



**HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD**

**WEDNESDAY 13 MARCH 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
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
Richard Gladman	HNY ICB Non-Executive Director
Simon Morritt	Provider Partner Member
Stuart Watson	HNY ICB Non-Executive Director
Teresa Fenech	HNY ICB Executive Director of Nursing & Quality
Jayne Adamson	HNY ICB Executive Director of People

**Apologies:**

Mark Chamberlain	HNY ICB Non-Executive Director
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**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
Councillor Michael Harrison	Partner Participant (Local Authority: North Yorkshire and York)
Councillor Stanley Shreeve	Partner Participant (Local Authority: N & NE Lincolnshire)
Jason Stamp	Partner Participant (Voluntary, Community & Social Enterprise)
Max Jones	Chief Digital Information Office (CDIO)
Michele Moran	Partner Participant (Mental Health)
Peter Thorpe	HNY ICB Executive Director of Strategy & Partnerships
Professor Charlie Jeffery	Partner Participant (Further Education)
Mike Napier	HNY ICB Director of Governance & Board Secretary

**Apologies:**

Andrew Burnell	Partner Participant (Community Interest Companies)
Helen Grimwood	Partner Participant (Healthwatch)

**"Observers" and Individuals Presenting Items**

Emma Jones	HNY ICB Business Services Senior Officer (Secretariat)
Jeevan Gill	Director of Partnerships and Operations, Yorkshire Ambulance Service NHS Trust – Item 7 Only
Helen Kenyon	North East Lincolnshire Place Director – Item 12 Only
Rob Walsh	Chief Executive, North East Lincolnshire Council – Item 12 Only

## 1. **Welcome and Introductions**

The Chair opened the meeting and welcomed everyone present.

The Chair informed the Board that the meeting would be conducted in a way that allowed artificial intelligence to take the minutes. This would require addressing individuals by name more frequently than usual and summarising at the end of each agenda item to ensure a proper record of the discussion.

The Chair asked those presenting an agenda item to summarise the specific recommendations to the Board for their item to assist in this process.

## 2. **Apologies for Absence**

The Chair noted the apologies as listed above. She also advised that Councillor Stan Shreeve and Michele Moran would be arriving late.

The apologies received did not impact on the Board being 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 10 January 2024**

The minutes from the previous meeting held on 10 January 2024 were checked for accuracy. No inaccuracies were reported, and the Board agreed the minutes as a true and accurate record.

### **Outcome:**

**Board Members approved the minutes of the meeting held on 10 January 2024 and these would be signed by the Chair.**

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

The Chair asked the Board if there were any matters arising from the minutes that would not be discussed later in the agenda. No matters were raised.

The Chair then referred to the action log at the end of the minutes, noting the two items listed as being recorded as completed. These were the Care Quality Commission report on Tees Esk and Wear Valley (TEWV) and a performance update on mental health data.

The Chair raised the recent court case involving TEWV, relating to three suicides. The Trust had pleaded guilty in two of these cases for deficits in care. The third case

had recently gone to trial, with the Trust being found not found guilty. The Chair reminded the Board of the ongoing quality improvement work being undertaken by the Trust and that a further update would be brought to the ICB Board in July 2024.

**Outcome:**

**Board Members noted the completion of the matters arising from the previous minutes.**

**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 asked if there were any other matters of business to be raised. No other matters were raised.

**Outcome:**

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

**Other Matters for the Attention of the Board: Section 1**

**7. Yorkshire Ambulance Service (YAS) Strategy 2024-2029**

Jeevan Gill and Paul Wood were in attendance to present the Strategy for Yorkshire Ambulance Service NHS Trust (YAS) 2024 – 2025.

An overview of the Strategy was provided. The Trust's values had been updated and reference made to enabling plans to deliver a sustainable future for the Trust. It was focused on maintaining a high-quality service to patients and being an outstanding provider with high quality staff. It was investing in good clinical leadership and broadening skill sets, with a particular focus on paramedics. The depth of data held by the Trust was discussed and the opportunities this provided to support wider system planning and operation.

The Chair thanked the Trust's representatives for updating the Board on its refreshed strategy and she stressed the importance of YAS as a key partner in the Humber and North Yorkshire system.

The connection between public health data and the health inequalities aspects to the Trust's revised strategy was made. The Board was updated in YAS's progress with their hear and treat hubs – supported by the use of artificial intelligence - and their 'see and treat' rates, with Hull, York and North Yorkshire had the highest referral rates. The ability of the shared care record to support effective use of information was also noted.

The complex, multi-ICB landscape that YAS served was raised and the Trust had developed a senior locality liaison structure in response to this.

The Trust was adopting a multi-faceted approach to staff recruitment, including via local degree programmes and overseas recruitment. Alternative routes to gain employment, other than the traditional academic qualifications-based method, were also discussed.

The YAS attendees were asked about the progress they had made on the green agenda, and they confirmed that they were planning to build a new carbon neutral facility, subject to capital funding being confirmed. Electric vehicles were being explored however there were significant challenges for emergency vehicles given the significant on-board equipment that required charging however the majority of its non-emergency patient transport fleet was electric.

Further clarification was sought as to how the revised strategy supported an even safer and responsive ambulance service, particularly in relation to the emergency care pathway. In response, the Trust's representatives highlighted the importance of YAS being an active and effective partner within the wider health and care system as well as successful recruitment work to ensure it had the workforce to deliver its strategy.

**Outcome:**

**The Board noted the contents of the update provided.**

**Board Governance: Section 2**

**8. Board Assurance Framework**

The Chair led the discussion on the Board Assurance Framework (BAF), reiterating its importance in enabling the Board to maintain oversight of the risks to the achievement of its strategic objectives.

Karina Ellis provided a summary of the changes since the previous month. These predominantly related to the "managing today" sections. The first updated the mitigations for managing clinical risk with ambulance handover delays. The target date for this had been adjusted and a clinical risk framework and decision tool were developed in December to support collective sharing of risk across the system during times of escalation.

The 2023-24 financial performance risk score was lowered based on current forecast position to deliver the financial plan as a system.

The risk in relation to strategic estate had been reduced but remained out of appetite. New positive assurances were highlighted, including the commencement of the ICB infrastructure plan work.

Further updates to the mitigation in place against the risks to delivery of the urgent and emergency care and the cancer recovery plan performance targets were given.

Upon further discussion, it was agreed that a medium-term financial risk and primary care strategy risk be added to the BAF.

**Outcome:**

**Board Members:**

**Approved the updates to the BAF as highlighted in the report and summarised above.**

**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.**

## **9. Voice of Lived Experience**

Anja Hazebroek led the discussion and summarised the snapshot of insight activity undertaken by the ICB, in conjunction with colleagues from Health Watch.

The Board was committed to improving its understanding of patient experiences and using this insight to inform decision-making. The following challenges were highlighted:

- Cost of living, particularly in relation to transport, and the impact this had on people's ability to attend medical appointments.
- Access to mental health services, particularly Child and Adolescent Mental Health Services (CAMHS) and autism and attention deficit hyperactivity disorder (ADHD) services
- Access to GP and dental services, with reporting of long waiting times. It was noted that some digital platforms were not working as effectively as intended.

Initial impact of the recent move of the walk-in centre from Story Street in Hull to the new Urgent Treatment Centre (UTC) at Hull Royal Infirmary (HRI) had been positive, with the new site seeing an increased number of patients per day (120) when compared to the previous location. Approximately one quarter of the daily emergency department activity was being streamed to the new UTC and this volume was expected to increase as more services become operational.

The engagement work with Health Gospel, a community group supporting people from Nigeria, Zimbabwe, and Uganda in North East Lincolnshire, was highlighted. Over fifty people were engaged, providing valuable insight into how they access health and care information.

The importance of access to community transport services and confusion as to the services available being highlighted. The voluntary sector was undertaking work on this subject, and it was agreed the subject would be to the Integrated Care Partnership (ICO) for their consideration.

The findings of insight work with students at the University in Hull was reported. Over 50% of respondents said that access medical care through their GP Practice, with some comments referring to the ease at which they can get to the health centre, and others who see it as their first port of call when ill, or who were not aware of any other services.

Conversely, difficulties were reported by others trying to access their GP practice by phone and the NHS App as an alternative route of access was discussed. The NHS App presented a huge opportunity but a clear and consistent message to patients about its usefulness was needed.

Nearly a quarter of students who were engaged said that they use NHS111, with comments included how easy it is to get through to someone for advice over the phone and the benefits of having an interpreter service when students may not speak English as their first language.

It was agreed that the engagement of students would be expanded across other educational institutes would take place.

**Outcome:**

**Board Members note the contents for the report and snapshot and discussed the key themes.**

**Context, Performance and Assurance: Section 1**

**10. Chief Executive Update**

The Chief Executive, Stephen Eames, provided an update on several key areas, as follows:

The first phase of the introduction of Martha's Rule was being implemented in the NHS from April 2024. Once fully implemented, patients, families, carers, and staff will have round-the-clock access to a rapid review from a separate care team if they are worried about a person's condition.

The implementation of the new arrangements were being taken forward through the nursing group across the North East and Yorkshire area and each organisation was preparing their own plans and the ICB was engaged in discussion to agree the form of assurance it would seek in this matter. It was noted that 24/7 critical care outreach needed to be required and this would be built into the implementation plans.

The recent Government budget announcement was referenced. This included an additional £2.5 billion day-to-day revenue for the NHS in England for 2024/25, however, this would only maintain the current financial status, resulting in a continued challenging financial position for Humber and North Yorkshire (HNY). Reference was made to the local system productivity programme being led by the Deputy Chief Executive / Chief Operating Officer and the establishment of productivity metrics beyond the acute sector.

The new £34 million investment in digital technology announced in the budget was welcomed and the ability to use this resource to invest in productivity, data, the NHSApp as well as strengthening front line digitilisation programmes. It was also noted that a challenging £35 billion national efficiency return was expected from this programme.

The ICB's commitment to tobacco control was highlighted, noting the establishment of a Centre for Excellence in Tobacco Control. The ICB had written to the Prime Minister and local MPs to support legislation aimed at reducing smoking prevalence by 2030. 74% of people supported the Government's ambition to reduce smoking prevalence and an all-Parliamentary event was taking place today ('nonsmoking' day) reinforcing the points and making sure the legislation gets through parliament. This was a fundamental priority for the ICB.

Several achievements were celebrated, including the awarding of the National Porter Team of the Year to the hospital porters at Hull Royal Infirmary and Castle Hill Hospital, the significant progress in Community Diagnostic Centres (CDCs) in Grimsby and Hull, and a groundbreaking research project on the clinical pathway and diagnosis of bowel cancers.

**Outcome:**

**The Board noted the verbal update.**

**11. Futures Group Proposal**

Professor Charlie Jeffery introduced this item in his capacity as Chair of the Futures Group. The proposal Set out an ambition for Humber and North Yorkshire to be a trailblazer nationally in the strategic application of data science, alongside local professional wisdom, and the voice of the community, to support a better evidence base for integrated service delivery, with a particular focus on children and young people.

The first stage of the proposal was for the creation of a Humber and North Yorkshire (HNY) Integrated Data Engine for Analytics (HNY IDEA) centre that connects academic expertise with the HNY system. This would facilitate the creation of 'Connected HNY' – a database capable of providing the data insights necessary to support local professionals design improvements with local people and communities that impact on direct service delivery, improve outcomes and drive efficiency in integrated service delivery.

The complex steps required to deliver the proposal were discussed, however the proposal provided an example of the strategic leadership role of the Integrated Care System in creating an environment in which public sector and commercial partnerships can work together. This will lead to a sustainable model of collaboration that takes forward research, service planning and investment, and operational integration.

The Board was asked to approve the vision and direction set out in the report and supported the next steps, including a funding request of £100,000 to support the development and initial implementation of the test case. The funding would be used to develop a fuller business case for a fuller investment in due course and to develop an initial delivery plan. The Innovation, Research, and Improvement System (IRIS) would subsequently take the lead in the implementation of the programme.

Board Members expressed their support for the proposal, highlighting the opportunities for the project to address health inequalities, improve service delivery, and provide valuable insights for decision-making. It was ambitious, innovative, and transformational. They also emphasised the importance of effective governance and the need to ensure the project was adequately resourced.

**Outcome:**

**The Board approved the next steps set out in the report and approved the funding request of up to £100,000 to support the development and initial implementation of a test case.**

## Context, Performance and Assurance: Section 2

### 12. Development of Joint Committees - North East Lincolnshire Place

The Chair welcomed Rob Walsh and Helen Kenyon to the meeting.

The report provided a progress update on the development the Section 75 (S75) agreement between Humber and North Yorkshire Integrated Care Board (ICB) and North East Lincolnshire Council (NELC). The development of the S75, as an amendment to the existing S75 agreement between the ICB and NELC, was approved in principle by the Board in November 2023, with the intention of it being operational by 1st April 2024.

The total value of the proposed agreement was £195m (ICB £132m, NELC £63m), with £144m being subject to a pooled arrangement and £51m being subject to a non-pooled arrangement. The Board were advised that the agreement focused on adults, but there were ambitions from both parties to extend the arrangements into children's services, public health, and health promotion.

The draft Terms of Reference for the Joint Committee which will be the decision-making forum for the partnership between the ICB and NELC were also included for Board approval.

The successful approval of the updated S75 agreement also provided a template through which other Place Health and Care partnerships who had expressed an interest in closer alignment could pursue more formal arrangements.

Clarification was sought regarding adult social care and the role of the respective parties with the Care Quality Commission (CQC) and their new inspection regime, and it was confirmed that the North East Lincolnshire approach was built around the longstanding partnerships and relationships that existed, with clear accountabilities and responsibilities articulated between everyone.

The Board was asked to note the progress that had been made in the development of the refreshed Section 75 Partnership Agreement, to authorise the Joint Committee terms of reference and authorise the ICB Chief Executive to sign the revised the Section 75 Partnership Agreement to enable the new agreement to start on the 1<sup>st</sup> April 2024.

#### **Outcome:**

#### **The Board:**

**Noted the progress that has been made on the development of the refreshed Section 75 Agreement since the last Board update.**

**Approved the Joint Committee's Terms of Reference**

**Authorised that the ICB Chief Executive to sign the revised the Section 75 Partnership Agreement to enable the new agreement to start on the 1<sup>st</sup> April 2024.**



### **13. Board Committee Reports**

The Chair introduced the Board Committee Summary Report. The updates from four committees were noted, with the following escalations brought to the attention of the Board:

The appointment of a lead Non-Executive Director for patient safety, which was recommended by the Quality Committee. It was agreed that the Director of Nursing and Quality would discuss this further with the ICB Chair outside of the meeting.

The approval of the Procurement Panel Terms of Reference and a subsequent meeting of the Finance Performance and Delivery Committee (FPC).

The Chair encouraged Board members to read the committee reports for an overview of all committee work and to identify overlaps and connections between different areas. The updates from the previous Board meeting were appended to the current report in order that they be available to the public.

#### **Outcome:**

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

### **14. Performance Report**

Amanda Bloor led the discussion of the Performance Report.

The report covered the month 10 performance metrics and highlighted key areas such as urgent care, planned care, primary care, and mental health and learning disability services.

The ongoing work to improve patient experience in urgent emergency care (UEC) and the 4-hour target with a target of 76% set for the end of March 2024 was highlighted. Two summits had been held in Hull and York to look at improving performance and improvements had been seen and it was hoped to improve the target by end of March 2024. of patients would be waiting at 65 weeks.

The challenges in reducing the waiting list for planned care were also emphasised particularly the small number of patients waiting at 65 weeks. The significant improvements since November were noted.

In terms of primary care, the Board noted that the ICB was on track to exceed its target for additional primary care appointments by over 1600 by the end of March 2024. However, it was acknowledged that patients still experienced challenges in booking appointments.

The Board also discussed the discrepancies between local and national data in mental health and learning disability services and the Board was assured that the issue had been rectified and that the data now accurately reflected the situation and the local data showed slight improvements.

Discussion took place and it was noted that there were some areas where differences had been made. The way that information was databased from the numerous

partners was also acknowledged.

Concern expressed regarding some of the most vulnerable people of the population and that further work be undertaken to reflect the impact of performance for these cohorts. It was also requested that a more detailed update on the workforce dimension in future performance reports was provided, given its significance. The Board also discussed the need for productivity metrics to understand the system's productivity levels.

Concerns were also raised about the Community Diagnostic Centres (CDCs), noting that two were already operational and others were due to come on stream. It was confirmed that all CDCs were on track but acknowledged the challenges in recruiting the necessary workforce. It was agreed to bring a more detailed update on the CDCs in a couple of months and to include high-level productivity metrics in future performance reports from the start of the new financial year.

**Outcome:**

**The Board:**

**Agreed that further work be undertaken to reflect the impact of performance for the most vulnerable cohorts.**

**Requested a more detailed update on the workforce dimension in future performance reports was provided, given its significance.**

**Agreed to bring a more detailed update on the Community Diagnostic Centres would be received in two months' time.**

**Agreed that high-level productivity metrics be included from April '24 in the performance report.**

**15. Operational Plan Update**

Amanda Bloor provided an update on the Operational Plan. The national planning guidance was still awaited but was expected soon. The timelines for the financial operating planning process were highlighted, with the first full submission due on the 21 March 2024 and a full narrative across the system by the 2<sup>nd</sup> May 2024. It was noted that an enormous amount of work was taking place across the system regarding the high-level performance metrics.

Significant work was being done across the system to align the workforce, finance and performance activity. A series of NHS England (NHSE) confirm, and challenge meetings were scheduled with all systems across the country, with a regional conversation already having taken place and a national meeting being held next week. The ICB/ICS plan would be submitted in advance of the next Board meeting.

The previously approved Joint Forward Plan (JFP) from last year would also be refreshed in light of the Operational Plan and the transformation programme across the system.

Significant concern was expressed about the late timing of the national planning guidance for the NHS, noting that it would be several months into the new financial

year before the operational plan would be approved. It was noted that the ICB were not waiting for the national guidance and were planning based on what they knew. The Chair agreed with this observation and suggested that they should start planning earlier in the future, irrespective of what was happening nationally.

**Outcome:**

**The Board:**

**Noted the current status and timelines of the NHS national 2024/25 Financial and Operational Planning process.**

**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<sup>st</sup> March 2024.**

## **16. Finance**

Jane Hazelgrave led the discussion on the finance paper. The Board was asked to note the financial position for both year-to-date and the forecast out turn. The year to date overspend was reported as £28.1 million, with £5.8 million relating to the impact of industrial action. The Board was informed that funding for industrial action had been received, albeit slightly short of the required amount. It was noted that 50% of issues were recurrent and 50% were non recurrent.

The decrease in risk by £21.8 million from the previous month was also highlighted, leaving a residual risk of £4.2 million. The Board was updated on the capital position, with a forecast overspend on IFRS16 £9.8 million, offset by the ICS Capital Departmental Expenditure Limit (CDEL), the capital allocated to the ICB, of £3.1 million. It was noted that the finance directors were working hard to utilise the capital spend.

The Board was informed of the receipt of £30 million from NHS England (NHSE) to cover the deficit plan, which would result in a balanced position by the end of the year. However, the system would still be treated as in deficit, impacting access to bonus capital, and making the £30 million repayable in 2025-2026.

Discussion took place regarding core cap allocation money, and it was noted that this could be carried forward. There had also been slippage with some of the EPR schemes and Month 11 closed today.

The timing of financial reporting was also discussed and the possibility of moving the Board meeting to a later date to allow for more current financial information to be presented.

The Board acknowledged the significant efforts of the finance team and the wider system in managing the financial position and delivering the financial plan.

**Outcome:**

**The Board noted:**

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

**The residual level of risk identified at M10 that would need be managed to deliver planned/forecast position.**

## **Other Matters for the Attention of the Board: Section 2**

### **17. Emergency Preparedness, Resilience and Response (EPRR) Annual Update**

Amanda Bloor was the accountable emergency officer and provided an overview of the statutory function of the ICB with respect to emergency preparedness, resilience, and response (EPRR). She highlighted the core businesses and self-assessment requirements, noting that the ICB had completed these as a system.

The risk assessment conducted across the system through the local health resilience partnership was also highlighted, including instances that the ICB had responded to across Humber and North Yorkshire (HNY). She mentioned the industrial action experienced over the last year and a half and the training and exercises the ICB had been involved in.

It was acknowledged that the ICB was not technically compliant with the self-assessment against the core competencies, attributing this to a change in the reporting metrics, however she assured the Board that the regional NHS England team recognised the ICB's competencies and that this was a technical adjustment.

The hierarchy of risks was also highlighted, and it was confirmed that these were based on local experience and system-wide conversations. The significant impact of flooding due to the extensive coastline was noted, as well as the potential hazards related to significant industry in the area.

The Chair commended the partnership working and preparedness demonstrated by the ICB, noting the experiences from the pandemic and the effective system of notifying, and warning each other of potential emergencies.

#### **Outcome:**

**The Board noted the contents of the report.**

### **18. NHS Equality Delivery System (EDS) 2022: Humber and North Yorkshire ICB approach to the review process**

Anja Hazebroek opened the discussion on the Equality Delivery System (EDS) and the approach to the review process. The Board had previously considered this item and it was noted that the final report was being presented at this meeting.

The provisional rating of 'developing' for the ICB was based on an internal assessment and had since been endorsed by an external peer review process. This process included the Humber and North Yorkshire Inclusion Assembly (HNYIA), the inclusion network, Healthwatch and the Social Partnership Forum (SPF). The feedback from these reviews was included in the appendix of the document.

The Board was asked to confirm the scoring of 'developing' and to approve the submission and the action plan. The efforts made to look after the health and well-being of staff were commendable, although the document suggested that more could be done. It was clarified that the rating was based on a comparison with other organisations and how embedded the practices were. The aim was to improve on the

'developing' rating by the next year and achieve the top rating of 'excelling' beyond that.

**Outcome:**

**The Board noted the content of the report and approved the final performance rating of 'Developing' and it was agreed that quarterly reports on this activity would be brought to the Board.**

**Approved the Equality Delivery System report and action Plan.**

**19. 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 the staff have across the geography. The Chair also noted that there were no questions from the public submitted for the Board's attention.

**20. Board Assurance Framework Review**

The Chair led a discussion on the end of meeting review of the Board Assurance Framework (BAF).

The Chair asked the Board members if there were any points from the day's discussion that had influenced their view of the framework. Contributions were made with a focus on the primary care agenda. The Chair confirmed that from April 2024, sector collaboratives would be represented at the Board, which would help to tighten up the operating model.

The point about the timing of information was raised, particularly in relation to finance and operational metrics, and it was agreed that the timing of the Board meetings would be subject to further consideration.

**21. Any Other Business**

The Chair also reminded the Board of the symposium event on the 24<sup>th</sup> April 2024, featuring speakers Sir Chris Witty, Chief Medical Officer for NHS England, and Tina Woods, from the British Society for Research on Ageing, and would be focusing on ageing well.

**22. Closing Remarks of Private Session**

The Chair thanked all attendees for their participation and attention. The Chair also mentioned planned time together in April, both at the Board and as planned time out at the end of April 2024.

**22. 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. ***\*Post meeting note: A decision has been made to hold the meetings monthly from April 2024, therefore the next meeting will be held in public on 10 April 2024.***

## 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	<b>8 - Board Assurance Framework</b> <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>	Karina Ellis	May 2024	Not due
13/03/2024	02-1302	<b>14 - Performance Report</b> <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	Not due
13/03/2024	03-1302	<b>15 - 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<sup>st</sup> March 2024.</li> </ul>	Amanda Bloor	May 2024	Not due
13/03/2024	04-1302	<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	Not due

### Key:

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