



HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD

WEDNESDAY 10 JANUARY 2024 FROM 11:45 – 15:00 HRS
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 (Up to Item 12)
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
Mark Chamberlain	HNY ICB Non-Executive Director
Simon Morrilt	Provider Partner Member (Up to item 10 and then from Item 13)
Stuart Watson	HNY ICB Non-Executive Director
Teresa Fenech	HNY ICB Executive Director of Nursing & Quality
Richard Gladman	HNY ICB Non-Executive Director
Jayne Adamson	HNY ICB Executive Director of People

Apologies:

None

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

Present:

Anja Hazebroek	HNY ICB Executive Director of Communications, Marketing & Media Relations
Louise Wallace	Partner Participant (Public Health)
Karina Ellis	HNY ICB Executive Director of Corporate Affairs
Peter Thorpe	HNY ICB Executive Director of Strategy & Partnerships
Andrew Burnell	Partner Participant (Community Interest Companies)
Jason Stamp	Partner Participant (Voluntary, Community & Social Enterprise)
Max Jones	Chief Digital Information Office (CDIO)
Michele Moran	Partner Participant (Mental Health)
Shaun Jones	NHS England Locality Director, NHS England
Mike Napier	HNY ICB Director of Governance & Board Secretary

Apologies:

Councillor Michael Harrison	Partner Participant (Local Authority: North Yorkshire and York)
Councillor Stanley Shreeve	Partner Participant (Local Authority: N & NE Lincolnshire)
Helen Grimwood	Partner Participant (Healthwatch)
Professor Charlie Jeffery	Partner Participant (Further Education)



"Observers" and Individuals Presenting Items

Brent Kilmurray	Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust – (Item 11 Only)
Beverley Murphy	Chief Nurse, Tees, Esk and Wear Valleys NHS Foundation Trust – (Item 11 Only)
Emma Jones	HNY ICB Business Services Senior Officer (Secretariat)

1. Welcome and Introductions

Sue Symington, ICB Chair, welcomed everyone to the meeting and introduced the following:

Richard Gladman, Non-Executive Director, who joined the Integrated Care Board (ICB) at the beginning of January 2024.

Max Jones, Chief Digital Information Officer (CDIO), who joined the ICB at the beginning of December 2024 and was joining his first meeting in public of the ICB Board.

Welcomes were also extended to Brent Kilmurray, Chief Executive, and Beverley Murphy, Chief Nurse, at Tees, Esk and Weir Valleys NHS Foundation Trust who were in attendance to speak to Item 11 on the agenda.

2. Apologies for Absence

The apologies as detailed above were noted and it was confirmed that the Board remained quorate to proceed.

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 additional declarations of interest were noted in relation to the business of the meeting.

4. Minutes of the Previous Meeting held on 8 November 2023

The minutes of the meeting held on 8 November 2023 were submitted for approval and agreed by the Board as a true and accurate record subject to minor grammatical amendments.

Action:

Board Members approved the minutes of the meeting held on 8 November 2023 and these would be signed by the Chair.



5. Matters Arising and Actions from previous meetings

02-0923	Update to Constitution wording to reiterate role of the ICB and its partners as public servants	Complete (12/23)
01-1123	Six monthly reporting of Freedom to Speak Up to ICB Board	Complete (added to Board forward plan)
02-1123	Updated financial forecast to be received at December Board meeting.	Complete (12/23)

Action:

Board Members noted the completion of all outstanding actions.

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.

Action:

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

7. Board Assurance Framework

Karina Ellis, Executive Director of Corporate Affairs, presented the latest ICB Board Assurance Framework (BAF) and Corporate Risk escalations for discussion and approval. All risks identified are subject to continuous review by the principle senior risk owner as well as the Executive Committee prior to submission to the Board.

In particular, attention was drawn to the following:

BAF Risk A6 (*Performance Standards*) – risk wording updated following previous Board discussion and three mitigations due at the end of January 2024,

BAF Risk B2 (*Relationships will all partners and stakeholders*) - several mitigating actions have been completed and moved to positive assurance. Additional reference to the work being done with local authority colleagues and place directors regarding wider determinants of health actions.

BAF Risk C1 (*Failure to effectively engage and deliver our legal duty to involve patients*) – the inclusion of several new mitigating actions to address the gaps identified during the Board discussion in the previous meeting.

The Out of Appetite Corporate Risks continued to be monitored and reviewed by executive directors and via the ICB committees, directorates and local health and care partnerships. The intelligence from this process was then considered by the



Executive Committee and executive directors had agreed collectively that the Board Assurance Framework adequately accounted at the present time for the key risks to bring to the Board's attention.

Following discussion, the need to reflect digital and mental health risks in the BAF would be kept under review.

Action:

Board Members:

- i) Approved the changes to the BAF as highlighted in the report and summarised above.
- ii) Identified that digital and mental health risks would be kept under review for inclusion in future BAF updates.

8. Voice of Lived Experience

Anja Hazebroek, Executive Director of Communications, Marketing and Media Relations, presented an update on the key engagement activity over the previous two months. This included the successful launch of the ICB Patient Engagement Network, a spotlight on the Hull Champions initiative, an update on the Voice of the Lived Experience work which includes the hosting of the second workshop and the important engagement relating to autism and attention deficit hyperactivity disorder (ADHD) services in York and North Yorkshire.

Members noted some of the initial emerging themes from the consultations for a proposed new Urgent Treatment Centre (UTC) in Hull and some changes to how services in Northern Lincolnshire (Humber Acute Services – HAS - consultation) are organised. These themes were summarised as:

- **Transport and access issues** – mainly due to proposed repositioning of some services, particularly during cost-of-living challenges (related to HAS and Hull UTC engagement)
- **A concern that emergency departments will become even busier**, and further 'bed blockages', following proposed changes (related to HAS and Hull UTC engagement)
- **A feeling of multiple changes happening at once**, 'losing' local services, with a concern that 'this is just the start' (across the patch).

The importance of the Voluntary, Community and Social Enterprise (VCSE) sector in supporting and co-ordinating engagement with the local public, as well as the role of Patient Participation Groups and how to represent the voice of those less heard, was discussed.



Action:

Board Members noted the key themes within the report.

STRATEGIC CONTEXT

9. Chief Executive Update

Stephen Eames, Chief Executive, led a discussion on the industrial action that had occurred over the Christmas and New Year period, and acknowledged the planning that had taken place to mitigate the impact of the strike action on patient safety and care. He began by acknowledging the hard work of staff over the past month, especially in light of the additional pressures of the winter break and industrial action. He noted that many staff members had gone above and beyond their duties, often without taking a holiday due to these pressures.

Amanda Bloor, Deputy Chief Executive / Chief Operating Officer, then provided more detail on the challenges faced during this period, particularly in relation to urgent emergency care services. She highlighted the impact of two periods of industrial action by junior doctors, which took place during critical times in the lead up to Christmas and immediately after the New Year break. Amanda expressed her own gratitude to all staff, both clinical and non-clinical, for their hard work during this time.

She also discussed the lessons learned from the periods of industrial action and the importance of supporting both patients and staff. She noted that patient safety was the top priority during the period of industrial action and that no safety issues had to be reported or escalated. Reference was made to the continued focus in improving ambulance handover delays and the wider urgent and emergency care system improvement plan.

Action:

Board Members noted the update provided and the actions of staff across the health and care system during a period of significant challenge.

Simon Morrill left the meeting.

QUALITY & SAFETY / OPERATIONAL / SYSTEM PRESSURES

10. Quality and Patient Safety Update

Teresa Fenech, Executive Director of Nursing and Quality, presented the report from the Quality Committee meeting held on the 26th October 2023. She highlighted the ongoing focus on maternity issues and the current position of the ICB and Local Maternity and Neonatal System (LMNS) against the specific requirements in the 3-year plan relating to neonatal services.

An update was then provided on the four local Trusts that the Year 5 Maternity Incentive Scheme (MIS) applied to. Harrogate and District NHS Foundation Trust and Northern Lincolnshire and Goole NHS Foundation Trust were reporting full



compliance. York and Scarborough Teaching Hospitals NHS Foundation Trust and Hull University Teaching Hospitals NHS Trust were reporting non-compliance in three of the ten criteria. There were financial implications of approximately £800k for both of the non-compliant Trusts. The ambition was the York and Scarb and HUTH would achieve compliance next year.

The new Patient Safety Incident Response Framework (PSIRF) and the policies detailed in the Quality Assurance and Improvement Framework were then drawn to Board Members' attention.

She then discussed the Health Watch update and the feedback received from lived experiences. The Board was reminded of the ongoing quality assurance processes that allows deep dives and supports improvement work. It was proposed that public health data be included as part of this process.

Action:

Board Members:

- i) Noted the report and the items that were raised for the purposes of providing assurance.
- ii) Provided delegated authority to the Executive Director of Nursing and Quality to assure levels of compliance against the Maternity Incentive Scheme for the four relevant local trusts.

11. Care Quality Commission (CQC) Report: Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)

Brent Kilmurray, Chief Executive of TEWV, presented the Trust's latest CQC core service and well-led inspection report for 2023. The report covered various areas of the trust's operations, including acute adult mental health wards, mental health services for older people wards, adult learning disability wards and day service, community adult learning disability teams, community adult mental health teams and secure inpatient services.

Beverley Murphy, Chief Nurse at TEWV, reported that seven out of 11 of the trust's services were rated 'good', four areas were rated as 'requires improvement', and no services were rated 'inadequate'. All services were rated 'good' for caring and nine out of 11 services were rated 'good' or 'outstanding' for effective. The report also outlined the 'must do' and 'should do' actions for each service area, which the Trust must address to improve its services.

Progress in addressing the Trust's serious incident reporting backlog was noted, with 30 cases left to report and eleven of these in the final stages of submission. The new Patient Safety Incident Respond Framework (PSIRF) would be implemented on 29 January 2024.

The positive results of proactive engagement and co-production with patients and their families was highlighted. The trust had appointed a Director of Lived



Experience in support of this work.

Concerted effort had also been made in listening to staff, enabling them to raise concerns and engaging with them on trust values, culture and working environment. Practical outcomes, such as an internal transfer scheme, updates to rostering arrangements and staff activities in support of the Trust's charitable funds had helped create a sense of reidentifying across the organisation and one of the lowest staff turnover rates.

The Chief Executive of TEWV emphasised the Trust's commitment to continuous improvement and providing safe and kind care.

Action:

- i) Board Members noted the positive progress made by TEWV against the actions required in their CQC report.
- ii) Further updates would be received periodically.

Councillor Jonathan Owen left the meeting.

12. Clinical & Professional Update

Dr. Nigel Wells, Executive Director of Clinical and Professional, presented the update and began by discussing the OCB's medical retinal drugs policy. He highlighted the importance of using taxpayers' money efficiently and effectively, particularly in relation to medicines and technologies. He explained that the ICB had the second highest Ophthalmology costs for any ICB, and the opportunity presented through the greater use of biosimilar drugs in the treatment of Wet (neovascular) AMD (age related macular degeneration) and Diabetic Macular Oedema (DMO).

The ICB's Quality Committee previously approved the new clinical commissioning policy confirming that the prescriber should, in consultation with the patient, use the lowest cost treatment option, for all existing patients and new patients with the above conditions, where this was clinically appropriate. To only use the more expensive agents when the most cost-effective option was not suitable. The programme of support to implement the new policy was noted by the Board.

Dr. Wells then moved on to discuss the impact of cardiovascular and cerebrovascular diseases on death rates in the region and the importance of understanding and managing these risks. He emphasised the importance of patient self-awareness and targeted access to checking and testing services. The significance of using lipid-lowering mechanisms to manage high cholesterol levels and the correlation between deprivation and cardiovascular disease was covered. He highlighted the work of the cardiovascular disease prevention and transformation program in addressing these issues and the import role of local authority teams in health checks.

Dr. Wells also discussed the potential role of community pharmacies in blood pressure monitoring and the development of independent prescribing pathfinder sites. Board discussion linked the importance of the Population Health and



Prevention Committee to this programme and highlighted the importance of early detection, the role of GP's in managing these conditions, the need for more support for deprived communities and the increasing role of technology in monitoring health. The importance of initiatives such as the Humber and North Yorkshire Centre of Excellence in Tobacco Control was also highlighted.

Action:

Board Members noted:

- i) The prevalence of Cardio Vascular Disease across our populations, the health inequality gap and the work taking place to address this.
- ii) The newly agreed commissioning policy for medical retinal drugs, the potential challenges being worked through and next steps for implementation.

Simon Morritt returned to the meeting.

13. Workforce Update

Jayne Adamson, Executive Director of People, provided an update which focused on two dimensions of the Workforce Breakthrough Programme; retention and progress towards the development of a Humber and North Yorkshire (HNY) collaborative bank. She highlighted the importance of retaining staff and the steps being taken to create an equitable flexible working offer across the system. Also discussed was the development of a pooled live data flow on staff exits to help identify opportunities for retention improvement.

The establishment of an HNY collaborative bank could potentially move temporary work shifts away from high-cost agencies and attract colleagues who are unable to commit to full-time roles, back into the workforce. The next steps for this project were outlined, including the procurement of an independent organisation to help with a system-wide flexible working campaign and the development of a business case for the collaborative bank.

Action:

The Board noted:

- i) the update on the workforce programme and the progress towards the development of a Humber and North Yorkshire collaborative bank. The Board agreed on the need for further discussion and action on these issues.
- ii) The activity of the Workforce Board in December 2023

14. Finance Update

Jane Hazelgrave, Executive Director of Finance and Investment, provided a contextual overview of the financial position as at the end of November 2023. She mentioned the additional resources that were allocated as part of the NHS reset, with



the ICB's share being just over £17 million of the £800 million nationally. She also noted new guidance on elective recovery funding and mentioned that some providers have chosen to reflect these additional resources in their financial position, creating a hybrid position.

The year-to-date variance at month eight was reported as an overspend of £21.5 million, with £16.3 million in the provider sector and £2 million in the ICB. It was anticipated that the ICB position would return to zero next month and highlighted an improvement in the system's month-on-month position, with a deficit of £52.9 million against a planned deficit of £31.3 million. A capital underspend of £28.4 million was reported, with a deep dive into capital to be conducted at month nine to understand the position better.

Comment was made on the number of adjustments being received and it was agreed that a more definite position against plan would be possible at month 9. Reference was made to the continued impact of industrial action. The Board noted the residual level of risk identified at month eight that would need to be managed to deliver the planned/forecast position.

Action:

Board Members:

- i) Noted the system financial position for both year-to-date and forecast outturn.
- ii) Noted the residual level of risk identified at M8 that would need to be managed to deliver planned/forecast position.

15. Performance Update

Amanda Bloor, Deputy Chief Executive / Chief Operating Officer, opened the discussion by highlighting the challenges in reporting a combination of data from different months. She noted that the recent industrial action had also impacted on performance and patient experience in terms of delays or cancellations. Mention was made to ongoing improvements to the performance report and feedback was welcomed.

For urgent emergency care, the performance back in November was at 68% for the Integrated Care System (ICS), which was ahead of the plan at 63%. However, the unvalidated data for December 2023 showed 63% achievement of the 4-hour target, which was below the reset plan. A lot of work going on across the system to achieve the collective 76% for the four hours by April 2024.

For planned care, the number of patients waiting over 65 weeks continues to improve and be ahead of plan however it was noted that the impact of industrial action would add risk to this trajectory. The ongoing work with respect to improving access to and flow through diagnostics, cancer standards and cancer treatments was highlighted.

Comment was made regarding all mental health, learning disabilities and autism indicators being off plan and, while the long lead-in time for some of the data was



acknowledged, it was agreed that further assurance would be sought in relation to the performance position against these targets.

Reference was made to quality impacts in relation to the performance report and it was agreed that additional reference would be made to this.

Action:

The Board:

- i) Noted the development of the Board performance report.
- ii) Considered and discussed the performance report and, in particular, the issues highlighted in the report for further attention.
- iii) Noted that further assurance would be sought in relation to the performance position against the mental health/ learning disability and autism targets.
- iv) Noted further reference would be made to the quality impacts of the performance report.

DEVELOPMENT OF THE INTEGRATED CARE BOARD

16. Governance Items Reserved to the ICB Board

- i) Partnership Governance Review

Karina Ellis, Executive Director of Corporate Affairs, introduced the Integrated Care Board (ICB) partnership and quarter 4 governance review.

The (ICB) conducts an annual review of its governance arrangements and the plan this year was to focus on supporting new Integrated Care Systems and Boards with their partnership governance, self-assessment, and development. The guidance provided by NHS England and other stakeholders was not mandatory but was intended to assist in this process. This work also aligned with the annual review of the ICB's formal governance which would include the Integrated Care Partnership as well as the ICB Board and its committees and a summary of the process was given to the Board.

- ii) Receipt of a petition regarding the Humber Acute Services (south of the Humber) consultation

Members noted that a valid petition had been submitted to the ICB in relation to the Humber Acute Services Consultation and this was duly submitted for the Board's attention. The petition, along with all other feedback, would be reviewed by the Opinion Research service that was analysing the consultation feedback.

Action:

Board Members:



- i) Discussed and noted the summary of the guidance and the position for Humber and North Yorkshire in relation to the NHS England Guidance: Partnership Governance Self-assessment and Development
- ii) Discussed and approved the recommended scope and timescale to the priority 1 ICB's governance review.
- iii) Noted the receipt of the petition in relation to the Humber Acute Services Consultation as well as the next steps in accordance with the ICB Constitution

17. Policies Reserved to the ICB Board

- i) Information Governance Framework

Karina Ellis, Executive Director of Corporate Affairs, presented the ICB's Information Governance Framework for approval. The Framework established clear guidelines and accountability in relation to the ICB's duties to protect personal data.

Action:

The Board approved the ICB Information Governance Framework

- ii) ICB Incident Report

Karina Ellis, Executive Director of Corporate Affairs, presented the above report which provided the summary details in relation to a data security incident that was reported to the Information Commissioner's Office on the 03/11/2023. The ICO subsequently confirmed that it was to take no further action

Action:

The Board noted the data incident reported to the Information Commissioner's Office, together with the mitigation actions set out in the report.

18. Items for Information

The following items were received for information by the Board:

- i) The ICB good news briefing
- ii) Corporate Calendar Update
- iii) Link to approved and published Operational Scheme of Delegation and Scheme of Reservation and Delegation
- iv) Public Questions and Answers – none received

19. Board Assurance Framework Review

20. Any Other Business



There were no items to be received under this item.

21. Closing Remarks of Private Session

The Chair thanked members in attendance and those viewing the meeting via the livestream link.

22. Date and Time of Next Meeting

The next meeting would be held on Wednesday, 13 March 2023 11:45 am.

DRAFT



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

Date Raised	Action Reference	Item No. and Action	Owner	Due Date	Progress / Status
10/01/2024		11 - Care Quality Commission (CQC) Report: Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) <ul style="list-style-type: none">Further updates would be received periodically.	Board Secretary	ASAP	COMPLETED Added to the Board Forward Plan
10/01/2024		15 - Performance Update <ul style="list-style-type: none">Further assurance would be sought in relation to the performance position against the mental health/ learning disability and autism targets.	Deputy Chief Executive/Chief Operating Officer	13 March '24	COMPLETED The data issue in mental health reporting has been resolved. There is a difference between local and national data that is now clear. There is still action required to improve system performance against the targets set for Mental Health services.