

**HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD**

**WEDNESDAY 11 DECEMBER 2024 FROM 12:30 HOURS**

**SYNERGY SUITE, HEALTH HOUSE, GRANGE PARK LANE, WILLERBY, HU10 6DT**

**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

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 Lofthouse Provider Partner Member

Mark Brearley Interim Group Chief Financial Officer, Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG)

Mark Chamberlain HNY ICB Non-Executive Director

Richard Gladman HNY ICB Non-Executive Director

Stuart Watson HNY ICB Non-Executive Director

Teresa Fenech HNY ICB Executive Director of Nursing & Quality

**Apologies:**

Stephen Eames HNY ICB Chief Executive

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

**Present:**

Andrew Burnell Partner Participant (Community Interest Companies) – Via Teams

Anja Hazebroek HNY ICB Executive Director of Communications, Marketing & Media Relations

Dr Simon Stockill Primary Care Collaborative Lead

Jason Stamp Partner Participant (Voluntary, Community & Social Enterprise)

Karina Ellis HNY ICB Executive Director of Corporate Affairs

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:**

Brent Kilmurray Partner Participant (Mental Health, Learning Disabilities and Autism)

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)

Louise Wallace Partner Participant (Public Health)

Mike Napier Director of Governance and Board Secretary

**"Observers" and Individuals Presenting Items**

Dr Deepti Alla HNY ICB, Associate Non-Executive Director

Professor Dumbor Ngaage HNY ICB Associate Non-Executive Director

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.

 The Chair noted that Amanda Bloor was in attendance in her role as Deputy Chief Executive, in the absence of Stephen Eames. Mark Brearley was welcomed as the Interim Executive Director of Finance and Investment.

**2. Apologies for Absence**

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

**3. Declarations of Interest**

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

(i) any interests which were relevant or material to the ICB;

(ii) that nature of the interest declared (financial, professional, personal, or indirect

(iii) any changes in interest previously declared;

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

**4. Minutes of the Previous Meeting held on 12 November 2024**

 The minutes from the previous meeting held on 12 November 2024 were checked for accuracy and the Board agreed them as a true and accurate record.

 It was confirmed that the five-year Dementia Plan was launched in November 2024.

It was noted that the minutes would be signed by the Chair.

 **Outcome:**

 **Board Members approved the minutes of the meeting held on 12 November 2024** **and noted the above verbal updates.**

**5. Matters Arising and Actions**

The Chair led the Board discussion on the action tracker updates. There were five actions due, three were closed and two were in progress and updates were provided as follows:

**14.08.24**

**Voice of the Lived Experience**

It was noted that GP practices received the National GP Patient Survey information as this was a contractual requirement. The Status of Action was ‘Completed’.

**14.08.24**

**Suicide Prevention**

An update was provided regarding the data in relation to area of residence and the location where the death was registered. It was noted that where the death was registered may not have much meaning other than identifying the place of death. Suspected suicides were recorded, and a combination of location of death and residence were reported to police and coroner which helped to identify hot spots. The status of action was ‘Completed’.

 **09.10.24**

 **Special Educational Needs and Disabilities (SEND)**

Board Members had been requested to undertake the Oliver McGowan training, which required the investment of time and Board Members were asked that this was undertaken. The Status of Action was ‘In Progress’ and progress would be confirmed at the next meeting.

**13.11.24**

**Performance Report**

Current performance data would be included in future reports to ensure the Board had an accurate understanding of the current situation.The status of action was ‘Completed’.

**13.11.24**

**Winter Plan 2024/25**

An update on the assessment and risk would be provided in the Urgent and Emergency Care (UEC) update at today’s meeting. The status of action was ‘Completed’.

 **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. Voice of the Lived Experience**

 The Chair invited the Executive Director of Communications, Marketing and Media Relations to provide an overview of the Voice of the Lived Experience. This month’s report focused on the "We Need to Talk" campaign engagement findings, which was an extensive engagement activity conducted from mid-October to mid-November 2024 to understand what matters most to the residents served by the Integrated Care Board (ICB).

 Nearly 3,500 survey responses were collected, and 54 engagement events were held, resulting in over 1,000 conversations. The campaign reached 1.6 million people through social media. The main findings identified were long waiting times for advice, care, or treatment, and perception that health services do not communicate effectively, requiring patients to repeat their stories and belief that health services were understaffed.

 Emergency care, primary care, and mental health care were identified as top priorities for improvement. It was acknowledged that most people expect primary care and pharmacy services to be accessible within a short distance. There was a higher willingness to travel for specialist care, with nearly 25% willing to travel out of the area for such services.

 There was significant potential for increasing digital engagement in health services, with many respondents already using digital tools for other aspects of their lives.

 The campaign highlighted powerful patient stories, particularly from underserved communities, emphasising issues such as communication barriers, accessibility challenges, and the need for more empathetic care.

. A comprehensive report and analysis of the engagement activity would be presented to the Board and the Leaders Forum in February 2025.

 **Outcome:**

 **Board Members noted and discussed the key themes.**

 **A comprehensive report and analysis of the engagement activity would be presented to the Board and the Leaders Forum in February 2025.**

**8. Board Assurance Framework**

The Chair suggested that more detailed discussion regarding the Board Assurance Framework (BAF) take place towards the end of the meeting once key discussions had taken place.

 The BAF aimed to provide the ICB Board Members with assurance that the key risks, agreed by the Board, relating to the delivery of the ICB’s Strategic Objectives were being managed appropriately.

 It was noted that work was ongoing on the equality and diversity piece and the potential need to update the BAF based on recent government announcements. A discussion took place regarding the mitigating actions and whether there was a threshold for reducing the BAF risk levels. It was agreed to look at the BAF in more detail at the end of the meeting as the discussions to follow would potentially change the narrative.

 **Outcome:**

 **Board Members:**

* **Would discuss the updates towards the end of the meeting.**
* **Agreed to reflect on recent government announcements and consider any necessary updates to the Board Assurance Framework (BAF).**
* **Agreed to identify any further areas of risk that may impact on the delivery of the ICB strategic objectives.**
* **Approved the updated Board Assurance Framework (BAF).**

**CONTEXT, PERFORMANCE AND ASSURANCE**

**9. Chief Executive Update**

The Deputy Chief Executive led this item, and an update was provided on Urgent and Emergency Care (UEC) and winter, planning guidance and timeframe and update on Humber Acute Services (HAS) review.

**Urgent and Emergency Care (UEC)**

The significant challenges faced across the system were highlighted due to a combination of COVID-19, flu, respiratory syncytial virus (RSV), and norovirus. These issues are causing increased hospital admissions and operational difficulties.

A briefing with the Secretary of State, NHS Chief Executive Amanda Pritchard, and Chief Medical Advisor Susan Hopkins had taken place on 9 December 2024 and the need to prioritise patient safety and dignity over percentage improvements was emphasised.

The importance of vaccinations was stressed, with a call for individuals to get vaccinated against flu and COVID-19 to reduce the burden on healthcare services. Staff health was also a concern, with winter viruses affecting healthcare workers and adding to the system's strain.

Key actions being taken included managing RSV peaks, addressing early flu cases, monitoring COVID-19 hospitalisations, and preparing for potential increases in norovirus cases.

This was system issue, and community pharmacies had a big role to play in supporting people over the winter period. Flu caused patients to be admitted to hospital which impacted operationally in terms of the turn-over of beds. Norovirus was also being seen across the system and the system were expecting this to increase over the winter period.

**Planning Guidance:**

A briefing meeting took place on Monday with Amanda Pritchard where there was recognition of the challenge the NHS is under. Protecting patient safety and dignity was the ICB’s number one priority. It was noted that the NHS was seeing earlier presentations of respiratory infections and increase in flu which was causing increased challenges across emergency departments. There are also challenges with access to services and vaccinations, with a comprehensive campaign about vaccinations and also about individuals knowing where to receive and access care being implemented, either through GP or Pharmacy.

In terms of winter viruses, there was recognition that staff and services face in terms of the challenges and making sure staff are looked after too.

**Planning Guidance**

The annual planning and operating framework guidance was expected to be published next week, with a focus on safe services, elective care recovery, financial balance, productivity, and transformation.

The guidance would outline the new roles of Integrated Care Boards (ICBs) and NHS England (NHSE), emphasising the need for financial management and strategic planning.

**Humber Acute Services Review:**

An update on the Humber Acute Services (HAS) review was provided, noting the local resolution process with North Lincolnshire Council (NLC) to address concerns following the ICB Board decision made in July 2024.

Despite comprehensive discussions and proposed mitigations, NLC voted to reject the decision and resolved to make a call-in request to the Secretary of State.

The ICB and Humber Health Care Partnership stood by the decision, believing it represented the best interests of patients across the region, ensuring the sustainability and safety of hospital services.

A discussion took place regarding the vaccination piece and the importance of engaging with communities, particularly those with vaccine hesitancy, such as Black, Asian and Minority Ethnic (BAME) and Eastern European communities. The comprehensive piece of work done last year by the Voluntary Community and Social Enterprise (VCSE) through community anchor organisations was mentioned, which revealed significant misinformation and myths around vaccination. This work was effective in persuading people to get vaccinated, not only for COVID-19 and flu but also for other vaccinations.

It was recognised that there is a need to continue revisiting different ways to engage with people, as traditional methods like posters and texts from primary care were not always effective. It was suggested leveraging community anchor organisations to improve vaccination uptake was a good idea and would be progressed.

It was acknowledged that vaccination uptake with the ICB’s staff was also an issue, and this was an area that required focus.

Vaccinations in pregnancy was crucial and this was emphasised, particularly for whooping cough (pertussis), respiratory syncytial virus (RSV) and flu. It was noted there had been a significant reduction in the uptake of pertussis vaccination among pregnant women, leading to an increase in whooping cough cases. The importance of emphasising vaccination in pregnancy to prevent fatal outcomes in very young children was noted.

It was agreed that the ICB would continue to stress the important of vaccinations and consideration to be given to improve uptake and how this would be done. It was noted that this could also be promoted through Local Authority (LA) magazine.

 **Outcome:**

 **The Board noted the update provided.**

**10. Finance**

The Interim Executive Director of Finance and Investment led the item and gave an update on the financial position for Month 7, end of October 2024.

 The system was experiencing a £4.1 million adverse variance from the plan. Efforts were ongoing to progress savings plans and support the delivery of the planned position.

 There were significant risks and challenges as the system moves towards the end of the financial year.

 Cooperation across the system was focused on developing opportunities for efficiency and support to mitigate these risks.

 Excess funding for pay above initial inflation was differentially affecting organisations in the North and discussions were ongoing between Local Authorities (LAs) and Trusts, especially where provider trusts employ local authority contracts.

It was noted that while there was an underspend to date, the forecast indicated alignment with the plan by the end of the year. There may be opportunities for further capital, which would benefit providers.

A discussion took place around the need to understand the differential impact of pay funding in the north and suggested sharing learning from this analysis.

It was emphasised that finances were a product of the strategy and plan, highlighting the need for a proper medium-term financial plan that aligned with the strategy.

 The Planning Guidance was pivotal, and this might allow the ICB to do things differently in the coming year. The strategy of the ICB needed to be delivered in order to determine the funding required.

The importance of addressing workforce challenges was noted, particularly in non-clinical and administrative functions, within the financial planning.

The importance of strategic commissioning and decommissioning was discussed, focusing on investing in prevention and stopping ineffective practices. Strategic thinking was needed in terms of transferring funding from those areas that do not provide value for money into prevention. The ICB needed to be more decisive in changing things.

 The challenge regarding prevention was raised in terms of setting a baseline. There were lots of ways of how prevention could be looked at and there were things in the current structures that could be improved through clinical pathways. It was recognised that prevention took a long time to see any improvements.

 The need to be generous in terms of what was meant in terms of ‘prevention’ was emphasised in terms of other transformations through ‘good will’ and through communities. The VCSE needed to be used more and funded in the right way.

 Staff awareness to the challenges being faced was raised in terms of utilising the resources adequately and in turn providing preparation for what might be to come. It was noted that HUTHT had good grip and control, and robust conversations with regard to the Care Groups. Reference was made to the culture of organisations, and it was expressed not to underestimate the power of the people in terms of their approach to deal with some of the issues.

 It was acknowledged that the NHS could not do everything and given the pressures and the significant challenge of ill health, there was a need to keep on improving primary and community care. There was also a need to maximise what was done in prevention terms to having an impact on people’s health.

 The costs involved needed to be looked at, for example someone being seen in primary care versus someone being seen in secondary care. Consideration needed to be given to how the ICB spend money differently and determine what the budgeting might look like by doing things differently.

 The ICB had a very good strategic strategy in place across the Integrated Care System (ICS). Consideration was needed as to how to set the innovation and culture to empower people to deliver a better service for the population and better for the staff delivery the service.

**Outcome:**

**The Board**

1. **Noted the Month 7 report.**
2. **Noted that mitigating actions were taking place.**
3. **The Interim Executive Director of Finance and Investment would bring**  **together a small group to explore zero-based budgeting and consider how to spend money differently, focusing on value for money and strategic investments.**
4. **The Deputy Chief Executive would organise an early January conversation with Chief Executives to discuss managing resources and accelerating the implementation of the strategy.**

**11. Performance Report**

The Acting Deputy Chief Executive / Chief Operating Officer led this item and provided an overview of the performance report, highlighting key areas such as urgent and emergency care, elective waiting times, and mental health services. The update captured the key points highlighting the areas of focus, challenges, and strategic considerations.

Thanks were conveyed to the Team that produced the report and for the improvements made with the information provided.

It was noted that out of 10 high-level targets, only two were being met. Six indicators showed statistical improvement, while one (community waiting list over 52 weeks) was worsening.

The Urgent and Emergency Care (UEC) target was not being met, with performance at 65.5% against a plan of 69.2%. No provider achieved the target in October, and hospital handover delays were a significant issue. Winter plans from York and Scarborough, Hull, and NLaG had been signed off, with additional investments in primary care for winter, including more GP appointments and respiratory hubs.

The over 65-week wait position for elective care was the best in the region, and the total waiting list size had decreased slightly. In terms of diagnostics, Performance was 1.2% away from the trajectory for patients waiting over six weeks, with specific issues in audiology, DEXA (dual energy x-ray absorptiometry), and echo being addressed through the Diagnostic Board.

September performance for cancer was 62.5% against a target of 64.4%, but it was noted that there was an improving trend. The ICB was under high scrutiny from NHSE due to performance issues.

It was noted that primary care would be covered in a separate agenda item later in the meeting.

It was noted that with regard to prevention, the hypertension target was not being met, with performance at 74.2% against a target of 80%. However, the total number of patients being treated was higher than last year.

The community waiting list over 52 weeks had increased from 1,000 to 1,174, although the total waiting list size had decreased. This was a focus area for the Community Collaborative.

The dementia diagnosis rate was slightly below plan at 59.8% against a target of 62.9%. Out-of-area placements for mental health were significantly above plan, with 30 placements against a plan of 11.

Reference was made to hypertension as an indicator that identified potential for future concern. Concern was expressed that this was an area of focus and consideration to be given to other indicators that would be reliable whereby preventative activity could be identified for example, child hood obesity which could assist with progressing partnerships and provide levers for change.

Discussion took place and the variation in emergency department performance among Trusts was raised, to which a response was provided. It was noted that the variation was due to differences in senior clinical decision-making and ambulance handover processes. The need for consistent application of best practices was emphasised across the system.

The need to focus on quality and safety in urgent and emergency care (UEC) was highlighted, with a particular emphasis on temporary escalation spaces and ensuring patients had access to necessary care and facilities.

A question regarding primary care access was raised, noting the discrepancy between patient expectations and the two-week target for GP appointments. It was noted that while access had improved, the focus should be on continuity of care and achieving the best outcomes for patients. The improvements in primary care were noted.

The positive feedback from Professor Tim Briggs on the system's elective care improvements and the commitment to reducing waiting times for under 16-year-olds was mentioned.

The importance of focusing on both primary and secondary prevention measures, with a need to balance short-term and long-term priorities was emphasised.

With regard to prevention agenda, it was proposed to share the outcome framework with Board Members, and this was agreed.

**Workforce**

With regard to workforce, agency spend was well below plan, and there was an improvement in bank and substantive spend. The pay award back pay in October had impacted the figures. The main challenge remained medical agency spend, which would not be resolved within this financial year.

There had been improvement from September to October overall. Agency continued under plan and the saved spend was significant. It was noted that the cost of medical agency spend would not be identified during this financial year. Continued efforts would be undertaken to reduce medical agency spend and improve overall workforce spending, with a focus on long-term solutions.

 **Outcome:**

 **Board Members:**

 **i) Noted the development of the Board performance report in terms of its content, length and presentation.**

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

 **iii) Provided feedback to support the further development and evolution of the Board Performance Report.**

 **iv) Continue to monitor and address performance challenges, particularly in urgent and emergency care, elective waiting times, and mental health services. Maintain progress in workforce metrics and address medical staffing costs.**

1. **With regard to the prevention agenda, it was agreed to share the outcome framework with Board Members.**

**12. Board Committee Summary Reports**

The Chair introduced the items for escalation from the Board Committee Summary Report and the alerts for escalation were noted, specifically regarding the following:

 **System Quality Group**

 No alerts for escalation.

 **Quality Committee**

 There was one alert to escalate to the Board regarding quality and safety concerns in relation to Urgent and Emergency Care (UEC) and winter planning, particularly in temporary escalation spaces outside normal practice.

 **Workforce Board (Workforce Committee**

 There were no alerts for escalation.

 **Clinical & Professional Committee**

 There was one alert to escalate tot eh Board regarding the implementation of Nice Technical Appraisals (TAs).

 **Finance, Performance and Delivery Committee**

 There were three alerts to escalate to the Board:

* Approval of the contract award for Community Living Services across NEL Place
* Update on the delivery of the Financial Plan in 2024/25 including a system-wide review of difficult choices / financial recovery options.
* Update on the implementation of the Provider Selection Regime, which requires significantly more effort to administrate and is likely to result in more existing providers not being awarded contracts than previously.

 **Pharmaceutical Services Regulations Committee (Committees in Common)**

 There were no alerts to escalate to the Board.

 The Chair conveyed that this was a good way of hearing about the work of the Committees.

 **Outcome:**

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

**OTHER MATTERS FOR THE BOARD**

**13.** **Primary Care Access Recovery Plan Year 2 Progress Report**

The Interim Deputy Chief Operating Officer presented the Primary Care Access Recovery Plan which provided further assurance to Humber and North Yorkshire (HNY) Integrated Care Board (ICB) on progress against delivery of our aligned plan following the publication of the NHS England (NHSE) Delivery Plan for Recovering Access to Primary Care as updated to the Board in April 2024.

 The focus was on increasing the number of GP appointments and improving access to primary care services and the Primary Care Collaborative Lead highlighted the progress in increasing GP appointments and addressing the 8:00 am rush. A significant increase in outcome delivery was not being seen.

 With regard to Enhanced Services some practices had given notice on certain enhanced services, which could impact community and acute providers. However, practices agreed to extend notice periods to the end of the financial year (2024-2025) to allow time for longer-term solutions.

 There had been agreement on winter funding to provide additional GP appointments over and above routine appointments. This was expected to help manage the increased demand during the winter period.

 Board Members also noted the success of four Primary Care Network (PCN) pilot sites which were actively working on interventions to improve primary care access. These sites were part of a national initiative and were expected to show progress by the next visit from Professor Tim Briggs, National Director for Clinical Quality and Efficiency and Dr Claire Fuller, GP and Primary Care Medical Director for NHS England (NHSE) in March 2025.

 **Outcome:**

 **i) Noted the contents of the report.**

 **ii) Be assured that progress was being made on delivery of the Access Recovery Improvement Programme.**

 **iii) Noted the challenges GP Collective Action is having across the system whilst we work to reach a mutually agreeable solution.**

**14. HNYICB Annual EPRR Report**

The Acting Deputy Chief Executive/Chief Operating Officer and Accountable Emergency Officer provided an update on the range of actions undertaken this year as part of the Emergency Preparedness, Resilience and Response (“EPRR”) agenda by the ICB. One of the requirements of the EPRR Core Standards was that organisations report annually to their Board on the result of their annual self-assessment against the standards but also reported on any incidents responded to, outputs of training and exercising and lessons identified.

 The top six risks assessed by the Local Health Resilience Forum (LHRF) on behalf of the ICB/ICS were noted. Since the last report, the EPRR team had responded to numerous incidents, including industrial action and infectious disease outbreaks. They had also conducted several exercises to test and improve preparedness.

 A discussion took place and reference was made to the training and levels of compliance. The EPRR team was responsible for ensuring that staff were trained and prepared for emergencies. Training compliance was a key focus, with efforts to improve access to training and ensure all staff were up to date. There would be focus on this area during the forthcoming year. It was noted that the training profiles had changed during the year, which was why this was showing as being quite low. Clarification was sought as to whether individuals were up to date with the training. It was noted that much of the training was mandatory.

 The ICB conducted a self-assessment of compliance with the EPRR Core Standards. Last year, the compliance was 34%, which has now increased to 66%. The goal was to achieve full compliance next year. North Lincolnshire and Goole NHS Foundation Trust (NLaG) was the only provider in the ICB area currently fully compliant with the EPRR Core Standards. The report included lessons learned from incidents and exercises, which were used to improve future responses and preparedness.

The key requirement around the training was Principles of Health Command and further information would be obtained regarding this. Information would also be obtained regarding training figures and provided at the next meeting.

It was noted that if there was a major incident, and if there was a public enquiry, some of the factors that were most important may not be included in the training identified and it was suggested that consideration be given as to how this would be determined.

The Board was informed that the EPRR team was small, with only two members currently, but a third member was expected to join in January 2025. The team was focusing on improving training compliance and coordination across the system to ensure readiness for emergencies.

**Outcome:**

**Board Members:**

1. **Noted the contents of this report and the ICB’s self-assessment against the EPRR Core Standards**
2. **Formally approved the self-assessment and resulting action plan that has been agreed by the organisations EPRR Team and Accountable Emergency Officer.**
3. **The key requirement around the training was Principles of Health Command and further information would be obtained regarding this. Information would also be obtained regarding training figures and provided at the next meeting.**

**15. Conflict of Interest Policy (incl Gifts, Hospitality & Sponsorship)**

The Executive Director of Corporate Affairs presents the revised Conflicts of Interest (COI) Policy for the Humber and North Yorkshire Integrated Care Board (HNY ICB), updated to align with the latest guidance from NHS England and the updates to the new model Constitution.

 The policy emphasised the importance of transparency in all dealings. Declarations of interest were recorded and made available for public scrutiny to ensure accountability.

 **Outcome:**

 **Board Members:**

 **Approved the revised Conflicts of Interest Policy.**

**16. Board Assurance Framework Review**

The Board considered the Board Assurance Framework (BAF) in the light of the items discussed during the meeting.

The Board discussed Risk A1, and the high risk associated with urgent and emergency care (UEC), particularly focusing on patient safety and dignity. It was noted that the current risk rating of 15 might not accurately reflect the severity of the situation, given the anticipated increase in risk during December and January. The Board considered and agreed to raising the risk rating to 25 to better represent the current and expected challenges.

The financial risks were also reviewed, specifically Risk C3 (in-year financial position) and Risk C5 (delivery of a financial plan for sustainability and recovery). The Board debated whether the current risk ratings of 20 and 16, respectively, should be increased. It was suggested that the likelihood of financial challenges was high, and the ratings might need to be adjusted to reflect this. However, it was decided to revisit this in the next meeting after further discussions and planning.

The Board would revisit the financial risk ratings in the February meeting, considering the outcomes of detailed discussions and planning sessions scheduled for January 2025.

The BAF was a critical tool for managing and mitigating risks within the ICB. The Board was committed to regularly reviewing and updating the framework to ensure it remained relevant and effective in addressing the evolving challenges.

 **Outcome:**

**Board Members noted the changes to be made to the Board Assurance Framework in the light of their discussions at the meeting.**

**17. a. Items for Information**

The Chair drew members’ attention to the positive developments set out in the news briefings provided as well as the MP briefing and one question from the public had been received regarding maternity provision across Humber and North Yorkshire. A response had already been sent to the member of public and emphasised the commitment to transparency and the current decision-making processes.

 **b. Questions from the public**

A member of the public inquired about the progress of the review of maternity provision across Humber and North Yorkshire. They asked for details on the process, milestones, and timescales adopted, and emphasised the importance of statutory consultation on any significant proposals.

The ICB Board noted the question and that a response would subsequently be sent in writing to the enquirer and published on the website.

**18. Any Other Business**

 There were no items of Any Other Business.

**19. Closing Remarks of Meeting**

The Chair thanked everyone for their participation and contributions.

**20. Date and Time of Next Meeting**

The next meeting would be held on Wednesday 8 January 2025.

**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** |
| --- | --- | --- | --- | --- | --- |
| **11/12/2024** |  | **7 – Voice of the Lived Experience** |  |  |  |
|  |  | A comprehensive report and analysis of the engagement activity would be presented to the Board and the Leaders Forum in February 2025 | **Anja Hazebroek** | **February 2025** | **NOT DUE** |
| **11/12/2024** |  | **10 - Finance** |  |  |  |
|  |  | The Deputy Chief Executive would organise an early January conversation with Chief Executives to discuss managing resources and accelerating the implementation of the strategy. | **Amanda Bloor** | **January 2025** | **DUE SOON** |
| **11/12/2024** |  | **11 – Performance Report** |  |  |  |
|  |  | With regard to the prevention agenda, it was agreed to share the outcome framework with Board Members. | **Jane Hazelgrave** | **January 2025** | **DUE SOON** |