

HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD

WEDNESDAY 10 JULY 2024 FROM 09:30 AM
CONFERENCE ROOM, ERGO, BRIDGEHEAD BUSINESS PARK, HESSLE, HU13 0GD

Attendees and Apologies

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

Present:

Sue Symington	(Chair) HNY ICB Chair
Stephen Eames	HNY ICB Chief Executive
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 Acting Deputy Chief Executive / Chief Operating Officer
Jayne Adamson	HNY ICB Executive Director of People
Jonathan Coulter	Partner Member Representative
Mark Chamberlain	HNY ICB Non-Executive Director
Richard Gladman	HNY ICB Non-Executive Director
Stuart Watson	HNY ICB Non-Executive Director
Teresa Fenech	HNY ICB Executive Director of Nursing & Quality
Emma Sayner	HNY ICB Acting Executive Director of Finance & Investment

Apologies:

Amanda Bloor	HNY ICB Deputy Chief Executive / Chief Operating Officer
Jonathan Lofthouse	Provider Partner Member

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

Present:

Anja Hazebroek	HNY ICB Executive Director of Comms, Marketing & Media Relations
Brent Kilmurray	Partner Participant (Mental Health, Learning Disabilities and Autism) – <i>Left at 11.45 am</i>
Councillor Stanley Shreeve	Partner Participant (Local Authority: N & NE Lincolnshire)
Emma Sayner	Acting Executive Director Finance & Investment
Jason Stamp	Partner Participant (Voluntary, Community & Social Enterprise)
Karina Ellis	HNY ICB Executive Director of Corporate Affairs
Louise Wallace	Partner Participant (Public Health)
Max Jones	HNY ICB Chief Digital Information Officer (CDIO)
Peter Thorpe	HNY ICB Executive Director of Strategy & Partnerships
Professor Charlie Jeffery	Partner Participant (Further Education)

Apologies:

Andrew Burnell	Partner Participant (Community Interest Companies)
Councillor Michael Harrison	Partner Participant (Local Authority: North Yorkshire and York)
Dr Simon Stockill	Primary Care Collaborative Lead
Helen Grimwood	Partner Participant (Healthwatch)
Mike Napier	Director of Governance and Board Secretary

"Observers" and Individuals Presenting Items

Alex Seale	HNY ICB North Lincolnshire Place Director – <i>Item 15 Only</i>
Dr Kate Wood	Group Chief Medical Officer, Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) – <i>Item 15 Only</i>
John Mitchell	Associate Director of Digital - Observer
Lindsay Cunningham	Associate Director of Communications and Engagement, Humber Acute Services Programme – <i>Item 15 Only</i>
Mike Farrar	Observer
Emma Jones	HNY ICB Business Services Senior Officer (Corporate Affairs)

BOARD GOVERNANCE

1. Welcome and Introductions

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

The Board was reminded that this was a meeting held in public and was being filmed and recorded for that purpose. Artificial intelligence (AI) was assisting in the minuting.

Introductions were extended to Jonathan Coulter, the Chief Executive at Harrogate and District NHS Foundation Trust (HDFT), who was attending on behalf of Jonathan Lofthouse and the Collaborative of Acute Providers (CAP). The Chair also welcomed Mike Farrar, who had supported the development of the ICB during its inception and was invited to review the Board's progress and provide feedback to the chair. The Chair also welcomed John Mitchell, NHS ICB Associate Director of Digital, attending the Board as part of a leadership development programme.

2. Apologies for Absence

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

It was noted that Brent Kilmurray would be leaving the meeting at 11:45am and Professor Charlie Jeffery would only be present for the Board meeting in public element.

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 8 May 2024

The minutes from the previous meeting held on 8 May 2024 were checked for accuracy and the Board agreed the minutes as a true and accurate record subject to the following:

Page 6 the minutes to be updated to include a post meeting note of the technical issue at Harrogate and District NHS Foundation Trust that resulted in the system ending 2023/24 with a £4.2 million deficit.

Outcome:

Board Members approved the minutes of the meeting held on 8 May 2024 subject to the agreed post-meeting note being added. Following this the minutes would be signed by the Chair.

5. Matters Arising and Actions

The Chair led the Board discussion on the action tracker updates.

It was noted that an announcement regarding the Resilience Hub was due shortly and the Board sought further assurance on alternatives in the event that its long-term sustainability was not viable.

The other matters arising were noted as either completed and closed or not yet due.

The Chair drew Members' attention to the ICB's Annual Report 2023 - 2024 and Integrated Care Strategy which had been shared with Them were important and informative reference documents and Members were encouraged to share them widely.

Outcome:

Board Members noted the action tracker updates.

6. Notification of Any Other Business

Members of the Board were reminded that any proposed item to be taken under any other business must be raised and subsequently approved at least 48 hours in advance of the meeting by the Chair.

The Chair advised that no such notifications had been received.

Outcome:

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

7. Board Assurance Framework

The Chair introduced the Board Assurance Framework (BAF) and the Executive Director of Corporate Affairs provided assurance that the key risks relating to the delivery of the ICB's Strategic Objectives, as agreed by the Board previously, were being managed appropriately.

The BAF had been simplified following the feedback from the last meeting. It was noted that there were no matters to highlight specifically following this month's review of all risks.

The Board discussed the mitigations and high-level assurance available in relation to quality and financial risks. Clarification was sought regarding strategic objective C3 (Outcomes Led Resourcing Finance) and it was agreed that the risk now needed reframing in the light of the changes in direction being seen.

Further review of the BAF risks associated with quality, performance, finance and workforce would be considered through the remaining items on the Board's agenda.

Members also commented on the positive progress on mitigating a number of the risks, as well as the improved accessibility and legibility of the document.

Outcome:

Board Members

- Discussed and approved the updated Board Assurance Framework.
- Agreed that strategic objective C3 (Outcomes-led Resourcing Finance) be reframed and received at the August 24 Board meeting.

8. The Humber and North Yorkshire Frailty Centre of Excellence

The Chair introduced a video showcasing the Jean Bishop Integrated Care Centre, a Centre of Excellence for frailty care in Humber and North Yorkshire (HNY). The Centre was built on six years of innovative work and aimed to improve health outcomes by addressing factors beyond the remit of the NHS, such as education and living conditions. The Centre's approach focused on enabling individuals to live well and independently for as long as possible, and to manage end-of-life care in a home setting where possible.

The Centre also aimed to address disparities in healthy life expectancy between deprived and prosperous areas. The model of care was centered around anticipating and preventing illness and providing care that enabled individuals to stay at home. It also worked to support individuals after hospital discharge to prevent readmission.

The Chief Executive emphasised the learning gained from treating patients and people in the community, and this was a model that the ICB were keen to apply across other parts of the ICB. The model was entirely clinically led in accordance with the ICB's vision.

The Jean Bishop Centre had national and international status. It was noted that the elderly/frail population was growing significantly both nationally and across HNY, making this innovative approach a trail blazer in respect of planning health services in the medium to longer term which could accommodate the needs of an aging population.

Discussion took place on the importance of the Centre's person-centered approach and the need to replicate this model across the region. The Board also highlighted the importance of involving the social care and voluntary sectors in this work, as well as carers and carer organisations. It was a goal in the management of frailty to enable an ageing population to live independently in their own homes for as long as practicable.

The important role of the Community Collaborative, GP practice, carers and carers organisations were also recognised in this programme of work. It was agreed that a cost benefit analysis of scaling up the work of the Jean Bishop Centre would be received at a future Board meeting.

The Chair confirmed that the video would be released publicly to raise awareness of the Centre's work.

Outcome:

- Board Members noted the contents of the film.
- A cost benefit analysis of scaling up the work of the Jean Bishop Centre would be received at a future Board meeting.
- The video would be released publicly to raise awareness of the Centre's work.

9. Voice of the Lived Experience

The Chair introduced the item and the Executive Director of Communications, Marketing and Media Relations presented an update on the findings of engagement carried out by

Healthwatch Hull, exploring the experiences of homeless people in relation to the services provided by Yorkshire Ambulance Service (YAS). A video was shared, featuring a member of the homeless community discussing their positive experience with the ambulance service. The Board agreed to revisit this topic when Healthwatch representation returned to the Board.

The Board discussed the importance of this work, highlighting the health inequalities faced by homeless individuals and the barriers they encountered when accessing services. The emotional barriers faced by this community of people, including fear of judgement and clinical environments, were also considered.

The findings of research into the public's views on the future of the NHS was also presented. It indicated that the public was largely dissatisfied with how the NHS was working and was very concerned about its future. However the public also maintained a deep appreciation for the health service and its founding principles. The public wanted primary and community care to be a high priority for the NHS and would be willing to pay more through additional taxes to achieve better levels of service. The Board discussed the implications of these findings for the future direction of the NHS.

The board requested further information in due course regarding inclusion in health services for marginalised groups.

Outcome:

Board members noted the video shared and discussed the key themes and requested further information in due course regarding inclusion in health services for marginalised groups.

CONTEXT, PERFORMANCE AND ASSURANCE

10. Chief Executive Update

The Chief Executive provided an overview and highlighted two immediate short-term challenges: the performance of urgent and emergency care services and the need for strong financial management. He also mentioned the ongoing industrial action by junior doctors and the potential for GP collective action, which could disrupt services.

The Acting Deputy Chief Executive / Chief Operating Officer provided an update on the industrial action, which ended on 2 July 2024. She noted that while no further strikes had been announced the British Medical Association (BMA) had indicated the potential for further industrial action over the summer. The full impact of strike was yet to be seen, although there had been a decrease in cancellations since the last strike.

The potential impact of the GP collective action as also considered. This could result in "work-to-rule" arrangements which would result in disruption to services. It was agreed that this was an unpredictable situation and that a task and finish group would be established to understand the impact of this threat and appropriate mitigations.

Clarification was sought on patient care and safety mitigations, including impacts on emergency care. One potential "work to rule" impact was a limiting of patients seen by GPs, resulting in increased demand on emergency services. It was noted that GPs want the best outcomes for their patients and there is hope that a resolution would be reached.

The Chief Digital Information Officer then provided an update on the electronic patient

record (EPR) systems procurement progress, noting that two organisations, Harrogate and District NHS Foundation Trust (HDFT) and York and Scarborough Teaching Hospitals NHS Foundation (YSTHFT) had selected a preferred supplier. A letter of support had been sent to NHS England (NHSE) for these procurements. Two other local trusts, Hull University Teaching Hospitals NHS Trust (HUTHT) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG), would be offering a letter of support for their outline business case in the coming weeks.

The Chief Executive concluded by discussing three significant strategic shifts of the new Government, namely, moving care out of hospital into primary and community settings; utilising technology and data; and boosting prevention. He also mentioned the upcoming engagement process for the 'design for the future' work.

Clarification was sought on the progress with digital convergence, to ensure that all patient information is on the same shared platform. It was noted that this was the ICB's intent and consideration by the providers had been given to the integration of systems to provide the best care to patients. It was further noted that this was also a key strategy of NHS England (NHSE), with funding made available to support the standardisation of care.

It was noted that there were several new Members of Parliament following the recent General Election and introductory meetings were being arranged for them with the Chair and Chief Executive.

Outcome:

The Board noted the update provided.

11. Performance Report

The Chair invited the Acting Chief Operating Officer and Acting Executive Director of Finance and Investment to give an update on the performance report. The updated format of the report was noted, and the summary reflected the positive feedback from the recent meeting between the ICB and the national team.

The importance of the performance report for the wider system was discussed, as well as the role of the System Oversight and Assurance Group (SOAG). Data validation was considered and the time lag associated with NHS data. It was suggested that the SOAG start using unvalidated data to improve the timeliness of the information provided.

It was noted that the current timing of the Board did not help with the reporting cycle, and it was suggested that consideration be given to moving the Board meeting to the last Wednesday of each month, with effect from January 2025.

It was recognised that many data sets and data reporting by the ICB was for national reporting purposes and it was suggested that consideration be given to the ICB's own data collection, which would not be bound by the national reporting system timescales. The additional processing burden for providers would need to be considered for this option.

Reference was made to the narrow scope of the current prevention and health inequalities data. Further discussions would take place about this at the Board Meeting in August 2024.

It was noted that the workforce data was reported to the Workforce Board and not the Finance, Performance and Delivery Committee as outlined on Slide 18.

Outcome:

The Board

- Noted the development of the Board performance report in terms of its content, length and presentation.
- Considered and discussed the performance report: - in particular, the issues highlighted in the cover sheet.
- Provided feedback to support the further development and evolution of the Board Performance Report.
- Agreed to review the dates of the Board in the future to better receive up-to-date information at Board.

12. Finance

The Chair invited the Acting Executive Director Finance & Investment to give an update on the finance report.

The current week was a crucial point in the year as the ICB were about to submit the Quarter 1 position. The importance of assurance around the delivery of the ICS finance, through the distributed leadership model was emphasised. A series of escalation meetings with both Directors of Finance and Chief Executives within the system had taken place to review the current run rate and expenditure.

The focus on efficiency within the system was highlighted, together with the need to deliver the 2024/25 plan in order to be able to focus on long-term planning. This was year one of financial plan and, as such, it provided the basis for future sustainability. Efficiency plans had been reviewed across all system partners. The importance of Directors of Finance working collectively to take a system-wide view on any discretionary spend was noted.

The ICB was indicating a break-even position at Month 3, albeit with significant risks to the underlying financial position.

A discussion took place regarding the need for proper apportionment of costs in relation to continuing healthcare and Section 117. Proactive engagement with the care market was underway to co-ordinate a more sustainable offering to the sector.

Outcome:

The Board noted the financial update provided and underlying risks associated with the plan.

13. Urgent & Emergency Care (UEC) Performance

The Chair introduced the item and the Chief Executive led the update regarding the latest Urgent and Emergency Care (UEC) performance, including patient quality impacts across Humber and North Yorkshire (HNY) and the steps being taken to improve the position.

The ICB was an outlier for UEC performance regionally and the Board considered the performance challenges and significant work being undertaken to improve the situation.

The Board acknowledged that the last two years' performance had barely improved in the emergency care pathway, despite significant capital and revenue spent. It was noted that Harrogate and District NHS Foundation Trust performed better than the other local provider organisations in respect of the emergency pathway.

While the ICB was accountable for system performance, accountability for delivery remained the responsibility of all sectors.

The Acting Executive Director of Finance and Investment made reference to the Urgent Care Summit held in July 2024 and the four high-impact actions agreed, as follows:

1. Specialty input to emergency department
2. Specialty input to surgical pathways
3. Internal professional standards
4. Direct access to emergency department, with alternatives.

The Board also discussed the need for a system-wide response, recognising the importance of cultural ownership of UEC performance across the whole system .

A further clinical summit and a system-wide summit with other partners had been organised for late July 24 and the Board acknowledged that while performance had incrementally improved, the requirement for further and rapid improvement was significant.

The impact on patients from ambulance service delays were discussed, with a steady and sustained pattern of improvement needed to build confidence in the actions identified.

75% of patients that attend emergency departments do not require admitting and the importance of Place Health and Care Partnerships and local networks in focussing on local UEC challenges was recognised.

Board Members also recognised and commended the work of front line staff.

Outcome:

Board Members

- Noted the current performance challenges and the actions being taken to address them.
- Sought assurances regarding the oversight of patient safety and quality as per the recent NHS correspondence.

14. Board Committee Summary Reports

The Chair led the discussion on the Board committee summary reports, which provided a comprehensive summary of the committees' work on behalf of the Board, sources of assurance and identifying matters for escalation, as necessary.

The following updates were noted:

The Audit Committee would receive a report at its next meeting setting out the risks, and their mitigations, associated with the potential migration of the ICB to a cloud-based financial management / accounting system as part of a national programme.

The Finance, Performance and Delivery Committee highlighted the discussions taking place on approaches to financial reporting for 24/25, delivery of the agreed financial plan and moving towards longer-term sustainability. They also reported an escalated conversation that had been scheduled with Chief Executive and Director of Finance colleagues across the system. Actions flowing from this discussion will feed into the Board and FPD in due course.

The Integrated Care Partnership reported a commitment made to discuss patient transport in the next meeting, which will be held in September 2025.

Outcome:

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

OTHER MATTERS FOR THE BOARD

15. Humber Acute Services Review

The Chair introduced the item and welcomed, Dr Kate Wood, Group Chief Medical Officer, Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG), Alex Seale, Humber and North Yorkshire ICB North Lincolnshire Place Director, and Linsay Cunningham, Associate Director of Communications and Engagement, Humber Acute Services Programme, to the meeting.

The Executive Director of Communications, Marketing and Media Relations led the item. The Board was being asked to endorse the proposed way forward for service change, which had been developed following a review of the consultation feedback into the Humber Acute Service Review proposals. The consultation had been a 14-week process, with a comprehensive range of events and platforms used to gather feedback.

The Board Members noted the good practice standards achieved/completed in the consultation from The Consultation Institute (TCI) Good Practice Award and NHS England Gateway Assurance process.

Linsay Cunningham referred members to the detailed analysis of the feedback received from the consultation as set out in the report. Key concerns that had emerged included matters relating to travel and access, the impact of the proposals on other services and the future of Scunthorpe General Hospital.

Dr Kate Wood presented the revised proposals for service change in the light of the views and evidence provided during the public consultation, alongside other material information – such as changes to policy, regulations or clinical standards and updated activity and workforce modelling. The revisions deliver the maximum quality benefit, whilst mitigating, wherever possible, any other potential negative impacts that may arise as a result of the proposed change.

Alex Seale then set out the transport impacts and mitigations. The impact on statutory transport and ambulance services had been modelled and were manageable within existing resources. Outline plans to enhance existing community transport provision to support visitor journeys were described and work was taking place regarding the reimbursement scheme, clinical scheduling and a public transport review.

Further clarification was sought on the rationale for the updated proposals to retain gynaecology and paediatric overnight (inpatient) services at both Diana, Princess of Wales Hospital Grimsby and Scunthorpe General Hospital sites but with the latter working towards implementation of community-based paediatrics model. It was noted that while obstetric services sit outside the scope of the review, the key clinical links between emergency gynaecology, paediatric and obstetric services, including neonatal intensive care, meant the revised proposals provided a better fit from a quality perspective.

A question was raised as to the demographic impact of an ageing local population to the proposals. It was confirmed that the integrated impact assessment for the review included a detailed consideration by age stratification and this indicated that the proposals had less of an impact on older patients, given that the intention was to retain elderly medical beds on both sites and further develop the wider frailty pathway.

The Board noted the benefits that the proposals would have on staff resilience and therefore potential positive impact on recruitment and retention.

With regard to the revenue impact of the proposals, the Board's attention was drawn to the increased baseline. £4.4 million would be delivered through delivery of the proposals through the associated productivity and efficiency gains.

The Board confirmed and commended the comprehensiveness of the consultation and independent analysis of the findings.

Outcome:

Board Members

- Endorsed the proposed way forward for service change (as set out above), which has been developed following their review of the consultation feedback and takes account of key issues and concerns raised by consultees.
- Agreed to Work with key partners to deliver the proposed Transport Action Plan, including increasing support to the existing community transport provider.

16. Women Living Well Programme

The Chair introduced the Women Living Well Programme, and the Executive Director of Communications, Marketing and Media Relations presented an update on the Programme.

The programme was previously known as the Women's Health Hubs and had been rebranded to avoid confusion. The programme aimed to reduce health inequalities and deliver sustainable provision for women and girls within Humber and North Yorkshire (HNY).

The programme had identified six primary care networks (PCNs) to become Women's Health Hub pilots, each of which would appoint a Women's Health Champion. The programme would also deliver training for clinicians in areas such as long-acting reversible contraceptive (LARC) fitting and menopause care.

The Board discussed the challenges faced by the programme, including disparities in health outcomes and service access between men and women, and between more affluent and deprived areas.

The Board also discussed the need for greater understanding of what mattered most to women and girls in the area.

Feedback from Board Members was received, including concerns about the complexity of commissioning LARCs, the need for more comprehensive menopause care, and the need for more creative and dynamic engagement with communities. Concern was also expressed regarding resources invested in training via the training hub when this was already provided. Additionally in terms of general practice service, the restrictions were outlined regarding non-contraceptive purposes and better service to patients could be provided if this was changed.

Reference was made to the structures for delivery for Women's Health Hubs in HNY and it was expressed that more could be done creatively regarding this, especially when addressing the barriers of people accessing services.

The Board acknowledged the importance of the programme and the need for further work to address the issues raised.

A very small team had been put in place to lead progress and the next level of engagement which would obtain a greater level of understanding of the issues, to inform the future strategy and priorities.

Outcome:

Board Members

- Noted the position and next steps for programme delivery.
- Provided feedback and input on the programme plan.

17. NHS Constitution: 10 Year Review

The Chair introduced this item which set out the principles, values, rights, and pledges underpinning the NHS as a comprehensive health service, free at the point of use for all who need it.

The Board was asked to review and approve the draft letter response from the Board to the NHS Constitution consultation. The Board approved the letter.

Outcome:

Board Members reviewed and approved the draft letter of response from the ICB to the NHS Constitution consultation.

18. Diversity Essentials Programme and Associate Non-Executive Director (NED) Recruitment

The Chair provided an update on the Board's commitment to improving the diversity of its membership and the plans to recruit diverse associate Non-Executive Directors (ANEDs). The first drop-in event for interested parties took place on 9 July 2024 and another scheduled for the following week. The recruitment process was expected to be concluded by September 2024.

The Chair also shared plans for a programme of board learning around diversity, equality, and inclusion. This programme would consist of an hour a month over a six or eight-month period, providing small injections of learning along with some reading and personal challenge work.

Outcome:

Board Members noted the updates provided and next steps with both initiatives.

19. Guide for Presenting to the Board

The Chair presented a guide for anyone presenting to the Board, in order to improve the quality of presentations to the Board. The guidelines were described as simple but serious, and their implementation was expected to enhance the quality of presentations to the Board.

Outcome:

Board Members approved the guide.

20. Board Assurance Framework Review

The Chair led the discussion on the Board Assurance Framework Review. The Board was asked to confirm their satisfaction with the Integrated Care Board, Board Assurance Framework (BAF) in tracking the right risks in respect of the achievement of our strategic ambitions.

No comments were made in relation to the conversation that was had.

Outcome:

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

21. Items for Information

The Chair highlighted the importance of the good news briefings that accompanied the Board papers, along with the Digital Strategy Terms of Reference.

A question from the public was raised regarding the provision of psychosocial support and social care for autistic adults, particularly those identified late, to prevent mental and physical health problems and reduce suicide prevalence and life expectancy.

The Executive Director of Finance and Investment responded to the question, explaining that the issue was being addressed through the mental health collaborative, which was working on four priorities, one of which included services for autistic adults. A written

response to the question was also prepared and published on the ICB website.

Outcome:

The Board noted the question from the member of the public and agreed respond in full and also to publish the response on the ICB website.

22. Any Other Business

22i HNY ICB Annual General Meeting Notification

The Chair reminded the Board that the Humber North Yorkshire Annual General Meeting (AGM) was taking place later that day at 5:00pm. The meeting would be a recorded AGM film rather than a live event, and feedback on this new format was requested. The Chair also mentioned the possibility of the next Board Meeting on Wednesday 14 August 2024, being held in the ICB's own Board Room and this would be confirmed.

23. Closing Remarks of Public Session

The Chair thanked all attendees for their participation and contribution.

24. Date and Time of Next Meeting

The next meeting would be held on Wednesday 14 August 2024 at 09.30 and the venue is yet to be confirmed.

Humber & North Yorkshire Integrated Care Board: Matters Arising Action Log (Part A)

Date Raised	Action Reference	Item No. and Action	Owner	Due Date	Progress / Status
10/07/2024	01-1007	4 – Minutes of the Previous Meeting held on 8 May 2024			
		Post meeting noted to be added to the minutes to reflect the technical issue at Harrogate and District NHS Foundation Trust (HDFT) and its impact on the financial position of the Integrated Care System (ICS). Following this the minutes would be signed by the Chair.	Emma Sayner	ASAP	Completed and Closed
10/07/2024	02-1007	7 – Board Assurance Framework			
		Risk C3 to be revised to be more forward facing.	Emma Sayner	August 24	Completed and Closed
		Agreed to update all risks in relation to UEC ready for review at the next meeting in August 2024.	All risk owners	August 24	Completed and Closed
10/07/2024	03-1007	8 – The Humber and North Yorkshire Frailty Centre of Excellence			
		Financial detail of the Jean Bishop Centre to be brought back to a future Board meeting	Emma Sayner	September 24	Not due
10/07/2024	04-1007	21 – Items for Information			
		Response to be given full regarding the question from the member of the public and the response to be published on the ICB website.	Mike Napier	ASAP	Completed and Closed