

HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD

MINUTES OF THE MEETING HELD ON WEDNESDAY 8 NOVEMBER 2023

LECTURE THEATRE, HUMBER TEACHING NHS FOUNDATION TRUST,
WILLERBY HILL, BEVERLEY ROAD, WILLERBY, HU10 6ED

Attendees and Apologies

ICB Board Members: "Ordinary Members" (Voting Members)	
Present	
Sue Symington (Chair)	HNY ICB Chair
Amanda Bloor	HNY ICB Deputy Chief Executive / Chief Operating Officer
Councillor Jonathan Owen	Local Authority Partner Member
Dr Bushra Ali	Primary Care Partner Member
Mark Chamberlain	HNY ICB Non-Executive Director
Simon Morrill	Provider Partner Member
Stuart Watson	HNY ICB Non-Executive Director
Teresa Fenech	HNY ICB Executive Director of Nursing & Quality
Apologies	
Stephen Eames	HNY ICB Chief Executive
Dr Nigel Wells	HNY ICB Executive Director of Clinical & Professional Services
Jane Hazelgrave	HNY ICB Executive Director of Finance & Investment
ICB Board Members "Participants" (Non-Voting Members)	
Present	
Anja Hazebroek	HNY ICB Executive Director of Communications, Marketing & PR
Jayne Adamson	HNY ICB Executive Director of People
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)
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)
Jason Stamp	Partner Participant (Voluntary, Community & Social Enterprise)
Michele Moran	Partner Participant (Mental Health)
Professor Charlie Jeffery	Partner Participant (Higher and Further Education)
Shaun Jones	NHS England Locality Director, NHS England
Mike Napier	HNY ICB Director of Governance & Board Secretary
Apologies	
Louise Wallace	Partner Participant (Public Health)
"Observers" and Individuals Presenting Items	
Name	Title
Emma Sayner	HNY ICB Deputy Director of Finance and Investment
Dr Simon Stockill	HNY ICB Primary Care Collaborative Lead
Emma Jones	HNY ICB Business Support Manager (Secretariat)

1. Welcome and Introductions

Sue Symington, the Chair, commenced the meeting by extending a warm welcome to all attendees and observers.

In addition to those in regular attendance, a warm welcome was made to Peter Thorpe who has recently started as the ICB's Executive Director of Strategy and partnerships.

The Chair note that in the absence of Stephen Eames that Amanda Bloor is deputising as the Deputy Chief Executive.

Emma Sayner, NHY ICB Deputy Director of Finance and Investment is in attendance, deputising for Jane Hazelgrave Dr Simon Stockill is also in attendance to present on item 13.

Mark Chamberlain, HNY ICB Non-Executive Director, was welcomed back. Mark had been temporarily acting as Chair at York and Scarborough Teaching Hospitals NHS Foundation

It was noted that the meeting was quorate.

2. Apologies for Absence

The ICB Board noted the apologies as detailed below. It was noted that the apologies received does not impact on the Board being quorate:

ICB Board Members: "Ordinary Members" (Voting Members)	
Stephen Eames	HNY ICB Chief Executive
Dr Nigel Wells	HNY ICB Executive Director of Clinical & Professional Services
Jane Hazelgrave	HNY ICB Executive Director of Finance & Investment

ICB Board Members "Participants" (Non-Voting Members)	
Louise Wallace	Partner Participant (Public Health)

3. Declarations of Interest

The Chair reminded the Board Members of the need to declare any interests relevant or material to the ICB as follows:

- (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;

Declarations of interest from today's meeting.

The ICB Board noted that there were no declarations of interest were received in relation to the business of the meeting.

4. Minutes of the Meeting held on 13 September 2023

The minutes of the meeting held on 13 September 2023 were submitted for approval and agreed by the Board as a true and accurate record.

Outcome:

(a)	Board Members approved the minutes of the meeting held on 13 September 2023 and these would be signed by the Chair.
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5. Matters Arising and Actions

The actions arising from the meeting held on 13 September 2023 were noted, in particular the completed actions.

Date Raised	Action Reference	Item No. and Action	Owner	Due Date	Progress / Status
13/07/2023	03-0723	Item 11: Finance Report <ul style="list-style-type: none">Further consideration of reporting of prevention initiatives and return on investment.	Jane Hazelgrave	Oct 2023	COMPLETED – EMAIL CIRCULATED
13/09/2023	01-0923	Item 7: Board Assurance Framework (and Corporate Risk) <ul style="list-style-type: none">Update mitigating actions in relation to risk A1 (TF)Consideration of an Estates risk (MN)	Teresa Fenech Mike Napier	Oct 2023 Nov 2023	COMPLETED On November agenda
13/09/2023	02-0923	Item 9: ICB response to the letter from NHS England to the NHS following verdict in the trial of Lucy Letby <ul style="list-style-type: none">Update to ICB Constitution to reflect that <i>We are all members of public service</i>	Mike Napier	Nov 2023	This will be brought to the December meeting as further changes need to be made to the Constitution
13/09/2023	03-0923	Item 10: Voice of the Lived Experience Committee Update <ul style="list-style-type: none">Dashboard to be brought to every meeting in public	Anja Hazebroek	Nov 2023	On November agenda

The Chair asked if there were any matters arising that do not appear on the agenda that anyone would like to raise from the minutes, of which there were none.

Outcome:

(a)	Board Members accepted the matters arising from the meeting held on 13 September 2023.
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6. Notification of Any Other Business

Board Members 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.

Outcome:

(a)	Board Members noted that there were no items of Any Other Business to be received.
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7. Board Assurance Framework

The Chair introduced the Board Assurance Framework (BAF), explaining its purpose to document key risks and ensure all possible actions were taken to mitigate them. She highlighted that the BAF was a dynamic document that could be updated as needed.

Karina Ellis noted the significant progress made in mitigating some actions and highlighted the changes to the BAF.

Reference was made to Risk Ref A1 (patient safety and positive health outcomes), which had been extensively discussed at the Quality Committee in October 2023, and subsequently a slight reframing of the risk had been requested. They had also proposed adjusting the likelihood and score for from 20 to 15.

Reference was also made to new Risk Ref A5 (Estates). This new risk has been added to reflect wider estates risks being experienced and how these are being mitigated. It was noted that the estates infrastructure of the Integrated Care System (ICS) hindered the ability as an ICB to deliver consistently high-quality care. It was mentioned that the Board felt it was an important risk to have on the BAF.

The Chair invited comments from the Board Members and Professor Charlie Jeffery raised a concern about the workforce risk in the managing tomorrow section, suggesting a need for a broader discussion on workforce supply. Jayne Adamson and Jason Stamp explained that the Education and Training Committee was tackling this issue and through the Workforce Committee and proactive discussions were taking place regarding forward thinking and the Education and Training Committee which are looking at how the resource was used differently to address this issue and the challenges in implementing the long-term workforce plan.

Outcome:

(a)	Board Members approved the updated ICB Board Assurance Framework (BAF).
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8. Voice Of The Lived Experience Dashboard, Including LGBT+ Engagement Update

The Chair introduced the item and expressed her pleasure at the inclusion of this paper in the Board meeting. She highlighted the importance of incorporating the voice of lived experience in the board papers, commended the quality of the report and handed over to Anja Hazebroek for further discussion.

Anja Hazebroek presented two papers, the first being the engagement dashboard which collated key information from the ICB channels to understand public and patient voice and experience. Anja highlighted the primary concern of both perceived and real access to services, mainly primary care, dentistry, and mental health. Also, the growing concern around issues relating to travel to appointments was noted.

The Board received an update on the next steps and reference was made to a

workshop on 11 December 2023 to broaden the information to other partners and the launch of the inaugural Patient Engagement Network.

The second paper presented was a deep dive report focusing on the lesbian, gay, bisexual, transgender or trans and others (LGBT+) community. Approximately 3% of the HNY population class themselves as LGBT+. The significant health inequalities faced by the LGBT+ community were highlighted as well as a more consistent engagement and education required for this community. The need to promote services and support the primary care colleagues and networks was also noted.

The barriers to accessing healthcare was mentioned particularly in relation to LGBT+ community for fear of discrimination. It was also noted that individuals from this community were not presenting at services due to a lack of understanding regarding support and services available.

A significant amount of feedback had been received regarding some of the good work that was happening, particularly referenced was the work at Hull University Teaching Hospital NHS Trust (HUTHT) who were supporting staff and the patient community with regard to LGBT+.

The Chair thanked Anya for her comprehensive presentation and encouraged Board Members to read the Humber and North Yorkshire 'Pride in our Health' document, paying particular attention to Page 33.

Councillor Owen noted transport as a barrier to accessing services and questioned how partners could work together to collectively ensure improvements in this area. It was noted that Councillor Harrison had met with North Yorkshire Horizons in Harrogate who had expressed similar views and further noted the Board needs to be mindful of possible discrimination and to raise it to the forefront when this occurs.

Jason Stamp agreed with importance of transport issues and informed that community transport was being discussed and solutions being actively sought. Jason also expressed how pleased he was to receive sight of the report which teased out the very specific issues regarding LGBT and LGBT+ and the asks. It was stated that the network that sat round the community was as important as the services around them.

Michele Moran noted the significant amount of work taking place in individual organisation's and emphasised that the Board had a role in relation the strategic direction and ensuring this was picked up by Places and Providers whilst ensuring that duplication is minimized where possible.

The Chair reported that the Board required assurance that the work taking place was necessary.

Outcome:

(a)	Board Members noted and discussed the key themes.
(b)	The Board required assurance that the work taking place was necessary.

STRATEGIC CONTEXT

9. Chief Executive Update

The Chair introduced Amanda Bloor, Deputy Chief Executive, who would be providing the update in the absence of Stephen Eames.

Amanda Bloor provided an update on recent activities and events. The successful visit of Amanda Pritchard, the Chief Executive of the NHS, to Hull was highlighted. During the visit, Amanda Pritchard visited several healthcare facilities and was particularly impressed by the level of integration and commitment of clinical colleagues in Hull.

The Child of the North Symposium took place on 25 October 2023, which focused on the challenges faced by children and young people across the area.

The launch of IRIS, the Innovation, Research and Improvement System (IRIS) took place on 7 November 2023, which underpinned the collective work on future transformation.

Reference was also made to the smoke-free consultation launch, emphasising the importance of creating a smoke-free generation and the impact of smoking on poor health.

The York Multicultural Health Festival (MELA) took place on 24 September 2023, which was a partnership initiative focused on addressing health inequalities in marginalised communities in York.

The urgent and emergency care (U&EC) challenges currently being faced were highlighted, noting that Humber and North Yorkshire (HNY) were experiencing increased pressures. The impact over the last few months on staff, patients and services regarding industrial action was acknowledged and a letter had been received from Amanda Pritchard, Chief Executive, NHS England (NHSE) regarding some immediate actions in relation to this.

Councillor Owen referred to smoking cessation and stated that this was something that needed to be taken forward regardless of the political agenda.

Clarification was sought by Mark Chamberlain regarding the plans for building on the success of the Jean Bishop Centre. It was noted that Amanda Pritchard had spoken to patients and staff and the impact of the Centre was recognised. It was acknowledged that although each Place is unique and has differing needs, the ICB could build on the success in terms of a Centre of Excellence and that the pathways, services and opportunities could be used differently according to best fit. It was noted that work was taking place through the Community Care Collaborative, with links being made and momentum building.

Emma Sayner emphasised that the Jean Bishop Centre was an example of how to use the workforce differently and reference was made by Andrew Burnell regarding how the workforce had changed over the years which was down to the models that were implemented to attract workforce. In terms of the workforce model Dr Dan Harman and Dr Anna Folwell, Consultant Community Geriatricians, enabled the workforce to work differently across organisations.

Stuart Watson referred to the Innovation, Research and Improvement System (IRIS)

launch and queried how the Board were going to be assured that things were happening as well as population health in terms of it having the required impact. It was confirmed that the IRIS Committee, once established, would report by back by exception to the Board.

Dr Simon Stockhill acknowledged that there were ways to create the principles of the Jean Bishop Centre model in other estates and attract the workforce for a more creative solution.

Outcome:

(a)	Board Members noted the Deputy Chief Executive's update.
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REALISING OUR AMBITIONS AND VISION

10. Population Health and Health Inequalities

The Chair mentioned that Louise Wallace was expected to join the discussion but unfortunately was unable to due to circumstances beyond her control.

Amanda Bloor provided an update regarding the progress made in the population health and prevention executive programme.

In 2022/23, ICBs were allocated a portion of £200 million nationally to spend on health inequalities. The Humber and North Yorkshire (HNY) share was £6.264 million and there were six workstreams with a focus on tobacco control, cardiovascular disease, and healthy weight programs was highlighted. These were:

- Core20PLUS5 Adults
- Core20PLUS5 CYP
- Prevention and Risk Factors
- Public Health Functions
- Population Health Intelligence
- ICP Building Blocks

The importance of collective influence across the Board, the Integrated Care System (ICS), and partner organisations was emphasised to focus on inequalities and population health. The two biggest factors impacting health inequalities was diet and tobacco, and the nine proposals that aligned with the strategy and priorities were highlighted.

The resource allocations described in the report were small, but important representation of the ICB's overall commitment to population health and health inequalities. The primary intention of this resource therefore was to amplify the Integrated Care System's (ICS's) impact on inequalities rather than sustain it. The proposals in this paper had been recommended to the Board by the Population Health and Prevention Executive Committee (PP&PEC).

The Board Members discussed the need for a long-term strategy to address health inequalities and the potential for allocating a greater proportion of funding towards preventative action. The importance of understanding the breadth of work being done in this area was highlighted and the need for a more targeted approach to addressing

health inequalities.

Councillor Shreeve conveyed that the workstreams linked back to the ICB's strategic objectives and his intention was that his local Cabinet meeting as well as a Health and Wellbeing Committee (H&WBC) would consider these items. There are differences across the area that need to be considered and the allocations need, and weightings needed to be applied in an appropriate way.

Work is taking place to collate system-wide budgetary information and spend relating to prevention and population health and the methodology to evaluate the impact of such spend. Consideration also needs to be given as to how this links to the prioritisation framework and decision-making processes.

Clarification was sought by Michele Moran regarding the wider determinants of Mental Health (MH) and Learning Disabilities (LD) in terms of health inequalities and whether there needed to be further specific work regarding this.

Jason Stamp referred to the longer-term commitment and noted that consistency was required as to how Place made decisions regarding resource and to bring a creative dimension to the discussions. It was agreed that discussions around health inequality spend were equally for the Integrated Care Partnership (ICP) as for the ICB.

Anja Hazebroek fully supported the paper and stressed the need to gain a full understanding of local populations and communities in order to maximise the impact of population health messaging.

Reference was made by Andrew Burnell to population health management in terms of the data and how this was utilised. Concern was expressed regarding domestic violence and the impact that this was having on young people and children. He stated that there was a need to be particularly focused on the next generation and the health economic benefit to achieve positive outcomes and impact.

Teresa Fenech emphasised the need to improve the life chances of children through education and agreed that that this should be an ICB/ICP focus. It was noted that the Futures Group was undertaking work regarding some proposals in February 2024 on interventions in early years.

The Chair thanks Amanda Bloor for updates provided.

Outcome:

(a)	Board Members accepted the 9 proposals as set out by the Population Health and Prevention Committee.
(b)	Approved the commitment to the health inequalities resource as described in the Annexe to the Board paper.

OPERATION / SYSTEM PRESSURES

11. Quality

Teresa Fenech, Executive Director of Nursing and Quality provided an update regarding the Place assessment following Patient-Led Assessments of the Care Environment (PLACE) and slides were presented in support of the update.

Teresa discussed the Quality Committee report, from the meeting held on the 31 August 2023 and several key points were highlighted. There was a detailed paper on maternity services, discussing the key risks and actions taken, including the launch of a maternity collaborative programme. Progress had been made on the Patient Safety Incident Response Framework (PSIRF) implementation and the delegated authority to a PSIRF Implementation Group. Domestic abuse and serious violence prevention statutory responsibilities had been discussed in depth at the Quality Committee and work programme regarding the special educational needs and disability (SEND), which was increasing due to changing national guidance and the joint Care Quality Commission (CQC) and Ofsted (The Office for Standards in Education, Children's Services and Skills) SEND inspection in Hull.

Reference was also made to the System Quality Group held on 12 August 2023, which was a key part of the quality assurance and improvement arrangements. The key risks identified by the group, included urgent and emergency care (U&EC) issues, maternity services, clinical indicators of harm, elective waits, and learning disability and autism services.

Outcome:

(a)	Board Members noted the content of the Place Assessment presentation; and the contents of both the Quality Committee and the System Quality Group reports – and note items discussed for the purposes of providing assurance.
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12. Clinical and Professional

Teresa Fenech presented the Clinical and Professional update on behalf of Dr Nigel Wells, which provided an update on key areas of focus for the Clinical and Professional Executive Committee.

Key points were highlighted, including work on Procedures of Limited Clinical Value (PoLCV), and specifically with respect to Hyaluronic Acid Injections, for which the Quality Committee had approved a policy not to routinely commission on account of the lack of evidence base to its clinical effectiveness.

The Board discussed the paper and acknowledged that the psychological impact on patients regarding procedures that were undertaken that had Limited Clinical Value needed would need to be managed by the ICB appropriately. Further updates on the PoLCV programme would be brought back to the Board in due course.

Dr Simon Stockill referred to Primary Care access recovery in terms of the practical solutions between the primary /secondary care interface that would have a positive impact.

Reference was made by Mark Chamberlain regarding the effective utilisation of high-cost medical retinal vascular medicines and that this would be discussed at the next Quality Committee.

Concern was expressed by Jason Stamp regarding consistency of the impact assessments. It was agreed that consideration to be given to training and to produce proper, meaningful impact assessments and to do this well as to why this information was required. It was recommended that a consistent narrative was used especially in terms of an understanding of the ICB's population. This had been discussed at the latest Quality Committee and consideration to be given to this.

Dr Ali advised that the secondary care organisations had a contractual obligation to work at their interface and to provide evidence about the work that they had done at that interface. The interface groups were beneficial to Secondary Care and Primary Care does not have these obligations and primary care are being requested to work in these groups to find solutions and new ways of working and consideration to be given to how attendance could be facilitated at these meetings.

Outcome:

(a)	Board Members noted the update provided.
(b)	Supported the ICB position with respect to clinical policies and procedures of limited clinical value.

13. Primary Care Access Recovery Plan Progress Report

Amanda Bloor, Deputy Chief Executive / Chief Operating Officer, advised that an aligned plan across the system had been developed and was progressing well following the publication of the NHS England (NHSE) Delivery Plan for Recovering Access to Primary Care. Primary Care Network (PCN) improvement plans had been developed by all 43 Primary Care Networks (PCNs) in partnership with ICB Primary Care Place Teams.

There are seven areas of focus covering all requirements of the Recovery Plan with good progress being made. The Primary Care Collaborative would oversee delivery of plans and provide assurance to the Board on progress. The next steps included further focused discussions with Practices/PCNs to update plans and highlight any risks to delivery along with mitigations.

The challenges faced by patients in accessing Primary Care were highlighted, particularly through telephone and explained that the access recovery plan addressed this issue through digital infrastructure. The four priorities of the plan were outlined, and the progress made against them. The importance of workforce was emphasised, along with the strategic approach that was locally responsive, and the digital theme in the plan.

Dr Simon Stockill provided an overview of the paper's purpose and highlighted the key points. Simon clarified that the plan was about general practice, not Primary Care as a whole. The challenges in measuring the aims of the plan were noted, particularly in relation to appointment availability and timeliness. The issue of workforce capacity was also highlighted, noting the increasing number of appointments in Primary Care and the decreasing number of full-time equivalent GPs. The digitalisation of General Practice (GP), including the move from analogue phone lines to digital infrastructure was acknowledged and the use of the NHS App. It was noted that 48 of the ICB's practices were now using digital infrastructure and advanced use of the NHS App.

It was noted that that the ICB area had scored above the England average in every single indicator in the annual national GP Patient Survey, which covered patient experience and access to services.

The challenge in recruiting GPs and the success in recruiting other roles, such as clinical pharmacists and social prescribing workers, was discussed and further publicity for the role and function of the wider general practice team was highlighted.

Reference was made to further work to support increased update and utilisation of the NHS App by patient. It was noted that there was also a challenge to ensure that all GP practices sign up to the full functionality of the NHS App.

Outcome:

(a)	Board Members noted the contents of the report.
(b)	The Board was assured that all requirements of the Access Recovery Improvement Programme have been incorporated within Primary Care Network plans.
(c)	The Board noted that plans have been approved through Place Directors and Place Senior Leadership Teams as set out through the ICB Governance Framework.

14. Freedom to Speak Up in the Integrated Care Board

Karina Ellis, Executive Director of Corporate Affairs, provided an overview of the Freedom To Speak Up arrangements (FTSU) within the ICB following the outcome of the recent Lucy Letby trial and subsequent national public debate regarding the means through which staff are able to raise concerns. The report included a description of the actions which the ICB was considering in respect of the case and an update on the ICBs whistleblowing or FTSU arrangements.

It was highlighted that the ICB had established FTSU arrangements from the date of its establishment on 1 July 2022, with Dr Nigel Wells serving as the FTSU Guardian and Mark Chamberlain serving as the Freedom to Speak Up Non-Executive Director.

The ICB has established a working group, chaired by the Deputy Director of Legal and Regulatory Functions, to oversee the review to the policy.

Since the establishment of these arrangements, seven FTSU queries had been raised with the ICB. Two of these matters were still under investigation, whilst five had been triaged and/or were in various stages of investigation. Of the seven queries, four were identified as whistleblowing FTSU concerns. One of the concerns related to primary care was thoroughly investigated within a two-week timeframe, which was not the usual timeframe for such investigations. However, the Board was assured that there were no outstanding concerns at the end of the investigation. Two concerns related to acute providers and the safety of services. One of these has been completed to the satisfaction of the complainant, while the other was still under investigation. The final concern related to another provider and was currently being investigated.

It was noted that NHS England (NHSE) had issued revised policy documentation around FTSU and the ICB was reviewing its FTSU policy in line with the national policy. This would be presented to the Quality Committee for approval.

The Board discussed the paper, and a query was raised in relation to the number (seven) of concerns raised and how this compared to elsewhere. The nature and function of the ICB was noted within this context and therefore the low number of concerns raised were not out with what would be anticipated.

Pete Thorpe referred to the terminology used within the report and made the distinction between FTSU and the professional duty to report in other circumstances.

It was proposed and agreed that six monthly updates on FTSU be provided to the Board.

Outcome:

(a)	Board Members noted the details regarding Whistleblowing/Freedom to Speak Up (FTSU) arrangements which had been received by the ICB since 1 July 2022 and assurance that they have been managed or were being managed with appropriate process.
(b)	Noted the impending amendments to the Freedom To Speak Up (FTSU) Policy.
(c)	Six monthly updates on FTSU be provided to the Board.

15. Finance and Performance

Emma Sayner, Deputy Director of Finance and Investment, presented the financial position for the Humber and North Yorkshire (HNY) system, including NHS providers and the ICB, for the period ended 30 September 2023 (Month 6).

It was noted that Jane Hazelgrave, Executive Director Finance and Investment, was not present owing to her attendance at a national NHS finance directors' event regarding financial planning for the remainder of 2023/24 and 2024/25.

A further update was expected shortly as to the resources available to the ICB to cover the impact of industrial action and additional resources linked to the elective recovery funds (ERF). There was also the possibility of some service development funding being released for more flexible use during the remainder of 2023/24.

The planned year-to-date deficit at Month 6 was £27 million, however the Month 6 actual deficit was approaching £60 million. The significant pressure and the need for actions to live within means for the rest of the year was acknowledged.

Areas of particular financial pressure were noted to be the independent sector around the elective recovery programme, mental health services, community services and prescribing. The capital position was also discussed, noting an underspend at Month 6 but within the context of back-end loading in the year for the capital plan.

Reference was made to the efficiency programme and the challenges of identifying genuine and real efficiency and work was being undertaken by the Quality, Efficiency and Productivity Group (QEP) to understand the efficiency ambitions.

It was recognised that the ICB was under significant pressure regarding the financial position, and this would be further discussed at the private session. It was also noted that a monthly Extraordinary System Improvement and Performance Board, comprising provider chief executives and the ICB, had been established in response to the challenging position.

Outcome:

(a)	Board Members noted the system financial position for both year-to-date and forecast outturn.
(b)	Noted the significant level of risk identified at M6 that would need be managed to deliver planned/forecast position.

16. Performance

Amanda Bloor, Deputy Chief Executive / Chief Operating Officer, provided the Board with the latest performance position against the 11 themes in the ICB Operational Plan.

It was noted that there were still significant areas of challenge and in terms of urgent emergency care (U&EC), with performance against the four-hour emergency care standard at 68.1% across the ICS, with the two acute trusts furthest from plan being Harrogate District NHS Foundation Trust and Hull University Teaching Hospitals NHS Trust. Both Yorkshire Ambulance Service NHS Trust and East Midlands Ambulance Service NHS Trust were not currently delivering the 30-minute category two target.

The number of patients waiting over 65 weeks for their definitive treatment continues to be ahead of plan at the end of August, but with signs of increase in the number over the last two months. The ICS has 3 patients waiting over 104 weeks, 111 patients waiting over 78 weeks and 2466 waiting over 65 weeks at the end of August. The 104 week and 78-week position has been improving and the 65 weeks position deteriorating since last month.

The overall waiting list was continuing to grow, with 16,400 above plan or 9.3%. Performance against the 107% activity Elective Recovery Fund requirement continued to be validated. The current confirmed activity assessment to the end of June is 111.4%, a positive position, with Harrogate District NHS Foundation Trust showing a large adverse variance.

Continuing challenges were noted to remain with waiting time for diagnostic services. The number of people waiting for cancer treatment past 62 days is adverse to plan and deteriorating, with 811 patients waiting for treatment and the faster diagnosis standard is also off plan with Harrogate District NHS Foundation Trust and York and Scarborough NHS Foundation Trust off plan.

5 of 6 indicators are off plan in Mental Health with only 1 of 3 indicators achieved in Learning Disabilities and Autism.

Workforce Absenteeism was noted at 4.5% at July 2023 and a turnover 15.2% for July 2023.

It was noted that Simon Morritt, Jonathan Lofthouse, and Jonathan Coulter had agreed to split Senior Responsible Officer (SRO) responsibility for urgent emergency care (U&EC), elective recovery, recovery in the diagnostic waiting times, and the cancer performance. There were several pieces of work that were being progressed, particularly around elective and urgent emergency care.

It was noted that access to dental services had increased by 6% since the last report to 88% and the progress made was commended.

Discussion took place regarding the remaining performance measures where an indicator had not been set nationally and it was agreed that further work would take place to establish an ICB-level indicator in these cases.

Outcome:

(a)	Board Members noted the development of the Board performance report.
(b)	Considered and discussed the performance report: - in particular, noting the issues highlighted in the report for further attention.
(c)	Establish an ICB-level indicator for metrics where a national indicator had not been set

17. People

Jayne Adamson, Executive Director of People, presented an update on the Workforce Breakthrough Programme and the NHS England (NHSE) Sexual Safety Charter. She highlighted the relationship between the transformation programme components and the leading workforce metrics. The ongoing work to establish a baseline position on leading metrics for workforce groups beyond secondary care was also noted. The importance of the support of the BI team in enabling this overview was emphasised and this information would be routinely presented.

The 2023-2024 Breakthrough deliverables anticipated at this mid-year point were also outlined.

The Board discussed the paper, and the importance of ethical international recruitment was emphasised by Jayne Adamson and the need to balance this with local recruitment efforts. The work being done to recruit from within the system was highlighted along with the pilot program being run in local schools.

The importance of good employment practices was also acknowledged and the need to ensure that all employees felt valued and supported. Andrew Burnell provided assurance that people that were recruited were supported appropriately through the pastoral/ongoing care element.

Outcome:

(a)	Board Members Note the evidenced relationship between the transformation programme components and the leading workforce metrics;
(b)	Noted the work that was ongoing to establish a baseline position on leading metrics for workforce groups beyond secondary care;
(c)	Noted how valuable the support of the BI team would be enabling this overview to be routinely presented
(d)	Noted the 23/24 Breakthrough deliverables anticipated at this mid-year point.
(e)	Board Members noted the workforce Board Meeting summary for October 2023.
(f)	Board Members approved Humber and North Yorkshire ICB become signatories to the charter and commit to ensuring all 10 principles and actions were embedded within the organisation by July 2024.
(g)	Agreed that a baseline assessment and action plan was undertaken and presented to a future Board Meeting.

DEVELOPMENT OF THE INTEGRATED CARE BOARD

18. North East Lincolnshire Health & Care Partnership Delegation

Amanda Bloor, Deputy Chief Executive / Chief Operating Officer, presented a detailed report regarding the establishment of a formal partnership agreement between the ICB and North East Lincolnshire Council (NELC), using the current legal Section 75 legal framework. The initial scope of the agreement would include approximately £162 million of ICB resources and £55 million of NELC resources (Health and Adult Social Care).

The plan was to work in 'shadow' form from 1 January 2024 and continue to work on detail in the Section 75 Agreement. The Board was asked to support the proposal.

A final report on all that work and final approval for delegation was expected in the Board Meeting in February 2024. The Board Members expressed their support in principle for the proposal.

Outcome:

(a)	Board Members approved in principle the establishment of a formal partnership agreement between the ICB and NEL Council, underpinned by a Section 75 legal agreement and managed via the establishment of a Joint Committee.
(b)	Supported the continued work across the ICB and NEL Council to finalise the detail of what would be included in the Section 75 agreement.
(c)	Supported the proposal to operate in shadow form from January 2024 followed by the formal establishment of the Joint Committee from 1 April 2024.

19. Governance Items Reserved to the ICB Board

- i) **Petitions Policy**
- ii) **Artificial Intelligence (AI) Governance Policy**

Karina Ellis, Executive Director of Corporate Affairs, presented two policies for the Board's approval.

The first was the Petitions Policy, which related to the provision set out within the ICB Constitution and set out the process through which the ICB would receive petitions.

The second policy was the Artificial Intelligence Governance Policy. The Board was informed about the importance of this policy in ensuring the ethical and responsible use of artificial intelligence in the organisation. The policy provided clear guidelines to ensure that it was used ethically within the letter of the law in terms of protecting personal data and mitigating potential risks.

The Board approved both policies.

Outcome:

(a)	Board Members approved the Petitions Policy and the Artificial Intelligence Governance Policy
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20. Items for Information

- i) The ICB good news briefing
- ii) Corporate Calendar – key meeting dates
- iii) Public Questions and Answers
- iv) Health Mela in York Place

Outcome:

(a)	Board Members noted the above.
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21. Board Assurance Framework Review

The Chair asked Board Members that in light of discussions held today whether the Board was satisfied that the Board Assurance Framework (BAF) was tracking the right risks in respect of the achievement of the strategic ambition. The Board agreed they were satisfied with no further comments to add.

Outcome:

(a)	Board Members noted the contents of the above.
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22. Any Other Business

There were no items of Any Other Business.

23. Date and Time of Next Meeting

The next public meeting would be held on Wednesday 10 January 2024 at 09:30.

24. Exclusion of the Public and the Press

The ICB Board was 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.

Outcome:

(a)	Board Members approve the resolution.
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Humber & North Yorkshire Integrated Care Board: Matters Arising Action Log

Date Raised	Action Reference	Item No. and Action	Owner	Due Date	Progress / Status
13/09/2023	02-0923	<p>Item 9: ICB response to the letter from NHS England to the NHS following verdict in the trial of Lucy Letby</p> <ul style="list-style-type: none"> Update to ICB Constitution to reflect that <i>We are all members of public service.</i> 	Mike Napier	Nov 2023	This will be brought to the December meeting as further changes need to be made to the Constitution
08/11/2023	01-1123	<p>Item 14: Freedom to Speak Up in the Integrated Care Board</p> <ul style="list-style-type: none"> It was proposed and agreed that six monthly updates be provided to the Board. 	Nigel Wells	May 2024	COMPLETED Noted on the Board Forward Plan.
08/11/2023	02-1123	<p>Item 15: Finance and Performance</p> <ul style="list-style-type: none"> Noted that an updated financial forecast position would be shared at the December Board Meeting. 	Jane Hazelgrave	Dec 2023	COMPLETED This will be brought to the December meeting.