get people back home and allow time for a social care assessment to take place. This has been achieved through a variety of different approaches, including the introduction of an open

pseudo dynamic purchase system which allows for flexibility for providers to join for the life of the contract. It has increased the number of providers who are contracted with the Local Authority, which has quickly reduced the waiting list of care hours, increased personal choice of provider and reduced the number of costly spot purchases we had previously relied on. There have been some unintended consequences of this improved position, in that the domiciliary care market has been slightly destabilised by an influx of new providers which has increased monitoring and quality assurance oversight, affected the financial sustainability of some providers and increased the number of concerns related to new providers. We have put in more resource to support the market and maintain assurance of quality.

Home First Model (Dovecote Recovery Hub) - Dovecote is a Local Authority residential care home, that has been used as an intermediate care facility for many years. It is a 24 bedded unit, used predominantly but not exclusively as a step-down facility from the hospital providing:

1. Interim placements for people who are ready to leave the hospital
2. Need a package of care to go home, but no package is available

In recent times, greater access to Domiciliary Care provision has greatly reduced the need for interim beds. Therefore, this presented an opportunity to consider how the unit would be used differently to support an unmet need in Wakefield, building on the developments during the pandemic that enabled us to utilise dedicated beds in the facility to support delays and manage care needs differently. Our vision is to ensure that where possible we deliver care in, or as close to the people's homes and within the communities in which they live.

In February this year, we agreed to test out new criteria aimed at improving flow, patient outcomes and experience. The creation of a recovery hub at Dovecote Lodge Care Home. The recovery hub, launched in March this year includes a multi-disciplinary approach of Mid Yorkshire Teaching NHS Trust, Adult Community Services, Adult Social Care and all organisations linked to Dovecote facility, as an option to transfer people from the Hospital's Emergency Department (ED) who meet certain criteria, identified utilising the Signals from Noise data system (sfN)

The initial target cohort was:

1. The resident is 70 years and over
2. The resident has attended/ been admitted as an emergency at MYTT
3. The resident is classed as 'High Risk':
4. Has had a length of stay over 14 days in the last 3 years
5. Is likely to re-attend
6. The resident agrees to accept recovery/ recuperation/reablement support in Dovecote Lodge
7. The resident is registered with Wakefield GP and is a Wakefield resident
8. The resident is safe to be managed in the community
9. The resident's clinical and medical needs can be safely met by 'through the door' services

Since the launch of the recovery hub on 1st March 2023 until 29th April 2023 there were 48 placements into Dovecote, with 59% of these residents coming directly from the Emergency Department without being admitted into the acute hospital. Falls, social and pain/mobility are

all categories that are admitted into Dovecote. This has prevented 22 admissions into the acute hospital.

Wakefield Strategic Delivery Plan – Work continues to develop our strategic delivery plan which will describe the priorities for Wakefield District Health and Care Partnership. We have worked to develop a universal model of integrated delivery based on needs of individuals and we will shape our plans going forward around this model. The committee will hold a development session on 8 June 2023 to discuss the plan in more detail with the sign off the plan being held at an extraordinary meeting of the committee planned for 14 June 2023. Partners helped shape the WDHCP vision and purpose during 2022/23 through several facilitated events. The vision has a strong alignment to the local Health and Wellbeing Strategy and described a future where people were supported to stay well in their own homes and communities by a connected set of high-quality services. A session will take place on 22 June where we will launch our Wakefield District Health and Care Partnership place plan and give opportunity to the wider partnership to hear about what it will mean to them and for colleagues to have the opportunity to work in smaller groups to think about what it means to them and their teams. The session will be held on Teams, and, because of this, we will be able to extend the invitation to a wider number of colleagues.

LGC Awards 2023 - Wakefield system was well represented at the next stage of the **2023 LGC Awards** last month and is in the running for two awards – firstly, in the Integrated Health and Care category for our work to improve transfers of care across the district, and the Big Conversation team is up for the 'Big Team of the Year' award. These are both significant initiatives for Wakefield, and we can be very proud of what we've achieved. The award ceremony takes place in June, so wishing all team's good luck.

Wakefield District Health and Care Partnership Committee
Wakefield Provider Collaborative Chair's Report
May 2023

Purpose

The purpose of this paper is to update the Wakefield District Health and Care Partnership (WDHCP) Committee on the on-going developments within the Wakefield Provider Collaborative and the outcomes of the recent development session.

Provider Collaborative Development Session

On 18 April 2023, members of the Provider Collaborative met to reflect on how the group has developed over the past 12 months and how we could change to better drive forwards our strategic intentions for transformation. Everyone who attended showed up with positivity and ideas on how we could make things better. The Collaborative is made up of members who have a high level of commitment for working together and a high level of passion for integrated care to support of the needs of our population and to benefit our workforce.

What we did

- ü Looked at the role and functions of the Provider Collaborative as outlined in the terms of reference.
- ü Discussed the strategic context we are working in and how this might change how we work going forwards.
- ü Spent time reviewing what has worked well, what hasn't worked well and understanding the group's role in transformation.
- ü Discussed how Alliances and Programmes could change going forwards.
- ü Took further conversations with Business Intelligence colleagues, what an outcomes framework could look like.

Development Session Highlights

What has worked well

- **Maturity of relationships** – there is a high level of maturity of relationships within the Provider Collaborative. It is a safe place to attend to share our successes, and our challenges. There is a high level of support and compassion.

- **System connectedness** – the Provider Collaborative creates good connections and brings together all the Alliances and Programmes in one place. Members feel part of the system and there is a culture of connectedness. Members attend with the population at the heart of what they do.

- **Focus on programmes** – the Provider Collaborative has a good focus on transformation programmes that has generated cross programme collaboration.

What we could improve

- **Clear boundaries** – we need to better define the boundaries and relationships between the meetings and groups within our Place arrangements, i.e. the Wakefield District Health and Care Partnership, the Provider Collaborative and the Alliances / Programmes. This will also reduce any duplication of items being discussed in multiple meetings.

- **Decision making** – decisions have often been taken outside of the Collaborative around resources and allocations. Moving forwards collective decisions need to be more open and transparent within the Collaborative.

- **Innovative –** we need to be more innovative and dynamic in how we work together so that we drive forwards integration.

- **Roles of Alliances / Programmes** – we need to agree a consistent language and definition around our transformation programmes to reduce confusion. A maturity matrix would also provide a framework for the Provider Collaborative, Alliance and Programmes to develop further.

Next Steps for the Provider Collaborative

The future development of the provider collaborative has also been considered in the light of our forthcoming WDHCP place plan which will be signed off next month. The provider collaborative will be central in underpinning our key transformation and performance objectives. The following proposed next steps for the Provider Collaborative bring together outcomes from the development session on 18 April and discussions relating to the Wakefield Place Plan.

These will be proposed to the Provider Collaborative meeting on 16 May 2023.

a) It is proposed the name of the Provider Collaborative is changed to the Transformation and Delivery Collaborative to reflect the key role of the group as outlined above.

b) The Transformation and Delivery Collaborative will have responsibility for:

- Overseeing the delivery of the 3-year Place Plan on behalf of the Wakefield District Health and Care Partnership Committee.
- Assurance and oversight of local and national programme and performance and quality metrics.
- Oversight and delivery of commissioning and contracting responsibilities related to the delivery of the 3-year plan.
- Ensure there is alignment between programmes and programme areas to manage interdependencies.
- Overseeing assessment and escalation or risks to delivery of the 3-year plan and key performance metrics.

c) In addition, it is proposed that the current alliances and programmes are also reviewed in terms of maturity and the range of functions that they are expected to carry out. The functions of the most mature alliances will include:

- Transformation (delivery of place plan)
- Delivery of national and local metrics
- Performance management
- Management of a defined budget
- Prioritisation of investment and disinvestment
- Market development

Wakefield District Health and Care Partnership Committee
Wakefield Professional Leadership Chair's Report
May 2023

Purpose

The purpose of this paper is to update the Wakefield District Health and Care Partnership (WDHCP) Committee on the on-going developments within the Wakefield Professional Leadership and the wider arrangements for professional leadership and engagement.

The term 'professional' is an inclusive term that includes those with clinical and professional registrations across health and social care. This includes, but is not limited to doctors, nurses, social workers, psychiatrists, physiotherapists, pharmacists, occupational therapists, mental health practitioners, public health consultants.

Professional arrangements across the Partnership

Wakefield has a strong track record for strong professional leadership across health and social care and professionally-led decision making. A recent mapping exercise undertaken by the Wakefield Professional Leadership shows that professionals, at all levels, are engaged within our Partnership advising on key areas of strategy, transformation and operational pathways.

Through the formation of the new Wakefield District Health & Care Partnership in July 2022 we have reviewed what formal arrangements are needed to continue to embed the voice of professionals in everything we do.

Strategic Professional Leadership
The **Wakefield Professional Leadership** is made up of the most senior professional leaders within our Partnership. It includes roles like Chief Medical Officers, Chief Nurses and Directors for Allied Healthcare Professionals from NHS organisations alongside lead social workers, pharmacists and public health consultants. Those who are lead professionals within their organisations. The Wakefield Professional Leadership is accountable to the Committee of the Partnership. The Wakefield Professional Leadership members have committed to a series of development sessions to assist in formalising its priorities.

Professional voice in transformation	Professional voice in operational pathways
Professional leadership, advice and input is strongly embedded within the **Alliances and Programmes** which report into the Provider Collaborative. There are a number of Clinical Advisor roles within the Partnership who work within the Alliances and Programmes, for example, planned care, unplanned care, Children's.	The **Professional Collaborative Forum** brings together a wide range of professionals to advise on operational pathways and transformation. The Forum intends to have a more comprehensive oversight of transformation to prevent any silo working within Alliances and Programmes. The **Professional Collaborative Forum** is accountable to the Provider Collaborative**.**

The above arrangements will continue to be developed and reviewed to ensure we are maximising the voice of professionals within the Partnership.

Highlights from the Wakefield Professional Leadership

Developing Priorities

We have spent time together understanding the key challenges with each of the professions and organisations represented. We have identified a number of key areas for priority review;

1. **Workforce**; recruitment and retention, succession planning, leadership, passporting, developing a professional workforce for the future, training and education. There is great alignment with the People Plan and a joint development session between the People Plan leadership and the Wakefield Professional Leadership is planned for 13 May 2023.
2. **Clinical risk;** priority areas for health and social care risks with a reference to quality, drawing upon the diverse perspectives of the membership to explore wicked issues and looking for solutions that will make a positive difference. A development session of the Wakefield Professional Leadership is planned in July 2023 to deep dive into this.

Linking with the West Yorkshire Clinical and Care Professional Forum

It is important that we not only align with the West Yorkshire Clinical and Care Professional Forum but that we share locally the ambitions and outputs of work taking place. We need to make sure that what we do in Wakefield does not duplicate work taking place at West Yorkshire. Where it makes sense to do so we will manage within our local Partnership and where it would benefit from the wider West Yorkshire view we will raise at the West Yorkshire forum.

Meeting name:	Wakefield District Health & Care Partnership Committee Meeting
Agenda item no:	10
Meeting date:	23 May 2023
Report title:	Maternity and Neonatal Services
Report presented by:	Penny Woodhead Director of Nursing and Quality
Report approved by:	Penny Woodhead Director of Nursing and Quality
Report prepared by:	Tracy Morton Senior Commissioning Manager Maternity and Children's Services WDHCP

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

Previous considerations:

The most recent maternity updates and assurance reports have been provided to the following committees:

- NHS Wakefield CCG Quality, Performance and Governance Committee: 27/05/2021
- NHS Wakefield CCG Quality, Performance and Governance Committee 15/03/2022
- NHS Wakefield CCG Governing Body 12/04/2022
- Wakefield NHS Overview and Scrutiny Committee 21/07/2022

Executive summary and points for discussion:

The purpose of this report is to provide Wakefield District Health and Care Partnership Committee with a detailed update on maternity services in the Wakefield District. Key aspects to draw from this report are:

- There is a continued national spotlight on maternity services following the Ockenden and East Kent reviews. There has been significant investment nationally to support recruitment of staff (£95m in 2021 and £127m in 2022). The Three-Year Delivery Plan for Maternity and Neonatal Services was published on 30 March and pulls into one single plan the NHS Long Term Plan ambitions and actions from Ockenden and East Kent reviews. It focuses on listening to families; workforce; safety, learning and support and having standards and structures to underpin safer, more personalised, and equitable care.
- Monitoring of safety and quality continues to be of high priority locally and this is undertaken by the Maternity Quality Surveillance Group (MQSG) which meets monthly. There several other ways in which feedback about services is gathered including "Friends and Family" survey and the Maternity and Neonatal Voices Partnership (MNVP) which is very active in seeking views on experience of services from a wide range of women and

families. Within the ICB at Wakefield Place the Quality Intelligence Group (QIG) gathers feedback from a range of sources on patient experience including maternity services.

- The most significant risk is maternity staffing, and this is an issue across the whole of West Yorkshire and the rest of the country requiring a national focus. In Mid Yorkshire Hospitals Trust (MYHT), midwifery vacancy rates currently stand at 25.8 whole time equivalents and sickness rates are 8.3%. A detailed recruitment and retention plan is in place and discussed at every monthly MQSG meeting. This is on the trust's risk register.
- Following the Care Quality Committee (CQC) Inspection of maternity services at Pinderfields and Dewsbury Hospitals in April 2022 an overall rating of good was achieved, which is an improved position. Preparation is underway for an anticipated CQC visit before July 2023 as part of a national programme of assessment of all maternity services.
- Intrapartum care has been suspended in Pontefract Midwifery Led Unit (MLU) since 2019 due to concerns about staffing levels. This has had no detrimental impact on safety and quality and the MNVP has not fed back any specific issues. Recommendations on Pontefract MLU will be presented to the Board at a subsequent meeting.
- The West Yorkshire and Harrogate Local Maternity and Neonatal System (WY&H LMNS) continues to oversee the transformation of maternity services across the whole of West Yorkshire (and Harrogate) through partnership working between neonatal service providers, commissioners, local authorities, and MNVPs. The MNVP, hosted by Healthwatch continues to grow and has supported a number of changes and improvements to services based on feedback from women and families.
- There is a vast amount of maternity transformation work in Wakefield that links with the wider system including the family hubs and Start for Life, reducing health inequalities and more recently work has started on supporting the pathway with primary care.

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

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes

☐ Enhance productivity and value for money

☒ Support broader social and economic development

Recommendation(s)

The Wakefield District Health and Care Partnership Committee is asked to:

1. Note the overview of maternity services and work happening across the whole partnership to transform services while putting quality and safety at the forefront.
2. Note the current workforce challenges faced by maternity services and the short- and long-term actions being taken to address these and mitigate risks.
3. Agree that further maternity reports are presented to the Board as follows:
   (i) July 2023 - to present the recommendations for Pontefract MLU.
   (ii) Later in 2023 or early 2024 (when work is finalised) on the maternity Joint Strategic Needs Assessment (JSNA) and Health Inequalities Dashboard to give the Board an understanding of the needs of our local population.

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
No
Appendices
1. Mid-Yorkshire Hospitals NHS Trust Maternity Dashboard 2. Perinatal Mental Health Services in Wakefield
Acronyms and Abbreviations explained
1. WY&H LMNS – West Yorkshire and Harrogate Local Maternity and Neonatal System. 2. MNVP – Maternity and Neonatal Voices Partnership. 3. MEWS – Maternity Early Warning Signs 4. NEWTT – New-born Early Warning Trigger and Track 5. JSNA – Joint Strategic Needs Assessment 6. MQSG – Maternity Quality Surveillance Group. 7. IAPT – Improved Access to Psychological Therapies 8. OSCE – Objective Structured Clinical Examination 9. ONS – Office for National Statistics 10. CNST – Clinical Negligence Scheme for Trusts

What are the implications for?

Residents and Communities	**Transformation of maternity services will positively benefit the Wakefield population, promoting best possible start in life and reducing health inequalities.**
Quality and Safety	**Ensuring quality and safety of maternity services is the key focus and priority and the work being undertaken is described in this report. This is a positive impact.**
Equality, Diversity and Inclusion	**There is a significant amount of work being undertaken to reduce health inequalities and to ensure the maternity services are fully inclusive which is described in detail in this report. This is a positive impact,**
Finances and Use of Resources	**There is no financial implication for the ICB.**
Regulation and Legal Requirements	**None identified.**
Conflicts of Interest	**None identified.**

Data Protection	**None identified.**
Transformation and Innovation	**The paper outlines in detail the transformation of maternity services that is taking place locally. This is a positive impact.**
Environmental and Climate Change	**None identified.**
Future Decisions and Policy Making	**None identified.**
Citizen and Stakeholder Engagement	**Engagement with the Wakefield population is a continuous process driven by the Wakefield Maternity and Neonatal Voices Partnership (MNVP).**

1. Introduction

1.1 The purpose of this report is to provide Wakefield District Health and Care Partnership Board with detailed information about maternity services provided in the Wakefield District. This report aims to give the most up to date information about maternity including local services, maternity transformation, local challenges, and successes. This is in the context of the national maternity strategy "Better Births" and the outcomes and recommendations from the Ockenden and East Kent Reviews.

National Strategy and Priorities

1.2 There continues to be a national spotlight on maternity services since the publication of Better Births in 2016 and following publication of the Ockenden report (Dec 2020 with final report March 2022) and East Kent Hospitals NHS Foundation Trust (Oct 2022). These reports revealed a series of serious patient safety failings including a lack of investigation into clinical incidents and learning from them. Women and families felt they were not listened to and there was found to be a lack of compassionate care.

1.3 There has been significant investment in maternity services in England in recent years including £95 million in 2021 and £127 million in 2022 to ensure safer and more personalised care for women and their babies. The investment has been primarily to boost staffing numbers in maternity and neonatal services.

Three Year Delivery Plan for Maternity and Neonatal Services

1.4 The Maternity and Neonatal Three-Year Delivery Plan was published on 30th March 2023 and intends to provide support to services in achieving safer, more personalised, and more equitable care for women and families. It brings together actions from the maternity and neonatal programme, the NHS Long Term Plan and the Ockenden and East Kent reviews into one single plan. There are four key themes in this plan which are:

- Listening to and working with women and families, with compassion.
- Growing, retaining, and supporting the workforce.
- Developing and sustaining a culture of safety, learning and support.
- Having standards and structures that underpin safer, more personalised, and more equitable care.

1.5 The plan emphasises and strengthens the role of the Maternity and Neonatal Voices Partnership (MNVP) and their involvement in co-production of services. The plan specifically commits to give women access to pelvic health services, to continue with roll out of perinatal mental health services and to invest in the availability of bereavement services seven days a week.

1.6 The West Yorkshire and Harrogate Local Maternity and Neonatal Maternity Services (LMNS) will be discussing this in a clinical leader's workshop in May. The plan is to build on maternity transformation to date and include the MNVPs and wider stakeholders. The LMNS will ensure that the plan is part of West Yorkshire Integrated Care Board (ICB) plans for the future and will work with the System Quality Group to ensure appropriate reporting and governance. A communication plan is also being developed by the WY&H LMNS.

1.7 Action planning has also commenced in MYHT, there are no particular risks identified at this point around evidence of compliance and achievement of standards. The trust is further implementing digital maternity standards and the best practice standards "Maternity Early Warning Signs" (MEWS) which aims to improve recognition of pregnant women at risk of clinical deterioration and facilitate early intervention. They are also implementing the New-born Early Warning Trigger and Track (NEWTT) 2 which is about planning and preparing for at risk new-born infants. NEWTT 2 encompasses parent concern to acknowledge the importance of the opinion of the family in addition to the wider multi-disciplinary team.

The Wakefield Population JSNA Maternity Data

1.8 The Wakefield JSNA has data on births and can be found here: Births (wakefieldjsna.co.uk) Maternity has been identified as one of the key priority topics for further JSNA development this year which public health data analysts are currently progressing. To provide the Partnership with more detail from the JSNA data we are recommending a further report be brought to the Board when this work is completed, together with Wakefield Place data from the newly developed West Yorkshire & Harrogate (WY&H) Health Inequalities Dashboard. This dashboard has a range of data including ethnicity and deprivation split by postcodes and will be an extremely useful tool for better understanding our population and localised targeting.

1.9 The headlines from the latest published JSNA data on births are:

- Each year there are around 3,800 - 4,000 births to Wakefield residents, in 2020 there were 3,844 births.
- The birth rate in Wakefield for 2020 is 60.1 births per 1,000 women aged 15-44, this is slightly higher than the England average of 55.3 births per 1,000.
- Birth rates have been decreasing slightly over the last 5 years following national and regional trends of falling birth rates.

- In 2020 birth rates varied across the wards of Wakefield with only Pontefract South having a significantly different birth rate, this was lower than the Wakefield average.
- Overall birth rates were higher in the most deprived areas and lowest in the least deprived areas.
- Birth rates vary across the wards of Wakefield but the areas with the highest and lowest rates changes over time.
- The stillbirth rate in Wakefield (3.5 per 1,000 births, 2018-2020) is similar to the England average (3.9 per 1,000 births, 2018-2020). Note that more up to date data from the MYHT maternity dashboard shows that the stillbirth rate for Wakefield for 2022/23 is forecast at 3.93 per 1,000 births. The latest ONS provisional data for England is showing the England average to be 4.2 per 1,000 births for 2021/22.
- Smoking and levels of obesity in pregnancy are higher in Wakefield than the England average.

MATERNITY SERVICES MID-YORKSHIRE HOSPITALS NHS TRUST

Monitoring Quality and Safety

1.10 Quality and safety continues to be closely monitored and overseen by the Maternity Quality Surveillance Group (MQSG) which is led by MYHT and includes senior executive representation across the health and care system. The Group was established in response to the Ockenden recommendations, and membership includes NHSE, the MNVP, the ICB (Wakefield Place) and LMNS. The MQSG meets monthly and presents data from the Maternity Dashboard (attached at Annex A). The most current areas, risks and issues that have been discussed and presented at MQSG are:

- **Staffing** continues to be the biggest risk and is on the Trust's risk register. This is not unique to MYHT. In MYHT, midwifery vacancy rates currently stand at 25.8 whole time equivalents (9.8%) and sickness rates are at 8.3%. This is a priority focus for the trust and MQSG is updated at every meeting on the detailed recruitment and retention plan. This includes:

    - International recruitment – with successes including 13 new international midwives planning to join between May – August 2023 with a further 16 recruitment offers made.
    - International midwife champions in place.
    - 19.36 whole time equivalent (wte) new midwives have been recruited since October 2022 which equates to 8% of the workforce.

- Use of bank and agency staff who are filling around 20 wte posts per week. A plan is being developed for how to recruit some of these staff into substantive posts.
- A Birthrate Plus service review is in progress.

<u>To support retention of staff and health and well-being:</u>

- Workforce and retention leads for staff well-being in post with more support for newly qualified midwives. This includes the introduction of a supernumerary period and assigned buddy/PMA sessions for up to 2 years. There is the offer of coaching and mentoring including an international midwives' mentor.
- All staff returning from sickness leave are invited to well-being days.
- The introduction of "Rate My Shift" App in March 2023.
- The introduction of "You Matter" well-being spaces and "You Said We Did" approaches to feedback from midwives.
- Staff experience plan developed based on leaver and stay interviews.
- "My Maternity Stars" celebration event in development.
- The use of staff survey and feedback from staff to managers.
- Training opportunities are provided in person and online and it is ensured that these are discussed during appraisals and followed up with 6 months stay interview.

- **Medical staffing** challenges also remain with short term sickness, long term consultant restricted duties and some reduction to job plans. A full review of the medical staffing rota is in progress together with looking at how to utilise doctors in a different way. This may however take some time to complete as all consultants need job plan reviews, therefore a firm timeline cannot be given at present. A business case is in development for a new staffing model for obstetrics which will require 5 new Obstetric Consultants.

- **Practical Obstetric Multi Professional Training** (PROMPT) which is an evidence based, multi professional training package for obstetric emergencies has been delayed due to strike action by doctors. Plans are in place to increase compliance. This risk has been added to the service risk register.

- **The LMNS has developed a recruitment and retention strategy** which is due to be published in quarter 2 of this year (between July and September 2023) and the trust has had the opportunity to input into this.

1.11 In addition to the MQSG monitoring of quality, there are a range of feedback loops for commissioners and providers to receive and act upon information about quality of service and patient experience. The trust receives information from the “Friends and Family” survey and the MNVP has accessible mechanisms to gather feedback from women and families and is very active in seeking views on experience of services. There is very good collaboration between MYHT maternity and the MNVP which fully supports feedback and issues raised being heard and acted upon. Within the ICB at Wakefield Place the Quality Intelligence Group (QIG) which gathers feedback from a range of sources on patient experience meets monthly to discuss themes and maternity is included within this. Healthwatch Wakefield play a very active part, hosting the MNVP.

NHSE Self-Assessment Tool

1.12 The NHSE Safety Self-Assessment Tool is designed for maternity service providers to self-assess whether their operational service delivery meets national standards, guidance, and self-regulatory requirements. It was further influenced by the findings in the Ockenden review and emerging themes from services on the safety support programme and the areas CQC found to be outstanding in other maternity services across England. The MYHT maternity service assessment undertaken using the tool in April 2023 has found the service to have strengths in:

- Strategy and leadership roles.
- Organisational structures and clear escalation ward to Board and back to ward.
- Collaboration with MNVP.
- Governance.
- Leadership development.
- QI programme.

1.13 Areas where there are gaps are:

- Equity strategy.
- Audit midwife – who is part of the clinical governance team. They are responsible for auditing progress with actions arising from learning, for example if a new process is introduced it needs to be audited until there is assurance on compliance.
- Bereavement services (currently there is 1 wte bereavement midwife in post with a further 1wte post advertised but not yet recruited to)

CQC Report and Actions

1.14 Following the CQC Inspection of maternity services at Pinderfields and Dewsbury Hospitals in April 2022 an overall rating of good was achieved, which is an improved position. After publication of the report in November 2022, areas of excellence were acknowledged and 7 recommendations under the 'Safe' domain were made. Two of the recommendations were classified as "must dos" which are (i) ensuring mandatory training compliance and (ii) ensuring that all equipment is maintained, serviced, and replaced, in particular cardiotocography (CTG) machines. The trust has an action plan in place to address these and both recommendations have been implemented and are RAG rated as green.

1.15 There were also five "should dos" which were around:
(i) Having enough staff with the right qualifications, skills, and training to meet minimum staffing levels.
(ii) Ensuring staff receive an annual appraisal.
(iii) Ensuring there is enough suitable equipment for staff to safely care for women and babies.
(v) Improving the effectiveness of engagement and communication with staff, ensuring they understand the staffing and re-deployment decisions.
(iv) Ensuring staff are confident and skilled to work on the higher acuity areas.

1.16 The action plan to address these is being implemented and these are currently RAG rated as amber. Staff vacancy and sickness rates are still high which impacts on meeting the other recommendations overall. The workforce action plans are discussed above.

1.17 Preparation is underway for an anticipated CQC visit before July 2023 as part of a national programme of assessment of all maternity services. Evidence being collated around safe and well led Key Lines Of Enquiry (KLOEs); leadership roles, supporting structures, governance, staff support and development and collaborative working with MNVP.

Maternity Incentive Scheme

1.18 The Maternity Incentive Scheme (MIS) supports the delivery of safer maternity care through an incentive element to NHS trusts' contribution to the Clinical Negligence Scheme for Trusts (CNST). The scheme, developed in partnership with the national safety champions Dr Matthew Jolly and Professor Jacqueline Dunkley-Bent OBE, rewards trusts that meet ten safety actions designed to improve the delivery of best practice in maternity and neonatal services. The scheme is in its fourth year (it was paused during the Covid-19 pandemic). Trusts must

demonstrate they have achieved all the ten safety actions to enable them to recover the element of their contribution to the CNST maternity incentive fund and will also receive a share of any unallocated funds. Trusts that do not meet all ten safety actions do not recover their contribution to the CNST maternity incentive fund but may be eligible for a small discretionary payment from the scheme to help them to make progress against any actions they have not achieved. MYHT has signed off to say they were compliant in meeting all the ten safety actions for year four (the current year).

Continuity of Carer

1.19 One of the "Immediate and Essential Actions" (IEAs) from the Ockenden report was for all trusts to review existing provision and roll out of Midwifery Continuity of Carer (MCoC) and assess themselves on delivery this. Trusts needed to be able to demonstrate that staffing meets the safe minimum requirements on all shifts to continue roll out of MCoC, otherwise must suspend roll out. After assessing their risk, MYHT decided to pause roll out. Two of the three teams were discontinued due to vacancy in the teams. The service has been unable to recruit internally or externally to midwives to work in the model.

Pontefract Midwifery Led Unit

1.20 Intrapartum care at Pontefract Midwifery Led Unit (MLU) has been suspended since November 2019 due to concerns about staffing levels across the whole MYHT maternity service. Work taking place to develop the future service model for Pontefract MLU was put on hold due to the pandemic and there is now an opportunity to consider when this should be concluded.

1.21 It is anticipated that recommendations on the future model for the Pontefract MLU will be taken to the WDHCP Board meeting in July 2023.

The West Yorkshire and Harrogate Local Maternity and Neonatal Services

1.22 The West Yorkshire and Harrogate Local Maternity and Neonatal System (WY&H LMNS) continues to oversee the transformation of maternity services across the whole of West Yorkshire (and Harrogate) through partnership working between neonatal service providers, commissioners, local authorities, and MNVPs. The WY&H LMNS plan focuses on a range of areas including safety and quality, co-production, and full involvement of all the MNVPs, choice and personalisation, perinatal mental health, neonatal care, post-natal care, prevention, and communications.

1.23 The LMNS ensures that quality and timely data is collected to inform decision making and that digitalisation is a key enabler to improve maternity services. The LMNS also has a priority focus on workforce development and has developed a recruitment and retention strategy for this. The other key area is addressing health inequalities and they have developed their Equity and Equality Action Plan. This can be seen here: Equity and Equality Action Plan.

1.24 The LMNS is also leading on recruitment of a Maternity Independent Senior Advocate (MISA), a role that is being funded by NHSE/I in response to one of the Ockenden recommendations. The MISA will provide support to women and families in navigating the healthcare system and providing advocacy when they have a concern about the care they are receiving. This will contribute to delivering the immediate and essential action in the Ockenden report that women and their families are listened to with their voices heard.

Maternity and Neonatal Voices Partnership (MNVP)

1.25 The Wakefield MNVP is thriving and now well embedded locally and fully involved with development of maternity services. It is hosted by Healthwatch Wakefield and the MNVP Chairs for Wakefield and North Kirklees both sit on the Maternity Quality Surveillance Group and are involved in a range of projects and initiatives around maternity services. These include:

- Undertaking “15 steps” visits on the labour ward. These have resulted in improved signage and visual displays and improved seating. There was also a visit to the Pinderfields antenatal clinic and antenatal day unit. Recommendations here included the need to share more information about personalised care and options throughout pregnancy and birth.
- Taking part in “walk the patch” visits on antenatal ward and Neonatal Intensive Care Unit (NICU). Themes that have emerged include uncertainty about use of the buzzer and a lack of information around choice during pregnancy. There was positive feedback about postnatal care received and about choice during elective caesarean.
- Following the NICU 15 steps in October 2022 a report was submitted with a follow up action planning meeting. Actions agreed include having the infant feeding leads review and replace the information in the expressing room and trying to introduce new signage on the wards.
- Being part of a project to improve induction of labour. The MNVP Chairs have had discussions with the induction team that has resulted

in the plans for producing a video for women considering induction or about to have an induction.
- The MNVP has supported the development of the maternity website.
- A forum is being establishing with obstetrics to look at communication and language following feedback from women.
- The MNVP Chairs have been on the interview panel for the Equity and Equality Lead Midwife and for Pinderfields Birth Centre Manager and Personalised Care Lead.

1.26 There has been a significant amount of work undertaken on engagement including a maternity survey during January and March 2022, outreach engagement sessions with women and families at various locations across the district during 2022 and development of social media platforms.

1.27 The MNVP meets quarterly, and meetings are well represented by partners across the health and care system. Although this is a service user led group, all system partners involved in delivery of the full maternity pathway are part of the MNVP and have a responsibility to contribute together to develop and improve maternity services based on what is important to the local population and the feedback provided. Another key area of feedback from women and families has been around primary care and this is discussed in more detail in the primary care section in para 1.30 below.

MATERNITY TRANSFORMATION

Health Inequalities

1.28 As described in para 1.23 above, a priority for the WY&H LMNS is to address inequalities. In Wakefield our health and care system fully supports the LMNS Equity and Equality Action Plan which was published in September 2022. The Plan explains the actions the LMNS we will take over the next three years to improve the outcome for women and their families at all six maternity units across West Yorkshire and Harrogate. MYHT maternity has appointed a lead for Equity and Equality to ensure there is a focus on this important area.

1.29 Below are some of the themes in the Plan that have actions attached to them and information on work happening at Wakefield place.

- **Smoke free pregnancy support** – smoking in pregnancy is the single biggest risk factor for still birth, it increases the risk of serious pregnancy related complications and complications during labour; it also increases the risk of miscarriage, premature birth, low birth weight, sudden unexpected death in infancy, and is associated with respiratory problems

such as pneumonia and asthma which may lead to death in babies or infants.

- Over the last 10 years the percentage of women smoking at the time of delivery has decreased significantly in Wakefield, from 23.9% in 2010/11 down to 14.7% in 2021/22. Whilst Wakefield remains higher than the national rate of 9.1%, this large decline has reduced the inequalities that exist between Wakefield and the national average.

- The excellent progress with pregnant smokers in Wakefield has been achieved through a partnership approach, led by the Public Health team, with a huge amount of hard work and determination from everyone involved including, MYHT, Yorkshire Smokefree Wakefield (YSF) and Wakefield ICB.

- The approach in Wakefield is based on a range of initiatives, including a dedicated stop smoking Specialist Midwife (employed within MYHT). This role has been key, providing insights and enhancing links between different organisations and roles in a way which was not previously possible. Other measures implemented include:

  - Additional support for high-risk smokers, including direct contact with the stop smoking midwife.
  - Mandatory training for midwife support workers and doctors.
  - Improvements in data recording.
  - Automatic referrals to the Wakefield specialist stop smoking service (with an opt out approach), resulting in a significant increase in women accessing the service.
  - Extra scans and a consultant appointment due to the increased risks.
  - A Personal Finance Incentive (PFI) voucher scheme.

  The funding from NHSE/I to continue to implement the overall Tobacco Dependency Programme had several stipulations that needed to be worked through locally which presented some challenges, in particular around new arrangements for submission of data on the overall stop smoking pathway. Also, in line with NHSE/I guidance, MYHT has employed 4 new Tobacco Dependency Advisors (TDAs), utilising the additional funding. This will work with the current local model in Wakefield where women are referred to the local specialist stop smoking service for support to stop smoking.

- **Improving breast feeding rates** – The LMNS has committed to working with all providers to provide the support needed to help

mothers to breast feed. There is a specific action for all providers including maternity and neonatal to have achieved accreditation of the UNICEF Baby Friendly Initiative (BFI). In Wakefield the MYHT maternity service has achieved accreditation for the UNICEF Baby Friendly Initiative Level 2 and is working towards level 3. The 0 – 19 service has achieved full accreditation. The breastfeeding peer support service provider Families and Babies (FAB) have continued to work on the maternity wards, and this is still working extremely well. Community breast feeding clinics are provided by MYHT and the tongue-tie and frenulotomy service has been extended to babies aged over 6 weeks. This additional service is very helpfully provided by the Maxillofacial service in MYHT and means that there is full service coverage locally for babies with suspected tongue tie which is a significant achievement given the gaps in service in recent years. The LMNS has an action to develop and implement a LMNS Infant Feeding Strategy with MNVPs and Service Users by the end of August 2023.

In Wakefield there is an Infant Feeding Steering Group that is overseeing the development of the Infant Feeding Action Plan which has a range of actions to support the local vision to "create a culture where families feel welcome to feed their babies and are confident to carry on breastfeeding for as long as they choose to, and that breastfeeding is recognised as improving health and reducing health inequalities and where agencies work collaboratively". One of the actions in the plan is to develop an infant feeding dashboard with agreed data collection indicators and targets. There is currently one indicator collected locally within the MYHT maternity dashboard on "breastfeeding initiation", which is baby's first feed. The current aim for this is 76% and this achievement for 2022/23 is 75.19%. However, this does not reflect how many women continue to breast feed which we know is far lower than 75%. Discussions are taking place with public health analysts on how to capture women who continue to breast feed for example after two weeks and again after six weeks. Infant feeding is one of the funded elements of the Family Hub programme; the additional investment will support Family Hubs to become Unicef accredited and increase capacity within the FAB service.

- **Personalised care and support plans** – MYHT maternity service has appointed a personalised care lead who will work closely with the MNVP to ensure care and support plans are coproduced with service users and that all aspects of the LMNS Plan are implemented. In Wakefield women have access to handheld notes with their care plans that can be accessed from the 'BadgerNet' system.

- **Digital services and data quality** – detailed data on maternity services is collected and is shared monthly within the MYHT 'Maternity Dashboard' (latest copy attached at Annex A). This is scrutinised by the MQSG every month. Systems record ethnicity and the mother's postcode (a requirement of the Equity and Equality Plan). At West Yorkshire the 'WY&H Inequalities Dashboard' has very recently been developed which can be accessed by commissioners and providers. This is an extremely valuable data tool that allows for the first time detailed data including deprivation, ethnicity, age and by ward and postcode which can allow localised targeting. In Wakefield commissioners and public health leads have started looking at data on obesity to enable local planning on how to target support and plans for addressing this locally.

- **Maternal Medicine Networks (MMNs) –** these consist of 1 or 2 large hospitals who work closely with all other hospitals in the region to provide a high standard of care to women/birthing people with complex medical conditions. In Y&H region the lead hospital is Leeds Teaching Hospitals NHS Trust. Pathways are in place in MYHT to ensure that women have equal access to specialised care and that referral criteria reflects the increased vulnerability of women from ethnic minorities and those who are socially deprived.

- **Improving health and wellbeing** - Stakeholders across the LMNS have developed a wide range of Public Health Recommendations which include preconception and reproductive health, infant feeding, parenting, alcohol inn pregnancy, maternal nutrition, physical activity, immunisation, screening, rare genetic disorders, and smoking in pregnancy. In Wakefield public health leads have taken this forward to self-assess, Red, Amber, Green (RAG) rate, and prioritise which has formed the basis of our local action plan. Wakefield will report into the LMNS Addressing Inequalities Steering Group on progress and to share learning.

- **Diabetes prevention programme** – this includes expanding the referral pathway for the NHS Diabetes Prevention Programme to include women who have had gestational diabetes mellitus (GDM) and are not currently pregnant or currently have diabetes. We will continue to ensure continuous glucose monitoring is available to pregnant women with Type 1 Diabetes who meet the criteria and to continue to audit this on a quarterly basis recording ethnicity for all women. For Wakefield the recommendation to 'work with Primary Care to coproduce communications to advocate using safe, effective

contraception the benefits of taking folic acid and the management of medications with this information available to women in a range of languages' will be taken forward with the work we are doing with primary care. In Wakefield, the ICB and public health commissioners have just started a piece of work to understand our population in terms of prevalence of gestational diabetes and then to look at our pathways of care and link this with work on prevention. This will link in with Wakefield's Long Term Conditions strategy as appropriate.

- **Health protection and vaccinations** – in Wakefield, MYHT maternity and commissioners are working closely with primary care to ensure that plans for roll out of flu vaccination are started earlier in 2023. Data for 2022/23 showed that the uptake of the flu vaccination for pregnant women was around 32% which is well below the national ambition of 75%. Around 50% of women were declining the vaccine and this is being addressed via communications and information provided to women. There is variation across practices in the district around uptake of the flu vaccine and this will be looked as part of the work with primary care. Commissioners are also working with primary care leads to look at the pertussis vaccination pathway. Data from 2022 shows that the average pertussis vaccine uptake across England has dropped to 61.5% which is its lowest level since 2016. The latest UK Health Security Agency (UKHSA) data on the maternal pertussis vaccine programme shows that uptake has dropped to its lowest level in 7 years. In Wakefield the pertussis vaccination is offered by primary care with support from community midwives who identify women who require vaccination and then liaise with practice nurses. This may also be a variable picture however and so as a part of the work with primary care commissioners will be looking into pertussis vaccination, including our local rates and any issues that need addressing. We will ensure that the MNVP is involved in this work to ensure the voices of service users are heard.

- **Maternal Mental Health Services (MMHS)** – MMHS, referred to as maternity outreach clinics in the NHS Long Term Plan - bring together maternity, psychology and reproductive health services for women who develop moderate to severe mental ill health from baby loss, baby removal, tokophobia (extreme fear of pregnancy or birth) or trauma due to their maternity experience. Women in Wakefield have access to a service that is being piloted across West Yorkshire provided by Forget Me Not who have expanded their service for bereavement support for women who have experienced miscarriage, including repeated early miscarriage, still birth after neonatal death (to enable referrals to take place up to 24 months following loss) and rainbow babies (a child born

to a family that has previously lost a child die to miscarriage, stillbirth, infant death or neonatal death). In addition, the community perinatal mental health service which is provided by South West Yorkshire Partnership NHS Trust (SWYPFT) is piloting a service that has a band 7 senior midwife working in the service on Trauma Informed Birth Reflection. Women are assessed on whether they need a psychological therapy, and the aim is to provide a coherent debrief and a more integrated approach. This was piloted in Sheffield, and it was found that women needed less psychological intervention further down the line using this approach. The MMHS service must have a focus on access by ethnicity and deprivation.

In April 2023 the perinatal mental health peer support workers in the SWYPFT community specialist team were presented with NHS England Chief Nursing Officer Healthcare awards. The national award recognised each one of the team of nine perinatal peer support workers for their excellent support to their nursing and midwifery colleagues, commitment to delivering outstanding patient care, and their ability to demonstrate leadership and quality improvement in their role. More information about perinatal mental health services in Wakefield can be found at Annex B.

- **Care for pregnant women with complex social factors** – The LMNS Plan commits to ensuring that women who have complex social factors, such as drug or alcohol misuse, domestic abuse, migrants, asylum seekers or refugees, difficulty reading or writing English or who are under 20 years old, have improved access to the care and support they need. Wakefield is the 54th most deprived district in England (out of 317 districts) and has pockets of deprivation, education and skill gaps and poor health outcomes as a result of unhealthy lifestyles. There are several areas of focus that have been established to provide support for pregnant women who have complex social factors. These include:

  - Multi-Agency Pregnancy Liaison Assessment Group (MAPLAG) which was developed as part of a recommendation from a Serious Case Review (SCR) in March 2019 where lack of communication through poor multi-agency collaboration was reported as an area for concern. The MAPLAG meets every six weeks to discuss high risk, vulnerable cases with the recognition that pregnant women with complex health and social care needs do not always access services they need.

- Complex needs guidelines and training provided to midwives and developed into a policy document based on NICE guidelines for pregnancy and complex social factors.
- Maternity Befriending Scheme has recently been launched, utilising funding from CORE20PLUS5. MYHT has employed 3 maternity befrienders who will work with pregnant women who are asylum seekers, refugees, black and ethnic minority women who are new to the country with limited English. They will be supported to understand and navigate the maternity system, ensuring they can access information in their native language and advocacy and support with attending appointments. They will be helped with involvement in social groups and to carry out mindful pregnancy and provided with antenatal education. There will be engagement and support from City of Sanctuary and 'English is a Second or Foreign Language (ESOL).
- Family Nurse Partnership (FNP) – this is an evidence-based nurse home visiting programme developed in the USA. It is offered to first-time young mothers early in pregnancy (ideally before 16 weeks gestation) and continues until their child is 24 months old. In Wakefield this is offered to young women aged 19 or under and partners them with a specially trained family nurse. This is a highly personalised intervention based around the specific needs and strengths of each client and supports motivational change, confidence building. The FNP services has proven improved outcomes for both mother and child and for parent's economic and self-sufficiency. In Wakefield FNP clients at enrolment are younger, compared to nationally in FNP (36% of our clients are 16 or under at intake compared to 20% nationally).
- Gypsy and Traveller Health Needs Assessment - This was undertaken by Leeds GATE in partnership with Wakefield Council and can be found at Gypsy and Traveller Health Needs Assessment (wakefieldjsna.co.uk) . One of the recommendations from the report is to improve access to services to maternity services. Locally we have started discussions with MYHT maternity teams, Leeds GATE and public health inequalities leads to look at how we can work with our local gypsy and traveller community to ensure inclusive and supportive services in line with their needs. A sub-group has been formed to develop an action plan looking at midwifery training, advocacy, communications, engagement including focus groups, how to improve data and monitoring of outcomes, peer support and links to family hubs, support for perinatal mental health.
- Voluntary sector support - a number of voluntary sector providers support women with complex social factors including Well Women who provide mental health, emotional and practical support and

Home-Start Wakefield and District which supports families who may be dealing with isolation, illness, relationship problems, exhaustion, disability and struggling to cope with twins and triplets.

- **Establishing community hubs in the areas of greatest need** - One of the funded areas of the Family Hub programme is for perinatal mental health and parent-infant relationship support. The NHS Long Term Plan (LTP) has already invested in moderate to severe perinatal mental health services focusing on the specialist services. However, little investment for low level perinatal mental health problems or for fathers and co-parents has been available or for parent-infant relationship needs. There are plans in place to develop an integrated pathway that includes services for:
    - Mild to moderate perinatal mental health difficulties
    - Perinatal mental health support for fathers and co parents
    - Parent-Infant relationship support

  A working group has been established to take this work forward. The maternity service will play a crucial role in the overall development of the family hubs.

- **Addressing the social determinants of health** - the LMNS plan is linking with improving population health to ensure that community assets are utilised to improve maternity care and that links are developed with local community champions to reach seldom heard groups. There is also an action around ensuring social prescribing models are developed. At Wakefield Place this will be taken forward through work with our MNVP working with the maternity Equity and Equality midwives. This will need a coordinated approach in terms of work already happening (for example the family hub development, the focus on the gypsy and traveller community).

- **Workforce** - the LMNS plan is about ensuring that the workforce is reflective of the characteristics of our local community, including strengthening the diversity leadership and aligning this with the West Yorkshire People's Plan. This also includes engaging with schools and colleges to increase the number of people entering the maternity workforce in particular from underrepresented groups. The MNVP again has a crucial role to play in supporting this. The MYHT maternity Equity and Equality leads will be leading on development of this with support from the MNVP and commissioners.

Primary Care

1.30 Most antenatal care is delivered by community midwives from GP practices and in Wakefield community midwifery has built good strong relationships with primary care. There has been a particular commissioner and MNVP focus on primary care recently following feedback from practices and service users about how further improvements could be made.

- Sharing information between the maternity BadgerNet system and GP practices SystmOne – BadgerNet Maternity is an electronic maternity healthcare record system that allows real-time recording of all events whenever they occur – hospital, home, or community. The system, which has been used by Maternity since 2018/19, has a portal for women to view and access their own maternity records online with the aim of creating a person-centred care model. The system allows care planning, for women to see their maternity records, for online conversations to take place (women can submit questions to their midwife) and for leaflets and information to be distributed. However, the system does not link directly with SystmOne and work arounds have needed to be put in place to ensure that the maternity notes for pregnant women are shared appropriately with primary care. This is an ongoing piece of work to ensure that there is a consistent approach across all GP practices.
- 6 – 8 - week postnatal checks – all women should receive a postnatal consultation with their GP between 6 to 8 weeks after giving birth. This consultation must take place separately from a postnatal check focused on the baby's health and should cover the mother's physical and mental health, providing an opportunity for referral to specialist services and additional support. The GP contract was updated to make them mandatory, and this was funded by £12 million investment. Women have fed back through conversations with the MNVP that they have either not been offered these checks, or that they would have liked to have discussions about both mental and physical health. A March 2023 national Healthwatch report "Left un-checked – why maternal mental health matters" has found that only one in five (22%) of people they heard from were satisfied with the time their GP spent talking to them about their mental health.
- Vaccination - this is discussed in the health inequalities section under para 1.28 above and will be a focus with primary care in going forward.
- Breastfeeding guidelines – work is taking place as part of the Infant Feeding Action Plan to ensure all appropriate primary care and pharmacy staff are trained in basic information to support breast feeding. This includes education packages with awareness of local pathways and prescribing guidelines.

1.31 In view of feedback from the Wakefield MNVP and the need to focus on sharing of information between the BadgerNet system and primary care, work is taking place locally engaging with practices with a view to planning a GP TARGET event and other primary care engagement. Other ideas raised so far include the possibility of having a maternity lead in each Primary Care Network (PCN). It will also enable the sharing of good practice, for example Tieve Tara Medical Centre in Castleford has been working with our community breast feeding support service provider FAB and Spectrum People to provide antenatal sessions on the first Monday of every month. These are due to start on 5th June and are an excellent example of collaboration between different partners in the Wakefield system providing support needed for our families.

Born and Bred in Wakefield

1.32 Born and Bred in (BaBi) Wakefield is a long-term public health study aiming to improve the health and wellbeing of families in Wakefield, Pontefract, and Dewsbury. The project invites pregnant women to join the project and allow health researchers to pull together routinely collected data about them and their baby. The study in Wakefield has been open since 28th April 2022 and continues to successfully recruit and has already recruited almost 900 women onto the project. The project comms and engagement team are working with midwives and women looking and barriers and facilitators to engagement both with BaBi specifically and generally. There is also a reverse mentoring scheme taking place as part of BaBi where a team member is paired with someone from and underserved population who then mentor each other to develop an understanding of the community and research with the aim of overcoming barriers and increasing engagement. Learning from this could extend to other areas outside of the BaBi project. BaBi training has now been added to midwives mandatory training.

2. Next Steps

2.1 Analysts in Wakefield's Public Health Team are focussing on maternity for the JSNA and this can be presented to the Board when this work is finalised.

3. Recommendations

3.1 The Wakefield District Health and Care Partnership Committee is asked to:

1. Note the overview of maternity services and work happening across the whole partnership to transform services while putting quality and safety at the forefront.

2. Note the current workforce challenges faced by maternity services and the short- and long-term actions being taken to address these and mitigate risks.
3. Agree that further maternity reports are presented to the Board as follows:
    (i) July 2023 - to present the recommendations for Pontefract MLU.
    (ii) Later in 2023 or early 2024 (when work is finalised) on the maternity JSNA and Health Inequalities Dashboard to give the Board an understanding of the needs of our local population.

4. Appendices

Annex A: Maternity Dashboard.
Annex B: Perinatal Mental Health Services in Wakefield.

CIS Contracting and Information Services
Incorporating Contracting, Patient Income, Performance Improvement, Data Quality, Clinical Coding and Information Services

NHS
The Mid Yorkshire Hospitals
NHS Trust

Maternity Dashboard

REPORT OWNER:	Sarah Sokell (Performance Improvement)		
CONTACT NUMBER:	01924 542940 (ext 52940)	**CONTACT EMAIL:**	sarah.sokell@nhs.net
DATA SOURCE(S):	See Additional Information	**DATA CRITERIA:**	Monthly maternity level data
LAST UPDATED:	06 April 2023		
NEXT UPDATE:	08 May 2023		

ADDITIONAL INFORMATION

This report has been developed to bring maternity data from multiple sources into one central reporting suite.

Sources of data:

- Badgernet Yorkshire & The Humber Dashboard (via Report Manager)
- Sickness (manual report received from the Workforce Team)
- Nurse Staffing Fill Rates (manual data collection spreadsheet from Nursing Team)
- Red Flags (manual reports received from Maternity team)
- Staff FFT Results
- Patient FFT Results

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MATERNITY DASHBOARD

March 2023

The Mid Yorkshire Hospitals NHS Trust

CIS Contracting and Information Services

Ante-Natal Booking

71.33% of women booked <10wk*

9.17% of women smoking at booking

Labour

89.40% In Hospital

1.77% At Home

9.27% At Birthing Centre

Birth (Women)

446 women gave birth

52.47% Vaginal Births → **1.71%** 3rd/4th Degree Tear

8.30% Assisted Births → **8.11%** 3rd/4th Degree Tear

39.46% Caesarean Births

- **16.37%** Planned Caesareans
- **23.09%** Emergency Caesareans

13.45% of women smoking at time of delivery

71.88% of breastfeeding initiatated

Birth (Babies)

453 babies born

Pre-Term

- **7.14%** between 32 and 36+6 weeks
- **1.79%** between 27 and 31+6 weeks
- **0.89%** less than 27 weeks

Term

n/a admitted to Neonates

0.67% weighed <2200g at term

* this position will improve as Gestation Start Dates become known following dating scans

MATERNITY DASHBOARD

The Mid Yorkshire Hospitals NHS Trust

CIS Contracting and Information Services

Select Location: Trustwide

Activity Indicators

Indicator	Aim	Target Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	FYTD*	Trend	Supporting Information
Number of antenatal bookings	n/a	Loc.	533	583	515	526	519	600	6,482		
Antenatal Bookings < 10 weeks	n/a	Loc.	355	409	349	361	369	428	4,291		
% of women booked < 10 weeks	n/a	Loc.	66.60%	70.15%	67.77%	68.63%	71.10%	71.33%	66.2%		*The latest 2 months is unvalidated and will improve as Gestation Start Dates become known*
Women who are booked on a Continuity of Carer Pathway	n/a	Loc.	14	15	9	7	5	5	181		
% of women who are booked on a Continuity of Carer Pathway	n/a	Loc.	2.63%	2.57%	1.75%	1.33%	0.96%	0.83%	2.79%		*As a percentage of antenatal bookings*
Women birthed	n/a	Loc.	474	471	421	445	394	446	5,533		
Women birthed a live baby	n/a	Loc.	472	468	420	444	394	441	5,509		
Number of maternal deaths	0	Loc.	0	0	0	1	0	0	1		*Trustwide only - no site level breakdown currently available*
Number of all babies born	n/a	Loc.	479	476	428	453	400	453	5,599		
Live births	n/a	Loc.	477	473	427	452	400	448	5,575		
Live births at term (rolling 12 months)	n/a	Loc.	5,255	5,234	5,169	5,170	5,136	5,102	5,102		
Total births (rolling 12 months)	n/a	Loc.	5,735	5,723	5,660	5,665	5,616	5,599	5,599		
Planned homebirths	n/a	Loc.	2	5	5	2	1	8	54		
% of planned homebirths	n/a	Loc.	0.42%	1.05%	1.17%	0.44%	0.25%	1.77%	0.96%		*As a percentage of all babies born*
BBAs (Born Before Arrival)	n/a	Loc.	7	10	6	16	3	6	92		*Trustwide only - no site level breakdown currently available*
% of women who have a BBA	n/a	Loc.	1.48%	2.14%	1.43%	3.60%	0.76%	1.36%	1.67%		*As a percentage of all babies born*
1:1 Care in labour	n/a	Loc.	468	468	420	443	394	442	5,508		
% of all women who receive 1:1 Care in Established Labour	n/a	Loc.	98.52%	99.25%	99.70%	99.40%	100.00%	98.85%	99.45%		*As a percentage of mothers birthed (excluding non applicables)*

Maternity Clinical Indicators

Indicator	Aim	Target Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	FYTD*	Trend	Supporting Information
Indicator	**Aim**	**Target Type**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**	**FYTD***	**Trend**	**Supporting Information**
Customised growth chart in place	97%	Loc.	n/a	n/a	n/a	n/a	n/a	n/a	-		*Trustwide only - no site level breakdown currently available*
Spontaneous vaginal births	n/a	Loc.	269	251	210	233	189	234	**2,961**		
% of women - spontaneous vaginal births	59.4%	Loc.	56.75%	53.29%	49.88%	52.36%	47.97%	52.47%	**53.52%**		*As a percentage of total mothers birthed*
Assisted vaginal births	n/a	Loc.	42	49	43	53	41	37	**564**		
% of women - assisted vaginal births	12.7%	Loc.	8.86%	10.40%	10.21%	11.91%	10.41%	8.30%	**10.19%**		*As a percentage of total mothers birthed*
Elective caesarean section births	n/a	Loc.	74	71	69	73	73	73	**889**		
% of women - Planned C-Section	n/a	Loc.	15.61%	15.07%	16.39%	16.40%	18.53%	16.37%	**16.07%**		*As a percentage of total mothers birthed*
Number of women undergoing emergency C-Section	n/a	Loc.	89	100	99	86	92	103	**1124**		

Indicator	Aim	Target Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	FYTD*	Trend	Supporting Information
% of women - Emergency C-Section	n/a	Loc.	18.78%	21.23%	23.52%	19.33%	23.35%	23.09%	**20.31%**		*As a percentage of total mothers birthed*
Number of women - Total all C-Section	n/a	Loc.	163	171	168	159	165	176	**2013**		
% of women - Total all C-Section	n/a	Loc.	34.39%	36.31%	39.90%	35.73%	41.88%	39.46%	**36.38%**		*As a percentage of total mothers birthed*
3rd/4th degree tear (unassisted vaginal delivery)	n/a	Loc.	3	5	2	7	5	4	**65**		
% of 3rd/4th degree tear women delivered - vaginal births	n/a	Loc.	1.12%	1.99%	0.95%	3.00%	2.65%	1.71%	**2.20%**		*As a percentage of total mothers birthed (spontaneous unassisted vaginal births)*
3rd/4th degree tear (assisted delivery)	n/a	Loc.	1	3	0	1	2	3	**23**		
% of 3rd/4th degree tear women delivered - assisted births	n/a	Loc.	2.38%	6.12%	0.00%	1.89%	4.88%	8.11%	**4.08%**		*As a percentage of total mothers birthed (instrumental births)*
Induction of labour	n/a	Loc.	186	182	162	176	155	186	**2,099**		
% induced labour	29.4%	Loc.	39.24%	38.64%	38.48%	39.55%	39.34%	41.70%	**37.94%**		*As a percentage of total mothers birthed*
Number of women having major PPH >= 1500ml	n/a	Loc.	16	21	22	17	19	17	**224**		
% PPH >= 1500ml women delivered	Y&H Avg. 3.4%	Loc.	3.38%	4.46%	5.23%	3.82%	4.82%	3.81%	**4.05%**		*As a percentage of total mothers birthed*

Neonatal Clinical Indicators

Indicator	Aim	Target Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	FYTD*	Trend	Supporting Information
Preterm birth 32 to 36+6 weeks	n/a	Loc.	38	37	43	36	25	32	**407**		***Revised Indicator***
% babies between 32 and 36+6 weeks	6.8%	Nat.	7.97%	7.82%	10.07%	7.96%	6.25%	7.14%	**7.30%**		*As a percentage of Live Births*
Preterm birth 27 weeks to 31+6 weeks	n/a	Loc.	3	2	6	6	5	8	**66**		***Revised Indicator***
% babies between 27 weeks to 31+6 weeks	n/a	Loc.	0.63%	0.42%	1.41%	1.33%	1.25%	1.79%	**1.18%**		*As a percentage of Live Births*
Preterm < 27 weeks	n/a	Loc.	4	1	2	1	1	4	**18**		***Revised Indicator***
% babies < 27 weeks	n/a	Loc.	0.84%	0.21%	0.47%	0.22%	0.25%	0.89%	**0.32%**		*As a percentage of Live Births*
Magnesium sulphate administration in preterm birth	100%	Loc.	0%	100%	50%	50%	33%	33%	**46.9%**		*Trustwide only - no site level breakdown currently available*
Low birth weight at term - live births (rolling 12 months)	n/a	Loc.	39	40	40	37	35	34	**34**		
% of live babies at term < 2200g	n/a	Loc.	0.74%	0.76%	0.77%	0.72%	0.68%	0.67%	**0.67%**		*As a percentage of total live births at term (rolling 12 month)*

Indicator	Aim	Target Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	FYTD*	Trend	Supporting Information
Term admissions to neonatal unit	3.0%	Loc.	3.9%	1.4%	2.9%	3.2%	2.2%	n/a	**3.40%**		*Trustwide only - no site level breakdown currently available*

Indicator	Aim	Target Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	FYTD*	Trend	Supporting Information

Stillbirth Indicators

Indicator	Aim	Target Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	FYTD*	Trend	Supporting Information
Stillbirths including Indeterminate	n/a	Loc.	2	3	1	1	0	5	**24**		
Antenatal stillbirths (rolling 12 months)	n/a	Loc.	16	19	18	19	18	22	**22**		
Annual rate for antenatal stillborn babies / 1000 births	n/a	Loc.	2.79	3.32	3.18	3.35	3.21	3.93	**3.93**		*Based on total babies birthed (rolling 12 month)*
Intrapartum stillbirths (rolling 12 months)	n/a	Loc.	2	1	1	1	1	1	**1**		
Annual rate for intrapartum stillborn babies / 1000 births	n/a	Loc.	0.35	0.17	0.18	0.18	0.18	0.18	**0.18**		*Based on total babies birthed (rolling 12 month)*
Annual rate for ALL stillborn babies / 1000 births	3.80	Nat.	3.14	3.49	3.36	3.53	3.38	4.11	**4.11**		*Based on total babies birthed (rolling 12 month)*
HSIB Reportable Births (rolling 12 months)	n/a	Nat.	1	1	1	1	1	1	**1**		***New Indicator***
% reportable stillbirths	n/a	Nat.	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**		***New Indicator***
StillBirths - adjusted to exclude lethal abnormalities (rolling 12 months)	n/a	Loc.	18	20	19	20	19	24	**24**		
Annual stillborn babies / 1000 births excluding babies with lethal abnormality	n/a	Loc.	3.14	3.49	3.36	3.53	3.38	4.29	**4.29**		*Based on total babies birthed (rolling 12 month)*
Stillbirths at term (rolling 12 months)	n/a	Loc.	5	6	6	6	6	6	**6**		
Stillbirths at term with low birth weight (rolling 12 months)	n/a	Loc.	0	0	0	0	0	0	**0**		
% annual of stillborn babies < 2200g	n/a	Loc.	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	**0.00%**		*As a percentage of total stillbirths at term (rolling 12 month)*
All losses under 24+0 weeks gestation	n/a	Loc.	0	0	1	0	0	1	**2**		

Public Health Indicators

Indicator	Aim	Target Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	FYTD*	Trend	Supporting Information
Breastfeeding initiation	n/a	Nat.	349	362	322	331	293	317	**4,142**		
% of women commenced breastfeeding	76%	Nat.	73.94%	77.35%	76.67%	74.55%	74.37%	71.88%	**75.19%**		*As a percentage of mothers birthed resulting in live birth*
BMI at Booking (lowest BMI)	n/a	Loc.	13.94	16.01	15.01	15.4	14.91	14.43	**15.09**		*Trustwide only - no site level breakdown currently available*
BMI at Booking (highest BMI)	n/a	Loc.	65.55	54.69	60.55	57.98	55.93	56.97	**57.71**		*Trustwide only - no site level breakdown currently available*

Indicator	Aim	Target Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	FYTD*	Trend	Supporting Information
Mothers smoking at booking	n/a	Nat.	65	88	77	79	56	55	**946**		
% of women who smoke at booking	n/a	Nat.	12.20%	15.09%	14.95%	15.02%	10.79%	9.17%	**14.59%**		*As a percentage of antenatal bookings (MYHT lead provider) excluding transfer bookings*
Smoking 36 weeks - self reported	n/a	Loc.	41	60	48	60	50	47	**590**		*Smoking Status or CO2 Reading Taken between 35+0 & 36+6*
% of women smoking at 36 wks	n/a	Loc.	65.48%	62.09%	62.52%	62.93%	56.45%	52.83%	**63.90%**		
Mothers smoking at delivery	n/a	Nat.	59	58	64	68	50	60	**707**		
% of women who smoke at time of delivery	6.0%	Nat.	12.45%	12.31%	15.20%	15.28%	12.69%	13.45%	**12.78%**		*As a percentage of total mothers birthed*

Additional CNST Indicators

Indicator	Aim	Target Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	FYTD*	Trend	Supporting Information
Singleton live births < 34 wks	n/a	Loc.	12	7	12	7	4	9	**99**		
Singleton live births, Complete course corticosteroids < 34 wks	n/a	Loc.	6	1	6	4	1	2	**42**		
% Singleton live births < 34 wks, Complete course Antenatal Steroids	n/a	Loc.	50.00%	14.29%	50.00%	57.14%	25.00%	22.22%	**42.42%**		
Singleton live births less than 30 wks	n/a	Loc.	3	1	2	2	3	3	**32**		
Singleton live births, less than 30wks, Magnesium Sulphate 24hrs prior to birth	n/a	Loc.	0	1	1	1	1	1	**15**		
% Singleton live births, Magnesium Sulphate 24hrs prior to birth	n/a	Loc.	0.00%	100.00%	50.00%	50.00%	33.33%	33.33%	**46.88%**		
Singleton births	n/a	Loc.	469	466	414	439	388	440	**5470**		
Birth in an appropriate care setting	n/a	Loc.	470	470	419	444	393	442	**5515**		
% Singleton births in an appropriate care setting	n/a	Loc.	99.16%	99.79%	99.52%	99.78%	99.75%	99.10%	**99.67%**		
Singleton women giving birth from 16-23wks	n/a	Loc.	2	0	1	1	1	0	**9**		
% Singleton births in late second trimester (16-23 wks)	n/a	Loc.	66.67%	0.00%	50.00%	100.00%	33.33%	0.00%	**39.13%**		
Singleton women giving birth from 24-36wks	n/a	Loc.	38	38	40	32	22	35	**408**		
% Singleton preterm births (24-36 wks)	n/a	Loc.	8.10%	8.15%	9.66%	7.29%	5.67%	7.95%	**7.46%**		
Neonatal deaths	n/a	Loc.	3	1	2	1	3	1	**23**		

Indicator	Aim	Target Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	FYTD*	Trend	Supporting Information

Robson 10 Group Classification System

Indicator	Aim	Target Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	FYTD*	Trend	Supporting Information
Nulliparous women with single cephalic pregnancy, >=37 weeks gestation in spontaneous labour (Group 01)	n/a	Nat.	2	7	1	2	5	2	**41**		
Nulliparous women with single cephalic pregnancy, >=37 weeks gestation who either had labour induced or were delivered by caesarean section before labour (Group 02)	n/a	Nat.	13	16	19	12	21	8	**165**		
Multiparous women without a previous uterine scar, with single cephalic pregnancy, >=37 weeks gestation in spontaneous labour (Group 03)	n/a	Nat.	0	1	1	2	1	1	**8**		
Multiparous women without a previous uterine scar, with single cephalic pregnancy, >=37 weeks gestation who either had labour induced or were delivered by caesarean section before labour (Group 04)	n/a	Nat.	4	7	5	3	4	2	**63**		
All multiparous women with at least one previous uterine scar, with single cephalic pregnancy, >=37 weeks gestation (Group 05)	n/a	Nat.	12	10	15	12	9	6	**188**		
All multiparous women with a single breech pregnancy (Group 06)	n/a	Nat.	10	12	5	14	13	6	**112**		
All multiparous women with a single breech pregnancy, including women with previous uterine scars (Group 07)	n/a	Nat.	8	6	12	4	4	10	**77**		
All women with multiple pregnancies, including women with previous uterine scars (Group 08)	n/a	Nat.	5	3	5	5	6	4	**45**		
All women with a single pregnancy with a transverse or oblique lie, including women with previous uterine scars (Group 09)	n/a	Nat.	2	2	4	1	2	2	**21**		
All women with a single cephalic pregnancy < 37 weeks gestation, including women with previous scars (Group 10)	n/a	Nat.	3	4	2	1	1	2	**29**		
Group NK	n/a	Nat.	109	106	105	108	105	137	**1310**		

Indicator	Aim	Target Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	FYTD*	Trend	Supporting Information
CQC Caring Indicators											
Friends and Family Test (FFT): maternity (antenatal) - % Positive experience	96%	Loc.	96.2%	89.8%	91.7%	95.3%	95.1%	95.7%	**92.7%**		*Trustwide only - no site level breakdown currently available*
Friends and Family Test (FFT): maternity (antenatal) - % Negative experience	1.0%	Loc.	2.3%	7.3%	6.1%	3.4%	3.0%	1.9%	**4.4%**		*Trustwide only - no site level breakdown currently available*
Friends and Family Test (FFT): maternity (birth) - % Positive experience	96%	Nat.	93.1%	91.0%	89.5%	93.9%	96.3%	98.3%	**91.2%**		*Trustwide only - no site level breakdown currently available*
Friends and Family Test (FFT): maternity (birth) - % Negative experience	0.7%	Loc.	4.9%	5.1%	6.6%	4.4%	3.1%	0.0%	**5.4%**		*Trustwide only - no site level breakdown currently available*
Friends and Family Test (FFT): maternity (postnatal ward) - % Positive experience	96%	Nat.	94.1%	93.2%	92.1%	96.3%	95.4%	91.5%	**92.0%**		*Trustwide only - no site level breakdown currently available*
Friends and Family Test (FFT): maternity (postnatal ward) - % Negative experience	1.9%	Loc.	5.4%	4.7%	6.6%	1.8%	1.3%	2.8%	**4.5%**		*Trustwide only - no site level breakdown currently available*
Friends and Family Test (FFT): maternity (postnatal community) - % Positive experience	96%	Nat.	88.0%	95.1%	88.0%	97.1%	100.0%	98.5%	**95.8%**		*Trustwide only - no site level breakdown currently available*
Friends and Family Test (FFT): maternity (postnatal community) - % Negative experience	0.3%	Loc.	5.3%	2.5%	4.0%	0.0%	0.0%	0.8%	**1.9%**		*Trustwide only - no site level breakdown currently available*
Number of complaints (Obstetrics)	n/a	n/a	2	1	0	2	3	3	**42**		*Trustwide only - no site level breakdown currently available*
CQC Well-Led Indicators											
Nurse Staffing fill rate: Antenatal/Labour Ward (G18/G18a)	n/a	Loc.	86.4%	89.8%	86.2%	90.2%	94.2%	91.5%	**91.5%**		*Trustwide only - no site level breakdown currently available*
Staff sickness absence	n/a	Loc.	8.3%	8.3%	10.5%	9.2%	8.2%	n/a	**8.7%**		*Relates to ESR Level 6 Maternity - Trustwide only - no site level breakdown currently available*

FYTD* - contains the Financial Year to Date position unless stated (i.e. rolling 12 month position)

MATERNITY DASHBOARD

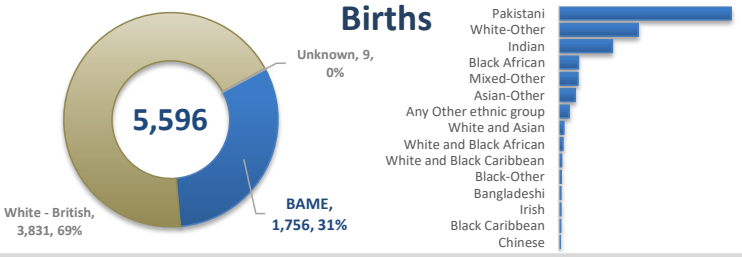
Ethnicity Oversight - Year to Date (March 2023)

The following data is based on the Mother's Ethnicity as recorded in Badgernet. The BAME % Point Diff. is the difference between the 'White - British' cohort and BAME cohort (negative value shows a lower value than the 'White - British' cohort).

The Mid Yorkshire Hospitals NHS Trust
CIS Contracting and Information Services

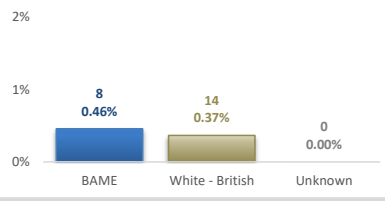
BIRTH INSIGHT

Births



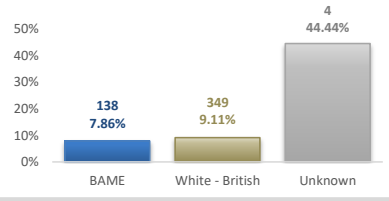
Stillbirths

BAME % Point Diff. 0.09%



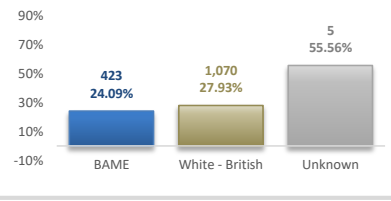
Pre-Term

BAME % Point Diff. -1.25%



Neonates CC

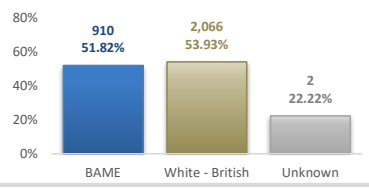
BAME % Point Diff. -3.84%



DELIVERY INSIGHT

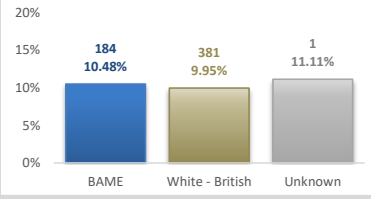
Unassisted

BAME % Point Diff. -2.11%



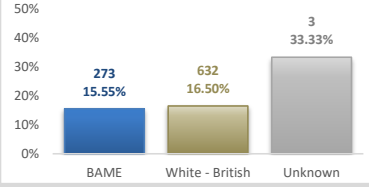
Assisted

BAME % Point Diff. 0.53%



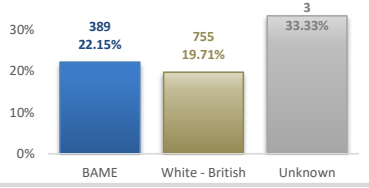
Elective C-Section

BAME % Point Diff. -0.95%



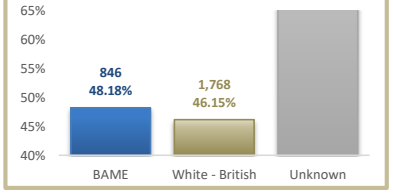
Non-Elective C-Section

BAME % Point Diff. 2.44%



Combined C-Section/Assisted

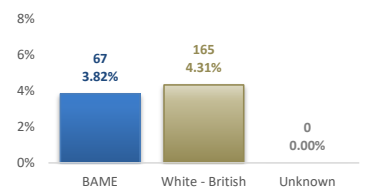
BAME % Point Diff. 2.03%



FURTHER INSIGHT

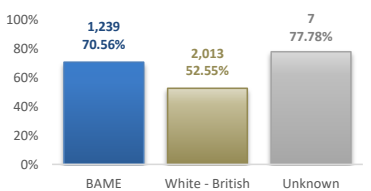
PPH <1,500ml

BAME % Point Diff. -0.49%



Breast Feeding

BAME % Point Diff. 18.01%



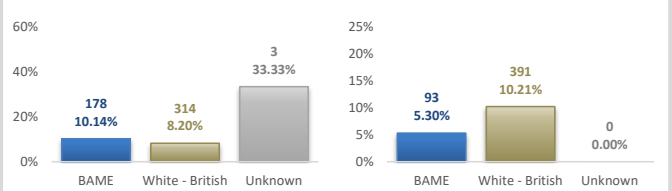
Birth Weight

Low

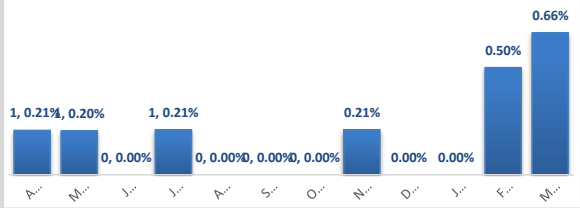
BAME % Point Diff. 1.94%

High

BAME % Point Diff. -4.91%



Ethnicity Not Recorded



Notes: Ethinicity Groups have been based on ONS methodology and counts all but White - British in the Minority Ethnic Group. Where ethnicity has not been stated or is Unknown, these have been grouped as Unknown.

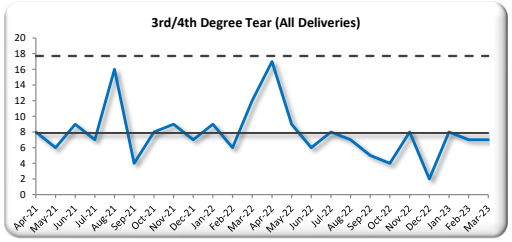
MATERNITY DASHBOARD

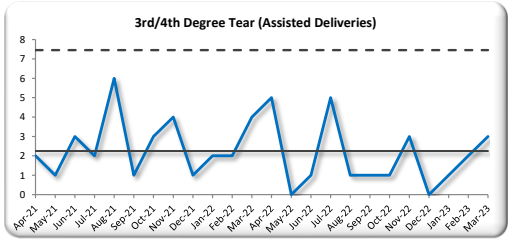
The Mid Yorkshire Hospitals NHS Trust

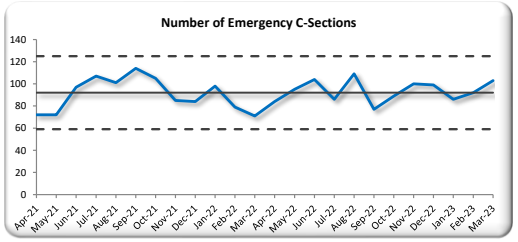
CIS Contracting and Information Services

Improvement Measures

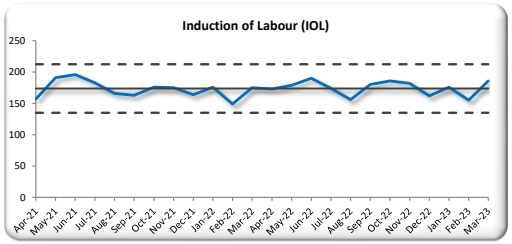
Delivery

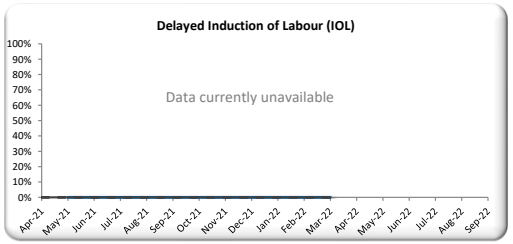


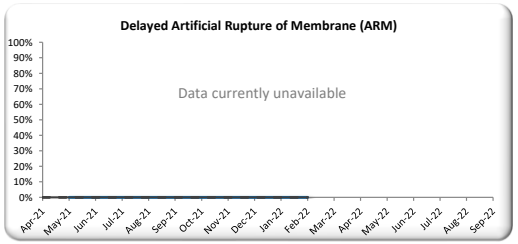




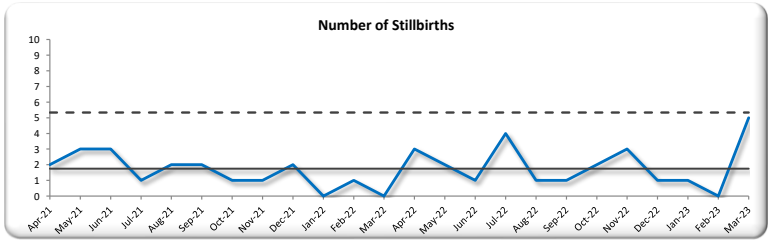
Labour

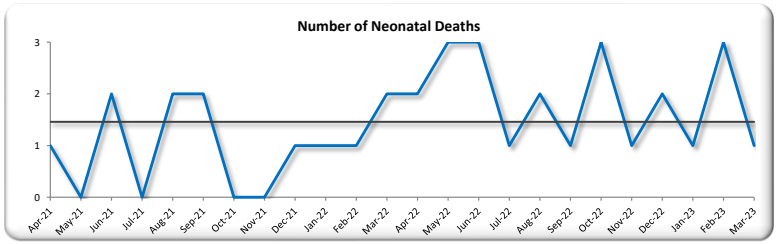




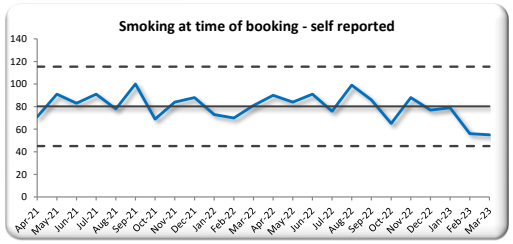


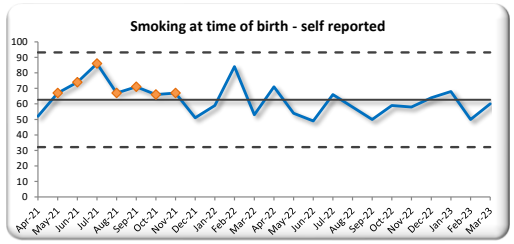
Mortality

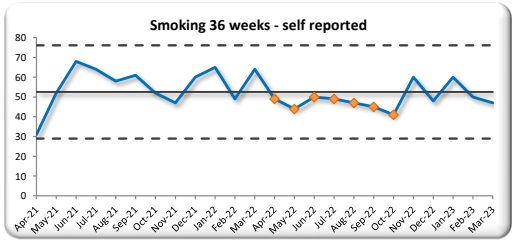




Smoking







Key:

- Mean
- Control Limit
- Performance

Rules:

- Single point outside of Control Limits (above or below)
- 7 points in a row, above or below the Mean
- Trend of 7 points in a row, either ascending or descending

Click the link below to view further information on Statistical Process Control (SPC) Charts including training material, exercises and templates to produce your own SPC charts. Please email sarah.sokell@nhs.net is you have issues accessing this folder.

Y:\Contracting and Information Services\5. Additional Resources\Statistical Process Controls (SPC) Charts

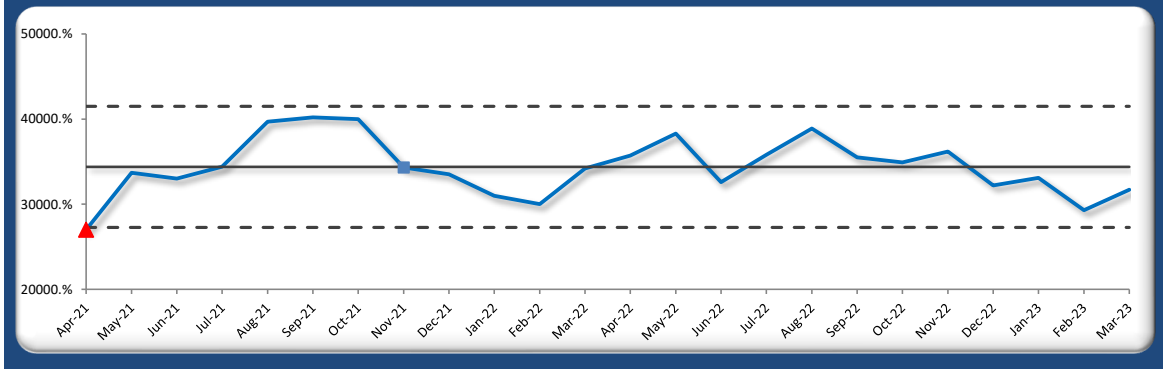
MATERNITY EXCEPTION REPORT

Breastfeeding initiation

Objective Status:

Operational Lead: [enter name here]

Statistical Process Control Chart - Breastfeeding initiation



Is there special cause variation?

Outlier: A single point outside of the Control Limits (above or below)?

1 extreme value(s)

Shift: 7 points in a row, above or below the Mean?

0 found

Trend: A trend of 7 points in a row, either ascending or descending?

0 found

Key:

- Mean
- Control Limit
- Performance

Rules:

- Single point outside of Control Limits (above or below)
- 7 points in a row, above or below the Mean
- Trend of 7 points in a row, either ascending or descending

Hospital Site Breakdown

Indicator	Aim		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	2022/23 Monthly Trend
Breastfeeding initiation - by Hospital Site	n/a	Pinderfields	350	378	324	357	388	351	349	360	321	328	292	313	
		Dewsbury	6	4	0	0	0	1	0	2	0	0	1	2	
		Pontefract	1	1	2	1	1	3	0	0	1	3	0	2	

What has gone well?

-
-
-
-

What are the current risks/challenges?

-
-
-
-

What are we doing about them?

-
-
-
-

YORKSHIRE & THE HUMBER MATERNITY DASHBOARD - CORE INDICATORS

Oct-Dec (Q3) 2022/23

Indicator	Measure	Threshold	Airedale Maternity Unit	Bradford Women's and Newborn Unit	Calderdale Royal Hospital	Huddersfield Birth Centre	*Calderdale & Huddersfield NHS FT*	Harrogate District Hospital Maternity Unit	Leeds General Infirmary	St James University Hospital	*Leeds Teaching Hospitals NHS FT*	Bronte Birth Centre	Friarwood Birth Centre	Pinderfields Hospital	*Mid Yorkshire Hospitals NHS Trust*	Y&H Total Numbers (Sites)	Y&H Average (Sites)	Y&H Range (Sites)	Y&H Interquartile Range (Sites)
ACTIVITY INDICATORS																			
Number of Bookings	Number of women booked		551	1479	1168	N/A	*1168*	445	1239	1148	*2387*	444	397	907	*1748*	7778	864.2	397 to 1479	445 to 1168
Bookings <10 weeks	Number of women booked <10 weeks	≥90%	388	636	711	N/A	*711*	352	864	707	*1571*	290	305	557	*1152*	4810	534.4	290 to 864	352 to 707
% Bookings <10 weeks	% of women booked <10 weeks	≥90%	70.4%	43.0%	60.9%	N/A	*60.9%*	79.1%	69.7%	61.6%	*65.8%*	65.3%	76.8%	61.4%	*65.9%*	-	61.8%	43.0% to 79.1%	61.4% to 70.4%
Women birthed	Number of all women birthed		462	1248	1119	N/A	*1119*	412	1150	1081	*2231*	3	1	1376	*1380*	6852	761.3	1 to 1376	412 to 1150
Women who birthed a live baby	Number of women who birthed with a live baby		462	1239	1103	N/A	*1103*	411	1147	1078	*2225*	3	1	1362	*1366*	6806	756.2	1 to 1362	411 to 1147
Total births	Number of all babies born		468	1262	1119	N/A	*1119*	417	1162	1112	*2274*	3	1	1378	*1382*	6922	769.1	1 to 1378	417 to 1162
Live births	Number of live babies born		468	1253	1117	N/A	*1117*	416	1159	1109	*2268*	3	1	1372	*1376*	6898	766.4	1 to 1372	416 to 1159
Live births at term	Rolling annual number of live babies born at term		1765	4565	4041	N/A	*4041*	1588	4150	4319	*8469*	14	4	5099	*5117*	25545	2838.3	4 to 5099	1588 to 4319
Total births	Rolling annual number of all babies born		1897	5002	4292	N/A	*4292*	1679	4383	3858	*8241*	15	5	5588	*5608*	26719	2968.8	5 to 5588	1679 to 4383
Planned homebirths	Number of women who planned and birthed a term baby at home	2.4%	3	18	12	N/A	*12*	2	13	1	*14*	1	1	5	*7*	56	6.2	1 to 18	1 to 12
Planned homebirths	% of planned homebirths	2.4%	0.6%	1.4%	1.1%	N/A	*1.1%*	0.5%	1.1%	0.1%	*0.6%*	33.3%	100.0%	0.4%	*0.5%*	-	0.8%	0.1% to 100.0%	0.5% to 1.4%
1:1 Care in labour	Number of women who have received 1:1 care in labour		461	1122	1073	N/A	*1073*	407	1150	1081	*2231*	2	1	1348	*1351*	6645	738.3	1 to 1348	407 to 1122
1:1 Care in labour	% women who have received 1:1 care in labour		99.8%	89.9%	95.9%	N/A	*95.9%*	98.8%	100.0%	100.0%	*100.0%*	66.7%	100.0%	98.0%	*97.9%*	-	97.0%	66.7% to 100.0%	95.9% to 100.0%
BBAs (Born Before Arrival)	Number of women who have a BBA.		1	18	15	N/A	*15*	4	18	16	*34*	1	0	20	*21*	93	10.3	0 to 20	1 to 18
BBAs (Born Before Arrival)	% of women who have a BBA.		0.2%	1.4%	1.3%	N/A	*1.3%*	1.0%	1.6%	1.5%	*1.5%*	33.3%	0.0%	1.5%	*1.5%*	-	1.4%	0.0% to 33.3%	1.0% to 1.5%
MATERNAL CLINICAL INDICATORS																			
Normal births	Number of women with a vaginal birth		257	761	634	N/A	*634*	222	595	585	*1180*	2	1	729	*732*	3786	420.7	1 to 761	222 to 634
Normal births	% of women - normal births		55.6%	61.0%	56.7%	N/A	*56.7%*	53.9%	51.7%	54.1%	*52.9%*	66.7%	100.0%	53.0%	*53.0%*	-	55.3%	51.7% to 100.0%	53.9% to 61.0%
Assisted vaginal births	Number of women with an instrumental birth		47	107	91	N/A	*91*	50	170	143	*313*	0	0	134	*134*	742	82.4	0 to 170	47 to 134
Assisted vaginal births	% of women - assisted vaginal births		10.2%	8.6%	8.1%	N/A	*8.1%*	12.1%	14.8%	13.2%	*14.0%*	0.0%	0.0%	9.7%	*9.7%*	-	10.8%	0.0% to 14.8%	8.1% to 12.1%
Elective C/S births	Number of women - El C/S		80	138	158	N/A	*158*	71	169	162	*331*	0	0	220	*220*	998	110.9	0 to 220	71 to 162
Elective C/S births	% of women - El C/S		17.3%	11.1%	14.1%	N/A	*14.1%*	17.2%	14.7%	15.0%	*14.8%*	0.0%	0.0%	16.0%	*15.9%*	-	14.6%	0.0% to 17.3%	11.1% to 16.0%
Emergency C/S births	Number of women - Em C/S		78	242	224	N/A	*224*	69	216	197	*413*	1	0	295	*296*	1322	146.9	0 to 295	69 to 224
Emergency C/S births	% of women - Em C/S		16.9%	19.4%	20.0%	N/A	*20.0%*	16.7%	18.8%	18.2%	*18.5%*	33.3%	0.0%	21.4%	*21.4%*	-	19.3%	0.0% to 33.3%	16.9% to 20.0%
Number of C/S births	No. of women - Total all C/S		158	380	382	N/A	*382*	140	385	359	*744*	1	0	515	*516*	2320	257.8	0 to 515	140 to 382
C/S deliveries	% of women - Total all C/S		34.2%	30.4%	34.1%	N/A	*34.1%*	34.0%	33.5%	33.2%	*33.3%*	33.3%	0.0%	37.4%	*37.4%*	-	33.9%	0.0% to 37.4%	33.2% to 34.1%
3rd/4th degree tear - normal birth	Number of women with 3rd and 4th degree tear following a normal birth	≤ 4.1% (primips), ≤ 1.5% (multips)	10	14	5	N/A	*5*	6	16	10	*26*	0	0	10	*10*	71	7.9	0 to 16	5 to 10
3rd/4th degree tear - normal birth	% women with 3rd and 4th degree tear following a normal birth	≤ 4.1% (primips), ≤ 1.5% (multips)	3.9%	1.8%	0.8%	N/A	*0.8%*	2.7%	2.7%	1.7%	*2.2%*	0.0%	0.0%	1.4%	*1.4%*	-	1.9%	0.0% to 3.9%	0.8% to 2.7%
3rd/4th degree tear - assisted birth	Number of women with 3rd and 4th degree tear following an assisted birth	≤ 7.3% (primips) ≤ 4.8% (multips) [crude average 6.05%]	0	5	3	N/A	*3*	2	6	10	*16*	0	0	4	*4*	30	3.3	0 to 10	0 to 5
3rd/4th degree tear - assisted birth	% women with 3rd and 4th degree tear following an assisted birth	≤ 7.3% (primips) ≤ 4.8% (multips) [crude average 6.05%]	0.0%	0	3.3%	N/A	*3.3%*	4.0%	3.5%	7.0%	*5.1%*	N/A	N/A	3.0%	*3.0%*	-	4.0%	0.0% to 7.0%	3.1% to 4.3%
Induction of Labour	Number of women commenced induction of labour	34%	211	471	358	N/A	*358*	139	439	432	*871*	0	0	468	*468*	2518	279.8	0 to 471	139 to 439
Induction of Labour	% women commenced induction of labour	34%	45.7%	37.7%	32.0%	N/A	*32.0%*	33.7%	38.2%	40.0%	*39.0%*	0.0%	0.0%	34.0%	*33.9%*	-	36.7%	0.0% to 45.7%	32.0% to 38.2%
PPH ≥ 1500ml	Number of women who have birthed with PPH ≥ 1500ml		17	48	33	N/A	*33*	13	55	38	*93*	0	0	59	*59*	263	29.2	0 to 59	13 to 48
PPH ≥ 1500ml	% women who have birthed with PPH ≥ 1500ml		3.7%	3.8%	2.9%	N/A	*2.9%*	3.2%	4.8%	3.5%	*4.2%*	0.0%	0.0%	4.3%	*4.3%*	-	3.8%	0.0% to 4.8%	2.9% to 3.8%
NEONATAL CLINICAL INDICATORS																			
Preterm births <37 weeks	Number of preterm births <37 weeks	National target is to reduce all Preterm Birth (delivery under 37 weeks) from 8% to 6% by 2025	31	118	80	N/A	80	26	59	110	*169*	1	0	128	*129*	553	61.4	0 to 128	26 to 110
Preterm birth rate < 37 weeks	% preterm births <37 weeks		6.6%	9.4%	7.2%	N/A	7.2%	6.3%	5.1%	9.9%	*7.5%*	33.3%	0.0%	9.3%	*9.4%*	-	8.0%	0.0% to 33.3%	6.3% to 9.4%
Preterm births 32 weeks to 36+6 weeks	Number of preterm births 32 weeks to 36+6 weeks		28	95	63	N/A	*63*	24	37	103	*140*	1	0	117	*118*	468	52.0	0 to 117	24 to 95
Preterm birth rate 32 weeks to 36+6 weeks	% preterm births 32 weeks to 36+6 weeks		6.0%	7.6%	5.6%	N/A	*5.6%*	5.8%	3.2%	9.3%	*6.2%*	33.3%	0.0%	8.5%	*8.6%*	-	6.8%	0.0% to 33.3%	5.6% to 8.5%
Number of preterm births 27 weeks to 31+6 weeks	Number of preterm births 27 weeks to 31+6 weeks		2	13	11	N/A	*11*	1	16	2	*18*	0	0	9	*9*	54	6.0	0 to 16	1 to 11
Preterm birth rate 27 weeks to 31+6 weeks	% preterm births 27 weeks to 31+6 weeks		0.4%	1.0%	1.0%	N/A	*1.0%*	0.2%	1.4%	0.2%	*0.8%*	0.0%	0.0%	0.7%	*0.7%*	-	0.8%	0.0% to 1.4%	0.2% to 1.0%
Preterm birth <27 weeks	Number of preterm births <27 weeks		1	10	6	N/A	*6*	1	6	5	*327*	0	0	2	*256*	31	3.4	0 to 10	1 to 6
Preterm birth rate < 27 weeks	% preterm births <27 weeks		0.2%	0.8%	0.5%	N/A	*0.5%*	0.2%	0.5%	0.5%	14.4%	0.0%	0.0%	0.1%	18.6%	-	0.4%	0.0% to 0.8%	0.1% to 0.5%
Rolling annual number of low birth weight at term - live births	Rolling annual number of live babies at term < 2200g		12	41	19	N/A	*19*	3	35	43	*78*	0	0	40	*40*	193	21.4	0 to 43	3 to 40
Low birth weight at term - live births	Rolling annual % live babies at term < 2200g		0.7%	0.9%	0.5%	N/A	*0.5%*	0.2%	0.8%	1.0%	*0.9%*	0.0%	0.0%	0.8%	*0.8%*	-	0.8%	0.0% to 1.0%	0.2% to 0.8%
STILLBIRTHS																			
Stillbirths - Rolling annual total	Annual number of ALL stillborn babies		9	33	18	N/A	*18*	8	17	8	*25*	0	0	20	*20*	113	12.6	0 to 33	8 to 18
Stillbirth rate - Total	Annual rate for ALL stillborn babies / 1000 births		4.7	6.6	4.2	N/A	4.2	4.8	3.9	2.1	3.0	0.0	0.0	3.6	3.6	-	4.2	0.0 to 6.6	2.1 to 4.7
Stillbirths	Number of all babies stillborn		0	9	2	N/A	*2*	1	3	3	*6*	0	0	6	*6*	24	2.7	0 to 9	0 to 3
Stillbirths - antenatal	Rolling annual number of babies stillborn, diagnosed during antenatal period		8	27	16	N/A	*16*	7	14	7	*21*	0	0	18	*18*	97	10.8	0.0 to 27.0	7.0 to 16.0
Stillbirth rate - Antenatal	Annual rate for antenatal stillborn babies / 1000 births		4.2	5.4	3.7	N/A	*3.7*	4.2	3.2	1.8	*2.5*	0.0	0.0	3.2	*3.2*	-	3.6	0 to 5	2 to 4
Stillbirths - intrapartum	Rolling annual number of babies stillborn, diagnosed during intrapartum period		1	6	2	N/A	*2*	1	3	1	*4*	0	0	2	*2*	16	1.8	0.0 to 6.0	1.0 to 2.0
Stillbirth rate - Intrapartum	Annual rate for intrapartum stillborn babies / 1000 births		0.5	1.2	0.5	N/A	*0.5*	0.6	0.7	0.3	*0.5*	0.0	0.0	0.4	*0.4*	-	0.6	0.0 to 1.2	0.3 to 0.6
HSIB reportable births	Rolling annual number of reportable births		5	4	5	N/A	*5*	4	2	1	*3*	0	0	1	*1*	22	2.4	0 to 5	1 to 4
HSIB reportable births	Rolling annual % reportable births		0.3%	0.1%	0.1%	N/A	*0.1%*	0.2%	0.0%	0.0%	*0.0%*	0.0%	0.0%	0.0%	*0.0%*	-	0.1%	0.0% to 0.3%	0.0% to 0.1%
Stillbirths - excluding those with lethal abnormalities	Rolling annual number of babies stillborn, excluding those with lethal abnormalities		8	25	13	N/A	*13*	8	12	6	*18*	0	0	18	*18*	90	10.0	0 to 25	6 to 13
Stillbirth rate - adjusted to exclude lethal abnormalities	Annual stillborn babies / 1000 births excluding babies with lethal abnormality		4.2	5.0	3.0	N/A	*3.0*	4.8	2.7	1.6	*2.2*	0.0	0.0	3.2	*3.2*	-	3.4	0.0 to 5.0	1.6 to 4.2
Stillbirths at term	Rolling annual number of babies stillborn at term		3	8	2	N/A	*2*	3	6	1	*7*	0	0	6	*6*	29	3.2	0 to 8	1 to 6
Stillbirths at term with low birth weight	Rolling annual number of babies stillborn at term < 2200g		0	3	1	N/A	*1*	0	0	0	*0*	0	0	0	*0*	4	0.4	0 to 3	0 to 0
Stillbirths at term with low birth weight	Annual % of stillborn babies < 2200g		0.0%	37.5%	50.0%	N/A	*50.0%*	0.0%	0.0%	0.0%	*0.0%*	N/A	N/A	0.0%	*0.0%*	-	13.8%	0.0% to 50.0%	0.0% to 18.8%
All losses under 24+0 weeks gestation	Number of all losses under 24+0 weeks gestation		N/A	16	241	N/A	*241*	7	18	10	*28*	0	0	4	*4*	296	37.0	0 to 241	3 to 17
Hold for %																			
PUBLIC HEALTH INDICATORS																			
Breastfeeding Initiation	Number of women who breastfed their baby/ies for their first feed	≥ 75%	312	N/A	707	N/A	*707*	356	882	806	*1688*	2	1	779	*782*	3845	480.6	1 to 882	235 to 786
Breastfeeding Initiation	% of women commenced breastfeeding	≥ 75%	67.5%	N/A	64.1%	N/A	*64.1%*	86.6%	76.9%	74.8%	*75.9%*	66.7%	100.0%	57.2%	*57.2%*	-	69.1%	57.2% to 100.0%	66.0% to 79.3%
Smoking at time of booking - self reported	Number of women who were smokers at time of booking	≤ 6% by end 2022	47	236	132	N/A	*132*	23	1	3	*4*	55	54	108	*217*	659	73.2	1 to 236	23 to 108
Smoking at time of booking	% of women who smoke at booking	≤ 6% by end 2022	8.5%	16.0%	11.3%	N/A	*11.3%*	5.2%	0.1%	0.3%	*0.2%*	12.4%	13.6%	11.9%	*12.4%*	-	8.5%	0.1% to 16.0%	5.2% to 12.4%
Smoking at time of birth - self reported	Number of women who were smokers at time of birth	≤ 6% by end 2022	55	105	105	N/A	*105*	22	103	132	*235*	0	0	179	*179*	701	77.9	0 to 179	22 to 105
Smoking at time of birth - self reported	% of women who smoke at time of birth	≤ 6% by end 2022	11.9%	8.4%	9.4%	N/A	*9.4%*	5.3%	9.0%	12.2%	*10.5%*	0.0%	0.0%	13.0%	*13.0%*	-	10.2%	0.0% to 13.0%	5.3% to 11.9%
Carbon Monoxide monitoring at time of booking	Number of women who received CO testing with a measurement ≥ 4ppm at booking	≤ 6% by end 2022	47	252	183	N/A	*183*	62	1034	984	*2018*	58	77	113	*248*	2810	312.2	47 to 1034	62 to 252
Women received CO testing at booking	Number of women who received CO testing at booking		301	1252	1072	N/A	*1072*	422	125	126	*251*	396	377	778	*1551*	4849	538.8	125 to 1252	301 to 778
Carbon Monoxide monitoring at time of booking	% women who received CO testing with a measurement ≥ 4ppm at booking	≤ 6% by end 2022	15.6%	20.1%	17.1%	N/A	*17.1%*	14.7%	827.2%	781.0%	*804.0%*	14.6%	20.4%	14.5%	*16.0%*	-	58.0%	14.5% to 827.2%	14.7% to 20.4%

Annex B

Wakefield District Health & Care Partnership Committee Meeting

Maternity and Neonatal Services

Perinatal Mental Health

1. The national focus on access to perinatal mental health services has continued. As a reminder, the NHS Long Term Plan has specific targets for increased access to specialist community perinatal mental health services. In Wakefield this service is provided by SWYPFT and this service, which was launched in December 2017 is now fully embedded into the Wakefield local maternity offer. This service is for women with moderate to complex needs and provides:

- Preconceptual advice, during pregnancy and after giving birth (12 months, increased to 24 months)
- Evidence based psychological therapies
- Provided to 5 Places (Wakefield, Leeds, Calderdale, Kirklees, Barnsley)
- MDT training (with MYHT maternity)
- Evidence based parent interventions to improve attachment and bonding
- Support structure for dads, partners, significant others
- Peer support workers

2. MYHT maternity service also provides support for perinatal mental health as part of the integrated system provision, which will now fall under the work of the Equity and Equality leads. Significant development in this area has been driven forward by the lead perinatal mental health midwife and this includes:

- Provision of support for mild, moderate anxiety and depression, bonding issues, some with more complex presentation – previous or psychosis or schizophrenia.
- A focus on trauma, women with previous birth trauma, provision of “birth reflections/debrief”.
- Provision of trauma care plans – not just for birth trauma, but in other cases such as women subject to domestic violence – planning for next pregnancy.
- Tokophobia (significant fear of childbirth) clinical pathway and assessment tool developed.
- Antenatal classes and mindful pregnancy classes (for low to moderate mood and symptoms).
- “Perinatal Mental Health Passports” for severe, previous mental health complex issues where these women are prioritised for certain aspects of care.
- Working with voluntary sector on support for mild to moderate perinatal mental health.
- Bereavement midwife – providing support for loss or expected loss.
- Focus on health inequalities – courses for South Asian women to make more appropriate for them.
- Use of Midwifery Support Workers to help women navigate the system.
- Multi professional training for clinical professionals across the Wakefield District working with the SWYPFT perinatal mental health leads.
- Supporting development and roll out of the “Maternal Journal” which uses creative journalling to help restore balance around new feelings and challenges parents might face both physically and emotionally through pregnancy, birth, and parenthood. This has been developed by Spectrum People and The Art House.

3. Other perinatal mental health services available locally include:

- Mother and Baby Units (MBUs) – based in Leeds.
- IAPT - talking therapies. This service is linking more with the specialist community service provided by SWYPFT to improve pathways of care.
- Families and Babies (FAB) – now has perinatal mental health training and is linking with primary care to develop this further.
- 0-19 service has perinatal mental health lead.
- Well Women – post natal well-being course
- Homestart – peer support volunteers
- Children's centres – already include a range of services including sensory room, rhythm and rhyme baby group, midwife drop in, baby massage, breastfeeding support, parent to be courses, all being developed in line with family hub development.

4. As discussed in para 1.28 of the main report (under the "Health Inequalities" section) the work on supporting parent/infant relationships as part of the family hub development is bringing all relevant partners in the maternity pathway together to ensure that in Wakefield women, birthing people, fathers, partners, and families have access to integrated, cohesive, and high quality perinatal mental health services to meet the various levels of need that are presented.

Meeting name:	Wakefield District Health & Care Partnership Committee
Agenda item no:	11
Meeting date:	23 May 2023
Report title:	Operational Planning 23-24
Report presented by:	Gemma Gamble
Report approved by:	Ruth Unwin
Report prepared by:	Gemma Gamble

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

Previous considerations:

Wakefield District Health & Care Partnership Meeting – 24 January 2023
Wakefield District Health & Care Partnership Meeting – 23 March 2023

Executive summary and points for discussion:

The purpose of this paper is to summarise progress on the development of the Wakefield place-based operational plan for 2023 -24, responding to the key priorities outlined by NHS England in the current Planning Guidance.

Planning guidance for 2023 -24 was issued on 23 December 2022. Wakefield place worked together to create a unified, place-based submission which included finance, data on activity, performance and workforce projections, and narrative which described the recovery our core services.

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

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

Recommendation(s)

The **Wakefield District Health and Care partnership** is asked to:

1. note the approach and progress made with the development of the Wakefield place-based plan.

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:
RISK ID:2129 – There is a risk resulting in poor patient experience/outcomes and non-compliance with the constitutional standards for waiting times. RISK ID: 2132 - here is a risk of patients not receiving timely care and overcrowding in ED due to imbalance between demand and capacity in urgent care services resulting in poor patient experience and outcomes.
Appendices
N/A
Acronyms and Abbreviations explained
1. NHS England (NHSE) 2. Integrated Care Boards (ICB) 3. Urgent and Emergency Care (UEC) 4. Referral to treatment (RTT)

What are the implications for?

Residents and Communities	**To ensure the Operational and Financial Plan delivers appropriately financed and resourced services for the people of Wakefield District with the key asks from NHSE addressed (detailed in the paper).**
Quality and Safety	**Robust operational and financial planning takes into account the quality and safety standards for our services**
Equality, Diversity and Inclusion	**The planning ensures resources and finances are accounted for our services including our work on health inequalities.**
Finances and Use of Resources	**The plan sets out the financing and operational plans for the year 2023/24 in detail demonstrating how services will be financed.**
Regulation and Legal Requirements	**As part of the ICB's statutory duties the Partnership is required to submit a Financial and Operating Plan to NHS England.**
Conflicts of Interest	**Conflicts of Interest are declared through the process.**
Data Protection	**N/A**
Transformation and Innovation	**Within the Operating Plan there are various transformation programmes developing**

	innovative solutions within the health and social care system.
Environmental and Climate Change	**Various programmes under Operational Planning include our commitment to environmental and climate change issues.**
Future Decisions and Policy Making	**The Financial and Operating Model link with all future decisions and policies.**
Citizen and Stakeholder Engagement	**Extensive engagement took place on the Joint Forward Plan including with our People Panel in February.**

Introduction

The purpose of this paper is to update the Wakefield District Health and Care Partnership (WDHCP) Committee on the development of 23-24 Operational Plan.

Background

On 23rd December 2022, NHS England (NHSE) released its 2023-24 priorities and operational planning guidance with associated technical guidance published early January 2023.

The guidance is shorter than 2022-23 with fewer targets, a greater emphasis on outcomes and less prescription on how to achieve them. It signals a new relationship between the service and the centre in the future, which empowers local leaders.

Integrated Care Boards (ICB)s were asked to work with system partners to develop plans to meet the objectives set out in the operational planning guidance before the end of March 2023.

Further guidance, which was fundamental for detailed operational planning, was also published. This included:

- NHSE recovery plans for Urgent and Emergency Care (UEC) and General Practice Access.
- NHSE single Maternity Delivery Plan and
- NHSE elective recovery technical guidance and commissioner/Trust level targets supported by a ‘pay per unit’ model.

Approach West Yorkshire

Within the West Yorkshire ICB, they have continued to recognise ‘place’ as the primary unit of planning. This has ensured that as a place we have a shared narrative about the transformation of local services and that we are working to a common set of assumptions about our service changes, the levels of activity required, and a place-level financial plan.

NHS planning priorities

Headline ambitions

Recovering our core services and improving productivity including:

- Improve ambulance response and A&E waiting times.
- Reduce elective long waits and cancer backlogs and improve performance against the core diagnostic standard.
- Make it easier for people to access primary care services, particularly general practice.

Recovering productivity and improving whole system flow are critical to achieving these objectives:

- We must collectively address the challenge of staff retention and attendance.
- Throughout all the above will be a focus on narrowing health inequalities in access, outcomes and experiences, and maintaining quality and safety in our services, particularly in maternity services.

Delivering the key Long Term Plan ambitions and transforming the NHS including:

- Improve mental health services and services for people with a learning disability and autistic people.
- Continue to support delivery of the primary and secondary prevention priorities and the effective management of long-term conditions.
- Ensure that the workforce is put on a sustainable footing for the long term, including publication of a NHS Long Term Workforce Plan.
- Level up digital infrastructure and drive greater connectivity, including development of the NHS App to help patients to identify their needs and get the right care in the right setting.
- Local empowerment and accountability
- ICSs are best placed to understand population needs and are expected to agree specific local objectives that complement the national NHS objectives.
- As set out in Operating Framework, NHS England will continue to support the local NHS ICBs and providers to deliver their objectives and publish information on progress against the key objectives set out in the NHS Long Term Plan.

Planning Process and Timetable

At the 24 January 2023 meeting of the Committee, it was agreed that the draft and final operational planning submissions due in February and March respectively would be delegated to Jo Webster, Ann Carroll, and Amy Whittaker to sign-off on behalf of Wakefield place. Each place submitted a first draft of the plan on 17 February with our final plan on the 24 March. This included several elements:

- a narrative setting out the assumptions made and actions to be taken to address each of the planning priority themes.
- activity and performance trajectories
- workforce planning trajectories (including detailed mental health workforce
- plans); and
- a final version of the place financial plan.

Feedback was provided by NHSE to places and WY programme teams to support the further development of plans, and a workshop was held to bring place and programme teams together to provide opportunities for further improvement.

Checkpoint meetings were also held with the senior planning leads in each place to review progress, prior to final plans being submitted.

Finance

The financial plan for 2023/24 is a surplus of £6m. This position includes an unmitigated risk of £4m which will lead to a forecast surplus of £2m initially until measures are identified to improve this.

The Place has a number of transformation programmes in place to enable delivery of its financial plan, whilst delivering against our ambition of care close to our patient's homes.

Activity & Performance

NHS England have described performance expectations for 2023/24 that it is expected ICB systems will deliver against.

The table below presents a summary of Point of Delivery (POD) level of the Mid Yorkshire Hospitals activity plans for 2023/24 compared to the 2019/20 baseline and forecast out-turn for 2022/23.

	19/20 Baseline NHSE	22/23 FOT	23/24 Plan
Outpatient First appointments	204,683	200,744	218,811
Outpatient Follow Ups	324,582	332,718	336,008
Outpatients Total	**529,265**	**533,462**	**554,819**
Daycases	66,636	57,615	61,307
Inpatients	7,065	5,860	7,097
Electives Total	**73,701**	**63,475**	**68,404**
Planned Care Total	**602,966**	**596,938**	**623,224**
ED attendances	265,191	270,583	275,019
Non-Elective Admissions	63,729	57,888	58,900

There are some risks to the delivery of the performance standards that the Mid Yorkshire Hospital Trust will mitigate through the plan which include:

- Continued growth in the Referral to treatment (RTT) waiting list impacting on the ability to reduce long waits.
- Growth in 2-week Urgent Suspected Cancer referrals adversely impacts the ability to achieve the faster diagnosis and 62-day treatment.
- Risk of patient flow challenges impacting the delivery of the 4-hour ED standard.

· Risk of continued industrial action on the achievement of performance standards.

Workforce

The Wakefield People Alliance worked jointly with the West Yorkshire people programme to develop a robust workforce plan. The Wakefield Alliance is considering changes to workforce capacity and capability since the pandemic. They provided an assessment of the impact of COVID and set out how Wakefield would support recovery of the local workforce. A key part of this exercise was to quantify key areas where productivity has declined and the development of new strategies to support recruitment and retention.

These strategies will be built around 6 key pillars, set out in our local People Plan:

1. Looking after our people
2. Belonging to the WDHCP
3. Development good system leaders
4. New roles and new ways of working
5. Growing and developing the health and social care workforce
6. Workforce planning

The emphasis of workforce planning will not be solely on recruitment but on how the system can develop new skills for those who are already employed in the service.

Our focus is to develop a flexible approach to workforce productivity that enables the current workforce to evolve and adapt to the inherently unpredictable health care environment.

Mental Health

Led by the Mental Health Alliance, the activity has been based on ambition requirements set out in the Long-Term Plan for 2022/23. A compliant Mental Health Investment Plan was submitted.

Two workforce plans (one from the South West Yorkshire Partnership Foundation Trust for the NHS Mental Health Trust template and one from the Alliance covering other providers).

Recommendation

Members of the Wakefield District Health and Care Partnership are asked to note the approach and progress made with the development of the Wakefield place-based plan.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	12
Meeting date:	23 May 2023
Report title:	Summary of 2022/23 Quarter 4 Quality, Safety and Experience report
Report presented by:	Penny Woodhead, Director of Nursing and Quality – SRO for Quality
Report approved by:	Penny Woodhead, Director of Nursing and Quality – SRO for Quality
Report prepared by:	Integrated Care Board (ICB) (Wakefield place) Quality team

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

Previous considerations:

Since May 2022 quarterly Quality, Safety and Experience reports for the Wakefield District Health & Care Partnership (WDHCP) have been produced and presented through its formal governance arrangements.

Executive summary and points for discussion:

The WDHCP is presented with a summary of the 2022/23 Q4 Quality, Safety and Experience report for Wakefield place which was presented to the Integrated Assurance Committee on 25 April 2023. The report presents information from various sources including regulators, commissioners, service providers and our population.

The full report includes the latest Care Quality Commission (CQC) ratings for our health and care providers; information on enhanced quality surveillance activity; summaries of visits to various services; updates on our two learning networks (Experience of Care and Patient Safety) established as part of the Quality at Place workstream; and feedback on what the people of Wakefield District are telling us about health and care services.

Information on Children's Services and the outcomes from CQC inspections for our jointly funded Children's Residential Homes has been included for the first time as part of our aim to broaden reporting across the Partnership.

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

☒ Improve healthcare outcomes for residents in their system

☐ Tackle inequalities in access, experience and outcomes

☐ Enhance productivity and value for money

☐ Support broader social and economic development

Recommendation(s)
The Wakefield District Health and Care Partnership Committee is asked to note the: a. current place risks and assurances related to quality, safety and experience presented in the Assurance Wheel; and b. updates and discussions from the Integrated Assurance Committee on 25 April 2023.
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:
Mitigating actions are included in the full report and risks reflected in the Partnership's or individual organisation's (as appropriate) Assurance Frameworks and Risk Registers.
Appendices
Appendix One – Summary of 2022/23 Quarter 4 Quality, Safety and Experience report
Acronyms and Abbreviations explained
PALS – Patient Advice and Liaison Service CAMHS – Child and Adolescent Mental Health Services PSIRF – Patient Safety Incident Response Framework SWYPFT – South West Yorkshire Partnership Foundation Trust MYHT – Mid Yorkshire Hospitals Trust ED – Emergency Department LeDeR – Learning from Lives and Deaths

What are the implications for?

Residents and Communities	The report is informed by information from partner organisations, and feedback from people of Wakefield district on their experience of care.
Quality and Safety	The purpose of the Quality, Safety and Experience report is to highlight quality and safety implications to the Integrated Assurance Committee and Partnership Board.
Equality, Diversity and Inclusion	Not applicable
Finances and Use of Resources	Not applicable
Regulation and Legal Requirements	Not applicable
Conflicts of Interest	Information about specific services may present a conflict of interest to individual Partnership Board members.
Data Protection	Not applicable
Transformation and Innovation	Not applicable
Environmental and Climate Change	Not applicable

Future Decisions and Policy Making	Not applicable
Citizen and Stakeholder Engagement	The report is informed by feedback from people of Wakefield district on their experience of care. Key points from the report are regularly presented to the People Panel.

Summary of the 2022/23 Quarter 4 Quality, Safety and Experience report

1.1 The Quarter 4 Quality, Safety and Experience report was presented to the Integrated Assurance Committee on 25 April 2023. The Partnership Board agreed to receive a brief summary of the report (Appendix One) alongside an update on items discussed or escalated by the Committee.

1.2 As members are aware the full report includes the latest CQC ratings for our health and care providers; information on enhanced quality surveillance activity; summaries of visits to various services; updates on our two learning networks (Experience of Care and Patient Safety); and feedback on what the people of Wakefield district are telling us about health and care services.

1.3 Updates

1.3.1 A number of updates were verbally provided to Integrated Assurance Committee members.

1.3.2 <u>Waiting Well</u>

Following discussions at the previous Integrated Assurance Committee and Partnership Board the report contained additional information on whether people on elective waiting lists are accessing urgent and emergency care due to a deterioration in their condition. This included:

- the findings of the initial analysis undertaken earlier this year with data to the end of November 2022, which is being re-run through the Business Intelligence data model to reflect the impact of operational challenges over winter and will include GP practice attendance as well as urgent and emergency care access.
- the proactive transformation work to support people while they are waiting and in preparation for their surgery
- confirmation that the focus of our next Experience of Care Network in June 2023 will be on 'experience of waiting for planned care'.
- a proposal that the Planned Care Provider Alliance be invited to bring a focused report about Waiting Well to the next Integrated Assurance Committee in June 2023.

The Committee supported this proposal and requested additional information regarding referral or transfer to other elective care providers as part of the person's pathway of care.

1.3.3 <u>Host Commissioner Responsibility</u>

In February 2021, NHS England published Host Commissioning Guidance which included the requirement that any specialist mental health inpatient unit

which provides care commissioned by ICBs to people with a learning disability, autism or both needs to have an identified host ICB/Place to receive and triangulate quality concerns. Kirklees Place holds the contract for the West Yorkshire Assessment and Treatment Unit (ATU) provision which includes the Horizon Centre at Fieldhead Hospital in Wakefield and as such initially took on the role of Host Commissioner for this provision.

The report confirms that the host commissioner responsibility for the Horizon Centre was transferred from Kirklees to Wakefield place on 1 April 2023 and provided information of the robust handover process including a joint visit to Horizon Centre in March 2023.

1.3.4 Maternity Services

The report featured information about MYHT's maternity services which reflected service user feedback (including results of maternity national survey), staff experience and wellbeing initiatives and progress with CQC actions. The recent publication of the national 3 year delivery plan for maternity and neonatal services was highlighted and confirmation that a detailed paper on maternity services was being prepared for the Partnership Committee in May 2023.

1.3.5 Experience of Care Week 2023

The range of activities planned for Experience of Care week were promoted and Committee members were asked to follow the example of Partnership Board members to make a pledge to improve experience of care.

1.3.6 Reporting Risks

The Committee discussed whether the report focused on key areas of risk and gave assurance of mitigating actions for both WDHCP and West Yorkshire. It was confirmed that information is reported to West Yorkshire (WY) in various ways and collective risks across WY are discussed at the System Quality Group and ICB Quality Committee. It was acknowledged that

the document reported key quality risks and where further assurance was required the Committee could request focussed reports from relevant leads with more detailed information that could be scrutinised for assurance the quality risks are being mitigated.

2 Next Steps

2.1 The issues highlighted in the full report will continue to be monitored through the established place and ICB quality assurance and surveillance processes where appropriate.

3 Recommendations

3.1 It is recommended that the Wakefield District Health and Care Partnership Committee note the:

a. current place risks and assurances related to quality, safety and experience presented in the Assurance Wheel; and
b. updates and discussions at the Integrated Assurance Committee on 25 April 2023.

Wakefield District Health & Care Partnership

Appendix 1

Quality, Safety and Experience Report – Summary for Partnership Board

2022/23 Quarter 4

Introduction

This summary is based on the latest place-based quality report which was presented to the Integrated Assurance Committee on 25 April 2023. It is structured to reflect the Partnership's model of care for all populations 'I' statements presented in the 2022/23 Business Plan. Using these 'I' statements enables reporting about quality, safety and experience of care against the Partnership's person-centred aspirations.

The summary report presents the Assurance Wheel designed as an 'at a glance' one page summary of the risks and assurances identified in Quarter 4.

The full Quality, Safety and Experience report includes the latest Care Quality Commission (CQC) ratings for our health and care providers; information on enhanced quality surveillance activity; summaries of visits to various services; updates on the two learning networks (Experience of Care and Patient Safety) established as part of the Quality at Place workstream; and importantly feedback on what the people of Wakefield district are telling us about health and care services.

It is important to note that the report is still evolving to widen content to truly reflect the Partnership, and to ensure we can meet the Integrated Care Board's (ICB) emerging reporting requirements for quality. Information on Children's Services and the outcomes from CQC inspections for our jointly funded Children's Residential Homes has been included for the first time as part of our aim to broaden reporting across the Partnership.

Assurance Wheel

- 315 items shared at Quality Intelligence Group during Q4 – key themes included: long waits on the phone for General Practice appointments, negatives for Pinderfields PALS Service and negatives experience of CAMHS.
- The Experience of Care Network finalised the A-Z of experience of care data sources and contacts, heard about The Big Conversation and reviewed the refreshed guidance from the National Quality Board: 'Improving Experience of Care'.
- The Patient Safety Network has extended to cover Calderdale, Kirklees and Wakefield. Focus was on the next phase of implementing PSIRF and included two presentations from providers.
- The National Reporting and Learning Management System (NRLS) data for 2021/2022 compared the % of no or low harm incidents reported: MYHT 97.9% (national 97.4%); SWYPFT 95.2% (national 93.6%); YAS 84.6% (national 92.6%)

- As a baseline for future reporting outcomes from CQC inspections and Ofsted for our jointly funded Children's Residential Homes show Star House rated Outstanding overall with Wasdale rated as Good. The Croft is yet to be inspected.
- Local work continues to reduce inappropriate antibiotic use in line with WY ambition for Antimicrobial Resistance (AMR) – Q4 focus on antibiotic course lengths

- CQC published MYHT's results of the 2022 Maternity Services Survey in January 2023.
- Patients shared positive feedback about their care and experience at patient safety walkabouts to wards at Pontefract and Dewsbury.
- MYHT's CQC action plan following published inspection reports has been approved and progress will be monitored monthly.
- SWYPFT's perinatal mental health team has been accredited for its quality service by The Royal College of Psychiatrists.

- Patient Safety Walkabouts have been continued in several GP practices - four visits were undertaken in Q4.
- Three adult social care services have improved their CQC rating from Requires Improvement to Good during Q4
- 79% of adult social care services in the district are now rated Good or Outstanding by CQC
- Four adult social care residential or domiciliary care services currently rated Inadequate by CQC, and under formal enhanced quality surveillance, have received quality improvement support.

- LeDeR reviews continue to be completed within six months of notification – with twelve open reviews in progress
- Care provider Choice Support has created VIP bags to support people with a learning disability with health appointments and hospital admissions.
- Host commissioner responsibility for the Horizon Centre at Fieldhead Hospital transferred to Wakefield place from 1 April 2023
- % of SWYPFT service users on CPA offered care plan increasing.

- Positive patient safety walkabouts undertaken to Pontefract Urgent Treatment Centre and Dewsbury ED; focused visits to children's acute services at Pinderfields provided assurance of progress with improvements
- MYHT reported a never event in January 2023 – a joint investigation is being undertaken with SWYPFT
- Number of people waiting longer than 12 hours in ED from decision to admit remained high in January 2023, reducing to 1 occasion in February 2023.

Meeting name:	Wakefield District Health and Care Partnership (WDHCP) Committee
Agenda item no:	13
Meeting date:	23 May 2023
Report title:	Performance Update
Report presented by:	Natalie Tolson, Head of Performance & System Intelligence
Report approved by:	Karen Parkin, Operational Director of Finance
Report prepared by:	Performance & System Intelligence Team

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

Previous considerations:

Not applicable

Executive summary and points for discussion:

A detailed activity and performance report is shared and discussed with the Integrated Assurance Committee. The full report monitors performance against the NHS Operating Plan, NHS Oversight Framework, Better Care Fund and other local transformation metrics that align to the delivery of the wider Health and Wellbeing priorities.

A shorter version of this report, highlighting key areas of focus is presented to the Wakefield District Health and Care Partnership. The latest position reported is March 2023.

The report presented is the interim solution whilst the Partnership Performance and Outcomes Framework is being designed. The new framework is on track to be approved and implemented from the end of June.

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

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

Recommendation(s)

It is recommended that the Wakefield District Health and Care Partnership Committee:

a. Note the latest performance and those indicators where performance is below target and the associated exception information where provided.

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:
Mitigating actions are included in the paper and risks reflected in the Partnership's or individual organisation's (as appropriate) Assurance Frameworks and Risk Registers.
Appendices
Performance Report – March 2023
Acronyms and Abbreviations explained
Not applicable – all acronyms and abbreviations are explained in the report

What are the implications for?

Residents and Communities	Any impact for residents and communities are noted in the paper.
Quality and Safety	Access to care and prolonged waiting times impacts on patient care and experience
Equality, Diversity and Inclusion	Not applicable
Finances and Use of Resources	The delivery of elective activity is linked to the achievement of the elective recovery fund.
Regulation and Legal Requirements	Not applicable
Conflicts of Interest	Not applicable
Data Protection	Not applicable
Transformation and Innovation	Not applicable
Environmental and Climate Change	Not applicable
Future Decisions and Policy Making	Not applicable
Citizen and Stakeholder Engagement	Not applicable

Wakefield District Health & Care Partnership

Latest published performance for March 2023

Proud to be part of

West Yorkshire Health and Care Partnership

Performance Reporting Framework

The performance framework provides the foundation for continiuous performance improvement and system integration. Recognising that the governance and supporting performance and outcomes framework for the Wakefield District Health and Care Partnership (WDHCP) is still being established, this framework brings together a number of measures which indicate progress against key deliverables that are integral to delivering the strategic objectives of the WDHCP, West Yorkshire 10 big ambitions, NHS constitutional performance and other locally defined priorties.

The framework consists of four domains with identified themes to describe delivery and a basket of measures to track performance. The domains are currently aligned to the Wakefield District Health and Care Partnership Business Plan and NHS Strategic Oversight Framework.

This is an interim report whilst the Partnership Performance & Outcomes Framework is being developed. The new framework is due to be embedded for 23/24 reporting period.

How performance is measured

Performance is measured against national or local trajectory. Where no target exists, a previous year baseline comparator is used. We use statistical process control to understand variation and trend. Statistical Process Control (SPC) icons are displayed in the domain tables as a substitute for an SPC chart. These icons demonstrate if any variation in trend is normal, where performance is off-track and pinpoint the areas where focus is needed.

Statistical Control Process (SPC) Key

Perform	Assure	Description
		Special cause of a concerning nature where the measure is significantly **HIGHER**. This occurs where there is higher pressure in the system or deteriorating performance. This system is not capable. It will **FAIL** the target without system change.
		Special cause of a concerning nature where the measure is significantly **HIGHER**. This occurs where there is higher pressure in the system or worse performance. However despite deterioration the system is capable and will consistently **PASS** the target.
		Special cause of a concerning nature where the measure is significantly **HIGHER**. This occurs where there is higher pressure in the system or worse performance. This system will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Special cause of a concerning nature where the measure is significantly **LOWER**. This occurs where there is deteriorating performance. This system is not capable. It will **FAIL** the target without system change.
		Special cause of a concerning nature where the measure is significantly **LOWER**. This occurs where there is deteriorating performance. However the system is capable and will consistently **PASS** the target.
		Special cause of a concerning nature where the measure is significantly **LOWER**. This system will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Common cause variation, no significant change. This system is not reliably capable. It will **FAIL** to consistently meet target without system change.
		Common cause variation, no significant change. The system is capable and will consistently **PASS** the target.
		Common cause variation, no significant change. This system will not consistently hit or miss the target. (This occurs when target lies between process limits).

Variation shows the trend

Assurance shows delivery against target/baseline

Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistentl y passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Promoting improved population health

Health and care resources are used to promote improved population health

KPI Scorecard

Sub domain	Indicator	Reporting level	Frequency	Desired direction	Latest Period	Target	Actual	Variation	Assurance	Refreshed
Health initiatives	Dementia diagnosis rate	Wakefield	M	High	Mar 23	66.7%	63.0%			✔
	Number of referrals to NHS digital weight management services per 100k head of population	Wakefield	Q	High	Q3 22/23	-	13.7			
Best start in life	Reduce % of babies born to mothers who was a smoker at birth	Wakefield	Q	Low	Q4 22/23	6.0%	14.2%			✔
	Increase % of babies who are breast fed at 6-8 week check	Wakefield	A	High	20/21	-	35.0%			
Personalised care	Proportion of people with severe mental illness receiving a full annual physical health check and follow-up interventions	Wakefield	Q (YTD)	High	Q4 22/23	60.0%	61.2%			✔
	Proportion of people aged 14 and over with a learning disability on the GP register receiving an annual health check	Wakefield	M (YTD)	High	Feb 23	75.0%	54.6%			✔
	Rate of personalised care interventions (rate per 1,000)	Wakefield	Q	High	Q2 22/23	-	275.7			
	Proportion of diabetes patients that have received all eight diabetes care processes	Wakefield	M (YTD)	High	Mar 23	100.0%	63.2%			✔

Supporting Information

- For Dementia diagnosis, the gap between diagnosis rates and the target continues to grow. (63% compared to a target of 66.7%). However, this is not due to GPs not diagnosing dementia. In Wakefield the diagnosis performance is impacted by the demand on services for people aged under 65 which is about 25% higher than the national average. These patients are not allowed to be counted within the current target. A business case to increase the memory clinic capacity is in development. Mental Health Investment Standard (MHIS) funding cannot be allocated to Dementia.

Supporting people to stay well

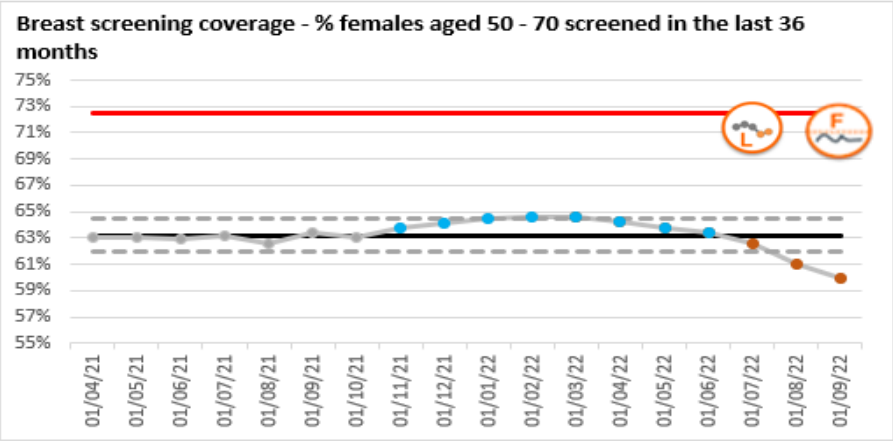
People in Wakefield district live in communities where they are supported to stay well

KPI Scorecard

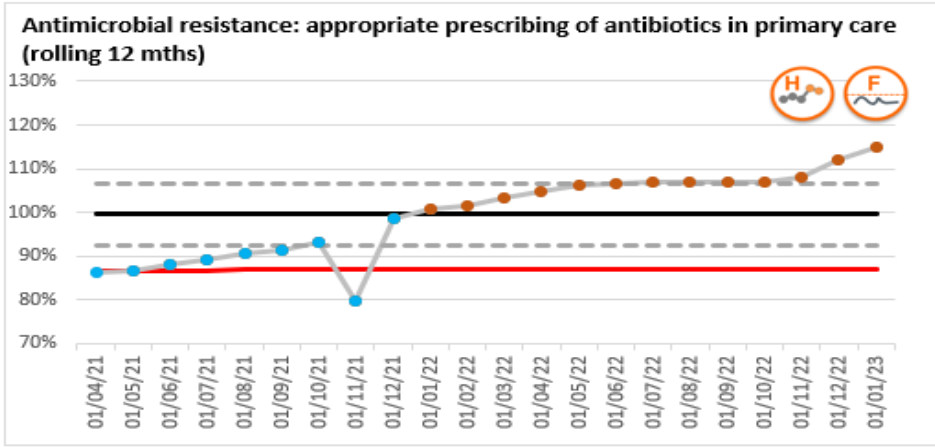
Sub domain	Indicator	Reporting level	Frequency	Desired direction	Latest Period	Target	Actual	Variation	Assurance	Refreshed
Screening	Bowel screening coverage - % patients aged 60 - 74 screened in the last 30 months	Wakefield	M	High	Sep 22	75.1%	73.5%			✓
	Breast screening coverage - % females aged 50 - 70 screened in the last 36 months	Wakefield	M	High	Sep 22	72.5%	60.0%			✓
	Cervical screening coverage - % females aged 25 - 64 attending screening within the target period	Wakefield	M	High	Jan 23	79.8%	73.1%			✓
Vaccinations	Immunisations Early Years - MMR for two doses (2-30 years)	Wakefield	A	High	2021/22	-	83.2%			
	Immunisations Early Years - 6 in 1 three doses (0-6mths)	Wakefield	M	High	Dec 22	-	85.6%			
	Immunisations Early Years - DTaP/IPV Booster (5 years)	Wakefield	M	High	Dec 22	-	85.1%			
Child health	Reduce volume of A&E attendances for children and young people aged 17 years and under (rate per 1,000)	Wakefield	M	Low	Mar 23	34.55	36.94			✓
	Fewer children 2 - 4 years will be admitted to hospital with any respiratory condition (all admissions)	Wakefield	M	Low	Mar 23	479	476			✓
	Fewer children 4 years and under will be subject to a child protection plan	Wakefield	M	Low	Feb 23	-	178			
Medicines	Antimicrobial resistance: appropriate prescribing of antibiotics in primary care (rolling 12 mths)	Wakefield	M	Low	Jan 23	87.1%	115.1%			✓
	Antimicrobial resistance: appropriate prescribing of broad-spectrum antibiotics in primary care (rolling 12 mths)	Wakefield	M	Low	Jan 23	10.0%	5.9%			✓

KPIs in focus

Breast screening coverage - % females aged 50 - 70 screened in the last 36 months



Antimicrobial resistance: appropriate prescribing of antibiotics in primary care (rolling 12 months)



Supporting Information

- Breast screening performance has fallen below the national average for the last three periods. This is largely due to a particular GP practice and a timing issue associated with the screening process.
- The Covid Spring Vaccinations campaign started on April 3rd, around 42,500 patients in Wakefield are eligible for this reinforcing dose, one in four of those eligible for an annual Autumn booster. To date (10th May), 15,500 patients eligible have received their Autumn booster (38.6% coverage).
- There continues to be an increase in the prescribing of antibiotics in primary care, this is due to an Invasive Group A Streptococcus (iGAS) outbreak. Cases of Scarlet Fever and Group A Streptococcus (GAS) usually show the steepest rise in the new year. Between September and December 2022 however, England saw increased number of cases compared to normal at this time of year. December saw a spike of this infection for Wakefield. The antibiotics for treating Group A Strep are narrow spectrum antibiotic (such as phenoxymethylpenicillin). As such we would expect the % of broad-spectrum antibiotics dispensed to be diluted by this, which the figures reflect.

Care closer to home

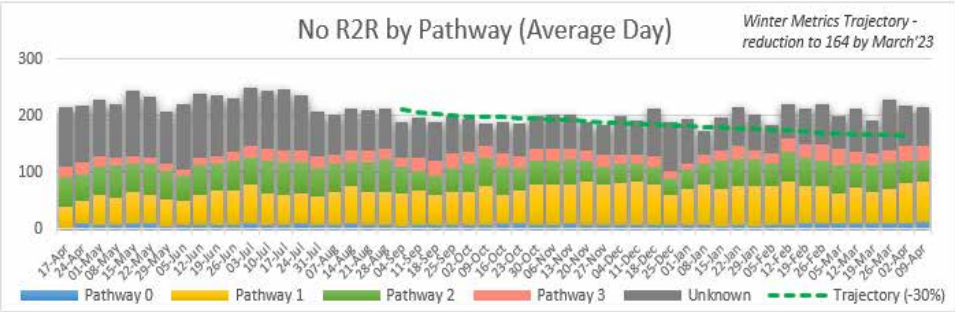
More health and care services are provided at home or close to home

KPI Scorecard

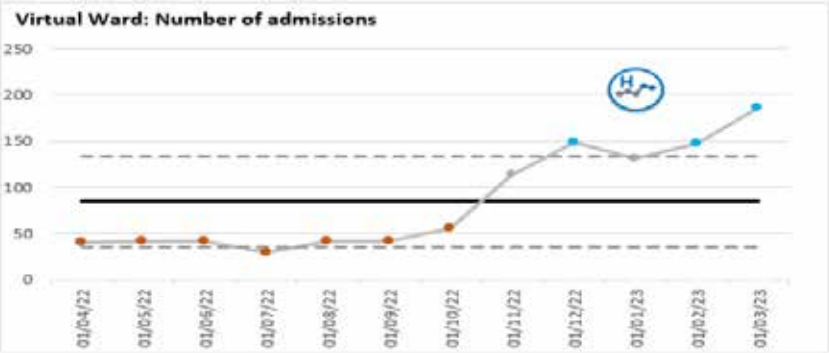
Sub domain	Indicator	Reporting level	Frequency	Desired direction	Latest Period	Target	Actual	Variation	Assurance	Refreshed
UCR	% of UCR referrals reached within two hours	Wakefield	M	High	Mar 23	70.0%	83.1%	H	P	✔
	% of patients stayed at home for 7 days following referral	MYHT	M	High	Mar 23	-	95.0%			✔
Virtual Ward	Number of admissions	MYHT	M	High	Mar 23	-	185	H		✔
Supported discharge	% of patients discharged from hospital to their usual place of residence	Wakefield	M	High	Mar 23	92.0%	91.0%		?	✔
	% of all patients discharged - pathway 0 (simple discharge, no input from health / social care)	MYHT	M	High	Mar 23	50.0%	46.3%	L	?	✔
	MYHT Bed occupancy	MYHT	M	Low	Mar 23	90.2%	94.0%	H	?	✔
	Number of patients with no reason to reside, occupying an acute bed	MYHT	M	Low	Mar 23	-	208	L		✔
	% of NEL admissions with a LOS >21 days	Wakefield	M	Low	Mar 23	4.9%	7.9%		F	✔
End of life	% with a PPD (Preferred place of death)	Wakefield	Q	High	Q3 2022/23	-	81.2%			
	% with an ACP (Advanced Care Plan)	Wakefield	Q	High	Q3 2022/23	-	72.6%			

KPIs in focus

Number of patients with no reason to reside, occupying an acute bed



Virtual ward: number of admissions



Supporting Information

- April has seen a small reduction in the number of patients for whom their average length of stay (LOS) exceeds 21 days however this remains higher than trajectory. There are several reasons driving this position, specifically the patients who reside in Leeds.
- The number of patients with no reason to reside has reduced to an average of 185 during the month of April. Work is ongoing on the Work as One programme with a specific set of actions and outcome metrics being targeted to deliver the trajectory.
- The Dovecote care home pilot is showing benefits and has now moved to phase 2 of implementation.
- The Frailty and Respiratory Virtual Ward teams managed 185 patients in March 2023, against an estimated 109 within the programme trajectory. There were 37 Virtual Ward beds open on average during March (increase of 12 since January), against a target of 23 – with Wakefield continuing to overachieve its projected occupancy rates. At their peak occupancy the teams showed capacity for managing 52 patients. Referrals are being accepted via admissions avoidance pathways, including ambulance crews and via step-down hospital discharge pathways.
- Virtual Ward activity may report a reduced position in April due to industrial action and the associated staffing changes to respond.
- The Urgent Community Response (UCR) team within Mid Yorkshire Hospitals Trust (MYHT) Adult Community Services has achieved above target with 83% delivery of 0–2-hour referrals within 0-2 hours during March 2023 against the national target of 70%. 95% of those patients remained at home up to 7 days following the intervention.

Right care, right place, right time

Health and care services are personalised, accessible, seamless and timely

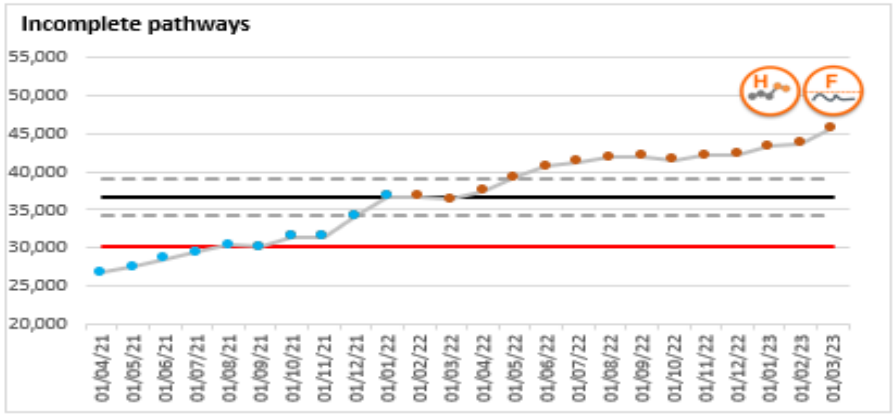
KPI Scorecard

Sub domain	Indicator	Reporting level	Frequency	Desired direction	Latest Period	Target	Actual	Variation	Assurance	Refreshed
Cancer	2 week wait urgent GP Referral	Wakefield	M	High	Mar 23	93.0%	92.1%			✔
	62 day wait from an urgent GP referral having first definitive treatment for cancer	Wakefield	M	High	Mar 23	85.0%	76.2%			✔
Diagnostics	% of patients seen within 6 weeks for a diagnostic test	Wakefield	M	High	Mar 23	99.0%	94.3%			✔
RTT	Incomplete pathways	Wakefield	M	Low	Mar 23	30193	45664			✔
	Patients waiting more than 52 weeks to start consultant-led treatment	Wakefield	M	Low	Mar 23	0	909			✔
	Patients waiting more than 78 weeks to start consultant-led treatment	Wakefield	M	Low	Mar 23	0	19			✔
	Patients waiting more than 104 weeks to start consultant-led treatment	Wakefield	M	Low	Mar 23	0	3			✔
Urgent care	% of patients seen within 4 hours in ED	MYHT	M	High	Mar 23	-	64.0%			✔
	% of patients spending more than 12 hours in ED	MYHT	M	Low	Mar 23	2.0%	7.8%			✔

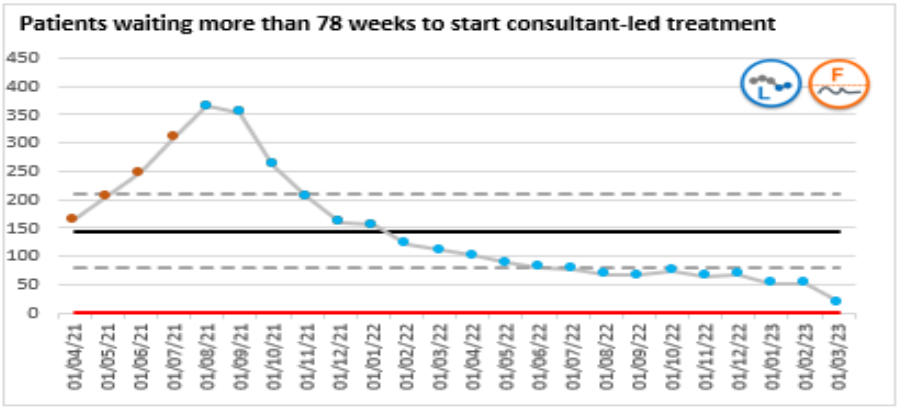
KPI Scorecard										
Sub domain	Indicator	Reporting level	Frequency	Desired direction	Latest Period	Target	Actual	Variation	Assurance	Refreshed
Mental health	Number of women accessing specialist perinatal mental health services	Wakefield	Q	High	Q3 22/23	102	60			
	IAPT Recovery	Wakefield	M	High	Mar 23	50.0%	56.7%			✔
	IAPT Access	Wakefield	M	High	Mar 23	970	875			✔
	Access to community mental health services for adult and older adults with severe mental illness	Wakefield	Q	High	Q3 22/23	3360	3175			✔
	Early Intervention Psychosis (EIP) 2 weeks (NICE approved care package)	Wakefield	M	High	Feb 23	60.0%	92.0%			
	Out of Area Placements	Wakefield	M	Low	Mar 23	0	3			✔
CYP	Waiting times for urgent referrals to CYP eating disorder service	Wakefield	Q	High	Q1 22/23	95.0%	94.4%			
	Waiting times for routine referrals to CYP eating disorder service	Wakefield	Q	High	Q1 22/23	95.0%	95.3%			
	Number of children on the ASD waiting list at month end	Wakefield	M	Low	Mar 23	-	1281			✔
	Number of CYP aged 0-17 supported through NHS funded mental health services receiving at least one contact	Wakefield	M	High	Jan 23	7500	5470			✔

KPIs in focus

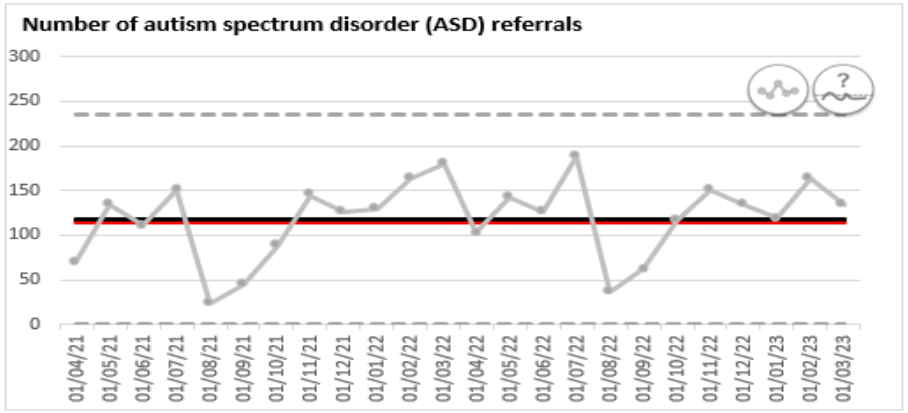
RTT Incomplete pathways



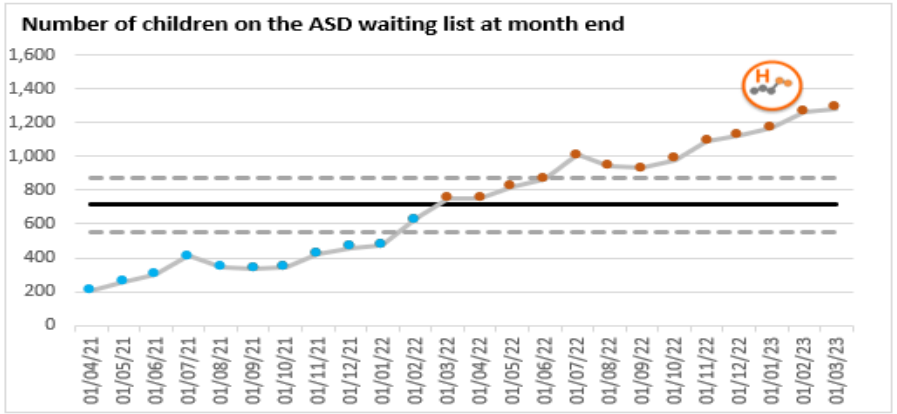
RTT Patients waiting over 78 weeks for treatment



Number of ASD referrals



Number of children on the ASD waiting list



Supporting Information

Urgent and Emergency Care

- In line with the planning guidance from 1 April 2023, MYHT has re-implemented the 4-hour standard, which represents a significant change for the Trust in terms of patient flows, reporting compliance and associated performance. Performance against the target at the end of April reported at 77.3% for all patients, 86% for non-admitted patients and 42% for admitted patients.
- Challenges with the admitted patient pathway remain an area of focus and internal service improvement work, as we continue to see high Emergency Department waits with extended waits for inpatient beds.
- There is learning from the operating model in place during the second period of British Medical Association (BMA) industrial action which is currently being reviewed to see how this learning can be implemented where positive impacts were experienced.

- Ambulance handover remains a high priority with continuing excellent performance in April against all three standards
- MYHT reported one 12 hour nationally declarable A&E trolley breach during April. This was linked to a significant delay in accessing an inpatient mental health bed which remains a feature within the system.

Planned Care

- The incomplete waiting list continues to increase month on month, with March reporting at 45,664 (an in month increase of 1,988 patients). The incomplete waiting list is increasing amongst the NHS acute providers but holding steady within the independent sector. 18.5% of patients are waiting for treatment with an independent sector provider.
- In terms of long patient waits, published data for March reported an improved position for Wakefield, with 19 over 78 week Referral to Treatment (RTT) breaches (although 7 of these were coding errors at Operose). Wakefield reported 3 over 104 week breaches but these were coding errors at Operose.
- MYHT declared two +78-week non-admitted and zero diagnostic breaches at the end of April. The admitted position finished with nine declared +78 week breaches. Three were due to patient choice, two were due to complexity and four due to surgeon availability.
- The Planned Care Redesign programme remains focussed on reducing the total incomplete waiting list and is aiming to reduce the total waiting list through innovation and transformation of services.
- Tools for reducing inappropriate demand and improving capacity such as Advice and Guidance via the Shared Referral Pathway, Patient Initiated Follow-Up (PIFU) and remote consultations are all being applied in specialties for support.
- A waiting list validation is in progress, and this has shown early success with around 5% of patients removed through patient choice. The programme also involves all patients being asked to confirm if their appointment and/or treatment is still required.
- For Cancer performance at MYHT, 2-week waiting time reported below target for April by less than 5%. This is driven by Ears, Nose and Throat (ENT) capacity and is being reviewed internally.
- The cancer 62-day referral to treatment target is below target, with the backlog increasing following a rise in 2-week referrals during February and March 2023.

Mental Health & CYP

- Talking therapies continues to exceed access target numbers and achieve the over 50% recovery rate.
- In May there were 5 patients requiring adult acute mental health inpatient care that spent time admitted to a unit outside of South West Yorkshire Partnership Foundation Trust (SWYPFT) because no bed was available locally.
- SWYPFT continues to deliver above the 95% target of % gate kept admissions to the trust's acute wards meaning that all patients were assessed by a crisis resolution team prior to admission who then gave input to the decision making for the individual to be admitted.
- The Psychiatric Liaison Team continues to achieve its targets of seeing patients in the Emergency Department (ED) within 1 hour and patients on the wards within 24 hours, supporting system working with MYHT.
- Waiting times for Children and Young People (CYP) with urgent referrals for eating disorders have shown a steady and significant improvement from the position of 68% in Q2, a significant success for the service.

- The waiting list for Children's Autism Spectrum Disorder (ASD) remains high and a detailed review will take place in the Integrated Assurance Committee.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	14
Meeting date:	23 May 2023
Report title:	Finance Update
Report presented by:	Amy Whitaker, Wakefield Place Finance Lead
Report approved by:	Amy Whitaker, Wakefield Place Finance Lead
Report prepared by:	Karen Parkin, Operational Director of Finance, Wakefield ICB

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

Previous considerations:

N/A

Executive summary and points for discussion:

The report sets out the financial position for organisations within the Wakefield Place as at the end of March 2023, apart from the Council which is reported as at the end of February 2023.

Wakefield delegated Integrated Care Board (ICB) reported in line with its control total.

Both Wakefield Place NHS organisations have reported in line with their control totals.

As of February 2023, the Council is currently reporting a £3.1m adverse variance for social care and public health, driven by higher placement costs and activity increases.

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

& Improve healthcare outcomes for residents in their system

& Tackle inequalities in access, experience and outcomes

& Enhance productivity and value for money

& Support broader social and economic development

Recommendation(s)

The Wakefield District Health and Care Partnership Committee is asked to:

1. Note that NHS organisations have reported their year-end within their target control values, thereby managing the financial risks previously noted.

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:
Risk 2117 which details the financial risk related to revenue expenditure is mitigated.
Appendices
1. N/A
Acronyms and Abbreviations explained
1. N/A

What are the implications for?

Residents and Communities	**Not directly**
Quality and Safety	**Not directly**
Equality, Diversity and Inclusion	**Nil**
Finances and Use of Resources	**Reported a balanced financial position, with forecast risk in Social Care.**
Regulation and Legal Requirements	**Not directly**
Conflicts of Interest	**Nil**
Data Protection	**Nil**
Transformation and Innovation	**Not directly**
Environmental and Climate Change	**Nil**
Future Decisions and Policy Making	**Not directly**
Citizen and Stakeholder Engagement	**Nil**

1. Main Report Detail

1.1 This report sets out the financial position for organisations within the Wakefield Place based on the reported position as at the end of month 12 (31 March 2023) for NHS organisations and month 11 (February 2023) for the Council.

1.2 The financial positions reported for NHS providers are based on the total organisational position, as it is not possible to split them across the different Places in which they deliver services.

1.3 Given the WY ICB became a statutory body on 1July 2022, Wakefield's Integrated Care Board (ICB) delegated budgets represent a combination of Wakefield Clinical Commissioning Group's (CCG) reported position for Quarter 1 and 9 months of the new ICB body.

1.4 The figures presented for the Council reflect the costs of Social Care and Public Health only (again noting it is to Month 11)

1.5 The summary forecast position for the year (February for Wakefield Council) is as follows:

	Full Year income / budgets £m	Full Year costs £m	Full Year Surplus / (Deficit) £m	Control totals Surplus / (deficit) £m
ICB delegated budgets	756.3	755.8	0.5	0.5
Mid Yorkshire Hospitals NHS Trust	732.3	732.3	0.0	0.0
South West Yorkshire Partnership NHS Foundation Trust	376.4	373.2	3.2	3.2
Wakefield Place - Total	**1,865.0**	**1,861.3**	**3.7**	**3.7**

Wakefield Council - Social Care and Public Health	Annual budgets £m	Forecast costs £m	Forecast Surplus / (Deficit) £m
Adults Social Care	92.8	92.6	0.2
Childrens Social Care	51.2	54.5	(3.3)
Public Health	21.6	21.6	0.0
Wakefield Council - Total	**165.6**	**168.7**	**(3.1)**

1.6 All NHS organisations reported within budget after managing the risks across organisations and places. The final year end positions are still subject to audit.

1.7 The Council is reporting an expected variance of £3.1m to plan for Social Care and Public Health driven by higher placement / special needs residential costs. The main reason for the overspend in Children's Social Care relates to additional children in care / fostering placement, as well as the associated legal costs.

1.8 The key risks that have been managed or mitigated during 2022-23 include:

- Delivery of efficiencies and mitigation of unidentified efficiencies.

- The increasing demand on all services across Place, and out of area placements
- Increasing vacancies and the subsequent impact of adverse spending on temporary staffing costs
- Increasing pressures due to periods of industrial action across the health service and response to service critical requirements around strike days
- Increasing acuity of our patients
- Prescribing cost pressures over and above planning assumptions and the volatility from one month to the next up to the year-end.
- Elective recovery under-performance within NHS providers offset to some degree by over-performance in the independent sector with a corresponding cost pressure.
- Further cost inflation

2. Next Steps

2.1 Wakefield Place NHS organisations submitted their 2023-24 financial plans in early May. There was a co-ordinated process across the ICB and the ICS, to submit a consistent view on the significant gaps, risks and the resulting mitigations.

2.2 Within the plans there are risks of unidentified efficiency accompanied by a high value of risks with no identified mitigations.

2.3 The Wakefield Place Integrated Assurance Committee will therefore continue to review the reported positions through 2023-24 and escalate risk to the delivery of control totals when appropriate.

2.4 All partners should continue to work together to manage financial risk through 2023-24, alongside our partners in the wider Integrated Care System.

3. West Yorkshire Integrated Care System

3.1 For the ICS (adding together the ICB and provider positions) at the year-end month 12 (March) there was a position of £0.8m surplus against the break-even target. £0.1m surplus in the ICB and £0.7m surplus within the providers. The ICS reported position therefore implies that the financial risks previously noted have been mitigated. The position is inclusive of additional income of c£12m which mitigated risks associated with prescribing and Independent Sector costs.

3.2 Prior to the balanced 2023-24 plan submission in May, there was a risk that the ICS / ICB would not meet NHS England's requirement not to exceed the

revenue resource limit. Although the final submitted plan is balanced, it assumes a high level of efficiency and unmitigated risk. The final ICB plan also includes further efficiency risk on behalf of the overall ICS system. Within the plan is significant financial risk in relation to the delivery of the cost efficiency targets, coupled with the operational risk around funding the high levels of capacity to deliver the levels of productivity required.

4. Recommendations

The Wakefield District Health and Care Partnership Committee is asked to:

4.1 Take assurance from the reported 2022-23 financial position and that the actions taken to manage risks in the year did mitigate those risks.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	15
Meeting date:	23 May 2023
Report title:	Wakefield Place contribution to West Yorkshire Integrated Care Board Annual Report
Report presented by:	Gemma Gamble, Senior Strategy & Planning Manager
Report approved by:	Ruth Unwin, Director of Strategy
Report prepared by:	Joanne Lancaster, Governance Manager

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

Previous considerations:

Executive summary and points for discussion:

As part of the year-end committee work each Place Committee was asked to submit a standard template to form part of the West Yorkshire Integrated Care Board (ICB) Annual Report 2022/23.

The Wakefield Place contribution is attached at Appendix 1. This details Committee membership, attendance, key achievements of the Committee and future developments for 2023/24.

It should be noted that Wakefield Place will produce a dedicated Annual Wakefield District Health and Care Partnership Report 2022/23 which will include more detail of the significant amount of transformative, innovative work alongside business-as-usual that has taken place across our system in the past year. This will be brought to the 6 July Committee meeting.

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

& Improve healthcare outcomes for residents in their system

& Tackle inequalities in access, experience and outcomes

& Enhance productivity and value for money

& Support broader social and economic development

Recommendation(s)

The Wakefield District Health and Care Partnership Committee is asked to:

1. Approve the Wakefield District Health and Care Partnership contribution of the West Yorkshire Integrated Care Board Annual Report 2022/23.

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:
N/A
Appendices
1. Wakefield District Health and Care Partnership contribution of the West Yorkshire Integrated Care Board Annual Report 2022/23
Acronyms and Abbreviations explained
1. N/A

What are the implications for?

Residents and Communities	**Effective Committee arrangements will ensure the partnership delivers against its vision of the people of Wakefield District living longer, healthier and happier lives.**
Quality and Safety	**The Committee receives information pertaining to quality and safety as part of assurance arrangements.**
Equality, Diversity and Inclusion	**Reports to the Committee highlight equality, diversity and inclusion issues/risks**
Finances and Use of Resources	**An effective Committee ensures that finances and use of resources is appropriate.**
Regulation and Legal Requirements	**The Committee operates within regulation and legal requirements under its powers of delegation from West Yorkshire Integrated Care Board.**
Conflicts of Interest	**These are considered for items presented to the Committee and noted where appropriate.**
Data Protection	**N/A**
Transformation and Innovation	**The Committee receives information pertaining to transformation and innovation as part of assurance arrangements.**
Environmental and Climate Change	**N/A**
Future Decisions and Policy Making	**The Committee receives information pertaining to future decisions and policymaking as part of assurance and approval arrangements.**
Citizen and Stakeholder Engagement	**The Committee receives information pertaining to citizen and stakeholder engagement as part of assurance arrangements.**

Wakefield District Health and Care Partnership
COMMITTEE ANNUAL REPORT 2022/23

INTRODUCTION

The Wakefield District Health and Care Partnership (WDHCP) Committee is established as a committee of the ICB Board, in accordance with the ICB's Constitution, Standing Orders and Scheme of Delegation.

The shared vision of the WDHCP is for the people of Wakefield district to live longer, healthier lives.

The WDHCP has a dual responsibility to support the delivery of health improvement priorities identified in the Wakefield District Health and Wellbeing Strategy and to manage those matters delegated to it by the West Yorkshire Integrated Care Board.

The Committee has oversight of the risk management framework through the Integrated Assurance Committee and drives forward local processes for identifying, escalating and reporting on strategic and operational risks at Wakefield Place level.

The WDHCP provides strategic direction and leadership to ensure that the vision and objectives of the Partnership are successfully delivered. The partnership works collaboratively to reduce health inequalities, provide preventative programmes and investment to address social determinants of health, develop comprehensive care in both community and hospital settings and work together to reduce people's likelihood of developing long term health conditions.

MEMBERSHIP

Voting

Dr Ann Carroll	Chair Wakefield District Health and Care Partnership
Richard Hindley	Independent Member (Integrated Assurance Committee Chair)
Stephen Hardy	Independent Member (People Panel Chair)
Mark Brooks	South West Yorkshire NHS Foundation Trust
Len Richards	Mid Yorkshire Hospitals NHS Trust
Jo Webster	Wakefield Place Accountable Officer/Wakefield Council, Director of Adult Social Care/Director of Community Services Mid-Yorkshire Hospitals NHS Trust
Victoria Schofield	Wakefield Council, Director of Children's Services
Anna Hartley	Wakefield Council, Director of Public Health

Paula Bee	Chief Executive, Age UK Wakefield, Voluntary, Community and Social Enterprise representative
Dr Phil Earnshaw	Primary Care Network representative
Dr Clive Harries	Primary Care Network representative
Gary Jevon	Healthwatch
Sarah Roxby	Housing Sector Representative
Maddy Sutcliffe	Nova, Voluntary, Community and Social Enterprise representative

Non-Voting

Mel Brown	Wakefield Place, Director of System Reform and Integrated Care Partnerships
Amy Whitaker	Operational Director of Finance, Mid Yorkshire Hospitals NHS Trust
Dr Colin Speers	Wakefield Place, Chair of Provider Collaborative
Dr Adam Sheppard	Wakefield Place, Chair of System Professional Leadership Group
Penny Woodhead	Wakefield Place, Director of Nursing and Quality

In Attendance

Cllr Maureen Cummings	Wakefield Council, Chair of Wakefield Health and Wellbeing Board
Dr Linda Harris	Director of Spectrum
Phillip Marshall	Director of Workforce and Organisational Change, Mid Yorkshire Hospitals NHS Trust
Clare Offer	Wakefield Council, Public Health Consultant
Steve Knight	Managing Director, Connexus
Dr Lyn Hall	LMC Representative

MEETINGS HELD

Tuesday 19 July 2022 – 14:00 – 17:00	In Public
Thursday 22 September 2022 – 14:00 – 17:00	In Public
Tuesday 22 November 2022 – 14:00 – 17:00	In Public
Tuesday 24 January 2023 – 14:00 – 17:00	In Public
Thursday 23 March 2023 – 14:00 – 17:00	In Public

SHADOW MEETINGS HELD

Tuesday 24 May 2022 - 14.00 – 17.00
Thursday 30 June 2022 – 14.00 – 17.00

ATTENDANCE

Member	Attendance (eligible)	Attendance (%)
Dr Ann Carroll, Chair Wakefield District Health and Care Partnership	4 (5)	80%
Richard Hindley, Independent Member (Integrated Assurance Committee Chair)	4 (5)	80%
Stephen Hardy, Independent Member (People Panel Chair)	4 (5)	80%
Mark Brooks, South West Yorkshire NHS Foundation Trust *Deputy - Sean Rayner	0 (5) 5 (5)	0%
Len Richards, Mid Yorkshire Hospitals NHS Trust	3 (5)	60%
Jo Webster, Wakefield Place Accountable Officer/Wakefield Council, Director of Adult Social Care/Director of Community Services Mid-Yorkshire Hospitals NHS Trust	5 (5)	100%
Victoria Schofield, Wakefield Council, Director of Children's Services *Commenced in role October 2023 *Deputy - Jenny Lingrell	2 (3) 1 (1)	67%
Anna Hartley, Wakefield Council, Director of Public Health *Deputies – Clare Offer and Stuart Turnbull	3 (5) 2 (2)	60%
Paula Bee, Chief Executive, Age UK Wakefield, Voluntary, Community and Social Enterprise representative	3 (5)	60%
Dr Phil Earnshaw, Primary Care Network representative *Commenced October 2023	2 (3)	67%
Dr Clive Harries, Primary Care Network representative	3 (5)	60%
Gary Jevon, Healthwatch	2 (5)	40%

*Deputy – Rebecca Bibbs	1 (1)	
Sarah Roxby, Housing Sector Representative	5 (5)	100%
Maddy Sutcliffe, Nova, Voluntary, Community and Social Enterprise representative	4 (5)	80%

HIGHLIGHTS FROM THE COMMITTEE'S WORK IN 2022/23

In July 2022, the Committee approved the governance for Wakefield Place formal meetings including Terms of Reference for the sub-meetings and the One-Year Operating Plan for 2022/23. The establishment of the Wakefield District Health and Care Partnership which includes key partners and coherence across the system has been a key achievement this year.

The Core20Plus5 Framework has been a thread across several meetings with the establishment of a local oversight group for this work and the approval of subsequent recommendations for investment in projects aligned to Health and Wellbeing Board and place priorities.

The Committee has approved several commissioning proposals including Adult Hearing Loss Providers, Enhanced Primary Care Access and Primary Care Commissioning Intentions for 2023/24.

The Wakefield People Plan was presented to the Committee including details of the six pillars of the plan which focus on bringing workers together across professional and organisational boundaries to deliver a seamless health and social care service. The Adults Learning Disability Plan for Wakefield District was presented which detailed the engagement and co-production of the plan with service users, carers and professionals.

In depth presentations have been provided on health inequalities such as the public health profile for Wakefield, School Survey Results, Child Obesity and the latest data from the National Child Measurement Programme and the Health Needs Assessment for Gypsy and Travellers in Wakefield – these have prompted debate and provided the opportunity to strengthen service connections and understanding and the ability to request further insights via other forums. A presentation on Children's services provided the opportunity for the Committee to see the significant amount of work in this area specifically related to some of the determinants of health inequalities for children and young people that can impact in later life.

The Committee has received regular updates on the Operating and Financial Planning for 2023-24 including detailed discussions on activity and finances.

A Place risk register has been developed and has been presented to the Committee alongside the West Yorkshire Board Assurance Framework and West Yorkshire Risk Register. The Place risk register provides the opportunity for identifying, escalating and reporting on strategic and operational risks at Wakefield Place level.

Updates from either minutes or reports of sub-committees are a regular feature of the agenda providing assurance in terms of finance, quality, safety and patient experience, activity and performance against standards and the work of the alliances.

AREAS FOR DEVELOPMENT IN 2023/24

The Wakefield District Health and Care Partnership (WDHCP) Committee has regular development sessions scheduled throughout the year.

A key area of focus for the first part of 2023/24 will be development of the priorities for Wakefield District Health and care Partnership. WDHCP established its vision and purpose during 2022/23 which expressed a strong alignment to the local Health and Wellbeing Strategy and described a future where people were supported to stay well in their own homes and communities by a connected set of high-quality services. We have worked to develop a universal model of care that describes integrated delivery by point of need and we will shape our plans going forward around this model. In particular, we will use our newly developed linked data capabilities to develop an outcomes framework so that we can monitor progress towards key strategic outcomes.

Another key area for development for 2023/24 will be around establishing clarity to the governance arrangements including a review of Terms of Reference and how these align to delivering the priorities of the partnership and the operating plan. This also includes sub-committee meetings of the WDHCP to ensure the flow of information is proportionate, relevant to the committee to which it is presented and that appropriate assurance, risk oversight and escalation is provided to members.

The committee will also have focused and in-depth discussions around specific topics/initiatives/programmes which have a system impact or where it would be useful to have that wider understanding or buy-in from partners.

The committee is evolving and as it matures it will create time and space to reflect on the way the partnership operates and works together.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	15i
Meeting date:	23 May 2023
Report title:	Wakefield District Health and Care Partnership Annual Work Plan 2023-24
Report presented by:	Gemma Gamble, Senior Strategy & Planning Manager
Report approved by:	Ruth Unwin, Director of Strategy
Report prepared by:	Joanne Lancaster, Governance Manager

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

Previous considerations:

N/A

Executive summary and points for discussion:

The Wakefield District Health and Care Partnership Committee meet bi-monthly with agenda items being determined through the annual workplan in addition to items that are identified in-year as needing overview by the Committee.

The Wakefield District Health and Care Partnership Committee meeting annual workplan for 2023/24 is attached at Appendix 1.

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

& Improve healthcare outcomes for residents in their system

& Tackle inequalities in access, experience and outcomes

& Enhance productivity and value for money

& Support broader social and economic development

Recommendation(s)

The Wakefield District Health and Care Partnership Committee is asked to:

1. Approve the Wakefield District Health and Care Partnership annual workplan for 2023/24.

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:

N/A
Appendices
1. Wakefield District Health and Care Partnership contribution of the West Yorkshire Integrated Care Board Annual Report 2022/23
Acronyms and Abbreviations explained
1. N/A

What are the implications for?

Residents and Communities	**Effective Committee arrangements will ensure the partnership delivers against its vision of the people of Wakefield District living longer, healthier and happier lives.**
Quality and Safety	**The Committee receives information pertaining to quality and safety as part of assurance arrangements.**
Equality, Diversity and Inclusion	**Reports to the Committee highlight equality, diversity and inclusion issues/risks**
Finances and Use of Resources	**An effective Committee ensures that finances and use of resources is appropriate**
Regulation and Legal Requirements	**The Committee operates within regulation and legal requirements under its powers of delegation from West Yorkshire Integrated Care Board.**
Conflicts of Interest	**These are considered for items presented to the Committee and noted where appropriate.**
Data Protection	**N/A**
Transformation and Innovation	**The Committee receives information pertaining to transformation and innovation as part of assurance arrangements.**
Environmental and Climate Change	**N/A**
Future Decisions and Policy Making	**The Committee receives information pertaining to future decisions and policymaking as part of assurance and approval arrangements.**
Citizen and Stakeholder Engagement	**The Committee receives information pertaining to citizen and stakeholder engagement as part of assurance arrangements.**

Wakefield District Health and District Partnership Committee

WORKPLAN 2023/24

					Quarter 1	Quarter 2		Quarter 3	Quarter 4	
TITLE OF ITEM	**ACTION**	**PURPOSE**	**FREQUENCY**	**LEAD AUTHOR**	**MAY**	**JULY**	**SEPT**	**NOV**	**JAN**	**MAR**
INITIAL ITEMS										
Accountable Officer/Chair's Report	Information	To update the Committee in relation to matters at national, regional and local level.	Every meeting	R Unwin	X	X	X	X	X	X
Public health profiles	Information	To gain insight into specific public health challenges for the district	Every meeting	Anna Hartley	X	X	X	X	X	X
STRATEGY AND PLANNING										
Financial Plan	APPROVE	To approve the financial plan for the Wakefield System	Annually - moved to March	Amy Whitaker					X	X
Joint Forward Plan	Approve	To approve the Joint Forward Plan submission	Annually	Becky Barwick		X			X	X
Operational Plan	APPROVE	To approve the operational Plan for the Wakefield System	Annually	Ruth Unwin					X	X
Estates developments for Wakefield Place	APPROVE	As Required - To approve proposed development of estate for Wakefield system (this will be ad hoc items requiring approval)	Ad-hoc	Determined by agenda item						
Primary Care Update	APPROVE	From the SORD - Approve decisions on the review, planning and procurement of primary medical care services (to reflect the terms of the delegation agreement with NHS England).	As required	Mel Brown						
Core 20PLUS+5 Recurrent Funding Update	APPROVE	To approve the Investment Proposal (annual approval of bids possibly May/July. Annual report on funded projects)	Annually	Becky Barwick		X				
Planning for Winter 2022-23	Assurance /Approval?	To consider the winter planning for Wakefield Pla	Annually	Mel Brown			X	X	X	
QUALITY, PATIENT EXPERIENCE AND PERFORMANCE										
Quality, Safety and Experience highlight report	ASSURANCE	Provide assurance on achievement of quality and performance objectives and identify any mitigating actions	Every meeting	Penny Woodhead & Laura Elliot	X	X	X	X	X	X
Performance Exception Highlight Report	Assurance	Provide assurance on achievement of performance and activity across the system	Every meeting	Natalie Tolson	X	X	X	X	X	X
Finance Highlight Update	ASSURANCE	Provide assurance on adherence to financial plan	Every meeting	Amy Whitaker	X	X	X	X	X	X
Health and Wellbeing Strategy Update	ASSURANCE	Updates against priorities of the H&W Strategy	Bi-annually	Ruth Unwin	X			X		
Mental Health Investment Standard	APPROVAL	Provide assurance on the funding of priorities for the Mental Health Investment Standard	Annually	Sean Rayner	X					X
SERVICE REDESIGN/TRANSFORMATION										
Integrated Urgent Care update	ASSURANCE	To update on plans in relation to integrated urgent care	TBC	M Brown Lucy Beeley Kerry Stott						
Adult ADHD - Mental Health Alliance	ASSURANCE	To approve funding		Michele Ezro	X					
Dementia - Mental Health Alliance	APPROVAL	To approve funding		Michele Ezro		X				
SUB-COMMITTEES										
Chair's Report and minutes from the Provider Collaborative	ASSURANCE	To provide a summary of the key areas of assurance secured from the meeting and any items for escalation	Every meeting	Colin Speers	X	X	X	X	X	X
Minutes from the Integrated Assurance Committee	ASSURANCE	To provide a summary of the key areas of assurance secured from the meeting and any items for escalation	Annually for report - every meeting for minutes	Governance Manager	X	X	X	X	X	X
Minutes from the People Panel	ASSURANCE	To provide a summary of the key areas of assurance secured from the meeting and any items for escalation	Annually for report - every meeting for minutes	Governance Manager	X	X	X	X	X	X
Chair's Report and minutes from the Professional Leadership	ASSURANCE	To provide a summary of the key areas of assurance secured from the meeting and any items for escalation	Annually for report - every meeting for minutes	Colin Speers	X	X	X	X	X	X
GOVERNANCE AND REGULATORY										
Annual Report for Place	APPROVE	Approve the place contribution to the ICB annual report and accounts	Annually	Ruth Unwin	X					
Wakefield Risk Register	ASSURANCE	Identifies risks to delivery of objectives & mitigations. Assess whether key risks to delivery of system objectives are reflected and the actions to address these are appropriate Assurance that controls are in place, mitigating actions are in train and are being reported appropriately	Quarterly	Ruth Unwin	X	X	X	X	X	X
West Yorkshire Board Assurance Framework West Yorkshire Risk Register	ASSURANCE	Assurance that controls are in place and mitigating actions to contribute to the delivery of the West Yorkshire Strategic priorities	Bi-annually	Ruth Unwin			X			X
Terms of Reference - Annual Review	Approve	To approve Terms of Reference for the Committee	Annually	Ruth Unwin						x
Committee WorkPlan	APPROVE	To ensure the committee is allowing sufficient time to focus on its responsibilities	Annually	Ruth Unwin						x
Sub-Committee Terms of Reference	APPROVE	To approve the terms of reference of the sub-committees	Annually (and following any amends)	Ruth Unwin						x
Sub-Committee Work Plans	APPROVE	To approve the work plans of the sub-committees		Ruth Unwin						x
Committee effectiveness review	ASSURANCE /APPROVAL		Annually	Ruth Unwin						X

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	15ii
Meeting date:	23 May 2023
Report title:	Wakefield District Health and Care Partnership Committee Effectiveness Survey Results
Report presented by:	Gemma Gamble, Senior Strategy & Planning Manager
Report approved by:	Ruth Unwin, Director of Strategy
Report prepared by:	Joanne Lancaster, Governance Manager

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

Previous considerations:

Wakefield District Health and Care Partnership Development Session - 21 April 2023

Executive summary and points for discussion:

As part of the year-end committee work each Place Committee was asked to undertake an effectiveness self-assessment, starting with a survey and followed up with a development session.

A summary of the findings of the survey is detailed within the body of the report. Discussions from the subsequent development session on 21 April will be used to inform on-going development of the Wakefield District Health and Care Partnership Committee with work having already commenced on a review of governance arrangements across Wakefield Place.

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

& Improve healthcare outcomes for residents in their system

& Tackle inequalities in access, experience and outcomes

& Enhance productivity and value for money

& Support broader social and economic development

Recommendation(s)

The Wakefield District Health and Care Partnership Committee is asked to:

1. Note the contents of the report and on-going work of development of the Wakefield District Health and Care Partnership Committee.

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
N/A
Appendices
1. A List of the Committee Effectiveness Survey Questions
Acronyms and Abbreviations explained
1. N/A

What are the implications for?

Residents and Communities	**Effective Committee arrangements will ensure the partnership delivers against its vision of the people of Wakefield District living longer, healthier and happier lives.**
Quality and Safety	**The Committee receives information pertaining to quality and safety as part of assurance arrangements.**
Equality, Diversity and Inclusion	**Reports to the Committee highlight equality, diversity and inclusion issues/risks**
Finances and Use of Resources	**An effective Committee ensures that finances and use of resources is appropriate**
Regulation and Legal Requirements	**The Committee operates within regulation and legal requirements under its powers of delegation from West Yorkshire Integrated Care Board.**
Conflicts of Interest	**These are considered for items presented to the Committee and noted where appropriate.**
Data Protection	**N/A**
Transformation and Innovation	**The Committee receives information pertaining to transformation and innovation as part of assurance arrangements.**
Environmental and Climate Change	**N/A**
Future Decisions and Policy Making	**The Committee receives information pertaining to future decisions and policymaking as part of assurance and approval arrangements.**
Citizen and Stakeholder Engagement	**The Committee receives information pertaining to citizen and stakeholder engagement as part of assurance arrangements.**

1. Introduction

1.1 As part of year-end work each Place Committee was asked to undertake an effectiveness self-assessment, starting with a short survey followed by a development style conversation. A standard set of questions was developed to be used across all places and these are closely linked to areas within the CQC well led framework that we will need to demonstrate our compliance with later in the year.

1.2 The survey was sent out via email on 17 March 2023 with a link to the questions which was hosted on Smart Survey. The survey link was sent to members of the committee and those who attend regularly. The closing date for the survey was 31 March 2023. The survey and results are anonymous.

1.3 The results and the feedback received from survey responses helped to inform discussions at the Wakefield District Health and Care Partnership (WDHCP) development session on 21 April 2023.

2. Main Report Detail

2.1 The email asking committee colleagues to respond to the survey was first sent on the 17 March with further follow ups on 27 March and 30 March.

2.2 The email was sent to a total of 28 people of which 14 were voting members, 5 were non-voting members and 9 were regular attendees. The number of responses were 25 however, 7 had not completed the questions so the total number of completed responses was 18 of which 16 were actual members of the committee.

2.3 The survey consisted of 24 questions, with 20 questions being multiple choice and the final 4 being questions with free text answers. A comment box was provided for free text across all 24 questions. A list of the questions is attached at Appendix 1.

2.4 A summary of the findings is highlighted below:

- All respondents either agreed or strongly agreed that the committee had the right balance of skills, experience and knowledge to fulfil its role, that the committee papers allowed them to perform their role effectively and that members contributed regularly across the range of issues discussed and in an environment that views, doubts and opinions could be expressed.
    - 6 respondents disagreed that members provided real and genuine challenge with comments received relating to the fullness of the agenda, ordinary members feeling isolated from critical conversations and decision making and that there could be more challenge provided.

- 1 respondent strongly disagreed that debate flowed with conclusions reached without being cut short or stifled with a comment that due to the fullness of agendas that items towards the end of the meeting often got cut short.
- Respondents agreed/strongly agreed that relevant directors/managers attended the meeting.
- 5 respondents disagreed that the committee had made a conscious decision about how it wanted to operate in terms of the level of information it would like to receive on each item. Comments received related to that it was still in development and the Operating Plan should be agreed to understand what more was required.
- Although most respondents believed that each agenda item was closed off appropriately with a clear conclusion and action, one respondent was unable to answer this question with a comment received relating to a clearer summary of actions and recommendations being provided at each item.
- All respondents agreed or strongly agreed that the minutes were clear, accurate, consistent and timely including key elements of debates and details of recommendations and actions, that the level of secretariat support was sufficient, that meetings arrangements were suitable and meeting packs were appropriate and circulated in a timely manner. Some comments received were the Committee highlight report was helpful, that face to face meetings were more beneficial and that it might be useful to display agenda items on the screen at meetings.
- 7 respondents were not aware of the AAA report which was sent to the ICB Board with comments including duplication to the Board Assurance Framework (BAF), information being out of date by the time it was received and others not having seen the report.
- 8 respondents were not assured that the ICB Board understood the reporting from the WDHCP with comments suggesting there was more work to do.
- 3 respondents either disagreed or were unable to answer the questions relating to demonstrating integrity with the two comments received relating to the management of conflicts of interest varying across committees or not being clearly expressed.
- All respondents either agreed/strongly agreed that the Chair had a positive impact on the performance of the committee, that it was chaired effectively and that the Chair allowed debate and did not assert their own views too strongly.
- Free text question 21 asking whether the committee had fulfilled everything set out in its terms of reference (ToR), 8 respondents completed this question, with comments ranging from that the committee was still in developmental stage, to tying the

agenda/workplan clearly into the Terms of Reference (ToR) with two people responding that the committee had fulfilled everything as set out in its ToR.

- 7 respondents completed question 22 which asked about the committee's key achievements with a range of answers provided.
- 7 respondents completed question 23 which asked what needed to change to enable the committee to be more effective in its role, there were a range of answers with a key theme being transparency of and clearer governance arrangements.
- 4 respondents answered question 24 which asked about areas for ongoing professional development with the organisational development sessions being beneficial, sharing learning, and distinct sessions on specific topics.

3. Next Steps

3.1 The results of the Committee Effectiveness survey and discussions from the Wakefield Health and Care Partnership Committee development session will be used to inform ongoing development and improvement to the Wakefield District Health and Care Partnership Committee.

4. Recommendations

The Wakefield District Health and Care Partnership Committee:

- Note the contents of the report and on-going work of development of the Wakefield District Health and Care Partnership Committee.

5. Appendices

Appendix 1 – Wakefield Place Committee Effectiveness Survey 2023 Questions

ICB Committee Effectiveness Self-Assessment Questions

Section 1

Q1. Are you:

- A member of the Committee
- Not a member, but regularly attend the Committee
- Not a member, occasionally attend the Committee

The following questions are designed to gauge the Committee's effectiveness by taking the views of those who attend, across several themes. The results will be used to inform the Committee's annual report and provide assurance to the ICB Board; assist the Committee in reviewing of terms of reference; and inform future development.

Section 2

Please indicate to what extent you agree with the following statements. There is an opportunity beneath to include additional comments to explain your views.

Statement	Strongly agree	Agree	Disagree	Strongly disagree	Unable to answer
2.The Committee has the right balance of experience, knowledge and skills to fulfil its role.					
3. The quality of committee papers received allows me to perform my role effectively.					
4. Committee members contribute regularly across the range of issues discussed.					
5. I feel sufficiently comfortable within the committee environment to be able to express my views, doubts and opinions.					
6. Members provide real and genuine challenge – they do not just seek clarification and reassurance.					
7. Debate is allowed to flow and conclusions reached without being cut short or stifled.					
8. The Committee ensures that the relevant director / manager attends meetings to enable it to secure the required level of					

understanding of the reports and information it receives.					
9. The Committee has made a conscious decision about how it wants to operate in terms of the level of information it would like to receive for each of the items on its cycle of business.					
10. Each agenda item is 'closed off' appropriately so that I am clear what the conclusion is; who is doing what, when and how; and how it is being monitored.					
11. The meeting minutes are clear, accurate, consistent, complete and timely. They include key elements of debates and appropriate details of recommendations and any follow up action.					
12. The Committee provides a written AAA report to the ICB Board providing assurance, and alerting and advising.					
13. I am assured that the ICB Board understands the reporting from this committee.					
14. Members demonstrate the highest level of integrity (including maintaining utmost confidentiality and identifying, disclosing and managing conflicts of interest)					
15. The level of secretarial / governance support to the committee is sufficient.					
16. The meeting arrangements (e.g., frequency, timing, duration, venue and format) are appropriate.					
17. Meeting agendas and related background information are circulated in a timely manner to enable full and proper consideration to be given to the important issues.					
Committee Leadership					
18. The committee Chair has a positive impact on the performance of the committee.					

19. Committee meetings are chaired effectively and with clarity of purpose and outcome.					
20. The committee Chair allows debate to flow freely and does not assert his/her own views too strongly.					

Explanatory / Additional Comments

Section 3

The following questions focus on the Committee's achievements since July 2022 and provide an opportunity to identify areas for improvement.

21. Has the committee fulfilled everything set out in its terms of reference? Please identify aspects that you think have been delivered particularly well or not so well.

22. What do you consider to be the committee's key achievements for the year?

23. What, if anything, needs to change to enable the committee to be more effective in its role?

24. Are there any areas for ongoing professional development?

Thank you for completing the self-assessment.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	16
Meeting date:	23 May 2023
Report title:	Wakefield Place Risk register
Report presented by:	Gemma Gamble, Senior Strategy & Planning Manager
Report approved by:	Ruth Unwin, Director of Strategy
Report prepared by:	Joanne Lancaster, Governance Manager

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

Previous considerations:

Reviewed at Integrated Assurance Committee 25 April 2023

Executive summary and points for discussion:

This paper presents the Wakefield Place Risk Report including those risks rated 12 and above, risks which have been flagged for closure and risks which have decreased in score. The full Wakefield Place Risk Register is attached at Appendix 1.

There are currently 20 risks on the Wakefield Place Risk Register, four of which are marked for closure, leaving a total of 16 open risks. Three risks have decreased in score.

A mapping exercise has taken place with Core and Place colleagues to establish common risks across places. This was presented to the West Yorkshire Integrated Care Board (WYICB) on 16 M 2023 and is attached at Appendix 2.

A Risk Management Workshop was due to take place on 17 May 2023 with colleagues at Wakefield Place including an update on the Risk Management process, review and escalation, a review of the Risk Register for Wakefield Place and proposals for next steps. At the time of writing this report the workshop had not taken place therefore discussions arising from the workshop cannot be included within this report, a verbal update will be provided at the meeting.

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

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes ☒ Enhance productivity and value for money ☒ Support broader social and economic development
Recommendation(s)
The Wakefield District Health and Care Partnership Committee is asked to: 1. **RECEIVE** and **NOTE** the High-Scoring Risk Report as a true reflection of the risk position in the ICB in Wakefield. 2. **CONSIDER** whether it is assured in respect of the effective management of the risks and the controls and assurances in place.
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
The report provides assurance that the Partnership is working in an integrated way to address the wider determinants of health.
Appendices
1. Wakefield place risk register 2. West Yorkshire ICB Common Risks
Acronyms and Abbreviations explained
1. NHSE – NHS England 2. WDHCP – Wakefield District Health and Care Partnership 3. West Yorkshire ICB – West Yorkshire Integrated Care Board 4. VCSE – Voluntary, Community and Social Enterprise Sector 5. MYHT – Mid Yorkshire Hospitals NHS Trust 6. SWYPFT – South West Yorkshire Partnerships NHS Foundation Trust

What are the implications for?

Residents and Communities	The risk register highlights potential risks to health and care for residents and communities
Quality and Safety	The risk register highlights risks to quality and safety
Equality, Diversity and Inclusion	The risk register highlights equality, diversity and inclusion risks
Finances and Use of Resources	The risk register highlights risks associated with finance and resources

Regulation and Legal Requirements	The risk register highlights risks to compliance with regulatory and legal duties
Conflicts of Interest	No specific conflicts of interest are identified in this paper
Data Protection	The risk register highlights risks relating to data protection
Transformation and Innovation	The risk register helps the partnership to prioritise transformation and innovation
Environmental and Climate Change	The risk register identifies environmental risks
Future Decisions and Policy Making	The risk framework informs decision making and policy development
Citizen and Stakeholder Engagement	The risk register identifies risks associated with citizen and stakeholder engagement

1. Introduction

1.1 The report sets out the process for review of the Wakefield Place risks during the current review cycle (Cycle 5 of 2022/23) which commenced on 10 March and ends after the West Yorkshire ICB Board (WY ICB) meeting on 17 May.

1.2 The report shows all high-scoring risks (scoring 12 and above) recorded on the Wakefield Place risk register. Details of all Wakefield Place risks are provided in Appendix 1.

2. Wakefield Place Risk Register

2.1 The West Yorkshire Integrated Care Board (ICB) risk management arrangements categorise risks as follows:

- Place – a risk that affects and is managed at place
- Common – common to more than one place but not a corporate risk
- Corporate – a risk that cannot be managed at place and is managed centrally

2.2 The West Yorkshire Risk Management Policy and Framework was approved at the West Yorkshire ICB Board on 21 March 2023.

2.3 All high scoring place risks and all risks common to more than one place are reported to the ICB Board. The Risk Management Operational Group have met and identified common risks across places for this cycle; these will be reported to the WY ICB in May. Common risks are attached at Appendix 2.

2.4 The Place Risk Register will not capture risks which are owned by ICS System Partners, that they are accountable for via their individual statutory organisations.

Consideration is being given to understand how we can work with system partners to triangulate information and provide visibility of system partners high scoring risks.

2.5 A Risk Management Workshop will take place on 17 May 2023 with colleagues at Wakefield Place. The workshop will cover the risk management process including identifying risks, scoring of risks, controls and assurances. A review of Wakefield Place Risk Register will take place including looking at consistency of scoring with other places and terminology/language used and consideration of how to include risks that may sit with partners but would have a system impact. A reminder of the risk cycle process and escalation process will also be shared. Proposals following this workshop will be taken to Core Leadership Team. At the time of writing this report the workshop had not taken place therefore discussions arising from the

workshop can not be included within the report.

2.6 There are currently 20 risks on the Wakefield Place Risk Register, four of which are marked for closure, leaving a total of 16 open risks.

The following risks are marked for closure. Three due to reaching tolerance levels and one due to being placed on the register in error:

Risk ID	Strategic Objective	Risk Rating	Principal Risk	Risk Status
2136	Prevention of ill health	9	Risk of safeguarding incidents due to poor system working, volume of cases and capacity	Closed - After discussion with Penny Woodhead I am closing this risk as it appears to be an anomaly which has been placed on the register in error.
2140	Healthy standard of living for all	8	There is a risk that pressures caused by increased demand or reduced capacity in one part of the system has a negative impact on the ability of other parts of the system to provide high quality care.	Closed - Reached tolerance
2144	Healthy standard of living for all	4	There is a risk of budgetary pressures due to rising cost of individual LD care packages, potentially resulting in inability to place people locally.	Closed - Reached tolerance
2185	Improve healthcare outcomes for residents	2	There is a risk of increased demand for Integrated Community Equipment Services may lead due to current service model and workforce capacity issues to delays to delivery of equipment and impact on discharge delays. Activity demand for equipment would also increase costs of service leading to overspend in FY 2022/23	Closed - Reached tolerance

2.7 High Scoring Risks

The following risks provide an update on our high scoring risks at this cycle:

Risk ID	Strategic Objective	Risk Rating	Principal Risk
2129	Healthy standard of living for all	20	There is a risk of delays in people accessing planned acute care due to demand and the continued impact of COVID, resulting in poor patient experience/outcomes and non-compliance with the constitutional standards for waiting times. *This risk has been reallocated and reviewed and will show as updated in the next risk cycle.
2132	Healthy standard of living for all	16	There is a risk of patients not receiving timely care and overcrowding in ED due to imbalance between demand and capacity in urgent care services resulting in poor patient experience and outcomes. *This risk has been reallocated and reviewed and will show as updated in the next risk cycle.
2186	Improve healthcare outcomes for residents	12	There is a risk to patient safety and experience of care. Due to specific concerns about quality of and access to care for patients Resulting in the Mid Yorkshire Hospitals Trust continuing to be rated by the CQC as 'requires improvement' overall (inspection March/April 2022)
2182	Prevention of ill health	12	There is a risk that the WDHCP will not meet the national ambition of reducing gram negative blood stream infections by 50% by 2024/25 due to a significant number of the cases having no previous health or social care interventions, resulting in failure to meet the requirements of the single oversight framework.
2145	Healthy standard of living for all	12	There is a risk of insufficient capacity in the Local Care Direct (LCD) - Out of Hours GP Services via the West Yorkshire Urgent Care (WYUC) contract due to increased referral activity and potential changes to referral pathways, resulting in poor outcomes and experience for patients and reduced quality of care.
2142	Healthy standard of living for all	12	There is a risk that the national capital regime and arrangements for the allocation of funding will mean there is insufficient resource within Wakefield place to support necessary service transformations.
2134	Healthy standard of living for all	12	There is a risk that older people with mental health problems do not receive optimum care due to the current

			configuration of inpatient services, resulting in extended length of stay and poorer outcomes
2128	Giving every child the best start in life	12	There is a risk of children and young people aged 0-19 year waiting up to 52 weeks for autism assessment due to availability of workforce to manage the volume of referrals

2.8 Decreasing scores

The following risks have decreased following review by risk owners:

Risk ID	Strategic Objective	Risk Rating	Principal Risk	Reason
2134	Healthy standard of living for all	12 (from 16)	There is a risk that older people with mental health problems do not receive optimum care due to the current configuration of inpatient services, resulting in extended length of stay and poorer outcomes	Although this risk remains the work of the Mental Health Alliance is progressing and in recognition of that I have lowered the current likelihood risk
2138	Healthy standard of living for all	9 (from 15)	There is a risk to quality, safety and experience in the independent care sector due to the requirement to manage people with increased	New frameworks have been contracted with domiciliary care sector in Q3 of 2022/23 which has reduced the waiting list for packages of care and increased the capacity of this sector to respond to demand for care at home. This has significantly reduced the numbers of hours of care awaiting allocation. The LA has agreed 2023/24 contractual uplifts with independent sector which is one mitigation of this risk. Adult Social Care Discharge funding is being utilised to

			complexity, rising costs and workforce supply challenges, resulting in insufficient capacity and delayed discharges.	support our system with commissioning of 25 care home sector beds to support our residents. EOI went out to all care home providers and by having this scheme available all year this provides 5 care homes in Wakefield with the opportunity to stabilise the workforce needed to deliver this service and also generates income for 5 care homes during 2022/23. Financial resources have been allocated to both care home and domiciliary care providers in March 2023 to support the sector with rising costs this was non recurrent and has been funded from 2022-23 ASC Discharge Funding
2133	Healthy standard of living for all	6 (from 9)	There is a risk that national social care funding policy decisions on funding available for adult social care costs will lead to increased financial burden on social care and instability of providers resulting in insufficient resource to cover demand, placing pressure on other services	New frameworks have been contracted with domiciliary care sector in Q3 of 2022/23 which has reduced the waiting list for packages of care and increased the capacity of this sector to respond to demand for care at home. This has significantly reduced the numbers of hours of care awaiting allocation. The LA has agreed 2023/24 contractual uplifts with independent sector which is one mitigation of this risk. Adult Social Care Discharge funding is being utilised to support our system with commissioning of 25 care home sector beds to support our residents. EOI went out to all care home providers and by having this scheme available all year this provides 5 care homes in Wakefield with the opportunity to stabilise the workforce needed to deliver this service and also generates income for 5 care homes during 2022/23. Financial resources have been allocated to both care home and domiciliary care providers in March 2023 to support the sector with rising costs this was non recurrent and has been funded from 2022-23 ASC Discharge Funding

3. Next Steps

3.1 The risks will be carried forward to the next risk review cycle which will commence after the WY ICB Board meeting on 17 May 2023.

3.2 Discussions from the 17 May Risk Management Workshop will inform proposals to the Core Leadership Team.

3.3 Work will continue to develop partnership and system risk management arrangements.

4. Recommendations

The Wakefield District Health and Care Partnership Committee is asked to:

1. **RECEIVE** and **NOTE** the High-Scoring Risk Report as a true reflection of the risk position in the ICB in Wakefield.
2. **CONSIDER** whether it is assured in respect of the effective management of the risks and the controls and assurances in place.

Risk ID	Date Created	Risk Type	Strategic Objective	Risk Rating	Risk Score Components	Target Risk Rating	Target Score Components	Risk Owner	Senior Manager	Final Reviewer	Principal Risk	Key Controls	Key Control Gaps	Assurance Controls	Positive Assurance	Assurance Gaps	GBAF Ref No(s)	GBAF Entry Description(s)	Risk Status
2129	04/10/2022	WDHCP	Healthy standard of living for all	20	(I4xL5)	9	(I3xL3)	Simon Rowe	Simon Rowe	Melanie Brown	There is a risk of delays in people accessing planned acute care due to demand and the continued impact of COVID, resulting in poor patient experience/outcomes and non-compliance with the constitutional standards for waiting times	Planned care alliance established to lead on development of solutions. Shared care arrangements for patients whose treatment is delayed to be proactively managed in primary care. Independent sector contracts in place to increase capacity. WYAAT programmes to optimise capacity across West Yorkshire. Focused work on patient flow to ensure timely discharge and optimise use of bed capacity.	None currently identified	Performance report to Integrated Assurance Committee quarterly Performance report to WDHCP Committee bi-monthly CQC inspections/reports Audit reports commissioned as required	Performance report IAC September 2022 Performance report WDHCP Committee July 2022; September 2022	None currently identified			Static - 1 Archive(s)
2132	04/10/2022	WDHCP	Healthy standard of living for all	16	(I4xL4)	8	(I4xL2)	Lucy Beeley	Karen Parkin	Karen Parkin	There is a risk of patients not receiving timely care and overcrowding in ED due to imbalance between demand and capacity in urgent care services resulting in poor patient experience and outcomes	Unplanned Care Alliance is leading a programme of work to address access to urgent care services. Direction of patients to alternative services for same-day appointments via proactive communications and 111 Same Day emergency care to improve outflow from ED for patients requiring further assessment Assessment of capacity for the alternative services that can receive patients Approach in place between General Practices and GP Care Wakefield to manage "in-hours" pressures to prevent patient presentations at A&E System wide approach to discharge management to ensure availability of beds to support outflow of patients from ED for patients requiring admission	Proposals for alternative service model and business case not yet completed	Unplanned Care Alliance receives regular update reports - reported via minutes to WDHCP Committee Business case to be presented to WDHCP Committee (timescale) Progress reports to WDHCP Committee (frequency?) EIA and mitigation plans OSC review of proposals and arrangements for engagement and consultation, including assurance on actions to mitigate impact for affected groups	No positive assurances presented to WDHCP committee yet	No positive assurances provided yet			Static - 1 Archive(s)
2186	24/11/2022	Wakefield Integrated Assurance Committee	Improve healthcare outcomes for residents	12	(I4xL3)	8	(I4xL2)	Laura Elliott	Laura Elliott	Penny Woodhead	There is a risk to patient safety and experience of care Due to specific concerns about quality of and access to care for patients Resulting in the Mid Yorkshire Hospitals Trust continuing to be rated by the CQC as 'requires improvement' overall (inspection March/April 2022)	* CQC inspection undertaken in March/April 2022 - overall Trust rating remains unchanged as 'requires improvement', however the Trust level rating against the Well-led domain improved to 'good' * ICB Quality team from Wakefield/Kirklees place attend MYHT Quality Committee * MYHT Nurse and midwifery governance framework identifies when focused improvement work on specific wards is required * Commissioner Patient safety walkabouts to departments/wards resumed in July 2021 following the pandemic * Robust CQC action plan developed to address Must and Should Do actions - presented to MYHT Quality Committee (February 2022)	* CQC action plan will be monitored and reported through MYHT Quality Committee every two months * New 5 year MYHT Quality Strategy for Delivering Outstanding Quality in development	* CQC inspection report published in November 2022 * Presentation to WDHCP Integrated Assurance Committee and Partnership Committee on CQC's findings (November/December 2022) * Outcome of inspection presented to ICB Quality Committee (December 2022) * CQC action plan to be monitored through MYHT Quality Committee and reported to Integrated Assurance Committee through quarterly quality report * Outcome of commissioner Patient safety walkabouts reported to Integrated Assurance Committee in quarterly quality report	* No Inadequate ratings across the Trust, hospital sites and core services * No breaches in regulations identified, therefore no enforcement action taken or warning notices issues by CQC * Improvement in ratings for Well-led for Trust and Maternity services at Pinderfields * Improvements in the culture of the Trust; engagement with patients, staff and partners to plan services; active encouragement of staff to voice concerns; and well-being support offered to staff. * Patient safety walkabouts recognise positive progress, acknowledging impact of system pressures and patient flow	* CQC action plan will be monitored and reported through MYHT Quality Committee and into Integrated Assurance Committee			Static - 1 Archive(s)
2182	28/10/2022	Wakefield Integrated Assurance Committee	Prevention of ill health	12	(I4xL3)	9	(I3xL3)	Jane O'Donnell	Laura Elliott	Penny Woodhead	There is a risk that the WDHCP will not meet the national ambition of reducing gram negative blood stream infections by 50% by 2024/25 due to a significant number of the cases having no previous health or social care interventions, resulting in failure to meet the requirements of the single oversight framework (should this measure be included).	1. An Executive level lead for Gram Negative Blood Stream Infections identified - CKW Chief Nurse. 2. Implementation of UKHSA guidance on Gram Ngative Blood Stream Infections. 3. The IPC team review all cases monthly and using the NHS terminology to categorise healthcare associated GNBSI where they are detected (community or hospital) and their relationship to healthcare (healthcare vs non healthcare associate data capture system by community IPC team. 4. Sepsis and Hydration is included in IPC Audit and Training for GP Practices and Care Homes. Resources being refreshed with additional IPC funding from NHSE (April 2023) 5. NHSE funding secured for a hydration project supporting care homes 6. Antimicrobial Stewardship included within the IPC Audit Tool for care homes. 7. E.Coli Patient information leaflet developed, and shared catheter record updated. 8. Treat Antibiotics Responsibly, Guidance, Education, Tools (TARGET) leaflet promoted with GP practices 9. Shared all current data with NHS England Regional Project Lead for AMR and the AMR Data Subgroup 10. Attend WY& H AMR Data subgroup 11. Working collaboratively with WY Antimicrobial Lead 12. UKHSA/NHS published thresholds for 2022/23 includes thresholds for Klebsiella and Pseudomonas, and now include thresholds for Acute Trusts.	1. HCIA Thresholds for 2023/24 not yet published	1. CKW gram negative reduction plan to be refreshed following the NE & Y GNBSI Evnt (March 2023). 2. An Executive level lead for GNBSI identified. 3. Exceptions reported to Integrated Assurance Committee in Performance report 4. Six-monthly IPC report to Integrated Assurance Committee - latest December 2022 5. Monthly data from UKHSA mandatory enhanced surveillance system 6. Standing item at monthly HCAI Operational Co-ordination Group. 7. LAMP initiative provides specific information on GP antimicrobial prescribing. Working with LAMP to compare prescribing and gram negative BSI data 8. Attendance and participation at WY ICS for AMR/HCAI 9. Lead nurse chair for WY AMR HCAI Subgroup	1. Six monthly IPC report to Integrated Assurance Committee - latest December 2022 2. SystmOne and EMIS template rolled out to primary care. 3. IPC Board Assurance Framework completed and regularly updated by providers 4. Funding secured for a hydration project supporting care homes initially with plans in place for furthering support to social care	1. Development of an approach to post infection review processes across health and care to aid in delivery of improvements in GNBSI 2. Planned refresh for CKW gram negative reduction in 2023			Static - 1 Archive(s)
2145	04/10/2022	Wakefield Urgent care alliance	Healthy standard of living for all	12	(I4xL3)	6	(I3xL2)	Simon Rowe	Simon Rowe	Melanie Brown	There is a risk of insufficient capacity in the Local Care Direct (LCD) - Out of Hours GP Services via the West Yorkshire Urgent Care (WYUC) contract due to increased referral activity and potential changes to referral pathways, resulting in poor outcomes and experience for patients and reduced quality of care.	Unplanned care programme reviews activity capacity across all system providers of urgent care Contract in place with LCD stipulates capacity requirement based on anticipated demand	None currently identified	Unplanned care alliance reviews capacity across the system. Assurance is received via minutes which are reported to WDHCP committee via Provider Collaborative. Ad hoc reports on identified risk areas to WDHCP Committee	Not reported	None currently identified			Static - 1 Archive(s)
2142	04/10/2022	Wakefield Integrated Assurance Committee	Healthy standard of living for all	12	(I4xL3)	4	(I4xL1)	Michelle Whitehead	Karen Parkin	Karen Parkin	There is a risk that the national capital regime and arrangements for the allocation of funding will mean there is insufficient resource within Wakefield place to support necessary service transformations.	tbc	tbc	tbc	tbc	tbc			Static - 1 Archive(s)
2134	04/10/2022	WDHCP	Healthy standard of living for all	12	(I4xL3)	4	(I4xL1)	Jeremy Wainman	Michele Ezro	Melanie Brown	There is a risk that older people with mental health problems do not receive optimum care due to the current configuration of inpatient services, resulting in extended length of stay and poorer outcomes	Mental Health Alliance is leading a programme of work to review configuration of older people's inpatient mental health services	Preferred option not yet confirmed Capital, revenue and workforce solutions to be developed Public engagement, equality impact assessment and formal consultation required	Report on progress to Mental Health Alliance Mental Health Alliance reports to WDHCP committee Clinical Senate review of potential solutions Business case presented to WDHCP committee (due Spring 2023) for approval Progress reports on development of new service model to WDHCP committee (frequency) Audit of impact of changes in terms of quality of care, outcomes and experience OSC review of	Reports to Mental Health Alliance - included in minutes which are reported to WDHCP Committee	WDHCP Assurance committee has not yet received assurance on progress to address this issue			Decreasing
2128	04/10/2022	WDHCP	Giving every child the best start in life	12	(I3xL4)	2	(I1xL2)	Joanne Rooney	Jenny Lingrell	Melanie Brown	There is a risk of children and young people aged 0-19 year waiting up to 52 weeks for autism assessment due to availability of workforce to manage the volume of referrals	ICB maintaining support to the 2nd element of the pathway for 3 months (with private psychology support). Survey of parents to understand the reason a diagnosis is sought Further engagement with parents/carers and other stakeholders Scoping work with clinicians to assess private providers to support possible short term intervention. Business case for additional investment to be considered once above actions are.	Business case to be completed Service model and alternative pathways not yet in place	What reports are provided to the WDHCP to confirm the actions being taken and the effectiveness of the action Has any external assurance been commissioned - eg: audit reports, Have CQC or OSC reviews provided any additional assurance	What reports have been presented, where and when Has there been any external assurance eg: audit reports, CQC, OSC and how has the WDHCP committee been made aware of those	WDHCP has not yet received a report confirming that actions put in place are reducing the waiting list/time			Static - 1 Archive(s)

2207	03/01/2023	Wakefield Urgent care alliance	Healthy standard of living for all	9	(I3xL3)	6	(I3xL2)	Christopher Skelton	Christopher Skelton	Melanie Brown	There is a risk that public health and health and care providers will not be able to respond in a timely way to address health needs of asylum seekers due to not being given sufficient notice by the Home Office of people being moved into temporary accommodation in the district.	We have worked with practices to allocate and register patients. We have also worked with practices in carrying out initial health checks and catch up immunisations. We are in the process of obtaining specialist service support to provide wrap around provision to support General Practice in the delivery of healthcare. We are having regular migrant health meetings with partners including Public Health, Council Colleagues, General Practice etc. We are also working with the hotel and service users on how the NHS works and healthcare pathways such as 111. And will engage with VCS organisations to support clear and timely pathways into healthcare which are appropriate. Commissioning arrangements in process of being finalised to support dedicated capacity and clarity on the role of general practice.	None currently	The actions are effective in providing Primary Care to the service users and reducing the burden on service users attending A&E. We are also aiming to vaccinate service users with catch up immunisations to reduce the risk of infectious diseases Regular operational meetings around Castleford Hotel will allow better planning as the hotel becomes established. No further outbreaks or incidents	None provided currently.	Formal reporting arrangements to ICB to be confirmed .			Static - 1 Archive(s)
2146	04/10/2022	Wakefield Mental Health Alliance	Healthy standard of living for all	9	(I3xL3)	4	(I2xL2)	Jeremy Wainman	Michele Ezro	Melanie Brown	There is a risk that demand for adult ADHD assessment exceeds capacity due to increased referrals, resulting in more people exercising Choice and seeking private assessment which presents a financial risk.	Developing a business case to propose a alternative to private assessment	Business case to be considered in March 2023 at appropriate place meetings	Business case captured in forward plans of place meetings	Business case is underdevelopment, scheduled into meetings	Local place committees haven't yet considered the solutions proposed as planned in March 2023			Static - 1 Archive(s)
2138	04/10/2022	Wakefield Connecting Care Alliance	Healthy standard of living for all	9	(I3xL3)	3	(I3xL1)	Melanie Brown	Melanie Brown	Melanie Brown	There is a risk to quality, safety and experience in the independent care sector due to the requirement to manage people with increased complexity, rising costs and workforce supply challenges, resulting in insufficient capacity and delayed discharges.	Adult social care strategy Quality monitoring arrangements in adult social care Safety visits QIG experience of care reports	none identified	Quality and experience reports to Integrated Assurance Committee and WDHCP Committee	Quality and Experience reports to IAC and WDHCP Committee New frameworks have been contracted with domiciliary care sector in Q3 of 2022/23 which has reduced the waiting list for packages of care and increased the capacity of this sector to respond to demand for care at home. This has significantly reduced the numbers of hours of care awaiting allocation. The LA has agreed 2023/24 contractual uplifts with independent sector which is one mitigation of this risk. Adult Social Care Discharge funding is being utilised to support our system with commissioning of 25 care home sector beds to support our residents. EOI went out to all care home providers and by having this scheme available all year this provides 5 care homes in Wakefield with the opportunity to stabilise the workforce needed to deliver this service and also generates income for 5 care homes during 2022/23. Financial resources have been allocated to both care home and domiciliary care providers in March 2023 to support the sector with rising costs this was non recurrent and has been funded from 2022-23 ASC Discharge Funding	none identified			Decreasing
2136	04/10/2022	WDHCP	Prevention of ill health	9	(I3xL3)	3	(I3xL1)	Karen Charlton	Penny Woodhead	Penny Woodhead	Risk of safeguarding incidents due to poor system working, volume of cases and capacity	tbc	tbc	tbc	tbc	tbc			Closed - After discussion with Penny Woodhead I am closing this risk as it appears to be an anomaly which neither of us put on the risk register
2135	04/10/2022	WDHCP	Giving every child the best start in life	9	(I3xL3)	3	(I3xL1)	Jenny Lingrell	Jenny Lingrell	Melanie Brown	There is a risk of delays for children and young people requiring access to CAMHS, including admission for Tier 4 beds due to increased referrals and CYP presenting in crisis, resulting in more children and young people being admitted inappropriately to acute wards or adult mental health beds and additional demands on ED.	1. SWYPFT are flexing their capacity from different elements of the whole service offer to support the increase in referrals. 2. a. Weekly ED Task and finish group - looking at alternatives to A&E and supporting A&E as needed. 2. b. CYP specific issues raised with CAMHS service manager and CYP Senior Commissioning manager at WCCG - separate workstream - no actions or timelines yet. 2. c. West Yorkshire wide Night OWLs service launched 5th July. Overnight support line for CYP and parents. 3. a. Support provided by CAMHS as in-reach to acute trust. 3. b. NHS E - aware of the issues and attempting to reopen beds. WCCG involved in ICS development/NHS E escalation.	tbc	tbc	tbc	tbc			Static - 1 Archive(s)
2140	04/10/2022	Wakefield Integrated Assurance Committee	Healthy standard of living for all	8	(I4xL2)	8	(I4xL2)	Melanie Brown	Melanie Brown	Melanie Brown	There is a risk that pressures caused by increased demand or reduced capacity in one part of the system has a negative impact on the ability of other parts of the system to provide high quality care.	Service design and capacity and demand planning is led by provider alliances and provider collaborative has oversight to mitigate the risks of pressure shifts Planned and unplanned care programmes review service design to make optimum use of capacity Tactical and operational meetings review utilisation of capacity across the system System discharge coordination arrangements in place Core leadership team assesses effectiveness of coordination arrangements Core leadership team has oversight of financial and workforce pressures Appointment of joint leadership role incorporating CCG Chief Officer and Adult Social Care DASS Integrated Care partnership board well embedded and developing. A formal Section 75 agreement in place Significant changes to the Council's Social Care workforce to respond to integrated working Third Sector, WDH, Public Health, Mental Health and CCG working towards joint outcomes" People plan	None identified	Performance reports to Integrated Assurance Committee include information on the impact of capacity gaps WDHCP receives reports on effectiveness of People Plan in addressing workforce capacity gaps	Tactical arrangements mobilised for winter 202/23 have closely managed this risk. Capacity funding and ASC Discharge funding in 2022/23 has supported partners across the system to effectively manage increased demand or reduced capacity in one part of the system has a negative impact on the ability of other parts of the system to provide high quality care. ICB resources and financial funding in March 2023 has supported Hospices in Wakefield. ASC discharge funding has provided some resources to independent sector to manage activity and VCS sector. ICB resources and financial funding allocated in March 2023 has supported sustainability of VCS in Wakefield.	Reporting cycle in development			Closed - Reached tolerance
2203	08/12/2022	Wakefield Connecting Care Alliance	Improve healthcare outcomes for residents	6	(I3xL2)	1	(I1xL1)	Christopher Skelton	Christopher Skelton	Melanie Brown	There is a risk that the GP workforce challenges across some GP Practices are not effectively managed which means that leads to demand across system partners and poor patient experience.	Comprehensive Engagement plan in place System support in place including engagement with UTC and additional capacity through PCN and GP Care Wakefield. Weekly ICB and Practice briefing. Regular touch points with the practice - positive recruitment plans in place.	Longer term workforce plan. Ongoing staff wellbeing and support.	Performance reporting Patient experience feedback Positive patient experience is being reporting. Activity levels are being met/managed by the practice. Evidence of positive morale within staff team.	GP Practice submitted detailed performance review and action plan. Updated action plan provided by Practice.	Evidence of patient satisfaction and appointment numbers.			Static - 1 Archive(s)
2155	11/10/2022	Wakefield Integrated Assurance Committee	Improve healthcare outcomes for residents	6	(I3xL2)	4	(I2xL2)	Victoria Holmes	Laura Elliott	Penny Woodhead	There is a risk to the delivery of primary medical services from a specific GP practice due to a failure to demonstrate improvements since March 2022 and evidence of further deterioration in quality and access identified which may result in further contractual action	* Practice remains under enhanced quality surveillance in line with the Wakefield General Practice Quality Assurance Framework. * Quality Risk meetings re-established in August 2022 - next meeting after CQC re-inspection * Independent review and audit to seek clarity and evidence around the quality concerns identified, September 2022 * A quality risk profile completed and shared with the practice. * Remedial notice issued 17 November 2022 in breach of Personal Medical Services Contract dated 1st April 2016 (approved by Core Leadership Team) * The practice is receiving additional support from the WY ICB Quality Support Manager * CQC not received any significant complaints or concerns recently * WY ICB team undertook Remedial notice assurance visit on 5 January 2023 with further visit planned for July 2023.	* CQC not been into practice since January 2022 when rated Requires Improvement - inspection planned for January 2023 has been postponed due to national pause on inspections during exceptional winter pressures * Remedial notice assurance visit identified some further areas for improvement * Routine visit with practice manager in February 2023 - limited progress on areas identified at remedial notice assurance visit. Encouraged to share with broader practice team for action.	* Oversight via Quality Risk Meeting with CQC and NHSE - reporting to Core Leadership Team and Primary Care Performance and Operational Group * Remedial notice assurance visit - 5 January 2023 * Improved CQC rating in early 2022 - practice no longer rated Inadequate or in special measures * Quarterly update reports to Integrated Assurance Committee	* Updates reported to Integrated Assurance committee via quarterly Quality report * Remedial notice assurance visit January 2023 - substantial evidence submitted by practice prior to visit indicating improvements; significant number of positive changes evidenced including clinical capacity, HR, clinical and administrative processes, clinical supervision, morale and culture, improved delegation and leadership by partners; End of Life processes and administrative management evidenced by marked reduction in coroner referrals.	* CQC inspection postponed - expected March/April 2023 * Remedial notice assurance visit in January 2023 - some further areas of improvement (Long term conditions management; Reliance on locums; Quality of clinical audit; Friends and Family Test submissions and use of information for improvement) * Routine visit with practice manager in February 2023 - limited progress on areas identified at remedial notice assurance visit. Encouraged to share with broader practice team for action.			Static - 1 Archive(s)

2133	04/10/2022	WDHCP	Healthy standard of living for all	8	(I3xL2)	4	(I2xL2)	Melanie Brown	Melanie Brown	Melanie Brown	There is a risk that national social care funding policy decisions on funding available for adult social care costs will lead to increased financial burden on social care and instability of providers resulting in insufficient resource to cover demand, placing pressure on other services	Joint strategic approach to understanding, supporting and developing the market. Contract monitoring, evaluation, quality support and due diligence processes in place. Care home provider failure protocol reviewed, closure protocols in place and used for the strategic response to social care provider failure. Support to providers during pandemic has increased stability Living wage uplift funded through highest possible fee uplift in 2022/23 Retention incentive paid to front line care workers Council paying a fuel supplement to domiciliary care providers, acknowledging the higher costs to this sector (to be paid to frontline carers	tbc	Provider collaborative receives reports on system effectiveness (minutes presented to WDHCP committee) New Adult Social Care Discharge Funding announced in November 2022 and also available for financial year 2023/24 to support discharge will provide funding for ASC support and other system discharge support	New frameworks have been contracted with domiciliary care sector in Q3 of 2022/23 which has reduced the waiting list for packages of care and increased the capacity of this sector to respond to demand for care at home. This has significantly reduced the numbers of hours of care awaiting allocation. The LA has agreed 2023/24 contractual uplifts with independent sector which is one mitigation of this risk. Adult Social Care Discharge funding is being utilised to support our system with commissioning of 25 care home sector beds to support our residents. EOI went out to all care home providers and by having this scheme available all year this provides 5 care homes in Wakefield with the opportunity to stabilise the workforce needed to deliver this service and also generates income for 5 care homes during 2022/23. Financial resources have been allocated to both care home and domiciliary care providers in March 2023 to support the sector with rising costs this was non recurrent and has been funded from 2022-23 ASC Discharge Funding	tbc			Decreasing
2144	04/10/2022	Wakefield Mental Health Alliance	Healthy standard of living for all	4	(I2xL2)	4	(I2xL2)	Sue Crossland	Judith Wild	Penny Woodhead	There is a risk of budgetary pressures due to rising cost of individual LD care packages, potentially resulting in inability to place people locally.	Assessment of care needs takes place within a recognised national framework for continuing healthcare Arrangements in place to share costs with local authority or transfer costs to other commissioners where appropriate On-going work with care providers to manage costs	None currently identified	None currently identified	Audit reports of compliance with national assessment framework Bench-marking of costs with other places Monitoring reports of numbers of people being transferred out of area and impact on people's experience	No assurance has been provided to committee on arrangements to mitigate this risk as yet			Closed - Reached tolerance
2181	27/10/2022	WDHCP	Giving every child the best start in life	3	(I3xL1)	2	(I2xL1)	Jackie Backhouse	Judith Wild	Penny Woodhead	There is a risk of delayed response to changes in healthcare needs or discharge from hospital for children requiring Continuing Healthcare packages due to MYHT not having capacity to provide Children's Continuing Healthcare packages under the Block Contract resulting in the additional costs to the ICB associated with commissioning of external providers.	Review of fitness for purpose of service provided by MY Children's continuing care team given their lack of capacity to deliver care (either short term to support discharges or long term as an in-house provision), their lack of support our children's continuing care cohort during Covid including the provision of PPE and additional support to those families shielding their child	tbc	tbc	tbc	tbc			Static - 1 Archive(s)
2185	11/11/2022	WDHCP	Improve healthcare outcomes for residents	2	(I1xL2)	12	(I4xL3)	Melanie Brown	Karen Parkin	Melanie Brown	There is a risk of increased demand for Integrated Community Equipment Services may lead due to current service model and workforce capacity issues to delays to delivery of equipment and impact on discharge delays. Activity demand for equipment would also increase costs of service leading to overspend in FY 2022/23	Commissioned Value Circle to review ICEs service model, final report to be shared at Connecting Care Executive. Financial budgetary oversight for the service being taken forward with task and finish group including NHS/LA finance leads and relevant Service leads and Directors. Report to go to Connecting Care Executive with recommendations.	None identified	Reporting of any Financial implications of ICEs service cost pressures to be reported at Integrated Assurance Committee. BCF plan requires reporting mechanisms of any amendments to BCF pooled budget to be formally reported to Connecting Care Executive.	Interim report from Value Circle shared at 9th August 2022 CCE meeting. Financial update on ICEs service shared at August CCE meeting. Agreed to establish a task and finish group to develop recommendations to manage potential overspend for the service Report to Connecting Care Executive in March 2023 outlines the mitigations that have been put in place, the new workforce structures for ICE service which will reduce agency staffing costs. The measures that have been put in place have managed this risk. ASC discharge funding has provided resources to fund increases in activity as discharges increase and has reduced the risk of increased demand not funded for Wakefield Integrated Community Equipment Services.	None Identifed			Closed - Reached tolerance

Risks Report Summary

CCG: WY ICB - Wakefield Place

Archive Deadline: 17/05/2023

New Risks: 0

Total Risks: 20

Old Risks: 20

Marked for Closure: 4

Mapping of risks – 1st risk cycle of 2023/24 (as at 4 May)

COMMON RISKS

System Flow / Capacity and Demand Risks

Place	Risk	I	L	Score	Common Risk
Kirklees (2055)	There is a risk of increasing pressure on specialist primary care medical services due to an anticipated increase in the numbers of asylum seekers to the region resulting in difficulty for primary care in meeting patient need and demand	3	3	9	Common risk re: impact from incoming refugees / asylum seekers
Kirklees (2054)	There is a risk of increasing pressure on general practice due to the number of people arriving on the refugees from Ukraine national schemes resulting in a deterioration in access to services	2	2	4	
Wakefield (2207)	There is a risk that public health and health and care providers will not be able to respond in a timely way to address health needs of asylum seekers due to not being given sufficient notice by the Home Office of people being moved into temporary accommodation in the district.	3	3	9	
Kirklees (2195)	There is a risk that the Kirklees Health & Social Care(H&SC) system organisations are unable to deliver comprehensive care. Due to multiple partners across the H&SC system declaring organisational OPEL 4 for sustained periods of time and pressure across the system partners continuing to escalate. Resulting in increased potential for patient care, safety and experience to be compromised.	3	3	9	Common risk re: impact across the system / OPEL 4
BDC (2222)	There is a risk of the entire urgent care system seeing an unprecedented demand which far exceeds capacity. This will drive demand towards ED resulting in overcrowding, increase in long waits to be seen and for admission resulting in poor performance e.g. ECS and 12 hour wait standards and it will negatively patient experience, safety and outcomes. There would be a further impact on general flow with side room availability being an issue. This would further negatively impact on ambulance handover times. The numbers of discharges and flow out of hospital would also be impacted. It would also be likely to impact workforce further reducing the system's ability to deal with the excess demand.	3	3	9	
Leeds (2019)	There is a risk of harm to patients in the Leeds system due to people spending too long in Emergency Departments (ED) due to high demand for ED, the numbers, acuity and length of stay of inpatients and the time spent by people in hospital beds with no reason to reside, resulting in poor patient quality and experience, failed constitutional targets and reputational risk.	4	5	20	
Wakefield (2135)	There is a risk of delays for children and young people requiring access to CAMHS, including admission for Tier 4 beds due to increased referrals and CYP presenting in crisis, resulting in more children and young people being admitted inappropriately to acute wards or adult mental health beds and additional demands on ED.	3	3	9	Common risk re: CAMHS

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

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

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

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

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

Calderdale (2162)	There is a risk that reduced access to elective care services in both the surgical and medical divisions at CHFT will result in; long waits, harm to patients, poor patient experience and non-delivery of patients' rights under the NHS Constitution	3	4	12	Constitutional standards
Calderdale (62)	That the system will return to the pre-C19 levels of demand and will not deliver the NHS Constitution 4-hour A&E target for the next quarter, due to pressures associated with; avoidable demand, implications of social distancing measures and capacity and flow out - resulting in harm to patients and patient experience being compromised.	4	3	12	
Leeds (2016)	As a result of the longer waits being faced by patients and limited capacity for treatments, there is a risk of harm, due to failure to successfully target patients at greatest risk of deterioration and irreversible harm, resulting in potentially increased morbidity, mortality and widening of health inequalities.	4	3	12	
Wakefield (2129)	There is a risk of delays in people accessing planned acute care due to demand and the continued impact of COVID, resulting in poor patient experience/outcomes and non-compliance with the constitutional standards for waiting times	4	5	20	
Kirklees (2069)	There is a risk that Kirklees Health and Care Partnership will fail to achieve both local and the national performance standards (set out in the NHS constitution), due to the impact of the national covid-19 pandemic, the increased demand on urgent and emergency services & the safe restart of elective activity, resulting in a negative provider performance, patient experience & outcomes.	1	4	4	
Kirklees (2049)	There is a risk that Kirklees and Wakefield place will fail to meet the required cancer standards for 62 day cancer waiting time targets due to operational performance and increased referrals for 2ww at Mid Yorkshire Hospitals NHS Trust (MYHT), resulting in an adverse impact on the quality of care and patient experience, and a failure to meet key national targets potentially resulting in reputational damage to the system and having a negative reputational impact on Kirklees and Wakefield places.	3	4	12	
BDC (2168)	SYSTEM PERFORMANCE AGAINST NATIONAL REQUIREMENTS There is a risk that poor performance against national requirements (key constitutional standards, operational planning targets and recovery) will impact upon our place based contribution to the annual ICB performance assessment. This may lead to both financial and reputational impact alongside reduced patient care.	3	5	15	
Wakefield (2146)	There is a risk that demand for adult ADHD assessment exceeds capacity due to increased referrals, resulting in more people exercising Choice and seeking private assessment which presents a financial risk.	3	3	9	
BDC (2227)	There is a risk of further deterioration for adults with ADHD waiting for assessment, diagnosis and immediate post-diagnostic support due to staffing levels, quality of referrals, excessive waiting times and a growing gap between capacity and demand for this service resulting in complaints from patients and referrers and scrutiny from council elected members. Inequitable access to services for those who do not exercise Right to Choose and request a referral to an independent sector provider.	3	4	12	Common risk re: adult ADHD assessment

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

ICB Workforce Risks

Place	Risk	I	L	Score	Proposed Action
Kirklees (2078)	There is an ongoing risk of a continual increase in overdue CHC/joint funding/FNC reviews due initially to business continuity arrangements during Q4 21/22 (when "low risk" reviewing activity was paused), but since, vacancies, recruitment challenges and sickness absence in the CHC clinical team, resulting in a poorer patient experience and a negative impact on the CHC activity and delivery. The number of overdue reviews continues to increase.	3	4	12	
Kirklees (2074)	There is the risk of delays to Continuing Care administration processes and workflows due to a staff shortage in the business support team, resulting in an impact to clinical workflows, the wellbeing of the team, patient experience and a potential impact to organisational reputation. It also has an impact on the financial position of the CHC team, with delays to invoices being paid and potential impact to NHSE mandated activity.	3	4	12	Common risk re: continuing healthcare workforce challenges
Calderdale (2092)	The Continuing Healthcare team is currently significantly short staffed with eight (8) live vacancies. This is at a time where the team is experiencing high volumes of complex case management and increased scrutiny and requests for information coming from NHSE. There is a risk with regard to the	3	3	9	

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

Infrastructure – digital / estates / non ICB workforce Risks

Place	Risk	I	L	Score	Proposed Action
Kirklees (2154)	There is a risk of a reduction of quality, safety and experience of women accessing maternity services, due to recruitment and retention challenges resulting in poor outcomes and experience	2	3	6	Common risk re: maternity services Also see corporate risk. A risk is also anticipated being added in Leeds
Calderdale (2156)	There is a risk of a reduction of quality, safety and experience of women accessing maternity services, due to recruitment and retention challenges resulting in poor outcomes and experience	2	3	6	
Wakefield (2128)	There is a risk of children and young people aged 0-19 year waiting up to 52 weeks for autism assessment due to availability of workforce to manage the volume of referrals	3	4	12	Common risk re: waits for CYP neurodiversity This has been flagged as potential area for a
Calderdale (1338)	There is a risk that children and young people (CYP) will be unable to access timely mental health services (in particular complex 'at risk' cases and Autism Spectrum Disorder/Attention Deficit Hypertension Disorder (ASD/DHD)). This is due to a) waiting times for ASD (approx. 14 months) b) lack of workforce locally and nationally to recruit into this service and c) appropriate services not being available for CYP as identified in SEND. Resulting in potential harm to patients and their families.	4	3	12	

Kirklees (2240)	There is a risk of children being unable to access a timely diagnostic service for neurodevelopmental conditions. This is due to increased demand for the service and the impact of the Covid 19 pandemic on provision of the service. At the end of Jan 23 the average waiting time for assessment was 68 weeks, with 1282 children waiting for assessment. resulting in delays to timely diagnosis, may also impact upon access to other support services across Health, Education and Social Care and reputational damage.	3	4	12	new risk on Corporate Risk Register
Leeds (2241)	There is a risk of increasing delay in accessing the neurodevelopmental pathway (CAMHS school age) due to a steady increase in the number of referrals and the backlog of referrals at MMSPA being cleared, resulting in deterioration of child social, emotional and mental health	3	4	12	
BDC (2039)	CHILD AUTISM and/or ADHD ASSESSMENT AND DIAGNOSIS There is a risk of further deterioration in the statutory duty service offer for children waiting for assessment, diagnosis and immediate post diagnostic support. This results in non-compliance with the NICS (non-mandatory) standard for first appointment by three months from referral which was highlighted as an area for a remedial Written Statement of Action in the Ofsted/CQC local area SEND inspection held in March 2022.	4	4	16	
Kirklees (2147)	There is a risk to the ability of care homes to be able to provide safe, high quality and person centred care due to staffing levels, high cost agency usage, increased costs of living and increased intensity of need of residents. This results on an increased requirement on the systems to provide intense responsive support to care homes, and risks care homes de-registering or closing due to financial unsustainability.	3	3	9	Common risk re: care homes staffing
Calderdale (2149)	There is a risk to the ability of care homes to be able to provide a safe, high quality, person centered quality lifestyle due to staffing capacity and gaps in knowledge resulting in poor quality care and experience.	3	3	9	
Wakefield (2138)	There is a risk to quality, safety and experience in the independent care sector due to the requirement to manage people with increased complexity, rising costs and workforce supply challenges, resulting in insufficient capacity and delayed discharges.	3	3	9	
Wakefield (2203)	There is a risk that the GP workforce challenges across some GP Practices are not effectively managed which means that leads to demand across system partners and poor patient experience.	3	2	6	Common risk re: general practice workforce
Leeds (2008)	There is a risk of an inability to attract, develop and retain people to work in general practice roles due to local and national workforce shortages resulting in the quality of and access to general practice services in Leeds is compromised.	3	3	9	
Calderdale (1434)	There is a risk that the quality of and access to commissioned primary medical services in Calderdale is compromised due to local and national workforce shortages, resulting in the inability to attract, develop and retain people to work in general practice roles.	4	2	8	

Calderdale (1629)	There is a risk that the additional roles being introduced within General Practice will not be utilised to their maximum benefit, will compromise the safe delivery of care and intervention for patients and be asked to practise outside of their scope of competency, due to limited professional and clinical experience in general practice of these roles resulting in the potential for harm to patients, poor retention and recruitment rates and a lost opportunity for general practice to maximise the roles and support the GP workforce effectively.	4	2	8	

Quality and Safety Risks

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

Finance and Contracting Risks

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

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

System Flow / Capacity and Demand Risks

Place	Risk	I	L	Score	Proposed Action
Wakefield (2145)	There is a risk of insufficient capacity in the Local Care Direct (LCD) - Out of Hours GP Services via the West Yorkshire Urgent Care (WYUC) contract due to increased referral activity and potential changes to referral pathways, resulting in poor outcomes and experience for patients and reduced quality of care.	4	3	12	This is under discussion as to whether should remain as 'common' risk, or be moved to corporate risk register.
Kirklees (2083)	There is a risk to patient safety, experience, the quality of care delivered by Local Care Direct (LCD) - Out of Hours GP Services via the West Yorkshire Urgent Care (WYUC) contract due to increased demand for the service.	3	3	9	
Calderdale (1361)	There is a risk to patient safety, experience, the quality of care delivered by Local Care Direct (LCD) - the provider of Out of Hours GP Services via the West Yorkshire Urgent Care (WYUC) contract due to increasing demand for the service.	4	3	12	

Infrastructure – digital / estates / non ICB workforce Risks

Place	Risk	I	L	Score	Proposed Action
Leeds (2007)	There is a risk of an uncoordinated / ineffective response due to a business continuity event resulting in interruption or loss of service.	3	2	6	This has been agreed for transfer to the Corporate Risk Register during the previous cycle. See risk 2295 on corporate risk register

Quality and Safety Risks

Place	Risk	I	L	Score	Proposed Action
Kirklees (2091)	There is a risk that when the new Liberty Protection Safeguard (LPS) legislation is implemented, there will not be the necessary resources and processes in place to fulfil the new responsibilities of the WYICB across Kirklees Health and Care Partnership (KHCP), CHFT, MYHT and SWYFT as "Responsible	3	3	9	This was flagged in the previous cycle for

	Bodies" as a result of uncertainty as to the numbers of people who will be within scope of what constitutes a Deprivation of Liberty and need to be subject to the LPS, resulting in people who are Continuing Healthcare (CHC) funded or residing in a hospital are of deprived of their liberty without the required legal authorisation safeguards. This will result potentially in both financial and reputational damage to the WYICB KHCP and NHS trusts.				possible move to the corporate risk register, as not place specific. Following discussion at Quality Committee, it has been confirmed that this no longer remains a risk and can be closed.
Calderdale (1492)	There remains a risk that when the new Liberty Protection Safeguard (LPS) legislation is implemented, there will not be the necessary resources and processes in place to fulfil the new responsibilities of the WYICB across Calderdale Cares Partnership (CCP), CHFT and SWYFT as "Responsible Bodies" as a result of uncertainty as to the numbers of people who will be within scope of what constitutes a Deprivation of Liberty and need to be subject to the LPS, resulting in people who are Continuing Healthcare (CHC) funded or residing in a hospital are of deprived of their liberty without the required legal authorisation safeguards. T This will result potentially in both financial and reputational damage to the WYICB Calderdale Cares Partnership (CCP) and NHS trusts. .	3	3	9	
Leeds (2025)	There is a risk that when the new Liberty Protection Safeguard (LPS) Framework is implemented as per MCA Amendment Act 2019 there will not be the necessary resources and processes in place to fulfil the new ICB statutory responsibilities due to the legally contentious interpretation of what constitutes a dol in the draft MCA Code of practice which is at odds with current law. This has led to uncertainty as to the numbers of people who will be within scope of what constitutes a Deprivation of Liberty and need to be subject to the LPS making it challenging to accurately estimate and plan for the resources that will be needed for LPS prior to the publication of the final MCA Code of practice, impact assessment and its regulations. This will potentially result in unlawful deprivations of liberty and breach of human rights for those who meet the criteria for deprivation of liberty and receive Continuing Health Care, resulting additionally in both financial and reputational damage to the ICB.	3	3	9	
BDC (2047)	DOLS in PCD FUNDED CASES Risk of legal challenge against the HCP and potential harm to patients due to unauthorised Deprivation of Liberty (DoL) in PCD funded community cases resulting in reputational and financial damage. Where people are deprived of their liberty in their own homes as a result of PCD funded packages of care, the CCG is responsible for seeking authorisation from the court, however the court has a large backlog and these cases are outside the scope of the existing Deprivation of Liberty Safeguards (DoLS). This is a nationally recognised problem and Local Authorities and HCPs across the country are taking a risk management approach to prioritise only the most contested cases. The planned Liberty Protection Safeguards (LPS) aim to provide a statutory process for CCGs to authorise CHC funded cases, without the need for court proceedings, however there have been repeated delays to publication and implementation of the LPS scheme.	3	3	9	

Kirklees (2246)	There is a risk to delivery of implementation of the Patient Safety Incident Response framework (PSIRF) due to capacity to train and release staff across the system to investigate patient safety incidents to fulfil the requirements of the framework, resulting in not meeting NHSE mandatory timeframes.	2	4	8	Possible corporate risk re PSIRF as not Place specific
Calderdale (2335)	There is a risk to delivery of implementation of the Patient Safety Incident Response framework (PSIRF) due to capacity to train and release staff across the system to investigate, review and fulfil the requirements of the framework.	2	4	8	

Finance and Contracting

Place	Risk	I	L	Score	Proposed Action
BDC (2220)	There is a risk of increased prescribing costs due to inflation and supply disruption resulting in financial strain on the primary care prescribing budget.	4	4	16	Common risk re: prescribing costs
Leeds (2158)	There is a risk of increased prescribing costs due to inflation and supply disruption resulting in financial strain on the primary care prescribing budget.	4	3	12	
Calderdale (2126)	The risk is that WYICB-Calderdale Place will fail to deliver our 2022/23 planned deficit of £0.2m for the year. This is due to 22/23 financial plan submitted to the WYICB including a number of pressures/risks which have been articulated in the plan approval process.. These risks include activity pressures on independent sector acute contracts, **prescribing** and under-delivery of QIPP. The QIPP challenge for 22/23 is significant at £4.5m. The result of failure to deliver the plan in Calderdale will be a risk to the overall WYICB achievement of its financial plan and financial statutory duties.	4	2	8	

Wakefield District Health & Care Partnership - Minutes

Wakefield Provider Collaborative

Tuesday 7 March 2023, 2.00pm – 5.00pm, MS Teams

Present

Name	Representing
Colin Speers	Chair
Peta Stross	Director of Integrated Health & Care Operations and Quality
Michele Ezro	Mental Health Alliance
Sarah Roxby	Housing and Health Partnerships Chair
Lisa Willcox	Chair of Learning Disability Alliance
Amanda Miller	South West Yorkshire Partnership Trust
Steve Knight	Conexus Health Care
Karen Parkin	Representing Finance and Contracting
Maddy Sutcliffe	Third Sector Strategy Group
Nichola Esmond	Service Director Adult's Social Care
Jenny Lingrell	Service Director, Children's Health and Wellbeing
Matt England	Planned Care Alliance representative
Becky Barwick	Associate Director of Partnerships and System Development
Kerry Stott	Representing IUC Board
Joanne Lancaster	Governance Manager – WDHCP (minutes)
Michala James	Senior Manager - Partnerships and System Development
Linda Harris	Joint SRO Workforce
Pravin Jayakumar	Connecting Care Alliance representative
James Brownjohn	Programme Manager Planned Care – Mid Yorkshire
Tilly Poole	Programme Lead for Community Transformation

Apologies

Name	Organisation
Jo Webster	Wakefield Place Director
Mel Brown	Representing Wakefield Place Director – Deputy Chair
Abdul Mustafa	PCN Representative
Stephen Turnbull	Consultant – Public Health
Shakeel Sarwar	PCN Representative
Phillip Marshall	Joint SRO Workforce
Emma Hall	Chief Officer of Planning and Partnership

Administration

Agenda No	Minutes
1	**Welcome and apologies** CS welcomed everyone to the meeting and apologies were noted as above.
2	**Declarations of Interest** There were no declarations of interests.
3	**Approval of minutes from the last meeting** The minutes of the meeting of 1 February 2023 were agreed as a true and fair representation of the meeting.
4	**Action log from the last meeting** Michala James talked through the action log from the previous meeting. Action 19 – Work was ongoing – Joanne Lancaster had sent forms and the majority had been completed and returned. Agreed for action to be closed. Action 35 – Becky Barwick was working on a plan for future development sessions and this would include some joint sessions with the Provider Collaborative. BB advised that the WDHCP development session last week had been widened and some on this group attended. The Chair of the committee was keen to do future development sessions together. This action could be closed. MJ ran through the remaining actions which had all been closed.
5	**Monthly Alliance Spotlight – Children's Programme** Jenny Lingrell presented this item. JL advised that there was a lot of focus on children at the moment at various committees and forums; the presentation today therefore tried to focus on transformation and potential connectivity with other programmes and alliances. JL shared the context for the presentation and referred to the Model of Care which had been shared at the WDHCP the previous week; mapping out the world of children and young people into the model of population wide, neighbourhood, short term escalation, intensive urgent work and hospital admissions and care settings. The work being about getting the right outcomes for children and young people (C&YP) allowing then to thrive whilst also balancing this with demand management and protecting resources.

Agenda No	Minutes
	JL advised that there were some green shoots within Children's Social Care in terms of demand management which indicated that the work done putting extra resources into the early help category and setting up Family Hubs was now beginning to be reflected within the data in terms of social care referrals; this was still high from a national point of view but lower than our statistical neighbour and an overall decrease for Wakefield. A new provider had been commissioned to deliver the Healthy Child Programme; the Harrogate & District Foundation Trust who had a number of contracts in the north and were very experienced providers with lots of good practice to learn from. The provision was outlined with an overall theme of seamless service delivery to ensure the most appropriate care for a child or young person. New government guidance relating to school attendance had been published emphasising the importance of improving school attendance including the role of health partners in supporting this. There was a corelation between poor/persistent non-attendance at school and children with a child protection plan; this highlighted some of the many layers leading to health inequalities. JL referred to the newly established Integrated Education Partnership in Wakefield which would be focusing on the importance of good school attendance; it was recognised that wider system engagement was needed as poor attendance was often the result of wider health and social determinants. Discussion took place relating to home educated children, safeguarding, life chances and outcomes. It was noted that the work programmes of the Children Alliance did consider home-schooled children within their pathways. It was noted that demand for C&YP mental wellbeing had increased; over the last 12 month period the expected contacts for the SPA service had been 3400 and the actual demand was 3931. JL outlined the Wakefield emotional and mental wellbeing offer for C&YP explaining that there were a number of support and advice pathways for C&YP to get help. The CAMHS service should only be used by those C&YP who are were unwell and required treatment. JL referred to the Future in Mind Mental Health Support teams which provided a host of support to C&YP and schools promoting positive emotional wellbeing, whole school approach interventions and targeted interventions. The new Compass Emotional Wellbeing Service would work closely with the Future in Mind offer offering short term support to those within the community including a texting

Agenda No	Minutes
	helpline service. More communications would be sent about this service following a period of them settling into the contract. A new Children's Residential Model had been developed and had been codesigned between health and social care. The Croft was a new residential offering with place for 2 children with complex emotional wellbeing needs; these children previously would have had to have an out of area placement. The Family Hub Network was explained with the importance of health providers and the VCSE sector in this work. JL referenced a Grant Award programme that requested bids for grants to deliver services in communities; these were due to be evaluated on 16 March. The Wakefield Speech, Language and Communication Strategy was outlined with an emphasis on how everyone couldn have a responsibility regarding this and the importance of development of communications skills. Paediatric demand for unplanned care was still an issue within Wakefield with a number of workstreams designed to close the gap on this demand. Communications focused on promoting the West Yorkshire Healthier Together website and an observation hub to see if there was a different way to meet those children's needs rather than attendance at hospital. In terms of Special Educational Needs Disabilities (SEND) there was pressure in the system with an increase in requests for an Education, Health and Care Plan (EHCP); with some children not getting the right support. It was likely a SEND joint inspection would take place shortly with CQC and Ofsted and they would be looking at what the Children Alliance was doing to make a difference and to be able to demonstrate that impact. It was also likely the inspection would look at the Autism Diagnostic Pathway. JL outlined what the Provider Collaborative could do to assist and support the vital work within children's services. PS and LH would welcome discussions outside of the meeting with JL to discuss various work programmes and a shared understanding. **It was RESOLVED that:** **The Provider Collaborative noted the contents of the presentation.**
6	**Escalations from alliances / programmes** • **Mental Health Investment Standard Priorities 2023/24**

Agenda No	Minutes
	ME shared a presentation on the MH Investment Standard Priorities noting this was subject to it not being impacted by the financial challenges currently being faced within the system. ME outlined how the funding was allocated, priorities for the alliance and how these had been determined; explaining that the information within the presentation would go to the Mental Health Alliance on 15 March and the Wakefield District Health and Care Partnership on 23 March. **It was RESOLVED that:** **The Provider Collaborative noted the contents of the presentation for onward presentation at the Wakefield District Health and Care Partnership meeting on 23 March 2023.**
7	**Integrated Unplanned Care Business Case update** Kerry Stott (KS) attended presented this item The presentation provided assurance that the Urgent Treatment Centre business case was progressing, an update on the current position and the next steps. It was noted that a check and challenge event took place in November 2022 with a further virtual event in December 2022. Both events helped to inform and produce a variety of options for the proposed UTC model in both Wakefield and Kirklees. Key stakeholders had been asked to score each of the models presented based on an agreed set of criteria. The scores had been analysed and amalgamated to shortlist the preferred options. KS advised that as some of the options had scored closely a further piece of work, a feasibility exercise, would be commenced to help further understand the viability of those options. A timeline of the work was presented, with anticipated final decision by December although the timeline was still to be confirmed. PS was interested in the pathway and the flow and whether there was any other innovative solutions rather than a solution that may involve capital expenditure. CS explained the background to the business case including the current central provision and future agreed diagnostic centre within Wakefield centre. **It was RESOLVED that:** The Provider Collaborative noted the update.

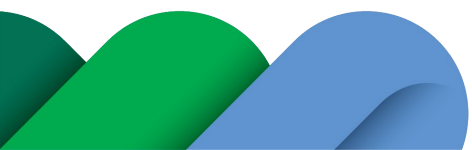
Agenda No	Minutes
8	**Power BI: Population Health Tool** Natalie Tolson (NT) and Paul Jaques (PJa) attended for this item It was noted that the majority of colleagues on the meeting had seen the presentation in other forums. NT explained that the data model had been being worked on for two years, in 2020 a data warehouse platform was built which allowed all the datasets to flow into the warehouse and linked together with a common identifier. Social care and medicines data sets would be coming online in the next few months. It was noted that the Primary Care data engine, extracted data monthly directly from clinical GP systems. NT outlined key milestones including access through Power BI, partnership working across the system, completed the information governance and data sharing agreements. NT ran through the linked urgent care data with a case study which allowed a deeper understanding of how patients were accessing and presenting at different parts of the system. NT highlighted some of the population segmentation work including early development of an exploratory insight tool which derived things such as long-term conditions and other lifestyles factors, such as obesity and smoking, impacting on a person's likelihood of accessing health and care services. PJa added that the BI tool would fundamentally change how analytics could be done in the future and drive forward priorities. NT gave a demonstration of the Power BI model and its capabilities; the tool was flexible with additional information still being added to it. There was also the facility to use a map view to determine which communities within the district had people with long term conditions and co-morbidities. It was noted that there were other data sets such as social care being added and the opportunity to put in other datasets such as SEND and other C&YP local authority data although there were some governance arrangements to go through before it came on board. This would provide a much wider picture of the district. In response to a question from PJ, NT advised that it was recognised that additional resource was required and this was wrapped up as part of a business case, in addition an analyst role was out for advert and the teams across the district were looking at how they worked together to drive this forward.

Agenda No	Minutes
	PJa described some of the future plans for the tool including household analysis , frailty management and risk of admission, intervention evaluation and predictive analysis. He went on to describe the next steps which included lunch and learn events, Insight magazine, further developing the tool, introduction of social care data and further partnership working with BI teams across the system. NT explained that currently the tool was restricted to NHS users and individual organisations would need to buy the licenses for Power BI. Work was on-going to explore how non-NHS organisations could access this. CS expressed his thanks to the teams that had develped this tool in terms of governance around it and the technical expertise to develop it. JB suggested a workshops for programmes to determine suitable metrics etc to inform the programmes work. KP advised that a strategic group was being established to oversee requests into the BI team so there was a planned approach to datasets. **It was RESOLVED that:** • The Provider Collaborative noted the contents of the presentation.
9	**Partnership Outcomes Framework** Becky Berwick (BB), Natalie Tolson (NT) and Paul Jaques (PJa) presented this item BB advised that the purpose of the presentation was so that colleagues were aware of the structure taking place around the place plan, the model which had been developed and what the specific asks were for programme and alliance leads. BB outlined the Health and Wellbeing Strategy priorities and the strategic objectives. She provided an overview of the contents of the place plan. BB shared some proposed priority themes which could be used to funnel everything to ensure that the partnership was focused in the right direction to deliver the local vision. The emerging model for supporting people in our communities was presented; it was noted that there were some tweaks that were needed. The model was a way of looking at the health and care needs of the population not by service or sector but by need. BB explained that moving through the blocks from left to right represented the increasing complexity and intensity of needs. The model intended the 'left-shift' in terms of resources/investment used.

Agenda No	Minutes
	BB asked whether this could be a central model for the delivery of the WDHCP vision. An Outcomes Framework would provide an overview of this work with metrics for strategic, priority themes and by programme. This would enable colleagues across the partnership to see how their work was contributing to delivering the vision for Wakefield place. NT explained that some discussions had taken place to establish what the outcomes framework would look like and some proposed options developed: traditional performance metrics; in-depth focus on ill-health prevention; patient focused outcomes. The patient focused outcomes would be the preferred option with work needing to take place around what those outcome metrics might look like. PJa referred to JB previous suggestion around workshops to explore this further might be the best way forward. Discussion took place in relation to the outcomes framework with a combination of both inputs and outcomes seeming preferable to the group. The Family Hub outcomes framework with the government asks in terms of management information was referenced and PJa had had sight and feedback would be sent back. CS thanked the team for their item. **It was RESOLVED that:** **The Provider Collaborative noted the contents of the presentation.**
10	**Independent Sector Providers** Simon Rowe (SR) attended for this item. SR introduced the item explaining that the paper was meant as a discussion document around independent providers and how we could work in a collaborative way to align services capacities for elective care recovery and to identify the potential for any harm or inconvenience to patients when their planned care was being transferred from MYHT to the independent sector. CS commented that for general practice there was a lack of clarity in terms of quality and contract monitoring of the independent provider services and issues arising from inter-provider transfers with a way of these being addressed in a collaborative way. Discussion took place in relation to the process for contract monitoring in terms of MYHT and the ICB. It was noted that the Planned Care Alliance were strengthening mutual accountability within their meetings by discussing performance across the

Agenda No	Minutes
	system. KP referred to activity planning which needed to be strengthened so that funding forecasts could be produced with a system discussion in relation to affordability. ME responded that forecasting and planning had improved but acknowledged that this could be improved further – discussions had taken place with SR and team. Discussion took place around pathways and whether it could be clearer from the beginning for the patient which provider would be dealing with their care. JB commented that referral demand probably needed a discussion with clearer information by who does what and when in terms of the pathways. It was recognised the valuable contribution made by the independent sector across the district and consideration to be given to how to bring them into the system on a more collaborative basis. **It was RESOLVED that:** **The Provider Collaborative discussed the issues within the report.**
11	**Overview of system pressures** It was noted that MB was not on the call as she had had to attend a West Yorkshire meeting. CS reported that winter pressures appeared to have eased but there were pressures in the system relating to industrial action and the forecast of snow for later this week. The junior doctor industrial action may result in an increase in 111 and GP demand. ME advised that SWYFT was at OPEL 4 and noted the impact this had caused in the system. AM added that working age adults ward was also on OPEL 4. There did seem to be some recovery and it was hoped to move back to OPEL 3 by the end of the week. **It was RESOLVED that:** **The Provider Collaborative noted the update.**
12	**Items for escalation to Wakefield District Health & Care Partnership Committee** There were no items to raise for escalation at the Wakefield District Health & Care Partnership Committee.
13	**Any other business** **Harmonisation of Commissioning Policies**

Agenda No	Minutes
	James Brownjohn presented this item JB explained this was from a Wakefield perspective, other colleagues were doing this for Kirklees (across MYHT footprint). The Commissioning policy defined the clinical criteria for treatment interventions including where an individual patient did not meet the full criteria for a treatment intervention and the process for an Individual Funding Request. The commissioning policy also included such things high-cost drugs, new drugs and restricted treatments etc. where a standardised process was required. Under the WY ICB these policies across WY would be harmonised. JB advised that a WY Commissioning Policy Harmonisation Group had been formed and consisted of Planned Care Leads from place commissioning teams. Policies across WY had been considered and cross-matched and a single draft updated policy version developed for WY. JB outlined several changes which the WY Commissioning Policy Harmonisation Group were considering which did not change what was already taking place in Wakefield. JB explained the next steps for places around considering any impacts and understanding any risks of the policy harmonisation work and consider any compromise which may be required. It was noted that the WY Commissioning Policy Harmonisation Group would reconvene in April. CS thanked JB for the update and noted some challenges in relation to medication for weight management. He noted that not all medication policies were there and JB explained that these were being dealt with through separate committees. KP referenced a particular weight management product and asked what was taking place to ensure the referral pathways were right for this. JB responded that there was a need to understand how to approach this from a pathway point of view and discussions were taking place in this regard. **It was RESOLVED that:** **The Provider Collaborative noted the update and contents of the presentation.** The meeting finished at 16.52 hours.
Date and time of next meeting: Tuesday, 18 April 2023, 14:00 – 17:00 (In person) – Development Session	



PEOPLE PANEL MEETING

Time/Date: 10:00 on Thursday 2 February 2023

Venue: Microsoft Teams

M I N U T E S

Attendees: Dasa Farmer (DF), Stephen Hardy (SH), Sandra Cheseldine (SC), Paulette Huntington (PH), Ruth Unwin (RU), Laura Elliott (LE), Lucy O'Lone (LOL), Janet Witty (JW), Mavis Harrison (MH), Joanne Lancaster (minute taker), Axsa Nazar (AN), Hilary Rowbottom (HR), Sarah Mackenzie-Cooper (SMC), Catherine Thompson (CT) (Item 5), Christine Hughes (CH) (Item 5), Becky Barwick (BB) (Item 6), Ella Murgatroyd (EM), Kerry Murphy (KM), Joe Nicholson (JN)
Apologies: Simon Green (SG), Gary Jevon (GJ)

	AGENDA ITEM	ACTIONS
1.	**Welcome and apologies**	
	SH welcomed everyone to the meeting. Apologies were noted as above.	
2.	**Declaration of interests**	
	There were no declarations of interest raised.	
3.	**Minutes and Action Log of meeting held on 15 December 2022**	
	The minutes of the meeting on 15 December 2022 were agreed as an accurate record. It was noted that all actions had been completed.	
4.	**Matters arising**	
	There were no matters arising.	
5.	**Harmonisation of Commissioning Policies across West Yorkshire** Catherine Thompson and Christine Hughes presented this item CT advised that clinicians and commissioning leads were working together, with input from services and programmes if appropriate, to identify where there was variation in commissioning across the five places. For each policy being reviewed, the outcome would be a proposal (or proposals) for what the single West Yorkshire policy could be. Proposals would be based on the latest available clinical evidence, data and national or NICE guidance.	

	At this time, 42 policies were being reviewed; of those, only 7 had some slight material differences. It was expected to have the policy reviews completed by May, if required public involvement on the proposals would take place from June to August (after the elections). Public involvement around some of the commissioning policies had already taken place across West Yorkshire and this would be included to further support the decision making. Prior to the public involvement, the plan was to issue some overarching, West Yorkshire information about harmonisation in general. This would explain to the public why the work was being undertaken and how it would result in single polices that would reduce variation across the area, and offer patients equitable access to appropriate, evidence-based healthcare treatments, interventions and medicines. CT outlined some of the variances that were in place and what was proposed to rectify these. For some of these there was no change for the people of Wakefield and for others there would be a slight change to what was in place currently. The information had been brought to People Panel specifically to talk through the engagement which would be in two stages pre and post the local election period. PH asked whether more funding was provided should something that currently wasn't prescribed started to be prescribed. CT clarified that would need to be accommodated within the current financial envelope and no additional funding would be provided; this was why harmonisation across West Yorkshire was important. SC asked whether Equality Impact Assessments had been undertaken and whether mitigations had been put in place for those adversely affected. SC further asked whether the IVF policy was being harmonised and in line with NICE guidance. CT confirmed that across West Yorkshire the IVF policy was harmonised. The policy was a number of years old and a review by the Yorkshire and Humber Group was due to be re-convened. In depths of Equality Impact Assessments these had been undertaken on all of the policies in batches. In terms of the specific policies mentioned these had been done with clinical groups and	

	shared with quality teams, a combined summary was due to go to the Quality Committee in March. There were no particular group adversely impacted by the proposals. SMC added that she had been involved in phases 1, 2 and 3. The three policies spoken about today there was the potential for impact for Black and Asian communities in terms of BMI and these would be fed into the decision makers to enable them to take a fully informed decision. **Action: It was agreed that CT would attend the People Panel again or the second phase of engagement.**	
6.	**West Yorkshire Integrated Care Board Joint Forward Plan and Local Delivery Plan including Draft Feedback from People Panel Working Group** Becky Barwick attending for this item. BB explained that the Wakefield District Health and Care Partnership delivery plan 2023-2026 described how the contribution to delivering the Wakefield District Health and Wellbeing Strategy, the West Yorkshire Integrated Care Board (WYICB) Strategy and Joint Forward Plan, and the 2023/24 NHS Operational Planning Guidance. The scope included the transformation of local health and care services, delegated ICB functions, addressing health inequalities and relevant system oversight metrics. A local development group had been established and draft strategic priorities had been developed. NHS West Yorkshire ICB is statutorily required to produce a Joint Forward Plan. The plan was being developed collaboratively and would incorporate the operational planning guidance requirements as well as plans to deliver the ICB's Integrated Care Strategy. DF advised that public consultation on the plan was open until Monday 20 February and was framed around three questions. The draft strategy and survey were available online. DF outlined that there had been extensive consultation on the Joint Forward Plan across different organisations and forums. DF reported that the People Panel Working Group had met at the end of January to formulate a draft response on behalf of the People Panel and this had been attached with the meeting papers for further feedback and comment from the wider group.	

	RB advised that the NHS Operational Planning Guidance 2023/24 priorities were organised into three broad themes: recovering core services and improving productivity; delivering the NHS long term plan and transforming the NHS; and local accountability and empowerment. SH advised the Panel that the overall consensus of the working group had been that the strategy was fine but lacked deliverables and targets, did not address the immediate concerns of the public such as waiting lists and access to primary care and that consultation on the document appeared dated and pre-pandemic. SC reiterated her view that the strategy was full of jargon and not relatable to the people of Wakefield although the sentiment behind it was fine. JW agreed with SC in terms of the jargon adding that the format also needed to be accessible and not just available online. She believed this excluded those who did not or could not access online facilities. MH agreed with both JW and SC adding that digital access was sometimes difficult for some older people. SCB advised that work was taking place across the ICB to ensure that documents were accessible and in different formats including easy read. BB and DF received the feedback and acknowledged the issues raised.	
7.	**Public Sector Equality Duty Report** Sarah McKenzie-Cooper presented this item. SMC apologised for not being able to send the report in advance of the meeting as it was still being finalised. She advised that this was the annual report which described equality, diversity and inclusion within Wakefield Place and health inequalities. She advised that West Yorkshire would be producing the at integrated report and Wakefield would be part of this. SMC provided some of the headline figures from the report which she would arrange to be sent to the People Panel so they could read this in detail should they wish to do so. The report covered profiles, equality objectives, involvement and engagement; it also had workforce at an ICB level. The report would be available in different formats.	

	Discussion took place in relation to the diversity of the People Panel which seemed to have been lost as it had transitioned into the People Panel. SCM advised she would extend the invite to the next meeting where she would do a presentation on the EDI Plan and hopefully this would reinvigorate and diversify the panel. DF recognised that the group did used to be more diverse, she assured the group thought that diverse voices were heard and consulted with through other mechanisms such as maternity voices, citizen panel etc. It was proposed that an EDS2 assessment take place on 16 March following the same format as previous years and would include colleagues from Mid Yorkshire Hospitals Trust.	

8. Experience of Care Network

Laura Elliott and Lucy O'Lone presented this item

LOL provided the overview of the presentation. She advised the key themes in quarter 3 had been added to the report as discussed at the previous meeting with the number of occurrences in the past 12 months and a RAG rating applied.

LOL outlined the 2021 Adult Inpatient Survey results which had been published by the CQC in September 2022. Mid Yorkshire Hospitals Trust (MYHT) had received a 32% response rate compared to 39% nationally. Of the 47 questions asked, 41 had been in the 'expected range', 4 in the 'somewhat worse than expected' and 2 in the 'worse than expected'. Overall patients rated MYHT an average of 7.8 out of 10 for their overall experience of care.

It was noted that there had been a positive walkabout to the Vaccination Centre at Queen Elizabeth House and positive walkabouts at Gate 23 and Gate 32 of MYHT with some challenges linked to staffing and development opportunities at Gate 32. There had been a number of patient safety walkabouts to independent providers in quarter 3, these were pre-arranged visits and not inspections to offer support as a 'critical friend'. 8 visits had taken place to primary care again these were pre-arranged and not inspections.

LOL advised that the National Quality Board had published its Experience of

	understanding of experience, and outlines key principles for delivering the best possible experience of care. The guidance had been co-produced with a range of stakeholders, including patients and carers. LE provided an overview on the Wakefield Experience of Care Network highlighting that the November meeting had been a celebration of success with show and tell from guest speakers. Key themes from the presentations on the day had included: the importance of co-production; trusted relationships; clarity of language; engaging with people who don't necessarily engage with services and may be under-represented, acting on what people tell us brings impact and the need to diversify ways to engage with people and to allow them to engage with us. SC asked whether some community services had been closed over the winter period and if so was this widespread over the district. LE responded that some elective care had been paused due to the extreme challenges over the Christmas and New Year period. RU added that they would look at the specific example SC had provided. SH asked if the Experience of Care Network was replicated across West Yorkshire. RU advised that work was taking place on sharing good practice within the West Yorkshire footprint. Discussion took place in relation to People Panel members joining for some of the quality visits and LE would give this consideration.	
9	**Update on current situation across health and social care** Ruth Unwin presented this item RU provided an update on the system pressures across the health and care system. There had been unprecedented demand over the Christmas and New Year period across the whole system including primary care, A&E, 111 and 999 services. GPs had been asked to consider all alternative pathways for patients during this period with various mitigations in place to support decision making. Reassuringly new guidance produced relating to Urgent Care was mostly already in place within Wakefield. Mid-Yorkshire Hospitals Trust (MYHT) did not call a critical incident during this period, mainly due to the purpose of declaring this meant mutual aid could be	

	requested from other Trusts, however, as demand was a regional and national challenge this would not have been feasible. It was accepted that most people who received care during this period did not have a good experience with long delays and extra patients on wards. It was noted that there was no RCN industrial action at MYHT. Industrial action had taken place at Yorkshire Ambulance Service (YAS) and there had been a reduction in calls to the service, meaning less people conveyed to hospital, although of those conveyed there was no reduction in admittance of these patients. The message being that the people who needed to get to hospital and be admitted did so. South West Yorkshire Foundation Trust (SWYFT) continued to see high demand with some patients having to be referred out of area. The system would reflect on this period and consider lessons to be learned and what worked well. Communications, both nationally, regionally and locally had played a significant part in letting people know of alternative services and managing expectations. RU advised that demand had decreased and the system was now emerging from this period.	
10.	**Any Other Business** DF advised that herself and PH had attended the Provider Collaborative meeting the previous day with a view to consider how involvement and engagement could be linked in to this group. PH added that there had been a lot of presentations on various projects/services and the question posed was how the People Panel voice was heard earlier in the process. Discussion took place in relation to whether there should be a People Panel representative on the Provider Collaborative group. It was noted that the Terms of Reference (ToR) for the group were being reviewed with a refocus on what the group would undertake. In the interim it was suggested that the People Panel offer for PH to attend pending the outcome of the ToR review. MH raised services being provided by contractors to the NHS. Discussion took place around quality of these services. It was confirmed that all contractors	

	came under the NHS Contract Framework and would have to adhere to standards outlined. GH referred to forums such as Transport and Disability Access which used to take place at NYHT where place visits had taken place with patients/carers etc and asked whether the intention was to bring these back. RU responded that the Travel and Transport group had been time limited and therefore would not have needed to continue. DF added that MYHT was reviewing the stakeholder group and equality and diversity group to see how they can improve involvement. DF would keep the People Panel updated. SH thanked everyone for their attendance and contributions to the meeting. The meeting finished at 12.16 hours.	
11.	**Date and time of next meeting** 16 March 2023	

Wakefield District Health & Care Partnership - Minutes

Integrated Assurance Committee

22 February 2023, 13.00 – 15.00, Microsoft Teams

Present

Name	Title, Organisation
Richard Hindley (Chair)	Non-Executive Member, Wakefield District Health and Care Partnership
Stephen Hardy	Non-Executive Member, Citizen Voice & Inclusion, Wakefield District Health & Care Partnership
Karen Parkin	Operational Director of Finance, Wakefield District Health & Care Partnership
Jo Webster	West Yorkshire Integrated Care Board Place Lead and Accountable of Officer for Wakefield District Health & Care Partnership
Ruth Unwin	Director of Strategy, Wakefield District Health & Care Partnership
Penny Woodhead	Director of Nursing and Quality, Kirklees, Calderdale and Wakefield Places
Dr Colin Speers	Chair of the Provider Collaborative, Wakefield District Health & Care Partnership
Jenny Lingrell	Service Director, Children's Health & Wellbeing, Wakefield Council
Clare Offer	Public Health Consultant, Wakefield Council
Melanie Brown	Director of System Reform and Integration & Deputy Place Lead, Wakefield District Health & Care Partnership

In attendance

Name	Title, Organisation
Laura Elliott	Head of Quality, Wakefield District Health & Care Partnership

Name	Title, Organisation
Joanne Lancaster (Minutes)	Governance Manager, Wakefield District Health & Care Partnership
Lucy O'Lone	Quality Coordinator, Wakefield District Health & Care Partnership
Natalie Tolson	Head of Business Intelligence, Wakefield District Health and Care Partnership
Gemma Gamble	Senior Strategy & Planning Manager, Wakefield District Health & Care Partnership
Simon Rowe	Head of Contracting, Wakefield District Health & Care Partnership - for item 6

Apologies

Name	Title, Organisation
Vicky Schofield	Director of Children's Services, Wakefield Council
Maddy Sutcliffe	Voluntary Community and Social Enterprise representative
Anna Hartley	Director of Public Health, Wakefield Council
Amy Whitaker	Chief Finance Officer at MYHT, Finance Lead for Wakefield Place
Darryl Thompson	Chief Nurse and Director of Quality and Professions, South West Yorkshire Foundation Trust
Dr Adam Shepperd	Chair of the System Professional Leadership Group, Wakefield District Health & Care Partnership

Administration Items

Agenda no	Minutes
1	**Welcome and apologies** The Chair welcomed everyone. Apologies were noted as above.
2	**Declarations of Interest** There were no declarations of interest.

Agenda no	Minutes
1	**Approval of minutes from the last meeting** The minutes of the meeting of 1 December 2022 were agreed as a true and accurate representation of the meeting.
2	**Action Log** It was noted the date against action 4 should be April 2023. Action 4 - PW provided an update in relation to this advising that discussions were taking place and a triangulated report would be brought to a future meeting. LE added that colleagues from the People Alliance would attend as they would lead this item with input from colleagues as appropriate. Action 7 – PW advised that this was an ongoing action with regular dialogue taking place with relevant colleagues to ensure consistency in reporting through these reporting arrangements.
3	**Matters arising** There were no matters arising.

Main Items

Agenda no	Minutes
4	**2022/23 Quarter 3 Quality, Safety and Experience report** Laura Elliott (LE) explained that the report presented information from various sources including regulators, commissioners, service providers and our population. LE advised that due to the timings of the meetings, some of the information in the report had been presented to the Wakefield District Health & Care Partnership Committee (WDHCP) meeting on 24 January 2023; the WDHCP had welcomed the information received in relation to the celebratory learning event for the Experience of Care Network. The report is summarised in an at a glance Assurance Wheel and includes: - Care Quality Commission (CQC) ratings published for local health and care services – noting the increase in adult social care services inspections published in Quarter 3; - Enhanced quality surveillance activity; - Quality visits to various services, and our expansion of visits to GP practices and independent sector providers; and - Summaries from our two learning networks LE highlighted the following areas to the Committee: - The Mid Yorkshire Hospitals Trust (MYHT) Board had considered the Reading the Signals report – the independent investigation into maternity

Agenda no	Minutes
	and neonatal services in East Kent and provided positive assurance at a Quality Seminar in early January 2023; and have now declared compliance against the ten standards within NHS Resolution's Maternity Incentive Scheme; - Support continued to be provided to Stuart Road Surgery, Pontefract following the contractual action taken in November. An in-depth visit was undertaken to the practice in January 2023 which provided substantial assurance and evidence of improvement. The re-inspection by the CQC has been postponed in line with the CQC's national response to severe system pressures in Quarter 4. - Working closely through integrated enhanced quality surveillance processes with three domiciliary care providers rated Inadequate by the CQC to ensure service users continue to receive timely and safe care - As agreed at the WDHCP Board last month the report included further detail related to the quality impacts of the significant operational challenges in urgent and emergency care services over winter and during periods of industrial action by the Yorkshire Ambulance Service and neighbouring healthcare providers. PW advised this latter summary had been collated from information available to the team; and confirmed that further information could be sourced if required. She added that to date all organisations had reported no discernible increase or changes to usual incident reporting patterns. However, further incidents might become apparent as investigations into individual incidents progressed. Discussion took place about access to GP appointments as a negative theme from experience of care feedback and CO suggested engaging with the Community Champions to update them on the range of work undertaken to improve access to GP practice appointments. Discussion took place in relation to face to face access in Wakefield which had increased and that provision was either by a GP or an appropriate team member of the GP practice. JW advised that the system would not have been able to meet the demand had models of delivery not been changed. MYHT was one of the busiest A&E departments in the country. She believed that engaging with communities through the Community Champions was a positive suggestion. **Action:** **LE and CS to liaise with CO in relation to attending a future Community Champion meeting**

Agenda no	Minutes
	JW suggested that in terms of people on waiting lists it would be useful for analysis to be undertaken to determine whether this cohort of people were accessing unplanned care (including mental health services) and A&E because of a deterioration in their condition, and where did they go to get their needs met. PW advised that she would discuss with the Business Intelligence team what information was available relating to people on waiting lists and subsequent related visits to any urgent or unplanned care services and A&E attendance although current data tools may not facilitate that level of detail. **Action:** **PW to speak with the Business Intelligence team to determine what data was available in relation to people on waiting lists, level of harm whilst on waiting lists and whether this cohort were accessing unplanned care and A&E as a result.** PW acknowledged the significant amount of information presented to the committee within the report and welcomed feedback from the group in relation to usefulness and content. JW asked for further information about Adult Social Care services to be included in future reports, particularly in relation to people's experience. LE noted that both that MYHT and South West Yorkshire Partnership Foundation Trust were refreshing and updating their respective Quality Strategies and the team had sight of the draft versions for comment. It will also be the final year for provider Quality Accounts in their current form and the team would provide commentary for these as in previous years. PW highlighted that Appendix 2 of the report is a summary of Wakefield place's contribution to compliance with an NHS England document about 'Quality Functions and Responsibilities of Integrated Care Boards (ICBs)'. **It was RESOLVED that:** · Noted the current place risks and assurances relating to quality, safety and experience; · Identify any further actions or assurance required; · Note the outcome of the review of national guidance on quality functions and responsibilities of ICBs.
5	**Performance and Activity Report** Natalie Tolson (NT) presented the report which was a combined performance and activity monitoring report providing an overview of Wakefield performance and activity against NHS constitutional standards, NHS Operating Plan, NHS Strategic Oversight

Agenda no	Minutes
	Framework, Better Care Fund and other local priority indicators. It was noted the report was to the end of December but where updates were available this would be highlighted. NT highlighted the following to the committee: · It was forecasted that the elected waiting list would be below 50,000 by the end of March 2023; · The number of patients on the 52 week waiting list had reduced to 883; · The number of 78 week breaches had increased to 68; · There were 9 over 104 week breaches although 8 had been investigated and the clock stopped, leaving 1 which was scheduled for next month. · Shared Referral Pathway – Dermatology, Neurology and Gastro would all benefit from access to advice and guidance that would both reduce and streamline referrals into the most appropriate pathways and support diagnostic tests being carried out pre-referral; · Continued use of the independent sector had been built into the planning submissions; · A&E attendance had stabilised following a sustained period of demand over the Christmas and New Year period when OPEL 4 had been declared; · Ambulance handover performance was adversely impacted during quarter 3 but had recovered quickly; the service was now achieving winter metrics in terms of hours lost; · 94% of patients remained at home up to 7 days following the intervention of the UCR team within Adult Community Services; · The Frailty and Respiratory Virtual Ward Teams had managed 130 patients against an estimated 109 within the programme trajectory; · % of mother smoking at the time of delivery had increased to 14.1% against a target of 6%; · The number of people with a learning disability receiving an annual health check was 39.4% for the latest period although it was anticipated the target would be reached by the end of quarter 4; · There had been improved performance in dementia diagnosis and peri-mental health services; · IAPT access had fallen. SH raised the issue of people on waiting lists and how these were managed through the system. Discussion took place in relation to this with JW referring to the pre-hab service which CO could provide information. PW added that it related to the previous conversation

Agenda no	Minutes
	at Item 4 and it would be useful to understand waiting lists for both planned and unplanned care. PW mentioned the Waiting Well initiative. PW would capture this information and bring back to a future meeting. **Action:** **Related to action at Item 4 – look at information pertaining to both planned and unplanned waiting in relation to patient safety and quality.** MB reflected on the operational pressures experienced during the festive period where elective surgery had been cancelled or postponed, adding that by 16 January there had been very few cancellations and where that had happened it had been in relation to something specific. The stand down of industrial action by the RCN had been welcomed. CS referred to technology and how this might assist with a better understanding of waiting list profiles. It was noted that provider organisations would have their own operational and assurance mechanisms for reviewing their own performance data. JW requested information relating to the number of GP referrals data. She referred to the no reason to reside data and the unknown categories which might mean this did not represent the true picture. **Action:** **NT to provide information relating to the number of GP referrals data**. PW referred to the smoking at delivery data and the work being developed to undertake a deep dive into this area including quality metrics; it would be useful to understand what work was being done in relation to this in the public health space. In terms of the learning disability health checks this did cause concern in terms of being undertaken in quarter 4 due to the pressure on primary care during this period. MB advised that it was expected that the target for the Learning Disability health checks would be achieved by the end of quarter 4. MB referred to the number of children and young people waiting an ASD assessment and a business case which had been developed to support this process; £200k had been released for this to support first appointments and ensure parents had received contact. There was also an Adult ADHD business case in development. JW referred to the business case and asked how these were prioritised in terms of principles for investment.

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	Action: **KP and MB to look at principles for investment for prioritisation of business cases**. NT presented the remainder of the report which related to activity and the increase in the number of children on the ASD waiting list had been noted. Day case activity was 91% and diagnostics 90%. **It was RESOLVED that**: · Discussed the report, providing any further feedback on the structure, content and direction of travel. · Noted the latest performance and those indicators where performance is below target and the associated exception reports where provided. · Discussed and agree any recommended actions for the Committee.
6	**Contract Monitoring Report** Simon Rowe presented the paper which described the forecast year-end position for 2022/23 and the expected position at the start of the 2023/24 financial year end in terms of contracts. It was noted that the West Yorkshire ICB (WYICB) had a single "contracts register", which was held on a cloud-based IT system. This served to list all the contracts held by the WYICB, with it being the responsibility of each Place-based team to update and maintain this. To aid this, the system was split into specific 'Divisions', with there being a Division for each Place and one for the WYICB's core programmes of work. SR highlighted that the team had managed in excess of 700 contracts which related to an additional 200 contracts the team had dealt with having had no increased capacity to accommodate this. The details for the increase were outlined in the report. SR highlighted that growth in spend with the independent sector. Due to a change in legislation it was noted that there would be pre-work undertaken on contracts to satisfy this legislation. SR referred to the growth in contracts had resulted in the team's capacity being used in issuing contracts and associated paperwork rather than managing contracts. JW responded that the Alliances had some responsibilities in terms of mutual accountability and an oversight on performance and risks rather than traditional contract monitoring meetings.

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	It was RESOLVED that: The Integrated Assurance Committee is asked to: · Note the forecast 22/23 year-end position. · Review and consider the identified factors for the increases in contracts · Support the outlined plan for 23/24. · Receive a further report in quarter 1 23/24 on the progress made to issue the required contracts.
7	**Wakefield Place Finance Report 2022-23 – Month 9** SP presented the paper which detailed the 2022-23 financial position for Wakefield Place for the nine-month period ending December 2022 (Month 9) for both NHS organisations and for Wakefield Council. Key messages were as follows: · The forecast positions for NHS organisations within Wakefield Place were in line with plan. Across the three organisations the forecast was a surplus of £3.7m. · Wakefield Council's Adults and Children's Social Care services were forecasting overspends and Public Health was forecasting breakeven. The key risks to delivering these forecast positions were included in the report. KP advised that at the end of month 9, no variance to plan was reported for Wakefield's forecast position. The forecast was for a surplus of £0.5m after receipt of retrospective allocation adjustment for Additional Roles Reimbursement Scheme (ARRS) of £1.2m. Within Wakefield's forecast position there were pressures and underspends within sectors that net to nil: · There was a significant pressure within prescribing of £4.1m linked to price concessions and implications of NICE guidance. This pressure was being experienced across all West Yorkshire Places. · There was an increase in IS elective services forecast, resulting in a £0.1m underspend against elective care budgets including ESRF. · Unmitigated potential risks escalated to central ICB, potentially £1m increased costs on IS elective services and £2m prescribing due to price concessions. The forecast positions of MYHT and SWYFT were noted. Discussion took place in relation to financial pressures for 2023/24 and the financial planning submission that had been submitted at West Yorkshire ICS level. It was noted that the full extent of allocation to Place was not yet known. There were challenges in relation to workforce, funding and efficiencies.

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	JW referred to the development session on 2 March where a detailed discussion around strategic priorities would be held. **It was RESOLVED that:** · Members noted the Month 9 financial positions for the Wakefield Place.
8	**BAF and Risk Register** RU presented the paper and explained that although the risk register was still a work in progress it was significantly strengthened with a better understanding relating to corporate, common and place risks. Work had been undertaken with colleagues across West Yorkshire to determine a risk flow through the various place committees and into West Yorkshire. The corporate register had been cleansed and duplication removed. In addition to the risk register, place colleagues also provided Escalation and AAA reports to the West Yorkshire ICB to provide more 'real time' assurance. There were currently 3 critical risks, 7 serious risks, 22 high risks and 4 moderate risks recorded on the corporate risk register. RU highlighted that there were currently 20 open risks on the Wakefield place risk register; this had reduced from 27. In terms of the Board Assurance Framework, a draft version had been populated and this could be circulated following this meeting. The BAF was at West Yorkshire level with each place describing its contributions to reducing and mitigating the strategic risks. RU advised that it was anticipated that the risk register would be discussed at CLT meetings to sense check and for oversight. **It was RESOLVED that**: · The committee noted the contents of the report.
9	**Matters to escalate to WDHCP** There were no items for escalation to WDHCP.
10	**Items for escalation to other sub-committees** There were no items for escalation to other sub-committees.

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11	**Any other business** There were no items under any other business.
12	**Reflections on the Committee** RH commented that there had been some really useful discussions which would feed into the development session the following week. He believed the IAC was now beginning to feel more established with the correct information and level of detail being presented.
13	**Date and time of next meeting**: The next meeting was scheduled for 25 April 2023, 3.00 – 5.00 pm