Humber and North Yorkshire
Health and Care Partnership

NHS
Humber and
North Yorkshire
Integrated Care Board (ICB)

NHS HUMBER AND NORTH YORKSHIRE
INTEGRATED CARE EXTRAORDINARY BOARD

WEDNESDAY 12TH OCTOBER 2022 AT 9.30 AM

AGENDA

Time	Item	Subject	Led By	Action Required	Paper
09.30	**1**	**Welcome and Introductions**	Chair	To Note	Verbal
09.31	**2**	**Apologies for Absence**	Chair	To Note	Verbal
09.35 – 09.39	**3**	**Declarations of Interest** *In relation to any item on the agenda of the meeting members are reminded of the need to declare:* (i) any interests which are relevant or material to the ICB; (ii) that nature of the interest declared (financial, professional, personal or indirect) (iii) any changes in interest previously declared	Chair	To Note	Verbal
09.39 – 09.40	**4**	**Notification of Any Other Business** *Any proposed item to be taken under Any Other Business must be raised and subsequently approved, at least 48 hours in advance of the meeting by the Chair.* *Any approved items of Any Other Business to be discussed at item 10.*	Chair	To Note	Verbal
Governance					
09.40 – 09.50	**5**	**Board Assurance Framework** To receive the Board Assurance Framework	Board Secretary	To Note	Verbal
Strategy					
09.50 – 10.20	**6**	**Chief Executive Update** To receive a briefing from the Chief Executive to include an update on Winter Planning	Chief Executive	To Note	Verbal
10.20 – 10.30	**7**	**Cost of Living** To receive an update that describes the actions agreed and messages communicated	Executive Director of Communications & Media	To Note	Verbal
10.30 – 10.40	**Break**				
Transformation					

Time	Item	Subject	Led By	Action Required	Paper
10.40 – 11.00	**8**	**Quality and Patient Safety** To receive an update and consider the system quality and patient safety issues	Executive Director of Nursing	To Note	Verbal
11.00 – 11.20	**9**	**Finance** To receive an update and consider the system financial position	Executive Director of Finance and Investment	To Note	Enclosed
11.20 – 11.40	**10**	**People** To receive an update on the development of the People 180-day Action Plan	Executive Director of People	To Note	Verbal
11.40 – 12.00	**11**	**ICB Operating Arrangements Place Partnerships and Sector Collaboratives** To receive an update on the development of the Place and Sector Collaborative operating arrangements	Chief Operating Officer	To Note	Enclosed
12.00 – 12.10	**Break**				
Strategy					
12.10 – 12.40	**12**	**Digital Strategy** To receive, consider and approve the Humber and North Yorkshire Digital Strategy	Executive Director of Clinical and Professional Services / Interim Chief Digital Information Officer	To Approve	Presentation
Development of the Integrated Care Board					
12.40 – 12.45	**13**	**Digital Committee Terms of Reference** To receive and approve the Terms of Reference for the Digital Committee	Executive Director of Clinical and Professional Services	To Approve	Enclosed
12.45 – 12.55	**14**	**Integrated Care Partnership Development** To receive an update on the development of the integrated care partnership	Executive Director of Corporate Affairs	To Note	Verbal
12.55- 13.00	**15**	**Board Assurance Framework Review**	Chair	To Note	Verbal
13.00- 13.05	**16**	**Any Other Business** To receive any business notified at the start of the meeting	Chair	To Note	Verbal

Time	Item	Subject	Led By	Action Required	Paper
	17	**Time and Date of Next meeting:** The next meeting will be on Wednesday 9th November 2022 at 09.30 am			
13.05	**18**	**Exclusion of the Public and the Press**	Chair	To Approve	Verbal
		The ICB Board is recommended to approve the following resolution: That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest Section 1(2) Public Bodies (Admission to Meetings) Act 1960.			

Humber and North Yorkshire Health and Care Partnership

NHS Humber and North Yorkshire Integrated Care Board (ICB)

Item 9

Report to:	Integrated Care Board
Date of Meeting:	12 October 2022
Subject:	**Month 5 Finance Report**
Director Sponsor:	Jane Hazelgrave
Author:	Jane Hazelgrave

STATUS OF THE REPORT: *(Please click on the appropriate box)*

Approve ☐ Discuss ☐ Assurance ☐ Information ☒ A Regulatory Requirement ☒

SUMMARY OF REPORT: (*A short summary of the key points set out within the report*)

This paper presents the financial position for the ICB and the ICS for the period to the end of August 2022 (Month 5). Given the ICB became a statutory body on 1 July 2022, the ICB position represents a combination of the CCG reported positions for Quarter 1, and the first two months of the new ICB body, to provide a full position for the financial year-to-date position and forecast.

Key messages are as follows:

H&NY ICS Integrated Care Board (ICB) revenue position

- At the end of Month 5, the ICB reported no variance to plan, both for the year-to-date position and the forecast.
- The ICB forecast is for a break-even position.

H&NY ICS Provider revenue positions year to date

- Across H&NY providers, there was a year-to-date deficit of £7.0m, against a planned surplus of £1.5m, resulting in an adverse variance of £8.5m.
- The forecast for the full year is a breakeven position. This is in line with plans submitted to NHS England.

Capital

- Total spend against operational capital to the end of August 2022 was £13.8m against a plan of £33.3m, resulting in a year-to-date underspend of £19.5m.
- There is a forecast overspend of £1.3m associated with a capitalised lease. The ICB are seeking clarification of the availability additional central resources to fund this issue.

ICB STRATEGIC OBJECTIVE (*please click on the boxes of the relevant strategic objective(s)*)	
Realising our vision	☒
Improving outcomes in population health and healthcare	☒
Supporting broader social and economic development	☒
Tackling inequalities in outcomes experience and access	☒
Delivering our operational plan 2022/23	☒
Developing our ICS	☒

IMPLICATIONS (*Please state N/A against any domain where none are identified*)	
Finance	Forecast spend within budgets demonstrates effective use of resources for our population.
Quality	Deploying our resources in a way that manages quality and safety risks and supports improvement.
HR	Resources are deployed to facilitate effective deployment of workforce to deliver our agreed priorities.
Legal / Regulatory	NHS ICBs expected to operate within financial envelope with no over-spend.
Data Protection / IG	N/A
Health inequality / equality	Allocation methodologies to support delivery of the ICS four aims and resource utilisation in a way that addresses equality, diversity and inclusion issues.
Conflict of Interest Aspects	N/A
Sustainability	Ensure that resources deployed in a way that promotes environmental sustainability. Capital spend subject to strict carbon footprint regulations.

ASSESSED RISK: (*Please summarise the key risks and their mitigations)*
Revenue overspends – each organisation is managing this risk in line with their internal financial governance systems and processes. Monthly reports are collated and reviewed by the ICB and reported through to NHS England. A detailed review of financial forecasts will be undertaken at the end of month 6 with appropriate mitigating action identified.

MONITORING AND ASSURANCE: (*Please summarise how implementation of the recommendations will be monitored and the assurances that can be taken from the report)*

The positions are monitored on a monthly basis with a detailed report taken through the Finance Performance and Delivery committee.

ENGAGEMENT: *(Please provide details of any clinical, professional or public involvement work undertaken or planned. Summarise feedback from engagement and explain how this has influenced your report. If you have not yet engaged with stakeholders include a summary of your plans.)*

REPORT EXEMPT FROM PUBLIC DISCLOSURE	No ☒	Yes ☐
If yes, please detail the specific grounds for exemption		

Humber and North Yorkshire Health and Care Partnership

NHS Humber and North Yorkshire Integrated Care Board (ICB)

Item 11

Report to:	Integrated Care Board
Date of Meeting:	12 October 2022
Subject:	**ICB Operating Arrangements with Place Health and Care Partnerships and Sector Collaboratives**
Director Sponsor:	Amanda Bloor, Deputy Chief Executive / Chief Operating Officer
Author:	Julie Warren, Interim Director of Primary Care and Assurance

STATUS OF THE REPORT: *(Please click on the appropriate box)*

Approve ☒ Discuss ☒ Assurance ☒ Information ☐ A Regulatory Requirement ☐

SUMMARY OF REPORT:

The purpose of this report is to describe how Humber and North Yorkshire Integrated Care Board (HNY ICB) will work together with the 6 Places and 5 Sector Collaboratives to develop and mature operating arrangements over the course of 2022/23. This is in readiness for them to operate with increased autonomy and delegation of local decision-making from April 2023 onwards.

The paper presents a timeline for Places and Sector Collaboratives to indicate their ambition for delegation, including where appropriate, alignment with partner organisation delegation, in readiness for the 2023/24 operating year. This approach builds on engagement that has already taken place with Local Authority Place Chief Executives and Place and Collaborative Directors.

For 2022/23 eleven transitional operational agreements have been developed, one for each of the six Place Health and Care Partnerships and five Sector Collaboratives. These are based on the NHSE MOU developed with ICBs (draft at Sept 2022). They describe how each will work with the ICB on system priorities, performance improvement, governance, and ICS development, to deliver outcomes for patients, the local population, and the wider NHS.

The transitional operational agreements form a key part of the ICB operating model in 2022/23 and align with the ICB's system oversight arrangements from NHS England.

RECOMMENDATIONS:

Members are asked to:

i) Note the transitional operational agreements developed and being agreed with Place Health and Care Partnerships and Sector Collaboratives.

ii) Note that the final transitional operational agreements will be brought back to the ICB in November 2022.

iii) Note that the statutory guidance on *Arrangements for Delegation and Joint Exercise of Statutory Functions: Guidance for Integrated Care Boards, NHS Trusts, and Foundation Trusts* was published 28 September 2022.

iv) Note that transitional operational agreements will evolve in accordance with the timeline set out in this paper and further national guidance.

v) Comment on and support the approach being taken to develop operating arrangements and corresponding governance in readiness to deliver delegated duties in support of the collective ambitions of the ICS from April 2023.

ICB STRATEGIC OBJECTIVE (*please click on the boxes of the relevant strategic objective(s)*)	
Realising our vision	☒
Improving outcomes in population health and healthcare	☒
Supporting broader social and economic development	☒
Tackling inequalities in outcomes experience and access	☒
Delivering our operational plan 2022/23	☒
Developing our ICS	☒

IMPLICATIONS	
Finance	Agreed budgets will be delegated, as appropriate, as detailed within the ICB Operational Scheme of Delegation for the 2022/23 agreements.
Quality	Places are establishing a Quality Place Group that enables the proactive identification, monitoring and escalation of quality issues and concerns to HNY ICB. Arrangements will be made for appropriate attendance at the System Quality Group and/or ICB Quality Committee.
HR	Principles of matrix working underpin the Operating Arrangements, for example: ICB members of staff embedded in place are a shared and enabling resource to implement Place and Collaborative programmes. Members of staff at all levels will require organisational development support to develop culture, behaviours and skills for system working.
Legal / Regulatory	Capsticks have been providing support and advise to place discussions. Although the agreements are not legally binding. Collaborative of Acute Providers have sought legal advice and the outcome is awaited.
Data Protection / IG	There are no immediate implications, however as progress is made data protection/IG principles and legislation will need to be considered and reported on.
Health inequality / equality	Each Place is developing priorities to improve health inequalities and work across the system collectively.
Conflict of Interest	No conflicts of interest have been identified prior to this meeting.
Sustainability	No immediate sustainability implications have been identified.

ASSESSED RISK:
There are no significant risks associated with this paper. The ICB Board will be kept up to date on local developments and further national guidance which may impact upon operating arrangements, delegated responsibilities, and/or proposed governance.

MONITORING AND ASSURANCE:
The recommendations will be implemented and continually reviewed though the HNY ICB Chief Operating Officer's Tactical Delivery Group. Members of this group include the COO, Executive Director of Finance & Investment, NHSE Locality Director and Directors of all the Collaboratives and Places. Assurance on delivery and performance is received through the System Oversight and Assurance Group.

The transitional operational agreements relate to the ongoing relationship between HNY ICB and each Place and each Provider Collaborative. It is expected these agreements will run until April 2023. In late September 2022 the awaited national guidance was published on delegation. Alongside this and the MOU framework for the ICB with NHSE, a timeline has been produced to the new arrangements coming into place from April 2023.

ENGAGEMENT:

The content of the transitional operational agreements are unique to each Place and Collaborative have been developed through engagement with Place Directors and Collaborative Directors and discussed with members of the respective boards or equivalent.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No ☒ Yes ☐

If yes, please detail the specific grounds for exemption

Humber and North Yorkshire ICB
Arrangements with Place Health and Care Partnerships and Sector Collaboratives

1.0 Introduction

The purpose of this report is to describe how the ICB will work with the Place Health and Care Partnerships and Provider Collaboratives to develop and mature operating arrangements over the course of 2022/23 and in readiness to operate with increased autonomy and delegation of local decision-making in 2023/24.

2.0 Current Arrangements 2022/23

2.1 Current Operating Model

The current operating model is based on mutual accountability (See Figure 1). The model consists of 6 Places and 5 Sector Collaboratives and has been operation since 1 July 2022.

NHS England is developing, in partnership with ICBs, a Memorandum of Understanding (MOU) for 2022/23. This is not legally binding but sets out the agreed operating model based on a good governance approach of statutory delegated duties.

HNY ICB has developed a non-legally binding transitional operational agreement in partnership with the 6 Place and 5 Collaboratives. These set out the principles that underpin how the HNY ICB and Places/Collaboratives will work together to discharge their duties to ensure that people across the system have access to high quality, equitable health, and care services.

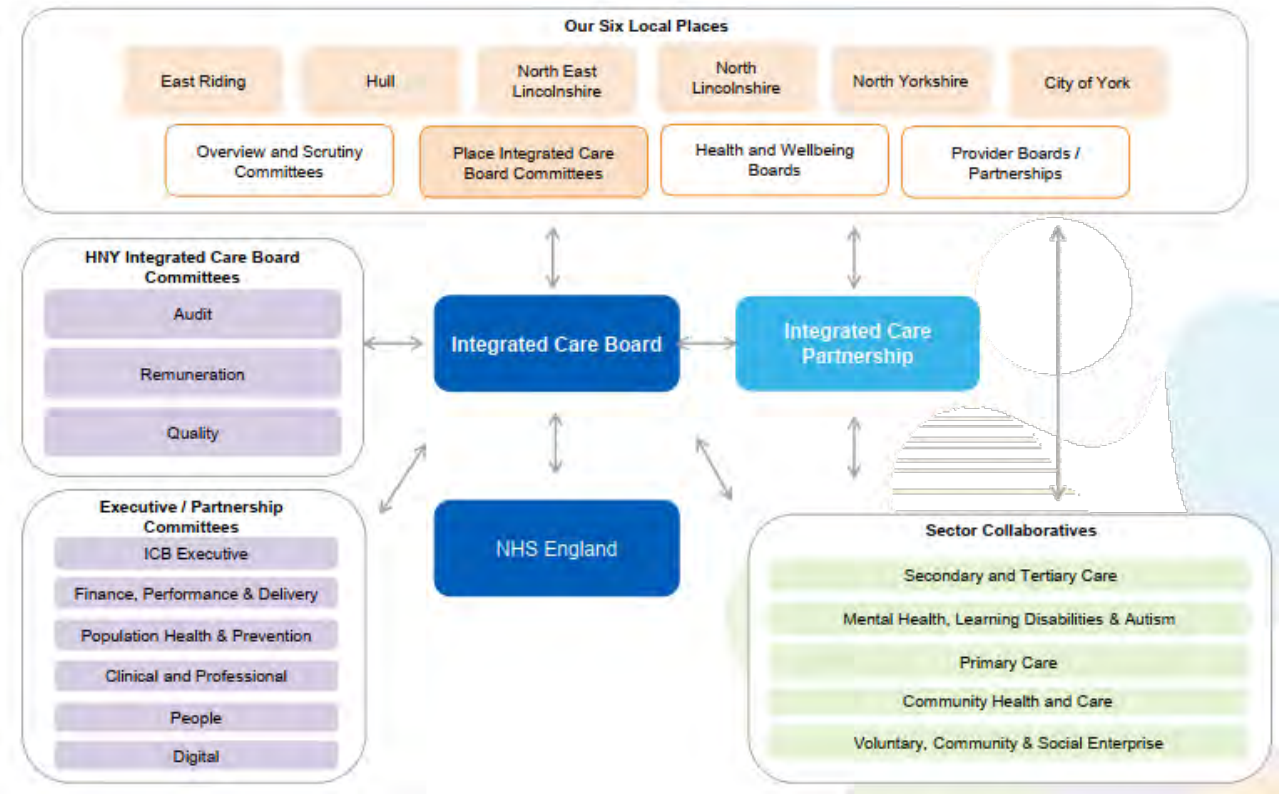


Figure 1. HNY ICB Current Operating Model

2.2 Transitional Operational Agreements

We have been working closely with the 6 Places and 5 Collaboratives to develop transitional operational agreements since summer 2022. For the Places, this builds on the work undertaken with Place Directors and Place LA Chief Executives. For the Collaboratives, this builds on the work undertaken with the Collaborative Directors / Chief Executive Leads/SROs through the priority agreement meetings with the ICB Chief Executive and Chief Operating Officer.

The agreements are transitional and reflect that integrated care systems and relationships between partners are at a formative stage. Agreements will be updated to reflect NHSE statutory guidance, published 28 September 2022, outlining options for delegation or joint working arrangements under the Health and Care Act 2022 from 1 April 2023 .

The transitional operational agreements have been developed based on an NHS England template to ensure some level of consistency. The Places and Collaboratives have provided their latest aims/priorities, plans on a page and governance arrangements that reflect the unique arrangements across the system.

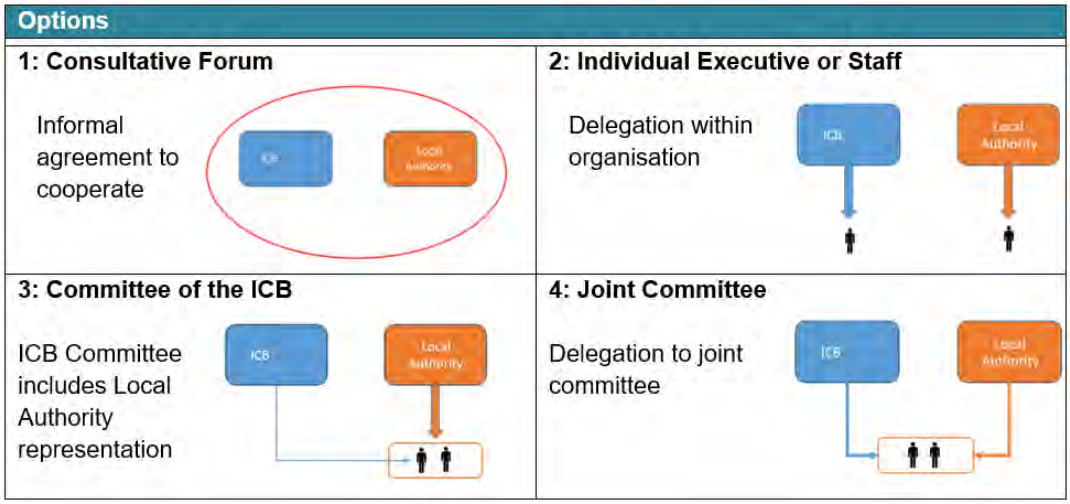
The operational agreements describe:

- The principles that underpin how the ICB and each constituent Place Health and Care Partnership or Sector Collaborative will **work together to discharge their duties**, to ensure that people across the system have access to high quality, equitable health, and care services.
- The **system priorities and deliverables** for each Place Health and Care Partnership or System Collaborative.
- The partnership and place arrangements including how local delivery and governance is managed, monitored, and escalated through HNY ICB System Oversight arrangements, including how the ICB gets assurance on plans and priorities.

It should be noted that the agreements are in draft and currently with the Place and Collaborative Directors for local agreement through individual meetings. It is proposed that the final agreements come to the ICB Board for review in November 2022.

2.3 Places: Current Arrangements

- As outlined at 2.1, Places are developing transitional operational agreements. This includes detail of the assessment framework that was to support a consistent understanding of Place maturity across each ICB. An initial assessment was completed in September 2021 and repeated in September 2022. This assessment supports Places in their development towards a 'thriving' Place and is a helpful aid to identify areas of good practice to support system wide development as well as where clear support is required. We aim to instil a strong culture of shared learning.
- Places have established local meetings with executives / senior officers across partner organisations and have worked together to a set of identified priorities, aligned to local Joint Strategic Needs Assessments, Health and Well Being Board strategies and the NHS forward view requirements.
- Place Directors have authority to make decisions in respect of those functions within their Places.
- Within the approved HNY ICB Operational Scheme of Delegation, Place Directors are able to approve new contracts and commitments up to the value of £1.5m providing this is within
- existing budgets. Early review demonstrates this is inflexible and will therefore be subject to change as part of the wider governance review.
- There are regular meetings held with Local Authority Chief Executives and the ICB COO.
- The Deputy Chief Executive/Chief Operating Officer has established a weekly Tactical Delivery Group, joined by Place Directors.
- Several development sessions have been held with Place Directors and Place Local Authority Chief Executives on the different governance arrangements for Place dependent upon delegation, particularly on membership/voting and conflicts of interest. These models are detailed below:



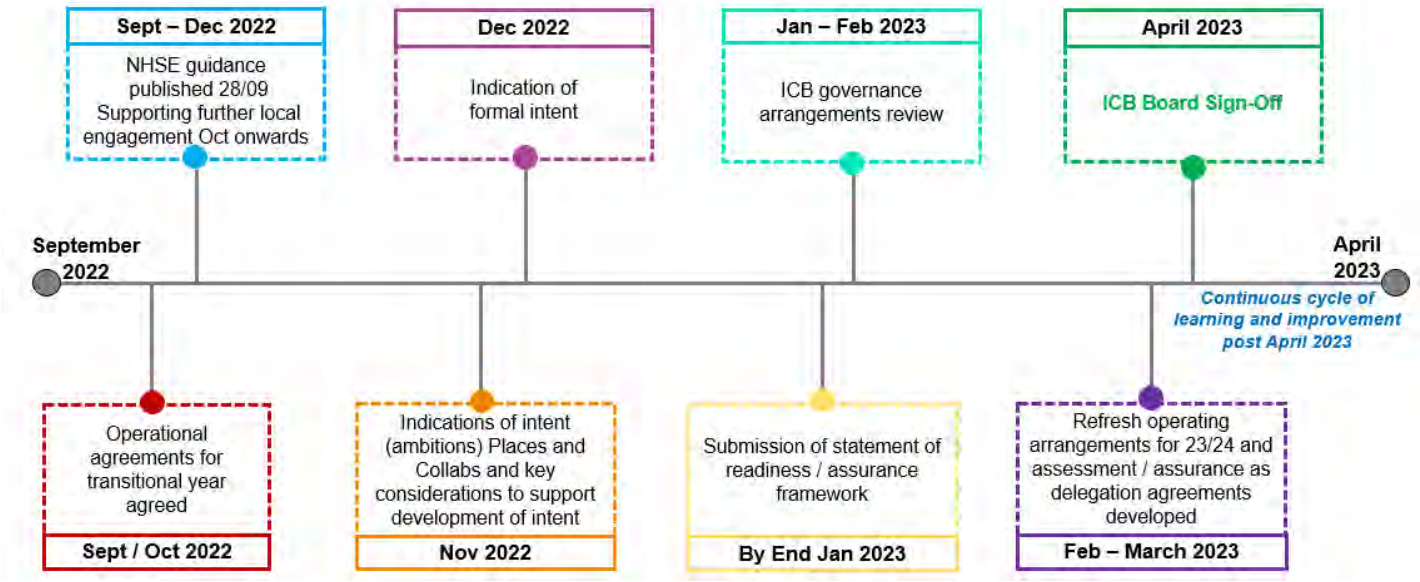
- The ICB has been awaiting statutory guidance on arrangements for delegation and joint exercise of statutory functions, which has now been published on 28 September 2022. Over the coming weeks we will be working through the guidance to understand the new parameters of delegation, but it is still expected to broadly cover the options described.

2.4 Collaboratives: Current Arrangements

- There are regular meetings held with the ICB Chief Executive and COO with each collaborative Chief Executive Leads and the Collaborative directors.
- Following a priority agreement meeting, clear priorities have been agreed for 2022/23 in line with national requirements.
- A development session has been scheduled to further map the evolution of the collaborative arrangements
- The Deputy Chief Executive/Chief Operating Officer has established a weekly Tactical Delivery Group that includes all Collaborative Directors.

3.0 Working Towards Increased Autonomy

The below timeline sets out our ambition working towards increased autonomy and delegation of local decision-making.



Timeline subject to review as the ICB assimilates the guidance and agrees the next steps.

4.0 Assessment of Delegated Budgetary Options

4.1 Places

During 2022/23, budgets have been aligned to the 6 places in line with the previous CCG budgets. Financial and budgetary management continues to work broadly in the same manner as before with financial risk managed at place and across the ICB. An operational scheme of delegation has been approved by the ICB and provides the framework for decision making.

The financial and budgetary framework for 2023/24 will be developed over the coming months that will respond to both the requirements set out in national planning guidance but the desire to delegate the majority of resource to place. A robust financial risk management strategy will underpin any revised budgetary framework that will facilitate the delivery of financial plans at place, ICB and system.

4.2 Collaboratives

Collaboratives are responsible for the deployment and use of specific resources to deliver several strategic priorities. One of the most significant of these is the funding that is being prioritised and deployed through the MH collaborative.

The formal delegation of resource will need to match and align with the functions delegated to the collaboratives which will be developed as the ICB operating model continues to mature. This will be a focus of the plan for 2023/24.

5.0 NHS England Statutory Guidance

On 28 September 2022, NHS England published statutory guidance outlining options for how NHS organisations can exercise some of their statutory functions via delegation or via joint working arrangements under the Health and Care Act 2022.

The 2022 Act introduces new sections 65Z5 to 65Z7 to the 2006 Act. These changes will give relevant organisations (NHS England, ICBs, NHS Trusts and Foundation Trusts) greater flexibility to collaborate in exercising their statutory functions, either through delegation or joint exercise of

those functions – enabling better integration of their services to improve outcomes for patients and facilitate the best use of resources across care pathways at system and place level.

As detailed in the timeline in this paper, we intend to go through the guidance and engage with our Places and Collaboratives as to their intentions, recognising the options now available within the new scope, any restrictions and conditions outlined in the guidance. **It should be noted that NHS England still clearly recommends that systems do not seek opportunities to make use of these new powers within 2022/23.**

6.0 Recommendations

HNY ICB Board Members are asked to:

- Note the transitional operational agreements are being developed and agreed with Place Health and Care Partnerships and Provider Collaboratives.
- Note that the final transitional operational agreements will be brought back to the ICB in November.
- Note that the statutory guidance on *Arrangements for Delegation and Joint Exercise of Statutory Functions: Guidance for Integrated Care Boards, NHS Trusts, and Foundation Trusts* was published 28 September 2022.
- Note that transitional operational agreements will evolve in accordance with the timeline set out in this paper and the guidance from NHSE.

- Comment on and agree the approach being taken to develop operating arrangements and corresponding governance in readiness to deliver delegated duties in support of the collective ambitions of the ICS.

Humber and North Yorkshire Health and Care Partnership

NHS Humber and North Yorkshire Integrated Care Board (ICB)

Item 12

Report to:	Integrated Care Board Meeting
Date of Meeting:	12 October 2022
Subject:	**ICS Digital Strategy**
Director Sponsor:	Nigel Wells
Author:	Andy Williams, Interim CDIO; John Mitchell, Associate Director of IT

STATUS OF THE REPORT: *(Please click on the appropriate box)*

Approve ☒ Discuss ☐ Assurance ☐ Information ☐ A Regulatory Requirement ☐

SUMMARY OF REPORT:

The Humber and North Yorkshire ICS Digital Strategy has been commissioned by the ICS Digital Executive and co-created collaboratively with key stakeholders across the system, including health, social and VCSE colleagues from February to May 2022. It has been developed using an online tool to seek and validate input, in parallel with the creation of the overall ICS Strategy.

The ICS Digital Operations Forum (a cross HNY group covering health and social care partners) has been a key stakeholder group for the primary representation to the Strategy, with members then seeking wider input from their wider organisations and networks to create a truly co-authored & co-owned ICB strategy.

The Humber and North Yorkshire Health & Care Partnership response to the COVID-19 pandemic saw changes to the way digital and data are deployed, which saw us become national leaders and deploy enablers at a pace and scale that was previously unthinkable.

Following a 5 year period of digital success and the previous strategies reaching their natural conclusion, we are taking a fresh look at the way digital and data technologies can consolidate and transform how people engage with health and care across Humber and North Yorkshire over the next 5 to 10 years.

The Partnership will embed digital transformation as an integral part of our clinical, business and population health strategies. We will:

- Use digital to improve the way services are designed, delivered and managed in an integrated way, with a clear focus on the individual and their experience, and where health and care professionals can make the best decisions because they have the information they need at the point of care when they need it.

- Optimise the value of data to create intelligence to be used routinely to improve patient safety, deliver better health outcomes and tackle inequalities.

- Nurture a thriving digital health and care ecosystem, supporting research and innovation, developing skills and capabilities and recognised internationally as an exemplar of innovation and digitisation.

Our Digital Vision mirrors our vision as a partnership: **'To deliver Digital and Information Services and Solutions that enable citizens to Start well, Live well, Age well and End their lives well.'**

Our strategic priorities for digital build on our **Digital Fast Forward Plan** and positioned within the **Digital Health & Wellbeing Charter** for Yorkshire and Humber.

Working collaboratively with our partner organisations, we have identified our strategic priority areas, organised against the following (What Good Looks Like) themes:

- Well led
- Smart foundations
- Safe practice
- Support people
- Empower citizens
- Improve care
- Healthy populations

We have sought to capture “where we are” as an ICS to then set our strategic aspirations, the “we will”. This recognises how much the ICS has already accomplished digitally through collaboration and our digital ambitions as a Partnership. Through this strategy, we will be able to develop our Costed Implementation Plan; the "who will“, “how,” and "when.“ This work has now begun and will be brought to the Integrated Care Board in due course for approval.

Next Steps priorities

- Achieve “levelling up” of digital maturity across our Partnership
- Carry out detailed planning to ensure digital aligns to key ICS strategic developments
- Re-establish the Digital Strategy Committee in our ICS governance framework
- Consolidate our strategy into a clear roadmap for delivery over the next four years

Initial Priorities in the Digital Road map include:

- The Shared Record
- Cyber Security
- Digital Inclusion
- Population Health / Business Intelligence.

We are also further developing a digital benefits catalogue and User Stories to help bring the Strategy to life and to ensure that patient and professional benefits are at the heart of the strategy. We will share some key benefits in an accompanying presentation to this board,

RECOMMENDATIONS: (*Specify the recommendation(s) being asked of the meeting - use additional points as appropriate*):

The Strategy was assured by the Digital Strategy Committee and therefore we are seeking Approval by the Integrated Care Board for publication and, as this is the first ICS-wide Strategy, for onward submission to the Integrated Care Partnership for endorsement.

ICB STRATEGIC OBJECTIVE (*please click on the boxes of the relevant strategic objective(s))*	
Realising our vision	☒
Improving outcomes in population health and healthcare	☒
Supporting broader social and economic development	☒
Tackling inequalities in outcomes experience and access	☒
Delivering our operational plan 2022/23	☒
Developing our ICS	☒

IMPLICATIONS (*Please state N/A against any domain where none are identified*)	
Finance	Funding required to deliver against the Strategic aims and objectives – work.
Quality	The Strategic Aims and Objectives seek to improve the quality and equality of health and care services through digital and information enablers.
HR	Additional people will be required into the Digital Office to support delivery of the Strategic aims and objectives.
Legal / Regulatory	N/A
Data Protection / IG	The Strategy builds on existing work around collaboration on areas of Data Protection and IG, Cyber and Physical Security.
Health inequality / equality	The Strategy seeks to address aspects of 'Digital Poverty', inclusivity and education for our colleagues and citizens.
Conflict of Interest Aspects	N/A
Sustainability	The Strategy seeks to address aspects of increased sustainability through digital as an enabler and also the digital functions and maturity themselves.

ASSESSED RISK: (*Please summarise the key risks and their mitigations)*

Failure to approve strategy:

- Reduced Engagement with Key Clinical Partners leading to reduced coordination in solution delivery
- Reduced speed in strategic delivery
- Reduced bidding opportunity
- Delay in finalising Costed Digital Roadmap and Plan

MONITORING AND ASSURANCE: (*Please summarise how implementation of the recommendations will be monitored and the assurances that can be taken from the report)*

On Approval established ICB Governance processes will be followed, ensuring that all partners are engaged, informed and a partner in ensuring delivery.

ENGAGEMENT: *(Please provide details of any clinical, professional or public involvement work undertaken or planned. Summarise feedback from engagement and explain how this has influenced your report. If you have not yet engaged with stakeholders include a summary of your plans.)*

This is a co-authored Strategy by the Partnership, a collaborative tool was provided to allow partners to directly support the development of the strategy, either through structured workshops or lone working.

The development of the strategy has been undertaken by the HNY Digital Operations Forum with members feeding the strategy back into their own organisations.

The latest version of the strategy has been viewed by Partner Organisations, Place Executives, HCP, public representatives & the HNY Digital Executive

REPORT EXEMPT FROM PUBLIC DISCLOSURE No ☒ Yes ☐

If yes, please detail the specific grounds for exemption

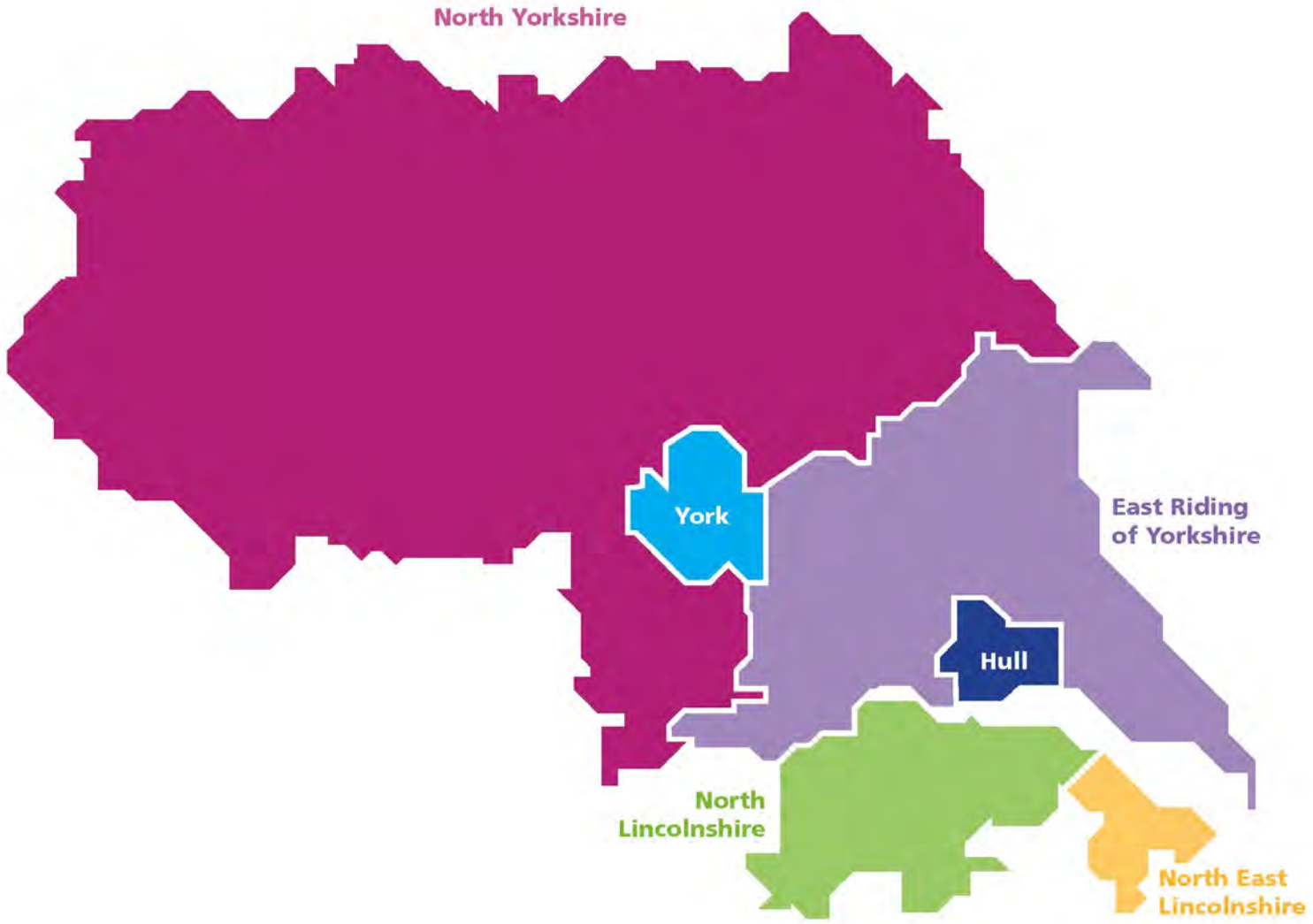
Humber and North Yorkshire Health and Care Partnership Digital Strategy

Contents

Humber and North Yorkshire
Health and Care Partnership

Who we are

Humber and North Yorkshire
Health and Care Partnership



Humber and North Yorkshire Health and Care Partnership

Who we are

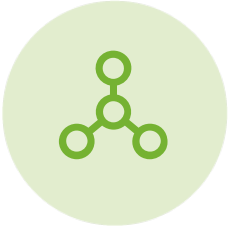
One statutory NHS Integrated Care Board	• NHS Humber and North Yorkshire Integrated Care Board (ICB)
8 NHS Trusts	• Harrogate and District NHS Foundation Trust • Hull University Teaching Hospitals NHS Trust • Humber NHS Foundation Trust (multi-specialist provider) • Northern Lincolnshire and Goole NHS Foundation Trust • Rotherham, Doncaster & South Humber NHS Foundation Trust • South Tees Hospitals NHS Foundation Trust • Tees, Esk and Wear Valley NHS Foundation Trust • York and Scarborough Teaching Hospitals NHS Foundation Trust

6 Local Authorities	• East Riding of Yorkshire Council • Hull City Council • North Lincolnshire Council • North East Lincolnshire Council • City of York Council • North Yorkshire County Council
2 Ambulance Trusts	• East Midlands Ambulance Service NHS Trust • Yorkshire Ambulance Service NHS Trust
4 Community Interest/ not for profit Companies	• City Health Care Partnership CIC • Navigo • Care Plus Group • Focus

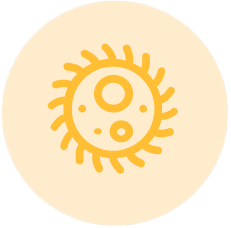
These only represent part of the health and care system across our area. There are also around 230 GP practices, 550 residential care homes, 10 hospices, 180 home care companies and thousands of voluntary and community sector organisations all helping to keep our local people well.

Introduction

Humber and North Yorkshire Health and Care Partnership



In July 2022, Integrated Care Systems (ICS) will become statutory NHS organisations with responsibility to enable partnership working, transforming the way people access and experience health and care services.



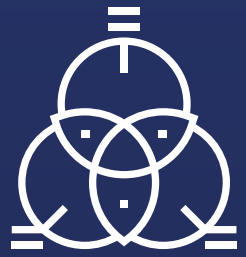
The Humber and North Yorkshire Health & Care Partnership response to the COVID-19 pandemic saw changes to the way digital and data are deployed, at a pace and scale that was previously unthinkable.

We are taking a fresh look at the way digital and data technologies can consolidate and transform how people engage with health and care across Humber and North Yorkshire over the next 5 to 10 years.

Humber and North Yorkshire Health and Care Partnership

Introduction

Humber and North Yorkshire Health & Care Partnership (the Partnership) will embed digital transformation as an integral part of our clinical, business and population health strategies. We will:



Use digital to improve the way services are designed, delivered and managed in an integrated way, with a clear focus on the individual and their experience, and where health and care professionals can make the best decisions because they have the information they need at the point of care when they need it.

Optimise the value of data to create intelligence to be used routinely to improve patient safety, deliver better health outcomes and tackle inequalities.

Nurture a thriving digital health and care ecosystem, supporting research and innovation, developing skills and capabilities and recognised internationally as an exemplar of innovation and digitisation.

Setting Our Digital Vision

Our digital vision mirrors our vision as a partnership

Humber and North Yorkshire Health and Care Partnership

- The ambition for the Partnership is for everyone in our area to: start well, live well and age well.
- Therefore, our Digital Vision must mirror this ambition for a;

  - Digital Start
  - Digital Life
  - Digital Ageing
  - Digital End of Life.

Our Digital Vision: 'To deliver Digital and Information Services and Solutions that enable citizens to Start well, Live well, Age well and End their lives well.'

Digital to enable the wider ICS strategy

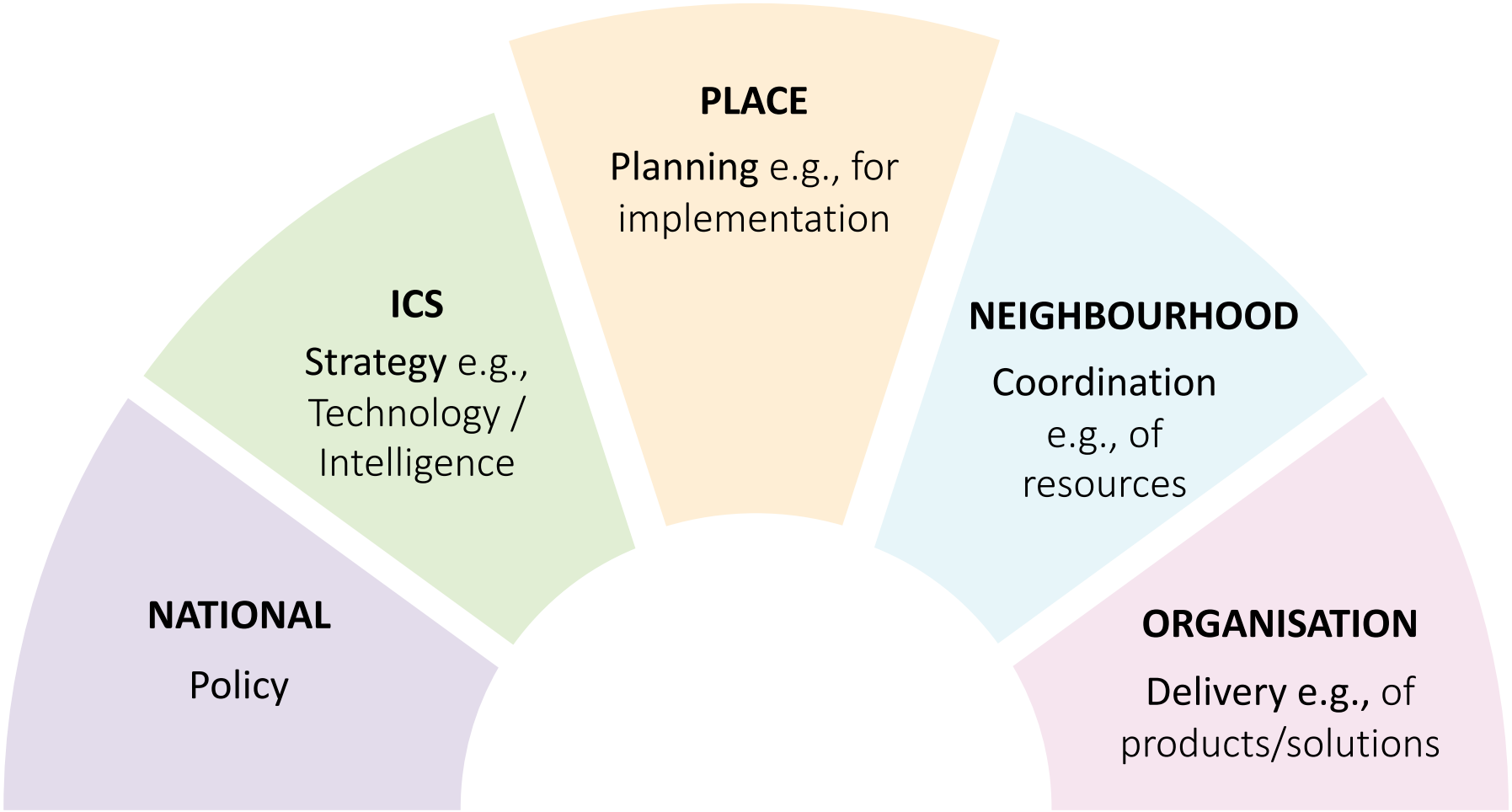
Humber and North Yorkshire Health and Care Partnership

- Digital should be considered a means to an end, not the end itself; whilst we recognise the importance of measuring and investing in our digital maturity (*Digital Health & Care Plan, What Good Looks Like*, HIMSS Level 6&7, Levelling Up, etc.) this will be with the assurance that it enables us to achieve our ambitions for Humber and North Yorkshire.

- Digital will enable the ambitions, priorities and intent of the Partnership; **as the Partnership strategy develops and evolves, so will our digital strategy.**

Digital Roles & Responsibilities

Humber and North Yorkshire
Health and Care Partnership



Working in Digital Partnership

Humber and North Yorkshire Health and Care Partnership

Digital strategy at an **ICS level** must complement and support **place-based digital strategies** and the **strategies of our partner organisations.**

Digital strategy at an **ICS level** must complement and support **national strategies;** support partner organisations in aligning these strategies to their own implementation plans.

Digital solutions that span ICS partner organisations: foster collaboration, support investment, ensure economies of scale and reduce duplication.

Digital solutions within partner organisations: promote best practice through partnership working, provide resources where doesn't make sense to fund in-house.

Digital Strategic Priorities

Strategic Priorities for Digital

Humber and North Yorkshire Health and Care Partnership

- Our strategic priorities for digital build on our **Digital Fast Forward Plan** and positioned within the **Digital Health & Wellbeing Charter** for Yorkshire and Humber.
- Working collaboratively with our partner organisations, we have identified our strategic priority areas, organised against the following (WGLL) themes:
  - Well led
  - Smart foundations
  - Safe practice
  - Support people
  - Empower citizens
  - Improve care
  - Healthy populations
- We have sought to capture “where we are” as an ICS to then set our strategic aspirations, the “we will”
  - This recognises how much the ICS has already accomplished digitally through collaboration and our digital ambitions as a Partnership.
  - Through this strategy, we will be able to develop our Implementation Plan; the "who will“, “how,” and "when.“

Well Led

Ensuring our leadership is digital

Humber and North Yorkshire Health and Care Partnership

Where we are now

- Demonstrated our commitment to digital across the ICS through establishing a Digital Strategy Board, Digital Executive and Digital Operations Forum.
- Ensured the Board has representation across the Partnership, including our local authorities, care providers & voluntary sector.
- Appointed an interim Chief Digital Information Officer (CDIO) to develop the Strategy and Implementation Plan.

Ensuring our leadership is digital

Humber and North Yorkshire Health and Care Partnership

We will

- Continue to invest in the digital literacy of our Integrated Care Board, recognising the importance of digital for the ongoing success of the Partnership, with the appointment of permanent CDIO.
- Continue to support the collaboration of digital leaders from all our partner organisations including local authorities, mental health, community and voluntary organisations, ensuring we continue to learn, develop and grow together as we embed digital ways of working.
- Recognise the importance of diversity in our digital leadership and that it reflects the strengths and interests of our citizens. Supporting our digital leaders in all aspects of our Equalities Programmes including engagement in wider communities such as the Shuri Network.
- Continue to engage patients and citizens to understand how their needs and our priorities as an ICS can be best met through digital solutions.
- As leaders, adopt an innovation mindset; supporting new ways of using digital to advance ICS objectives.

Making digital happen

Humber and North Yorkshire
Health and Care Partnership

Where we are now

- As a newly formed ICS, we are working with our partner organisations to develop clear governance structures for:
  - Technical Design Authority
  - Health & Care Systems
  - Data & Intelligence and
  - Portfolio Delivery.
- We are building consensus around how we will govern digital across our ICS.
- Digital Groups at strategic partnership level are in place.

Making digital happen

Humber and North Yorkshire Health and Care Partnership

We will

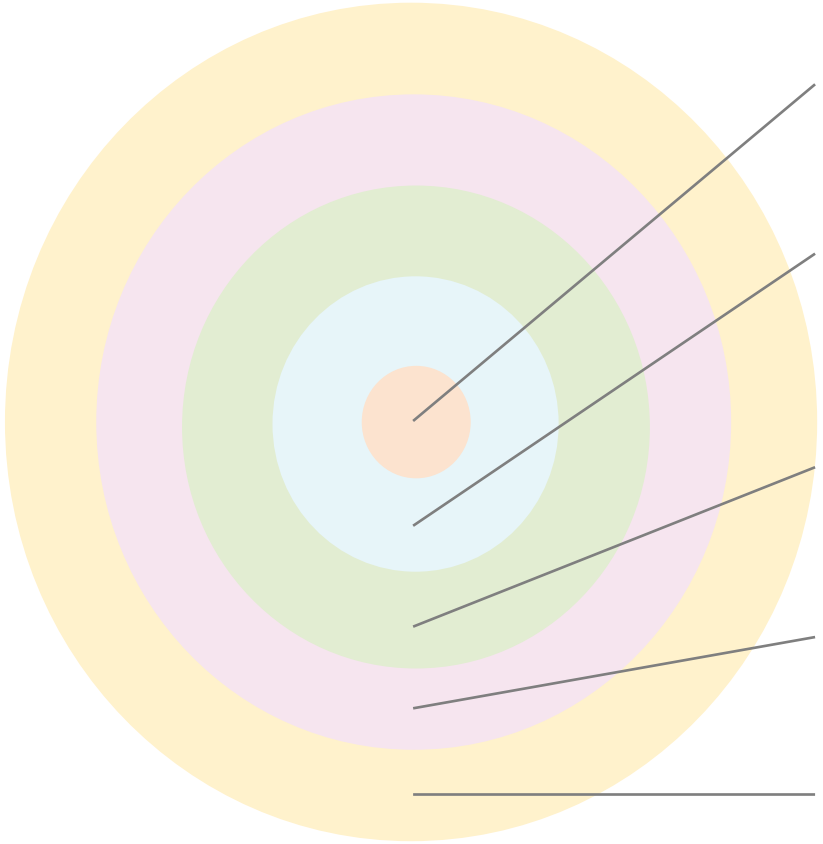
- Establish the Office of the CDIO as part of the ICS leadership with a form that follows the function to:
  - Establish a central Technical Design function to ensure appropriate governance for Technical Design & Programme Delivery, promoting consistency across all partner organisations and interoperable digital architecture
  - Take a lead to test or de-risk an initiative; research options; bidding for national funds
  - Take ownership and responsibility for addressing any issues that are either unclear or do not sit with individual organisations
  - Bring system-wide coherence and consistency through shared goals, targets or standards that our constituent organisations will then deliver
  - Bring organisations together to support prioritisation: manage multiple interests and potential trade-offs (including what we stop) regarding ICS-wide investments.
- Commit to digital financially as an ICS and work with partner organisations to deliver economies of scale.
- Build digital into all our ICS planning including HR and estates.

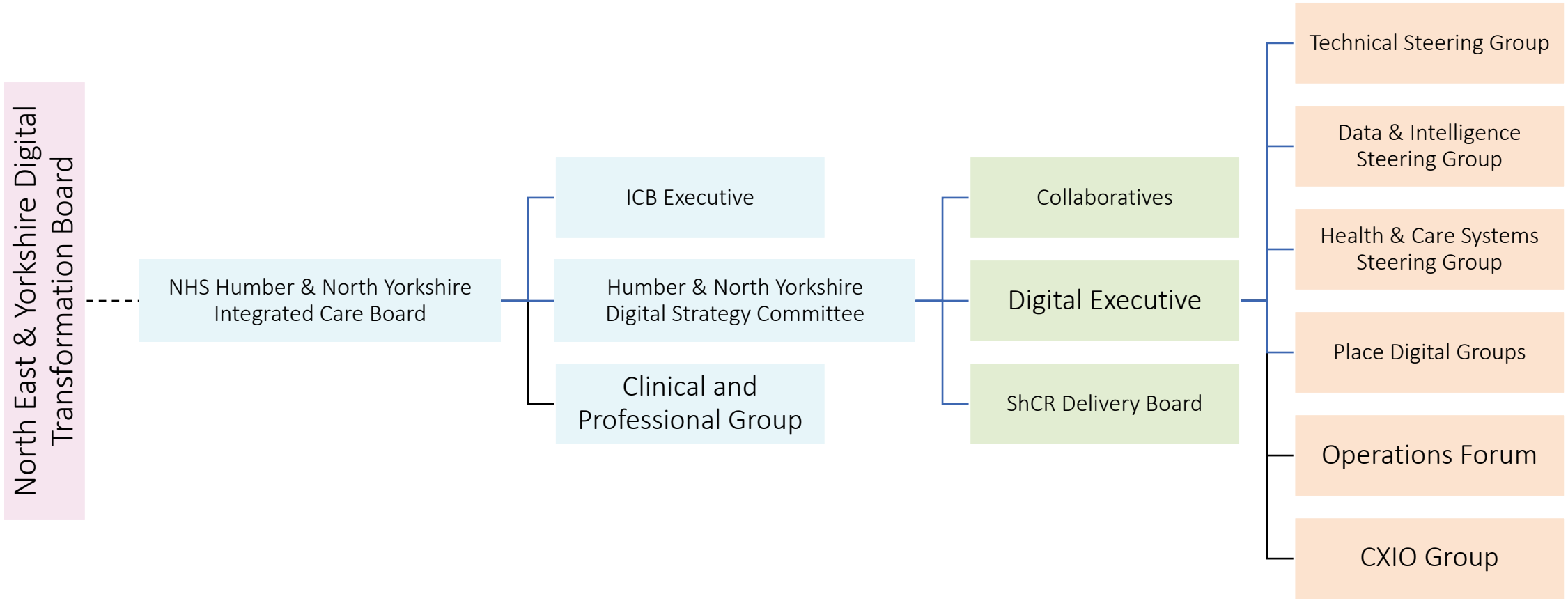
Making digital happen

Humber and North Yorkshire Health and Care Partnership

Establishing Strong Digital Governance as a Partnership

- Re-Establish the Digital Strategy Committee in our ICS governance structures
- Agree an ICS framework and criteria for monitoring and measuring our progress
- Deliver communications and engagement to build on the relationships across our ICS
- Draw up plans for our data and digital strategy to support the ICS' ambition to develop into a Learning Health System
- Draw up our data and digital implementation plan to support the ICS' ambition to develop into a Learning Health System




North East & Yorkshire Digital Transformation Board
NHS Humber & North Yorkshire Integrated Care Board
ICB Executive
Humber & North Yorkshire Digital Strategy Committee
Clinical and Professional Group
Collaboratives
Digital Executive
ShCR Delivery Board
Technical Steering Group
Data & Intelligence Steering Group
Health & Care Systems Steering Group
Place Digital Groups
Operations Forum
CXIO Group

Smart Foundations

Developing our digital teams

Humber and North Yorkshire Health and Care Partnership

Where we are now

- Promoting consistency of practice (including Technology Code of Practice, cyber security) through ICS-wide digital governance and support.
- Working to understand where digital roles overlap, in order to establish clear lines of accountability and to make sure things do not fall in the gaps.
- Supporting the digital ambitions of ICS and our partner organisations through our Digital Hub.

Developing our digital teams

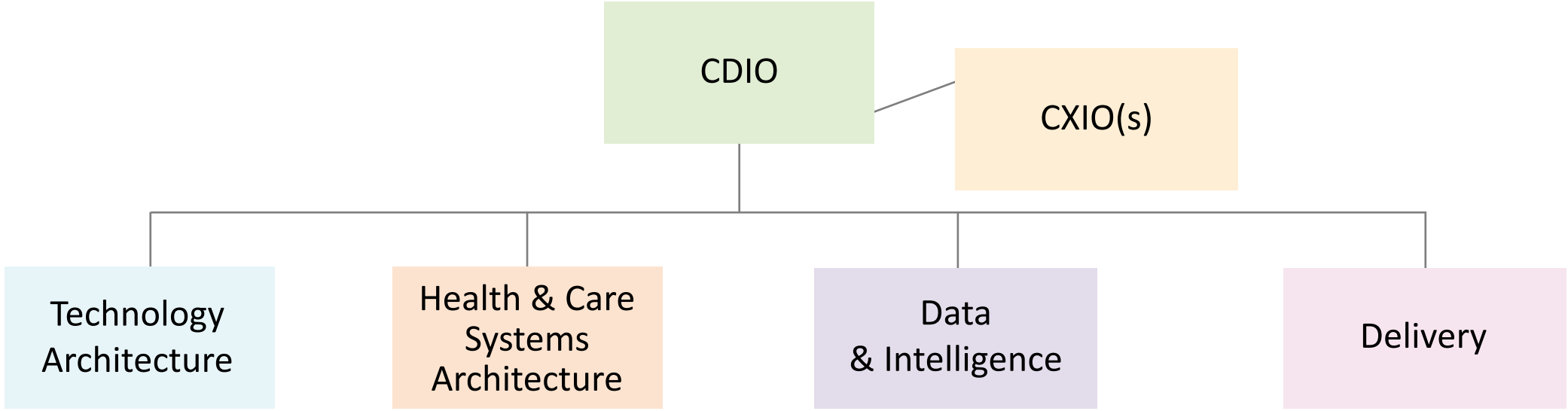
Humber and North Yorkshire Health and Care Partnership

We will

- Establish clear operating structure, roles and responsibilities across the Partnership, ensuring our roles support and complement the digital roles in our partner organisations.
- Continue to invest in Digital Education for multidisciplinary teams with clinical, operational, informatics, design and technical expertise to deliver our digital and data ambitions, recognising where these people and skills should be developed within organisations and where they should be developed within the Partnership as a shared resource.
- Recognise the importance of diversity in our digital teams and the need to develop the next generation of digital leaders. Supporting our digital teams in all aspects of our Equalities Programmes including engagement in wider communities such as the Shuri Network.
- Ensure professionalism of digital services is recognised as a standard. Invest in digital workforce training and development; college, graduate, practitioner to expert.

Developing our digital teams

Humber and North Yorkshire Health and Care Partnership



- Cyber Security
- Technical Architecture
- Technical Design Authority
- Roadmaps
- Design principles
- Non functional requirements

- Business Architecture, Roadmaps & Change
- Requirements
- User Research
- Service Design
- YHCR / ShCR
- Place Engagement
- Partner Engagement
- Citizen Engagement

- Office of Data Analytics
- Data Warehouse
- Business Intelligence
- Population Health Management
- Information Governance – data sharing, privacy etc

- PMO
- Project Managers
- Finance
- Resource Management
- Contracts / Sourcing
- Bids / Tenders
- Communications

Commitment to the environment

Humber and North Yorkshire
Health and Care Partnership

Where we are now

- Using electronic platforms like Microsoft teams for meetings.
- Partner organisations moving IT infrastructure into the Cloud.
- More electronic communication between partners to reduce printing, number of printers; use of 100% recycled paper when printing.
- Use of telephone and video conferencing with patients.
- Asset optimisation and re-use where possible.
- Supporting working from home to reduce carbon footprint.

Commitment to the environment

Humber and North Yorkshire Health and Care Partnership

We will

- Continue to progress towards net zero carbon, sustainability and resilience
- Meet the Sustainable ICT and Digital Services Strategy (2020 to 2025) objectives and deliver on the HNY Green Plan (2022-25) including:
  - meeting the ambition to be digitally carbon neutral by 2035.
  - ensure able to measure impact of digital initiatives, e.g. telemedicine, remote working, etc. on reducing carbon footprint to build into investment decisions.
  - prioritise purchase of A+ rated equipment across the Partnership.
  - work with vendors who demonstrate their commitment to the environment.

Commitment to the environment

Humber and North Yorkshire Health and Care Partnership

Digital Transformation			
HNY actions	2022-2023	2023-2024	2025-2026
Baseline ICT footprint in line with published materials by HMG Sustainable Technology Advice & Reporting (STAR)[9]	✓		
To increase/allow patients to access virtual outpatient and primary care appointments, where clinically appropriate	✓		
Assess, identify and evaluate any inequalities that could be created by the move to digital appointments, remote triaging and remote healthcare	✓		
Ensure all Trusts ICT products are the most efficient (through EPEAT) and disposed of via WEEE compliant companies or via a circular economy route with the manufacturer or through charities	✓		
Ensure providers of community health services, including ICS-commissioned independent providers, can access the Local Care Shared Record to enable urgent care response and virtual wards[10]	✓		
Identify digital priorities to support the delivery of out-of-hospital models of care with digital investment plan to support community health services providers to develop robust digital strategies for improvements in care delivery7	✓		
Identify ways in which to consolidate purchasing and deployment of digital capabilities, such as electronic patient records and workforce management systems, at system level where possible	✓		
Ensure every Trust to create a five year Green ICT plan		✓	
Facilitate remote consultations and triaging where viable and provide services digitally where appropriate		✓	
Work to shift server rooms to green data centres or cloud providers		✓	

[9] Greening government: ICT and digital services strategy 2020-2025 - GOV.UK (www.gov.uk)
[10] 2022-23-priorities-and-operational-planning-guidance-v3.2.pdf (england.nhs.uk)

Commitment to the environment

Humber and North Yorkshire Health and Care Partnership

Digital Transformation			
HNY actions	2022-2023	2023-2024	2025-2026
All HNY ICS healthcare organisations to follow NHSX's "What Good Looks Like" framework		✓	
All Trusts to email or text patients with appointment details as a standard, with an opt in to receive letters		✓	
Embed green procurement in all digital procurement		✓	
Develop a repair and reuse programme for all ICT equipment with a digital charity donation scheme		✓	
Establish a Changing the Workplace Programme combining digital, estate, HR and financial considerations for all healthcare estate		✓	
Support GP practices and PCNs to ensure the commitment that every patient has the right to be offered digital-first primary care[7]		✓	
Pathology and imaging networks are to deliver their diagnostic digital roadmaps as part of their digital investment plans, expected to deliver at least a 10% improvement in productivity by 2024/25			✓
Provide digital support for active travel options for all healthcare estate			✓
Long term condition care: IT to be prioritised for patients with greatest need and improve efficiency of Long term condition care			✓
Interlink green products with digitisation to ensure green products are prioritised			✓
Develop plans for decarbonising ICT across the region			

Investing in IT infrastructure

Humber and North Yorkshire Health and Care Partnership

Where we are now

- Supporting organisations to seek funding to ‘level-up’ infrastructure across the Partnership.
- Working with NHS E to support the Target Architecture Framework.
- Discovery work to understand the Infrastructure as-is; to-be and roadmap to achieve the ambitions of WGLL.
- Humber IT Managers group in place.

Investing in IT infrastructure

Humber and North Yorkshire Health and Care Partnership

We will

- Lead cross-organisation investment in modern infrastructure to retire unsupported systems drive organisations towards ‘simplification of the infrastructure’.
- Invest smarter through consolidation of spending, strategies and contracts.
- Ensure levelling up of the use and scope of electronic care record systems, including using greater clinical functionality and links to diagnostic systems and Electronic Prescribing and Medicines Administration (EPMA).
- Work with Estates to ensure digital integration in estates planning, including SMART buildings.
- Ensure ongoing baseline budget incorporates replacement/refreshment of equipment for partner organisations.

Growing our shared care record

Humber and North Yorkshire Health and Care Partnership

Where we are now

- Delivered, in conjunction with the wider region, the Yorkshire and Humber Care Record (YHCR), which provides the infrastructure and services for sharing information across partner organisations. Across the Partnership, we have connected our ShCR with our acute and mental health trusts and 3 of our local authorities. GP Connect information is now linked in and we are currently deploying a new version of the browser into each GP practice.
- Made significant progress in the last year, with 30+ projects supporting its development and expansion. This includes sharing key data sets such as the end-of-life care record.
- Delivering the commitments set out in the NHS Long Term Plan and the Better Births review.
- Coordinating initiatives to increase the usage and usefulness of this platform. We have made great progress in establishing how we work with our partner organisations, the pace at which we can work, and how we support them in onboarding, ensuring they have appropriate resources and skills in-house.

Growing our shared care record

Humber and North Yorkshire
Health and Care Partnership

We will

- Have an established ShCR team within the Partnership with clear lines of accountability for supporting roll-out and expansion.
- Through our long-term vision and plans for delivery, solidify the work we have already done to-date in building our ShCR, ensuring each partner organisation feels empowered and ownership over how it is utilised.
- Increase the number of data sets shared across the partner organisations already connected and increase the number of partner organisations who contribute/consume the ShCR data. Our ambition is to have all our local authority partners engaged, as well as our CICs and VCS.
- Develop the ShCR as a tool alongside other data sources to enable better population health management.

Growing our shared care record

Humber and North Yorkshire Health and Care Partnership

We will

- Develop our EPR/PHR Roadmap in line with the following National Policy priorities:
  - To level up those organisations without an EPR
  - To achieve the Secretary of State target of HIMSS Level 5 by December 2023
  - To achieve Internal NIMMs Level 7 target of December 2025.
  - To collaborate to rationalise the number of EPRs in the system where appropriate to do so.
- Draw up options for ensuring that all parts of our health and care system have a core electronic record system in place, which meets basic maturity levels and supports the use of open standards.
- Implement architecture to optimise the benefits of our partner organisations' deployment of comprehensive electronic health and care records.
- Actively seek out opportunities for extending the digitisation of children's services and records.
- Mirror the approach adopted by the national Digitising Social Care Records programme to improve access and sharing of social care information.

Safe Practice

Cyber security

Humber and North Yorkshire Health and Care Partnership

Where we are now

- Cyber security is managed directly by ICS partner organisations, either internally and or via a 3rd party.
- Two main standards in use:
  - Local Government adhere to a minimum set of cyber security standards developed in collaboration with the government and NCSC
  - Health aligns to the Data Security and Protection Toolkit (DSPT) standard

Cyber security

Humber and North Yorkshire Health and Care Partnership

We will

- Support cyber security across the Partnership to reduce gaps, duplications and arguments over ownership. Whilst everyone must take responsibility for cyber security, there must be clear accountability in the Partnership; therefore, there is a strategic imperative to centralise this function.
- Establish an adequately resourced ICS-level cyber security function, including a Chief Information Security Officer (or similar) to comply with the requirements in the DSPT.
- Have a system-wide plan for maintaining robust cyber security, including development of centralised capabilities to provide support across all organisations establish a process for managing the cyber risk with mitigation plans, investment and progress regularly reviewed at through a well-represented Security forum at ICS level.
- Have an adequately resourced clinical safety function, including a named clinical officer to oversee ICS-wide digital and data development and deployment to ensure ICS-wide clinical systems meet clinical safety standards as set out by DTAC and DCB0129 and DCB0160.
- Establish a clear system-wide process for reviewing and responding to relevant safety recommendations and alerts, including those from NHS Digital (cyber), NHS England and NHS Improvement, the MHRA and the Healthcare Service Investigation Branch (HSIB).
- Ensure compliance with NHS national contract provisions related to technology-enabled delivery, for example, clinical correspondence.

Cyber security

Humber and North Yorkshire Health and Care Partnership

What	The longer-term view is to develop a central and substantive cyber security team – consisting of both Information Assurance and Technical Security management resources, alongside a senior level team owner (Chief Information Security Officer level recommended). Whilst there will still be cyber security done in individual partnerships such as local government and acute trusts, this team will need to centrally co-ordinate the activity across the teams and be responsible and accountable for the tracking of activities, incidents and compliance.
Why	Whilst everyone must take responsibility for cyber security, there must be clear accountability in the Partnership. Lack of accountability leads to gaps, duplication and arguments over ownership of activities that will need to fix it. As organisations move towards SaaS, SIAM and other delegated models, this central co-ordination becomes even more vital to providing the necessary due diligence and due care needed to demonstrate compliance.
How	1. Establish a centralised team structure to manage cyber security and develop the business case 2. Make sure those involved in it have the time to dedicate (backfill / supplement if needed). 3. Agree a headcount for centralised ICS Cyber Security Function (~5-10% of total headcount on assumption individual teams continue to own the functions they do today) 4. Create and establish the team 5. Allocate centralised / non-competing spend to Cyber Security Function.
Impacts/improves	1.2 6 Threat Analysis | 2.5.7 Penetration Testing | 1.2.5 Operational Risk Management | 1.3.3 Vulnerability Management | 1.3.4 Threat Management | 2.5.5 Server Vulnerability Management | 2.5.1 SIEM and Log Mgt | 2.5.4 Attack Simulation | 2.9.5 Database Vulnerability Management | 2.3.7.Network Monitoring and Defence

Data privacy, safety & management

Humber and North Yorkshire Health and Care Partnership

Where we are now

- Responsibility for data privacy, safety & management for each partner organisation held within that partner organisation.
- The Partnership collaborates with the Regional Information Governance Strategic Network to share best practice, ways of working.
- Nothing formalised at Partnership level; “good will” and collaborative working across the Partnership supports best practice.

Data privacy, safety & management

Humber and North Yorkshire Health and Care Partnership

We will

- Develop the ICS as a network and system wide support for DPO and clinical safety.
- Establish dedicated ICS resource for cross-organisational digital boundaries and where partner organisations require support and guidance.
- Continue to support best practice in partner organisations, through developing our networks and being a single point of support and guidance.
- We will ensure governance structures are capable of discharging our responsibilities, through the Humber and North Yorkshire Information Governance Group, with escalation routes to resolve issues effecting integrity and effectiveness.
- We will work with our colleagues across the Partnership to ensure the way we use and share data is consistent with the broad ambitions of our citizens.
- We will monitor how the planned legislation signalled in the Government White Paper will affect the status of Integrated Care Systems in the future, to ensure that our information governance framework remains fit for purpose under any changed governance arrangements.

Support People

People-first digital and data culture

Humber and North Yorkshire Health and Care Partnership

Where we are now

- Our transition to an ICS has demonstrated the importance of removing the boundaries of geography and buildings and the role of digital as an enabler.
- Increased utilisation of digital to enable flexible working, both clinical and non-clinical. Recognised many of the obstacles to true digital collaboration and engagement, such as infrastructure, governance and culture, which we are working to overcome. Progress in Place Working Collaboratives; staff able to work anywhere, from any device.
- Prioritised the Digital First programme in primary care to deliver many of the commitments set out in the General Practice Forward View and invest in a suite of digital tools that support clinicians and practices to interact better with their patients.
- Supporting projects that take a human-centered design approach to digital investment. For example, our GP consultation in North Yorkshire around the YHCR. GPs were engaged from the beginning to understand what data is a priority for them. From this work identified that access to mental health data needed to be prioritised.

People-first digital and data culture

Humber and North Yorkshire Health and Care Partnership

We will

- Continue to work with our clinicians and staff to make digital an enabler.
- Ensure that we develop the digital capability that will improve our people's work satisfaction, improving both the quality and efficiency of their work.
- Commit to a user-centered design / GDS approach to digital investment and development which includes following the NHS Digital Service Manual and recognising that digital will only succeed if non-digital people are given a voice.
- Use recognised standards and ontologies routinely in our systems.
- Adopt the data architecture principles in the Government's Data Strategy.
- Work towards purposeful data collection and utilisation, where our people understand why data is being collected and can use it to improve the services we deliver. We will develop and publish our standards for improving data quality and data curation.

Investment in digital tools & training

Humber and North Yorkshire Health and Care Partnership

Where we are now

- Partner organisations embraced digital tools during the Pandemic.
- Recognition that there is a need to support consistency of digital tools and training across the Partnership, across different partner organisations, including local authorities and care providers.
- Investment in digital tools, e.g. clinician to clinician messaging, that work across partner organisations and promotes safe clinical practice.

Investment in digital tools & training

Humber and North Yorkshire Health and Care Partnership

We will

- Invest in the tools and training whilst working to embed a culture of digital across our organisations and make sure we are using digital tools effectively.
- Work to understand the needs of all our people to ensure that we are digitally inclusive; embrace approaches that enable overcoming barriers to uptake.
- We will collaborate to develop pan-ICS capabilities to join up data in a trustworthy way – delivering health improvements for individuals and our population.
- We will develop a data governance framework that extends our use of data.
- We will work to create an Office of Data Analytics to create a federated data ecosystem.
- We will work to agree priorities for piloting and adoption of Artificial Intelligence (AI) and Robotic Process Automation (RPA).
- We will support the implementation of a bidirectional HL7/FHIR pipeline between the data warehouse and local systems to optimise the utility of data from different sources.

Empower citizens

Citizen need drives digital investment & development

Humber and North Yorkshire Health and Care Partnership

Where we are now

- Recognition through formation of the Partnership that citizen need is best met through neighbourhoods and place, with collaborative support.
- Citizens engaged with digital as a response to COVID-19 and a need to work differently to meet their needs across health and care, mental health, public health and wider local authority services (e.g. blue bade, carers' assessments).
- Many services that were already provided digitally were expanded as citizens looked to understand what was available online.
- Ongoing digital projects across the Partnership being driven by citizen needs such as the managed care app store, ongoing pilot to recode citizen digital maturity in clinical systems.
- Citizen involvement through sitting on Local Digital Roadmaps

Citizen need drives digital investment & development

Humber and North Yorkshire Health and Care Partnership

We will

- Support place-based digital strategies that take a bottom-up approach to supporting citizen needs.
- Build on investment in digital citizen services made during covid and citizen expectation that digital services will continue to improve and expand, investing in covid recovery that is citizen-focussed.
- Engage with citizens to understand their needs and how these can be met through digital investment; start with the problem that needs to be solved and ensure citizen-facing solutions meet a need and are accessible.
- Have citizen accountability and representation on digital project and programme boards.

Commitment to digital inclusion

Humber and North Yorkshire Health and Care Partnership

Where we are now

- Partnership-wide digital inclusion working group, made up of health, local authorities, voluntary sector and local enterprise partnerships.
- Have a set of digital inclusion principles that have been signed off at the digital Committee; broadly covers 4 building blocks.
- Commissioning and implementing work as a working group to better understand the needs of our citizens and how to make digital solutions / non-digital alternatives more accessible.
- Activities in the community such as local authority equipment loan schemes run through libraries (donated devices are being repurposed and loaned out) and Digital Champion Networks (local authorities working in the community to improve digital skills).

Commitment to digital inclusion

Humber and North Yorkshire Health and Care Partnership

We will

- Build on our principles to develop a digital inclusion strategy and implementation plan; ensuring it reflects the Partnership commitment to digital inclusion.
- From implementation plan, formalise digital inclusion as a workstream in our ICS digital programme.
- Encourage more ICS partner organisations to join our working group; support and ensure consistency in ways of working.
- Invest in establishing a quantitative baseline for measuring digital inclusion; ability to set a % target and report on progress.
- Adopt the principles for digital inclusion and co-production for digital projects to follow.
- Build on our current initiatives, including the network of Digital Champions across our workforce, reflecting the different skills, expertise and enthusiasm that will help promote digital inclusion.
- Work with local authorities, agencies to support citizens in knowing what digital health solutions are available and how to use them.

A consistent digital experience

Humber and North Yorkshire Health and Care Partnership

Where we are now

- Already working as an ICS to ensure a consistent digital experience for our patients/citizens, recognising the importance of having access to personal health records to feel empowered as a citizen.
- This includes utilising NHS App as our digital front door and promoting the use of 111 to have a single UEC triage journey.
- We are working to develop consistent digital access across the Partnership, including online consultations and to ensure a consistent digital experience at all access points into primary care (e.g., walk-in, telephone, online).
- Working with NHSE on a primary care pilot to empower staff to signpost people to the most appropriate access points.
- Implementing the HCV Electronic Palliative Care Co-ordination (EPaCC) system to ensure individuals' wishes are supported during the end-of-life pathway.

A consistent digital experience

Humber and North Yorkshire Health and Care Partnership

We will

- Continue to strive for a consistent patient/citizen experience across the Partnership, including digital, that is user-led and continually considers the needs of our patients/citizens.
- Ownership of consistent digital experience to sit with the Digital Inclusion Group.
- Prioritise vendors who can integrate with our digital front door (NHS App) and are equally committed to creating a consistent digital experience.
- Implement our wider programme of digital consultations to increase accessibility, including creating digital hubs in the community for primary and secondary care.
- Prioritise GP practice websites, recognising that this is often the first point of access for patients, we will support standardisation as part of our wider digital gateway.
- Support consistent prescribing of digital tools by health and care professionals.

Improve Care

Digital to improve care

Humber and North Yorkshire
Health and Care Partnership

Where we are now

- As an Partnership, we are already investing in a system-led approach to investment in clinical digital solutions, having made significant progress in the last few years in how digital supports improved care pathways and clinical safety across organisational boundaries.
- We have seen this in how our shared care record is being used by our partner organisations, the expansion of virtual wards, remote consultations, and 111 to emergency department booking system to enable anywhere-to-anywhere booking for unplanned care.
- We recognise digital as an enabler, such as in providing more diagnostic services in the community. Providing MRIs, CT scans and ultrasounds closer to home, utilising community spaces such as empty units in shopping centres, is all possible through collaborative, digitally enabled working. We are using technology to integrate acute and community diagnostic services, with a single booking system that identifies where there is capacity across the system. We are also a leader in Scan for Safety (S4S) and Electronic Point of Care Traceability (EPOCT).

Digital to improve care

Humber and North Yorkshire Health and Care Partnership

We will

- Collaborate across Partnership organisations to support system redesign, to increase capacity, reduce waiting lists and improve quality of care, through use of digital technologies; recognising that our partner organisations will not be able to deliver safe and effective care without digital solutions running well in the background.
- Continually assess and identify the right forums to support system redesign through supported digital technologies, engaging with clinicians & commissioners.
- Take a user-centered design approach that engages providers and commissioners, clinicians and citizens. We will support our partner organisations in taking this approach and encourage collaboration and learning.
- Continue to support digital initiatives including virtual wards with care closer to home and wider IoT at home.
- Continue to align to the NHS Digital Clinical and Patient Safety Strategies to be the safest digital health system in the world through S4S and EPOCT.

Healthy Populations

Use data to drive population health

Humber and North Yorkshire
Health and Care Partnership

Where we are now

- Shared care record and strong partnerships with local authorities.
- Data sharing at ‘place’ level to better serve populations.
- Establishing a Data & Intelligence (Business Intelligence and Analytics) Group to establish the technical structure and approach, prioritise workstreams and agree authorities.

Use data to drive population health

Humber and North Yorkshire
Health and Care Partnership

We will

- Through our shared care record and live clinical data, lead the delivery and development of an ICS-wide intelligence platform with a fully linked, longitudinal data-set (including primary, secondary, mental health, social care and community data) to enable population segmentation, risk stratification and population health management, recognising the need for population health data in real time for effective decision making.
- Use data and analytics to redesign care pathways and promote wellbeing, prevention and independence; use data to improve our relationship with citizens.
- Use the learning from the ICS Toolkit, Goldacre Report, and NHS England/Optum programme to inform the PHM operating model and structures.
- Adopt a “one team” operating model that promotes the sharing of learning, good practice and innovation across Humber and North Yorkshire and supports the development of our Partnership as a Learning Health System.

Leaders in place-based care

Humber and North Yorkshire
Health and Care Partnership

Where we are now

- Recognise the role of the Partnership in supporting place-based care when many partner organisations, including our acute and ambulance trusts, work across a wider geographic area.
- Assessed our digital maturity at place-level across the Partnership, encouraging collaborative engagement of all our partner organisations, including local authorities, care providers, and the charitable sector.
- Investing in digital solutions that support patient care along the pathway, care in the community, such as our virtual wards programme which has brought together partner organisations in support.
- Supporting place-based digital interventions including the DREAMS team for assessing and supporting digital maturity of care providers.

Leaders in place-based care

Humber and North Yorkshire
Health and Care Partnership

We will

- Define place-based care broadly, including touchpoints and partners such as fire & rescue, police.
- Ensure we use our assessment of digital maturity at place-level in our planning cycle, with continuous review and reassessment as we progress.
- Create integrated care models for at risk population groups, using data and analytics to optimise the use of local resources and ensure seamless coordination across care settings.
- Ensure that local ICS and place-based decision-making forums, including PCN multi-disciplinary teams, have access to timely population health insight and analytical support.
- Support local variation and innovation with tools, whilst benefiting from economies of scale; look at which place-based solutions such as social prescribing would benefit from ICS support, consolidation.

Drive collaborative innovation

Humber and North Yorkshire Health and Care Partnership

Where we are now

- **Innovation as a Service** – Digital Hub 12-month pilot working with Y&H AHSN to run an Innovation Centre for Primary Care. Ambition is to establish a model for centralising innovation, benefiting from shared learning and organisational knowledge.
- ICS-wide innovation example: using non-written language tools in digital interfaces to promote accessibility and overcome language, literacy barriers.

Drive collaborative innovation

Humber and North Yorkshire Health and Care Partnership

We will

- Learn from our Innovation as a Service pilot to establish a sustainable model for the Partnership.
- Leverage our partnership to support clinical trials, real-world evidencing and AI tool development.
- Drive Partnership digital and data innovation through collaborations with the AHSN, academia, industry and other partners to become an exemplar.

We recognise that innovation will be enabled through many of our other efforts already outlined, including our **digital channels, data-driven research, commercial operating model** and **collaboration** with our partner organisations.

Drive collaborative innovation

Humber and North Yorkshire Health and Care Partnership

We will

Digital channels:

- Strengthen links and embed our digital team into the work of the provider collaboratives.
- Evaluate the impact of the changed operating models and pathways by mapping the way data and digital technologies have been deployed in new models for outpatient services and virtual wards, to identify opportunities for extending good practice.
- Use our understanding of the data flows and identify the implications for our data architecture, access to care records and wider integration and architecture with local and national (e.g. NHS App, NHS Spine).

Data-driven research:

- Support the Partnership's ambition to develop into a Learning Health System, strengthening both our capacity and skills for data science and analysis through Trusted Research Environments (TREs).

Drive collaborative innovation

Humber and North Yorkshire Health and Care Partnership

We will

Commercial:

- Modernise our procurement capabilities to digitise key processes – strategic sourcing, strategic supplier management, and contract management.
- Work with our partner organisations to review our cost and contract profile, to explore market options so that we obtain best value for money from all our suppliers, and to deliver a strategic approach to the management of supply risk.

Collaboration:

- Work with our partners to create an “innovation incubator hub” environment to promote and champion innovative best practice.
- Develop our plans as an ICS to address the wider portfolio of skills needed to deliver digital transformation at scale.
- Introduce a Digital Transformation Playbook; common ways of working for key aspects of our approach to digital transformation.

Next Steps

Next step priorities

Humber and North Yorkshire Health and Care Partnership

We recognise that we have significant digital ambitions as a Partnership and have much to achieve in the next few years, particularly as we consolidate our advances using digital during the COVID-19 pandemic. With this in mind, our next step priorities are to:

Achieve “levelling up” of digital maturity across our Partnership

Carry out detailed planning to ensure digital aligns to key ICS strategic developments

Re-establish the Digital Strategy Committee in our ICS governance framework

Consolidate our strategy into a clear roadmap for delivery over the next four years

First steps in the road map

Humber and North Yorkshire
Health and Care Partnership

As Year-1 priorities, we will commit as a Partnership to prioritising the following key strategic themes, recognising them as enablers for our wider ambitions:

Our Shared Care Record, including EPR/PHR Strategy

Cyber Security

Digital Inclusion

Population Health / Business Intelligence

Appendices

Approach to developing our digital strategy

Humber and North Yorkshire Health and Care Partnership

Our priority as an ICS was to develop a digital strategy that reflected:

- Our overarching ICS Strategy
- National strategic priorities
- The priorities of our partner organisations.

To achieve the latter, we engaged with our partner organisations over the period from February through May 2022. A first draft was completed through a combination of group engagement via the Digital Operations Group, using MIRO as an interactive tool and 1:1 sessions. These sessions were used to identify our digital priorities, our progress and our ambitions.

The draft was shared for consultation between 5 April and 9 May. During this time, individuals had the opportunity to comment on the draft via the MIRO board or directly on a PDF version. ‘Drop in’ clinics were made available on Teams for those who wished to discuss the Strategy 1:1.

Humber and North Yorkshire
Health and Care Partnership

For more information, please email the Humber and North Yorkshire Digital Support Hub at hullccg.hcvdigital@nhs.net

https://humberandnorthyorkshire.org.uk

Humber and North Yorkshire Health and Care Partnership

NHS Humber and North Yorkshire Integrated Care Board (ICB)

Item 13

Report to:	Integrated Care Board
Date of Meeting:	12 October 2022
Subject:	**ICB Digital Committee Terms of Reference**
Director Sponsor:	ICB Executive Director of Clinical and Professional Services
Author:	Interim Chief Digital and Information Officer

STATUS OF THE REPORT: *(Please click on the appropriate box)*

Approve ☒ Discuss ☐ Assurance ☐ Information ☐ A Regulatory Requirement ☐

SUMMARY OF REPORT:

The report presents the terms of reference for the Digital Committee of the Integrated Care Board (ICB. The committee is part of the robust operation and governance of the ICB and support the delivery of responsibilities set out in scheme of reservation and delegation where appropriate.

The terms of reference are consistent with the templates we have used for the statutory committees but additionally reflect further requirements of the ICB where appropriate.

RECOMMENDATIONS:

Members of the Board are asked to approve the terms of reference for the Digital Committee.

ICB STRATEGIC OBJECTIVE (*please click on the boxes of the relevant strategic objective(s)*)	
Realising our vision	☒
Improving outcomes in population health and healthcare	☒
Supporting broader social and economic development	☐
Tackling inequalities in outcomes experience and access	☒
Delivering our operational plan 2022/23	☒
Developing our ICS	☒

IMPLICATIONS (*Please state N/A against any domain where none are identified*)	
Finance	Adoption of the terms of reference supports sound financial governance, decision-making and assurance, particularly with regards to the remit of the Digital Committee
Quality	The Digital Committee has a direct link through the Chair who is a member of the Quality Committee which is the principal committee of the ICB with respect to quality assurance and it provides senior oversight for the strategic approach to quality and safety within the ICB and across the ICS.
HR	The Digital Committee has a responsibility in relation to the development of the Digital leadership and consideration of the workforce challenges.
Legal / Regulatory	Adoption of the terms of reference supports the maintenance of a robust governance regime that meets the statutory and regulatory requirements of the ICB.
Data Protection / IG	Adoption of the terms of reference supports the focus on strong Data Protection and IG policy.
Health inequality / equality	Adoption of the terms of reference supports the focus on health inequalities particularly with regards to the Digital Inclusion Strategy.
Conflict of Interest Aspects	Conflicts of Interest identified at the committee would be managed in accordance with the ICB Conflicts of Interest Policy.
Sustainability	N/A

ASSESSED RISK:

Risk

The failure to establish the terms of reference for the Digital Committee would significantly impair the ability of the ICB to achieve safe, effective and efficient decision-making in its core duties around digital strategy. There is a high likelihood in such circumstances of formal action against the ICB by NHS England.

Mitigation

The proposed terms of reference for the Digital Committee draws on best practice and guidance issued by NHS England and so provide strong mitigation against the assessed risks.

MONITORING AND ASSURANCE:

The terms of reference will be reviewed annually and the in-year effectiveness of its operation will be monitored via regular reporting and assurance provided through the relevant Executive on the ICB Board.

Assurance as to the effectiveness of its operation will also be given via the ICB Annual Governance Statement and the Head of Internal Audit Opinion.

ENGAGEMENT:
The terms of reference have been subject to comprehensive engagement with subject matter experts and senior executive leads and directors within the ICB and partner's Digital Executives.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No ☒ Yes ☐

If yes, please detail the specific grounds for exemption

Terms of Reference:	**Humber & North Yorkshire Digital Committee**
Authorship:	**Office of the CDIO**
Board / Committee Responsible for Ratifying:	**Integrated Care Board**
Approved Date:	**July 2022**
Ratified Date:	**[Insert Date]**
Review Date:	**July 2023**
Version Number:	**0.3**
The online version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.	

1. Constitution

The Humber and North Yorkshire (HNY) Digital Committee is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.

These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities, and reporting arrangements of the Committee and may only be changed with the approval of the Board / Committee who it is accountable to.

2. Authority

The HNY Digital Strategy Committee is authorised by the Board to:

- Investigate any activity within its terms of reference;
- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee / Sub Committee / Group) within its remit as outlined in these terms of reference;
- Commission any reports it deems necessary to help fulfil its obligations;
- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the HNY Digital Strategy Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice;
- Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the HNY Digital Committee members. The HNY Digital Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD) but may/ not delegate any decisions to such groups. For the avoidance of doubt, the HNY Digital Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD.

3. Purpose

The purpose of the HNY Digital Strategy Committee is to provide strategic leadership in delivering Humber and North Yorkshire Health and Care Partnership Digital Strategy and Vision.

The HNY Digital Committee will commit as a Partnership to prioritising the following key strategic themes, as initial priorities. Recognising them as enablers for the wider ambitions of the Integrated Care Board:

- Our Shared Care Record, including EPR Strategy,
- Cyber Security,
- Digital Inclusion,
- Population Health / Business Intelligence.

4. Chair, Membership and Attendance

Chair and Vice Chair

The HNY Digital Committee will be chaired by a Member of the Board appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.

Committee members may appoint a Vice Chair who, in the event of the Chair of the HNY Digital Committee being unable to attend all or part of the meeting, the Vice Chair will be appointed to Chair the meeting.

The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

Membership

The HNY Digital Committee members shall be approved by the Board in accordance with the ICB Constitution and will include:

ICB Executive Director of Clinical and Professional Services (Chair)
ICB Chief Executive
ICB Executive Director of Corporate Affairs
Chief Digital and Information Officer of the Humber and North Yorkshire Health and Care Partnership
Two director level representative from Humber and North Yorkshire and York Places
A director level representative (either clinical or non-clinical) for each of the Sector Collaboratives (Acute, Mental Health, Community, Primary Care and voluntary and community sector
A representative from local authority
ICB Innovation Clinical Lead
A community representative

Attendees

- The Committee may request any person who can support the Committee with any matters concerning their responsibilities or to present paper or information to the Committee to support their decision-making.

5. Meeting Quoracy and Decisions

The HNY Digital Committee will meet no less than 6 times per year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings

may take place as required.

The Board, Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the HNY Digital Committees' advice.

In accordance with the Standing Orders, the HNY Digital Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

Quorum
The HNY Digital Strategy Committee will be quorate when at least 4 members of the HNY Digital Committee are present to include at least:

- Chair or Vice Chair
- 3 Members of the Committee set out in section 4.

If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Decision Making and Voting
Decisions will be taken in according with the Standing Orders. The HNY Digital Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the HNY Digital Committee will hold the casting vote.

If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

6. Responsibilities of the HNY Digital Committee

The HNY Digital Committee duties can be categorised as:

- Providing strategic leadership and forward-thinking digital approaches which develop and improve our integrated care system.
- Being responsible for ensuring the timely delivery of the digital portfolio and ICB wide digital programmes, ensuring coordination and benefits are realised while confidently managing risk.
- Through oversight, assuring all ICB wide digital work so that it successfully delivers the ICB Vision, Mission, and Digital Strategy.
- Strategically identify digital prioritise across the System and Sub-Systems which deliver the greatest benefit and outcomes.

- Overseeing the strategic and high-level management of interdependencies and risks associated with all digital transformation programmes in the System and Sub-Systems.
- Overseeing the allocation of resources to digital programmes and projects, ensuring they are correctly resourced in numbers and specialisms.
- Ensuring the potential strategic and system level opportunities presented by digital technology are exploited fully along with any opportunities to attract digital investment.
- Setting and owning the overall Digital Strategy in line with the Humber and North Yorkshire Vision.
- Championing digital leadership, ethics and maintaining public consent.
- Receiving updates from the Digital Sub-System Committees and Steering Groups and assure the progress of digital work at Sub-System level, ensuring it matches the Vision and priorities of the Integrated Care System.
- Ensuring across HNY that we harness the power of digital, data and technology effectively, at scale, and consistently across their systems and organisations.
- Ensure digital, data and technology are aligned to operational and transformational priorities.
- Balance national policy and strategy with the needs of HNY and develop a strong sense of ‘what it will take’ for HNY to be successful, in order to better influence and shape national decision making.
- Ensure the Committee is taking a long term (five, ten years and beyond) planning approach to digital, data and technology strategy to ensure the region is undertaking the right activities now to support its longer-term vision.
- Encourage innovation at scale across our partnership and consider the partners necessary to contribute to this agenda.
- Understand the stakeholder and supplier landscape and develop an engagement strategy to support the work programme of the Committee.

The Committee will ensure that business is conducted in a way which reflects good practice in relation to both the nine dimensions of leadership and best value principles including:

- Vision and leadership,
- Effective partnerships,
- Governance and accountability,
- Use of resources,
- Performance management,
- Sustainability,
- Equalities.

7. Behaviours and Conduct

ICB values

Members will be expected to conduct business in line with the ICB values and objectives.

Members of, and those attending, the Committee shall behave in accordance with the ICB’s Constitution, Standing Orders, and Code of Conduct and Behaviours.

Equality and diversity
Members must demonstrably consider the equality and diversity implications of decisions they make.

8. Accountability and Reporting

The HNY Digital Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.

The records and actions of the meetings shall be formally recorded by the secretary and shared with the Board in accordance with the Standing Orders.

The Chair will provide assurance reports to the Board on at least a twice yearly basis and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

9. Secretariat and Administration

The HNY Digital Committee shall be supported with a secretariat, which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
- Good quality actions and records of each meetings business are maintained in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points, decisions and issues to be carried forward are kept;
- The Chair is supported to prepare and deliver reports to the Board;
- The HNY Digital Committee is updated on pertinent issues, areas of interest and policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored.

10. Review

The HNY Digital Committee will review these terms of reference at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

Document Information

Document Location

NHS\Humber and North Yorkshire Health and Care Partnership - Digital Support Hub\3=Admin\= Meetings\- HNY Digital Strategy Committee

Revision History

Version	Date	Author
V0.1	16/09/2021	Martyn Slingsby

V0.2	01/08/2022	Martyn Slingsby
V0.3	05/10/2022	Andy Williams

Approvals

Name	**Role**	**Date**

Distribution

This document has been distributed to

HNY Digital Strategy Committee Members	HNY Digital Executive Group

NHS HUMBER AND NORTH YORKSHIRE
INTEGRATED CARE EXTRAORDINARY BOARD

APPENDICES

Item 9 – Financial Update

Humber and North Yorkshire
Health and Care Partnership

NHS
Humber and
North Yorkshire
Integrated Care Board (ICB)

August 2022

Integrated Finance Report

Contents

1. Key Headlines – HNY

		HUMBER & NORTH YORKSHIRE - 2022/23 MONTH 5						YTD RAG	Forecast RAG
		Year to date			Full year				
		Plan	Actual	Variance (adverse)	Plan	Forecast	Variance (adverse)		
		£000s	£000s	£000s	£000s	£000s	£000s		
	System Envelope Performance	1,505	(6,950)	(8,455)	0	0	0		
	Capital Expenditure - Total	48,050	29,434	18,616	152,274	153,574	(1,300)		
	Capital Charge against System CDEL (excl IFRS 16)	24,599	11,941	12,658	72,622	72,622	0		
	Capital Charge against System CDEL (Inc IFRS 16)	33,419	13,840	19,579	96,933	98,233	(1,300)		
	COVID expenditure	21,263	18,742	2,521	49,824	43,500	6,324		
	Cash Balance (Providers)	218,426	232,568	14,142	220,279	189,811	(30,468)		
	Efficiency - ICB	15,625	15,673	48	37,505	37,505	(0)		
	Efficiency - Providers	42,266	38,090	(4,176)	106,207	105,413	(794)		

		NHS Value	Non NHS Value	Total Value	NHS Volume	Non NHS Volume	Total Volume
	Better Payment Practice Code	93%	91%	92%	82%	92%	92%

Information not submitted nationally for M4

2. Financial Commentary – Revenue

Humber and North Yorkshire Health and Care Partnership

NHS Humber and North Yorkshire Integrated Care Board (ICB)

System Envelope Performance. Objective - To Break Even

Year To Date: Actual Deficit £7.0m, Planned Surplus £1.5m Adverse Variance £8.5m

- The total system position as at month 5 is a deficit of £7.0m. This is £8.5m worse than the £1.5m surplus planned. Adverse positions are being reported in all of the acute Trusts, with bed pressures and efficiency target shortfalls being the main reasons. ICB is showing a breakeven position at month 5.
- Position assumes no adjustment to elective recovery funding for any organisation in line with national guidance.

Forecast Outturn – Overall System is forecast to breakeven

Covid Spend inside and outside of envelope - Year To Date spend of £18.7m and Forecast spend of £43.5m

Efficiency – At month 5 Efficiency delivery of £53.8m which is £4.1m behind plan at overall system level

Cash Management – At month 5 there is a healthy cash balance £233m favourable to plan by £14.1m

Risk:

- Elective Recovery Funding. No Clawback has been confirmed for the first half of the year. Guidance for the second half is awaited. Organisations continue to maximise elective work as potential mitigation.
- Agency: The system has been set a target of £64.7m (90% of 21/22 expenditure). Based on the current assessment, the ICB is over target by £6.7m. All organisations continue to work to reduce the reliance on agency.

3. Financial Commentary - Capital

Humber and North Yorkshire Health and Care Partnership

NHS Humber and North Yorkshire Integrated Care Board (ICB)

ICB: Total Capital plan of £152.3m

- Significant year-to-date slippage. Against a plan of £48.0m, actual spend of £29.4m, variance of £18.6m. The system is forecasting to overspend against plan by £1.3m.

ICB Core CDEL Capital Plan £96.9m *(This is a subset of the total capital award. It reflects the "operational" capital that the ICB has been allocated)*

- Year to date spend £13.8m, significant underspend of £19.5m
- The £1.3m forecast risk relating to Humber Teaching Trust leases. This is currently being reviewed to determine if there is national funding available.
- Electronic Patient Record business cases for all Trusts are in the process of being developed.

Risks:

- In year underspend - the position will continue to be monitored by Director of Finance and Strategic Estates Groups to ensure the full capital allocation is spent..
- Inflationary pressures impact on cost growth on schemes - the position will continue to be monitored by Director of Finance and Strategic Estates Groups.

4. Income and Expenditure Position

Organisation	Year To Date		
	Plan Surplus / (Deficit)	Actual Surplus / (Deficit)	Variance (adverse)
	£000s	£000s	£000s
York and Scarborough Teaching Hospitals NHS Foundation Trust	(268)	(3,192)	(2,924)
Harrogate and District NHS Foundation Trust	0	(589)	(589)
Northern Lincolnshire And Goole NHS Foundation Trust	1,142	(2,599)	(3,741)
Humber Teaching NHS Foundation Trust	(275)	(275)	0
Hull University Teaching Hospitals NHS Trust	906	(295)	(1,201)
Provider Total	**1,505**	**(6,950)**	**(8,455)**
ICB	0	0	0
Humber & North Yorkshire Total	**1,505**	**(6,950)**	**(8,455)**

6. Agency Expenditure

	Plan 31/08/2022 YTD £'000	Actual 31/08/2022 YTD £'000	Variance 31/08/2022 YTD £'000	Plan 31/08/2022 Year ending £'000	Forecast 31/08/2022 Year ending £'000	Variance 31/08/2022 Year ending £'000
Non-medical - Clinical staff agency						
Registered nursing, midwifery and health visiting staff	10,061	13,083	(3,022)	23,220	28,441	(5,221)
Allied health professionals	829	895	(66)	1,997	2,158	(161)
Other scientific, therapeutic and technical staff	105	115	(10)	253	247	7
Healthcare scientists	0	23	(23)	0	55	(55)
Healthcare scientists and scientific, therapeutic and technical staff	934	1,033	(99)	2,251	2,460	(209)
Qualified ambulance service staff	0	0	0	0	0	0
Support to nursing staff	504	900	(396)	1,214	1,860	(646)
Support to allied health professionals	0	0	0	0	0	0
Support to other clinical staff	239	17	222	572	43	529
Support to clinical staff	743	917	(174)	1,785	1,903	(117)
Total non-medical - Clinical staff agency	**11,738**	**15,033**	**(3,295)**	**27,256**	**32,803**	**(5,547)**
Medical and dental agency	0	0	0	0	0	0
Consultants	10,011	9,771	240	22,698	22,028	670
Career/staff grades	1,292	1,765	(473)	3,106	3,582	(476)
Trainee grades	3,858	4,162	(304)	9,274	10,078	(804)
Total medical and dental staff agency	**15,160**	**15,698**	**(538)**	**35,078**	**35,689**	**(611)**
Non medical - non-clinical staff agency	0	0	0	0	0	0
NHS infrastructure support	1,014	1,662	(648)	2,330	2,889	(558)
Any others	0	2	(2)	0	5	(5)
Total non medical - non-clinical staff agency	**1,014**	**1,664**	**(650)**	**2,330**	**2,894**	**(563)**
Total pay bill - agency & contract staff excluding capitalised staff costs	**27,912**	**32,395**	**(4,483)**	**64,664**	**71,385**	**(6,721)**
Capitalised staff costs	0	0	0	0	0	0
Total pay bill - agency & contract staff including capitalised staff costs	**27,912**	**32,395**	**(4,483)**	**64,664**	**71,385**	**(6,721)**

Capital Position by Organisation Month 5

Humber and North Yorkshire ICS - Month 5 ICS Envelope and NET CDEL position	Plan YTD £000s	Actual YTD £000s	YTD Variance £000s	Plan £000s	FOT £000s	FOT Variance £000s
ICS Envelope (Excluding IFRS 16)						
Harrogate and District NHS Foundation Trust	3,744	1,504	2,240	9,114	9,114	0
Hull University Teaching Hospitals NHS Trust	6,583	3,891	2,692	20,701	20,701	0
Humber Teaching NHS Foundation Trust	2,843	589	2,254	6,140	6,140	0
Northern Lincolnshire and Goole NHS Foundation Trust	5,054	2,083	2,971	13,332	13,332	0
York Teaching Hospital NHS Foundation Trust	6,375	3,874	2,501	23,335	23,335	0
Expenditure against ICS Envelope (exc IFRS16)	**24,599**	**11,941**	**12,658**	**72,622**	**72,622**	**0**
ICS Envelope (Including IFRS 16)						
Harrogate and District NHS Foundation Trust	3,744	1,504	2,240	9,114	9,114	0
Hull University Teaching Hospitals NHS Trust	7,193	4,236	2,957	21,667	21,667	0
Humber Teaching NHS Foundation Trust	2,843	589	2,254	6,140	7,440	(1,300)
Northern Lincolnshire and Goole NHS Foundation Trust	5,264	2,083	3,181	13,857	13,857	0
York Teaching Hospital NHS Foundation Trust	14,375	5,428	8,947	46,155	46,155	0
Expenditure against ICS Envelope (Inc IFRS 16)	**33,419**	**13,840**	**19,579**	**96,933**	**98,233**	**(1,300)**
NET CDEL (including other)						
Harrogate and District NHS Foundation Trust	4,049	1,562	2,487	9,848	9,848	0
Hull University Teaching Hospitals NHS Trust	7,773	4,816	2,957	23,062	23,062	0
Humber Teaching NHS Foundation Trust	2,843	589	2,254	6,140	7,440	(1,300)
Northern Lincolnshire and Goole NHS Foundation Trust	14,510	7,162	7,348	36,318	36,318	0
York Teaching Hospital NHS Foundation Trust	18,875	15,305	3,570	76,906	76,906	0
NET CDEL (including other)	**48,050**	**29,434**	**18,616**	**152,274**	**153,574**	**(1,300)**