



## HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD

**WEDNESDAY 10 APRIL 2024 FROM 09:30 AM**

**CONFERENCE ROOM, ERGO, BRIDGEHEAD BUSINESS PARK, HESSLE, HU13 0GD**

### **Attendees and Apologies**

#### **ICB Board Members: "Ordinary Members" (Voting Members)**

##### **Present:**

Sue Symington	(Chair) HNY ICB Chair
Stephen Eames	HNY ICB Chief Executive
Amanda Bloor	HNY ICB Deputy Chief Executive / Chief Operating Officer
Councillor Jonathan Owen	Local Authority Partner Member
Dr Bushra Ali	Primary Care Partner Member
Dr Nigel Wells	HNY ICB Executive Director of Clinical & Professional Services
Jane Hazelgrave	HNY ICB Executive Director of Finance & Investment
Jayne Adamson	HNY ICB Executive Director of People
Jonathan Lofthouse	Provider Partner Member
Mark Chamberlain	HNY ICB Non-Executive Director
Richard Gladman	HNY ICB Non-Executive Director
Stuart Watson	HNY ICB Non-Executive Director
Teresa Fenech	HNY ICB Executive Director of Nursing & Quality

##### **Apologies:**

None

#### **ICB Board Members "Participants" (Non-Voting Members)**

##### **Present:**

Andrew Burnell	Partner Participant (Community Interest Companies)
Anja Hazebroek	HNY ICB Executive Director of Communications, Marketing & Media Relations
Councillor Michael Harrison	Partner Participant (Local Authority: North Yorkshire and York)
Jason Stamp	Partner Participant (Voluntary, Community & Social Enterprise)
Karina Ellis	HNY ICB Executive Director of Corporate Affairs
Louise Wallace	Partner Participant (Public Health)
Max Jones	Chief Digital Information Officer (CDIO)
Michele Moran	Partner Participant (Mental Health, Learning Disabilities and Autism)
Peter Thorpe	HNY ICB Executive Director of Strategy & Partnerships
Professor Charlie Jeffery	Partner Participant (Further Education)
Dr Simon Stockill	Primary Care Collaborative Lead
Mike Napier	HNY ICB Director of Governance & Board Secretary

##### **Apologies:**

Helen Grimwood	Partner Participant (Healthwatch)
Councillor Stanley Shreeve	Partner Participant (Local Authority: N & NE Lincolnshire)

#### **"Observers" and Individuals Presenting Items**

Emma Jones	HNY ICB Business Services Senior Officer (Secretariat)
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## **1. Welcome and Introductions**

The Chair opened the meeting and welcomed everyone present and those observing the meeting via the livestream.

The Board was reminded that this was a meeting held in public and was being filmed and recorded for the benefit of the public. Artificial intelligence (AI) was assisting in the minuting. It was confirmed that Board meetings in public would be held monthly throughout 2024/25.

The Chair advised of several updates to the Board membership. Dr Simon Stockill had joined the Board as a partner participant on behalf of the primary care collaborative and Jonathan Lofthouse, Group Chief Executive of Northern Lincolnshire and Goole Hospitals NHS Foundation Trust and Hull University Teaching Hospitals NHS Trust, had replaced Simon Morritt as the acute services partner member.

The chair thanked Simon Morritt for his service to the ICB from its inception. Both new members were welcomed to the ICB and to the board meeting

It was also noted that Andrew Burnell had been renominated as Community Interest Company partner participant.

The Chair expressed her thanks on behalf of the Board to Michele Moran who was stepping down as the mental health, learning disabilities and autism partner participant. She had been a huge support to Board and the Chair. Brent Kilmurray, Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), would take up this post from May onwards.

For completeness, it was also noted that Jason Stamp continued to represent the voluntary, community and social enterprise (VCSE) sector on the Board as the partner participant.

These updates to board membership ensure that the relationship between the Board and the five sector collaboratives is further strengthened. The collaborative Board representatives will dedicate (a notional) 1.5 days a week to their system responsibilities.

## **2. Apologies for Absence**

The Chair noted the apologies as detailed above and it was confirmed that the meeting was quorate.

## **3. Declarations of Interest**

In relation to any item on the agenda of the meeting Board Members were reminded of the need to declare:

- (i) any interests which were 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;

No declarations of interest were noted in relation to the business of the meeting.

#### **4. Minutes of the Previous Meeting held on 13 March 2024**

The minutes from the previous meeting held on 13 March 2024 were checked for accuracy and the Board agreed the minutes as a true and accurate record.

An update was provided for the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) court case, which involved three suicides in children and young people's services at TEWV. The Care Quality Commission (CQC) had prosecuted on three cases relating to failing to provide safe care and treatment, resulting in avoidable harm. The organisation pleaded guilty to two cases and not guilty to the third case. A verdict of not guilty was returned on the third case on 11 March 2024. Sentencing for the two guilty cases was expected on the 19 April 2024.

##### **Outcome:**

**Board Members approved the minutes of the meeting held on 13 March 2024 and these would be signed by the Chair.**

#### **5. Matters Arising and Actions**

The Chair noted that there were five matters arising from the minutes, however all were due to report back in May 2024.

No additional matters were raised.

##### **Outcome:**

**Board Members noted the updates on the matters arising were due in May 2024.**

#### **6. Notification of Any Other Business**

Members of the Board were reminded that 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.

The Chair advised that no such notifications had been received.

##### **Outcome:**

**Board Members noted that there were no items of any other business to be taken at the meeting.**

#### **7. Board Assurance Framework**

The Chair led the discussion on the Board Assurance Framework (BAF), reiterating its importance in maintaining oversight of the risks to the achievement of the ICB's strategic objectives. The need to keep an up-to-date record of these risks was emphasised to ensure the achievement of organisational targets. The Board's focus on the mitigations in place was also highlighted. The Chair explained that while the risks may not change significantly, the mitigations do, and these affected how the Board perceived these risks in relation to their goals.

Karina Ellis referred to the analysis provided in the report, including with respect to the management of the risks for 2023/24.

The updates to the individual risks, as set out in the report, were noted with the following highlighted specifically for the Board:

- A1 (*failure to recognise, monitor and have mitigating actions to improve standards in local care for patient safety*) the identified risks continued to be reviewed at the quality committee and system quality group but with a recognition that the necessary system quality improvements would take time to be delivered prior to seeing a decrease in the risk rating.
- A3 (*failure to operate with the ICB's resources and within the resources for 23/24*) would be closed in June 24 following the completion of the annual accounts. A new risk, A7, would replace it for the 2024/25 financial plan which was recognised to be a high risk.
- The continued risks in relation A4 (*employment relation challenges and increasing workload leading to reductions in the availability of workforce across the system*) were noted.
- A6 (*ICB's operating plan for 2023/24*) would be replaced by a new risk relating to the 2024/25 operating plan, once the plan had been finalised and approved.

Discussion took place on the value of Board deep dives into the above risks and it was agreed that a decision would be taken once the planning round was concluded and the risks had been aligned to the new strategic objectives for 2024/25.

It was also agreed that risks B2 (*failure to connect and build relationships with partners and stakeholders*) and B3 (*robust governance processes and effective control mechanisms not in place*) would be closed and monitored as business as usual. It was noted that both would come back onto the BAF should their risk rating deteriorate.

The Board considered the balance between the focus on the risks associated with delivery of the 2024/25 financial plan, and those associated with delivery of the medium-term financial plan – given the ICBs commitment to becoming a zero-deficit system across the NHS, in line with all other partners. Jane Hazelgrave confirmed to the Board that engagement on the enablers necessary to deliver the medium-term financial plan were underway, including via the Leadership Forum.

**Outcome:**

**Board Members:**

**Approved the changes to the BAF as highlighted in the report.**

**Reviewed and discussed the analysis of risks and agreed any actions.**

**Identified any further areas of risk that may impact on the delivery of the ICB strategic objectives.**

## 8. Chief Executive Update

Stephen Eames provided an update on the following areas.

It was noted that medical consultants had accepted a national pay deal but junior doctors had not. Further dates for junior doctor industrial action were not known at this stage.

It was also noted that the Care Quality Commission (CQC) had announced it was to delay the introduction of its new integrated care system assessments at the request of ministers to allow for further refinements of the CQC approach.

### **2024/25 ICB Strategic Objectives**

Stephen Eames presented the ICB strategic objectives for 2024/25. He emphasised the importance of these objectives as they informed the system and translated into specific objectives for himself, the Executive Directors, and the workforce that made up the ICB.

The 2024/25 strategic objectives presented were as follows:

1. *Leading for Excellence*- to achieve consistent excellence across all services through excellent leadership and relationships.
2. *Leading for Prevention*- to improve the current system to better serve the population and allocating resources where they brought the most benefit to patients and service users, whether that was in health or social care.
3. *Leading for Sustainability*- to ensure the sustainability of services and to address significant quality challenges and the importance of workforce sustainability.

The importance of including the patient or community voice was also highlighted, especially when making difficult choices with limited resources.

Board Members provided feedback on the strategic objectives. It was agreed that greater emphasis would be placed on moving resources across the system to where they bring the greatest benefit to patients and service users. It was also agreed that the discussions relating to efficiency would focus on achieving targets rather than “percentage” measures of performance.

### **ICB Equality, Diversity and Inclusion Objectives**

Anja Hazebroek referred to the previous Board equality, diversity and inclusion (EDI) discussion and confirmed that the six ICB EDI objectives had subsequently been agreed and published. These were:

- i) Enhance Data Quality and Utilisation for Improved Health Outcomes
- ii) Foster Collaborative Information Sharing with System Partners
- iii) Promote Learning and Implementation of Best Practice
- iv) Enhance Engagement with Underrepresented Voices
- v) Promote Workforce Understanding and Support
- vi) Implement EDI Training and Skill Development

The objectives would continue to be developed throughout the year and all ICB staff would follow the lead of the executive directors in having a specific EDI objective in their objectives.

**Outcome:**

**The Board noted the updates provided.**

**The 2024/25 ICB Strategic Objectives would be amended with regard to the above.**

**9. Performance Report**

Amanda Bloor presented the month 11 performance report.

It was reported that while there remained challenges in urgent care performance, the year-end system performance was expected to be around 70%, against a national target of 76%. This was recognised as a significant achievement given the circumstances. The Cat 2 response times for both East Midlands Ambulance Service and Yorkshire Ambulance Service had seen some improvement however neither met the 30-minute standard. Trusts were seeing high volumes of conveyances and a high number of 60-minute handovers.

It was also noted that while the waiting list size had increased, the long wait position had improved such that the 78-week backlog had been eliminated, save for eight highly complex cases.

The diagnostic 6-week performance showed improvement in February and met the trajectory, but the ICB remains an outlier and adrift from the constitutional target.

Cancer performance did not achieve the plan for faster diagnosis but did see further improvement in the 63+ days waiting list.

The Board then considered the position in relation to the nine mental health targets. It was noted that two of these were being met and further work undertaken to focus on understanding the current situation and developing plans to improve performance against the other seven.

The Board discussed the role of universities in providing mental health support to the 60,000 students within Humber and North Yorkshire and the need for better integration between health and education services. The board recognised this as an important partnership.

The Resilience Hub which supports staff mental health was discussed, including the opportunity to link pastoral care for businesses. There is a need for an urgent and wider discussion regarding the ongoing funding of the Resilience Hub. It was agreed that this subject will be considered by the Integrated Care Partnership.

The performance of primary care and community services was also highlighted, noting that the community waiting list had dropped and was nearly 7000 under plan.

Out of area placements is an area of focus for the ICB, linking to a significant transformation plan. This work is currently underway.

It was also recommended that the collaborative leaders on the Board add their commentary to relevant areas of the performance report.

The huge amount of work that is undertaken, by the respective teams, to generate the Performance Report was recognised by the ICB.

**Outcome:**

**The Board:**

**Noted the development of the Board performance report.**

**Considered and discussed the performance report: - in particular, the issues highlighted in the cover sheet.**

**Provided feedback to support the development of the Board Performance Report.**

**The community waiting list figures and this information would be shared with Dr Ali.**

**10. Finance**

Jane Hazelgrave led the Board through the Month 11 financial position. She highlighted the significant changes that had occurred as part of the reset, including additional funding deployed into the system to cover industrial action and national funding to match deficit plans. It was clarified that this does not provide additional resources but brought the system back to a balanced plan.

It was also noted that the system would still be treated as though it had a deficit plan, with the ability to access some additional bonus capital still at the same rate as if there was a deficit. The deficit would have to be repaid in the year after next financial round.

The Month 11 position showed a deficit of £16 million against a planned deficit of £7.5 million, resulting in an overspend of £8.5 million. Reference was also made to the efficiency slippage of £18.1 million below plan and a residual risk at month 11 of £2.6 million. The forecast remained for delivery of the balanced plan for the full year.

It was noted that the capital position was significantly underspent and clarification was provided that the system was seeking to spend as much capital as possible in accordance with the Capital Departmental Expenditure Limit (CDEL) rules. It was noted that this was a fluid position and would update the Board at Month 12.

The ICB establishment costs were underspent by £9 million and the provider agency costs were overspent, predominantly as a result of industrial action. It was highlighted that Table 3 in the report still related to Month 10 and this would be replaced and updated on the website.

**Outcome:**

**The Board:**

**Noted the system financial position for both year to date and forecast outturn.**

**Noted the residual level of risk identified at Month 11 that would need be managed to deliver planned/forecast position.**

**Table 3 - the table would be updated and shared on the website.**

## **11. Board Committee Summary Reports**

The Chair led the discussion on the Board committee summary reports. She reiterated the importance of these reports in providing a comprehensive view of the committee's work on behalf of the Board and their role in providing assurance and identifying matters for escalation.

The alerts for escalation were noted, with particular focus on the quality committee's consideration of the challenges to improve population health given the ageing population profile.

The Chair then drew attention to the three alerts identified by the Integrated Care Partnership, including system risk related to the financial position, access to pharmacy and dental services, and the impact of the cost of living on carers and people living with chronic illness. The importance of resource sharing and collaboration with partners to address these challenges was also emphasised.

Nigel Wells highlighted the alert raised by the clinical and professional committee regarding the need for improved outcomes for paediatric asthma. He stressed the importance of accurate diagnosis and management of asthma, as well as addressing wider determinants of health such as housing and education.

**Outcome:**

**Board Members noted the content of the Committee Assurance and Escalation Reports.**

## **12. Quarter 4 Governance: Board Effectiveness Review 2023/2024**

Karina Ellis advised that the review followed an effectiveness review process agreed by the Board, utilising the Healthcare Financial Management Association (HFMA) Audit Committee handbook guidance. Excellent levels of attendance at the Board were reported. The Board was asked to review and comment on the self-assessment.

Following discussion, it was agreed that the review provided assurance that the Board has been operating effectively in 2023/24.

**Outcome:**

**The Board:**



**Reviewed the self-assessment of the ICB Board, commenting as appropriate and highlighting any gaps in assurance.**

**Concluded that assurance has been provided that the Board has operated effectively for 2023/24.**

#### **Quarter 4 Governance: Committee Assurance Report 2023/2024**

Karina Ellis presented the Committee Assurance Report for 2023/24. Each of the committees had undergone an effectiveness review and produced an annual report, which was available in the Supplementary Information Pack. Amendments to each of the individual terms of reference are being made and will be brought back to the Board for approval in May. The Board were asked to note the self-assessments and the annual reports from each committee.

#### **Outcome:**

#### **The Board:**

**Noted the findings of the self-assessed reviews of effectiveness of the Committees of the ICB Board for 2023/24.**

**Noted the ICB Board committees' annual reports 2023/24.**

**Noted that the Committee terms of reference would be brought to the Board for approval in May 2024.**

### **13. Workforce – Breakthrough Plan for 2024/2025**

Jayne Adamson shared the workforce breakthrough plan for 2024/25 and referred to the paper and slides to share with the Board members. A copy of the booklet 'At the Tipping Point' which summarised the previous year's 2023/24 programme had also been shared with members.

Two programmes were highlighted, the development of the breakthrough ICB programme and the breakthrough Humber and North Yorkshire (HNY) proposed programme for 2024/25. These programmes were set to go to the workforce committee for approval and through to the Leaders Forum at its next meeting in May 2024.

The recent Grant Thornton recommendations were discussed in relation to workforce and pay reduction. The new pay bill and agency management committee was introduced, which will lead significant pieces of work linked to the financial challenges faced by the system in 2024/25.

The System Inclusion Assembly was discussed, which will focus on inclusion and brings together partners from across the system.

The discussion concluded by confirming that the first meeting of the pay bill and agency management committee would be held in a couple of weeks' time.

**Outcome:**

**The Board noted the update provided.**

**Particular focus on the outcomes from the work being undertaken would be highlighted in future updates.**

#### **14. Board Assurance Framework Review**

The Chair led the discussion on the Board Assurance Framework Review. The Board reflected on the conversations and discussions held during the meeting, questioning whether the right risks were being tracked on the Board Assurance work. The Chair asked the Board if there were any changes or additions needed to the framework based on the discussions held during the meeting.

Mental health was highlighted, particularly young people's mental health and waiting times, and questioned whether this was a strategic risk that should be included in the framework.

It was suggested that as the Board moved into the next fiscal year, working towards the objectives laid out in the operating framework a risk existed in respect of the targets set for mental health. Overall delivery as a system (given the complexity and the challenges of the upcoming year) was a risk that needed to be included in the framework.

Reference was made to the known aging population and it was questioned whether the Board needed to be more explicit about the need to change how future services were planned based on this aging population profile and whether this should be reflected in the BAF.

The Chair advised that this could be considered further following the forthcoming Board time out session.

**Outcome:**

**The Board noted the discussion and will continue to ensure that the BAF is a dynamic document, used at every board meeting, to ensure oversight of key strategic risks.**

#### **15. Items for Information**

The Chair highlighted the importance of the good news briefings that accompanied the Board papers, reminding the Board of the significant work and impact our staff have across the geography.

The Chair also discussed a piece of correspondence received from a member of the public via Councillor Owen and Amanda Bloor. The correspondence was related to the update on the Community Diagnostic Centres (CDCs) and the development of the home and spoke model. Amanda Bloor, COO, provided an update on the progress of the site in Scarborough, confirming that York and Scarborough Teaching Hospitals NHS Foundation Trust (Y&STHT) had purchased the land for the CDC and contracts had been exchanged. She also confirmed that a more detailed update report on the whole CDC programme would be brought to a future Board meeting.

The issue of community transport was discussed, and it was noted that a piece of mapping work was about to be commissioned to understand what the commissioned services were and what other community services exist. The challenges that would arise from this, particularly in terms of access to services and preventative well-being services were acknowledged. The discussion also touched on the role of volunteers in relation to patient transport and how this could be better supported and utilised.

## **16. Any Other Business**

### **Humber and North Yorkshire: A Review of 2023/24**

The Chair drew attention to the 2023/24 review document, emphasising its importance in demonstrating the value and impact of the organisation. The desire to share this document widely was expressed and to take pride in the achievements of the past year.

The Chair also commended the quality of the Board pack, noting its organisation and accessibility, and expressed a request to continue improving it for future Board meetings.

## **17. Closing Remarks of Private Session**

The Chair thanked all attendees for their participation and attention.

## **18. Date and Time of Next Meeting**

The next meeting would be held on Wednesday 8 May 2024 at 9.30 am, Conference Room, Ergo, Bridgehead Business Park, Hessle, HU13 0GD.

## Humber & North Yorkshire Integrated Care Board: Matters Arising Action Log

Date Raised	Action Reference	Item No. and Action	Owner	Due Date	Progress / Status
13/03/2024	01-1302	<p><b>8 – Board Assurance Framework</b></p> <ul style="list-style-type: none"> <li>Agreed that a medium-term financial risk and primary care strategy risk be added to the BAF and a primary care risk be added to the Corporate Risk Register.</li> </ul>	Jane Hazelgrave Amanda Bloor	May 2024	Due at May Board
10/04/2024	01-1004	<p><b>8 – Board Assurance Framework</b></p> <ul style="list-style-type: none"> <li>Quality impact / workforce impact / performance deep dives to be considered in relation to Risks A1, A4 and A6 within the context of the finalisation of the 2024/25 planning round.</li> </ul>	Jane Hazelgrave / Amanda Bloor / Teresa Fenech	Timing TBC	Timing TBC
		<ul style="list-style-type: none"> <li>Finance risk for 2024/25 to be included for May board.</li> </ul>	Jane Hazelgrave	May 2024	Due at May Board
		<ul style="list-style-type: none"> <li>Sources of assurance in relation to 2024/25 finance risk to be reviewed at Finance, Performance and Delivery Committee following approval of 2024/25 financial plan.</li> </ul>	Richard Gladman	July 2024	Not Due
		<ul style="list-style-type: none"> <li>Align the BAF to the confirmed 2024/25 strategic objectives and, following further focussing of Board priorities at time out at the end of April 24, review the completeness of the BAF in reflecting both immediate risks and those that threatened delivery of strategic objectives in the longer term.</li> </ul>	Karina Ellis	June 2024	Not Due
13/03/2024	02-1302	<p><b>13 – Board Committee Summary Reports</b></p> <ul style="list-style-type: none"> <li>The Chair and Executive Director of Nursing and Quality to discuss the lead non-executive director for patient safety being a retained member</li> </ul>	Teresa Fenech	May 2024	Due at May Board
13/03/2024	03-1302	<p><b>14 – Performance Report</b></p> <ul style="list-style-type: none"> <li>Agreed that further work be undertaken to reflect the impact of performance for the most vulnerable cohorts.</li> <li>Requested a more detailed update on the workforce dimension in future performance reports was provided, given its significance.</li> <li>Agreed to bring a more detailed update on the Community Diagnostic Centres would be received in two months' time.</li> </ul>	Amanda Bloor	May 2024	Due at May Board

Date Raised	Action Reference	Item No. and Action	Owner	Due Date	Progress Status /
10/04/2024	02-1004	<b>15 – Performance Report</b> <ul style="list-style-type: none"> <li>Discussion to be held at the next ICP regarding the wider partnership approach to Mental Health support.</li> <li>Report back on the discussion on the function and resource model of the resilience hub at the ICP.</li> <li>To include Collaborative Leads input in the performance report commentary at future Board meetings.</li> </ul>	Karina Ellis	July 2024	Not Due
			Amanda Bloor	June 2024	Not Due
13/03/2024	04-1302	<b>16 – Operational Plan Update</b> <ul style="list-style-type: none"> <li>Agreed that a more detailed report was presented at the next meeting, giving further details of the draft plan submission, and associated risks and mitigations, made on 21 March 2024.</li> </ul>	Amanda Bloor	May 2024	Completed – Added to May agenda
13/03/2024	05-1302	<b>18 – NHS Equality Delivery System (EDS) 2022: Humber and North Yorkshire ICB approach to the review process</b> <ul style="list-style-type: none"> <li>‘Developing’ - it was agreed that quarterly reports on this activity would be brought to the Board.</li> </ul>	Anja Hazebroek	Jul 2024	Completed – Added to forward Plan
10/04/2024	03-1004	<b>13 – Workforce Breakthrough Plan 2024/25</b> <ul style="list-style-type: none"> <li>Future reports to include reference to outcomes achieved</li> </ul>	Jayne Adamson	May 2024	Action from May Onwards
10/04/2024	04-1004	<b>15 – Items for Information</b> <ul style="list-style-type: none"> <li>Update on development on community diagnostic centres</li> </ul>	Amanda Bloor	June 2024	Not Due

**Key:**

Completed / Closed	
In Progress	
To Action	
Action Overdue	
To Be Actioned but date not yet due	